

Doc No: **I08A0289A**

Issue: **3**

10/16/2008

10/14/2008 14:02:28

Name = Tracy West
Address = 2797 Ironwood Road
City = Imperial
State = California
Zip = 92251
Email = jmbintl@yahoo.com
Telephone = 7604970917
Name of Victim = Abigail Rae West
Victim's Address = 2797 Ironwood Road
Victim's City = Imperial
Victim's State = California
Victim's Zip = 92251
Victim's Telephone =

MFR/PRVLBR NOTIFIED

COMMENTS: YES NO
 OVERRULED; ATTACHED

EXCISIONS/FOIA EXS. :

DO NOT RE-NOTIFY RE-NOTIFY

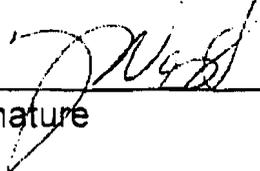
APR 6/15/09

Incident Description = Our daughter Abigail was a passenger in a Yamaha Rhino when it rolled over and she was partially ejected and the roll bar crushed her neck killing her instantly. They were making a turn to come back to camp when the vehicle rolled over. These machines need to be taken off the market. I know several people who have rolled in these and they are lucky they are still alive. If Yamaha had just spent the extra 100.00 to install 5 point harnesses it would have saved hers and many more lives.

Victim's age at time of incident = 13
Victim's sex = female
Date of incident = 11-22-06
Product involved = Yamaha Rhino
Product brand name/manufacture = Yamaha
Manufacturer street address =
Place where manufactured (City and State or Country) =
Product model and serial number, manufacture date =
Product damaged, repaired or modified =
If yes, before or after the incident =
Description of damage, repair or modification =
Date product purchased = It did not belong to us.
Product involved still available = no
Have you contacted the manufacturer = yes
If not, do you plan to contact them =
Name Release = Release name to the manufacturer and public

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

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



Signature

10-23-08
Date

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

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

| | | |
|---|---------------------|------------|
| NAME OF RESPONDENT (b)(3) CPSA Section 25(c) | 2. PHONE NO. (HOME) | (WORK) |
| | (b)(3) CPSA | unknown |
| | 4. CITY | ST ZIPCODE |
| | Hot Springs | AR 71913 |
| | 4b. INCIDENT CITY | ST ZIPCODE |
| | Hot Springs | AR 71913 |

DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 e ATV has rolled over on the consumer on 2 different occasions.

cont -

| | | |
|-----------------------------------|---|--|
| DATE OF INCIDENT(S) 11/15/2006 | 7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 44 Y/M AND DESCRIBE INJURY skinned leg and bruises MFR/PRVLR NOTIFIED COMMENTS: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OVERRULED: ATTACHED | 8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self |
|-----------------------------------|---|--|

| | | |
|---|---|--|
| DESCRIPTION OF PRODUCT utility vehicle | EXCISIONS/FOIA EXS. 25c DO NOT RE-NOTIFY RE-NOTIFY | 10. BRAND NAME Yamaha Rhino 660 4 x 4 |
|---|---|--|

| | | |
|--|-----------------------|--|
| MFR/DISTRIBUTOR NAME, ADDR. & PHONE Yamaha unknown unknown unknownw unknown | ISSUE 9 11/24/2008 | 12. MODEL, SERIAL #'S, DATE OF MFR VIN# unavailable |
| | | 13. DEALER'S NAME, ADDRESS & PHONE The Outdoor unknown Benton, AR 501-776-0679 |

| | |
|--|--|
| . WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES IF YES, BEFORE OR AFTER THE INCIDENT? AFTER DESCRIBE: The utility vehicle rolled over 2 different times. | 15. PRODUCT PURCHASED NEW DATE PURCHASED 09/25/2006 AGE 2 Y |
| | 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: None pertaining to the problem. |

| | | |
|---|---|---|
| . HAVE YOU CONTACTED THE MANUFACTURER? NO IF NOT, DO YOU PLAN TO CONTACT THEM? Yes. | 18. IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION | 19. MAY WE USE YOUR NAME WITH THIS REPORT? YES |
|---|---|---|

FOR ADMINISTRATION USE

| | | |
|-------------------------------|---|-------------------------------|
| . DATE RECEIVED 11/20/2008 | 21. RECEIVED BY (NAME & OFFICE) mlj/HL | 22. DOCUMENT NO. H08B0236A |
| . FOLLOW-UP ACTION | | 24. PRODUCT CODE(S) 5044 |
| . DISTRIBUTION | 26. ENDORSER'S NAME & TITLE mlj 11/21/2008 | |

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

H08B0236A

rrative Continued

./06) The consumer 5'10" tall, 210 lbs., consumer was riding the ATV and making a turn on a small hill, when the ATV flipped over. The consumer sustained skinned legs, because the ATV did not have doors on it at that time.

The consumer contacted the dealer and relayed the incident information over to a rep. The dealer informed him that the utility vehicles were supposed have doors on them and that either the mfr. or the retailers had sent out letter about the doors. The consumer indicated that he was never informed of this. However, the dealer installed doors and a hand-hold device in the middle of the utility vehicle sometime later (no expense to the consumer).

1/15/08) The consumer was riding in the utility vehicle down a dirt road and going around a corner, when the vehicle rolled over three times. The consumer was wearing boots, a helmet, and his seat belt. The vehicle flipped over so hard that the rear end for the right rear tire came out. The consumer drove it home in that condition. The consumer is experiencing some pain from the incident, but has not seen a doctor for them.

The consumer notes that the doors on this ATV are extremely short and he feels that they do not really provide sufficient protection.

distributor Phone #:

SC Source: INTERNET

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

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

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

Signature

Date

11/29/08

I request that you do not release my name.

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

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

11/04/2008 09:26:48

Name = (b)(3).CPSA Section 25(c)
 Address
 City = Ja
 State = F
 Zip = 322
 Email =
 Telephon
 Name of
 Victim's
 Victim's
 Victim's
 Victim's
 Victim's

MFR/PRVLBR NOTIFIED

COMMENTS: YES NO
 OVERRULED; ATTACHED

EXCISIONS/FOIA EXS. 25c, b

DO NOT RE-NOTIFY RE-NOTIFY

Mr 6/15/09

Incident Description = I was riding my mother's Yamaha Rhino when it flipped at a low rate of speed on a flat surface. I was wearing a seatbelt but my foot was ejected from the machine and the rollbar behind the weight of the machine severed my lower left leg. I have had 19 surgeries (costing over 1.2 million so far) and 16 months later I am still unable to walk but they were able to salvage my leg. I grew up riding motorcycles and 4 wheelers so this was not my first time on an ATV. This vehicle flipped so quickly it was almost instantaneous. You must do something to force Yamaha to improve the safety of this vehicle. Too many people have lost their lives and sustained severe injuries due to vehicle being extremely top heavy and having various other design flaws. The president of Yamaha France tried to implement safety features (in France) to prevent injuries after he himself fell victim to a rollover in which he sustained crushed ankles. Once Yamaha International got wind of the vehicle alterations they made him remove all added safety features. At least someone in the organization is trying to help. You must do something to stop this disregard to product safety. You cannot imagine what I have gone through and I hope my complaint helps prevent it from happening to many others. Please do not release my name to the public because I do not want to be posted all over the internet like some victims. Thank you in advance for any changes that you might enforce.

Victim's age at time of incident = 35
 Victim's sex = male
 Date of incident = 07/02/2007
 Product involved = 2007 Yamaha Rhino 450
 Product brand name/manufacturer = Rhino 450/Yamaha
 Manufacturer street address =
 Place where manufactured (City and State or Country) = Newnan, Georgia
 Product model and serial number, manufacture date = Model yxr45fwr, serial # 5y4aj19yx7a010191
 Product damaged, repaired or modified = no
 If yes, before or after the incident =
 Description of damage, repair or modification =
 Date product purchased = 02/10/2007
 Product involved still available = yes
 Have you contacted the manufacturer = yes
 If not, do you plan to contact them =
 Name Release = Do not release name

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

Can you remove the statement "This Vehicle Flipped so quickly it was almost instantaneous".

My interpretation of this could be different than someone else.

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

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

Signature

11/11/08
Date

I request that you do not release my name.

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

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

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

| | | | | | |
|--|---|---|---|--|------------------|
| 1. NAME OF RESPONDENT Tracy Heavyrunner | | 2. PHONE NO. (HOME) 435-668-5164 | | (WORK) unknown | |
| 3. STREET ADDRESS 239 W. Mustang Rd | | 4. CITY Enoch | | ST UT | ZIPCODE 84721 |
| 4a. EMAIL ADDRESS | | 4b. INCIDENT CITY Enoch | | ST UT | ZIPCODE 84721 |
| 5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES Consumer is aware on CAP for NR 09-172 involving the product. - cont - <i>Not until after injury - found out 9/6/09</i> | | | | | |
| 6. DATE OF INCIDENT(S) 04/06/2009 | 7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 36 Y/M AND DESCRIBE INJURY legs contusion, lung damage, and broken jaw and teeth | | | 8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME unknown RELATIONSHIP husband | |
| 9. DESCRIPTION OF PRODUCT all terrain vehicle | | | 10. BRAND NAME Yamaha Rhino 660 | | |
| 11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown unknown | | | 12. MODEL, SERIAL #'s, DATE OF MFR vin 5y4am08y37a020094 / dom 2007 | | |
| MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OVERRULED; <input type="checkbox"/> ATTACHED EXCISIONS/FOIA EXS. <u>04/13/2009</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>6/15/09</i> | | | 13. DEALER'S NAME, ADDRESS & PHONE Cedar City Dealer - <i>Cedar City Motor Sports</i> Main St. Cedar City, UT unknown | | |
| 14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? NO IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE: | | | 15. PRODUCT PURCHASED NEW DATE PURCHASED 05/10/2008 AGE 1 Y | | |
| 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: no | | | | | |
| 17. HAVE YOU CONTACTED THE MANUFACTURER? NO IF NOT, DO YOU PLAN TO CONTACT THEM? <i>Yes</i> | | 18. IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION | | 19. MAY WE USE YOUR NAME WITH THIS REPORT? YES | |
| FOR ADMINISTRATION USE | | | | | |
| 20. DATE RECEIVED 04/10/2009 | | 21. RECEIVED BY (NAME & OFFICE) jft/HL | | 22. DOCUMENT NO. H0940131A | |
| 23. FOLLOW-UP ACTION | | | 24. PRODUCT CODE(S) 3286 | | |
| 25. DISTRIBUTION | | | 26. ENDORSER'S NAME & TITLE jft 04/10/2009 | | |

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

H0940131A

Narrative Continued

Consumer believes the all-terrain vehicle poses accident and injury hazard.

