

1. Task Number 100616HCC2784		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2009 07 05	5. Date Initiated YR MO DAY 2010 06 18		
6. Synopsis of Accident or Complaint UPC none Victim #1, a 13-year-old female passenger and victim #2, a 13-year-old female driver were riding in an utility vehicle in a vacant lot/field located behind a friend's residence. The driver cut the wheels sharp causing the utility vehicle to overturn and the passenger struck her head on the roll bar. They were not wearing helmets and the passenger was fatally injured. Her cause of death was determined to be multiple blunt traumas. The driver sustained minor injuries. She was taken to a hospital where she was treated and released. <u>MFR/PRV/LB NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>B6 25C</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <u>4/3/12 LB</u>				
7. Location (Home, School, etc) 1 - HOME		8. City FAIRHOPE		9. State AL
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS/RANGER		10C. Model Number 500
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC./VIN: XAR4S0A782377373 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 13		13. Sex 2 - Female		14. Disposition 8 - Death
15. Injury Diagnosis 62 - Intern. Org. Inj.		16. Body Part(s) Involved 75 - HEAD		17. Respondent 3 - 2nd Hand Info Only
18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 7 / 0		
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 09/08/2010		25. Reviewed By 8978		26. Regional Office Director Dennis R. Blasius
27. Distribution Moon, Clarice; Cash, Helen; Garland, Sarah			28. Source Document Number 0901022561	

The information in this report was based on information obtained from the coroner's office and the police department. The police department would not release a written report pertaining to the incident and a photograph was not taken of the utility vehicle. The police department indicated their investigative report is not public record. Contact with the victim's next of kin was not successful.

On Sunday, July 5, 2009, in Baldwin County, Robertsdale, AL, victim #1, a 13-year-old female passenger was riding in an utility vehicle in a vacant lot/field with victim #2, a 13-year-old female driver and they were not wearing helmets. The weather condition was clear and the temperature was 89 degrees.

As they traveled, the driver cut the wheels too sharp causing the utility vehicle to overturn and the passenger struck her head on the roll bar. It is unknown whether the victims were ejected and whether the utility vehicle landed on the victims.

Victim #1 was fatally injured at the scene and her immediate cause of death was determined to be multiple blunt traumas.

The driver, Victim 2, was injured. She was taken to a hospital where she was treated and released.

The victims' height and weight were not known.

Product: 4-wheeled utility vehicle
Brand/Year: Polaris/2007
Manufacturer: Polaris Industries
1225 Highway 169 North
Minneapolis, MN 55441
Model: Ranger 500
VIN: XAR4S0A782377373
Description: unknown
Condition/Modification: unknown

Attachments:

1. Coroner's Report.
2. Missing Document, police report.
3. Contact Information.

**JAMES L. SMALL
CORONER
BALDWIN COUNTY**

DECEDENT (b)(3):CPSA Secti (b)(3):CPSA S
 SS# _____ RACE WHITE SEX FEMALE
 ADDRESS (b)(3):CPSA Section 25(c),(b)(6)
 OCCUPATION NONE EMPLOYER NONE
 NEXT OF KIN (b)(6) RELATIONSHIP MOTHER (b)(6)
 ADDRESS/PHONE (b)(6)
 TIME NOTIFIED 1:24PM BY POLICE
 FUNERAL HOME WOLF BAYVIEW FAIRHOPE, AL.
 DATE/TIME PRONOUNCED DEAD 7/5/09 2:14PM
 BY Roderick H. Steade Sr. M/D/ CORONER
 TYPE OF DEATH: SUDDEN/APPEARANT GOOD HEALTH YES
 UNUSUAL NO VIOLENT/UNNATURAL VIOLENT SUSPICIOUS NO
 INCARCERATED/POLICE CUSTODY NO UNATTENDED BY
 PHYSICIAN NO

DATE/TIME _____ VEHICLE _____
 LAST SEEN/HEARD 7/5/09 PASSENGER YES
 INJURY/ILLNESS MVA TRAUMA DRIVER HANNA (b)(6)
 DOA/BODY FOUND 7/5/09 (b)(3):CPSA Se WHERE SEATED PASSENGER FRONT
 DEFS NOTIFIED YES TREY PEDESTRIAN _____
 POLICE NOTIFIED FAIRHOPE PD.
 AGENCY CASE # 09-07-0034

MEDICAL HISTORY: OPERATIONS, ILLNESS, ALCOHOL/DRUG ABUSE, SUICIDE ATTEMPTS, ETC., BIRTH RECORDS (INFANTS).

INSTITUTION/PHYSICIAN	ADDRESS/PHONE	DIAGNOSIS	DATE

WITNESS _____

SCENE
 TEMP _____ HUMIDITY _____ WEATHER _____
 RESUSCITATION
 ATTEMPTED _____ BY _____
 DRUGS
 GIVEN _____
 BODY TRANSPORTED
 BY R&B TIME 2:30PM
 BODY TRANSPORTED
 TO ADFS

Accident Site @ 18942 Summer Oaks Place

DESCRIPTION OF BODY

DESCRIBE BODY

POSITION LAYING ON HER BACK IN A FIELD. DRESSED IN PLAID SHORTS
AND A TOP. WHEN SHE WAS ROLLED, BRAIN MATTER WAS COMING OUT
THE BACK RIGHT REAR OF HER HEAD. THE ROLL BAR HAD CRUSHED ANKL

BLOOD PRESENT: NOSE _____ MOUTH _____ EARS _____
FROTH PRESENT: NOSE _____ MOUTH _____ EARS _____
OTHER:(SAND,DIRT,WATER, NOSE _____ MOUTH _____ EARS _____
ETC.)

	RIGOR		LIVOR
TOO SOON _____		NONE _____	
JAW (1+,2+,3+) _____		COLOR _____	
NECK _____		ANTERIOR _____	
ARMS R _____ L _____		POSTERIOR _____	
LEGS R _____ L _____		LATERAL R _____ L _____	
INAPPROPRIATE _____		FACE R _____ L _____	
PASSING _____		INAPPROPRIATE _____	
PASSED _____		FIXED _____	

NOTIFIED BY:

SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (POLAROID, DIAGRAMS
WELCOME. PLEASE INCLUDE ALCOHOL AND DRUG ABUSE.

(b)(6) WAS DRIVING A POLARIS TYPE 4 WHEELER AND (b)(3):
WAS RIDING AS A PASSENGER AND THEY WERE IN A FIELD IN BACK OF
A FRIENDS HOUSE IN FAIRHOPE. (b)(6) CUT WHEEL TOO SHARP AND TURN
ED 4WHEELER OVER CAUSING (b)(3):CP HEAD TO HIT THE ROLL BAR AND
BACK SEAT TO CRUSH HER ANKLE.

SOURCE OF INFORMATION/OFFICIAL TITLE, RELATIONSHIP TO DECEDENT:
EVIDENCE AT SCENE

REPORT PREPARED BY Roderick B. Steade Sr. Deputy Coroner

ALABAMA CERTIFICATE OF DEATH

State File Number **101**

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.

1. DECEASED—NAME First Middle Last (Type last name all capitals) (b)(3):CPSA Section 25(c),(b)(6)		2. DATE OF DEATH (Month, Day, Year) July 5, 2009		3. COUNTY OF DEATH Baldwin	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE (b)(3):CPSA Sectio			5. INSIDE CITY LIMITS (Specify Yes or No) no	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) (b)(3):CPSA Section 25(c),(b	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. no		9. RACE—(Specify American Indian, Black, White, etc.) White	10. SEX Female
11. AGE 13 YRS	12. UNDER 1 YEAR MOS	12. UNDER 1 DAY DAYS	12. UNDER 1 DAY HOURS	12. UNDER 1 DAY MINS	13. DATE OF BIRTH (Month, Day, Year) (b)(6)
14. DEATH CERTIFICATE IDENTIFICATION NUMBER			15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 8 College (1-4 or 5+)		
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Never Married			17. SURVIVING SPOUSE (If wife, give maiden name)		18. Was Decedent ever in Armed Forces (Specify Yes or No) no
19. STATE OF BIRTH (If not in USA, name country)		20. RESIDENCE—STATE		21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
23. INSIDE CITY LIMITS (Specify Yes or No) yes			24. STREET AND NUMBER (b)(6)		25. INFORMANT—Name and Address (b)(6)
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Student			27. KIND OF BUSINESS OR INDUSTRY Baldwin County School System		
28. FATHER—NAME First Middle Last (b)(6)			29. MOTHER NAME OF MOTHER— First Middle Last (b)(6)		
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) 07-09-2009		32. CEMETERY OR CREMATORY—Name (b)(6)	33. LOCATION—(City or Town—State)
34. FUNERAL HOME—Name and Address (b)(6)			35. FUNERAL DIRECTOR—Signature <i>Chris Wolf</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 07-13-2009
37. <u> </u> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." <u> </u> Medical Examiner <u> </u> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated. Signature: <i>James L. Small</i>					38. DATE SIGNED (Month, Day, Year) July 13, 2009
39. TIME AND DATE OF DEATH		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) July 5, 2009 @ 2:14 pm		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) James L. Small, Baldwin County Coroner	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Baldwin County Central Annex, 22251 Palmer Street, Robertsdale, AL 36567					43. CERTIFIER LICENSE NUMBER
44. REGISTRAR—Signature For State or County use only					45. DATE FILED (Month, Day, Year)

MEDICAL CERTIFICATION

46. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Multiple Blunt Trauma/ATV			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
a. DUE TO (OR AS A CONSEQUENCE OF)			
b. DUE TO (OR AS A CONSEQUENCE OF)			
c. DUE TO (OR AS A CONSEQUENCE OF)			
d. DUE TO (OR AS A CONSEQUENCE OF)			
47. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Accident		50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY M.
55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	

This is a legal record and must be filed within five (5) days after death.

SSN

NAME OF DECEASED



ALABAMA
DEPARTMENT OF FORENSIC SCIENCES

P.O. BOX 7925
MOBILE, ALABAMA 36670
(251) 471-7026

2451 FILLINGIM STREET
MOBILE, ALABAMA 36617
FACSIMILE (251) 470-5816

REPORT OF AUTOPSY

CASE NO.: 09MB05666

DATE: July 06, 2009

TIME: 1638 hours

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

DATE OF DEATH: July 05, 2009

COUNTY: Baldwin

AGE: 13 years **RACE:** W **SEX:** F **LENGTH:** 62 inches **WEIGHT:** 85 pounds

FINAL DIAGNOSES

- i. Blunt trauma – ATV vehicle passenger.
 - A. Multiple egg-shelling skull fractures.
 - B. Pulverization of left temporal/occipital lobes.
 - C. Multiple contusions.
 - D. Subarachnoid hemorrhage.
 - E. Fractured left clavicle.
 - F. Multiple superficial abrasions/hematomas.
- ii. Toxicology: No substances of significance were detected.

CAUSE OF DEATH: Blunt trauma/motor vehicle accident.

MANNER OF DEATH: Accident.

Case #
Name

09MB05666

(b)(3):CPSA

CASE NARRATIVE

The decedent apparently was a passenger on her ATV type vehicle with her 14-year-old cousin when during a turn control was lost and the decedent was thrown off with the ATV crushing the head.

EVIDENCE OF INJURY

There is diffuse subgaleal hemorrhage and diffuse skull fractures with egg-shelling of the inferior portion of the skull and fractures of the superior, lateral, anterior and posterior portions of the skull. There is pulverization of the left anterior and occipital lobes with involvement of the cerebellar tonsils. Numerous contusions are present of the frontal and temporal lobes. Diffuse subarachnoid hemorrhage is also present. There is a focal hematoma on the left arm in the antecubital area of 0.5 centimeters with a small 0.5 centimeter linear superficial laceration. There is a superficial abrasion in this same area measuring 1 by 1 centimeter and multiple superficial abrasions in the distal portion of the left lower arm in the wrist area covering 7 by 2.5 centimeters. There is a hematoma on the left upper leg covering 2 by 1.3 centimeters and multiple superficial abrasions over the knee areas covering 6 by 7 centimeters. There are superficial abrasions on the medial malleolus on the left covering 7 by 5 centimeters with a small superficial laceration over the left heel covering 2.3 centimeters which is linear. There are diffuse superficial abrasions over the posterior portion of the right upper arm extending over the elbow and a portion of the right lower arm covering 24 by 6 centimeters. There are superficial abrasions on the left upper back which are generally linear, the first covering 2.5 centimeters, the second in a grouping of two covering 2.5 by 2.5 centimeters, and the third is also in a grouping covering 5.8 by 0.5 centimeters. There is a small superficial abrasion on the distal portion of the fourth digit on the left posterior hand. There is a hematoma of the left hip/upper leg area covering 4 by 7 centimeters along with a linear superficial abrasion of the left upper leg covering 1 centimeter. There is a periorbital hematoma on the right and superficial dot-like abrasions over the forehead covering 11 by 5 centimeters and over the nose covering 2.5 by 2 centimeters. There is a fracture of the left clavicle.

EXTERNAL EXAMINATION

The following excludes any previously described injuries.

BODY HABITUS: The body is that of an adequately-developed, adequately-nourished 13-year-old female who appears her stated age.

CONDITION OF BODY: There is moderate diffuse rigor mortis and indistinct posterior livor mortis. The body temperature is cool to the touch.

PREVIOUS EMBALMING: There is no previous embalming. No decomposition is present.

IDENTIFYING MARKS: No significant scars, tattoos or cords are identified.

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Name (b)(3):CPSA Sect

CLOTHING: Tee shirt, shorts, panties, and sports bra.

PERSONAL EFFECTS: Two hair ties.

HEAD AND FACE: The scalp hair is a blonde coloration and of long length. The face is symmetric and the facial bones are intact to palpation. The cheeks, forehead, chin are also unremarkable. Facial hair is not present.

EYES: The irides are green in color. The right and left pupils measure 0.35 centimeters bilaterally in diameter. The cornea, sclerae, and conjunctivae are unremarkable.

NOSE: The nose is patent. No fluid is present. The nose, septum, and nasal contents are unremarkable.

MOUTH: The mouth, lips, frenula, and tongue are grossly unremarkable. No material is present in the oral cavity. The teeth are natural up and down with braces.

EARS: There are no crease marks in the earlobes. No Battle's sign is present bilaterally. No blood staining is present. No focal lesions are seen.

NECK: The neck is free from masses. There are no unusual marks or lesions on the skin of the neck. The larynx is midline and the thyroid is not palpable.

CHEST: The chest is a normal contour. The breasts are budding and without masses.

ABDOMEN: The abdomen is flat. No fluid wave is elicited. No masses are palpated. No focal lesions are seen.

EXTERNAL GENITALIA: The external genitalia are those of a normally developed female. The pubis has been shaved. There is no evidence of injury. No abnormal secretions are seen.

LOWER EXTREMITIES: The thighs, legs, and feet are unremarkable except as indicated.

UPPER EXTREMITIES: The arms, forearms, wrists, hands, and fingers are unremarkable except as indicated. The upper extremities are symmetric and the fingernails are intact. The fingernails show no foreign material. French type nails are noted. No clubbing or cyanosis is noted. The arms and legs are otherwise unremarkable.

BACK AND ANUS: The posterior torso is unremarkable. There is symmetric musculature of the back. The buttocks and anus are unremarkable. No focal lesions are seen.

EVIDENCE OF MEDICAL INTERVENTION

Multiple EKG patches are present on either anterior shoulder and either anterior hip.

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

INTERNAL EXAMINATION

The following excludes any previously described injuries.

SEROSAL CAVITIES: The body cavities including the pericardial cavity, right and left pleural cavity, and peritoneal cavity contain no increased fluid. No abnormal fluid is seen. The abdominal fat measures 1.5 centimeters at the umbilicus.

CENTRAL NERVOUS SYSTEM: The brain weighs 1340-grams and has been described

ORGANS OF THE NECK: Layer-wise examination of the soft tissue and vasculature of the neck shows no hemorrhage or disruption. The hyoid bone, laryngeal cartilages and cervical skeleton as viewed on the anterior aspect after removal of the neck organs, are intact. The epiglottis is normal, and the upper airway is unobstructed.

CARDIOVASCULAR SYSTEM: The heart weighs 200-grams. The pericardial surface is smooth, glistening without evidence of focal lesions. The pericardial sac is free of significant increase in fluid. No adhesions are noted. The valves have the following circumferences: TV: 8.5 cm, PV: 4.5 cm, MV: 7.5 cm, and AV: 4.5 cm, a right ventricular thickness of 0.15 cm and left ventricular thickness of 1 cm. The heart has a normal external configuration with a glistening epicardial surface and a normal amount of epicardial fat. The myocardium is firm, red-brown and shows no focal lesions. The cardiac chambers are not dilated and contain clotted blood. The right and left ventricles are of normal thickness. The cardiac valves are normally formed and appear in good functional condition with thin pliable valve leaflets, and thin discrete chordae tendineae. The endocardium is smooth, glistening and transparent and shows no fibrosis or petechiae. The coronary arteries arise normally, through unobstructed ostia and pursue their usual anatomic course. Serial sections at 2 mm intervals show them to be unobstructed. The atria and their appendages are normal. The aorta is of normal caliber and branching distribution, shows no obstruction and no atherosclerosis. The superior and inferior venae cavae are unremarkable.

RESPIRATORY SYSTEM: The right lung weighs 220-grams; the left lung weighs 220-grams. Both lungs and their pleural surfaces are a pink coloration. The parenchyma tissue shows mild vascular congestion and no focal lesions. There is normal crepitus. The lumen of the tracheobronchial tree is unobstructed and the mucosa is smooth and gray-white. The pulmonary arteries are opened in situ and show no obstruction. The pulmonary veins are normal and the diaphragm is unremarkable.

HEPATOBIILIARY SYSTEM: The liver weighs 890-grams and is tan-red. The capsule is smooth and edges sharp. The cut surface is of the usual consistency with the usual architectural pattern present. The thin walled gallbladder contains 3 milliliters of green bile. The mucosa is without focal lesions identified. No calculi are seen. The extrahepatic biliary system is unremarkable.

IMMUNOLOGICAL SYSTEM: The thymus is not grossly identifiable in the prepericardial adipose tissue. The spleen weighs 100-grams and has a smooth thin translucent capsule overlying soft dark red-purple

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Name (b)(3):CPSA

parenchymal tissue with normal amount of uniformly distributed white pulp. The visceral lymph nodes are unremarkable.

ENDOCRINE SYSTEM: The right and left adrenals and thyroid glands are unremarkable on external configuration and on cut section. There is no adrenal hemorrhage. The pituitary gland appears normal in the sella turcica. The parathyroids are not identified.

GASTROINTESTINAL SYSTEM: There is no hemorrhage within the tongue and the posterior oropharynx is unobstructed. The esophagus is of uniform caliber with a smooth white mucosa. The gastric mucosa and rugae are unremarkable. The stomach contents consist of 10 milliliters of green-tan liquid material. No capsules or tablets are identified. The small and large bowels have normal serosal surfaces. The mesentery is unremarkable. The appendix is present and contains no focal lesions on gross examination. The pancreas is normal in size and shape. It is tan and firm and displays normal architecture on cut section without evidence of hemorrhage, necrosis, or calcification. The duct is patent. No focal lesions of the salivary glands are identified.

GENITOURINARY SYSTEM: The right kidney weighs 170-grams. The left kidney weighs 170-grams. The right and left kidneys have capsules that strip easily revealing smooth purple cortical surfaces. On cut section the cortices are of normal uniform depth and the corticomedullary junction is sharp. The medullae are dark purple-red with fine vertical streaks. The papillae are not blunted. The pelves are of normal size and the mucosa is white and glistening. The renal arteries, veins and ureters are unremarkable. The bladder has a tan-brown mucosa without focal lesions identified.

REPRODUCTIVE SYSTEM: The vagina, uterus, tubes, ovaries and breasts are unremarkable. No focal lesions are seen.

MUSCULOSKELETAL SYSTEM: Skeletal muscles are firm red-brown and the muscle mass is appropriate for the body habitus. The bony skeleton is intact except as noted. There are no significant acute joint abnormalities noted. The diaphragm is unremarkable.

HEMATOPOIETIC SYSTEM: The rib bone marrow and blood elements, on gross examination, contain no focal lesions.

ANCILLARY STUDIES

POSTMORTEM RADIOGRAPHS, CHEMISTRIES, GENETIC STUDIES AND MICROBIOLOGY: None.

MICROSCOPIC EXAMINATION: Not performed.

TOXICOLOGY: See attached report.

Case # 09MB05666
Name (b)(3):CPSA Sectio

LOGISTICS

AUTHORIZATION: Code of Alabama 1975, Section 36-18-2; Judy Newcomb, District Attorney.

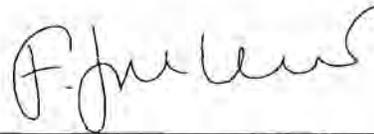
IDENTIFICATION: Russell Dempsey, Driver, R & D Removal.

PERSONS PRESENT: Assisting: Mr. McCovery and Mr. Perine – Pathology Techs.

Law Enforcement: Officers Fred King and Jimmy Davis – Fairhope Police Department

EVIDENCE: Photographs, fingerprints, bloodstain card, blood, urine, vitreous, and tissue.

The facts stated herein are correct to the best of my knowledge and opinion at the time of report completion.



F. John Krolikowski, MD
State Medical Examiner

July 19, 2009.

Date Signed

FJK/ag/zw



ALABAMA DEPARTMENT OF FORENSIC SCIENCES

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2451 FILLINGIM STREET
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FACSIMILE (251) 470-5816

TOXICOLOGICAL ANALYSIS REPORT

Subject deceased

(b)(3):CPSA Section 25

Case No.

09MB05666

Report to F. John Krolkowski, MD
Alabama Department of Forensic Sciences
P. O. Box 7925 Crichton Station
2451 Fillingim Street
Mobile, AL 36670-7925

Case Date 07/06/2009

Reported 07/16/2009

Evidence analyzed (Including sub-items)

Item	Specimen	Analyte	Result	Method(s)	Notes
1E1	Blood, cardiac	Ethanol	Negative	HS/GC	
1E1	Blood, cardiac	Drugs	ND	EIA	
1E2	Vitreous Humor		NA		
1E3	Tissue, liver		NA		
1E4	Spleen		NA		
1E5	Urine		NA		

Footnotes

NA - Not analyzed/Not applicable
ND - None detected

Comments

Evidence was received in a sealed plastic bag.

SCOPE OF DRUG ANALYSIS LIMITED TO THE FOLLOWING:

Amphetamine class, barbiturate class, benzodiazepine class, cannabinoids, carisoprodol/meprobamate, cocaine and/or metabolite(s), dextromethorphan, fentanyl, meperidine, methadone, opiate class, propoxyphene, sertraline, tramadol, zolpidem

Remaining evidence will be disposed 6 months from the date of this report unless storage space becomes limited or alternate arrangements are made prior thereto.



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ALABAMA
DEPARTMENT OF FORENSIC SCIENCES

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2451 FILLINGIM STREET
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FACSIMILE (251) 470-5816

TOXICOLOGICAL ANALYSIS REPORT

Subject deceased

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

Case No.

09MB05666

Laura C. Fulks

07/15/2009

Laura C. Fulks, MS
Forensic Scientist

End of Report

Task Number: 100616HCC2784

Date: 9/7/10

Status of Missing Document(s)

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

1. police report
2. _____
3. _____
4. _____

Date: 9/7/10 Investigator No. 8925

Regional Office: CFIED Supervisor No. 8978

CONTACT INFORMATION:

Contacted on 6/18/10

Fairhope Police
107 N. Section Street
Fairhope, AL 36532
(251) 928-2385

Stan Vinson, Baldwin County Coroner
22251 Palmer Street
Robertsdale, AL 36567
(251) 970-4051

1. Task Number 100623HCC1877		2. Investigator's ID 8942		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2009 07 05	5. Date Initiated YR MO DAY 2010 06 30		
6. Synopsis of Accident or Complaint UPC A 21-year-old-male was driving a 4-wheeled utility vehicle with two 20-year-old-male passengers on an unpaved road at a high rate of speed. He veered off the side of the road and struck a ditch, which caused the UTV to overturn on top of one of the passengers who sustained fatal injuries. He was taken to a nearby residence, where he was pronounced dead by the county coroner due to an atlanto-occipital dislocation and fracture. The driver and 2nd occupant did not require medical attention. All occupants had consumed alcohol prior to the incident.				
<p>MEMORANDUM NOTIFIED</p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6 25C</u></p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> <p style="font-size: 1.2em;">4/3/12 LB</p>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City MANCHESTER TWP.		9. State PA
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name KAWASAKI		10C. Model Number TERYX 750 4X4 LE	
10D. Manufacturer Name and Address KAWASAKI MOTOR CORPORATION 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 20	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 57 - Fracture	
16. Body Part(s) Involved 89 - NECK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/18/2010	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Garland, Sarah; Kessler, Charles; Harris, Paulette			28. Source Document Number X1060126A	

100623HCC1877

Information contained in this report was obtained from a police report and a county coroner's report.

The victim is a 20-year-old-male weighing 225 lbs with a height of 72 inches. His medical history, his familiarity and experience with the UTV, and his riding time, could not be determined.

The victim had been invited to his college roommate's family home for a holiday weekend to attend a family function.

On 07/05/09 at approximately 3:00 am, the 21-year-old-UTV operator was driving a UTV on an unpaved road with a 20-year-old-male in the passenger seat and another 20-year-old in the dump bed of the vehicle. It could not be determined if any of the occupants were wearing seat belts or helmets. The UTV operator traveled from his uncle's home to his parent's home for food and beer, which was available for them to transport back to his uncle's home, where they all sat around a fire and consumed beer.

At approximately 4:00 am, they decided to return to the home of the UTV operator, who was driving at a high rate of speed. After applying extreme pressure to the brakes, he veered off the road and struck a ditch along the side of the road. The left side tires rose from the ground, causing the UTV to overturn and land on top of the occupant (victim) who was in the passenger seat. The occupant who was riding on the dump bed pushed himself from the UTV and landed on his back and legs in the middle of the road.

After hearing a cry of help from the UTV operator, he looked and observed the operator lifting the vehicle off of the victim. While the operator drove to his residence for help the other passenger remained with the victim and observed that he showed no signs of life. The operator and his father went to the scene of the crash in another UTV and then the father returned to his home and came back with a SUV. The back seats were removed and the victim was placed into the SUV and transported to the residence. 911 was notified. In the interim, the operator's father placed a plastic tube down the victim's throat to suck the blood coming from his mouth.

NOTE: The police report indicates that the operator's father went to the scene of the crash and transported the victim to the residence in the SUV. This is contradictory to the county coroner's version, which indicated that the operator's mother went to the scene and transported the victim to the residence.

100623HCC1877

At 6:33 am the victim was pronounced in the backyard of the residence by the county coroner and transported to a hospital where the cause of death was determined to be Atlanto-Occipital Dislocation and Fracture.

Upon their arrival, the police observed that the victim had been removed from the crash scene and was laying face up in the side yard of the residence. Neither the UTV operator, nor the 2nd passenger required any medical attention.

PRODUCT INFORMATION:

Product: Kawasaki Utility Vehicle
Model: 2008 Teryx 750 4x4 LE
VIN: JKARFDC128B503931

ATTACHMENTS:

1. Police Investigative Report
2. Coroner's Report
3. Contact Sheet
4. Status of Missing Document(s)
5. Questionnaire

AA-500 TX

Incident Number: R03-0739117

Commonwealth of Pennsylvania

PAGE 1

Crash Involves:

Police Crash Report

REPORTABLE CRASH

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

Agency Name PA STATE POLICE - HONESDALE	Case Closed NO	Patrol Zone 14	Investigation Date 07/05/2009
Dispatch Time 04:26 hrs.	Arrival Time 04:59 hrs.	Investigator JOYCE, MICHAEL	
Approval Date 10/05/2009		Reviewer HARTSHORN, WILLIAM J JR	Badge Number 10426
		Reviewer Badge Number 06792	

Date of Crash 07/05/2009	Time of Crash 04:05 hrs	Day of the Week SUNDAY	Crash Description NON-COLLISION
County WAYNE		Municipality MANCHESTER TWP	
Weather Conditions NO ADVERSE CONDITIONS		Relation to Roadway ROADSIDE	
Illumination DARK - NO STREET LIGHTS		Road Surface Conditions DRY	
# of Units 001	# of People 003	Or of Injured 002	# Killed 001
EMS Agency HONESDALE		Medical Facility WAYNE MEMORIAL	
School Bus Related NO	School Zone Related NO	PennDOT Notified NO	Type of Intersection MIDBLOCK
		Special Location NOT APPLICABLE	

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

Route Signing LOCAL ROAD OR STREET	Route Number T668	Segment Number	Travel Lanes 01	Speed Limit NOT POSTED	Orientation EAST
House Number	Street Name MINKLER MOUNTAIN RD			St. Ending ROAD	

Used in Intersections Crashes	Route Signing	Route Number	Segment Number	Travel Lanes	Speed Limit	Orientation
	Street Name					St. Ending

Distance From Landmark Used for Mid-Block Crashes	Landmark 1	Route Number T750	Or Mile Pos. Tenth	Or Segment Marker	Ramp Use Only	Feet
	Street Name BUSH	Street Ending ROAD		Or Mile 02	Tenths 4	
	Landmark 2	Route Number 1018	Or Mile Pos. Tenth	Or Segment Marker	Ramp Use Only	The above entry is the distance from the Crash Scene to Landmark 1
	Street Name COOLEY CREEK	Street Ending ROAD				

GPS	Latitude:	Degrees 41	Minutes 43	Seconds 51	Decimal 685	Longitude:	Degrees 75	Minutes 07	Seconds 38	Decimal 028
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Traffic Control Device NOT APPLICABLE	Traffic Control Functioning NO CONTROLS
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Lane Closed NOT APPLICABLE	Lane Closure Direction	Traffic Detoured	Estimated Time Closed
--------------------------------------	-------------------------------	-------------------------	------------------------------

Environmental / Roadway Potential Factors (E/R)		
Factor 1 NONE	Factor 2	Factor 3

First Harmful Event in the Crash				Most Harmful Event in the Crash			
Unit Number 001	Harmful Event OVERTURN/ROLL OVER	Unit Number 001	Harmful Event OVERTURN/ROLL OVER				
Indicated Prime Factor DRIVER ACTION		Unit Number 001		Prime Factor Driver Action AFFECTED BY PHYSICAL CONDITION			
Prime Factor Environmental/Roadway		Prime Factor Vehicle Failure		Prime Factor Pedestrian Action			

Road Surface Type DIRT	Special Jurisdiction NO SPECIAL JURISDICTION
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AA-500 TX

Incident Number: R03-0739117

Commonwealth of Pennsylvania

PAGE 2

Crash Involves:

Police Crash Report

REPORTABLE CRASH

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

Unit Number 001	Type Unit Motor Vehicle in Transport	Commercial Vehicle No
First Name (b)(6)		MI (b)(6)
Last Name (b)(6)		Suffix (b)(6)
DOB (b)(6)		Telephone Number (b)(6)
Street Address (b)(6)		
City (b)(6)		
State (b)(6)		
Zip Code (b)(6)		
Gender MALE	License Number (b)(6)	License State (b)(6)
Class NON	Expiration Date 04/17/2012	Owner/Driver PRIVATE VEHICLE NOT OWNED/LEASED BY DRIVER
Driver Presence DRIVER OPERATED VEHICLE	Physical Condition HAD BEEN DRINKING	Primary Vehicle Code Violation DRIVING VEHICLE AT SAFE SPEED
Alcohol/Drugs Suspected ALCOHOL	Alcohol Test Type TEST NOT GIVEN	Alcohol Test Results TEST REFUSED
Person Charged YES		
Driver Action AFFECTED BY PHYSICAL CONDITION, DRIVING TOO FAST FOR CONDITIONS		
Pedestrian Action		Pedestrian Signals
Pedestrian Clothing		Pedestrian Location
1st Harmful Event OVERTURN/ROLL OVER	Left or Right Side	Most Harmful YES
2nd Harmful Event	Left or Right Side	Most Harmful
3rd Harmful Event	Left or Right Side	Most Harmful
4th Harmful Event	Left or Right Side	Most Harmful

Owner First Name (b)(6)		Owner MI (b)(6)	Owner Last Name or Business Name (b)(6)		Suffix (b)(6)
State (b)(6)		Zip Code (b)(6)		Government Equipment Number (b)(6)	
Vehicle Type ATV		Special Usage NOT APPLICABLE		Government Equipment Number	
Model Year 2008	Vehicle Make KAWASAKI	Vehicle Model 750 LE	Vehicle Color GREEN	VIN (b)(6)	
License Plate NONE	Reg. State	Est. Speed 999	Vehicle Towed YES	Towed By WILCOX	
Insurance NO	Insurance Company		Policy Number		Expiration Date
Direction of Travel EAST	Vehicle Position RIGHT LANE "CURB"		Vehicle Movement GOING STRAIGHT		Initial Impact Point NON-COLLISION
Damage Indicator MINOR	Gradient UPHILL	Road Alignment STRAIGHT	Possible Vehicle Failures NONE		
# of Units 0	Type Unit 1	Tag Number	Tag Year	Tag State	
Trailing Units		Unit Make		Unit Owner	
Type Unit 2	Tag Number	Tag Year	Tag State		
Unit Make		Unit Owner			
Engine Size cc	Passenger?	Saddle Bag/Trunk?		Trailer?	Driver Education?
Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation?	Eye Protection?	Long Sleeves?	Long Pants?
Passenger Helmet Type	Helmet Stayed On?	DOT/Snell Designation?	Eye Protection?	Long Sleeves?	Long Pants?
Passenger?		Helmet?			
Head Lights?		Rear Reflectors?			

AA-500 TX

Incident Number: R03-0739117

Commonwealth of Pennsylvania

PAGE 3

Crash Involves:

Police Crash Report

REPORTABLE CRASH

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

Fatality	Unit #	Driver Restrictions Compliance	Driver Endorsement Compliance	Driver License Compliance
	01	NOT A PENNSYLVANIA DRIVER	NOT A PENNSYLVANIA DRIVER	NOT A PENNSYLVANIA DRIVER
	Principal Impact Point		Avoidance Maneuver	
NON-COLLISION		BRAKING - SKID MARKS EVIDENT		Under Ride Indicator
				NO UNDERRIDE OR OVERRIDE
Emergency Use		Drug Test Type	Drug Test Results	
NOT IN EMERGENCY USE		NONE	NO TEST GIVEN	

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB	
	001	001	(b)(3):CPSA Section 25(c),(b)(6)					
	Street Address		City		State	Zip Code		
	(b)(3):CPSA Section 25(c),(b)(6)		(b)(3):CPSA Section 25(c),(b)(6)					
	Phone Number		EMS Transport	Person Type		Gender	Injury Severity	
	(b)(3):CPSA Section 25(c),(b)(6)		NO	DRIVER		MALE	MINOR INJURY	
	Seat Position			Safety Equipment 1				
	DRIVER - ALL VEHICLES			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication					
NONE USED / NOT APPLICABLE			NOT APPLICABLE					
Ejection			Ejection Path					
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE					

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB	
	001	002	(b)(3):CPSA Section 25(c),(b)(6)					
	Street Address		City		State	Zip Code		
	(b)(3):CPSA Section 25(c),(b)(6)		(b)(3):CPSA Section 25(c),(b)(6)					
	Phone Number		EMS Transport	Person Type		Gender	Injury Severity	
	(b)(3):CPSA Section 25(c),(b)(6)		YES	PASSENGER		MALE	KILLED	
	Seat Position			Safety Equipment 1				
	FRONT SEAT RIGHT SIDE			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication					
NONE USED / NOT APPLICABLE			NOT APPLICABLE					
Ejection			Ejection Path					
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE					

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB	
	001	003	(b)(3):CPSA Section 25(c),(b)(6)					
	Street Address		City		State	Zip Code		
	(b)(3):CPSA Section 25(c),(b)(6)		(b)(3):CPSA Section 25(c),(b)(6)					
	Phone Number		EMS Transport	Person Type		Gender	Injury Severity	
	(b)(3):CPSA Section 25(c),(b)(6)		NO	PASSENGER		MALE	MINOR INJURY	
	Seat Position			Safety Equipment 1				
	IN OPEN AREA (BACK OF PICKUP, ETC.)			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication					
NONE USED / NOT APPLICABLE			NOT APPLICABLE					
Ejection			Ejection Path					
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE					

Notified	Person/Business Notified	Phone Number	Date Notified	Time Notified
	(b)(6)		07/05/2009	08:45 hrs.
Reason for Notification				
DEATH NOTIFICATION				

AA-500 TX

Incident Number: R03-0739117

Commonwealth of Pennsylvania

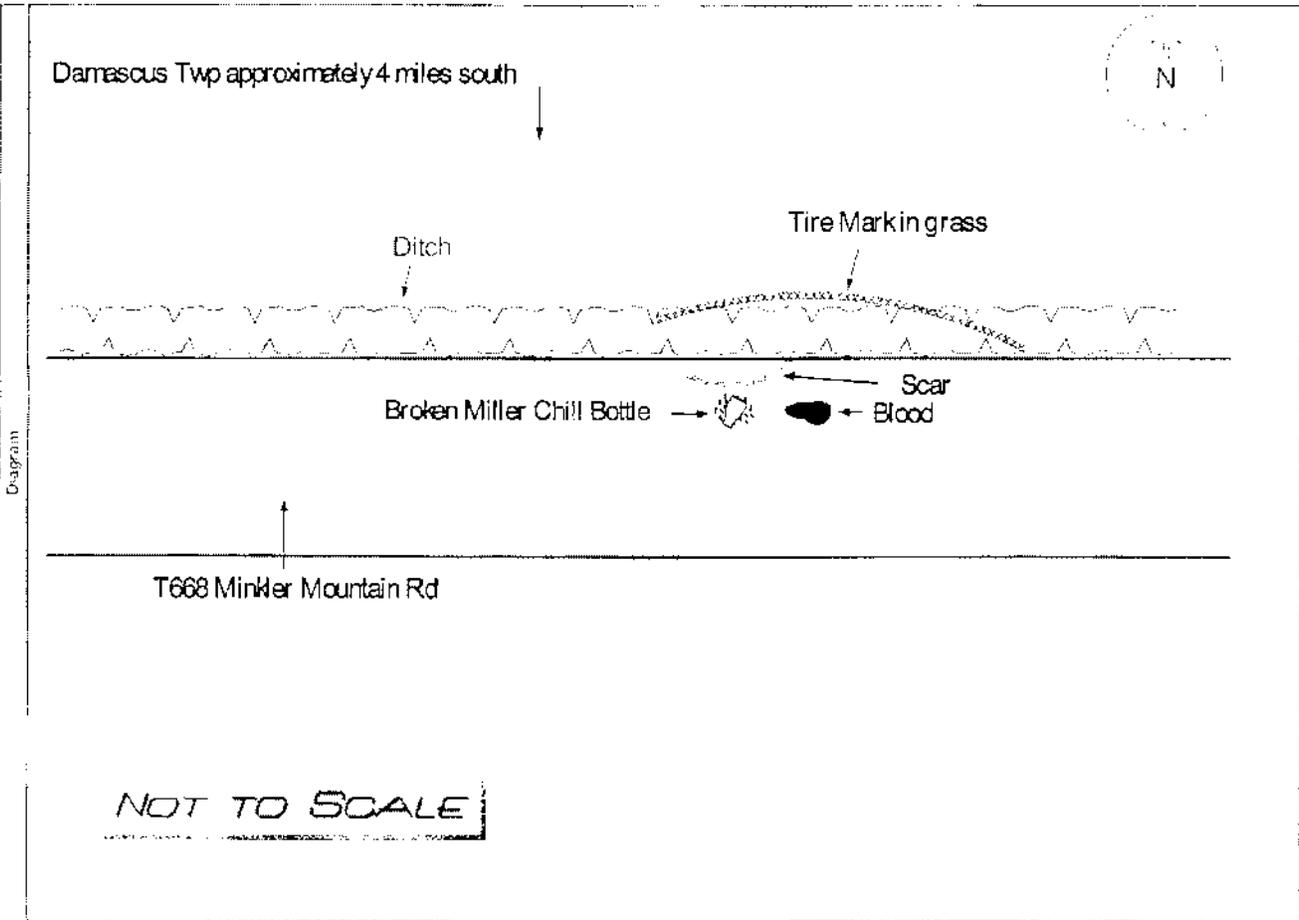
PAGE 4

Crash Involves:

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

Police Crash Report

REPORTABLE CRASH



Crash Synopsis

This crash occurred as Unit 1 was traveling east on T668, Minkler Mountain Rd, for unknown reasons traveled off the north side of the roadway, struck a ditch with its driver's side, over turned onto its passenger side and came to final rest facing east.

Narrative

At the location of this collision, T668 is a single lane, dirt township highway with no berms. At the time of the collision it was a clear night with no ambient light sources in the area and no adverse weather conditions. The road surface was dry.

This crash occurred as Unit 1 was traveling east on T668, Minkler Mountain Rd, for unknown reasons traveled off the north side of the roadway, struck a ditch with its driver's side, over turned onto its passenger side and came to final rest facing east on its passenger side.

Upon my arrival to the scene, I observed the following evidence:

- Unit 1 had been removed from the crash scene.
- Passenger 1, BYRAM was removed from the crash scene and was laying face up in the side yard of the residence at 68 Field Stone Dr approximately 0.2 miles east of where the crash occurred.

AA-500 TX

Incident Number: R03-0739117

Commonwealth of Pennsylvania

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Crash Involves:

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

Police Crash Report

REPORTABLE CRASH

-Operator 1 and Passenger 2 were in the residence at (b)(6) upon my arrival
 -Unit 1 was parked in the garage of the residence at (b)(6)

On 07/05/09 at approximately 0505 hours I interviewed (b)(3):CPSA Section 25(c).(b)(6) (b)(3):CPSA Section 25(c).(b)(6) Operator 1's father in his residence at (b)(6). He related the following; his son (b)(2):CPSA Operator 1, was driving the ATV at the time of the crash and he, (b)(2):CPSA had returned to the residence at (b)(2):CPSA by operating Unit 1 and related that he had just crashed and his friend, (b)(3) (Passenger 1/ MD OLN B. (b)(3):CPSA) was hurt. He went down to the scene of the crash in another ATV. He returned to his residence, drove his Cadillac Escalade from his residence to the scene of the crash, took the back seats out of the vehicle, placed (b)(3) in the vehicle and transported him to (b)(6). He called 911 when he returned to his residence with (b)(3). He placed a plastic tube down (b)(3) throat to suck the blood out of his mouth.

On 07/05/09 at approximately 0515 hours Tpr WINNBERG and I interviewed Operator 1 in the residence at (b)(6) (b)(6) Tpr WINNBERG and I detected an odor of an alcoholic beverage emitting from his person. He related he was the operator of the ATV at the time of the crash and he and his passengers had been drinking prior to the crash at his uncle's house. Operator 1 did not state which uncle's house he was at prior to the crash.

On 07/05/09 at approximately 0525 hours I interviewed passenger 2, (b)(3):C in the residence of (b)(6) (b)(6). He related Operator 1 was driving the ATV at the time of the crash. Passenger 1 was in the passenger seat and he (b)(3):C was in the dump bed of the vehicle. He related the vehicle went off the left side of the roadway and overturned onto its passenger side onto the roadway. He related he had injuries to his back and leg. (b)(3):C was treated by Damascus EMS.

Operator 1 was taken into custody for suspicion of DUI and was transported to Wayne Memorial Hospital where he refused to submit to chemical testing (blood) for the purpose of determining his %BAC.

On 07/05/09 at 0633 hours Wayne County Deputy Coroner Etta DAY of the Wayne County Coroner's Office pronounced Passenger #1 dead in the yard of the residence at (b)(6) (b)(6). Copy of the Death Certificate attached from the Wayne County Coroner's office. Wayne County Coroner Carol LIENERT listed cause of death as Atlanto-Occipital Dislocation and fracture.

On 07/05/09 at approximately 0800 hours I contacted PCO JEFFERY of the Westminster Barracks of the Maryland State Police. The death notification was given by Troopers of the Westminster Barracks to Passenger 1's father, (b)(6) (b)(6).

On 07/07/09 at approximately 0830 hours I interviewed Passenger 2 via telephone. He related the following; at approximately 0030 hours on 07/05/09 he, Operator 1 and Passenger 1 traveled from Operator 1's uncle's house to (b)(6) (b)(6) picked up food and beer and went back to the uncle's house. (b)(3):C was unable to recall Operator 1's uncle's name or address. He, Operator 1 and Passenger 1 were drinking beer while sitting around a fire. When traveling back to (b)(6) (b)(6) Operator 1 was traveling at a high rate of speed around the left hand curve, Operator 1 shouted " Oh Shit", applied the brakes very hard, traveled off the left side of the roadway and struck the a rock or the ditch along the side of the road. He felt the left side tires lift off the ground and the ATV began to tip on its passenger side. He pushed himself out of the dump bed and landed on his back and legs in the middle

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Incident Number: R03-0739117

Commonwealth of Pennsylvania

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Crash Involves:

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

REPORTABLE CRASH

Police Crash Report

of the roadway. While on the ground he heard Operator 1 yell "I need your help". He looked up and observed Operator 1 lifting Unit 1 off Passenger 1. Operator 1 was able to tip Unit 1 upright, Passenger 1's feet were still under a portion of the right side of the vehicle. He moved Passenger 1's feet and Operator 1 drove Unit 1 east back to his residence. He stayed with passenger 1 at the scene of the crash. He observed no signs of life from Passenger 1 while he waited for Operator 1 to return.. (b)(6) returned on a different ATV and he began to walk to (b)(6)

A Collision Analysis and Reconstruction Specialist as well as the Forensic Services Unit were summoned to the scene. A Vehicle Fraud Investigator examined Unit 1 for vehicle failures. Supplemental reports to follow.

On 07/16/08 an entry was made into the Fatal Crash Database.

Assisted at the scene by Tpr Thomas WINNBERG. Also present were Damascus EMS and EMS 504 Unit 8.

News Release prepared and placed in crash attachment file.

SP 1-518TX



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

Crash Involves:

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

Agency Information:

AGENCY PA STATE POLICE - HONESDALE	INVESTIGATOR JOYCE, MICHAEL
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Summary Information:

INCIDENT NUMBER R03-0739117	CRASH DATE 07/05/2009	CRASH TIME 04:05 hrs.
COUNTY WAYNE	MUNICIPALITY MANCHESTER TWP	
ROUTE # T668	SEGMENT #	STREET MINKLER MOUNTAIN RD
		STREET ENDING ROAD
Location (b)(6)		
EMS Agency HONESDALE	Medical Facility WAYNE MEMORIAL	

People Involved:

UNIT #	PERSON	FIRST NAME	MI	LAST NAME	SUFFIX	AGE	Gender
001	DRIVER	(b)(3):CPSA Section 25(c),(b)(6)				21	M
CITY (b)(3):CPSA Section 25(c),(b)(6)					STATE (b)(3):CPSA Section 25(c),(b)(6)		
EMS Transport NO		injury Severity MINOR INJURY					
001	PASSENGER	(b)(3):CPSA Section 25(c),(b)(6)				19	M
CITY (b)(3):CPSA Section 25(c),(b)(6)					STATE (b)(3):CPSA Section 25(c),(b)(6)		
EMS Transport YES		injury Severity KILLED					
001	PASSENGER	(b)(3):CPSA Section 25(c),(b)(6)			JR	19	M
CITY (b)(3):CPSA Section 25(c),(b)(6)					STATE (b)(3):CPSA Section 25(c),(b)(6)		
EMS Transport NO		injury Severity MINOR INJURY					

Vehicles Involved:

UNIT # 001	YEAR 2008	MAKE KAWASAKI	MODEL 750 LE
Driver Charged YES		Primary Violation DRIVING VEHICLE AT SAFE SPEED	

Crash Synopsis:

This crash occurred as Unit 1 was traveling east on **(b)(6)** for unknown reasons traveled off the north side of the roadway, struck a ditch with its driver's side, over turned onto its passenger side and came to final rest facing east.

Wayne County Coroner's Office Incident Report

Date and time incident reported: July 5, 2009 at 05:15.

Incident reported by: Carol Lienert, Coroner.

Name, age, sex, SS#, and race of decedent: (b)(3):CPSA Section 2 20 year old
(b)(3):CPSA Section 25(c),(Male; Caucasian; SS#

Location of incident: (b)(6) Property Owners
(b)(6)

Manner of death appears to be: Accidental.

Next of kin and telephone: (b)(6) (mother) (b)(6)
(father).

Other agencies involved in the incident: PSP Honesdale (Trooper Michael Joyce; Trooper Scott Walck; Trooper Thomas Winnberg); PSP Dunmore Forensics (Trooper James Hitchcock); Damascus Ambulance Honesdale Ambulance Mobile 504.

Social History: The decedent was a college student at a college in Baltimore Maryland. According to his mother he was very athletic, very outgoing, and a very happy boy and that he was there on a full baseball scholarship, and her wanted to become involved in education.

Personal Belongings: The decedent had on a white t-shirt, blue t-shirt, black sweat shirt, black jogging pants, white ankle type socks. Sneaker with the letter "N" noted on the left foot, right sneaker missing. No jewelry noted on the decedent, and pockets empty.

Physical Exam of the decedent: This author viewed the decedent laying supine on the grassy yard next to a large house. The decedent was noted to have dried clotted blood in both nares. Noted severe trauma to the left side of the face/head, with the pinnacle part of the ear torn off and hanging by a flap of skin. The decedent also had severe skin abrasions to the left side of head and face. The decedent had an approximate 1 cm puncture type wound on the right side of his face on the jaw line. His head has a large skin/scalp avulsion, starting at the top of the crown and extending down to the nape of the neck. Large abrasion/ecchymosis area to the right flank. Extremities cool and dusky. Mottling noted to core.

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

Circumstances relevant to death: Property owner (b)(6) stated the decedent was a friend of their son (b)(3), the two had been roommates at college. The decedent had come up for the holiday weekend. This morning early (3:30-4:00am) Mrs. (b)(6) stated her son (b)(3) came to the house and stated they had an accident with the ATV. Mrs. (b)(3):CP stated she didn't even know they were out; she took the car and went to the accident scene, removed the back seats out of her Cadillac Escalade, put the decedent in the back, drove to the house and called 911. Damascus Ambulance crew stated the Mr. (b)(6) had used a large clear plastic type hose to try and suction the oral airway of the decedent, this hose was still on the ground next to the decedent, it was a very large hose and was approximately 1.5 inches in diameter. Damascus Ambulance crew stated that Mr. (b)(6) kept stating top them cant you move him into the hospital what is the reason he has to stay.

Identification: Per the decedent's mother (b)(6)

Pronounced: July 5, 2009 at 06:33 by this author.

Autopsy: July 6, 2009 at 09:30 by Dr. Gary Ross.

Toxicology: Pending.

Funeral Director: Bryant's Funeral Home 570-253-0260.

Photographs: Multiple digital photos taken by this author. Multiple digital photos taken by Pennsylvania State Police.

Total Miles: 42 miles.

Wayne County Deputy Coroner

Etta Day

PATHOLOGY ASSOCIATES OF N.E. PA, LTD.
781 KEYSTONE INDUSTRIAL PARK
DUNMORE, PA 15112-1500
(570) 558-4560

NAME: (b)(3):CPSA

AUTOPSY NO: GWR 1600

CASE TYPE (FORENSIC, HOSPITAL, PRIVATE): Forensic

AGE: 20

(b)(3):CPSA

RACE: W

SEX: M

AUTOPSY PERFORMED AT: Wayne County Memorial Hospital, Honesdale, Pennsylvania

DATE OF HOSPITAL ADMISSION: July 5, 2009

REPORTED DATE/TIME OF DEATH: July 5, 2009

DATE/TIME OF AUTOPSY: July 6, 2009

AUTOPSY AUTHORIZED BY: Rita Day, Deputy Wayne County Coroner

LIMITATIONS: None

BODY IDENTIFICATION: Hospital I.D. Tag

AUTOPSY PERFORMED BY: Gary W. Ross, M.D.

PERSONS PRESENT AT AUTOPSY: Al Hughes, Autopsy Assistant
John Decker, Pennsylvania State Police
James Hitchcock, Pennsylvania State Police
Bob Morcum, Deputy Wayne County Coroner
Carol Lienert, Wayne County Coroner

INVESTIGATIVE POLICE JURISDICTION: Pennsylvania State Police

AUTOPSY COMPLETION DATE: September 25, 2009

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

GWR 1600

PATHOLOGIC DIAGNOSES:

GENERAL:

History of ATV Accident

EXTERNAL EXAMINATION:

Multiple Lacerations and Abrasions Consistent with ATV Accident

CARDIOVASCULAR SYSTEM:

Within Normal Limits

PULMONARY SYSTEM:

Bilateral Intraparenchymal Lower Lobe Blood

HEPATOBIILIARY SYSTEM:

Within Normal Limits

PANCREAS:

Within Normal Limits

GENITOURINARY SYSTEM:

Within Normal Limits

HEMATOPOIETIC SYSTEM: (spleen, lymph nodes and bone marrow)

Within Normal Limits

GASTROINTESTINAL SYSTEM:

Within Normal Limits

CENTRAL NERVOUS SYSTEM:

Cerebral Swelling

Subarachnoid Hemorrhage

Minimal Subdural Hematoma

Scalp Laceration with Avulsion

NECK ORGANS:

Torn Epiglottis at Base of Vallecula

ENDOCRINE SYSTEM: (thyroid, thymus, parathyroids and adrenals)

Within Normal Limits

MUSCULO-SKELETAL SYSTEM:

Atlantooccipital Fracture and Dislocation

SKIN:

Multiple Lacerations and Abrasions

TOXICOLOGY: Postmortem Blood Positive for Alcohol, 0.164% and Negative for All Other Tested Substances of Toxicologic Significance

CAUSE OF DEATH: Atlantooccipital Dislocation and Fracture

MANNER OF DEATH: Accidental

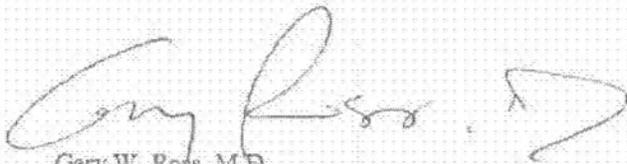
(b)(3):CPSA Section 25
(c),(b)(6)

GWR 1600

FINAL SUMMARY:

The decedent is a 20 year old white male passenger on an ATV who suffered fatal traumatic injury when he fell of the vehicle. Extensive road abrasion (gravel/shale road surface) especially to back, neck and head. Partial avulsion of scalp. Laceration of left temporal/parietal scalp and avulsion of left ear. Death is due to atlantooccipital fracture/dislocation with partial transection of the brainstem/cervical cord. Extensive trauma to epiglottis (intubation attempted with hose by history). Brain swollen with subarachnoid hemorrhage. Death essentially immediate with impact secondary to brainstem trauma. No significant thoracoabdominal trauma.

Toxicologic studies performed on postmortem blood positive for alcohol, 0.164% and negative for all other tested substances of toxicologic significance.



Gary W. Ross, M.D.
Forensic Pathologist
Final Date: September 25, 2009

GWR/jb
07/09/09

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

GWR 1600

EXTERNAL EXAMINATION: Multiple Traumatic Injuries Consistent with Motor Vehicle Accident**THERAPEUTIC INTERVENTION:** None**POST MORTEM ORGAN DONATION:** None**CLOTHING AND PERSONAL EFFECTS:** Zippered hooded sweatshirt; Short white NB socks; Right sneaker, NB; Black Nike sweatpants; Long-sleeved T-shirt, blue with logo; Underpants (black, Hanes)**DISTINGUISHING MARKS AND CHARACTERISTICS:****SCARS:** Right lateral arm, cross scar, inverted, 1 1/2"; Left forearm, cross scar, 1"**TATTOOS:** None**SIGNS OF EXTERNAL INJURY:** (abrasions, ecchymosis, cuts and lacerations)**SCALP:** Lacerations and abrasions**FACE:** Abrasions**NECK:** Abrasions**CHEST:** None**ABDOMEN:** None**BACK:** Abrasions**RIGHT UPPER EXTREMITY:** Abrasions**LEFT UPPER EXTREMITY:** None**RIGHT LOWER EXTREMITY:** Abrasions**LEFT LOWER EXTREMITY:** Abrasions**GUNSHOT WOUNDS:** None**SHOTGUN WOUND:** None**TRACK MARKS:** None**NEEDLE MARKS:** None

HEIGHT: 72"
WEIGHT: Estimated weight 225 lbs
BODY BUILD: Well Nourished; Well Built
RIGOR: Full
LIVIDITY: Posterior dependent and purplish
STATE OF DECOMPOSITION: Minimal
HEAD: Normocephalic
HAIR: Dark brown
EYES:
SCLERA: White
CONJUNCTIVA: Clear
PUPILS: Equal and round
IRIDES: Brown
ECCHYMOSES: None
FOREIGN DEBRIS: Blood
NOSE:
NARES: Patent
BONES: Intact
ORAL CAVITY:
FOREIGN DEBRIS: Blood
CUTS: None
BITE MARKS: None
TONGUE: Unremarkable
TEETH: Unremarkable
LIPS: Unremarkable

(b)(3):CPSA Section 25

GWR 1600

EARS: Blood both ear canals, left external torn off (on thin skin pedicle)**LOBES:** Unremarkable**FACIAL HAIR:** Clean shaven**BREASTS/NIPPLES:** Unremarkable**SKIN LESIONS (other than trauma):** Left leg, medial, café-au-lait, 1 x 1½"**EXTERNAL EXAMINATION GROSS IMPRESSION:**

Multiple Traumatic Injuries Consistent with Motor Vehicle Accident (ATV)

INTERNAL EXAMINATION:**SUBCUTANEOUS FAT:** 1"**CONGENITAL ANOMALIES:** None**HEART:****WEIGHT:** 390 grams**CONGENITAL DEFECTS:** None**CORONARY ARTERIES:****LEFT MAIN:****DEGREE OF ATHEROSCLEROSIS:** Minimal**PERCENT OF GREATEST LUMINAL OBSTRUCTION:** Less Than 5%**THROMBI:** None**PLAQUE HEMORRHAGE:** None**ANGIOPLASTIC STENTS:** None**LEFT ANTERIOR DESCENDING:****DEGREE OF ATHEROSCLEROSIS:** Minimal**PERCENT OF GREATEST LUMINAL OBSTRUCTION:** Less Than 5%**THROMBI:** None**PLAQUE HEMORRHAGE:** None**ANGIOPLASTIC STENTS:** None**CIRCUMFLEX:****DEGREE OF ATHEROSCLEROSIS:** Minimal**PERCENT OF GREATEST LUMINAL OBSTRUCTION:** Less Than 5%**THROMBI:** None**PLAQUE HEMORRHAGE:** None**ANGIOPLASTIC STENTS:** None**RIGHT CORONARY:****DEGREE OF ATHEROSCLEROSIS:** Minimal**PERCENT OF GREATEST LUMINAL OBSTRUCTION:** Less Than 5%**THROMBI:** None**PLAQUE HEMORRHAGE:** None**ANGIOPLASTIC STENTS:** None**CORONARY ARTERY BYPASS GRAFTS:** None**CORONARY ARTERY ANGIOGRAPHIC STENTS:** None**CORONARY ARTERY OSTIA:** Unremarkable**RIGHT ATRIUM:** Within Normal Limits, No Thrombi

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

GWR 1600

RIGHT VENTRICLE:**MYOCARDIUM:** Within Normal Limits**COLOR:** Red**FIBROSIS:** None**HEMORRHAGE:** None**HYPERTROPHY:** None**DILATATION:** None**LEFT ATRIUM:** Within Normal Limits, No Thrombi**LEFT VENTRICLE:****MYOCARDIUM:** Within Normal Limits**COLOR:** Red**FIBROSIS:** None**HEMORRHAGE:** None**HYPERTROPHY:** None**DILATATION:** None**ENDOCARDIUM:** Smooth and glistening**THROMBI:** None**EPICARDIUM:** Smooth and glistening**ADHESIONS:** None**PERICARDIUM:****FLUID:** None**ADHESIONS:** None**VALVES:****VEGETATIVE GROWTHS/THROMBI:** None**TRICUSPID:** Within Normal Limits**PULMONIC:** Within Normal Limits**MITRAL:** Within Normal Limits**AORTIC:** Within Normal Limits**PAPILLARY MUSCLES:** Unremarkable**CHORDAE TENDINEAE:** Unremarkable**GREAT VESSELS:****ANOMALIES:** None**PULMONARY ARTERY:****THROMBI:** None**ATHEROSCLEROSIS:** None**PULMONARY VEINS:** Intact**AORTA:****DEGREE OF ATHEROSCLEROSIS:** 0/VII**ANEURYSMS:** None**OSTIA:** Unremarkable**TRANSECTION:** No**VENA CAVA:****PATENT:** Yes**THROMBI:** No**TUMOR:** No**FILTER:** No**CARDIOVASCULAR GROSS IMPRESSION:** Within Normal Limits

(b)(3):CPSA Section 25

GWR 1600

LUNGS:

RIGHT: 660 grams
PLEURAL FLUID: Minimal
ANTHRACOTIC PIGMENTATION: Minimal
BRONCHI: Blood
THROMBOEMBOLI: None
CONSOLIDATION: None
TUMOR: None
METASTASIS: None
NECROSIS: None
FIBROSIS: None
HEMORRHAGE: Intraparenchymal (lower lobe)
INFARCTION: No
ATELECTASIS: None
EMPHYSEMATOUS CHANGE: None
BULLAE: None
FLUID ON CUT SECTIONING: Minimal
VASCULATURE: Within Normal Limits
HILAR LYMPH NODES: Unremarkable
PLEURA: Smooth and glistening
DIAPHRAGM: Intact

LEFT: 670 grams
PLEURAL FLUID: Minimal
ANTHRACOTIC PIGMENTATION: Minimal
BRONCHI: Blood
THROMBOEMBOLI: None
CONSOLIDATION: None
TUMOR: None
METASTASIS: None
NECROSIS: None
FIBROSIS: None
HEMORRHAGE: Intraparenchymal (lower lobe)
INFARCTION: No
ATELECTASIS: None
EMPHYSEMATOUS CHANGE: None
BULLAE: None
FLUID ON CUT SECTIONING: Minimal
VASCULATURE: Within Normal Limits
HILAR LYMPH NODES: Unremarkable
PLEURA: Smooth and glistening
DIAPHRAGM: Intact

PULMONARY GROSS IMPRESSION: Bilateral Intraparenchymal Lower Lobe Blood

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

GWR 1600

LIVER:

WEIGHT: 1710 grams
CAPSULE: Intact, smooth and glistening
PARENCHYMA: Homogeneous, uniform, reddish tan
FATTY CHANGE: No
FIBROSIS: None
TUMOR: None
CYSTS: None
BILIARY TREE: Widely patent
GALLBLADDER:
 BILE: 4 ml
 MUCOSA: Flat, no papillation
 GALLSTONES: No
HEPATIC GROSS IMPRESSION: Within Normal Limits

PANCREAS:

COLOR: Tan
PARENCHYMA: Within Normal Limits
FIBROSIS: None
CALCIFICATIONS: None
TUMOR: None
CYSTS: None
HEMORRHAGE: None
PANCREATIC GROSS IMPRESSION: Within Normal Limits

SPLEEN:

WEIGHT: 130 grams
CAPSULE: Intact
COLOR: Reddish
PARENCHYMA: Within Normal Limits
FIBROSIS: None
TUMOR: None
CYSTS: None
HEMORRHAGE: None
INFARCTION: None
HILAR LYMPH NODES: Unremarkable
SPLENIC GROSS IMPRESSION: Within Normal Limits

ADRENALS:

PARENCHYMA: Within Normal Limits
FIBROSIS: None
TUMOR: None
CYSTS: None
HEMORRHAGE: None
ADRENAL GROSS IMPRESSION: Within Normal Limits

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

GWR 1600

GENITOURINARY SYSTEM:**RIGHT KIDNEY:** 90 grams**CORTICAL SURFACE:** Smooth**CORTEX AND MEDULLA:** Unremarkable**COLOR:** Reddish tan**FIBROSIS:** None**INFARCTION:** None**TUMOR:** None**CYSTS:** None**HEMORRHAGE:** None**PAPILLAE:** Not blunted**URETERS:** Widely patent**STRICTURE:** None**DILATATION:** None**ANATOMIC DISTRIBUTION:** Normal**RENAL ARTERY:** Patent**RENAL VEIN:** Patent**LEFT KIDNEY:** 80 grams**CORTICAL SURFACE:** Smooth**CORTEX AND MEDULLA:** Unremarkable**COLOR:** Reddish tan**FIBROSIS:** None**INFARCTION:** None**TUMOR:** None**CYSTS:** None**HEMORRHAGE:** None**PAPILLAE:** Not blunted**URETERS:** Widely patent**STRICTURE:** None**DILATATION:** None**ANATOMIC DISTRIBUTION:** Normal**RENAL ARTERY:** Patent**RENAL VEIN:** Patent**BLADDER:****BLADDER FLUID VOLUME:** 300 ml**MUCOSA:** Flat**TUMOR:** None**CYSTS:** None**FIBROSIS:** None**PERIVESICULAR HEMORRHAGE:** None**PROSTATE:****TUMOR:** None**CYSTS:** None**HEMORRHAGE:** None**ENLARGED:** No**SEMINAL VESICLES:** Unremarkable

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

GWR 1600

PENIS:**CIRCUMCISED:** Yes**LESIONS:** None**PUBIC HAIR:** Shaven**SCROTUM:****TESTES:** Unremarkable**MASSES:** None**GENITOURINARY SYSTEM GROSS IMPRESSIONS:** Within Normal Limits**GASTROINTESTINAL TRACT:****ESOPHAGUS:****STRICTURE:** None**FIBROSIS:** None**ULCERATION:** None**FOREIGN DEBRIS:** None**STOMACH:****TUMOR:** None**ULCERATION:** None**CONTENTS:** Full of food; No pills identified**RUGAL FOLDING PATTERN:** Within Normal Limits**MUCOSA:** Unremarkable**PYLORUS:** Widely patent**SMALL INTESTINE:****INTEGRITY:** Intact, no perforation**CONTENTS:** Partially digested food**ISCHEMIA:** None**TUMOR:** None**CYSTS:** None**LARGE INTESTINE:****INTEGRITY:** Intact, no perforation**CONTENTS:** Feces**ISCHEMIA:** None**TUMOR:** None**CYSTS:** None**ABDOMINAL FLUID:** Unremarkable, Within Normal Limits**ABDOMINAL SEROSA:** Smooth and glistening**MESENTERY:** Within Normal Limits, smooth, glistening and intact**ABDOMINAL LYMPH NODES:** Within Normal Limits**ANUS:** Intact**DIAPHRAGM:** Intact**RETROPERITONEUM:** Within normal limits**GASTROINTESTINAL SYSTEM GROSS IMPRESSION:** Within Normal Limits

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

GWR 1600

BRAIN:

WEIGHT: 1490 grams
SCALP INJURY: Scalp laceration with avulsion extensive, left sided abrasion,
diffuse scalp hemorrhage
SKULL FRACTURE: None
DURA: 10-15 ml, bilateral and basal
ARACHNOID: Bilateral temporal brain stem and frontal
SULCI: Widened
GYRI: Narrowed
BRAIN CONSISTENCY: Soft
HERNIATIONS: None
CRANIAL NERVES: Intact, unremarkable
BASAL VESSELS: Intact, unremarkable
CEREBRAL HEMISPHERES: Within Normal Limits
SUPERFICIAL GREY MATTER: Within Normal Limits
WHITE MATTER: Within Normal Limits
DEEP GREY MATTER: Within Normal Limits
VENTRICLES: Within Normal Limits
CEREBELLUM: Diffuse subarachnoid hemorrhage
BRAINSTEM: Partially torn medulla with focal hemorrhage intraparenchymally
CYSTS: None
TUMORS: None
CENTRAL NERVOUS SYSTEM GROSS IMPRESSION:
Cerebral Swelling
Subarachnoid Hemorrhage
Minimal Subdural Hematoma
Scalp Laceration with Avulsion

NECK ORGANS: Torn epiglottis at base of vallecula with food aspiration and minimal blood.
Tear complete and irregular, minimal hemorrhage

LARYNX: No fractures, within normal limits
HYOID: No fracture, no periosteal hemorrhage
STRAP MUSCLES: No hemorrhage
CERVICAL LYMPH NODES: No significant adenopathy
TRACHEA: Small amount of blood
VOCAL CORDS: Unremarkable
NECK ORGANS GROSS IMPRESSION: Torn Epiglottis at Base of Vallecula

ENDOCRINE SYSTEM:

THYROID: Within Normal Limits
CYSTS: None
TUMOR: None
INTRAPARENCHYMAL HEMORRHAGE: None
NODULARITY: None
FIBROSIS: None
PARATHYROIDS: Within Normal Limits
THYMUS: Atrophy
ENDOCRINE GROSS IMPRESSION: Within Normal Limits

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

GWR 1600

MUSCULOSKELETAL SYSTEM:

CLAVICLES: Intact, no fractures

RIBS: Intact, no fractures

VERTEBRAE: Fractured atlas with atlantooccipital dislocation and partial transection of brain stem (medulla)

STERNUM: Intact, no fractures

SKULL: Intact, no fractures

PELVIS: Intact, no fractures

RIGHT UPPER EXTREMITY: Intact, no fractures

RIGHT LOWER EXTREMITY: Intact, no fractures

LEFT UPPER EXTREMITY: Intact, no fractures

LEFT LOWER EXTREMITY: Intact, no fractures

MANDIBLE: Intact, no fractures

MAXILLA: Intact, no fractures

MUSCULOSKELETAL SYSTEM GROSS IMPRESSION:

Atlantooccipital Fracture and Dislocation

GWR/jb
07/09/09

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

JONATHAN D. BYRAM

GWR 1600

MICROSCOPIC SUMMARY:

BRAIN: Medulla and spinal cord; Extensive Intraparenchymal Hemorrhage

GWR/jb
09/25/09

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

GWR 1600

SPECIAL STUDIES: None

TOXICOLOGY SPECIMENS:

OBTAINED: Blood, Bile, Urine
SUBMITTED: Blood

Toxicology submitted to:
Northern Tier Research
1300 Old Plank Road
Mayfield, PA 18433

PHOTOGRAPHY: James Hitchcock, Pennsylvania State Police

RADIOLOGY: No

TISSUE SPECIMENS:

STOCK: Yes
HISTOLOGY: Yes
WHOLE ORGANS: Larynx

CLOTHES: Retained With Body

PERSONAL EFFECTS: None

TRACE EVIDENCE: Not Obtained

FINGERNAILS: Not Retained

HAIR SAMPLES: Not Retained

SPECIAL AUTOPSY PROCEDURES: None

DOCUMENTS REVIEWED: None

DOCUMENTS TO BE OBTAINED: None

(b)(3):CPSA Section

EXTERNAL INJURY

GWR 1600

SITE	LOCATION	INJURY	SIZE	DESCRIPTION
FACE, SCALP, NECK, CHEST, ABDOMEN, BACK, RUE, LUE, LLE, RLE	RIGHT, LEFT, MEDIAL, LATERAL, ANTERIOR, POSTERIOR, INFERIOR, SUPERIOR	LACERATION, ABRASION, NEEDLE PUNCTURE, ECCHYMOSIS, CUT, GUNSHOT WOUND, SGW, STAB WOUND	CM/IN	IF ECCHYMOSIS OR ABRASION
SCALP	OCCIPITAL	LACERATION	1"	
SCALP	LEFT PARIETAL (OVER VERTEX)	LACERATION	8"	CURVILINEAR TO SKULL
SCALP & FACE	LEFT LATERAL	ABRASIONS	6 X 5"	RED & DIRTY
SCALP & FACE	LEFT LATERAL	LACERATION	4"	LEFT EAR TORN OFF
FACE	LEFT TEMPLE	LACERATION	1/2"	
FACE	UPPER RIGHT LIP	ECCHYMOSIS	3/3 X 3/8"	BLUE
FACE	MID FOREHEAD	ABRASION	1/8 X 1/8"	RED
FACE	RIGHT LOWER CHEEK	ABRASION	3/8 X 3/8"	RED
NECK	MID UPPER	ABRASION	2 X 1 1/2"	SUPERFICIAL
LUE	LATERAL ELBOW	ABRASION	1/2 X 1/2"	
BACK	RIGHT LATERAL MID	ABRASION	1/2 X 1/2"	RED
BACK	RIGHT LATERAL UPPER	ABRASIONS, MULTIPLE	2 X 2"	
BACK	MID UPPER	ABRASION	4-10"	RED, DIRTY, LINEAR PATTERN
RIGHT SIDE	LOWER FLANK	ABRASION	6 X 6"	RED, LINEAR
BACK	LEFT UPPER	ABRASION	3 X 2"	
BUTTOCKS	RIGHT	ABRASIONS, MULTIPLE	5 X 5"	RED, PUNCTATE
BUTTOCKS	LEFT UPPER	ABRASIONS, FOCAL PUNCTATE	2 X 3"	RED

JOHNATHON BYRAM

EXTERNAL INJURY

GWR 1600

RLE	ANKLE	ABRASION	1 1/2 X 1"	RED, LINEAR PATTERN
RLE	LATERAL LEG	ABRASION	12 X 4"	RED, LINEAR
LLE	LATERAL HIP	ABRASION	3 X 2 1/2"	
LLE	LATERAL KNEE	ABI (b)	1 X 1"	RED
LLE	LATERAL KNEE	ABRASION	1 X 1"	RED
LLE	LATERAL LOWER THIGH	ABRASION	1 1/2 X 1/2"	
COMMENT: Abrasions and lacerations of upper back and left side of face in continuity with one another -				
dirty and dirt embedded, linear, consistent with road rash type				



Northern Tier Research

1300 Old Plank Road • Mayfield, PA 18433
Phone 570-282-4340 • Fax 570-282-4342 • www.ntr.biz

LAB ID # 071309-005PM
 LOG 728
 Subject ID #/ Identification (Name) (b)
 County Wayne
 Pathologist Gary Ross, MD
 Collection Site WMH
 Autopsy Date 07/06/09
 Age / Sex 20/ Male
 Case Number ENWR-1600

Sample / Comments blood

Amphetamines Negative
 Barbiturates Negative
 Benzodiazepines Negative
 Cannabinoids Negative
 Cocaine Negative
 Methadone Negative
 Opiates Negative
 Phencyclidine Negative
 Propoxyphene Negative
 Tricyclic Antidepressants Negative

Toxicological Information

BAC Result % 0.164

Report date 08/10/09

Reviewed by: *[Signature]*

144 REV 11/2005
CPE / PRINT IN
PERMANENT
BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CORONER'S CERTIFICATE OF DEATH

(See Instructions and examples on reverse)

STATE FILE NUMBER

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

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

1. Sex Male	2. Social Security Number	3. Date of Death (Month, day, year) JULY 5, 2009
4. Age (In years) 19	5. Date of Birth (Month, day, year)	6. Birthplace (City and state or foreign country)
7. Religion (City and state or foreign country)	8a. Place of Death (Check only one) Hospital	8b. Place of Death (Check only one) Home
9. Was Decedent of Hispanic Origin? No	10. Race American Indian, Black, White, etc. (Specify) White	11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state extent)

12. Was Decedent ever in the U.S. Armed Forces? No	13. Decedent's Education (Specify only highest grade completed) 12	14. Marital Status: Married, Never Married, Widowed, Divorced (Specify) Never Married	15. Surviving Spouse (If wife, give maiden name)
16. Decedent's Usual Residence (City, State, Zip Code) Maryland Carroll	17a. Decedent Lived in Actual Residence?	17b. Decedent Lived in Actual Residence?	17c. Decedent Lived in Actual Residence?

18. Address at Time of Death (Street, city / town, state, zip code)	19. Address at Mailing Address (Street, city / town, state, zip code)
---	---

20. Was Cremation or Donation Authorized by Medical Examiner / Coroner? Yes	21. Date of Disposition (Month, day, year) 07/10/2009
--	--

22a. Signature of Medical Examiner / Coroner <i>Arthur J. [Redacted]</i>	22b. License Number FD011920L	22c. Home and Address
---	----------------------------------	-----------------------

23a. To the best of my knowledge, death occurred at the time, date and place stated. (Sign and print name)	23b. Date Signed (Month, day, year)
--	-------------------------------------

24. Time of Death 06:33	25. Date Pronounced Dead (Month, day, year) JULY 5, 2009	26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation? Yes
----------------------------	---	---

27. Part I: IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ATLANTO-OCCIPITAL DISLOCATION AND FRACTURE b. ATV ACCIDENT	28. Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I	29. Did Alcohol Use Contribute to Death? No
---	--	--

30. Was an Autopsy Performed? Yes	31. Manner of Death Accident	32a. Date of Injury (Month, day, year) 07-05-2009	32b. Time of Injury approx. 04:00	32c. How Injury Occurred SEE SECTION 27 PART I	32d. Injury at Work? No	32e. Was it a Motor Vehicle Injury (Specify)? Driver / Operator	32f. Place of Injury: Home, Farm, Street, Factory, Office Building, etc. (Specify) ROAD
--------------------------------------	---------------------------------	--	--------------------------------------	---	----------------------------	--	--

33a. Coroner's check only one: To the best of my knowledge, death occurred due to the cause(s) and manner as stated.	33b. Signature and Title of Coroner <i>Etta Day</i> DEPUTY CORONER	33c. License Number	33d. Date Signed (Month, day, year) JULY 6, 2009
---	--	---------------------	---

34. Home and Address of Person Who Completed Cause of Death (Item 27) Type / Print ETTA DAY, DEPUTY CORONER 925 COURT STREET, HONESDALE PA 18431	35. Date Filed (Month, day, year)
--	-----------------------------------

0353170

100623HCC1877

ATTACHMENT #3

Contact Sheet

Contacted on 06/30/10
Pennsylvania State Police
1800 Elmerton Ave.
Harrisburg, PA. 171110
717-346-8070

Contacted on 06/30/10
Wayne County Coroner
925 Court Street
Honesdale, PA. 18431
570-253-5979

Task Number: 100623HCC1877

Date: 10/15/10

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: 10/15/10

Investigator No. 8942

Regional Office: CFIE

Supervisor No. 9083

Utility Vehicle Data Record Sheet

Front	
Driver A	Right Front Passenger B
Left Rear Passenger	Right Rear Passenger
Cargo Bed C Rear	

A:	Age: 21	Height: Unknown
	Gender: Male	Weight: Unknown
	Helmet (Y/N): Unk	Seatbelt (Y/N): Unk
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description: None	
	Did vehicle land on victim: N/A	
	Ejected (Either partially or fully): N/A	

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: 20	Height: 72
	Gender: Male	Weight: 225
	Helmet (Y/N): Unk	Seatbelt (Y/N): Unk
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Atlanto-Occipital Dislocation and Fracture	
	Did vehicle land on victim: YES	
	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: 20	Height: Unknown
	Gender: Male	Weight: Unknown
	Helmet (Y/N): Unk	Seatbelt (Y/N): Unk
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description: None	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): N/A	

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):	

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 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 ~~use~~ **circle** the area if the vehicle was not equipped with the component.



Former HCC Pitcher Killed in ATV Accident

Reported by Karen Loftis
Sunday, Jul 5, 2009, 11:15:33pm

HAGERSTOWN, MD - A former Hagerstown Community College pitcher died Sunday morning in an ATV accident.

(b)(3):CPSA Section 25
(c) (b)(6) was riding four-wheelers with a friend when he fell-off.

He died from a broken neck that he suffered on impact.

The Sykesville native played his freshman year at Allegany College of Maryland and transferred to HCC for his sophomore season. This past season (b)(3): was named to the 2009 All Region Second Team finishing the year with a 4-0 record and a 2.4 ERA. His sophomore class set a school record 81 wins in their two seasons for the Hawks.

(b)
(3):CP just finished his schooling at HCC and planned on playing baseball at Frostburg State University next year.

MD
7/5/2009

EXHIBITS:

Exhibit A –North Carolina State Highway Patrol Report.

Exhibit B – Mecklenburg County Medical Examiner’s Report.

Exhibit C – Missing Document Form.

Exhibit D – Contact List.

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces
Date Received by DMV

Crash Date: 06/23/2010
County: TREDELL
Time: 1730
Local Use/Patrol Area: 100623100FA 1A-1
Crash Location: Roadway Surface 1, Crash occurred In Near STATESVILLE or 9.84 Miles N S E W
Highway: RP 2152 (R.R. Crossing # 0.46 Miles R N S E W)
Direction: from RP 2142 toward RP 2153

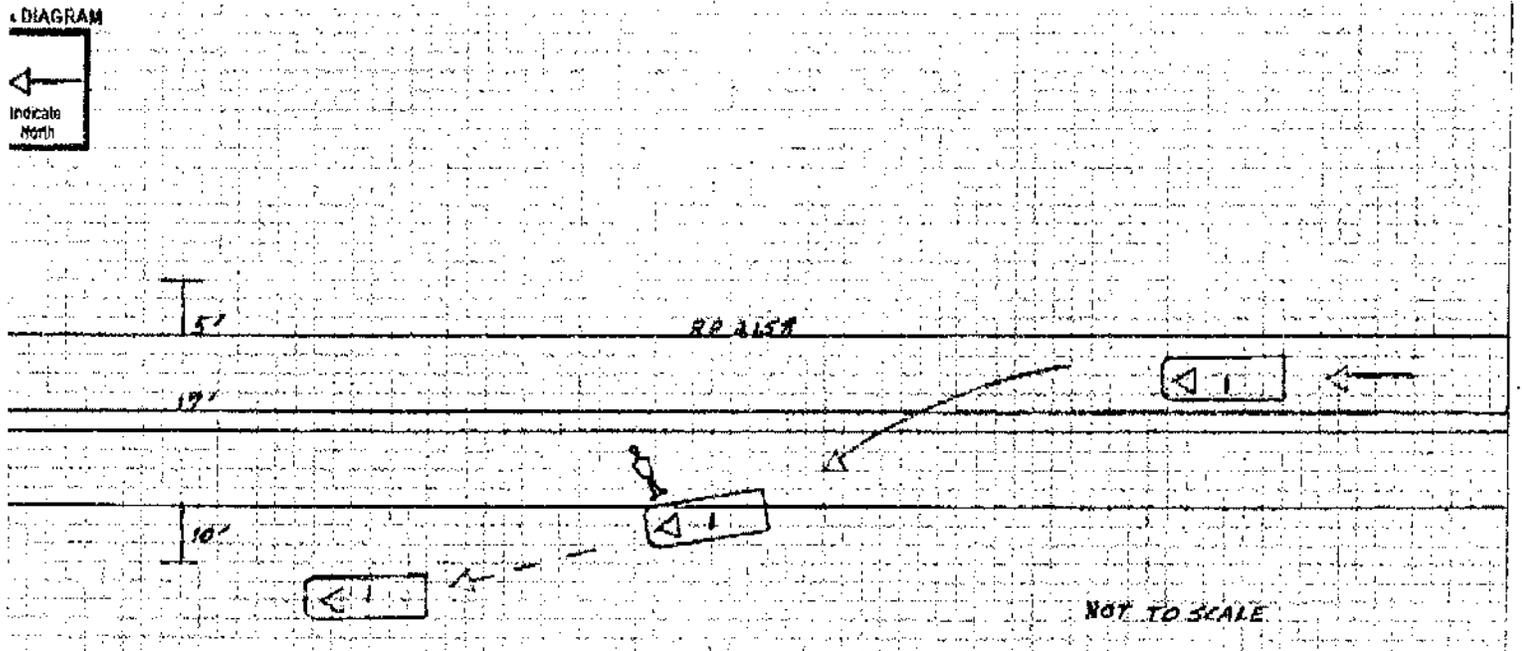
UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN OTHER
Driver: (b)(6)
Address: (b)(6)
City: (b)(6)
State: SC Zip: (b)(6)
D.L. # (b)(6) Class C State SC
DOB (b)(6) 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI)
Owner: (b)(6)
Address: (b)(6)
City: (b)(6) State: SC Zip: (b)(6)
Plate # NONE DISPLAYED
VIN (b)(6)
Vehicle Make POLARIS Vehicle Year 2007 41 Vehicle Style (Type) 27 42 Vehicle Drivable Yes No
43 TAD NO DAMAGE 44 Estimated Damage \$0.00
Insurance Company N/A Policy # N/A

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
21 Carrier Identification Numbers, GVWR, Axles
22 US DOT# 23 ITC# 24 Address on Vehicle including Trailers
25 State 26 State # 27 IFTA# 28 Gross Vehicle Weight Rating
29 FET# 30 Floor

21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	1	2	3	4	5	6	7	8	9	10	11	Unit 1 Towed To By: DRIVER / DESTINATION
B												Unit 2 Towed To By:
C	1	2	3	4	5	6	7	8	9	10	11	(b)(6)
D												
E												
F												
G												
H												

45 Name of EMS: TREDELL COUNTY EMS
46 Name of EMS:
47 Injured Taken by EMS to: L DAVIS HOSPITAL STATESVILLE (Treatment Facility and City or Town)
48 Injured Taken by EMS to:

POINTS OF INITIAL CONTACT (Write in Codes)	Unit #	Unit #	VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED	
			Unit #	Unit #	68 Road Feature	69	78 Workzone Area	79
1	N/A		61 Authorized Speed Limit	55	68 Road Feature	0	78 Workzone Area	5
2 CRASH SEQUENCE (Unit Level)	Unit #	Unit #	61 Estimate of Original Traveling Speed	35	69 Road Character	3	79 Work Activity	
3 Vehicle Maneuver/Action	H		62 Estimate of Speed at Impact	10	70 Road Classification	4	80 Work Area Marked	
4 Non-Motorist Action	-		63 Tire Impressions Before Impact (ft.)	0	71 Road Surface Type	3	81 Crash Location	
5 Non-Motorist Location Prior to Impact	-		64 Distance Traveled After Impact (ft.)	NOX	72 Road Configuration	2	TRAILER INFO. Unit # Unit #	
6 Crash Sequence - First Event for This Unit	6		65 Emergency Vehicle Use	-	73 Access Control	1	82 Trailer Type	
7 Crash Sequence - Second Event	8		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	74 Number of Lanes	2	84 Trailer No. Axles Width (inches) Length (feet)	
8 Crash Sequence - Third Event	13		67 School Bus - Contact Vehicle	<input type="checkbox"/>	74 Traffic Control Type	23	85 Trailer No. Axles Width (inches) Length (feet)	
9 Crash Sequence - Fourth Event	-		68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper	1	86 Unit # Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #
10 Most Harmful Event for This Unit	12		COMMERCIAL VEHICLE - Hazardous Materials Involvement Unit # Has Mat Placed <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard Indicate: <input type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No					
11 Distance/Direction to Object Struck	0							
12 Vehicle Undercarriage/Override	3							
13 Vehicle Defects	0							



Unit # 1 was Traveling Parked Facing N E W on RP 215A Unit # 1 was Traveling Parked Facing N E W on _____

5. NARRATIVE (Include pertinent and unusual aspects, which are not stated elsewhere on this form)

VEHICLE 1, AN ALL TERRAIN VEHICLE WAS TRAVELING NORTH ON RP 215A. VEHICLE 1
CROSSED THE CENTERLINE AND TRAVELED ONTO THE WEST SHOULDER. THE PASSENGER OF VEHICLE 1 ATTEMPTED TO EXIT THE
VEHICLE ON FOOT WHILE THE VEHICLE WAS IN FORWARD MOTION. THE PASSENGER LOST HIS FOOTING AND FELL OUT OF THE
VEHICLE STRIKING HIS HEAD ON THE ROADWAY. VEHICLE 1 WAS MOVED FROM THE AREA OF IMPACT.

6. ADDITIONAL PROPERTY DAMAGE

Type: NONE Owner Address: _____ Phone: _____

7. WITNESSES

W1: ALDRE Address: _____ Phone No. (____) _____

W2: _____ Address: _____ Phone No. (____) _____

8. CHARGES

Charge(s): _____ (Citation # optional) Charge(s): _____

Officer Name: RP S. J. MARTIN TRP. S. J. MARTIN Officer Number: 2331 Department: NCALH 0710010000 Date of Report: _____

Mecklenburg County
Office of the Medical Examiner

618 North College Street
Charlotte, NC 28202
Telephone (704) 338-2005
Toll Free Number 1-866-768-9838

**NARRATIVE SUMMARY OF CIRCUMSTANCES
SURROUNDING DEATH**

Attachment to Report of Investigation by Medical Examiner (Form DEHNR 1114)

ME CASE NUMBER: B2010-1843

FOLDER NUMBER: F2010-2109

DECEDENT: (b)(6)

This is a 46-year-old white male who was pronounced dead as an inpatient at Carolinas Medical Center on the night of 6/23/2010 as a result of traumatic brain injury sustained in an ATV accident. Preliminary information is that the event took place at approximately 1730 hours on 6/23/2010 on the street, location reportedly Old Mocksville Road in Statesville, North Carolina (Iredell County). Reportedly (b)(6) was the passenger on the back of an ATV who attempted to step off the vehicle while the driver was attempting to pull off the road, while the vehicle was still moving, fell and struck his head on asphalt. He was reportedly not helmeted. On admission, he was found to have severe head trauma including skull fractures, subdural hematoma, traumatic subarachnoid hemorrhage and hemorrhagic cerebral contusions. Death pronouncement occurred at 2018 hours on 6/23/10.

In light of the history, death is attributed to blunt trauma head injury due to fall from all terrain vehicle. Blood sample drawn.

6



12010--03591

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

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY	
FD-2109	Case number
7/26/10	Date received
<input type="checkbox"/> Res <input checked="" type="checkbox"/> NR	

DECEDENT: (b)(6)
 First Middle Last Suffix
 RESIDENCE: (b)(6)
 Number and Street City, State County
 AGE: 46 SEX: Male Female Unknown
 RACE: Black Native American Oriental White Unknown
 HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	6/23/10	1730	<u>(b)(6)</u>	Iredell
DEATH	6/23/10	2018	Carolinas Medical Ctr. - Main	Mecklenburg
VIEW OF BODY	6/24/10	1100	<input type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input checked="" type="checkbox"/> Other <u>ME OFFICE</u> <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	6/23/10	2214	LAW ENFORCEMENT AGENCY: <u>NCSHP</u> OFFICER: _____ TELEPHONE: _____	
LAST KNOWN TO BE ALIVE	6/23/10	before 2019	Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: _____
 BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____
 IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

- Blunt trauma head injury
DUE TO _____
- Fall from all terrain vehicle
DUE TO _____
- _____
DUE TO _____
- _____
DUE TO _____

OCME REVIEW	SDC
1. _____ DUE TO _____	<input type="checkbox"/> None <input type="checkbox"/> AL <input type="checkbox"/> Dictated <input type="checkbox"/> COG
2. _____ DUE TO _____	
3. _____ DUE TO _____	
4. _____ DUE TO _____	
CONTRIBUTING CONDITIONS <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined	
Reviewer: _____ Date: _____ <i>Information in this block supersedes that contained in space at left.</i>	

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.

JHHS 1114 (Revised 10/00)
Medical Examiner (Review 10/12)

Signature of Medical Examiner

7-9-10 Date Mecklenburg County of Appointment _____ M.E. Number

MEDICAL HISTORY

Alcoholism Diabetes IV drug abuse Ischemic heart disease Smoking
Seizure disorder Cancer Hypertension Depression HIV/AIDS
Other Attending Physician City

MEANS OF DEATH

VEHICLE: Type of vehicle associated with this decedent:
Passenger car Pickup truck Truck--more than 2 axles Motorcycle
Bicycle Farm vehicle ATV Moped Other
Position: Driver Passenger Pedestrian Unknown
Devices: Seat restraints Air bag Helmet Child restraint None Unknown
Number of vehicles involved 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 Activity passenger on the back of an ATV
OR ILLNESS: Type of place street Specific location Street

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 hospital Specific location INF

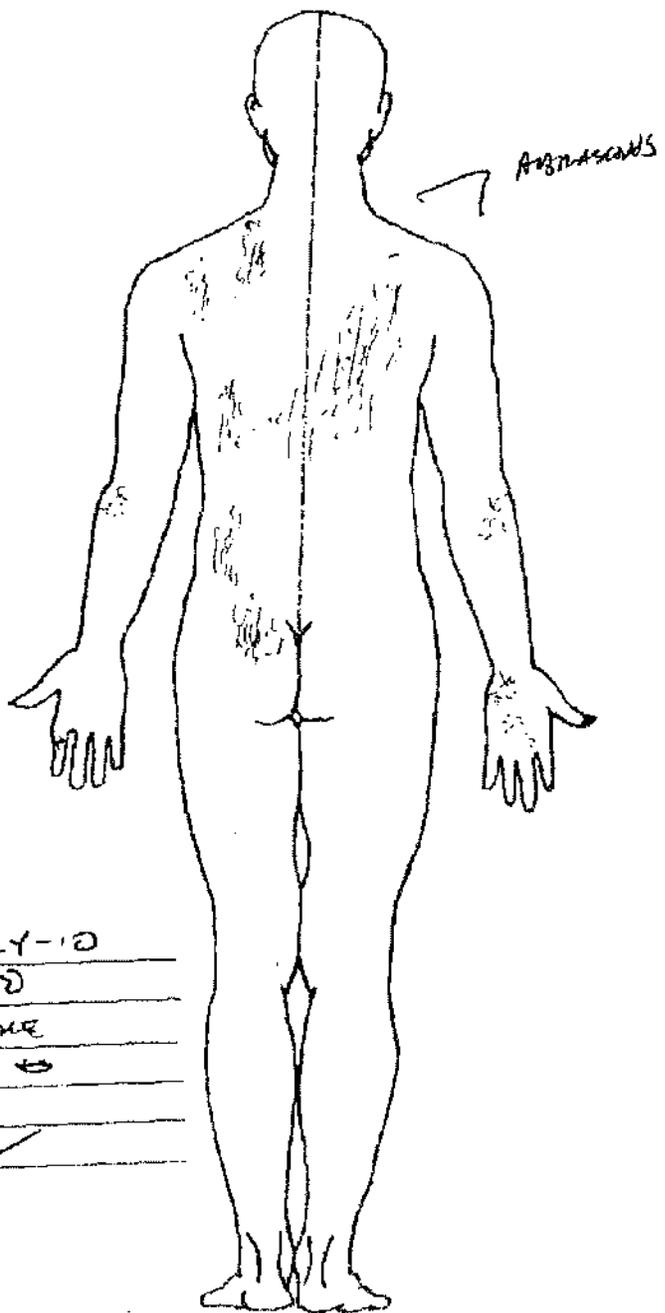
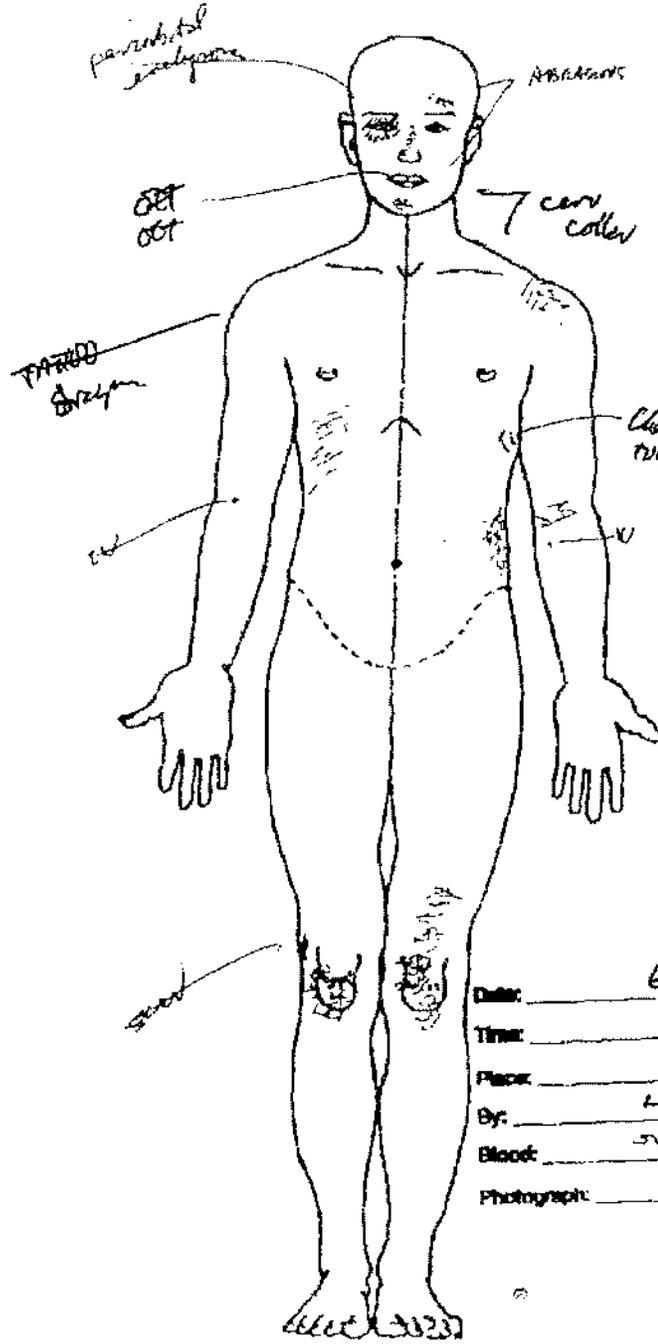
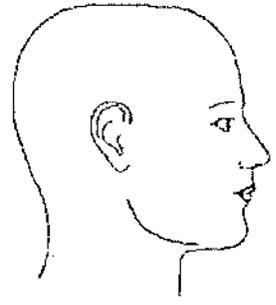
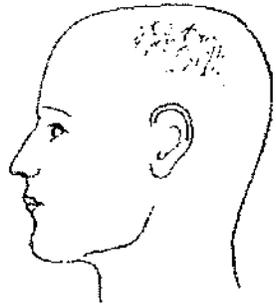
Examples:
Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc.
Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.
Specific 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: 71 inches Estimate WEIGHT: 171 pounds Estimate
BODY TEMPERATURE: Warm Cool Cold HAIR: Color Beard Mustache
EYES: Color BROWN Abnormalities
TEETH: Upper Natural Dentures Abnormalities
Lower Natural Dentures Abnormalities

CLOTHING: Not clothed
VALUABLES: No valuables

BODY DIAGRAMS



Date: 6-24-10
 Time: 1100
 Place: GME
 By: LA B
 Blood: J
 Photograph:

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

Task No.: 100625HNE0423

STATUS OF MISSING DOCUMENT

The purpose of this record is to notify the reader that the following document(s), which is/are missing from this report, will not be collected.

1. North Carolina State Highway Patrol Photos

2. _____

3. _____

The investigator indicates in the report that he/she requested a copy of the above listed document(s), but the document(s) was/were not yet available when the investigation report was completed. The investigator intended to forward the document(s) for attachment to this report when the requested material was obtained.

The investigator has made numerous attempts, since the original request, to collect a copy of the requested document(s) but has not been successful. Because of the problems associated with the collection of this material and our limited investigation resources, no additional efforts will be made to collect the missing document(s).

We apologize for any inconvenience the missing data may cause you.

Date: October 18, 2010

Investigator No.: 9027

Regional Office: 8183

Supervisor No.: 9001

CONTACT LIST:

North Carolina State Highway Patrol

Charlotte, NC. 28202

Mecklenburg County Medical Examiner's Office

618 North College Street

Charlotte, NC. 28202

Task Number 100625HNE0423

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 |
| <input checked="" type="radio"/> 2 - 4 wheeled ATV | 8 - Other Vehicle |
| 3 - ATV with unknown number of wheels | 0 - Unknown |
| 4 - 2 wheeled motorcycle | |
| 5 - Dune Buggy | |
| 6 - ATV with more than 4 wheels | |

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

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

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

Model: Ranger

VIN: (b)(6)

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

Model Year: 2007

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

Engine Size: 00

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: 06/23/2010	
Age/Sex: 46/Male	/
State of Death: NORTH CAROLINA	
City of Death: Charlotte	
County of Death: Mecklenberg	
Race: 1	
Race Other:	
Hispanic/Latino:	

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

Death #1	Death #2
Yes <input checked="" type="radio"/> No Unknown	Yes No Unknown

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

A 46-year old victim male was the unhelmeted passenger of an ATV which crossed the centerline of a paved road. The victim attempted to exit the vehicle while still in motion and lost his footing, striking his head on the roadway. The victim was airlifted to a medical center where he was pronounced dead as the result of a traumatic brain injury.

9. Did the ATV overturn/tipover/rollover? 00

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

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

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

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

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

Age: 20 Height: (inches)
Weight: Sex: Female

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

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

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

- 08 - Paved road

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

- 01 - Public 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?

- 0 - Unknown

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

- 0 - Unknown

Additional Comments:

NC

#100625HNE0423 N1060386A 6/25/10

[Print Article](#)

ISSUE 39

[Print This Story](#)

Statesville man killed in ATV accident

A freak accident Wednesday evening claimed the life of a 46-year-old Statesville man.

(b)(6) of (b)(6) died late Wednesday night at Carolinas Medical Center in Charlotte, said Trooper S.D. Martin of the N.C. Highway Patrol.

Martin said Sloan was a passenger on a Polaris Ranger all-terrain vehicle that was being driven in the area of Old Mocksville and Cartner roads Wednesday evening.

Martin said the ATV crossed the center line and was going into a field when (b)(6) attempted to get off while it was still running.

"He lost his footing and fell onto the roadway," Martin said.

(b)(6) hit his head on the road surface.

(b)(6) was airlifted from Davis Regional Medical Center to Carolinas Medical Center in Charlotte.

Reavis Funeral Home of Harmony is in charge of funeral arrangements for Mr. (b)(6)

11/30/10

1. Task Number 100708CCC3876		2. Investigator's ID 2931		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 07 04		5. Date Initiated YR MO DAY 2010 07 09	
6. Synopsis of Accident or Complaint UPC A 46-year-old male victim was fatally injured when he was ejected 18 feet after crashing his utility vehicle (UTV). The UTV left 84 feet of skid marks and rolled 1/4 turn onto its side before flipping back onto its wheels. The victim was traveling on a two-way, non-divided road that had been resurfaced with oil and chip two days prior to the incident. The victim sustained multiple blunt force trauma injuries and was not wearing a helmet or using a seatbelt. Unsafe speed was listed as a factor and alcohol may have been a factor. The incident unit was not photographed. <div style="text-align: right;"> <u>MFR/PRVLBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 3, 25, 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY </div>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City SALINA		9. State OK
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS / VIN: 4XARD50A25D730470		10C. Model Number 2005 RANGER
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 46		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) 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 08/16/2010		25. Reviewed By 8929		26. Regional Office Director Frank J. Nava
27. Distribution Topka, Tanya			28. Source Document Number X1070083A	

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12. Age of Victim 46	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) 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="checkbox"/> Yes <input checked="" type="checkbox"/> No Verbal <input type="checkbox"/> Yes for Manuf. Only				
24. Review Date 08/16/2010	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number X1070083A	

This investigation was initiated based upon a newspaper article that indicated a 48-year-old male (victim) lost control of a 2005 Polaris Ranger and died from massive injuries.

Information for this report was obtained from the newspaper article, online research, Oklahoma Department of Public Safety (see Exhibit B), and the Office of the Chief Medical Examiner – Oklahoma City, Oklahoma (see Exhibit C).

On July 4, 2010, at approximately 1829 hrs, the victim was driving a 2005 Polaris Ranger on a two-way non-divided road in Mayes County near Salina, Oklahoma. The road had a speed limit of 45 mph and the victim was travelling on a dry, level road that had been resurfaced two days earlier with oil and chip. The weather, recorded from the nearest station in Claremore, Oklahoma, indicated that the weather was clear with a temperature of 84.2 °F, 74% humidity, a wind direction of SSE at 10.4 mph (see Exhibit E).

According to the police report, the victim was travelling on a left curve when he over-corrected and started into a broad slide. The vehicle left 84 feet of skid mark on the roadway and overturned ¼ times onto the passenger side before rotating back to the upright position. The victim was ejected approximately 18 feet and was not wearing a helmet or using a seatbelt at the time of the incident. The police report lists unsafe speed on a curve as a contributing factor to the incident.

According to the medical examiner (ME) report, the cause of death is listed as multiple blunt force injuries. The ME report also indicates that blood was taken from the victim and alcohol may have been a factor with a finding of 0.16%. The manner of death is listed as an accident and no autopsy was performed.

Contrary to the police report indicating photographs were available, this investigator revealed that no photographs were available from the Department of Public Safety and was informed that the police report will be revised.

This investigator attempted to contact next-of-kin by telephone and mail; no contact was made and messages were not returned. Also, attempts to contact the vehicle owner were not successful. Due to not making contact with next-of-kin or the vehicle owner, this investigator was unable to determine any after-market modifications, type of seatbelt and driver's experience. Additionally, photographs were not available.

There is a discrepancy between the police report and the ME report regarding the victim's age. The police report indicates the victim was 48-years-old and the ME report indicates the victim was 46-years-old.

VEHICLE INFORMATION:

Type: Utility Vehicle
Brand: Polaris
Model: Ranger
Year: 2005
VIN: 4XARD50A25D730470
Retailer: Unknown
Date of Purchase: Unknown
Cost: Unknown (see Exhibit D for product specifications)
Manufacturer: Polaris Industries, Inc.

VICTIM INFORMATION:

Age: 46
DOB: 08/11/1963
Gender: Male
Height: 74 inches
Weight: 270 lbs.

ATTACHMENTS:

Exhibit A - Utility Vehicle Data Record Sheet
Exhibit B - Police Report
Exhibit C - Medical Examiner's Report
Exhibit D - Online Vehicle Specifications
Exhibit E - Online Weather History
Exhibit F - Investigation Contact List

Utility Vehicle Data Record Sheet

Front	A:		Age: 46	Height: 74"	Age:	Height:
			Gender: M	Weight: 270 lbs.	Gender:	Weight:
Driver	Right Front Passenger		Helmet (Y/N): N		Seatbelt (Y/N): N	
			Killed/Injured/Neither/Unknown: Killed		Killed/Injured/Neither/Unknown:	
			Injury Description: Multiple Blunt Force		Injury Description:	
			Did vehicle land on victim: No		Did vehicle land on victim:	
			Ejected (Either partially or fully): Yes		Ejected (Either partially or fully):	
Left Rear Passenger	Right Rear Passenger		B:		E:	
			Age:	Height:	Age:	Height:
			Gender:	Weight:	Gender:	Weight:
			Helmet (Y/N):		Seatbelt (Y/N):	
			Killed/Injured/Neither/Unknown:		Killed/Injured/Neither/Unknown:	
			Injury Description:		Injury Description:	
			Did vehicle land on victim:		Did vehicle land on victim:	
			Ejected (Either partially or fully):		Ejected (Either partially or fully):	
Cargo Bed Rear	The Utility Vehicle		C:		F:	
			Age:	Height:	Age:	Height:
			Gender:	Weight:	Gender:	Weight:
			Helmet (Y/N):		Seatbelt (Y/N):	
			Killed/Injured/Neither/Unknown:		Killed/Injured/Neither/Unknown:	
			Injury Description:		Injury Description:	
			Did vehicle land on victim:		Did vehicle land on victim:	
			Ejected (Either partially or fully):		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.