Consumer said the husband was operating the all-terrain vehicle in the back yard while on a flat surface. Consumer said the husband was driving between 5-10 mph when he made a left hand turn and the vehicle flipped over causing him to be thrown from the vehicle. Consumer said the husband suffered a broken jaw, multiple leg injuries, and broken teeth and was rushed to Valley View Medical Center where he was treated for his injuries.

No further information available.

Distributor Phone #:

CPSC Source: NEWS

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

| | | | | |
|---|--|-------------------------------------|-------------------|-------------------|
| 1. NAME OF RESPONDENT James Meyers | | 2. PHONE NO. (HOME) 415-595-0749 | (WORK) unknown | 415-595-0749 |
| 3. STREET ADDRESS 75 Chula Vista Dr. | | 4. CITY San Rafael | ST CA | ZIP CODE 94901 |
| 4a. EMAIL ADDRESS BUSY PERSONS@MSN.COM | | 4b. INCIDENT CITY San Rafael | ST CA | ZIP CODE 94901 |

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer is aware of CAP for NR 09-172 involving this product.

- cont -

| | | |
|--------------------------------------|--|--|
| 6. DATE OF INCIDENT(S) 04/08/2009 | 7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX O Y/M AND DESCRIBE INJURY none MFR/PRVLR NOTIFIED Mm 6/15/09 COMMENTS: YES NO OVERRULED; ATTACHED | 8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none |
|--------------------------------------|--|--|

| | |
|--|----------------------------------|
| 9. DESCRIPTION OF PRODUCT all terrain vehicle | 10. BRAND NAME 660 Rhino 2004 |
|--|----------------------------------|

EXCISIONS/FOIA EXS. :
DO NOT RE-NOTIFY RE-NOTIFY

| | |
|---|--|
| 11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Yamaha unknown unknown unknown unknown | 12. MODEL, SERIAL #'S, DATE OF MFR vin # 5y4am06y874a000566 dom 07/04 |
| ISSUE 28 04/09/2009 | 13. DEALER'S NAME, ADDRESS & PHONE G \$ B Yamaha 326 Betaluma Blvd North Betaluma, CA 94952 707-763-4658 |

| | |
|---|--|
| 14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? NO IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE: | 15. PRODUCT PURCHASED NEW DATE PURCHASED 10/10/2004 AGE 5 Y |
| | 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: YES |

| | | |
|---|---|---|
| 17. HAVE YOU CONTACTED THE MANUFACTURER? NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES | 18. IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION | 19. MAY WE USE YOUR NAME WITH THIS REPORT? YES |
|---|---|---|

FOR ADMINISTRATION USE

| | | |
|---------------------------------|---|---|
| 20. DATE RECEIVED 04/08/2009 | 21. RECEIVED BY (NAME & OFFICE) jft/HL | 22. DOCUMENT NO. H0940099A |
| 23. FOLLOW-UP ACTION | | 24. PRODUCT CODE(S) 3286 |
| 25. DISTRIBUTION | | 26. ENDORSER'S NAME & TITLE jft 04/08/2009 |

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

H0940099A

Narrative Continued

Consumer believes the all terrain vehicle poses a injury and safety hazard.

Consumer complained the rubber bushing on the metal sway bar of the all terrain vehicle is making contact with the drive shift of the vehicle. Consumer discovered 3 bolts on the metal bracket that secured the sway bar was loose and a 4th bolt had broken off. Consumer discontinued use of the product. No injuries reported.

No further information.

Distributor Phone #:

CPSC Source: NEWS

| | | | | |
|--|---|--|--|---|
| 1. Task Number 090325CWE8131 | | 2. Investigator's ID 8109 | | EPIDEMIOLOGIC INVESTIGATION REPORT |
| 3. Office Code 840 | 4. Date of Accident YR MO DAY 2007 11 22 | 5. Date Initiated YR MO DAY 2009 04 01 | | |
| 6. Synopsis of Accident or Complaint UPC An 11-year-old girl was driving a utility ATV in a level pasture. When she made a sharp left turn, she was partially ejected from the ATV, and the vehicle rolled over her. She sustained a depressed skull fracture when she struck her head against the roll bar on the vehicle. She died at the incident site. She was not wearing a helmet or a seat belt. | | | | |
| <p>MFR/PRVLBR NOTIFIED</p> <p>COMMENTS: <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/> <u>OVERRULED</u>; <input type="checkbox"/> <u>ATTACHED</u></p> <p><input checked="" type="checkbox"/> <u>EXCISIONS/FOIA EXS.</u> <i>2scr6</i></p> <p><input checked="" type="checkbox"/> <u>DO NOT RE-NOTIFY</u> <input type="checkbox"/> <u>RE-NOTIFY</u></p> <p><i>Apr 6/15/09</i></p> | | | | |
| 7. Location (Home, School, etc) 2 - FARM | | 8. City PASO ROBLES | | 9. State CA |
| 10A. First Product 3286 - All Terrain Vehicles (four W | 10B. Trade/Brand Name YAMAHA RHINO VIN:5Y4J22Y66A00021 | | 10C. Model Number 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 11 | 13. Sex 2 - Female | 14. Disposition 8 - Death | 15. Injury Diagnosis 54 - Crushing | |
| 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) 14 / 0 | |
| 20. Attachment(s) 2 - Documents | 21. Case Source 05 - Newspaper | | 22. Sample Collection Number | |
| 23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only | | | | |
| 24. Review Date 04/30/2009 | 25. Reviewed By 9035 | | 26. Regional Office Director Frank J. Nava | |
| 27. Distribution Topka, Tanya | | | 28. Source Document Number N0930587A | |

IDI: 090325CWE8131

This investigation was a follow-up to an incident reported in a news article dated 11-23-2007.

The information contained in this report was obtained from the police and coroner's investigation reports.

The victim, an 11-year-old girl, was 5'½" tall and weighed 95 lbs. She was not under the influence of alcohol or any drug. She had a history of epilepsy.

The incident occurred on private property. The incident site was dry, level, unimproved pasture with no notable unusual terrain hazards.

It was clear, cool, and dry on the day of the incident. The incident occurred during daylight hours.

The victim and her female cousin woke up around 9:00 a.m. to go to the ranch. They arrived at the ranch an hour later. They were expecting to play and ride the ATVs all day at the ranch. The very first thing they wanted to do after arriving at the destination was to ride the ATVs. The cousin's father took them for a short ride, teaching them on how to operate the ATVs. Later the girls were riding ATVs alone. The victim was riding a utility ATV and the cousin a "quad runner" ATV. At one point the father thought that they were riding too far from the ranch house and ordered them to ride close to the house.

The victim and the cousin had been riding each ATV alternately for three to four hours before the incident. Immediately before the incident the victim was riding the utility ATV, and the cousin was riding the other ATV ahead of her. When the cousin slowed down because of the bumpy terrain ahead, she momentarily looked behind and saw the victim's ATV on its side and on top of her. She immediately turned around and rushed to the scene. The victim was unconscious and not breathing. The cousin yelled for help but got no response. She attempted to call 911 with her cell phone but could not get a clear connection. She tried to call the ranch house but could not get a clear connection. She drove back to the house and informed her father of the incident. He with the ranch owner drove to the site. The victim was unresponsive and not breathing. She was bleeding from her mouth. They moved the ATV from the victim, and began and continued CPR on her until paramedics arrived at the scene.

The victim was driving in the pasture at an unknown speed. She made a sharp turn causing the ATV to slightly slide counterclockwise. At that moment she overcorrected the steering input to the right, causing the weight of the ATV to transfer back to the left. This sudden weight transfer caused the ATV to roll over onto its left side. The victim was partially ejected from the ATV and struck her head on the roll bar. The ATV rested on top of the lower half of her body. She was not wearing a helmet and was not using the seat belt. The driver's seat belt buckle was later found pushed down between the seat and the center console.

IDI: 090325CWE8131

The victim sustained a fatal injury to the left side of her head (depressed skull fracture) and was pronounced dead at the scene by a paramedic.

The incident vehicle was damaged slightly; the top driver's side roll bar and canopy sustained scratches.

The coroner's investigator test drove the incident ATV and found no functionality problem with it.

The incident vehicle is a 2006 Yamaha Rhino 450 Cam utility ATV (VIN: 5Y4J22Y66A000210). It has a steering wheel and a roll cage over the passenger compartment. It has two side-by-side seats, each equipped with a standard 3-point seatbelt (with waist and shoulder restraints).

The following information on the incident ATV was not available from the police or coroner's report:

- date of manufacture
- date of purchase
- place of purchase
- price
- aftermarket modifications

Attachments:

1 – CHP Report No. 2007-11-0060

2 – Coroner's Report No. 15609

3 – Contact information

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

DDA CONTROL NUMBER

PUBLIC RECORDS ACT REQUESTS

LOC

740-09-01

NUMBER

CHP 370C (New 3-07) OPI 008 (Page 3)

17

11

This form SHALL be completed by Department personnel ONLY (instructions on reverse side of form)

| | | |
|---|----------------------------|---|
| REQUEST RECEIVED BY (EMPLOYEE NAME) <u>Cynthia Campa</u> | ID NUMBER <u>A13662</u> | DATE AND TIME AREA RECEIVED REQUEST <u>4-1-09 2:00pm</u> |
|---|----------------------------|---|

Do not ask for the requestor's name or identification, it is not required

STEP 1 - Determine if the requestor wants an Arrest Log only or other records. Check the appropriate box.