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Y	N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Investigation Completed	<input checked="" type="checkbox"/> Revised
Investigation Made at Scene	<input checked="" type="checkbox"/> Fatality
Photographs	<input checked="" type="checkbox"/> Hit and Run

DO NOT WRITE IN THIS SPACE

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL Case Number (Agency Use): L00552-10 Motor Vehicles Involved: 01 Number Injured: 00 Number Killed: 01

(2) Date of Collision (mm/dd/yyyy): 07/04/2010 Time: 1829 County Number and Name: 49 MAYES Nearest City or Town Number and Name: 00 SALINA

(3) Distance from Nearest City or Town Limits: 0000 MI N 0020 MI E Control # Int ID Location East Grid North Grid Administrative: 00 00 00 00 033 9 026 7 300062345

(4) Street, Road or Highway: SE4438 Distance from (Nearest) Intersecting Street, Road or Highway: 0007 MI N E of KENWOOD ROAD

(5) Unit: 01 Occupants: 01 Type: D Last Name: (b)(3):CPSA Section 25(c) Date of Birth (mm/dd/yyyy): 08/11/1961 Sex: M

(6) Address: (b)(6) City: State: Zip: Telephone (Use Area Code):

(7) Driver License Number: J080662424 State: OK Class Endorsement(s): D 0 Restriction(s): 0 Int. Sev.: 5 Type of Injury: 1,2,3,4,5 Drv./Ped. Cond.: 99 OP Use: 01

(8) Ejected/Extricated/Transported by: 0 0 0 5 0 KEY FUNERAL HC KEY FUNERAL HOME License Plate Number: NONE State: 00

(9) VIN: 4XARD50A25D730470 Vehicle Year: 2005 Color: GRN 2nd Color: 0 Make: OTHE Model: RANG Veh. Conf.: 19 Extent of Damage: 2

(10) Insurance Company Name: Policy Number: Insurance Telephone (Use Area Code):

(11) Vehicle Removed by: OWNER Driver: (b)(6) Same as Driver: D

(12) Owner's Address: (b)(6) City: State: Zip: Towed Veh. Type: Oversized Load: 0 00 Rollover: Phone present: Burned: Phone in use:

(13) Citation Number: Statute/Ordinance Number: Citation Number: Statute/Ordinance Number:

(14) Unit: Occupants: Type: Last Name: First: Middle: Suffix: Date of Birth (mm/dd/yyyy): Sex:

(15) Address: City: State: Zip: Telephone (Use Area Code):

(16) Driver License Number: State: Class Endorsement(s): Restriction(s): Int. Sev.: Type of Injury: Drv./Ped. Cond.: OP Use:

(17) Ejected/Extricated/Transported by: 0 0 0 0 0 To Medical Facility: License Plate Number: State: Month: Year:

(18) VIN: Vehicle Year: Color: 2nd Color: Make: Model: Veh. Conf.: Extent of Damage:

(19) Insurance Company Name: Policy Number: Insurance Telephone (Use Area Code):

(20) Vehicle Removed by: Owner's Last Name: First: Middle: Suffix: Driver: Same as Driver:

(21) Owner's Address: City: State: Zip: Towed Veh. Type: Oversized Load: Rollover: Phone present: Burned: Phone in use:

(22) Citation Number: Statute/Ordinance Number: Citation Number: Statute/Ordinance Number:

(23) Investigating Officer: HUMPHREY Badge Number: 637 Trp./Div. Assigned: L Trp./Div. Location: L Reviewer (Init.): RS Reviewer Badge Number: 162 Date of Report (mm/dd/yyyy): 07/04/2010

<p>Driver: <input type="checkbox"/> Pedestrian: <input type="checkbox"/> Motorcycle: <input type="checkbox"/> Bicyclist: <input type="checkbox"/></p> <p>Other Cyclist: <input type="checkbox"/> Parked Car: <input type="checkbox"/> Animal: <input type="checkbox"/> Train: <input type="checkbox"/></p>	<p>Injury Severity: 0 N/A 1 No Injury 2 Possible 3 Non-Injuring 4 Inhabilitating 5 Fatal 6 Unknown</p>	<p>Type of Injury: 0 N/A 1 Head 2 Trunk-Internal 3 Arms 4 Legs 5 Unknown</p>	<p>Driver/Pedestrian Condition: 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Open Bottle/Beverage 04 Illegal Drug 05 Under the Influence of 06 Medications 07 Drowsy 08 Sick 09 Dizzy/Pain 10 Enclosed 11 Other 12 Unconscious</p>	<p>Occupant Protection (OP) In Use: 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 None 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing</p>			
<p>Air Bag Deployed: 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side 4 Deployed - Other (Inflator, etc.) 5 Deployed - Combination 6 Deployment Unknown</p>	<p>Ejected: 0 Not Applicable 1 Not Ejected 2 Ejected - Partially 3 Ejected - Fully 4 Unknown</p>	<p>Extricated: 0 No 1 Yes</p>	<p>Chemical Test: 0 N/A 1 Blood 2 Breath 3 Blood/Alcohol</p>	<p>Extent of Damage: 0 N/A 1 None 2 Minor 3 Functional 4 Destroyed 5 Other</p>	<p>Insurance Verification: 0 N/A 1 Operator 2 Exempt 3 Operator 4 Exempt 5 Operator 6 Exempt 7 Operator 8 Exempt 9 Operator 10 Exempt</p>	<p>Oversized Load: 0 N/A 1 Not Permitted 2 Permitted</p>	<p>Towed Vehicle Type: 00 N/A 01 Stock Trailer 02 Utility Trailer 03 Horse Trailer 04 Box Trailer 05 Another Vehicle 06 Utility Trailer 07 Horse Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 13 Unknown</p>

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

Case Number L00552-10

Page 2 of 4

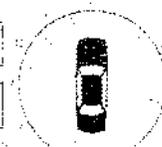
101.101	101.102	101.103	101.104	101.105	101.106	101.107	101.108	101.109	101.110
101.111	101.112	101.113	101.114	101.115	101.116	101.117	101.118	101.119	101.120
101.121	101.122	101.123	101.124	101.125	101.126	101.127	101.128	101.129	101.130
101.131	101.132	101.133	101.134	101.135	101.136	101.137	101.138	101.139	101.140
101.141	101.142	101.143	101.144	101.145	101.146	101.147	101.148	101.149	101.150
101.151	101.152	101.153	101.154	101.155	101.156	101.157	101.158	101.159	101.160
101.161	101.162	101.163	101.164	101.165	101.166	101.167	101.168	101.169	101.170
101.171	101.172	101.173	101.174	101.175	101.176	101.177	101.178	101.179	101.180
101.181	101.182	101.183	101.184	101.185	101.186	101.187	101.188	101.189	101.190
101.191	101.192	101.193	101.194	101.195	101.196	101.197	101.198	101.199	101.200

101.201	101.202	101.203	101.204	101.205	101.206	101.207	101.208	101.209	101.210
101.211	101.212	101.213	101.214	101.215	101.216	101.217	101.218	101.219	101.220
101.221	101.222	101.223	101.224	101.225	101.226	101.227	101.228	101.229	101.230
101.231	101.232	101.233	101.234	101.235	101.236	101.237	101.238	101.239	101.240
101.241	101.242	101.243	101.244	101.245	101.246	101.247	101.248	101.249	101.250
101.251	101.252	101.253	101.254	101.255	101.256	101.257	101.258	101.259	101.260
101.261	101.262	101.263	101.264	101.265	101.266	101.267	101.268	101.269	101.270
101.271	101.272	101.273	101.274	101.275	101.276	101.277	101.278	101.279	101.280
101.281	101.282	101.283	101.284	101.285	101.286	101.287	101.288	101.289	101.290
101.291	101.292	101.293	101.294	101.295	101.296	101.297	101.298	101.299	101.300

Position in Vehicle	Vehicle Configuration	Cargo Body Type
<p>1. Driver's Seat 2. Front Passenger Seat 3. Rear Passenger Seat 4. Front Driver's Side 5. Front Passenger Side 6. Rear Driver's Side 7. Rear Passenger Side 8. Driver's Side 9. Passenger Side 10. Driver's Side 11. Passenger Side 12. Driver's Side 13. Passenger Side 14. Driver's Side 15. Passenger Side 16. Driver's Side 17. Passenger Side 18. Driver's Side 19. Passenger Side 20. Driver's Side 21. Passenger Side 22. Driver's Side 23. Passenger Side 24. Driver's Side 25. Passenger Side 26. Driver's Side 27. Passenger Side 28. Driver's Side 29. Passenger Side 30. Driver's Side 31. Passenger Side 32. Driver's Side 33. Passenger Side 34. Driver's Side 35. Passenger Side 36. Driver's Side 37. Passenger Side 38. Driver's Side 39. Passenger Side 40. Driver's Side 41. Passenger Side 42. Driver's Side 43. Passenger Side 44. Driver's Side 45. Passenger Side 46. Driver's Side 47. Passenger Side 48. Driver's Side 49. Passenger Side 50. Driver's Side 51. Passenger Side 52. Driver's Side 53. Passenger Side 54. Driver's Side 55. Passenger Side</p>	<p>1. Passenger Vehicle 2. Passenger Vehicle 3. Passenger Vehicle 4. Passenger Vehicle 5. Passenger Vehicle 6. Passenger Vehicle 7. Passenger Vehicle 8. Passenger Vehicle 9. Passenger Vehicle 10. Passenger Vehicle 11. Passenger Vehicle 12. Passenger Vehicle 13. Passenger Vehicle 14. Passenger Vehicle 15. Passenger Vehicle 16. Passenger Vehicle 17. Passenger Vehicle 18. Passenger Vehicle 19. Passenger Vehicle 20. Passenger Vehicle 21. Passenger Vehicle 22. Passenger Vehicle 23. Passenger Vehicle 24. Passenger Vehicle 25. Passenger Vehicle 26. Passenger Vehicle 27. Passenger Vehicle 28. Passenger Vehicle 29. Passenger Vehicle 30. Passenger Vehicle 31. Passenger Vehicle 32. Passenger Vehicle 33. Passenger Vehicle 34. Passenger Vehicle 35. Passenger Vehicle 36. Passenger Vehicle 37. Passenger Vehicle 38. Passenger Vehicle 39. Passenger Vehicle 40. Passenger Vehicle 41. Passenger Vehicle 42. Passenger Vehicle 43. Passenger Vehicle 44. Passenger Vehicle 45. Passenger Vehicle 46. Passenger Vehicle 47. Passenger Vehicle 48. Passenger Vehicle 49. Passenger Vehicle 50. Passenger Vehicle 51. Passenger Vehicle 52. Passenger Vehicle 53. Passenger Vehicle 54. Passenger Vehicle 55. Passenger Vehicle</p>	<p>1. Cargo Van 2. Cargo Van 3. Cargo Van 4. Cargo Van 5. Cargo Van 6. Cargo Van 7. Cargo Van 8. Cargo Van 9. Cargo Van 10. Cargo Van 11. Cargo Van 12. Cargo Van 13. Cargo Van 14. Cargo Van 15. Cargo Van 16. Cargo Van 17. Cargo Van 18. Cargo Van 19. Cargo Van 20. Cargo Van 21. Cargo Van 22. Cargo Van 23. Cargo Van 24. Cargo Van 25. Cargo Van 26. Cargo Van 27. Cargo Van 28. Cargo Van 29. Cargo Van 30. Cargo Van 31. Cargo Van 32. Cargo Van 33. Cargo Van 34. Cargo Van 35. Cargo Van 36. Cargo Van 37. Cargo Van 38. Cargo Van 39. Cargo Van 40. Cargo Van 41. Cargo Van 42. Cargo Van 43. Cargo Van 44. Cargo Van 45. Cargo Van 46. Cargo Van 47. Cargo Van 48. Cargo Van 49. Cargo Van 50. Cargo Van 51. Cargo Van 52. Cargo Van 53. Cargo Van 54. Cargo Van 55. Cargo Van</p>

Case Number: L00552-10

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

This unit was contacted by 01 This unit was contacted by 02 This unit was contacted by 45		Pedestrian / Bicyclist Only Location at Time of Collision: [] [] [] Refusal: [] [] [] Unit No. of Motor Vehicle: [] [] []		Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Light 1 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown 7 Light On 8 Other 9 Unknown		What Vehicle Was Going to Do 01 00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make U-Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Change Lanes 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Leave in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown		Under/Over/Override [] [] [] 0 Not Applicable 1 No Under/Over/Override 2 Under/Over/Override - Compartment Intrusion 3 Under/Over/Override - No Compartment Intrusion 4 Under/Over/Override - Compartment Intrusion - Unknown 5 Over/Under/Override - Motor Vehicle in Transport 6 Over/Under/Override - Other Motor Vehicle 9 Unknown		Type of Work Zone [] [] [] 1 Lane Closure 2 Lane Shift/Oversewer 3 Work on Shoulder or Median 4 Permittent or Moving Work 9 Unknown		Location of the Work Zone Collision [] [] [] 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown	
Weather 01 01 Clear 02 Fog/Smog/Smoke 03 Cloudy 04 Rain 05 Snow 06 Sheet/Fall of Ice/Freezing Rain (Drizzle) 07 Severe Crosswind 08 Blowing Snow 09 Blowing Sand, Soil, Dirt 10 Other 99 Unknown		Traffic Control 00 00 No Control 01 Stop Sign 02 Traffic Signal 03 Flashing Traffic Signs 04 School Zone Signs 05 Yield Signs 06 Warning Signs 07 Railroad Advance Warning Signs 08 Railroad Cross Buckle 09 Railroad Gates 10 Railroad Signal 11 No Passing Zone 12 Person (including helper, law enforcement, crossing guard, etc.) 13 Abnormal Control 14 Other 99 Unknown		Trafficway 02 0 Not Applicable 1 One Way 2 Two-Way - Not Divided 3 Two-Way - Divided 4 Two-Way - Divided - Positive Median Barrier 5 Turn Lane 6 Ramp / Loop 7 Greenway 8 Alley / Pulling out 9 Unknown		Unsafe / Unlawful Contributing Factors 27 FAILED TO YIELD 01 From Stop Sign 02 From Yield Sign 03 Private Drive 04 County Road at Through Highway 05 From Signal Light 06 From Alley 07 To Pedestrian 08 On Vehicle on Right 09 To Vehicle in Intersection 10 To Emergency Vehicles 12 Other			
Locality 5 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown		What Vehicle Did 18 00 Not Applicable 01 Went Ahead 02 Turned Left 03 Turned Right 04 Entered U-Turn 05 Stopped 06 Slowed 07 Started from Park/Stop 08 Entered Other Lane 09 Overtaking 10 Passing 11 Backed 12 Remained Stopped 13 Remained Parked 14 Entered/Merged 15 Departed Right-Left 16 Departed Left-Right 17 Swerved Right 18 Swerved Left 19 Parked 20 Other 99 Unknown		Road Surface Conditions 01 01 Dry 02 Wet 03 Ice/Frost 04 Snow 05 M. & D. Gravel 06 Slush 07 Water (standing, moving) 08 Sand 09 Oil 10 Other 99 Unknown		Vehicle Removal 4 0 Not Applicable 1 Towed Due to Vehicle Damage 2 Towed for Reasons Other than Damage 3 Remained at Scene 4 Driven from Scene 9 Unknown		Vehicle Condition 01 00 Not Applicable 01 Apparently Normal 02 Brakes 03 Headlights 04 Steering 05 Tail Lights 06 Brake Lights 07 Tires/Wheels 08 Suspension 09 Signal Lights 10 Windows 11 Truck Coupling/Trailer Hitch/Safety Chains 12 Mirrors 13 Wipers 14 Power Train 15 Other 99 Unknown	
Type of Intersection 0 0 Not an Intersection 1 Y-Intersection 2 T-Intersection 3 Four-Way Intersection 4 Five-Point or More 5 Intersection as Part of Interchange 6 Traffic Circle 7 Roundabout 9 Unknown		Road Character [] [] [] Grade 1 1 Level 2 Hillcrest 3 Light Downhill 4 Downhill 5 Steep Downhill		Special Function of Vehicle 00 00 Not Applicable 01 School Bus 02 Transit Bus 03 Interscholar Bus 04 Charter Bus 05 Other Bus 06 Military 07 CHP 08 Other Police 09 Other Law Enforcement 10 Ambulance 11 Fire Truck 12 Public Owner Vehicle 13 Highway Equipment 14 Special Modified Machine 15 Other 99 Unknown		IMPROPER START FROM 76 Parked Position 79 Other ALCOHOL-DUI/DWI DRUG-DUI OTHER IMPROPER ACT/MOVEMENT 87 Failed to Signal 88 Disregarded Warning Signal 84 Improper Use of Lane 85 Improper Backing 88 Apparently Sleepy 87 Failed to Secure Load 89 Other/Unknown UNKN/NO IMPROPER ACT 88 Other in Roadway 90 Animal in Roadway 91 Domestic Animal in Roadway 92 Accident Other Vehicle 93 Avoiding Pedestrian 94 Obstructed Debris in Roadway 95 Defective Roadway 96 Abnormal Traffic Control 97 Improper Glove/Seat Action 98 NO IMPROPER ACTION BY DRIVER 99 PEDESTRIAN ACTION			
Incident Type 00 00 Not an Incident 01 Private Property 02 Deliberate Intent 03 Medical Condition 04 Legal Interference 05 Sniffling 06 Drooping 08 Other		Road Alignment 2 1 Straight 2 Curve - Left 3 Curve - Right		Road Surface Type 6 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Bricks 6 Other 9 Unknown		Emergency Vehicle Responding to an Emergency 0 0 No 1 Yes 9 Unknown		Point of First Contact on Vehicle 03 Most Damaged Area 05 00 Not Applicable 19 Top 14 Undercarriage 99 Unknown	
Location of First Harmful Event 01 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Core 06 Separator 07 Parking Lane Zone 08 Off Roadway 09 Location Unknown 10 Outside Right-of-Way 11 Other 99 Unknown		Visibility Obscured by 00 00 Not Applicable 01 Fog 02 Smoke 03 Building 04 Signs 05 Parked Vehicles 06 High Woods 07 Fences 08 Shrubs 09 Ice, Snow or Frost on Windows 10 Smoke 11 Fog 12 Dust 13 Rain 14 Sun 15 Other 99 Unknown		Driver Distracted by 0 0 Not Applicable-None 1 Electronic Communication Device 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown					

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER

OFFICE USE ONLY

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405) 239-7141 Fax (405) 239-2430

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 582-0985 Fax (918) 585-1549

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) (b)(3):CPSA Secti	Age 46	Birth Date 08/11/1963	Race WHITE	Sex M
---	-----------	--------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State

(b)(6)

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) OKLAHOMA HIGHWAY PATROL-TROOPER HUMPHREY	DATE 07/04/2010	TIME 18:50
---	--------------------	---------------

INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
2 MILES EAST OF SALINA COUNTY ROAD 4442	SALINA	MAYES	ROADWAY	07/04/2010	18:29
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
2 MILES EAST OF SALINA COUNTY ROAD 4442	SALINA	MAYES	ROADWAY	07/04/2010	18:38
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1115 WEST 17TH STREET	TULSA	TULSA	MORGUE	07/05/2010	09:00

IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: ATV

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
					BLOOD	OTHER	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/> Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color PURPLE Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Regional	Beard _____ Hair BROWN Eyes: Color BLUE Mustache _____ Opacities _____ Pupils: R 3MM L 3MM Body Length 74 INCHES Body Weight 270.5 LBS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significant observations and injury documentations - (Please use space below)

- I. MULTIPLE BLUNT FORCE INJURIES
 - A. HEAD AND NECK - ABRASIONS, LACERATIONS, FRACTURE OF NASAL BONES, CERVICAL SPINE
 - B. TORSO - ABRASIONS, MULTIPLE BILATERAL RIB FRACTURES
 - C. EXTREMITIES - ABRASIONS
- II. SEE BODY DIAGRAM CME-1B6

Probable Cause of Death:

MULTIPLE BLUNT FORCE INJURIES

Manner of Death:

- Natural Accident
- Suicide Homicide
- Unknown Pending

Case disposition:

- Autopsy Yes No
- Authorized by _____
- Pathologist JOSHUA LANTER M.D.
- Not a medical examiner case

Other Significant Medical Conditions:

MEDICAL EXAMINER:

Name, Address and Telephone No

JOSHUA LANTER M.D.

1115 W. 17TH

TULSA, OK 74107

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Signature of Medical Examiner

JOSHUA LANTER M.D.

07/28/2010

Date

Computer generated report

1002599

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY	
Re. _____	Co. _____
I hereby certify that this is a true and correct copy of the original document. Valid only when copy bear im-print by the office seal.	
By _____	
Date _____	

ME CASE NUMBER: 1002599

LABORATORY NUMBER: 102343

DECEDENT'S NAME: (b)(3):CPSA Section 25(a)

DATE RECEIVED: 07/06/2010

MATERIAL SUBMITTED: BLOOD, VITREOUS

HOLD STATUS: 30 DAYS

SUBMITTED BY: ASHLEY HANCOCK

MEDICAL EXAMINER: JOSHUA LANTER M.D.

NOTES:

ETHYL ALCOHOL:

Blood: 0.16 % W/V (HEART)

Vitreous: 0.19 % W/V

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

NO OTHER TESTS PERFORMED

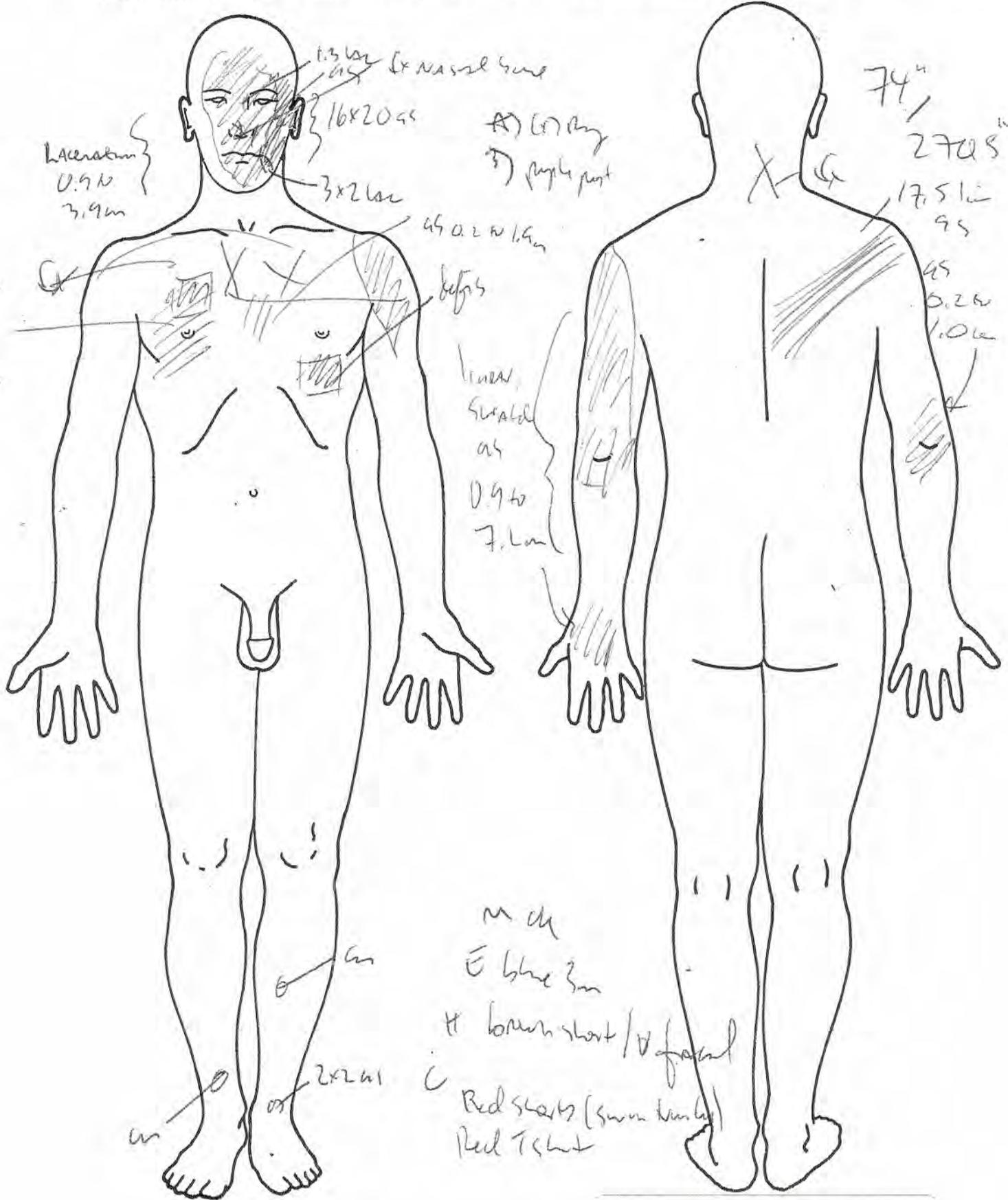
RESULTS:

07/20/2010

DATE

BYRON CURTIS, Ph.D., Chief Forensic Toxicologist

FULL BODY, MALE - ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 1002599 Date: 7/5/2010
NAME: (b)(6)

SPECIMEN:
PATHOLOGIST: LANTER TIME: 0900

Name _____



of 120

Performance
Quality & Reliability
Ride & Comfort
Value

2005 Polaris Ranger™ 4x4 Links

2005 Polaris Ranger™ 4x4 pictures, prices, information, and specifications. Below is the information on the 2005 Polaris Ranger™ 4x4. If you would like to get a quote on a new 2005 Polaris Ranger™ 4x4 use our [quote tool](#), or [view this ATV](#) to other Utility ATVs.

IDENTIFICATION

Model Type Utility
BASE MSRP(US) \$3,999
Warranty 3 Year / 50,000 Miles

ENGINE:

Engine Type Single-Cylinder
Cylinders 1
Engine Stroke 4-Stroke
Horsepower (bhp/kW) 30 / 22.4
Cooling Liquid
Valves 4
Valves Per Cylinder 4
Valve Configuration OHV
Bore (mm/in) 92 / 3.62
Stroke (mm/in) 75 / 2.96
Displacement (cc/ci) 499 / 30.4
Compression Ratio 10.2:1
Starter Electric
Fuel Requirements Regular
Ram Air Induction No
Fuel Type Gas

Alternator Watts	250
Spark Arrestor	No
Carburetion Brand	Mikuni
Fuel Injector	No
Carburetor	Yes
Number Of Carburetors	1
Carburetor Size (mm)	54
Carburetion Type	Carburetor

TRANSMISSION:

Transmission Type	Continuously Variable (CVT)
Overdrive	No
Primary Drive (Front Wheel)	Shaft
Primary Drive (Engine / Transmission)	Belt
Reverse	Yes
Final Drive Ratio	3.7
Transmission Brand	Polaris Variable Transmission (PVT)
Hi / Low Range	Yes
Adjustable Throttle	Standard

WHEELS & TIRES:

Wheels Composition	Steel
Front Tire Diameter (in)	25
Rear Tire Diameter (in)	25
Tire Brand	Carlisle
Front Tire Width	10
Front Wheel Diameter	12
Rear Tire Width	11
Rear Wheel Diameter	12
Front Tire (Full Spec)	25 X 10-12
Rear Tire (Full Spec)	25 X 11-12

BRAKES:

Front Brake Type	Hydraulic Disc
Rear Brake Type	Hydraulic Disc
Adjustable Brake	No
Engine Braking	Standard
Parking Brake	Standard

SUSPENSION:

Front Suspension Type	McPherson Strut
Front Travel (in/mm)	6 / 203
Front Adjustable Fork Pre-Load	No
Rear Suspension Type	Independent
Rear Travel (in/mm)	9 / 229
Rear Adjustable Shock / Spring Pre-Load	No
Number Rear Shock Absorbers	2
Air Adjustable	No

STEERING:

Steering Type	Manual
---------------	--------

Steering Control	Steering Wheel
------------------	----------------

TECHNICAL SPECIFICATIONS:

Length (ft)	9.42
Width (in/mm)	60 / 1524
Height (in/mm)	75 / 1905
Wheelbase (in/mm)	75 / 1930
Turning Radius (ft)	12.3
Ground Clearance (in/mm)	11 / 279.4
Length (ft/in)	9
Length (ft/in)	6
Dry Weight (lbs/kg)	1185 / 539
Payload Capacity (lbs/kgs)	1500 / 682
Towing Capacity (lbs/kgs)	1500 / 682
GVWR (lbs/kgs)	2700 / 1225
Fuel Capacity (gal/l)	8 / 30.3
Storage Capacity (cuft/gal/l)	13 / 83.6 / 368.1
Top Speed (mph)	41
Top Speed (km/h)	66
Engine Displacement to Weight (cc)	0.42
Horsepower To Weight (hp)	39.5

SEATS:

Seat Type	Bench
Seat Material	Vinyl
Folding	No
Headrest	Yes
Number Of Seats	3
Number Of Rows	1
Grab Rail or Strap	Standard

EXTERIOR:

Frame	Steel
Body Material	Plastic
Chain Guard	No
Brush Guard	Yes
Exterior Covers	Standard
Front Bumper	Standard
A Arm Skid Plate (Rear)	No
Basin Plate (Front)	Yes
Cab Cage	Standard
Cab Rollbar	Standard
Cab / Bed Divider	Standard

INSTRUMENTATION:

Hour Meter	Standard
Fuel Level Warning Type	Gauge

PRICING:

Warranty (Condition)	Limited
Zero Price Schema	0

NADA Value Average	3850
NADA Value Low	3455
NADA Value High	5065

IDENTIFICATION:

Generic Type (Primary)	Utility
Manufacturer Country	USA
Manufacturer Recommend Minimum Age	16
NADATrimID	20010
CRS -> NADA Map	6200017763

DRIVE LINE:

Driveline Brand	On-Demand™
Driveline Type	Selectable 4X2 / 4X4
Number Of Driveline Modes	2
Rear Unlocking Differential	Yes
Rear Solid Axle	No
Limited Slip Differential Location	Center
Differential Lock Location	Rear

PAINT & FINISH:

Metallic	No
----------	----

CONVENIENCE:

Power Outlet	Standard
Seat Belts	Standard

STORAGE:

Cupholder	Standard
Bed Length (in/mm)	54 / 1430
Bed Height (in/mm)	11.5 / 315
Bed Width (in/mm)	36.5 / 1050
Bed Capacity (lbs./kgs.)	1000 / 455
Cargo Bed Tilt	Yes
Cargo Bed Material	Polyethylene
Bed Volume (ft3/m3)	12.5 / 0.35
Integral Tie-Down Hooks	Yes
Glove Box / Dash Storage	Standard

LIGHTS:

Headlight Mounts	Standard
Halogen Headlight (s)	Standard
Tail Light / Brake Light	Standard

 copyright (c) 2007 Verticalscope Inc

History for Claremore, OK

Sunday, July 4, 2010

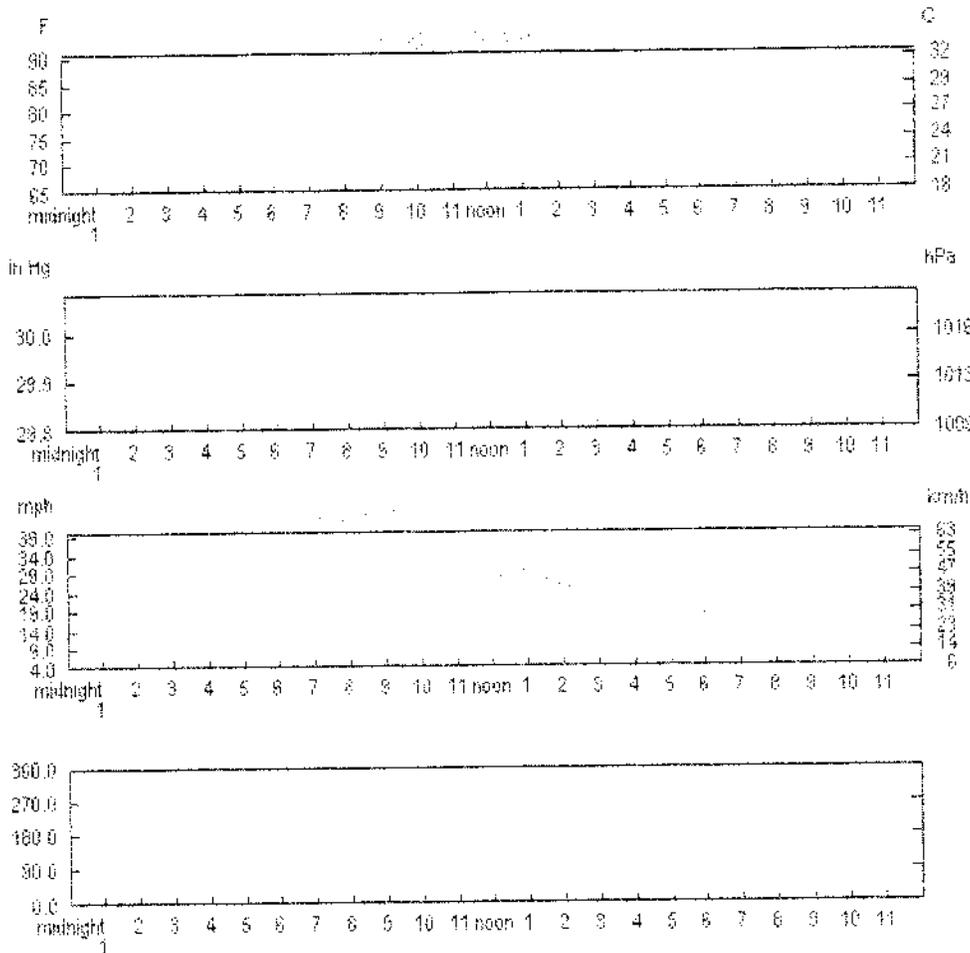
Daily Summary

	Actual:	Average (KTUL):	Record (KTUL):
Temperature:			
Mean Temperature	80 °F	82 °F	
Max Temperature	86 °F	92 °F	108 °F (1911)
Min Temperature	73 °F	72 °F	56 °F (1924)
Cooling Degree Days	14	17	
Month to date cooling degree days		67	
Year to date cooling degree days		676	
Since 1 June cooling degree days		452	
Growing Degree Days	30 (Base 50)		
Moisture:			
Dew Point	74 °F		
Average Humidity	83		
Maximum Humidity	100		
Minimum Humidity	62		
Precipitation:			
Precipitation	0.00 in	0.11 in	2.61 in (2007)
Month to date precipitation		0.47	
Year to date precipitation		22.37	
Sea Level Pressure:			
Sea Level Pressure	29.94 in		
Wind:			
Wind Speed	10 mph (SSE)		
Max Wind Speed	21 mph		
Max Gust Speed	30 mph		
Visibility	8 miles		
Events			

History for Claremore, Oklahoma (KGCN) from 1949 to 2010

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary



Hourly Observations

Time (CDT):	Temp.:	Dew Point:	Humidity:	Sea Level Pressure:	Visibility:	Wind Dir:	Wind Speed:	Gust Speed:	Precip:	Events:	Conditions:
12:13 AM	73.4 °F	73.4 °F	100%	29.95 in	4.0 miles	SE	8.1 mph	-	N/A		Clear
12:33 AM	73.4 °F	73.4 °F	100%	29.95 in	5.0 miles	SE	8.1 mph	-	N/A		Clear
12:53 AM	73.4 °F	73.4 °F	100%	29.95 in	7.0 miles	SE	6.9 mph	-	N/A		Scattered Clouds
1:13 AM	73.4 °F	73.4 °F	100%	29.95 in	7.0 miles	SE	8.1 mph	-	N/A		Scattered Clouds
1:33 AM	73.4 °F	73.4 °F	100%	29.95 in	7.0 miles	SSE	5.8 mph	-	N/A		Clear
1:53 AM	73.4 °F	73.4 °F	100%	29.94 in	7.0 miles	SSE	8.1 mph	-	N/A		Clear
2:13 AM	75.2 °F	73.4 °F	94%	29.94 in	7.0 miles	SE	8.1 mph	-	N/A		Clear
2:33 AM	75.2 °F	73.4 °F	94%	29.94 in	7.0 miles	SSE	8.1 mph	-	N/A		Clear
2:53 AM	75.2 °F	73.4 °F	94%	29.94 in	5.0 miles	SSE	5.8 mph	-	N/A		Mostly Cloudy
3:14 AM	75.2 °F	73.4 °F	94%	29.94 in	5.0 miles	SSE	6.9 mph	-	N/A		Overcast

										PM	Clouds
										12:53 PM	Scattered Clouds
	84.2 °F	73.4 °F	70%	29.95 in	10.0 miles	SSE	19.6 mph	29.9 mph	N/A		Scattered Clouds
	84.2 °F	75.2 °F	74%	29.95 in	10.0 miles	SSE	17.3 mph	25.3 mph	N/A	1:13 PM	Scattered Clouds
	84.2 °F	73.4 °F	70%	29.94 in	10.0 miles	SSE	16.1 mph	27.6 mph	N/A	1:33 PM	Scattered Clouds
	86.0 °F	73.4 °F	66%	29.94 in	10.0 miles	SSE	15.0 mph	26.5 mph	N/A	1:53 PM	Scattered Clouds
	86.0 °F	73.4 °F	66%	29.93 in	10.0 miles	South	17.3 mph	25.3 mph	N/A	2:13 PM	Scattered Clouds
	86.0 °F	73.4 °F	66%	29.92 in	10.0 miles	SSE	17.3 mph	25.3 mph	N/A	2:33 PM	Scattered Clouds
	84.2 °F	73.4 °F	70%	29.92 in	10.0 miles	South	13.8 mph	20.7 mph	N/A	2:53 PM	Scattered Clouds
	86.0 °F	73.4 °F	66%	29.92 in	10.0 miles	SSE	13.8 mph	-	N/A	3:13 PM	Scattered Clouds
	86.0 °F	73.4 °F	66%	29.92 in	10.0 miles	South	15.0 mph	20.7 mph	N/A	3:33 PM	Scattered Clouds
	84.2 °F	73.4 °F	70%	29.92 in	10.0 miles	South	13.8 mph	-	N/A	3:53 PM	Scattered Clouds
	86.0 °F	73.4 °F	66%	29.91 in	10.0 miles	SSE	15.0 mph	21.9 mph	N/A	4:13 PM	Scattered Clouds
	84.2 °F	73.4 °F	70%	29.90 in	10.0 miles	SSE	16.1 mph	-	N/A	4:34 PM	Clear
	86.0 °F	71.6 °F	62%	29.90 in	10.0 miles	SSE	16.1 mph	21.9 mph	N/A	4:54 PM	Clear
	84.2 °F	73.4 °F	70%	29.90 in	10.0 miles	South	16.1 mph	19.6 mph	N/A	5:14 PM	Clear
	84.2 °F	73.4 °F	70%	29.89 in	10.0 miles	SE	12.7 mph	17.3 mph	N/A	5:34 PM	Clear
	84.2 °F	75.2 °F	74%	29.88 in	10.0 miles	SE	10.4 mph	18.4 mph	N/A	5:54 PM	Clear
	84.2 °F	73.4 °F	70%	29.88 in	10.0 miles	SSE	12.7 mph	18.4 mph	N/A	6:14 PM	Scattered Clouds
	84.2 °F	75.2 °F	74%	29.88 in	10.0 miles	SSE	10.4 mph	-	N/A	6:34 PM	Clear
	84.2 °F	73.4 °F	70%	29.89 in	10.0 miles	SSE	11.5 mph	-	N/A	6:54 PM	Scattered Clouds
	82.4 °F	73.4 °F	74%	29.89 in	10.0 miles	SSE	9.2 mph	17.3 mph	N/A	7:14 PM	Scattered Clouds
	82.4 °F	73.4 °F	74%	29.90 in	10.0 miles	SSE	10.4 mph	16.1 mph	N/A	7:34 PM	Clear
	82.4 °F	73.4 °F	74%	29.90 in	10.0 miles	SE	9.2 mph	-	N/A	7:54 PM	Clear
	82.4 °F	73.4 °F	74%	29.89 in	10.0 miles	SE	10.4 mph	-	N/A	8:14 PM	Clear
	80.6 °F	73.4 °F	79%	29.89 in	10.0 miles	SE	10.4 mph	17.3 mph	N/A	8:34 PM	Clear
	80.6 °F	73.4 °F	79%	29.88 in	10.0 miles	SE	9.2 mph	-	N/A	8:54 PM	Clear
	80.6 °F	73.4 °F	79%	29.88 in	10.0 miles	SE	8.1 mph	-	N/A	9:14 PM	Clear

IDI #100708CCC3876
Exhibit F

CONTACT LIST:

Oklahoma Department of Public Safety
Records Management Division
P.O. Box 11415
Oklahoma City, OK 73136

Office of the Chief Medical Examiner
Medical Records
901 N. Stonewall
Oklahoma City, OK 73117
Ph: (405) 239-7141
Fax: (405) 239-2430

Kaur, Amritpal

From: Crouse, Lynda
Sent: Wednesday, July 07, 2010 12:55 PM
To: Kaur, Amritpal
Subject: Need docno -- FW: Emailing: Pryor man killed in ATV accident Tulsa World.htm
Importance: High

Amritpal –

Please assign this an 'X' number, scan, and email me the docno. This case needs to be assigned for investigation.

Thanks.
Lynda

POWERED BY THE LARGEST NEWS STAFF IN NORTHEASTERN OKLAHOMA

Currently 82° (Feels like 88°)



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Pryor man killed in ATV accident

By MATT BARNARD World Staff Writer
Published: 7/5/2010 11:01 AM
Last Modified: 7/5/2010 11:01 AM

An ATV accident on a Mayes County road killed a Pryor man Sunday evening when he lost control of the vehicle and was thrown almost 20 feet.

(b)(3):CPSA 48, was driving a 2005 Polaris Ranger along a curved section of a two-lane county road east of Salina when he crashed at about 6:30 p.m., according to the Oklahoma Highway Patrol.

The impact threw Rial 18 feet from the ATV as it rolled onto its side. He died at the scene from massive injuries, troopers said.

An accident report lists "unsafe speed" as the cause of the accident. Rial was not wearing a helmet, the OHP reported.

By MATT BARNARD World Staff Writer

100721HCC1960

Information contained in this report was obtained from a police incident report.

The victim is 10-year-old-female. Her weight, height, medical history, familiarity and experience with the ATV and ownership of the ATV could not be determined.

On 08/18/09 the victim, a 4-year-old-male and 10-year-old twin females were visiting the victim's auntie where they participated in activities consisting of riding horses and swimming.

After the children finished eating, they decided to ride a 4-wheeled UTV that was located on her auntie's property. The UTV operator was a 10-year-old female who did not fasten her seat belt at the suggestion of her passengers. The passengers were a 4-year-old male who was seated next to the operator, and 10-year-old-twins females seated to the far right of the 4-year old-male. The passengers fastened their seat belt once they were seated in the UTV vehicle.

As the UTV operator was leaving the driveway, a male of an undetermined age was driving a 4-wheeler in side to side down the road. The UTV operator left the driveway and approached the road, which reportedly only took a minute. She also began driving side to side at a high rate of speed. She lost control when she went into a ditch, was ejected from the vehicle, and struck her head on a rock causing her to sustain fatal injuries.

The 4-year-old unfastened his seat belt and tried to step on the brake, but could not reach it. The vehicle continued to go further into the ditch before it came to a stop. The passengers unfastened their seat belts and ran over to the victim who had her hands up by her head, then she just dropped them and became unresponsive. The 4-year-old-male passenger ran to get his parents who immediately arrived to the scene of the incident. The passengers did not sustain any injuries.

The victim was transported to a hospital where she was pronounced by the attending physician with her cause of death determined to be traumatic brain injury/cardiac pulmonary arrest.

PRODUCT INFORMATION:

Product: Polaris - 2003 4-wheeled UTV

Model: Ranger

VIN: (b)(3) Exemption 3 for 25

ATTACHMENTS:

1. Police Investigative Report
2. Photos
3. Contact Sheet
4. Status of Missing Document(s)
5. Questionnaire

1. Agency ST REGIS MOHAWK TRIBAL POLICE		2. Div/Precinct P		New York State INCIDENT REPORT		3. ORI NYD02200	5. Case No. 09-2758	6. Incident No. 8866
7,8,9. Date Reported (Day, Date, Time) TUESDAY 08/18/2009 19:05			10,11,12. Occurred On/From (Day, Date, Time) TUESDAY 08/18/2009 19:05			13,14,15. Occurred To (Day, Date, Time)		
16. Incident Type ACCIDENT-ATV ACC H X W MV					17. Business Name			
19. Incident Address (Street Name, Bldg. No., Apt. No.) SWAMP RD AREA								
20. City/State/Zip HOGANSBURG NEW YORK 13655								
21. Location Code (TSLED) SAINT REGIS INDIAN INDIAN 1789			23. No. of Victims 1		24. No. of Suspects 0		26. Victim also Complainant? No	
Location Type STREET								
Dispatcher Notes ATV ACCIDENT SWAMP RD PAST BRIANS MC AU TO LOCATION 10-4 ENROUTE 46 9071 STATES MC AU ASAP 10-4 46 1920 MC AU 23 AND ALSO CALLED TO MEET ON RD 46 1923 MC AU ENROUTE TO MMH 1932 MEET SEAWAY AT TWIN RIVERS 1941 MC AU 23 AT MMH ALSO 9004/9043/9066 9071/9010 9093 9168 S P MASSENA 23 W 9088 9081 AT LOCATION JOCK'S TO SCENE 10-4 46 10-8 all units 02:09								

ASSOCIATED PERSONS

25. TYPE	Name (Last, First, Middle, Title)	DOB	Street Name Bldg., Apt.No., City, State, Zip	Res Phone Bus Phone
CHILD	GEORGE-HUISERMAN, FERRELL	10/28/2004	29 SWAMP RD HOGANSBURG NY 13655	
CHILD	JACOBS-SWAMP, KIARA J	12/25/1998	HOGANSBURG NY 13655	
CHILD	JACOBS-SWAMP, KIRSHIA C	12/25/1998	HOGANSBURG NY 13655	
VICTIM	BARNES, KAISHIRO	06/02/1999	SWAMP RD AREA HOGANSBURG NY 13655	
LAW ENFORCEMENT OFFICER	CROWL, MATTHEW		TRIBAL POLICE OFFICER HOGANSBURG NY 13655	(518) 358-9200
LAW ENFORCEMENT OFFICER	JOHNSON, VIRGINIA		TRIBAL POLICE OFFICER HOGANSBURG NY 13655	
LAW ENFORCEMENT OFFICER	THOMAS, HOWE		ST REGIS MOHAWK TRIBE - HUMAN SERVICES CASE M HOGANSBURG NY 13655	(518) 358-9184
LAW ENFORCEMENT OFFICER	THOMAS, ANDY		CHIEF OF POLICE HOGANSBURG NY 13655	(518) 358-9200
LAW ENFORCEMENT OFFICER	HOFF, RICHARD A		TROOP 3 COLLISION RE-CONSTRUCTION UNIT RAY BROOK NY 12977	
DOCTOR	CASARES, MICHAEL		MASSENA MEMORIAL HOSPITAL MASSENA NY	
RELATIVE/RELATED	BARNES, BRIAN DUP	09/18/1961	DEPUTY CHIEF TRIBAL POLICE HOGANSBURG NY 13655	

Name	27. DOB	28. Age	29. Gender	30. Race	31. Ethnicity	32. Handicap	33. Residence Status
(b)(3) Exemption 3 for 25(a)		10	FEMALE	INDIAN OR ALASKA	NOT HISPANIC	NO	RESIDENT
Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> Yes <input type="checkbox"/> No							

VEHICLE

59. Vehicle Status TOWED	60. License Plate No.	61. State NY	62. Exp. Yr.	64. Value 50.00
63. Plate Type ALL-TERRAIN VEHICLE	65. Year 2003	66. Make	67. Model	
68. Style ENCLOSED BODY, NONREMOVABLE ENCLOSURE	69. VIN (b)(3) Exemption	70. Color(s) GREEN		
71a. Towed By JOCKS	71b. Towed To JOCKS			
72. Vehicle Notes POLARIS RANGER				

NARRATIVE

Date of Action	Date Written	Officer Name & Rank
08/19/2009	08/19/2009	JOHNSON, VIRGINIA (PII)
Narrative		
<p>Patrols dispatch to ATV accident on Swamp Rd, near Deputy Chief's residence. Upon Ptl Johnson's arrival, Ptl Thomas was on scene, the ATV was removed from scene.</p> <p>Four children on ATV/Ranger, three passengers had seat restraints fastened, 10 year old twins (b)(3) and (b)(3) Exempt were fastened in one restraint, (b)(3) being at the far right, 4 year old (b)(3) Exemption was in middle restraint next to driver, three children did not have any injuries. Driver (b)(3) did not have seat restraint fastened. ATV was travelling North on Swamp Rd, in a side to side (fish tail) manner, whereas driver did lose control sliding into East bound ditch, striking a fence pole, causing driver to be ejected onto roadway, whereas ATV came to rest in West bound ditch approximately 58feet North/West of impact.</p> <p>Dispatch informed Patrols that the 10 year old female did not survive, that the child was Deputy Chief's daughter.</p> <p>Photos were taken, scene was secure. Chief Andy Thomas along with Ptl's took measurements, awaiting for NYS Police Collision Reconstruction Unit.</p> <p>Patrol's Johnson and Thomas did go to Massena Memorial Hospital, spoke with Emergency Doctor Michael Casares who attended the child, he stated the child came in with Traumatic Brain Injury/ Cardiac Pulmonary Arrest, time of pronounce death 8:01pm.</p> <p>On 08-19-2009 approximately 3pm, Ptl Johnson Detective Rouke and CPS Michelle Farnsworth spoke with the 10 year old girls that were on ATV. (b)(3) stated that the girls went to Aunties (b)(3) and rode the horses, they went swimming, they ate, than they went on the ranger, she stated they were only on the ranger two minutes. The girls stated where they were seated, how they were seat belted, they stated they told (b)(3) to put her belt on. The girls stated that a red 4 wheeler a boy driving was going side to side down the road, when (b)(3) drove out of (b)(3) driveway, she started to drive side to side and she was going fast, the girls stated they went in the ditch, that (b)(3) was trying to hang on, and (b)(3) who was seated at the far right tried to grab (b)(3) they hit wood and (b)(3) flew out she tried to grab the bar, but she couldn't, they said (b)(3) hit her head on a rock and the rock moved, the girls stated that (b)(3) took off his seat belt and tried to step on the break, but he couldn't reach, the ranger kept going in the ditch, they slowed a little, than they flew up across the road, they stated they took off their seat belt to grab onto (b)(3) cause they did not want him to fly out an hit a rock or the tree, they came to a stop across the road in the ditch, they jumped out ran over to (b)(3) (b)(3) had her hands up by her head, than she just dropped them, and was not talking, the girls sent (b)(3) to get his mom and dad, the neighbors came out and helped. The girls did not have any injuries.</p>		

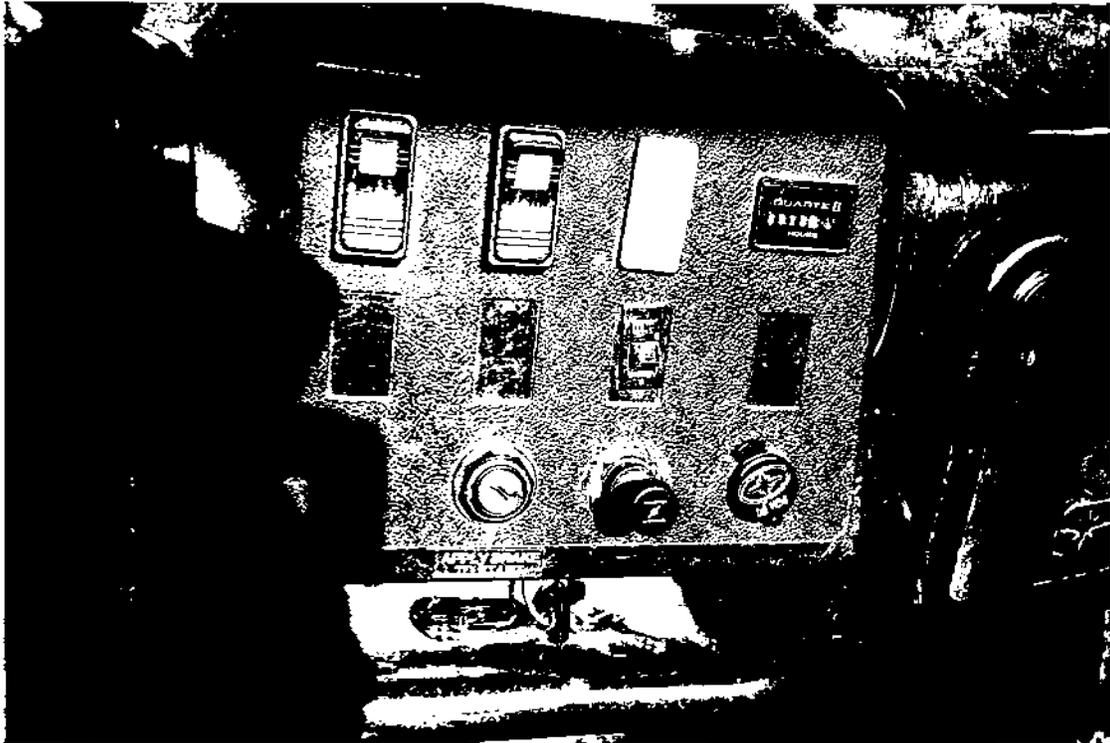
ADMINISTRATIVE

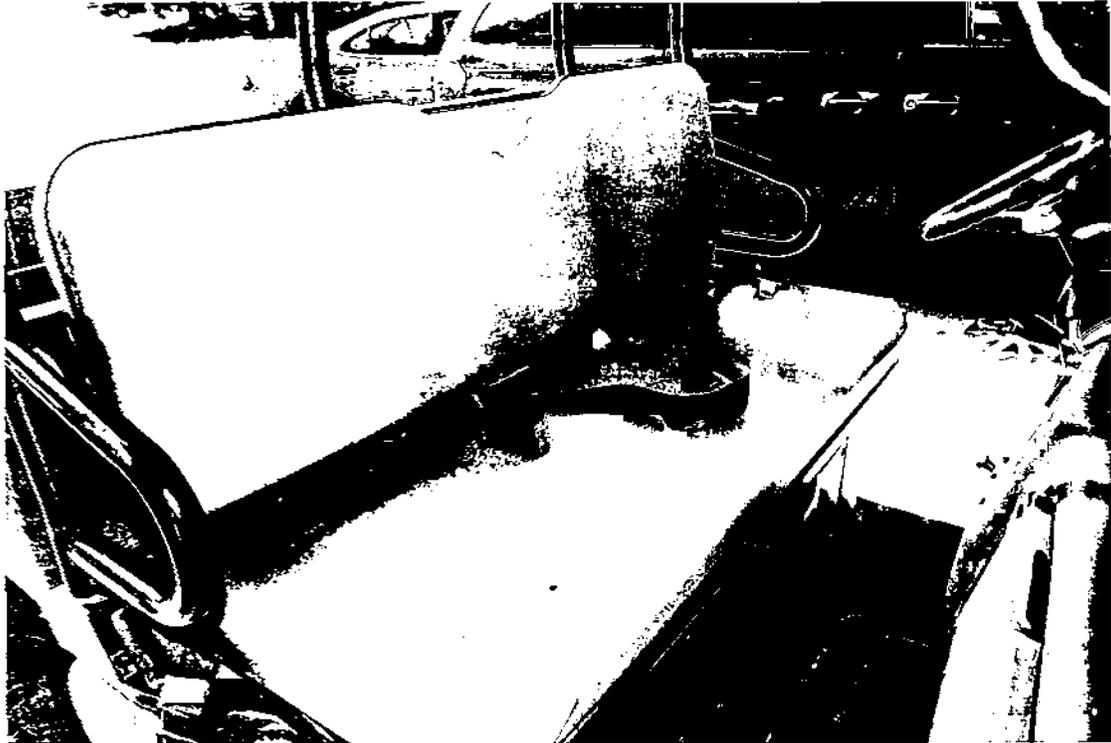
74. Inquiries	75. NYSPIN Message No.	76. Complainant Signature	
77. Reporting Officer Signature (Include Rank) PTL VIRGINIA JOHNSON	78. ID No.	79. Supervisor Signature (Include Rank) SGT BELSON HERNE	80. ID 0
81. Status CLOSED BY INVESTIGATION	82. Status Date 08/18/2009	83. Notified/TOT	

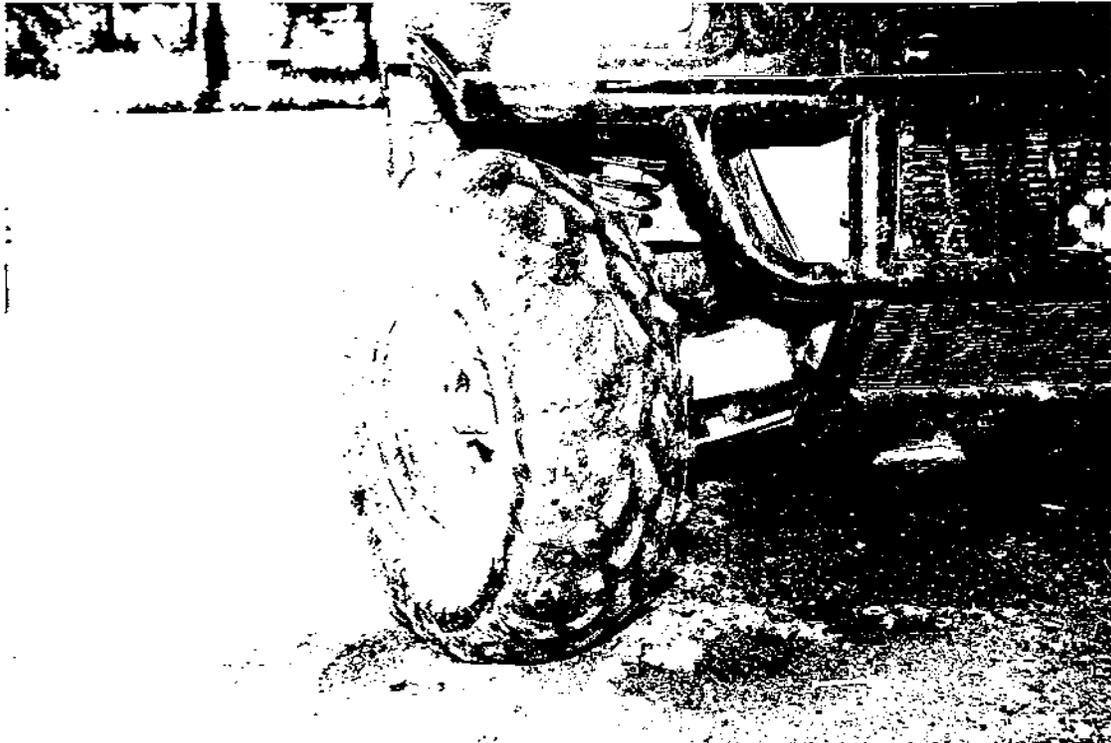


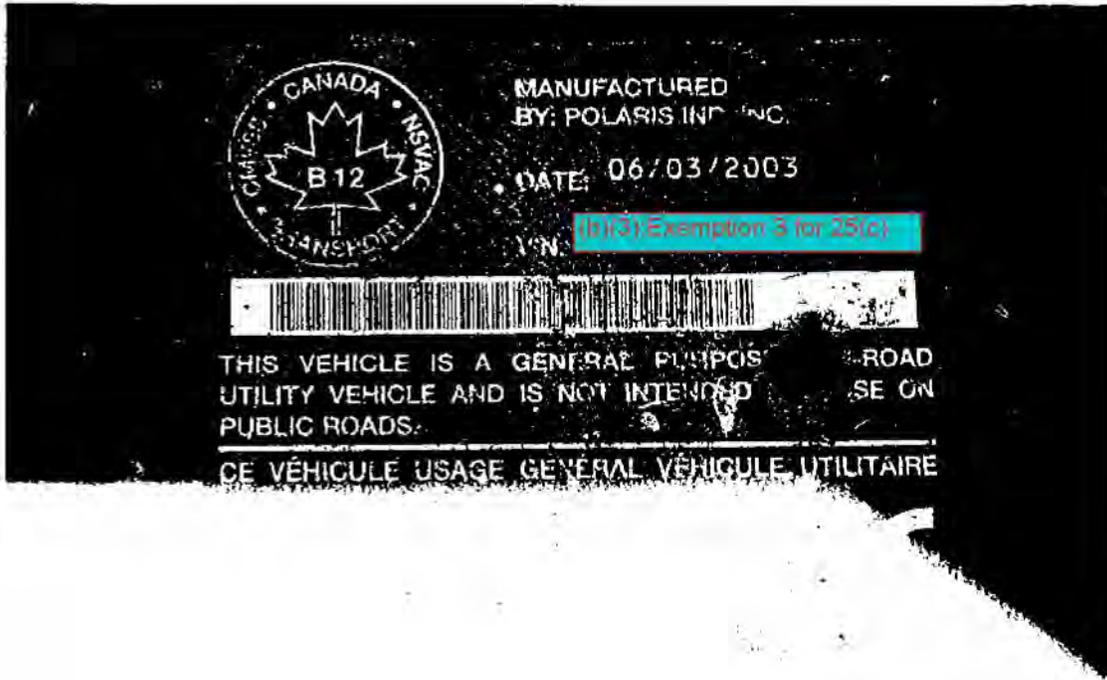






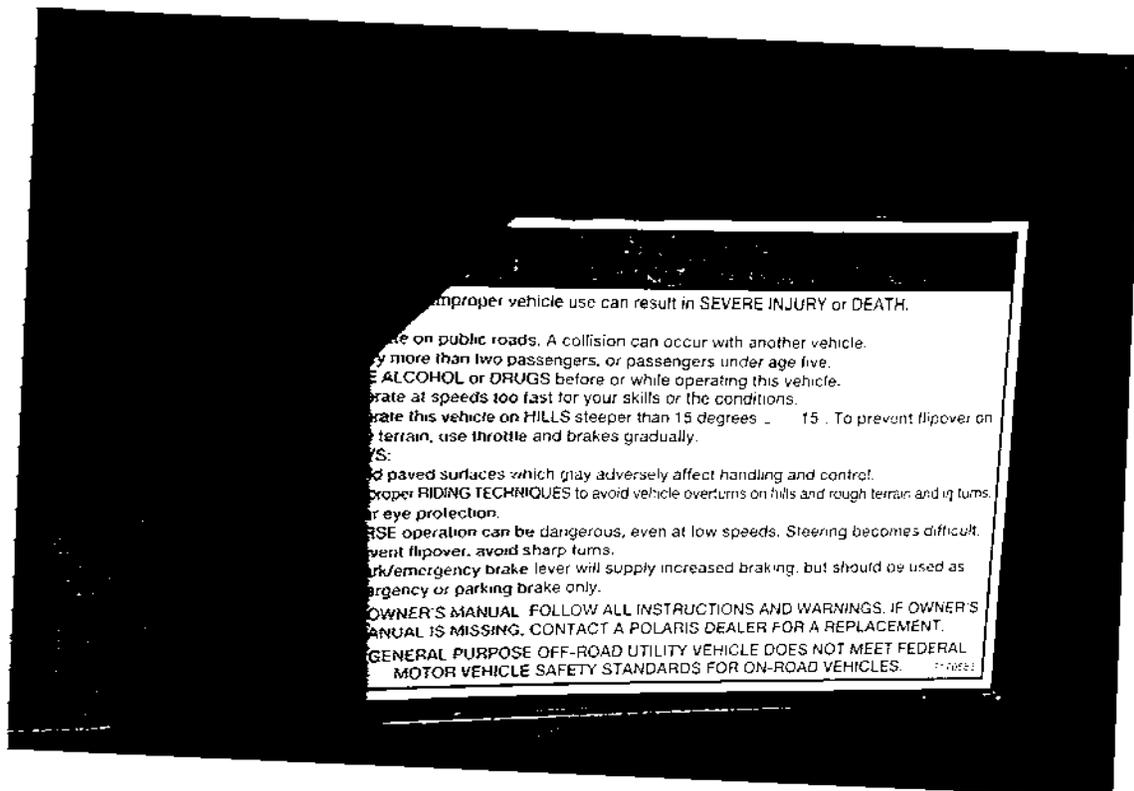












Improper vehicle use can result in SEVERE INJURY or DEATH.

Do not operate on public roads. A collision can occur with another vehicle.

Do not carry more than two passengers, or passengers under age five.

Do not drink ALCOHOL or DRUGS before or while operating this vehicle.

Do not operate at speeds too fast for your skills or the conditions.

Do not operate this vehicle on HILLS steeper than 15 degrees . . . 15 . To prevent flipover on rough terrain, use throttle and brakes gradually.

CAUTIONS:

Do not operate on wet or icy 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.

Always wear your seat belt or eye protection.

Reverse operation can be dangerous, even at low speeds. Steering becomes difficult.

To prevent flipover, avoid sharp turns.

The parking/emergency brake lever will supply increased braking, but should be used as an emergency or parking brake only.

ALWAYS READ AND FOLLOW THE OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS. IF OWNER'S MANUAL IS MISSING, CONTACT A POLARIS DEALER FOR A REPLACEMENT.

THIS VEHICLE IS A GENERAL PURPOSE OFF-ROAD UTILITY VEHICLE DOES NOT MEET FEDERAL MOTOR VEHICLE SAFETY STANDARDS FOR ON-ROAD VEHICLES. 11-00000-1





100721HCC1960

ATTACHMENT #2

Contact Sheet

Contacted on 07/30/10
St. Regis Mohawk Tribal
Police Department
412 State Route 37
Akwesasne, NY 13655
518-358-9200

Contacted on 07/30/10
Massena Memorial
Hospital
1 Hospital Drive
Massena, NY. 13662
315-769-4200

Task Number: 100721HCC1960

Date: 11/15/10

Status of Missing Document(s)

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

1. *Medical Examiner's Report

2. _____

3. _____

4. _____

*Will not release report without consent from the next-of-kin

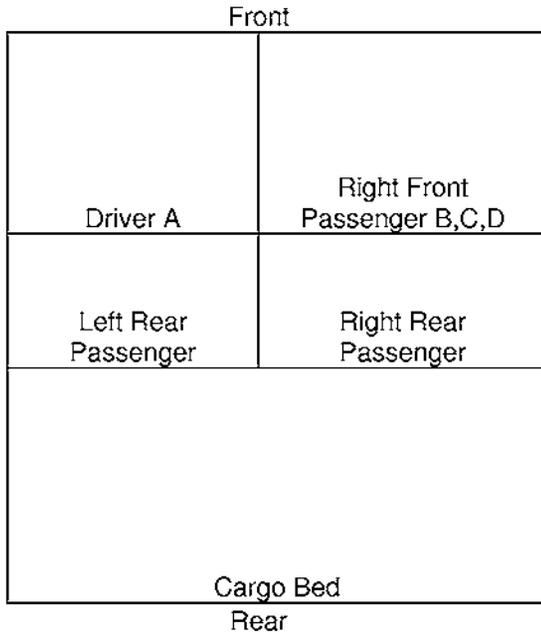
Date: 11/15/10

Investigator No. 8942

Regional Office: CFIE

Supervisor No. 9083

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 10 yrs old	Height: UNK
	Gender:Female	Weight: UNK
	Helmet (Y/N): Unk	Seatbelt (Y/N): No
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: brain Injury	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully	

B:	Age: 4 yrs old	Height: Unk
	Gender: Male	Weight: Unk
	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	

C:	Age:10 yrs. old	Height: Unk
	Gender:Female	Weight:Unk
	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	

D:	Age: 10 yrs old	Height:Unk
	Gender:Female	Weight:Unk
	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):	

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.

12/31/10

1. Task Number 100721HCC2906		2. Investigator's ID 8156		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 08 29	5. Date Initiated YR MO DAY 2010 08 02		
6. Synopsis of Accident or Complaint UPC The 16 year old male was a passenger on a four wheeled utility vehicle driven by a 15 year old. No one was wearing a helmet or using their seat belts. They were driving on a gravel road at about 30 MPH when they lost control, went into a skid and went into a ditch. The utility vehicle flipped and both the driver and passenger were thrown out. The passenger was pronounced dead at the scene due to traumatic head injuries. The driver was hospitalized for multiple contusions and abrasions and has recovered.				
<p>MFR/PRVLBR NOTIFIED <i>2/3/11</i></p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <input type="checkbox"/> ;</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 RENVILLE		9. State MN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name ARCTIC CAT		10C. Model Number 700 PROWLER
10D. Manufacturer Name and Address ARCTIC CAT, INC. 601 Brooks Ave. South 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 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) 7 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 09/08/2010	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number X1070119A	

1. Task Number 100721HCC2906		2. Investigator's ID 8156		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 08 29		5. Date Initiated YR MO DAY 2010 08 02	
6. Synopsis of Accident or Complaint UPC The 16 year old male was a passenger on a four wheeled utility vehicle driven by a 15 year old. No one was wearing a helmet or using their seat belts. They were driving on a gravel road at about 30 MPH when they lost control, went into a skid and went into a ditch. The utility vehicle flipped and both the driver and passenger were thrown out. The passenger was pronounced dead at the scene due to traumatic head injuries. The driver was hospitalized for multiple contusions and abrasions and has recovered.				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City RENVILLE		9. State MN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name ARCTIC CAT		10C. Model Number 700 PROWLER
10D. Manufacturer Name and Address ARCTIC CAT, INC. 601 Brooks Ave. South 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 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) 7 / 0
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) Yes <input checked="" type="radio"/> No Verbal Yes for Manuf. Only				
24. Review Date 09/08/2010	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number X1070119A	

100721HCC2906

SUMMARY

The vehicle involved in this incident is a four wheeled utility vehicle. The driver and passenger sit side by side and there is a small cargo area that sits behind the seat.

The utility vehicle was being driven by a 15 year old male and a 16 year old male was sitting next to him. Neither of the two were wearing a protective helmet or using the seat belts.

On the day of the accident it was clear and sunny and they were driving down a public gravel road. The police officer said the gravel road was dry.

They were driving the utility vehicle down the gravel road and were traveling at about 30 MPH. One of their friends was driving a dirt bike in front of them. Their friend had stopped and was looking back at the utility vehicle as it was traveling down the gravel road. He said it appears the utility vehicle began to "fishtail" several times and they lost control of it. It drove off the roadway into a roadside ditch flipping over twice. Both of the occupants were thrown out of the utility vehicle.

Police officials said there were several different sets of skid marks in the gravel road each several hundred feet apart. These lead to a "T" intersection of another gravel road. They were attempting drive from one roadway onto the other. The skid marks lead to a roadside ditch which was about 7' deep. This is where the victim's and utility vehicle came to rest.

The 15 year old male driver was taken to a local hospital and treated for multiple contusions and abrasions. He has recovered from his injuries. The 16 year old male passenger was pronounced dead at the accident site. His cause of death was listed as traumatic head injuries.

There was no coroner's report covering this accidental death.

There was no drugs or alcohol involved in this accident.

The sheriff's department who responded to this accident supplied a copy of their report.

PRODUCT IDENTIFICATION

The product involved in this accident is a four wheeled utility vehicle. The only information provided on it is that it is a:

"2009 Arctic Cat 700 Prowler 695cc"

Page 2

I copied a page from the firm's website. It appears they have two 2009 Arctic Cat Prowler's but they seem very similar with the same sized engine. The only difference I noticed was the body color.

The utility vehicle is distributed by:

Arctic Cat, Inc.
601 Brooks Ave. South
Thief River Falls, MN 56701

ATTACHMENTS

1. Sheriff's Report
2. Utility Vehicle Data Sheet
3. Page from Arctic Cat Website covering 2009 Prowler 700
4. Contact List

RENVILLE COUNTY SHERIFF DEPARTMENT INCIDENT REPORT

ORI MN0650000
Case Number 09000475
Reported Date 08/29/2009

Juvenile Incident

How Reported Phone

Reported Date 08/29/2009

REPORTED BY 1

Reported By UNKNOWN, Address City State Zip Phone
Place of Employment Address City State Zip Business Ph.
Complainant/Reporting Party (signature) Birth Date

REPORTED BY 2

Reported By (b)(6) Address City REDWOOD FALLS State MN Zip 56283- Phone
Place of Employment Address City State Zip Business Ph.
Complainant/Reporting Party (signature) Birth Date 04/17/1994

REPORTED BY 3

Reported By (b)(6) Address City REDWOOD FALLS State MN Zip 56283- Phone
Place of Employment Address City State Zip Business Ph.
Complainant/Reporting Party (signature) Birth Date 11/04/1993

VICTIM 1

Victim Name (b)(3):CPSA Section 25(c) Address City REDWOOD FALLS State MN Zip 56283- Victim Phone
Place Of Employment Address City State Zip Business Ph.

Type of Victim Individual Resident Race White Sex Male Birth Date 08/10/1993 Age 16 Hispanic SOC/OLN/OLS
Type of Injury

Domestic Abuse

Referrals

Children

Reported By None Shelter Counseling Other Present/Unharmed
 Legal Medical Financial Assistance Present/Harmed None Present

INCIDENT

Date Occurred From 08/29/2009 To 08/29/2009 Day Of Week Saturday From To Time Occurred 19:36 Arrived 19:59 Cleared 21:29
Incident Location CR 15 & CR 21 City, St, Zip

RENVILLE COUNTY SHERIFF DEPT
INCIDENT REPORT

ORI MN0650000

Case Number 09000475

Juvenile Incident

How Reported Phone

Reported Date 08/29/2009

STATUS

Exceptional Clearance

Beat / District / Zone Flora Township

Exceptional Clearance Date

Sub Beat / District / Zone

Dispatch # 38244

Folder #

Entered By Samantha Best

ID 650

NCIC Inquiry NCIC Entered Geo

Officer

Responsibility

Date

Status

Status Date

619

Quin Pomplun

Assisting Officer

N/A

08/29/2009

607

Bradley Sietsema

Reporting Officer

RENVILLE COUNTY SHERIFF DEPT
NARRATIVE #1

ORI MN0650000

Case Number 09000475

Date 08/29/2009 Officer Samantha Best

Release to the Public

FROM DISPATCH: [Samantha Best 8/29/2009 7:41:24 PM]

911 CALLS FROM (b)(6) AND (b)(6), AS WELL AS A FEMALE REPORTING A 4 WHEELER ROLLED NEAR THE ABOVE INTERSECTION. DRV IS BREATHING, IS NOT RESPONDING.

607 & 619 ENR; 801 AND AIRCARE DISPATCHED - 801 ALSO REQUESTED NORTH GROUND. 100 10-4 FOR GROUND AMBULANCE.

607 ON SCENE ADVISING N OF GOLDMINE BRIDGE, S OF CR INTERSECTION. AIRCARE LANDED BEFORE 801S ARRIVAL. 607 NEXT ADVISED 10-54, CALLED AT 2005. FAMILY ON SCENE. 619 REQUESTED REDWOOD VALLEY FUNERAL HOME BE CONTACTED. KRISTA WITH THE FUNERAL HOME WILL BE RESPONDING AND IS FAMILIAR WITH THE AREA. 607 CLEARED THE SCENE AND NEXT WENT TO THE REDWOOD AREA HOSPITAL.

[Samantha Best 8/29/2009 10:09:22 PM]

607: BLOOD KIT B15387
801 RUN NUMBER 631-492

[Samantha Best 8/30/2009 1:17:41 AM]

(b)(6) WAS THE DRIVER OF THE FOUR WHEELER AND TRANSPORTED TO REDWOOD HOSP BY NORTH GROUND. (b)(6) WAS THE PASSENGER ON THE FOUR WHEELER. GOBLIRSCH WAS DRIVING A DIRTBIKE AHEAD OF THE FOUR WHEELER AND NOT INVOLVED IN THE CRASH AT ALL, JUST A WITNESS.

[Samantha Best 8/30/2009 3:16:13 AM]

Type of Call Changed from Crash-MV Injury to Crash-MV Fatal by Samantha Best

[Melissa Schulte 8/31/2009 8:15:27 AM]

NORTH AMBULANCE GROUND CREW: RUN NUMBER RF9834 TRANSPORTED VERDOES.

RENVILLE COUNTY SHERIFF DEPT

NARRATIVE #2

Case Number 09000475

ORI MN0650000

Date 09/08/2009

Officer Bradley Sietsema

607

Release to the Public

SYNOPSIS: A single motorized vehicle, an All-Terrain-Vehicle, left the roadway of County Road Twenty-one South of the "T" intersection with County Road Fifteen. The driver was injured in the crash and transported to the hospital in Redwood Falls, Minnesota and a passenger was declared dead at the scene.

SCENE DESCRIPTION: This crash happened in full daylight, the sun was visible, very few clouds, the gravel road surface was dry. This crash was located off the west edge of Renville County Road Twenty-one, just over two hundred feet south of the "T" intersection with County Road Fifteen. Both County Road's have a gravel surface. Generally, County Road Twenty-one runs in a north-south direction, and County Road Fifteen runs in an east-west direction. As County Road Twenty-one runs south of County Road Fifteen, there is a down slope, or drop, of about fifteen degree that goes about one quarter of a mile, then level's off. The road width varies about thirty to thirty two feet in the general area where the skid marks stop at the west edge of the road surface. The ditch along the west side of the roadway has a drop-off of about seven feet in the immediate area where the body of the deceased was positioned. The All-Terrain Vehicle was located west/southwest of where the deceased was located.

REFERENCE POINT AND MEASUREMENTS: There is a Street Sign/Post at the intersection. I used the Street Sign Post as a starting reference point to measure the scene. I measured from the Street Sign Post to the first skid mark on the road surface on the west edge of the roadway, a distance of about two hundred and one feet, continuing to the next skid mark, a distance of about two hundred and seven feet, continuing to the third skid mark, about two hundred and thirteen feet. The skid marks were clearly visible for about twenty five to thirty feet in the gravel road surface. Continuing to about two hundred and thirty eight feet south of the intersection along the west edge of the road surface, -- I then measured to the west into the ditch to where the head of the deceased person was, that distance was about twenty eight feet. The body of the deceased had been laying with his head to the west, feet pointed toward the east. The All-Terrain Vehicle was about sixty five feet west of the roadway edge of the third southern most skid mark, up on all four tires, pointed to the south. The deceased and the All-Terrain Vehicle were no longer present when I made the measurements. All measurements are approximate.

OFFICER'S OPINION OF CRASH: After viewing the scene and talking to the driver and a witness. The driver traveled south off of County Road Fifteen and proceeded south on County Road Twenty-one. The driver told me he was doing about thirty miles per hour. It looks like he may have been going too fast for conditions due to the gravel road. The driver lost control of the All-Terrain Vehicle, went into a skid, left the road surface to the west, dropped down into the ditch, overturning at least once, causing the driver and passenger to be thrown from the vehicle. The driver and passenger were not wearing helmets, and seatbelts were equipped with the vehicle, but not used. This crash resulted in the driver being transported to the hospital in Redwood Falls, and the passenger dying as a result of injuries from the crash.

NARRATIVE OF EVENTS

Saturday Evening
29 August 2009

1936 Hrs (7:36 p.m.) I was advised by Dispatch that there was a reported vehicle accident on County Road Twenty-One, off of County Road Fifteen. I was enroute from the city of Sacred Heart

1955 Hrs (7:55 p.m.) I arrived at the scene of County Road Twenty-One, just south of County Road Fifteen. On arrival I noted about ten people around the scene. In the ditch I noted a person laying on the ground and several people doing CPR on a male person. I went down into the ditch and went over to the group of people. A male person looked up and told me that he had been doing CPR for over five minutes. I told him I could take his place. He moved over and I went to do the chest compression's. I noted as I started that a Helicopter had landed and several people were walking toward my location. I continued to do compressions and the Flight medics came over. I later learned The Flight crew members were (b)(6) Flight Nurse and (b)(6) Flight Medic.

We continued to do chest compressions on the young man on the ground. The Flight crew medics attached some equipment to the male victim on the ground. After several minutes, a member of the Renville Ambulance crew came over and said she could take my place doing CPR, this person was Amy Gasca. I moved over and she took over doing chest compressions. I got up and went up onto the road. I noted that North Ambulance--Ground had arrived, and I was told that they had the driver of the four wheeler inside, the driver was identified as (b)(6) the ambulance medic said they were going to leave for the hospital so I left the ambulance.

2005 hrs (8:05 p.m.) After I walked away from the ambulance, I was told that the male person in the ditch was pronounced dead at the scene. I noted that the medics were packing up their equipment. I was told that the parents of the victim were at the scene. The victim was identified as one Nicholas Scott Warner DOB:08-10-1993. The parents were Scott and Nicole Warner. The family lives at (b)(6)

I asked several people if anyone knew if there had been any witnesses to the accident. They pointed out a young man standing a few yards from us. I went up to the young man and asked him if he had witnessed the accident. He said yes. I asked him to come

RENVILLE COUNTY SHERIFF DEPT
NARRATIVE #2

ORI MN0650000

Case Number 09000475

Date 09/08/2009

Officer Bradley Sietsema

607

Release to the Public

with me to my squad car so we could talk. The young man identified himself as (b)(6) DOB: 11-04-1993. (b)(6) told me he lives with his parents, (b)(6) Redwood Falls, Minnesota. His home phone number is [REDACTED] I asked (b)(6) to tell me what happened. (b)(6) told me the following:

He was on his motorcycle ahead of the four wheeler
He was going south on County Road Twenty-One, he was somewhat ahead of his friends
He turned around to wait for them
He saw the four wheeler make the turn off of County Road Fifteen and head south toward his location
He saw the four wheeler "Fishtail" several times as they were going south on the gravel
The four wheeler went off the road and into the ditch
The four wheeler flipped over twice
(b)(6) was the passenger and (b)(6) was the driver
(b)(6) had been thrown from the four wheeler
He rode back to where the four wheeler had gone into the ditch
(b)(6) was by (b)(6) yelled to call 9-1-1
He called 9-1-1

2015 Hrs (8:15 p.m.) I contacted Dispatch that (b)(3):CPSA was pronounced dead at the scene and that the parents of Nicholas Warner were at the scene.

2050 Hrs (8:50 p.m.) I departed the crash scene and went to the hospital in Redwood Falls.

2114 Hrs (9:14 p.m.) I arrived at the hospital in Redwood Falls. I was told that (b)(6) was getting treated at this time. I went to the waiting room and met with (b)(6), he is the father to (b)(6).

2130 Hrs (9:30 p.m.) I was permitted to talk to (b)(6). Present in the room were the Parents of (b)(6) (b)(6) and (b)(6) I asked (b)(6) to tell me what happened. Christopher told me the following:

He and (b)(6) were going south on the gravel road,
He was driving
He thought he was doing about 30 miles per hour
Next thing, the four wheeler, he rolled it on the gravel, overturned
He and (b)(6) did not wear helmets, or have seatbelts on
He has not taken any alcohol or drugs, no meds, but did have some Ibuprofen this morning

2136 Hrs (9:36 p.m.) I started reading (b)(6) the Minnesota Motor Vehicle Implied Consent Advisory. Christopher agreed to provide a blood test.

2138 Hrs (9:38 p.m.) I completed reading the Minnesota Motor Vehicle Implied Consent Advisory. I opened Blood Kit #315387 and requested (b)(6) Registered Nurse, to do the blood draw from (b)(6). Once the blood draw was completed I packaged the kit and placed the requested seals.

2214 Hrs (10:14 p.m.) I cleared from the hospital in Redwood Falls. Dispatch advised me that the victim (b)(3):CPSA Section had been taken to the Redwood Valley Funeral Home in the city of Redwood Falls.

2231 Hrs (10:31 p.m.) I stopped at the Redwood Valley Funeral Home. There was a number of people at the Funeral Home. I spoke to the On-Call Director, (b)(6) I requested Krysta call me at a later time when everyone else had left the Funeral Home. I advised that since this was a vehicle fatality, I would need to have some blood drawn from the victim, Nicholas Warner. Krysta told me she would call me when everyone had left. I then cleared. I returned to the Sheriff's Office in Olivia and placed the blood kits in a locked evidence storage box.

Sunday Morning
30 August 2009

0103 Hrs (1:03 a.m.) I stopped back at the Redwood Valley Funeral Home in the city of Redwood Falls. (b)(6) had called that the people had left for the night. I provided Krysta with a BCA Postmortem kit for the blood draw. Krysta Schoreder did the blood draw and I noted the time at 0115 hrs (1:15 a.m.). I packaged the kit, applied the required seals, and then cleared the funeral home.

Sunday Evening

1854 Hrs (6:54 p.m.) I stopped at the crash site on County Road Twenty-One located south of County Road Fifteen. I took some

RENVILLE COUNTY SHERIFF DEPT

NARRATIVE #2

ORI MN0650000

Case Number 09000475

Date 09/08/2009

Officer Bradley Sietsema

607

Release to the Public

photos of the crash site and using the street post from the intersection as a reference point, I noted the distance to various marks and location of the crash site. See attached drawing for details.

Monday afternoon
31 August 2009

1430 Hrs (2:30 p.m.) I stopped at the Sheriff's Office in Olivia and retrieved the two blood kits from the Saturday evening fatal crash. I mailed both blood kits at about 1435 hrs (2:35 p.m.) at the U.S. Post Office in Olivia, Minnesota.

Bradley Sietsema #607

Embalming Report

Name of Deceased (b)(3);CPSA Section 25(c) Age 16
 Place of Removal Goldmine - Co. Rd 19 & 21
 Time of Removal 8:30am By KMSTA Date 8/29/09
 Physician/M.E. Dr. Thompson - Mendocino Co.
 Time between Death and Embalming 10 hrs.

Personal Effects:

Glasses _____ Rings _____ Earrings _____ Watch _____ Rosary _____
 Necklace _____ Dentures U/L _____ Wallet _____ Other \$3.35 change, drivers license
earplugs, jeans, shirt, sweatshirt,
socks, shoes.

Pre-Embalming analysis

Autopsy Eye Donor Organ donation Bone Harvest

Tissue Condition: Emaciated Edematous Normal Contusions, abrasions,
broken humerous, insulin
Syringes

Fluids Used:

- | | |
|--|--|
| <u>32</u> oz. Plastopak 25 | <input type="checkbox"/> Hair Net |
| _____ oz. Chromotec | <input checked="" type="checkbox"/> Face Mask |
| _____ oz. Intorflant | <input checked="" type="checkbox"/> Goggles |
| _____ oz. Metasyn | <input checked="" type="checkbox"/> Face Shield |
| <u>6</u> oz. Metaflow | <input checked="" type="checkbox"/> Scrubs (non street clothing) |
| _____ oz. Rectiflant | <input checked="" type="checkbox"/> Infectious Barrier gown |
| _____ oz. Edemco | <input checked="" type="checkbox"/> Latex or Autopsy gloves |
| _____ oz. Permagro | <input checked="" type="checkbox"/> Rubber Boots/Shoe covers |
| _____ oz. Jaundoflant | <input checked="" type="checkbox"/> Lab Coat |
| _____ oz. Jaundoflant Basic | _____ Other |
| <u>3</u> oz. Icterine Dye | |
| <u>16</u> oz. Cav. Not cavity <u>Dr. Car</u> | |
| <u>2 gal</u> Other <u>H₂O</u> | |

Points of Injection:

R/Lt Carotid R/LV Axillary/Brachial R/Lt. Femoral/Ilac Rt/Lt. Radial

Points of Drainage:

R/LV Jugular R/Lt. Fem./Ilac lots of blood out mouth/nose before embalming

Trocar Button Suture Used - femoral & carotid

Additional Treatment Required left abrasions open to dry, fair distribution
drainage considering trauma, good color. (2) eye bruised/slightly swollen

Embalmer KMSTA License # M3038 Start 2:30 a.m./p.m. Finish 4:20 a.m./p.m.

(2) lung was full of blood, possible broken neck, possible closed head injuries



ICR 090000475
E 1000475

MOTOR VEHICLE IMPLIED CONSENT ADVISORY

Time Started 2136 Location read: Redwood Falls Hospital

(b)(6)

(person arrested)

I believe you have been driving,

operating or controlling a motor vehicle in violation of Minnesota's D.W.I. laws and "you have been placed under arrest for this offense" or "you have been involved in a motor vehicle accident resulting in property damage, personal injury, or death."

- 1. Minnesota law requires you to take a test to determine:
(Check when read) (Check applicable portion when read)
 - a.) if you are under the influence of alcohol,
 - b.) if you are under the influence of hazardous or controlled substances or to determine the presence of a controlled substance or its metabolite listed in schedule I or II, other than marijuana or tetrahydrocannabinols.
- 2. Refusal to take a test is a crime.
(Check when read)
- 3. (READ ONLY IF PROBABLE CAUSE TO BELIEVE VIOLATION OF CRIMINAL VEHICULAR HOMICIDE AND INJURY LAWS) Because I also have probable cause to believe you have violated the criminal vehicular homicide or injury laws, a test will be taken with or without your consent.
(Check IF read)
- 4. Before making your decision about testing, you have the right to consult with an attorney. If you wish to do so, a telephone and directory will be made available to you. If you are unable to contact an attorney, you must make the decision on your own. You must make your decision within a reasonable period of time.
(Check when read)
- 5. If the test is unreasonably delayed or if you refuse to make a decision, you will be considered to have refused the test.
(Check when read)

Do you understand what I have just explained? Yea I just take it now

Do you wish to consult with an attorney? NO

Time telephone made available: Start: _____ Stopped: _____

Will you take the (Breath) (Blood or Urine) test? Blood test

(If person refuses:)

What is your reason for refusing? _____

Name of Officer: Brad Sietsma
(PRINT name of officer)

Time Completed: 2139

Date: 29 Aug 2009

IMPLIED CONSENT LAW PEACE OFFICER'S CERTIFICATE

(PLEASE TYPE OR PRINT LEGIBLY, CROSS OUT REFERENCES TO INAPPLICABLE ITEMS.)

I certify to the Commissioners of Public Safety, State of Minnesota, that:
 1. I am a "peace officer" within the meaning of Minnesota Statutes Section 169A.03, Subdivision 18.
 2. On (Date) 29 Aug 2009, I had probable cause to believe that the person named below has been driving, operating or physically controlling a motor vehicle in violation of Minnesota Statutes Section 169A.20 within the State of Minnesota on County Road 21 in the City or Township of Renville in Renville County.

(b)(6)	Date of Birth <u>04-17-1994</u>
City, State, Zip <u>Rendwood Falls, MN 56283</u>	State of Issue <u>MN</u>
License Plate or Registration Number <u>998XS</u>	

3. Reason for initial contact:
 Vehicle stopped by officer because:
 Accident Vehicle already stopped (describe):
 Other (describe):

4. Probable cause that person was driving, operating or in physical control:
 Saw person Person admitted Other:

5. Probable cause that person was under influence (in addition to other information):
 Odor of alcohol Bloodshot, watery eyes Slurred speech Poor balance Admission
 Other (describe) Fatal vehicle crash

6. Check at least one of the following:
 DWI arrest Accident Refused PBT Failed PBT with AC of .08 or more
 7. Other pertinent information BCA Lab results indicate no presence of drugs

8. This person was requested to submit to a test to the provisions of the Minnesota Statutes Sections 169A.50-.53, and was read the attached Implied Consent Advisory on the other side of this form by:
 (Name and Agency) Brad Sietson #607, Renville County Sheriff's Office

9. The person: (X APPLICABLE BOX)
 Refused to provide a test sample to determine the presence of alcohol or hazardous or controlled substance or its metabolite.
 Provided a sample blood, breath or urine which indicated an alcohol concentration of .08 or more.
 Provided a sample blood or urine which indicated the presence of a hazardous substance or schedule I or II controlled substance or its metabolite, other than marijuana or THC.

Signature of Peace Officer <u>Brad Sietson #607</u>
Printed Name of Peace Officer <u>Brad Sietson</u>
Badge Number <u>607</u>
Business Telephone Number <u>320 5231161</u>
Date

Attach Notice of Revocation (Form PS31123) if issued, test results, and police reports.

MEDICAL PERSONNEL CERTIFICATE

Pursuant to Minn. Statutes Section 63A.15, I certify as follows: At the request of the undersigned officer, I withdrew a sample of blood from:

NAME: [REDACTED]
 AT: Rendwood Area Chapin Ave (location)

I am authorized and qualified to draw blood samples pursuant to Minn. Statutes Section 169A.51, Subdivision 7.

I withdrew the sample of blood at 9:38 A.M. (P.M.) after preparing the site of withdrawal with a non-alcohol substance.

I used a sterile needle and container in withdrawing and receiving the blood sample.

I gave the blood sample to the undersigned peace officer:

DATE: 8-29-09
 Signature: [Signature]
 Printed name: Lewis J. Anderson, MD

OCCUPATION (check applicable)

- Physician
- Registered Nurse
- Medical Technician
- Medical Technologist
- Laboratory Assistant
- Medical Laboratory Technician
- EMT/Paramedic

[Signature]
 Signature of Peace Officer

SEND WITH COPY OF ALCOHOL INFLUENCE REPORT, ARREST OR ACCIDENT REPORT, INTOXILIZER RECORDS, LABORATORY REPORT TO:

Department of Public Safety
 Driver and Vehicle Services Division
 Implied Consent Section
 445 Minnesota Street, Suite 170
 St. Paul, MN 55101-5170

The sample was submitted for analysis to:

Name of Agency, Analyst or Breath Test Operator <u>Forensic Science Lab - BCA</u>
Address of Agency or Analyst <u>1430 Maryland Ave East</u>
City, State, Zip <u>St. Paul, MN 55106</u>
Sample Identification Number (Blood or Urine Tests Only) <u>315387</u>

PS1802-17



Image USDA Farm Service Agency

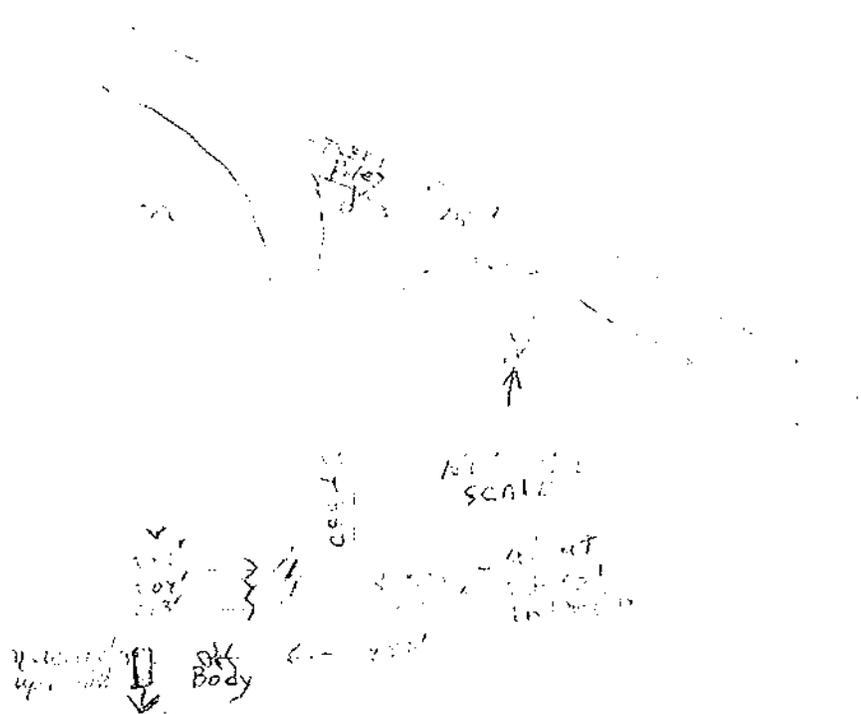
©2009 Tete Atlas

Google

43°37'43.46"N 95°10'39.35"W 66y 275m Jun 1, 2003 Eye alt 466m

7-08 09000475
 Section
 294
 1.0m
 294
 1.0m
 294
 1.0m

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MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Bureau of Criminal Apprehension
Forensic Science Laboratory - St. Paul
1430 Maryland Avenue East
St. Paul, MN 55106

TEL: (651) 793-2900 TTY: (651) 282-6555 FAX: (651) 793-2901

An ASCLD/LAB Accredited Laboratory

To: Renville County S.O.
105 5th St. S.
Suite 210
Olivia, MN 56277

Lab No. S09-12864
Report No. 1

Attention: Deputy Brad Siensem

REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Toxicology 09/28/2009

Laboratory Number: S09-12864
Section Reporting: Toxicology
Case Type: Criminal Vehicular Operation
Principal: (b)(3):CPSA Section 25(a)

Requesting Agency: Renville County S.O.
Agency Case Number: 090000475
County: Renville
Date of Birth: 08/10/1993

Description of Submitted Evidence:

Table with 5 columns: Item, Type and Packaging, Kit Number, Description/Source, Date/Time Collected. Row 1: 2, BCA postmortem blood collection kit, Nicholas Scott Warner, 08/30/2009 01:15

Results of Laboratory Examination:

Analysis failed to reveal the presence of ethyl alcohol.

Pursuant to Minn. Statute 634.15, I have analyzed at the Minnesota Bureau of Criminal Apprehension Forensic Science Laboratory, using an approved gas chromatographic procedure, this sealed sample of blood identified to me as having been obtained from the above individual. I hereby certify that I am trained in the analysis and interpretation of blood and urine tests for alcohol pursuant to Minn. Rule 7502.0600 and that the above is true and accurate.

Handwritten signature of Donna B. Zittel

Donna B. Zittel, FTS-ABFT
Forensic Scientist

Disposition: Additional toxicology report(s) to follow.

Distribution: Renville County S.O. - 1



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Bureau of Criminal Apprehension
Forensic Science Laboratory - St. Paul
1430 Maryland Avenue East
St. Paul, MN 55106

TEL: (651) 793-2900 TTY: (651) 282-6555 FAX: (651) 793-2901

An ASCLD/LAB Accredited Laboratory

To: Renville County S.O.
105 5th St. S.
Suite 210
Olivia, MN 56277

Lab No. S09-12864
Report No. 2

Attention: Deputy Brad Sietsema

REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Toxicology 10/05/2009

Requesting Agency: Renville County S.O.
Case Type: Criminal Vehicular Operation
Principal: (b)(6)

Agency Case Number: 090000475
County: Renville
Section Reporting: Toxicology

Description of Submitted Evidence

<u>Item</u>	<u>Type and Packaging</u>	<u>Kit Number</u>	<u>Description</u>	<u>Date/Time Collected</u>
1	Sealed BCA DWI blood collection kit	B315387	Christopher Lynn Verdoes	08/29/2009 21:38

REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Toxicology 10/05/2009

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
Bureau of Criminal Apprehension - Forensic Science Laboratory

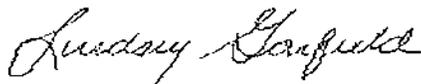
Lab No. S09-12864
Report No. 2

Results of Laboratory Examination

The following are presumptive screening results obtained by immunoassay:

<u>Type of Drug:</u>	
cannabinoids	Not Detected
cocaine metabolite	Not Detected
opiates	Not Detected
amphetamines	Not Detected
phenacyclidine	Not Detected
barbiturates	Not Detected
benzodiazepines	Not Detected
methadone	Not Detected
propoxyphene	Not Detected
oxycodone	Not Detected
flunitrazepam	Not Detected
carisoprodol	Not Detected
zolpidem	Not Detected

I hereby certify that the above report is true and accurate and represents my opinions and interpretations.



Lindsey Garfield
Forensic Scientist 3

A breath test was previously administered on this subject. No blood or urine ethyl alcohol analysis will be performed on this sample.

For drug scheduling information, visit www.bca.state.mn.us/Lab/Documents/Lab-Intro.html

Disposition: This evidence will be destroyed by the laboratory twelve months following the date of this report. Please notify the BCA Forensic Science Laboratory if you would like the evidence returned to your agency.

Distribution: Renville County S.O. - 1



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

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To: Renville County S.O.
105 5th St. S.
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Olivia, MN 56277

Lab No. S09-12864
Report No. 2

Attention: Deputy Brad Sietsema

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REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Toxicology 10/05/2009

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
Bureau of Criminal Apprehension - Forensic Science Laboratory

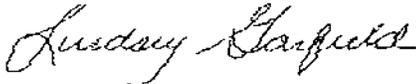
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Report No. 2

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phencyclidine	Not Detected
barbiturates	Not Detected
benzodiazepines	Not Detected
methadone	Not Detected
propoxyphene	Not Detected
oxycodone	Not Detected
flunitrazepam	Not Detected
carisoprodol	Not Detected
zolpidem	Not Detected

I hereby certify that the above report is true and accurate and represents my opinions and interpretations.



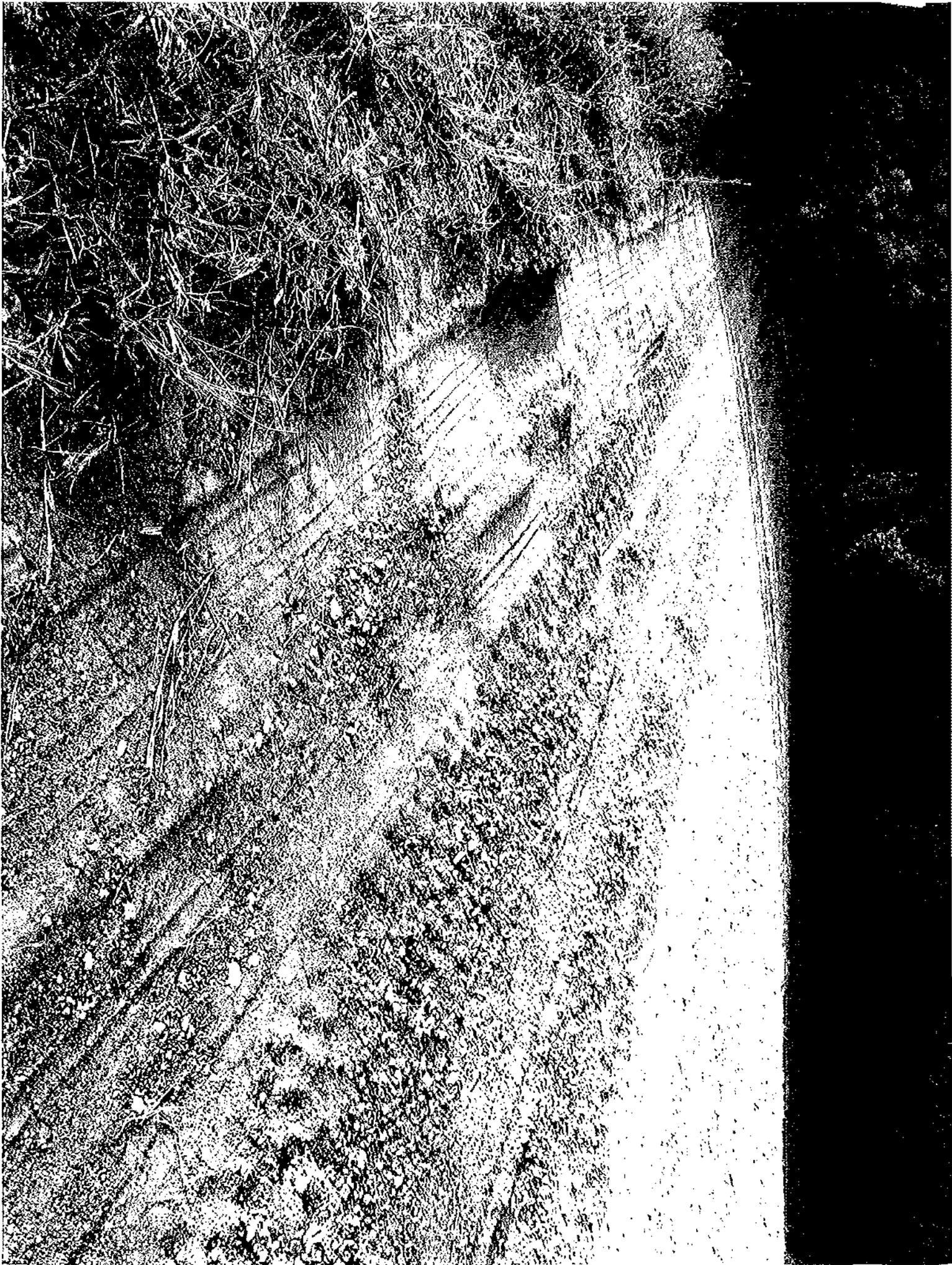
Lindsey Garfield
Forensic Scientist 3

A breath test was previously administered on this subject. No blood or urine ethyl alcohol analysis will be performed on this sample.

For drug scheduling information, visit www.bca.state.mn.us/Lab/Documents/Lab-Intro.html

Disposition: This evidence will be destroyed by the laboratory twelve months following the date of this report. Please notify the BCA Forensic Science Laboratory if you would like the evidence returned to your agency.

Distribution:Renville County S.O. - 1



FR 09600476

Activity 21 Aug 2009

Plot 5

Skid marks

Band Station #607

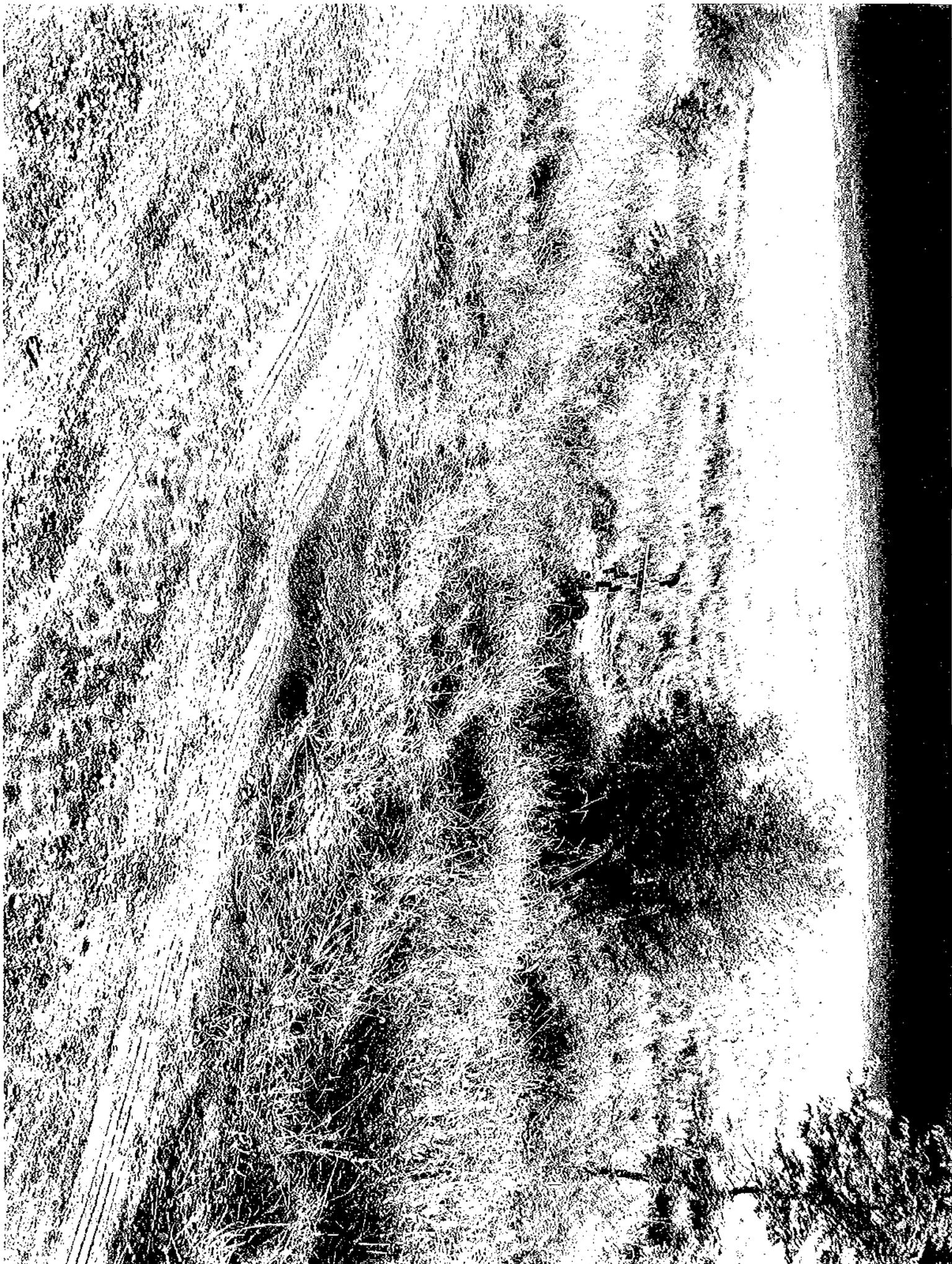
2/9/0



F 102 # 196000475 Fatality Photo's of Damsel creek nicholas & arno

Paul Stephens #1607
12650

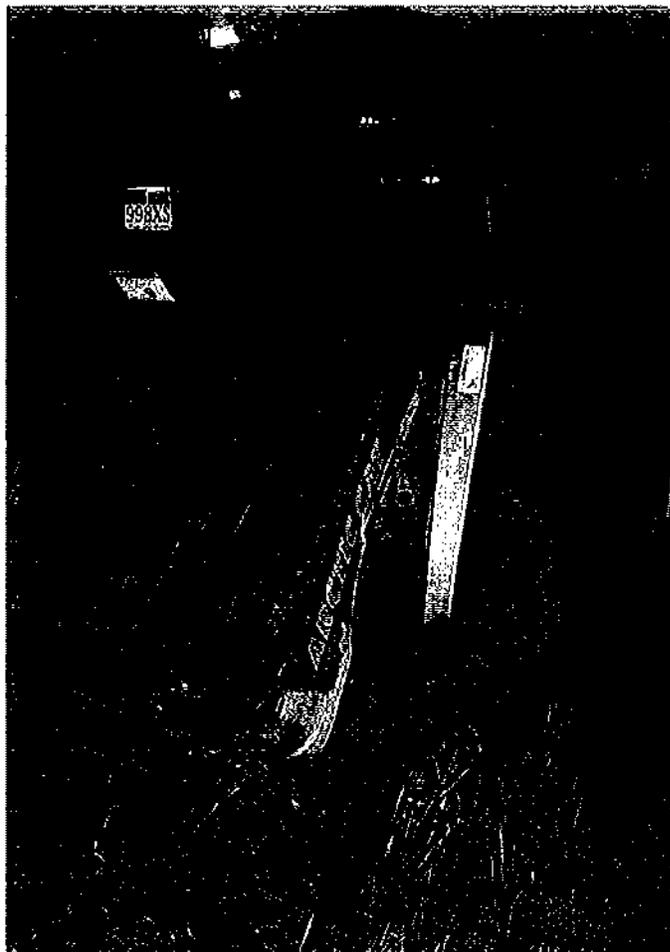
Field # 09000475 Fertility of 29 Aug 2009 Area A Fresh site Bird Abundance #607 12/50





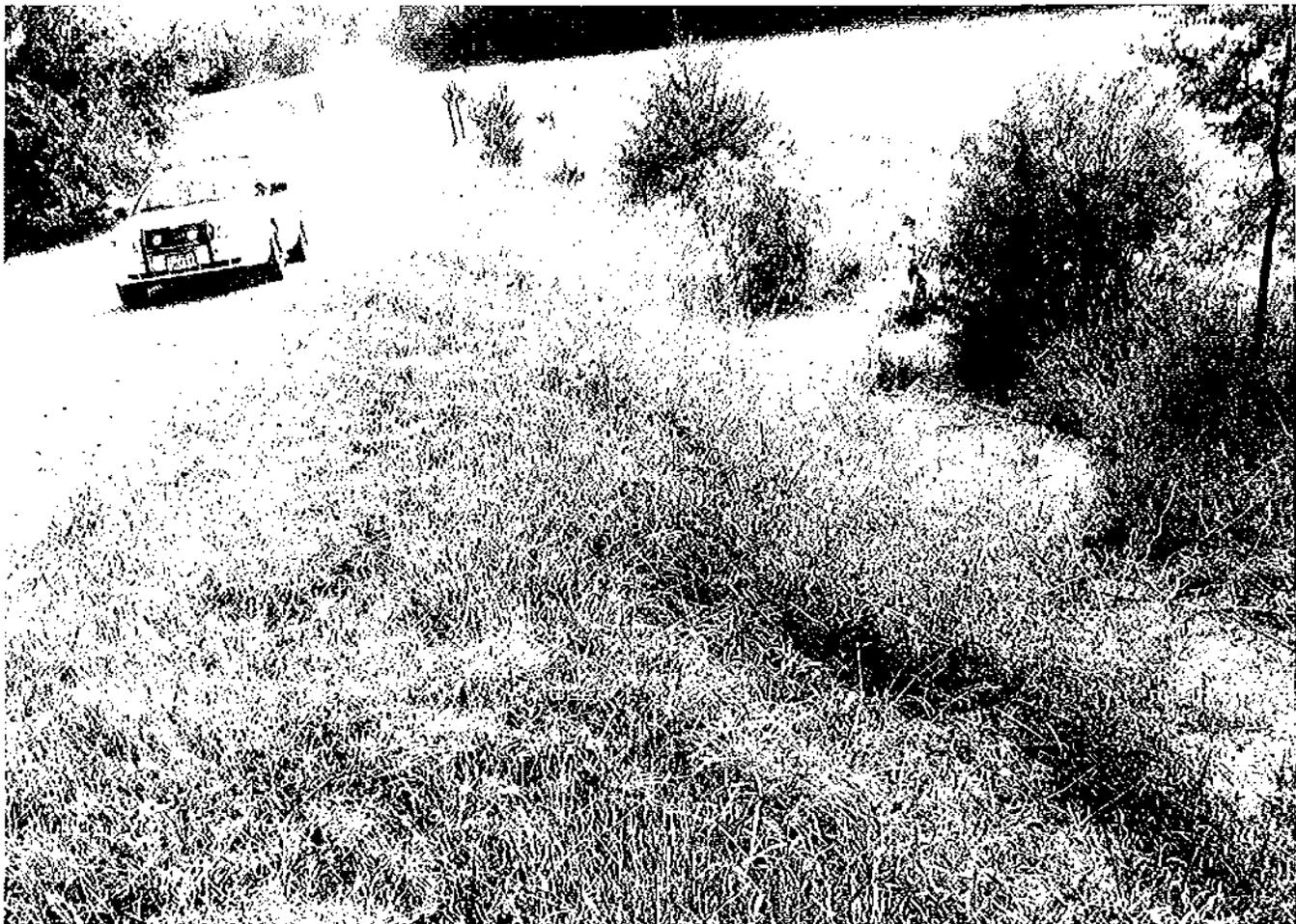
IR# 09 000 475 FISH 24/20g Plate 5/16/67 Bm 1 5/16/67 #607 R.C.S.D

FILE # 99005475 Facility Photo of wood bucket photos Brand (Stewart) # 607 17050





7002 Ft. Stevens 475
Jan 10/1944
Snow Photo



Brent Stanford #607
RC 50



Oil 4900475
Grass Photo
4/11/14



End Section
Photo 12850

ICE # 09000476 F0419164
Scene: Note Bank ~~Settling~~ #607



RENVILLE COUNTY SHERIFF'S DEPARTMENT

NEWS RELEASE

On August 29, 2009 at approximately 19:36 hours (7:36 pm) the Renville County Sheriff's Department received a report of a single four-wheeled vehicle crash. The crash occurred south of Renville County Road 15 on Renville County Road 21, approximately seventeen miles south-east of the City of Renville.

The driver of the four-wheeler was a fifteen year old juvenile male. He was transported to the Redwood Area Hospital by the North Memorial Ambulance Service with undetermined injuries. The passenger, (b)(3):CPSA Section 2 16 years old from Redwood Falls, MN was pronounced dead at the scene.

Agencies responding to the crash were the Renville County Sheriff's Department, Renville Ambulance, North Memorial Ambulance and North AirCare.

The crash is being investigated by the Renville County Sheriff's Department.

ICR# 09000475



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Bureau of Criminal Apprehension
Forensic Science Laboratory - St. Paul
1430 Maryland Avenue East
St. Paul, MN 55106

Laboratory Number
S09-12864

Agency Case Number
090000475

TEL: 651-793-2900
TTY: 651-242-6555
FAX: 651-793-2901

LABORATORY ANALYSIS REQUEST

Renville County S.O.
105 5th St. S.
Suite 210
Olivia, MN 56277

COUNTY: Renville
TELEPHONE: 320-523-1161
TYPE OF CASE:
Criminal Vehicular Operation

Attn: Deputy Brad Sietsema
Report Distribution: Renville County S.O. - 1

Section Involved	Estimated Due Date
Alcohol	10/4/2009
Toxicology	2/1/2010

CIRCUMSTANCES AND PURPOSE OF ANALYSIS:

PRINCIPALS:

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

Date Of Birth	Sex	Type	Race	Comments
4/17/1994	M	S		
8/10/1993	M	D		

ITEM DESCRIPTION OF EVIDENCE:

Item #	In Container	Packaging and Type	Source / Description
2		BCA postmortem blood collection kit Sample collected on 08/30/09 at 01:15	Nicholas Scott Warner

Submitted By

Received By

Carolle David

09/04/2009 14:41:24

US Mail

Carolle David

Submission Date and Time



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Bureau of Criminal Apprehension
Forensic Science Laboratory - St. Paul
1430 Maryland Avenue East
St. Paul, MN 55106

Laboratory Number
S09-12864

Agency Case Number
090000475

TEL: 651-793-2900
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LABORATORY ANALYSIS REQUEST

Renville County S.O.
105 5th St. S.
Suite 210
Olivia, MN 56277

COUNTY: Renville
TELEPHONE: 320-523-1161
TYPE OF CASE:
Criminal Vehicular Operation

Attn: Deputy Brad Sietsema

Report Distribution: Renville County S.O. - 1

Section Involved Estimated Due Date
Toxicology 1/30/2010

CIRCUMSTANCES AND PURPOSE OF ANALYSIS:

Tox screen only
PBT results: .000

PRINCIPALS:

(b)(6)

Date Of Birth Sex Type Race Comments
4/17/1994 M S

ITEM DESCRIPTION OF EVIDENCE:

Table with 4 columns: Item #, In Container, Packaging and Type, Source / Description. Row 1: 1, Sealed BCA DWI blood collection kit: B315387, Sample collected on 08/29/09 at 21:38, Christopher Lynn Verdoes

Submitted By

Received By

Diane L. Sloan

09/02/2009 12:39:57

US Mail

Diane L. Sloan

Submission Date and Time



Forensic Science Laboratory
Department of Public Safety
Bureau of Criminal Apprehension
1430 Maryland Avenue East
St. Paul, Minnesota 55106
651-793-2900

BCA Blood Collection Kit No. B - 315387

SAMPLE IDENTIFICATION AND INFORMATION SHEET

SUBJECT INFORMATION

Subject Name: (b)(6)
DOB: 04/17/1994 Sex: M F Subject's Condition: Deceased Alive
Driver's License Number: (b)(6)
Subject's Status: Driver Passenger Pedestrian Other (Specify)

AGENCY/OFFENSE INFORMATION

Alleged Offense: _____
Offense Date/Time: 08/29/2009 ¹⁹ :35 County of Offense: Renville
ICR/Ticket No.: 090000475
Send Report to Agency: Renville County Sheriff's Office
Attention: Deputy Brad S. Isomaa
Send Additional Report to: _____

KIT/SAMPLE INFORMATION

Kit Intact & sealed when received? Yes No
Powder present in tubes? Yes No
Sample taken by: Louia S. Anderson, RN
Date/Time sample taken: 08/29/09 9:38 pm.
Intoxilyzer test given? Yes No Valid results: _____ PBT results: 000
Analysis Requested: Alcohol Drugs (Specify)
Drug evaluation completed by a DRE? Yes No Drug(s) causing impairment (circle all that apply):
CNS Stimulant CNS Depressant Hallucinogen Phencyclidine Narcotic Analgesic Inhalant Cannabis

For Laboratory Use Only

Received at BCA:
Sealed? Yes No
For scientist: Standard BCA kit containing whole blood?
Yes No
Volume _____ / _____ mL

Office: Affix case label here

Thin (watery) Blood Broken Tube Clotted Blood Tissue Grinder Used Vitreous Humor
05-06-D Other notes: _____



Forensic Science Laboratory
Department of Public Safety
Bureau of Criminal Apprehension
1430 Maryland Avenue East
St. Paul, Minnesota 55106
651-793-2900

BCA POSTMORTEM KIT SAMPLE IDENTIFICATION AND INFORMATION SHEET

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

DOB: 08/10/1993 Sex: M F

Date/Time of Death: 08/29/2009 20:06

Case History: Sub was a passenger in a 4-wheeler - thrown from vehicle into ditch

Subject's Status: Driver Passenger Pedestrian Car Pick-up Truck Snowmobile
Farm Vehicle Other (Specify) 4-wheeler ATV

Date/Time sample taken: 08/30/2009 01:15

Preferred Sample: Femoral Subclavian Vitreous Humor

Other Samples: Heart Bladder

Is the sample contaminated with embalming fluid? Yes No

If yes, list contents of fluid: _____

Analysis Requested: Alcohol Drugs (Specify) _____

Sample Collected by: M.E./Coroner Dep. M.E./Coroner Other Mortician

County: Redwood County

Has alcohol/drug testing already been performed? Yes No If yes, what testing has been done and what were the testing results? Alcohol _____ Drugs _____

ICR/Ticket/Case No.: 090000475

Send Report to Agency: Beaulieu County Sheriff's Office

Attention: Deputy Brad Sietsema #607

Send Additional Report to: _____

For Laboratory Use Only

Received at BCA:

Sealed? Yes No

For scientist: Standard BCA kit containing whole blood?
Yes No

Office: Affix case label here

Volume _____ / _____ mL Thin (watery) Blood Broken Tube

Clotted Blood Tissue Grinder Used Vitreous Humor

Other notes: _____



Forensic Science Laboratory
Department of Public Safety
Bureau of Criminal Apprehension
1430 Maryland Avenue East
St. Paul, Minnesota 55106
651-793-2900

BCA POSTMORTEM KIT SAMPLE IDENTIFICATION AND INFORMATION SHEET

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

DOB: 08/10/1993 Sex: M F

Date/Time of Death: 08/29/2009 20:05

Case History: Sub was a passenger in a 4-wheeler thrown from vehicle into Ditch

Subject's Status: Driver Passenger Pedestrian Car Pick-up Truck Snowmobile
Farm Vehicle Other (Specify) 4-wheeler ATV

Date/Time sample taken: 08/30/2009 01:15

Preferred Sample: Femoral Subclavian Vitreous Humor

Other Samples: Heart Bladder

Is the sample contaminated with embalming fluid? Yes No

If yes, list contents of fluid: _____

Analysis Requested: Alcohol Drugs (Specify) _____

Sample Collected by: M.E./Coroner Dep. M.E./Coroner Other Mortician

County: Redwood County

Has alcohol/drug testing already been performed? Yes No If yes, what testing has been done and what were the testing results? Alcohol _____ Drugs _____

ICR/Ticket/Case No.: 090000475

Send Report to Agency: Renville County Sheriff's Office

Attention: Deputy Brad Sietsema #607

Send Additional Report to: _____

For Laboratory Use Only

Received at BCA:

Sealed? Yes No

For scientist: Standard BCA kit containing whole blood?