- Arrest Log Only Request.** Arrest log only requests do not require prior approval from Office of General Counsel (OGC). Arrest logs contain seven calendar days of arrest information. Arrest logs may contain the name, home address, date of birth, gender, and criminal charges against the arrestee. Requests may be mailed, faxed, or made in person, but shall not be disruptive to normal business. Copies will be provided at \$.30 per page.

| | |
|--------------------------------------|-----------|
| REQUEST COMPLETED BY (EMPLOYEE NAME) | ID NUMBER |
|--------------------------------------|-----------|

- Other Record(s) Request - Fill in the blanks below with the specific information the requestor wants. Do not ask why they want the information.**

Accident Report 2007-11-0050

STEP 2 - Calculate 10 calendar days from the day the request was received, and place in the date box below. If the 10th day falls on a weekend or holiday, then enter the next business day.

STEP 3 - Read the following to the requestor verbatim:

"Your records request has been sent to CHP's Office of General Counsel for review. California law requires the CHP to notify you, in writing, within 10 days, advising whether the CHP has the public records sought; whether the public records are wholly or partly disclosable; whether the agency needs up to an additional 14 days to research and respond to your public records request; or, alternatively, why the public records are not available for disclosure. You may return in 10 days on _____ to receive your written notification, or you may elect to receive your notification via the U.S. Mail. You are not required to provide any personal information to receive your notification, but if you prefer to have your notification mailed, please voluntarily provide your name and mailing address:

| | |
|--|-------------------------|
| NAME <u>U.S. Consumer Product Safety Comm: 4001 901 Silver Spur Rd #195 Rolling Hills E</u> | ADDRESS <u>42-04</u> |
|--|-------------------------|

Disclosable records will be promptly provided. If disclosable records are not included with the written notification, the estimated date and time when the records will be available will be provided in the notification. Your personal information is NOT REQUIRED to complete this request; however, you may provide it voluntarily to expedite this request."

TRAFFIC COLLISION REPORT
HP 555 CARS PAGE 1 (REV 11-06) OPI 055

| | | | | | |
|--|--------------------------|---------------------|---|--|--|
| SPECIAL CONDITIONS PRIVATE PROPERTY FATAL | ALIAS NUMBER 0 | MT & RPL POLICY | CITY UNINCORPORATED PASO ROBLES SUPERIOR | JUDICIAL DISTRICT PASO ROBLES SUPERIOR | LOCAL REPORT NUMBER 2007-11-0050 |
| | NUMBER PLATE 1 | MT & RPL ASSIGNMENT | COUNTY SAN LUIS OBISPO | REPORTING DISTRICT 902 | BEAT 902 |
| DAY OF WEEK THURSDAY | | | YOU AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |

| | | | | | | | | | | |
|----------|---|--|--|--|------------------------|---------------------|-----------------------------|----------------------|-------------------------------|--|
| LOCATION | COLLISION OCCURRED ON: PRIVATE PROPERTY, 1130 HWY 58 | | | MO 11/22/2007 | DAY THURSDAY | YEAR 2007 | TIME (2400) 1145 | NCO # 9740 | OFFICER I.D. 012487 | |
| | MILEPOST INFORMATION | | | GPS COORDINATE LATITUDE 36.35250° | | | LONGITUDE -119.9940° | | | PHOTOGRAPHS BY BRITTON 12487 |
| | AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 0.61 MILE(S) EAST OF SODA LAKE RD | | | STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | |

| | | | | | | | | | | |
|-------------------|--|--------------------|--|-----------------------|---------------------------|--|--|---|--------------------|--|
| PARTY 1 | DRIVER'S LICENSE NUMBER NONE | STATE CA | CLASS U | AIR BAG P | SAFETY EQUIP. H | VEH. YEAR 2006 | MAKE / MODEL / COLOR YAMAHA RINO 450 CAM | LICENSE NUMBER P76139 | STATE CA | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) (b)(3):CPSA Section 25(c) | | | | | OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER (b)(6) | | | | |
| PEDESTRIAN | <input type="checkbox"/> | | | | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER | | | | |
| PARKED VEHICLE | <input type="checkbox"/> | | | | | PRIVATE PROPERTY LEFT AT SCENE | | | | |
| BICT. CLNT | SEX F | HAIR BRN | EYES BRN | HEIGHT 4-11 | WEIGHT 95 | NO 12/08/1995 | DAY 12/08/1995 | YEAR 1995 | RACE W | |
| OTHER | HOME PHONE (b)(3):CPSA | | BUSINESS PHONE | | | PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE | | | | |
| | INSURANCE CARRIER NONE | | POLICY NUMBER | | | VEHICLE IDENTIFICATION NUMBER: (b)(6) | | | | |
| | DIR OF TRAVEL ON STREET OR HIGHWAY S | | SPEED LIMIT PRIVATE PROPERTY | | | VEHICLE TYPE 06 | | DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER | | SHADE IN DAMAGED AREA <input checked="" type="checkbox"/> |

| | | | | | | | | | | |
|-------------------|------------------------------------|-------|----------------|---------|---------------|---|----------------------|--|-------|-----------------------|
| PARTY 2 | DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP. | VEH. YEAR | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) | | | | | OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER | | | | |
| PEDESTRIAN | STREET ADDRESS | | | | | OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER | | | | |
| PARKED VEHICLE | CITY / STATE / ZIP | | | | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | | | |
| BICT. CLNT | SEX | HAIR | EYES | HEIGHT | WEIGHT | NO | BIRTHDATE DAY | YEAR | RACE | |
| OTHER | HOME PHONE | | BUSINESS PHONE | | | PRIOR MECH. DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE | | | | |
| | INSURANCE CARRIER | | POLICY NUMBER | | | VEHICLE IDENTIFICATION NUMBER: | | | | |
| | DIR OF TRAVEL ON STREET OR HIGHWAY | | SPEED LIMIT | | | VEHICLE TYPE | | DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER | | SHADE IN DAMAGED AREA |

| | | | | | | | | | | |
|-------------------|------------------------------------|-------|----------------|---------|---------------|---|----------------------|--|-------|-----------------------|
| PARTY 3 | DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP. | VEH. YEAR | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) | | | | | OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER | | | | |
| PEDESTRIAN | STREET ADDRESS | | | | | OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER | | | | |
| PARKED VEHICLE | CITY / STATE / ZIP | | | | | DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | | | |
| BICT. CLNT | SEX | HAIR | EYES | HEIGHT | WEIGHT | NO | BIRTHDATE DAY | YEAR | RACE | |
| OTHER | HOME PHONE | | BUSINESS PHONE | | | PRIOR MECH. DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE | | | | |
| | INSURANCE CARRIER | | POLICY NUMBER | | | VEHICLE IDENTIFICATION NUMBER: | | | | |
| | DIR OF TRAVEL ON STREET OR HIGHWAY | | SPEED LIMIT | | | VEHICLE TYPE | | DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER | | SHADE IN DAMAGED AREA |

| | | | |
|--|--|-------------------------------------|----------------------------------|
| PREPARED BY G. F. BRITTON 012487 | DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | REVIEWED BY P. KNOX 11615 | DATE REVIEWED 12/12/07 |
|--|--|-------------------------------------|----------------------------------|

2007-11-0050

| | | | | |
|---|---------------------|----------------|------------------------|--|
| TYPE OF COLLISION (MO, DAY, YEAR) //2/2007 | TIME (24HR) 1145 | NOIC # 9740 | OFFICER I.D. 012487 | NUMBER 2007-11-0050 |
| OWNER | | OWNER ADDRESS | | NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PROPERTY DAMAGE DESCRIPTION OF DAMAGE | | | | |

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

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

| PRIMARY COLLISION FACTOR LIST NUMBER (1) OF PARTY AT FAULT | TRAFFIC CONTROL DEVICES | 1 2 3 | | | SPECIAL INFORMATION | 1 2 3 | | | MOVEMENT PRECEDING COLLISION |
|---|---|-------|---|---|-------------------------------|---|--|---|------------------------------|
| | | | | | | | | | |
| A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | A CONTROLS FUNCTIONING | | | | A HAZARDOUS MATERIAL | | | | A STOPPED |
| B OTHER IMPROPER DRIVING* UNSAFE TURNING | B CONTROLS NOT FUNCTIONING* | | | | B CELL PHONE HANDHELD IN USE | | | | B PROCEEDING STRAIGHT |
| C OTHER THAN DRIVER* | C CONTROLS OBSCURED | | | | C CELL PHONE HANDSFREE IN USE | | | | C RAN OFF ROAD |
| D UNKNOWN* | D NO CONTROLS PRESENT / FACTOR* | X | | | D CELL PHONE NOT IN USE | | | X | D MAKING RIGHT TURN |
| | TYPE OF COLLISION | | | | E SCHOOL BUS RELATED | | | | E MAKING LEFT TURN |
| | A HEAD-ON | | | | F 75 FT MOTORTRUCK COMBO | | | | F MAKING U TURN |
| | B SIDE SWIPE | | | | G 32 FT TRAILER COMBO | | | | G BACKING |
| | C REAR END | | | | H | | | | H SLOWING / STOPPING |
| | D BROADSIDE | | | | I | | | | I PASSING OTHER VEHICLE |
| | E HIT OBJECT | | | | J | | | | J CHANGING LANES |
| | F OVERTURNED | | | | K | | | | K PARKING MANUEVER |
| | G VEHICLE / PEDESTRIAN | | | | L | | | | L ENTERING TRAFFIC |
| | H OTHER: | | | | M | | | | M OTHER UNSAFE TURNING |
| | MOTOR VEHICLE INVOLVED WITH | | | | N | | | | N RING INTO OPPOSING LANE |
| | X A NON - COLLISION | | | | O | | | | O PARKED |
| | B PEDESTRIAN | | | | P | | | | P MERGING |
| | C OTHER MOTOR VEHICLE | | | | Q | | | | Q TRAVELING WRONG WAY |
| | D MOTOR VEHICLE ON OTHER ROADWAY | | 1 | 2 | 3 | OTHER ASSOCIATED FACTORS (MARK 1 TO 3 ITEMS) | | | |
| | E PARKED MOTOR VEHICLE | | | | | A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | F TRAIN | | | | | B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | G BICYCLE | | | | | C NO SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | H ANIMAL: | | | | | D | | | |
| | I FIXED OBJECT: | | | | | E VISION OBSCUREMENT: | | | |
| | J OTHER OBJECT: | | | | | F INATTENTION: | | | |
| | PEDESTRIAN'S ACTIONS | | | | | G STOP & GO TRAFFIC | | | |
| | X A NO PEDESTRIANS INVOLVED | | | | | H ENTERING / LEAVING RAMP | | | |
| | B CROSSING IN CROSSWALK AT INTERSECTION | | | | | I PREVIOUS COLLISION | | | |
| | C CROSSING IN CROSSWALK - NOT AT INTERSECTION | | | | | J UNFAMILIAR WITH ROAD | | | |
| | D CROSSING - NOT IN CROSSWALK | | | | | K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | E IN ROAD - INCLUDES SHOULDER | | | | | L UNINVOLVED VEHICLE | | | |
| | F NOT IN ROAD | | | | | M OTHER: | | | |
| X H NO UNUSUAL CONDITIONS | G APPROACHING / LEAVING SCHOOL BUS | | X | | | N NONE APPARENT | | | |
| | | | | | | O RUNAWAY VEHICLE | | | |

NOTICE FOR SKETCH DIAGRAM, SEE PAGE 4

SEE PAGE 4.

INDICATE NORTH

MISCELLANEOUS

2007-11-0050

STATE OF CALIFORNIA
INJURED / WITNESSES / PASSENGERS
HP 885 CARS PAGE 3 (REV 11-98) OPI 005

| | | | | | |
|---|--|--------------------|----------------|------------------------|------------------------|
| DATE OF COLLISION (MO. DAY YEAR) 1/22/2007 | | TIME(2400) 1145 | NCIC # 9740 | OFFICER I.D. 012487 | NUMBER 2007-11-0050 |
|---|--|--------------------|----------------|------------------------|------------------------|

| 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 VEHICLE INJURY | COMPLAINT OF PAIN | DRIVER | PASS. | PEDE. | BICYCLIST | OTHER | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | F | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | F | H | 1 |

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

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES: FATAL HEAD INJURY TO LEFT SIDE OF HEAD, (DAPRESSED SKULL FRACTURE). SHE WAS PRONOUNCED ON 11/22/2007 AT 1249 HOURS AT SCENE, PER DR. FRY.

CORONER CASE# 0711-10443 VICTIM OF VIOLENT CRIME NOTIFIED

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|--------------------------|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 912 | F | <input type="checkbox"/> |
|-------------------------------------|--------------------------|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

NAME / D.O.B. / ADDRESS: KAYLA HUFFMAN (01/31/1095) 2017 RIVERSIDE APT. #1 PASO ROBLES CA 93446 TELEPHONE: (805)226-8570

(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

| | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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

| | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 G. F. BRITTON | I.D. NUMBER 012487 | MO. DAY YEAR 11/22/2007 | REVIEWER'S NAME | MO. DAY YEAR |
|----------------------------------|-----------------------|----------------------------|-----------------|--------------|

2007-11-0050

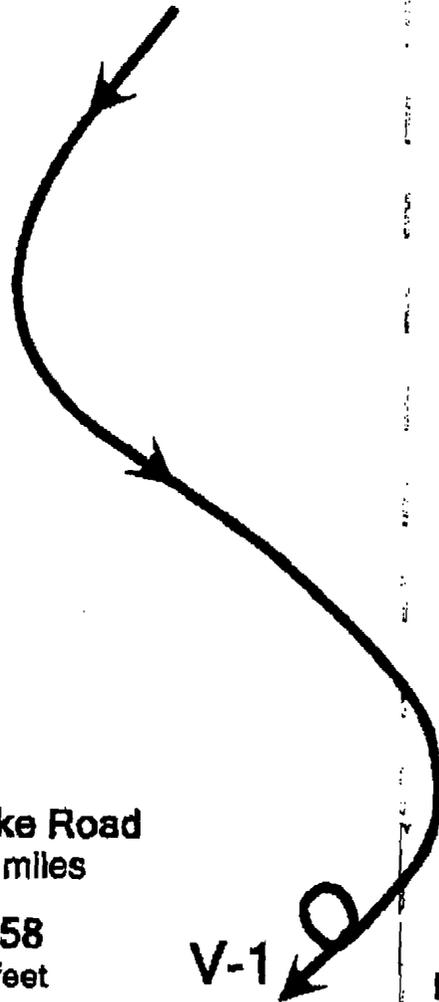
STATE OF CALIFORNIA
FACTUAL DIAGRAM CHP 555
Page 4 (Rev. 5-97) OPI 042

| | | | | |
|-----------------------------------|-------------|---------|--------------|--------------|
| DATE OF COLLISION (MO, DAY, YEAR) | TIME (2400) | T/NO. # | OFFICER I.D. | NUMBER |
| | 1145 | 9740 | 12487 | 2007-11-0050 |

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE - 1" = 30')

Sketch

California Valley



Ranch Property
11030 Highway 58

Open Pasture

Soda Lake Road
0.69 miles

SR-58
384 feet

V-1

Reference Point
GPS Located

Lat: 35.35250 Long: -119.9940

2007-11-0050

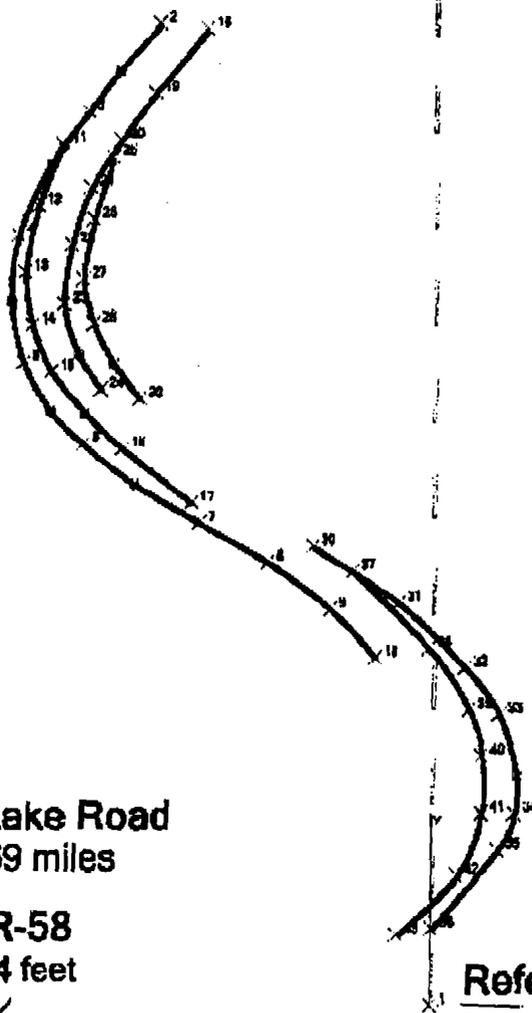
| | | | | |
|---------------------------|----------------------|--------------|-----------------|--------------|
| PREPARED BY G. Britton | I.D. NUMBER 12487 | MO. DAY YEAR | REVIEWER'S NAME | MO. DAY YEAR |
|---------------------------|----------------------|--------------|-----------------|--------------|

STATE OF CALIFORNIA
FACTUAL DIAGRAM CHP 555

| | | | | |
|---|---------------------|----------------|-----------------------|------------------------|
| DATE OF COLLISION (MO, DAY, YEAR) 12/11/2007 | TIME (2400) 1145 | MCIC # 9740 | OFFICER I.D. 12487 | NUMBER 2007-11-0050 |
|---|---------------------|----------------|-----------------------|------------------------|

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE 1" = 20')

California Valley



Ranch Property
11030 Highway 58

Open Pasture

↖ Soda Lake Road
0.69 miles

SR-58
384 feet

↘

Reference Point
x
GPS Located
Lat: 35.35250 Long: -119.9940

2007-11-0050

| | | | | |
|---------------------------|----------------------|----------------------------|-----------------|----------------------------|
| PREPARED BY G. Britton | LOG. NUMBER 12487 | MO. DAY YEAR 12/11/2007 | REVIEWER'S NAME | MO. DAY YEAR 12/11/2007 |
|---------------------------|----------------------|----------------------------|-----------------|----------------------------|

FACTUAL DIAGRAM

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

| | | | | |
|--------------------------------|--------------|---------------------|------------------------|------------------------|
| DATE OF INCIDENT 11/22/2007 | TIME 1145 | NCIC NUMBER 9740 | OFFICER I.D. 012487 | NUMBER 2007-11-0050 |
|--------------------------------|--------------|---------------------|------------------------|------------------------|