Office: Affix case label here

Volume _____ / _____ mL

Clotted Blood Tissue Grinder

Other notes: _____

MINNESOTA INSTRUCTION PERMIT

UNDER 21

208 BAKER DR
REDWOOD FALLS, MN 56253

Date of Birth 08/10/1993 AGE 16 08/10-2011

Sex M Eyes BLU

Height 5-9 Weight 155

ISSUED 12-2008 EXPIRES 12/19-2010

Handwritten signature: Brad Sietsema



Forensic Science Laboratory
 Department of Public Safety
 Bureau of Criminal Apprehension
 1430 Maryland Avenue East
 St. Paul, Minnesota 55106
 651-793-2900

**BCA POSTMORTEM KIT
 SAMPLE IDENTIFICATION AND INFORMATION SHEET**

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

DOB: 08/10/1993 Sex: M F

Date/Time of Death: 08/29/2009 20:05

Case History: Sub was a passenger in a 4-wheeler thrown from vehicle into ditch

Subject's Status: Driver Passenger Pedestrian Car Pick-up Truck Snowmobile
 Farm Vehicle Other (Specify) 4-wheeler ATV

Date/Time sample taken: 08/30/2009 01:15

Preferred Sample: Femoral Subclavian Vitreous Humor

Other Samples: Heart Bladder

Is the sample contaminated with embalming fluid? Yes No

If yes, list contents of fluid: _____

Analysis Requested: Alcohol Drugs (Specify) _____

Sample Collected by: M.E./Coroner Dep. M.E./Coroner Other Mortician

County: Riedwood County

Has alcohol/drug testing already been performed? Yes No If yes, what testing has been done and what were the testing results? Alcohol _____ Drugs _____

ICR/Ticket/Case No.: 090000475

Send Report to Agency: Renville County Sheriff's Office

Attention: Deputy Brad Sietsema #607

Send Additional Report to: _____

For Laboratory Use Only

Received at BCA:

Sealed? Yes No

For scientist: Standard BCA kit containing whole blood?

Yes No

Office: Affix case label here

Volume _____ / _____ mL Thin (watery) Blood Broken Tube

Clotted Blood Tissue Grinder Used Vitreous Humor

Other notes: _____

MEDICAL PERSONNEL CERTIFICATE

Peace Officer's Copy - Retain With Enforcement Agency's Records
Do NOT Send This Form to the BCA

Pursuant to Minn. Stat. § 634.15, I certify as follows: at the request of the undersigned peace officer, I withdrew a sample of blood from:

(b)(6)

Full Name

4 1 17 1984
Date of Birth

I withdrew the sample of blood after preparing the withdrawal site with a non-alcohol substance. I used a sterile needle and container in withdrawing and receiving the blood sample. After withdrawing the blood sample, I gave the blood sample to the undersigned peace officer.

I withdrew the sample of blood at: Redwood Area Hospital ER
Location

at 9:38 A.M./P.M., on 05 1 29 2009
Time Date

I am authorized and qualified to draw blood samples pursuant to Minnesota Statutes § 169A.51, Subd. 7, because my occupation is (check applicable):

- Physician
- Registered Nurse
- Medical Technician
- Medical Technologist
- Laboratory Assistant
- Medical Laboratory Technician
- EMT/Paramedic

X Louise Schweiss Anderson, RN
Signature of Medical Personnel
Louise Schweiss Anderson, RN
Printed Name

Peace Officer's Copy - Retain With Enforcement Agency's Records
Do NOT Send This Form to the BCA

X Brad Sietsema
Signature of Peace Officer Receiving Blood Sample
Brad Sietsema
Officer's Printed Name
607
Badge Number

Beauregard County Sheriff's Office
Arresting Agency

RENVILLE COUNTY SHERIFF DEPT DISPATCH ENTRY

CFS #:	38244	Date:	8/29/2009 7:36:00 PM
Zone:	Flora Township	Reported	Phone
Incident Case Number:	09000475	Operator:	Samantha Best
Type of Call:	Crash-MV Injury	Assigned Officer:	607
Disposition	Incident Report		

REPORTED BY

Name:	Unknown		
Address:	Unknown	Apt/Suite #:	
City, State, Zip:			
Phone:		Cell#:	
		DOB:	
LIC/LIS:	/	Make/Model:	/

LOCATION

Location Name:			
Address:	CR 15 & CR 21	Apt/Suite #:	
City, State, Zip:			
Phone:			

ADDITIONAL PERSONS

Reported By	1	Address	City	State	Zip
	(b)(6)			MN	56283
Phone		Sex	Male	DOB	4/17/1994
Cell#	(b)(6)	Make		Model	
		LIC		LIS	
Reported By	2	Address	City	State	Zip
	(b)(6)			MN	56283
Phone		Sex	Male	DOB	11/4/1993
Cell#	(b)(6)	Make		Model	
		LIC		LIS	
Victim	3	Address	City	State	Zip
	(b)(3):CPSA Section 25(c)			MN	56283
Phone		Sex	Male	DOB	8/10/1993
Cell#		Make		Model	
		LIC		LIS	

TYPES / UNITS

Type Unit	Unit	Time Received	Time Dispatched	Time Enroute	Time Arrived	Time Completed
RENVILLE	801	1936	1936	1941	1959	2129
* Renville County	607	1936	1936	1936	1955	2215
Renville County	619	1936	1936	1936	1959	2129

* denotes Primary Unit

STATUS TIMES

RENVILLE COUNTY SHERIFF DEPT DISPATCH ENTRY

Unit	Status	Status Time
607	Crash-MV Injury (Dispatched) 10-8 from 710 skunk dispatched	19:36
607	Completed	22:15
619	Arrived at 19:59 - Operator Edit - Operator Edit - Operator Edit	19:59
619	Crash-MV Injury (Dispatched)	21:30
801	Crash-MV Injury (Dispatched) - Operator Edit	19:36
801	Enroute	19:41
801	Completed	21:29

DETAILS

[Samantha Best 8/29/2009 10:09:22 PM]

607: BLOOD KIT B15387
801 RUN NUMBER 631-492

[Samantha Best 8/29/2009 7:41:24 PM]

911 CALLS FROM (b)(6), AS WELL AS A FEMALE REPORTING A
4 WHEELER ROLLED NEAR THE ABOVE INTERSECTION. DRV IS BREATHING, IS NOT
RESPONDING.

607 & 619 ENR; 801 AND AIRCARE DISPATCHED - 801 ALSO REQUESTED NORTH GROUND, 100
10-4 FOR GROUND AMBULANCE.

607 ON SCENE ADVISING N OF GOLDMINE BRIDGE, S OF CR INTERSECTION. AIRCARE LANDED
BEFORE 801S ARRIVAL.

607 NEXT ADVISED 10-54, CALLED AT 2005. FAMILY ON SCENE. 619 REQUESTED REDWOOD
VALLEY FUNERAL HOME BE CONTACTED. KRISTA WITH THE FUNERAL HOME WILL BE
RESPONDING AND IS FAMILIAR WITH THE AREA.

607 CLEARED THE SCENE AND NEXT WENT TO THE REDWOOD AREA HOSPITAL.

*North Amb Service
270 at 1945
Enroute 1946
Scene 2001
To Hosp 2007
HT Hosp 2024*

RADIO LOG

Date	Time	From/Operator	To/Unit
8/29/2009	1936	Samantha Best	801
Message: Crash-MV Injury (Dispatched) - Operator Edit			
8/29/2009	1936	Samantha Best	607
Message: Crash-MV Injury (Dispatched) 10-8 from 710 skunk dispatched			
8/29/2009	1941	Samantha Best	801
Message: Enroute/ CR 15 & CR 21.. - Operator Edit - Operator Edit			
8/29/2009	1959	Samantha Best	619
Message: Arrived at 19:59 - Operator Edit - Operator Edit - Operator Edit			
8/29/2009	2129	Samantha Best	801
Message: Completed/ CR 15 & CR 21.. - Operator Edit			
8/29/2009	2130	Samantha Best	619
Message: Crash-MV Injury (Dispatched)			
8/29/2009	2215	Samantha Best	607
Message: Completed/ CR 15 & CR 21			

Time	To	From	Operator	Message
18:15		761	Samantha Best	10-8
18:41			Samantha Best	rodney hall 408 2nd ave sacred heart 765-2216 skunk in live trap by garage down the alley
18:46			Samantha Best	jessica over calling from wisconsin - husbands cousin killed in a crash today - gave # for kandi
18:48		770 911	Samantha Best	ruth brigts fairfax community home room 208 -- called main # and a staff member will chk on her
18:51			Samantha Best	fairfax police dept - michael mcclighe
18:52		619	Samantha Best	will go to 770 pd
18:57		619	Samantha Best	10-6 770 pd
19:08		607	Samantha Best	WILL CALL HALL
19:07		619	Samantha Best	10-8 FROM PD LARRY HANSEN WILL BE ON LATER IN 770
19:13		607	Samantha Best	GOING TO HALLS TO SEE WHAT HE HAS - WILL PLAY IT BY EAR
19:15		759	Samantha Best	795CCB
19:16		724	Samantha Best	KRE099 212 5TH ST E
19:18		759	Samantha Best	45 ON 2ND RO OF LAST 45
19:18			Samantha Best	PETER SCHMOLL NORFOLK 21 579-0098 TREES 09-008
19:19		724	Samantha Best	G917057598217
19:20		721	Samantha Best	Traffic (Dispatched)
19:22		709	Samantha Best	10-6 810 HENTON DOG BARKING COMPL
19:22		773	Samantha Best	Available
19:24		709	Samantha Best	10-8
19:24		724	Samantha Best	10-8
19:26		759	Samantha Best	UAY614
19:27		607	Samantha Best	10-6 710
19:36		801	Samantha Best	Crash-MV Injury (Dispatched) - Operator Edit
19:36		607	Samantha Best	Crash-MV Injury (Dispatched) 10-8 from 710 skunk dispatched
19:39		CELL	Samantha Best	MAN DOWN ON CR 15 BY GOLDMINE ROLLED 4 WHEELER CHRIS VERDOES PAGED / DUSTIN GOBLIRSH 430-5192 RIDING THE DIRT BIKE IN FRONT - VIC IS NICK WARNER
19:40		CELL	Samantha Best	MARTHA IN REDWOOD - CHRIS VERDOES AGAIN
19:41		801	Samantha Best	Enroute/ CR 15 & CR 21.. - Operator Edit - Operator Edit
19:45		750 911	Samantha Best	AMBULANCE AT 420 8TH ST E HECTOR - ADELINE BUSOLTZ DIFFICULTY WALKING & HEADACHE, NAUSEATED - FELL EARLIER TODAY
19:45		804	Samantha Best	Ambulance Call (Dispatched)
19:45		759	Samantha Best	Ambulance Call (Dispatched)
19:47			Samantha Best	BRAD NORTH AIR - 4-5 MINS
19:47		759	Samantha Best	Arrived/ 420 8TH ST E..HECTOR
19:49		270	Samantha Best	INFO
19:50		804	Samantha Best	Arrived/ 420 8TH ST E..HECTOR
19:51		619	Samantha Best	INFO
19:51			Samantha Best	BRAD AIRCARE JUST DEPARTED
19:52			Samantha Best	NORTH AIRCARE ON MINSEF - 3 MINS OUT
19:54		CELL 911	Samantha Best	INFO 4 wheeler
19:55		801	Samantha Best	W NOW
19:55		607	Samantha Best	10-6 GOLDMINE BRIDGE BETWEEN BRIDGE & 15

Time	To	From	Operator	Message
19:57		713	Samantha Best	Available
19:59		801	Samantha Best	SEES THE SCENE -AIR LANDED
19:59		619	Samantha Best	10-6
19:59		619	Samantha Best	Arrived at 19:59 - Operator Edit - Operator Edit - Operator Edit
19:59		804	Samantha Best	Enroute Hospital/ 420 8TH ST E..HECTOR
20:00		759	Samantha Best	Completed/ 420 8TH ST E..HECTOR
20:07		761	Samantha Best	837AMU
20:12		721	Samantha Best	Completed/ HWY 212 & 5TH ST E..RENVILLE
20:15		607	Samantha Best	N OF THE GOLDMINE BRIDGE - CALLED HIM AT 2005 16YO BOY NICHOLAS SCOTT WERNER ... MOM & DAD ARE THERE W/ BODY NOW ... 998XS - AMBULANCE WILL TRANSPORT BODY
20:17		804	Samantha Best	At Hospital/ 420 8TH ST E..HECTOR
20:22		619	Samantha Best	call redwood valley funeral home - ambulance will be going there -
20:29		760 911	Samantha Best	hang up from bl liq - busy on call bk
20:30			Samantha Best	steve enestvedt s of 710 - brush shs 6 785-2209 09-541
20:31			Samantha Best	gary bl liq store - kids causing probs on the sidewalk
20:31		761	Samantha Best	10-6
20:32		619	Samantha Best	renville amb would like them to go there asap
20:34		759	Samantha Best	uez159
20:34			Samantha Best	krista w/ redwood valley funeral home
20:37		761	Samantha Best	10-8 problem solved
20:39		759	Samantha Best	38 w/ previous colfax & 2nd st ne
20:39		601	Samantha Best	notified of incident
20:40		759	Samantha Best	r008101098408 q297197553318
20:42		aircare 3	Samantha Best	thank deputies & ambulance service fo their help
20:46		619	Samantha Best	UPDATE ON FUNERAL HOME
20:46		759	Samantha Best	10-8 TOSS INFO
20:49		804	Samantha Best	Completed/ 420 8TH ST E..HECTOR
20:50		607	Samantha Best	10-8 FROM SCENE ENR TO REDWOOD HOSP
20:52		709	Samantha Best	JLR662 212 SA
20:54		709	Samantha Best	C253050972310
20:56		709	Samantha Best	10-8
21:04			Samantha Best	SARAH NU JOURNAL
21:05			Samantha Best	2 OPEN ADMIN LINES
21:10		804	Samantha Best	On call
21:12		602	Samantha Best	INFO
21:13		724	Samantha Best	B6454
21:14		607	Samantha Best	10-6 REDWOOD HOSP
21:20		734	Samantha Best	1/2 E CR 13 PCM319
21:22		734	Samantha Best	C343000300410
21:23		759	Samantha Best	XTP931 212 CR 16
21:24		759	Samantha Best	R618101459315
21:25		759	Samantha Best	VWS
21:25		734	Samantha Best	10-8
21:26		759	Samantha Best	10-8
21:27		743	Samantha Best	NJX523 CR 5 N EDGE
21:29		801	Samantha Best	Completed/ CR 15 & CR 21.. - Operator Edit
21:29		619	Samantha Best	10-8
21:29		801	Samantha Best	On call
21:30		619	Samantha Best	Crash-MV Injury (Dispatched)
21:31		743	Samantha Best	CARLSON, JILL MARY19690317

Time	To	From	Operator	Message
21:34		743	Samantha Best	10-8
21:44			Samantha Best	CHELSEA 10-14 IN 15 759 10-4
21:52			Samantha Best	BIKERS THAT ARE IN BIRD ISLAND @ THE RUMORS BAR - LEFT FRANKLIN AREA A LITTLE WHILE AGO - HIGHLY INTOXICATED WAS IN FRANKLIN W/ THEM MIKE EISENBARTH & CRAIG WEBLO 743 10-4
22:00		709	Samantha Best	10-6 HOUSE JUST E OF NORTHSIDE FIRE LOOKS A LITTLE HIGH
22:03		709	Samantha Best	10-8
22:11		619	Samantha Best	MRG894 CR 17 W OF CR 5
22:13			Samantha Best	1997 CHEV WHI PU W/ TOPPER BY SA IN VACANT LOT - LADY @ SA - TRANSMISSION WENT OUT SOMEONE HERE IN THE AM TO TOW IT / KATHY SCHMITTIGER 320-295-2104 - VEH REGISTERS TO HER
22:13		619	Samantha Best	S239125255814
22:14		607	Samantha Best	10-8 FROM HOSP
22:15		619	Samantha Best	VWS
22:15		607	Samantha Best	Completed/ CR 15 & CR 21
22:16		619	Samantha Best	10-8
22:16		607	Samantha Best	REDWOOD SO
22:27		607	Samantha Best	10-8
22:31		607	Samantha Best	10-6 redwood valley funeral home
22:36		607	Samantha Best	10-8
22:37		607	Samantha Best	body & family there - funeral home will call when all are clear later - will do post kit then
22:45		761	Samantha Best	uze159
22:49		761	Samantha Best	uez159
22:58		734	Samantha Best	Off Duty
23:17		802	Samantha Best	Ambulance Call (Dispatched)
23:23			Samantha Best	JANELL YMC - ANYONE ON IN RENVILLE - RUNAWAY JUV - ALLISON ANN ROSCHILD 8/5/93 - SUPPOSE TO BE AT A HOUSE IN RENVILLE TURN L ONTO 5TH ST 2ND HOUSE IN ACROSS FROM HS - WITH GEORGE OLIVAREZ 724 10-4
23:23		724	Samantha Best	Welfare-Child (Dispatched) - Operator Edit
23:23		724	Samantha Best	Enroute at 23:23 - Operator Edit
23:24		724	Samantha Best	Arrived at 23:24 - Operator Edit
23:24		724	Samantha Best	10-6 MOMENTARILY
23:24		607	Samantha Best	SHES BEEN SIGNED AS RUNAWAY?
23:24		802	Samantha Best	Enroute/ 2711 LINCOLN AVE W. OLIVIA
23:26		724	Samantha Best	PARTY OUTSIDE STATING SHE IS INSIDE - WILL BE WAITING FOR HER
23:26		802	Samantha Best	Arrived/ 2711 LINCOLN AVE W. OLIVIA
23:28		802	Samantha Best	Enroute Hospital/ 2711 LINCOLN AVE W. OLIVIA
23:30		AIRCARE	Samantha Best	PILOT ADVISING CANCELED 803 10-4
23:30		803	Samantha Best	WILL CONTINUE TO HOSP TO CHECK ON IT
23:31			Samantha Best	HEATHER ADVISING TO CANCEL
23:31		803	Samantha Best	10-4
23:32		724	Samantha Best	10-6 W/ ROSCHILD - DO THEY WANT TO MEET OR WHAT WOULD THEY LIKE DONE WITH HER? YMC WILL CALL RIGHT BACK
23:32		607	Samantha Best	10-6 790 THEN 10-19
23:34			Samantha Best	JANELLE - MOM DOESN'T WANT HER SO

ACCIDENT REPORT (LAW ENFORCEMENT ONLY)

Header section containing case number (09000475), date (08/29/2009), location (CSAH 21), and county (65) information.

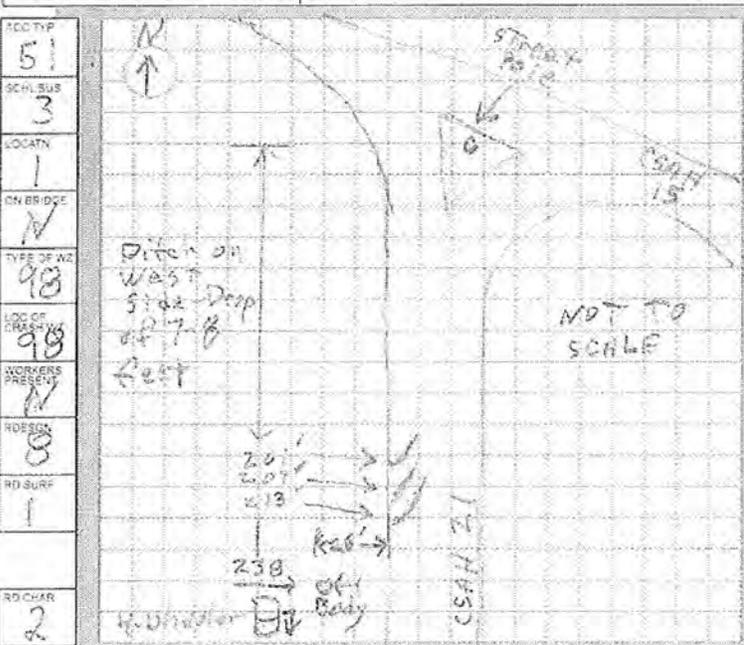
Driver information section for Driver 1, including name (Christopher Ryan Verdesee), address (617 W River St, Redwood Falls, MN), and license details.

Vehicle information section for Vehicle 1, including make (Honda), model (ATV), year (2011), and insurance details (Progressive Ins Co).

Commercial vehicle section with a warning: IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL.

Passengers/Witnesses section listing Nicholas Scott Warner and Dustin Brendan Goblirsch.

Owner of other damaged property section.



NARRATIVE: Driver said he was south bound on CSAH 21, doing about 30 mph (1st control), rolled it, overtook, not wearing helmet and no seat belt. Witness said ATV came cushion on gravel road, ATV "flattailed" several times and went into ditch and flipped over twice. Nick was passenger and Chris was driver. Case to be forwarded to County Attorney's office in Charge to Driver.

Vertical sidebar on the right with fields for DEL. # (98), WORKING (98), INT. REL (1), SPEED LIMIT (55), WEATHER (1), NIGHT (2), PHOTOS TAKEN (Y), and DIAGRAM (7).

Officer information section: OFFICER RANK, NAME AND BADGE # (Deputy Sheriff Rod Sietsema #607), AGENCY (Renville County), and PATROL STATION.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
FATALITY REPORT

Minnesota Department of Public Safety, Administrative Data Access Reporting System

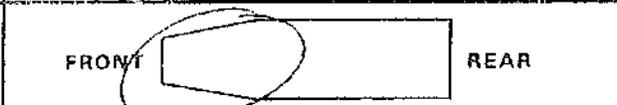
SEE INSTRUCTIONS ON REVERSE

A ACCIDENT INFORMATION

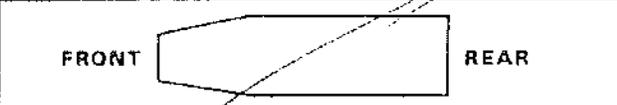
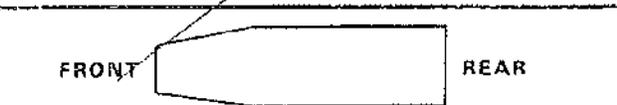
Accident Date 29 Aug 2009	Accident Time 7:36 PM	Time Police Notified 7:36 PM	Time Ambulance Notified 7:36 PM
Contributing Weather? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, What Kind?	Contributing Road Condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, What Kind?	Time Ambulance Arrived at Scene 8:01 PM	Time Ambulance Arrived at Hospital 8:24 PM
SPECIAL JURISDICTION: <input checked="" type="checkbox"/> No special Jurisdiction <input type="checkbox"/> Campus <input type="checkbox"/> Indian Reservation <input type="checkbox"/> Military <input type="checkbox"/> National Park <input type="checkbox"/> Other		Present Traffic Control Functioning: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Not at all <input checked="" type="checkbox"/> None Present	
Driver Type: <input type="checkbox"/> Median W Barrier <input type="checkbox"/> Median No Barrier <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None	Road Surface Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick Block <input type="checkbox"/> Dirt <input checked="" type="checkbox"/> Gravel		

B UNIT INFORMATION

UNIT NO. 1 -- VEHICLE 1

Vehicle Make/Model Arctic Cat - 700 4-wheeler ATV	PERSON INFORMATION (By Seat Position)
Rollover: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1 2 3 4 5 6 7 8 9 Other
Jackknife: <input type="checkbox"/> 1st Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	ALCOHOL Test Taken? (Y/N) or UNK
Travel Speed: 30 (MPH)	Test Type? B
Towing a Trailer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Blood, Urine, Etc. (B, U)
Special Use: <input checked="" type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	Test Results? (BAC)
Emergency Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	DRUGS: CODES Test Taken? (Y/N) or UNK
Avoidance Maneuver: <input type="checkbox"/> Braking <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None	0 - No Test
Violations Charged: <input type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev <input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol <input type="checkbox"/> Non Move-Viol <input checked="" type="checkbox"/> Viol-Type Unknown/Other <input type="checkbox"/> Unknown	1 - No Drugs
Truck/Bus Type: <input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input checked="" type="checkbox"/> NA	2 - Narcotics
CIRCLE FIRST POINT OF IMPACT	3 - Depressant
FRONT  REAR	4 - Stimulant
CIRCLE WORST POINT OF IMPACT	5 - Hallucinogen
FRONT  REAR	6 - Cannabinoid
	7 - PCP
	8 - OTHER
	EJECTED THROUGH: F = FRONT S = SIDE
	W = Windshield D = Door Etc. or NA
	INJURED WHILE WORKING (Check Worker's Comp) (Y/N) or UNK
	SHOULDER BELT USE (Y/N)

UNIT NO. 2 -- VEHICLE 2 PEDESTRIAN BIKE

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

4

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

Minnesota Recreational Vehicle Accident Report Form

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

F

Date 29 Aug 2009	Time 7:36	AM PM	County or City Number 65	Phone Number (320) 523 - 1161	Agency Renville County sheriff's office
Name of person or Investigating Officer completing Report Bradley Sietsema #609					
Address of person or investigating Officer (No. & Street, RFD, Box No., City, ZIP Code) 105 5 th ST South, Suite 210, Olivia, MN 56277					

Machine # 1

Operator's Name (First, Middle, Last) (b)(6)			Date of Birth MM/DD/YY 04.17.94	Age 15	Sex M
Did operator complete the Dept of Natural Resources Safety Training?			Yes/No	N	
Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +			I don't know		
Hours spent riding the day of the accident?			4		
Make Arctic Cat	Model 700	Engine size 0695 CCs	Year of Machine 09	Estimated repair cost \$500	Ownership: O - owned R - rented B - borrowed F - family machine S - stolen NA
Registration Number 998XS	Exp Date 12 11	State MN	Estimated speed 30 MPH	Was operator familiar with the area? Yes No (circle one)	Carbide wear rods Yes or No NA
Operator alcohol use Yes or No NO	PBT used N - No P - pass W - warn F - fail P	Chem Test Yes or No Y	BAC	Any violations? Yes or No Explain unk at this time	Track Studs Yes or No NA
Any legal action? Yes or No Explain unk at this time				If Yes; Number of studs in Track NA	

Machine # 2

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

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

Casualty
F - Fatal
N - Injury

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

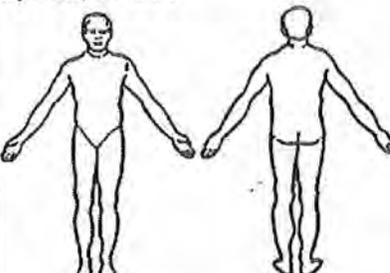
	Injured Name (First Middle Last)	DOB	Age	Sex	Casualty
A 1	(b)(3):CPSA Section 25(c),(b)(6)	4-17-94	15	M	N
B 2	(b)(3):CPSA Section 25(c),(b)(6)	8-10-93	16	M	F
C					
D					

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

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

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

Injuries, person #1 (mark all that apply)



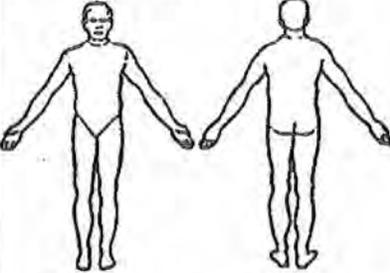
1 Soft tissue
 2 Fracture
 3 Lacerations
 4 Other _____

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

Hospital Redwood Falls, MN

Admitted Transferred: Ground Air

Injuries, person #2 (mark all that apply)



1 Soft tissue
 2 Fracture
 3 Lacerations
 4 Other _____

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

Hospital _____

Admitted Transferred: Ground Air

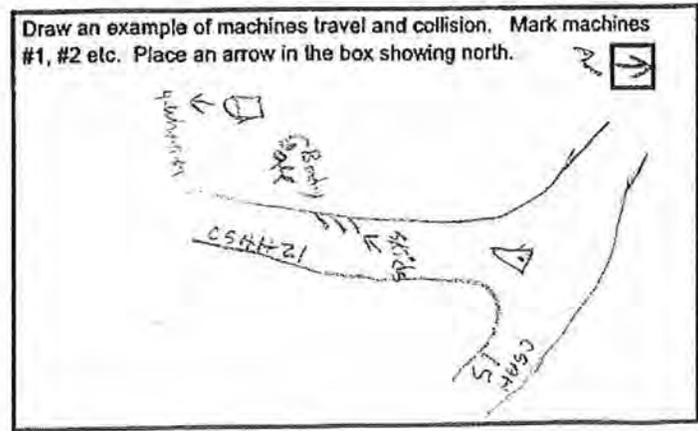
Witness: Name	Address	Phone
(b)(6)		
		56283
		()
		()

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

Driver said he was 5-board CSAH 21 doing about 30mph, went off road oversteered, not wearing helmet or seat belts

witness said 4-wheeler 5-board on gravel road, "fronttired" several times and went into ditch and flipped over twice.

Both Driver and passenger ejected from 4-wheeler.



Is this a supplement to a previous report? No



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Bureau of Criminal Apprehension
Forensic Science Laboratory - St. Paul
1430 Maryland Avenue East
St. Paul, MN 55106

TEL: (651) 793-2900 TTY: (651) 282-6555 FAX: (651) 793-2901

An ASCLD/LAB Accredited Laboratory

To: Renville County S.O.
105 5th St. S.
Suite 210
Olivia, MN 56277

Lab No. S09-12864
Report No. 2

Attention: Deputy Brad Sietsema

REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Toxicology 10/05/2009

Requesting Agency: Renville County S.O.
Case Type: Criminal Vehicular Operation
Principal: (b)(3):CPSA Section 25(c)

Agency Case Number: 090000475
County: Renville
Section Reporting: Toxicology

Description of Submitted Evidence

<u>Item</u>	<u>Type and Packaging</u>	<u>Kit Number</u>	<u>Description</u>	<u>Date/Time Collected</u>
1	Sealed BCA DWI blood collection kit	B315387	Christopher Lynn Verdoes	08/29/2009 21:38

REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Toxicology 10/05/2009

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
Bureau of Criminal Apprehension - Forensic Science Laboratory

Lab No. S09-12864
Report No. 2

Results of Laboratory Examination

The following are presumptive screening results obtained by immunoassay:

<u>Type of Drug:</u>	
cannabinoids	Not Detected
cocaine metabolite	Not Detected
opiates	Not Detected
amphetamines	Not Detected
phenethylidene	Not Detected
barbiturates	Not Detected
benzodiazepines	Not Detected
methadone	Not Detected
propoxyphene	Not Detected
oxycodone	Not Detected
flunitrazepam	Not Detected
carisoprodol	Not Detected
zolpidem	Not Detected

I hereby certify that the above report is true and accurate and represents my opinions and interpretations.



Lindsey Garfield
Forensic Scientist 3

A breath test was previously administered on this subject. No blood or urine ethyl alcohol analysis will be performed on this sample.

For drug scheduling information, visit www.bca.state.mn.us/Lab/Documents/Lab-Intro.html

Disposition: This evidence will be destroyed by the laboratory twelve months following the date of this report. Please notify the BCA Forensic Science Laboratory if you would like the evidence returned to your agency.

Distribution: Renville County S.O. - 1



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Bureau of Criminal Apprehension
Forensic Science Laboratory - St. Paul
1430 Maryland Avenue East
St. Paul, MN 55106

TEL: (651) 793-2900 TTY: (651) 282-6555 FAX: (651) 793-2901

An ASCLD/LAB Accredited Laboratory

To: Renville County S.O.
105 5th St. S.
Suite 210
Olivia, MN 56277

Lab No. S09-12864
Report No. 1

Attention: Deputy Brad Sietsema

REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Toxicology 09/28/2009

Laboratory Number: S09-12864
Section Reporting: Toxicology
Case Type: Criminal Vehicular Operation
Principal: (b)(3):CPSA Section

Requesting Agency: Renville County S.O.
Agency Case Number: 090000475
County: Renville
Date of Birth: 08/10/1993

Description of Submitted Evidence:

<u>Item</u>	<u>Type and Packaging</u>	<u>Kit Number</u>	<u>Description/Source</u>	<u>Date/Time Collected</u>
2	BCA postmortem blood collection kit		Nicholas Scott Warner	08/30/2009 01:15

Results of Laboratory Examination:

Analysis failed to reveal the presence of ethyl alcohol.

Pursuant to Minn. Statute 634.15, I have analyzed at the Minnesota Bureau of Criminal Apprehension Forensic Science Laboratory, using an approved gas chromatographic procedure, this sealed sample of blood identified to me as having been obtained from the above individual. I hereby certify that I am trained in the analysis and interpretation of blood and urine tests for alcohol pursuant to Minn. Rule 7502.0600 and that the above is true and accurate.

Donna B Zittel

Donna B. Zittel, FTS-ABFT
Forensic Scientist

Disposition: Additional toxicology report(s) to follow.

Distribution: Renville County S.O. - 1

Utility Vehicle Data Record Sheet

Front	
A	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed Rear	

The Utility Vehicle

A: Age: 15 Height: unk
 Gender: m Weight: unk
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown:
 Injury Description: Multiple Contusions
 Did vehicle land on victim: No
 Ejected (Either partially or fully): Yes

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):

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: 16 Height: unk
 Gender: m Weight: unk
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown:
 Injury Description: FOI Wound
 Did vehicle land on victim: No
 Ejected (Either partially or fully): Yes

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.

100721HCC2906
Attachment#3



MODEL SPECS

Available Colors	Cat Black Metallic Paint
Displacement (cc)	695
Engine Type	SOHC, 4-Stroke, 4-Valve
Bore x Stroke (mm)	102 x 85
Cooling System	Liquid w/Fan
Transmission	Automatic CVT w/EBS, Hi/Lo Range & Reverse
Drive System	2/4 WD %2b Electric Diff Lock
Overall Width (in./cm)	60.0/152.4
Overall Height (in./cm)	77.5/196.9
Overall Length (in./cm)	118.5/301.0
Wheelbase (in./cm)	75/190.5
Suspension Travel – Front (in./cm)	10/25.4
Suspension Travel – Rear (in./cm)	10/25.4
Ground Clearance (in./cm)	12.5/31.7
Suspension Type – Front	Double A-Arm
Suspension Type – Rear	Double A Arm
Front Brakes	Hydraulic Disc
Rear Service Brake	Hydraulic Disc
Tires – Front	26x9-14
Tires – Rear	26x11-14
Max Fuel Capacity (gal./liters)	8.2/30
Rack Capacity – Front (lbs./kg)	NA
Rack/Box/Flatbed Capacity – Rear (lbs./kg)	600/272
Under-Hood Capacity (lbs./kg)	25/11.4

Towing Capacity (lbs./kg)	1500/680.4
Alternator Capacity (amps)	25
Speedometer	Analog
Odometer	Digital
Dry Weight (lbs./kg)	1250/556.8
Minimum Operator Age	16
Special Features	2" Ball Receiver Hitch, 3000-lb Winch, Flat Bed w/Stake Sides, Turf Saver Rear Differential, Tilt Steering
Suggested Retail Price	\$11,989 US
Stand apart. And above.	Get more done — and look good doing it. The 700 H1 EFI engine can trudge through any task you put before it. The rear flatbed with stake sides, 3000-lb. winch and 2" ball receiver hitch make hauling



100721HCC2906

Attachment# 4

CONTACT LIST

1. Renville County Coroner-No Report
Renville County Hospital
611 E. Fairview Ave.
Olivia, MN 56277

2. Renville County Sheriff's Department
105 5th Street South
Olivia, MN 56277
320-523-1161

X107 0119

WEST CENTRAL TRIBUNE

wctrib.com | Willmar, Minn.

Published August 30 2009

ATV accident kills Redwood Falls youth

RENNVILLE — A Redwood Falls youth was killed Saturday evening in an All-Terrain Vehicle accident near Renville.

By Tribune News West Central Tribune

RENNVILLE — A Redwood Falls youth was killed Saturday evening in an All-Terrain Vehicle accident near Renville.

(b)(3):CPSA Se. 16, was pronounced dead at the scene of the accident, which occurred around 7:30 p.m. on Renville County Road 21, about 17 miles southeast of Renville.

(b)(6) was a passenger on the ATV driven by a 15-year old juvenile male.

The driver was taken to the Redwood Area Hospital by the North Memorial Ambulance Service with undetermined injuries.

The crash is being investigated by the Renville County Sheriff's Department.

The Renville County Sheriff's Department, Renville Ambulance, North Memorial Ambulance and North AirCare all responded to the accident.

Tags: news, state, region, local, renville, county, atv, accident, nicholas, wamer, redwood, falls

MN
16 M
8/29/09

10/29/10
 2/3/11

MFR/PRVLBR NOTIFIED

COMMENTS: YES NO
 OVERRULED; ATTACHED

EXCISIONS/FOIA EXS. _____

DO NOT RE-NOTIFY RE-NOTIFY

EPIDEMIOLOGIC INVESTIGATION REPORT		
1. Case No. 100727HEP6801	2. Investigator's ID 4459	3. Office Code 591
4. Date of Accident (Y M D) 100721	5. Date Investigation Initiated (Y M D) 100811	
6. Synopsis of Accident or Complaint 24 YEAR OLD MALE WAS A PASSENGER ON AN ROV. HE AND THE DRIVER WERE PICKING UP TRASH AT THE WORK PARKING LOT. THE DRIVER TOOK THE CORNER TOO FAST AND THE ROV TIPPED OVER ONTO THE PASSENGER SIDE. THE DRIVER SLID DOWN THE BENCH SEAT AND FELL ON TOP OF THE VICTIM. THE VICTIM SUSTAINED ROAD RASH TO HIS RIGHT LEG, BRUISED RIBS, SHOULDER AND LEFT HAND. HE WAS TREATED AND RELEASED FROM THE EMERGENCY ROOM. THE DRIVER WAS NOT INJURED.		
7. Locations (Home, School, etc.) 5	8. City CLINTON	9. State CT
10. First Product 5044	11. Trade/Brand Name KUBOTA RS 700	Manufacturer Address UNKNOWN
Second Product	Trade/Brand Name	Manufacturer Address
12. Age of Victim 24	13. Sex (1=M, 2=F, 3=Unk) 1	14. Disposition 1
15. Injury Diagnosis 53	16. Body Part VICTIM	
17. Respondent(s) (Mother, Friend) 36	18. Type Investigation (1=Onsite, 2= Phone, 3= Other) 2	19. Time Spent 30 MIN
20. Attachments 05 QUESTIONNAIRE	21. Case Source 03	22. Reviewed By: Date (Y M D) 3521 10/8/26
23. Narrative (More detail may be included on separate pages) CPSC FORM NO. 182 (Revised 10/1985)		

Approved for Use Thru 1/31/2010 OMB No. 3041-0029

Q.1 Enter the task number.

100727HEP6801

Q.2 **Instructions for the interviewer:**

(1) Do not read the "Don't know" or the "Refused" options. Only mark these based on the respondent's answer.

(2) Be ready to reassure confidentiality when asked/necessary.

(3) Instructions for the interviewer are in bold throughout the survey.

Age of injured person:

- **Less than 12 years old, interview a parent or guardian**
- **Between 12 and 17 years old, ask a parent or guardian for permission to interview the injured person. If permission not obtained, then interview the parent or guardian**
- **More than 17 years old, interview the injured person**

Q.3 **Contact questions**

Hello. May I speak with _____? **(OR: Hello. May I speak with the parent or guardian of _____?)**

Hello. I am calling for the U.S. Consumer Product Safety Commission. We are currently conducting a study on off-road vehicles. I understand that *you were/your child was* treated at _____ **(Insert hospital name)** on _____ **(Insert treatment date)**.

May I ask some questions about the incident?

(OR if the respondent is between 12 and 17: May I ask _____ some questions about the incident?)

If "yes", then continue. If "no", then ask May I ask you some questions about the incident?)

Be prepared to answer/assure:

(1) Identity will be kept confidential.

(2) This study is to understand how accidents happen on off-road and off-highway vehicles to help prevent future injuries.

Agreed

Q.4 And just to clarify, are you the...

Injured person

Q.7 The following race and ethnicity questions will help us better focus our outreach and education efforts related to consumer product safety.

Are *you/your child* Hispanic or Latino?

For the Interviewer: Due to the cultural diversity in the United States, we sometimes have difficulty communicating important information to consumers.

No

Q.8 Please read race choices aloud and ask the respondent to select ALL categories that apply. If the respondent replies with anything other than the first 5 categories, select "Other" and in the next question, enter the answer verbatim.

What race or races do *you/your child* consider yourself to be?

White

Q.10 As part of this study, we are trying to determine the types of vehicles involved in these accidents.

An ATV is a three- or four-wheel off-road vehicle with low-pressure tires, a seat designed to be straddled by the operator, and handlebars for steering. A vehicle with bench or bucket seats, seat belts, or a steering wheel is **not** an ATV. Was the vehicle involved in the accident an ATV?

No

Q.20 A UTV or ROV is a four- or more wheeled vehicle with bench or bucket seats equipped with seat belts, a steering wheel, and foot pedals. A dune buggy, sand rail, and go cart are **not** considered a UTV or a ROV. Was the vehicle involved in the accident a UTV or a ROV?

A UTV or ROV is sometimes called a side-by-side. If the respondent mentions that the vehicle was a side-by-side, mark "Yes".

Yes

Q.23 Was the vehicle equipped with a rollover protective structure, like a roll bar or roll cage?

Yes

Q.24 What company manufactured the vehicle?

Do not read the list unless requested; don't read the "don't know" or "refused" options.

Other

Q.25 Specify the "other" manufacturer.

Enter DK for don't know.

KUBOTA

Q.26 What is the model of the vehicle?

Do not read the list unless requested; don't read the "don't know" or "refused" options.

Other

Q.27 Specify the "other" model.

Enter DK for don't know.

RS 700

Q.28 Can the vehicle obtain speeds greater than 30 miles per hour?

Yes

Q.29 What is the vehicle's engine size in cubic centimeters or cc's?

Note: The engine size might be part of the model name/number.

Enter DK for don't know.

DK

Q.30 What is the model year of the vehicle?

(format: XXXX; enter DK for don't know)

2008

Q.31 Were there any aftermarket modifications to the vehicle?

For example: tire upgrades, doors in UTVs/ROVs, special exhaust system, etc.

No

Q.33 Which of the following choices best describes how the vehicle was being used at the time of the accident?

Read choices.

Do not read the "Don't know" or "Refused" choices.

Other business or occupational tasks

Q.35 Was the vehicle in operation when the accident occurred?

Yes (The vehicle was being operated at the time of the accident.)

Q.36 Please describe the sequence of events of the accident.

Probe for details. Find out the series of events in the accident and factors that may have contributed to the accident. Review the main points of the summary to the respondent. Ask if you missed any important details. In retelling the response, make sure that it makes sense. Ask the respondent to expand on parts that are unclear.

Enter DK for don't know.

24 YEAR OLD MALE WAS A PASSENGER ON A ROV. HE AND A COWORKER WERE PICKING UP TRASH IN THE PARKING LOT USING AN ROV. THE DRIVER TOOK A CORNER TOO FAST AND THE ROV TIPPED ONTO ITS SIDE. THE DRIVER SLID DOWN THE BENCH SEAT AND LANDED ON TOP OF THE VICTIM. THE DRIVER DID NOT SUSTAIN ANY INJURIES. THE PASSENGER SUSTAINED ROAD RASH ON HIS LEG, BRUISED RIBS, SHOULDER AND HAND. HE WAS TREATED AND RELEASED FROM THE EMERGENCY ROOM.

Q.37 The following questions help gather specific details about the accident. Some might seem repetitive; however, this allows for the most accurate collection of information.

Which of the following would you consider the first thing that occurred in the accident?

Read all choices, except "Don't know" and "Refused", before receiving an answer to ensure the most accurate choice.

Overturning of the vehicle

Q.44 *Were you/Was your child* (fill in the appropriate terminology) the...

Read choices.

Passenger

Q.45 Specify the location of *you/your child* in the vehicle.

For example: right front passenger, middle rear passenger, in cargo area, etc.

Enter DK for don't know.

PASSENGER SIDE OF BENCH SEAT

Q.46 How many passengers, **not** including the driver, occupied the vehicle at the time of the accident?

1

Q.82 Can you describe *the passenger's* injuries?

Include body part(s) and diagnosis. For example: "fracture of the lower left arm", "contusions/bruises on right foot", "lacerations/cuts to the face", etc.

Enter DK for don't know.

ROAD RASH ON RIGHT LOWER LEG (ANKLE TO 2 INCHES ABOVE KNEE) VICTIM WAS WEARING SHORTS
DRIVER LANDED ON VICTIM AND BRUISED INTERNAL BONES, SHOULDER AND LEFT HAND

Q.83 Did the passenger or any part of *the passenger's* body leave the interior portion of the vehicle during the accident?

In other words, was the passenger ejected, either partially or fully?

No

Q.86 Did part of the vehicle hit or land on *the passenger*?

No

Q.100 Was the passenger wearing a seat belt at the time of the accident?

No

Q.101 Was the passenger wearing a helmet at the time of the accident?

No

Q.102 At the time of the accident, what was the passenger's height?

Format: (x ft x in, or xx in)

Enter DK for don't know.

6 FT 0 IN

Q.103 At the time of the accident, what was the passenger's weight?

(in pounds)

Enter DK for don't know.

200

Q.104 Which of the following choices best describes the location of the accident?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Paved surface that is not a road, like a driveway or a parking lot

Q.106 Which of the following best describes the slope of the terrain being traveled?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Flat

Q.111 Which of the following best describes the condition of the terrain?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Dry

Q.113 Earlier you indicated the vehicle overturned during the accident. In which direction did the vehicle overturn?

Read choices.

Passenger's side

Q.114 Did the vehicle roll over...

On the side then stop (90 degrees).

Q.116 What would you estimate the speed of the vehicle at the time of the accident?

20 to 24 mph

Q.117 **The following questions gather more information about the vehicle and the accident scenario.**

Were any lights in use at the time of the accident?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

No

Q.119 Was the vehicle carrying cargo at the time of the accident?

Yes

Q.120 Where was the cargo located?

Read choices.

Cargo bed

Q.124 What was the estimated weight of the cargo?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Less than 10 pounds

Q.125 For the following question, I would like to assure of the confidentiality of the information provided.
Did the driver have any alcoholic beverages prior to the accident?

No

Q.126 Thank you for your time. The information provided through this survey will be used to help prevent similar injuries.

Q.127 Date completed. **Format: MMDDYY**

MMDDYY 081710

10/29/10

MFR/FRVLBR NOTIFIED

COMMENTS: YES NO
 OVERRULED; ATTACHED

2/3/11

EXCISIONS/FOIA EXS. _____;

DO NOT RE-NOTIFY RE-NOTIFY

1. Case No.		2. Investigator's ID		3. Office Code		EPIDEMIOLOGIC	
10080HEP5281		4459		591		INVESTIGATION	
4. Date of Accident (Y M D)		5. Date Investigation Initiated (Y M D)				REPORT	
10/08/02		10/08/13					
6. Synopsis of Accident or Complaint							
<p>PATIENT IS A 14 YEAR OLD MALE WHO WAS A PASSENGER ON A FRIEND'S UTILITY VEHICLE. THEY WERE DRIVING ON THE FRIEND'S PROPERTY WHEN THEY HIT A ROCK. THE VEHICLE TILTED TO THE RIGHT & THE PATIENT PUT HIS RIGHT HAND OUT TO SUPPORT THE VEHICLE. PATIENT FRACTURED HIS WRIST. PATIENT WENT TO THE ER, WAS TREATED, & RELEASED.</p>							
7. Locations (Home, School, etc.)		8. City		9. State			
1		ANNISTON		AL			
10. First Product		11. Trade/Brand Name		Manufacturer Address			
5044		KUBOTA		UNKNOWN			
Second Product		Trade/Brand Name		Manufacturer Address			
12. Age of Victim		13. Sex (1=M, 2=F, 3=Unk)		14. Disposition		15. Injury Diagnosis	
14		1		1		57	
16. Body Part		17. Respondent(s) (Mother, Friend)		18. Type Investigation (1=Onsite, 2 = Phone, 3 = Other)		19. Time Spent	
34		VICTIM'S MOTHER		2		25 MINUTES	
20. Attachments		21. Case Source		22. Reviewed By:		Date (Y M D)	
05 QUESTIONNAIRE		03		3521		10/8/24	
23. Narrative (More detail may be included on separate pages)							

Approved for Use Thru 1/31/2010 OMB No. 3041-0029

CPSC FORM NO. 182 (Revised 10/1985)

Q.1 Enter the task number.

100808HEP5281

Instructions for the interviewer:

- (1) Do not read the "Don't know" or the "Refused" options. Only mark these based on the respondent's answer.**
- (2) Be ready to reassure confidentiality when asked/necessary.**
- (3) Instructions for the interviewer are in bold throughout the survey.**

Age of injured person:

- **Less than 12 years old, interview a parent or guardian**
- **Between 12 and 17 years old, ask a parent or guardian for permission to interview the injured person. If permission not obtained, then interview the parent or guardian**
- **More than 17 years old, interview the injured person**

Q.2 Contact questions

Hello. May I speak with _____? **(OR: Hello. May I speak with the parent or guardian of _____?)**

Hello. I am calling for the U.S. Consumer Product Safety Commission. We are currently conducting a study on off-road vehicles. I understand that *you were/your child was* treated at _____ **(Insert hospital name)** on _____ **(Insert treatment date)**.

May I ask some questions about the incident?

(OR if the respondent is between 12 and 17: May I ask _____ some questions about the incident?)

If "yes", then continue. If "no", then ask May I ask you some questions about the incident?)

Be prepared to answer/assure:

(1) Identity will be kept confidential.

(2) This study is to understand how accidents happen on off-road and off-highway vehicles to help prevent future injuries.

Agreed

Q.3 And just to clarify, are you the...

Parent/guardian of the injured person

Q.5 Did you witness the accident?

No

Q.6 The following race and ethnicity questions will help us better focus our outreach and education efforts related to consumer product safety.

Are *you/your child* Hispanic or Latino?

For the Interviewer: Due to the cultural diversity in the United States, we sometimes have difficulty communicating important information to consumers.

No

Q.7 **Please read race choices aloud and ask the respondent to select ALL categories that apply. If the respondent replies with anything other than the first 5 categories, select "Other" and in the next question, enter the answer verbatim.**

What race or races do *you/your child* consider yourself to be?

Black or African American

Q.9 As part of this study, we are trying to determine the types of vehicles involved in these accidents.

An ATV is a three- or four-wheel off-road vehicle with low-pressure tires, a seat designed to be straddled by the operator, and handlebars for steering. A vehicle with bench or bucket seats, seat belts, or a steering wheel is **not** an ATV. Was the vehicle involved in the accident an ATV?

No

Q.19 A UTV or ROV is a four- or more wheeled vehicle with bench or bucket seats equipped with seat belts, a steering wheel, and foot pedals. A dune buggy, sand rail, and go cart are **not** considered a UTV or a ROV. Was the vehicle involved in the accident a UTV or a ROV?

A UTV or ROV is sometimes called a side-by-side. If the respondent mentions that the vehicle was a side-by-side, mark "Yes".

Yes

Q.22 Was the vehicle equipped with a rollover protective structure, like a roll bar or roll cage?

Don't know

Q.23 What company manufactured the vehicle?

Do not read the list unless requested; don't read the "don't know" or "refused" options.

Other

Q.24 Specify the "other" manufacturer.

Enter DK for don't know.

KUBOTA

Q.25 What is the model of the vehicle?

Do not read the list unless requested; don't read the "don't know" or "refused" options.

Don't know

Q.27 Can the vehicle obtain speeds greater than 30 miles per hour?

No

Q.28 What is the vehicle's engine size in cubic centimeters or cc's?

Note: The engine size might be part of the model name/number.

Enter DK for don't know.

DK

Q.29 What is the model year of the vehicle?

(format: XXXX; enter DK for don't know)

DK

Q.30 Were there any aftermarket modifications to the vehicle?

For example: tire upgrades, doors in UTVs/ROVs, special exhaust system, etc.

No

Q.32 Which of the following choices best describes how the vehicle was being used at the time of the accident?

Read choices.

Do not read the "Don't know" or "Refused" choices.

Q.34 Was the vehicle in operation when the accident occurred?

Yes (The vehicle was being operated at the time of the accident.)

Q.35 Please describe the sequence of events of the accident.

Probe for details. Find out the series of events in the accident and factors that may have contributed to the accident. Review the main points of the summary to the respondent. Ask if you missed any important details. In retelling the response, make sure that it makes sense. Ask the respondent to expand on parts that are unclear.

Enter DK for don't know.

PATIENT WAS A PASSENGER ON A FRIEND'S UTILITY VEHICLE & THEY WERE DRIVING ON THE FRIEND'S PROPERTY. MOTHER BELIEVES THEY HIT A ROCK & WHEN THE DRIVER TRIED CORRECTING THE STEERING, THE VEHICLE TILTED TO THE SIDE. THE PATIENT PUT HIS HAND OUT TO BRACE FOR THE FALL & FRACTURED HIS RIGHT WRIST. VEHICLE DID NOT LAND ON THE PATIENT.

Q.36 The following questions help gather specific details about the accident. Some might seem repetitive; however, this allows for the most accurate collection of information.

Which of the following would you consider the first thing that occurred in the accident?

Read all choices, except "Don't know" and "Refused", before receiving an answer to ensure the most accurate choice.

Collision (vehicle, tree, rock, or some other object)

Q.40 What was hit or what hit the vehicle?

Read choices.

Do not read the "Don't know" or "Refused" choices.

Stationary object, for example, a tree, rock, building, etc

Q.41 Specify the object that the vehicle hit.

Enter DK for don't know.

ROCK

Q.42 Did the vehicle overturn, even if only to one side?

Yes

Q.43 *Were you/Was your child* (fill in the appropriate terminology) the...

Read choices.

Passenger

Q.44 Specify the location of *you/your child* in the vehicle.

For example: right front passenger, middle rear passenger, in cargo area, etc.

Enter DK for don't know.

RIGHT FRONT PASSENGER

Q.45 How many passengers, **not** including the driver, occupied the vehicle at the time of the accident?

1

Q.78 Can you describe *the passenger's* injuries?

Include body part(s) and diagnosis. For example: "fracture of the lower left arm", "contusions/bruises on right foot", "lacerations/cuts to the face", etc.

Enter DK for don't know.

FRACTURED RIGHT WRIST

Q.79 Did the passenger or any part of *the passenger's* body leave the interior portion of the vehicle during the accident?

In other words, was the passenger ejected, either partially or fully?

Yes

Q.80 Which part of *the passenger's* body?

Read choices.

Do not read the "Don't know" or "Refused" choices.

Part of the passenger's body (for example: leg, hand, foot, etc.)

Q.81 Did *the passenger* voluntarily put part of his/her body outside of the vehicle, for example, sticking out an arm or leg to break a fall?

Yes

Q.82 Did part of the vehicle hit or land on *the passenger*?

No

Q.96 Was the passenger wearing a seat belt at the time of the accident?

Yes

Q.97 Was the passenger wearing a helmet at the time of the accident?

No

Q.98 At the time of the accident, what was the passenger's height?

Format: (x ft x in, or xx in)

Enter DK for don't know.

5'6"

Q.99 At the time of the accident, what was the passenger's weight?

(in pounds)

Enter DK for don't know.

140

Q.100 Which of the following choices best describes the location of the accident?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Yard

Q.102 Which of the following best describes the slope of the terrain being traveled?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Flat

Q.105 Which of the following choices best describes the surface of the terrain?

Read choices.

Do not read the "Don't know" or "Refused" choices.

Grass

Q.107 Which of the following best describes the condition of the terrain?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Dry

Q.109 Earlier you indicated the vehicle overturned during the accident. In which direction did the vehicle overturn?

Read choices.

Passenger's side

Q.110 Did the vehicle roll over...

On the side then stop (90 degrees).

Q.112 What would you estimate the speed of the vehicle at the time of the accident?

10 to 14 mph

Q.113 **The following questions gather more information about the vehicle and the accident scenario.**

Were any lights in use at the time of the accident?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

No

Q.115 Was the vehicle carrying cargo at the time of the accident?

No

Q.121 For the following question, I would like to assure of the confidentiality of the information provided. Did the driver have any alcoholic beverages prior to the accident?

No

Thank you for your time. The information provided through this survey will be used to help prevent similar injuries.

Q.122 Date completed. **Format: MMDDYY**

MMDDYY. 081310

12/31/10

1. Task Number 100811HCC2018		2. Investigator's ID 9072		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 12 11	5. Date Initiated YR MO DAY 2010 08 20		
6. Synopsis of Accident or Complaint UPC The 12-year-old male died from traumatic brain injury when the utility vehicle he was riding on turned over pinning him underneath. The decedent along with the 39-year-old driver and the driver's 10-year-old son were all ejected. No helmets or seatbelts were worn at the time of the incident.				
MFR/PRVLBR NOTIFIED <i>2/3/10</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>3, 25, 6</i> <input type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 1 - HOME		8. City WINONA		9. State MS
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC./ VIN #4XAWH76A3A2876017 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 12		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) 13.5 / 0		20. Attachment(s) 9 - Multiple Attachments
21. Case Source 14 - Death Certificate		22. Sample Collection Number		
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/08/2010		25. Reviewed By 8631		26. Regional Office Director Frank J. Nava
27. Distribution Garland, Sarah			28. Source Document Number 0928027167	

1. Task Number 100811HCC2018		2. Investigator's ID 9072		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 12 11	5. Date Initiated YR MO DAY 2010 08 20		
6. Synopsis of Accident or Complaint UPC The 12-year-old male died from traumatic brain injury when the utility vehicle he was riding on turned over pinning him underneath. The decedent along with the 39-year-old driver and the driver's 10-year-old son were all ejected. No helmets or seatbelts were worn at the time of the incident.				
7. Location (Home, School, etc) 1 - HOME		8. City WINONA		9. State MS
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER
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11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
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16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 13.5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="checkbox"/> Yes <input checked="" type="radio"/> No Verbal <input type="checkbox"/> Yes for Manuf. Only				
24. Review Date 10/08/2010	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number 0928027167	

On December 11, 2009 at 5:47 p.m., the twelve year old male decedent was a passenger on a four-wheeled utility vehicle that turned over, ejecting the driver and both passengers. The 39-year-old male driver was the father of the second passenger, a ten year old male. They were riding in a grassy pasture near the driver's residence in Winona, MS.

The decedent was trapped underneath the back of the vehicle, which was pinning his head and shoulder. The driver attempted to free the decedent, but he had to get help to lift the utility vehicle. Once the vehicle was removed from the decedent, the driver began administering CPR to the decedent and 9-1-1 was called. The driver had been trained as a field medic in the military.

Paramedics arrived on the scene and continued with resuscitation efforts. Emergency personnel transported the decedent to a local hospital where he was airlifted to another hospital in Jackson, MS. On December 12, 2009 at 2:14 a.m., the decedent died at the hospital from his injuries.

The immediate cause of death was apnea due to hemorrhagic shock and traumatic brain injury. In addition, another significant condition contributing to his death was disseminated intravascular coagulopathy. No autopsy was performed on the decedent.

According to the police captain who investigated this incident, the driver stated that he was testing the four wheel drive on the utility vehicle. When he put it into two wheel drive, the vehicle began to fishtail and came around as it was doing a donut then turned over on its left side.

However, the captain advised this investigator that he believes the driver was driving foolishly and irresponsibly, doing donuts, and spinning around, which is what caused the vehicle to turn over. The captain doesn't believe there was anything wrong with the vehicle.

The driver informed police that he had had the utility vehicle at a dealership for repairs in the last few weeks. However, it is unknown which dealership performed the repairs and what repairs were done to the vehicle.

Both passengers were riding in the back bed of the utility vehicle and the police captain believes the decedent was standing in the back.

When the vehicle turned over, it ejected the driver pinning his foot along with his left arm underneath the vehicle. The driver called for his son and the decedent, but only received a response from his son. The driver was able to slip out of his left boot then he used his right arm to lift the vehicle to free his left arm. The driver's son was uninjured.

They both walked to the rear of the vehicle and found the decedent pinned beneath the back of the tailgate and part of the back bed, between the wheel and tailgate. The vehicle was on the decedent's shoulder and head. The driver attempted to pick up the vehicle, but couldn't due to the weight of the vehicle. So, he ran into his house to get his wife, mother, sister and sister-in-law to help move the vehicle off of the decedent.

They were riding in a small, approximately half an acre, flat grassy pasture near the driver's residence. There were no obstacles in the path of travel of the vehicle. The vehicle's speed at the time of incident is unknown.

According to weather underground, on the date of incident, it was a clear day with no precipitation and a mean temperature of 37 degrees. At 5:53 p.m., just moments after the incident occurred, the temperature was recorded as 39.9 degrees with 38% humidity. Visibility was ten miles and there was a wind speed of 5.8 mph.

The vehicle was equipped with lap belts, but they were not in use at the time of the incident. The police captain did not observe any aftermarket modifications to the involved utility vehicle. None of the occupants of the vehicle were wearing helmets at the time of the incident.

It is believed the driver did not use alcohol prior to the incident, but it is unknown rather any medications were used. The driver's off-road experience, and training and experience with the utility vehicle are unknown.

PRODUCT IDENTIFICATION

Product: Utility Vehicle - Seats four persons

IDI #100811HCC2018

Page 3 of 3

Manufacturer: Polaris
Model: Ranger
VIN: 4XAWH76A3A2876017

No additional product information is known; to include, the model year, date manufactured, date and place of purchase and cost. It is also unknown if the vehicle was purchased new or used.

ATTACHMENTS

1. Utility Vehicle Data Record Sheet
2. Identity of Respondents
3. Missing Document
4. Police Department Report, 3 pages
5. Coroner's Report, 2 pages

Utility Vehicle Data Record Sheet

Front		A		D:	
Age: 27	Height: 141.5 CM	Age:	Height:	Gender:	Weight:
Gender: M	Weight: 140.0 CM	Gender:	Weight:	Helmet (Y/N):	Seatbelt (Y/N):
Helmet (Y/N):	Seatbelt (Y/N):	Killed/Injured/Neither/Unknown:			
Right Front Passenger		Injury Description:			
Left Rear Passenger		Did vehicle land on victim: <u>yes</u>			
Right Rear Passenger		Ejected (Either partially or fully):			
Cargo Bed		E:			
Rear		Age: 12			
The Utility Vehicle		Gender: M			
B and C		Height: <u>UNKNOWN</u>			
		Weight: <u>UNKNOWN</u>			
		Helmet (Y/N): <u>N</u> Seatbelt (Y/N): <u>N</u>			
		Killed/Injured/Neither/Unknown:			
		Injury Description: <u>Blow to the</u>			
		Did vehicle land on victim: <u>YES</u>			
		Ejected (Either partially or fully):			
		F:			
		Age: 10			
		Gender: M			
		Height: <u>UNKNOWN</u>			
		Weight: <u>UNKNOWN</u>			
		Helmet (Y/N): <u>N</u> Seatbelt (Y/N): <u>N</u>			
		Killed/Injured/Neither/Unknown:			
		Injury Description:			
		Did vehicle land on victim: <u>NO</u>			
		Ejected (Either partially or fully): <u>YES</u>			

*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.

100811HCC2018
Attachment #2

IDENTITY OF RESPONDENTS

This case was initiated on August 20, 2010. Several contacts were made before it could be determined, which law enforcement agency worked this case. Captain Bibbs advised that the photos he took on his phone were corrupted; therefore, no photos could be obtained. The coroner allowed contact with the driver; however, efforts to contact the driver of the utility vehicle were met with negative results.

Montgomery County Chief Coroner
Karl Oliver, CMEI
P.O. Box 95
Winona, MS 38967
662-283-2121
(Interviewed Karl Oliver)

Winona Police Department
Captain Bibbs
608 Summit Street
Winona, MS 38967
662-283-1140
(Interviewed Captain Bibbs)

Montgomery County Sheriff's Office
P.O. Box 346
Winona, MS 38967
662-283-3343
(Did not work this case)

Mississippi Highway Patrol
Greenwood, MS
662-453-4515
(Did not work this case)

Attachment #3

Task No. 100811HCC2018

Date: October 7, 2010

STATUS OF MISSING DOCUMENT (S)

(b)(6)

(b)(6) records were requested for this investigation report but could not be obtained.

1. Police Department Photos

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

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

4. _____

5. _____ (b)(6)

(b)(3):CPSA Section 25

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

(b)(6)

Date: April 29, 2009 **Investigator No:** 9072 (b)(6)

Regional office: 8400 **Supervisor No:** 8631

Winona Police Department

City of Winona, Mississippi 38967

Phone (601) 283-1121

OFFENSE REPORT

NO _____

Accident
Classification

NO _____

1 COMPLAINANT'S NAME (Firm name if business) <u>Winona Police Dept.</u>		2 AGE	DESCENT	SEX	DOB	3 PHONE (Business)
4 COMPLAINANT'S ADDRESS <u>608 Summit St</u>		5 CITY <u>Winona</u>			6 PHONE (Residence) <u>283-1140</u>	
7 COMPLAINANT'S BUSINESS, EMPLOYMENT OR SCHOOL <u>Police Dept.</u>		8 OBJECT OF ATTACK (Burglary, theft, assault, etc.) <u>Accident</u>				
(b)(6)		10 TYPE OF BUILDING (Residence, store, bank, etc.) <u>Resident</u>				
11 REPORTED BY <u>Winona Police</u>	PHONE <u>283-1140</u>	12 REPORTED TO <u>Winona Police Dept</u>				
13 DAY, DATE AND TIME OF OFFENSE <u>12/11/09 5:47pm. Friday a/c</u>		14 DAY, DATE AND TIME OF REPORT <u>12/11/09 5:47pm. Friday a/c</u>				
(b)(6)		16 HOW REPORTED (In person, phone, on view, other) <u>In Person</u>				
17 M/O (How done, force used, at what point, with what tool or weapon, other acts or trade marks) <u>ATV Polaris RANGER Flip over</u>						
7A EXACT WORDS USED BY OFFENDER <u>Was testing the four wheel drive and the vehicle started fishtail</u>						
8 VEHICLE INVOLVED IN OFFENSE (Year, color, make, model, auto license no., year, state) <u>ATV Polaris RANGER 4 seater with 4X4 WH 76A3A 2874017</u>						
9 DIRECTION OF FLIGHT TREET OR ROAD <u>n/A</u>		10 AUTO <input type="checkbox"/> FOOT <input type="checkbox"/> UNK. <input type="checkbox"/> OTHER <input type="checkbox"/>		20 WILL COMPLAINANT PROSECUTE? <u>n/A</u>		

1 NAME AND ADDRESS OF SUSPECT OR OF NEAREST POLICE DEPARTMENT
(b)(3):CPSA Section 25(c),(b)(6)

22 CIRCLE IF SUSPECT IS
Employee Relative Acquaintance

3 WITNESSES NAME	BEST CONTACT ADDRESS	AGE	BEST PHONE	OTHER PHONE	PARENT OR GUARDIAN?
<u>(b)(3):CPSA Section 25(c),(b)(6)</u>					

NARRATIVE (Write in any available details not covered above)

In date above we responded to an accident, in a small pasture on the right of the road at 110 Hwy 407. Upon my arrival med staff was administering CPR to an (b)(6) 12 year, white male who was riding on the back bed on the vehicle described above. Upon talking to Mr (b)(3):CPSA Section 25 sr, who was the driver of the vehicle, stated he and 2 other young males (10 year), (b)(6) (12 year) and they he stated they had just asked to get into the back of the ATV. (b)(6) stated she he was checking the 4 wheel drive on the vehicle, which he had the dealership to work on for the last few weeks. Upon putting it into 2 wheel drive the back end began to fishtail & come around as if it was doing a donut, and turned over

INVESTIGATING OFFICER(S) _____ 26 REPORT MADE BY _____ DATE _____

USE FILED _____ 28 THIS CASE IS _____ 29 APPROVED BY _____

No Closed by arrest Unfounded Inactive Other

OFFENSE REPORT

Winona Police Department

City of Winona, Mississippi 38967

Phone (601) 283-1121

NO _____ Classification _____

1 COMPLAINANT'S NAME (Firm name if business)		2 AGE	DESCENT	SEX	DOB	3 PHONE (Business)
4 COMPLAINANT'S ADDRESS		5 CITY			6 PHONE (Residence)	
7 COMPLAINANT'S BUSINESS, EMPLOYMENT OR SCHOOL		8 OBJECT OF ATTACK (Rugby, theft, assault, etc.)				
9 PLACE WHERE OFFENSE OCCURRED		10 TYPE OF BUILDING (Residence, store, bank, etc.)				
11 REPORTED BY	PHONE	12 REPORTED TO				
13 DAY, DATE AND TIME OF OFFENSE		14 DAY, DATE AND TIME OF REPORT				
15 BODILY INJURIES, TO		HOSPITAL?	16 HOW REPORTED (In person, phone, on view, other)			
17 M/O (How done, force used, at what point, with what tool or weapon, other acts or trade marks)						

17A EXACT WORDS USED BY OFFENDER

18 VEHICLE INVOLVED IN OFFENSE (Year, color, make, model, auto license no., year, state) Complainant's Suspect's

19 DIRECTION OF FLIGHT STREET OR ROAD N E S W AUTO FOOT UNK. OTHER 20 WILL COMPLAINANT PROSECUTE?

21 NAME AND ADDRESS OF SUSPECT(S) - OR AGE, DESCENT, SEX, DESCRIPTION 22 CIRCLE IF SUSPECT IS Employee Relative Acquaintance

23 WITNESSES NAME	BEST CONTACT ADDRESS	AGE	BEST PHONE	OTHER PHONE	PARENT OR GUARDIAN?
1					

24 NARRATIVE (Write in any available details not covered above)

on its left side on driver side, cause (b)(6) Sr. to get thrown out pinning him underneath it. His foot was pinned along with his left arm. Mr Oswat stated he called for his son and (b)(6) He stated he did get a responds from his son by not (b)(6) He began to get himself unponned, by slipping out his boot to free his leg and then using his right arm to lift the ATV up enough to free his left arm, at that time his son meet him as he turned to check on him and son. At that he looked for (b)(6) who was pinned beneath the back of the ATV tailgate and the part of the bed, between the wheel & tailgate. It was on Mr (b)(6) shoulder & head, (b)(6) stated he tried to pick the vehicle up, but could not due to it weight

25 INVESTIGATING OFFICER(S) _____ 26 REPORT MADE BY _____ DATE _____

27 CASE FILED Yes No 28 THIS CASE IS Cleared by arrest Unfounded Inactive Other 29 APPROVED BY _____

OFFENSE REPORT

Winona Police Department

City of Winona, Mississippi 38967

Phone (601) 283-1121

NO _____ Classification _____ NO _____

1. COMPLAINANT'S NAME (Firm name if business)		2. AGE	DESCENT	SEX	DOB	3. PHONE (Business)
4. COMPLAINANT'S ADDRESS		5. CITY			6. PHONE (Residence)	
7. COMPLAINANT'S BUSINESS, EMPLOYMENT OR SCHOOL		8. OBJECT OF ATTACK (Burglary, theft, assault, etc.)				
9. PLACE WHERE OFFENSE OCCURRED		10. TYPE OF BUILDING (Residence, store, bank, etc.)				
11. REPORTED BY	PHONE	12. REPORTED TO				
13. DAY, DATE AND TIME OF OFFENSE		14. DAY, DATE AND TIME OF REPORT				
15. BODILY INJURIES TO		HOSPITAL?	16. HOW REPORTED (In person, phone, on view, other)			
17. M/O (How done - force used - at what point - with what tool or weapon - other aids or trade marks)						
17A. EXACT WORDS USED BY OFFENDER						

18. VEHICLE INVOLVED IN OFFENSE (Year - color - make - model - auto license no. - year - state) Complainant Suspect

19. DIRECTION OF FLIGHT N E S W AUTO FOOT UNK. OTHER 20. WILL COMPLAINANT PROSECUTE?

21. NAME AND ADDRESS OF SUSPECT(S) - DOB AGE DESCENT SEX DESCRIPTION 22. CIRCLE IF SUSPECT IS Employee - Relative - Acquaintance

23. WITNESS NAME	BIKE CONTACT ADDRESS	AGE	RESID PHONE	OTHER PHONE	PARENT OR GUARDIAN?

24. NARRATIVE (Write in any available details not covered above)

and injury to his arm. He stated he ran in the house and got some help (his wife, his mother, his sister-in-law, and his sister) to force Sam from underneath. Upon getting Sam free, Mr. Oswat stated he started CPR proceeding, he gained his training from his military training as a field medic. He stated he checked Sam's airway with his finger and to check for breathing to his arm- way while he was administering CPR, someone there was calling 911 for medstate and they started instructing me thing to do, by that time medstate arrived and took over the administering of CPR. Upon taking Sam to hospital he was flown to University Hospital in Jackson where he later died.

INVESTIGATING OFFICER(S) W-1, W-4, W-6 26. REPORT MADE BY Ribbs DATE 09/02/10

CASE FILED Yes No 28. THIS CASE IS Opened by arrest Unfounded Inactive Other 29. APPROVED BY _____

Quick Entry

IDI 100811HCC2018
 Attachment #5
 p. 1 of 2

Home » Quick Entry

Save

Decedent Name (First, Middle, Last, Suffix): (b)(3):CPSA Section 25(c) Choose ▾

Case Number: 2009/88

Case Status: Active ▾

Date Of Death - Time: 2 ▾ : 14 ▾ AM ▾

Date: 12 ▾ / 12 ▾ / 2009 ▾

Age: 12 ▾ Unit: Years ▾

Race: White ▾ Sex: Male ▾

Social Security #: XXXXXXXXXX

Check box if MVA Case:

Location of Death-City: JACKSON

County Accident Occurred: MONTGOMERY

County Death Occurred: HINDS

Reporting Agency: HINDS COUNTY CORONER

Total Number of Fatalities: 1

Number of Vehicles Involved: 1

Fatally Injured Persons

	Name	Position
1.	SAMUEL WAYNE MYER	Unknown ▾
2.		Choose ▾
3.		Choose ▾
4.		Choose ▾
5.		Choose ▾
6.		Choose ▾

	Name	Rank/Position	Department
Primary Police	TOMMY BIBBS	CAPTAIN	WINONA POLICE

Toxicology Information

Toxicology Test: Choose ▾

Alcohol Test: Choose ▾

BAC Result: 0 ▾

Alcohol / Drug Contribute To Death: Choose ▾

Toxicology Report Sent to State Dept of Toxicology: Choose ▾

Drug Test: Choose ▾

Drug Test Positive: Choose ▾

List of Contributing Drugs:

Cause of Death: TRAUMATIC BRAIN INJURY ▾

Manner:

Doctor Name:

Location of Decedent:

If Other, then Describe Location:

Date of Admission: / /

Hospice Information:

Funeral Home

Funeral Home:

Funeral Home Representative:

Phone Number: () -

Address:

City:

State:

Zip Code:

Case Narrative

DECEDENT WAS A PASSENGER ON A POLARIS RANGER UTV ROLLOVER, WHICH EJECTED THE DRIVER AND BOTH PASSENGERS. DRIVER WAS AN ADULT; PASSENGERS WERE MINORS. DECEDENT WAS TRAPPED UNDERNEATH THE BACK OF THE VEHICLE, WHICH WAS PINNING HIS HEAD AND SHOULDER. THE DRIVER TRIED TO FREE HIM, BUT HAD TO GET HELP TO LIFT THE VEHICLE. THE DRIVER BEGAN CPR AFTER THE DECEDENT WAS FREED, AND 911 WAS CALLED. PARAMEDICS ATTEMPTED RESUSCITATION AND TRANSPORTED HIM TO TYLER HOLMES MEMORIAL HOSPITAL IN WINONA, FROM WHERE HE WAS AIRLIFTED TO UNIVERSITY MEDICAL CENTER IN JACKSON. HE DIED FROM HIS INJURIES SEVERAL HOURS LATER.

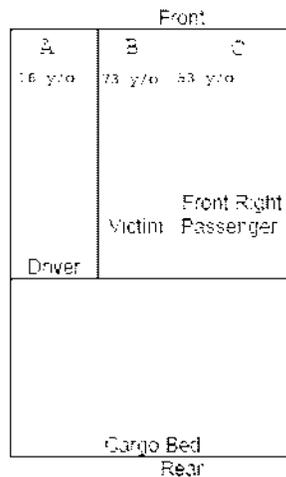
Save

This In-Depth Investigation (IDI) was initiated in response to a news article reporting a fatality involving a utility terrain vehicle (UTV). The following information was obtained from a police report and a telephone interview with one of the passengers riding in the UTV. The police did not photograph the incident scene or the UTV. The UTV was sold by the victim's family, so the PSI could not photograph the product.

The Medical Examiner's office did not perform an autopsy. The PSI did not purchase a copy of the death certificate because the Vital Statistics Office will not release the cause of death on the certificate.

The product is a 2006 four-wheeled utility terrain vehicle (UTV). The engine size is 499cc. The UTV had a single bench style seat with lap seatbelts and did not have any aftermarket modifications. The passenger was the original owner of the UTV, but he sold the UTV to the victim in 2009.

At the time of the incident, the UTV was driven by a sixteen year old male approximately 5'10" tall and 160 lbs in weight. The victim, a seventy-three year old male approximately 5'10" tall and 215 lbs in weight, was seated in the middle of the bench seat. The second adult passenger, a fifty-five year old male approximately 5'10" tall and 195 lbs in weight, was seated at the end of the bench on the passenger side (See diagram below). The individuals were not wearing seatbelts or helmets (See Attachment 2 for data records information).



The three males are related. The victim is the teenager's grandfather and the passenger's father-in-law. The passenger reports that the teenager (his nephew) does not have any formal training with operating UTVs. The teen has over thirty hours of experience driving the incident UTV around the family's property. Neither drugs nor alcohol were involved in this incident.

The incident occurred around noon, on July 15, 2010, while the three males were returning from a fishing trip. The weather was reported as clear and visibility was good. The UTV was being operated on an asphalt roadway. The road was described as dry and flat. There were no reports of debris or obstacles. The incident occurred when the driver was operating the UTV at a speed too fast to complete an approximate 90° turn.

The police report states the driver/teen realized he was driving too fast to maneuver through the right turn. He applied the brakes, but the UTV did not slow down enough to complete the turn. He jumped out of the UTV before it tipped over on its driver's side. The police sketched the incident scene (See Attachment 3).

According to the passenger, the UTV was towing a twelve foot river style boat ("Jon Boat") with a 10 horsepower motor attached. He estimates the UTV's speed was 40 mph. He remembers telling his nephew to slow down because he could see a road sign posted indicating a 90° turn to the right. He does not know if his nephew applied the brakes.

As they approached the turn, it became evident the UTV was not going to maneuver through the turn. The passenger remembers raising his arms in the cab when the UTV left the road. The UTV landed in a ditch and tipped on its driver's side causing the passenger to fall on top of the victim. During the incident, the victim's head was pinned to the ground by the metal bar that frames the left side of the UTV's windshield.

The victim was still alive moments after the incident, but he had noticeable fatal head injuries. He had visible brain tissue exposed and was coughing blood. The passenger and the driver tried to lift the UTV off of him but were unsuccessful. The passenger contacted emergency services. The police were notified at 12:05 p.m. and arrived on scene at 12:19 p.m. The victim was deceased before police arrived.

The boat being towed by the UTV never left the roadway. When the UTV tipped, the tow hitch twisted. The passenger reports the only damage to the UTV was a dent on the driver's side. The victim's wife did not want to keep the UTV, so she sold the UTV to an unknown person.

Because of the incident, the driver/teen received a scratch on his back. The passenger reports numbness in his left leg from his knee down. He was examined by an orthopedic surgeon and it was determined he has a torn meniscus in his left knee. He is not currently pursuing medical treatment and does not want to release his medical records.

CONTACT WITH RETAILER:

N/A

PRODUCT IDENTIFICATION:

The product involved in this IDI is a 2006 Polaris Ranger 499cc. The VIN is (b)(6). The UTV was purchased new in 2006 from Four Wheels of Texas located at 2105A North Beach St. Fort Worth, TX 76111. The cost of the UTV was approximately \$8500.

The manufacturer is Polaris Industries Inc. located at 1225 Hwy 169 N. Minneapolis, MN 55441.

ATTACHMENTS:

1. Contacts
2. Utility Vehicle Data Records
3. Police Report

(b)(6)

(b)(6) On 09/01/2010, mailed consumer letter. Completed telephone IDI on 09/19/2010.

(b)(6)

(b)(6) On 08/31/2010, mailed the victim's wife a letter with a return contact request letter. Telephoned residence on 09/10/10. No response received.

Medical Examiner Office Memphis
1060 Madison Avenue
Memphis, TN 38104-2106
(901) 544-7200 – On 08/31/2010, mailed autopsy request.

TN Highway Patrol
6348 Summer Avenue
Memphis, TN 38134-5873
Fax: (901) 385-0177 – On 08/25/2010, requested police report.

Office of Vital Records
814 Jefferson Ave., Room 101- 103
Memphis, TN 38105
Tel: (901) 544- 7608
Fax: (901) 544-7610 – On 09/20/2010, contacted to inquire about death certificate.



A: Age: 16 Height: 5'10"
 Gender: Male Weight: 160
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: Scratch on back
 Did vehicle land on victim: No
 Ejected (Either partially or fully): Jumped out

D: Age: N/A Height:
 Gender: Weight:
 Helmet (Y/N): Seatbelt (Y/N):
 Killed/Injured/Neither/Unknown:
 Did vehicle land on victim:
 Ejected (Either partially or fully):

B: Age: 73 Height: 5'10"
 Gender: Male Weight: 215
 Helmet (Y/N): No Seatbelt (Y/N): No
 Killed/Injured/Neither/Unknown: Killed
 Injury Description: Head Injury
 Did vehicle land on victim: Yes
 Ejected (Either partially or fully): Pinned

E: Age: N/A 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: 55 Height: 5'10"
 Gender: Male Weight: 195
 Helmet (Y/N): No Seatbelt (Y/N): No
 Killed/Injured/Neither/Unknown: Injured
 Injury Description: Hurt knee
 Did vehicle land on victim: No
 Ejected (Either partially or fully): No

F: Age: N/A 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.

Attachment 3

1 of 6

IDI 100824CCC2051

07/25/2010



Master Record Number	100001406
Type of Crash: Fatal	
Approved By	266DV

Tennessee Electronic Traffic Crash Report

Incident Information

Date of Crash 07/19/2010	Day of Crash Thursday	Local Agency Number THP0400	Reporting Agency Name Thp District 4 - Memphis	Agency Tracking Number 410013607
Time of Crash 12:00	Time Notified 12:05	Time Arrived 12:19	County Haywood	City
Total 1	Total 3	Total 0	Total 1	Total 1
Occupants	Non-Occupants	Killed	Injured	Uninjured
Hit and Run N	Solved? N	Police Pursuit N	School Bus Involved? No	Photos Taken? N
Area Not Applicable	Interchange Related? N	Intersect Type Not at Intersection		
Block Number	Roadway Number	Roadway Name THOMAS ROAD	Suffix RD	
Est Distance 2.00 Miles	Distance Type	Direction East	From Highway Number/Intersection CHRISTMASVILLE ROAD	Suffix RD
Roadway Local ID	Intersect Local ID			
Relation to Junction Non-Junction	Relation to Roadway Roadside-Left		Route Signing County Route	
Work Zone None	Construction Zone			
Construction Location		Workers Present		
First Harmful Event Over Turn, Roll Over		Trafficway Type Trafficway-OPEN		
Weather Conditions Clear	Light Conditions Daylight	Latitude 0.000000	Longitude 0.000000	Rail Crossing ID
Manner of Collision Not Collision with Motor Vehicle in Transport				
1st Collision Factor		2nd Collision Factor		3rd Collision Factor

Investigating Officer Details

Investigation Complete N	Rank TROOPER	First Name JOE	Middle Initial	Last Name CROOK	Suffix
Badge Number 327JC	District/Zone 4TH	Car Number 4451	Report Date 07/19/2010		

Attachment 3

IDI 100824CCC2051

Vehicle Number	No. of Occupants 3	Driver Presence Driver Operated
----------------	-----------------------	------------------------------------

Driver Information

First Name (b)(6)	Middle Initial	Last Name	Suffix	Date of Birth	Age 16
Address Line 1 (b)(6)		Address Line 2		City	State Zip Code
Phone 1 (b)(6)	Phone 2	Phone 3	Race Caucasian	Ethnicity White	Gender M Air Bag Not Available
Safety Equipment No Helmet					
Drivers License Number 00000000	License State	Expiration Date	License Class	License Status Not Licensed	Seat Position Front Seat-Left Side
Endorsements 1		Complied With?	Endorsements 2	Complied With?	Endorsements 3 Complied With?
Restrictions 1		Complied With?	Restrictions 2	Complied With?	Restrictions 3 Complied With?
Ejected Not Applicable		Ejection Path			Trapped/Extricated Not Applicable
Injury Code No Injury		Medical Transport Not Transported	Ambulance/Hospital		

Driver Conditions and Actions

Hit and Run? No Hit And Run	Driver/Vehicle Maneuver Negotiating A Curve	Distraction None
Driver's 1st Condition Appeared Normal	Driver's 2nd Condition	Driver's 3rd Condition
Driver's 1st Action Speed Too Fast For Conditions	Driver's 2nd Action Failure To Keep in Proper Lane	
Driver's 3rd Action	Driver's 4th Action	

Alcohol and Drugs

Presence of Alcohol No	Determination Method Observed	Alcohol Test Status Test Given
1st Alcohol Test Type Whole Blood	1st Alcohol Test Result Pending	2nd Alcohol Test Type 2nd Alcohol Test Result
Presence of Drugs No	Determination Method Observed	Drug Test Status Test Given
1st Drug Test Type Blood Test	1st Drug Test Result Pending	2nd Drug Test Type 2nd Drug Test Result
		3rd Drug Test Type 3rd Drug Test Result

Driver Violations

1st Violation	1st Violation Category	1st Violation Description	1st Violation Statute
2nd Violation	2nd Violation Category	2nd Violation Description	2nd Violation Statute
3rd Violation	3rd Violation Category	3rd Violation Description	3rd Violation Statute
4th Violation	4th Violation Category	4th Violation Description	4th Violation Statute
5th Violation	5th Violation Category	5th Violation Description	5th Violation Statute

Vehicle Information

Owner Name as Driver? (b)(6)	Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix
Street 1 (b)(6)		Street 2		City
Phone Number 2	Phone Number 3	Vehicle Year 2009	Vehicle Make POLS	Vehicle Model RANG Color Green-Dark
VIN (b)(6)	License Plate Number N/A	State Tennessee	Exp Year 122010	Body Code ATV 3 or 4 Wheels
HAZMAT? N	FMCSA Reportable? N	Bus Use Not Used As School Bus	Unit Type Motor Vehicle In-Transport	
Gross Weight Unknown		Vehicle Configuration		
Vehicle Operation Type Personally Owned/Used		Cargo Body Type		
1st Factor NONE		2nd Factor	3rd Factor	
Insurance 1	Insurance 1 Type Unknown	Insurance 1 Carrier	Insurance 1 Start Date	Insurance 1 End Date
Insurance 2	Insurance 2 Type	Insurance 2 Carrier	Insurance 2 Start Date	Insurance 2 End Date
Insurance 3	Insurance 3 Type	Insurance 3 Carrier	Insurance 3 Start Date	Insurance 3 End Date

Attachment 3

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IDI 100824CCC2051

Vehicle Damage and Roadway Characteristics

Most Harmful Event Over Turn, Roll Over		Emergency Use? N	Over Underride No Underride-Override	Fire in Vehicle? N
Events 1 Ran Off Road-Left		Events 2 Over Turn, Roll Over		Events 3
Events 4		Events 5		Events 6
Point of First Impact Top		Extent of Damage Unknown		Officer Damage Estimate Unknown
Areas of Vehicle Damage Top				
Vehicle Special Use No Special Use	Towed? Towed Due To Other Than Dam	Towed Where? DUNCANS WRECKER BRO	1st Trailer Boat Trailer	1st Trailer Licence Plate Information
2nd Trailer	2nd Trailer Licence Plate Information		3rd Trailer	3rd Trailer Licence Plate Information
Travel Direction East	Travelling On THOMAS ROAD			
Trafficway Flow Two-Way Not Divided		Roadway Surface Type Asphalt	Number of Travel Lanes Two Lanes	
Trafficway Hazards None				
Traffic Control Devices No Control		Traffic Control Device Functioning No Controls		Roadway Route Signing County Route
Roadway Surface Conditions Dry		Roadway Character Alignment Curve Right		Roadway Character Profile Level
Speed Limit 55	Access Control No Control			

Person Type Passenger						
(b)(6)					Age	73
Address Line 1		Address Line 2		City	State	Zip Code
(b)(6)		(b)(6)		(b)(6)	(b)(6)	(b)(6)
Phone 1	Phone 2	Phone 3	Gender	Seating Position		
(b)(6)			M	Front Seat-Middle		
Air Bag			Safety Equipment			
Not Available			No Helmet			
Ejected		Ejection Path		Trapped/Extricated		
Not Applicable				Not Applicable		
Injury Code		Medical Transport		Ambulance/Hospital		
Fatal		EMS-Ground		HAYWOOD PARK		

Alcohol and Drugs

Presence of Alcohol		Determination Method		Alcohol Test Status		
No		Observed		Test Not Given		
1st Alcohol Test Type		1st Alcohol Test Result		2nd Alcohol Test Type		2nd Alcohol Test Result
Presence of Drugs		Determination Method		Drug Test Status		
No		Observed		Test Not Given		
1st Drug Test Type	1st Drug Test Result	2nd Drug Test Type	2nd Drug Test Result	3rd Drug Test Type	3rd Drug Test Result	

Non-Motorists Conditions and Actions

Vehicle Striking Non-Motorist		Non-Motorist Location				
Non-Motorist Conditions 1			Non-Motorist Conditions 2			
Non-Motorist Conditions 3						
Non-Motorist Actions 1			Non-Motorist Actions 2			
Non-Motorist Actions 3			Non-Motorist Actions 4			

Person Type Passenger						
(b)(6)					Date of Birth	Age
(b)(6)						55
Address Line 1		Address Line 2		City	State	Zip Code
(b)(6)		(b)(6)		(b)(6)	(b)(6)	(b)(6)
Phone 1	Phone 2	Phone 3	Gender	Seating Position		
8174983265	2145026663		M	Front Seat-Middle		
Air Bag			Safety Equipment			
Not Available			No Helmet			
Ejected		Ejection Path		Trapped/Extricated		
Not Applicable				Not Applicable		
Injury Code		Medical Transport		Ambulance/Hospital		
Non-Incapacitating Evident		EMS-Ground		HAYWOOD PARK		

Alcohol and Drugs

Presence of Alcohol		Determination Method		Alcohol Test Status		
No		Observed		Test Not Given		
1st Alcohol Test Type		1st Alcohol Test Result		2nd Alcohol Test Type		2nd Alcohol Test Result
Presence of Drugs		Determination Method		Drug Test Status		
No		Observed		Test Not Given		
1st Drug Test Type	1st Drug Test Result	2nd Drug Test Type	2nd Drug Test Result	3rd Drug Test Type	3rd Drug Test Result	

Non-Motorists Conditions and Actions

Vehicle Striking Non-Motorist		Non-Motorist Location				
Non-Motorist Conditions 1			Non-Motorist Conditions 2			
Non-Motorist Conditions 3						
Non-Motorist Actions 1			Non-Motorist Actions 2			
Non-Motorist Actions 3			Non-Motorist Actions 4			

Attachment 3

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IDI 100824CCC2051

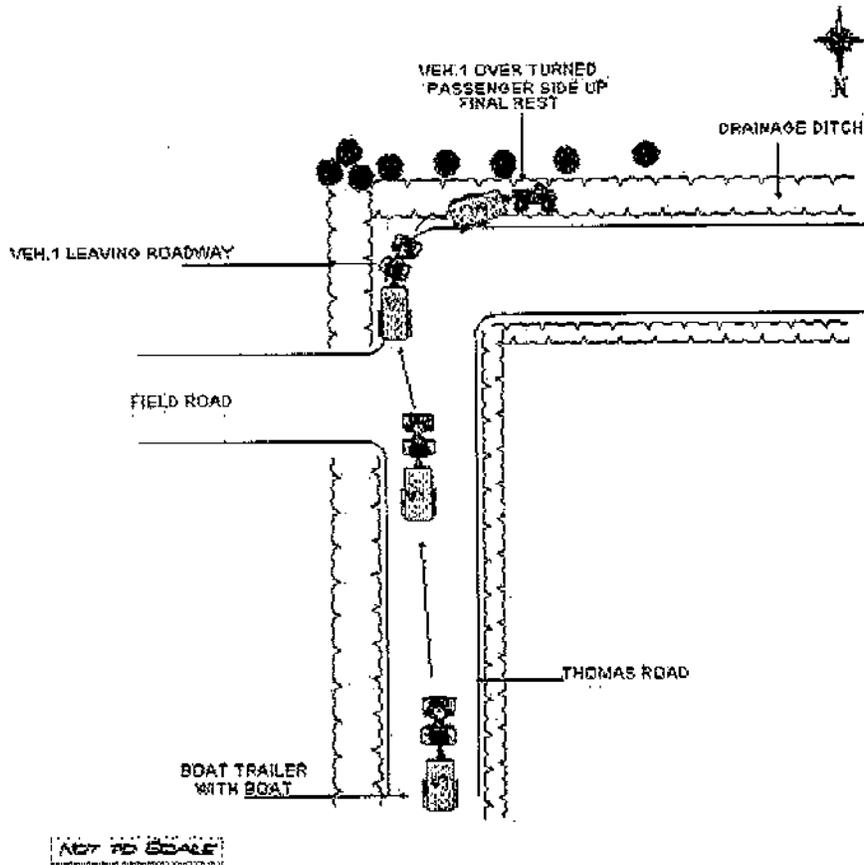
Commercial Carrier Information

US DOT	Carrier Name	Carrier Type			ICC MC	TN DOS
Address Line 1		Address Line 2		City	State	Zip Code
Address Line 1		Address Line 2		City	State	Zip Code
1st Hazardous Materials	HAZMAT Class	Picard?	Picard #	Released?	Hazardous Materials Released	
2nd Hazardous Materials	HAZMAT Class	Picard?	Picard #	Released?	Hazardous Materials Released	
3rd Hazardous Materials	HAZMAT Class	Picard?	Picard #	Released?	Hazardous Materials Released	

Narrative

VEHICLE 1 WAS TRAVELING SOUTHBOUND ON THOMAS ROAD WHEN THE CRASH OCCURRED. VEHICLE 1 WAS TRAVEING TOO FAST TO NEGOTIATE A CURVE PROPERLY AND EXITED THE ROADWAY TO THE EAST SIDE GOING INTO A DEEP DRAINAGE DITCH. VEHICLE 1 OVER TURNED AND THE PASSENGERS WERE PARTIALLY EJECTED. VEHICLE 1 CAME TO REST ON IT'S SIDE PASSENGERS SIDE UP RESTING ON ONE OF THE PASSENGERS. IT WAS APPARENT VEHICLE 1 WAS TRAVELING TOO FAST TO NEGOTIATE THE CURVE PROPERLY.

NOTE: DRIVER STATED THAT HE WAS GOING TOO FAST WHEN HE CAME UPON THE CURVE AND THAT HE STARTED APPLYING THE BRAKES BUT COULD NOT SLOW DOWN ENOUGH TO MAKE THE CURVE AND THAT HE JUMPED OUT OF THE VEHICLE BEFORE IT TURNED OVER.



7



Haywood County emergency personnel attend to victim (b)(6) Thursday, after (b)(6) suffered severe head injuries from being ejected from his utility vehicle that overturned in a ditch.

Haywood County man killed in ATV accident

221
A Haywood County man was killed last Thursday after he suffered severe head injuries when his utility vehicle he was riding in overturned and crashed into a ditch.

A 911 call came in at approximately noon on Thursday when dispatchers said there had been an ATV accident near Christmasville and Thomas Road. They stated the victim was still trapped under the

vehicle and Wings was notified.

According to the Tennessee Highway Patrol (b)(6) 73, was pronounced dead on arrival on Thomas Road near the intersection of Christmasville Road in northern Haywood County. A 15-year old minor, from Texas, was driving the Polaris Ranger (b)(6) was riding in and was negotiating a curve too fast when the

ATV exited the left side of the roadway and overturned in a ditch. Johnson, the minor, and a third passenger were all ejected during the crash. The trio had been returning home from a fishing trip and was pulling a 14 ft John boat behind the ATV.

The third passenger, (b)(6) also of Texas, was injured and transported to Haywood Park. The driver was not injured. None of the



(b)(6) occupants were wearing safety restraints. For (b)(6) complete obituary see page A-6.

The information in this report was based on information obtained during an on-site interview with the brother of the owner of the UTV, whom is also a friend of the 26-year-old victim, and uncle to the 16-year-old victim. The owner of the involved UTV was interviewed by telephone on 10/13/2010. He is currently working in another state and was not available during the on-site interview. Reports from the responding Louisiana State Police were obtained and are attached. Reports were requested from the responding Coroner's Office, but were not received in time for inclusion in this report. They will be forwarded in an addendum when they are received.

The victims are a 26-year-old female and a 16-year-old female. According to the victim's friend (interviewed on-site) the 26-year-old female victim was approximately 5'2" tall and weighed approximately 115 pounds at the time of the incident. The 16-year-old female is approximately 5'6" tall and weighs approximately 180 pounds.

The involved product, a utility vehicle (UTV), was purchased in approximately the spring/summer of 2005. Aftermarket modifications included installation of a winch, back bumper, and fender flares. No other repairs or modifications were made to the utility vehicle. The utility vehicle is equipped with 3-point seatbelts on each bucket seat. Doors are not present on the utility vehicle.

On Friday, August 20, 2010, at approximately 7:30pm, the 26-year-old female, with the 16-year-old female as a passenger took the UTV without permission. The weather was clear, with the temperature being approximately 95°. The victims were not wearing helmets or seatbelts. According to the victim's friend, the 26-year-old female had never driven the involved UTV. It is unknown if alcohol or drugs were a factor in this incident.

The incident occurred on a two lane asphalt roadway. According to the Crash Report, the roadway is approximately 22 feet wide, with each lane measuring approximately 11 feet.

According to the Crash Report, the 26-year-old female pulled onto the highway heading eastbound, and as she did so, she pulled out in front of a vehicle that was also traveling eastbound on the highway. According to the driver of the vehicle that she pulled out in front of, the UTV, "immediately began to weave from one lane to the other as if the driver had lost control. ***"

According to the Crash Report, the UTV, "was traveling eastbound entering a left hand curve. After entering the curve, Vehicle 1 (UTV) exited the roadway to the right traveling approximately 115 feet. Driver 1 overcorrected to the left causing Vehicle 1(UTV) to re-enter the roadway rotating in a counter clockwise motion. After re-entering the roadway, Vehicle 1 traveled approximately 16 feet before overturning. Vehicle 1 overturned one complete time coming to rest approximately 15 feet later in the westbound lane. *** Driver 1 (26-year-old female) and passenger (16-year-old female) were totally ejected from the vehicle, also coming to rest in the roadway." The rate of speed that the UTV was traveling at is unknown. According to the Crash Report, "there was approximately a 4 inch dropoff at the edge of the roadway where vehicle 1 exited and re-entered the roadway. ***"

The driver of the car in which the UTV had pulled out in front of called 9-1-1. Both of the victims were transported to a hospital via ambulance, where the 26-year-old female was pronounced deceased at 9:25pm. The 16-year-old female passenger was treated for a leg injury and released from the hospital.

According to the Crash Report, the 16-year-old female stated that the 26-year-old female "began swerving the ATV on the roadway. She stated the vehicle exited the roadway to the right and began overturning, she stated she and the driver were both ejected from the vehicle." The Crash Report was obtained and is attached as Exhibit #2.

The Louisiana Crash Reconstruction Unit inspected the scene of the crash and concluded that, "the vehicle was traveling east and ran off of the road to the right. The vehicle reentered the road and overturned. The vehicle came to a final rest position on the driver's side facing north."

During the on-site, the involved utility vehicle was examined and photographed. The utility vehicle had sustained damage to the canopy/roof during the incident. Damage also sustained during the incident includes: the frame of the cargo area on the UTV appears to be twisted, the 4-wheel drive feature no longer works. Photographs were made of the involved vehicle. They are attached as Exhibit #6.

NOTE: During the telephone interview with the owner of the involved UTV, this Investigator inquired if the UTV had been repaired per a free repair program (issued March 31, 2009, Release #09-172). The owner stated that he had received the information from the manufacturer; however, he had never had an opportunity to bring it to be repaired. The release is attached as Exhibit #4.

PRODUCT IDENTIFICATION

TYPE: 4-wheeled utility vehicle

BRAND: Yamaha

MODEL: Rhino 660 4 wheel drive

MODEL NUMBER: unknown

YEAR MODEL: 2005 *** The Crash report listed the year model as 2004; however, the owner stated it is a 2005 model. It was also confirmed using the VIN Decoder found online @

<http://4wheeldrive.about.com/gi/dynamic/offsite.htm?site=http%3A%2F%2Fwww.analogx.com%2Fcontents%2Fvinview.htm>

VIN: 5Y4AM06Y35A003831

100824CCC3047

COLOR: Camouflaged

DATE OF MANUFACTURER: UNKNOWN

PURCHASE DATE: Spring/summer of 2005

PLACE OF PURCHASE: Sadler Marine & Sporting Goods, 1914 S. Jackson Street,
Jacksonville, TX 75766-5852

COST: Approx. \$11,500

ATTACHMENTS:

- 1) Identity of Respondents (1 Page)
- 2) Copy of Louisiana Crash Report (11 Pages)
- 3) Missing Document (1 Page)
- 4) CPSC Release #09-172 (3 Pages)
- 5) UTV Data Record Sheet (1 Page)
- 6) Photographs 1-25
- 7) Authorization for Release of Name Form (1 Page)

IDENTITY OF RESPONDENTS

- Louisiana State Police Headquarters
Elizabeth Hardin, Criminal Records
225-925-4229 voice

Initially contacted on 9/8/2010. Ms. Hardin advised the requested records had not been completed.

- Louisiana State Police
Troop E
Records, Priscilla
318-487-5909

Contacted on 9/20/2010, was advised the records had been scanned and could be obtained from the main office. The main office (first contact listed) was contacted on 9/20/2010. The Crash Report, witness statements, and crash reconstruction report were obtained via email on 09/20/2010.

- Catahoula Parish Coroner's Office
Raymond Rouse, Coroner
2805 4th Street
Jonesville, LA 71343
318-744-5411 voice
318-339-4770 fax

Contacted on 9/21/10, at which time records were requested. A written request was also faxed on the same day. Follow-up was conducted on 10/6/2010, at which time this Investigator was advised that the records were not complete and would be forwarded at the time of completion. They were not received in time for inclusion in this report.

- Hank Mason (friend of victim, brother of owner of UTV)
7133 Hwy 124
Harrisonburg, LA 71340
318-744-5549

Contacted on 9/20/2010, interview conducted on-site on 10/12/2010.

- Louis Mason (owner of UTV)
318/537-2239

Interviewed by telephone on 10/13/2010.

- Vin Decoder website:

100824CCC3047

Exhibit #1

<http://4wheeldrive.about.com/gi/dynamic/offsite.htm?site=http%3A%2F%2Fwww.analogx.com%2Fcontents%2Fvinview.htm>

TOTAL NUMBER OF VEHICLES INVOLVED **1** STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

DATE OF CRASH **08202010** TIME OF CRASH **1950** COUNTY **E** LAT. **31.88363** PAGE **4**
CITY/TOWNSHIP **Catahoula** ZIP **13** LONG. **91.82202** **01**

QUADRANT **NE** SERVICE ROAD **E**
MILES **124** **47.6** LA **124**
MILES **6.8** LA **559**

ROAD SURFACE		ROADWAY CONDITIONS		TYPE OF ROADWAY		ALIGNMENT		PRIMARY FACTOR		
A	B	A	B	A	B	A	B	A	B	
A. ASPHALT B. WET C. ROADWAY POLE D. ICE E. FRESH ASPHALT F. SANDY GRAVEL G. DIRT OR GRAVEL H. UNKNOWN	A. CONCRETE B. DEGRADED C. DIRT D. GRAVEL E. SAND F. ASPHALT G. OTHER	A. NEW INDIVIDUAL LANE B. SHOWN FOR ABNORMALITY C. HOLES D. OTHER HOLES E. CRACKS F. CRACKS NEW G. CRACKS OLD H. CRACKS NEW I. CRACKS OLD J. CRACKS NEW K. CRACKS OLD L. CRACKS NEW M. CRACKS OLD N. CRACKS NEW O. CRACKS OLD P. CRACKS NEW Q. CRACKS OLD R. CRACKS NEW S. CRACKS OLD T. CRACKS NEW U. CRACKS OLD V. CRACKS NEW W. CRACKS OLD X. CRACKS NEW Y. CRACKS OLD Z. OTHER	A. ONE WAY ROAD B. TWO WAY ROAD WITH PHYSICAL BARRIER C. TWO WAY ROAD WITH PHYSICAL BARRIER D. TWO WAY ROAD WITH PHYSICAL BARRIER E. TWO WAY ROAD WITH PHYSICAL BARRIER F. TWO WAY ROAD WITH PHYSICAL BARRIER G. TWO WAY ROAD WITH PHYSICAL BARRIER H. TWO WAY ROAD WITH PHYSICAL BARRIER I. TWO WAY ROAD WITH PHYSICAL BARRIER J. TWO WAY ROAD WITH PHYSICAL BARRIER K. TWO WAY ROAD WITH PHYSICAL BARRIER L. TWO WAY ROAD WITH PHYSICAL BARRIER M. TWO WAY ROAD WITH PHYSICAL BARRIER N. TWO WAY ROAD WITH PHYSICAL BARRIER O. TWO WAY ROAD WITH PHYSICAL BARRIER P. TWO WAY ROAD WITH PHYSICAL BARRIER Q. TWO WAY ROAD WITH PHYSICAL BARRIER R. TWO WAY ROAD WITH PHYSICAL BARRIER S. TWO WAY ROAD WITH PHYSICAL BARRIER T. TWO WAY ROAD WITH PHYSICAL BARRIER U. TWO WAY ROAD WITH PHYSICAL BARRIER V. TWO WAY ROAD WITH PHYSICAL BARRIER W. TWO WAY ROAD WITH PHYSICAL BARRIER X. TWO WAY ROAD WITH PHYSICAL BARRIER Y. TWO WAY ROAD WITH PHYSICAL BARRIER Z. OTHER	A. STRAIGHT LEVEL B. UP OR DOWN SLOPE C. CURVED LEFT D. CURVED RIGHT E. OVERHEAD SIGNAGE F. OVERHEAD SIGNAGE G. OVERHEAD SIGNAGE H. OVERHEAD SIGNAGE I. OVERHEAD SIGNAGE J. OVERHEAD SIGNAGE K. OVERHEAD SIGNAGE L. OVERHEAD SIGNAGE M. OVERHEAD SIGNAGE N. OVERHEAD SIGNAGE O. OVERHEAD SIGNAGE P. OVERHEAD SIGNAGE Q. OVERHEAD SIGNAGE R. OVERHEAD SIGNAGE S. OVERHEAD SIGNAGE T. OVERHEAD SIGNAGE U. OVERHEAD SIGNAGE V. OVERHEAD SIGNAGE W. OVERHEAD SIGNAGE X. OVERHEAD SIGNAGE Y. OVERHEAD SIGNAGE Z. OTHER	A. VIOLATIONS B. MOVEMENT FROM OTHER LANE C. VEHICLE FROM OTHER LANE D. VEHICLE FROM OTHER LANE E. VEHICLE FROM OTHER LANE F. ROADWAY CONDITION G. ROADWAY CONDITION H. ROADWAY CONDITION I. ROADWAY CONDITION J. ROADWAY CONDITION K. ROADWAY CONDITION L. ROADWAY CONDITION M. ROADWAY CONDITION N. ROADWAY CONDITION O. ROADWAY CONDITION P. ROADWAY CONDITION Q. ROADWAY CONDITION R. ROADWAY CONDITION S. ROADWAY CONDITION T. ROADWAY CONDITION U. ROADWAY CONDITION V. ROADWAY CONDITION W. ROADWAY CONDITION X. ROADWAY CONDITION Y. ROADWAY CONDITION Z. OTHER	A. CLEAR B. CLOUDY C. RAIN D. SMOG E. FOG F. SNOW G. SEVERE CROSSWIND H. LIGHT CROSSWIND I. LIGHT WIND J. DARK WIND K. OTHER	A. MANUFACTURING OR INDUSTRIAL B. BUSINESS DISTRICT C. DOWNTOWN D. RESIDENTIAL E. SCHOOL OR PLAYGROUND F. OTHER	A. ONE WAY ROAD B. ONE WAY ROAD C. ONE WAY ROAD D. ONE WAY ROAD E. ONE WAY ROAD F. ONE WAY ROAD G. ONE WAY ROAD H. ONE WAY ROAD I. ONE WAY ROAD J. ONE WAY ROAD K. ONE WAY ROAD L. ONE WAY ROAD M. ONE WAY ROAD N. ONE WAY ROAD O. ONE WAY ROAD P. ONE WAY ROAD Q. ONE WAY ROAD R. ONE WAY ROAD S. ONE WAY ROAD T. ONE WAY ROAD U. ONE WAY ROAD V. ONE WAY ROAD W. ONE WAY ROAD X. ONE WAY ROAD Y. ONE WAY ROAD Z. OTHER	A. UNCONTROLLED ACCESS TO ROADWAY B. UNCONTROLLED ACCESS TO ROADWAY C. UNCONTROLLED ACCESS TO ROADWAY D. UNCONTROLLED ACCESS TO ROADWAY E. UNCONTROLLED ACCESS TO ROADWAY F. UNCONTROLLED ACCESS TO ROADWAY G. UNCONTROLLED ACCESS TO ROADWAY H. UNCONTROLLED ACCESS TO ROADWAY I. UNCONTROLLED ACCESS TO ROADWAY J. UNCONTROLLED ACCESS TO ROADWAY K. UNCONTROLLED ACCESS TO ROADWAY L. UNCONTROLLED ACCESS TO ROADWAY M. UNCONTROLLED ACCESS TO ROADWAY N. UNCONTROLLED ACCESS TO ROADWAY O. UNCONTROLLED ACCESS TO ROADWAY P. UNCONTROLLED ACCESS TO ROADWAY Q. UNCONTROLLED ACCESS TO ROADWAY R. UNCONTROLLED ACCESS TO ROADWAY S. UNCONTROLLED ACCESS TO ROADWAY T. UNCONTROLLED ACCESS TO ROADWAY U. UNCONTROLLED ACCESS TO ROADWAY V. UNCONTROLLED ACCESS TO ROADWAY W. UNCONTROLLED ACCESS TO ROADWAY X. UNCONTROLLED ACCESS TO ROADWAY Y. UNCONTROLLED ACCESS TO ROADWAY Z. OTHER	A. BURN OUT B. BURN OUT C. BURN OUT D. BURN OUT E. BURN OUT F. BURN OUT G. BURN OUT H. BURN OUT I. BURN OUT J. BURN OUT K. BURN OUT L. BURN OUT M. BURN OUT N. BURN OUT O. BURN OUT P. BURN OUT Q. BURN OUT R. BURN OUT S. BURN OUT T. BURN OUT U. BURN OUT V. BURN OUT W. BURN OUT X. BURN OUT Y. BURN OUT Z. OTHER

A. PASSENGER CAR	D. TRUCK WITH TRAILER	G. OFF-HIGHWAY VEHICLE	J. BUS WITH PASSENGERS	M. TRUCK WITH TRAILER	Q. TRUCK WITH TRAILER	T. FARM EQUIPMENT	A. BUS	D. TRUCK WITH TRAILER	G. OFF-HIGHWAY VEHICLE	J. BUS WITH PASSENGERS
B. TRUCK	E. MOTORCYCLE	H. EMERGENCY VEHICLE	K. BUS WITH PASSENGERS	N. TRUCK WITH TRAILER	R. TRUCK WITH TRAILER	V. FARM EQUIPMENT	B. TRUCK	E. MOTORCYCLE	H. EMERGENCY VEHICLE	K. BUS WITH PASSENGERS
C. VAN	F. MOTORCYCLE	I. EMERGENCY VEHICLE	L. TRUCK WITH TRAILER	P. TRUCK WITH TRAILER	S. TRUCK WITH TRAILER	Z. OTHER	C. VAN	F. MOTORCYCLE	I. EMERGENCY VEHICLE	X. TRUCK WITH TRAILER

EMERGENCY SERVICES **X** 1952 2005 2025 2100
NORTHEAST AMBULANCE SER

INVESTIGATING AGENCY **LADPS** 2000 2021 2158
INVESTIGATION COMPLETE **Y** **A** 08302010
Wayne Taylor **2344** **2344** **RoMcDona**

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

20100028113

1 VEH OR PEDESTRIAN

PLATE: G X YEAR: 2004 MAKE: YAMAHA MODEL: RHINO

VIN: 0003831 B AVE: JOSEPH L. ARRON

LICENSE PLATE: 2010 LA OR315510 OFF ROAD

TRAILER DESCRIPTION: NONE LICENSE PLATE: X

COMPLETE INFORMATION BELOW IS TO BE USED FOR COMMERCIAL VEHICLES...
US DOT # _____
MC/MX ("ICC") # _____
STATE: LA

NAME OF DRIVER: SHIRLEY, MICKIE J DATE OF BIRTH: 12051983

ADDRESS: 7199 HWY 124 HARRISONBURG LA 71340

LA E 9510858 AN CITIZEN MEDICAL CEN

PEDESTRIAN ONLY UPPER BODY LOWER BODY

OWNER'S NAME: MASON, LOUIS C
ADDRESS: 7134 HWY 124 HARRISONBURG LA 71340

INSURANCE COMPANY: NONE
LA

OCCUPANT'S NAME: FRANKLIN, NIKKI N
ADDRESS: 1265 FOREST ST. OLLA LA 71465

CITIZEN MEDICAL CEN

OCCUPANT'S NAME

SEATING POSITION	EJECTION	TRAPPED OR EXHIBITED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A FRONT SEAT DRIVER	A NOT EJECTED	A NOT TRAPPED	A DEPLOYED	A NON-LOAD BEARING OCCUPANT	A BRUISE
B FRONT SEAT PASSENGER	B FULLY EJECTED	B TRAPPED	B NONE	B HIGH BEARING ONLY USED	B BRUISE
C REAR SEAT DRIVER	C PARTIALLY EJECTED	C TRAPPED	C DEPLOYED	C AIRBAG ONLY USED	C BRUISE
D REAR SEAT PASSENGER	D NOT EJECTED	D NOT TRAPPED	D DEPLOYED	D AIRBAG AND EMERGENCY	D BRUISE
E SEAT BELT ONLY	E NOT EJECTED	E NOT TRAPPED	E NOT	E SEAT SAFETY SEAT	E BRUISE
F SEAT BELT AND AIRBAG	F NOT EJECTED	F NOT TRAPPED	F AVAILABLE	F AIRBAG SAFETY SEAT	F BRUISE
G SEAT BELT AND AIRBAG	G NOT EJECTED	G NOT TRAPPED	G AVAILABLE	G AIRBAG SAFETY SEAT	G BRUISE
H SEAT BELT AND AIRBAG	H NOT EJECTED	H NOT TRAPPED	H AVAILABLE	H AIRBAG SAFETY SEAT	H BRUISE
I SEAT BELT AND AIRBAG	I NOT EJECTED	I NOT TRAPPED	I AVAILABLE	I AIRBAG SAFETY SEAT	I BRUISE
J SEAT BELT AND AIRBAG	J NOT EJECTED	J NOT TRAPPED	J AVAILABLE	J AIRBAG SAFETY SEAT	J BRUISE
K SEAT BELT AND AIRBAG	K NOT EJECTED	K NOT TRAPPED	K AVAILABLE	K AIRBAG SAFETY SEAT	K BRUISE
L SEAT BELT AND AIRBAG	L NOT EJECTED	L NOT TRAPPED	L AVAILABLE	L AIRBAG SAFETY SEAT	L BRUISE
M SEAT BELT AND AIRBAG	M NOT EJECTED	M NOT TRAPPED	M AVAILABLE	M AIRBAG SAFETY SEAT	M BRUISE
N SEAT BELT AND AIRBAG	N NOT EJECTED	N NOT TRAPPED	N AVAILABLE	N AIRBAG SAFETY SEAT	N BRUISE
O SEAT BELT AND AIRBAG	O NOT EJECTED	O NOT TRAPPED	O AVAILABLE	O AIRBAG SAFETY SEAT	O BRUISE
P SEAT BELT AND AIRBAG	P NOT EJECTED	P NOT TRAPPED	P AVAILABLE	P AIRBAG SAFETY SEAT	P BRUISE
Q SEAT BELT AND AIRBAG	Q NOT EJECTED	Q NOT TRAPPED	Q AVAILABLE	Q AIRBAG SAFETY SEAT	Q BRUISE
R SEAT BELT AND AIRBAG	R NOT EJECTED	R NOT TRAPPED	R AVAILABLE	R AIRBAG SAFETY SEAT	R BRUISE
S SEAT BELT AND AIRBAG	S NOT EJECTED	S NOT TRAPPED	S AVAILABLE	S AIRBAG SAFETY SEAT	S BRUISE
T SEAT BELT AND AIRBAG	T NOT EJECTED	T NOT TRAPPED	T AVAILABLE	T AIRBAG SAFETY SEAT	T BRUISE
U SEAT BELT AND AIRBAG	U NOT EJECTED	U NOT TRAPPED	U AVAILABLE	U AIRBAG SAFETY SEAT	U BRUISE
V SEAT BELT AND AIRBAG	V NOT EJECTED	V NOT TRAPPED	V AVAILABLE	V AIRBAG SAFETY SEAT	V BRUISE
W SEAT BELT AND AIRBAG	W NOT EJECTED	W NOT TRAPPED	W AVAILABLE	W AIRBAG SAFETY SEAT	W BRUISE
X SEAT BELT AND AIRBAG	X NOT EJECTED	X NOT TRAPPED	X AVAILABLE	X AIRBAG SAFETY SEAT	X BRUISE
Y SEAT BELT AND AIRBAG	Y NOT EJECTED	Y NOT TRAPPED	Y AVAILABLE	Y AIRBAG SAFETY SEAT	Y BRUISE
Z SEAT BELT AND AIRBAG	Z NOT EJECTED	Z NOT TRAPPED	Z AVAILABLE	Z AIRBAG SAFETY SEAT	Z BRUISE

CONTRIBUTING FACTORS AND CONDITIONS

Veh # 1

<p>VISION OBSCUREMENTS N</p> <p>1. DARKNESS 2. LIGHTS 3. WEATHER 4. GLASS 5. MIRROR 6. REFLECTIONS 7. OTHER</p>	<p>CONDITION OF DRIVEN/PEP B</p> <p>1. BRAKES 2. STEERING 3. TIRE WEAR 4. SUSPENSION 5. OTHER</p>	<p>SEQUENCE OF EVENTS/HARMFUL EVENTS</p> <p>1. APPROXIMATE POSITION OF VEHICLE AT TIME OF COLLISION 2. APPROXIMATE DIRECTION OF TRAVEL AT TIME OF COLLISION 3. APPROXIMATE SPEED AT TIME OF COLLISION 4. APPROXIMATE POINT OF COLLISION 5. APPROXIMATE POINT OF IMPACT 6. APPROXIMATE POINT OF REST 7. APPROXIMATE POINT OF ESCAPE 8. APPROXIMATE POINT OF STOP 9. APPROXIMATE POINT OF REVERSAL 10. APPROXIMATE POINT OF RESTART 11. APPROXIMATE POINT OF REVERSE 12. APPROXIMATE POINT OF RESTART 13. APPROXIMATE POINT OF REVERSE 14. APPROXIMATE POINT OF RESTART 15. APPROXIMATE POINT OF REVERSE 16. APPROXIMATE POINT OF RESTART 17. APPROXIMATE POINT OF REVERSE 18. APPROXIMATE POINT OF RESTART 19. APPROXIMATE POINT OF REVERSE 20. APPROXIMATE POINT OF RESTART 21. APPROXIMATE POINT OF REVERSE 22. APPROXIMATE POINT OF RESTART 23. APPROXIMATE POINT OF REVERSE 24. APPROXIMATE POINT OF RESTART 25. APPROXIMATE POINT OF REVERSE 26. APPROXIMATE POINT OF RESTART 27. APPROXIMATE POINT OF REVERSE 28. APPROXIMATE POINT OF RESTART 29. APPROXIMATE POINT OF REVERSE 30. APPROXIMATE POINT OF RESTART 31. APPROXIMATE POINT OF REVERSE 32. APPROXIMATE POINT OF RESTART 33. APPROXIMATE POINT OF REVERSE 34. APPROXIMATE POINT OF RESTART 35. APPROXIMATE POINT OF REVERSE 36. APPROXIMATE POINT OF RESTART 37. APPROXIMATE POINT OF REVERSE 38. APPROXIMATE POINT OF RESTART 39. APPROXIMATE POINT OF REVERSE 40. APPROXIMATE POINT OF RESTART 41. APPROXIMATE POINT OF REVERSE 42. APPROXIMATE POINT OF RESTART 43. APPROXIMATE POINT OF REVERSE 44. APPROXIMATE POINT OF RESTART 45. APPROXIMATE POINT OF REVERSE 46. APPROXIMATE POINT OF RESTART 47. APPROXIMATE POINT OF REVERSE 48. APPROXIMATE POINT OF RESTART 49. APPROXIMATE POINT OF REVERSE 50. APPROXIMATE POINT OF RESTART 51. APPROXIMATE POINT OF REVERSE 52. APPROXIMATE POINT OF RESTART 53. APPROXIMATE POINT OF REVERSE 54. APPROXIMATE POINT OF RESTART 55. APPROXIMATE POINT OF REVERSE 56. APPROXIMATE POINT OF RESTART 57. APPROXIMATE POINT OF REVERSE 58. APPROXIMATE POINT OF RESTART 59. APPROXIMATE POINT OF REVERSE 60. APPROXIMATE POINT OF RESTART 61. APPROXIMATE POINT OF REVERSE 62. APPROXIMATE POINT OF RESTART 63. APPROXIMATE POINT OF REVERSE 64. APPROXIMATE POINT OF RESTART 65. APPROXIMATE POINT OF REVERSE 66. APPROXIMATE POINT OF RESTART 67. APPROXIMATE POINT OF REVERSE 68. APPROXIMATE POINT OF RESTART 69. APPROXIMATE POINT OF REVERSE 70. APPROXIMATE POINT OF RESTART 71. APPROXIMATE POINT OF REVERSE 72. APPROXIMATE POINT OF RESTART 73. APPROXIMATE POINT OF REVERSE 74. APPROXIMATE POINT OF RESTART 75. APPROXIMATE POINT OF REVERSE 76. APPROXIMATE POINT OF RESTART 77. APPROXIMATE POINT OF REVERSE 78. APPROXIMATE POINT OF RESTART 79. APPROXIMATE POINT OF REVERSE 80. APPROXIMATE POINT OF RESTART 81. APPROXIMATE POINT OF REVERSE 82. APPROXIMATE POINT OF RESTART 83. APPROXIMATE POINT OF REVERSE 84. APPROXIMATE POINT OF RESTART 85. APPROXIMATE POINT OF REVERSE 86. APPROXIMATE POINT OF RESTART 87. APPROXIMATE POINT OF REVERSE 88. APPROXIMATE POINT OF RESTART 89. APPROXIMATE POINT OF REVERSE 90. APPROXIMATE POINT OF RESTART 91. APPROXIMATE POINT OF REVERSE 92. APPROXIMATE POINT OF RESTART 93. APPROXIMATE POINT OF REVERSE 94. APPROXIMATE POINT OF RESTART 95. APPROXIMATE POINT OF REVERSE 96. APPROXIMATE POINT OF RESTART 97. APPROXIMATE POINT OF REVERSE 98. APPROXIMATE POINT OF RESTART 99. APPROXIMATE POINT OF REVERSE 100. APPROXIMATE POINT OF RESTART</p>	
<p>VIOLATION S</p> <p>1. SPEED 2. LANE 3. SIGNAL 4. RIGHT OF WAY 5. OTHER</p>	<p>DRIVER DISTRACTION Y</p> <p>1. CELL PHONE 2. TEXTING 3. EATING 4. DRINKING 5. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH G</p> <p>1. STOPPED 2. MOVING 3. STOPPED 4. MOVING 5. STOPPED 6. MOVING 7. STOPPED 8. MOVING 9. STOPPED 10. MOVING 11. STOPPED 12. MOVING 13. STOPPED 14. MOVING 15. STOPPED 16. MOVING 17. STOPPED 18. MOVING 19. STOPPED 20. MOVING 21. STOPPED 22. MOVING 23. STOPPED 24. MOVING 25. STOPPED 26. MOVING 27. STOPPED 28. MOVING 29. STOPPED 30. MOVING 31. STOPPED 32. MOVING 33. STOPPED 34. MOVING 35. STOPPED 36. MOVING 37. STOPPED 38. MOVING 39. STOPPED 40. MOVING 41. STOPPED 42. MOVING 43. STOPPED 44. MOVING 45. STOPPED 46. MOVING 47. STOPPED 48. MOVING 49. STOPPED 50. MOVING 51. STOPPED 52. MOVING 53. STOPPED 54. MOVING 55. STOPPED 56. MOVING 57. STOPPED 58. MOVING 59. STOPPED 60. MOVING 61. STOPPED 62. MOVING 63. STOPPED 64. MOVING 65. STOPPED 66. MOVING 67. STOPPED 68. MOVING 69. STOPPED 70. MOVING 71. STOPPED 72. MOVING 73. STOPPED 74. MOVING 75. STOPPED 76. MOVING 77. STOPPED 78. MOVING 79. STOPPED 80. MOVING 81. STOPPED 82. MOVING 83. STOPPED 84. MOVING 85. STOPPED 86. MOVING 87. STOPPED 88. MOVING 89. STOPPED 90. MOVING 91. STOPPED 92. MOVING 93. STOPPED 94. MOVING 95. STOPPED 96. MOVING 97. STOPPED 98. MOVING 99. STOPPED 100. MOVING</p>	
<p>TRAFFIC CONTROL Q</p> <p>1. SIGNAL 2. STOP 3. OTHER</p>	<p>REASON FOR MOVEMENT L</p> <p>1. TO AVOID COLLISION 2. TO AVOID OBSTRUCTION 3. TO AVOID HAZARD 4. TO AVOID OTHER</p>	<p>VEHICLE CONDITION K</p> <p>1. TIRE WEAR 2. BRAKES 3. STEERING 4. SUSPENSION 5. OTHER</p>	<p>ALCOHOL/DRUG INVOLVEMENT Y</p> <p>1. ALCOHOL 2. DRUGS 3. OTHER</p> <p>VEHICLE LIGHTING A</p> <p>1. HEADLIGHTS 2. BRAKELIGHTS 3. TURN SIGNALS 4. OTHER</p> <p>TRAFFIC CONTROL A</p> <p>1. SIGNAL 2. STOP 3. OTHER</p>

305052

E LA 124 ON ROADWAY 15 25 55 000000000000

DAMAGE TO VEHICLE

AREA DAMAGED: **J B**

EXTENT OF EXTORTION: **M D**

CITATIONS

NONE :

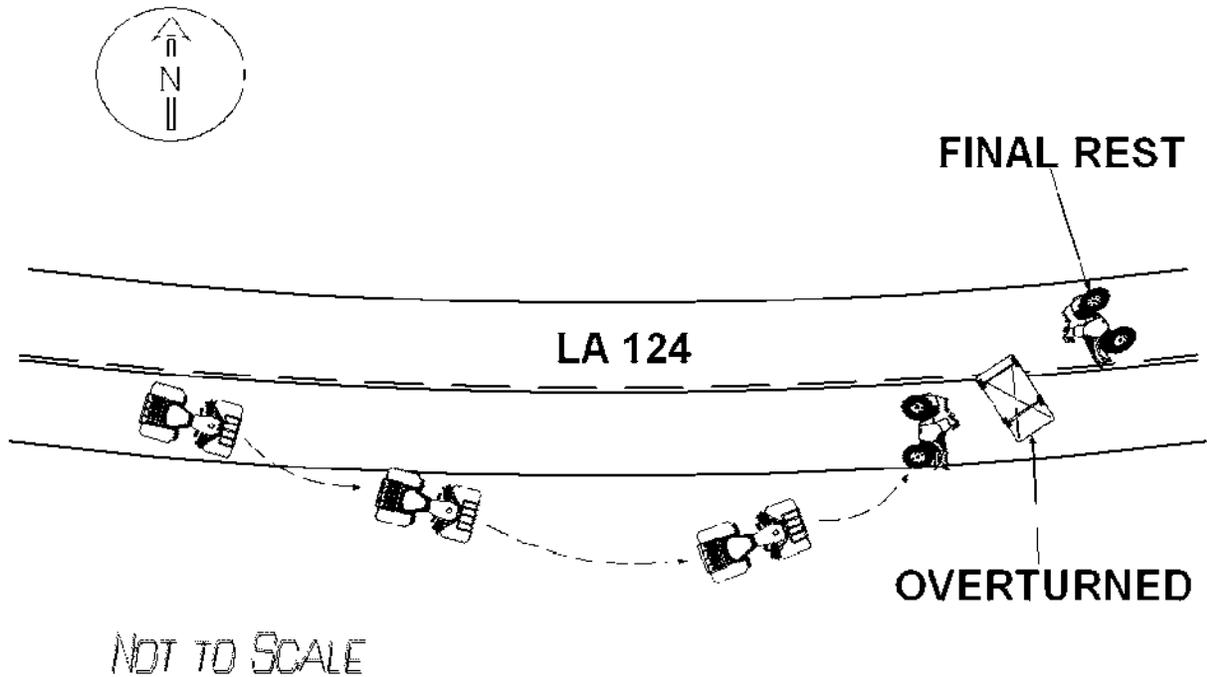
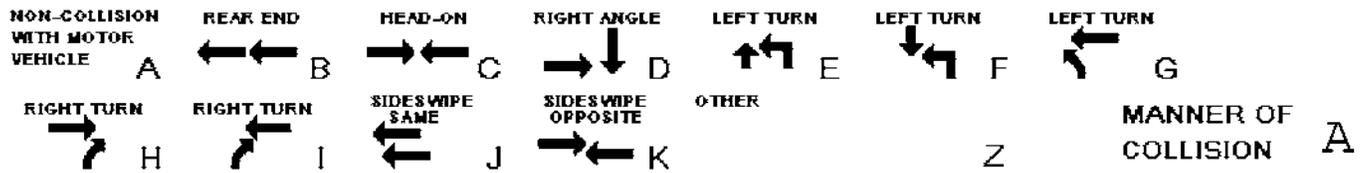
REFER TO EACH BY VEHICLE NUMBER

20100028113

WITNESS

BARTMESS, SHIRLEY M

200 BARTMESS RD., ENTERPRISE, LA 71425 PHONE: ()



VEHICLE 1, AN OFF-ROAD ATV, WAS TRAVELING EASTBOUND ON LA 124 ENTERING INTO A LEFT HAND CURVE. AFTER ENTERING THE CURVE, VEHICLE 1 EXITED THE ROADWAY TO THE RIGHT TRAVELING APPROXIMATELY 115 FEET. DRIVER 1 OVERCORRECTED TO THE LEFT CAUSING VEHICLE 1 TO RE-ENTER THE ROADWAY ROTATING IN A COUNTER CLOCKWISE MOTION. AFTER RE-ENTERING THE ROADWAY, VEHICLE 1 TRAVELED APPROXIMATELY 16 FEET BEFORE OVERTURNING. VEHICLE 1 OVERTURNED ONE COMPLETE TIME COMING TO REST APPROXIMATELY 15 FEET LATER IN THE WESTBOUND LANE OF LA 124. DRIVER 1 AND PASSENGER WERE TOTALLY EJECTED FROM THE VEHICLE, ALSO COMING TO REST IN THE ROADWAY.

DRIVER 1 WAS TRANSPORTED TO CITIZENS MEDICAL CENTER IN COLUMBIA, LOUISIANA, WITH SERIOUS INJURIES. DRIVER 1 WAS TRANSPORTED BY NORTHEAST AMBULANCE SERVICE. AT 2155 HOURS, A BLOOD SAMPLE WAS SECURED FROM THE DRIVER OF VEHICLE 1 AT THE EMERGENCY ROOM. THE BLOOD SAMPLE WAS DRAWN BY SANDRA GREMILLION(RN). TROOPER STEVEN SPAINHOWER, OF TROOP-F, WITNESSED THE DRAWING OF THE BLOOD SAMPLE. THE BLOOD SAMPLE WAS LATER SUBMITTED TO THE NORTH LOUISIANA CRIME LAB IN ALEXANDRIA, LOUISIANA.

AT 2225 HOURS, THE DRIVER OF VEHICLE 1 SUCCUMBED TO HER INJURIES AT THE HOSPITAL. DRIVER 1 WAS PRONOUNCED DEAD BY DOCTOR LEE FEIERABEND AT THAT TIME. DRIVER 1 WAS IDENTIFIED AS MICKIE J. SHIRLEY, OF 7199 HIGHWAY 124, HARRISONBURG, LOUISIANA 71340.

AT 2229 HOURS, MASTER TROOPER TRACY HOWARD MADE NOTIFICATION TO THE NEXT OF KIN. TOLLIE WEEKS, OF 6920 HIGHWAY 124 HARRISONBURG, LOUISIANA 71340, WAS NOTIFIED OF HIS GRANDDAUGHTER'S DEATH AT THE HOSPITAL. CATAHOULA PARISH SHERIFF'S DEPUTY KRIS BATH MADE CONTACT WITH THE MOTHER OF DRIVER 1 AT APPROXIMATELY 2245 HOURS. EUNICE FRITZ WAS NOTIFIED OF HER DAUGHTER'S DEATH, AT HER RESIDENCE, BY DEPUTY BATH. FRITZ ADVISED BATH THAT SHE WAS ALREADY AWARE OF HER DAUGHTER'S DEATH. FRITZ ADVISED HER MAILING ADDRESS WAS 8012 HIGHWAY 8, HARRISONBURG, LOUISIANA 71340.

THERE WAS ONE PASSENGER RIDING IN VEHICLE 1 AT THE TIME OF THE CRASH. THE PASSENGER STATED THEY WERE TRAVELING ON LA 124, WHEN THE DRIVER BEGAN SWERVING THE ATV ON THE ROADWAY. SHE STATED THE VEHICLE EXITED THE ROADWAY TO THE RIGHT AND BEGAN OVERTURNING. SHE STATED SHE AND THE DRIVER WERE BOTH EJECTED FROM THE VEHICLE. THE PASSENGER WAS TRANSPORTED TO CITIZENS MEDICAL CENTER BY NORTHEAST AMBULANCE SERVICE. THE PASSENGER WAS IDENTIFIED AS NIKKI N. FRANKLIN, OF 1265 FOREST STREET, COLLA, LOUISIANA 71465. FRANKLIN'S INJURIES WERE LISTED AS MODERATE.

THERE WAS ONE WITNESS TO THE CRASH. THE WITNESS WAS IDENTIFIED AS SHIRLEY BARTMESS, P.O. BOX 4, ENTERPRISE, LOUISIANA 71425. BARTMESS STATED VEHICLE 1 PULLED OUT IN FRONT OF HER VEHICLE ON LA 124. SHE STATED VEHICLE 1 IMMEDIATELY BEGAN TO SWERVE IN THE ROADWAY. SHE STATED VEHICLE 1 OVERTURNED EJECTING BOTH OCCUPANTS IN THE VEHICLE. SEE ATTACHED WITNESS STATEMENT.

LA 124 IS A TWO LANE ASPHALT ROADWAY WITH UNIMPROVED SHOULDERS. THE ROADWAY WIDTH IS APPROXIMATELY 22 FEET WIDE, WITH EACH LANE MEASURING APPROXIMATELY 11 FEET. THE EASTBOUND LANE IS MARKED WITH A YELLOW NO-PASSING LINE, AND THE WESTBOUND LANE IS MARKED WITH YELLOW DASHED LINES. THERE WAS APPROXIMATELY A 4 INCH DROPOFF AT THE EDGE OF THE ROADWAY WHERE VEHICLE 1 EXITED AND RE-ENTERED THE ROADWAY. THERE IS A SHARP LEFT HAND CURVE SIGN APPROXIMATELY 1/10 OF A MILE EAST OF THE CRASH SCENE THAT WAS ERECTED ON 12/5/2006. THERE IS A 55 MPH SPEED LIMIT SIGN 5.5 MILES EAST OF THE CRASH SCENE THAT WAS ERECTED ON 12/11/2006.



CODE
1

Louisiana State Police

* TRAFFIC CRASH TIRE INFORMATION *

VEHICLE #1	TREAD DEPTH	AIR PRESSURE	COMMENTS
1.) Left Front:	12 32ND	6 PSI	
2.) Right Front:	13 32ND	8 PSI	
3.) Right Rear:	22 32nd	6 PSI	
4.) Left Rear:	18 32nd	12 PSI	

VEHICLE #	TREAD DEPTH	AIR PRESSURE	COMMENTS
1.) Left Front:			
2.) Right Front:			
3.) Right Rear:			
4.) Left Rear:			

INFORMATION OBTAINED BY: TPR. WAYNE TAYLOR #2344

INVESTIGATING OFFICER'S INITIALS WT

CODE
1

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

20100029113-07

DATE 8/26/10 TIME 0910 PLACE Capital Hill
I. Hank G. Mason AM 53 YEARS OF AGE,
MY ADDRESS IS 7133 Hwy 174 Hammond, LA 71340
AND MY TELEPHONE NUMBER IS (317) 744-5949

I WAS TO MY MOTHER ROOM I DIDN'T KNOW
THAT MY BROTHERS ATV WAS TAKEN. MILKIE J SHALEY
CAME OVER MY HOUSE AROUND 7:00 PM TO TALK.
NEXT THING I NO SHE WAS GONE AND I FOUND
OUT SHE HAD TAKEN MY BROTHERS ATV.

STATEMENT WRITTEN BY TOM W. TAYLOR PI
AND H. MASON REQUEST

THE ABOVE STATEMENT IS, TO THE BEST OF MY KNOWLEDGE, A TRUE AND CORRECT
ACCOUNT OF MY RECOLLECTION OF THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: Hank G. Mason

OFFICER TAKING STATEMENT: Tom W. Taylor

SIGNATURE: [Signature]

INVESTIGATING OFFICER'S INITIALS WT

CODE
1

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

AC100028113-08

DATE 8/20/2010 TIME 7:30 PM PLACE Hwy 124 N
I. Shirley Bartness AM 67 YEARS OF AGE,
MY ADDRESS IS P.O. Box 4 Enterprise La 71425
AND MY TELEPHONE NUMBER IS (318) 744-5206

On Friday Aug 20th 2010 at approximately 7:30 PM I was traveling from Harrison Bay La to Enterprise La North on Hwy 124. As I approached the Hank Mason residence an all terrain vehicle pulled out of the driveway onto Hwy 124 traveling North toward Enterprise La. I stopped my vehicle. The all terrain vehicle immediately started to weave from ^{one} lane to the other as if the driver had lost control. It then started trying to flip. It turned up on the left wheel and then back to the left. The second time the passenger, a young white female was thrown out. The vehicle then flipped back to the other side and went into the air the driver, a white female was thrown several feet into the air and landed on her stomach in the center of the road. I left my vehicle next to her and called 911. The girl was unresponsive.

THE ABOVE STATEMENT IS, TO THE BEST OF MY KNOWLEDGE, A TRUE AND CORRECT ACCOUNT OF MY RECOLLECTION OF THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: X Shirley Bartness

OFFICER TAKING STATEMENT: Tom W. Toussaint

SIGNATURE: Tom W. Toussaint



STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DIAGRAM SUPPLEMENTAL

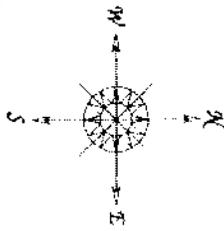
COMPUTER NUMBER

210100038113

PAGE #

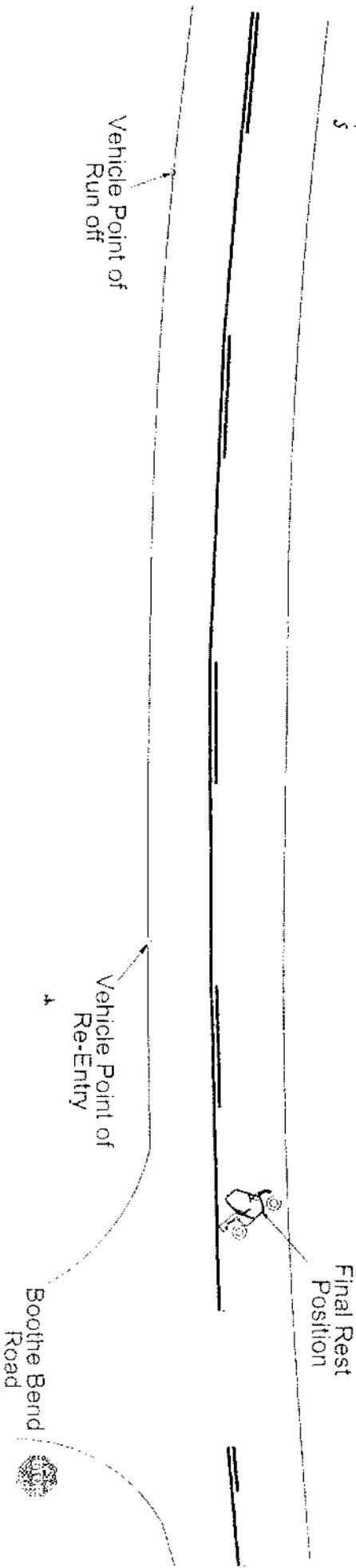
019

CODE
1



LOUISIANA STATE POLICE

Officer: [Name] / [Rank]
Patrol: [Number] / [Unit]
Date: [Date] / Time: [Time]
Location: [Address]



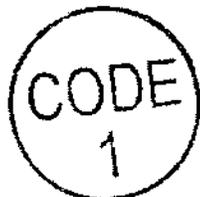
Vehicle Point of Run off

Vehicle Point of Re-Entry

Final Rest Position

Boothe Bend Road





STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENTAL

2	0	1	0	0	0	2	8	1	1	3	1	0
---	---	---	---	---	---	---	---	---	---	---	---	---

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC. IF NECESSARY, INDICATE DAMAGE TO PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER

On 08/30/2010, TFC C. Cedars and I (Crash Reconstruction Unit), inspected the scene of a one vehicle fatal crash that occurred on 08/20/2010, on LA 124 in Catahoula Parish. The vehicle involved in the crash was a 2004 Yamaha Rhino (Side by Side ATV). The vehicle was traveling east and ran off of the road to the right. The vehicle reentered the road and overturned. The vehicle came to a final rest position on the driver's side facing north. The driver of the vehicle suffered fatal injuries as a result of the crash.

We were present at the crash scene from approximately 1105 to 1205 hours. While on the scene we collected data and measurements of the scene utilizing a "Nikon Pulse Laser Station" (NPLS) Model #NPL-332. I operated the NPLS and TFC Cedars operated the prism device. Using the data collected by the NPLS, a scaled diagram was completed using "Crash Zone 8.5" CAD software. During our inspection of the scene, we noted paint markings created by the investigating officer (W. Taylor) indicating the point of departure from the roadway, reentry to the roadway, and final rest position of the vehicle. We were unable to inspect the vehicle involved in this crash. The vehicle was released to a third party prior to our investigation. TFC C. Cedars photographed the crash scene and roadway markings. All digital photographs of the scene were uploaded to the State Police Digital Photograph Database and can be obtained by contacting the State Police Photo Lab (225-925-6972).

LA 124 at the location of this crash is an asphalt roadway that is in fair condition. This portion of the roadway has unimproved shoulders. I was unable to calculate the speed of the vehicle involved in this crash due to insufficient roadway evidence.

TFC J. Donaldson
Louisiana State Police
Reconstruction Unit

Reviewed by:
(LSP Reconstruction)

CODE
1

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

20160828113-

DATE 9/17/2016 TIME 12:20 PM PLACE (Abitibi) AM 24.5 YEARS OF AGE
I, Hank C. Mason
MY ADDRESS IS 7133 Hwy 194
AND MY TELEPHONE NUMBER IS (318) 744-5849

I, Hank C. Mason and Michael J. Slatyer
was running on Hwy 194 witness (A GREEN YAMAHA
350) in the front section in the day, not this
thing that see accident.

STATEMENT TAKEN BY: MICHAEL W. DRYDEN
AT MR. MASON REQUEST

THE ABOVE STATEMENT IS, TO THE BEST OF MY KNOWLEDGE, A TRUE AND CORRECT
ACCOUNT OF MY RECOLLECTION OF THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: X HANK MASON

OFFICER TAKING STATEMENT: TW DRYDEN

SIGNATURE: [Signature]

Task No. 100824CCC3047

Date: 10/20/2010

STATUS OF MISSING DOCUMENT (S)

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

1. Death Certificate

2. Autopsy Report

3. Toxicology Report

4. _____

5. _____

Date: _____ **Investigator No:** 9096

Regional office: 8400 **Supervisor No:** 8631

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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

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.

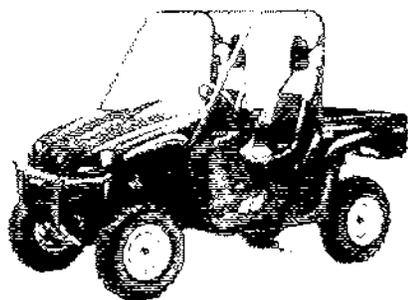
About 120,000 of the 450 and 660 model Rhinos have been distributed nationwide since Fall 2003. Some units have been equipped by Yamaha with half doors and additional passenger handholds, either before or after sale.

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.

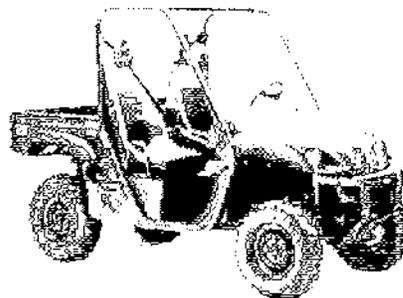
Yamaha is also voluntarily implementing the same repair program and suspension of sale for the Rhino 700 model, in order to ensure customer satisfaction. Consumers should stop riding the 700 model until it is repaired. About 25,000 Rhino 700s are part of this repair program.

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.

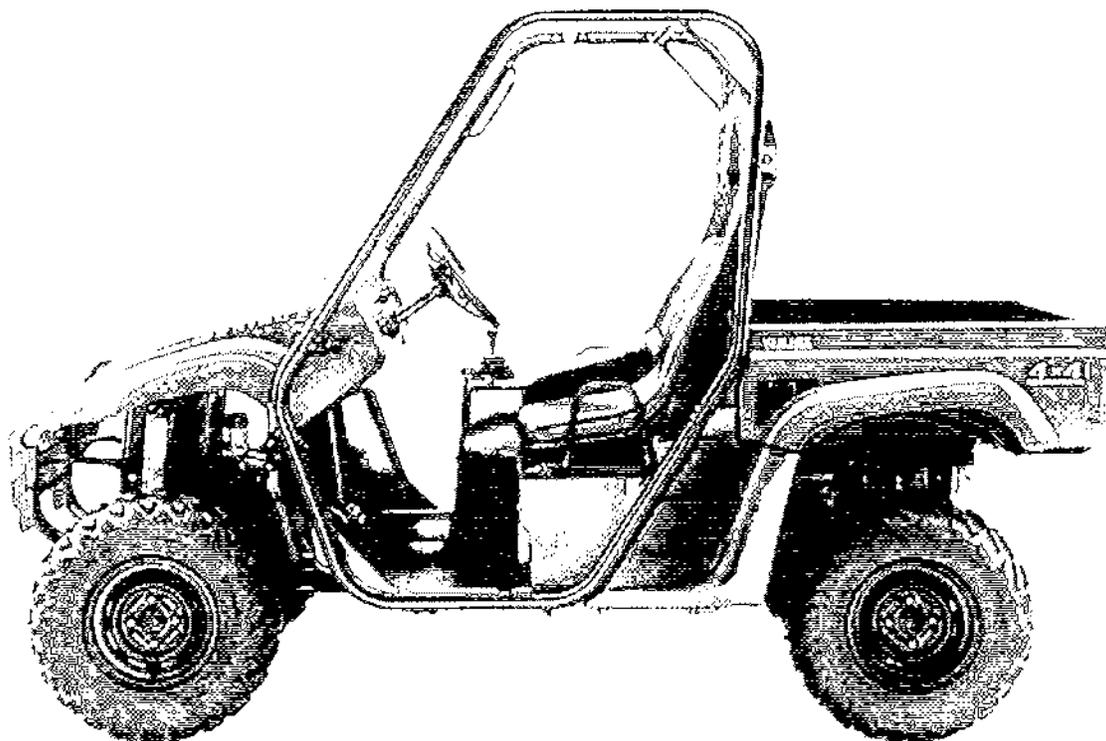
For additional information, contact Yamaha at 800-962-7926 anytime, or visit the firm's Web site at www.yamaha-motor.com



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.



Utility Vehicle Data Record Sheet

Front

A B

A:	Age:	50	Height:	5' 3"
	Gender:	F	Weight:	115
	Helmet (Y/N):	N	Seatbelt (Y/N):	N
	Killed/Injured/Neither/Unknown:	Killed		
	Injury Description:	Driver's seat belt injury		
	Did vehicle land on victim:	NO		
	Ejected (Either partially or fully):	yes 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):			

Rear

B:	Age:	19	Height:	5' 6"
	Gender:	F	Weight:	130
	Helmet (Y/N):	N	Seatbelt (Y/N):	N
	Killed/Injured/Neither/Unknown:	Injured		
	Injury Description:	broken leg		
	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):			

Cargo Bed

Rear

The Utility Vehicle

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.



Photo 1 shows a view of the front of the involved Yamaha Rhino 660.



Photo 2 shows a view of the passenger side of the involved Yamaha Rhino 660.



Photo 3 shows a view of the back of the involved Yamaha Rhino 660. The “Yamaha” name can be seen on the tailgate of the bed of the UTV.



Photo 4 shows a view of the driver's side of the involved Yamaha Rhino 660.



Photo 5 shows a closer view of the rear of the involved UTV. The frame of the cargo area of the UTV appears to be twisted. This damage apparently occurred during the incident.



Photo 6 shows a view of the model name of the involved UTV printed on a sticker label affixed to the UTV.



Photo 7 shows a view of the VIN number printed on the frame of the involved UTV. The VIN number appears to be, "5Y4AM06Y35A003831".



Photo 8 shows a view of the model name "RHINO" molded into the plastic dash of the involved UTV.

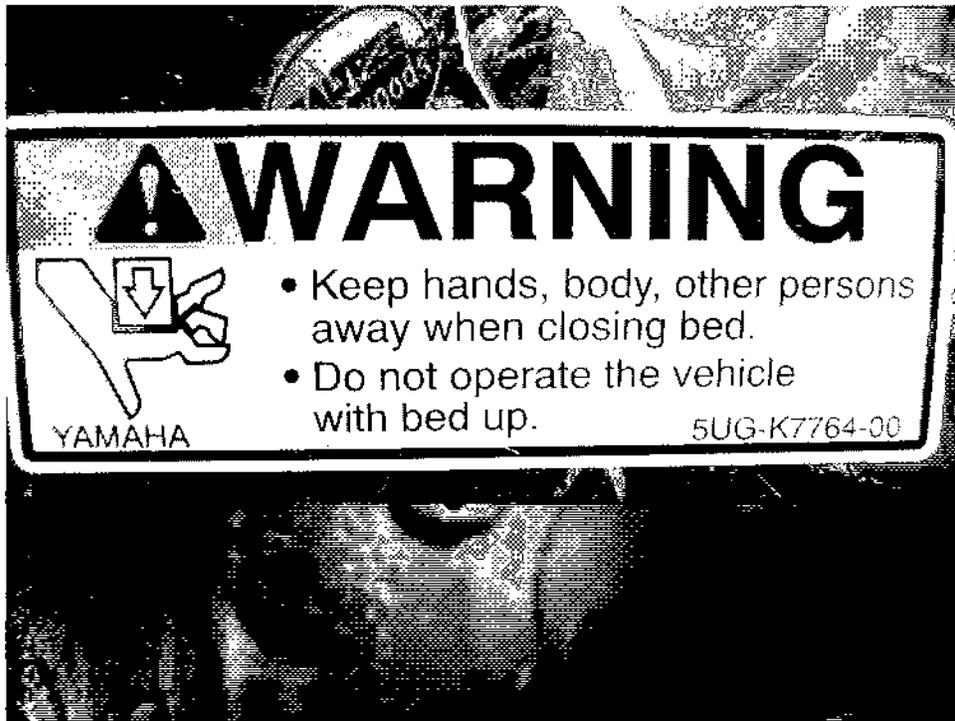


Photo 9 shows a view of a Warning label affixed to the involved UTV.

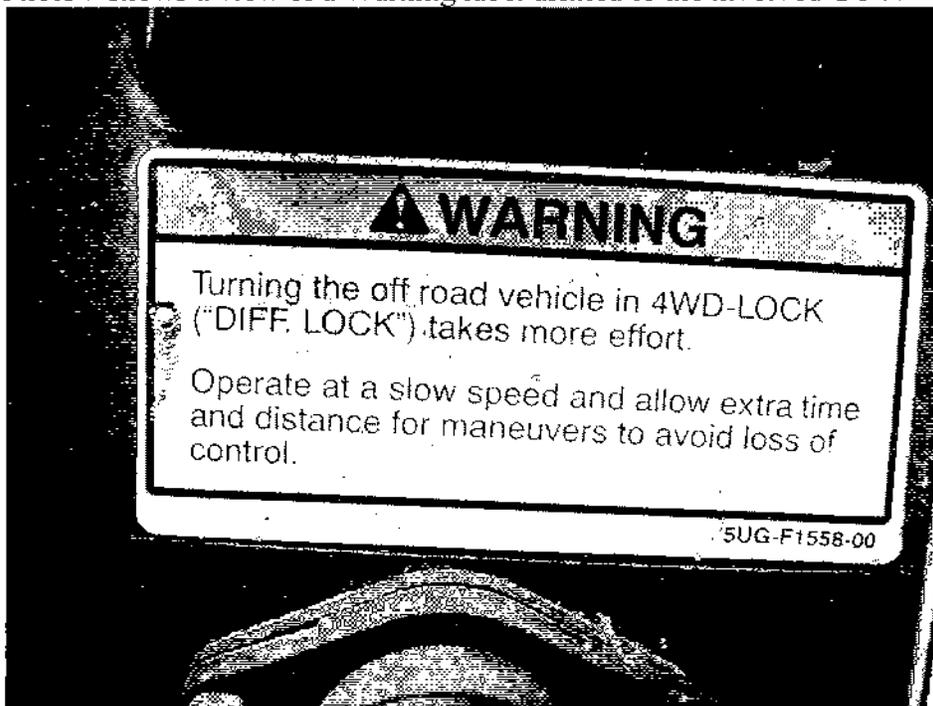


Photo 10 shows a view of another Warning label affixed to the involved UTV.

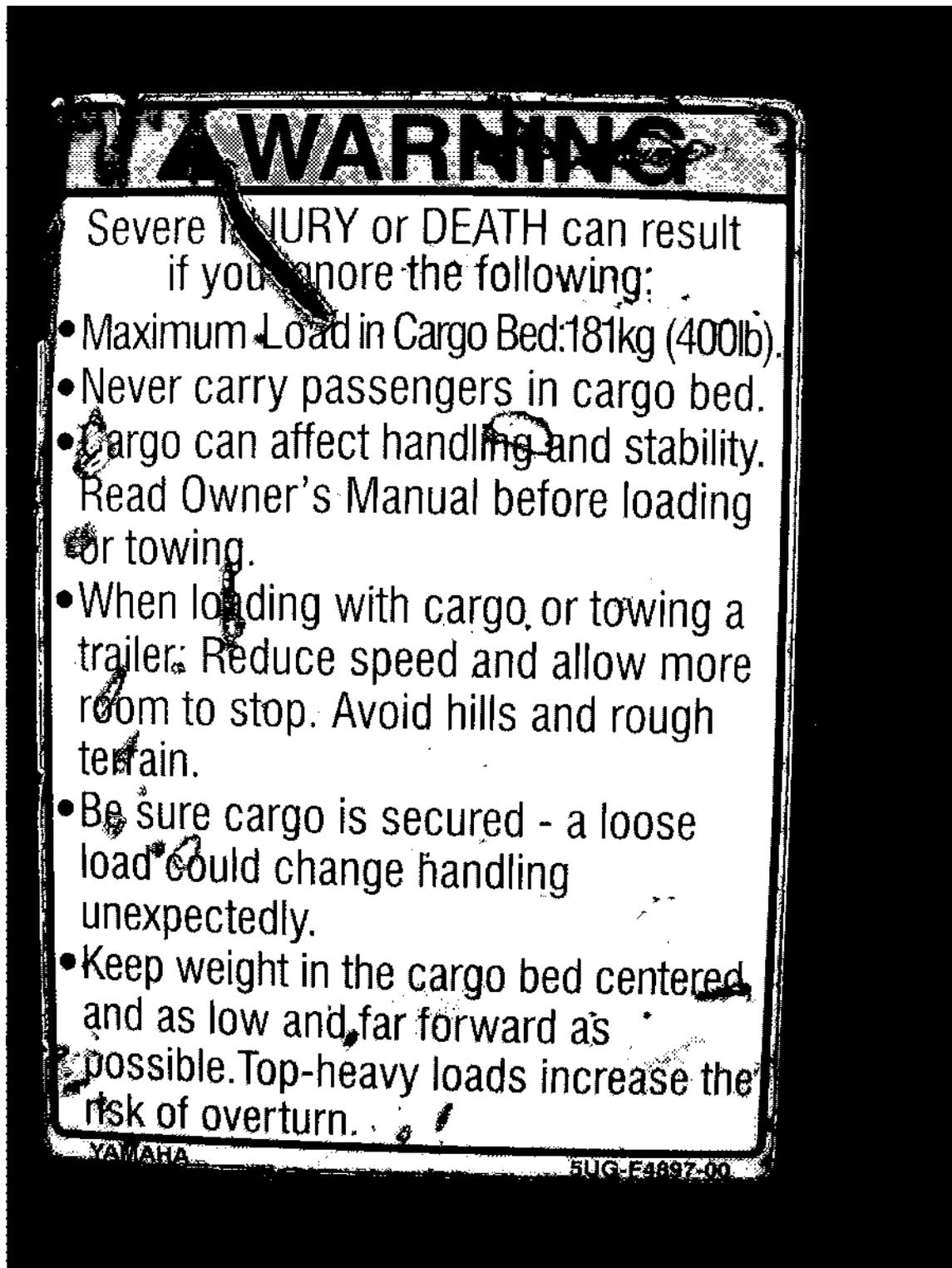


Photo 11 shows a view of another Warning label affixed to the involved UTV.

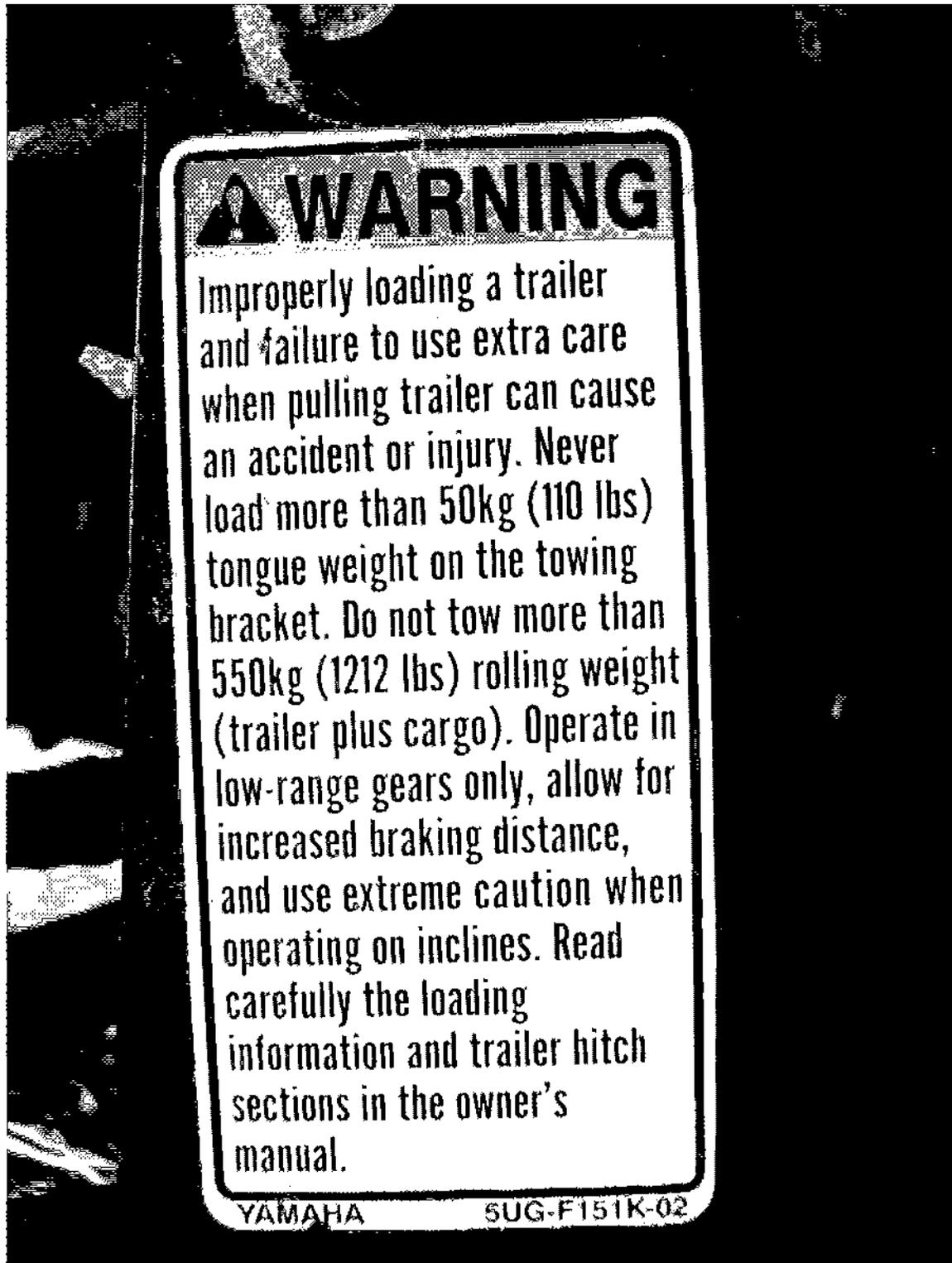


Photo 12 shows a view of another Warning label affixed to the involved UTV.

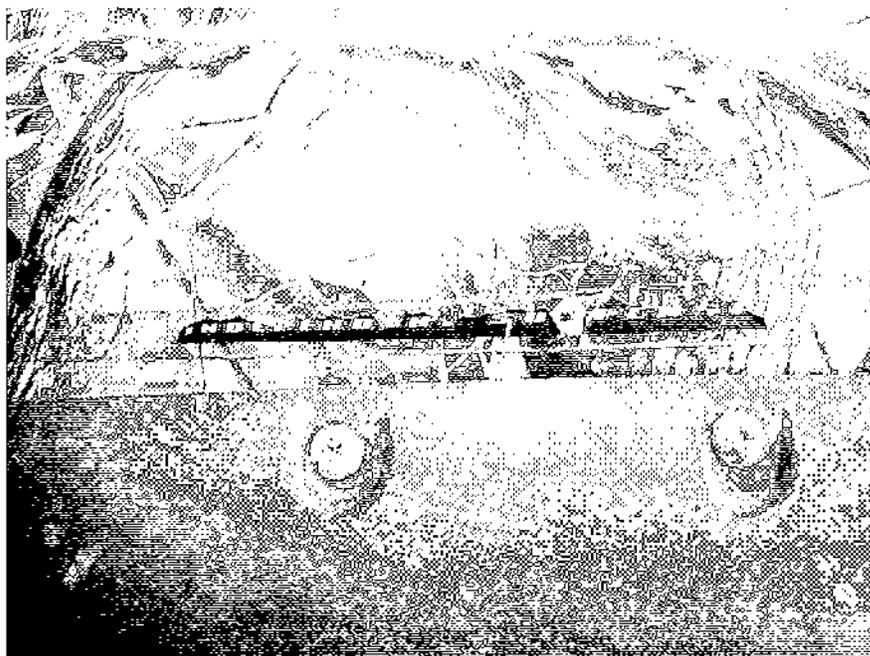


Photo 13 shows a view of a sticker label that states in part, “INDEPEND **N SU
PENSI”



Photo 14 shows a view of another sticker label affixed to the involved UTV that states in part, “DIFF-LOCK 4 x4 ON COMMAND”.

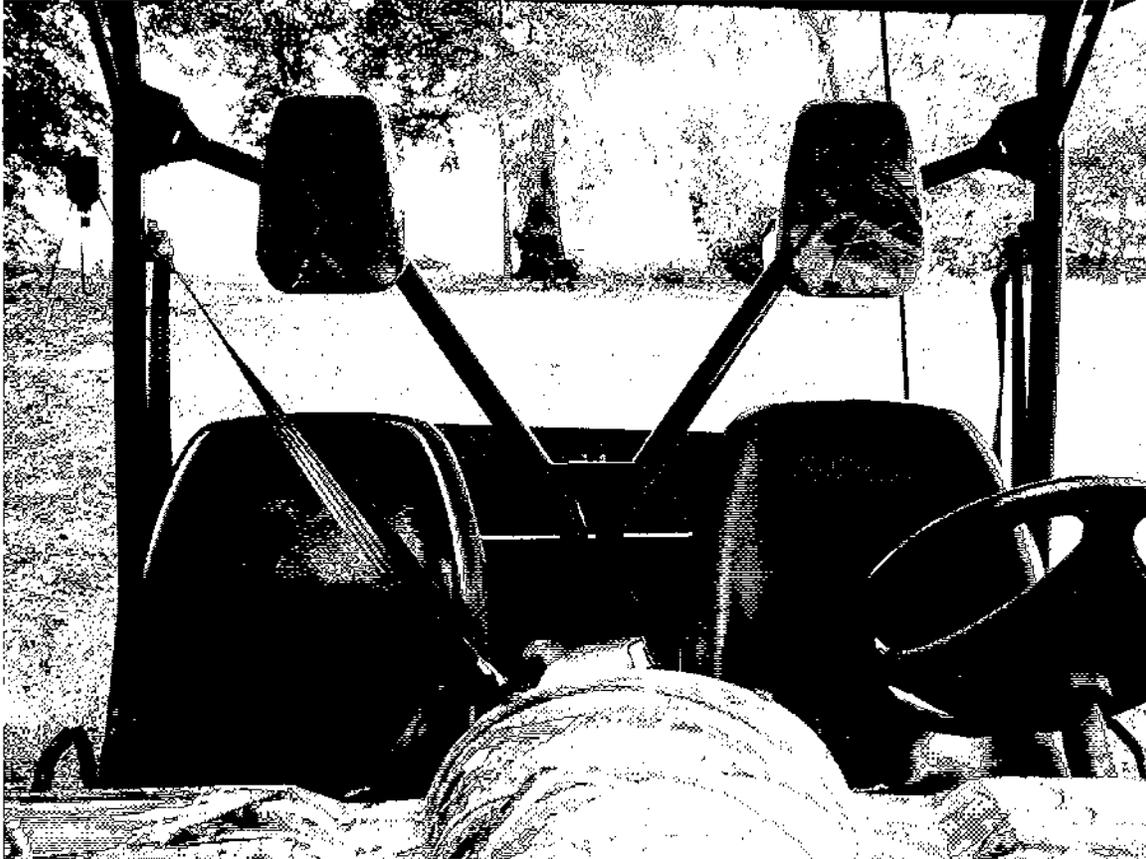


Photo 15 shows a view of the seats in the involved UTV. The seats are equipped with 3-point seatbelts.



Photo 16 shows a view of the passenger side seat with the seatbelt buckled.



Photo 17 shows a view of the involved UTV's seatbelt assembly located on the passenger side with the d-ring in the latch. The ring is released by depressing the white button on the latch.

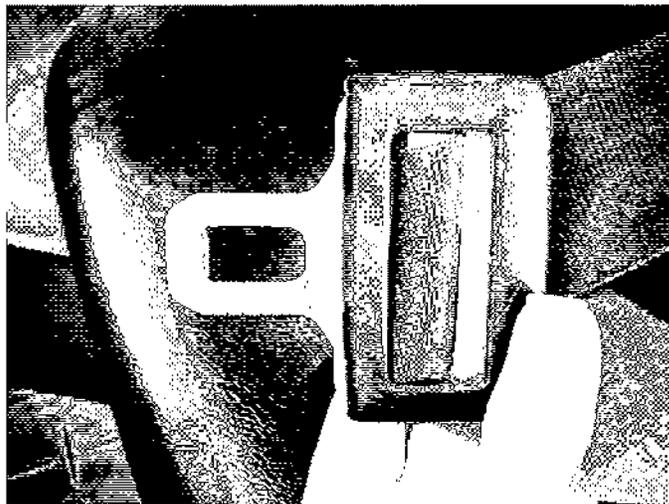


Photo 18 shows a view of the d-ring on the seat belt assembly.



Photo 19 shows a view of the canopy/roof on the involved UTV. Damage to the canopy was noted on the driver's side.



Photo 20 shows a close-up view of damage to the front of the frame and canopy on the driver's side of the involved UTV.



Photo 21 shows a view of damage to the canopy/roof located above the driver's seat.



Photo 22 shows a view of the gravel driveway the UTV pulled out of and proceeded to travel east on the paved roadway (indicated with the read arrow).



Photo 23 shows a view of the roadway the UTV was traveling on when the incident occurred. The road curves to the left.



Photo 24 shows another view of the roadway, with the photo being taken as the curve is being entered into.



Photo 25 shows a photo taken while driving the curve in the roadway. The UTV reentered the roadway and began overturning in this proximity.

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in our need for information on a potential product safety problem. We desire the freedom to disseminate information concerning concerned people in order to encourage safe use of the product. We understand a concern of individuals who do not wish to disclose their knowledge of a product safety concern.

We sincerely thank you for your contribution to the Commission and we are pleased to inform you that the information of your product has been disseminated. We also want to inform you of other reporting procedures that you may wish to use. Many individuals need to individually come on the scene to describe details of information with product or a clear situation.

Could you please indicate if the benefits of this program were your chief reason for disclosing your name? If you do not feel your name should be confidential, we will disseminate information. Also, you have the option for a permanent release of your name and the information, if you wish to provide.

I understand that you do not wish to be named. My family has no other individuals.

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

I am willing to be named in the Commission's information.

By telephone

(signature)

James Adams

09/00

100824CCC3047

TASK NUMBER : 100824CCC3047

PRODUCT SEARCH HISTORY:

I conducted a search of the CPSCnet for the 2005 Yamaha Rhino with the following result being returned:

Free Repair Program
Release #09-172
March 31, 2009



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

WARNING - INTERNAL USE ONLY

Do not release this information outside CPSC

1. Task Number 100824CCC3047		2. Investigator's ID 9096		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 08 20	5. Date Initiated YR MO DAY 2010 09 08		
6. Synopsis of Accident or Complaint UPC A 26-year-old died as a result of injuries she received when she apparently lost control of the utility vehicle (UTV) she was driving. Her 16-year-old passenger sustained a leg injury during the incident. Both were fully ejected when the UTV rolled over one complete time. Neither were wearing helmets or seatbelts. The 2005 model UTV had not been repaired per release #09-172, dated March 31, 2009.				
				MFR/PRVLBR NOTIFIED CC: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> OVERRULED: ATTACHED FOIA EXS. 285C16 DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <input type="checkbox"/>
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City HARRISONBURG		9. State LA
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 71 - Other/NS/No inj		16. Body Part(s) Involved 75 - HEAD		17. Respondent 3 - 2nd Hand Info Only
18. Type of Investigation 1 - On-Site		19. Time Spent (Operational / Travel) 22 / 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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/21/2010		25. Reviewed By 8631		26. Regional Office Director Frank J. Nava
27. Distribution Garland, Sarah		28. Source Document Number X1080411A		

1. Task Number 100824CCC3048		2. Investigator's ID 2074		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 08 21	5. Date Initiated YR MO DAY 2010 09 24		
6. Synopsis of Accident or Complaint UPC A 16 year-old male was pinned under a two passenger utility vehicle. He had been driving at a high rate of speed and probably hit a rut in the field he was driving in. The vehicle tipped, the victim was ejected from the vehicle and it landed on top of him. He died from chest trauma and compression asphyxia.				
MFR/PRVLAB NOTIFIED <i>2/3/11</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>3, 25, 6</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 2 - FARM		8. City FOREST GROVE		9. State OR
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 16		13. Sex 1 - Male		14. Disposition 8 - Death
15. Injury Diagnosis 54 - Crushing		16. Body Part(s) Involved 85 - ALL OF BODY		17. Respondent 3 - 2nd Hand Info Only
18. Type of Investigation 3 - Other		19. Time Spent (Operational / Travel) 13 / 1		
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 10/07/2010		25. Reviewed By 2074		26. Regional Office Director Frank J. Nava
27. Distribution Garland, Sarah; Topka, Tanya			28. Source Document Number X1080410A	

This investigation was initiated from a newspaper article. A teenaged male was discovered dead trapped under an over-turned **four-wheeled utility vehicle** in a field on a berry farm where he had been working for the summer. Contact with the victim's next-of-kin as well as the farm management was unsuccessful. The Sheriff's report has not been received at the time of this report writing. The majority of information contained in this written report was obtained from the medical examiner's investigation as well as newspaper reports.

The victim was a 16 year-old male (DOB: (b)(6)), was 72 inches tall, and weighed 173 pounds. He did not appear to have evidence of any natural disease that could have contributed to his death. Toxicology reports indicate he had no alcohol, controlled substances, or common pharmaceuticals in his system at the time of his death.

The victim was a hired summer worker on a commercial berry farm in a rural area. The owners of the berry farm are cousins of the victim's father. The victim had been staying with his relatives on or near the farm during his summer employment. According to statements made by the farm owner to the medical examiner's investigator, the victim had been trained in the operation of the utility vehicle (type of training was not specified) and had been instructed and reminded to drive at safe speeds and to always wear his seatbelt while operating the vehicle.

The victim used the utility vehicle daily through-out the summer to complete his job requirements. The day of the incident was the victim's last day of work on the farm. His family was in transit to pick him up from his summer job when the incident occurred.

The day of the incident, August 21, 2010, around 3:00pm, the victim was driving the utility vehicle in a field near his place of work. Photographs of the scene lifted off of the Internet (Exhibit "A") show the terrain to be relatively flat with pasture grass around 12 inches high. The victim's employer told the medical examiner's investigator that he did not know why the victim was driving in that particular area as there are no crops to harvest there. The victim was alone in the vehicle. There is no indication that there were any other vehicles accompanying the victim's vehicle. The temperature outdoors was around 70 degrees F. The sky was cloudy. There were slight winds and no precipitation. The ground was dry.

At 3:06pm, a 911 call was made by the victim utilizing his personal cell phone. He told the dispatcher he was "injured all over". The victim became unresponsive at 3:07pm. The location of the incident was determined by the cell phone signal recorded by 911 dispatching. Medics arrived at the GPS location at 3:14pm. At that point the victim was not immediately located. After searching the surrounding area, authorities discovered the victim pinned under an overturned utility vehicle. The victim was pronounced dead at 3:39pm.

The victim was not wearing a helmet or his seatbelt when he was discovered. He was dressed in a button-up shirt, underwear, jeans, a belt, two white sock, and two work boots.

According to the medical examiner's report, it appeared that the victim was operating the vehicle at a relatively high rate of speed. From tire marks left in the ground, it appeared the victim was attempting to turn while traveling at the high speed causing one tire to leave the ground. At some point during the failure to negotiate the turn, the vehicle struck a deep rut in the field,

causing the victim to be ejected and the vehicle to overturn and land on top of the victim. The ruts in the ground were measured to be approximately 10"-12" deep and the dirt was baked very hard from heat.

At the time the victim was located, it was observed that the vehicle was lying on its left side (driver side) and the area from beneath the driver seat to the bottom of the vehicle was in direct contact and was compressing the victim's back from mid to lower torso. The medical examiner determined the manner of death to the victim was an accident. Examination of the victim showed blunt force chest trauma and evidence of compression asphyxia.

It is unknown how old the utility vehicle was, how often it had been used, and who else used the vehicle. It is unknown when, where, and by whom it was purchased. It is unknown what type of maintenance was done to the vehicle or where the vehicle was stored when not in use.

PRODUCT DESCRIPTION

The product is a **Yamaha Rhino 450 (year and VIN is unknown)**. The color is red. It has four wheels, a built-in roll cage, two front seats and a small pick-up bed in the back. Each seat has a full shoulder harness/lap belt seatbelt. The vehicle weighs approximately 1,105 pounds with oil and a full tank of gas.

The manufacturer is: Yamaha Motor Corporation, USA
6555 Katella Avenue
Cypress, CA 90630

It is unknown when the vehicle was purchased or where it was purchased. Purchase price is also unknown.

ATTACHMENTS

Exhibit "A" – Photographs, 1 page
Exhibit "B" – Medical Examiner's Report, 9 pages
Exhibit "C" – Data Record Sheet – Utility Vehicle, 1 page
Exhibit "D" – Missing Document Sheet, 1 page



Washington County Sheriff's Department photograph – Lifted from the Internet.



Washington County Sheriff's Department photograph – Lifted from the Internet.

OFFICE OF THE STATE
MEDICAL EXAMINER
REPORT FORM

WASHINGTON

(b)(6)

PHYSICIAN	PHYSICIAN n/a		PHONE			
	MEDICATION					
SMOKING HX.:						
EXAMINATION	DATE/TIME 8/21/10		PLACE Scene			
	HEIGHT:	WEIGHT:	HAIR COLOR	EYE COLOR		
	POSITION			MOVED?		
	LIVOR		RIGOR		BODY HEAT	
					SURROUNDING TEMP.	
	LOCATION AND DEGREE OF PUTREFACTION N/A					
	DETAILED BODY DESCRIPTION N/A					
CLOTHING	CLOTHING N/A					
	JEWELRY	CASH	PROPERTY REMOVED wallet + contents, headset/radio, hat, jacket, belt tools, cell phone			
	OTHER PROPERTY property released to NOK by WCSO					
SEROLOGY DATA	BLOOD DRAWN?	BY WHOM?	BLOOD ALCOHOL SENT?	BA RESULTS:	TOX SENT?	TOX RESULTS:
	ADMIT BLOOD AT HOSP?	PICKED UP?	BY WHOM?			
	TESTED BY HOSP?	RESULTS				
	URINE DRAWN?	VITREOUS DRAWN?	VITREOUS TIME			
MISC DATA	PHOTOS TAKEN? At Scene	BY WHOM? Sheriff's Office				
	CRIME LAB AT SCENE? N/A	WHO?				
INFORMANTS	INFORMANT1 WCSO		INFORMANT2 (b)(6) Employer/relative			
	INFORMANT3		INFORMANT4			

**OFFICE OF THE STATE
MEDICAL EXAMINER
NARRATIVE**

**WASHINGTON
10-0175**

WASHINGTON

(b)(6)

Information Sources

WCSCO, 503-629-0111

Timothy Duyck, Employer/relative, 503-789-2588

Location

Field: (b)(6)

Narrative

On 08/21/10 at 1535 hours, Dispatch requested that I contact WCSCO Deputies who were at the scene of a death in a rural area of Forest Grove. I called and spoke with WCSCO Deputy Braun who advised that he was at the above location (accessed through property address (b)(6)) with a 16 year-old boy who had been killed in an ATV accident. I responded to the scene and first met with TVF&R Paramedic Tony Carter with Rescue #4. Tony advised that they responded to the location as a medical emergency and pronounced death at 1539 hours. I then met with WCSCO Deputies Braun and Summers. I learned that the deceased had been identified as 16 year-old (b)(6). (b)(6) had called 911 emergency dispatch himself after he rolled the ATV he had been driving in a field. The 911 call was received at 1506 hours. (b)(6) became verbally unresponsive at 1507 hours and did not communicate with dispatch operators any further after that time. Dispatch used GPS to determine an approximate location for the cell phone that (b)(6) had used to call 911. TVF&R personnel and WCSCO deputies were dispatched immediately. TVF&R Engine #86 arrived at the GPS location at 1514 hours and WCSCO Dep. Braun arrived at 1524 hours. Upon their arrival, they were unable to specifically locate (b)(6). After a thorough search, they located (b)(6) underneath an overturned ATV at a location near the original GPS coordinates. Fire medics arrived at (b)(6) location at approximately 1530 hours and Dep. Braun arrived at approximately 1538 hours. Upon initial arrival, rescue personnel observed an overturned four-wheel Rhino ATV. The caller, later identified as (b)(6), was seen lying prone on the ground and was trapped underneath the vehicle. The vehicle was lying on top of (b)(6) torso from mid-range to lower torso and he showed no signs of life. A cell phone was immediately next to (b)(6) right hand and right ear. It was apparent that (b)(6) had not been wearing his seatbelt at the time of the accident. Rescue personnel set the ATV in its upright position, moving it from where it trapped Louie. The key was in the 'on' position although the vehicle was not running. Once (b)(6) had been freed from the vehicle, they turned him from a prone to supine position in order to assess his condition. They found him to be deceased and death was pronounced at 1539 hours.

During the course of the investigation, it was learned that (b)(6) lived in Washington with his parents, (b)(6) (b)(6) but had been staying with other family members in rural Forest Grove while he worked at the above location for the summer. The above location is a large berry farm, (b)(6) owned by (b)(6). (b)(6) are brothers and are both cousins to (b)(6) father. (b)(6) had been working at the farm since sometime in June and today, 08/21/10, was his last day. (b)(6) parents had driven down from Washington so that they could pick him up today and take him home.

I spoke with (b)(6) who advised that (b)(6) was an official employee who was being paid for his work via a paycheck. (b)(6) also stated that (b)(6) had been properly trained on how to safely operate the Rhino he had been driving at the time of the accident. He had been instructed and reminded to drive at safe speeds and also to always wear his seatbelt while operating the vehicle. (b)(6) used the Rhino vehicle frequently during his employment and was familiar with its operation. (b)(6) was present at the scene and told Dep. Braun and myself that he did not know the reason why (b)(6) would have been on the area of the farm where the accident occurred. There was no work for him on that part of the property as it was just an open field area between two crops. It should be noted that OSHA was notified of the accident. Investigator Dana Hefty took the initial report and assigned OSHA case #20102015.

Dep. Braun advised that, after his assessment of the scene, it was his opinion that Louie had been operating the ATV at speeds that were unsafe for the area. Dep. Braun observed three tire marks that were made in such a way that it

appeared as though Louie was operating the vehicle at a relatively high rate of speed, was attempting to turn and tipped the ATV to the point where one tire left the ground. At some point during this failure to negotiate, the ATV struck a deep rut in the field which caused (b) to be ejected from the ATV (no seatbelt in use at the time) and the ATV then overturned and landed on top of (b). I observed the ruts in the ground and the tire marks in the grass. The ruts were approximately 10-12" deep and were baked very hard from heat.

Scene Description

The scene was a rural farm property outside of Forest Grove. At the time of my investigation, the decedent was seen lying supine on the ground next to an upright ATV. Multiple farm type items (shovel, misc. tools etc.) along with items of the decedent's property were scattered in a small debris field around the immediate area. The ATV was a red, Yamaha Rhino 450 (unable to determine exact year of vehicle). The vehicle had four wheels, a built-in roll cage, two front seats and a small pick-up bed. Each seat had a full shoulder harness/lap belt seatbelt. The vehicle specifications from the manual indicate that the vehicle weighs approximately 1,105 pounds with oil and a full tank of gas. Dep. Braun pointed out the area of the vehicle was in direct contact with Louie at the time of initial discovery. The vehicle was lying on its left side (driver side) and the area from beneath the driver seat to the bottom of the vehicle was in direct contact and was compressing Louie's back from mid to lower torso. This area of the vehicle measured approximately 19". Chunks of grass and dirt were noted in joint areas of the upper (roof) parts of the roll bar.

Body Examination

Preliminary external body examination revealed an older minor male Caucasian seen lying supine in a grass field. A coat had been placed over his face and upper chest. Upon removal of the coat I noted that the decedent appeared consistent with his listed age of 16 years. He was wearing a plaid, button-up shirt, white underwear, jeans, black belt, two white socks and two work boots. EKG pads were noted in place on the chest. The jeans were covered with dirt/dust and were ripped in several places. One work glove was on his left hand. The matching glove was amongst other items of debris in the immediate area.

Red hair covered the scalp. Irides were blue/hazel. The face was quite unshaven overall with longer hair seen on the chin forming a goatee. Slight dehydration was noted to the lips. Natural dentition was present. Multiple large, dark red hemorrhages were noted to the sclera bilaterally. Dark purple petechial hemorrhages were noted to the face overall. A slight amount of foamy purge was noted coming from the mouth and residue of foamy purge was seen in the nares bilaterally. An abrasion was noted to the right/middle side of the forehead. A raised defect, commonly known as a 'goose egg' was clearly visible to the area underneath the abrasion. The abrasion had bled slightly. Purple and red petechia were noted to the neck and upper chest. An abrasion was noted to the posterior wrist forearm. No crepitus was noted upon palpation indicating the possible absence of chest/rib fractures. Rigor mortis was absent. The upper chest, neck and face were markedly purple overall. Repositional lividity, blanching with light pressure, was noted to the back. A superficial abrasion with skin piling was noted to the upper right quadrant of the back. No further remarkable observations were made.

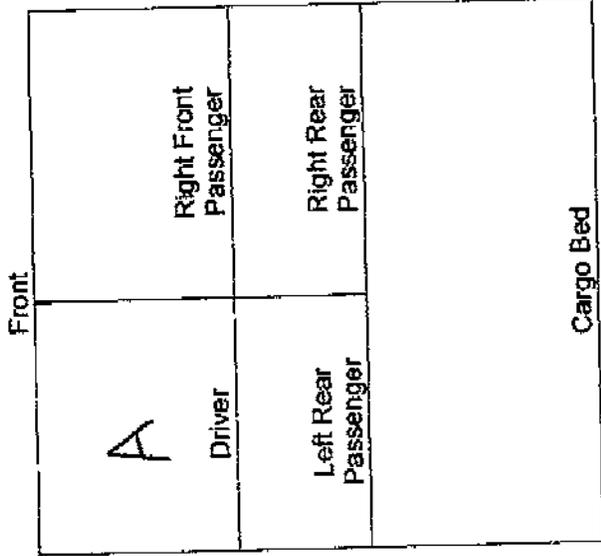
Identification

The decedent was positively identified by visual comparison to Washington State Driver Permit # (b)(6)

Disposition

After discussing this case with Dr. Nelson, I transported the decedent to the State Medical Examiner's Office for purposes of further examination.

Utility Vehicle Data Record Sheet



A: Age: 16 Height: 72"
Gender: M Weight: 173
Helmet (Y/N): N Seatbelt (Y/N): N
Killed/Injured/Neither/Unknown: Killed
Injury Description:
Did vehicle land on victim: Yes
Ejected (Either partially or fully): Yes

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: 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):

The Utility Vehicle

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.

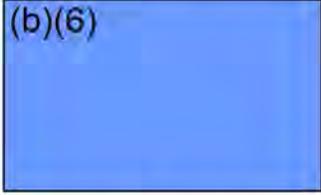
100824CCC3048
Exhibit "D", 1 page

MISSING DOCUMENT

Washington County Sheriff's Report

CONTACTS

(b)(6)



09/24/10 – Phoned and left message to the family requesting contact to discuss the incident.

(b)(6)



09/28/10 – Phoned and left message to speak to a manager regarding the incident on farm property.

Washington County Sheriff
215 SW Adams; MS 32
Hillsboro, OR 97123
Fax: 503-846-2719

09/24/2010 – Fax sent requesting official reports.

Oregon State Medical Examiner
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015
Fax: 971-673-8321

09/24/2010 – Fax sent requesting official reports.

www.wunderground.com – historical weather



X108 0410

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ATV accident in rural Washington County claims life of Puyallup boy

Published: Sunday, August 22, 2010, 11:39 AM Updated: Monday, August 23, 2010, 6:27 AM



Molly Hottle, The Oregonian
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The Yamaha Rhino all-terrain vehicle driven by Louie Hertel. While driving through a field, Hertel hit tire ruts hidden by tall grass, causing the ATV to overturn and land on him. He was pronounced dead at the scene.

A 16-year-old **Puyallup**, Wash., boy died after the all-terrain vehicle he was riding overturned and landed on top of him.

(b)(6) was pronounced dead when rescue crews found him Saturday afternoon near (b)(6) Road, about five miles north of Forest Grove.

OR
8/21/10
16M
product code = 5044

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Grove, in rural Washington County. He had used a cell phone to call for help just after 3 p.m., but the phone lost connection after he told a dispatcher he as "injured all over," **Washington County Sheriff's officials** said.

After a short search, authorities found (b)(6) dead under the Yamaha Rhino ATV. He had been riding in a field when he hit large tire ruts hidden by tall grass which caused the ATV to overturn.

(b)(6) had been visiting family in Washington County for the last few weeks. Saturday was the last day of his visit.

In 2007, an **Oregonian investigation** revealed the hazards of operating ATVs. Between that year and 2000, at least 82 people in Oregon had died on ATVs, including 22 younger than 16.

-- Molly Hottle

Related topics: atv, forest grove, louie hertel, puyallup, washington county, yamaha rhino

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Puyallup teen dies in ATV accident in Ore.



Credit: Washington County Sheriff

Sixteen-year-old (b)(6) died when the ATV he was driving rolled on top of him.

by KING 5 News

NWCN.com

Posted on August 23, 2010 at 6:48 AM

Updated today at 8:40 AM

PUYALLUP, Wash. - A 16-year-old Puyallup boy has died in an ATV accident in a rural area west of Portland.

The Washington County Sheriff's Office says on Saturday just after 3 p.m., (b)(6) (b)(6) called 911 and said he needed help and that he was "hurt all over." Shortly after telling the dispatcher he was hurt, the cell phone lost connection.

Several deputies and EMS responded but found it difficult to determine the boy's exact location. After a short search, EMS found the teen trapped under a Yamaha

Rhino 450. Unfortunately, he had died of his injuries.

Deputies learned that (b)(6) was visiting family and helping with farm work over the last few weeks. He was due to return home on Saturday and was spending his last day having some fun with the ATV. While riding in a field, he hit some large tire ruts hidden by tall grass. The ATV rolled and landed on top of him.

Add another comment

1. Task Number 100825HCC3049		2. Investigator's ID 9107		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 08 20	5. Date Initiated YR MO DAY 2010 08 25		
6. Synopsis of Accident or Complaint UPC A 34 year old male, Vic#1, was driving a UTV, giving a tour around the farm to 3 passengers. All four victims had been drinking. They were all seated on the bench seat not wearing a seat belt and without helmets. Vic#1 reached a down slope on the dirt road and started driving really fast. Vic#1 lost control of the UTV and began swerving left and right, then eventually overturned ejecting all passengers. The UTV rolled over and landed on Vic#1. Vic#1 died from blunt force trauma. The three passengers were taken to the hospital to be treated for their injuries.				
MURDER/BR NOTIFIED COMMENTS: ___ YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> 4/17/11 ___ OVERRULED; ___ ATTACHED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> EXCISIONS/FOLIA <input checked="" type="checkbox"/> 5/6/11 ___ DO NOT RE-NOTIFY ___ RE-NOTIFY <input checked="" type="checkbox"/>				
7. Location (Home, School, etc) 2 - FARM		8. City PASO ROBLES		9. State CA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS RANGER		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC (b)(6) 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 34	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.	
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 13 / 0	
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 01/24/2011	26. Reviewed By 9067		27. Regional Office Director Frank J. Nava	
28. Distribution Garland, Sarah			29. Source Document Number X1080414A	

This In-Depth Investigation (IDI) was initiated based upon an article found in an online search concerning a fatality involving a **Utility Terrain Vehicle (UTV)**. The following information was obtained from investigating officials. Contact with the victim's next-of-kin was unsuccessful. Photographs of the scene were requested, but have not been received at the time of this report writing.

Victim #1 was a 34 year old male. His date of birth was (b)(6). The victim weighed 160 pounds and was 6'1" tall. Victim #1 was the driver of the UTV.

Victim #2 was a 29 year old female. Her date of birth was (b)(6). Victim #2 sustained multiple lacerations, possible broken hand and finger. Victim #2 was seated next to driver of the UTV.

Victim #3 was a 29 year old female. Her date of birth was (b)(6). Victim #3 sustained multiple lacerations and contusions, possible sprained knee. Victim #3 was seated in the middle on the passenger side.

Victim #4 was a 39 year old male. His date of birth was (b)(6). Victim #3 sustained multiple scrapes and contusions. Victim #4 was sitting at the edge on the passenger side.

The incident took place on a farm. The UTV side by side was being driven on a dirt roadway with ascending and descending slopes. There was a fence along the side of the roadway which divided two fields. Looking at the roadway from north to south, it curves to the left. The roadway is between 10 to 14 feet wide and consists of hard packed dirt.

On 8/20/2010, the victim was driving a UTV side by side on a dirt road. Victim #2, victim #3 and victim #4 were all seated on the bench seat of the UTV next to each other. None of the passengers of the UTV were wearing a seat belt. They were all sharing a bottle of wine and taking a tour of the farm.

Victim #1 reached a down slope on the dirt road and started driving really fast. Victim #2 got scared and closed her eyes. Victim #4 told victim #1 to slow down. Victim #4 did not know if victim one was doing it on purpose or not, but the UTV started to go sideways on the road. Victim #1 lost control of the UTV and it began swerving towards the left of the road, then the right side of the road, then back again to the left, eventually over turning. All the passengers were ejected and the UTV rolled over victim #1.

When the UTV came to a stop, victim #4 called out and victim #2 and #3 responded, but there was no response from victim #1. They saw him on the ground bleeding from his ears and the side of his head. Victim #4 tried to stop the bleeding but there was just too much blood.

100825HCC3049

The officers concluded that victim #1 was driving the UTV southbound on a roadway at an unknown speed, making an unsafe turning movement and allowing the UTV to veer from a straight path of travel. Victim #1 overcorrected causing the UTV to pitch sideways. The UTV overturned on the roadway causing the passengers to be ejected. The UTV rolled over onto victim #1 causing fatal injuries. Empty bottles of wine and beer were found in the field west of the scene and at the base of an oak tree north of the scene.

Per the coroner's report, cause of death was due to multiple blunt force trauma injuries.

Toxicology test showed that the victims blood ethyl alcohol level was 0.16 grams%.

Product Identification:

The product involved in this In-Depth Investigation was a Utility Vehicle (UTV). The product is identified as a **green 2006 Polaris Ranger side by side type UTV. The UTV has a cargo bed and can accommodate three seat belted passengers on its bench seat. VIN# 4XARD50AX6D750497**

No further information was obtained.

Exhibits:

- (1) Police Report
- (2) Coroner's Report
- (3) Missing Documents Form
- (4) Data Record Sheet - Utility Vehicle

Contacts :

San Luis Obispo County Sheriff/Coroner
PO Box 32

San Luis Obispo, CA

Contact was initiated to obtain a copy of the investigation report along with the autopsy and photographs of the scene.

The Sheriff's department only assisted at the scene. No written report was kept.

California Highway Patrol

101 Duncan Rd

Templeton, CA

Contact was initiated to obtain a copy of the investigation report and photographs

The photographs were requested through the evidence office, but they have not been received.

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

SPECIAL CONDITIONS FATAL PRIVATE PROPERTY		NUMBER INJURED 3	HIT & RUN PELVISY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT PASO ROBLES SUPERIOR	LOCAL REPORT NUMBER 2010-08-0062	
NUMBER OF VEHICLES 1		HIT & RUN INVESTIGATION <input type="checkbox"/>	COUNTY SAN LUIS OBISPO	REPORTING DISTRICT	BEAT 902	DAY OF WEEK FRIDAY	TOW AWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	COLLISION OCCURRED ON (b)(6)			MO 08	DAY 20	YEAR 2010	TIME (2400) 1919
	MILEPOST INFORMATION			GPS COORDINATES LATITUDE 35.66877°		LONGITUDE -120.87747°	
	AT INTERSECTION WITH <input checked="" type="checkbox"/> DR (b)(6)			STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY: AGREDANO 13984 VILLARS 10820	
PARTY 1	DRIVER'S LICENSE NUMBER (b)(6)	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP D	VEH YEAR 2006	MAKE / MODEL / COLOR POLARIS RANGER GRN
DRIVER	NAME (FIRST, MIDDLE, LAST) (b)(6)			OWNER'S NAME CURTIS P. DUBOIS		LICENSE NUMBER Y88 147	
PEDES TRIAN	CITY / STATE / ZIP (b)(6)			OWNER'S ADDRESS SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
PARKED VEHICLE	SEX M	HAIR BLN	EYES BLU	HEIGHT 6-01	WEIGHT 160	BIRTHDATE DAY YEAR (b)(6)	RACE W
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER (b)(6)		
INSURANCE CARRIER N/A	POLICY NUMBER		DIR OF TRAVE ON STREET OR HIGHWAY S (b)(6)		SPEED LIMIT N/A		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH YEAR	MAKE / MODEL / COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)			OWNER'S NAME SAME AS DRIVER		LICENSE NUMBER	
PEDES TRIAN	STREET ADDRESS			OWNER'S ADDRESS SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
PARKED VEHICLE	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE DAY YEAR	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
INSURANCE CARRIER	POLICY NUMBER		DIR OF TRAVE ON STREET OR HIGHWAY		SPEED LIMIT		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH YEAR	MAKE / MODEL / COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)			OWNER'S NAME SAME AS DRIVER		LICENSE NUMBER	
PEDES TRIAN	STREET ADDRESS			OWNER'S ADDRESS SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	
PARKED VEHICLE	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE DAY YEAR	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
INSURANCE CARRIER	POLICY NUMBER		DIR OF TRAVE ON STREET OR HIGHWAY		SPEED LIMIT		
PREPARER'S NAME DAVID G. AGREDANO 013984	DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME		DATE REVIEWED		

2010-08-0062

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
OHP 555 CAR# PAGE 2 (REV. 11-06) OPI 065

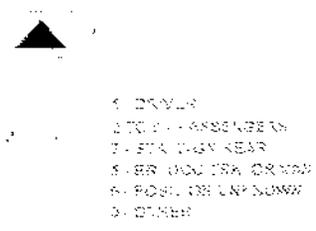
PAGE 2 OF 2

DATE OF COLLISION (MO, DAY, YEAR) 08/20/2010 TIME (HH:MM) 1919 AGENCY 0740 OFFICER # 013954 NUMBER 3110-08-0002

PROPERTY DAMAGE
YES NO

PROPERTY DAMAGE
YES NO

PLACING POSITION



SAFETY EQUIPMENT

- 1- AIR BAGS UNDEPLOYED
2- AIR BAG NOT DEPLOYED
3- OTHER
4- NOT EQUIPPED
5- CHILD RESTRAINT
6- CHILD VEHICLE USED
7- IN VEHICLE NOT USED
8- IN VEHICLE USE UNKNOWN
9- IN VEHICLE IMPROPER USE
10- NONE IN VEHICLE

MOTORCYCLE - HELMET

- DRIVER PASSENGER
Y- YES
N- NO

ELECTRIC MOTOR VEHICLE

- 1- NOT EQUIPPED
2- FULLY EQUIPPED
3- PARTIALLY EQUIPPED
4- UNKNOWN

INATTENTION CODES

- A- DISTRACTED BY PHONE
B- DISTRACTED BY HANDS FREE
C- SEVERE HANDS EQUIPMENT
D- ROADWORK
E- STOPPING
F- OVERTAKING
G- OVERTAKING
H- OVERTAKING
I- PERSONAL HYGIENE
J- READING
K- OTHER

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

Form with multiple columns: PRIMARY COLLISION FACTOR, TRAFFIC CONTROL DEVICES, SPECIAL INFORMATION, MOVEMENT PROCEEDING COLLISION, ROADWAY SURFACE, ROADWAY CONDITIONS, PEDESTRIAN'S ACTIONS, VISIBILITY. Includes checkboxes and dropdown menus for various categories.

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

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

DATE OF COLLISION (MO. DAY YEAR) 08/20/2010		TIME(2400) 1919	NCIC # 9740	OFFICER I.D. 013984	NUMBER 2010-08-0062
--	--	--------------------	----------------	------------------------	------------------------

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS	AIR BAG	SAFETY EQUIP	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PED	BICYCLIST	OTHER					
<input type="checkbox"/>	<input type="checkbox"/>	34	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	D	1

NAME / D.O.B. / ADDRESS: JACOB HOAGLAND RAINES (03/03/1976) 425 NEVIS STREET MORRO BAY CA 93442
 TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: SLO COUNTY CORONER'S OFFICE
 TAKEN TO: COUNTY MORGUE

DESCRIBE INJURIES: FACIAL LACERATION, FRONTAL / TEMPRAL SKULL FRACTURE
 PRONOUNCED DECEASED AT 1940 BY SLO CO DEPUTY CALAGNA @1940
 SLO COUNTY CORONER'S CASE #16372 VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>	29	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	P	D	0
--------------------------	--------------------------	----	---	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	---	---	---	---	---

NAME / D.O.B. / ADDRESS: (b)(6)
 TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: SAN LUIS AMBULANCE
 TAKEN TO: TWIN CITIES HOSPITAL

DESCRIBE INJURIES: MULTIPLE LACERATIONS, POSSIBLE BROKEN HAND AND FINGER
 VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>	29	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	P	D	0
--------------------------	--------------------------	----	---	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	---	---	---	---	---

NAME / D.O.B. / ADDRESS: HEARY FURNIS LAWRENCE (03/03/1981) 3812 UDALL STREET SAN DIEGO CA 92107
 TELEPHONE: (805)441-7851

(INJURED ONLY) TRANSPORTED BY: SAN LUIS AMBULANCE
 TAKEN TO: TWIN CITIES HOSPITAL

DESCRIBE INJURIES: MULTIPLE LACERATIONS AND CONTUSIONS, POSSIBLE SPRAINED KNEE
 VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>	39	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	P	D	0
--------------------------	--------------------------	----	---	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	---	---	---	---	---

NAME / D.O.B. / ADDRESS: (b)(6)
 TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: REFUSED
 TAKEN TO: SEEK OWN AID

DESCRIBE INJURIES: MULTIPLE SCRAPPED AND CONTUSIONS
 VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>													
--------------------------	--------------------------	--	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	--

NAME / D.O.B. / ADDRESS: _____
 TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: _____
 TAKEN TO: _____

DESCRIBE INJURIES: _____
 VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>													
--------------------------	--------------------------	--	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	--

NAME / D.O.B. / ADDRESS: _____
 TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: _____
 TAKEN TO: _____

DESCRIBE INJURIES: _____
 VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME DAVID G. AGREDAÑO	I.D. NUMBER 013984	MO. DAY YEAR 08/20/2010	REVIEWER'S NAME	MO. DAY YEAR
--------------------------------------	-----------------------	----------------------------	-----------------	--------------

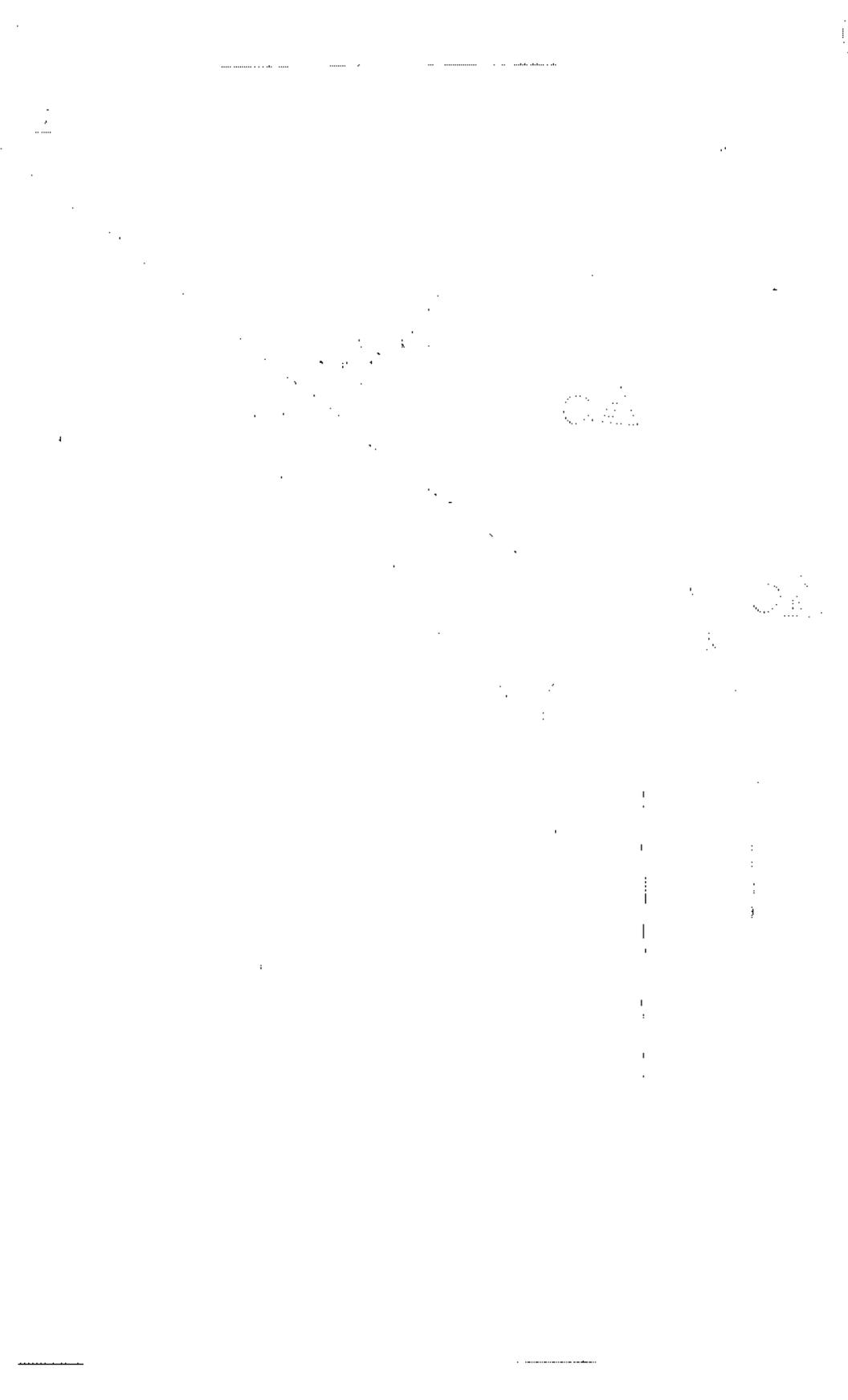
2010-08-01-0167

STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 11-06)

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



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



STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I D

PAGE 6 OF 11

NUMBER

08/20/2010

1919

9740

013984

2010-08-0062

1 Factual Diagram Legend

2

3 Station Line

4

5 A station line was established at the scene for the collection of physical evidence. The station line
6 was located on the white southbound roadway edge line of the easement road. 0+00 was located
7 at a fence line dividing two fields. It is perpendicular to a large tree to the west. The station line
8 increases from north to south and travels along the roadway edge line as it curves to the left. All
9 measurements were taken at right angles to the station line.

10

11 Scene Details

12

13 A. fence B. dirt roadway C. ascending slope D. descending slope E. tree F. open field

14

15 Physical Evidence

16

17 1. two tracks of displaced dirt:

18 a. begin 4 feet left of 0+34

19 b. 1 foot right of 0+60

20 c. at 1+23

21 d. 1 foot left of 2+08

22 e. end 2 feet left of 2+64

23

24 2. vehicle debris: begin 8 feet left of 2+00 end 8 feet left of 2+95

25

26 Points of Rest

27

28 L/R: 4 feet left of station 2+65

L/F: 9 feet left of station 2+65

PREPARED BY

DAVID G. AGREDANO

I D NUMBER

013984

DATE

08/20/2010

REVIEWER'S NAME

DATE

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 7 OF 11

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

NUMBER

08/20/2010

1919

9740

013984

2010-08-0062

1 **Facts:**

2

3 **Notification:**

4

5 I received a call of a solo off road vehicle roll over traffic collision with injuries at the Dubost
6 Winery off of Chimney Rock Road at 1922 hours. I responded from US 101 at Las Tablas Road
7 and arrived at the scene at 2005 hours. All times, speeds and measurements are approximations
8 Measurements were obtained by roll meter.

9

10 **Scene:**

11

12 This collision took place on Dubost Winery property. The roadway where this collision took place
13 was described as an easement road between several adjoining properties. Its width is variable
14 between 10 to 14 feet wide and consists of hard packed dirt. It is fiat and curves to the left
15 between several oak trees as traveled from north to south. It is for the most part level and is a
16 privately maintained roadway. The scene is located approximately 1/2 mile north of Chimney Rock
17 Road which is a county maintained asphalt roadway. To access this road one must enter the
18 Dubost winery entrance off of Chimney Rock Road and travel approximately 1/2 mile on a dirt road.
19 The road goes past a barn/work area then continues into another fenced off field over a metal
20 cattle guard.

21

22 For the purposes of this investigation this roadway will be designated north and south in alignment
23 with no posted speed limit. There was a plowed dirt field to the west and a barbed wire fence
24 followed by an upward dirt slope to the east. The weather was clear and calm with unlimited
25 visibility. It was approximately dusk when the collision occurred. There were no street lights or
26 traffic control signs posted. This scene is located in rural portion of San Luis Obispo County west
27 of the city of Paso Robles. Refer to factual diagram for further detail.

28

2010-08-0062

PREPARED BY:

DAVID G. AGUEDANO

OFFICER NUMBER:

013984

DATE:

08/20/2010

REVIEWER NAME:

DATE:

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 8 OF 11

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/20/2010	1919	9740	013984	2010-08-0062

1 Parties:

2

3 P-1 was (b)(6). He was identified by his friend's statement and by a match
4 though CHP dispatch. He was later positively identified by SLO County Deputy Calcagna. He
5 was determined to be the driver of V-1 by his passenger's statements. He sustained fatal injuries
6 as a result of being ejected and having the off road utility vehicle roll on him. His stepfather is the
7 registered owner of the ATV. He was traveling in a direction consistent with being on vineyard
8 property. V-1 Polaris Ranger is a side by side type ATV with a steering wheel instead of handle
9 bars. It had a cargo bed in the rear and can accommodate three seat belted passengers on its
10 bench seat. It was found at its point of rest on the dirt easement road on its top. It sustained
11 moderate damage from rolling over. V-1 was pushed back onto its wheels and towed from the
12 scene.

13

14 Statements:

15

16 Driver (b)(6) (P-1) was pronounced deceased at the scene.

17

18 Passenger 1 (b)(6) was contacted at the scene while seated in the back of an ambulance.
19 She gave in, substance, the following statement:

20

21 They had spent the afternoon on the property. They had shared a bottle of wine earlier and were
22 having a good time. She recalled how they were seated on the Ranger. It was Jake driving, then
23 her, then her friend Hillary and finally Phillip on the end. No one was wearing seatbelts. She
24 recalled Jake driving down a hill really fast. He was driving so fast that she was scared and had to
25 close her eyes. They were traveling down a dirt road when the Polaris went out of control and
26 they rolled over. Cyr was contacted again at Twin Cities Hospital but declined to elaborate on the
27 events of that evening.

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID G. AGREDANO	013984	08/20/2010		

2010-08-0062

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/20/2010	1919	9740	013984	2010-08-0062

1 Passenger 2 (b)(6) was contacted at the scene and at Twin Cities Hospital. I
2 asked her about the collision and she gave, in substance, the following statement:

3
4 They had spent the afternoon touring the farm being showed around the area by (b)(6) and
5 (b)(6). She stated that (b)(6) was the driver followed by her friend (b)(6) and then (b)(6)
6 on the far right end. No one was wearing seatbelts. They were on a dirt road and (b)(6) was
7 driving fast. She didn't know how fast they were going but felt it was fast. Jacob took a turn too
8 fast and the Ranger flipped over. After the collision she saw that Serena was injured. She then
9 saw Jacob on the ground bleeding from the head and ears.

10
11 (b)(6) was contacted again at twin Cities Hospital and was asked about the seating
12 positions of the occupants. She was adamant about the seating positions of the occupants further
13 stating that no one else had driven the Ranger that day. She recalled that there was no room on
14 the bench seat for all four occupants. She was forced to sit half way on the seat and half way on
15 (b)(6) lap.

16
17 Passenger 3 (b)(6) was contacted at the scene and was visibly upset. (b)(6)
18 gave the following detailed statement which was written verbatim:

19 "I'm not sure of what exactly happened. We had been working hard all day and were celebrating.
20 All four of us were in the Ranger just messing around having a good time on the property. (b)(6)
21 had just come down a steep hill and started driving fast back towards the shop. He was being
22 goofy. That dumb ass! I bitched at him and told him I was going to kick his ass if he didn't slow
23 down. I don't know if he did it on purpose or not but the Ranger started to go sideways on the
24 road. (b)(6) then lost control. We rolled over and everyone was hurt. When we came to a stop
25 upside down I called out and asked if everyone was alright. The girls responded but there was no
26 response from (b)(6). Then I saw him on the ground. He was bleeding from his ears and the side
27 of his head so bad. I took off my pants and tried to stop the bleeding. There was just so much
28 blood. It wouldn't stop. I called to him, (b)(6) but he didn't answer me."

2010-08-0062

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID G. AGREDANO	013984	08/20/2010		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 10 OF 11

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/20/2010	1919	9740	013984	2010-08-0062

1 Opinions and Conclusions:

2

3 Summary:

4

5 P-1 (b)(6) was driving V-1 **Polaris Ranger** southbound on an easement road on Dubost Winery
6 property. V-1 was under acceleration by P-1. P-1 made an unsafe turning movement and
7 allowed V-1 to veer from an otherwise straight path of travel. P-1 overcorrected as V-1 pitched
8 sideways. V-1 overturned on the roadway causing P-1 to be ejected. V-1 rolled over onto P-1
9 causing fatal injuries. The summary was established by the statements, physical evidence and
10 damage to V-1.

11

12 Area Of Impact (AOI):

13

14 The Area of Impact is based upon the statements, physical evidence, points of rest and damage
15 to V-1. The AOI (V-1 vs roadway) was 8 feet left of 2+40.

16

17 Intoxication Narrative:

18

19 I located P-1 (b)(6) on his back at the scene next to the Polaris Ranger. He had been
20 pronounced deceased by SLO Deputy Calagna earlier. I got close to (b)(6) and could smell the
21 odor of an alcoholic beverage from his general area. It was unknown if the odor was coming from
22 his person or from several empty open bottles of beer and wine located next to his person and in
23 the Ranger. There were also empty bottles of wine and Budweiser beer in the field west of the
24 scene and at the base of an oak tree north of the scene. Passenger Stevens related that he saw
25 (b)(6) drink 2 beers and 2 glasses of wine that afternoon prior to the collision.

26

27

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID G. AGREDANO	013984	08/20/2010		

2010-08-0062

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 11 OF 11

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I D	NUMBER
08/20/2010	1919	9740	013984	2010-08-0062

1 I was in close proximity to the three passengers Cyr, (b)(6) All three
2 passengers displayed red watery eyes, slurred speech, Horizontal Gaze Nystagmus and the odor
3 of an alcoholic beverage on their person.

4

5 (b)(6) was determined to be the driver of V-1 by witness statement and corresponding evidence
6 at the collision scene. P-1 was described by (b)(6) as the original winemaker giving him reason
7 to be on the property. P-1 had many tools and vineyard repair supplies in the bed portion of V-1.
8 V-1 was registered to his stepfather (b)(6) His direction of
9 travel was consistent with traveling on vineyard property

10

Cause:

12

13 P-1 (b)(6) was the cause of this collision. He was in violation of performing an unsafe turning
14 movement by allowing V-1 to veer from an otherwise straight path of travel off the roadway and
15 thus overturning. P-1 was unrestrained causing him to be ejected and receiving fatal injuries.
16 Associated factors in this collision are pending the San Luis Obispo County Coroner's Toxicology
17 report. The cause was established by the statements, physical evidence and damage to V-1.

18

Recommendations:

20

21 None

2010-08-0062

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID G AGREDANO	013984	08/20/2010		

**SAN LUIS OBISPO COUNTY
SHERIFF-CORONER'S DEPARTMENT
P.O. BOX 32
SAN LUIS OBISPO, CALIFORNIA 93406**

CORONER'S REPORT

FILE NO. 16372

DECEDENT:

(b)(6)

RESIDENCE ADDRESS:

NEXT OF KIN:

LOCAL CONTACT:

None

DATE/TIME OF DEATH:

8-20-10 1920 hours (pronounced)

LOCATION OF DEATH:

9988 Chimney Rock
Paso Robles, CA 93446

REGULAR PHYSICIAN:

N/A

MEDICAL HISTORY:

Unknown

AUTOPSY SURGEON:

Walter, Gary MD
Microcorre Diagnostic Laboratory
890 Cherry
Tulare, CA 93274
(559) 686-4000

CAUSE OF DEATH:

Multiple blunt force trauma injuries (min)

MANNER OF DEATH:

Accident

LOCAL MORTUARY:

Kuehl-Nicolay
1703 Spring
Paso Robles, CA 93446
238-4383

INVESTIGATING AGENCY CASE#:

San Luis Obispo Sheriff's Dept. case # 1008-06450
CHP/Templeton case # 2010-08-62

Coroner's Case # 16372
Decedent: Raines, Jacob

INVESTIGATION

8-20-10 1920 hours

Dep. Calagna conducted the preliminary Coroner's investigation at the scene of the collision. For details refer to San Luis Obispo Sheriff's Dept. case # 1008-06450.

Dep. Calagna took digital photographs of the scene and the decedent. These photographs were placed into property under SLOSD case # 1008-06450. (Note: I obtained the photographs from property and made them a part of this file.)

8-23-10 0918 hours

I spoke to Ofcr. Cookston (CHP/Templeton) on the phone. He reviewed the collision report. He told me that the collision was investigated by Ofcr. Agredano and the case # assigned was # 2010-08-62. The collision was reported on 8-20-10, at 1919 hours. The collision occurred on private property at 9910 Adelaide Rd 9/10's of a mile west of Chimney Rock Rd. Paso Robles. According to the report, the decedent was operating a Polaris UTV on a dirt easement road at an unsafe speed. The decedent lost control of the vehicle and it overturned. The decedent and passengers were not wearing restraints and were ejected. There was evidence that the decedent and passengers had been consuming alcoholic beverages prior to the collision. For further details refer to the CHP traffic collision report.

8-25-10 0910 hours

Based upon this being an accident, this case falls within the Coroner's jurisdiction, as per GC 27491.

I ordered an autopsy (medical inspection) be performed. Dr. Walter examined the decedent at Los Osos Valley Mortuary with me and Det. MacDonald present. I provided Dr. Walter with information about the incident. No tissue samples were collected. Upon completion of the medical inspection, Dr. Walter determined the cause of death to be multiple blunt force trauma injuries (min). For details refer to Dr. Walter's autopsy report.

Det. MacDonald collected blood, urine, and vitreous samples from the decedent. These samples were sent to Central Valley Toxicology for analysis. See the toxicology report.

I took digital photographs of the decedent and downloaded the photographs to this file.

Upon completion of the autopsy the decedent was released to the mortuary for final disposition.

8-25-10 1450 hours

I spoke to the decedent's mother, (b)(6), on the phone. She had reviewed the death certificate I had completed and informed me that the location of death was not on Adelaide. The Adelaide address was provided by CHP. According to her, the incident/death occurred on 9988

GARY A. WALTER, M.D., DIRECTOR
BURR HARTMAN, D.O., Ph.D.
JUE-RONG ZHANG, M.D., Ph.D.
CONSULTANTS IN PATHOLOGY
Web Site: www.microcorre.com

MICROCORRE DIAGNOSTIC LABORATORY

Diagnostic Correlation for the Practicing Physician
email: lab@microcorre.com

559.686.4000
FAX - 559.686.9432
PORTERVILLE - 559.781.7313
890 CHERRY ST., TULARE, CA 93274

Decedent:

(b)(6)

Accession #:

A10-000391

Age: 34 YEARS **Sex:** Male

Prosecutor:
Gary A. Walter, M.D., Med. Dir.

Autopsy Location:
Los Osos Valley Mortuary
Responsible Party:
San Luis Obispo Coroner

Expired Date: 08/20/2010
Expired Time: 7:20PM
Autopsy Date: 08/25/2010
Autopsy Time: 9:10AM
Reported Date: 09/27/2010

FINAL AUTOPSY REPORT

CAUSE OF DEATH:

MULTIPLE BLUNT FORCE TRAUMA INJURIES (MINUTES)

GAW/ima 08/25/2010

Gary A. Walter, M.D.
Gary A. Walter, M.D., Med. Dir

TOXICOLOGY:

Specimen: Femoral Blood and Vitreous Humor Samples

Complete Drug Screen: Ethyl Alcohol, Methamphetamines and Quinin/Quinidine detected.
No other common acidic, neutral or basic drugs detected.

Blood Ethyl Alcohol = 0.16 grams% Vitreous Ethyl Alcohol = 0.18 grams%

Quinine/Quinidine = 0.6 mg/L

Note: Sample volume too small (QNS) for differentiation of d or l isomer for Methamphetamine/Amphetamine

Specimen: Subclavian Blood Sample

Complete Drug Screen: Methamphetamine detected. Specific drug assay for THC performed.

Patient Name:	(b)(6)	Accession #:	A10-000391
----------------------	--------	---------------------	------------

No other common acidic, neutral or basic drugs detected.

Cannabinoids (THC metabolite) by Immunoassay = Positive

d-Methamphetamine = 1.30 mg/L
d-Amphetamine = 0.23 mg/L

delta-9-THC = 6.2 ng/mL
delta-9-THC-COOH = 8.2 ng/mL

Blood Methamphetamine Ranges
Effective Level: (0.01-0.05 mg/L)
Potentially Toxic: (0.2 - 5 mg/L)

Blood Amphetamine Ranges
Effective Level: (0.02 - 0.15 mg/L)
Potentially Toxic: (0.2 mg/L)

Blood Quinine Ranges
Effective Level: (2 - 9 mg/L)
Potentially Toxic: (>10 mg/L)

Blood ranges reflecting THC influence are not well established. Duration of affect generally lasts from 4 to 6 hours. The parent compound, THC, drops below 5 ng/mL approximately 4 hours after use and becomes negative 6 hours after use. The non-active metabolite of THC, delta-9-THC-COOH remains present in blood for about 12 to 24 hours.

GROSS FINDINGS:

INTRODUCTION:

I performed a medical inspection a body identified as Jacob Raines, age 34, San Luis Obispo County Coroner's case (16372) done at Los Osos Valley Mortuary in Los Osos, California on August 25, 2010. The examination began at 0910 hours. Witnesses include Detective Steve Crawford of the San Luis Obispo County Sheriff Coroner's Office. During the course of the examination, femoral and subclavian blood, urine and vitreous humor were obtained for toxicologic examination. From the external anatomic findings and pertinent history, I ascribe the death to multiple blunt force trauma injuries (minutes).

RECENT MEDICAL ARTIFACTS:

1. EKG pads, multiple.
2. Airway.

IDENTIFYING MARKS:

None

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, Caucasoid male appearing consistent with recorded age of 34 years. The body is examined in the unembalmed state. There is moderate rigor mortis and moderate predominantly posterior livor mortis. The hair is brown in color and normal in amount and distribution for age. The eyes are unremarkable. The oral cavity is unremarkable. There is a brown mustache. The nose, ears and neck are without gross abnormalities. The thorax is symmetrical and of normal anteroposterior diameter. The abdomen is flat and without gross abnormalities. Green skin discoloration is noted at the right and left groin, consistent with early decomposition. The external genitalia are those of a normal adult male. The extremities appear normal in development and structure and are without edema, deformity or clubbing of the nails.

EXTERNAL EVIDENCE OF TRAUMA:

A large area of traumatically reflected scalp involves the left head, extending from the left forehead to the left crown. Extensive areas of abrasion involve the left anterior trunk. The upper back shows numerous superficial puncture wounds. Abrasions are clustered about the right knee and anterior lateral aspect of the right lower leg. There is a demonstrable fracture of the left orbital bone, left facial bone and mandible.

GAW/ima 08/25/2010

Patient Name: (b)(6)

Accession #:

A10-000391

CVT CENTRAL VALLEY
TOXICOLOGY, INC.

Case Name:

Raines,

Jacob

TOXICOLOGY NUMBER: CVT-10-9797**Specimen Description:**

1.25 ml femoral blood (gray top vial), 5 ml subclavian blood (gray top vial), 1.25 ml vitreous humor & 25 ml urine each labeled "Raines, Jacob; SLOSD; 16372; 8-25-10; 0910 hrs; Crawford"

Delivered by GSO**Date** 27-Aug-10**Received by** Bill Posey**Date** 27-Aug-10**Request:** Complete Drug Screen & THC**Agency Case #** 16372**Requesting Agency**

S.L.O. Co. Sheriff's Office
Attn: Coroner's Division
P.O. Box 32
San Luis Obispo CA 93401

Report To

S.L.O. Co. Sheriff's Office
Attn: Coroner's Division
P.O. Box 32
San Luis Obispo CA 93401

RESULTS**Specimen:** Femoral Blood and Vitreous Humor Samples**Complete Drug Screen:** Ethyl Alcohol, Methamphetamine and Quinine/Quinidine detected.

No other common acidic, neutral or basic drugs detected.

Blood Ethyl Alcohol = 0.16 grams%

Vitreous Ethyl Alcohol = 0.18 grams%

Quinine/Quinidine = 0.6 mg/L

Note: Sample volume too small (QNS) for differentiation of d or l isomer for Methamphetamine/Amphetamine

Specimen: Subclavian Blood Sample**Complete Drug Screen:** Methamphetamine detected. Specific drug assay for THC performed

No other common acidic, neutral or basic drugs detected.