Legend

Measurement Data Log

| | | | |
|---------------------|------------------------------------|-----------------------------|-----------------------------|
| File Number | 2007-11-0050 | Scene Measured By | Officer G. Britton |
| Incident Date/Time | 22-Nov-2007 11:45 AM | ID Number (measured by) | 12487 |
| Incident Location | 11030 Highway 58 California Valley | Scene Assisted By | Officer Draper and Perotti |
| Date Measured On | 23-Nov-2007 | ID Number (assisted by) | 12698 and 16180 |
| Weather Description | Clear | Reference Point Description | H-70 GPS |
| Road Description | Dirt - Dry | Secondary Reference Point | Lat 35.36250 Long -119.9940 |
| | | Visibility Description | Unlimited |

| Point | X | Y | Z | Description |
|-------|-------|-------|-----|-----------------------|
| 1 | 0.0 | 0.0 | 0.0 | Reference Point |
| 2 | -30.2 | 102.2 | 0.0 | Start dirt tire mark1 |
| 3 | -37.8 | 93.1 | 0.0 | Spot on mark1 |
| 4 | -45.2 | 80.3 | 0.0 | Spot on mark1 |
| 5 | -44.6 | 67.1 | 0.0 | Spot on mark1 |
| 6 | -39.1 | 58.5 | 0.0 | Spot on mark1 |
| 7 | -25.7 | 50.3 | 0.0 | Spot on mark1 |
| 8 | -18.3 | 46.2 | 0.0 | Spot on mark1 |
| 9 | -11.3 | 41.3 | 0.0 | Spot on mark1 |
| 10 | -6.3 | 36.2 | 0.0 | End dirt tire mark1 |
| 11 | -40.5 | 89.7 | 0.0 | Start dirt tire mark2 |
| 12 | -43.0 | 83.3 | 0.0 | Spot on mark2 |
| 13 | -44.4 | 76.5 | 0.0 | Spot on mark2 |
| 14 | -43.7 | 70.9 | 0.0 | Spot on mark2 |
| 15 | -41.8 | 66.1 | 0.0 | Spot on mark2 |
| 16 | -34.0 | 58.1 | 0.0 | Spot on mark2 |
| 17 | -26.6 | 52.3 | 0.0 | End dirt tire mark2 |
| 18 | -26.1 | 101.7 | 0.0 | Start dirt tire mark3 |
| 19 | -30.6 | 95.0 | 0.0 | Spot on mark3 |
| 20 | -34.3 | 90.1 | 0.0 | Spot on mark3 |
| 21 | -37.5 | 85.2 | 0.0 | Spot on mark3 |
| 22 | -39.5 | 79.3 | 0.0 | Spot on mark3 |
| 23 | -40.3 | 73.1 | 0.0 | Spot on mark3 |
| 24 | -36.3 | 64.2 | 0.0 | End dirt tire mark3 |
| 25 | -35.0 | 88.3 | 0.0 | Start dirt tire mark4 |
| 26 | -37.1 | 81.9 | 0.0 | Spot on mark4 |
| 27 | -38.3 | 75.7 | 0.0 | Spot on mark4 |
| 28 | -37.1 | 71.1 | 0.0 | Spot on mark4 |

2007-11-0050

STATE OF CALIFORNIA
FACTUAL DIAGRAM

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

| | | | | |
|--------------------------------|--------------|---------------------|------------------------|------------------------|
| DATE OF INCIDENT 11/22/2007 | TIME 1145 | NCIC NUMBER 9740 | OFFICER I.D. 012487 | NUMBER 2007-11-0050 |
|--------------------------------|--------------|---------------------|------------------------|------------------------|

| Point | X | Y | Z | Description |
|-------|-------|------|-----|-----------------------|
| 28 | -37.1 | 71.1 | 0.0 | Spot on mark4 |
| 29 | -32.2 | 63.3 | 0.0 | End dirt tire mark4 |
| 30 | -13.3 | 47.9 | 0.0 | Start dirt tire mark5 |
| 31 | -3.7 | 42.0 | 0.0 | Spot on mark5 |
| 32 | 3.5 | 35.2 | 0.0 | Spot on mark5 |
| 33 | 7.2 | 30.4 | 0.0 | Spot on mark5 |
| 34 | 8.9 | 20.0 | 0.0 | Spot on mark5 |
| 35 | 7.1 | 16.2 | 0.0 | Spot on mark5 |
| 36 | 0.1 | 8.1 | 0.0 | End dirt tire mark5 |
| 37 | -8.8 | 45.3 | 0.0 | Start dirt tire mark6 |
| 38 | -0.4 | 37.2 | 0.0 | Spot on mark6 |
| 39 | 4.0 | 30.9 | 0.0 | Spot on mark6 |
| 40 | 5.4 | 26.1 | 0.0 | Spot on mark6 |
| 41 | 5.4 | 20.0 | 0.0 | Spot on mark6 |
| 42 | 2.7 | 13.5 | 0.0 | Spot on mark6 |
| 43 | -3.7 | 7.4 | 0.0 | End dirt tire mark6 |

2007-11-0050

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 8 OF 10

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. NUMBER |
|------------------|------|-------------|---------------------|
| 11/22/2007 | 1145 | 9740 | 012487 2007-11-0050 |

1 **FACTS:**

2

3

NOTIFICATION:

4

5

6

7

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On Thursday, November 22, 2007, at 1157 hours, CHP helicopter H-70 received information of an off-road All Terrain Vehicle traffic collision north of SR-58 east of Soda Lake Road. Responding from the Paso Robles Airport, Pilot/Officer G. Draper ID# 12698 and Paramedic/Flight Officer D. Perotti ID#16180 arrived on scene at 1232 hours.

10

11

All references to time, speed, and distance are approximate. Measurements/Location was obtained by H-70's GPS mapping system.

12

13

SCENE:

14

15

16

17

18

19

20

21

This collision occurred on private property located at 11030 Highway 58, California Valley. The collision was approximately 384 feet north of the north roadway edge of Highway 58 and 0.61 miles east of the east roadway edge prolongation of Soda Lake Road. The property at this location was level, unimproved, pasture with no unusual terrain hazards noted. The scene was located in San Luis Obispo County. Refer to 2003 Thomas Guide page 345/L1. The collision occurred during daylight hours and the weather was clear, cool and dry.

22

23

PARTY 1— (b)(3):CPSA Section 25

24

25

26

27

28

29

30

31

32

(b)(3):CPSA was located and attended to by CDF and CHP Paramedic personnel west of Vehicle 1. She was determined to be the operator of Vehicle 1 by witness statements, her proximal location to Vehicle 1, and her injuries. (b)(3):CPSA was identified by CDF personnel on scene. Upon CHP arrival CPR had been in progress for approximately 40 minutes. Paramedic Perotti, upon arrival, assumed patient care and after careful evaluation contacted Twin Cities Hospital for consultation with Dr. Fry. (b)(3):CPSA was pronounced dead at 1249 hours. San Luis Obispo County Sheriff Department Deputy Jeff Nickols arrived on scene and arranged for transportation.

33

34

VEHICLE 1—YAMAHA RHINO 450:

35

36

37

38

39

40

Vehicle 1 was moved from its original location prior to CHP arrival. Vehicle 1 sustained only minor damage in the form of scratches to the top driver's side roll bar and canopy. Vehicle 1 was secured and inspected by San Luis Obispo Deputies. Vehicle 1 was equipped with standard three point seatbelts for both driver and passenger seats.

2007-11-0050

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|---------------|-------------|------------|-----------------|------|
| G. F. BRITTON | 012487 | 11/22/2007 | | |

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. NUMBER |
|------------------|------|-------------|---------------------|
| 11/22/2007 | 1145 | 9740 | 012487 |

1 STATEMENTS:

2
3 PARTY 1 (b)(3):CPSA

4
5 No statement obtained.

6
7 WITNESS 1 (b)(6)

8
9 (b)(6) related that she and Ashlyn woke up late that morning around 9:00 am for
10 their trip to the ranch. They arrived at the ranch after 10:00 am and were anticipating a full
11 day of playing and riding the ranch vehicles (ATV's). The first thing both of girls wanted to
12 do after they arrived at the ranch was to ride the ATV's. (b)(6)
13 father), took the girls for a short ride instructing them on how to operate the ATV's. Later
14 the girls were out on their own riding a quad runner ATV and driving V-1. At one point Mr.
15 (b)(6) felt they were riding too far from the ranch house and directed them back closer to
16 the house. (b)(6) and (b)(3):C had been trading back and forth between the two
17 vehicles prior the collision. (b)(6) was riding the quad runner ahead of (b)(6) who
18 was driving V-1, when she heard a crash. (b)(6) looked back and saw V-1 on its
19 side and on top of (b)(6). She immediately ran to her aid and attempted to call 911 with a
20 cell phone. She was unable to get a clear connection with the 911 operator and was
21 unable to obtain a signal to call the house. She then went back to the house and told her
22 father, (b)(6) what had happened. (b)(6) drove down to the scene, moved V-
23 1 off of (b)(6) and began CPR.

24
25 OPINION AND CONCLUSIONS:

26
27 SUMMARY:

28
29 (b)(3):CPSA was driving Vehicle 1 in a southeasterly direction in a pasture east of Soda
30 Lake Road and north of Highway 58 at an unknown rate of speed. (b)(3):CPSA made a
31 sharp left turn which caused Vehicle 1 to slide slightly in a counter clockwise direction. Ms.
32 (b)(3):C overcorrected the steering input to the right, which caused the vehicle's weight to
33 transfer back to the left. This abrupt weight transfer caused Vehicle 1 to roll over onto its
34 left side. During this rollover, (b)(3):CPSA was thrown from the vehicle and struck on the
35 head by Vehicle 1's roll bar. After the collision, Witness 1 quickly made her way back to the
36 house for help. A few minutes later (b)(6) Witness 1's father arrived on scene and
37 began CPR. (b)(3):CPSA was later pronounced dead by CHP Paramedic D. Perotti after a
38 phone consultation with Dr. Fry.

2007-11-0050

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|---------------|-------------|------------|-----------------|------|
| G. F. BRITTON | 012487 | 11/22/2007 | | |

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 10 OF 10

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. NUMBER |
|------------------|------|-------------|---------------------|
| 11/22/2007 | 1145 | 9740 | 012487 |

2007-11-0050

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AREA OF IMPACT (AOI):

The AOI was located by GPS coordinates as Latitude 35.35350 and Longitude -119.9940. The AOI was based on physical evidence (dirt tire marks) and the statement of Witness 1.

CAUSE:

(b)(3):CPSA caused this collision by making an unsafe turning movement to the right. This turning movement produced enough force to fully eject (b)(3):CPSA from the vehicle. In addition, Vehicle 1's seatbelt did not appear to have been in use at the time of the collision.

RECOMMENDATIONS:

None.