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d-Methamphetamine = 1.30 mg/L

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Alan D Barbour

B. L. Posey

Analyst

Alan D Barbour & B. L. Posey

September 13, 2010

B. L. POSEY
B. N. KIMBLE
Directors

1500 Tolman Road
Crows, California 93011
Phone (559) 323-9940
Fax (559) 323-7502

Patient Name:

(b)(6)

Accession #

A10-000391

20

8.25.10

0910

SLG: 16372

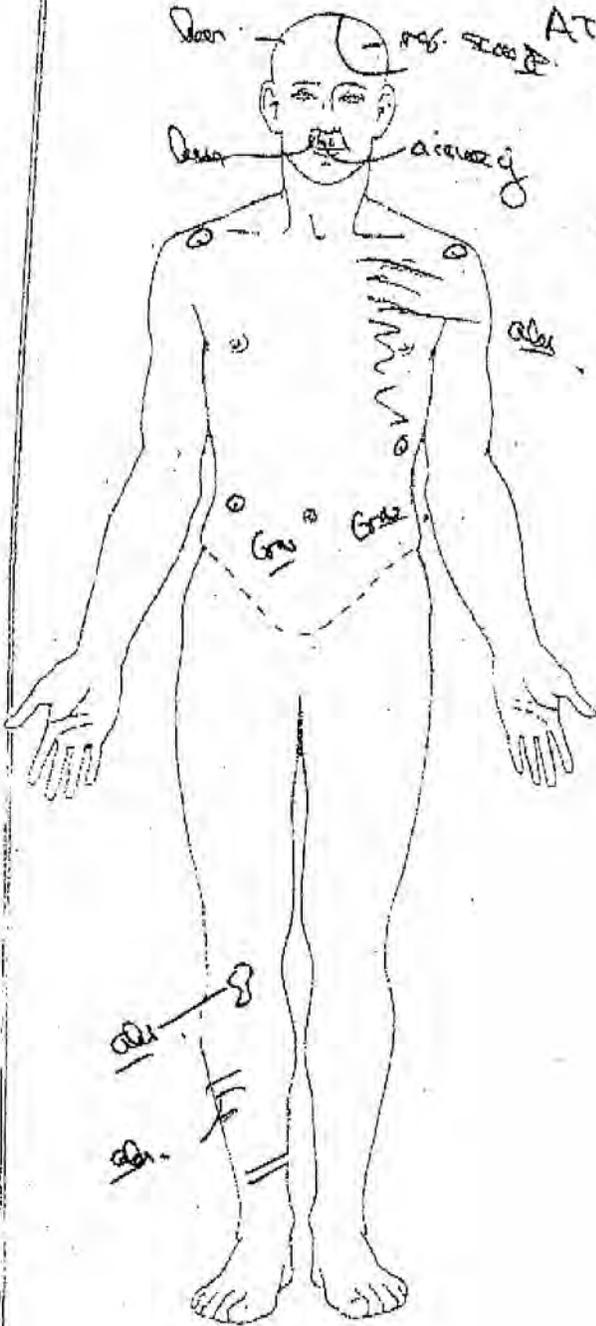
DEPARTMENT OF CORONER

Jacob Ralies, 34

DOB: 8.20.10 1920

Steve Gungay

ATU accident



- vit.
- ribbed / pain
- urine
- mod. rigor (punctured wounds)
- mod. pass. live
- 6x @ orbit, facial, around

M.D.



Case Name:

Raines, Jacob

TOXICOLOGY NUMBER: CVT-10-9797

Specimen Description:

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Delivered by GSO

Date 27-Aug-10

Received by Bill Posey

Date 27-Aug-10

Request: Complete Drug Screen & THC

Agency Case # 16372

Requesting Agency

S.L.O. Co. Sheriff's Office
Attn: Coroner's Division
P.O. Box 32
San Luis Obispo CA 93401

Report To

S.L.O. Co. Sheriff's Office
Attn: Coroner's Division
P.O. Box 32
San Luis Obispo CA 93401

RESULTS

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Blood Amphetamine Ranges

Blood Quinine Ranges

Effective Level: (0.01-0.05 mg/L)

Effective Level: (0.02-0.15 mg/L)

Effective Level: (2 - 9 mg/L)

Potentially Toxic: (0.2 - 5 mg/L)

Potentially Toxic: (0.2 mg/L)

Potentially Toxic: (> 10 mg/L)

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Analyst

Alan D Barbour & B. L. Posey

September 13, 2010

**B.L. POSEY
S.N. KIMBLE
Directors**

1580 To House Road
Climax, California 93611
Phone (559) 323-9940
Fax (559) 323-7507

Task Number: 100825HCC3049

Date: 12/5/2010

Status of Missing Document(s)

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

1. Police Photographs
2. Sheriff's Report
3. _____
4. _____
5. _____

Utility Vehicle Data Record Sheet

*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.

Front	
A	B C D
Driver	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	
Rear	

The Utility Vehicle

A:	Age: 34	Height: 6'1"
	Gender: Male	Weight: 160
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Multiple blunt force trauma	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): unknown	

D:	Age: 39	Height:
	Gender: Male	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: multiple scrapes and contusion	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully ejected	

B:	Age: 29	Height:
	Gender: Female	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: multiple lacerations, possible broken hand and finger	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): fully ejected	

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: 29	Height:
	Gender: female	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: multiple lacerations and contusion, possible sprained knee	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): fully ejected	

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):	

X108 (i)414

AUG 24 2010

Posts | Comments |

Monday, August 23, 2010

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- DPREPTM
- SBNNing

CA
34M
8/20/10

Victim ID'd in fatal ATV accident in Paso Robles

Posted by SBNN on Aug 20th, 2010 and filed under [CENTRAL COAST](#). You can follow any responses to this entry through the RSS 2.0. You can leave a response or trackback to this entry

UPDATE: PASO ROBLES – 12:52 pm – The man killed Friday when the all-terrain vehicle he was driving flipped near Paso Robles was identified as (b)(6) 34, of Morro Bay.

PASO ROBLES – 9:25 pm – The Tribune is reporting one man was killed Friday evening when the all-terrain vehicle he was driving flipped near a winery near Paso Robles.

Sheriff's Sgt. Dale Strobridge said the crash occurred about 7:15 p.m. on private property near the Dubost Winery off Chimney Rock Road east of Adalaida Road. Three other passengers, all adults, suffered minor injuries.

Alcohol was believed to be a factor in the crash, which involved a large ATV with a modified cargo bed, Strobridge said.

Investigators remained at the scene Friday night. Additional details were not available.

Leave a Reply

Name (required)

Mail (will not be published) (required)

Website

10/29/10

1. Case No. 100830HEP8102		2. Investigator's ID 4459		3. Office Code 591	
4. Date of Accident (YMD) 10/08/28		5. Date Investigation Initiated (YMD) 10/09/02			
6. Synopsis of Accident or Complaint					
<p>PATIENT IS A 13 YEAR OLD MALE WHO WAS RIDING HIS FAMILY'S UTILITY VEHICLE ON A PAVED COUNTRY ROAD. PATIENT GOT TOO CLOSE TO THE CULVERT ON THE SIDE OF THE ROAD & HIT IT. PATIENT FLEW OFF THE VEHICLE & LANDED IN THE GRASSY AREA. PATIENT WAS TAKEN TO THE ER & ADMITTED FOR SURGERY ON HIS FRACTURED WRIST.</p>					
7. Locations (Home, School, etc.) 4		8. City VILLA GROVE		9. State IL	
10. First Product 5044		11. Trade/Brand Name SUZUKI		Manufacturer Address UNKNOWN	
Second Product		Trade/Brand Name		Manufacturer Address	
12. Age of Victim 13		13. Sex (1=M, 2=F, 3=Unk) 1		14. Disposition 1	
16. Body Part		17. Respondent(s) (Mother, Friend) VICTIM'S MOTHER		18. Type Investigation (1=Onsite, 2 = Phone, 3 = Other) 2	
34		21. Case Source 03		19. Time Spent 25 MINUTES	
20. Attachments 05 QUESTIONNAIRE		22. Reviewed By: yen		Date (YMD) 10/09/10	
23. Narrative (More detail may be included on separate pages)					

Approved for Use Thru 1/31/2010 OMB No. 3041-0029

MFR/PRVLBR NOTIFIED

COMMENTS: YES NO
 OVERRULED; ATTACHED

[Signature]
2/3/11

EXCISIONS/FOIA EXS. _____;

DO NOT RE-NOTIFY RE-NOTIFY

Q.1 Enter the task number.

100830HEP8102

Instructions for the interviewer:

- (1) Do not read the "Don't know" or the "Refused" options. Only mark these based on the respondent's answer.**
- (2) Be ready to reassure confidentiality when asked/necessary.**
- (3) Instructions for the interviewer are in bold throughout the survey.**

Age of injured person:

- **Less than 12 years old, interview a parent or guardian**
- **Between 12 and 17 years old, ask a parent or guardian for permission to interview the injured person. If permission not obtained, then interview the parent or guardian**
- **More than 17 years old, interview the injured person**

Q.2 Contact questions

Hello. May I speak with _____? **(OR: Hello. May I speak with the parent or guardian of _____?)**

Hello. I am calling for the U.S. Consumer Product Safety Commission. We are currently conducting a study on off-road vehicles. I understand that *you were/your child was* treated at _____ **(Insert hospital name)** on _____ **(Insert treatment date)**.

May I ask some questions about the incident?

(OR if the respondent is between 12 and 17: May I ask _____ some questions about the incident?)

If "yes", then continue. If "no", then ask May I ask you some questions about the incident?)

Be prepared to answer/assure:

- (1) Identity will be kept confidential.**
- (2) This study is to understand how accidents happen on off-road and off-highway vehicles to help prevent future injuries.**

Agreed

Q.3 And just to clarify, are you the...

Parent/guardian of the injured person

Q.5 Did you witness the accident?

No

Q.6 The following race and ethnicity questions will help us better focus our outreach and education efforts related to consumer product safety.

Are *you/your child* Hispanic or Latino?

For the Interviewer: Due to the cultural diversity in the United States, we sometimes have difficulty communicating important information to consumers.

No

Q.7 **Please read race choices aloud and ask the respondent to select ALL categories that apply. If the respondent replies with anything other than the first 5 categories, select "Other" and in the next question, enter the answer verbatim.**

What race or races do *you/your child* consider yourself to be?

White

Q.9 As part of this study, we are trying to determine the types of vehicles involved in these accidents.

An ATV is a three- or four-wheel off-road vehicle with low-pressure tires, a seat designed to be straddled by the operator, and handlebars for steering. A vehicle with bench or bucket seats, seat belts, or a steering wheel is **not** an ATV. Was the vehicle involved in the accident an ATV?

No

Q.19 A UTV or ROV is a four- or more wheeled vehicle with bench or bucket seats equipped with seat belts, a steering wheel, and foot pedals. A dune buggy, sand rail, and go cart are **not** considered a UTV or a ROV. Was the vehicle involved in the accident a UTV or a ROV?

A UTV or ROV is sometimes called a side-by-side. If the respondent mentions that the vehicle was a side-by-side, mark "Yes".

Yes

Q.22 Was the vehicle equipped with a rollover protective structure, like a roll bar or roll cage?

Yes

Q.23 What company manufactured the vehicle?

Do not read the list unless requested; don't read the "don't know" or "refused" options.

Other

Q.24 Specify the "other" manufacturer.

Enter DK for don't know.

SUZUKI

Q.25 What is the model of the vehicle?

Do not read the list unless requested; don't read the "don't know" or "refused" options.

Other

Q.26 Specify the "other" model.

Enter DK for don't know.

QUADRUNNER

Q.27 Can the vehicle obtain speeds greater than 30 miles per hour?

Yes

Q.28 What is the vehicle's engine size in cubic centimeters or cc's?

Note: The engine size might be part of the model name/number.

Enter DK for don't know.

250 CC

Q.29 What is the model year of the vehicle?

(format: XXXX; enter DK for don't know)

1998

Q.30 Were there any aftermarket modifications to the vehicle?

For example: tire upgrades, doors in UTVs/ROVs, special exhaust system, etc.

No

Q.32 Which of the following choices best describes how the vehicle was being used at the time of the accident?

Read choices.

Do not read the "Don't know" or "Refused" choices.

Recreational purposes

Q.34 Was the vehicle in operation when the accident occurred?

Yes (The vehicle was being operated at the time of the accident.)

Q.35 Please describe the sequence of events of the accident.

Probe for details. Find out the series of events in the accident and factors that may have contributed to the accident. Review the main points of the summary to the respondent. Ask if you missed any important details. In retelling the response, make sure that it makes sense. Ask the respondent to expand on parts that are unclear.

Enter DK for don't know.

PATIENT WAS RIDING HIS UTILITY VEHICLE ON A COUNTRY ROAD THAT IS PAVED. PATIENT GOT TOO NEAR THE CULVERT ON THE SIDE OF THE ROAD & WHEN HE HIT THE CULVERT, HE FLEW OFF THE VEHICLE. IT IS BELIEVED HIS LEFT ARM HIT THE STEERING WHEEL AS HE FELL OFF, THUS CAUSING HIM TO FRACTURE HIS WRIST. PATIENT LANDED IN A GRASSY AREA & THE VEHICLE WAS NEARBY. |

Q.36 The following questions help gather specific details about the accident. Some might seem repetitive; however, this allows for the most accurate collection of information.

Which of the following would you consider the first thing that occurred in the accident?

Read all choices, except "Don't know" and "Refused", before receiving an answer to ensure the most accurate choice.

Collision (vehicle, tree, rock, or some other object)

Q.40 What was hit or what hit the vehicle?

Read choices.

Do not read the "Don't know" or "Refused" choices.

Stationary object; for example, a tree, rock, building, etc

Q.41 Specify the object that the vehicle hit.

Enter DK for don't know.

CULVERT

Q.42 Did the vehicle overturn, even if only to one side?

Yes

Q.43 *Were you/Was your child* (fill in the appropriate terminology) the...

Read choices.

Driver

Q.45 How many passengers, **not** including the driver, occupied the vehicle at the time of the accident?

0 (No passengers)

Q.49 Can you describe *the driver's* injuries?

Include body part(s) and diagnosis. For example: "fracture of the lower left arm", "contusions/bruises on right foot", "lacerations/cuts to the face", etc.

Enter DK for don't know.

FRACTURED LEFT WRIST & RIGHT KNEE PAIN

Q.50 Did the driver or any part of *the driver's* body leave the interior portion of the vehicle during the accident?

In other words, was the driver ejected, either partially or fully? Partially or fully are answered as "yes".

Yes

Q.51 Which part of *the driver's* body?

Read choices.

All of the driver's body exited the vehicle

Q.52 Did *the driver* voluntarily put part of his/her body outside of the vehicle, for example, sticking out an arm or leg to break a fall?

No

Q.53 Did part of the vehicle hit or land on *the driver*?

Yes

Q.54 Which one of the following sections of the vehicle hit or landed on *the driver*? The part of the vehicle...

Read choices.

Do not read the "Don't know" or "Refused" choices.

Above the level of the steering wheel; for example, the roll cage

Q.55 Which one of the following best describes the area above the steering wheel that hit *the driver*?

Read choices.

Do not read the "Don't know" or "Refused" choices.

Other

Q.56 Specify the "other" section above the level of the steering wheel that hit/landed on *the driver*.

Enter DK for don't know.

STEERING WHEEL

Q.61 Did the vehicle come to rest on *the driver*?

No

Q.67 Was *the driver* wearing a seat belt at the time of the accident?

No

Q.68 Was *the driver* wearing a helmet at the time of the accident?

Yes

Q.69 Which of the following best describes how the driver learned to operate the vehicle?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Friend or Relative

Q.71 Did the driver own the vehicle at the time of the accident?

Do not read the choices.

No, driver's/passenger's parent(s) own the vehicle

Q.72 At the time of the accident, what was the driver's weight?

(in pounds)

Enter DK for don't know.

115

Q.73 At the time of the accident, what was the driver's height?

Format: (x ft x in, or xx in)

Enter DK for don't know.

5'8"

Q.74 In thinking about the driver's experience with all off-road vehicles and also this vehicle...

- 1 = Less than 1 year
- 2 = Between 1 year and 5 years
- 3 = More than 5 years
- 4 = Don't know
- 5 = Refused

	Answer Choices				
	Less than 1	Between 1 and 5	More than 5	Don't know	Refused
How many years of experience does the driver have with ANY types off-road vehicles, including ATVs and other types of off road vehicles?			X		
How many years of experience does the driver have with this specific type of vehicle? Less than 1 year, between 1 and 5 years, or more than 5 years			X		

Q.100 Which of the following choices best describes the location of the accident?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Paved road

Q.102 Which of the following best describes the slope of the terrain being traveled?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Flat

Q.107 Which of the following best describes the condition of the terrain?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

Dry

Q.109 Earlier you indicated the vehicle overturned during the accident. In which direction did the vehicle overturn?

Read choices.

Don't know

Q.112 What would you estimate the speed of the vehicle at the time of the accident?

Don't know

Q.113 **The following questions gather more information about the vehicle and the accident scenario.**

Were any lights in use at the time of the accident?

Read the choices.

Do not read the "Don't know" or "Refused" choices.

No

Q.115 Was the vehicle carrying cargo at the time of the accident?

No

Q.121 For the following question, I would like to assure of the confidentiality of the information provided. Did the driver have any alcoholic beverages prior to the accident?

No

Thank you for your time. The information provided through this survey will be used to help prevent similar injuries.

Q.122 Date completed. **Format: MMDDYY**

MMDDYY. 090210

1. Task Number 100831HCC3071		2. Investigator's ID 2931		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 12 22		5. Date Initiated YR MO DAY 2010 09 01	
6. Synopsis of Accident or Complaint UPC A 17-year-old girl (victim) was fatally injured when the utility-terrain vehicle (UTV) she was operating struck a large rock and tipped over one-quarter turn and landed on her. The victim and passenger were not wearing seatbelts and were not wearing helmets. The victim sustained massive head injury and was pronounced deceased on-scene; no autopsy was performed. The passenger was not injured.				
7. Location (Home, School, etc) 2 - FARM		8. City REAL COUNTY		9. State TX
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name BOBCAT / VIN: UNKNOWN		10C. Model Number 2200
10D. Manufacturer Name and Address BOBCAT 250 E. Beaton Drive West Fargo, ND 58078				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 17	13. Sex 2 - Female		14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only		18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 16 / 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="checkbox"/> Yes <input checked="" type="radio"/> No Verbal <input type="checkbox"/> Yes for Manuf. Only				
24. Review Date 10/27/2010	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number X1080565A	

This investigation was initiated based upon a newspaper article that indicated a 17-year-old female (victim) was fatally injured in a four-wheeler accident on an area ranch. This investigation was initiated on September 1, 2010.

This investigator contacted the victim's school to request next-of-kin contact information and was informed that they would rather provide this investigator's contact information to the family. The mother of the victim did respond, but she requested that I speak with the family's attorney.

This investigator contacted the family's attorney and requested product and incident information. During a phone conversation with the family's attorney, this investigator was informed that the product was actually a utility-terrain vehicle (UTV) and that the incident occurred in Real County, Texas. Per the request of the family's attorney, this investigator submitted a written request for information related to the incident. At the time of this report, no documentation has been received from the attorney.

According to the sheriff's report and a conversation with the reporting officer, on December 22, 2009 at approximately 4:43pm, the victim and her brother (13-year-old) were occupants in a UTV that was traveling down a gravel road on private property. As the vehicle was traveling down the hill, the vehicle struck a rock in the roadway and the driver (victim) tried to turn the vehicle to the right (up the hill). As the vehicle made the right turn, the vehicle began to tip over onto the driver's side and this is when the brother (front-seat passenger) jumped off of the vehicle.

The sheriff's report indicates that the vehicle overturned and landed on top of the victim, crushing her head. This investigator revealed that the vehicle tipped over one-quarter turn onto the driver's side and when this occurred, the victim was struck by the top of the vehicle (see Exhibit C-3). The father of the victim and another gentleman (unidentified) moved the vehicle off of the driver before the arrival of emergency personnel. EMS personnel arrived at approximately 5:02pm and determined that the victim was deceased.

The Justice of the Peace arrived at approximately 5:40pm and pronounced the victim deceased at 5:45pm. No autopsy was performed and the certificate of death lists "massive head injury" as the cause of death (see Exhibit E).

During a phone conversation with the reporting officer, this investigator was able to verify that seatbelts and helmets were not used by either the victim or the passenger. The officer stated that the vehicle did have seatbelts and described them as "lap only." Also, the officer provided estimates of the height and weight of the victim and passenger. The reporting officer did not document vehicle information and was not able to provide an estimate of the vehicle's speed at the time of the incident.

Weather does not appear to be a factor in the incident (see Exhibit G). At the time of the incident, weather conditions were mostly cloudy with a temperature of 57.2°F.

VICTIM IDENTIFICATION:

Age: 17-years
Gender: Female
Height: 66 inches
Weight: 110 lbs.

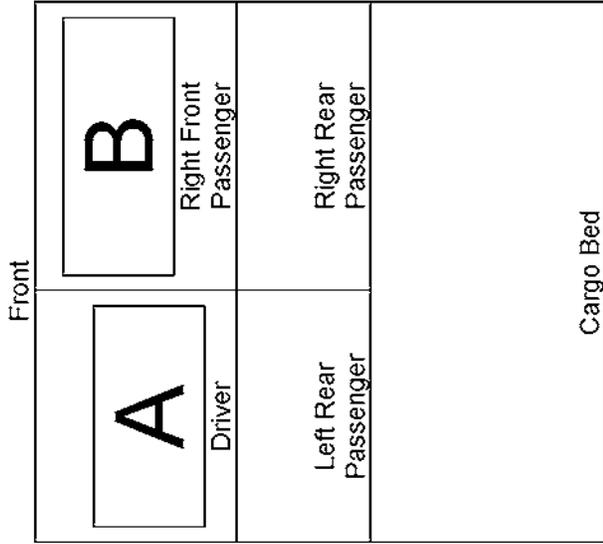
PRODUCT IDENTIFICATION:

Type: Utility-Terrain Vehicle
Brand: Bobcat
Model: 2200
Year: Unknown
VIN: Unknown
Purchase Date: Unknown
Purchase Location: Unknown
Purchase Price: Unknown
Manufacturer: Bobcat

ATTACHMENTS:

- Exhibit A - UTV Data Record Sheet
- Exhibit B - Missing Documents Form
- Exhibit C - Photographs (5)
- Exhibit D - Sheriff's Report
- Exhibit E - Certificate of Death
- Exhibit F - Justice of the Peace Report
- Exhibit G - Weather History (online)
- Exhibit H - Identity of Respondents

Utility Vehicle Data Record Sheet



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: 17-yrs	Height: 66"
Gender: female	Weight: 110 lbs.
Helmet (Y/N): N	Seatbelt (Y/N): N
Killed/Injured/Neither/Unknown: Killed	
Injury Description: Massive Head Injury	
Did vehicle land on victim: Yes	
Ejected (Either partially or fully): Yes	

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: 13-yrs	Height: 66"
Gender: male	Weight: 120 lbs.
Helmet (Y/N): N	Seatbelt (Y/N): N
Killed/Injured/Neither/Unknown: Not injured	
Injury Description: n/a	
Did vehicle land on victim: No	
Ejected (Either partially or fully): Yes (jump)	

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 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. 100831HCC3071

Date: 10/26/2010

STATUS OF MISSING DOCUMENT (S)

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

- 1. Attorney Incident Records / Sico, White, Hoelscher & Braugh - Corpus Christi, TX
- 2. _____
- 3. _____
- 4. _____
- 5. _____

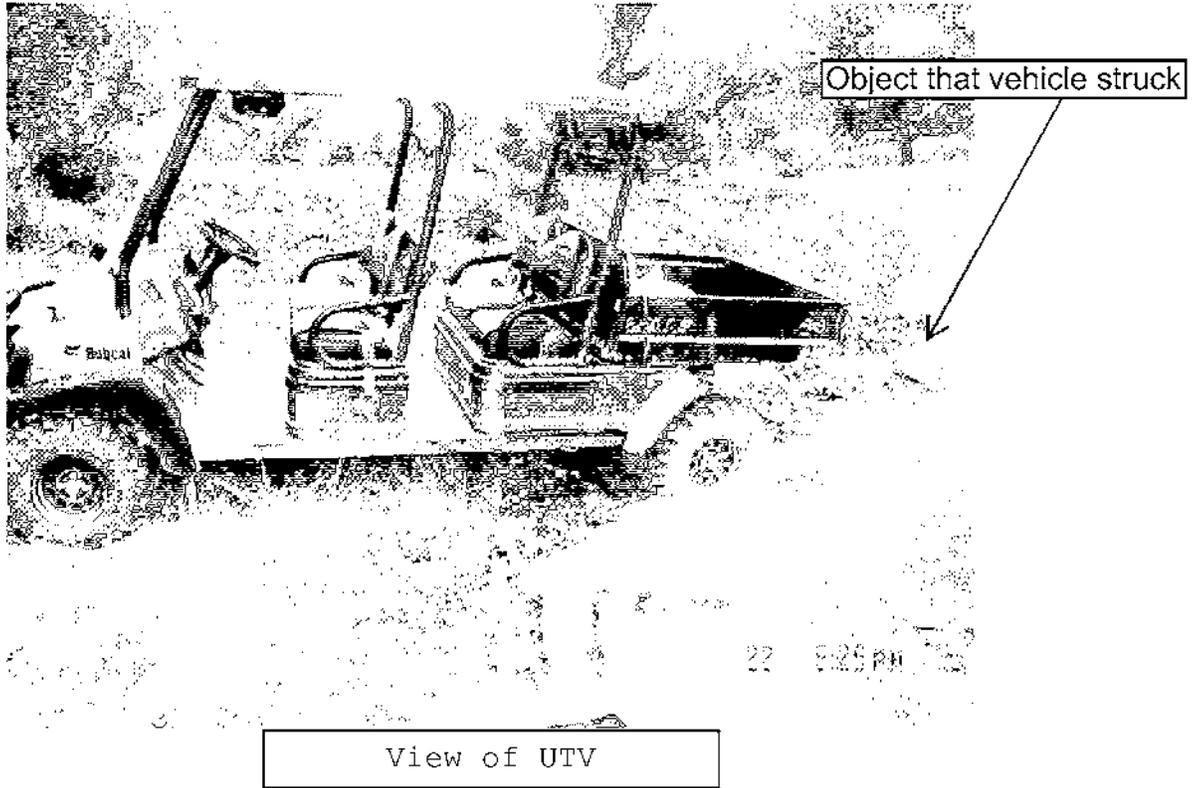
Date: 10/26/2010

Investigator No: 2931

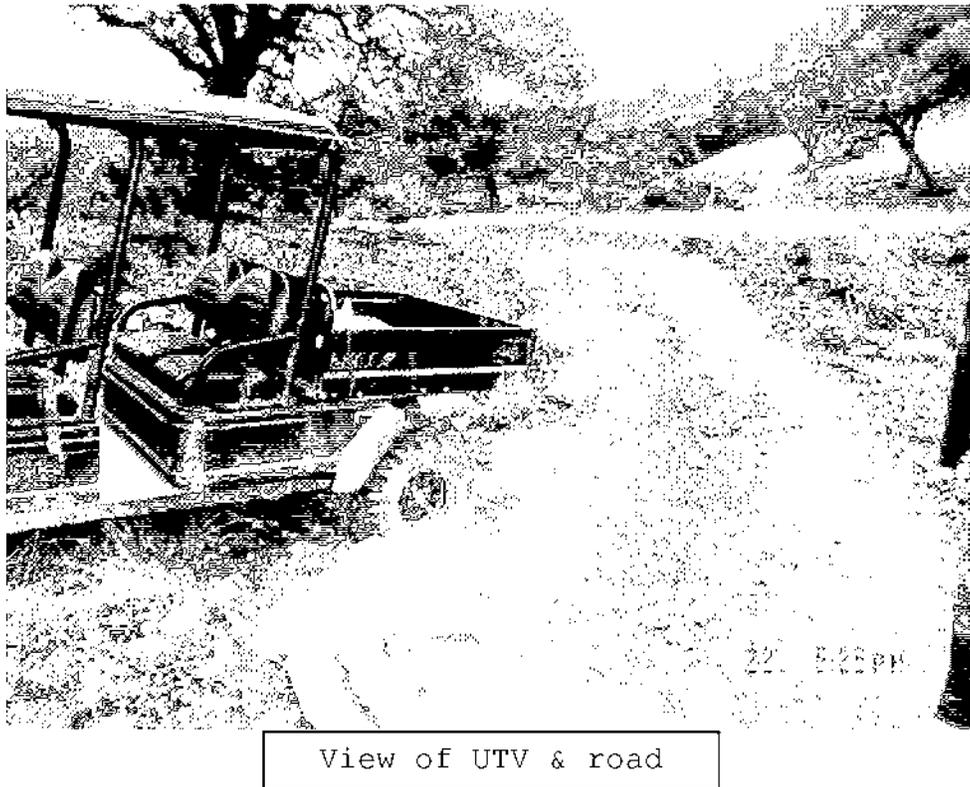
Regional office: CFIWA

Supervisor No: _____

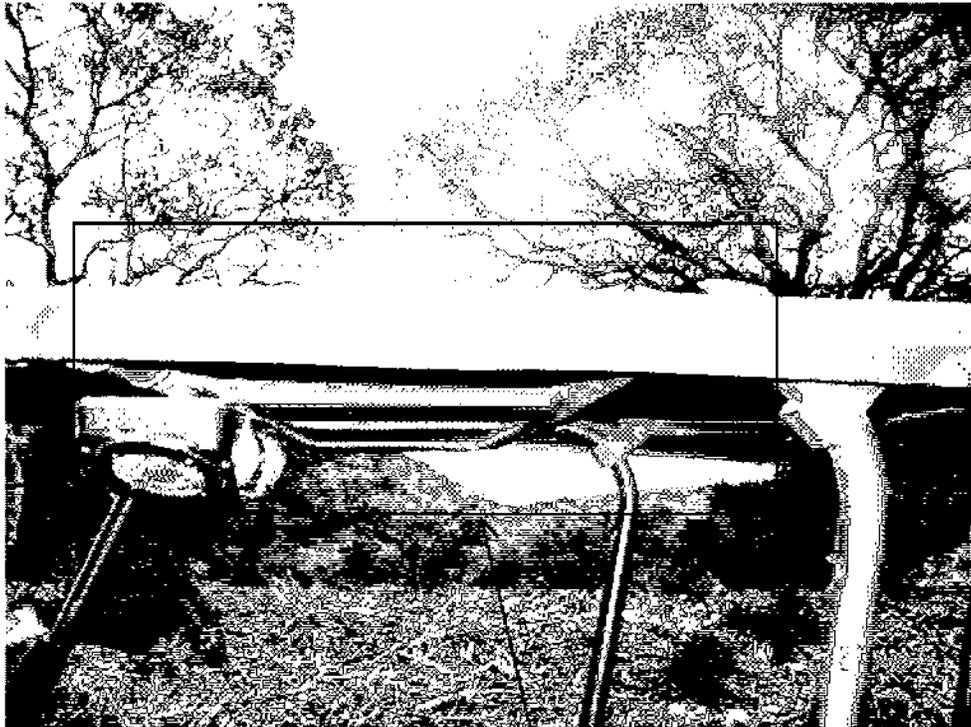
C-1



C-2

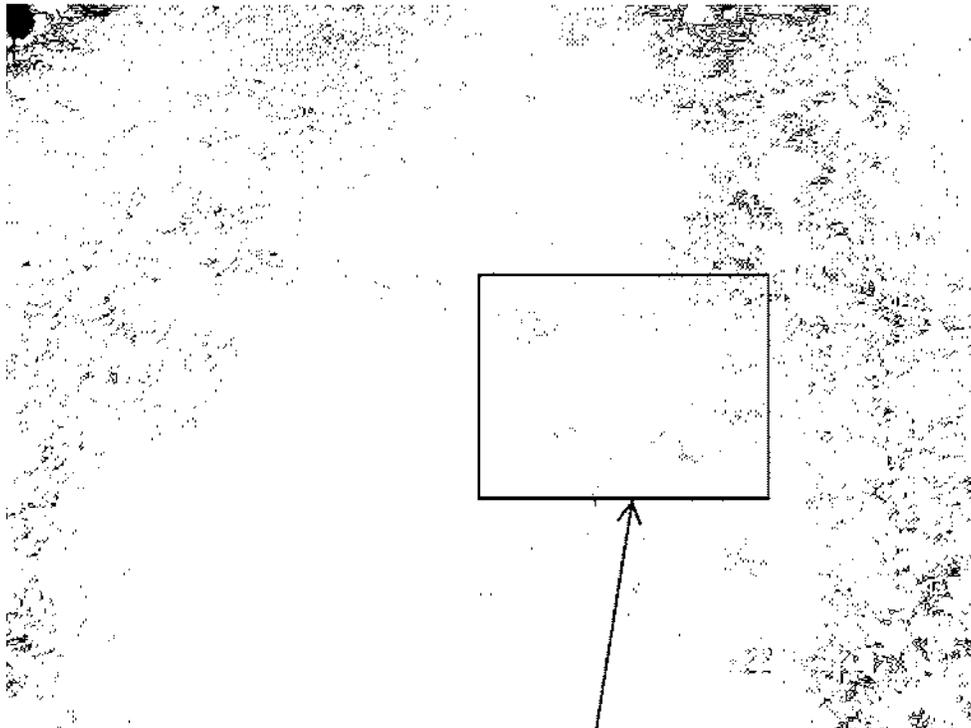


C-3



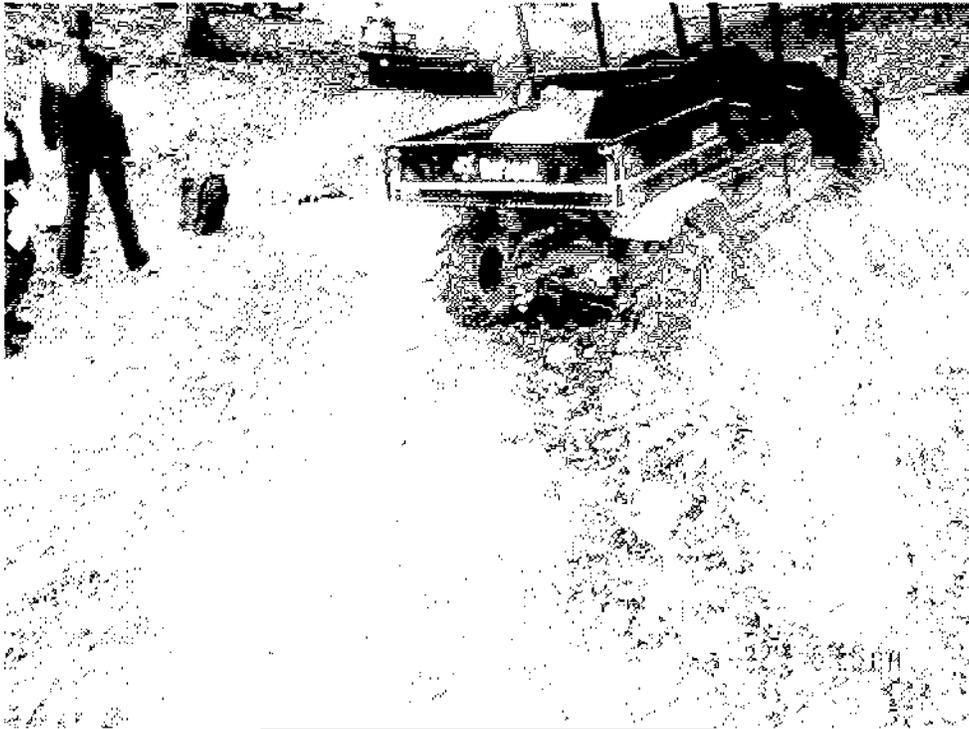
Area that hit victim

C-4



Object UTV hit

C-5



View of UTV & road

REAL COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE: 09122220

INCIDENT: ATV Accident

COMPLAINANT/VICTIM: (b)(6)

Dob: 11-10-1992

(b)(6)

DATE/TIME OF OCCURRENCE: December 22, 2009 at apprx. 4:43 p.m.

PLACE OF OCCURRENCE: Los Tres Canones Ash Creek Road

REPORT RECEIVED BY: Real County Dispatch

DATE/TIME REPORT RECEIVED: December 22, 2009 at apprx. 4:43 p.m.

CHARGES FILED: None

INVESTIGATING OFFICERS: Deputy Donald G. Gass Jr.

DATE REPORT MADE: December 22, 2009

DETAILS:

1. At apprx. 4:43 p.m. Frio Canyon EMS was dispatched to Ash Creek Road for a four wheeler accident and upon arrival and upon arrival at 5:02 p.m. the EMS determined that the female driver of the atv was deceased.

2. At apprx. 5:10 p.m. I was contacted by dispatch and advised that I needed to respond to the ATV accident on Ash Creek Road.

3. At apprx. 5:21 p.m. I arrived at the location and observed a Bobcat 4 wheel drive ATV 2200 sitting next to the body of a young girl. The EMT personnel advised me that the father and another gentleman had moved the ATV off of the girl prior to their arrival and that the young girl was deceased upon their arrival. Upon my observation of the scene the girl was coming down a hill, hit a rock and turned the ATV over landing on top of her crushing her head.

4. I spoke with the father, (b)(6) and he advised me that they were staying at the ranch to hunt. (b)(6) advised he had sent (b)(3):CPSA Sect, dob:

REAL COUNTY SHERIFF'S OFFICE

CASE #: 0912220

INCIDENT: ATV Accident

DATE: December 22, 2009

PAGE TWO

Details:

11-10-1992 and his son, (b)(6) to put out corn while he was cooking dinner. Mr. (b)(6) advised he heard his son screaming as he was coming up the road. Mr. (b)(6) advised they went to the location of the ATV, moved the ATV off of the girl and then went back to the ranch house to call for EMS.

5. I talked with (b)(6) brother of the deceased, and he told me that they had put corn out and as they were going back towards the ranch house, they started down the hill and he was looking for deer not paying attention to what his sister was doing. Oscar advised that they next thing he knew they were turned over and he ran to the house to get help.

6. At approx. 5:40 p.m. Judge Brenda Gonzalez arrived at the location and pronounced the death at approx. 5:45 p.m. The girl was transported by Frio Canyon EMS to Nelson Funeral Home until the family could make arrangements for transport of her body to their Funeral Home in Corpus Christi.

3. SEX FEMALE		4. DATE OF BIRTH 11/10/1992		5. AGE-Last Birthday (Years) 17		IF UNDER 1 YR MO DAYS		IF UNDER 1 DAY HOURS MIN		6. BIRTHPLACE (City & State or Foreign Country) CORPUS CHRISTI, TX	
7. SOCIAL SECURITY NUMBER (b)(6)				8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Unknown				9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)			
10a. RESIDENCE STREET ADDRESS (b)(6)						10b. APT. NO.		10c. CITY OR TOWN CORPUS CHRISTI			
10d. COUNTY NUECES			10e. STATE TEXAS			10f. ZIP CODE 78413			10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME (b)(6)						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (b)(6)					
13. PLACE OF DEATH (CHECK ONLY ONE)											
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) REAL COUNTY RR 336							
14. COUNTY OF DEATH REAL				15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no) (b)(6)				16. FACILITY NAME (If not institution, give street address) (b)(6)			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED (b)(6)						18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) (b)(6)					
19. 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)				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (b)(6)				21. <input type="checkbox"/> Unknown Section RESURRECTION Block Lot 440 Space 2			
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) SEASIDE MEMORIAL PARK						23. LOCATION (City/Town, and State) CORPUS CHRISTI, TX			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) (b)(6)		
24. NAME OF FUNERAL FACILITY NELSON FH - CAMP WOOD For: GARZA FUNERAL HOME						26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace-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					
27. SIGNATURE OF CERTIFIER (b)(6)				28. DATE CERTIFIED (Mo/Day/Yr) 1/7/2010		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed) 05:45 PM			
31. PART 1 - ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.						32. TITLE OF CERTIFIER JP					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MASSIVE HEAD INJURY Due to (or as a consequence of)						Approximate interval Onset to death IMMEDIATE					
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											
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.						34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. 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						37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown			38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year		
39. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
40a. DATE OF INJURY (Mo/Day/Yr) 12/22/2009		40b. TIME OF INJURY 05:15 PM		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) REAL COUNTY RANCH ROAD 336					
40e. LOCATION (Street and Number, City, State, Zip Code) (b)(6)						40f. COUNTY OF INJURY REAL					
41. DESCRIBE HOW INJURY OCCURRED DRIVER OF ATV LOST CONTROL											
42a. REGISTRAR FILE NO. 02-067-2009				42b. DATE RECEIVED BY LOCAL REGISTRAR 2-10-2010				42c. REGISTRAR <i>Shirley J. Semaly</i>			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.1889)

VS-112 REV 1/2006

COPY

NAME OF DECEASED

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

DATE OF DEATH

12-22-2009

TIME OF DEATH

5:45 P.M

DECEASED ADDRESS

(b)(6)

Father's Name (b)(6)

LOCATION OF DEATH

(b)(6)

PHYSICAL ADDRESS

(b)(6)

DECEASED AGE TO DATE: 17

DECEASED GENDER: Female

DECEASED DATE OF BIRTH: 11-10-1992

DECEASED DL #: [Redacted]

DECEASED SSN: [Redacted]

WHO FOUND DECEASED: 13 yr. old brother was with her when accident occurred

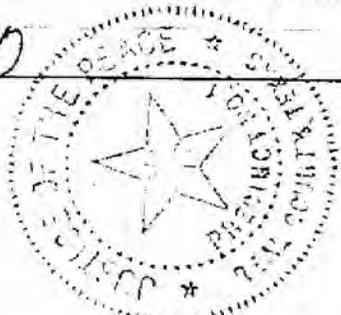
ANY MEDICAL HISTORY NA

OFFICER ON DUTY: Don Gass

CAUSE OF DEATH: ATV Accident
Deceased was the driver

COPY

WAS AUTOPSY ORDERED: NO



Arenda J. Gonzales
Real County J.P., Pct. 1 & 2

SITE INFORMATION

ID: KECU
NAME: Rocksprings,
 Edwards County
 Airport
LATITUDE: 29.94667
LONGITUDE: -
 100.17361
ELEVATION: 2372 ft
MNET: NWS/FAA

Past Weather Conditions for KECU

Observations prior to selected time: December 23, 2009 - 09:00 CST
 Weather Conditions at December 23, 2009 - 8:45 CST

	8:45	24 Hour Max	24 Hour Min
Temperature	57.2° F	62.6 at 12:05	53.6 at 19:25
Dew Point	57.2° F	57.2 at 3:45	51.8 at 19:25
Relative Humidity	100%	100 at 19:45	72 at 12:05
Pressure	27.33 in	27.50 at 9:25	27.30 at 4:05
Sea Level Pressure	29.75 in	29.94 at 9:25	29.72 at 4:05
Altimeter	29.80 in	29.98 at 9:25	29.77 at 4:05
Weather conditions	fog	-	-
Visibility	1.25 miles	10.00 at 9:05	< 0.25 at 3:05
Ceiling	100 feet	1500 at 18:25	100 at 2:25

(Click for [topo/terrain map](#))
 (Click for [satellite](#))

Tabular Listing: December 22, 2009 - 8:00 through December 23, 2009 - 09:00 CST

Time(CST)	Temperature ° F	Dew Point ° F	Relative Humidity %	Quality check	Pressure in	Sea Level Pressure in	Altimeter in	Weather conditions	Visibility miles	Ceiling feet
8:45	57.2	57.2	100	OK	27.33	29.75	29.80	fog	1.25	100
8:25	57.2	57.2	100	OK	27.33	29.75	29.80	fog	0.75	100
8:05	57.2	57.2	100	OK	27.32	29.74	29.79	fog	< 0.25	100
7:45	57.2	57.2	100	OK	27.32	29.74	29.79	fog	< 0.25	100
7:25	57.2	57.2	100	OK	27.32	29.74	29.79	fog	0.25	100
7:05	57.2	57.2	100	OK	27.32	29.74	29.79	fog	0.25	100
6:45	57.2	57.2	100	OK	27.31	29.73	29.78	fog	0.25	100
6:25	57.2	57.2	100	OK	27.31	29.73	29.78	fog	1.00	100
6:05	57.2	57.2	100	OK	27.30	29.72	29.77	fog	1.75	100
5:45	57.2	57.2	100	OK	27.30	29.72	29.77	fog	1.25	100
5:25	57.2	57.2	100	OK	27.30	29.72	29.77	fog	1.75	100
5:05	57.2	57.2	100	OK	27.30	29.72	29.77	fog	0.50	100
4:45	57.2	57.2	100	OK	27.30	29.72	29.77	fog	< 0.25	100
4:25	57.2	57.2	100	OK	27.30	29.72	29.77	fog	0.25	100
4:05	57.2	57.2	100	OK	27.30	29.72	29.77	fog	< 0.25	100
3:45	57.2	57.2	100	OK	27.31	29.73	29.78	fog	< 0.25	100
3:25	55.4	55.4	100	OK	27.31	29.74	29.78	fog	< 0.25	100
3:05	55.4	55.4	100	OK	27.31	29.74	29.78	fog	< 0.25	100
2:45	55.4	55.4	100	OK	27.31	29.74	29.78	fog	0.25	100
2:25	55.4	53.6	94	OK	27.31	29.74	29.78	fog	1.00	100
2:05	53.6	53.6	100	OK	27.31	29.75	29.78	fog	3.00	200
1:45	53.6	53.6	100	OK	27.32	29.76	29.79	fog	5.00	
1:25	53.6	53.6	100	OK	27.31	29.75	29.78	clear	7.00	
1:05	53.6	53.6	100	OK	27.31	29.75	29.78	fog	6.00	
0:45	53.6	53.6	100	OK	27.32	29.76	29.79	fog	6.00	
0:25	53.6	53.6	100	OK	27.32	29.76	29.79	fog	6.00	
0:05	53.6	53.6	100	OK	27.33	29.77	29.80	clear	7.00	
23:45	55.4	53.6	94	OK	27.33	29.76	29.80	clear	8.00	
23:25	55.4	53.6	94	OK	27.32	29.75	29.79	clear	9.00	
23:05	55.4	53.6	94	OK	27.32	29.75	29.79	clear	10.00	
22:45	55.4	53.6	94	OK	27.33	29.76	29.80	clear	10.00	
22:25	55.4	53.6	94	OK	27.34	29.77	29.81	clear	9.00	
22:05	55.4	53.6	94	OK	27.35	29.78	29.82	clear	8.00	
21:45	55.4	53.6	94	OK	27.35	29.78	29.82	clear	10.00	
21:25	55.4	53.6	94	OK	27.37	29.80	29.84	clear	10.00	

SITE LINKS[Help](#)[ROMAN](#)[Metric Units](#)[Greenwich Mean Time](#)[Past Data](#)[Station Information](#)[Restrictions](#)[Data in Spreadsheet Format](#)

DATA COURTESY OF
[National Weather Service](#)

21:05	55.4	53.6	94	OK	27.39	29.82	29.86	clear	10.00	
20:45	55.4	53.6	94	OK	27.38	29.81	29.85	clear	10.00	
20:25	55.4	53.6	94	OK	27.38	29.81	29.85	clear	10.00	
20:05	53.6	53.6	100	OK	27.38	29.82	29.85	clear	10.00	
19:45	53.6	53.6	100	OK	27.39	29.83	29.86	clear	10.00	
19:25	53.6	51.8	94	OK	27.39	29.83	29.86	clear	10.00	
19:05	55.4	51.8	88	OK	27.39	29.82	29.86	clear	10.00	
18:45	55.4	51.8	88	OK	27.40	29.83	29.87	partly cloudy	10.00	
18:25	55.4	53.6	94	OK	27.40	29.83	29.87	mostly cloudy	10.00	1500
18:05	57.2	53.6	88	OK	27.40	29.82	29.87	overcast	10.00	1400
17:45	57.2	53.6	88	OK	27.40	29.82	29.87	overcast	10.00	1200
17:25	57.2	53.6	88	OK	27.40	29.82	29.87	overcast	10.00	1200
17:05	57.2	53.6	88	OK	27.38	29.80	29.85	overcast	10.00	1200
16:45	57.2	53.6	88	OK	27.37	29.79	29.84	mostly cloudy	10.00	1200
16:25	57.2	53.6	88	OK	27.38	29.80	29.85	partly cloudy	10.00	
16:05	57.2	53.6	88	OK	27.36	29.78	29.83	partly cloudy	10.00	
15:45	59.0	53.6	82	OK	27.36	29.77	29.83	overcast	10.00	1200
15:25	59.0	53.6	82	OK	27.36	29.77	29.83	overcast	10.00	1200
15:05	59.0	53.6	82	OK	27.36	29.77	29.83	overcast	10.00	1200
14:45	60.8	53.6	77	OK	27.36	29.76	29.83	overcast	10.00	1200
14:25	60.8	53.6	77	OK	27.37	29.77	29.84	mostly cloudy	10.00	1200
14:05	60.8	53.6	77	OK	27.37	29.77	29.84	mostly cloudy	10.00	1400
13:45	60.8	53.6	77	OK	27.38	29.78	29.85	partly cloudy	10.00	
13:25	60.8	53.6	77	OK	27.40	29.80	29.87	clear	10.00	
13:05	62.6	53.6	72	OK	27.40	29.80	29.87	mostly clear	10.00	
12:45	62.6	53.6	72	OK	27.42	29.83	29.90	mostly clear	10.00	
12:25	62.6	53.6	72	OK	27.44	29.85	29.92	mostly clear	10.00	
12:05	62.6	53.6	72	OK	27.46	29.87	29.94	mostly clear	10.00	
11:45	60.8	53.6	77	OK	27.47	29.88	29.95	mostly clear	10.00	
11:25	60.8	53.6	77	OK	27.48	29.89	29.96	mostly cloudy	10.00	800
11:05	57.2	53.6	88	OK	27.49	29.92	29.97	mostly cloudy	10.00	800
10:45	57.2	53.6	88	OK	27.49	29.92	29.97	partly cloudy	10.00	
10:25	57.2	53.6	88	OK	27.50	29.93	29.98	partly cloudy	10.00	
10:05	55.4	53.6	94	OK	27.50	29.94	29.98	overcast	10.00	600
9:45	55.4	53.6	94	OK	27.50	29.94	29.98	overcast	10.00	500
9:25	55.4	53.6	94	OK	27.50	29.94	29.98	overcast	10.00	400
9:05	55.4	53.6	94	OK	27.49	29.93	29.97	overcast	10.00	400
8:45	55.4	53.6	94	OK	27.49	29.93	29.97	overcast	10.00	400
8:25	55.4	53.6	94	OK	27.50	29.94	29.98	overcast	8.00	300
8:05	55.4	53.6	94	OK	27.49	29.93	29.97	overcast	9.00	300

Weather conditions at the time of the incident.

MesoWest Webmaster, NWS Western Region Headquarters Webmaster
 US Dept of Commerce
 National Oceanic and Atmospheric Administration
 National Weather Service
 Western Region Headquarters
 125 South State Street
 Salt Lake City, UT 84103

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NWS ALL NOAA

Developed by MesoWest at the University of Utah
 Support provided by the US Forest Service

IDENTITY OF RESPONDENTS:

Incarnate Word Academy (Victim's school)
Attn: (b)(6)
2920 S. Alameda
Corpus Christi, Texas 78404
Ph: (361) 883-0857
Fax: (361) 883-2185

Sico, White, Hoelscher & Braugh (Family's attorney)
Attn: Craig Sico
900 Frost Bank Plaza
802 N. Carancahua
Corpus Christi, Texas 78470
Ph: (361) 653-3000
Fax: (361) 653-3333

Real County Sheriff's Office
Attn: Deputy Donald Gass
101 Main Street
Leakey, Texas 78873
Ph: (830) 232-5201
Fax: (830) 232-5102

Justice of the Peace
Attn: Judge Brenda Gonzales
P.O. Box 1430
Leakey, Texas 78873
Ph: (830) 232-6630
Fax: (830) 232-6040

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IWA girls basketball team remembers fallen teammate

Hinojosa was killed in four-wheeler accident before Christmas

By Stuart Duncan

Posted January 10, 2010 at 4:27 p.m.

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CORPUS CHRISTI — IWA girls basketball team is playing with heavy hearts this season. The Angels have dedicated the rest of their season to the memory of Angels varsity basketball player, (b)(6) who died three days before Christmas, IWA girls basketball coach (b)(6) said.

TX
12/22/09
F

(b)(6) 17, died Dec. 22 from injuries suffered in a four-wheeler accident on an area ranch, (b)(6) said.

"A lot of our girls were extremely distraught when they found out, because many of them grew up together with her," said (b)(6) while crying. "It has hit everybody hard -- everybody who knew her."

(b)(6) said the Angels players are wearing red wristbands with the junior guard (b)(6) No. 11 jersey number on them to preserve her memory.

"The (b)(6) family would want us to carry on with her spirit," (b)(6) said. "That was the type of person that she was. We're going to play for her."

(b)(6) described Hinojosa as a fun-loving person with a great personality and an enlightening smile, who liked to go camping and to the beach. As a basketball player, (b)(6) said she never heard (b)(6) complain about not being a starter.

"She knew her role," (b)(6) said of Hinojosa, who also played on IWA's volleyball team. "She would give us an extra boost of energy when she came into the game."

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IWA girls basketb:

1. Task Number 100907CCC3099		2. Investigator's ID 2931		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 09 03	5. Date Initiated YR MO DAY 2010 09 08		
6. Synopsis of Accident or Complaint UPC <p>A 39-year old male was fatally injured when a utility-terrain vehicle (UTV) that he was driving tipped over one-quarter turn and pinned him underneath the rollbar located between the first and second row of seats. The driver and passenger were not wearing helmets and were not wearing seatbelts. No autopsy was performed and the cause of death is listed as blunt force trauma. No photographs available.</p> <p style="text-align: right;"><u>MFR/PRVLBR NOTIFIED</u> <i>2/3/11</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>3/25/11</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>				
7. Location (Home, School, etc) 2 - FARM		8. City OLDHAM COUNTY		9. State TX
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS / VIN: [REDACTED]		10C. Model Number RANGER 800 CREW
10D. Manufacturer Name and Address POLARIS INDUSTRIES, INC. 2100 Hwy 55 Medina, MN 55340				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 39	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 14.5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/18/2010	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number X1090192A	

This investigation was initiated based upon a newspaper article that indicated a man died when the two-seat all-terrain vehicle he was driving overturned on private land. Further, the article indicates that the driver and passenger were not wearing seatbelts and were thrown from the vehicle.

Information for this investigation was obtained from the incident report provided by the County Sheriff, the local Justice of the Peace, the County Clerk, the owner of the incident vehicle, and a website that provided weather history. This investigation was initiated on September 8, 2010. The product is a Utility-Terrain Vehicle (UTV).

The incident occurred on September 3, 2010, at approximately 6:26pm. The weather did not appear to be a factor as the weather history report (see Exhibit D) indicates that the weather conditions were clear and the temperature around the time of the incident was 79.5° F with a wind speed of six miles per hour.

According to the sheriff's report, the victim (39-year-old male) and a passenger (40-year-old male) were traveling on a dirt road in a UTV while hunting for dove. The victim was driving the UTV and made a sharp left turn off of the dirt road when he spotted some dove in the field. As the driver made the sharp left turn the passenger was thrown from the vehicle and rolled across the ground. When the passenger sat up after being thrown out of the vehicle and onto the ground, he observed the UTV lying on its right side (tipped over on passenger side one-quarter roll). The passenger ran to the UTV and the victim was found unresponsive. The victim was found in the "fetal position" with the roll bar (between the first and second row seating) across the victim's hip and rib cage.

The sheriff's report indicated that the passenger attempted to lift the vehicle off of the victim, but he was unable to do so. Within "three or four" minutes, another vehicle with three male subjects arrived on scene and they were able to assist the passenger with lifting the vehicle off of the victim.

The sheriff's report indicates that when the law enforcement officer arrived on-scene, the officer found the vehicle's ignition to be in the "ON" position. Also, the officer observed all tires to be inflated and no signs of

mechanical problems. The officer did observe the vehicle to be equipped with "safety belts."

This investigator was able to contact the owner of the incident vehicle. The owner of the vehicle stated that the incident occurred on private property as the driver and passenger were hunting. The owner estimated that the occupants were traveling a dirt road at approximately 10 - 12 miles per hour when the driver turned the vehicle off of the road and into a wheat field. The owner also stated that the occupants were not wearing helmets and not wearing seatbelts at the time of the incident. Additionally, the owner stated that the driver and passenger had "lots" of experience driving utility-terrain vehicles and that they drove them "all the time."

The owner verified that the vehicle is the four-seat model and that it does have seatbelts (three-point style). Also, the owner stated that the only modification that was made to the vehicle was the installation of a winch. The winch was installed on the front of the vehicle and was installed by the retail location where the vehicle was purchased. The owner provided product information and estimated driver and passenger height and weight (see Product Information section and Exhibit A).

This investigator was able to contact the Justice of the Peace (JP) who examined the victim and investigated the incident and the JP stated that this was an accident and that an autopsy was not performed. The JP had this investigator contact the County Clerk to obtain the Certificate of Death which lists the cause of death as "Blunt Force Trauma" (see Exhibit C).

VICTIM INFORMATION:

Age: 39-years
Gender: Male
Height: 72 inches
Weight: 210 lbs.

IDI #100907CCC3099
Utility-Terrain Vehicle (UTV)

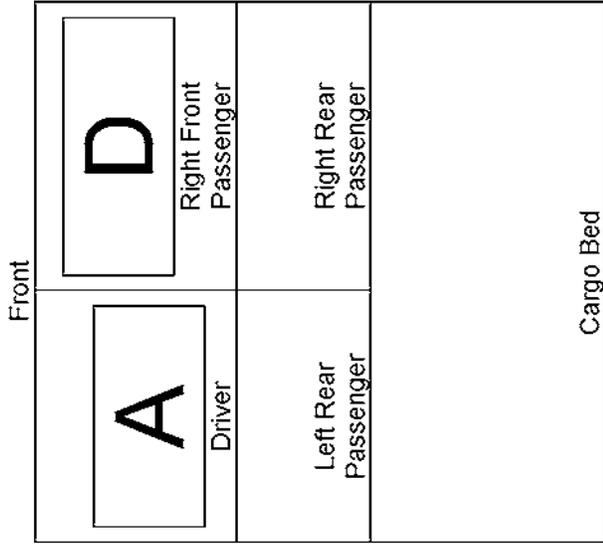
PRODUCT INFORMATION:

Type: Utility-Terrain Vehicle (UTV)
Brand: Polaris
Model: Ranger 800 Crew
Year: 2010
VIN: (b)(6)
Purchase Date: September 24, 2009
Purchase Location: Sharp's Motor Sports, Amarillo, TX
Purchase Price: \$12,000
Manufacturer: Polaris Industries

ATTACHMENTS:

Exhibit A - UTV Data Record Sheet
Exhibit B - Sheriff's Report
Exhibit C - Death Certificate
Exhibit D - Weather History
Exhibit E - Online UTV Specifications
Exhibit F - Identity of Respondents

Utility Vehicle Data Record Sheet



The Utility Vehicle

A: Age: 39-yrs Height: 72"
 Gender: male Weight: 210 lbs.
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: Killed
 Injury Description: Blunt Force Trauma
 Did vehicle land on victim: Yes
 Ejected (Either partially or fully): Yes

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):

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: 40-yrs Height: 72"
 Gender: male Weight: 210 lbs.
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: Not injured
 Injury Description: n/a
 Did vehicle land on victim: No
 Ejected (Either partially or fully): Yes

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.

Oldham County Sheriff's Office

P.O. Box 452

Vega, Texas 79092

INCIDENT REPORT

Offense: NO Incident: YES Will Prosecute: NO

<i>IncidentID</i> 2010-61	<i>CaseNum</i> 2010-61	<i>ReportNum</i> 2010-61	<i>RelNum</i> 2010-61
<i>IncidentType</i> UNATTENDED DEATH	<i>IncidentSubType</i>	<i>Officer</i> S BALLEW	<i>HowReported</i> 911
<i>ReportedTo</i> O.C.S.O. DISPATCH	<i>ReportedBy</i> CODY SMITH	<i>ReportedByPhone</i> 806-676-7321	<i>ArrivalTime</i> 1924
<i>DateOccurred</i> 9/3/2010	<i>TimeOccurred</i> 1738	<i>DateReported</i> 9/3/2010	<i>TimeReported</i> 1738
<i>AttackObject</i>		<i>InjuriesTo</i>	<i>WasHospitalized</i> NO
<i>FlightDirection</i> SOUTH		<i>FlightRoad</i> RANCH ROAD	
<i>LocDescription</i> SMITH RANCH		<i>LocAddress</i> 5 MILES WEST OF BOYS RANC	
<i>LocType</i> RUAL	<i>LocContact</i> CODY SMITH	<i>LocPhone</i> 806-676-7321	
<i>MO</i> UNATTENDED DEATH			
<i>OffenderWords</i>			
<i>Status</i> Inactive			

Oldham County Sheriff's Office

P.O. Box 452

Vega, Texas 79092

ASSOCIATED PERSON SUMMARY

Person ID: 09017078

<i>Name</i> (b)(6)		<i>IPAlias</i>	<i>IPSSN</i>
<i>Gender</i> MALE	<i>IPDOB</i> (b)(6)	<i>IPRace</i> WHITE	
<i>IPAddress</i> (b)(6)			
<i>IPPersonType</i> NON-HISPANIC		<i>IPPersonSubType</i> NON VIOLENT	
<i>IPHomePhone</i>		<i>IPWorkPhone</i>	
<i>IPEmployer</i> STAPLES		<i>IPWorkAddress</i> DALLAS TEXAS	

Oldham County Sheriff's Office

P.O. Box 452

Vega, Texas 79092

ASSOCIATED PERSON SUMMARY

Person ID: 09380024

<i>Name</i> (b)(6)		<i>IPAlias</i>	<i>IPSSN</i>
<i>Gender</i> MALE	<i>IPDOB</i> (b)(6)	<i>IPRace</i> WHITE	
<i>IPAddress</i> (b)(6)			
<i>IPPersonType</i> NON-HISPANIC		<i>IPPersonSubType</i> NON VIOLENT	
<i>IPHomePhone</i>		<i>IPWorkPhone</i>	
<i>IPEmployer</i> CAMPISI RESTURANT		<i>IPWorkAddress</i>	

Oldham County Sheriff's Office

P.O. Box 452

Vega, Texas 79092

ASSOCIATED PERSON SUMMARY

Person ID: 00196201

<i>Name</i> (b)(6)		<i>IPAlias</i>	<i>IPSSN</i>
<i>Gender</i> MALE	<i>IPDOB</i> (b)(6)	<i>IPRace</i> WHITE	
<i>IPAddress</i> (b)(6)			
<i>IPPersonType</i> NON-HISPANIC		<i>IPPersonSubType</i> NON VIOLENT	
<i>IPHomePhone</i>		<i>IPWorkPhone</i>	
<i>IPEmployer</i>		<i>IPWorkAddress</i>	

ON 09-03-2010 THE OLDHAM COUNTY SHERIFFS OFFICE DISPATCH RECEIVED A 911 CALL FROM CODY SMITH IN REGARDS TO A FOUR WHEELER ACCIDENT INVOLVING A FORTY YEAR OLD MALE SUBJECT. THE SUBJECT WAS LATER IDENTIFIED AS (b)(6) W/M DOB (b)(6)

On 09-03-2010 at approximately 1739 hours Boys Ranch EMS was paged out to the scene of the accident that was located approximately 4 miles west of the Canadian River. At approximately Ballew was contacted by the Oldham County Sheriff's Office dispatch and advised of the incident. Boys Ranch EMS arrived at the scene at approximately 1815 hours. At approximately 1820 hours Boys Ranch EMS notified the Oldham County Sheriff's Office Dispatch that the subject was deceased. Ballew then advised dispatch that he would return to Vega to pick-up the Justice of the Peace due to the possibility that the J.P. would have difficulty finding the scene. At approximately 1834 Ballew requested that dispatch contact Boxwell Brothers and have them come to the scene of the accident per the Justice of the Peace.

At approximately 1924 hours Ballew and Justice of the Peace Kristi Homfeld arrived at the scene. Ballew observed a green in color Polaris Ranger to be facing the east. Ballew was contacted by paramedics with the Boys Ranch EMS. They were identified as Aaron Landers and Michael Phillips. They advised that they were in contact with Dr. Smith who advised them nothing further could be done at approximately 1822 hours. Ballew observed a white sheet covering a subject on the south side of the Ranger. Ballew removed the sheet and was unable to observe and signs of exterior trauma to the body. Ballew checked the subject for identification but was unable to find any on his person. The subject was identified as (b)(6). Ballew observed (b)(6) to be lying on his back with his head pointing to the west and his feet to be pointing to the east just to the south side of the Ranger. Ballew then covered (b)(6) body with the white sheet. Homfeld pronounced Horner dead at 1924 hours.

Ballew observed the ignition to be in the on position. Ballew walked around the vehicle and observed all the tires to be inflated and no signs of any mechanical problems with the Ranger. Ballew observed the Ranger to be equipped with safety belts. Ballew observed two open containers of Bud Light in the rear cargo area of the Ranger. Both containers were empty and warm to the touch. There was an unloaded revolver in the glove box as well as an unloaded Glock pistol in a back pack that was in the rear cargo area of the Ranger. Ballew also observed a semi-auto shotgun and a single shot brake over shotgun in the rear cargo area. Ballew checked both guns for safety and both were unloaded.

Ballew then made contact with (b)(6) who identified himself as the owner of the Ranger. He also advised Ballew that (b)(6) owned the land. (b)(6) may be contacted at (b)(6) (b)(6) advised Ballew that (b)(6) was employed in sales for Staples in Dallas Texas. (b)(6) advised that (b)(6) was the driver of the Ranger and that the passenger was still at the scene.

Ballew made contact with the passenger who was identified as (b)(6). (b)(6) advised that he was from Dallas and was at the Smith Ranch to hunt dove. Ballew asked (b)(6) to explain what happened and (b)(6) advised the following. Seitz advised that (b)(6) was traveling down the dirt road south bound when they saw some dove and (b)(6) turned the Ranger off of the road and into the field. (b)(6) stated that when Horner turned it threw (b)(6) out of the Ranger and (b)(6) rolled across the ground. (b)(6) stated that when (b)(6) set up he observed the Ranger to be on its right side. (b)(6) then yelled for (b)(6) and ran up to the Ranger. Seitz stated that when he got the Ranger (b)(6) was not responding to (b)(6) stated that (b)(6) was on his right side in the fetal position with his head facing the west. (b)(6) advised that the roll bar that is located between the first and second row seating of the ranger was across (b)(6) hip and rib cage. (b)(6) attempted to lift the Ranger off of (b)(6) but was unable to. (b)(6) then called back to the Ranch house for help. (b)(6) advised that within three or four minutes a vehicle with three other subjects arrived and they were able to turn the Ranger

up back on its wheels. The other three subjects were identified as (b)(6) and (b)(6) all from Amarillo Texas. The subject then started performing CPR until the Boys Ranch EMS arrived. Neither subject in the Ranger were wearing the seat belts installed in the ATV.

Ballew then inquired from (b)(6) if (b)(6) was aware of emergency contact information for (b)(6) so that next of keen could be notified. (b)(6) advised that (b)(6) bother was also on the hunting trip but was on his way back to Amarillo to try to make contact their parents to advise them. (b)(6) stated that their parents were out of town on an Alaskan Cruise. (b)(6) brother who was aware of the death was identified as (b)(4)

Ballew waited for Boxwell Brothers to arrive and assisted in loading the body for transport to Amarillo to the funeral home. Both Ballew and Homfeld agreed that the death was accidental due to the (b)(6) being thrown out the right side of the Ranger before the Ranger turned over on its Right Side onto (b)(6). At approximately 2026 hours Ballew and Homfeld concluded the investigation and returned to Vega from the scene of the accident.

NOTHING FURTHER AT THIS TIME / END OF REPORT

DEPUTY SHAWN BALLEW
 OLDHAM COUNTY S.O.
 105 S. MAIN
 VEGA, TEXAS 79092
 806-267-2162

SITE INFORMATION

ID: KDUX
NAME: Dumas, Moore
 County Airport
LATITUDE: 35.85778
LONGITUDE: -
 102.01306
ELEVATION: 3704 ft
MNET: NWS/FAA

Past Weather Conditions for KDUX

Observations prior to selected time: September 04, 2010 - 09:00 CDT
 Weather Conditions at September 4, 2010 - 8:47 CDT

	8:47	24 Hour Max	24 Hour Min
Temperature	61.0° F	79.7 at 17:07	50.5 at 7:48
Dew Point	43.3° F	45.0 at 9:08	31.6 at 18:07
Relative Humidity	52%	74 at 7:48	17 at 18:07
Wind Speed	6 mph from S	12 at 2:48	0 at 9:28
Pressure	26.40 in	26.57 at 10:48	26.39 at 5:48
Sea Level Pressure	30.09 in	30.31 at 9:08	29.98 at 18:27
Altimeter	30.23 in	30.43 at 10:48	30.22 at 5:48
Weather conditions	clear	-	-
Visibility	10.00 miles	10.00 at 9:08	10.00 at 9:08

(Click for topo/terrain
 map)

(Click for satellite)

Tabular Listing: September 3, 2010 - 8:00 through September 04, 2010 - 09:00 CDT

Time(CDT)	Temperature ° F	Dew Point ° F	Relative Humidity %	Wind Speed mph	Wind Direction	Quality check	Pressure in	Sea Level Pressure in	Altimeter in	Weather conditions	Visibility miles
8:47	61.0	43.3	52	6	S	OK	26.40	30.09	30.23	clear	10.00
8:27	57.6	43.5	59	8	S	OK	26.40	30.12	30.23	clear	10.00
8:07	54.3	42.8	65	9	SSE	OK	26.40	30.15	30.24	clear	10.00
7:48	50.5	42.4	74	8	SSE	OK	26.40	30.17	30.23	clear	10.00
7:28	51.4	41.9	70	7	S	OK	26.39	30.16	30.22	clear	10.00
7:08	52.0	41.9	68	8	S	OK	26.39	30.15	30.22	clear	10.00
6:49	50.9	41.7	71	7	S	OK	26.39	30.16	30.22	clear	10.00
6:28	51.8	41.2	67	8	S	OK	26.39	30.16	30.22	clear	10.00
6:07	52.7	41.2	65	8	S	OK	26.39	30.15	30.22	clear	10.00
5:48	51.8	40.8	66	8	S	OK	26.39	30.16	30.22	clear	10.00
5:27	52.7	41.0	64	8	S	OK	26.40	30.16	30.23	clear	10.00
5:08	53.8	40.8	61	8	S	OK	26.40	30.16	30.24	clear	10.00
4:48	55.0	40.6	58	9	S	OK	26.40	30.15	30.24	clear	10.00
4:27	55.2	40.6	58	9	S	OK	26.41	30.16	30.25	clear	10.00
4:08	55.8	40.5	56	9	S	OK	26.41	30.16	30.25	clear	10.00
3:48	55.0	40.5	58	10	S	OK	26.41	30.16	30.25	clear	10.00
3:28	55.4	40.5	57	9	S	OK	26.41	30.16	30.25	clear	10.00
3:07	57.9	40.1	51	8	S	OK	26.41	30.14	30.25	clear	10.00
2:48	58.1	40.1	51	12	S	OK	26.41	30.14	30.25	clear	10.00
2:28	56.3	40.5	55	10	S	OK	26.42	30.16	30.26	clear	10.00
2:07	54.5	40.8	60	9	SSE	OK	26.42	30.17	30.26	clear	10.00
1:47	53.4	40.5	61	8	SSE	OK	26.42	30.18	30.26	clear	10.00
1:28	54.7	40.1	58	8	SSE	OK	26.42	30.17	30.26	clear	10.00
1:08	55.4	39.7	56	9	S	OK	26.42	30.17	30.26	clear	10.00
0:48	55.8	39.4	54	9	SSE	OK	26.42	30.17	30.26	clear	10.00
0:27	55.9	39.2	53	9	SSE	OK	26.42	30.16	30.26	clear	10.00
0:08	57.6	38.5	49	9	SSE	OK	26.43	30.16	30.27	clear	10.00
23:47	56.5	37.9	50	8	ESE	OK	26.43	30.17	30.27	clear	10.00
23:28	58.1	37.8	47	8	E	OK	26.43	30.16	30.27	clear	10.00
23:07	57.4	37.6	47	8	ESE	OK	26.43	30.16	30.27	clear	10.00
22:48	59.2	37.9	45	7	ESE	OK	26.42	30.14	30.26	clear	10.00
22:27	61.3	37.6	41	8	E	OK	26.42	30.12	30.26	clear	10.00
22:08	61.7	38.1	42	9	E	OK	26.42	30.12	30.26	clear	10.00
21:47	62.6	38.5	41	9	E	OK	26.41	30.10	30.25	clear	10.00
21:27	63.3	38.7	40	9	E	OK	26.41	30.10	30.25	clear	10.00

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21:07	64.9	37.8	37	8	E	OK	26.40	30.08	30.24	clear	10.00
20:47	68.0	36.9	32	7	E	OK	26.40	30.06	30.24	clear	10.00
20:27	68.5	37.6	32	7	E	OK	26.40	30.05	30.24	clear	10.00
20:07	71.1	37.8	30	7	E	OK	26.40	30.03	30.24	clear	10.00
19:47	74.1	36.7	26	6	E	OK	26.40	30.01	30.24	clear	10.00
19:27	76.1	36.7	24	5	E	OK	26.40	30.00	30.24	clear	10.00
19:07	77.7	35.6	22	6	E	OK	26.40	29.99	30.24	clear	10.00
18:47	78.6	33.3	19	7	ESE	OK	26.40	29.98	30.24	clear	10.00
18:27	79.5	32.2	18	6	SE	OK	26.40	29.98	30.24	clear	10.00
18:07	79.7	31.6	17	5	ESE	OK	26.41	29.98	30.25	clear	10.00
17:47	79.0	32.4	18	5	E	OK	26.41	29.99	30.25	clear	10.00
17:27	79.3	32.9	19	7	ESE	OK	26.42	30.00	30.26	clear	10.00
17:07	79.9	34.5	20	5	SE	OK	26.42	29.99	30.26	clear	10.00
16:47	79.9	34.5	20	7	SE	OK	26.43	30.01	30.27	clear	10.00
16:27	79.9	34.9	20	6	NE	OK	26.44	30.02	30.28	clear	10.00
16:07	78.1	33.8	20	6	E	OK	26.45	30.03	30.29	clear	10.00
15:48	78.3	34.2	20	7	ESE	OK	26.46	30.04	30.30	clear	10.00
15:28	77.9	34.0	20	5	SSE	OK	26.47	30.07	30.32	clear	10.00
15:08	75.6	34.5	22	6	E	OK	26.47	30.08	30.32	clear	10.00
14:48	75.7	34.9	23	0		OK	26.49	30.10	30.34	clear	10.00
14:28	75.4	36.1	24	5	NNE	OK	26.50	30.11	30.35	clear	10.00
14:08	74.1	35.4	24	0		OK	26.51	30.13	30.36	clear	10.00
13:48	73.4	34.7	24	7	NE	OK	26.52	30.15	30.37	clear	10.00
13:28	72.3	36.0	26	3	NNE	OK	26.53	30.16	30.38	clear	10.00
13:08	72.5	34.5	25	5	ESE	OK	26.53	30.17	30.39	clear	10.00
12:48	71.1	36.3	28	0		OK	26.54	30.19	30.40	clear	10.00
12:28	70.5	36.1	28	6	E	OK	26.54	30.20	30.40	clear	10.00
12:08	69.6	36.5	30	0		OK	26.55	30.21	30.41	clear	10.00
11:48	68.9	36.3	30	3	SE	OK	26.56	30.23	30.42	clear	10.00
11:28	68.0	37.0	32	5	E	OK	26.56	30.23	30.42	clear	10.00
11:08	66.4	36.5	33	7	ENE	OK	26.56	30.25	30.42	clear	10.00
10:48	66.0	36.7	34	0		OK	26.57	30.26	30.43	clear	10.00
10:28	65.3	36.7	35	6	NE	OK	26.56	30.25	30.42	clear	10.00
10:08	64.0	38.1	38	7	NE	OK	26.56	30.26	30.42	clear	10.00
9:48	62.2	40.6	45	5	ESE	OK	26.56	30.28	30.42	clear	10.00
9:28	60.1	42.3	52	0		OK	26.56	30.29	30.42	clear	10.00
9:08	57.4	45.0	63	3	NW	OK	26.56	30.31	30.42	clear	10.00
8:48	54.5	44.2	68	3	WNW	OK	26.56	30.33	30.42	clear	10.00
8:28	52.0	43.9	74	3	WNW	OK	26.55	30.34	30.41	clear	10.00
8:08	50.0	42.8	76	3	WNW	OK	26.54	30.35	30.40	clear	10.00

Weather conditions closest to the time of injury indicated on the certificate of death.

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[National Weather Service](#)
 Western Region Headquarters
 125 South State Street
 Salt Lake City, UT 84103

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TERMS & CONDITIONS | PRIVACY POLICY

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IDENTITY OF RESPONDENTS:

Oldham County Sheriff's Office
P.O. Box 452
Vega, TX 79092
Ph: (806) 267-2162
Fax: (806) 267-2362

Justice of the Peace
- Judge Kristy Homfeld
P.O. Box 370
Vega, TX 79092
Ph: (806) 267-2619
Fax: (806) 267-2838

Oldham County Clerk's Office
- Becky Groneman
P.O. Box 360
Vega, TX 79092
Ph: (806) 267-2667
Fax: (806) 267-2671

(b)(6)



1. Task Number 100908CCC2106		2. Investigator's ID 3394		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 09 03	5. Date Initiated YR MO DAY 2010 09 08		
6. Synopsis of Accident or Complaint UPC A 15 year old white male died from injuries to the head and chest after losing control of the 2009 UTV he was driving. The driver was intentionally swerving back and forth on a gravel road when he lost control of the UTV. The victim was ejected from the vehicle and the UTV rolled on top of him. The two passengers were not injured in the incident. The victim was wearing no helmet. <div style="text-align: right;"> MFR/PRVLBR NOTIFIED <i>[Signature]</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>3, 2^{sc}, 6</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY </div>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City UNDERWOOD		9. State MN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 15	13. Sex 1 - Male	14. Disposition 8 - Death		15. Injury Diagnosis 54 - Crushing
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 3 - Other		19. Time Spent (Operational / Travel) 32 / 2
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 04 - Radio, TV		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/29/2010	25. Reviewed By 2251		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number X1090191A	

This investigation was initiated from a news story found on the internet from KSAX.com, an ABC television affiliate in Minnesota.

NARRATIVE

The product is a 2009 Polaris Ranger UTV. The VIN number of the vehicle is unknown. This is a four wheel UTV with a 600cc engine. Purchase price, date of purchase, and place of purchase are all unknown. There is no evidence that the UTV received any aftermarket modifications prior to this incident. The UTV has a lap belt safety restraint. This UTV is owned by the uncle of the victim.

The victim is a 15 year old white male. Height and weight are unknown. There is no evidence that the victim had any prior physical or mental limitations. Two 16 year old male passengers were riding in the UTV at the time of the incident. None of the occupants wore helmets or used seatbelts at the time of the incident.

On Friday, September 3, 2010, the victim and his two passengers went for a "joy ride" in the UTV on a gravel road near the home of the victim's uncle. Both passengers reported they were "having fun" by intentionally swerving back and forth on the gravel road causing the UTV to fishtail. The passengers estimated they were travelling approximately 15-20 mph when the UTV suddenly rolled over ejecting the victim and rolling on top of him. Both passengers remained inside the vehicle and did not sustain injury. Reports from the Otter Tail County Sheriff's Office concluded that the right rear tire of the UTV struck the grassy shoulder of the roadway during one of the fishtail maneuvers causing loss of control and the inertia of the vehicle to shift upward resulting in a rollover. Photographs taken at the scene showed tire tracks on the road consistent with the driving described by the passengers in the UTV. Also, little to no damage to the UTV other than a clump of dirt and grass lodged in the bead of the right rear tire was noted.

After the crash, the passengers reported seeing the victim lying on the ground, barely responsive, complaining about back pain. The passengers drove back to the home to get help and 911 was contacted. Paramedics arrived on the scene to find the victim unresponsive and CPR was performed. The victim was transported by ambulance to Lake Region Hospital in Fergus Falls, MN where additional rescue attempts failed, and the victim was declared deceased by the attending physician. No autopsy was performed because the victim's organs were harvested for donation. Cause of death is listed as due to injuries sustained from an UTV rollover.

This product was recalled August 4, 2009, recall notice number 09-762, for an electrical short in the rear tail light wiring harness which may cause a fire.

PRODUCT IDENTIFICATION

Year: 2009
Make: Polaris
Model: Ranger
Manufacturer: Polaris Industries, Inc.
2100 Hwy 55
Medina, MN 55340-9770
888-704-5290

EXHIBITS

Exhibit A Utility Vehicle Data Record Sheet
Exhibit B Photographs taken by Otter Tail County Sheriff (15)
Exhibit C Incident Report from Otter Tail County Sheriff
Exhibit D Coroner Report
Exhibit E Contact Sheet

Utility Vehicle Data Record Sheet

Front

A	Age:		Height:		D	Age:		Height:	
	Gender:		Weight:		Gender:		Weight:		
Driver	Helmet (Y/N):		Seatbelt (Y/N):		Helmet (Y/N):		Seatbelt (Y/N):		
	Killed/Injured/Neither/Unknown:				Killed/Injured/Neither/Unknown:				
	Injury Description:				Injury Description:				
	Did vehicle land on victim:				Did vehicle land on victim:				
Left Rear Passenger	Ejected (Either partially or fully):				Ejected (Either partially or fully):				

A C

Right Front Passenger

Right Rear Passenger

B	Age:		Height:		E	Age:		Height:	
	Gender:		Weight:		Gender:		Weight:		
Cargo Bed Rear	Helmet (Y/N):		Seatbelt (Y/N):		Helmet (Y/N):		Seatbelt (Y/N):		
	Killed/Injured/Neither/Unknown:				Killed/Injured/Neither/Unknown:				
	Injury Description:				Injury Description:				
	Did vehicle land on victim:				Did vehicle land on victim:				
The Utility Vehicle	Ejected (Either partially or fully):				Ejected (Either partially or fully):				

C	Age:		Height:		F	Age:		Height:	
	Gender:		Weight:		Gender:		Weight:		
The Utility Vehicle	Helmet (Y/N):		Seatbelt (Y/N):		Helmet (Y/N):		Seatbelt (Y/N):		
	Killed/Injured/Neither/Unknown:				Killed/Injured/Neither/Unknown:				
	Injury Description:				Injury Description:				
	Did vehicle land on victim:				Did vehicle land on victim:				
The Utility Vehicle	Ejected (Either partially or fully):				Ejected (Either partially or fully):				

D	Age:		Height:		G	Age:		Height:	
	Gender:		Weight:		Gender:		Weight:		
The Utility Vehicle	Helmet (Y/N):		Seatbelt (Y/N):		Helmet (Y/N):		Seatbelt (Y/N):		
	Killed/Injured/Neither/Unknown:				Killed/Injured/Neither/Unknown:				
	Injury Description:				Injury Description:				
	Did vehicle land on victim:				Did vehicle land on victim:				
The Utility Vehicle	Ejected (Either partially or fully):				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.



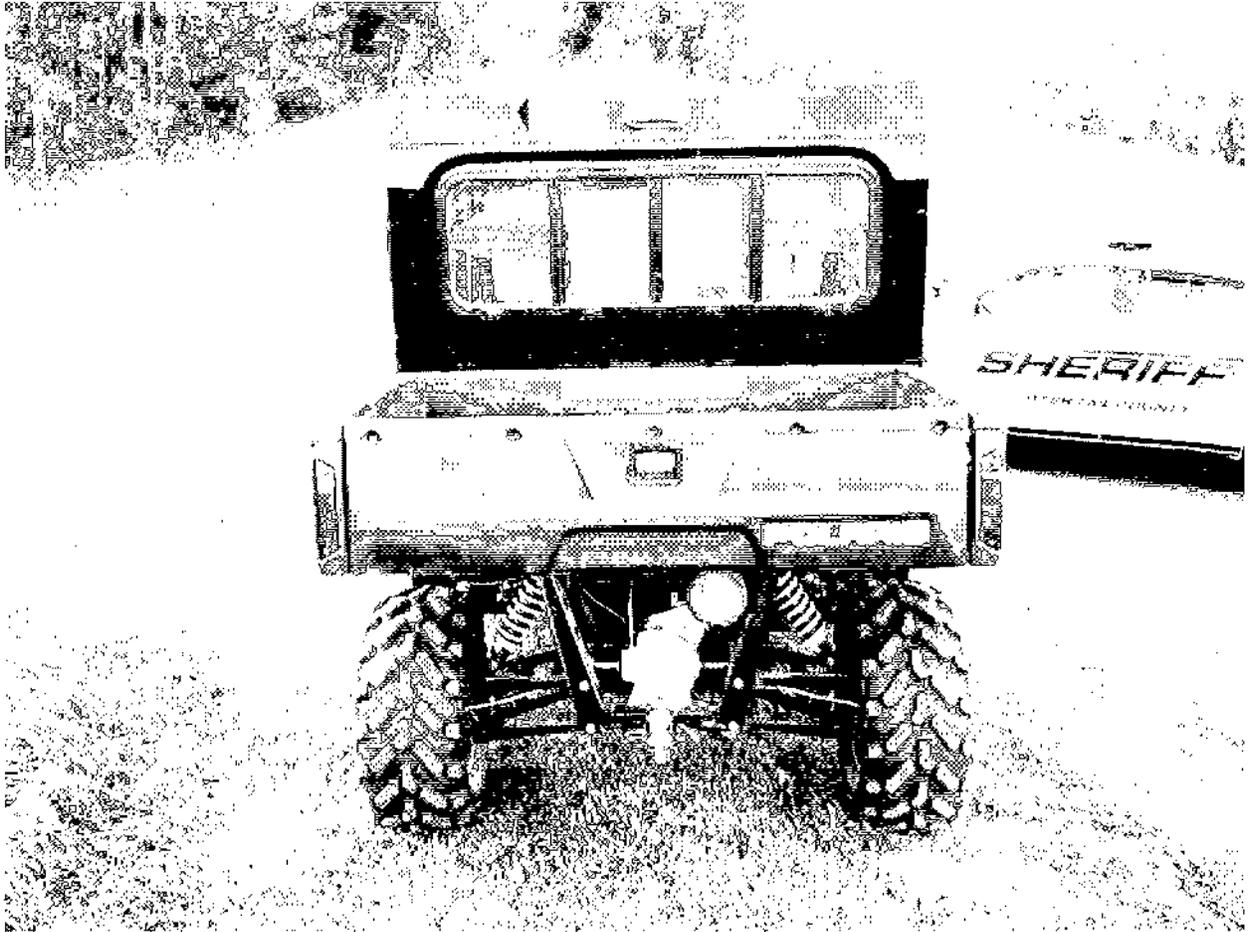
A1 – Photo of UTV



A2 – Photo of UTV



A3 – Front of UTV



A4 – Rear of UTV



A5 – Interior of UTV



A6 – Right rear tire with debris from rollover



A7 – Tire tracks showing path of vehicle



A8 – Tire tracks



A9 – Tire tracks



A10 – Tire tracks



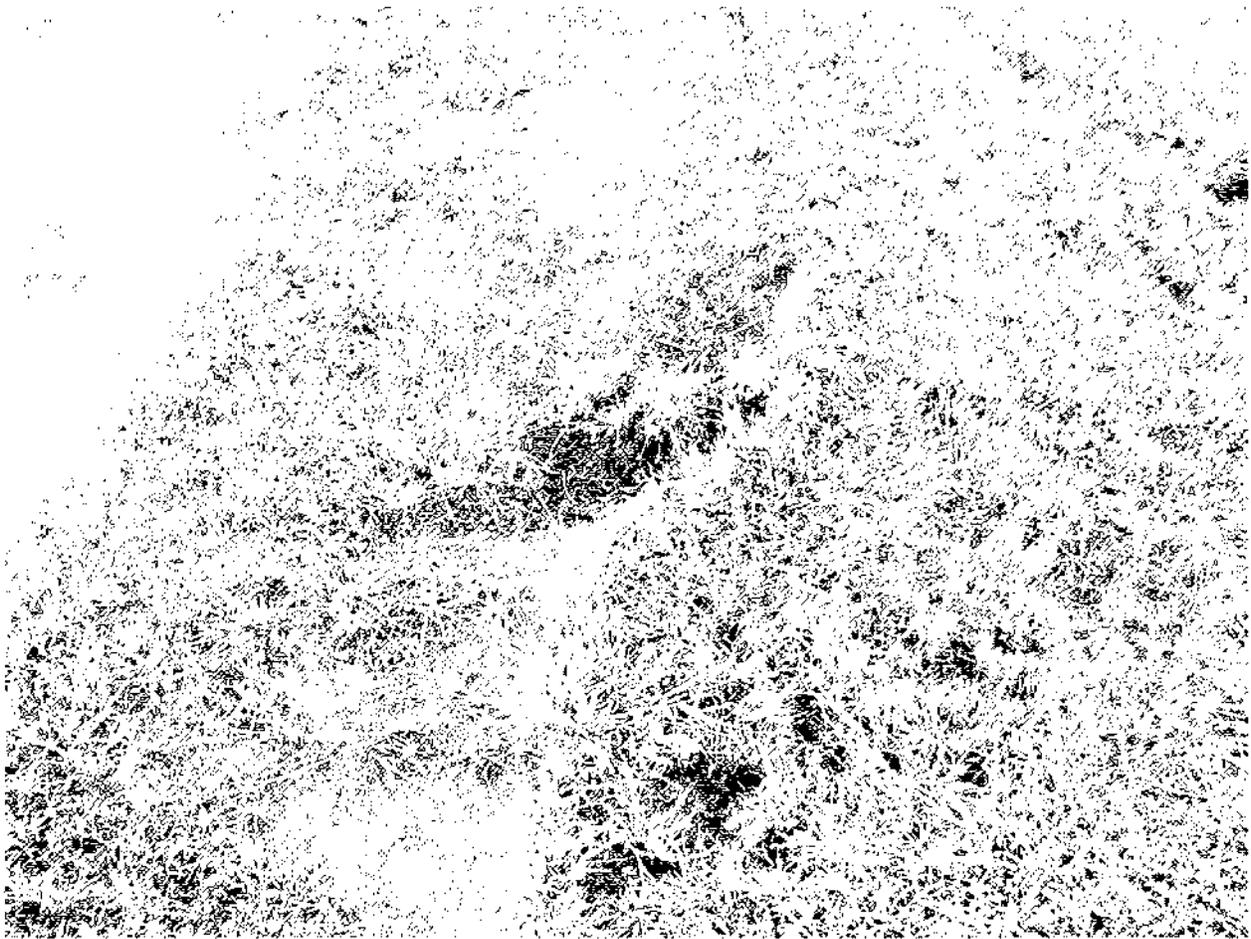
A11 – Tire tracks



A12 – Tire tracks



A13 – Tire tracks



A14 – Impact damage to ground



A15 – Impact point with rollover markings and footprints

IDI # 100908CCC2106

Exhibit C

Page 1 of 8

LOCAL CASE NO 10021078		AMENDED N		STATE OF MINNESOTA - DEPARTMENT OF PUBLIC SAFETY											
HIT-AND-RUN N				PUB PROP Y		VEHICLES 01		KILLED 01		INJURED 00		S MN N		PAGE 1 OF 1	
ROUTE SYSTEM ON 08		ROUTE NUMBER OR STREET NAME (b)(6)						IF DIVIDED HIGHWAY ROADWAY DIRECTION N S E W		AT INTERSECTION WITH OR 0.25		MILITARY TIME 1820		FOR DPS USE ONLY	
COUNTY NO 56		CITY TWP Tordenskiold		INT ELEM N/A		REFERENCE POINT 132 + 42 . 21		ROUTE SYS 08		ROUTE #, STREET, CORP LIMIT, OR FEATURE 185th Street					

FACTOR 1 16		POSITION DRIVER LICENSE NUMBER - 1 (b)(3):CPSA Section 25(c),(b)(6)						STATE MN		CLASS IP		DL STATUS 01		FACTOR 1			
FACTOR 2 13		DATE OF BIRTH 02/25/95						NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		FACTOR 2					
MNUVER 01		DR VIOLTING RESTRICT N 01						ADDRESS		DR VIOLTING RESTRICT		MNUVER					
PHYSCL 01		CITY, STATE, ZIP						CITY, STATE, ZIP		PHYSCL		PHYSCL					
RCOAND 01		ADDRESS CORRECT Y		SEX M		SAFE EDPT TYPE 02		SAFE EDPT USE 01		AIRBAG 98		EJECT 04		INJ SEV K		RCOAND	
ALCHL TEST N		TYPE 98		DRUG TEST N		TYPE 98		TO HOSP Y		TRANSPORT AMB OTHER		AMBULANCE SERVICE Ringdahl		RUN NUMBER		ALCHL TEST	

OCCUP 03		OWNER NAME (b)(6)						FIRE N		OCCUP =	
VEH TYP 10		ADDRESS						TOWED N		VEH TYP	
VEH USE 01		CITY, STATE, ZIP						PULLING UNIT ?		VEH USE	
DMG LOC 04		MAKE Pola		MODEL Rang		YEAR 2009		COLOR Gry		DMG LOC	
DMG SEV 02		PLATE # (b)(6)		ST REG		YEAR REG		SEQUENCE OF EVENTS FIRST SECOND THIRD FOURTH MOST HARM EVENT 51		DMG SEV	
INSURANCE State Farm		POLICY NUMBER						INSURANCE (UNIT 2)		POLICY NUMBER	

CARGO BOY TYPE		HAZ MAT PLAC		WAIVED		INSPECTION #		INSP BADGE #		IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (required under MS 169.783 and 169.4511).						WAIVED		HAZ MAT PLAC		CARGO BOY TYPE	
COMMERCIAL VEHICLE NUMBER 1 - MOTOR CARRIER NAME				DOT NUMBER				COMMERCIAL VEHICLE NUMBER 2 - MOTOR CARRIER NAME				DOT NUMBER									

PASSENGERS / WITNESSES	UNIT	POSTN	DATE OF BIRTH	SEX	TYPE	USE	AIRBAG	EJECT	INJ SEV	TO HOSP	TRANSPORT	AMB SERVICE	RUN NUMBER
Jared Levi Breeggemann	01	02	7/14/1994	M	02	01	98	05	N	N	<input type="checkbox"/> AMB <input type="checkbox"/> OTHER	AMB SERVICE	RUN NUMBER
Samuel Kevin Hennes (952-445-5192)	01	03	6/28/1994	M	02	01	98	05	N	N	<input type="checkbox"/> AMB <input type="checkbox"/> OTHER	AMB SERVICE	RUN NUMBER
											<input type="checkbox"/> AMB <input type="checkbox"/> OTHER	AMB SERVICE	RUN NUMBER

OWNER OF OTHER DAMAGED PROPERTY AND DESCRIPTION OF DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER(S) N/A	DAMAGED PROPERTY / YELLOW TAG NUMBER N/A
--	---

ACC TYP 51	<p>NOTE: Vehicle not included in drawing due to being moved prior to arrival.</p> <p>NOT TO SCALE</p>	NARRATIVE	DEVICE 98
SCHL BUS 03		<p>Unit #1 was traveling NB on 312th Ave with 2 passengers when Driver #1 lost control of U1 and subsequently overturned U1. D1 was then ejected from U1 as it overturned, while the passengers remained intact in the cab at which point U1 appeared to complete at least 1 overturn prior to resting on it's wheels. It was suspected that U1 rolled on top of D1 and CPR and rescue efforts were performed at the scene, however, D1's injuries were later pronounced fatal upon his arrival at the hospital. U1 sustained minor damage and the passengers sustained no injuries.</p>	WORKING 98
LOCATN 04			INT REL 01
ON BRIDGE N			SPEED LIMIT 55
TYPE OF WZ 98			WEATHER 1 01
LOC OF CRASHWZ 98			WEATHER 2 01
WORKERS PRESENT I			LIGHT 01
RDESIGN 08			PHOTOS TAKEN Y
RD SURF 01			DIAGRAM 07
RD CHAR 05			

OFFICER RANK, NAME AND BADGE # Deputy Micheal Schreader 321	AGENCY Otter Tail Co Sheriff	PATROL STATION Sheriff	<input type="checkbox"/> STATE PATROL	<input type="checkbox"/> LOCAL
09/14/10 cc: Fatality Accident Analyst	<input checked="" type="checkbox"/> SHERIFF	<input type="checkbox"/> OTHER		
09/14/10 cc: MN DNR Enforcement, Little Falls, MN				

4

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

MINNESOTA
 Recreational Vehicle Accident
 Report Form

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

F

Date 9/3/2010	Time 6:20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County or City Number	56	Phone Number	218-998-8555	Agency	Ottertail Co Sheriff
Name of person or Investigating Officer completing Report			Micheal A. Schreuder, Badge #321					
Address of person or Investigating Officer (No. & Street, RFD, Box No., City, ZIP Code) 417 S. Court St, Fergus Falls, MN 56537								

Machine #1

Operator's Name (First Middle Last) (b)(3):CPSA Section 25(c),(b)(6)			Date of Birth MM/DD/YY 02/25/95		AGE	15	SEX	M
Did operator complete the Dept of Natural Resources Safety Training?						Yes/No	>	N
Operator's Experience D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +						>	D	
Hours spent riding the day of the accident?						>	1	
Make POLARIS	Model RANGER	Engine size 600 CCs	Year of Machine 2009	Estimated repair cost 0	Ownership: O - owned R - rented B - borrowed F - family machine S - stolen			F
Registration Number 263XS		Exp Date 2011	State MN	Estimated speed 15 MPH	Was operator familiar with the area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Carbide wear rods Yes or No	N
Operator alcohol use Yes or No		PBT used N - No P - pass W - warn F - fail	Chem Test Yes or No	BAC	Any violations? Yes <input type="checkbox"/> or <input checked="" type="checkbox"/> No Explain		Track Studs Yes or No	N
N	N	N	N	0	Any legal action? Yes <input type="checkbox"/> or <input checked="" type="checkbox"/> No Explain		If Yes; Number of studs in Track	0

Machine #2

Operator's Name (First, Middle, Last)			Date of Birth MM/DD/YY		AGE	SEX
Address (No. & Street, RFD, Box No., City, ZIP Code)				Did operator complete the Dept of Natural Resources Safety Training? Yes/No >		
Owner's Full Name (First, Middle, Last)(if other than Operator)				Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years + >		
Owner's address				spent riding the day of the accident? >		
Make	Model	Engine size CCs	Year of Machine	Estimated repair cost	Ownership: O - owned R - rented B - borrowed F - family machine S - stolen	
Registration Number		Exp Date	State	Estimated speed MPH	Was operator familiar with the area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Operator alcohol use Yes or No		PBT used N - No P - pass W - warn F - fail	Chem Test Yes or No	BAC	Any violations? Yes <input type="checkbox"/> or <input type="checkbox"/> No Explain	
				Any legal action? Yes <input type="checkbox"/> or <input type="checkbox"/> No Explain		If Yes; Number of studs in Track >

COPY

POSITION
 1 - Operator
 2 - Passenger
 3 - Pedestrian

Casualty
 F - Fatal
 N - Injury

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

	Injured Name (FirstMiddleLast)	DOB	Age	Sex	Casualty
A	1 (b)(3):CPSA Section 25(c)	02/25/95	15	M	F
B					
C					
D					

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

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Type of Terrain

1 - Lake or Stream
 2 - Road Right-of-way
 3 - Railroad Right-of-way
 4 - Private Marked Trail
 5 - Government Marked Trail
 6 - Private Unmarked Property

7 - Within City or Village Limits
 8 - Government Unmarked Property
 9 - Outside City or Village Limits
 10 - Other (Describe) _____

COPY

Weather

1 - Clear
 2 - Cloudy
 3 - Rain or Sleet
 4 - Fog
 5 - Light snow
 6 - Heavy snow
 7 - Blowing snow

Type of accident

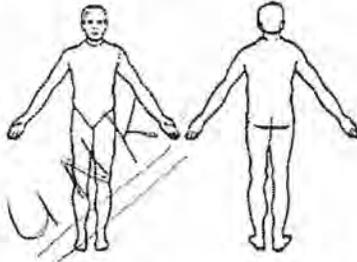
1 - Struck fixed object (what) _____
 2 - Machine rollover
 3 - Broke through ice
 4 - Barbed wire or fence
 5 - Operator Injured in mechanism
 6 - Collision with train

7 - Machine-car collision
 8 - Equipment malfunction
 9 - Struck guy wire or cable
 10 - Machine-machine collision
 11 - Operator thrown from machine
 12 - Passenger thrown from machine
 13 - Passenger thrown from device being towed

14 - Clothing caught in machine
 15 - Other (describe) _____
 16 - Excessive speed
 17 - Loss of control
 18 - Pedestrian

Injuries, person #1 (mark all that apply)

1 Soft tissue
 2 Fracture
 3 Lacerations
 4 Other _____

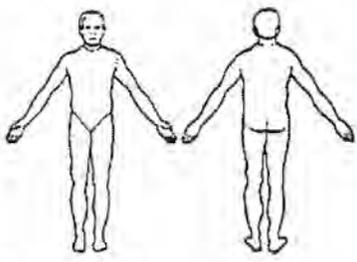


(Place number of injury type at location of injuries on figure)

Hospital Admitted Transferred Ground Air

Injuries, person #2 (mark all that apply)

1 Soft tissue
 2 Fracture
 3 Lacerations
 4 Other _____



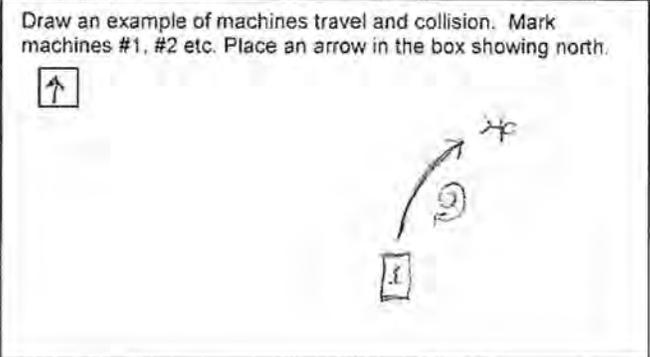
(Place number of injury type at location of injuries on figure)

Hospital Admitted Transferred Ground Air

Witness: Name	Address	Phone
JERAD LEVI BREEGGEMANN	2256 W. 145 TH ST, SHAKOPEE	UNK.
SAMUEL KEVIN HENNES	1041 OAK RD, SHAKOPEE, MN	UNK.

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

Machine #1 was traveling NB on (b)(6) with 2 passengers when Driver #1 lost control of M1 and subsequently overturned U1. D1 was then ejected from M1 as it overturned, while the passengers remained intact in the cab at which point M1 appeared to complete at least 1 overturn prior to resting on it's wheels. It was suspected that M1 rolled on top of D1 and CPR and rescue efforts were performed at the scene, however, D1's injuries were later pronounced fatal upon his arrival at the hospital. M1 sustained minor damage and the passengers sustained no injuries.



Is this a supplement to a previous report?

MVA 1 0 0 2 1 0 7 8

MINNESOTA DEPARTMENT OF PUBLIC SAFETY FATALITY REPORT

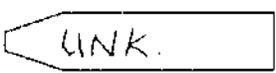
(In conjunction with National Highway Traffic Safety Administration Fatal Accident Reporting System)

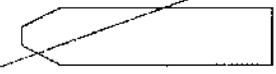
SEE INSTRUCTIONS ON REVERSE.

A ACCIDENT INFORMATION

Accident Date September 3, 2010	Accident Time 1820hrs.	Time Police Notified 1823hrs.	Time Ambulance Notified 1823hrs.
Contributing Weather? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contributing Road Condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time Ambulance Arrived at Scene 1843hrs.	
If Yes, What Kind? <u>N/A</u>	If Yes, What Kind? <u>N/A</u>	Time Ambulance Arrived at Hospital 1905hrs.	
SPECIAL JURISDICTION: <input checked="" type="checkbox"/> No special Jurisdiction <input type="checkbox"/> Campus		If present, traffic controls functioning: <u>None</u>	
<input type="checkbox"/> Indian Reservation <input type="checkbox"/> Military <input type="checkbox"/> National Park <input type="checkbox"/> Other	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Not at all <input checked="" type="checkbox"/> Present		
Divider Type <input type="checkbox"/> Median W/Barrier <input type="checkbox"/> Median No Barrier <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None	Road Surface Type <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick/Block <input type="checkbox"/> Dirt <input checked="" type="checkbox"/> Gravel		

B UNIT INFORMATION

UNIT NO. 1 - VEHICLE 1		PERSON INFORMATION (By Seat Position)									
Vehicle Make/Model Polaris Ranger	<input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	1	2	3	4	5	6	7	8	9	0
Rollover	<input type="checkbox"/> 1 st Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	ALCOHOL	Test Taken? (Y/N) or UNK	N	N	N					
Travel Speed 15-20 (MPH)		Test Type? Blood,Urine Etc	A	A	A						
Towing a Trailer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Test Results? (BAC)	A	A	A						
Special Use	<input checked="" type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	DRUGS/CODES									
Emergency Use	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	0 - No test	1 - No Drugs	Test Taken? (Y/N) or UNK	N	N	N				
Avoidance Maneuver	<input type="checkbox"/> Braking <input type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input checked="" type="checkbox"/> None	1 - No Drugs	2 - Narcotics	Test Type? Blood,Urine	N	N	N				
Violations Charged	<input checked="" type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev. <input type="checkbox"/> Reckless <input type="checkbox"/> Other Mov-Viol. <input type="checkbox"/> Non Move-Viol. <input type="checkbox"/> Viol.-Type Unknown/Other <input type="checkbox"/> Unknown	2 - Narcotics	3 - Depressant	Test Results? (BAC)	A	A	A				
Truck/Bus Type	<input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input checked="" type="checkbox"/> NA	3 - Depressant	4 - Stimulant		1	1	1				
CIRCLE FIRST POINT OF IMPACT	FRONT  REAR	4 - Stimulant	5 - Hallucinogen								
CIRCLE WORST POINT OF IMPACT	FRONT  REAR	5 - Hallucinogen	6 - Cannabinoid								
		6 - Cannabinoid	7 - PCP								
		7 - PCP	8 - OTHER								
		8 - OTHER									

UNIT NO. 2 - <input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BIKE		PERSON INFORMATION (By Seat Position)									
Vehicle Make/Model	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	1	2	3	4	5	6	7	8	9	0
Rollover	<input type="checkbox"/> 1 st Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input type="checkbox"/> NA	ALCOHOL	Test Taken? (Y/N) or UNK								
Travel Speed	(MPH)	Test Type? Blood,Urine Etc									
Towing a Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Test Results? (BAC)									
Special Use	<input type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	DRUGS/CODES									
Emergency Use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	0 - No test	1 - No Drugs	Test Taken? (Y/N) or UNK							
Avoidance Maneuver	<input type="checkbox"/> Braking <input type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None	1 - No Drugs	2 - Narcotics	Test Type? Blood,Urine							
Violations Charged	<input type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev. <input type="checkbox"/> Reckless <input type="checkbox"/> Other Mov-Viol. <input type="checkbox"/> Non Move-Viol. <input type="checkbox"/> Viol.-Type Unknown/Other <input type="checkbox"/> Unknown	2 - Narcotics	3 - Depressant	Test Results? (BAC)							
Truck/Bus Type	<input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input type="checkbox"/> NA	3 - Depressant	4 - Stimulant								
CIRCLE FIRST POINT OF IMPACT	FRONT  REAR	4 - Stimulant	5 - Hallucinogen								
CIRCLE WORST POINT OF IMPACT	FRONT  REAR	5 - Hallucinogen	6 - Cannabinoid								
		6 - Cannabinoid	7 - PCP								
		7 - PCP	8 - OTHER								
		8 - OTHER									

COPY

MVA 10021078

OTTER TAIL COUNTY SHERIFF'S OFFICE INVESTIGATION REPORT

INCIDENT NUMBER: 10021078
OFFENSE CATEGORY: ATV Fatality
LOCATION OF OFFENSE: 312th Ave approximatley 1/4 mile S of 185th St, Underwood
DATE/TIME OF INCIDENT: 09/03/2010 @ 1820 hours
DATE/TIME REPORTED: 09/03/2010 @ 1823 hours
DEPUTY: Micheal A. Schreader #321

PRINCIPALS:

Reporter/Complainant

(b)(6)
[Redacted]

White adult male

Victim

(b)(3):CPSA Section 25(c)
[Redacted]

White juvenile male

Mentioned

(b)(6)
[Redacted]

White adult female

Mentioned

(b)(6)
[Redacted]

White juvenile male

Mentioned

(b)(6)
[Redacted]

White juvenile male

COPY

ADDITIONAL OFFICERS: Sergeant Barry Fitzgibbons #309, Otter Tail County Sheriff's Office
Sergeant Jim Stewart #308, Otter Tail County Sheriff's Office

VICTIM VEHICLE: 2009 Polaris Ranger ATV bearing MN Registration # 263XS

SYNOPSIS: Single ATV/victim fatality rollover crash. See details.

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DETAILS:

At approximately 1823 hours on 09/03/2010, Otter Tail County Sheriff's Office Dispatch received a report of an ATV crash from (b)(6) owner of the ATV, stating that his sister, (b)(6) son, (b)(6) received injuries as a result of a crash and was in need of medical attention. The location of the crash was reported to be near (b)(6) property and it was reported that (b) was not conscious at the time of the report.

Ringdahl Ambulance, Underwood Rescue, Sergeant Stewart, and I were then detailed and began responding to the crash. Underwood Rescue arrived on scene first, followed by Ringdahl Ambulance, myself, and Sergeant Stewart respectively moments later. Upon my arrival, it was observed that CPR was in progress upon the victim, later identified as (b). It was noted that Sergeant Fitzgibbons, who was off-duty, was also on scene and had been contacted personally by (b)(6) following the incident. Sergeant Fitzgibbons then briefed me on the situation upon my arrival. Rescue efforts were continued upon (b) and it was noted that prior to Ringdahl's departure with (b), en route to the hospital, one of the Ringdahl Paramedics advised me that it was apparent (b) had sustained a traumatic cardiac arrest and the probability of his survival was remote.

I then spoke with (b)(6) mother, (b)(6) stated that they had just gotten to her brother, (b)(6) residence for the weekend and that (b)(6) had left the residence in (b)(6) 2009 Polaris Ranger to take a "joy-ride" around the area while she and the rest of the family remained at the residence. (b)(6) stated that following the boys' departure, they were gone for a very short period of time. At which point, (b)(6) returned to the residence advising that they had been in a crash with the ATV and that Jed was hurt and needed medical attention. They then returned to the scene of the crash to find (b)(6) unconscious and notified 911.

I then proceeded to (b)(6) residence and spoke with (b)(6). They stated that when they left the residence, (b)(6) was driving the ATV with Jerad in the middle seated position and (b)(6) in the passenger seated position of the bench seat. They both confirmed that (b) was the sole driver of the ATV and that nobody was wearing helmets or safety belts. According to the boys, they were proceeding down the gravel roadway of (b)(6) they estimated (b) to be driving approximately 15-20mph, and that (b)(6) was swerving back and forth on the gravel. However, neither admitted that they felt the swerving was excessive or beyond control. They stated that they were just having fun and nothing about the incident was uncomfortable or in any apparent hazardous nature. Both boys estimated that they had been gone from the (b)(6) residence for no more than a minute or two when the crash happened. According to both boys, while (b)(6) was swerving back and forth on the gravel, he somehow lost control of the ATV. Neither boy was able to say whether (b)(6) over-corrected the steering, whether they struck an object in the roadway, or whether the ATV had a mechanical type issue but they indicated that the ATV took an abrupt turn, at which time it began to overturn. They stated that sometime during the overturning of the ATV, (b)(6) must have been ejected from the ATV and they assumed that it rolled on top of him prior to coming to rest on its wheels in the upright position. Both boys stated that it happened so fast that they did not recall much of the overturning and both stated that they had their eyes closed. However, they remained inside the cabin in their positions. When the crash was over, they observed (b)(6) lying on the ground, barely responsive, but complaining of back pain. They stated that they then drove back to the Teich residence, notified family members of the circumstances, and 911 was summoned.

It was noted that upon examination of the roadway and the overall crash scene, there were markings and evidence on the gravel roadway that showed the "fishtail" type driving that the ATV had been performing prior to the crash. However, it was noted that the displacement of the gravel and the "Yaw

MVA 10021078

marks” that were present were neither excessive nor suggestive of any major course of action changes or displaced earth that should have resulted from debris in the roadway that would likely have been uprooted had a tire struck it. Upon a cursory examination of the ATV, any evidence of moderate to major mechanical issues was also absent. Based upon my personal observations of the physical damage or evidence of any structural damage sustained to the ATV, the worst appeared to be a clump of grass and dirt wedged into the bead of the tire and rim on the rear passenger wheel. Based upon the markings on the roadway and the evidence on the rear passenger wheel of the ATV, my personal observation rests with the fact that it was highly likely that the rear passenger wheel possibly struck the shoulder of the roadway, where the gravel meets the grass, during the “fishtail” maneuver. Subsequently causing a brief stoppage in the course of travel, likely causing the ATV to shift the inertia upwards, this would likely have thrown off the balance of the vehicle causing it to tip, thus overturning the ATV. I would note that while the observation is merely speculative, it is based upon my previous training and experience.

Sergeant Stewart took photographs of the entire crash scene, the markings on the roadway, and the ATV. Those were added to the photo evidence storage by him.

I then proceeded to Lake Region Hospital in Fergus Falls. Upon my arrival, I received an update from Sergeant Fitzgibbons, who was present with (b)(6) older brother after providing a ride to the hospital for (b)(6). Sergeant Fitzgibbons advised that upon medical examination of (b)(6) from Dr. Noyes, (b)(6) was pronounced deceased and further lifesaving efforts resulted negatively. Sergeant Fitzgibbons related that Dr. Noyes felt that the likely cause of death was from heart trauma and a likely detached aorta, subsequently causing (b)(6) to bleed out internally.

I also spoke with Dr. Noyes personally. He confirmed Sergeant Fitzgibbon’s information and Dr. Noyes stated that the Coroner would be performing an autopsy to determine actual cause of death.

A MN State Crash Report, MN Fatality Report, and this Investigation Report were completed by me and the reports will be filed with the State of Minnesota and retained in the case file with the Otter Tail County Sheriff’s Office.

All information has been gathered and submitted and this report is complete and ready for review.

EVIDENCE/ RECORDINGS: Photographs of crash scene retained in photo evidence storage.

STATUS: Complete.

COPY

Deputy Micheal A. Schreder #321
Otter Tail County Sheriff’s Office
MS:jml 09/14/10 @ 1106 hrs ADM1

Cc: _____

Cc: _____

MVA 1 0 0 2 1 0 7 8

ORIGINAL

****FOR IMMEDIATE RELEASE****

**Traffic Accident News Release
Otter Tail County Sheriff's Office**

Date 09/03/2010 Time 6:20 am pm Type: Property Injury Fatal

Location: (b)(6) Deputy: Schreader #321

Description of Crash: Single ATV, triple passenger, rollover crash with singular fatality.