2007-11-0050

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|---------------|-------------|------------|-----------------|------|
| G. F. BRITTON | 012487 | 11/22/2007 | | |

IDI: 090325CWE8131
Attachment 2

**SAN LUIS OBISPO COUNTY
SHERIFF-CORONER DEPARTMENT
P.O. BOX 32
SAN LUIS OBISPO, CA 93406**

CORONER'S REPORT

FILE NO. 15609

DECEDENT:

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

RESIDENCE ADDRESS:

(b)(6)

NEXT OF KIN:

LOCAL CONTACT:

Same As Above

DATE/TIME OF DEATH:

11-22-2007 / 1249 Hours

LOCATION OF DEATH:

(b)(6)

REGULAR PHYSICIAN:

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

MEDICAL HISTORY:

Epilepsy

AUTOPSY SURGEON:

Dr. Burr Hartman
San Luis Obispo County Coroner Department
P.O. Box 32
San Luis Obispo, CA 93406
(805) 781-4500

CAUSE OF DEATH:

Blunt Force Trauma (Immediate)

MANNER OF DEATH:

Accident

LOCAL MORTUARY:

Blue Sky Cremation Service
1591 Stormy Way
Paso Robles, CA 93446
(805) 226-9478

Coroner Case # 15609

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

INVESTIGATION

Other Investigating Agencies:

California Highway Patrol – Templeton
Case # 2007-11- 0050 / Officer G. Britton

On 11-22-2007, I assumed jurisdiction and investigation of the death of (b)(3):CPSA Section 25 pursuant to California Government Code Section 27491 as it relates to deaths due to an accident.

On 11-22-2007 at approximately 1315 hours, Deputy Goosens responded to a fatal accident involving a single off highway vehicle in California Valley. The accident occurred on private property located at (b)(6). Upon arrival, Deputy Goosens contacted CDF Personnel D. Fowler and M. Ruiz. Also present were Officers Drake and Perotti of CHP Helicopter 70. Deputy Goosens was directed to the decedent identified as twelve year old (b)(6) who was strapped to a backboard. The decedent had been operating an off road ATV known as a Rhino in which the operator rides in one of two seats side by side with a steering wheel to turn. The vehicle has a roll cage over the passenger compartment and seatbelt waist and shoulder restraints for the occupants. The decedent was riding in an open pasture with a twelve year old cousin, (b)(6) following in an ATV. The decedent made a series of S turns causing her to overturn and become partially ejected with the ATV coming to rest on top of the lower half of her body. The decedent was not wearing protective gear or a helmet and was not seat belted. Life saving efforts were attempted but were unsuccessful and she succumbed to her injuries. Vargas was pronounced dead at the scene at 1249 hours via hospital consultation with Dr. Frye (refer to deputy Goosens report for additional details).

Detective MacDonald and I arrived on scene at approximately 1502 hours. Upon arrival, I contacted Deputy Goosens and Officers Drake and Perotti of CHP. I noted a green camouflage Yamaha Rhino ATV in the pasture close to CHP H-70 which had landed near by. I examined and photographed the decedent who was laying on a backboard near H-70. Upon examination of the decedent, I noted her to be of typical height and weight for her age, she had blood on her face and head, beginning stages of lividity were present with no rigor mortis. Palpitation of the extremities did not reveal any notable fractures, however, palpitation of the head and neck revealed significant injury. I noted a depression in the skull behind the left ear that appeared to be a skull fracture. During the examination of the head, I noted that she had a possible fracture of the cervical vertebrae.

After examination of the decedent, I surveyed and photographed the accident scene. The Yamaha Rhino, License (b)(6), was parked with the key in the ignition. The Rhino had been moved forward several feet from its point of rest to care for the decedent. Upon examination of the vehicle, I found it to be in proper working order. There were numerous superficial scratches on the vehicle, but no significant damage. The vehicle started and ran, the brakes worked, the steering was operational and appeared to be without defect, the transmission worked both forward and reverse and both seat belts were functioning. It should be noted, the drivers seatbelt buckle was pushed down between the seat and the center console. Some effort had to be used to pull the buckle free to make it available for use. I later drove the Rhino back to the house located at (b)(6) and found it to drive properly. Track marks could be seen in the pasture preceding the point of the accident. The track marks were in a loose S pattern indicating the operator made turns from side to side. It appears the driver turned to the right causing the Rhino to tip over on its left side. The vehicle was returned to an upright position by people on scene rendering aid to the decedent. All photographs of the decedent and the scene were later downloaded into the case file. Blue Sky Mortuary responded and made removal of the decedent.

I contacted (b)(6) the resident and property owner of the eight thousand acre ranch where the accident occurred. Lewis said the decedent and her cousin were brought out to the property by (b)(6) father. (b)(6) said the decedent and (b)(6) were riding the Rhino and a ATV for three to four hours prior to the accident. Lewis said he did not know the experience level of the decedent, but believed she had some experience operating an ATV. Lewis said he was at the house when Huffman came and told he and (b)(6) the decedent had an accident. (b)(6) went with (b)(6) to help and found the decedent pinned under the Rhino unresponsive and not breathing. Lewis said he and Camock performed CPR after removing the Rhino until EMS arrived.

After leaving the scene, I contacted (b)(6) via telephone. (b)(6) said she and the decedent were riding in the open field. The decedent was driving the Rhino and she was riding an ATV. As they traveled South in the pasture, (b)(6) was in front of the decedent. (b)(6) said she slowed because of the humpy terrain ahead. As she did, she looked back and saw a cloud of dust behind her. (b)(6) went back to investigate and found the decedent lying unconscious and not breathing with blood emanating from her mouth. Unable to help the decedent, (b)(6) yelled for help, but did not get a response. She went to the house to get help for the decedent and remained there as people went to help.

(b)(6) said he took the girls out to the ranch for a few hours to ride the ATV's. Initially, the girls were too far away from the house while riding so he told them to stay within eyesight of the house. A short time later he was made aware of the accident and went to help along with Lewis. When he got to the decedent, they lifted the Rhino off of her and found her unresponsive and not breathing with blood emanating from the mouth. (b)(6) initiated CPR and continued until EMS arrived. (b)(6) said as they performed chest compressions, blood would exit the mouth although, he could not see any visible signs of injury.

On 11-28-2007 at 0843 hours, a medical examination of (b)(3):CPSA was conducted by Forensic pathologist, Dr. Burr Hartman, at the Los Osos Mortuary. During the medical examination, additional photographs of (b)(3):CPSA S were taken and subsequently downloaded into the case record. The medical examination revealed the cause of the death to be Blunt Force Trauma (see autopsy report).

During the medical examination, toxicology specimens consisting of blood and vitreous humor were collected. These were later submitted to the Central Valley Toxicology Laboratory for analysis. The results of the analysis revealed only the presence of Valproic Acid a commonly used medication for seizure disorders (see toxicology report).

No photographs or records referred to in this report will be released as part of this report pursuant to State and Federal Confidentiality Laws.

DISPOSITION OF PERSONAL PROPERTY

None of the decedent's personal property was seized by the Coroner Department.

Coroner Case # 15609

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

CLOSING STATEMENT

Based upon the investigation and review of the case file, I ascribe the manner of death as **Accident** and the cause of death as **Blunt Force Trauma (Immediate)**. I subsequently completed and signed the Certificate of Death as the aforementioned manner and cause.

Jeff Nichols, Deputy Coroner #0897

DWK 01-08-08

GARY A. WALTER, M.D.
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)(3):CPSA Section 25(c) | Accession #: A07-000639 |
| Age: 12 YEARS | Sex: Female |
| Prosecutor: Burr Hartman, D.O., Ph.D. | Autopsy Location: Los Osos Valley Mortuary San Luis Obispo County |
| Expired Date: 11/22/2007 | Expired Time: 12:49PM |
| Autopsy Date: 11/28/2007 | Autopsy Time: 8:46AM |
| Reported Date: 11/04/2008 | |

FINAL AUTOPSY REPORT

CAUSE OF DEATH:

BLUNT FORCE TRAUMA (IMMEDIATE)

BCH/ima 11/28/2007



Burr Hartman, D.O., Ph.D.

TOXICOLOGY:

Specimen: Subclavian Blood Sample

Complete Drug Screen: Valproic Acid = 32.2 mg/L (Effective level 50 - 100 mg/L).
Specific drug assay for THC performed.
No other common acidic, neutral or basic drugs detected.
No blood Ethyl Alcohol detected.

COMMENT: Blood valproic acid concentration is subtherapeutic. BCH

GROSS FINDINGS:

INTRODUCTION:

I performed an external examination on a body identified to me as (b)(3):CPSA Section 25(c), age 12, San Luis Obispo County Coroner's case (15610) done at Los Osos Valley Mortuary in Los Osos, California on November 28, 2007. The examination began at 0845 hours. Present and assisting was Detective Jeff Nichols of the San Luis Obispo County Sheriff Coroner's Office. Prior to the examination, central blood, subclavian blood and vitreous humor had been obtained for

toxicologic examination. From the external anatomic findings and pertinent history, I ascribe the death to blunt force trauma (immediate).

CIRCUMSTANCES:

The decedent was operator and sole occupant of an ATV that rolled over and ejected her. The accident was unwitnessed. She was found pinned under the vehicle from the waist down. She was pronounced dead at the scene. The decedent was reported to have had a seizure disorder, but not to have had recent seizures.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, Caucasian female appearing consistent with recorded age of 12 years. The body measures 5 feet ½ inch in height and weighs 95 pounds. There is minimal rigor mortis and posterior dependent lividity. The hair is brown and normal in amount and distribution for age. The eyes are brown in color. The oral cavity is unremarkable. The nose, ears and neck are without gross abnormalities. The thorax is symmetrical and of normal anteroposterior diameter. The breasts are those of a normal 12 year old female. The abdomen is flat and without gross abnormalities. The external genitalia are those of an adolescent female. The extremities appear normal in development and structure and are without edema, deformity or clubbing of the nails.

EXTERNAL EVIDENCE OF TRAUMA:

There are abrasions of the forehead and right side of the face. There is a depressed fracture of the left posterior skull. There is abnormal mobility of the upper neck consistent with a lethal fracture dislocation. There are abrasions of the right upper quadrant of the abdomen and superficial abrasions of the right upper back and left flank.

Because lethal injuries are documented which are consistent with the reported circumstances, the examination is terminated at this point.