Vehicle #1

<p align="center"><small>(Driver Information)</small></p> <p>Driver: <u> (Juvenile) </u> Address: _____ City: <u>Shakopee</u> State: <u>MN</u> Age: <u>15</u> Injured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Seatbelt used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p align="center"><small>(Injured)</small></p> <p>Name: _____ Address: _____ City: _____ State: ____ Age: _____ Position: _____ Seatbelt used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><small>(Injured)</small></p> <p>Name: _____ Address: _____ City: _____ State: ____ Age: _____ Position: _____ Seatbelt used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center"><small>(Vehicle Information)</small></p> <p>Year: <u>2009</u> Make: <u>Polaris</u> Model: <u>Ranger</u> Type: <u>4 Wheel ATV</u></p>	<p align="center"><small>(Events)</small></p> <p>\$1000 or more damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Citation(s) issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Direction of Travel <u>North</u> Injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type of injuries: <u>Fatal Internal</u> Taken by: <u>Ringdahl Ambulance</u> Transported to: <u>Lake Region Hospital</u></p>	

MVA 10021078

Vehicle #2

<p align="center"><small>(Driver Information)</small></p> <p>Driver: _____ Address: _____ City: _____ State: ____ Age: _____ Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Seatbelt used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><small>(Injured)</small></p> <p>Name: _____ Address: _____ City: _____ State: ____ Age: _____ Position: _____ Seatbelt used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><small>(Injured)</small></p> <p>Name: _____ Address: _____ City: _____ State: ____ Age: _____ Position: _____ Seatbelt used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center"><small>(Vehicle Information)</small></p> <p>Year: _____ Make: _____ Model: _____ Type: _____</p>	<p align="center"><small>(Events)</small></p> <p>\$1000 or more damage? <input type="checkbox"/> Yes <input type="checkbox"/> No Citation(s) issued? <input type="checkbox"/> Yes <input type="checkbox"/> No Direction of Travel _____ Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of injuries: _____ Taken by: _____ Transported to: _____</p>	

COPY

OK per 308

IDI # 100908CCC2106

Exhibit D

Page 1 of 4

OFFICE OF CORONER - OTTER TAIL COUNTY

OFFICE - (218) 736-8405

G.M. SMITH, M.D., CORONER

Name of Deceased: (b)(3):CPSA Section 25(c),(b)(6) Case No.: CC10-3383
Address of Deceased: [REDACTED]
SHAKOPEE, MN 56379
DOB: 05/25/1995 Age: 15 Sex: M

THIS REPORT OF INVESTIGATION OF DEATH IS SUBMITTED BY: Gregory M Smith, MD

CORONER REPORT*****Addendum - See End of Report *******DEATH WAS CAUSED BY:**

- A. IMMEDIATE CAUSE: ATV crash.
- B. DUE TO OR AS A CONSEQUENCE OF:
- C. DUE TO OR AS A CONSEQUENCE OF:

DATE AND TIME OF DEATH: 09/03/2010 at 1930 hours**LOCATION OF DEATH:** Lake Region Healthcare Emergency Room**MANNER OF DEATH:** Accidental**TOXICOLOGY:** Yes - drawn by LifeSource**IS AUTOPSY PERFORMED?:** No**ARE PHOTOS TAKEN?:** Yes - LifeSource**IS THERE SHERIFF, POLICE OR STATE TROOPER INVESTIGATION:** No**NEXT OF KIN:** Tracey Massie-Brown, mother**IDENTIFICATION OF THE BODY MADE BY:** Mother**BELONGINGS:** N/A**HOW WERE BELONGINGS MANAGED?:** N/A**FUNERAL HOME:** McNearney Funeral Home

NARRATIVE SUMMARY: The Otter Tail County Coroner's Office was called on the evening of 9/3/2010 by Dr. Noyes from the Lake Region Healthcare Emergency Department regarding the death of (b)(3):CPSA (DOB: 02/25/1995). (b)(3) was a 15-year-old white male who was involved in an ATV rollover in which he was thrown out of the vehicle which then rolled on top of him. He did not have a helmet at the time. An ambulance was called and responded to the scene. The patient was found with agonal respirations which progressed to cardiac arrest within 2-3 minutes. He was unresponsive the entire time. An airway was placed. Pupils were fixed and dilated. No pulses were present. The skin was cool, ashen and dry. No external trauma was evident. Advanced cardiac life support measures

CLIA: 24D0408344

Page 1 of 3

OFFICE OF CORONER - OTTER TAIL COUNTY
G.M. SMITH, M.D., CORONER
CORONER REPORT

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

Spec No.: CC10-3383

*****Addendum - See End of Report *****

were initiated. Cardiac monitor progressed from bradycardia to asystole. He was transported to Lake Region Healthcare Emergency Department. At the time of arrival cardiac monitor revealed asystole. Advanced cardiac life support measures were continued; however, he did not respond and the code was called at 1930 hours. The manner of death is accidental. The cause of death is injuries sustained in an ATV rollover. It was not known at the time whether Jed was the driver of the ATV or not. I requested the body be transported to the morgue for blood draw for ethyl alcohol as required by law for a driver of a motorized vehicle and documentation of any injuries. Jed Brown was as donor and the LifeSource Team was allowed to harvest tissue and heart valves. The Lions Eye Bank harvested the eyes. Examination was performed at 1000 hours on 9/4/2010. Photographs were obtained by LifeSource. Examination of the heart was performed by Jesse E. Edwards Registry of Cardiovascular Disease, St. Paul, MN.

EXTERNAL EXAMINATION: The body is that of a well-developed, well-nourished, mildly obese white male which appears stated age. The right wrist is remarkable for a plastic ID band with the name (b)(6) imprinted on it. Peripheral IV's are present in the right wrist and right brachial fossa. The scalp is covered with short brown hair. Dried blood is present in both ears. The eyes have been harvested by the Lions Eye Bank. The nose contains a small amount of dried blood. The mouth is remarkable for an ET tube. This tube is removed. Dentition is intact. The chest is remarkable for a U-shaped sutured harvesting incision. The anterior and medial legs are also remarkable for sutured harvesting incisions. The right upper shoulder is remarkable for a contusion. The back is remarkable for livor. The external genitalia are normal male. Photographs of the body are obtained by LifeSource. The peripheral IV's and ET tube are removed. The body will be released to the funeral home. No autopsy performed.

TOXICOLOGY: Samples of blood were obtained by LifeSource. Blood sample for ethyl alcohol will be forwarded to the Forensic Science Laboratory in St. Paul, MN as required by law.

Final Diagnosis performed by
Gregory M Smith MD
Electronically signed 09/15/10

Review of the photographs obtained by LifeSource at the time of tissue donation was performed. The left lung exhibits prominent contusion with a large amount of hemorrhage into the left pleural cavity. The degree of hemorrhage is consistent with vascular disruption which is likely the result of a combination of blunt force trauma and acceleration/deceleration injury. The cause of death is related to both head trauma as dried blood is present in both ears and left chest trauma.

IDI # 100908CCC2106

Exhibit D

Page 3 of 4

OFFICE OF CORONER - OTTER TAIL COUNTY
G.M. SMITH, M.D., CORONER
CORONER REPORT

Patient:

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

Spec No.:

CC10-3383

*****Addendum - See End of Report *****

Addendum #1 performed by
Gregory M Smith MD
Electronically signed 09/29/10



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Bureau of Criminal Apprehension
Forensic Science Laboratory - St. Paul
1430 Maryland Avenue East
St. Paul, MN 55106

TEL: (651) 793-2900 TTY: (651) 282-6555 FAX: (651) 793-2901

An ASCLD/LAB-International Accredited Laboratory

To: Otter Tail County Coroner
712 S. Cascade
Fergus Falls, MN 56537-

Lab No. S10-14859
Report No. 1

Attention: Dr. Gregory Smith, M.D.

REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Toxicology 10/04/2010

Laboratory Number: S10-14859
Section Reporting: Toxicology
Case Type: Fatality Study
Principal: (b)(3):CPSA Section

Requesting Agency: Otter Tail County Coroner
Agency Case Number: CC3383
County: Otter Tail
Date of Birth: 02/25/1995

Description of Submitted Evidence:

<u>Item</u>	<u>Type and Packaging</u>	<u>Kit Number</u>	<u>Description/Source</u>	<u>Date/Time Collected</u>
1	BCA postmortem blood collection kit		(b)(3):CPSA Section	09/04/2010 04:30

Results of Laboratory Examination:

Analysis failed to reveal the presence of ethyl alcohol.

Pursuant to Minn. Statute 634.15, I have analyzed at the Minnesota Bureau of Criminal Apprehension Forensic Science Laboratory, using an approved gas chromatographic procedure, this sealed sample of blood identified to me as having been obtained from the above individual. I hereby certify that I am trained in the analysis and interpretation of blood and urine tests for alcohol pursuant to Minn. Rule 7502.0600 and that the above is true and accurate.

Donna B Zittel

Donna B. Zittel, FTS-ABFT
Forensic Scientist

Disposition: This evidence will be destroyed by the laboratory twelve months following the date of this report. Please notify the BCA Forensic Science Laboratory if you would like the evidence returned to your agency.

Distribution: Otter Tail County Coroner - 1

10/5/10
17
[Signature]

CONTACT LIST

Exhibit E

Otter Tail County Sheriff's Office

417 S. Court Street

Fergus Falls, MN 56537

Otter Tail County Coroner

P.O. Box 728

Fergus Falls, MN 56538-0728

X109 0191

SEP 07 2010

ISSUE 50



52°F

Forecast
By Video



5pm 11pm 8am
81° 69° 65°

Search Keyword List

Tuesday, September 07, 2010



Updated at: 09/06/2010 12:00 PM | KSAX.com
By: Anthony Kiekow

News

- Home
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- National Stories
- Sports/Outdoors
- Fish Spatter
- Article of the Week
- On The Road
- Fun, Fun Health
- Story Copies
- Admin's Backstage Pass

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- Weather
- School Alert
- Observations
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Community

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15-Year-Old Killed in Labor Day Weekend ATV Crash in Otter Tail County



UNDERWOOD, Minn - A 15-year-old Shakopee boy was killed after a triple-passenger ATV rolled over south of Underwood Friday, according to the Otter Tail County Sheriff's Office.

At 6:20 p.m. the Otter Tail County Sheriff's Office reported that a 2009 Polaris Ranger had rolled over on 312 Avenue.

The 15-year-old victim was driving the ATV when it hit the edge of a roadway. The teen lost control, and rolled the vehicle.

He was thrown from the vehicle and was killed after it rolled on top of him.

His two male passengers, who sheriff's identified as "young people," were not injured.

The Otter Tail Sheriff's Department said 16 is the legal age to operate a motor vehicle in Minnesota.

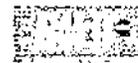
Authorities do not believe alcohol was involved.

Written for the web by Anthony Kiekow

akiekow@ksax.com

Today's Top Read Stories

- 15-Year-Old Killed in Labor Day Weekend ATV Crash in Otter Tail County
- Seven of Thirteen Stores Fail Sting After Selling Alcohol to Minor Decoy
- Four Killed In Separate Traffic Accidents Over Labor Day Weekend
- Farmer's Aimanac Predicts Upcoming Winter 2010/2011
- Inside the Life of a Meth Addict in Crow Wing County
- Son Arrested in Beating Death of Father in Wis.
- Western Wis. County Aggressively Enforces Teen Sex Law
- 'Scream' Masked Gunman Strikes Again: Same Time of Night, Same Location
- After A Tornado Destroys The High School, Wadena Students Will Head Back To Class
- School to Monitor Wetterling 'Person of Interest'



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Article of the Week

MN
ISM
9/3/10
product code = 5044

1. Task Number 100910CCC3108		2. Investigator's ID 2723		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 03 26	5. Date Initiated YR MO DAY 2010 09 22		
6. Synopsis of Accident or Complaint UPC A 45 year old man was ejected from a UTV and later died from his injuries. The victim had been bar hopping with a friend and using the UTV as transportation to and from two beach front bars. The victim was seated in the passenger front seat and not wearing a seatbelt when the incident occurred. He was reported to have been leaning out the front of the vehicle when the driver hit the brakes hard and hit a "bump" in the road at which time the victim was ejected, landing on his head on asphalt. <div style="text-align: right;"> <p>MER/PRVLBB NOTIFIED <i>2/3/11</i></p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS <i>3, 25, 6</i></p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> </div>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City GALVESTON		9. State TX
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 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 3 - Other	19. Time Spent (Operational / Travel) 12 / 6	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 04 - Radio, TV		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/08/2010	25. Reviewed By 8631		26. Regional Office Director Frank J. Naya	
27. Distribution Topka, Tanya			28. Source Document Number X1090226A	

DESCRIPTION OF RESPONDENTS:

This investigation was initiated from a news article. The respondent in this case is a Criminal Investigator with the Galveston County Sheriff's Office. An interview was conducted at his office on October 6, 2010, and photos were provided of the incident scene and utility vehicle involved. Though requested, the Galveston County Medical Examiner has not replied to a written and faxed request for their records pertaining to this incident. At the request of Sheriff's Officials, no witnesses or suspects were contacted or interviewed due to the pending criminal case against the driver of the utility vehicle and a case against the back seat passenger.

SUMMARY OF FINDINGS:

On March 25, 2010, a 43 year old male (driver), and 45 year old male (victim) took a red/black Polaris Ranger utility vehicle (UTV), VIN # 4XAWH68A592714590 to a local beach bar to eat and have alcoholic beverages. According to a witness (bartender), the two men came in the bar and ordered food at approximately 9:50 pm and had a couple drinks while they waited. Approximately ten minutes later, their order came in and the two men left the bar area. The bartender did not specify what type of drinks the two men had but it was suggestive of alcoholic beverages.

It was indicated the two men went to at least two other bars but could not be identified by the bars' employees after being shown a photo of the men. During a later interrogation the driver stated he ate steak at 8:00 pm at the first beach bar then left with the victim in the UTV and went to another one which was closed. The driver stated they left the second bar on the UTV and arrived at the third bar where they drank Martinis. Sometime between 8:00 pm on March 25, 2010 and 1:13 am on March 26, 2010, the men met a 48 year old female who was with them on the UTV when the incident occurred. She is listed as "OTHERS INVOLVED" in the attached police report.

The responding officer reported arriving at the location of a major accident located on a paved and rocky beach-front road. When he arrived at the scene he observed a white male lying on his back with outstretched arms. The officer observed the man was gasping for air and blood was coming from his mouth. The injured man was unconscious but breathing and had a pulse. EMS had been dispatched and arrived shortly after the officer's arrival.

EMS boarded the injured man and advised they would be meeting a helicopter at a nearby fire department to transport the victim to a medical facility.

The responding officer reported asking the driver and female involved what happened. The driver stated they were coming from a bar and the victim was "acting a fool" and leaning out the front of the UTV. The driver reported hitting a "bump" at which time the victim, leaning out the front of the UTV, was thrown from the vehicle and landed on his head. The driver reported he was traveling approximately 35-40 miles per hour when the incident occurred. Later it would be determined that he also hit the brakes at the bump

which is what helped propel the victim from the vehicle and prevented him from being run over by the UTV.

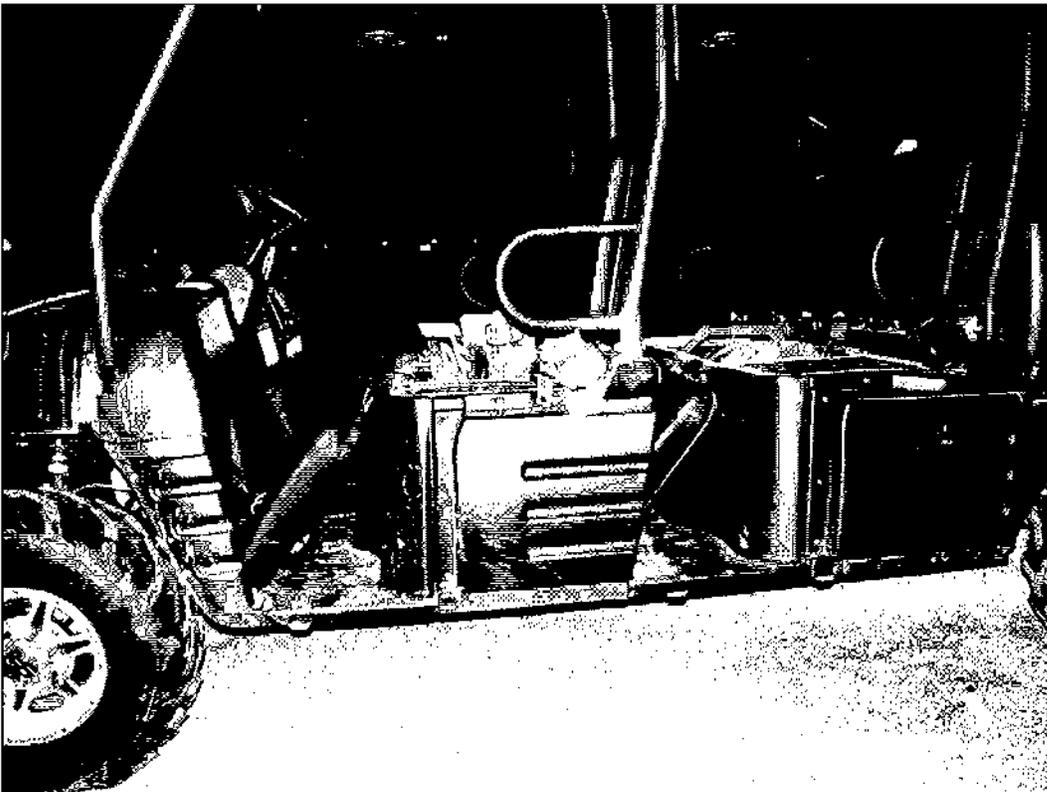


Photo #1: Sheriff's Office photos show the incident UTV. It is a Polaris Ranger 700cc.

During the interview, the responding officer observed the driver and female involved being very unsteady on their feet and he also reported smelling a strong odor of alcohol coming from their breath. The officer asked the driver how much he had to drink and the driver replied "not that much I guess". He would later describe his consumption as "several". The driver further replied, the victim had a lot to drink and that is why he was driving the UTV.

The responding officer reported, after the victim was boarded by EMS, he observed a small amount of blood on the road approximately four inches in diameter where the victim's head had been laying.

The responding officer reported, the driver was arrested at the scene for Intoxicated Assault. The female involved was also arrested, after she was determined to be "highly intoxicated", for Public Intoxication. These charges are still pending and awaiting trial.

The owner of the UTV is unreported though it is listed at the address of the victim. The UTV's value was estimated at \$10,000. The year model of the UTV was reported by the Criminal Investigator to be a 2004 or 2005 model. No other UTV information was made

available to this investigator and the model number was not documented by the Criminal Investigator over the case.



Photo #2: Sheriff's Office photo shows the UTV as viewed from the front.



Photo #3: Sheriff's Office photo shows a beer bottle in the back of the UTV.

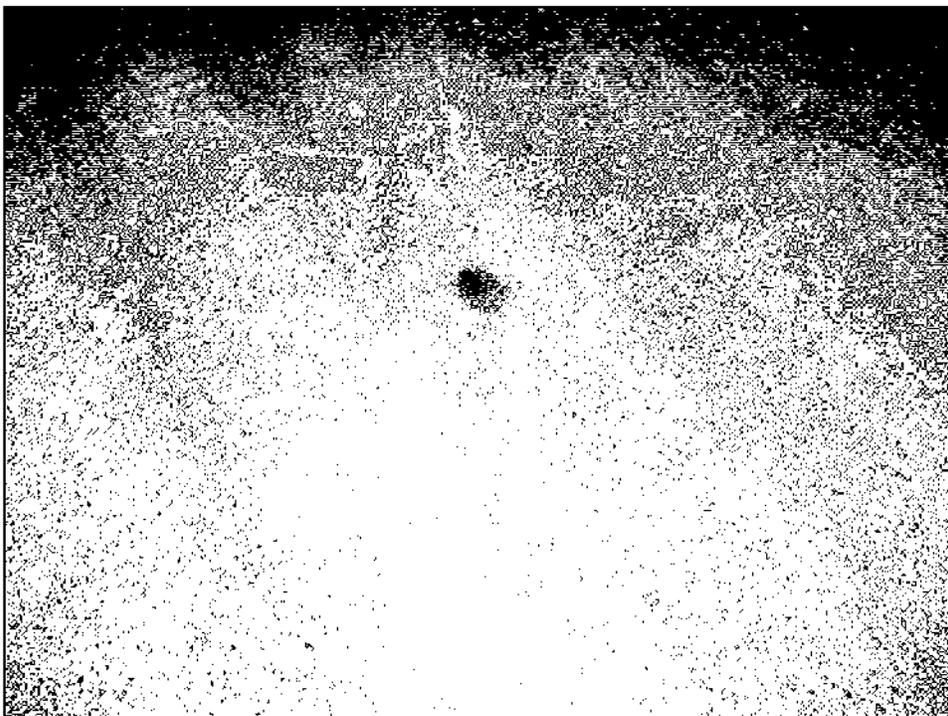


Photo #4: Sheriff's Office photo shows a blood spot on the road where the victim's head was laying.

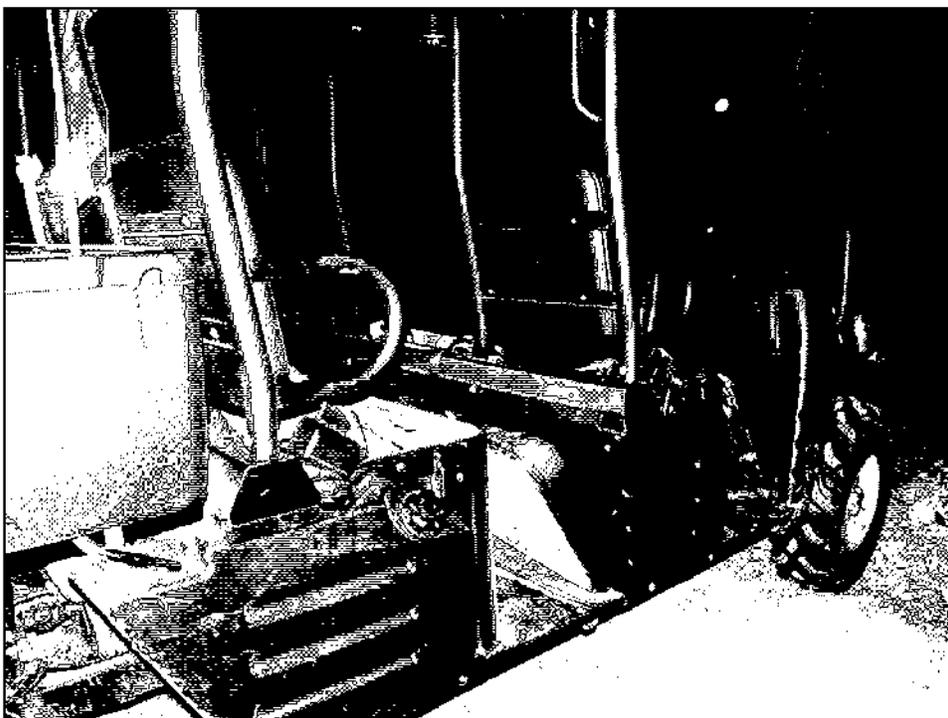


Photo #5: Sheriff's Office photo shows another angle of the incident UTV.

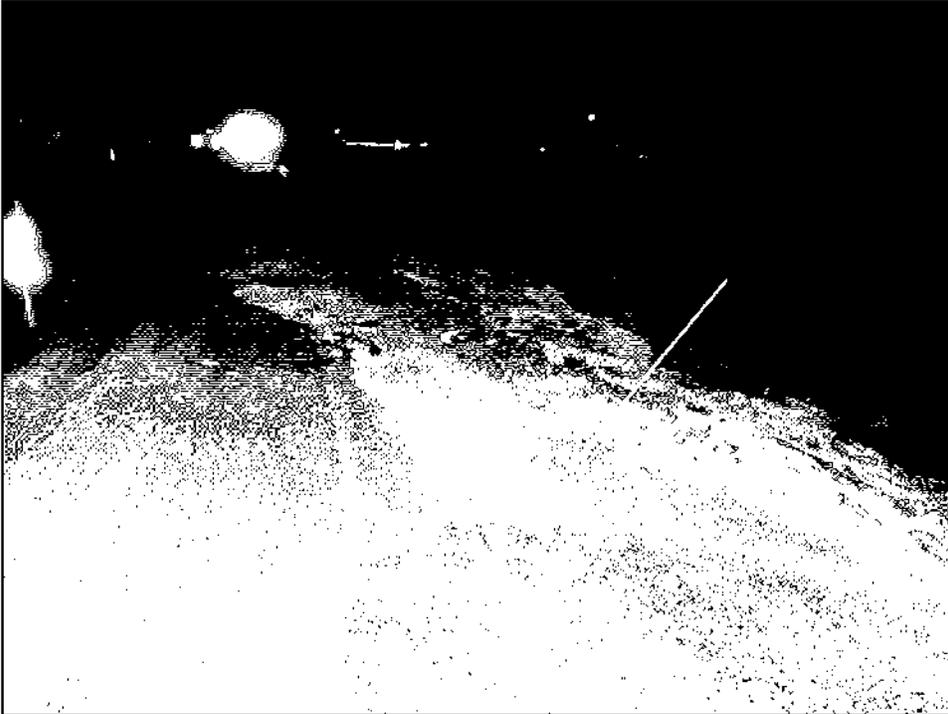


Photo #6: Sheriff's Office photo shows the "bump" it is believed the driver hit when the victim was thrown from the UTV (yellow arrow).



Photo #7: Sheriff's Office photo shows two full cans of beer in an otherwise empty 18 pack.

During an interview, the Criminal Investigator stated the seat belts were not being worn when the incident occurred.

The victim is described as a 45 year old white male. Any prior medical conditions or medications were not reported. The Autopsy reported has not been received to this report's submission date so the victim's height and weight are not known by this investigator.

The victim was later reported to have passed out while riding in the front passenger seat of the UTV from excessive alcohol consumption. When he awoke, the UTV was traveling down the paved beach-front road. After he awoke, the victim was reported to have hung his upper body from the front windshield area of the UTV for no known reason.

The driver was questioned while waiting for his blood to be drawn, and stated the victim was trying to climb out onto the windshield frame to stand on it when he slipped and fell, hitting his head on the ground. The driver further stated he did not have a phone to call 911 and neither did the female involved, so he drove back to his trailer, an unreported distance, to get his phone. The driver further stated the involved female stayed with the victim on the road while he went to get his phone. An unknown amount of time expired between the incident moment and the 911 call.

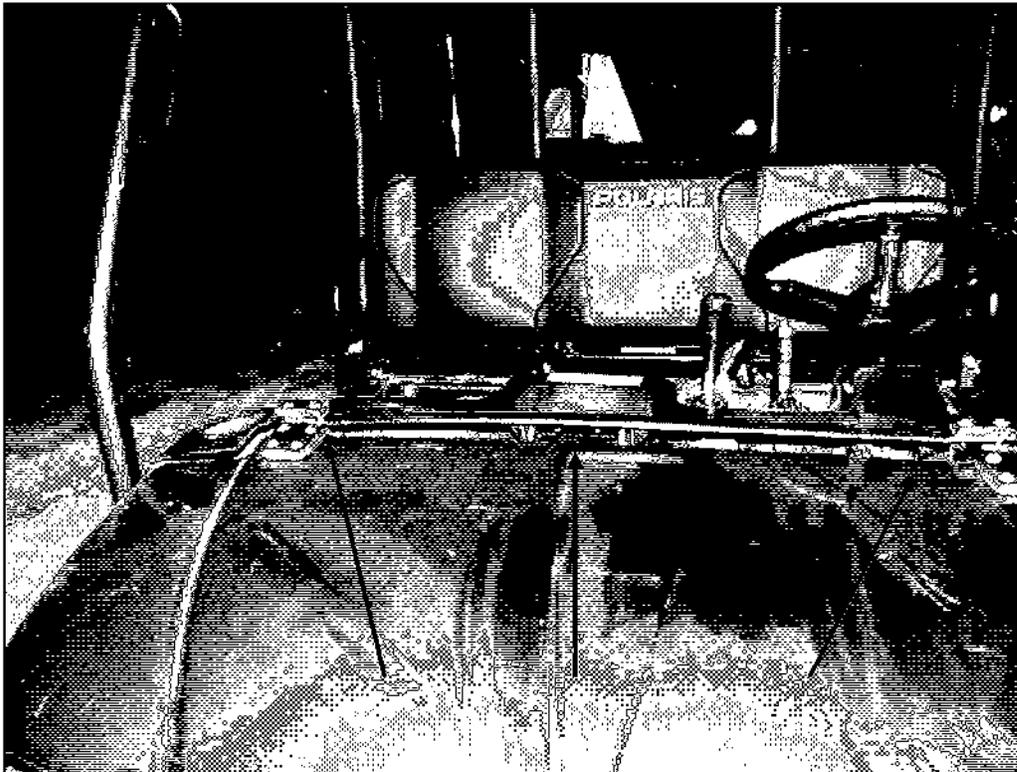


Photo #8: Sheriff's Office photo shows the dash appears to be busted either due to the victim standing on it or from the victim impacting it when the driver slammed the UTV's brakes (black arrows).

The driver's BAC result from the blood draw was not reported. The District Attorney's office has the results from the driver's blood and has not released the findings, not even to the Criminal Investigator over the case. It is however highly likely that he was over the state "per se" legal limit of .08 due to the awaiting criminal trial.

On March 30, 2010, it was reported that the victim was pronounced dead at approximately 2:30 pm.

In the scene summary of the Case Supplemental Report (p.13) the victim was reported to be leaning forward through the windshield area when the driver hit a patch of gravel and slammed on the UTV's brakes. This was reported to cause the driver to fall forward and strike his head on the roadway.

No other information has been provided to this investigator other than was included or attached to this report. Any documents received after the submission date of this report will be included as an addendum.

PRODUCT DESCRIPTION:

Product Type:	Polaris Ranger Utility Vehicle
Brand:	Polaris
Model Number:	Unknown / Ranger 700cc / Four Seats
Manufacturer:	Polaris Industries
Retailer:	Unknown
Purchase Price:	Unknown

SAMPLE COLLECTION:

N/A

ATTACHMENTS:

1. Photos Embedded (8)
2. List of Respondents (1 Page)
3. Incident/Investigation Report (17 Pages)
4. Galveston County ME Records Request (5 Pages)
5. UTV Data Record Sheet (1 Page)
6. CPSC Recall Alert #05-504 (2 Pages)
7. CPSC Recall Alert #09-762 (2 Pages)
8. Missing Document Form (1 Page)

LIST OF RESPONDENTS:

1. Galveston County Sheriff's Office
601 54th St. Suite 2100
Galveston, TX 77551

REPORTING OFFICER NARRATIVE

Galveston County Sheriff's Office

100910CCC3108
Attachment #3
Page 3 of 17

Victim (b)(3):CPSA Section 25(c)	Offense <i>OPERATING WHILE INTOXICATED</i>	Date / Time Reported <i>Fri 03/26/2010 01:13</i>
--	---	---

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

INTRODUCTION: While performing regular duties as 2P42 I was dispatched to 895 Sandollar in reference to a Major Accident that just occurred. It stated in the notes that the victim was breathing but was not conscious.

DETAILS: Upon arrival I observed a W/M later to named **(b)(3):CPSA Section 25(c)** lying on his back with his arms spread out. I could hear **(b)(3):CPS** gasping for air and observed blood coming from his mouth. I could feel a pulse but could not get a verbal response from **(b)(3):CPS**. At this time I also met **(b)(6)** **(b)(6)** I asked both parties what happened when **(b)(6)** replied, " we were coming from the Wheel (Ships Wheel Bar) and **(b)(6)** was acting a fool and was leaning out the four-wheeler (see vehicle module). I hit a bump and he flew off and he landed his head". I asked Mr. **(b)(6)** how fast he was going and he then replied " 35 or 40 mph". I observed Mr. **(b)(6)** to be very unsteady on their feet and I could smell a strong odor of alcohol coming from their breath. I asked how much they had to drink tonight, which **(b)(6)** stated, " not that much I guess, but **(b)(6)** had a lot that's why I was driving."

At this time Deputy Dodd and EMS arrived on scene and EMS immediately began working on **(b)(3):CPSA** Minutes later EMS boarded **(b)(3):CPS** on the Ambulance and advised they would be meeting a helicopter at the Fire Department for transport to UTMB. After being boarded into the Ambulance I observed a small amount of blood on the roadway approximately (4) four inches in diameter where his head had been laying. I could also observe a cell phone and a knife laying approximately (5) five feet from where **(b)(3):CPSA** was originally laying. Both **(b)(6)** advised me the cell phone and knife belonged to **(b)(3):CPSA**

After the ambulance left the scene to transport **(b)(3):CPS** I informed Deputy Dodd of the events I was informed of by **(b)(6)** After being advised of all the events that occurred, Deputy Dodd advised me he would be taken **(b)(6)** into custody for Intoxicated Assault and due to fact **(b)(6)** was so highly intoxicated she would be arrested for Public Intoxication. Seconds later both were handcuffed and placed into custody. Deputy Dodd then transported **(b)(6)** to UTMB for a blood draw and **(b)(6)** to Galveston County Jail for Incarceration. **(b)(6)** was transported to Galveston County Jail after he was released from UTMB at a later time.

Hours later ID Sgt. Obriant and CID Sgt. Hayes arrived and the scene was then turned over to them for processing. After both Sgt's were finished processing the scene, A-1 Wrecker was contacted and the vehicle was then towed and stored.

ATTACHMENT: (1) Cell phone and (1) red knife submitted to the ID Division for safekeeping.

DISPOSITION: Cleared by Arrest

Incident Report Suspect List

Galveston County Sheriff's Office

OCA: 10-00000959

1	Name (Last, First, Middle) (b)(6)					Also Known As					Home Address (b)(6)				
	Business Address <i>HOUSTON COCA- COLA ,REPAIR TECH HOUSTON</i>														
	DOB. <i>03/05/196</i>	Age <i>43</i>	Race <i>W</i>	Sex <i>M</i>	Eth <i>N</i>	Hgt <i>510</i>	Wgt <i>220</i>	Hair <i>RE</i>	Eye <i>BR</i>	Skin <i>FA</i>	Driver's License / State. (b)(6)				
Scars, Marks, Tattoos, or other distinguishing features <i>TAT R ARM / PIECES SIGN</i>															
Reported Suspect Detail															
Weapon, Type		Feature		Make		Model		Color		Caliber		Dir of Travel		SSN	
VehYr/Make/Model			Drs	Style		Color		Lic/St			VIN				
Notes										Physical Char					

Incident Report Related Vehicle List

Galveston County Sheriff's Office

OCA: 10-00000959

1	VehYr/Make/Model <i>POLA, Ranger</i>		Style <i>ATV</i>		Color <i>RED/BLK</i>		Lic/Lis <i>TX</i>		Vin <i>4XAWH68A592714590</i>		
	IBR Status <i>Other Non-ibr Status</i>		Date <i>03/26/2010</i>		Location (b)(6)						
	Condition <i>FAIR</i>		Value <i>\$10,000.00</i>		Offense Code <i>9910</i>		Jurisdiction <i>Locally</i>		State # NIC #		
	Name (Last, First, Middle) <i>JUVENILE</i>				Also Known As			Home Address (b)(6)			
	Business Address										
	DOB <i>//</i>	Age <i>0</i>	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features				

Notes

VEHICLE TOWED DUE TO ACCIDENT INVOLVING DK DRIVER[03/26/2010 05:42, OSTERJ, 682]

CASE SUPPLEMENTAL REPORT

100910CCC3108

Attachment #3

Page 6 of 17

Galveston County Sheriff's Office

OCA: 100000959

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

Case Status: *CLEARED BY ARREST

Case Mng Status: CLEARED BY ARREST

Occured: 03/26/2010

Offense: OPERATING WHILE INTOXICATED

Investigator: DODD, R. H. (6701)

Date / Time: 03/26/2010 03:44:39, Friday

Supervisor: PUTNAM, J. W. (4831)

Supervisor Review Date / Time: 03/29/2010 18:27:12, Monday

Contact:

Reference: Assisting Officer Report

SYNOPSIS: This report will document an accident in the (b)(6) The victim was thrown from the front passenger seat of a Rhino ATV.

DETAILS: While working as 2P41, I was dispatched to a major accident in the area of (b)(6) and the beach in (b)(6) On my arrival, I observed Deputy Ostermeyer in the 900 block of (b)(6) kneeling over a white male. The male subject was bleeding from the mouth and back of the head. South of the victim on (b)(6) I observed a red Rhino ATV and a white male and female standing next to it. I walked over to see if the Rhino had any damage from the accident and the male subject stated he hit a bump in the road and his friend went out through the windshield frame.

EMS arrived on location and asked for my assistance. Deputy Ostermeyer detained the male and female and placed them in the rear of my unit. While assisting EMS, I contacted dispatch for another paramedic and to have Life Flight launch because of the victims condition. The male was having severe difficulty breathing and was unresponsive to all stimuli.

Chief Loope of the Crystal Beach Fire department arrived on location and took my place with EMS as the victim was loaded and transported to await Life Flight. I made contact with Sgt. Putnam and advised him of the details concerning what had occurred. I advised the female passenger was intoxicated and the driver also smelled of alcohol. Sgt. Putnam advised to transport both subject across to Galveston and release the male driver to Deputy Maddux at UTMB for a blood test. The female was to be transported to the jail.

I left the location with both subject and once on the boat, the male was read his Miranda Warning by myself and documented with dispatch. After exiting the boat, I proceeded to UTMB and released the male subject to Deputy Maddux. The female was then transported to the Galveston County Jail and released to the staff on duty. Once on location at the jail, the female was identified as (b)(6).

(b)(6) was charged with Public Intoxication, Class C. Deputy Maddux transported the male driver to the county jail after the completion of the blood test at UTMB.

DISPOSITION: Cleared by arrest.

CASE SUPPLEMENTAL REPORT

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Galveston County Sheriff's Office

OCA: 100000959

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

Case Status: *CLEARED BY ARREST

Case Mng Status: CLEARED BY ARREST

Occured: 03/26/2010

Offense: OPERATING WHILE INTOXICATED

Investigator: HAYES, G. M. (6227)

Date / Time: 03/27/2010 00:00:00, Saturday

Supervisor: COOK, B. D. (3442)

Supervisor Review Date / Time: 04/07/2010 13:42:00, Wednesday

Contact:

Reference: Assisting Officer Report

Synopsis: On 03-26-10 around 0230, I was contacted by Sgt. John Putnam in reference to a possible fatality accident in the (b)(6). I was advised a passenger in an ATV vehicle had been ejected and suffered head injuries. The passenger had been transported to UTMB hospital via air ambulance. I was requested to respond to the scene to assist with the investigation.

Details: I responded to the (b)(6). While I was on my way to the scene, I was advised that Deputies Robert Dodd and Marina Maddux were at UTMB emergency room with the operator of the ATV and another female passenger. I contacted Deputy Maddux via cellular telephone and asked what the status was of the operator. She informed me she had responded to the hospital to assist Deputy Dodd with an intoxicated driver, mandatory blood draw. She advised me she had contact with the operator, identified as (b)(6) W/M, 03-05-1967. He submitted to the Standardized Field Sobriety test which she recorded on her in-car video system. (b)(6) failed the test and she read him the DIC-23 and requested a specimen of his blood. He agreed and consented to the blood draw. I asked about the female passenger and she advised Deputy Dodd had taken her into custody for Public Intoxication.

I arrived at the scene and was met by Sgt. John Putnam and Deputies Justin Ostermayer and William O'Briant (ID). I was given the details of the event by Deputy Ostermayer. I walked the scene and observed no work. A red Polaris Ranger was there, facing northbound. I observed a small area of blood on the road. Deputy Ostermayer stated that was where the victim had landed after being ejected from the A.T.V. I advised Deputy Ostermayer to have the A.T.V. towed and place a hold on it. I also updated Sgt. Putnam and Deputy W. O'Briant. Deputy O'Briant informed me he had taken photographs of the scene.

I returned to service and asked Deputies Ostermayer and Maddux to meet me at the C.I.D. office once they finished their assignments. Deputy Maddux informed me the subject ejected from A.T.V. was in serious condition at the hospital head injuries and his recovery was uncertain. She identified the injured subject to me as (b)(3) (b)(3):CPSA Se W/M, 02-29-1964.

Deputy Maddux arrived at the CID office and we discussed the operator's sobriety. Deputy Maddux was confident he was impaired by alcoholic beverages. Based on the information supplied by the Deputies, I contacted the on-call ADA. I spoke with ADA D. Goode and relayed the information to her about the event. She authorized the charge of Intoxicated Assault and set the bond.

Deputy Ostermayer arrived a short time later and the accident report was completed.

Disposition: Case cleared by arrest

CASE SUPPLEMENTAL REPORT

100910CCC3108
Attachment #3
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Galveston County Sheriff's Office

OCA: 100000959

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

Case Status: *CLEARED BY ARREST Case Mng Status: CLEARED BY ARREST Occured: 03/26/2010
Offense: OPERATING WHILE INTOXICATED

Investigator: MADDUX, M. J. (7166) Date / Time: 03/30/2010 00:21:37, Tuesday
Supervisor: PUTNAM, J. W. (4831) Supervisor Review Date / Time: 03/30/2010 04:09:06, Tuesday
Contact: Reference: Assisting Officer Report

SYNOPSIS: This supplement report will document the events that lead to the arrest of (b)(6) (TDL: 12514273), of Intoxication Assault. The accident occurred in the (b)(6). This report will further document the offender provided a blood specimen at the UTMB.

INTRODUCTION: While working patrol as 2P31, I was notified of an ATV accident that occurred in (b)(6). The operator of the ATV was identified as (b)(6), white male. (b)(6) was said to be under the influence of alcohol. Since I was already at UTMB for a separate incident I assisted in the investigation of this incident. The victim was riding on the right front passenger seat; he was identified as (b)(3) CPSA Section 25(c) (b)(6), white male.

DETAILS: Deputy R. Dodd transported (b)(6) to UTMB for further investigation. Deputy R. Dodd read (b)(6) his Miranda Rights. Upon their arrival, I took custody of (b)(6). I placed him in the back seat of my patrol car. I asked him if he had anything to drink and he replied, "Several". I asked if he had anything to eat and he replied he did. He stated he had rib eye steak at Tiki Bar around 8 p.m. I then asked him what happened. He stated after being at Tiki Bar they got into the ATV and headed to another two-story bar (Cococut's Bar) but it was closed. So they went to the Ship Wheel bar. He stated he and (b)(6) drank Martinis.

(b)(6) stated (b)(6) got too drunk so he drove. He stated (b)(6) told him to keep going so he did and they ended up on the beach. He stated he and his girlfriend, who was sitting in the rear back seat of the ATV, realized they were going the wrong way so they turned around. He stated he wanted to go back where he could remember coming from. His girlfriend was identified as (b)(6), white female. He stated (b)(6) then fell asleep.

(b)(6) stated (b)(6) all of the sudden woke up and for some unknown reason starting hanging out the window. He stated (b)(3) then attempted to get on the windshield but slipped and fell to the ground hitting his head. He stated he did not want to run over (b)(6) so he hit his brakes. He stated (b)(6) did not move but he could see he was breathing. He stated he and his girlfriend did not have phones on them so he went back to (b)(3) trailer to get their phones. He stated his girlfriend stayed with (b)(3). He stated once he got his phone he called 911 for help.

I advised (b)(6) I was going to administer the Standardized Field Sobriety Tests. I advised him I was going to check his eyes first. He agreed to the tests and since he was believed to be under the influence of alcohol and involved in an accident he agreed to provide a blood specimen. (b)(6) was read the DIC-24 (Statutory Warning). (b)(6) was asked to exit my patrol unit and come to the front of my vehicle for the administration of these tests. He agreed. The first test HGN, Horizontal Gaze Nystagmus, the offender had all three clues in each eye. Those clues are as follow: lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees. The second test, Walk and Turn, (b)(6) was instructed to stand facing my vehicle putting his hands at his side and placing his right foot in front of his left foot, touching heel to toe, and to hold that position until he was told to move. He stated he understood so far. He was instructed to take

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Galveston County Sheriff's Office

OCA: 100000959

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Case Status: *CLEARED BY ARREST

Case Mng Status: CLEARED BY ARREST

Occured: 03/26/2010

Offense: OPERATING WHILE INTOXICATED

instructed that once he began to walk, do not stop until the test was completed. He stated he understood. Mr. (b)(6) had four clues to the Walk and Turn test. Those clues are as follow: starts test too soon, did not touch heel-to-toe, stepped off the line, and uses arms to balance. The third test, One Leg Stand, (b)(6) was instructed to stand facing me putting his hands at his side and feet together. He was told not to do anything until told otherwise. He was instructed when told to start, he will raise one leg (right or left) approximately 6 inches off the ground, foot pointed out. He was told to keep both legs straight with hands at his side. While holding this position, he was instructed to count out loud (one-thousand-one, one-thousand-two) until he was told to stop. He stated he understood. (b)(6) showed three clues to the One Leg Stand test. Those clues are as follows: puts foot down, sways and uses arms for balance.

(b)(6) agreed to provide a voluntary blood specimen. A male nurse withdrew blood from (b)(6). The blood draw kit was properly sealed and later turned over to Deputy W. O'Briant for submission. A photo was taken of (b)(6) and nurse together and the blood kit. Those photos and my in-car VHS video have been submitted into evidence. (b)(6) was transported to the Galveston County Jail for further processing. Sgt. G. Hayes completed the booking and charge information for (b)(6).

ATTACHMENTS:

1. DIC-23 (Peace Officer's Sworn Report)
2. DIC-23A Specimen Routing Report DIC-24 (Statutory Warning)
3. DIC-24 (Statutory Warning)

EVIDENCE:

1. Blood draw kit
2. Photos of the nurse that took the blood from (b)(6)

CASE SUPPLEMENTAL REPORT

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Galveston County Sheriff's Office

OCA: 100000959

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Case Status: *CLEARED BY ARREST Case Mng Status: CLEARED BY ARREST Occured: 03/26/2010
Offense: OPERATING WHILE INTOXICATED

Investigator: HAYES, G. M. (6227) Date / Time: 03/31/2010 00:00:00, Wednesday
Supervisor: COOK, B. D. (3442) Supervisor Review Date / Time: 04/07/2010 13:39:00, Wednesday
Contact: Reference: Follow Up

Synopsis: The information in this supplement report will document the follow up investigation into an accident which occurred in the (b)(6)

Details: On 03-31-10 I received an e-mail from Sgt. J. Putnam informing me he had received information that (b)(6) had expired at the hospital (U.T.M.B.) earlier.

I contacted Lt. Randy Burrows (GCSO) who was the Medical Examiner Investigator on-duty and asked him to confirm the information I had received. He informed me (b)(6) had expired at U.T.M.B. around 1430 on the previous day from injuries sustained in the accident.

On the same day I received a telephone call from a female identifying herself as (b)(6) (b)(6) (NOD). She informed me she was a close friend of the (b)(3):GPSA Section 25(c) (1). She was calling for (b)(6) which I had talked with earlier in the week. (b)(6) had called and asked about (b)(6) cellular telephone which was recovered at the scene. She also asked about the hold on the A.T.V. During my conversation with Lori, I asked her to keep up to date on her husband's (b)(3) status at the hospital. (b)(6) informed me that (b)(6) wanted me to know that (b)(6) had passed away the previous day. She added (b)(6) was very emotional and had been receiving a large volume of calls. (b)(6) said I could contact (b)(6) and if I could not get through, I could contact her and she would get her a message.

Later that evening, I contacted Deputy J. Davidson and met with him at the Patrol Office. I asked if he would follow up at the Bars in (b)(6) and find what information he could. He was given colored copies of the Booking photographs of both the operator and passenger (See Deputy Davidson's supplement report).

Disposition: Case is cleared by arrest

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Galveston County Sheriff's Office

OCA: 100000959

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Case Status: *CLEARED BY ARREST Case Mng Status: CLEARED BY ARREST Occured: 03/26/2010
Offense: OPERATING WHILE INTOXICATED

Investigator: DAVIDSON, J. S. (7165) Date / Time: 04/01/2010 02:44:09, Thursday
Supervisor: ALCALA, D. M. (7025) Supervisor Review Date / Time: 04/01/2010 05:11:39, Thursday
Contact: (b)(6) Reference: Follow Up

Synopsis:

This report will document my follow up investigation in reference to an Intoxication Assault offense that occurred in (b)(6) on March 26, 2010, a Friday.

Details of Incident:

On this date, March 31, 2010, while checking on duty as 2P42, I met with CID Sgt. Hayes in reference to an Intoxication Assault case that occurred on March 26, 2010 and was asked by him to stop by the local bars and see if I could gather any further information on two of the persons involved, (b)(6) (b)(6)

Upon arrival to the Bolivar Peninsula I stopped by the Tiki Beach Bar and Grill and spoke to the only employee on duty (b)(6) who is employed as a bartender.

I showed him each of the subjects pictures and asked if he recognized them. (b)(6) stated that they looked familiar but could not place them. I then informed him that these two were involved in an accident that occurred recently and he stated that he did in fact remember them as they came in on Thursday, March 25, 2010 at approximately 9:50 P.M. and sat at the far end of the bar (toward the main door). He advised they placed an order to go and while there ordered "a couple of drinks." I asked (b)(6) if he remembered how they paid for their food and drinks and he stated they "paid in cash."

(b)(6) went on to state that as soon as their order came in, which took approximately ten minutes, the two subjects left the business. He was unable to give me any further information.

I then went to the Ship's Wheel Bar and spoke with the bartender and a couple of waitresses, none of whom recognized the pair, even after I informed them of their involvement in an accident that occurred recently.

Upon leaving the Ship's Wheel I proceeded to go to Coconut's Bar and Restaurant and spoke with several employees as well as the manager all of whom did not recognize either one of the subjects. When told they were involved in a recent accident, none of them were even aware there had been an accident.

Disposition:

Pending Further Investigation.

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

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Galveston County Sheriff's Office

OCA: 100000959

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Case Status: *CLEARED BY ARREST Case Mng Status: CLEARED BY ARREST Occured: 03/26/2010
Offense: OPERATING WHILE INTOXICATED

Investigator: HAYES, G. M. (6227) Date / Time: 04/08/2010 22:34:08, Thursday
Supervisor: (0) Supervisor Review Date / Time: NOT REVIEWED
Contact: (b)(6) Reference: Witness Statement

Synopsis: The information in this supplement report will document the continued investigation into an accident that later result in the death of one of the individuals involved. The accident occurred in the (b)(6) (b)(6) on 03-26-10 at around 0113.

Details: On 04-08-10 I called (b)(6)s, telephone number listed in the report. When I called the telephone number I received a recording. I identified myself and requested she call me back in reference to the accident. I also called the number listed for (b)(6) I also identified myself and requested a return call. A few hours later I received a telephone message from (b)(6) requesting I call her back. I also received another message from a male subject that gave the number listed for (b)(6) but stated it was not him and that I had the wrong number.

I called (b)(6) back and spoke with her. I asked if she would be willing to provide a videotaped statement on the events surrounding the accident. She stated she needed to find a ride down to Galveston but was willing to provide the statement. She further request I call her back in a few minutes and she would have an answer for me about getting a ride. I asked if she could get a hold of (b)(6) and have him call me. She informed me she would and in fact was going to ask him to give her a ride to the interview. I waited five (5) minutes and called (b)(6) back. She advised me (b)(6) would drive her down and she would be at the office between 1900 and 1930. She also talked with (b)(6) and he advised her he needed to contact his attorney first. I explained that was fine and either (b)(6) or his attorney could contact me.

Later that day I received a call from (b)(6) (NOD). He identified himself as (b)(6) attorney. I asked if (b)(6) would be available for a statement. He advised (b)(6) would provide a statement. We were able to agree on a date of April 20th at 1900.

At 1925 I was called by Lobby security and advised (b)(6) had arrived and was waiting in the lobby. I met her in the lobby and escorted her to the C.I.D. Office. (b)(6) provided a videotaped statement of the events that occurred on 03-26-10 (See video recording 10-00000959).

Upon completion of the statement, I thanked (b)(6) for her assistance. I escorted her out.

The video recording was secured and labeled. It was submitted to the Identification Division as evidence.

Disposition: Case cleared by arrest.

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Galveston County Sheriff's Office

OCA: 100000959

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Case Status: *CLEARED BY ARREST Case Mng Status: CLEARED BY ARREST Occured: 03/26/2010
Offense: OPERATING WHILE INTOXICATED

Investigator: O'BRIANT, W. H. (6136) Date / Time: 04/15/2010 08:33:42, Thursday
Supervisor: PRUITT, J. W. (5083) Supervisor Review Date / Time: 06/08/2010 20:41:20, Tuesday
Contact: Reference: Crime Scene Supplement

SYNOPSIS:

This report will document writer's involvement in the intoxicated assault investigation at (b)(6). It will provide a description of the scene and document evidence collected.

INTRODUCTION:

On Friday, March 26, 2010, at approximately 2:10am, writer received a telephone call from the Galveston County Sheriff's Office Communication Division requesting an Identification Officer to assist with the investigation of an intoxicated assault. Writer arrived at approximately 3:45am.

DETAILS:

Upon arrival, Deputy Oystermayer briefed writer. He stated the complainant fell from a moving four wheeler and was not expected to live.

SCENE SUMMARY:

The address (b)(6) and is used to identify the area where the incident occurred on (b)(6). The complainant was a passenger on a four wheeler who was thrown on the roadway and struck his head. The complainant was leaning forward through the windshield area and the driver hit a patch of gravel and then slammed on the brakes. This caused the complainant to fall forward and strike his head on the roadway.

Upon writer's completion of photographing the crash scene, writer was requested to go the Galveston County Jail and meet with Deputy M. Maddux to receive the drawn blood of the suspected driver.

PHOTOGRAPHS:

At approximately 3:55am, writer began photographing the scene for documentation. The photographs will show the over all condition of the scene. A Sony DSC-F828 digital camera was used.

EVIDENCE:

The following items were collected as evidence:

- 1) Seventeen (17) digital photographs
- 2) One (1) specimen of blood

DISPOSITION OF EVIDENCE:

The digital photographs will be down loaded to an electronic case file and stored in the Identification Division. The blood will be submitted to the Texas Department of Public Safety Laboratory in Houston for analysis.

DISPOSITION:

At approximately 4:40am, writer went into service. Case pending further investigation

CASE SUPPLEMENTAL REPORT

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Galveston County Sheriff's Office

OCA: **100000959**

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Case Status: **CLEARED BY ARREST* Case Mng Status: *CLEARED BY ARREST* Occured: *03-26-2010*
Offense: *OPERATING WHILE INTOXICATED*

Investigator: *HILL, R. M. (6142)* Date / Time: *04-16-2010 10:09:00, Friday*
Supervisor: *PRUITT, J. W. (5083)* Supervisor Review Date / Time: *06-08-2010 20:31:41, Tuesday*
Contact: Reference: *Lab Submission*

SYNOPSIS:

This report will document the submission of evidence to the Texas Department of Public Safety Crime Laboratory in Houston, Texas.

SUBMITTED EVIDENCE:

Bag 5.

ATTACHMENT:

Texas Department of Public Safety Crime Laboratory submission form.
Galveston County Sheriff's Office chain of custody form.

DISPOSITION:

Case pending further investigation.

**GALVESTON COUNTY SHERIFF'S OFFICE
DEATH REPORT**

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Attachment #3
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Domestic Violence 0 Children Present 0 Juvenile Involved 0

Location of Incident (b)(6)				Case # 10-0000959	
Date/Time Reported 03/26/2010 01:13		Date/Time Found 03/26/2010 01:13		Date/Time Last Seen 03/26/2010 01:13	
				Est. Date/Time of Occurrence 03/26/2010 01:13	
Target of Crime **Cont**					
DECEASED INFORMATION					
Name (Last, First, Middle) <input type="checkbox"/> Juvenile (b)(3):CPSA Section 25(c),(b)(6)				Date of Birth 45	
				Race W	
				Ethnicity N	
				Sex M	
Employer/School				Work Phone	
Last Seen By <input type="checkbox"/> Juvenile (b)(6)				Victim/Offender Relationship	
Next of Kin (b)(6)				Relationship SPOUSE	
Identified <input checked="" type="checkbox"/> Y				How Identified STATE DRIVERS LICENSE	
Phone #				Explain FIRST DEPUTY	
FOUND INFORMATION					
Found By (b)(6)				Date/Time Found 03/26/2010 01:13	
Forced Entry <input type="checkbox"/> By		Condition of Windows and Doors			
Body Found In ROADWAY		Describe EJECTED FROM ATV			
Position of Body FACE UP		Describe IN ROADWAY			
		Anything Unusual			
Manner Clothed FULLY		Describe SHIRT AND PANTS			
Condition of Body RECENTLY		Describe HEAD INJURIES BUT ALIVE AT THE SCENE			
Apparent Wounds LACERATION(S),		Describe LANDED IN ROAD SURFACE AFTER BEING			
MEDICAL EXAMINER					
Medical Examiner BURROWS,RANDY		ME on Scene N	ME Called By UTMB		Date/Time Called 03/30/2010 00:00
				Date/Time Arrived 03/30/2010 00:00	
Estimated Date/Time of Death		Autopsy Requested		Autopsy Location	
				Date	
				Autopsy Doctor	
PERSONNEL ON SCENE					
First Officer(s) On Scene OSTERMAYER, JUSTIN					
Detectives On Scene HAYES, GREGORY M					
Fire Personnel On Scene CRYSTAL BEACH			EMS Personnel On Scene CRYSTAL BEACH		
Rescue Personnel On Scene CRYSTAL BEACH			All Others On Scene AIR AMBULANCE		
Reporting Officer Name and ID # OSTERMAYER, J. (7275)		Supervisor ID # 4831		Complainant Signature	

**GALVESTON COUNTY SHERIFF'S OFFICE
DEATH REPORT**

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EVIDENCE

Collected Y	Collected By DODD, ROBERT H / MADDUX, MARINA JANET / OSTERMAYER,	**Continued**	Description of Evidence COLLECTED BY DEPUTIES AT THE SCENE AND HOSPITAL
Scene Processed By O`BRIANT, WILLIAM H			Date/Time Processed 03/26/2010 02:30

TRANSPORT INFORMATION

Transported By AIR AMBULANCE	Date/Time Called 03/26/2010 00:00	Date/Time Transported 03/26/2010 00:00
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NARRATIVE

SYNOPSIS: This report will document a Major Accident that occurred at (b)(6) in (b)(6). The Victim was life flighted to UTMB and the Driver of the vehicle was arrested for charges due to the incident.

ADDITIONAL INFORMATION (Continued from previous pages)

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Target of Crime

Continued from page # 1

(b)(3):CPSA

Section 25(a) (b)(6)

Explanation of Identification

Continued from page # 1

WHO RESPONDED TO THE SCENE

The Body's Condition

Continued from page # 1

DECEASED

Apparent Wounds

Continued from page # 1

ABRASION(S)

Description of Apparent Wounds

Continued from page # 1

EJECTED

Evidence Collected By

Continued from page # 2

JUSTIN

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Attachment #4
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FAX REPORT

TRANSMISSION COMPLETED

TX/RX ID: 0077
DESTINATION NUMBER: 1409388305
DESTINATION ID:
CL. TIME: 09/22 14:13
TIME USE: 01:00
PAGES SENT: 4
REPORT: OK



U.S. Consumer Product Safety Commission

Saving Lives and Keeping Families Safe

WESTERN REGION
P.O. Box 22
Barker, Texas 77413-0022

Steven Bridges
Federal Investigator

Phone (832) 595 6892
Fax 877 859 3304
sbridges@cpsec.gov

September 22, 2010

FAX

To: Galveston County Medical Examiner

Fax #: (409) 935-8305

Re: Autopsy Report, MI: Investigator's Report

Pages: 4 W/Cover

Thank you for your assistance. If you have any questions, please call me at (832) 595 6892.



U.S. Consumer Product Safety Commission

Saving Lives and Keeping Families Safe

WESTERN REGION
P.O. Box 22
Barker, Texas 77413-0022

Stever Bridges
Federal Investigator

Phone: (832) 595-6892
Fax: 877 859-3304
sbidges@cpsc.gov

September 22, 2010

FAX

To: Galveston County Medical Examiner

Fax #: (409) 935-8305

Re: Autopsy Report, ME Investigator's Report

Pages: 4 W/Cover

Thank you for your assistance. If you have any questions, please call me at (832) 595-6892.



U.S. Consumer Product Safety Commission

Saving Lives and Keeping Families Safe

Western Region
P.O. Box 22
Barker, TX 77413

Steve Bridges
Federal Investigator

Office: (832) 595-6892
Cell: (240) 429-4241
sbridges@cpsc.gov

September 22, 2010

Galveston County Medical Examiner

Re: Records Request

Attn: Records Department

The United States Consumer Product Safety Commission is an independent federal regulatory agency, under the provisions of the Consumer Product Safety Act (Pub. L. 92-573, 86 Stat. 1207, as amended 15 U.S.C. 2051, et seq). This agency is responsible for investigating consumer product related incidents. At this time our agency is investigating a death which occurred as a result of being thrown from an ATV. I am requesting the full police/investigative report for the following incident:

Police Case Number: 10-00000959
Incident Date: 4/2/2010
Incident Location: (b)(3):CPSA Section 25
Decedent's Name: (c),(b)(6)
Decedent's Age: 45

Additionally, if pictures are available of the product(s) involved or incident location, please provide a copy.

The report can be faxed to me at (877) 859-3304, emailed to sbridges@cpsc.gov or mailed to the address in the header.

Thank you in advance for your assistance. If there are any questions, please contact me at (832) 595-6892.

Sincerely,

A handwritten signature in black ink that appears to read "Steve Bridges".

Steve Bridges



U.S. CONSUMER PRODUCT SAFETY COMMISSION
4330 EAST WEST HIGHWAY
BETHESDA, MARYLAND 20814-4408

September 22, 2010

Galveston County Medical Examiner
6607 Hwy 1764
Texas City, TX 77591

To Whom It May Concern:

The U.S. Consumer Product Safety Commission ("CPSC" or "Commission") is an independent federal regulatory agency charged with protecting the public from unreasonable risks of injury associated with consumer products. Pursuant to this regulatory charge, the Commission administers seven federal statutes: the Consumer Product Safety Act, the Federal Hazardous Substances Act, the Flammable Fabrics Act, the Poison Prevention Packaging Act, the Refrigerator Safety Act, the Virginia Graeme Baker Pool and Spa Safety Act, and the Children's Gasoline Burn Prevention Act. In 2008, the Consumer Product Safety Improvement Act was enacted, expanding the scope of the Commission's authority under these statutes. Detailed information about these statutes can be viewed on our website at www.cpsc.gov/about/cpsia/legislation.html.

As part of our official duties, the Commission's investigative staff conducts on-going investigations to collect information on an alleged product hazard and to support studies of deaths, injuries, diseases, other health impairments, and economic losses resulting from accidents involving consumer products. *See*, 15 U.S.C. § 2054(a), (b). The Commission staff often seeks records and/or other official information from State and/or local officials about a State or local investigation concerning products or substances, where the staff believes such information may be relevant or helpful to assist the CPSC in carrying out its regulatory mission. The Commission has the authority to seek civil and criminal penalties where circumstances warrant. *See*, 15 U.S.C. § 2069, 2070; 15 U.S.C. § 1264, 15 U.S.C. § 1194, 15 U.S.C. § 1196.

Where necessary, the Commission has the authority to require by subpoena any information relating to the execution of its duties. 15 U.S.C. § 2076(b). Any information and reports provided by the State or local officials to the CPSC staff may only be publicly disclosed in accordance with applicable statutory provisions under the Consumer Product Safety Act, 15 U.S.C. § 2055, 15 U.S.C. § 2074(c) and 15 U.S.C. § 2078, and the Freedom of Information Act, 5 U.S.C. § 552.

Galveston County Medical Examiner
Page 2
September 22, 2010

We hope this information about our mission and statutory authorities is helpful to understanding our goal and the reason we are requesting information from you. If you have any further questions or we can assist you further please contact Eric Ault, Director, Field Investigations, U.S. Consumer Product Safety Commission, at eaull@cpsc.gov or by phone at 630-871-5739.

Sincerely,



Steve Bridges
Federal Investigator
Houston Field Office
(832) 595-6892
sbridges@cpsc.gov

Utility Vehicle Data Record Sheet

Front		A: Age: 45 Height: 5'10" Weight: 220	
Driver		Gender: M	
Right Front Passenger		Helmet (Y/N): N Seatbelt (Y/N): NA	
Left Rear Passenger		Killed/Injured/Neither/Unknown: NA	
Right Rear Passenger		Injury Description: NA	
Cargobed		Did vehicle land on victim: NA	
Rear		Ejected (Either partially or fully): NA	
The Utility Vehicle		B: Age: 45 Height: NA	
		Gender: M	
		Helmet (Y/N): N Seatbelt (Y/N): N	
		Killed/Injured/Neither/Unknown: NA	
		Injury Description: HEAD TRAUMA	
		Did vehicle land on victim: NA	
		Ejected (Either partially or fully): NA	
		C: Age: 48 Height: NA	
		Gender: F	
		Helmet (Y/N): N Seatbelt (Y/N): NA	
		Killed/Injured/Neither/Unknown: NA	
		Injury Description: NA	
		Did vehicle land on victim: NA	
		Ejected (Either partially or fully): NA	
		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 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.

PUT CPSC RECALLS
ON YOUR WEB SITE

Recall Alert

U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

October 21, 2004
Alert #05-504

CPSC, Polaris Industries Announce Recall of RANGER 4x4 Utility Vehicles

The following product safety recall was conducted voluntarily by the firm in cooperation with the CPSC. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

Name of Product: Polaris "RANGER 4x4" Utility Vehicle

Units: About 2,150

Manufacturer/Importer: Polaris Industries, Inc., of Medina, Minn.

Hazard: The lower steering shaft assembly may have a missing or misplaced weld that connects the steering wheel to the steering gear box assembly. If a weld is missing or misplaced, the lower steering shaft assembly could fail, causing the operator to lose control of the vehicle.

Incidents/Injuries: There have been 2 reports of the lower steering shaft assembly failing. No injuries have been reported.

Description: All model year 2005 "RANGER 4x4" Utility Vehicles with model number R05RD50AA are part of this recall. The model number is located on the upper right frame tube directly under the right side of the seat. The RANGER 4x4 Utility Vehicles have black seats with a green chassis. "RANGER 4x4" is prominently displayed on the right and left side of the rear cargo box.

Sold at: Polaris dealers sold these Utility Vehicles nationwide from June 2004 to September 2004 for about \$8,899

Manufactured In: U.S.A.

Remedy: Free repair. Contact your Polaris dealer to schedule an appointment to replace the steering shaft assembly. Polaris has notified consumers directly about this recall.

Consumer Contact: Call Polaris at (800) 765-2747 between 8 a.m. and 12 midnight ET everyday, or log on to the company's Web site at www.polarisindustries.com



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/cpsc/etl.aspx>. Consumers can obtain recall and general safety information by logging on to CPSC's Web site at

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PUT CPSC RECALLS
ON YOUR WEB SITE

Recall Alert

U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

August 4, 2009

Alert #09-762

Polaris Recalls Ranger Side-by-Side Vehicles Due to Fire Hazard

The following product safety recall was voluntarily conducted by the firm in cooperation with the CPSC. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

Name of Product: 2009 Polaris Ranger "Crew" and "6x6" Side-by-Side Recreational Vehicles

Units: About 3,800

Importer: Polaris Industries Inc., of Medina, Minn

Hazard: An electrical short can lead to overheating in the rear tail light wiring harnesses, posing a fire hazard to consumers

Incidents/Injuries: The firm has received 46 reports of overheating in the vehicle's tail light area, resulting in melting of plastic. In 22 of these reports, consumers reported small flames. No injuries have been reported.

Description: The recall involves certain 2009 Polaris Ranger side-by-side, off-road vehicles. The model and serial number identification decal is located under the front seat, on the right-side seat support. The recall includes the models listed below:

Model Numbers	Model Name
R09RF68AF	Ranger 700 EFI 6x6
R09RF68AR	Ranger 700 EFI 6x6
R09WH68AC	Ranger 700 EFI Crew
R09WH68AG	Ranger 700 EFI Crew
R09WH68AL	Ranger 700 EFI Crew
R09WH68AR	Ranger 700 EFI Crew
R09WH68AZ	Ranger 700 EFI Crew

Sold at: Polaris dealers nationwide from December 2008 through July 2009 for about \$11,500.

Manufactured in: United States

Remedy: Consumers should stop using the recalled vehicles immediately and contact any Polaris Ranger dealer to schedule a free repair. Polaris has notified registered consumers directly about this recall.

Consumer Contact: For further information, contact Polaris toll-free at (888) 704-5290 between 8 a.m. and 5 p.m. CT Monday through Friday or visit the company's Web site at www.polarisindustries.com



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/ogibin/incident.aspx>

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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/cpsc/elist.aspx>. Consumers can obtain recall and general safety information by logging on to CPSC's Web site at

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TASK NUMBER: 100910CCC3108

DATE: 10/8/2010

Status of Missing Document(s)

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

1. Galveston County Medical Examiner records requested, not received.

Date: 10/8/2010

Investigator No: 2723

Regional office: 840

Supervisor No: 8631



MEDICAL EXAMINER
6607 HIGHWAY 1764
TEXAS CITY, TEXAS 77591

To: U.S. Consumer Product
Safety Commission
Western Region Attn. Steve Bridges
P.O. Box 22
Parker, TX 77413

FIRST CLASS MAIL



MS 2010-176



U.S. Consumer Product Safety Commission

Saving Lives and Keeping Families Safe

**Western Region
P.O. Box 22
Barker, TX 77413**

Steve Bridges
Federal Investigator

Office: (832) 595-6892
Cell: (240) 429-4241
sbridges@cpsc.gov

September 22, 2010

Galveston County Medical Examiner

Re: Records Request

Attn: Records Department

The United States Consumer Product Safety Commission is an independent federal regulatory agency, under the provisions of the Consumer Product Safety Act (Pub. L. 92-573, 86 Stat. 1207, as amended 15 U.S.C. 2051, et seq). This agency is responsible for investigating consumer product related incidents. At this time our agency is investigating a death which occurred as a result of being thrown from an ATV. I am requesting the full police/investigative report for the following incident:

Police Case Number: 10-00000959
Incident Date: 4/2/2010
Incident Location: (b)(3):CPSA Section
Decedent's Name: 25(c),(b)(6)
Decedent's Age: 45

Additionally, if pictures are available of the product(s) involved or incident location, please provide a copy.

The report can be faxed to me at (877) 859-3304, emailed to sbridges@cpsc.gov or mailed to the address in the header.

Thank you in advance for your assistance. If there are any questions, please contact me at (832) 595-6892.

Sincerely,

Steve Bridges

Patient Account: 10000321-729
 Med. Rec. No.: (0000)226313N
 Patient Name: (b)(3):CPSA Secti
 Age: 55 YRS DOB: 01/05/55 Sex: M Race: C
 Admitting Dr.: DONOR PHYSICIAN,
 Attending Dr.: DONOR PHYSICIAN,
 Date / Time Admitted: 03/30/10 1452
 Copies to: DONOR PHYSICIAN, DONOR PHYSICIAN, UNCOVERED,

UTMB
 University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

AUTOPSY INFORMATION:

Occupation: UNKNOWN Birthplace: UNKNOWN Residence: TEXAS
 Date/Time of Death: 3/30/2010 14:52 Date/Time of Autopsy: 4/2/2010
 Pathologist/Resident: OLANO/HALEY Service: ER
 Restriction: NONE

 The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

 ML10-176

FINAL AUTOPSY DIAGNOSIS

- I. Body as a whole: Status post craniotomy and ventriculostomy placement. History of motor vehicle accident and severe closed head injury. C1/C2
- A. Brain, hemispheres, bilateral: Necrosis and edema, global. A1
 - 1. Brain, hemispheres: Focal subarachnoid hemorrhage. A4
 - 2. Brain, cerebellum: Diffuse edema, necrosis, and subarachnoid hemorrhage. A3
 - a. Brain, unci: Bilateral transtentorial herniation. A3
 - b. Cerebellar tonsils: Herniation. A3
 - c. Cerebrum, left frontal lobe: Herniation through craniotomy site. A3
- B. Pituitary gland, pericapsular: Acute hemorrhage A4
- C. Brainstem, secondary: Acute hemorrhage A3
- D. Brain, basal frontal lobes and anterior basal temporal lobes: Contracoup contusions A3
- E. Duramater, occipital: Epidural hemorrhage A3
- F. Duramater, superior sagittal sinus: Thrombosis. A3
- G. Spinal cord, lumbar: Subarachnoid hemorrhage. A4
- H. Skull, orbital plate, bilateral: Fractures. A4
 - 1. Ethmoid and sphenoid sinuses, bilateral: Hemorrhage A4
- I. Dorsum sellae, posterior clinoid process, bilateral: Fractures. A4
- J. Occipital bone, right: Fracture. A4
- K. Temporal bone, petrous portion: Fracture A4
- L. Small bowel, ileum: Segmental superficial hemorrhagic necrosis A4
- M. Lungs, bilateral: Bacterial bronchopneumonia, mild. A4
- N. Larynx: s/p Cricothyroidotomy A4
- O. Esophagus: Esophagitis, mild A4
- P. Heart, liver, spleen, pancreas, bilateral kidneys and bilateral adrenal glands: s/p transplant donation. A4

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
 3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: (b)(3):CPSA S
 Patient Location: JOHN SEALY TOWER 4A
 Room/Bed: J4A -
 Printed Date / Time: 07/20/10 - 0840

Patient Account: 10000321-729

Med. Rec. No.: (0000)226313N

Patient Name: (b)(3):CPSA Secti

Age: 55 YRS DOB: 01/05/55 Sex: M Race: C

Admitting Dr.: DONOR PHYSICIAN,

Attending Dr.: DONOR PHYSICIAN,

Date / Time Admitted: 03/30/10 1452

Copies to: DONOR PHYSICIAN, DONOR PHYSICIAN, UNCOVERED,

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Galveston, Texas 77555-0543

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Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

FINAL AUTOPSY DIAGNOSIS

II. Other findings

A. Colon, cecum: Diverticulosis.

A5

Patient Name: (b)(3):CPSA Se

Patient Location: JOHN SEALY TOWER 4A

Room/Bed: J4A -

Printed Date / Time: 07/20/10 - 0840

Continued....

Page: 2

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

CLINICAL SUMMARY:

The following history is obtained from UTMB and Southwest Transplant Alliance medical records.

The decedent was a 55-year-old white man who was ejected from the passenger seat of an all-terrain vehicle (ATV) while vacationing in Crystal Beach. The patient had a past medical history significant for hyperlipidemia, gout, and one episode of pancreatitis necessitating hospitalization in 2008. He occasionally used marijuana, had smoked half pack of cigarettes per day for thirty years and used half can of dip per day, and was a social drinker who indulged in binge drinking approximately twice per month.

On 03/26 at approximately 01:00, the patient was returning home with two friends after visiting the local bars. Riding in an ATV on public roads, the vehicle suddenly braked; and the patient, who was standing in his seat, was ejected over the handlebars and struck pavement head-first. Emergency personnel were contacted at 01:14 and found the patient unresponsive with a Glasgow coma score of 4-5. Multiple attempts to intubate were unsuccessful, and the patient was transferred to the UTMB emergency department via Hermann Lifeflight with a laryngeal mask airway (LMA).

In the emergency department, his Glasgow coma score was 4-5, respiration rate was 6, and oxygen saturation was 85% on room air. Further attempts to intubate the patient were unsuccessful, necessitating emergent cricothyroidotomy. Full body imaging revealed bifrontal and right temporal-occipital hemorrhagic contusions, an 8 mm subdural hemorrhage in the right occipital region, tiny subdural hemorrhage in the left frontoparietal and bitemporal region, and extensive subarachnoid hemorrhage. There was an oblique right occipital bone fracture with overlying scalp hematoma and soft tissue emphysema, as well as possible left frontal-lamina papyracea fractures with left orbital soft tissue laceration. The cervical, thoracic, and lumbar spine was intact.

On the following day 03/27, during placement of a Camino bolt for measurement of intracranial pressure, the patient developed acute pupillary change. The ICP was elevated to 120 mmHg, and follow-up CT showed the development of a 1cm left-to-right midline shift and development of a left frontotemporal subdural hematoma with left uncal displacement. Emergent craniotomy was performed. The patient remained tachycardic and hypertensive, requiring cardene drip to manage his hypertension. In addition, he remained hypernatremic (Na 136 to 166 mmol/L).

On 03/30, he became unresponsive to verbal stimuli, with fixed pupils, and without spontaneous movements, respirations, and corneal, cough, or gag reflexes. A brain perfusion study confirmed the absence of blood flow to the

Patient Name: (b)(3):CPSA Sec
Patient Location: JOHN SEALY TOWER 4A
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Continued....

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CLINICAL SUMMARY:

head, and the patient was pronounced dead at 14:52. Echocardiography performed on 03/31 demonstrated an ejection fraction of 55-60%, with normal ventricular function and pulmonary pressures, mild mitral annular calcifications and severe thickening of the pulmonic valve. Selective coronary angiogram on 03/31 revealed only 20% stenosis of the mid-left anterior descending artery. Serologies were obtained, revealing positivity for only EBV-IgG and IBNA-IgG.

The patient's organs were retrieved by Southwest Transplant Alliance on 04/01, collecting the liver, kidneys, liver, and islet cells at 09:06 and the heart at 09:15. A complete autopsy was performed approximately 25 hours later.

SH /SH
04/05/10

Patient Name: (b)(3):CPSA S
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Continued....

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by left wristband and left ankleband as "Hotel MAROTEN", is a well-nourished adult, white male, measuring 174 cm in length, and weighing approximately 92.8 kg according to recent medical records. The general appearance is consistent with the reported age of 55 years. The body is received unclothed, and no personal belongings accompany the body. Rigor mortis is present in both the arms and legs, and there is fixed lividity on the posterior surface and left head. The head is normocephalic with graying red-brown scalp hair measuring 5 cm in length, excepting in the area of craniotomy in which it is clipped short. Otherwise, there is short beard and moustache growth. The skin is rubbery-soft, white-tan, and intact, with pale, irregular blue-green ecchymoses over the bilateral upper extremities and axillae.

The irides are blue-gray with equal pupils measuring 0.6 cm in diameter. The corneae are clear, the conjunctivae are pale pink, and the sclerae are white. The nares are patent with a small amount of dried red-black blood clot. Dentition is good. Buccal membranes are normal without gross lesion. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. Chest diameters are normal. The abdomen is flat and disturbed by prior organ retrieval. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is unremarkable. The arms and legs are unremarkable. The genitalia are normal circumscribed male for the age.

The following evidence of medical intervention is present: Overlying the left-sided craniotomy is a line of surgical staples measuring 27 cm in length that extends from the left hairline in a semi-circular shape to terminate above the left ear. Over the central and right scalp are two additional lines of surgical staples measuring 0.6 and 1.5 cm in length, respectively. An attached ventricular vacuum chamber contains approximately 10 mL of red-black blood.

A long vertical incision measuring 59 cm in length is present over the midline chest and abdomen, extending from above the xiphoid process to the pubis and closed by a thick surgical suture. A second incision with surgical sutures measuring 5.5 cm is present in the left groin.

A nasogastric tube and tube additional white plastic tubes are seen coursing through the left nostril and terminating in the stomach. An intact tracheostomy site is present in the midline anterior neck. A catheter is present at the urethral orifice. A pulse oximeter probe is taped to the left

Patient Name: (b)(3):CPSA Se

Patient Location: JOHN SEALY TOWER 4A

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Continued....

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Autopsy No.: AU-10-00053

GROSS DESCRIPTION:

second finger. Two identification bands are seen on the left wrist, with "Fall Risk" and "Hotel Maroten", and a third is present on the left ankle with "Hotel Maroten".

There is a triple-lumen catheter in the right lateral neck, held in place by two sets of surgical sutures, one in the right neck and another near the superior right clavicle. A single-lumen catheter is present in the right dorsal hand/wrist, and two single-lumen catheters are present near the left antecubital fossa. Two healed incisions measuring 0.7 and 0.4 cm are seen in the right groin and have overlying gauze bandage. Two healing punctures measuring 0.1 cm in diameter are present in the right antecubital fossa and right lower abdomen.

INTERNAL EXAMINATION: The body is opened along the previous midline surgical incision, to reveal a 4 cm thick panniculus. The thoracic and abdominal organs have been disturbed from their normal positions by organ retrieval. Each pleural cavity contains approximately 25 mL thin serosanguinous fluid.

The pericardial sac is received partially resected and contains no fluid. The ribs are intact. The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains approximately 50 mL thin, serosanguinous fluid. The loops of intestine have been disturbed from their normal positions but demonstrate only rare, delicate fibrinous adhesions.

CARDIOVASCULAR SYSTEM:

Heart: The heart is surgically absent and is not available for examination.

The thoracic and abdominal aorta is surgically absent. The remaining aortic arch exhibits rare soft plaques, involving approximately 5% of the surface area and seen primarily at sites of branching. Significant calcification is absent. There is mild hemorrhage within the surrounding soft tissues. The abdominal aorta, inferior vena cava, and portal vein are not available for examination.

RESPIRATORY SYSTEM:

Larynx and trachea: The laryngeal mucosa is pink-tan and smooth, without discrete lesion. The vocal cords are normal. The tracheal mucosa is tan-pink and smooth, with focal areas of scattered petechial hemorrhages. An endotracheal tube is present, and a small amount of viscous clear-yellow mucus is noted.

The right lung weighs 505 gm (normal male 435 gm), and the left 480 gm (normal male 385 gm). The pleural surfaces are smooth and pink-tan with translucent

Patient Name: (b)(3):CPSA Se

Patient Location: JOHN SEALY TOWER 4A

Room/Bed: J4A -

Printed Date / Time: 07/20/10 - 0840

Continued....

Page: 6

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Date / Time Admitted: 03/30/10 1452

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Autopsy No.: AU-10-00053

GROSS DESCRIPTION:

pleurae and mild patchy anthracotic pigment deposition. Lividity is posterior. The left lung is inflated with formalin before sectioning, while the right lung is examined unfixed. The bronchial and vascular trees are normal. The hilar nodes are slightly enlarged, black, and soft. The lung parenchyma is red-purple with focal anthracotic pigment deposition highlighting the lymphatic architecture. The porosity is appropriate; though multiple ill-defined and patchy consolidations are noted throughout both lungs.

GASTROINTESTINAL TRACT:

Esophagus: The esophageal mucosa is normal. The esophagus is not firmly anchored to the diaphragm.

Tongue: The tongue has a finely granular surface with no coating, trauma, or lesion.

Stomach and duodenum: The stomach contains approximately 15 ml of chyme, which is green-tan and liquid. The mucosa is normal, but with focal areas of scattered small petechial hemorrhages.

The remaining duodenal mucosa is tan-pink, velvety, and glistening, without gross lesion.

Pancreas: The pancreas is surgically absent and is not available for examination.

Biliary tract: The gallbladder is surgically absent and is not available for examination.

Liver: The liver is surgically absent and is not available for examination.

Small Bowel: The serosa is smooth and transparent, with focal and minimal delicate fibrous adhesions. The bowel is normal throughout. The lumen contains a small amount of brown-tan liquid stool. The wall is 0.2 cm thick. The mucosa displays multiple discrete areas of superficial, striped to confluent hemorrhagic necrosis.

Large bowel: The serosa is smooth and translucent with no significant adhesions. The lumen contains soft brown-green stool. The wall is 0.4 cm thick. Within the cecum, there are multiple (>25) diverticuli, each measuring approximately 0.2 cm in diameter. No surrounding induration, hemorrhage, or necrosis is present. Elsewhere, the mucosa demonstrates multiple areas of subtle superficial hemorrhagic necrosis,

Appendix: The appendix is grossly normal.

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

Patient Location: JOHN SEALY TOWER 4A

Room/Bed: J4A -

Printed Date / Time: 07/20/10 - 0840

Continued....

Page: 7

Patient Account: 10000321-729
Med. Rec. No.: (0000)226313N
Patient Name: (b)(3):CPSA Sectio
Age: 55 YRS DOB: 01/05/55 Sex: M Race: C
Admitting Dr.: DONOR PHYSICIAN,
Attending Dr.: DONOR PHYSICIAN,
Date/Time Admitted: 03/30/10 1452
Copies to: DONOR PHYSICIAN, DONOR PHYSICIAN, UNCOVERED,

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

GROSS DESCRIPTION:

Rectum and anus: The rectum and anus are normal.

RETICULO-ENDOTHELIAL SYSTEM:

Spleen: The spleen is surgically absent and is not available for examination.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are slightly enlarged and are red-purple, smooth, and soft. A discrete lesion is not grossly appreciated.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are normal density.

GENITO-URINARY SYSTEM:

Kidneys: The bilateral kidneys are surgically absent and are not available for examination.

Ureters: The ureters are largely surgically absent. The distal ureters are probe-patent into the bladder.

Bladder: The bladder is normal, with tan-white mucosa showing mild focal trabeculations and scattered petechial hemorrhages. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces without distinct architecture. The seminal vesicles are normal.

Testes: The right testis weighs 22.2 gm, and the left 24.7 gm (normal 20-25 gm). The tunica albuginea are tan-white, smooth and glistening. The cut surface is soft and tan-yellow, with tubules which string with ease. A discrete lesion is not grossly identified.

ENDOCRINE SYSTEM:

Thyroid: The thyroid weighs 15.6 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneously red-brown and translucent without lesions.

Parathyroids: Five golden-brown, soft fragments of tissue are collected as possible parathyroids.

Adrenal glands: The bilateral adrenal glands are surgically absent and are

Patient Name: (b)(3):CPSA Se
Patient Location: JOHN SEALY TOWER 4A
Room/Bed: J4A -
Printed Date / Time: 07/20/10 - 0840

Continued....

Patient Account: 10000321-729
Med. Rec. No.: (0000)226313N
Patient Name: (b)(3):CPSA Section
Age: 55 YRS DOB: 01/05/55 Sex: M Race: C
Admitting Dr.: DONOR PHYSICIAN,
Attending Dr.: DONOR PHYSICIAN,
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

GROSS DESCRIPTION:

not available for examination.

BRAIN AND SPINAL CORD:

There is extensive subgaleal hemorrhage measuring 15 x 15 cm on the left side and 5.5 x 5 cm on the right, as well as a small right-sided subdural hematoma. Overlying the brain is a soft, adherent blood clot, located just left of midline. Extensive subarachnoid hemorrhage is present. The gyri and sulci reveal severe, diffuse edema and mild indentation/herniation of the cingulate gyri and unci. The brain weighs 1700 gm (normal male 1200-1400 gm). The circle of Willis, basilar and vertebral arteries show minimal atherosclerosis. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

Within the skull base, there is soft red-black blood clot within the anterior and middle fossae, as well as multiple non-displaced fractures. There is an irregular fracture measuring approximately 10 cm that originates 2.5 from the right midline, courses inferior-laterally, then medially, to terminate in the posterior wall of the petrous portion of the right temporal bone. At its origin is a second fracture measuring 2.5 cm that terminates to a point 1 cm lateral to the foramen magnum.

There is a fracture measuring 2 cm of the left frontal bone and an irregular fracture measuring 2.5 cm of the right frontal bone, with surrounding discoloration of the orbital plate and hemorrhage within the underlying sphenoid and ethmoid sinuses, more noticeable within the left. There is a fracture measuring 2.5 cm over the petrous part of the right temporal bone, with underlying discoloration and hemorrhage and a fracture measuring 1.3 cm over the posterior clinoid bone.

SPINAL CORD: The spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

During the autopsy, no cultures were taken. Pre-mortem blood samples are submitted for toxicology studies, and vitreous samples are retained for future potential testing.

SH /SH
04/05/10

Patient Name: (b)(3):CPSA Se
Patient Location: JOHN SEALY TOWER 4A
Room/Bed: J4A -
Printed Date / Time: 07/20/10 - 0840

Continued....

Patient Account: 10000321-729
Med. Rec. No.: (0000)226313N
Patient Name: (b)(3):CPSA Section
Age: 55 YRS DOB: 01/05/55 Sex: M Race: C
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

MICROSCOPIC DESCRIPTION:

Lungs, right, Slides 7-11 (7 H&E):

All sections show patchy intra-alveolar deposition of fibrin with abundant admixed proliferating macrophages. Scattered mixed inflammation is noted, particularly around blood vessels and small airways; there are occasional neutrophilic collections in alveolar spaces. Bilateral organizing thromboemboli (x2) in small arteries.

Thyroid, Slide 1, (1 H&E):

Scattered collections of macrophages in the interstitium.

Parathyroid, Slide 3, (1 H&E):

No pathologic change identified in three glands.

Testes, Slides 1 and 2, (2 H&E):

Within normal limits for patient's age. Active spermatogenesis is present.

Prostate, Slide 2, (1 H&E):

Within normal limits for patient's age. Focus of dystrophic calcification.

Esophagus, Slide 12, (1 H&E):

Acute esophagitis with focal erosion of the squamous mucosa and underlying granulation tissue with chronic inflammation.

Ileum and Jejunum, Slides 5 and 6, (2 H&E):

Autolytic mucosa. Remaining layers are normal.

Colon, Slide 5, (1 H&E):

Autolytic mucosa, otherwise within normal limits.

Vertebrae, Slide 13, (1 H&E):

Cellularity is 50% with increased M:E ratio (7:1).

Myeloid, erythroid, and thrombocytic precursors with normal maturation.

Lymph nodes, Periaortic and hilar, Slide 4, (1 H&E):

Benign reactive lymphoid tissue, with mildly increased eosinophils.

SH /SH

04/15/10

Patient Name: (b)(3):CPSA S
Patient Location: JOHN SEALY TOWER 4A
Room/Bed: J4A -
Printed Date / Time: 07/20/10 - 0840

Continued....

Patient Account: 10000321-729

Med. Rec. No.: (0000)226313N

Patient Name: (b)(3):CPSA Sectio

Age: 55 YRS DOB: 01/05/55 Sex: M Race: C

Admitting Dr.: DONOR PHYSICIAN,

Attending Dr.: DONOR PHYSICIAN,

Date/Time Admitted: 03/30/10 1452

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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-10-00053

Sections confirm the gross impression.

CLINICAL HISTORY:

The decedent was a 55-year-old white man who on 03/26 was ejected while standing in the passenger seat of an all-terrain vehicle, landing on his head. He was found to have multiple skull fractures and extensive cerebral contusions, hemorrhage, and edema. Despite emergent craniotomy he remained tachycardic, hypertensive, and unresponsive. On 03/30 at 14:52, the patient was declared dead, and his organs were harvested the following day. A complete autopsy was performed approximately 44 hours later. Multiple nondisplaced fractures were noted in the skull base; and the brain was markedly edematous with diffuse subarachnoid hemorrhages, focal subdural hematomas, and loosely adherent blood clot. The intestine demonstrated segmental superficial hemorrhagic necrosis. The lungs were congested, with patchy consolidations. Incidental cecal diverticuli was noted. In our opinion, the cause of death is cerebral intraparenchymal hemorrhage and edema secondary to head trauma, and the manner of death is homicide.
PATHOLOGIST/RESIDENT: OLANO/HALEY

GROSS DESCRIPTION:

Brain, spinal cord, pituitary gland and fragments of dura mater are presented. The brain has marked traumatic injury. Both hemispheres has cerebral edema and global necrosis. There is bilateral transtentorial herniation and cerebellar tonsil herniation. There is an outward cerebral hernia ("fungus") in the left frontal lobe. The measurement on the left frontal upward hernia is 11 x 10 cm. The inferior edge of the lateral hernia abuts the left superior temporal gyrus and at that point there is venous clogging and venous infarction. Inspection of the sagittal sinus reveals tightly clotted blood casts that suggest and supports venous infarction and possible sinus thrombosis. Both basal frontal lobes have severe hemorrhage, necrosis and contracoup contusions with very deep parenchymal injury. The inferior and anterior aspects of both temporal lobes have contusions as well and the lesion is particularly severe on the left where venous infarction is evident. The inspection of the dura mater shows epidural hemorrhage generally and in particularly there is a focus of epidural hemorrhage in the right occipital lateral area. The brain has diffuse necrosis in all areas in both cortex and cerebellum and focal subarachnoid hemorrhage that is diffuse and fairly widespread. On the surface of the brain, there is no visible viable parenchyma as all of the material on the surface appears to be necrotic. When the material is sliced, all of the above changes are confirmed. In addition, there is secondary midbrain and pontine hemorrhage, and the hemorrhages extend down to caudal pons and medullae. Probable venous infarction of the left lateral frontal lobe is present.

DICTATED BY: BENJAMIN B. GELMAN, M.D., PATHOLOGIST
04/19/10

Patient Name:

Patient Location:

Room/Bed:

Printed Date / (b)(3):CPSA Sec

JOHN SEALY TOWER #Age:

J4A -

07/20/10 - 0835

Patient Account: 10000321-729
Med. Rec. No.: (000)226313N
Patient Name: (b)(3):CPSA Section
Age: 55 YRS DOB: 01/05/55 Sex: M Race: C
Admitting Dr.: DONOR PHYSICIAN,
Attending Dr.: DONOR PHYSICIAN,
Date / Time Admitted: 03/30/10 1452
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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-10-00053

SECTIONS TAKEN:

B1-Spinal cord, B2-Basal frontal lobe, B3-Right frontal zone water shed zone,
B4-Left lateral frontal lobe

FINAL DIAGNOSES:

1. Diffuse cerebral and cerebellar edema
2. Contecoup contusions, basal frontal lobes and anterior basal temporal lobes
3. Global cerebral edema
4. Global cerebral and cerebellar necrosis
5. Focal subarachnoid hemorrhage
6. Bilateral transtentorial hernias downward, of the uncus and parahippocampus gyri
7. Herniation of cerebellar tonsils through the foramen magnum
8. Left cerebral upward herniation through surgical defect (fungus brain)
9. Subarachnoid hemorrhage of cerebellum, diffuse
10. Secondary brainstem hemorrhage acute
11. Spinal cord subarachnoid hemorrhage, lumbar segment
12. Pituitary gland, pericapsular hemorrhage, acute
13. Dura mater, epidural hemorrhage, occipital lobe and as described
14. Sinus thrombosis and venous infarction, left frontal lobe

COMMENTS:

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409) 772-2858.

BENJAMIN B. GELMAN, M.D., PATHOLOGIST
Division of Neuropathology .

Patient Name:
Patient Location:
Room/Bed:
Printed Date / (b)(3):CPSA Se
JOHN SEALY TOWER #Age:
J4A -

07/20/10 - 0835

Patient Account: 10000321-729
Med. Rec. No.: (0000)226313N
Patient Name: (b)(3):CPSA Section
Age: 55 YRS DOB: 01/05/55 Sex: M Race: C
Admitting Dr.: DONOR PHYSICIAN,
Attending Dr.: DONOR PHYSICIAN,
Date / Time Admitted: 03/30/10 1452
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(Electronic Signature).

Gross: 04/19/10
Final: 04/21/10

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Pathology Report

Patient Name:
Patient Location:
Room/Bed:
Printed Date / Time: CARPENTER, MARK
JOHN SEALY TOWER Edge

J4A -
07/20/10 - 0835

Patient Account: 10000321-729
Med Rec. No.: (0000)226313N
Patient Name: (b)(3):CPSA Sec 10
Age: 55 YRS DOB: 01/05/55 Sex: M Race: C
Admitting Dr.: DONOR PHYSICIAN,
Attending Dr.: DONOR PHYSICIAN,
Date / Time Admitted: 03/30/10 1452
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

CLINICOPATHOLOGIC CORRELATION:

The decedent was a 55-year-old white man who was ejected from the passenger seat of an all-terrain vehicle (ATV) and suffered massive head injury. Despite transfer to UTMB, the patient remained minimally responsive and was declared brain-dead five days later.

At autopsy, there were multiple nondisplaced fractures of the skull base, including those of the right occipital and temporal bones, both frontal bones, and the posterior clinoid process of the sphenoid bone. The brain hemispheres and cerebellum revealed global necrosis and edema accompanied by contusions of the basal temporal and frontal lobes, and secondary hemorrhages of the brain stem in addition to herniation of the unci, parahippocampal gyri, cerebellar tonsils and the cerebrum through the craniotomy site. Focal epidural occipital hemorrhage and subarachnoid hemorrhage were also documented.

Close head trauma or blunt head injury due to traffic accidents occupy a prominent place as a cause of morbidity and mortality under the age of 45 years in industrialized nations. Mechanical loading to the head is most of the times dynamic or kinetic and starts a downstream cascade of events that culminate in brain injury including translational, rotational or angular forces, skull volume changes leading to tissue damage due to structural damage of brain tissue (axonal injury) and blood vessels (hemorrhage and alterations of the blood brain barrier). Delayed cellular damage occurs due to several factors, including calcium signaling pathways, free radicals, receptor-mediated damage and inflammatory cascades. The end result is edema and cell death.

Although most of the internal organs had been removed for donation, the lungs demonstrated patchy consolidations with fibrin deposition and scattered inflammatory infiltrates seen on microscopy. These findings were seen throughout both lungs and most likely represent early ventilator-associated pneumonia. There was segmental superficial hemorrhagic necrosis of the intestinal mucosa, likely related to a period of hypoperfusion followed by reperfusion.

In summary, this patient died of severe traumatic brain injury due to motor vehicle accident. The manner of death is accidental.

References:

1. Graham DI, Gennarelli TA, McIntosh TK. Trauma. In Greenfield's Neuropathology. (Graham DI, Lantos PL, Eds). 7th Ed. Arnold, New York, 2002;823-882.

SH /SH

Patient Name: (b)(3):CPSA Sec
Patient Location: JOHN SEALY TOWER 4A
Room/Bed: J4A -
Printed Date / Time: 07/20/10 - 0840

Continued....

Patient Account: 10000321-729
Med. Rec. No.: (0000)226313N
Patient Name: (b)(3):CPSA Sectio
Age: 55 YRS DOB: 01/05/55 Sex: M Race: C
Admitting Dr.: DONOR PHYSICIAN,
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-10-00053

CLINICOPATHOLOGIC CORRELATION:

04/20/10

JUAN P. OLANO, M.D., PATHOLOGIST

(Electronic Signature)

07/19/10

Patient Name: (b)(3):CPSA
Section 25(a)(b)
Patient Location: JOHN SEALY TOWER 4A
Room/Bed: J4A -
Printed Date / Time: 07/20/10 - 0840

Page: 12

END OF REPORT

AEGIS

SCIENCES CORPORATION

515 Great Circle Road Nashville, TN 37228

Ph: (615) 255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

Client:	1186 - Galveston Co ME Office	Case ID:	ML10-176
Report To:	Dr. Haley	Laboratory ID:	4421049
	Galveston Co ME Office	Collected:	03/30/10 19:00
	6607 Hwy 1764	Received:	04/06/10 07:41
	Texas City, TX 77591	Completed:	05/14/10 13:56
		Reported:	05/14/10 14:14
Reason:	Ante mortem		
Specimen Type:	Serum		

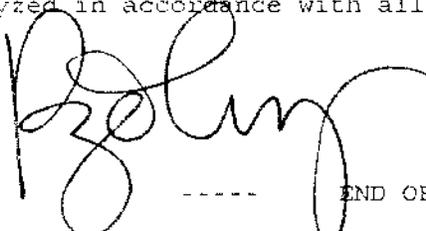
Test(s) Ordered: 40529 - ME Micro-Sample Abused Drugs
70521 - Confirmation Barbiturates
70531 - Confirmation Benzodiazepines
71071 - Confirm Blood Cannabinoids

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Alcohol Volatiles	NEGATIVE		10 mg/dL
Amphetamines	NONE DETECTED		50 ng/mL
Barbiturates	CANCELED		1 ng/mL
Methadone	NONE DETECTED		50 ng/mL
Benzodiazepines	NONE DETECTED		25 ng/mL
Cannabinoids (Marijuana)	CANCELED		1 ng/mL
Cocaine Metabolite	NONE DETECTED		10 ng/mL
Opiates	NONE DETECTED		50 ng/mL

Sample quantity submitted was not sufficient to complete testing; Chlordiazepoxide confirmation canceled.

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

Certified by:
Date:



PAGE LONG

MAY 26 2010

----- END OF REPORT -----

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515 Great Circle Road Nashville, TN 37228

Ph: (615) 255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

Client:	1186 - Galveston Co ME Office	Case ID:	ML10-176
Report To:	Dr. Haley Galveston Co ME Office 6607 Hwy 1764 Texas City, TX 77591	Laboratory ID:	4421050
		Collected:	03/26/10 03:49
		Received:	04/06/10 07:43
		Completed:	05/14/10 13:55
		Reported:	05/14/10 14:14
Reason:	Ante-mortem		
Specimen Type:	Blood		

Test(s) Ordered: 49999 - Sample Received

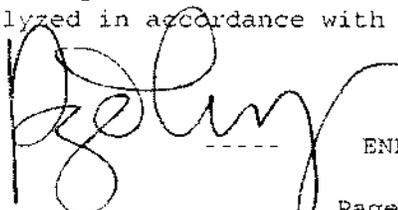
<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
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Testing not requested or indicated.

Testing not requested or indicated.

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

Certified by:
Date:



HALEY LONG

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MAY 16 2010

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Intoxication assault charge in Galveston ATV death

By HARVEY RICE HOUSTON CHRONICLE
April 7, 2010, 4:54PM

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GALVESTON — Sheriff's officials were deciding whether the death of a man hospitalized after an all-terrain vehicle wreck near Crystal Beach would lead to additional charges for the driver.

(b)(3)(C)PSA Se died Tuesday at the University of Texas Medical Branch, a spokeswoman said.

(b)(3)(C) died of injuries suffered after he was ejected from an ATV driven by (b)(3)(C) 43, also of (b)(3)(C), shortly after 1 a.m. Friday.

(b)(3)(C) was charged with intoxication assault. Sheriff's spokesman Maj. Ray Tuttoimondo said officials had not yet decided whether to add additional charges.

(b)(3)(C) is free after posting bail on a \$5,000 bond.

harvey.rice@chron.com

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Man thrown from ATV last week dies

By Chris Paschenko The Daily News

Published April 1, 2010

CRYSTAL BEACH — A man injured in an all-terrain vehicle mishap has died, but authorities hadn't decided Wednesday whether an intoxication assault charge against the driver would be upgraded to intoxication manslaughter.

[REDACTED], died Tuesday at the University of Texas Medical Branch from a head injury he suffered in an early Friday wreck involving an ATV, John Florence, a spokesman for the Galveston County Medical Examiner's Office said.

The hospital notified the medical examiner early Wednesday because plans were under way for [REDACTED] to become an organ donor, Florence said.

[REDACTED] was one of two passengers aboard a Polaris Ranger when the driver hit a bump in the street while traveling south in the 800 block of Sand Dollar Road, Sheriff's Office spokesman Maj. Ray Tuttoilmondo said.

"He was standing in the passenger compartment when the vehicle struck a bump in the road," Tuttoilmondo said. "The driver applied the brakes, and that's when he was ejected out the front of the vehicle."

[REDACTED] struck the pavement, and deputies were called at 1:14 a.m., Tuttoilmondo said.

[REDACTED] is accused of driving the ATV while intoxicated. He was charged with one count of intoxication assault and released from jail the following day on a \$5,000 bond, Tuttoilmondo said.

The men were staying at a relative's beach house and drove the ATV to two bars before eventually becoming lost on the beach, Tuttoilmondo said.

The men took the ATV, which isn't approved for use on public roads, to state Highway 87, where they eventually found their street, Tuttoilmondo said.

The men were a few blocks from the beach house when the ATV struck the bump, Tuttoilmondo said.

The sheriff's office is working with the district attorney's office to determine whether charges against Costello could be upgraded to intoxication manslaughter, Tuttoilmondo said.

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Shocking discovery for joint relief



The Asian secret to strong, lush hair



Muscle building miracle discovered

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LOCAL NEWS

04/02/2010

A KENEFICK MAN IS DEAD FOLLOWING AN ALL TERRAIN VEHICLE WRECK IN GALVESTON LAST WEEK. ACCORDING TO INFORMATION FROM THE GALVESTON COUNTY SHERIFF'S DEPARTMENT, (b)(3):CPSA Section 25 45 WAS A PASSENGER IN AN ATV OPERATED BY A FRIEND, (b)(6) 43 OF (b)(6) THE ACCIDENT OCCURRED NEAR CRYSTAL BEACH LAST FRIDAY MORNING AROUND 1 A.M. GALVESTON SHERIFF'S MAJOR RAY TUTTOILMONDO (TOO-TIL-AH-MUNDO) SAID (b)(6) WAS DRIVING THE ATV ON A PAVED ROADWAY- WHICH IS PROHIBITED BY LAW- AND (b)(3):CPSA Section 2 WAS STANDING IN THE VEHICLE. FOR WHATEVER REASON, INVESTIGATORS SAY (b)(6) STOPPED THE ATV SUDDENLY AND (b)(3):CPSA Section 1 WAS THROWN OVER THE FRONT OF IT. THE (b)(6) MAN STRUCK HIS HEAD ON THE PAVEMENT. HE WAS TRANSPORTED TO THE UNIVERSITY OF TEXAS MEDICAL BRANCH AND DIED OF HIS INJURIES ON TUESDAY. MAJOR. RAY TUTTOILMONDO OF THE GALVESTON SHERIFF'S DEPARTMENT SAID THE ATV DRIVER, (b)(6) (b)(6) WAS ARRESTED AND CHARGED WITH INTOXICATION ASSAULT. (b)(6) IS NOW FREE AFTER POSTING A \$5,000 BOND. GALVESTON SHERIFF'S DEPARTMENT OFFICIALS ARE REPORTED TO BE CONFERRING WITH COUNTY PROSECUTORS ABOUT UPGRADING THE CHARGE AGAINST (b)(6) TO INTOXICATION MANSLAUGHTER. (b)(3):CPSA Section (b)(3):CPSA Se 45, WAS BORN IN DENNISON, TEXAS AND HAD LIVED IN THIS AREA FOR THE PAST 27 YEARS. HE WAS OWNER AND OPERATOR OF HIS OWN BUSINESS M. C. RESTORATION. HE IS SURVIVED BY HIS WIFE: (b)(6) (b)(6) AND (b)(6) FUNERAL SERVICES FOR (b)(3):CPSA Section 25(c),(b)(6) ARE AT 10 A.M. TUESDAY AT STERLING-WHITE FUNERAL HOME ON CROSBY-LYNCHBURG ROAD IN HIGHLANDS WITH BURIAL FOLLOWING AT STERLING WHITE CEMETERY. VISITATION IS FROM 5 TO 8 P.M. MONDAY AT THE FUNERAL HOME.

DESCRIPTION OF RESPONDENTS:

This matter came to the attention of CPSC through a death certificate. The assignment sheet indicates to do the investigation as an on-site; however, in Texas, CPSC is not permitted to contact the next-of-kin when the source document is a death certificate. Because of this restriction, the on-site investigation was not conducted and family was not contacted. The police investigative report was requested and received. Because the report mentioned photographs, this investigator contacted the sheriff's office again on October 18, 2010 and November 1, 2010 to request those pictures; however, they were never received. The Justice of the Peace was contacted on October 4, 2010 and again on November 1, 2010; however, he did not forward any report. There was no autopsy to request and the police report was received directly from the sheriff's office. The Texas Department of Transportation was contacted regarding any accident records and they responded that there were no records on file with their agency.

SUMMARY OF FINDINGS:

According to the investigative report, the sheriff's office was dispatched on December 19, 2008, to an accident involving a utility-terrain vehicle (UTV). The report indicates that the accident occurred on private property and located on this property was a double wide mobile home and a small covered shed in the back yard. When the sheriff arrived, he was met by the victim's wife who stated her husband was trapped under their ATV in the back pasture. The wife walked the sheriff back to the incident location which was located approximately one-quarter of a mile away. According to the report, the terrain was such that the patrol car could not drive back to the incident location.

When the sheriff reached the accident, he reported that the UTV was lying on the left side and the victim was pinned under the roll cage. The report indicates that the victim was lying face down and he was swollen and purple. The top of the roll bar was across the back of the victim's neck. When additional help arrived moments later, they pushed the UTV into an upright position and off the victim's body. The sheriff noted in the report that the key for the UTV was in the off position and that the victim had a cell phone in his right hand. The phone was a flip style phone and was in the open position.

The sheriff stated that when the victim was rolled to his back by emergency personnel, there was a black coozie with a 12 ounce beer can in it. This drink was under the chest of the victim and according to the sheriff, was still cool.

According to the sheriff, he then interviewed the victim's wife who stated that at approximately 6:03 p.m., she received a telephone call from her husband but could not understand him and only heard a gurgling noise. When the wife could not reach her husband when she called him back, she raced home from work and when he wasn't inside the home, went out back and noticed the UTV was gone. The wife found the UTV in the back pasture because the lights were on and when she approached the vehicle, she turned off the engine which was still running.

The investigation by the sheriff's office concluded that the victim was driving too fast when he made a sharp turn to the right causing the UTV to roll on its left side. The sheriff was able to determine this because of the direction of fresh ruts in the dirt. As the UTV rolled, the victim was partially ejected before the roll bar trapped the victim by landing on the back of his neck. The victim was not wearing the seatbelt at the time of the incident. Although the sheriff's office determined the victim was driving too fast, they did not estimate the speed of the UTV.

According to the report, the victim's wife told the sheriff that he was not on any medication. The report indicates that the victim was wearing a t-shirt, blue jeans and brown boots. The victim was not wearing a helmet at the time. The sheriff's office did not know the victim's experience on the UTV.

The sheriff took several pictures of the scene including the UTV, the beer cans, tracks leading to the scene, and the victim's body. Those pictures were requested on several occasions, but never received.

Two formal requests were made to the Justice of the Peace that responded to the incident for his inquest report. The Justice did not respond to the CPSC request.

The death certificate indicates that there was no autopsy performed; therefore, no report was obtained.

PRODUCT DESCRIPTION:

Product Type:	Utility Vehicle
Brand:	Polaris
Model Number:	Ranger 700 Twin XP
VIN:	(b)(6)
Manufacturer:	Polaris
Retailer:	Unknown

According to the sheriff's department, the UTV is a maroon 2008 Polaris Range 700 Twin XP vehicle with the VIN 4XARH68AX84722071. This investigator could not obtain the pictures from the sheriff's office; however, a generic picture of a 2007 Polaris UTV was pulled from the internet (See Photo #1).



PHOTO #1: This photo shows a generic 2007 Polaris Ranger that was pulled from the internet.

SAMPLE COLLECTION:

None.

ATTACHMENTS:

1. Identity of Respondents
2. Walker County Sheriff's Investigative Report
3. Texas Department of Transportation Response
4. UTV Data Record Sheet
5. Missing Document

IDENTITY OF RESPONDENTS:

1. Patsy (LNU)
Records Clerk
Walker County Sheriff's Office
751 FM 2821 Road W
Huntsville, Texas 77320

2. Officer Brad Whitworth
Walker County Sheriff's Office
751 FM 2821 Road W
Huntsville, Texas 77320

3. The Honorable James F. Mature
Justice of the Peace / Walker County
9360 Hwy 75 South
New Waverly, Texas 77358

4. Rebecca Wohoshen
Records Clerk
Texas Department of Transportation
P.O. Box 149349
Austin, Texas 78714

WALKER COUNTY SHERIFF'S OFFICE

INCIDENT/OFFENSE REPORT

717 FM 2821 WEST, SUITE 500, HUNTSVILLE, TEXAS 77320 - 936-435-2400

CLINT R. McRAE
Sheriff

0819366

Incident ID 10947	Received Date 12/19/2008	Received Time 06:24pm	Received Method DISPATCH	Received By WHITWORTH, BRAD
----------------------	-----------------------------	--------------------------	-----------------------------	--------------------------------

Nature of Call Reported ACCIDENTAL DEATH	Initial Call Reported By (b)(6)	Dispatched To (b)(6)
---	------------------------------------	-------------------------

Officer(s)/Unit(s) Assigned 9365-WHITWORTH, BRAD	Date Notified 12/19/2008	Dispatch 18:24	Arrive 18:29	Clear 20:29	Total 02:05	Disposition INCIDENT REPORT
---	-----------------------------	-------------------	-----------------	----------------	----------------	--------------------------------

Investigator Assigned	Alt/Comp	Area DISTRICT 3	Subdiv/Grnd 4L8
-----------------------	----------	--------------------	--------------------

Incident/Offense Date 12/19/2008	Incident/Offense Time 06:03pm	UCR Code	Status CLEARED BY EXCEPTION	Status Date 12/19/2008
-------------------------------------	----------------------------------	----------	--------------------------------	---------------------------

Incident/Offense Address (b)(6)	City, State & Zip Code New Waverly, TX 77358
------------------------------------	---

Entry Point NOT APPLICAB	Exit Point NOT APPLICABLE	Weapon/Force Used NONE	Evidence Collected PHOTOGRAPHS
-----------------------------	------------------------------	---------------------------	-----------------------------------

Inc/Off Code	Incident/Offense Description
--------------	------------------------------

CATEGORY	CLASS	QTY	DESCRIPTION OF ITEM(S)	ESTIMATED VALUE	NCIC	Disp

Grand Total Recovered	Grand Total Stolen
-----------------------	--------------------

YEAR	MAKE	MODEL	STYLE	COLOR	LICENSE	DESCRIPTION

CONNECTION	NAME & Address	TELEPHONE	DESCRIPTION/IDENTIFICATION
Victim	(b)(3):CPSA Section 25(c),(b)(6)	H: (b)(6)	W F 503 160 DL:TX- [REDACTED]
Victim	(b)(3):CPSA Section 25(c),(b)(6)	H: (b)(6)	W M 600 DL:TX- [REDACTED]

**WALKER COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT**Case Number:
0819366Offense:
ACCIDENTAL DEATHOffense Date:
12/19/08**WALKER COUNTY SHERIFF'S DEPARTMENT
OFFENSE/INCIDENT REPORT
Case#08-19366****Introduction:**

On Friday, December 19, 2008, at 6:24 P.M., I received a call from the dispatcher, via radio, in reference to a 4 wheeler accident that occurred on Jones Road. I went in route from IH 45/FM 1374 and arrived at 6:29 P.M. After further investigation, an incident report was taken.