BCH/ima 11/28/2007

DEC-11-2007 12:32

CVT

559 323 7582 P. 82



| | | | |
|--|----------------------|--|-------------|
| Case Name: | | TOXICOLOGY NUMBER: CVT-07-13716 | |
| Vargas, Ashlyn D. | | | |
| Specimen Description: 4 ml subclavian blood (gray top vial), 4 ml central blood & 0.5 ml vitreous humor each labeled "Vargas, Ashlyn D; SLSD; 15609; SLO; 11-28-07; 0845; J Nichols #897" | | | |
| Delivered by | Date | Received by | Date |
| GSO | 30-Nov-07 | Bill Posey | 30-Nov-07 |
| Request: | Complete Drug Screen | 15609 | |
| Requesting Agency | | Report To | |
| S.L.O. Co. Sheriff's Office Attn: Coroner's Division P.O. Box 32 San Luis Obispo CA 93401 | | S.L.O. Co. Sheriff's Office Attn: Coroner's Division P.O. Box 32 San Luis Obispo CA 93401 | |

RESULTS

Specimen: Subclavian Blood Sample

Complete Drug Screen: Valproic Acid detected.
Specific drug assay for THC performed.
No other common acidic, neutral or basic drugs detected.
No blood Ethyl Alcohol detected.

Cannabinoids (THC metabolite) by Immunoassay = Negative

Valproic Acid = 32.2 mg/L

Blood Valproic Acid Ranges
Effective Level: (50 - 100 mg/L)
Potentially Toxic: (150 - 200 mg/L)

B. L. Posey December 06, 2007

Analyst

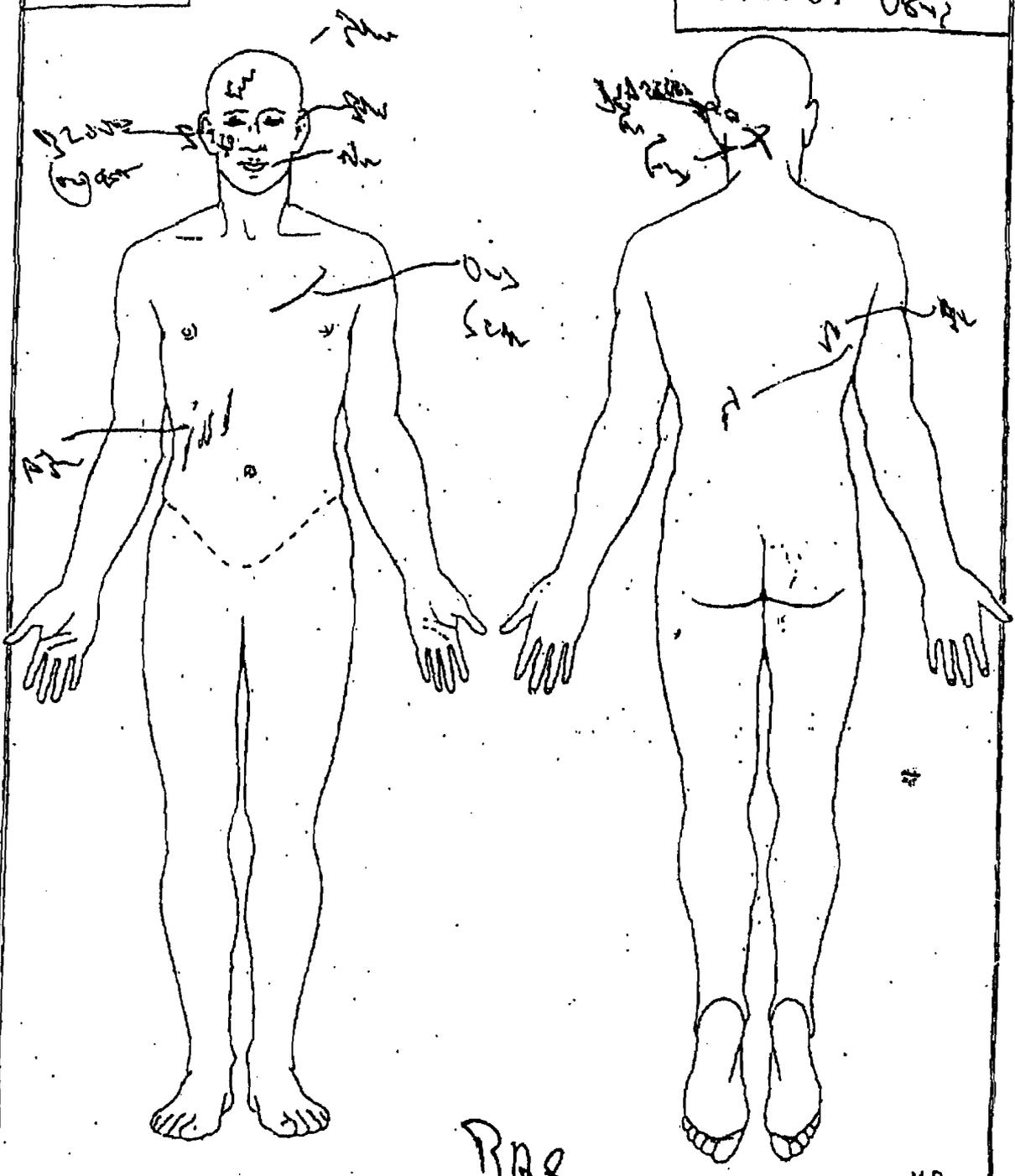
B.L. POSEY
S.L.O. CORONER
Analyst
1000 Tenth Avenue
Crest, California 93511
Phone (559) 323-0340
Fax (559) 323-7802

DEPARTMENT OF CORONER

20

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

11/28/07 Olsz



Bar

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IDI: 090325CWE8131
Attachment 3

Contact Information

California Highway Patrol
Templeton Station (740)
101 Duncan Rd.
Templeton, CA 93465

Jeff Nichols, Deputy Coroner
San Luis Obispo County
Sheriff-Coroner Dept.
P.O. Box 32
San Luis Obispo. CA 93406

Mills, Alberta

From: Ebersole, Kristina
Sent: Thursday, June 11, 2009 2:41 PM
To: OS - Office of the Secretary
Subject: Publication Request

I would like to receive a hard copy of the 2009 CFR 16 part 1000 to End Commercial Practices.

Please deliver to:

Attn: Kristina Ebersole
U.S. Consumer Product Safety Commission
Directorate for Laboratory Sciences
10901 Darnestown Road
Gaithersburg, MD 20878-2611

Thank you in advance,
Kristina

| | | | | |
|---|--|--|---|---|
| 1. Task Number 090429CCC3543 | | 2. Investigator's ID 8554 | | EPIDEMIOLOGIC INVESTIGATION REPORT |
| 3. Office Code 840 | 4. Date of Accident YR MO DAY 2009 02 21 | 5. Date Initiated YR MO DAY 2009 04 30 | | |
| 6. Synopsis of Accident or Complaint UPC | | | | |
| <p>A 20-year old man was driving his 4-wheeled utility vehicle along a flat gravel roadway in desert terrain. A 43 year old man was riding in the front passenger seat. They were not wearing helmets nor were they using their seat belts. The driver decided to make a left turn. He was traveling about 2 or 3 MPH as he made the turn. The front tires of his vehicle fell into a 1 foot wide by 1 foot deep ditch that extended across the road. The vehicle flipped over onto its passenger side & came to rest. The two men were not injured or ejected.</p> | | | | |
| <p>MFR/PRVLBR NOTIFIED</p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 25c; 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>Man 6/15/09</i></p> | | | | |
| 7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY | | 8. City BUMBLE BEE | | 9. State AZ |
| 10A. First Product 5044 - Utility Vehicles | 10B. Trade/Brand Name YAMAHA | | 10C. Model Number RHINO 700 | |
| 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 20 | 13. Sex 1 - Male | 14. Disposition 0 - No Injury | 15. Injury Diagnosis 70 - No Injury | |
| 16. Body Part(s) Involved 99 - NO INJURY | 17. Respondent 1 - Victim/Complainant | 18. Type of Investigation 2 - Telephone | 19. Time Spent (Operational / Travel) 6 / 0 | |
| 20. Attachment(s) 2 - Documents | | 21. Case Source 07 - Consumer Complaint | | 22. Sample Collection Number |
| 23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only | | | | |
| 24. Review Date 05/13/2009 | 25. Reviewed By 9035 | | 26. Regional Office Director Frank J. Nava | |
| 27. Distribution Topka, Tanya | | | 28. Source Document Number 10940661A | |

This tip-over incident involved a 4-wheeled utility vehicle, a 20 year old driver (Owner/Consumer) and his 43 year old passenger on a gravel roadway in Arizona. Information in this report was obtained from the Owner/Driver of this vehicle.

The Owner stated that he purchased a 2008 model 4-wheeled utility vehicle around July 2008 at a local off-road retail center. I asked if he took any driver orientation classes from the retailer and he said no. He mentioned that this firm is no longer in business.

He told me that during the summer months he used his utility vehicle at least one and sometimes two weekends each month. He and his friends used the vehicle to travel around rugged desert areas and for hunting pigs with their handguns.

His vehicle was used along paved roadways, dirt/gravel roads and in roughed desert and mountain terrains. The Driver said that he would use the 2-wheel drive feature of his vehicle when traveling along graded or paved roadways. He switched to 4-wheel drive when operating along roughed terrain.

I was told that each use of his utility vehicle could last from as little as one hour and up to as much as 5 or 6 hours.

According to the Owner, he did not experience any problems with his utility vehicle until the tip-over incident which took place during February 2009.

He told me that he along with about 8 friends decided to go pig hunting (with handguns) in a rugged desert area of Arizona. They took their trailers and 3 or 4 different off-road vehicles with them up to this rural area. He identified these vehicles as including 4-wheel All Terrain Vehicles (ATVs) and his 4-wheeled utility vehicle.

It was around Friday, February 20, 2009 when they traveled up north and set up a camp. He identified their camp site as being to the south of an old ghost town (Bumble Bee). This ghost town is located in the Bradshaw Mountains of Yavapai County, Arizona.

After making camp his group did some hunting. They traveled around the area during the morning of Saturday (2-21-2009). Later that day they returned to camp and had lunch.

I was told that he was not drinking alcohol during this trip. He identified his beverages as including soft drinks and water.

About 3 hours after lunch one of their group decided to ride around on his quad (4-wheeled ATV). The Owner decided to go watch his friend ride his ATV.

He said that they were wearing their hunting clothing as they returned to their vehicles. The Owner explained that he was wearing a long sleeve shirt, jeans and boots.