Scene Summary:

The accident occurred on private property located at (b)(6) Texas. I met the complainant at the front gate to the residence. The residence is described as a beige, double wide mobile home. The residence has a small wood porch attached to the front, center of the residence. There is a set of wood steps in the center of the front porch. There is a large wood porch on the center of the rear of the residence with wood steps in the center. There is also a small covered shed in the back yard.

Details:

I arrived at the same time as EMS personnel. I met with the complainant, (b)(6) (b)(6) at the front gate of the residence. As I pulled to the front of the residence, Mrs. (b)(6) stated her husband was trapped under their 4 wheeler in the back pasture. As I exited my patrol unit, (b)(6) stated we would have to walk to the location. I followed Mrs. (b)(6) to the location of the accident, which was approximately 1/4 mile behind the residence in a partially wooded area.

When we arrived at the scene of the accident, I observed a maroon Polaris Ranger lying on its left side. I then observed the husband of (b)(6), lying trapped under the roll cage of the Polaris. (b)(6) was laying face down. His face was purple and swollen. The top of the roll bar was across the back of (b)(6)'s neck. I asked (b)(6) to step back to the residence so EMS could tend to (b)(6). I checked for a pulse but was unable to locate one. As two EMS personnel arrived, we pushed the Polaris to the upright position. The key was in the off position. I noticed (b)(6) had his cellular telephone in his right hand. His right palm was facing the ground. The cellular telephone was a flip phone and was in the open position. The face or number side of the cellular telephone was facing the ground, as was his palm. The cellular telephone was still in (b)(6)'s hand as one would normally hold a phone to use it. EMS rolled (b)(6) over and checked for a heart beat but did not locate one. As EMS rolled (b)(6) to his back, I observed a black coozie with a 12 oz. Bud Light beer can which was under the chest area of (b)(6). The

beer can was still cool to the touch. EMS advised dispatch to notify a Justice of the Peace for inquest. I notified Sgt. Smallwood that a fatality accident had occurred on private property.

I returned to the residence to speak with Mrs. (b)(6). Mrs. (b)(6) advised me she had received a telephone call from Mr. (b)(6) at 6:03 P.M. Mrs. (b)(6) advised me she could only hear a gurgling sound on the telephone and could not understand Mr. (b)(6). At the time, Mrs. (b)(6) was at work. Mrs. (b)(6) attempted to call Mr. (b)(6) numerous times but was unable to reach him. Worried that something had happened, Mrs. (b)(6) returned home. After noticing Mr. (b)(6) was not inside the residence, Mrs. (b)(6) looked in the back yard and noticed the Polaris was gone. Mrs. (b)(6) then went walking toward the back pasture to look for Mr. (b)(6). As Mrs. (b)(6) walked to the back pasture, she noticed the headlights of the Polaris. Mrs. (b)(6) went to the lights of the Polaris where she discovered the accident. Unable to move the Polaris, Mrs. (b)(6) telephoned 9-1-1. Mrs. (b)(6) then turned off the lights to the Polaris and the motor of the Polaris, which was still running. At this time, I advised Mrs. (b)(6) that Mr. (b)(6) did not survive the accident.

At this time, I took numerous digital photographs of the scene. Precinct Four Justice of the Peace Mature arrived a short time later. Judge Mature held inquest and pronounced time of death at 6:41 P.M. At this time, Sgt. Smallwood arrived on scene. I picked up Mr. (b)(6)'s cellular telephone to check for calls made or received to try and get a more accurate time of the accident. I noticed that (b)(6) had telephoned Mrs. (b)(6) at 6:03 P.M. There were no other outgoing calls. I then checked for incoming calls. Mrs. (b)(6) had telephoned Mr. (b)(6) at 6:05 P.M., 6:06 P.M., 6:07 P.M., 6:08 P.M., 6:09 P.M., 6:10 P.M., 6:12 P.M., 6:13 P.M., 6:14 P.M., and 6:16 P.M. The 9-1-1 telephone call was received by dispatch at 6:19 P.M.

Sam Houston Funeral Home was requested by Mrs. (b)(6). I asked dispatch, via radio, to notify the requested funeral home. A short time later, Sam Houston Funeral Home arrived. Mr. (b)(6)'s wallet, the money in his pockets, and all the jewelry he was wearing, was removed by one of the funeral home employees and given to Judge Mature. Judge Mature then released the property to Mrs. (b)(6). Mr. (b)(6)'s body was removed from the scene by Sam Houston Funeral Home.

Evidence:

Sixteen pictures taken with a digital camera

- 1) Picture of Polaris in upright position
- 2) Picture of Mr. (b)(6) on his back
- 3) Picture of Mr. (b)(6), beer can, and cell phone
- 4) Picture of beer can and cell phone
- 5) Picture of cell phone and keys that Mrs. (b)(6) dropped
- 6) Picture of Mrs. (b)(6)'s keys
- 7) Picture of beer can and cell phone
- 8) Picture of Polaris in upright position
- 9) Picture of face of Mr. (b)(6)
- 10) Picture of Mr. (b)(6) where he urinated on himself
- 11) Picture of bed of Polaris
- 12) Picture of key in off position
- 13) Picture of tracks leading to accident
- 14) Picture of tracks leading to accident
- 15) Picture of back of Mr. (b)(6)
- 16) Picture of shoulders of Mr. (b)(6)

The digital photographs were downloaded to the WCSO Server and labeled with case # 08-19366.

Witness:

None

100922CCC3145
Attachment #2
Page 4 of 4

Suspect:

None

Hospital Investigation:

None

Additional Information:

It was determined that (b)(3):CPSA was driving too fast when he made a sharp turn to the right, causing the Polaris to roll on it's left side. This was determined by the fresh ruts in the dirt as the ruts turned to the right leading to where the Polaris turned on its side. As the Polaris rolled, (b)(3):CPSA was partially ejected before the roll bar trapped (b)(3):CPSA by landing on the back of his neck. (b)(3):CPSA was not wearing his seatbelt at the time of the accident.

(b)(3):CPSA advised me that (b)(3):CPSA was not currently taking any medications. (b)(3):CPSA was wearing a white t-shirt, blue jeans, and brown boots.

The Polaris is described as follows:
Polaris Ranger 700 Twin XP
Electronic Fuel Injection
2008 model/maroon in color
Vin 4XARH68AX84722071

REPORTING OFFICER: Brad Whitworth

APPROVIN

100922CCC3145
Attachment #3
Page 1 of 1

STATE OF TEXAS §

This is to certify that I, Tony Small, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the investigations of motor vehicle crashes by peace officers are authorized by law and that reports of these investigations are required by law to be completed and filed with this Department. I further certify that a diligent search of Motor Vehicle Crash Records of the Department was made on October 4, 2010 for the specified records with the crash date of December 19, 2008 which occurred in Walker County and no record of a Texas Peace Officer's Crash Report referred to in the attached request was found.



Tony Small
Director, Crash Records Section
P.O. Box 149349
Austin, Texas 78714
(512) 469-6760



Utility Vehicle Data Record Sheet

Front

A Age 32 Height 5'11" Sex M Weight 175 D Age Height
Gender M Weight 175 Gender Weight

Helmet Y/N N Seatbelt Y/N N Helmet Y/N Seatbelt Y/N

Right Front Passenger

Killed/Injured/Neither/Unknown Neither/Unknown
Injury Description None
Did vehicle land on victim No
Ejected (Either partially or fully) No

Right Rear Passenger

B Age Height Gender Weight
C Age Height
Gender Weight

Helmet Y/N Seatbelt Y/N Helmet Y/N Seatbelt Y/N

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

Cargo Bed
Rear

F Age Height
Gender Weight

Helmet Y/N Seatbelt Y/N Helmet Y/N Seatbelt Y/N

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

The Utility Vehicle

If victims were injured/killed, please include the other relevant information requested in the assignment message in the text of the ICI.

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 occupants 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 driver's characteristics would be listed on the right. If there were more than six occupants, more room is needed. Please add the other passenger's name and other information, as needed, if that information is not available please indicate on the diagram.

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 of the vehicle was not equipped with the component.

USM, FDNY, DVA

TASK NUMBER: 100922CCC3145

DATE: November 12, 2010

Status of Missing Document(s)

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

1. Justice of the Peace Inquest Notes

2. Photographs from Walker County Sheriff's Office

- 3.

- 4.

- 5.

- 6.

Date:

Investigator No:

Regional office:

Supervisor No:

INCIDENT INVESTIGATION TERMINATION REPORT

1. TASK NO. 100928CCC3175		2. TIME EXPENDED 4		3. DATE INITIATED 10/5/10	
4. HOSPITAL NO.			5. RECORD NO. X1090450A		6. AGE
7. SEX	8. DATE OF TREATMENT	9. INJURY		10. BODY PART	
11. DISPOSITION	12. PRODUCT UTV	13. PRODUCT CODE 5044	14. ORGANIZATION CODE 8400		15. INVESTIGATOR ID 8953
16. CATID NO. SECTTT2010			17. SPECIAL STUDY NO.		18. TERMINATION CODE
19. RECORD OF ATTEMPTS TO CONTACT					
DATE	TIME	METHOD		RESPONSE	
10/5/10		telephone calls		To attorneys and UTV driver -	
		and		see remarks for details	
		letters			
10/5/10		telephone call		San Joaquin CO.Sheriff - no	
				record of incident or	
				response to incident location	
				(no other police agencies for	
				that location)	
20. REASON FOR TERMINATION:					
<p>Telephone calls to victim's attorney and letter sent - no response. Unable to locate victim. Telephone calls to driver and attorney - all #s disconnected & no forwarding numbers. Letter sent to closed law office - returned/no forwarding address. Letters sent to driver's 2 addresses - no response (see att'd).</p>					
21 REVIEWED BY:		ID NO.		MO DAY YR	
Eugene E. Staebell,		9021		11/5/10	



U. S. CONSUMER PRODUCT SAFETY COMMISSION
14850 Highway 4, Suite A-121, Discovery Bay, CA 94505
Tel: 925-513-9226 Fax: 866-273-2331
Email: jrizzitello@cpsc.gov

Kirk Olsen
PO Box 702
Clements, CA 95227

Dear Mr. Olsen:

The U.S. Consumer Product Safety Commission was alerted to an injury incident that occurred in March 2007 involving your Yamaha utility vehicle. The Commission is a federal regulatory agency responsible for reducing accidents in the home, school and recreational environments.

We conduct investigations on such incidents in order to obtain a better understanding of why the incident occurred for the purpose of determining if additional safety standards need to be addressed.

I would like to ask you questions about the incident, particularly about the utility vehicle that was involved.

Please contact me at your convenience. With your cooperation, we hope to prevent similar incidents from occurring.

Thank you for your cooperation.

Sincerely,

Joy Rizzitello
Senior Investigator



U. S. CONSUMER PRODUCT SAFETY COMMISSION
14850 Highway 4, Suite A-121, Discovery Bay, CA 94505
Tel: 925-513-9226 Fax: 866-273-2331
Email: jrizzitello@cpsc.gov

Kirk Olsen
18580 Rodeo Dr.
Clements, CA 95240

Dear Mr. Olsen:

The U.S. Consumer Product Safety Commission was alerted to an injury incident that occurred in March 2007 involving your Yamaha utility vehicle. The Commission is a federal regulatory agency responsible for reducing accidents in the home, school and recreational environments.

We conduct investigations on such incidents in order to obtain a better understanding of why the incident occurred for the purpose of determining if additional safety standards need to be addressed.

I would like to ask you questions about the incident, particularly about the utility vehicle that was involved.

Please contact me at your convenience. With your cooperation, we hope to prevent similar incidents from occurring.

Thank you for your cooperation.

Sincerely,

Joy Rizzitello
Senior Investigator



U. S. CONSUMER PRODUCT SAFETY COMMISSION
14850 Highway 4, Suite A-121, Discovery Bay, CA 94505
Tel: 925-513-9226 Fax: 866-273-2331
Email: jrizzitello@cpsc.gov

Glenn Guenard, Esq.
Guenard & Bozarth
8830 Elk Grove Blvd.
Elk Grove, CA 95624

Dear Mr. Guenard:

The Consumer Product Safety Commission was alerted to a utility vehicle incident involving your client, Joseph Olsen. The Commission is a federal regulatory agency responsible for reducing accidents in the home, school and recreational environments.

We conduct investigations on such incidents in order to obtain a better understanding of why the incident occurred for the purpose of determining if additional safety standards need to be addressed.

I left you a voicemail message but have not received a response from you. I would like to ask you and/or your client detailed questions about the incident and about the injuries that he sustained.

Please contact me at your convenience, or have your client contact me.

Thank you for your cooperation.

Sincerely,

Joy Rizzitello
Senior Investigator



U. S. CONSUMER PRODUCT SAFETY COMMISSION
14850 Highway 4, Suite A-121, Discovery Bay, CA 94505
Tel: 925-513-9226 Fax: 866-273-2331
Email: jrizzitello@cpsc.gov

David Brown, Esq.
Michael Connerley, Esq.
Baily & Brown
1419 21st St.
Sacramento, CA 95811

Dear Mr. Brown or Mr. Connerley:

The Consumer Product Safety Commission was alerted to a utility vehicle incident involving your client, Kirk Olsen. The Commission is a federal regulatory agency responsible for reducing accidents in the home, school and recreational environments.

We conduct investigations on such incidents in order to obtain a better understanding of why the incident occurred for the purpose of determining if additional safety standards need to be addressed.

I would like to ask you and/or your client detailed questions about the incident, particularly about the utility vehicle involved.

Please contact me at your convenience, or have your client contact me.

Thank you for your cooperation.

Sincerely,

Joy Rizzitello
Senior Investigator

1 Glenn Guenard / SBN: 129453
GUEWARD & BOZARTH
2 8830 Elk Grove Blvd.
Elk Grove, CA 95624
3 Telephone : (916) 714-7672
Facsimile: (916) 714-9031

4 Attorneys for Plaintiff
5
6
7

ELECTRONICALLY FILED
Superior Court of California,
County of Orange

07/15/2010 at 10:05:00 AM
Clerk of the Superior Court
By Rachelle Mavra, Deputy Clerk

8 SUPERIOR COURT OF CALIFORNIA

9 FOR THE COUNTY OF ORANGE-CIVIL COMPLEX CENTER

10 **IN RE COORDINATED YAMAHA**
RHINO LITIGATION

11 JOSEPH OLSEN,

12 Plaintiff,

13 vs.

14 KIRK OLSEN, et al.,

15 Defendants.
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Case No.: JUDICIAL COUNCIL
COORDINATION PROCEEDING
NO. 4561

PLAINTIFF'S EVIDENCE IN SUPPORT OF
OPPOSITION TO MOTION FOR SUMMARY
JUDGMENT

Date: July 30, 2010

Time: 10:00 a.m.

Dept.: CX104

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TABLE OF CONTENTS

- EXHIBIT A** Excerpts of the Deposition Transcript of Defendant Kirk Olsen
- EXHIBIT B** Excerpts of the Deposition Transcript of Defendant Joseph Olsen
- EXHIBIT C** Defendant Kirk Olsen’s Responses to Form Interrogatories, Set one
- EXHIBIT D** Plaintiff’s First Amended Complaint

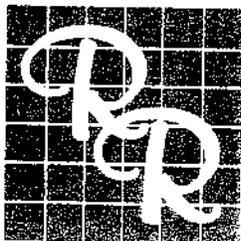
TH PERIOR COURT OF THE STATE OF CALIFORNIA
AND FOR THE COUNTY OF SAN JOAQUIN

JOSEPH OLSEN,)
)
 Plaintiff,)
)
 vs.) No. CV034775
)
 KIRK OLSEN, and DOES 1 -)
 100, inclusive,)
)
 Defendant.)
)
 _____)
)
 AND OTHER RELATED MATTERS)

CERTIFIED COPY

DEPOSITION OF KIRK OLSEN

DATE: Wednesday, March 4, 2009
TIME: 10:18 A.M.
REPORTED BY: ANGELA C. ROSS,
CSR No. 10073, RPR



Ross Reporting Services

865 University Avenue
Sacramento, California 95825
916.568.0254 * Fax 916.924.0983

1 Does that sound familiar at all?

2 A. Not to me.

3 Q. Okay. Did your dad live in a trailer at any
4 point?

5 A. No.

6 Q. Can you tell me what you did in the 24 hours prior
7 to the accident on March 14th, 2007?

8 A. No.

9 Q. If it was a workday, did you have kind of a
10 typical workday that you can describe?

11 A. No.

12 Q. No?

13 A. I don't have a typical workday.

14 Q. No?

15 A. Dialysis patient, every day is a different day for
16 me.

17 Q. Yeah.

18 A. Some days are good. Some days are bad. Some days
19 I can work. Some days I can't.

20 [Q. Okay. On the day of the accident how did it come
21 to be that Joe was riding in the Rhino with you?

22 A. I asked him if he would like to take a ride, go
23 down and feed the cows and take a ride. And I told him
24 I had to go do the cows first before we take a little
25 spin.]

1 Q. BY MR. KLIEBENSTEIN: So just before we took a
2 break we were talking about being out by the stable and
3 you had had a conversation or talked with Joe about
4 taking a spin after you fed the cows with the Rhino.
5 Do you know what time of day that was?

6 A. Approximately between, I would say, 5:30 to 6:00,
7 6:00 p.m.

8 [Q. Was it -- was it light out?

9 A. It was just -- the sun just settled. And it was
10 just starting to -- what is that called? Dawn?

11 Q. Dusk.

12 A. Dusk. Dusk.

13 Q. Was it dusk when you went down to take the hay
14 down to the cattle or had it gotten dark by then?

15 A. No. The sun had just started to go down.]

16 Q. Were you able to see fine?

17 A. Oh, yeah.

18 Q. Did Joe -- what did Joe say when you talked about
19 taking a ride in the Rhino?

20 A. He got -- he got in. I buckled him up.

21 Q. Okay. You buckled him up yourself?

22 A. Yeah.

23 Q. How come?

24 A. First time in the vehicle.

25 Q. Okay. Did you tell him anything about riding in

1 took to get from the stable down to where that trough
2 is on Exhibit 4?

3 A. What is the route?

4 Q. Yeah.

5 A. You don't have a picture of it.

6 Q. Can you describe it for me.

7 A. Um, the route I took?

8 Q. Yeah.

9 A. I started at the top where the stalls were and
10 drove down the hill over to this area here.

11 Q. Okay. So --

12 A. In this picture here I would be coming from like
13 over here.

14 Q. Okay. Which is kind of generally the direction of
15 the stable?

16 A. Yeah. Correct.

17 Q. Okay. And your plan was to feed the animals and
18 then go for a spin, I think you said?

19 A. Go for a ride.

20 Q. Okay. Do you know where -- do you have any idea
21 where you were going to go?

22 A. No.

23 Q. Okay.

24 A. Just right here if you can see the -- I got this
25 area here. It's the same as the other side. So that

1 is all. I was just going to drive around there.

2 Q. And you're just pointing on Exhibit 4 to the --
3 kind of the big open area?

4 A. Yeah.

5 Q. Down near where the trough is; right?

6 A. Well, I got acreage here. This is a big arena.

7 Q. Yeah.

8 A. And I got this space here is the same as the other
9 side. And then I got pastures on each side of those.

10 Q. Okay.

11 A. So I can drive all of that land right there.

12 Q. And, again, you're referring to Exhibit 4.

13 So were you going to stay in that area that is
14 around --

15 A. Right.]

16 Q. -- the arena and the flat area --

17 A. Right.

18 Q. -- that is in the picture?

19 A. Yeah.

20 MR. CONNERLEY: Just one warning. When it comes to
21 the description of photographs, you probably want to wait
22 for counsel to completely finish his questioning, because
23 it's kind of difficult to describe these things anyway.
24 So just let him finish with the description and then you
25 can --

1 A. No. Just right -- just put his hand out and turn
2 it.

3 Q. Did he have to lean out of his seat at all?

4 A. No.

5 Q. That gives us the best really idea of where it is.

6 Was the -- Exhibit 4 shows a couple ruts right near
7 the trough. Do you see those?

8 A. Yes.

9 Q. Were those ruts caused or from the Rhino going
10 down through there?

11 A. There is no telling.

12 Q. Okay. Do you know if the wheels of the Rhino were
13 in the ruts when you stopped to turn on the water that
14 day?

15 A. These ruts here, this picture here is not from the
16 same time of the accident. So these ruts here are not
17 accurate to the accident.

18 Q. Okay.

19 A. So I cannot say yes or no, because that is -- this
20 was months later.

21 Q. Okay.

22 A. And from that time vehicles have been driven down
23 there.

24 [Q. Were there some ruts down there though at the time
25 of the accident?

1 A. Yeah. There was a one.

2 Q. So were they similar to that shown in the picture
3 but you just can't say if they were identical or not?
4 Is that right?

5 A. Right.

6 Q. Okay. When -- the ruts that were there at the
7 time of the accident, were the wheels of the Rhino in
8 the ruts when you stopped?

9 A. Just one.

10 Q. Which one?

11 A. The passenger side.

12 MR. CONNERLEY: Would that have been both wheels or
13 one wheel on the passenger's side within the rut, if you
14 know.

15 THE WITNESS: I don't know.

16 Q. BY MR. KLIEBENSTEIN: So then there would have
17 been another rut on the driver's side or towards the
18 driver's side of the Rhino; right?

19 A. No.

20 Q. No?

21 A. No.

22 Q. Was there two ruts?

23 A. No.

24 Q. There was just one rut?

25 A. Uh-huh.

1 Q. Yes?

2 A. Yes. Yes. Yes.]

3 Q. Did Joe have to take a seat belt off to turn the
4 water on?

5 A. No.

6 Q. Did Joe take his seat belt off from any time from
7 the time you left the stable to until the accident
8 happened?

9 A. No.

10 Q. When you stopped by the water trough, did you turn
11 the Rhino off?

12 A. No.

13 Q. Did you have any conversation with Joe there?

14 A. Just told him to turn the water on.

15 Q. Turn it on?

16 A. Yeah.

17 Q. Was the water -- did you have to turn it off, on
18 and off every day or --

19 A. No. Just when it needed to be filled up. Now I
20 have an automatic waterer, automatic.

21 Q. So it wasn't automatic at that time?

22 A. No.

23 Q. All right. So it's got like a little float on it
24 and that goes up and down, the one you have now?

25 A. Yeah. When the cows don't tear it off.

1 before that day?

2 A. Parked it to leave it?

3 Q. No. Had you ever gone down there and basically
4 been in that spot with the Rhino?

5 A. Yes. I've done it myself, turned the driver's
6 side to turn the water on.

7 Q. Okay. Prior to that day of the accident had you
8 driven down and stopped the Rhino kind of in a similar
9 position that you were in with Joseph that day with the
10 front facing away from your house, you know, and the
11 passenger's side --

12 A. Prior to the first time?

13 Q. Hold on. Let me finish.

14 A. Okay.

15 Q. And the passenger's side near the --

16 MR. CONNERLEY: The water trough.

17 Q. BY MR. KLIEBENSTEIN: -- the trough? Had you ever
18 basically parked it in that same kind of way before or
19 stopped, stopped the Rhino there?

20 A. With him?

21 Q. No. At any -- just with or without him.

22 A. No.

23 [Q. Okay. So what did you do once Joe turned the
24 water on?

25 A. I told him we are going to take a ride and come

1 back and we'll turn it off in a little bit.

2 Q. Okay. At that point did you have an idea of where
3 you were going to go?

4 A. No. Just right around the arena.]

5 Q. Okay. How long does it take to fill that trough
6 up?

7 A. 15 minutes.

8 MR. CONNERLEY: Excuse me.

9 Q. BY MR. KLIEBENSTEIN: So did you turn the wheels
10 before you started moving, the front wheels?

11 A. No.

12 Q. At some point you started -- kind of went into a
13 U-turn; right?

14 A. Pardon me?

15 Q. At some point you went into a U-turn, right, with
16 the Rhino?

17 A. Yeah.

18 Q. And you were turning to the left?

19 A. Yes.

20 Q. Okay. When you started moving forward, can you
21 estimate for me how far you went forward before you
22 started making a left steer input?

23 A. How far before I --

24 Q. Yes.

25 A. -- make the turn?

1 Q. Correct.

2 A. I would say a good six, seven feet.

3 Q. How much gas did you give it in that six,
4 seven feet? Can you estimate like how much -- how far
5 you depressed the gas pedal?

6 A. No. There is no telling.

7 Q. Did any of the wheels spin as you --

8 A. No.

9 Q. -- made that first --

10 A. No.

11 Q. Okay. Where did you have your hands on the
12 steering wheel?

13 A. Yeah.

14 Q. Where at? Like how did you have them positioned
15 on the steering wheel?

16 A. Oh, 10:00 and 2:00.

17 [Q. All right. And then when you started making the
18 left steer input, did you give it any more gas or did
19 you let off the gas?

20 A. No. Just --

21 Q. Same amount?

22 A. Just a regular turn.

23 Q. Okay. But did you give it -- as you started
24 making the turn, did you apply any more acceleration?

25 A. No.

1 Q. Did you let off the acceleration?

2 A. After it started to teeter I did, yeah.

3 Q. How about when you first started making the left
4 turn? Did you let off the acceleration at that point?

5 A. No.]

6 Q. I'll show you this photo before we mark it. Is
7 the area where you tipped over or came to rest shown in
8 that photo?

9 A. This photo here?

10 Q. Yes.

11 A. I would say no.

12 Q. Okay. That is what I thought. I don't think we
13 have a good one. Yeah.

14 So you don't have a bigger one like this?

15 MR. CONNERLEY: (Shaking head.)

16 Q. BY MR. KLIEBENSTEIN: Is Exhibit 4 -- is the area
17 where you tipped over or came to rest shown in
18 Exhibit 4?

19 A. I would say, yeah, I could, approximately. I
20 would say around over this area here.

21 Q. Can you put an X where you were just pointing on
22 Exhibit 4?

23 A. I would say approximately maybe here.

24 Q. Okay.

25 A. I'm not for certain, but -- it's been two years;

1 when you first felt the Rhino teeter?

2 A. I was like three quarters of the way through the
3 turn. It was almost completed.

4 Q. Okay. Had you given the Rhino any acceleration
5 from the time you started making the turn until the
6 time it started to teeter?

7 A. More than what I -- no.

8 [Q. Had you used -- hit the brakes at all in that same
9 time, from the time you started making the turn to the
10 left and until you felt it start to teeter?

11 A. No. I just let my foot off the gas pedal.]

12 Q. Can you describe for me from the point it started
13 to teeter, what did it do and what did you feel from
14 that point until it came to rest on its passenger side?

15 A. Yeah. It started to just -- it started to teeter,
16 and I felt it was going to go. And I said, oh, my God,
17 it's going go to over. And it just -- it went right
18 over. And to be honest with you, with my weight on my
19 side, that should have never happened. I'm 350 pounds.
20 He's like 140 I think or 150. That should have never
21 happened, because my weight should counter react him,
22 but it didn't.

23 Q. Okay.

24 A. It was like a slow motion teeter. It teetered and
25 then --

1 A. Yes.

2 Q. -- off his arm?

3 A. Yes.

4 Q. Did somebody call 911?

5 A. Yes.

6 Q. Had you made -- prior to the accident had you made
7 a U-turn in that kind of the same area where the
8 accident happened?

9 A. Have I?

10 Q. Yes.

11 A. I don't remember.

12 Q. Have you done it since the accident?

13 A. Have I done U-turns?

14 Q. Have you made a U-turn in that same area where the
15 accident happened since the accident?

16 A. I can't recall.

17 Q. Can you estimate the speed that you were going
18 when you got to the top of the U-turn when the accident
19 happened?

20 A. When I finished the turn?

21 Q. No. When you got to the very top of it. So the
22 middle of it.

23 A. Show me what you mean on this right here. At what
24 point?

25 Q. Here I'll draw it. I'm just going to draw a

1 typical U.

2 A. Yeah.

3 Q. So the top of it, right there. Halfway through
4 it.

5 A. How fast was it?

6 Q. Yes.

7 A. Approximately five to ten miles an hour.]

8 [Q. And from that point until the Rhino started to
9 teeter did you apply any -- or accelerate at all?

10 A. No.

11 Q. Did you hit the brakes?

12 A. No.

13 Q. Did you let your foot off the gas?

14 A. Yes.

15 Q. Did you let your foot completely off the gas?

16 A. Yes.

17 Q. Did you let your foot off the gas when you felt it
18 start to teeter or before it started?

19 A. Right when it started teetering, I let it off.]

20 MR. CONNERLEY: You're doing a pretty good job, but
21 let him finish his question so that --

22 THE WITNESS: Okay.

23 MR. CONNERLEY: -- it all works out.

24 THE WITNESS: Again I got too comfortable.

25 Q. BY MR. KLIEBENSTEIN: Had you made U-turns down on

EXHIBIT B

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SAN JOAQUIN

---oOo---

JOSEPH OLSEN,

Plaintiff(s),

v.

No. CV034775

KIRK OLSEN and DOES 1-100,

Defendant(s).

COPY

---oOo---

9:04 a.m.

Tuesday, September 23, 2008

DEPOSITION OF JOSEPH OLSEN

Reported by: DONNA G. SADLER, CSR License No. 5365, RPR

Royal
REPORTING SERVICES

1333 Howe Avenue, Suite 228
Sacramento, California 95825
916.564.0100

1 MR. BROWN: Neil, can I impose on you for a brief
2 break?

3 MR. KLIEBENSTEIN: Sure.

4 VIDEO OPERATOR: Off the record at 2:10 p.m.

5 (Whereupon a short recess was taken.)

6 VIDEO OPERATOR: Back on the record at 2:14 p.m.

7 Q MR. KLIEBENSTEIN: So we're at the -- we're talking
8 about being up at the stable before you took the ride on
9 the Rhino. Did -- have you ever seen the owner's manual
10 or operator's manual for the Rhino?

11 A No, I have not.

12 Q Did Kirk say anything to you prior to you getting in
13 the Rhino about the proper way to ride in the Rhino?

14 A No, he did not.

15 Q Did you see any warning labels on the roll bar of
16 the Rhino prior to the time you got in the Rhino to ride
17 it?

18 A No.

19 Q Did you look?

20 A No.

21 [Q Did anybody prior to the accident tell you that
22 you're supposed to keep your hand -- all your limbs inside
23 the Rhino at all times?

24 A No.]

25 Q Has anybody told you -- have you come to be aware of

1 in front of the stables. So if it's in front of the
2 stables, you cannot get to that road that you get from
3 coming from behind.

4 Q Now, before you actually commenced your ride, did
5 you seat belt up?

6 A Kirk is the one that told us to put our seat belts
7 on.

8 Q So he said make sure to buckle up?

9 A Yes.

10 Q Did he help you buckle up?

11 A No.

12 Q Did he actually manually help you with that at all?

13 A No.

14 Q Okay. But you buckled up?

15 A Yes, I did that myself.

16 [Q Did you recognize that there were hand holds on the
17 vehicle?

18 A No.

19 Q Were you holding onto a hand hold at any time before
20 our accident occurred?

21 A No.]

22 Q Do you recall holding onto the hand hold just before
23 the accident tip-over occurred?

24 A No. I don't recall hand holds up here. The only
25 thing I would recall that might be a hand hold there was a

1 Q So what did you intend to do between the time that
2 Kirk turned it on and the time that it was full, just ride
3 around?

4 [A To be honest, we had not said what we were going to
5 do. Kirk turned it on and then he got back in there and
6 we started to proceed away because I guess he was going to
7 go back and turn it off again.

8 Q Is that something you're guessing or something you
9 know?

10 A I'm presuming that -- you know, this is what he told
11 me, that he had planned to go back and turn it off.

12 Q But did he tell you when he was going to do it? Or
13 were you guys to going ride around for a minute or three?

14 A No, there was no discussion like that about we were
15 going to ride around or anything. I was under the
16 impression that after we turned it on we would probably go
17 back to the stables. I did not know we needed to turn the
18 water off again.

19 Q Well, you understood at some later time the water
20 would be to the top and then he'd turn it off, correct?

21 A At some time I presumed that, yeah.

22 Q Right. So you don't know exactly what he was
23 intending to do?

24 A No.

25 Q In terms of turning it on or off?

1 A No. Because actually they are the ones that kept
2 track of how much water the bull had and all that stuff.
3 That was one of the things I did not --

4 Q So when you indicated in your responses to
5 interrogatories that he was turning to turn it off, that
6 was not something that he had told you?

7 A Not at that point, no.

8 Q Did he tell you at any point later --

9 A Afterwards he told me that he was going to make a
10 U-turn to go back and shut the water off.

11 Q Within seconds of turning it on?

12 A It was -- I don't know how long he had needed to
13 leave it on for or not leave it on for. But he got --
14 turned it on, and then he got back in there. We sat for a
15 minute or that, and then we started to proceed forward. I
16 was not sure what we were doing when we started to drive
17 off again.]

18 Q Fair enough. So you sat there for a minute or so
19 after he had turned it on?

20 A A short period of time.

21 Q Did you talk during that minute?

22 A I'm sure we did, but I don't recall what we talked
23 about.

24 Q Okay.

25 A It was not about what we were going to go and do. I

1 Q Well, did the jiggle take three or four seconds or
2 did it take a multiple of that?

3 A Well, there were like three or four jiggles, so I
4 would say each one was maybe between one to four seconds.
5 I'm not specifically sure.

6 Q Okay. And then it went over?

7 A Yes.

8 Q During those jiggles did you have the thought to
9 yourself, this is going over?

10 A I knew something was happening with this and
11 something was going to happen with the way it was
12 jiggling, yes. I did believe we were going to fall over
13 from it, yeah.

14 Q During those several seconds of jiggling did you say
15 to yourself, I need to find something to hold onto?

16 A No, it happened too quick to do anything like that.

17 [Q When it actually tipped over, it tipped over to the
18 right on your side, right?

19 A Yes, it did, yes.

20 Q Did any part of your body other than your right arm
21 somehow escape the confines of the vehicle?

22 A No.

23 Q How did your arm end up -- if I may ask, was it
24 underneath something?

25 A It was underneath the roll bar, the side of the roll

1 bar. The part that goes from -- you know, from behind the
2 seat up to where the hood is, it was pinned underneath
3 that bar, the lengthwise bar. Not the one running this
4 way, but the one running this way, up and down.

5 Q The one running vertical?

6 A Yes.

7 Q And was it the roll bar behind you or the roll bar
8 in front of you?

9 A Behind me.]

10 Q And I understand from your hospital records there
11 was no loss of consciousness?

12 A No.

13 Q You were unmercifully awake throughout the whole
14 thing?

15 A Yes.

16 Q And since there was no loss of consciousness you can
17 tell us what was your first thought when the roll bar hit
18 your arm?

19 A I did not know the roll bar had hit my arm until
20 after we had fallen over and Kirk asked me, "Are you all
21 right" and I looked down and I seen my arm pinned --
22 excuse me, pinned underneath the roll bar with my hand
23 sticking out from it at this very odd angle.

24 Q Okay. Do you want to take a break?

25 A No, no, I'll be all right.

1 Q Did you read any of the stickers or brochures
2 related to it?

3 A No.

4 Q Did you have any curiosity about the machine at all
5 before the day of your accident?

6 A Um, a little curiosity of what it did actually do.
7 You know, what its function was supposed to be.

8 Q Did you see Kirk riding it?

9 A Not until the day of the accident.

10 Q Do you understand what Kirk does for a living?

11 A Yes, I do.

12 Q You understand that he has several different kinds
13 of driver's license classifications?

14 A Yes, I do. Yes, I do, yes.

15 Q He has an A license, a C license, right?

16 A Yes.

17 Q And he's driven professionally?

18 A Yes, he has for many years.

19 Q Okay. Did you consider him a safe driver?

20 A Most of the time yes, I do. Yes, you know.

21 Q Do you consider him a safe driver on this day of our
22 accident?

23 A I'm not sure if the turn was made too quick or not.

24 [Q Okay. And what was the speed that Kirk was going at
25 the time that the rollover started to happen?

1 A I do not know. I was not looking at the
2 speedometer.

3 Q Could you estimate the speed for me?

4 A I would say between zero to 25 miles an hour.]

5 Q Okay. Do you recall telling any of your doctors how
6 fast the vehicle was moving?

7 A I told my doctors that I was not sure how fast it
8 was going. I figured maybe I believe like five-hour --
9 you know, five miles or so.

10 Q I'm going to show you a document from one of your
11 medical records where you were talking to a Dr. Ligman?

12 A I never said one mile per hour.

13 MR. GUENARD: Just for the record, he's looking at a
14 Lodi Memorial Hospital consultation report.

15 MR. BROWN: It's one of the records you provided,
16 Glenn. For the record, I pulled it out of your production
17 of documents and it is the second page, which I don't have
18 here. Third page is Dr. Cathleen Ligman, okay? And it's
19 -- and let's read the first bit together, if we can. And
20 I don't have an extra copy, Counsel.

21 MR. KLIEBENSTEIN: I've seen it.

22 Q MR. BROWN: "He was the passenger and it was being
23 driven by his brother. They were going very slow, about
24 one mile an hour, when they made a turn and the golf cart
25 became unstable and fell on the passenger side, pinning

1 A No.

2 Q Now as you sat there -- can I have Exhibit B back
3 again?

4 A Yes.

5 Q As you sat there, you said that Kirk came back in,
6 buckled up and then you proceeded again --

7 A Yes.

8 Q -- correct? Using that same nice blue marker that
9 counsel's been kind enough to provide me, can you give me
10 an approximation using a dotted line as to what Kirk did
11 next?

12 A Okay. He proceeded to pull forward.

13 Q You can use a little bit more of a dot there.

14 A Okay. He proceeded to pull forward. I'm not a
15 hundred percent sure how far forward we drove. He
16 proceeded to drive forward and then he made a turn like
17 this, and as we were going through the turn here that's
18 when it started to wobble on the top.

19 Q What do you mean wobble on the top? You mean like
20 teeter?

21 A Yes, it started to teeter before we fell over, yes.

22 [Q Did you see Kirk make any sharp sudden turn -- you
23 know how when you're driving a car and you see these
24 movies where they're doing Tokyo Drift or something like
25 that where they're making these huge sharp turns? Did he

1 do anything like that?

2 A No, this was not -- I would not call it a huge sharp
3 turn. What he did was we were driving and then he turned
4 to go into a U-turn. I don't know for sure how sharp the
5 turn was or that. It did -- you know, I felt we turned a
6 little quick, but I'm not sure though exactly because I
7 was not driving.]

8 Q Well, did you see him do any exaggerated arm
9 movements?

10 A Oh, no, no, no, no, no. No, to me it was just like
11 he was making a regular -- we were going to make a turn.

12 Q And at what point during the course of the turn, and
13 I'd like you to put an X on there, did you feel the
14 vehicle start to teeter?

15 A I would say right about here, after we were maybe
16 halfway into the turn -- between a quarter to halfway into
17 the turn it started to teeter.

18 Q Did it teeter to the left side?

19 A No, it teetered to the right side.

20 Q Now, he's a lot heavier than you?

21 A Yes, he is.

22 Q Do you know if the vehicle's tire on that right side
23 was in a rut?

24 A I myself do not know because I was not able to see
25 the tire.

1 [Q In your discovery responses you said that Kirk made
2 a sharp U-turn.

3 A Uh-huh.

4 Q Do you still believe that -- do you still describe
5 the U-turn as sharp?

6 A Yes.]

7 Q When was the last time that you saw Kirk?

8 A Last time I actually physically seen him?

9 Q Yes.

10 A Was months after the accident. My father had to
11 have kidney surgery and me and Kirk seen each other at the
12 hospital. That was the last time we seen each other face
13 to face. And, you know, I couldn't -- I don't remember
14 the exact time, it was months afterwards.

15 Q How often do you talk to him?

16 A Now?

17 Q Yes.

18 A We do not talk that often. Maybe once every few
19 months. In the last month we've talked three to four
20 times.

21 Q So why did you go from being it sounds like pretty
22 regularly in touch with him and doing a lot with him to
23 going talking to him one time per month for a long period?

24 A Because of this accident, that's why.

25 Q What about the accident?

1 Q Was Kirk?

2 A Yes.

3 Q And in order to get the blood compatibility study
4 they did that at Kaiser?

5 A Yes.

6 Q Did you have to have a physical incident to that?

7 A No.

8 Q They just took blood from you there?

9 A Yes, because that's the first step in to see if
10 there's compatibility. Then afterwards there would have
11 been a physical examination, mental examination, tissue
12 testing and all of that.

13 Q Have they done any of that yet?

14 A No.

15 Q Do you know why not?

16 A Because Kirk has not gotten to the weight he's
17 supposed to be for the surgery.

18 [Q Okay. Counsel asked you a fairly simple question
19 and I'm going to explore it and we'll be done. You had
20 indicated that in responses to interrogatories that Kirk
21 had made a "sharp turn"?

22 A Yes.]

23 Q All right. I recognize that the word "sharp turn"
24 may be subjective, each one has its own idea. You told me
25 earlier this day that Kirk made no exaggerated movement as

1 believe he did anything -- he himself was doing anything
2 to try to make this happen or being unsafe.

3 Q And he wasn't showing off?

4 A No.

5 MR. KLIEBENSTEIN: Objection, calls for speculation.

6 Q MR. BROWN: Well, did he say that he was showing you
7 how the machine worked?

8 A No.

9 Q Did he tell you -- I think you've had something like
10 this question before, did he tell you that he was going to
11 show you what the machine could do?

12 A No.

13 Q Did he ever tell you that he was showing off for you
14 the capabilities of this machine?

15 A No. Kirk knew I was scared of these machines, so --

16 [Q And based on that, do you perceive that he was
17 driving in a safe and careful manner?

18 A Outside of the turn maybe being a little sharp, yes.

19 Q And when you say a little sharp, could you tell me
20 what that means? You've been a driver.

21 A Well, it's because we were going straight and then
22 we just turned. It's like not as if you're going and then
23 turning. It didn't -- to me it didn't seem like a real
24 wide turn. It seemed like more of a sharper turn from
25 going straight and then into turning.]

1 Q So it was a tighter turn than you would perceive as
2 a wide looping turn?

3 A Yes.

4 Q But again as you perceived it, as you saw Kirk doing
5 that, was there anything about his movements that were
6 jerky or exaggerated?

7 A No.

8 [Q Did he gun it as he was making the turn?

9 A No, not --

10 Q The speed remained the same?

11 A I believe so, yes.]

12 MR. BROWN: Thank you, that's all I have.

13 MR. KLIEBENSTEIN: I just have a couple follow-ups.

14 MR. GUENARD: This the back and forth part.

15 MR. BROWN: No, I think we're pretty much out of
16 this. We're on the tail end here.

17

18 FURTHER EXAMINATION BY MR. KLIEBENSTEIN

19

20 Q You told me that Kirk currently weighs 286 pounds?

21 A No -- Kirk right now?

22 Q Yeah.

23 A I believe from what I've been told he's at the goal
24 weight of his surgery. So it should be about 268 pounds
25 right now.

1 Q MR. KLIEBENSTEIN: Do you know of any reason why
2 Kirk would have told that to a doctor if he did indeed say
3 it?

4 MR. GUENARD: Same objections, go ahead.

5 THE WITNESS: No, not that I know of.

6 Q MR. KLIEBENSTEIN: And you did not say that to the
7 doctor; is that correct?

8 A No.

9 Q That's correct?

10 A Yes, that is correct. I did not say that to the
11 doctors.

12 [Q When the Rhino was making the sharp U-turn, was
13 it -- was the speed increasing or was it staying the same
14 or do you know?

15 A I could not say for sure.

16 MR. KLIEBENSTEIN: No further questions.

17

18 FURTHER EXAMINATION BY MR. BROWN

19

20 Q Now we have the same question with two different
21 answers, so I'm going to ask it a last time.

22 A Okay.

23 Q You told me a few minutes ago that as the turn was
24 being made the speed remained about the same, and you just
25 said here you're not sure if the speed was increasing.

1 Which is it?

2 A No, I said I believe it remained the same. I'm not
3 a hundred percent sure if it increased or not because I
4 was not driving.]

5 Q Okay. In terms of what you were feeling in the
6 vehicle, though, Mr. Olsen, did you feel an increase in
7 the speed as Kirk made the turn?

8 A No. This happened so fast, you can't -- I don't --
9 you know, it happened so fast -- once we had started to
10 make the turn this happened so quick, I don't remember
11 how, you know, quick things were going or that.

12 Q Well, I understand that but just so we can clear
13 this up, did you sense a change in the acceleration of the
14 vehicle from the point where Kirk pulled away from the
15 water trough area to the point where the accident
16 occurred?

17 A No.

18 Q And you as a driver of longstanding, you understand
19 that when a vehicle pulls away at a sharply increased
20 acceleration you feel a change in your body?

21 A Yes.

22 Q Okay, did you feel any of that change in your body
23 during the course of that turning movement that Kirk made?

24 A The only thing I felt change in my body was as we
25 started to make the turn and it started to wobble was I

EXHIBIT C

1 LAW OFFICES OF
2 BAILEY & BROWN
3 1419 21ST STREET
4 SACRAMENTO, CALIFORNIA 95811
5 TELEPHONE (916) 447-2451
6 FAX (916) 447-8066

7 David I. Brown, Esq., SB# 60676
8 Michael P. Connerley, SB#177069

9 Attorneys for Defendant,
10 **KIRK OLSEN**

11 SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN

12 JOSEPH OLSEN,

13 Plaintiff,

14 vs.

15 KIRK OLSEN, and DOES 1-100,
16 Inclusive,

17 Defendants.

18 AND RELATED CROSS-ACTION

) Case No.: CV034775
) (Unlimited Civil Case)

) **KIRK OLSEN'S RESPONSES TO**
) **FORM INTERROGATORIES,**
) **SET ONE**

19 REQUESTING PARTY: Cross-Defendant YAMAHA MOTOR CORPORATION, U.S.A.

20 RESPONDING PARTY: Defendant/Cross-Complainant KIRK OLSEN

21 SET NO: ONE

22 COMES NOW Defendant/Cross-Complainant KIRK OLSEN and responds to Cross-
23 Defendant YAMAHA MOTOR CORPORATION'S form interrogatories, set one, as follows:

24 **PRILIMINARY STATEMENT**

25 Defendant objects to these form interrogatories in their entirety. The objections are based
26 on the ground that each request is vague and ambiguous overbroad and duly burdensome
27

1 oppressive duplicative request information equally available to the cross-defendant, and irrelevant
2 and not reasonable calculated to lead to the discovery of admissible evidence at trial. Further
3 defendant objects to the interrogatories to the extent they seek information protected by the
4 attorney client privilege and or work product doctrine and the prescriptions of any and all privacy
5 rights privileges including but not limited to the attorney client privilege work product doctrine
6 and medical and tax privacy rights.
7

8 The following responses are given without prejudice to the defendant's right to produce
9 evidence of any newly discovered facts. *Defendant accordingly reserves the right upon request to*
10 *change any and all responses (as additional facts are ascertained and analyses made) all of the*
11 *above mentioned statements and comments to be incorporated into each of the responses that*
12 *follow.*

13
14 Defendant provides the following responses herein based on information currently known
15 to date. The discovery is continuing and defendant reserves the right to supplement these
16 responses and reserves the right to introduce into evidence any later acquired responsive
17 information at the time of trial, arbitration or mediation of this matter.
18

19 **RESPONSES TO FORM INTERROGATORIES**

- 20 1.1 Defendant and his attorneys.
21 2.1
22 (a) Kirk Lawrence Olsen
23 (b) Kirk Lawrence Olsen
24 (c) Not Applicable
25 2.2 August 14, 1962; San Francisco, CA
26
27

1 2.3 Defendant objects to this interrogatory on the ground that it is overbroad vague and
2 ambiguous and not likely to lead to the discovery of admissible evidence. Without waiver
3 of the objection, defendant states: Yes

4 (a) California

5 (b) N9327859; class A, class C, and motorcycle license

6 (c) August 10, 2005

7 (d) No restrictions

8 2.4 Yes

9 (a) California

10 (b) Class A and class M (motorcycle)

11 (d) No restrictions

12 2.5

13 (a) P.O. Box 702, Clements, CA 95227; Physical address 18580 Rodeo Drive, Lodi
14 CA, 95240

15 (b) 3064 Redbridge Road, Tracy, CA 95377

16 (c) Present Address: Two years; Tracy address, approximately 5 years

17 2.6 Objection in so far as this interrogatory seeks irrelevant documents, and violates
18 defendant's privacy rights; without waver and subject to said objection, Defendant
19 responds;

20 (a) Universal Service Recycling, 3200 South El Dorado Street, Stockton, CA 95206
21 (209) 954-9555

22 (b) I have been with the same organization for twenty years.

23 2.7 Objection to this interrogatory on the grounds that it is vague and ambiguous, seeks
24 information not relevant to this action or unreasonably calculated to lead to the discovery
25 of admissible evidence and violates defendant rights to privacy. Without waving said
26 objection, defendant responds;

27 (a) College Park High School, Pleasant Hill CA

28 (b) Approximately 1976 to 1980

1 (c) Graduated twelfth grade

2 (d) High School Diploma

3 2.8 Objection to this interrogatory on the grounds that it is vague and ambiguous, seeks
4 information not relevant to this action or unreasonably calculated to lead to the discovery
5 of admissible evidence and violates defendant rights to privacy. Without waving said
6 objection, defendant responds: No.

7 2.9 Objection to this interrogatory on the grounds that it is vague and ambiguous, seeks
8 information not relevant to this action or unreasonably calculated to lead to the discovery
9 of admissible evidence and violates defendant rights to privacy. Without waving said
10 objection, defendant responds; Yes.

11 2.10 Objection to this interrogatory on the grounds that it is vague and ambiguous, seeks
12 information not relevant to this action or unreasonably calculated to lead to the discovery
13 of admissible evidence and violates defendant rights to privacy. Without waving said
14 objection, defendant responds; Yes.

15 2.11 No.

16 2.12 None as to myself; unknown as to Joseph Olsen.

17 2.13 Yes.

18 (a) Kirk Olsen

19 (b) 1. Renagel

20 2. Allopurinol

21 3. Sensipar

22 4. Atenolol

23 (c) 1. 800 mg tablets; 4 tablets 3 times a day

24 2. 300 mg tablets; ½ tablet daily

25 3. 60 mg tablets; 1 tablet two times a day

26 4. 50 mg tablets; 1 tablet two times a day

27 (d) 1. 1 with meals

28 2. At bedtime

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3. One in the morning; one at bedtime

4. One in the morning; one at bedtime

(e) Home address

(f) Myself

(g) 1. Objection to this request as seeking information not relevant to this action or reasonably calculated to lead to the discovery of admissible evidence and violates defendant's rights to privacy without waiver defendant responds as follows; Renagel, for bone strength. Prescribed by Kaiser through Dr. Mogannam.

2. Gout (same doctor)

3. Thyroid (same doctor)

4. High Blood Pressure (same doctor)

4.1 Yes.

(a) Automobile bodily injury and umbrella policy.

(b) Encompass Insurance

(c) Kirk L. Olsen; Anna Olsen

(d) 236048443

(e) Bodily injury \$250,000/\$500,000; Med pay \$5,000; Umbrella coverage \$5,000,000

(f) No

(g) Kirk L. Olsen

4.2 No.

12.1

(a) Kirk Olsen and Joseph Olsen

(b) Kirk Olsen and Joseph Olsen

(c) Kirk Olsen and Joseph Olsen

(d) Kirk Olsen and Joseph Olsen

12.2 Defendant objects to this interrogatory on the grounds that the information sought is protected by the attorney client and/or attorney work product privileges, and possibly section 1157 of the CA Evidence Code. Further, defendant objects on the ground that this

1 information is equally available to cross-defendant as it is to defendant; without waiver,
2 Kirk Olsen has been interviewed.

3 12.3 Defendant objects to this interrogatory on the ground that the information sought is
4 protected by the attorney client and/or attorney work product privileges, and section 1157 of the
5 CA Evidence code. Without waiving said objection, defendant answers: A recorded statement
6 was obtained from Kirk L. Olsen; None as to plaintiff or anyone else.

7 12.4 Defendant objects to this interrogatory on the grounds that it calls for information
8 protected by the attorney client and/or attorney work product privileges and also seeks to
9 obtain information as to photographs previously provided by plaintiff's counsel. Without
10 waiver of said objections, defendant responds;

- 11 (a) Yes, 26 photographs of the Rhino vehicle and general location.
12 (b) See "a" above
13 (c) The photographs are in the care and custody of defendant's attorneys.
14 (d) The photographs are in the care and custody of defendant's attorneys.
15 (e) The photographs are in the care and custody of defendant's attorneys.

16 12.5 Defendant objects to this interrogatory on the grounds that it calls for information
17 protected by the attorney client and/or attorney work product privileges and also seeks to
18 obtain information as to photographs previously provided by plaintiff's counsel. Without
19 waiver of said objections, defendant responds: Not to my knowledge.

20 12.6 Defendant objects to this interrogatory on the grounds that it calls for information
21 protected by the attorney client and/or attorney work product privileges and also seeks to
22 obtain information as to photographs previously provided by plaintiff's counsel. Defendant
23 further objects to this interrogatory in that it is vague and ambiguous as to the term
24 "report", since this may encompass reports unknown to answering cross-defendant
25 including ambulance and or medical records references. Without waiving said objections,
26 defendant responds as follows: No report was made by defendant or any police
27 department; further, defendant is unaware of any type of incident report.
28

1 12.7 Defendant objects to this interrogatory on the ground that it is vague and
2 ambiguous as to the term "inspected the scene" and further objects on the ground such
3 information being sought is protected by the attorney client and/or work product privileges.
4 Without waiver, defendant claims he has been in the vicinity of the accident location many
5 times while working on his property.

6 16.1 Objection, this question calls for information protected by the attorney client
7 privilege and work product doctrine. Additionally this interrogatory is premature in so far
8 as discovery is still continuing. For reference, responding party directs the propounding
9 party to the instructions for form interrogatories section 2(d) which state, in pertinent part:
10 "The interrogatories in Section 16.0... Should not be used until the defendant has had
11 reasonable opportunity to conduct investigation or discovery of plaintiff's injuries and
12 damages." Responding party, is noted the preliminary statement, above, reserves the right
13 to amend these responses as new information is made available. Without waiving said
14 objections, responding party states: The manufacturer of the Yamaha Rhino product.

15 16.2 Objection, This interrogatory calls for information protected by the attorney client
16 privilege and work product doctrine. Additionally this interrogatory is premature in so far
17 as discovery is still continuing. For example, responding party has not yet received
18 plaintiff's responses to interrogatories, nor has sit received any subpoenaed medical
19 records relating to plaintiffs previous state of health, previous medical treatment as may be
20 relevant to the injuries claimed in this matter, nor have any records been produced by
21 subpoena referable to this subject incident. Responding party reserves the right to amend
22 these responses as new information is made available. Without waiving said objections,
23 responding party answers: No.

24 16.3 Objection, This interrogatory calls for information protected by the attorney client
25 privilege and work product doctrine. Additionally this interrogatory is premature in so far
26 as discovery is still continuing. Responding party has not yet received relevant
27 subpoenaed medical records relating to plaintiff's previous state of health, previous
28 medical treatment as may be relevant to the injuries claimed in this matter, nor have any

1 records been produced by subpoena referable to this subject incident. Responding party
2 reserves the right to amend these responses as new information is made available. Without
3 waiving said objections, responding party answers: He cannot currently determine whether
4 the injuries or the extent of the injuries claimed were caused by the subject accident, in that
5 he is aware Joseph Olsen had previous problems with the same arm, and the extent to
6 which those problems caused or contributed to any of the medical treatment subsequent to
7 the accident in this case is unclear and unknown at this time.

8 16.4 Objection, This interrogatory calls for information protected by the attorney client
9 privilege and work product doctrine. Additionally this interrogatory is premature in so far
10 as discovery is still continuing. Responding party has not yet received relevant
11 subpoenaed medical records relating to plaintiff's previous state of health, previous
12 medical treatment as may be relevant to the injuries claimed in this matter, nor have any
13 records been produced by subpoena referable to this subject incident. Responding party
14 reserves the right to amend these responses as new information is made available. Without
15 waiving said objections, responding party answers: He cannot currently determine whether
16 the injuries or the extent of the injuries claimed were caused by the subject accident, in that
17 he is aware Joseph Olsen had previous problems with the same arm, and the extent to
18 which those problems caused or contributed to any of the medical treatment subsequent to
19 the accident in this case is unclear and unknown at this time.

20 16.5 Objection, This interrogatory calls for information protected by the attorney client
21 privilege and work product doctrine. Additionally this interrogatory is premature in so far
22 as discovery is still continuing. Responding party has not yet received relevant
23 subpoenaed medical records relating to plaintiff's previous state of health, previous
24 medical treatment as may be relevant to the injuries claimed in this matter, nor have any
25 records been produced by subpoena referable to this subject incident. Responding party
26 reserves the right to amend these responses as new information is made available. Without
27 waiving said objections, responding party answers: He cannot currently determine whether
28 the injuries or the extent of the injuries claimed were caused by the subject accident, in that

1 he is aware Joseph Olsen had previous problems with the same arm, and the extent to
2 which those problems caused or contributed to any of the medical treatment subsequent to
3 the accident in this case is unclear and unknown at this time.

4 16.6 Objection, This interrogatory calls for information protected by the attorney client
5 privilege and work product doctrine. Additionally this interrogatory is premature in so far
6 as discovery is still continuing. Responding party directs cross-defendant to the
7 instructions for form interrogatories section 2(d), cited above. Responding party reserves
8 the right to amend these responses as new information is made available. Without waiving
9 said objections, responding party answers that he is not aware plaintiff was gainfully
10 employed prior to the subject incident, and cannot respond to this interrogatory at this
11 time.

12 16.7 Objection, This interrogatory calls for information protected by the attorney client
13 privilege and work product doctrine. Additionally this interrogatory is premature in so far
14 as discovery is still continuing. Responding party directs cross-defendant to the
15 instructions for form interrogatories section 2(d), cited above. Responding party reserves
16 the right to amend these responses as new information is made available. Without waiving
17 said objections, responding party is not aware that Joseph Olsen sustained any property
18 damage, and it is unknown what property damage is being claimed.

19 16.8 Objection, This interrogatory calls for information protected by the attorney client
20 privilege and work product doctrine. Additionally this interrogatory is premature in so far
21 as discovery is still continuing. Without waiving said objections, responding party refers
22 cross-defendant to plaintiff's response to defendant's form interrogatory number 7.1,
23 whereby plaintiff alleges damages to his clothes. Responding party may contend that the
24 dollar value of such clothing, as represented by plaintiff, is not reasonable, however, thus
25 far, there is not enough evidence upon which to base an opinion.

26 16.9 No.

27 16.10 No.

1 20.1 March 14, 2007, at approximately 5:00pm to 6:00pm, at defendant's property
2 located at 18580 Rodeo Drive in Clements, California.

3 20.2

4 (a) Yamaha Rhino YXR66FW; no license plates are required -- this is an off road
5 vehicle.

6 (b) Kirk Olsen, P.O. Box 702, Clements, CA 95227, (209) 649-1829.

7 (c) Joseph Olsen

8 (d) Kirk Olsen is the owner the Rhino vehicle.

9 (e) Not applicable.

10 (f) Not applicable.

11 (g) Not applicable.

12 20.3 The ride started and ended all on defendant's property. Defendant pulled the Rhino
13 up to the barn, where Joseph Olsen was located, and asked plaintiff if he wanted to go on a
14 ride. Plaintiff Joseph Olsen agreed. Defendant then left for a ride and stopped at a trough
15 area to turn on some water: after turning on the water, defendant and plaintiff resumed the
16 ride.

17 20.4 See defendant's response to interrogatory number 20.3; additionally, after
18 defendant and plaintiff stopped at the trough and the water was turned on, defendant
19 commenced a U turn.

20 20.5 There was not street or roadway (only open field).

21 20.6 No.

22 20.7 No.

23 20.8 See defendant's responses to 20.3 and 20.4 as they are responsive to this
24 interrogatory. Additionally, defendant adds that he and plaintiff stopped at the trough to
25 turn on the water; then [defendant pulled away and commenced a U turn at between 5 to 10
26 miles per hour.] As defendant was completing his U turn, the Rhino started to teeter to the
27 passenger's side. Defendant, then, let off the gas, but the vehicle tipped over onto its right
28 side.

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20.9 Objection; this interrogatory is premature and calls for expert opinion which is for later disclosure. It also invades the attorney client and work product privilege. Without waiving said objections, defendant answers that discovery is ongoing.

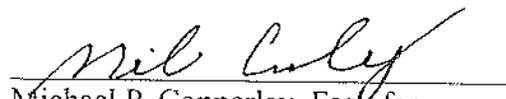
20.10 See response to 20. 9.

20.11 Kirk L. Olsen.

DATED: October 22, 2008

BAILEY & BROWN

By:


Michael P. Connerley, Esq., for
DAVID I. BROWN, ESQ.
**Attorneys for Defendant and
Cross-Complainant KIRK OLSEN**

VERIFICATION

I, KIRK OLSEN, declare:

I am a party to this action. I have read the foregoing **RESPONSE TO YAMAHA'S FORM INTERROGATORIES, Set One**, and know its contents. The matters stated in it are true of my own knowledge, except as to those matters which are stated upon information and belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-21-08 at Clements,
California.



KIRK OLSEN

Case: Olsen v. Olsen
San Joaquin Superior Court Action No. CV034775

PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Sacramento. I am over the age of eighteen years and not a party to the within above-entitled action. My business address is 1419 Twenty-First Street, Sacramento, California 95811-5208.

On the following date, I served

Kirk Olsen's Responses to Form Interrogatories,

on the parties below by placing a true copy thereof in sealed envelopes and served same addressed as follows:

Glenn Guenard, Esq.
GUENARD & BOZARTH
8830 Elk Grove Boulevard
Elk Grove, CA. 95624

Neil M. Kliebenstein, Esq.
Bowman & Brooke, LLP
1741 Technology Drive, #200
San Jose, Ca 95110-1355

The following is the procedure by which service of this document was affected:

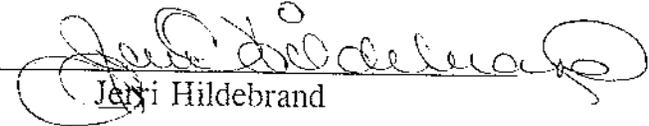
U.S. Postal Service by placing such envelope(s) with postage thereon fully prepaid in the designated area for outgoing mail in accordance with this office's practice, whereby the mail is deposited in a U.S. Mailbox in the City of Sacramento, California, after the close of the day's business.

Federal Express
 FAX

Express Mail
 Personal Service

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed October 22, 2008 at Sacramento, California.


Jerri Hildebrand

1. Task Number 100929HCC3184		2. Investigator's ID 1951		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 06 13	5. Date Initiated YR MO DAY 2010 10 04		
6. Synopsis of Accident or Complaint UPC A 36-year-old male died when he was driving a 6x6 utility vehicle on a road and rounded downhill curve at an unsafe speed, braked and skidded into a large rock. Both the driver and 40 year old male passenger were ejected and the UTV landed on the driver. Neither person was wearing a helmet or seat belt. The passenger of the UTV was not injured in the incident.				
MFR/PRV/LBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6, 25c</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 4/4/12 LB				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City REAL COUNTY		9. State TX
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name POLARIS		10C. Model Number RANGER 6X6	
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 36	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 7.5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 11/23/2010	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number 0948076012	

DESCRIPTION OF RESPONDENTS:

This matter came to the attention of CPSC through a death certificate. In the state of Texas, CPSC is prohibited from contacting next-of-kin when the source document is a death certificate; therefore, only official sources were contacted. This investigation was assigned as an all-terrain vehicle; however, once the reports were received, it was determined that the product was a utility vehicle (UTV). The official crash report was obtained and the Justice of the Peace was contacted and her information received. An autopsy was not ordered; therefore, no official record was requested.

SUMMARY OF FINDINGS:

The information for this investigation is very limited and was obtained primarily from the Peace Officer's Crash Report and the Justice of the Peace. According to the crash report, the incident occurred on June 13, 2009 at approximately 5:05 p.m. in Real County, Texas. The accident did not occur within any city limit.

The crash report indicates that the victim was traveling on a public road in a six wheel UTV and that he proceeded around a right downhill curve at an unsafe speed, braked, and skidded into a large rock on the east side of the road. The report states that the UTV rotated in a clockwise direction, ejecting the driver and passenger. The UTV's rollbar / roof came to rest on top of the driver. The driver died as a result of this incident; however, the passenger in the UTV survived without injury.

The report indicates that no drug or alcohol specimens were taken to determine usage.

Telephone calls to the investigating trooper were not returned; therefore, further information could not be obtained other than what is identified in the report.

The Justice of the Peace (JP) who ruled on the victim's death and signed the death certificate was contacted; however, she did not provide any information other than an additional death certificate in which she ruled the death accidental. The JP did not order an autopsy. The JP ruled the cause as a "massive force trauma to the left chest cavity."

PRODUCT DESCRIPTION:

Product Type:	Utility Vehicle
Brand:	Polaris
Model Number:	Ranger 6x6
Manufacturer:	Polaris

The product was a 2006 green Polaris Ranger 6x6 utility vehicle. The VIN number for the vehicle was 4XARF68A96D742640.



PHOTO #1: This photo shows a similar 6x6 Polaris Ranger from the manufacturer's website.

SAMPLE COLLECTION:

None.

ATTACHMENTS:

1. Identity of Respondents
2. Justice of the Peace Documentation
3. Texas Department of Transportation Crash Report
4. UTV Data Sheet

IDENTITY OF RESPONDENTS:

1. Records Clerk
Real County Sheriff's Office
P.O. Box 438
Leakey, Texas 78873

They did not respond and referred this investigator to DPS.

2. Judge Brenda Gonzalez
Justice of the Peace / Real County
P.O. Box 1430
Leakey, Texas 78873
3. Rebecca Woloshen
Records Clerk
Texas Department of Transportation (DPS)
P.O. Box 12879
Austin, Texas 78711

10/25/2010 12:23PM (GMT-04:00)

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last) (b)(3):CPSA Section 25(c),(b)(6)		(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED 06/13/2009	
3. SEX MALE	4. DATE OF BIRTH (b)(3):CPSA	5. AGE-Last Birthday (Years) 36	6. UNDER - YR MO - DAYS	7. UNDER - DAY HOURS - MIN	8. BIRTHPLACE (City & State or Foreign Country) (b)(3):CPSA
7. SOCIAL SECURITY NUMBER [Redacted]		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) (b)(6)	
10a. RESIDENCE STREET ADDRESS (b)(6)			10b. APT. NO.	10c. CITY OR TOWN	
10d. COUNTY (b)(6)		10e. STATE		10f. ZIP CODE	
11. FATHER'S NAME (b)(6)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (b)(6)		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): WOODED AREA			
14. COUNTY OF DEATH REAL		15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no) PRECINCT 1, 78873		16. FACILITY NAME (If not institution, give street address) 2.4 MI. FROM RR336 IN RANCHO REAL SUBDIVISION	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED (b)(6) WIFE			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) (b)(6)		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH JANE CROSBY, BY ELECTRONIC SIGNATURE- 11170		21. <input type="checkbox"/> Section <input checked="" type="checkbox"/> Unknown Block Lot Space	
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) (b)(3):CPSA Section 25(c),(b)(6)		23. LOCATION (City/Town, and State)			
24. NAME OF FUNERAL FACILITY NELSON FUNERAL HOMES - CAMP WOOD		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 310 S. NUECES, CAMP WOOD, TX 78833			
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Officer of the Police - 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.					
27. SIGNATURE OF CERTIFIER BRENDA J GONZALES, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (Mo/Day/Yr) 6/23/2009		29. LICENSE NUMBER	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) BRENDA J GONZALES, BOX 1430, LEAKEY, TX, 78873			32. TITLE OF CERTIFIER JP		
33. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. <input checked="" type="checkbox"/> 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 EACH LINE.					Approximate Interval Closest to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MASSIVE FORCE TRAUMA TO THE LEFT CHEST CAVITY Due to (or as a consequence of):					MINUTES
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					
PART 2: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. MANNER OF DEATH: <input type="checkbox"/> Homicide <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		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 45 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (Mo/Day/Yr) 06/13/2009		40b. TIME OF INJURY 05:14 PM		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40d. LOCATION (Street and Number, City, State, Zip Code) BLUFF CREEK ROAD, PRECINCT 1, TX, 78873		40e. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) RANCHO REAL SUBDIVISION			
41. DESCRIBE HOW INJURY OCCURRED ALL TERRIAN VEHICLE ROLLOVER - LOST CONTROL					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR 7-6-2009		42c. REGISTRAR Brenda J Gonzales	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 WASHINGTON
 The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 191, 1983)

COPY

BATCH CONTROL LOG AND NUMBER FORM
TRANSMITTAL SHEET

COUNTY: <u>Real</u>	NUMBER: <u>192</u>
CITY OR PRECINCT: <u>142</u>	REGISTRAR NUMBER:
TYPE OF RECORD: (Check ONE)	DATE SENT: _____
BIRTH _____	FETAL DEATH _____
DEATH <input checked="" type="checkbox"/>	
Prepare a SEPARATE Batch Control Log for EACH type of record you are submitting.	
BEGINNING FILE NO: <u>02-057-2009</u>	ENDING FILE NO: <u>02-057-2009</u>
TOTAL RECORDS ENCLOSED: <u>1</u>	PRINCIPLE MONTH IN WHICH EVENT OCCURRED: _____

(b)
(3):CPS
A
Section
25(c),
(b)(6)

COMMENTS:



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
VS-101 (10/2004)

[Handwritten Signature]
Signature of Local Registrar

10/25/2010 12:23PM (GMT-04:00)



OFFICE OF THE DISTRICT & COUNTY CLERK
38TH JUDICIAL DISTRICT
P. O. BOX 750
LEAKEY, TX 78873-0750

Bella A. Rubio
District & County Clerk

Phone (830) 232-5202
Fax (830) 232-6888

VITAL STATISTICS REQUEST FORM FOR BIRTH/DEATH CERTIFICATES

NUMBER OF CERTIFICATES REQUESTED: 12

TYPE OF CERTIFICATE REQUESTED: (Circle One) BIRTH DEATH

FULL NAME ON CERTIFICATE: (b)(3):CPSA Section 25

SEX: (Circle One) MALE FEMALE

DATE OF BIRTH OR DEATH: JUNE 13, 2009

PLACE OF BIRTH OR DEATH: 2.4 MI. FROM RR 336 IN RANCHO REAL SUBDIVISION

FULL NAME OF FATHER: (b)(6)

FULL NAME OF MOTHER (Maiden Name): (b)(6)

PURPOSE OF OBTAINING CERTIFICATE: FOR THE FAMILY

RELATIONSHIP TO INDIVIDUAL ON CERTIFICATE: FUNERAL HOME

DAYTIME TELEPHONE NUMBER: (b)(6)

ADDRESS OF INDIVIDUAL REQUESTING CERTIFICATE: (b)(6)

COPY

WARNING: *The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000.*

SIGNATURE OF INDIVIDUAL REQUESTING CERTIFICATE: Jane Crosby DATE: 6-24-09

If you are the individual or the parent of the individual on the certificate, please attach a photocopy of your photo identification (Driver's License) to the request.

If you are not the individual or the parent of the individual on the certificate, please attach a notarized statement of your relationship to the individual and the reason for the request.

FEE FOR EACH BIRTH CERTIFICATE ISSUED: \$16.00
FEE FOR EACH DEATH CERTIFICATE ISSUED: \$14.00 for the first certificate, \$3.00 for each additional, if requested at the same time as the first.

10/25/2010 12:23PM (GMT-04:00)

MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS

STATE FILE NUMBER

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE

WARNING: The penalty for knowingly making a false statement on this form can be a \$400 fine or a 30-day jail term in a fine up to \$50,000, (Health and Safety Code, Sec. 196.1103)

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) (b)(3):CPSA Section 25(c),(b)		DATE OF DEATH 06/13/2009	
PLACE OF DEATH (CITY OR TOWN AND COUNTY) PRECINCT 1, REAL		IS THE DATE OF DEATH BEING CORRECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Judge of the Peace - 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.		28. DATE CERTIFIED (Mo/Day/Year) 6/23/2009	
27. Signature of certifier: BRENDA J GONZALES		29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed) 06:10 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) BRENDA J GONZALES, BOX 1430, LEAKEY, TX, 79873			32. TITLE OF CERTIFIER JP
CAUSE OF DEATH	33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON A LINE.		Approximate interval Closest to death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MASSIVE FORCE TRAUMA TO THE LEFT CHEST CAVITY Due to (or as a consequence of):		MINUTES
	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. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ Due to (or as a consequence of):		
	PART 2. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART 1.		
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. 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	37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
40a. DATE OF INJURY (Mo/Day/Yr) 06/13/2009	40b. TIME OF INJURY 05:14 PM	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) RANCHO REAL SUBDIVISION
40e. LOCATION (Street and Number, City, State, Zip Code) (b)(6)			40f. COUNTY OF INJURY REAL
41. DESCRIBE HOW INJURY OCCURRED ALL TERRIAN VEHICLE ROLLOVER - LOST CONTROL			
42a. REGISTRAR FILE NO	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR REGISTRAR - REAL COUNTY REGISTRAR	

VS-174 REV 1/2/06

Dear _____ Date _____

SIGNATURE OF CERTIFIER _____ DATE _____
EDR NO. 000000593283 QL11 REV. 11/04

10/25/2010 12:23PM (GMT-04:00)

10.8 MILRS From Leaky

0.8 MILRS From old Rocksprings Rd

2.4 MILRS From 336

Pro road

Time of Death 6:10 PM

Time of 911 5:14 PM

PAGE

ETD 6:10

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

Driver

(b)(6)

2728 PolyPerk

4 PM

(b)(6)

R2

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

Give to

Brenda

Nelson Funeral Homes
P.O. Box 365
Rocksprings, Texas * Camp Wood, Texas 78833 * Leakey, Texas
(937) 507-6125

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

AUTHORITY TO CREMATE — JUSTICE OF THE PEACE

This (b)(3):CPSA Section 25(c),(b)(6) is issued by Authorization for Cremation and Disposition
(b)(3):CPSA Section 25(c),(b)(6)
Cremation permit from Bureau of Vital Statistics.

This is to certify to GRIMES CREMATORY OF KERRVILLE, Texas, that
The remains MICHAEL DONALD BROWN, who died in
REAL COUNTY, Texas, on or about JUNE 13, 2009
can be lawfully cremated.

It has been determined according to the provision of Sec. 10 of the Medical Examiner Act (Article 989a Code of Criminal Procedure) that an autopsy was performed or was not necessary.

Witnessed my hand this 19 day of JUNE, 2009


Justice of the Peace BRENDA J. GONZALES
Precinct No. 1 & 2
In and for LEAKEY
REAL County, Texas.

FORTY-EIGHT HOUR WAIVER

THE STATE OF TEXAS)
COUNTY OF _____)

I, _____, Justice of the Peace, Precinct _____,
_____ County, Texas, in accordance with House Bill 1325 by Maloney
Which amends Article 49.25, Section 10a, Code of Criminal Procedure of the
State of Texas, do hereby waive the forty-eight(48) hour waiting period in order
that the human remains of one _____, age _____,
who expired on _____, in _____
_____ County, Texas may be cremated.

Justice of the Peace
Precinct _____, _____ County, TX

10/25/2010 12:23PM (GMT-04:00)



TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
BURIAL-TRANSIT PERMIT



WARNING
The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000 (Chapter 195, Health and Safety Code)

Name of Deceased - First (b)(3):CPSA Section 25(c),(b)(6)			
Age 36	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death JUNE 13, 2009	Method of Disposal <input type="checkbox"/> Removal <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Burial
Place of Death (b)(3):CPSA Section		City - County	State
(b)(3):CPSA Section 25(c),(b)(6)			
Name of Cemetery or Crematorium GRIMES CREMATORY		City KERRVILLE	State TEXAS
Print - Name of Funeral Director or Person Acting as Such JANE CROSEY # 11170		Address PO BOX 365/310 S. NUECES CAMP WOOD, TX	City State Zip Code 78833

Print - Name of Local Registrar BRENDA J. GONZALES	County REAL	City or Precinct PCT. 1	Permit Number
A certificate of death having been completed in so far as possible and presented to the Local Registrar; permission is hereby given for final disposition, transport, or removal of the body from the state of Texas.			
 Signature - Local Registrar			Date JUNE 19, 2009

Received by: 	Date JUNE 19, 2009
--	---------------------------

VS-116 2/2001

A Burial-Transit Permit is required to ship or transport a body out of Texas, or to transport a body by common carrier within Texas. A Burial-Transit Permit is also necessary for cremation.

In accordance with state statute, before a dead body can be lawfully cremated, a Cremation Authorization must be signed and issued by the medical examiner or justice of the peace of the county in which the death occurred showing that an autopsy was performed or that no autopsy was necessary. If an inquest is being conducted by the medical examiner or justice of the peace, authorization for cremation from the medical examiner or justice of the peace is required. If an incomplete death certificate is used to obtain the Burial-Transit Permit, the local registrar will validate that the body is no longer needed by the certifier of cause of death before issuing the permit, to ensure that a completed death certificate will be received.

The Burial-Transit Permit will bear the name of the local registrar of the district in which the death occurred or the district in which the body was found and is issued by the local registrar, the registrar's deputy, or some other authorized officer. The local registrar shall not issue a Burial-Transit Permit until the Certificate of Death, completed in so far as possible, has been presented.

"Completed in so far as possible" means the information relating to the deceased, including the name, date of death, place of death, funeral director's information and manner of death is completed. In a few instances, the cause of death may not be completed.

It is the responsibility of the person presenting the Certificate of Death, and obtaining the Burial-Transit Permit, to assure that the fully completed Certificate of Death is filed with the local registrar as soon as possible. A permit number may be assigned by the Local Registrar as needed. There is no fee authorized for the issuance of a Burial-Transit Permit. The local registrar upon completion shall retain the canary copy of the Burial-Transit Permit for three years.

[HSC §193.008, 25 TAC §181.2, §181.3]

FATAL

Law Enforcement and TROOP Use ONLY

<input checked="" type="checkbox"/> FATAL	<input type="checkbox"/> CIVIL INVOLVED	<input type="checkbox"/> SCHOOL BUS RELATED	<input type="checkbox"/> RAILROAD RELATED	<input type="checkbox"/> MEDICAL ADVISORY BOARD	<input type="checkbox"/> HIT AND RUN	<input type="checkbox"/> AMENDMENT / SUPPLEMENT
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Texas Peace Officer's Crash Report

REV. 04/08
FORM 0200
(PAGE 1)

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149348, Austin, TX 78714
Questions? Call: 512/468-5780.

PAGE 1 OF 2

PLACE WHERE CRASH OCCURRED COUNTY: REAL CITY OR TOWN: REAL		DATE OF CRASH: JUL 01 2009	CRASH #	TRUCK #
ROAD ON WHICH CRASH OCCURRED BLOCK NUMBER: (b)(6) STREET OR ROAD NAME: ROUTE NUMBER OR STREET CODE		CONSTRUCTION ZONE WORKERS PRESENT: YES NO SPEED LIMIT: 20	CRASH #	TRUCK #
INTERSECTING STREET OR RR XING NUMBER BLOCK NUMBER: 3.2 STREET OR ROAD NAME: ROUTE NUMBER OR STREET CODE: Ranch Road 335		CONSTRUCTION ZONE WORKERS PRESENT: YES NO SPEED LIMIT: 20	CRASH #	TRUCK #
DATE OF CRASH: June 13 2009 DAY OF WEEK: Saturday HOUR: 5:05		CONSTRUCTION ZONE WORKERS PRESENT: YES NO SPEED LIMIT: 20	CRASH #	TRUCK #
VEHICLE 1: 1-MOTOR VEHICLE 2-TRAILER 3-PEDALCYCLIST 4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED 7-NON-CONTACT 8-OTHER		VEHICLE 1: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 1: (b)(3) CPSA Se
YEAR MODEL: 2006 COLOR & MAKE: Green/Polaris MODEL NAME: Ranger 5X6 BODY STYLE: 6-wheel ATV Type LICENSE PLATE: None		VEHICLE 1: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 1: (b)(3) CPSA Se
DRIVER'S NAME: (b)(3) CPSA Section 25(c), (b)(6)		VEHICLE 1: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 1: (b)(3) CPSA Se
DRIVER'S LICENSE: (b)(3) CPSA Section 25(c), (b)(6)		VEHICLE 1: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 1: (b)(3) CPSA Se
DRIVER'S ETHNICITY: 1-WHITE 2-HISPANIC 3-BLACK 4-OTHER		VEHICLE 1: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 1: (b)(3) CPSA Se
TYPE OF ALCOHOL SPECIMEN TAKEN: 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED		VEHICLE 1: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 1: (b)(3) CPSA Se
LIABILITY INSURANCE: YES NO EXP		VEHICLE 1: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 1: (b)(3) CPSA Se
VEHICLE DAMAGE RATING: 12-FR-2		VEHICLE 1: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 1: (b)(3) CPSA Se
VEHICLE 2: 1-MOTOR VEHICLE 2-TRAILER 3-PEDALCYCLIST 4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED 7-NON-CONTACT 8-OTHER		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
YEAR MODEL: COLOR & MAKE: MODEL NAME: BODY STYLE: LICENSE PLATE:		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
DRIVER'S NAME: DRIVER'S LICENSE: DRIVER'S ETHNICITY:		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
TYPE OF ALCOHOL SPECIMEN TAKEN: 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
LIABILITY INSURANCE: YES NO EXP		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
VEHICLE DAMAGE RATING:		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
DAMAGE TO PROPERTY OTHER THAN VEHICLES: None		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
CHARGE FILED: NAME: None CHARGE: CITATION:		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
TIME NOTIFIED OF CRASH: 5/13/09 5:14 PM		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se
NAME OF INVESTIGATOR: Jacobo G. Sanchez/D. Gass		VEHICLE 2: (b)(3) CPSA Se	ALTERED VEHICLE HEIGHT: YES NO	VEHICLE 2: (b)(3) CPSA Se

RAE 0-17-09 / HQ-109 INCL.

VEHICLE POSITION 1 FRONT LEFT 2 FRONT CENTER 3 FRONT RIGHT 4 REAR LEFT 5 REAR CENTER 6 REAR RIGHT	VEHICLE TYPE 1 PASSENGER 2 TRUCK 3 TRACTOR 4 MOTORCYCLE 5 BICYCLE 6 OTHER	REGISTRATION INDICATES A VEHICLE'S DESIGN TO RECEIVE CONTACT FROM OTHER VEHICLES OR OBJECTS. INDICATES THE TYPE OF VEHICLE AND THE TYPE OF LICENSE REQUIRED TO OPERATE THE VEHICLE. INDICATES THE TYPE OF LICENSE REQUIRED TO OPERATE THE VEHICLE.	RESTRAINT USED 1 SEATBELT 2 AIRBAG 3 SEATBELT AND AIRBAG 4 OTHER	AIRBAG 1 NOT APPLICABLE 2 DRIVER 3 PASSENGER 4 DRIVER AND PASSENGER 5 OTHER	HELMET USE 1 NONE 2 HELMET 3 OTHER	INJURY SEVERITY 1 FATAL 2 SERIOUS 3 MODERATE 4 MINOR 5 UNK
--	--	--	---	---	--	--

UNIT # **1** DOWNED DUE TO **DISABLING DAMAGE** YES NO VEHICLE REMOVED TO **Leakey Auto Supply Wrecker Yard, US 83 @ 1st Street, Leakey, Tx, 78873** BY **Jim Albarado(834-232-6656)**

PLATE	VEHICLE IDENTIFICATION	REG. NO.	VEHICLE TYPE	YEAR	MAKE	MODEL	SEC.	PLANT	VEH. USE
1	(b)(3)-CPSA Section 25(c), (b)(6)	N 2 0 1	4	36	M	K			
2	(b)(6)	N 2 6 1	9	40	M	A			

UNIT # **1** DOWNED DUE TO **DISABLING DAMAGE** YES NO VEHICLE REMOVED TO _____ BY _____

REG. NO. _____ VEHICLE IDENTIFICATION _____

PLATE	VEHICLE IDENTIFICATION	REG. NO.	VEHICLE TYPE	YEAR	MAKE	MODEL	SEC.	PLANT	VEH. USE
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

DISPOSITION OF KILLED OR INJURED

EXAMINER	TAKEN TO	BY	TIME TAKEN	VEH. RETURNED BY	MAILING LABEL	IF ATTENDING POLICE OFFICER	IF PERSON TRANSPORTED FOR TREATMENT
1	Nelson Funeral Home-Leakey	Frio Canyon EMS					
2	Uvalde Memorial Hospital-Uvalde	Frio Canyon EMS	5:14 PM	5:39 PM	401	3	1

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and send the supplement to the Crash Records Bureau)

PLATE	DATE OF BIRTH	TIME OF DEATH	SEX	DATE OF DEATH	TIME OF DEATH	HEAVEN	DATE OF DEATH	TIME OF DEATH	HEAVEN	DATE OF DEATH	TIME OF DEATH
1	6/13/09	6:10 PM									

UNIT #1 was traveling northeast on Bluff Creek Road. Driver proceeded around right downhill curve at an unsafe speed, braked, and slid into large rock on east side of road. Unit #1 rotated in a clockwise direction, ejecting driver and passenger. Unit #1's left rollbar/roof came to rest on top of driver, who's final resting position was in road, in a northerly direction.



WITNESSES:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

PLATE	VEHICLE IDENTIFICATION	REG. NO.	VEHICLE TYPE	YEAR	MAKE	MODEL	SEC.	PLANT	VEH. USE
1	60								

VEHICLE DEFECTS

- 1. DRIVER'S SEATBELT WAS NOT WEARED
- 2. PASSENGER'S SEATBELT WAS NOT WEARED
- 3. DRIVER'S SEATBELT WAS NOT WEARED
- 4. PASSENGER'S SEATBELT WAS NOT WEARED
- 5. DRIVER'S SEATBELT WAS NOT WEARED
- 6. PASSENGER'S SEATBELT WAS NOT WEARED
- 7. DRIVER'S SEATBELT WAS NOT WEARED
- 8. PASSENGER'S SEATBELT WAS NOT WEARED
- 9. DRIVER'S SEATBELT WAS NOT WEARED
- 10. PASSENGER'S SEATBELT WAS NOT WEARED

TRAFFIC CONTROL	ROADWAY RELATION
PART OF THE ROADWAY	ROADWAY ALIGNMENT
TYPE OF ROAD SURFACE	WEATHER
	SURFACE CONDITION

1. Task Number 101006HCC2014		2. Investigator's ID 2428		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 07 10	5. Date Initiated YR MO DAY 2010 10 20		
6. Synopsis of Accident or Complaint UPC An 11 year-old boy was killed while driving a UTV (four-wheeled golf cart/buggy), when the vehicle overturned on top of him, pinning him between the top canopy and some rocks on the ground. The boy had veered off of a paved roadway after driving down a steep hill and then overcorrected, causing the UTV to overturn. The official cause of death was "closed head injury."				
<p>MFR/PRV/LBR NOTIFIED</p> <p>COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6</u>: 25C</p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> <p style="text-align: right;">4/4/12 LB</p>				
7. Location (Home, School, etc) 2 - FARM		8. City BENTON		9. State KY
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name BAD BOY BUGGY		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address BAD BOY ENTERPRISES, LLC/VIN#BBE514B3565002603 199 HIGHWAY 61 SOUTH NATCHEZ, MS 39120				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 11	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) 10.5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/03/2010	25. Reviewed By 9084		26. Regional Office Director Dennis R. Blasius	
27. Distribution Garland, Sarah			28. Source Document Number 0821025429	

This investigation was initiated from : ñc. sived by our agency.
The information in this report is limite ain multiple sources. This
investigation report is abbreviated.

The following documents were received on the following dates: Kentucky State Police report (11-23-10), attachment 3; Coroner's report (11-22-10), attachment 4; and EMS Records (11-24-10), attachment 5.

The UTV Data Record Sheet has been included in this report as attachment 1.

According to the state police records, a responding officer arrived at the scene of an ATV accident at 7:53 a.m. on July 10, 2008. An EMS unit was already present at the scene, and were attempting to stabilize an 11 year-old boy who had crashed the ATV. The police records also indicate that the ATV involved was more like a golf cart/buggy and is therefore being identified by this Investigator as a UTV. Some product identification was included. For this reason, an ATV questionnaire is not being completed for this case as an abbreviated UTV report is being completed instead.

According to the police report, the boy decided to drive the UTV by himself on a paved private farm road. The boy had gone to work at a farm with his father that morning, and did not appear to be supervised at the time of the incident. He was not wearing protective headgear. No one witnessed the actual accident; however one of the farm employees observed the boy pinned underneath the top of the buggy and some rocks on the ground after an unknown amount of time. The employee stated to police that it took four men to lift the ATV off of the boy. The police believe the accident occurred because the boy attempted to drive down a steep hill on a paved road, veered off the side of the road, and then attempted to overcorrect. This caused the vehicle to overturn.

EMS transported the boy to a local hospital, where he was pronounced dead five days later (1:10 p.m. on July 15, 2008). The official cause of death is "closed head injury" (see attachment 3). The manner of death is "accident."

Two separate attempts were made to contact the farm employee that first found the boy however no return calls were ever received. One attempt was made to contact the next-of-kin (the boy's parents) however no return call was received. Not enough information is known about the UTV in question to conduct product or internet searches.

PRODUCT IDENTIFICATION

The UTV in question is a 4x4 golf cart/buggy, manufactured by Bad Boy Buggy. No product specifications are known since only the VIN number is known (see below). No purchase information was able to be obtained.

PRODUCT: 4x4 Golf Cart/Buggy (four-wheeled)

BRAND NAME: Bad Boy Buggy

101006HCC2014

MODEL NUMBER: Unknown

OTHER IDENTIFYING INFORMATION: PRODUCT: VIN: BBE514B3565002603

MANUFACTURER: Bad Boy Enterprises, LLC. 199 Highway 61 S. Natchez, MS 39120. Phone: 866-678-6701. www.badboybuggies.com

MANUFACTURED DATE: Unknown

PURCHASE PRICE: Unknown

PLACE OF PURCHASE: Unknown

DATE OF PURCHASE: Unknown

RETAIL COST: Unknown

COUNTRY OF ORIGIN: Unknown

ATTACHMENTS

#1: UTV Data Record Sheet

#2: Contact Sheet/Resources

#3: Report from the Kentucky State Police

#4: Coroner's Documents

#5: EMS Records

#6: Missing Documents Form

ATTACHMENT 1, UTV DATA RECORD SHEET

Utility Vehicle Data Record Sheet

Occupant	Age	Gender	Height	Weight	Helmet (Y/N)	Seated (Y/N)	Injury Description	Did vehicle land on victim	Ejected (either partially or fully)
A									
B									
C									
D									

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

Using the figure on the left, please fill in where the occupant(s) were in the vehicle at the time of the incident using A, B, C, etc., to identify the occupant(s) location. Fill in the occupant(s) characteristics in the corresponding location on the right. For example, the one(s) could be assigned to the letter A, and the letter A would be placed in the diagram of the box designated Driver, and the driver's 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 for 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 model of vehicle. Please place an "X" over the area of the vehicle was not equipped with that component.

CSO 10/27/14

ATTACHMENT 2, TIME LINE AND CONTACTS

Consumer/Next-of-kin

(b)(6)

11- 1-10: Lexis Nexis search produced the following phone number: (b)(6) Called the phone number and the recording said it had been disconnected. No other phone numbers available. Unsure if address listed on the Certificate of Death is still accurate.

11-23-10: No next-of-kin contact information provided on the Kentucky State Police records received today however a witness was listed: (b)(6) (an employee at the farm where the victim was riding his ATV).

12-2-10: According to the coroner's report (b)(6) is the phone number listed for the next-of-kin). This is same phone number I obtained from Lexis Nexis; which is disconnected. A second phone number was listed on the coroner's report as well: (b)(6) I called the number on 12-2-10 and the voicemail said it was for (b)(6) I left a voicemail since the number is most likely for (b)(6) the victim's mother.

Witness

(b)(6)

11-23-10: Called (b)(6) and left a voicemail.

11-30-10: Left (b)(6) a second voicemail. No return calls as of 12-2-10.

Hospital/Medical Records

Kosair Children's Hospital
231 E.Chestnut St.
Louisville, KY 40202
Phone: 502-629-6000
Phone: 888-486-6786
Medical Records Fax:

10-20-10: Spoke with Debbie. Requests have to be mailed to Norton Health Care PO Box 35070. Louisville, KY 40232 Attn: HIM N16.

ATTACHMENT 2, TIME LINE AND CONTACTS CONT.

10-21-10: Request sent in the mail today.

11-23-10: Called to follow-up on the request. Spoke with Debbie again. She said the request was received but they have no idea what happened to it. She is asking me to fax in the request to 502-629-8679 and they will process the request today. Fax was sent immediately. No records received as on 12-2-10.

Medical Examiner/Coroner

Dr. Ronald M. Holmes and Dr. Robert Jones
810 Barrett Ave.
Louisville, KY 40204
Phone: 502-574-6262
Fax: 502-574-5355

10-21-10: Spoke with a man who answered the phone. He instructed on where to fax the requests to. Fax was sent same day.

11-22-10: Records received in the mail.

Police

Benton Police Department
Benton, KY
Phone: 270-527-3126
Fax: 270-527-7026
policeinfo@cityofbenton.org

10-20-10: Spoke with the receptionist who said I should call back tomorrow another day because the Chief and Captain and all the Police Officers will be back in the office tomorrow. They are all out today (firing range, etc.).

10-26-10: Called back and Chief of Police is out again. I left a voicemail for him this time.

10-28-10: Received a call back from Chief Waltwood who stated that he remembers this ATV accident but does not believe that it took place within city limits. He believes the local county police handled this case.

Marshall County Dispatch

50 Judicial Drive

ATTACHMENT 2, TIME LINE AND CONTACTS CONT.

Benton, KY 42025
Phone: 270-527-1333
Fax: 270-527-4759

11-1-10: Spoke with Michelle who thoroughly searched her records and couldn't find anything at all about the accident.

Marshall County Sheriff's Office

Marshall County Sheriff's Office
202 West 5th Street, Benton, KY
Phone: 270-527-3112

11-1-10: Spoke with Renee who stated that she believes the incident occurred in Livingston County, KY since they know the family (the mother works in Benton and Renee knows that they own a farm in Livingston). DC states it occurred in Benton, KY.

Livingston County Sheriff's Office

351 Court St.
Smithland, KY 42081
Phone: 270-928-2122
Fax: 270-

11-1-10: Spoke with a woman who said they have nothing on the case but I should contact the KY State Police.

KY State Police

Post 1
Phone: 270-856-3721

11-1-10: Spoke with a woman who found the incident in their records but indicated that they did not do a report on the case since it occurred on private property. There is no documentation available to be requested however she is leaving a message for the responding trooper to call me. I quickly received a call back from Trooper Williams who stated that he remembered the accident well but that the "vehicle" involved wasn't an ATV, it was more like a electric hunting/golf cart. He indicated I could request a copy of the records from KY State HQ via mail. A request was mailed same day.

11-23-10: Received all requested docs in the mail.

ATTACHMENT 2, TIME LINE AND CONTACTS CONT.

Fire

Salem Fire Department

Phone: 270-988-2200

11-1-10: Left voicemail at 2:49 p.m.

11-16-10: Left a second voicemail at 11:13 a.m. No return calls received as on 12-2-10.

EMS

Livingston County EMS (identified in the Kentucky State Police Report received on 11-23-10)

1227 Iuka Rd.

Smithland, KY 42081

Phone: 270-928-4212

11-23-10: Called and spoke with Jeff who took down my name and number and said his director, who will be back in the office this afternoon, will return my call. Received a return call from Tracy and she said I could fax her a request. This was done same day.

11-24-10: Records received via fax.

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE

KYIBRS REPORT

KSP RECORDS

JUVENILE

COMMONWEALTH OF KENTUCKY

ADMINISTRATIVE	AGENCY OR NAME: KSP0100 KY STATE POLICE, POST 01				INCIDENT NUMBER: KY 01-08-0583			
	INCIDENT DATE/TIME: 07/10/2008 07:53 TO 07/15/2008 13:10		EXACT/ESTIMATE: EXACT	REPORT DATE: 07/10/2008	RECEIVED: 07:53	DISPATCHED: 07:53	ARRIVED: 08:06	CLEARED: 09:34
	REPORTED BY: (b)(6)						HOW REPORTED:	
	ADDRESS: (b)(6)						PHONE:	
	CITY:						PHONE NUMBER:	
	EXACT LOCATION OF OFFENSE: BIRDSVILLE RD				SECTOR NO.:			
	ADDRESS: BIRDSVILLE RD							
	CITY: BIRDSVILLE				STATE: KY	ZIP CODE: 42081		
	COUNTY: LIVINGSTON				LATITUDE: 37 DEG 13.727 MIN	LONGITUDE: 88 DEG 25.698 MIN		
	OFFENSE DATA	SEQUENCE # 1 OF 1		LOCATION TYPE: RESIDENCE/HOME		TYPE WEAPON/FORCE INVOLVED:		CRIMINAL ACTIVITY/GANG IFO:
OFFENSE DESCRIPTION: DEATH INVESTIGATION								
OFFENSE CODE: 03009		ASCP CODE: 0	KRS CODE: *** **	CLASS:	DEGREE: 0	COUNTS: 1		
BIAS MOTIVATION: NONE (NO BIAS)		METHOD ENTRY:		NUMBER PREMISES:				
SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?:		
OFFENDER SUSPECTED OF USING: NOT APPLICABLE				COURT ORDER TYPE:				
SEQUENCE # OF		LOCATION TYPE:		TYPE WEAPON/FORCE INVOLVED:		CRIMINAL ACTIVITY/GANG IFO:		
OFFENSE DESCRIPTION:								
OFFENSE CODE:		ASCP CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:		
BIAS MOTIVATION:		METHOD ENTRY:		NUMBER PREMISES:				
SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?:		
OFFENDER SUSPECTED OF USING:				COURT ORDER TYPE:				
SEQUENCE # OF		LOCATION TYPE:		TYPE WEAPON/FORCE INVOLVED:		CRIMINAL ACTIVITY/GANG IFO:		
OFFENSE DESCRIPTION:								
OFFENSE CODE:	ASCP CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:			
BIAS MOTIVATION:		METHOD ENTRY:		NUMBER PREMISES:				
SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?:		
OFFENDER SUSPECTED OF USING:				COURT ORDER TYPE:				
PROPERTY DATA	SEQ #	PROPERTY DESCRIPTION		TYPE OF LOSS	VALUE	RECVRD VALUE	REC. COND	DATE RECOVERED
		TOTAL STOLEN VALUE: \$0.00		TOTAL RECOVERED VALUE: \$0.00		TOTAL VEHICLES STOLEN: 0	TOTAL VEHICLES RECOVERED: 0	
DRUGS	DRUG SEQ	PROP SEQ	DRUG TYPE			QUANTITY	MEASUREMENT	
STATUS	INCIDENT STATUS: OPEN		CLEARANCE TYPE:		CLEARED EXCEPTIONALLY:		EX. CLEARANCE DATE:	UCR REPORTING FOR OTHER AGENCY: YES <input type="checkbox"/>
	REPORTING OFFICER: T WILLIAMS			UNIT/BADGE NUMBER: 850		REVIEWED BY: W LOCKWOOD		TIME SPENT: 8 HOURS

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

SUPPLEMENT
JUVENILE

KYIBRS REPORT
COMMONWEALTH OF KENTUCKY

KSP RECORDS

ADMINISTRATIVE	AGENCY OR NAME: KSP0100 KY STATE POLICE, POST 01				INCIDENT NUMBER: KY 01-08-0583				
	INCIDENT DATE/TIME: 07/10/2008 07:53 TO 07/15/2008 13:10			EXACT/ESTIMATE: EXACT	REPORT DATE: 07/10/2008	RECEIVED: 07:53	DISPATCHED: 07:53	ARRIVED: 08:06	CLEARED: 09:34
	REPORTED BY: (b)(6)							HOW REPORTED:	
	ADDRESS: (b)(6)							PHONE:	
	CITY: (b)(6)				STATE: (b)(6)		PHONE NUMBER:		
	EXACT LOCATION OF OFFENSE: BIRDSVILLE RD							SECTOR NO.:	
	ADDRESS: BIRDSVILLE RD								
	CITY: BIRDSVILLE				STATE: KY	ZIP CODE: 42081			
	COUNTY: LIVINGSTON				LATITUDE: 37 DEG	13.727 MIN	LONGITUDE: 88 DEG	25.698 MIN	
	OFFENSE DATA	SEQUENCE # 1 OF 1		LOCATION TYPE: HIGHWAY/ROAD/ALLEY (INCLUDES STREET)			TYPE WEAPON/FORCE INVOLVED:		CRIMINAL ACTIVITY/GANG IFO
OFFENSE DESCRIPTION: ACCIDENTAL DEATH (OTHER THAN DROWNING AND HUNTING)									
OFFENSE CODE: 03002		ASCF CODE: 0	KRS CODE: *** **	CLASS:	DEGREE: 0	COUNTS: 1			
BIAS MOTIVATION: NONE (NO BIAS)			METHOD ENTRY:	NUMBER PREMISES:					
SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?			
OFFENDER SUSPECTED OF USING: NOT APPLICABLE				COURT ORDER TYPE:					
SEQUENCE # OF		LOCATION TYPE:			TYPE WEAPON/FORCE INVOLVED:		CRIMINAL ACTIVITY/GANG IFO		
OFFENSE DESCRIPTION:									
OFFENSE CODE:		ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:			
BIAS MOTIVATION:			METHOD ENTRY:	NUMBER PREMISES:					
SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?			
OFFENDER SUSPECTED OF USING:				COURT ORDER TYPE:					
SEQUENCE # OF		LOCATION TYPE:			TYPE WEAPON/FORCE INVOLVED:		CRIMINAL ACTIVITY/GANG IFO		
OFFENSE DESCRIPTION:									
OFFENSE CODE:	ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:				
BIAS MOTIVATION:			METHOD ENTRY:	NUMBER PREMISES:					
SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?			
OFFENDER SUSPECTED OF USING:				COURT ORDER TYPE:					
PROPERTY DATA	SEQ #	PROPERTY DESCRIPTION			TYPE OF LOSS	VALUE	RECVRD VALUE	REC COND.	DATE RECOVERED
		TOTAL STOLEN VALUE: \$0.00		TOTAL RECOVERED VALUE: \$0.00		TOTAL VEHICLES STOLEN: 0		TOTAL VEHICLES RECOVERED: 0	
DRUGS	DRUG SEQ	PROP SEQ	DRUG TYPE				QUANTITY	MEASUREMENT	
STATUS	INCIDENT STATUS: CLOSED		CLEARANCE TYPE:		CLEARED EXCEPTIONALLY:		EX CLEARANCE DATE:		UCR REPORTING FOR OTHER AGENCY: YES <input type="checkbox"/>
	REPORTING OFFICER: T WILLIAMS			UNIT/BADGE NUMBER: 850		REVIEWED BY: W LOCKWOOD			TIME SPENT: 8 HOURS

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

JUVENILE

KYIBRS REPORT

KSP RECORDS

COMMONWEALTH OF KENTUCKY

VICTIM DATA	VICTIM SEQUENCE 1 of 1		VICTIM NAME (b)(6)					PHONE			
	ADDRESS (b)(6)						VICTIM TYPE: INDIVID				
	CITY: (b)(6)		KY RESIDENT:		RESIDENT						
	DATE OF BIRTH	SSN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR					
	(b)(3)-CPSA Section 25(c) (b)(6)										
	GENDER MALE		RACE		ETHNIC ORIGIN		PEACE OFFICER: YES <input type="checkbox"/>				
	(b)(3)-CPSA Section 25(c) (b)(6)										
	NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS		NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS				
	VICTIM OF OFFENSE(S) 03009		AGG ASSAULT/HOMICIDE CIRC			ADDTL JUSTIFIABLE HOMICIDE CIRC					
	LEOKA ASSIGNMENT				LEOKA ACTIVITY						
SUSPECT/ARRESTEE DATA	SUSPECT SEQ #		NAME					ARRESTED?		ARREST DATE	
	of		ALIAS					YES <input type="checkbox"/>			
	ADDRESS								DATE OF BIRTH	PHONE	KY RESIDENT:
	CITY:		STATE:		ZIP CODE:						
	SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		
	ARRESTEE SEQ #	MULTIPLE ARREST IND		ARREST TYPE		RELATED CITATION NUMBERS					
	of					1	4	8			
	ARRESTEE ARMED WITH					2	5	7			
						3	6	9			
	SUSPECT/ARRESTEE DATA	SUSPECT SEQ #		NAME					ARRESTED?		ARREST DATE
of		ALIAS					YES <input type="checkbox"/>				
ADDRESS								DATE OF BIRTH	PHONE	KY RESIDENT:	
CITY:		STATE:		ZIP CODE:							
SSN		SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		
ARRESTEE SEQ #		MULTIPLE ARREST IND		ARREST TYPE		RELATED CITATION NUMBERS					
of						1	4	7			
ARRESTEE ARMED WITH					2	5	8				
					3	6	9				
WITNESS DATA		WITNESS SEQUENCE 1 of 1		WITNESS NAME (b)(6)					PHONE		
	ADDRESS								DATE OF BIRTH		
	CITY:		STATE: KY		ZIP CODE:		SSN:				
	WITNESS SEQUENCE of		WITNESS NAME					PHONE			
	ADDRESS								DATE OF BIRTH		
	CITY:		STATE:		ZIP CODE:		SSN:				

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

JUVENILE

KYIBRS REPORT
COMMONWEALTH OF KENTUCKY

KSP RECORDS

VICTIM DATA	VICTIM SEQUENCE 1 of 1		VICTIM NAME (b)(3):CPSA Section 25(c) (b)(7)					PHONE	
	ADDRESS UNKNOWN <input type="checkbox"/> ADDRESS: :							VICTIM TYPE: INDIVID	
	CITY: (b)(3):CPSA Section 25(c) (b)(6)							RESIDENT	
	DATE OF BIRTH	SSN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR			
			(b)(3):CPSA Section 25(c) (b)(6)						
	GENDER MALE		RACE (b)(3):CPSA Section 25(c) (b)(6)			ETHNIC ORIGIN		PEACE OFFICER? YES <input type="checkbox"/>	
	NBR OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS			NBR OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS			NBR INJURY TYPE
	VICTIM OF OFFENSE(S) 03002			AGG ASSAULT HOMICIDE CIRC			ADDTL JUSTIFIABLE HOMICIDE CIRC		
	LEOKA ASSIGNMENT				LEOKA ACTIVITY				
SUSPECT/ARRESTEE DATA	SUSPECT SEQ #	NAME					ARRESTED?	ARREST DATE	
	of	ALIAS:					YES <input type="checkbox"/>		
	ADDRESS					DATE OF BIRTH:	PHONE:	KY RESIDENT:	
	CITY:		STATE:	ZIP CODE:					
	SSN	SEX	RACE	ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
	ARRESTEE SEQ #	MULTIPLE ARREST IND.	ARREST TYPE		RELATED CITATION NUMBERS				
	of				1	4	8		
	ARRESTEE ARMED WITH				2	5	7		
					3	6	9		
	SUSPECT/ARRESTEE DATA	SUSPECT SEQ #	NAME					ARRESTED?	ARREST DATE
of		ALIAS:					YES <input type="checkbox"/>		
ADDRESS					DATE OF BIRTH:	PHONE:	KY RESIDENT:		
CITY:		STATE:	ZIP CODE:						
SSN		SEX	RACE	ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
ARRESTEE SEQ #		MULTIPLE ARREST IND.	ARREST TYPE		RELATED CITATION NUMBERS				
of					1	4	7		
ARRESTEE ARMED WITH				2	5	8			
				3	6	9			
WITNESS DATA		WITNESS SEQUENCE 1 of 1		WITNESS NAME (b)(6)					PHONE (b)(6)
	ADDRESS:							DATE OF BIRTH	
	CITY:		STATE: KY	ZIP CODE:		SSN:			
	WITNESS SEQUENCE of		WITNESS NAME					PHONE	
	ADDRESS:							DATE OF BIRTH	
	CITY:		STATE:	ZIP CODE:		SSN:			

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

KENTUCKY STATE POLICE
UNIFORM OFFENSE REPORT

ORI: KYKSP0100

Case Number: 01-08-0583

Title of Investigation:

Death Investigation

Violation Code: 03009

SYNOPSIS: The juvenile victim was operating a 4x4 ATV, golf cart (Bad Boy Buggy). The victim, **(b)(3):CPSA** lost control after running off the shoulder of a private roadway. The ATV turned onto its side pinning **(b)(3)** under the canopy cover.

MODUS OPERANDI: The victim was severely injured and transported to an area hospital and subsequently to Louisville where he later died of suspected blunt force trauma and possible internal injuries that he received in this collision.

DATE & TIME OF OCCURRENCE: 07-10-08

APPROXIMATELY 0753 hours

ACCUSED: **(b)(3):CPSA** (JUVENILE)

DOB:
 (b)(3):CPSA Sec

SUSPECTS: N/A

WITNESSES: (1) **(b)(6)**

STOLEN PROPERTY: N/A

OTHER PROPERTY: N/A

EVIDENCE AND HOW MARKED: Photographs of the scene.

EVIDENCE DISPOSITION: Evidence attached to the case.

Trooper T.J. Williams
Trooper Making Report

850
Badge No.

8 Hours
Time Spent

07-16-08
Date

169
Reviewed By

01-08-0583 - 3

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

KENTUCKY STATE POLICE
UNIFORM OFFENSE REPORT

ORI: KYKSP0100

Case Number: 01-08-0583

Title of Investigation:

Death Investigation

Violation Code: 03009

INVESTIGATION: This investigation revealed that on 07-10-08 at approximately 0753 hours, I was dispatched to 845 Birdsville Road, in Livingston County, in reference to an ATV accident that occurred on private property. At 0806 hours I arrived at the scene as Livingston County EMS personnel were placing the victim in the back of an ambulance. I assisted the EMS personnel, in the ambulance, as they attempted to stabilize the victim. The victim was later identified as **(b)(3)-CPSA Sec.** a juvenile.

Due to the victim's condition, I was unable to interview him and/or obtain a statement from him, as to what happened in the collision. It is apparent that the victim was alone at the time of the accident.

After the victim was stabilized by EMS, he was transported to Lourdes Hospital. The victim's father, **(b)(6)** was taken to the hospital by a fellow co-worker.

I interviewed a man identified as **(b)(6)** who is employed at Hatcher Farms. **(b)(6)** stated that no one witnessed the accident. **(b)(6)** stated he looked up and saw that the ATV was situated on its side and the victim was laying underneath the ATV on the rocks. **(b)(6)** stated it took four men to lift the ATV off of the victim.

Due to my observations at the scene, it did not appear that there was any criminal culpability associated with this accident. The only noted exception is that the juvenile may have been unsupervised and not wearing protective headgear while operating this ATV and being under the age of 16 years old, a violation of KRS 189.515.

Trooper T.J. Williams
Trooper Making Report

850
Badge No.

8 Hours
Time Spent

07-16-08
Date

161
Reviewed By

01-08-0583 - 4

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

KENTUCKY STATE POLICE
UNIFORM OFFENSE REPORT

ORI: KYKSP0100

Case Number: 01-08-0583

Title of Investigation:

Death Investigation

Violation Code: 03009

Accident Scene Summary:

The ATV was traveling down an extremely steep blacktopped road leading to the residence of (b)(6) Farms. It appeared the ATV traveled off the left shoulder of the roadway. This was determined by a slight shadow mark that was observed to be consistent with the final rest of the vehicle. It also appears that the victim then tried to pull the ATV back onto the road and overcorrected. The ATV then rolled onto the left side trapping the victim between the top canopy cover and the larger rocks on the right shoulder of the roadway.

Vehicle information: ATV-Bad Boy Buggy (b)(6)

Gross total vehicle weight: 2,050 lbs.

Land owner: (b)(6)

(b)(6)

On 07-15-08 at approximately 1300 hours I was contacted by Mr. Bob Jones with the Coroner's office, in Louisville, Kentucky. Mr. Jones stated that the victim had died at 1310 hours due to a closed head injury, relating to this accident.

Jefferson County Coroner's Office: Mr. Bob Jones

Phone: 502-574-6262 Fax: 502-574-5355

Trooper T.J. Williams
Trooper Making Report

850
Badge No.

8 Hours
Time Spent

07-16-08
Date

llg
Reviewed By

01-08-0583 ~5

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

KENTUCKY STATE POLICE
UNIFORM OFFENSE REPORT

ORE: KYKS20100

Case Number: 01-08-0583

Title of Investigation: _____

Death Investigation

Violation Code: 03009

STATUS OF CASE: Open

ATTACHMENTS: Wound locator.