The Owner told me that he got behind the driver's seat while a 43 year old friend sat down in the front passenger's seat of his vehicle.

The Owner described himself as being 20 years old, weighing 130 pounds and measuring about 60 inches tall. His friend who was riding in his vehicle was described as 43 years old, weighing about 220 pounds and being about 73 inches tall.

He started his utility vehicle and began driving it along a roadway that was near their camp. They followed his friend who was riding the ATV.

The Owner said that he and his passenger were not wearing helmets nor were they using their seat belts.

The tip over incident took place about 10 minutes later as they were traveling east along the gravel roadway.

The Owner was not able to provide me with a specific road address/GPS location where this incident took place or where their camp was located.

He said that the roadway was flat and that it was wide enough to handle two lanes of traffic. He was going to make a left turn in the gravel road. He mentioned that the roadway made a "T" as it reached another road.

There was a ditch that crossed the flat, gravel roadway on which they were traveling. He described this ditch as being about one foot deep by one foot wide. It extended across the roadway for several yards.

The Owner said that he had his hands on his steering wheel and was traveling at a very slow rate of speed (about 2 of 3 miles per hour). The vehicle was in 2 wheel drive as he turned his steering wheel to his left.

As the vehicle started making a left turn, the two front tires/wheels on his vehicle turned to their left.

Suddenly the two front tires slipped into the one foot deep ditch that was across the roadway. The back of his vehicle continued moving forward and tipped it over onto its side.

He said that his vehicle came to rest on its passenger's side.

No one was injured during this incident. The Owner said that he and his passenger held onto the vehicle as it flipped and landed on its side.

They got out of the vehicle and with the help of several other people they were able to push the vehicle back to an upright position. He said that his vehicle did suffer some damage to its side but he was able to drive it away from the site.

Around March the victim was notified by the manufacturer of his utility vehicle about a recall/repair program covering his model vehicle. The firm was advising consumers to have their vehicles brought into the shop so modifications could be made in order to improve the vehicles stability.

A copy of the CPSC news release covering this recall is attached as exhibit # 2.

The Owner notified the U.S. Consumer Product Safety Commission about this tip over incident. I contacted the Owner and he told me about this incident during telephone conversations on May 7 & 12, 2009.

The consumer's vehicle was not available for examination. He would not give permission for me to see his utility vehicle. The consumer said that he had moved his vehicle to a rural area in northern Arizona.

PRODUCT IDENTIFICATION

This utility vehicle was identified as a 2008 Rhino, model 700, from Yamaha Motor Corporation, Cypress, CA.

The retailer where the consumer said he purchased his vehicle was identified as Ride Now, Goodyear, AZ.

According to the Owner, at the time of this tip over incident his vehicle did not have any aftermarket modifications on it.

The VIN number of this vehicle is unknown.

CONTACTS:

PURPOSE & RESULTS:

Owner

Incident scenario & product info

EXHIBITS:

1. DATA RECORD SHEET - UTILITY VEHICLES
2. CPSC NEWS RELEASE
3. MISSING DOCUMENT FORM
4. CONTACT SHEET
- .
- .

Utility Vehicle Investigation Guide

Use NEISS Product Code 5044 on Form 182 for incidents involving Utility Vehicles. Please answer the following questions. If no answer is available, indicate "N/A" (not available).

1. Provide the terrain type for the incident (grass, pavement, gravel etc.) and also indicate if the terrain is flat, sloped, etc.

Flat dirt/gravel roadway

2. Determine if the driver and/or passengers were wearing seat belts. If they were wearing seat belts, please note if the driver and or passenger were ejected (either partially or fully) during the incident.

No. Driver/passenger were not wearing seat belts.

3. Determine if the driver and or passengers were wearing helmets.

No. They were not wearing helmets

4. Determine ages of the driver and all passengers, and list each person by age and location in the vehicle.

*Driver: 20 years old in driver's seat
Passenger: 43 years old in front passenger's seat*

5. Determine the vehicle's speed at the time of the incident. If the exact speed is not available, please provide a range (e.g. 10 - 20 mph).

*Owner estimated vehicle's speed at 2-3 mph
Very slow.*

6. Determine if the driver was making a turn at the time of the incident and, if so, in what direction the turn was being made. Also, please note any other reported driver actions at the time of the incident (e.g. braking, etc.).

Driver was making a left turn & front wheels went into a ditch

7. Determine if the vehicle had aftermarket modifications.

No.

8. Determine the make, model, and model year of the vehicle. If possible, provide complete product identification information including brand, date manufactured, date of purchase, place of purchase, model/serial numbers, costs, etc.

*2008 Yamaha model 700 Rhino
Purchased around July, 2008
at Ride Now, Goodyear, AZ (no longer in
business per owner)*

9. On Form 182 list the vehicle manufacturer (e.g. Yamaha) in block 10b or 11b and the vehicle model (e.g. Rhino) in block 10c or 11c.

Yamaha - 700 Rhino

10. Determine if the vehicle rolled or tipped over.

Vehicle rolled/tipped onto passenger's side

11. Determine the number of riders on the vehicle at the time of the incident.

2 people were in the vehicle

12. For each person injured or killed please note the following:

N/A - No Injury

Was the victim a driver or a passenger and where was the victim located in the vehicle

Did the vehicle land on or crush the victim

N/A

Was the victim injured or killed

N/A

Please note the nature of any injuries

N/A

NEWS from CPSC

U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

FOR IMMEDIATE RELEASE

March 31, 2009

Release #09-172

Yamaha Hotline: (800) 962-7926
CPSC Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908

Updated To Include Additional Model Information

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.

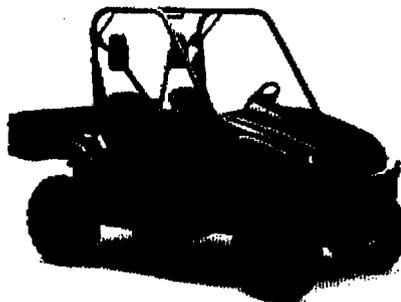
Yamaha is also voluntarily implementing the same repair program and suspension of sale for the Rhino 700 model, in order to ensure customer satisfaction. Consumers should stop riding the 700 model until it is repaired. About 25,000 Rhino 700s are part of this repair program.

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.

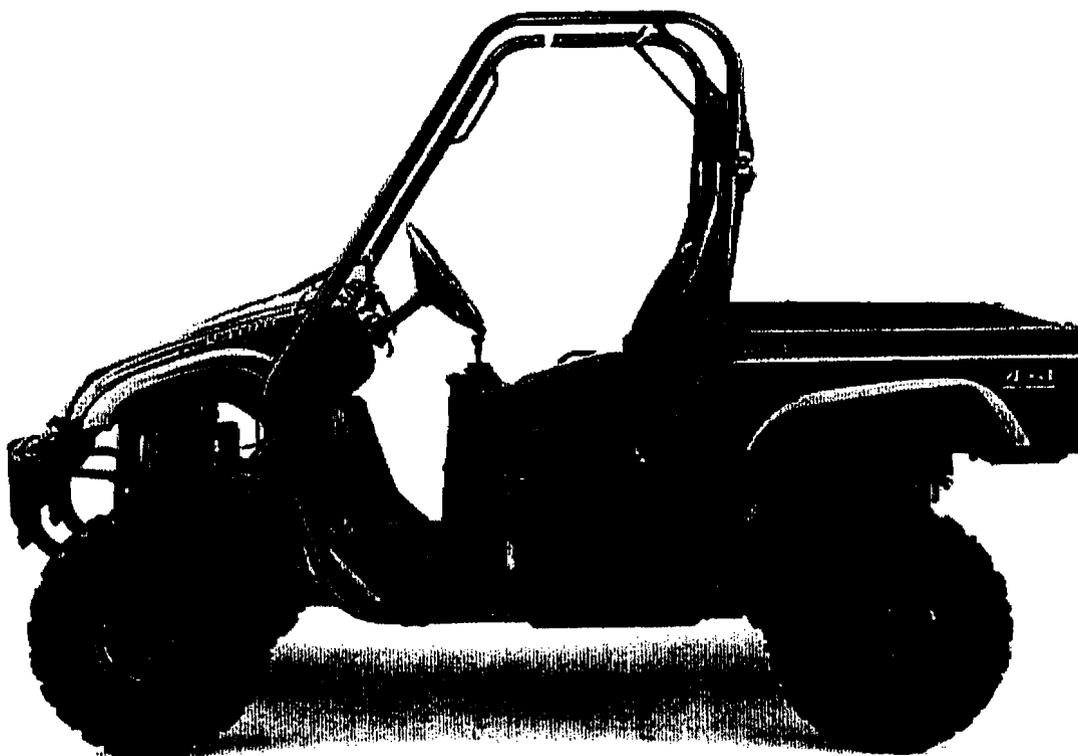
For additional information, contact Yamaha at 800-962-7926 anytime, or visit the firm's Web site at www.yamaha-motor.com



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>

Send the link for this page to a friend! 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 (800) 638-8270. 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 www.cpsc.gov.

Task No. 090429CCC3543

Date: 5-12-2009

STATUS OF MISSING DOCUMENT (S)

An official document for this investigation report could not be obtained.

- 1. CPSC form # 322 - (Consumer verbally asked for confidentiality)
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Date: 5-12-2009

Investigator No: # 8554

Regional office: CFIW

Supervisor No: # 9035

CONTACT & IDENTIFICATION SHEET

NOTES:

I spoke with the Owner/Driver via telephone during May 7 and 12, 2009. I was not able to visit the location of the incident because the Owner was not able to provide a specific address/road name or GPS location. It happened in the rural area to the south of the ghost town known as Bumble Bee, Arizona

- The vehicle was not available for examination. Several requests were made to see the vehicle. He did not give permission. He responded that he had moved his vehicle to a rural area in northern Arizona (Happy Jack, AZ). Happy Jack, AZ is located about 155 miles from the CPSC Arizona Office.
- The Owner requested that his identity remain confidential.

Owner –

Friend –

Retailer – Ride Now, Goodyear, AZ

Incident location: Rural area south of Bumble Bee, Arizona
no known street/road location or GPS was available

Location of vehicle: an unknown address near Happy Jack, Arizona