Trooper L.J. Williams
Trooper Making Report

850
Badge No.

8 Hours
Time Spent

07-16-08
Date

LG
Reviewed By

01-08-0583 -6

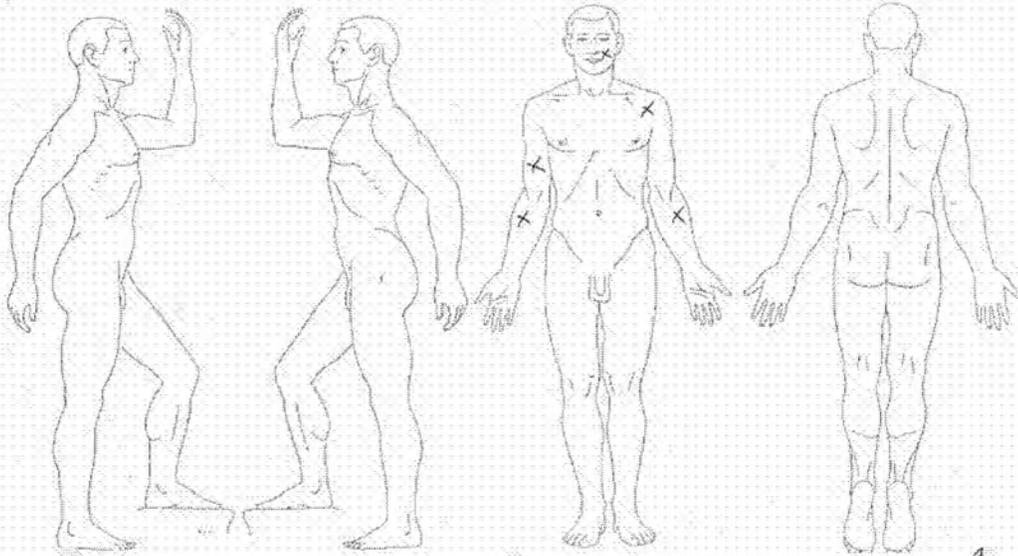
ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

KSP 155
Revised 05/2000



KENTUCKY STATE POLICE
WOUND LOCATOR

VICTIM **(b)(3):CPSA** CASE # 1-08-0583 DATE 7-10-08 REPORTING OFFICER/UNIT # Tpr T.S. Williams



1-08-0583-7

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

KENTUCKY STATE POLICE

WOUND LOCATOR

CASE NO. 1-08-0583

VICTIM: **(b)(3):CPSA Secti**

7-10-08

Date of Drawing

1-08-0583-8

KSP 346

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

KENTUCKY STATE POLICE
UNIFORM OFFENSE REPORT

ORI **(b)(3):CPSA Secti**

Case Num **(b)(3):CPSA**

Title of Investigation:

Death Investigation

Violation Code: 03009

SUPPLEMENT

INVESTIGATION:

On 10-02-08 I received a copy of a death certificate on **(b)(3):CPS**
(b)(3):CPSA Secti was transported to Kosair Children Hospital where
on 07-15-08 he passed away from his injuries. Cause of death was
determined to be a closed head injury. Senior Deputy Coroner, Robert D.
Jones from the Coroners office in Louisville, assisted me in obtaining a copy
of the death certificate.

STATUS OF CASE: Closed

ATTACHMENTS: Copy of death certificate

Tpr. TJ Williams
Officer Making Report

850
Badge No.

2.0
Time Spent

10-02-08
Date

109
Reviewed

01-08-0583-4

ATTACHMENT 3, RECORDS FROM THE KENTUCKY STATE POLICE CONT.

CASE CLOSURE CHECKLIST

SER # 01-08-0583 UNIT # 8520 DATE CASE OPENED: 7-20-08

SECTION A: ADMINISTRATIVE REVIEW

	YES	NO	DINA
Is this a time closure request?		<input checked="" type="checkbox"/>	
Are the following correctly maintained throughout the case?			
A: Case number	<input checked="" type="checkbox"/>		
B: Title	<input checked="" type="checkbox"/>		
C: Statute	<input checked="" type="checkbox"/>		
D: Violation Code	<input checked="" type="checkbox"/>		
Has a KSP-26 been submitted? (If yes, go to 3A)		<input checked="" type="checkbox"/>	
A: Has the KSP-35 been returned and attached to case?		<input checked="" type="checkbox"/>	
Have all suspects been cleared or arrested?			<input checked="" type="checkbox"/>
If an arrest has been made, are the following attached?			
A: Citation (check for fingerprint data; Juv. involvement)			<input checked="" type="checkbox"/>
B: KSP-1 (check for court date; evidence disposition)			<input checked="" type="checkbox"/>
If no arrest is made, and this is not a time-closure, is there a UOR-1 and UOR-2 requesting closure?	<input checked="" type="checkbox"/>		
If film was submitted, have photos been returned/attached?	<input checked="" type="checkbox"/>		

SECTION B: EVIDENCE REVIEW

Is there evidence listed in the UOR-2?		<input checked="" type="checkbox"/>	
Has all evidence been properly disposed of?			<input checked="" type="checkbox"/>
Have KSP-41's been properly signed?			<input checked="" type="checkbox"/>

SECTION C: NCIC/LINK REVIEW

There is an NCIC entry, are serial/model numbers consistent throughout case?			<input checked="" type="checkbox"/>
Are all NCIC entries been cleared?			<input checked="" type="checkbox"/>

ISSUING SERGEANT: [Signature] DATE: 7-1-07

SECTION D: SECRETARIAL REVIEW

Has case been serialized properly and marked closed?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Has KSP-41 (white copy) been filed with case report?			<input checked="" type="checkbox"/>
Has pink copy of KSP-41 been pulled from active file?			<input checked="" type="checkbox"/>
Has this form been filed in case jacket?	<input checked="" type="checkbox"/>		

ISSUING CLERK: [Signature] DATE: 7-1-07

SECTION E: INVESTIGATIVE LIEUTENANT REVIEW

Case complete for filing in closed case file?

1-08-0583-11

ATTACHMENT 4, CORONER'S DOCUMENTS

*Rec'd
11-22-10
@*

**Coroner's
Investigative Report**



**Dr. Ronald M. Holmes,
Coroner**

Case No.	06-604-1282		Status Pending	<input type="checkbox"/>	Cremation Only	<input type="checkbox"/>	
Police Agency	Kentucky State Police		Time Notified	1:20 PM			
Investigator	Trooper Williams		EMS Unit				
Report No.			Person Calling	Radio Room			
			Date of Report	7/15/2008			
			Arrival time	1:44 PM			
Name of Deceased:	First	Middle	Last	Date of Birth	Occupation		
	(b)(3): CPSA Section 25(c), (b)(6)				Student		
Institution:	Street (b)(3): CPSA Section 25(c), (b)(6)						
Age (yrs)	11 (mos)	0	Weeks	0	Sex	Male	
					Race	Caucasian	
					SSN		
Next of Kin:						Marital Status	Single - NM
						Relationship	
First, Mid, Last	(b)(6)					Parents	
Address	(b)(6)						
Location of Death:	Kosair Children's Hospital						
Address:	231 East Chestnut St.	City	Louisville	State	KY	Zip	40202
						Phone	(502) 629-6000
Date of Death:	7/15/2008	Time	1:10 PM	Calculated Age	11.20	Pron Dead by	Dr. Orman
Admitted	<input checked="" type="checkbox"/>	Personal Physician	(b)(6)			Notified	<input checked="" type="checkbox"/>
						Referral	<input type="checkbox"/>
Cause of Death	Closed head injury						
Funeral Home	Pending		Phone				
Disposition							
Remarks:	On July 10, 2008 at approximately 7:30 A.M. Andrew went to work with his father. Mr. Johnson works at a hunting preserve located near Birdsville, KY. While he was inside the hunting lodge working his son, Andrew took a four wheel vehicle and was going to spend sometime ridding the vehicls. It is the same size of a golf cart, but it weighs 2000 pounds and used on the game preserve. He was going down a paved roadway when he lost control of the vehicle and left the roadway. He was found a short time later when co-workers saw the vehicle in the ditch and found Andrew under the vehicle. He was flown to University Hospital where he died on July 15, 2008. I spoke with Trooper T. J. Williams of the Kentucky State Police and he told me that he was not doing a traffic accident report. His report will be a death investigation.						
Manner of Death	Accident		Presented organ donation info to family	Yes		Blood	N
						Photos	N
Autopsy	N		Toxicology	N		Medical Examiner	
						ME #	
In Date			In Date			Deputy Coroner	Jones, R.D.
						Date signed	7/15/2008

Signature: *R. Holmes*

Please understand these records are compiled from information collected by the Deputy Coroner's investigation and observations. Understand that information in these records may have been supplied by a third party and the veracity of the information is the best available to the Deputy Coroner at the time of the investigation. Please also understand that the Coroner and/or Deputy Coroner accepts no liability resulting from information contained in these records collected from a third party that may not be factual.

Tuesday, July 15, 2008 3:37:43 PM

ATTACHMENT 4, CORONER'S DOCUMENTS CONT.

JUL-18-2008 09:50 From: LIVINGSTON CO SHER. 1 278-929 2215 To: 5025745355 P.3/5

KENTUCKY STATE POLICE
UNIFORM OFFENSE REPORT

ORI: KYKSP0100

Case Number: 01-08-0583

Title of Investigation: _____

Death Investigation _____

Violation Code: 03009

INVESTIGATION

This investigation revealed that on 07-10-08 at approximately 0753 hours, I was dispatched to (b)(6) in reference to an ATV accident that occurred on private property. At 0806 hours I arrived at the scene as Livingston County EMS personnel were placing the victim in the back of an ambulance. I assisted the EMS personnel, in the ambulance, as they attempted to stabilize the victim. The victim was later identified as (b)(3)-CPSA So a juvenile.

Due to the victim's condition, I was unable to interview him and/or obtain a statement from him, as to what happened in the collision. It is apparent that the victim was alone at the time of the accident.

After the victim was stabilized by EMS, he was transported to Lourdes Hospital. The victim's father, (b)(6) was taken to the hospital by a fellow co-worker.

I interviewed a man identified as (b)(6) who is employed at (b)(6) Farms. (b)(6) stated that no one witnessed the accident. (b)(6) stated he looked up and saw that the ATV was situated on its side and the victim was laying underneath the ATV on the rocks. (b)(6) stated it took four men to lift the ATV off of the victim.

Due to my observations at the scene, it did not appear that there was any criminal culpability associated with this accident. The only noted exception is that the juvenile may have been unsupervised and not wearing protective headgear while operating this ATV and being under the age of 16 years old, a violation of KRS 189.515.

Trooper T.J. Williams
Trooper Making Report

850
Badge No.

8 Hours
Time Spent

07-16-08
Date

Reviewed By _____

01-08-0583

ATTACHMENT 4, CORONER'S DOCUMENTS CONT.

JUL-18-2008 08:59 From: LIVINGSTON CO SHER. 1 870 928 2215 To: 5025745355 P.4/5

KENTUCKY STATE POLICE
UNIFORM OFFENSE REPORT

ORI: KYKSP0100

Case Number 01-08-0583

Title of Investigation: Death Investigation Violation Code: 03009

Accident Scene Summary:

The ATV was traveling down an extremely steep blacktopped road leading to the residence of Hatcher Farms. It appeared the ATV traveled off the left shoulder of the roadway. This was determined by a slight shadow mark that was observed to be consistent with the final rest of the vehicle. It also appears that the victim then tried to pull the ATV back onto the road and overcorrected. The ATV then rolled onto the left side trapping the victim between the top canopy cover and the larger rocks on the right shoulder of the roadway.

Vehicle information: ATV-Bad Boy Buggy (b)(6)

Gross total vehicle weight: 2,050 lbs.

Land owner: (b)(6)

On 07-15-08 at approximately 1300 hours I was contacted by Mr. Bob Jones with the Coroner's office, in Louisville, Kentucky. Mr. Jones stated that the victim had died at 1310 hours due to a closed head injury, relating to this accident.

Jefferson County Coroner's Office: Mr. Bob Jones
Phone: 502-574-6262 Fax: 502-574-5355

STATUS OF CASE: Open

<u>Trooper T.J. Williams</u>	<u>850</u>	<u>8 Hours</u>	<u>07-16-08</u>	<u> </u>
Trooper Making Report	Badge No.	Time Spent	Date	Reviewed By
		01-08-0583		

ATTACHMENT 4, CORONER'S DOCUMENTS CONT.

JUL-16-2008 08:53 From: LIVINGSTON CO SHER. - 1 270 928 2215 To: 5025745355 P. 2/5

KENTUCKY STATE POLICE
UNIFORM OFFENSE REPORT

ORI KYKSP0100 Case Number 01-08-0583

Title of Investigation Death Investigation Violation Code 03009

SYNOPSIS The juvenile victim was operating a 4x4 ATV, golf cart (Bad Boy Buggy) The victim, **(b)(3):CPS** lost control after running off the shoulder of a private roadway. The ATV turned onto its side pinning Johnson under the canopy cover.

MODUS OPERANDI The victim was severely injured and transported to an area hospital and subsequently to Louisville where he later died of suspected blunt force trauma and possible internal injuries that he received in this collision.

DATE & TIME OF OCCURRENCE 07-10-08

Approximately 0753 hours

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

SUSPECTS N/A

WITNESSES **(b)(6)**

STOLEN N/A

PROPERTY

OTHER PROPERTY N/A

EVIDENCE AND HOW MARKED Photographs of the scene.

EVIDENCE Evidence attached to the case

DISPOSITION

<u>Trooper T.J. Williams</u>	<u>850</u>	<u>8 Hours</u>	<u>07-16-08</u>	
Trooper Making Report	Badge No	Time Spent	Date	Reviewed By
		01-08-0583		

ATTACHMENT 5, EMS RECORDS

NOV-24-2010 13:26 From:LIVINGSTON CO EMS

2709281199

To:18662691119

Page:1/7



Tracy Rudolph, EMT-P
Chief
1227 Iuka Road
Smithland, KY 42081
trudolph@livingstoncoky.com
Cell (270) 559-3859

Office (270) 928-4212 Fax (270) 928-1199

www.livingstoncountyems.com

Fax

To:	April Dezen	From:	Tracy Rudolph
Fax:	846-269-1119	Pages:	7
Phone:		Date:	11-24-10
Re:		CC:	

Urgent For Review Please Comment Please Reply Please Recycle

• The contents of this fax are confidential and intended only for the indicated recipient.
Please call 270-928-4212 if you do not receive all pages. Return faxes to 270-928-1199.

Confidential
For Ms. Dezen Only

11/24/2010 2:27PM (GMT-05:00)

ATTACHMENT 5, EMS RECORDS CONT.

NOV-24-2010 13:26 From:LIVINGSTON CO EMS 2709281199 To:18662691119 Page:2/7

Call Number: 683 Date: 07/10/2008 Dispatch #: EMS2008003001 Patient Name: (b)(3):CPSA SSN: Page : 1-History ID : 23901327 Issued On: 07/10/2008 16:21:24

PCR #: 584-454		Patient Information	
Name: (b)(3):CPSA	Gen:	Provider Impression: ACCIDENT AT RECREATION & SPORT; UNRESPONSIVE; RESPIRATORY DISTRESS "; WEAK PULSE	
Title:	Phone: (270) 527-9780 Ext.	Chief Complaint: Unresponsive	
SSN:		Secondary Complaint:	
Address:		Family Physician: Phone:	
(b)(3):CPSA Section 25(c)			
Gender: Male	Weight:	Date of Birth: (b)(3)	Age: 11 Years
Incident #:	Rec. Med. Rec #:		

Call Information	
Provider: Livingston County EMS	Pickup Location: (b)(6)
Unit #: MED C 74	Address 1:
Onset Time: 07:45:00	Address 2:
Pat. Disposition: Treated, transported by EMS	City, ST, Zip:
Disp. Urgency: IMMEDIATE, 911 OR EQUIVALENT	Latitude: Longitude:
Trans. Urgency: NON EMERGENCY	Drop Off Location: LOURDES HOSPITAL
Mode To Scene: Lights and Sirens	Destination Determination: Specialty resource center
Mode From Scene: No Lights or Sirens	Loaded Mileage: 30.0 Total Mileage: 36.0
Transport Agency: LIVINGSTON COUNTY AMBULANCE	Starting: 99787.0 Pickup Patient: 99795.0
Transporting Unit: Medic 74 Mode: Ground	Drop Off Patient: 99825.0 Ending: 99825.0
Ortl./Ref. Doctor:	How Pat. Moved To Ambulance: Stretcher
Dispatch Reason: ACCIDENT AT RECREATION & SPORT	How Pat. Moved From Ambulance: Stretcher
Pat. Pos. During Tran.:	Pat. Condition At Destination:

Pertinent Findings	
Level of Care:	Cause of Injury: ATV
PL Vehicle: ATV	Mechanism Of Injury:
Pt. Position: DRIVER	Airbag Deployment:
Upon Arrival: PRONE	
Safety Equipment Used: None, Not Available, None	
Alcohol/Drug Use Indicators: No	

Head To Toe Assessments	
Body Site	Injury Type
Head Only (excluding neck, cervical spine and ear)	Unremarkable
Face (including ear)	Unremarkable
Neck	Unremarkable
Upper extremities	Blunt injury; Crush; Dislocation/fracture; Laceration; Soft tissue swelling/bruising
Thorax (excluding thoracic spine)	Blunt injury; Crush; Dislocation/fracture; Soft tissue swelling/bruising
Abdomen (excluding lumbar spine)	Unremarkable
Spine	Unremarkable

11/24/2010 2:27PM (GMT-05:00)

ATTACHMENT 5, EMS RECORDS CONT.

NOV-24-2010 13:27 From: LIVINGSTON CO EMS 2709281199 To: 18662591119 Page: 3 of 7

Call Number: 683 Date: 07/10/2008 Dispatch #: EMS2006003001 Patient Name: (b)(3):CPS SSN: Page: 2 History ID: 23901327 Issued On: 07/10/2008 16:21:24

Head To Toe Assessments	
Body Site	Injury Type
Lower extremities or bony pelvis	Blunt injury, Laceration, Soft tissue swelling/bruising
External (including burns)	Unremarkable
Body region unspecified	Unremarkable
Primary Signs and Symptoms:	UNRESPONSIVE
Current Medications:	unk
Envir./Food Allergies:	
Medications Allergies:	nkda
Past Medical History:	
Medical / Surgical:	none
Medical Questions	
<RESPIRATORY DISTRESS *-> Provocation: ; Radiation:	

Time	Event	Attendant	Event Chronology	Event
07:51:00	DISPATCH			
07:51:00	TIME CALL REC'D			
07:51:00	ENROUTE			
08:02:00	AT SCENE			
08:03:00	At Patient			
08:03:00	Vital Signs Assessed	THOMASON - MATT, M	Obtained Prior to this Unit's EMS Care: No; Pulse: 50 Irregular, Location: Carotid; Resp: 4 Agonal/Fatigued; GCS Eye: Does Not Open Eyes; GCS Verbal: None; GCS Motor: None; Capillary Refill: > 2 Seconds; Skin Temp: Normal; Skin Moisture: Normal/Dry; Skin Color: Cyanotic; GCS Total: 3; Pupils Dilated Left; Pupils Dilated Right; Pupils Non Reactive Left; Pupils Non Reactive Right; Lungs Sounds Clear Right; Lungs Sounds Diminished Left; Level of Consciousness: Unresponsive;	
08:03:00	Procedure Performed	THOMASON - MATT, M	Procedure: ALS ASSESSMENT; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders);	
08:03:00	Procedure Performed	THOMASON - MATT, M	Procedure: Other BLS Procedure; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders); Comment: open airway, modified jaw thrust.	
08:03:00	Head To Toe Assessments	THOMASON - MATT, M	Head To Toe Assessments "See Page 1"	
08:05:00	Procedure Performed	THOMASON - MATT, M	Procedure: Cervical Collar Applied; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders);	
08:07:00	Procedure Performed	THOMASON - MATT, M	Procedure: Backboard, Full OR Scoop Str; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders);	
08:10:00	Vital Signs Assessed	THOMASON - MATT, M	Obtained Prior to this Unit's EMS Care: No; Pulse: 0 Not Known, Location: Carotid, Electronic Monitor Rate: 0;	

11/24/2010 2:27PM (GMT-05:00)

ATTACHMENT 5, EMS RECORDS CONT.

NOV-24-2010 13:27 From: LIVINGSTON CO EMS 2709281199 To: 18662591119 Page: 4 of 7

Call Number: 683 Date: 07/10/2008 Dispatch #: E/62008003001 Patient Name: (b)(3):CPS SSN: Page: 3 History ID : 23901327 Issued On: 07/10/2008 16:21:24

Time	Event	Attendant	Event Chronology
			Resp: 0 Absent, SaO2: 86; EKG Rhythm: Asystole; GCS Eye: Does Not Open; Eyes: GCS Verbal: None; GCS Motor: None, GCS Total: 3; Pupils Dilated Left; Pupils Dilated Right; Pupils Non Reactive Left; Pupils Non Reactive Right; Lungs Sounds Absent Left; Lungs Sounds Absent Right; Level of Consciousness: Unresponsive;
08:10:00	Procedure Performed	WHITE - LISA, EMT BA	Procedure: ECG Monitoring; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders);
08:10:00	Procedure Performed		Procedure: CPR; Attempts: 1; Successful: Yes; Response: Improved; Treatment Authorization: Protocol (Standing Orders);
08:10:00	Procedure Performed	THOMASON - MATT, M	Procedure: Assisted Ventilation; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders);
08:12:00	Airway Establishment	THOMASON - MATT, M	Procedure: Intubation; Attempts: 1; Successful: Yes; Response: Improved; Treatment Authorization: Protocol (Standing Orders); Tube Size: 6.5; Depth: 19; Breath Sounds: Bilateral, Sellick Maneuver: Yes; CO2 Value: 45;
08:12:00	Procedure Performed	THOMASON - MATT, M	Procedure: Pulse Oximetry; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders);
08:13:00	Medications Administered	THOMASON - MATT, M	Medication: Epi; Dosage: 1; Response: Improved; Measure: Milligrams; Route: Endotracheal Tube; Medication Authorization: Protocol (Standing Orders);
08:13:00	Medications Administered	THOMASON - MATT, M	Medication: Atropine; Dosage: 1; Response: Improved; Measure: Milligrams; Route: Endotracheal Tube; Medication Authorization: Protocol (Standing Orders);
08:15:00	IV Performed	ANDERSON - STANLEY	Procedure: Intravenous Line; Attempts: 1; Successful: No; Response: No Change; Treatment Authorization: Protocol (Standing Orders); IV Solution: Normal Saline; IV Site: Forearm-Right; IV Gauge: 18;
08:16:00	IV Performed	ANDERSON - STANLEY	Procedure: Intravenous Line - 2nd Attempt; Attempts: 1; Successful: No; Response: No Change; Treatment Authorization: Protocol (Standing Orders); IV Solution: Normal Saline; IV Site: Forearm-Right; IV Gauge: 18;
08:16:00	IV Performed	THOMASON - MATT, M	Procedure: Intraosseous Line; Attempts: 1; Successful: Yes; Response: Improved; Treatment Authorization: Protocol (Standing Orders); IV Total CCs: 400; IV Solution: Normal Saline; IV Site: Tibia Intraosseous-Left; IV Rate: Wide Open; IV Gauge: 18;
08:20:00	Vital Signs Assessed	THOMASON - MATT, M	Obtained Prior to this Unit's EMS Care: No; BP: 98 Manual Cuff; Pulse: 148 Regular; Location: Carotid; Electronic Monitor Rate: 148; Resp: 20 Assisted; SaO2: 90; EKG Rhythm: Sinus Tachycardia; Level of Consciousness: Unresponsive;
08:20:00	Procedure Performed	THOMASON - MATT, M	Procedure: Splint, Arm; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders);
08:20:00	Procedure Performed	THOMASON - MATT, M	Procedure: Bandage or Dressing; Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders);
08:23:00	TO DESTINATION		

11/24/2010 2:27PM (GMT-05:00)

ATTACHMENT 5, EMS RECORDS CONT.

NOV-24-2010 13:27 From:LIVINGSTON CO EMS 2709281199 To:18662891119 Page:5/7

Call Number: 683 Date: 07/10/2008 Dispatch #: EMS2008003001 Patient Name: (b)(3)CPSA SSN: Page: 4History ID: 23901327 Issued On: 07/10/2008 16:21:24

Event Chronology			
Time	Event	Attendant	Event
08:25:00	Procedure Performed	THOMASON - MATT, M	Procedure: Chest Decompression (Needle); Attempts: 1; Successful: Yes; Response: Improved; Treatment Authorization: Protocol (Standing Orders); Comment: 16 ga 2-3 intercostal w/positive air return, mild improvement on l/side bs.
08:28:00	Procedure Performed	HODGE - DANIEL, EMT	Procedure: Other BLS (Vials); Attempts: 1; Successful: Yes; Response: No Change; Treatment Authorization: Protocol (Standing Orders)
08:30:00	Vital Signs Assessed	THOMASON - MATT, M	BP: 180 Manual Cuff; Pulse: 145 Regular, Location: Radial, Electronic Monitor Rate: 146; Resp: 20 Assisted; SaO2: 99; EKG Rhythm: Sinus Tachycardia; Level of Consciousness: Unresponsive;
08:45:00	Vital Signs Assessed	THOMASON - MATT, M	
08:55:00	Vital Signs Assessed	THOMASON - MATT, M	BP: 180 Manual Cuff; Pulse: 138 Regular, Location: Radial, Electronic Monitor Rate: 138; Resp: 20 Assisted; SaO2: 100; EKG Rhythm: Sinus Tachycardia; GCS Eye: Does Not Open Eyes; GCS Verbal: None; GCS Motor: None; Skin Temp: Normal; Skin Moisture: Normal/Dry; Skin Color: Normal; GCS Total: 3; RTG Total: 8; Pupils Constricted Left; Pupils Constricted Right; Pupils Non Reactive Left; Pupils Non Reactive Right; Lungs Sounds Clear Right; Lungs Sounds Diminished Left; Level of Consciousness: Unresponsive;
09:00:00	AT DESTINATION		
09:23:00	RETURN SERVICE		

Narrative: EMS/Burna Fire disp. to (b)(6) c/o minor child has flipped golf cart, injures unk. @ press rt. Dispatch advised enroute, pt was 11yo, male multiple arm fx, bleeding from head. Upon arrival found this 11 yo/w/m prone on side of road on riprap rocks, bystanders stated they found pt under large 4x4 golf cart unk. how long entrapped. Golf cart was removed from pt before ems arrival. Pt unresponsive agonal resp @ 3-4 per min. cyanosis noted to face and hands, pupils fixed/dilated. H----- no known medical hx per bystanders/family. A----- Unresponsive to stimuli, eyes fixed dilated, non reactive, equal bil @ 8cm. BS clr r/side, diminished l/side, unequal chest rise, nose/eers clr, mouth clr, trachea midline, no jvd noted, hr 50 weak carotid, small abrasions to l/cheek, no other dcapicbts noted to head, obvious compound fx l/shoulder, l/upper arm, large laceration l/wrist, multiple fx/abrasions l/chest area, abd non rigid pos. abd. sounds, pelvis stable, multiple abrasion/lacerations l/r legs, bruising/laceration l/wankle no deformity noted. R----- c-spine control, open airway modified jaw thrust, c-collar, lsb, pt moved to ems unit, ecg, pt code-99 asystole on monitor, cpr initiated, intubation 6.5mm et visualized tube through cords, pos. chest rise condensation in pt tube, bi-lat bs noted, clr r/side, diminished l/side, pos. color change et co2 detector, digital co2 detector @ 45. epi 1: 10,000 1mg via et, atropine 1mg via et tube, continued cpr. Spontaneous pulse returned noted @ 0820 hrs. hr 148 regular/strong carotic/radial. ecg sinus tach, access x 2 w/o success, IO tibia X 1 18ga w/success, pos aspiration of blood/marrow, continued decrease noted l/side bs chest decompression l/side 2-3 intercostal space 16 ga w/pos air return, mild l/sbs improvement noted. ns lko 400cc enroute. pt regain spontaneous resp @ 5:38 per min enroute. splinted l/arm, 4x4 bandages place on l/shoulder, l/wrist all bleeding controlled. Continued reassessment, monitored vitals enroute, pupil change

11/24/2010 2:27PM (GMT-05:00)

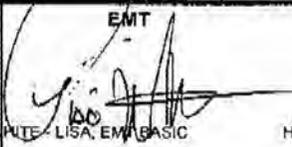
ATTACHMENT 5, EMS RECORDS CONT.

NOV-24-2010 13:27 From:LIVINGSTON CO EMS 2709281199 To:18662891119 Page:6 of 7

Call Number: 583 Date: 07/10/2008 Dispatch #: EMS2008003001 Patient Name: (b)(3):CPSA SSN: Page: 6 History ID: 23901327 Issued On: 07/10/2008 16:21:24

noted, constricted to 4cm non reactive, equal bi-lat. Dispatch was notified to contact Lourdes er for trauma alert of 11 yo/m chest trauma, post code-99 T..... Tx emergency to Lourdes er, EMS escorted via 801 to Tennessee river bridge, MCSO escorted EMS to Lourdes er. Report given to er staff, m-74 returned to service without incident. end

Additional Crew Members: ANDERSON - STANLEY, MEDIC

Paramedic	EMT	EMT	Transfer Care To
 THOMASON - MATT, MEDIC	 WHITE - LISA, EMT BASIC	HODGE - DANIEL, EMT BASIC	EMERGENCY ROOM, RN

Patient Signature Med. Direction Authorized By

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

11/24/2010 2:27PM (GMT-05:00)

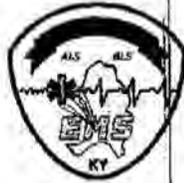
ATTACHMENT 5, EMS RECORDS CONT.

NOV-24-2010 13:27 From:LIVINGSTON CO EMS

2709281199

To:18662891119

Page:7 of 7



Livingston County EMS

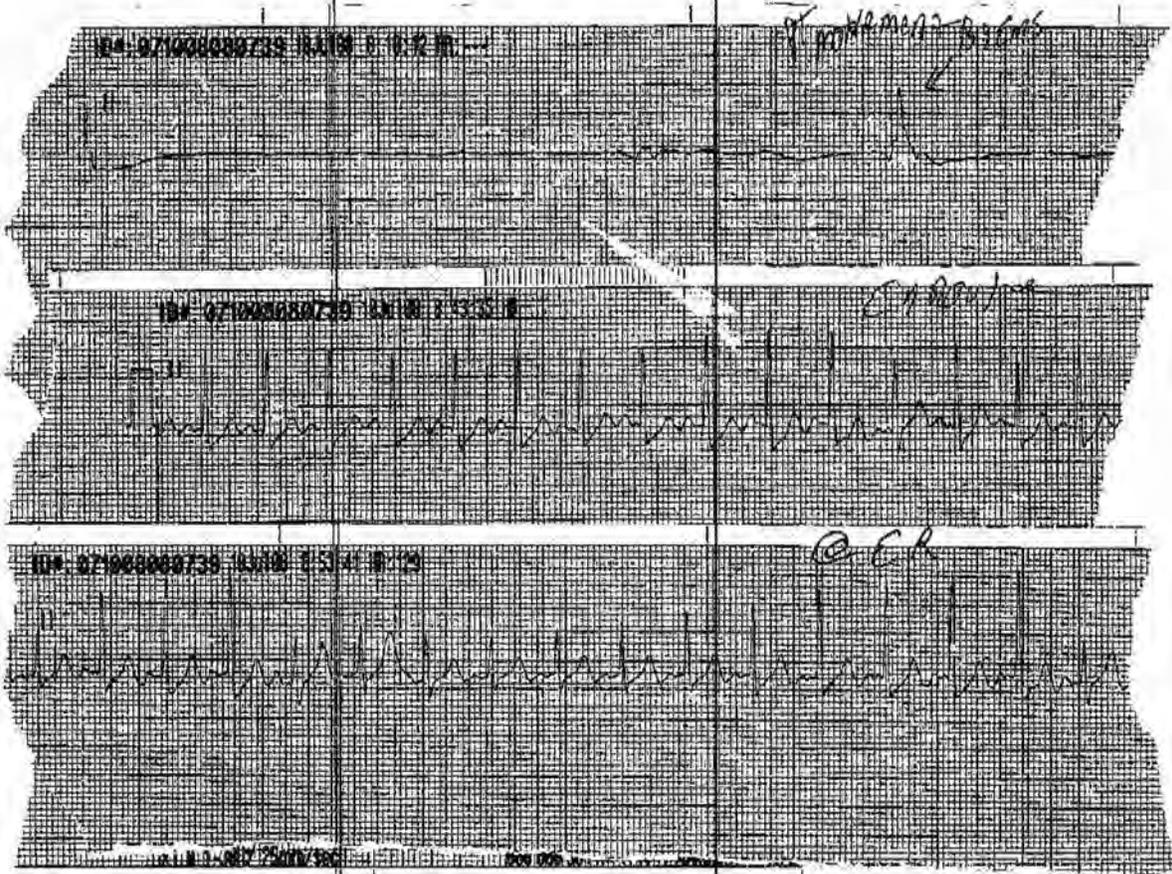
E.C.G Strips

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

Patient name

683

Date: 7-10-08



11/24/2010 2:27PM (GMT-05:00)

ATTACHMENT 6, MISSING DOCUMENTS FORM

Task No. 101006HCC2014

Date: December 2, 2014

STATUS OF MISSING DOCUMENT (S)

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

1. Medical Records from Kosair Children's Hospital in Louisville, KY
2. _____
3. _____
4. _____
5. _____

Date: December 2, 2010 **Investigator No:** 2428

Regional office: CFEB **Supervisor No:** 9084

1. Task Number 101006HCC3017		2. Investigator's ID 9091		EPIDEMIOLOGIC INVESTIGATION REPORT			
3. Office Code 840	4. Date of Accident YR MO DAY 2010 09 05	5. Date Initiated YR MO DAY 2010 10 14					
6. Synopsis of Accident or Complaint UPC A 23 y/o male was fatally injured when he was crushed by the roll bar of a UTV he was a passenger in. Occupants included the driver, the victim and another passenger. Occupants were not wearing helmets or seatbelts. The driver was driving recklessly in circles prior to the UTV tipping over. Alcohol was a factor. <i>MFR, TRILER NOTIFIED</i> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>4/17/11</i> <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS FOIA Hqs. <i>325c</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 MINOT		9. State ND			
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name RAZOR UTV		10C. Model Number 4XAVH76A39D81825			
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441							
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE			
11D. Manufacturer Name and Address NONE							
12. Age of Victim 23		13. Sex 1 - Male		14. Disposition 8 - Death		15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD		17. Respondent 3 - 2nd Hand Info Only		18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number			
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only							
24. Review Date 12/01/2010		25. Reviewed By 8929			26. Regional Office Director Frank J. Nava		
27. Distribution Garland, Sarah				28. Source Document Number U1098494A			

SUMMARY OF FINDINGS

This IDI was prompted by a news article submitted to the CPSC describing an ATV fatality. The incident actually involved a UTV; therefore an abbreviated report was conducted per Appendix 91.

On 9/5/2010 the victim, 23 y/o male from Canada, was attending a 3 day car racing event in Minot, ND. In the early morning hours of Sunday (9/5/2010) around 0230 hrs, the victim was asked if he wanted to ride in a UTV driven by a 39 y/o male from ND that he had made friends with during the weekend event. The UTV was owned by the driver's cousin. The victim, driver and another passenger then took off in the UTV with the victim setting in the middle. The driver, who had been drinking that night, then began driving in circles and "spinning cookies". The driver then lost control of the UTV and it flipped over onto the passenger side. The passenger on the far right side stated that he braced himself and ended up with scratches on his right forearm. None of the passengers wore helmets or seatbelts.



After the incident, the passenger stated that he climbed out of the UTV and noticed the victim lying on the ground, unresponsive and bleeding.

The victim was transported to the hospital where he was pronounced dead. The cause of death was due to severe head trauma.

The driver tested .147 on the BAC test and was charged with driving under the influence of alcohol and placed under police custody. The UTV was returned to the owner.

Blood was found on the roll over bar located above the passenger side of the UTV. The UTV was equipped with seatbelts.



IDI 101006HCC3017

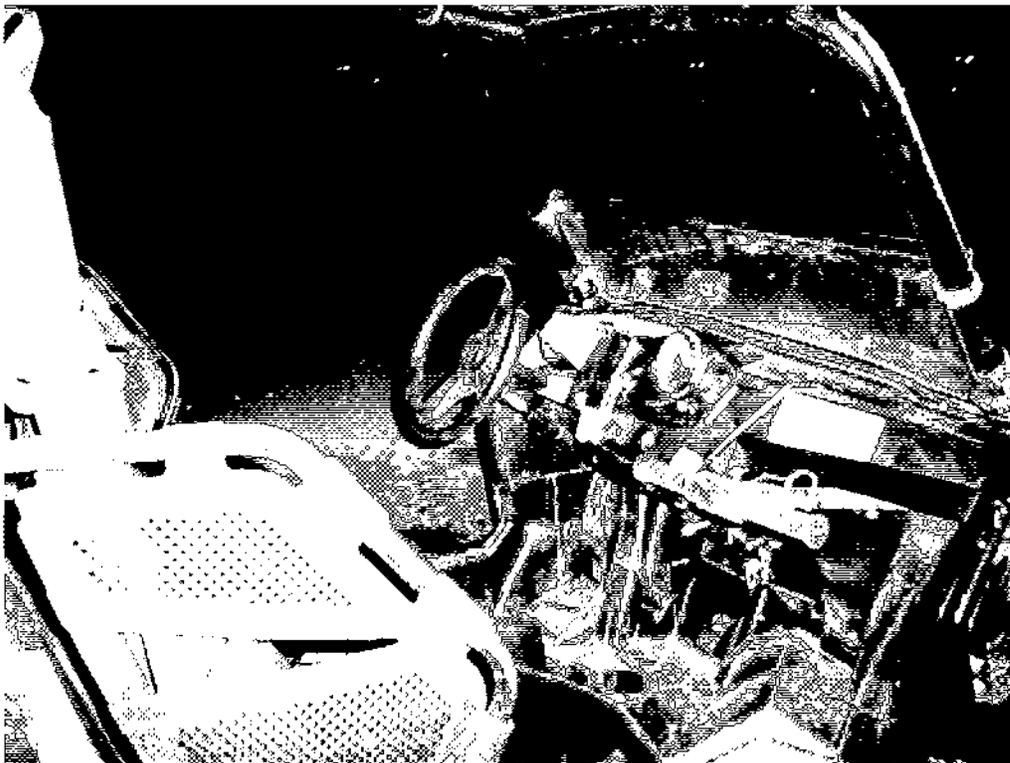
Page 3 of 5

PRODUCT IDENTIFICATION

Polaris Razor LITV

VIN: (b)(6)





IDI 101006HCC3017

Page 5 of 5

SAMPLES COLLECTED

None

ATTACHMENTS

- 1) Respondents
- 2) Ward County Sheriff's Department Report
- 3) UTV Data Record Sheet
- 4) Additional articles on accident found on web sites

IDI 101006HCC3017

Exhibit 1

RESPONDENTS

Ward County Sheriff's Department
315 SE 3rd Street
Minot, ND 58701
701-857-6500 (phone)
701-857-6520 (fax)

North Dakota Highway Patrol
Trooper Hurteau
701-857-6937

MANUFACTURER CONTACT INFORMATION

None



Sheriff's Department



Vern Erck
Sheriff

A Fax From:
WARD COUNTY SHERIFF'S DEPARTMENT
315 SE 3RD ST
MINOT, NORTH DAKOTA 58701

Office Phone (701) 857-6500
Fax (701) 857-6520

Please deliver the following documents:

To: Lisa Baines - Consumer Product Safety

Fax Number: 1-844-803-1298

Telephone Number: _____

INSTRUCTIONS: RE: Accident Reports - Eddyk, Nygaard

* Photos to follow by email

Please check this transmission after each page. If you do not receive clearly or if you have any problems, please call us back immediately. If sent to an incorrect number, please notify us. Thank you.

Sender: Kim

Department: _____

Date: 11/17/10

Number of pages to follow: 3

Arrest Report
CFS# 10-4954
Date: 09/05/10
Suspect: Wade Nygaard
Charge: DUI
Incident: Motor Vehicle Crash resulting in death

On 09/05/10, at approximately 0237 am, I was dispatched to the North Dakota State Fairgrounds in the area to the south of the racetrack on a call of an injury accident with a person bleeding heavily. Upon my arrival I saw the Minot Fire Rescue crew and Minot Community Ambulance personnel doing CPR and working on a male lying on the ground slightly to the west of a Polaris Razor 4-wheel ATV. I saw a large amount of blood on the ground and on the male being medically attended to as well as a large crowd of people standing around watching. I asked a couple of male bystanders what had happened. They told me a couple of males were "spinning cookies" in the area on the Razor when the vehicle tipped over. They told me that shortly after that someone was yelling to call 9-1-1. The male being attended to by medical personnel was identified later as (b)(6). As (b)(6) was being loaded into the ambulance, another male approached me and asked me if I wanted to speak with the driver of the Razor at the time of the crash. I replied that I did. The male lead me to where another male was standing and identified him as (b)(6). I asked the male identified as (b)(6) if he was the person driving the Razor at the time of the crash. He told me he was.

The operator of the Razor identified himself as (b)(6). I asked him what had happened. He told me that someone had asked him and some of the people he was sitting around with if they wanted to take the Razor for a ride. (b)(6) told me that he and two other males, one of which was (b)(6) and the other is unidentified, got into the Razor with (b)(6) driving. (b)(6) told me that he was spinning cookies in the dirt area to the south of the fence of the racetrack and to the north of where a number of campers and trailers were parked. He told me that the vehicle tipped over while spinning a cookie and that (b)(6) must have gotten injured at that time. While speaking with (b)(6) I could smell the odor of an alcoholic beverage coming from him. There were also beer cans on the ground next to the Razor and two bottles of Coors Light setting on the back of the Razor. I asked (b)(6) if he had been drinking that night, to which he replied he had. I then contacted Minot Central Dispatch to contact a ND Highway Patrol Trooper to assist me with the crash investigation. HP Trooper Charlie Hurteau responded to my location.

After briefing Trooper Hurteau on what I had found out so far, I asked (b)(6) if he would be willing to perform some field sobriety tests. He told me he would, and that he had no physical problems or eye problems that would affect any tests. I then conducted the HGN test on (b)(6) at approximately 0309 am. (b)(6) failed that test with 4 out of 6 clues. Due to the uneven dirt surface of the ground, I decided not to conduct the walk and turn or one-legged stand tests. I then advised (b)(6) of the Implied Consent Law and asked him if he would provide a breath sample to be tested in my SD5. He told me he would. NDHP Trooper Hurteau used his SD5 and conducted a proper test which

resulted in a reading of .147 BAC at approximately 0313 am. I then advised (b)(6) that he was under arrest for DUI. I handcuffed him and then advised (b)(6) that he would be providing a blood sample at Trinity Hospital in compliance with 39-20-01.1. I then placed (b)(6) in the back seat of my patrol car. I then checked (b)(6)'s driver's status through North Dakota via Minot Central Dispatch and learned he had a valid license and no wants or warrants. Due to the fact that the Polaris Razor had been moved prior to my arrival, I photographed the scene and examined the Razor. The vehicle was dirty and there was blood on the roll-bar above the passenger side seat. The vehicle was also equipped with safety belts. I then transported (b)(6) to Trinity Hospital. We arrived at Trinity Hospital at approximately 0331 am.

After I opened and inventoried the blood test kit, Med Tech Amber Payer drew a sample of blood from (b)(6)'s right arm at approximately 0338 AM. After Payer inverted the vial containing (b)(6)'s blood sample several times, I sealed the vial at 0341 AM. I packaged the vial into the blood test kit box and sealed the box at 0342 AM. I then returned to my patrol vehicle with Nygaard while NDHP Trooper Hurteau checked at the ER on the status of Fedyk. Trooper Hurteau met me at my patrol vehicle at approximately 0350 am and told me that Tyler Fedyk had been pronounced dead. I then transported (b)(6) to the Ward County Jail. I contacted Ward County Assistant States Attorney Kelly Dillon at advised her of the situation and asked her what to charge (b)(6) with considering the circumstances. Dillon told me to cite for the DUI at that time. I mailed the blood test kit containing (b)(6)'s blood sample at 0456 AM at the Minot Post Office.

Mark Holter
4741/Ward Co. S.O.

101006HCC3017
Exhibit 2
Page 3 of 6

Supplemental Report

10-4954
Sgt Hubbard

101006HCC3017
Exhibit 2
Page 4 of 6

On 9-7-10 I called (b)(6) by phone to ask him about the incident. I asked him if he knew the name of the third person and their contact information that was reported to be in the ATV during the incident. He was able to tell me that the third person was a (b)(6) from Grand Forks and he provided a phone number of (b)(6). I also asked him if he knew what happened with the ATV and he said that he was not sure. The phone call was taped (see attached call transcript).

I then called and talked with (b)(6). He stated that he was on the ATV at the time of the incident. He said that (b)(6) was driving and (b)(6) was in the middle when they pulled up to (b)(6) and asked if he wanted to go for a ride. (b)(6) said that he got on the ATV type vehicle and when the incident occurred (b)(6) was still driving and he was driving in circles. I asked him if he was doing cookies and (b)(6) said no but when asked he indicated it was between just driving circles and spinning cookies. (b)(6) said that while driving the circles, the vehicle flipped over and landed on the passenger side. (b)(6) said that he braced himself and put his arm down but he only sustained a scratch on his right forearm. (b)(6) stated that after the vehicle flipped he climbed out and (b)(6) asked if they were ok and (b)(6) said that is when he saw Fedyk on the ground bleeding. (b)(6) said that (b)(6) was unconscious when he first saw him after the accident and both he and (b)(6) lifted the ATV up and placed it back on its wheels (see attached phone call transcript).

I then called Sgt Holter about the incident. He stated that the vehicle was not impounded and it was released back to the owner who was identified as (b)(6) who is also a cousin to (b)(6). I obtained contact information of (b)(6) for (b)(6) from notes of Sgt Holter.

I called (b)(6) and he provided information on the next of kin for (b)(6) in the form of his father and mother (b)(6).

101006HCC3017

Exhibit 2

Page 5 of 6

MOTOR VEHICLE CRASH WORKSHEET

RECORDED

20090515

A G E N C Y	Crash Date (M/D/Y)	Time (24HR)	Officer No	Officer Name	Agency Name	
	9/5/2010	2:30:00 AM	8240	HOLTER, MARK	WARD COUNTY SHERIFF	
	Police Notified	Time (24 HR)	Emergency Unit Responding	Emergency Unit No	Agency Report No	
9/6/2010	2:37:00 AM	COMMUNITY AMBULANCE SERVICE, INC - MINOT	0088	10-4954		
Originating Agency Identifier ND0610000						
L O C A T I O N	County Code	County	City Code	City		
	81	WARD				
	Highway	Reference Point	Latitude	Longitude		
			48 2914	-101 2800		
	Township	Range				
	155	82				
	On Street Name	FY From Intersection	Intersecting Street 1			
ND STATE FAIRGROUNDS	6	N/A				
			Intersecting Street 2			
No of Units			No of Passengers, Witness, or Property Damage			
1			3			
U N I T	R - Unit Configuration		Vehicle Movement		Is Owner Same as Operator?	
	OFF-HIGHWAY VEHICLE - 07		NOT ON ROADWAY - 37		NO	
	Operator Last Name	Operator First Name	Op MI	Owner Last Name	Owner First Name	
	(b)(6)					
	Operator Address		Operator Phone	Owner Address		
	(b)(6)					
	Operator City	State	Zip Code	Owner City	State	
	(b)(6)					
	Operator License No	State	DOB	Age	Sex	
	(b)(6)			39	MALE	
				Class	Restrictions	
				A	0	
				Year	Plate No	
				2009	NA	
				State	Car Make	
			SK	OTHER		
001	Insurance Company Name		Policy No	Card Issued	Damage Amount	
	OTHER - SEE NARRATIVE		2376007	NO	900.00	
B - Attachments			T - Truck Cargo Body Type			
NONE - 0			NOT APPLICABLE - 00			
OVR Number	VIN (Out-of-State Vehicles Only)		J - Trafficway			
	4XAVH76A39D818269		NOT APPLICABLE - 9			
Q - Visual Obstruction		V - Original Direction of Travel		W - Traffic Control		
NONE - 00		E - 3		NONE - 00		
Work Zone Related - Location of Crash			Work Zone Related - Type of Work Zone		Workers Present	
NOT APPLICABLE - 0			NOT APPLICABLE - 0		NOT APPLICABLE - 0	
1st - Sequence of Events		2nd Sequence of Events		3rd - Sequence of Events		
OVERTURN/ROLLOVER - 20		FELL/JUMPED FROM VEHICLE - 19				
BB - Most Harmful Event			Contrib Factor 1			
FELL/JUMPED FROM VEHICLE - 19			SPEED - 03			
Contrib Factor 2			Contrib Factor 3		Evasive Action	
OPER VEH IN ERRATIC, RECK, CARE, NEG			NO CLEAR CONTRIBUTING FACTOR - 00		DID NOTHING - 06	
Driver Condition	Point of First Contact		Extent of Damage		Towed	
HAD BEEN DRINKING - 01	RIGHT SIDE - 03		MINOR - 1		NO	
Seat Position			Citation			

FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER) - 11		DUI (ALCOHOL) - 01	
ADI	AT	DT	
YES(ALCOHOL PRESENT)	BAC014	NONE GIVEN	
Safety Equipment		Spd Lmt	Retest
NOT IN USE - 01		06	NO
Air Bag		NONE-NOT APPLICABLE	
Injury Class	Taken to Medical Facility	Ejected Ext	
NONE - 00	NO - 2	NOT EJECTED	

101006HCC3017
Exhibit 2
Page 6 of 6

P A S S E N G E R 001	Unit	Last Name	First Name	Address	City
	001	FEDYK	TYLER	310 3RD ST	ESTEVAN
	State	Zip	Phone	DOB	Age
	SK	SAA099		5/24/1987	23
	Sex	Owner Notified			
	MALE	UNKNOWN			
	Seat Position	Ejected Ext			
	FRONT SEAT-RIGHT - 13	PARTIALLY EJECTED			
	ADI	AT	DT		
	UNKNOWN	TEST NOT GIVEN	NONE GIVEN		
Safety Equip	Air Bag				
NOT IN USE - 01	NONE-NOT APPLICABLE				
Injury Class	Property Owner Description				
FATAL - 01					

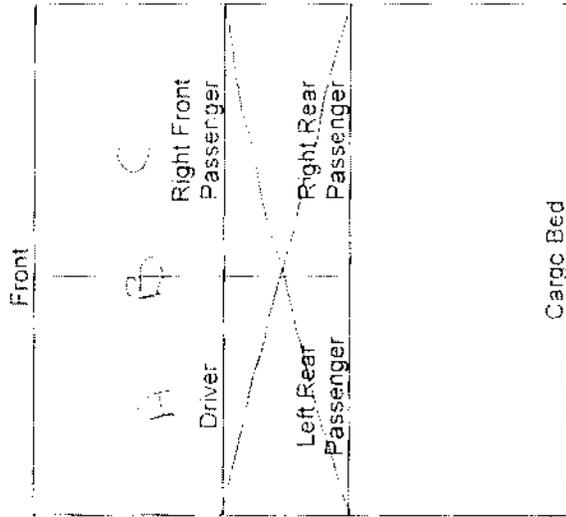
P A S S E N G E R 002	Unit	Last Name	First Name	Address	City
	001	(b)(6)	(b)(6)	(b)(6)	(b)(6)
	State	Zip	Phone	DOB	Age
	(b)(6)	(b)(6)	(b)(6)	99	UNKNOWN
	Sex	Owner Notified			
	UNKNOWN	UNKNOWN			
	Seat Position	Ejected Ext			
	WITNESS - 07	NOT APPLICABLE			
	ADI	AT	DT		
	UNKNOWN	TEST NOT GIVEN	NONE GIVEN		
Safety Equip	Air Bag				
NOT APPLICABLE (NON-MOTORIST) - 08	NONE-NOT APPLICABLE				
Injury Class	Property Owner Description				
NONE - 00					

P A S S E N G E R 003	Unit	Last Name	First Name	Address	City
	001	(b)(6)	(b)(6)	(b)(6)	(b)(6)
	State	Zip	Phone	DOB	Age
	(b)(6)	(b)(6)	(b)(6)	20	MALE
	Sex	Owner Notified			
	UNKNOWN	UNKNOWN			
	Seat Position	Ejected Ext			
	FRONT SEAT-MIDDLE - 12	NOT EJECTED			
	ADI	AT	DT		
	UNKNOWN	TEST NOT GIVEN	NONE GIVEN		
Safety Equip	Air Bag				
NOT IN USE - 01	NONE-NOT APPLICABLE				
Injury Class	Property Owner Description				
NONE - 00					

S U M M A R Y	A - Report Type	B - Crash Type	C - Crash Severity	D - Hit and Run	E - Agency Type	F - Intersection Type
	1	NON-TRAFFIC - 2	FATAL - 1	NO	COUNTY SHERIFF	NON-INTERSECTION - 1
	G - Relation to Roadway			H - Relation to Junction		I - Roadway Geometrics
	PRIVATE PROPERTY (OUTSIDE OF TRAFFICWAY) - 04			NON-JUNCTION - 01		NOT APPLICABLE - 0
	K - Access Control		L - Road Condition			M - Surface Type
	NO CONTROL (UNLIMITED ACCESS)		LOOSE MATERIAL SURFACE - 08			DIRT - 4
	N - Surface Condition	O - Weather		P - Light		X - Observations
	DRY - 01	CLEAR - 01		DARK (LIGHTED) - 4		NONE - 00
	Z - First Harmful Event	Y - Manner of Collision				Other Property Damage

Utility Vehicle Data Record Sheet

101006HCC3017
Exhibit 3



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): _____

A. 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): _____

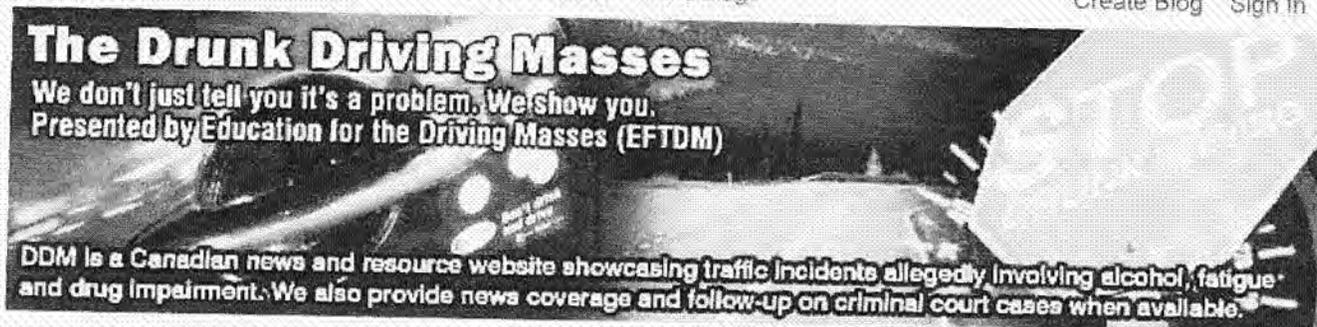
C. Age: _____ Height: _____
 Gender: _____ Weight: _____
 Helmet (Y/N): _____ Seatbelt (Y/N): _____
 Killed/Injured/Neither/Unknown: _____
 Injury Description: _____
 Did vehicle land on victim: _____
 Ejected (Either partially or fully): _____

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

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THURSDAY, SEPTEMBER 9, 2010

Source:

NORTH DAKOTA - For (b)(6), there were two passions in life: Hockey and racing.

"He made friends throughout Western Canada, the northern parts of all the States," said (b)(6) uncle, (b)(6). "He was just a very likable, respectable young man. The amount of people he got to know through his life was just unreal."

(b)(6) was killed early Sunday morning in Minot, N.D., after the ATV on which he was a passenger flipped. The 23-year-old Estevan man was in Minot for Motor Magic, a three-day car racing event at the North Dakota State Fairgrounds that runs each Labour Day weekend,

According to the Ward County Sheriff's Office, (b)(6) died from serious head injuries at a Minot hospital.

A moment of silence was held for (b)(6) prior to the start of races Sunday night and spectators donated over \$1,000 to go to the (b)(6) family's expenses.

A 39-year-old man from Grand Forks, N.D., (b)(6) was charged with driving under the influence of alcohol. The North Dakota state attorney's office is reviewing the case to determine whether other charges are warranted.

(b)(6), who was in Minot and witnessed the crash, said racing was in the blood of many members of the (b)(6) family. (b)(6) son, (b)(6), was the team's driver and Tyler was the chief of the pit crew.

As such, (b)(6)'s death has had a big impact on not only his family, but the racing community in southern Saskatchewan and the northern U.S.

"The Estevan racing community, the Minot racing community, the Grand Forks racing community ... it was a pretty big impact, absolutely," said Tim.

While summers were spent on the track, (b)(6)'s winters

EVERYBODY HURTS



THE LIVES LOST

101006HCC3017
 Exhibit 4
 Page 1 of 3

SEARCH FOR AN INCIDENT

Search

SIGN THE DEVON AND MASON FRIENDSHIP LAW PETITION



were at the hockey rink.

He previously played for the Prairie Junior Hockey League's Pilot Butte Storm and more recently skated for the Bienfait Coalers, the team that plans to retire (b)(6) No. 28 jersey when it opens the Big Six Hockey League season.



"His parents were just as passionate about the sports as he was," said (b)(6).

"We're all hanging together."

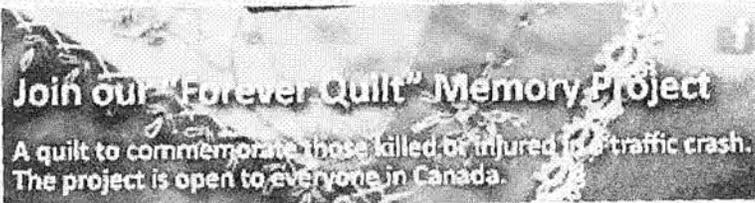
(b)(6) is survived by his parents (b)(6) sister (b)(6) girlfriend (b)(6) grandparents (b)(6) and aunts and uncles and cousins.

A public visitation will be held from 1-4 p.m. Friday in the chapel of Hall Funeral Services in Estevan. Funeral mass will be celebrated at 10:30 a.m. Saturday in St. John the Baptist Church.

RELATED

0 COMMENTS:

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SHOULD ALCOHOLICS BE GIVEN SPECIAL CONSIDERATION WHEN CAUGHT DRIVING IMPAIRED OR WHEN FACING CHARGES FOR KILLING SOMEONE?

101006HCC3017
Exhibit 4
Page 2 of 3

ABOUT THIS SITE

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101006HCC3017
Exhibit 4
Page 3 of 3

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N.D. man charged in fatal ATV crash

Last Updated: Wednesday, September 8, 2010 | 1:09 PM CST

CBC News

Police in North Dakota have charged a 39-year-old man with driving under the influence of alcohol, following an all-terrain vehicle accident that claimed the life of a Saskatchewan man on the weekend.

(b)(6) 23, of Estevan, was a passenger on an ATV that overturned at the North Dakota State Fairgrounds around 2:30 a.m. CT Sunday, according to the Ward County Sheriff's Department.

(b)(6) who had been in the city for the Motor Magic car races, died at Trinity hospital in Minot.

Capt. Todd Keller told CBC News that an autopsy showed **(b)(6)** died of massive head trauma.

The sheriff's department arrested the driver of the ATV, **(b)(6)** 39, of Grand Forks, N.D., and charged him with driving under the influence.

The case is being reviewed to determine if there will be additional charges, the sheriff's office said.

A funeral mass for **(b)(6)** will be held in Estevan on Saturday, according to a funeral notice published on saskobits.com.

•

Story comments (3)

Devils Lake
Journal
Devils Lake, ND
Circ. 3438
From Page:
2
9/8/2010
396470

ISSUE 52 9/23/2010

U1098494



DEVILS LAKE

89-604-88

Man charged in Minot death

MINOT, N.D. (AP) — The Ward County Sheriff's Office has charged a Grand Forks man with drunken driving in the weekend death of a Canadian man at the North Dakota State Fairgrounds in Minot.

Capt. Todd Keller tells KCJB that 23-year-old (b)(6) of Estevan, Saskatchewan, was a passenger on an all-terrain vehicle that overturned about 2:30 a.m. Sunday. He was pro-

nounced dead at a Minot hospital.

The driver of the ATV, 39-year-old (b)(6) of Grand Forks, was citing for driving under the influence of alcohol.

A telephone listing could not immediately be found for (b)(6).

Authorities say (b)(6) is a race car driver who was taking part in the Motor Magic activities at the fairgrounds.

1. Task Number 101012HCC2049		2. Investigator's ID 3394		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 07 06	5. Date Initiated YR MO DAY 2010 10 12		
6. Synopsis of Accident or Complaint UPC A 62 year old male died from multiple injuries sustained after crashing the UTV he was driving. The victim was operating the UTV on private property when he lost control, struck a tree and flipped the vehicle over. <u>MFR/PRV/LBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>B6, 25^c</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <u>4/4/12 LB</u>				
7. Location (Home, School, etc) 0 - UNKNOWN		8. City NEENAH		9. State WI
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 62	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 79 - LOWER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 25 / 1	
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 12/06/2010	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number 0955024413	

This investigation was initiated from a death certificate received from the State of Wisconsin Department of Health Services.

NARRATIVE

A 62 year old male died from injuries sustained after losing control of the UTV he was riding. On July 6, 2009, the victim was riding an UTV on private property when he lost control of the vehicle, struck a tree, and flipped over. The make and model of the UTV is unknown. Identifying the product is not possible due to no investigation or report filed by the sheriff's office.

The victim was taken by ambulance to a medical facility in Shawano County complaining of pain in the lower back and hip. He was later transported to another facility in Winnebago County. The name of the medical facilities is unknown. On July 10, 2009, the victim died from multiple injuries sustained in the incident. It is unknown if the victim was wearing a helmet or using a safety belt. No autopsy was performed.

A phone conversation with the Oconto County Sheriff revealed that no officer was dispatched to the scene and no incident report was filed because the incident was called in as a farm vehicle accident. In 2009, Wisconsin state law did not require law enforcement involvement in farm vehicle accidents. This law was changed in 2010.

PRODUCT IDENTIFICATION

The make and model of this UTV was not identified.

ATTACHMENTS

- Exhibit A - Call Detail Report, Oconto County Sheriff's Office
- Exhibit B - Death Certificate

11/03/10
15:48

Oconto County Sheriffs Office
CALL DETAIL REPORT

203
Page: 1

Call Number: 104765
Nature: Ambulance
Reported: 18:40:00 07/06/09
Rcvd By: D LeFebre How Rcvd: T
Occ Btwn: 18:39:05 07/06/09 and 18:39:05 07/06/09
Type: e
Priority: 1

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

Alarm:

COMPLAINANT/CONTACT

Complainant: , Name#:
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: Work Phone:

Contact: (b)(6)
Address:
Phone: (

RADIO LOG

Dispatcher	Time/Date	Unit	Code	Zone	Agnc	Description
D LeFebre	18:41:53 07/06/09	MTR	PAGE	MTR	MTR	incid#=14760 Paged call=42e
D LeFebre	18:50:55 07/06/09	MTR73	PAGE	MTR	MTR	incid#=14760 Paged call=42e
D LeFebre	18:55:40 07/06/09	MTR	CMPL	MTR	MTR	Call reassigned to MTR71
D LeFebre	18:55:40 07/06/09	MTR71	76	MTR	MTR	incid#=14760 Enroute call=42e
D LeFebre	18:59:09 07/06/09	MTR73	ENRT	MTR	MTR	incid#=14760 Enroute to a Call call=42e
D LeFebre	19:11:10 07/06/09	MTR73	ARRV	MTR	MTR	incid#=14760 Arrived on Scene call=42e
D LeFebre	19:21:25 07/06/09	MTR71	TRAN	MTR	MTR	incid#=14760 Transporting to Shawano Medical center call=42e
D LeFebre	19:30:32 07/06/09	MTR73	BACK	MTR	MTR	incid#=14760 Back to Station call=42e
D LeFebre	19:52:43 07/06/09	MTR73	CMPL	MTR	MTR	incid#=14760 Completed Call call=42e
D LeFebre	20:06:30 07/06/09	MTR71	ARHO	MTR	MTR	incid#=14760 Arrived at Shawano Medical center call=42e
D LeFebre	20:19:45 07/06/09	MTR71	BACK	MTR	MTR	incid#=14760 Back to Station call=42e
D LeFebre	21:11:04 07/06/09	MTR71	CMPL	MTR	MTR	incid#=14760 Completed Call call=42e

COMMENTS

60yoa male rolled a 4 wheel type veh complaining of lower back hip pain he has

11/03/10
15:48

Oconto County Sheriffs Office
CALL DETAIL REPORT

203
Page: 2

been paralyzed on left side for 17yrs
18:48:00 07/06/2009 - D LeFebre
EMT on scene
18:48:37 07/06/2009 - D LeFebre
port 7023 23
18:51:21 07/06/2009 - D LeFebre
6th wheeler is needed page res 73

UNIT HISTORY

Unit	Time/Date	Code
MTR	18:41:53 07/06/09	PAGE
MTR	18:55:40 07/06/09	CMPL
MTR71	18:55:40 07/06/09	76
MTR71	19:21:25 07/06/09	TRAN
MTR71	20:06:30 07/06/09	ARHO
MTR71	20:19:45 07/06/09	BACK
MTR71	21:11:04 07/06/09	CMPL
MTR73	18:50:55 07/06/09	PAGE
MTR73	18:59:09 07/06/09	ENRT
MTR73	19:11:10 07/06/09	ARRV
MTR73	19:30:32 07/06/09	BACK
MTR73	19:52:43 07/06/09	CMPL

RESPONDING OFFICERS

Unit	Officer
MTR	Mountain Rescue

INVOLVEMENTS

Type	Record#	Date	Description	Relationship
EM	14760	07/06/09	Ambulance	14760 Initiating Call

101012HCC2049

CONTACT SHEET

Jeremy Cords

Wisconsin Department of Natural Resources

P.O. Box 10448

Green Bay, WI 54307-0448

920-662-5129

Al Klimek

Brown County Coroner

P.O. Box 23600

Green Bay, WI 54305-3600

920-448-4185

Michael Jansen

Oconto County Sheriff's Office

920-834-6919

1. Task Number 101019HCC3066		2. Investigator's ID 2712		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 10 10	5. Date Initiated YR MO DAY 2010 10 19		
6. Synopsis of Accident or Complaint UPC A 51 year old male and a 14 year old passenger were driving a utility vehicle at night along a raised canal bank. He did not see a power pole in his path and swerved to avoid it, causing the UTV to go over the edge of a steep embankment and rolled over several times. The victim was thrown from the vehicle which may have hit him before coming to rest on the dry canal bed. The victim suffered severe head trauma and was pronounced dead at the scene. The passenger who was wearing a helmet and seatbelt only suffered a broken leg. The victim was believed to have been drinking and a toxicology screening found a blood alcohol level of .14.				
				MFR/PRVLBR NOTIFIED COMMENTS: <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/> <u>OVERRULED</u> ; <u>ATTACHED</u> <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>3/25/10</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <u>RE-NOTIFY</u>
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City PARLIER		9. State CA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA RHINO		10C. Model Number UNKN
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 51	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) 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 11/24/2010	25. Reviewed By 9021		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah; Mills, Alberta; Topka, Tanya			28. Source Document Number X10A0039A	

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24. Review Date 11/24/2010	25. Reviewed By 9021		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah; Mills, Alberta; Topka, Tanya			28. Source Document Number X10A0039A	

This investigation was initiated as the result of a newspaper article concerning a fatality involving a utility vehicle. The vehicle involved has 4 wheels and was identified as a "utility vehicle" based on the bench seating it contains. The following information was obtained from reports prepared by the investigating officials (Exhibits 1 – 4).

The victim was a 51 year old male with a date of birth of 1/26/59. He is described as weighing 165 pounds and was 5'7" tall. It is not certain if the victim was wearing a helmet at the time of the incident however a photo in Exhibit 3 show a helmet on the ground next to the victim's body.

Sometime around 9:40pm on 10/10/2010, the victim was driving his utility vehicle on the dirt path along elevated canal bank. The weather was clear and dry at the time and there were no street lights in the area where the incident took place. The victim was traveling with a 14 year old male passenger in the right front seat. The victim was following a friend who was driving a similar vehicle along the canal bank ahead of him and both vehicles were traveling in the same direction at 30 - 40 miles per hour.

It was not stated whether the victim was using his headlights at the time although he apparently did not see a power pole located in the middle of the path in front of him. When he did see the pole, he swerved sharply to the right, causing the utility vehicle to go over the edge of the steep canal embankment. The vehicle overturned two or three time until it landed on its left side on the dry canal bed at the bottom of the embankment. The victim was ejected from the utility vehicle and was believed to have been hit by the vehicle before it came to rest. The victim's head struck the ground, causing severe head injuries that coroner reported as the cause of death.

When the driver of the lead vehicle realized that the second vehicle was missing, he reversed course and went to the accident scene. According to his statement, he found the victim pinned underneath his vehicle. The passenger in the victim's vehicle was wearing both a seatbelt and helmet and was found strapped into the vehicle.

The passenger was able to provide a statement in which he said he did not recall the victim wearing a seatbelt at the time of the collision. He also reported that he had witnessed the victim drinking cans of beer just prior to getting on the utility vehicle.

It should be noted that in another section of the traffic report, there is a diagram showing the location of the victim and his utility vehicle after the accident. This indicates that they were found approximately 30 feet apart. The report narrative also states that the victim was thrown from the vehicle when it overturned as it was traveling down the canal bank then the vehicle collided with the victim. The witness's statement conflicts with these statements.

A toxicology screening during the autopsy found the victims' blood alcohol level to be 0.14 percent, which is above the 0.08 intoxication limit set forth by the state.

PRODUCT IDENTIFICATION

The product involved was a gray **Yamaha Rhino 4x4**. No further information was obtained.

EXHIBITS

1. Data Record Sheet (1 page)
2. Coroner's Report (10 pages)
3. Highway Patrol Report (7 pages)
4. Photos (6 pages)

Utility Vehicle Data Record Sheet

Front

A Age: 21 Height: 5'7" Weight: 165 lbs
 Gender: M
 Helmet (Y/N): Yes Seatbelt (Y/N): Yes
 Killed/Injured/Neither/Unknown: Unknown
 Injury Description: None
 Did vehicle land on victim: No
 Ejected (Either partially or fully): No

B Age: Height: Weight:
 Gender: Helmet (Y/N): Seatbelt (Y/N):

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):

Right Front Passenger

Left Rear Passenger

C 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):

Age: Height: Weight:
 Gender: Helmet (Y/N): Seatbelt (Y/N):

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):

Cargo Bed Rear

Utility Vehicle

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):

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):

If victims 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 driver's 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.

Assignment 101019HCC3066

Exhibit 2



Fresno County Coroner
760 W. Nielsen
Fresno, CA. 93706

Fresno Coroner Case # 10-10.082

INVESTIGATION

Upon the Body of

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

Before

Jeff Gentry, Deputy Coroner

At

Dirt Roadway
S. Newmark Ave. n/o E. Lincoln Ave.
Parlier, CA 93648

On

October 10, 2010

VALENTINE, Roger

10-10.082

FRESNO COUNTY CORONER - AUTOPSY REPORT

Case: 10-10-082
Name: (b)(3):CPSA Section 25
Date of Death: 10/10/2010
Date Performed: 10/12/2010
Performed At: Fresno County Morgue
Performed By: Venu Gopal, MD

PERSONAL EFFECTS:

The body is identified by a coroner's toe tag. The upper body is dressed in a black T-shirt, blue jeans, black belt, dark brown steel-toe boots, white socks.

EXTERNAL EXAMINATION:

The decedent is a well-developed, well-nourished white male whose appearance is older than the stated age of 51 years. The body measures 67" in length and weighs 165 pounds. Rigor mortis is present all over and well established. Livor mortis is over the back and fixed, and the body is cold.

The head hair is dark brown measuring up to 4" in length. The irides are grayish hazel. There are no petechiae of the palpebral or bulbar conjunctivae. Natural teeth are partially present in bad hygienic condition in the maxilla and mandible. The lingual surface of the lips do not show any injuries. The face, neck, chest, back, and extremities are unremarkable. The external genitalia is of a normal adult male, and the penis is circumcised.

When first viewed, there was dried blood over the face.

SCARS AND TATTOOS:

There are no scars or tattoos.

THERAPEUTIC PROCEDURES:

There are no therapeutic procedures.

INJURIES EXTERNAL/INTERNAL:**I. HEAD AND NECK:**

1. There is a laceration of the left temporoparietal region measuring 4" x 2". Underlying skull is exposed.

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

10-10.082

2. There is a dark red contusion to the inner side of the face measuring 3" x 2".
3. There is an abrasion over the bridge of the nose measuring 1/2" x 1/4".
Underlying nasal bones are fractured.

On reflection of the scalp, there is a subgaleal hemorrhage over the right temporal region. There is slight subdural and subarachnoid hemorrhage covering the right parietal lobe of the brain.

The brain is congested and edematous. Gyri and sulci are narrowed. There is slight tonsillar herniation. On sectioning the cerebellar hemispheres, the cortex, subcortical white matter, and deep parenchyma of either hemisphere do not show any areas of hemorrhage, softening, or induration. The midbrain, pons, and medulla oblongata are unremarkable. The ventricles are unremarkable.

II. TRUNK:

There are no visible injuries to the trunk. On reflection of the skin, there is extravasation of blood in the left side front of chest. There is extravasation of blood in the intercostal muscles between the left 2nd and 5th rib posteriorly. The lower lobe of the left lung is contused. The lower lobe of the right lung is contused. Pleural and pleural surfaces are unremarkable. Parenchyma is spongy without any focal consolidation, cavitation, or induration. Pulmonary trunk show no thromboemboli.

III. EXTREMITIES:

There is a grazed abrasion covered with dirt on the outer aspect of the left forearm measuring 8" x 1 1/2".

Injuries and findings above having been mentioned once will not be repeated.

INTERNAL EXAMINATION:

BODY CAVITIES: Thoracic and abdominal organs are in their normal anatomic relations. There are no effusions or adhesions in any of the body cavities.

HEAD: See recent injuries above.

NECK: The strap muscles of the neck do not show hemorrhaging. The thyroid cartilage and hyoid bone are intact. There is no extravasated blood in the prevertebral fascia. The atlantooccipital joint is intact.

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

10-10.082

CARDIOVASCULAR SYSTEM: The aorta and its major branches are normally distributed. The great veins are unremarkable.

The heart weighs 335 gm. The pericardium, epicardium, and endocardium are smooth and glistening. There are no pericardial petechiae or subendocardial hemorrhages. The coronaries show right predominance and they show stenosis ranging from 10-20% in the major coronary arteries. The valves and valve leaflets are within normal size and shape. The atria and pulmonary trunk do not contain any thrombi or emboli. The myocardium is reddish-brown and grossly unremarkable. The chordae tendineae and papillary muscles are unremarkable. The valve circumferences are within normal range for size and shape.

RESPIRATORY SYSTEM: The upper airway contains no debris or foreign material. Right and left lungs weigh 583 and 467 gm, respectively. The lung findings have been described earlier.

HEPATOBIILIARY SYSTEM: The liver weighs 1451 gm. It has a glistening capsule and a sharp free margin. On sectioning, it shows reddish-brown parenchyma. The gallbladder and extrahepatic bile ducts are unremarkable. The pancreas is unremarkable.

GASTROINTESTINAL SYSTEM: The stomach contains dark brown fluid amounting to 2 ounces. There are no ulcers of the gastroduodenal or gastroesophageal junctions. Appendix present.

GENITOURINARY SYSTEM: The right and left kidneys weigh 141 and 135 gm, respectively. Their capsules come off easily. The cortex and the medulla are well delineated. The calyces, pelves, and ureters are unremarkable. The urinary bladder is empty. The bladder mucosa is unremarkable. The prostate gland is unremarkable, externally and upon sectioning.

HEMOLYMPHATIC SYSTEM: The spleen weighs 102 gm. It has a blue-gray capsule and a deep red cut surface. The regional lymph nodes are not enlarged.

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

MUSCULOSKELETAL SYSTEM: Unremarkable. The diaphragm is intact.

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

10-10.082

MATERIALS OBTAINED:

Blood sent for toxicology. Vitreous frozen. Photographs taken.

AUTOPSY FINDINGS:

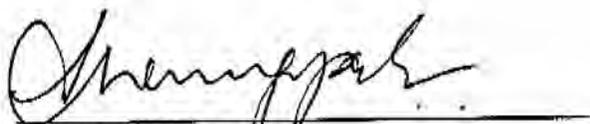
- I. Blunt impact to the head with:
 - a. Laceration of the left parietal region.
 - b. Fracture of the nasal bones.
 - c. Subgaleal hemorrhage over the right temporal region.
 - d. Subdural and subarachnoid hemorrhage covering the right parietal lobe of the brain.
 - e. Congested and edematous brain.
- II. Blunt impact to the trunk with:
 - a. Extravasation of blood in the intercostal muscles between the 2 to 5 ribs posteriorly.
 - b. Contusion of the lower lobe of both the lungs.
- III. Blunt impact to the extremities with:
 - a. Grazed abrasion to the outer aspect of the right forearm.

OPINION AS TO THE CAUSE OF DEATH:

Head injury due to blunt impact.

COMMENT:

Driver of an ATV rollover.



venu gopal, MD
Chief Forensic Pathologist

VG/tu
VG24628C.T02
d: 10/12/2010
t: 10/12/2010

TRMC - Mineral King Laboratory, 880 E. Merritt, Tulare CA 93274
Phone: (559) 685-3456 Fax: (559) 685-8745,
Directors: Gary Walter, M.D. - Jue-Rong Zhang M.D., Ph.D - Sharon Fong, C.L.S. *JA*



Collected By: Dr. Gopal
Date/Time Collected: 10/12/2010 08:00
Date/Time Received: 10/13/2010 09:20
Completion Date: 10/18/2010 10:03

Patient Name: (b)(3):CPSA Section 25
Accession #: 1063165
Case Number: 10-10-082

FRESNO COUNTY CORONER'S OFFICE
760 W. Nielson
Fresno, CA 93706

Specimen Type: BLOOD

GRAY-TOP/PERIPHERAL BLOOD

Blood Alcohol {by GC} Results-- Units in % (g/100mL)

Approved by: SM

TESTED BY: SM
TEST DATE: 10/15/10
Blood Alcohol (Ethanol)= 0.14

%

Legal limit 0.08% for motor vehicle operation.

I certify, under penalty of perjury, under the laws of the state of California, that the attached blood alcohol analysis was performed during the regular course of my duties, and is a true and correct copy thereof. I further certify that I am an approved FORENSIC ALCOHOL ANALYST or SUPERVISOR by the state of California, that I am qualified to perform this analysis pursuant to Title 17 of the California Code of Regulations, and that the equipment used in arriving at the result was in proper working order at the time the analysis was performed and that the recording of the result was done at the time of the analysis.

Signature: 

TRMC - Mineral King Laboratory, 880 E. Merritt, Tulare CA 93274
 Phone: (559) 685-3456 Fax: (559) 685-8745,
 Directors: Gary Walter, M.D. - Jue-Rong Zhang M.D., Ph.D - Sharon Fong, C.L.S.

Collected By: Dr. Gopal
 Date/Time Collected: 10/12/2010 08:00
 Date/Time Received: 10/13/2010 09:20
 Completion Date: 10/14/2010 16:04

Patient Name: (b)(3):CPSA Section 25
 Accession #: 1063164
 Case Number: 10-10-082

FRESNO COUNTY CORONER'S OFFICE
 760 W. Nielson
 Fresno, CA 93706

Specimen Type: BLOOD

CORONER BOTTLE/PERIPHERAL BLOOD

Blood Drug Screen Results

Approved by: SM

Amphetamines	Negative
Barbiturates	Negative
Cannabinoids	Negative
Cocaine (Metabolite)	Negative
Benzodiazepines	Negative
Opiates	Negative
Phencyclidine	Negative

Accession #: 1063164/1
 This report continues... (Final)

Reviewed by: 
 Page 1



**Fresno County Coroner
760 W. Nielsen
Fresno, CA. 93706**

Fresno, California, 10/10/2010 8:06:00 PM)
(
IN THE MATTER OF INVESTIGATION HELD)
(
UPON THE BODY OF (b)(3):CPSA Section 25(c))
(
DECEASED.....))

ooOOoo

On October 10, 2010 at 2008 hours while on duty with the Fresno County Coroner's Office I received a call from the California Highway Patrol to report an ATV related death. The decedent was identified as (b)(6) a 51 year old white male. (b)(6) was pronounced deceased by the Sanger Fire Department on October 10, 2010 at 2006 hours.

When I arrived at the location of the accident at S. Newmark Ave. North of E. Lincoln Ave. in Parlier, California I was met by California Highway Patrol Officer Yetter who informed me of the circumstances leading up to the accident. Officer Yetter indicated that according to statements provided (b)(6) was driving a Yamaha Rhino 4x4 Northbound along the dirt canal bank running parallel to S. Newmark Ave. north of E. Lincoln Ave. At 1940 hours while following a second ATV (b)(6), for reasons unknown, went eastbound off the dirt canal bank into the empty canal. While going down the canal bank the ATV overturned causing (b)(6) to be ejected and crushed. It did not appear that Mr. (b)(6) was restrained. (b)(6) 14 year old passenger was injured in the accident and was transported to the hospital. According to a friend who was driving an ATV in front of (b)(3):CPSA Section 25(c) was under the influence of alcohol at the time of the accident.

Upon my arrival I observed a Yamaha Rhino 4x4 at the bottom of the empty canal. The vehicle had been moved off of (b)(6) prior to my arrival. (b)(6) was supine on the ground next to the vehicle. He was wearing a dark color shirt, blue jeans and brown boots. He had obvious injuries to his head and had blood on his head and face. I did not observe any other obvious signs of trauma. According to Officer Yetter (b)(6) wallet and money was removed and provided to family prior to my arrival. His remaining property was returned to family upon my arrival.

(b)(6) was taken from the location of the accident to the Fresno County Coroner's Office where Dr. Venu Gopal performed an autopsy examination and drew fluids for toxicological testing.

Mineral King Laboratory determined (b)(6) to have a blood alcohol concentration of 0.14 % g/100mL.

ROGER VALENTINE

10-10.082

On October 10, 2010 at 1940 hours on a dirt roadway located at S. Newmark Ave. north of E. Lincoln Ave. in Parlier California (b)(3);CPSA Section was the ejected driver in a solo ATV rollover accident.

Dr. Gopal determined (b)(6) immediate cause of death to be Head Injury due to Blunt Impact. Manner of death was determined Accident.

Jeff Gentry, DEPUTY CORONER

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

SPECIAL CONDITIONS FATAL PRIVATE PROPERTY		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED		SANGER SUPERIOR		LOCAL REPORT NUMBER 2010-10-0114			
NUMBER KILLED 1		HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY FRESNO		REPORTING DISTRICT SANGER SUPERIOR		BEAT 902	DAY OF WEEK SUNDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON SMITH FERRY CANAL				MO 10/10/2010	DAY 10/10/2010	YEAR 1940	TIME (2400) 1940	NCIC # 9435	OFFICER I.D. 018827	
	MILEPOST INFORMATION:				GPS COORDINATES LATITUDE 36.65040°				LONGITUDE -119.53429°		PHOTOGRAPHS BY: R. YETTER #18827
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: (b)(6)				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG P	SAFETY EQUIP. H	VEH. YEAR 2008	MAKE / MODEL / COLOR YAMA RHINO GRY	LICENSE NUMBER 05M18D	STATE CA		
DRIVER	NAME(FIRST, MIDDLE, LAST): <input checked="" type="checkbox"/> (b)(6)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER (b)(6)					
PEDES- TRIAN	STREET ADDRESS (b)(6)					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP SANGER CA 93657					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER					
BICY- CLIST	SEX M	HAIR BRN	EYES GRN	HEIGHT 5-09	WEIGHT 130	MO 01/26/1959	DAY 1959	YEAR 1959	RACE H		
OTHER	HOME PHONE (b)(6)		BUSINESS PHONE (b)(6)								
INSURANCE CARRIER N/A		POLICY NUMBER									
DIR OF TRAVEL N		ON STREET OR HIGHWAY SMITH FERRY CANAL				SPEED LIMIT N/A					
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE		
DRIVER	NAME(FIRST, MIDDLE, LAST):					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES- TRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO	BIRTHDATE DAY	YEAR	RACE		
OTHER	HOME PHONE		BUSINESS PHONE								
INSURANCE CARRIER		POLICY NUMBER									
DIR OF TRAVEL		ON STREET OR HIGHWAY				SPEED LIMIT					
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE		
DRIVER	NAME(FIRST, MIDDLE, LAST):					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES- TRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO	BIRTHDATE DAY	YEAR	RACE		
OTHER	HOME PHONE		BUSINESS PHONE								
INSURANCE CARRIER		POLICY NUMBER									
DIR OF TRAVEL		ON STREET OR HIGHWAY				SPEED LIMIT					
PREPARER'S NAME R. L. YETTER 018827		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				REVIEWER'S NAME M. Brown 16041				DATE REVIEWED NOV 02 2010	

DATE OF COLLISION (MO. DAY YEAR) 10/10/2010				TIME(2400) 1940		NCIC # 9435		OFFICER I.D. 018827			NUMBER 2010-10-0114				
--	--	--	--	--------------------	--	----------------	--	------------------------	--	--	------------------------	--	--	--	--

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER						
<input type="checkbox"/> #	<input type="checkbox"/>	51	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	P	H	1				

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

(INJURED ONLY) TRANSPORTED BY: FRESNO COUNTY CORONER'S OFFICE													TAKEN TO: FRESNO COUNTY MORGUE				
--	--	--	--	--	--	--	--	--	--	--	--	--	-----------------------------------	--	--	--	--

DESCRIBE INJURIES: **SUCCUMBED TO BLUNT FORCE TRAUMA TO THE HEAD. PRONOUNCED DECEASED AT THE SCENE BY SANGER FIREMEN BELTZ (792) AND WILSON (A517) AT 2006 HOURS.**

FRESNO COUNTY CORONER CASE #10-10-082 VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> #	<input type="checkbox"/>	14	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	P	G	0				
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NAME / D.O.B. / ADDRESS (b)(6)													TELEPHONE (b)(6)				
--	--	--	--	--	--	--	--	--	--	--	--	--	----------------------------	--	--	--	--

(INJURED ONLY) TRANSPORTED BY: AMERICAN AMBULANCE													TAKEN TO: COMMUNITY REGIONAL MEDICAL CENTER				
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DESCRIBE INJURIES: **FRACTURED RIGHT LEG**

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> #	<input type="checkbox"/>	49	M	<input type="checkbox"/>														
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NAME / D.O.B. / ADDRESS (b)(6)													TELEPHONE (b)(6)				
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(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
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DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> #	<input type="checkbox"/>	87	F	<input type="checkbox"/>														
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NAME / D.O.B. / ADDRESS (b)(6)													TELEPHONE (b)(6)				
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(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
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DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>														
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NAME / D.O.B. / ADDRESS													TELEPHONE				
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(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
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DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>														
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NAME / D.O.B. / ADDRESS													TELEPHONE				
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(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:				
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DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME R. L. YETTER				I.D. NUMBER 018827		MO. DAY YEAR 10/10/2010		REVIEWER'S NAME				MO. DAY YEAR			
---------------------------------	--	--	--	-----------------------	--	----------------------------	--	-----------------	--	--	--	--------------	--	--	--

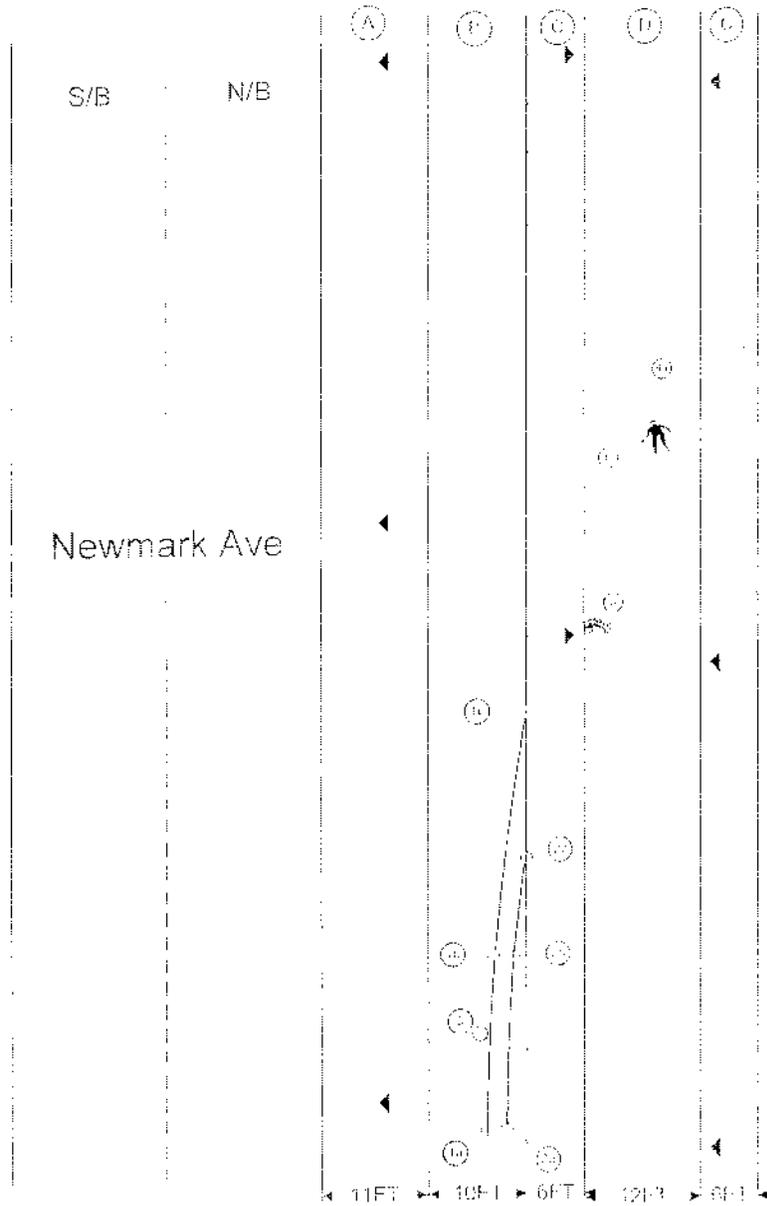
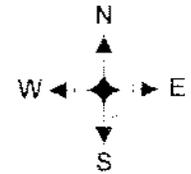
CEIP 555 Page 4 Rev. 5-07 (CPL/CP)

DATE OF INCIDENT 10/10/2010	TIME 1940	NCIC NUMBER 9435	OFFICER I.D. NUMBER 018827	NUMBER 2010-10-0114
--------------------------------	--------------	---------------------	-------------------------------	------------------------

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

Factural Diagram
 Not to Scale

Smith Ferry Canal



Lincoln Ave



- A = Gravel Shoulder
- B = Elevated Canal Bank
- C = Steep Dirt Embankment
- D = Dirt Canal Bottom (Dry)

PREPARED BY R. L. YETTER	LD NUMBER 018827	DATE 10/10/2010	REVIEWER'S NAME	DATE
-----------------------------	---------------------	--------------------	-----------------	------

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/10/2010	1940	9435	018827	2010-10-0114

1

PHYSICAL EVIDENCE LOCATION

2

ITEM	STATION	DIRECTION	DISTANCE IN FEET
1a	0+00	R	15
1b	0+20	R	16
1c	0+43	R	21
2a	0+00	R	18
2b	0+20	R	19
2c	0+28	R	21
Center of 3	0+54	R	28
4a	0+75	R	34
4b	0+72	R	35
Center of 5	0+12	R	15

3

4

5

6

FACTS:**Notification:**

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14

On October 10, 2010 at approximately 1946 hours, I received a radio call from CHP dispatch. Dispatch advised me of a traffic collision with an ambulance responding to Newmark Ave and Lincoln Ave. I responded from Temperance Ave and North Ave and arrived on scene at approximately 1957 hours. Upon further investigation, I determined this to be a fatal traffic collision.

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23

All times, speeds, and measurements are approximate. All measurements were obtained by roll meter.

PREPARED BY	OFF. NUMBER	DATE	REVIEWER'S NAME	DATE
R. L. YETTER	018827	10/10/2010		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
10/10/2010	1940	9435	018827

1 **Other Factual Information:**

2
3 1. This Officer took twenty-two photos at the scene. The photos were then booked into the
4 CHP evidence locker.

5
6 2. A crushed and empty Budweiser can was located under V-1.

7
8 3. No collision damage was located on the left front of V-1 or on the power pole located in
9 the middle of the canal bank V-1 was traveling on.

10
11 4. On 10-10-2010, at approximately 2040 hours, I contacted Witness #2 (W-2, Josie
12 Valentine) at the scene of the collision. W-2 informed me that she is the mother of P-1. I
13 requested that W-2 walk me through her contact with P-1 for the twenty-four hour period
14 prior to the collision. W-1 related the following timeline.

- 15
16
- 10-09-10 at approximately 7:30 PM: P-1 and W-2 spent the evening together at their home in Sanger. W-2 advised that P-1 seemed to be in good spirits and did not notice any abnormal behavior.
 - 10-09-10 at approximately 9:30 PM: P-1 went to bed.
 - 10-10-10 at approximately 6:30 AM: P-1 woke up.
 - 10-10-10 at approximately 12:00PM: P-1 left the house in Sanger with W-1. W-1 and P-1 were headed to W-1's ranch on Lincoln Ave and Smith Ave.
 - W-2 related that W-1 did not have any medical conditions. W-2 is unsure what, if anything, P-1 ate for breakfast or lunch.

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18
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24
25
26 5. On 10-10-2010, at approximately 2030 hours, I contacted W-1 (Jorge Villarreal) at the
27 scene of the collision. W-1 informed me that he is a lifelong friend of P-1's. I requested
28 that W-1 walk me through his contact with P-1 for the twenty-four hour period prior to the
29 collision. W-1 related the following timeline:

- 30
- 10-10-10 at approximately 12:00PM: W-1 met P-1 at P-1's house in Sanger. P-1 and W-1 then left from P-1's house enroute to W-1's ranch which is located on Lincoln Ave and Smith Ave. W-1 was driving his all terrain vehicle and P-1 was driving V-1. P-1 and W-1 drove their vehicles on the back roads and arrived at the ranch at approximately 1:30PM.
 - 10-10-10 at approximately 1:30 PM: W-1 and P-1 spent the afternoon working on projects around the ranch. The work consisted primarily of tending to the yard and trees. After the work was completed, W-1 and P-1 had dinner where both had "a couple beers." W-1 was unsure exactly how much alcohol P-1 consumed, but did advise that P-1 had been drinking Budweiser.
 - 10-10-10 at approximately 7:20 PM : W-1, P-1, and Passenger #1 left the ranch to return to their respective homes in Sanger.
- 31
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
10/10/2010	1940	9435	018827

1 **Statements (continued):**

2
3 I asked W-1 if he had consumed any alcoholic beverages or observed P-1 consume any
4 alcoholic beverages while they were at the ranch. W-1 advised me that both he and P-1
5 had consumed "a couple beers" (Budweiser) while at the ranch. I also asked W-1 if he
6 remembers if V-1 had it's headlights on at the time of the collision. W-1 advised me that
7 V-1 did have it's headlights on.
8
9

10 **OPINIONS AND CONCLUSIONS**

11
12 **Summary:**

13
14 P-1 was driving V-1 northbound on the west canal bank of the Smith Ferry Canal, north of
15 Lincoln Ave and east of Newmark Ave at approximately 30-40 MPH.
16

17 As P-1 continued north, he made an unsafe turning movement to the right. P-1's unsafe
18 turning movement caused V-1 to begin traveling in a northeasterly direction down the canal
19 bank. As V-1 continued in a northeasterly direction, V-1 overturned onto the canal bed,
20 ejecting P-1 in a northeasterly direction. As P-1 and V-1 both continued in a northeasterly
21 direction, V-1 collided with P-1 before coming to rest on top of P-1.
22

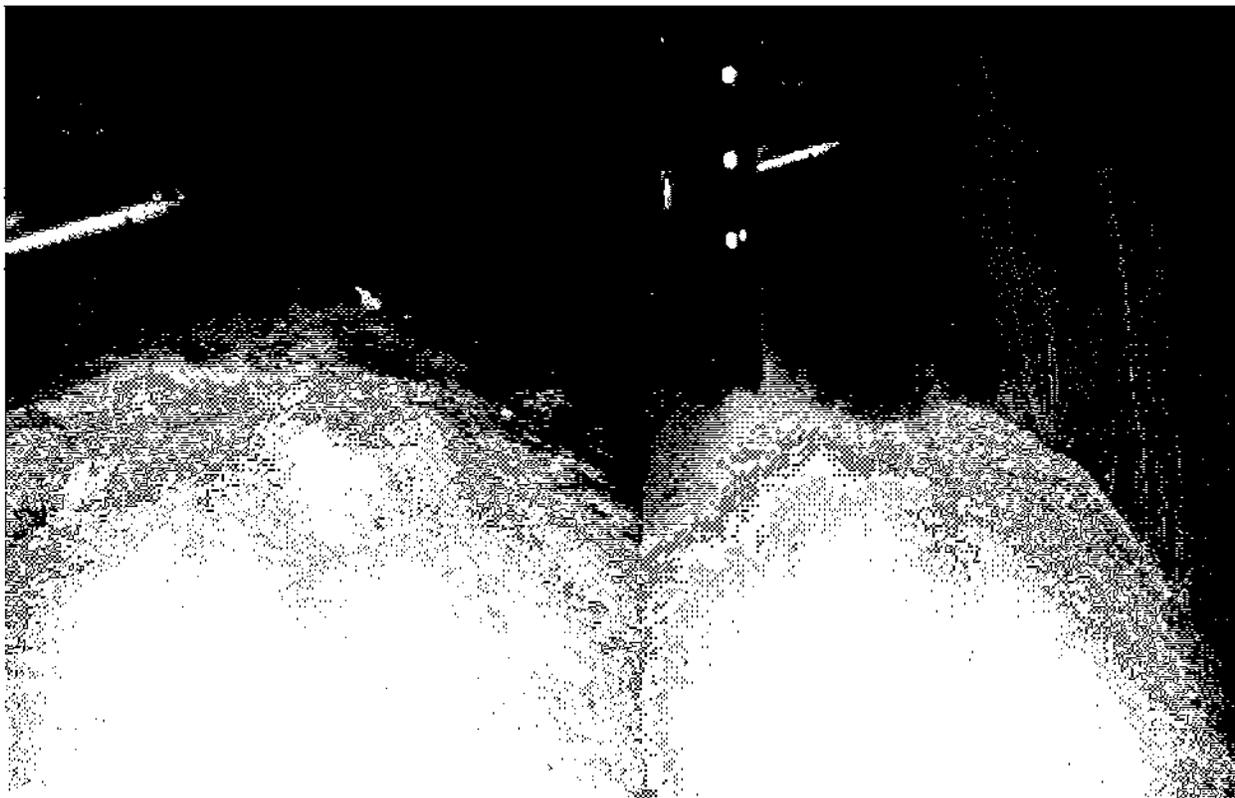
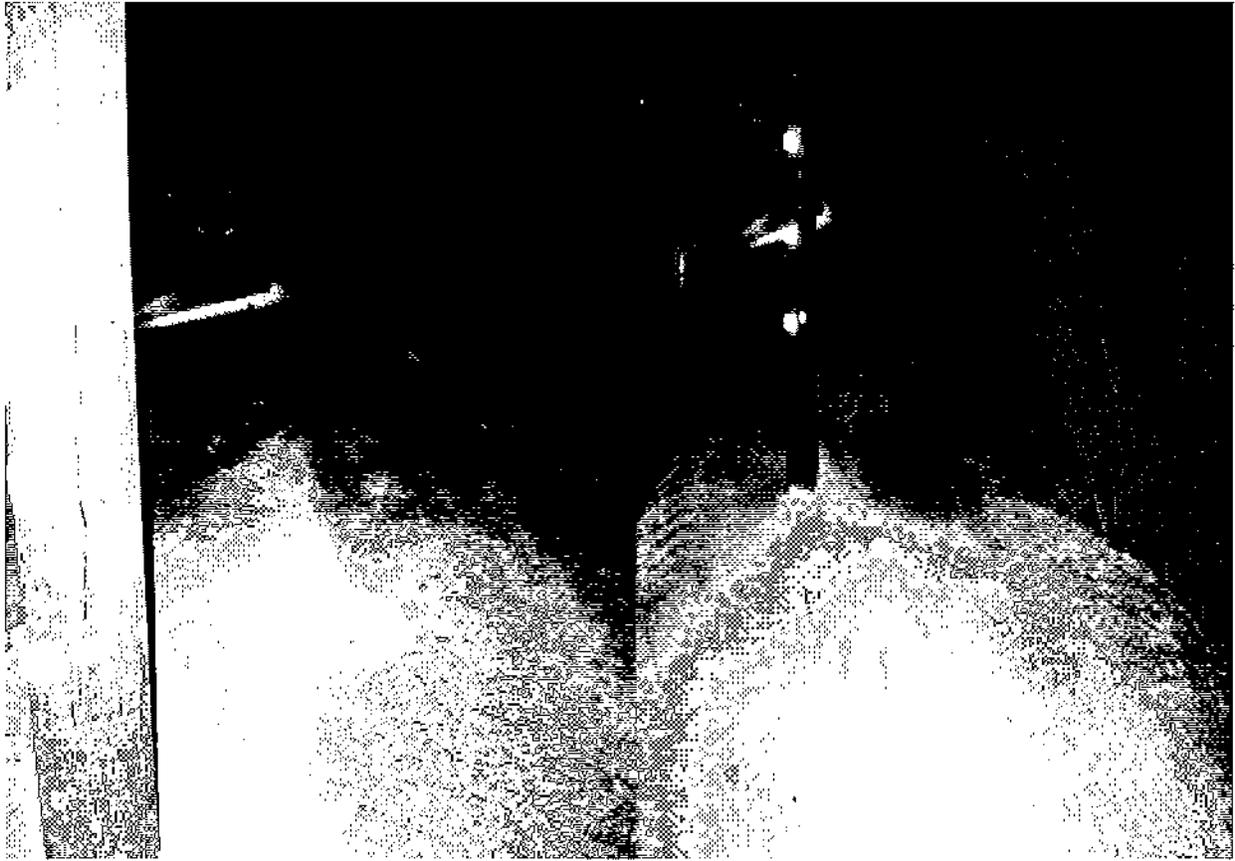
23 After the collision, V-1 came to rest on its left side, facing in a northeasterly direction within
24 the Smith Ferry Canal, north of Lincoln Ave and east of Newmark Ave.
25
26

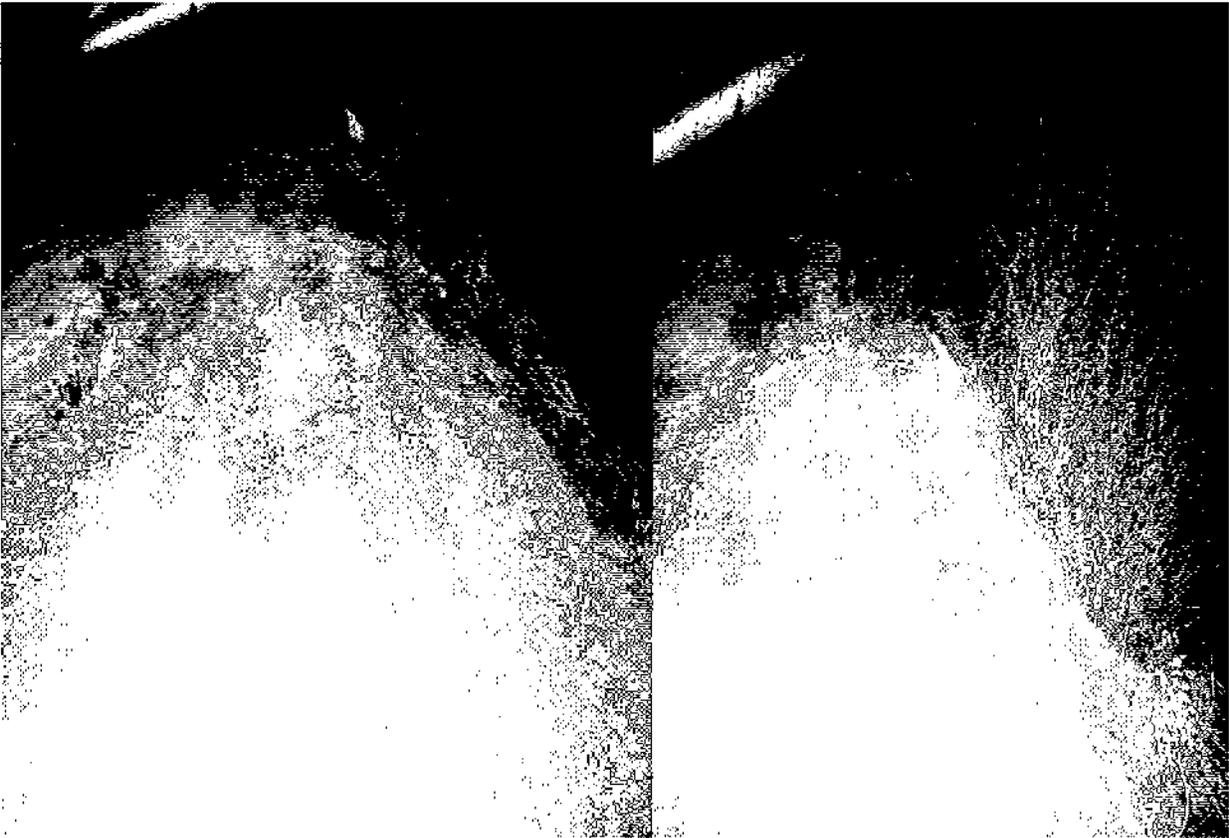
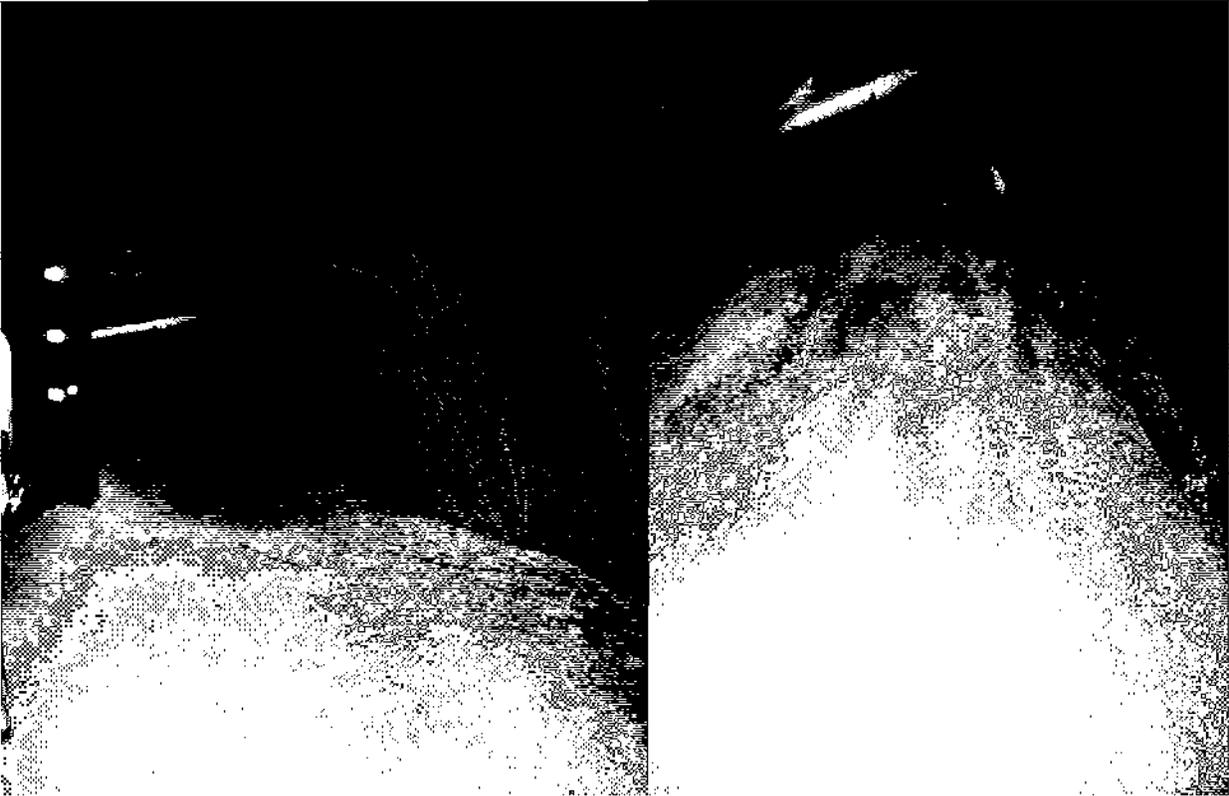
27 **Areas of Impact:**

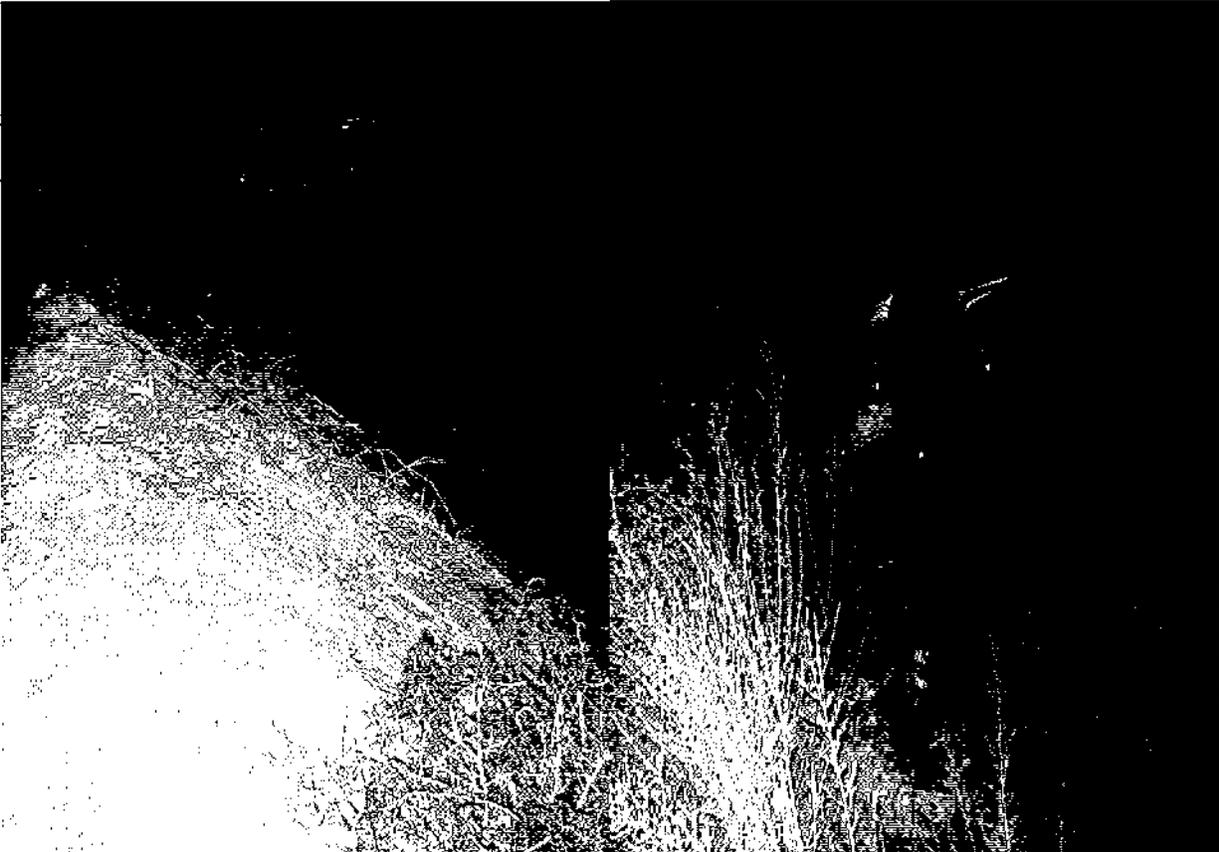
28
29 Area of Impact #1 (V-1 vs. Smith Ferry Canal bed) was located 1506 feet north of the north
30 roadway edge prolongation of Lincoln Ave and 28 feet east of the east roadway edge of
31 Newmark Ave.
32

33 Area of Impact #2 (P-1 vs. Smith Ferry Canal bed) was located 1520 feet north of the north
34 roadway edge prolongation of Lincoln Ave and 35 feet east of the east roadway edge of
35 Newmark Ave.
36

37 Area of Impact #3 (V-1 vs. P-1) was located 1524 feet north of the north roadway edge
38 prolongation of Lincoln Ave and 35 feet east of the east roadway edge of Newmark Ave.
39
40
41
42













CONTACT INFORMATION

Fresno County Coroner
760 West Nielsen Ave
Fresno, CA 93706
Phone: 559-268-0109

Letter sent on 11/5/10 requesting information on the incident. Follow up phone calls on 11/18/10.

Department of California Highway Patrol
Fresno Division
1382 West Olive
Fresno, CA 93728
Phone: 559-441-5441

Letter sent on 11/5/10 requesting information on the accident. Follow up phone calls on 11/18/10.

View in the Updates section

Parlier man, 51, killed in ATV accident

Posted at 11:25 PM on Sunday, Oct. 10, 2010
By Alex Tavlian and Jim Guy / The Fresno Bee

9 Comments

A 51-year-old Parlier man died in an ATV accident Sunday night in the Parlier area, authorities said.

The man, identified this morning by the Fresno County Coroner's Office as (b)(3):CPSA, and a 14-year-old passenger were traveling on a Yamaha Rhino ATV about 7:40 p.m. along a dry canal adjacent to Newmark Avenue near Lincoln Avenue, the California Highway Patrol said.

(b)(6) made an abrupt right turn to avoid a power pole, and the ATV plunged into the canal and rolled over, the CHP said.

(b)(6), who was not wearing restraints, was thrown from the ATV and later pronounced dead at the scene. The passenger, who was restrained, suffered a broken leg and was taken to Community Regional Medical Center, the CHP said. The passenger was not identified.

SHARE 8
5 network
BUZZ UPI
E-MAIL PRINT
TEXT SIZE:

XIOA 0039
ISSUE 03
OCT 12 2010

Similar stories:

- Coroner IDs man, 51, killed on ATV
- CHP dog honored for catching reckless driver
- Plane with rowdy man returns to Polish airport
- Local briefs: 1 held, 1 sought in Porterville slaying
- Fresno man ID'd in fatal motorcycle crash



CA
10/10/10
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Local section

Coroner IDs man, 51, killed on ATV

Posted at 11:17 PM on Monday, Oct. 11, 2010
The Fresno Bee

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A 51-year-old man who died in an ATV accident Sunday night in the Parlier area was identified as (b)(3)-CPSA, the Fresno County Coroner's Office said.

Valentine and a 14-year-old passenger were traveling on a Yamaha Rhino ATV about 7:40 p.m. along a dry canal adjacent to Newmark Avenue near Lincoln Avenue when (b)(6) made an abrupt right turn to avoid a power pole, the California Highway Patrol said. The ATV plunged into the canal and rolled, the CHP said.

(b)(6) who was not wearing restraints, was thrown from the ATV and died at the scene. The unidentified passenger, who was restrained, suffered a broken leg, the CHP said.

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