

**Ault, Eric B.**

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**From:** Vece, John R.  
**Sent:** Thursday, July 05, 2001 9:41 AM  
**To:** Ault, Eric B.  
**Subject:** FW: Hotline Complaint Follow-up for more information

Here is the original message.

-----Original Message-----

**From:** Vece, John R.  
**Sent:** Monday, June 11, 2001 10:15 AM  
**To:** Ault, Eric B.  
**Cc:** Cerruti, Shawn M.  
**Subject:** FW: Hotline Complaint Follow-up for more information

FYI

-----Original Message-----

**From:** Tobias, Ron  
**Sent:** Monday, June 11, 2001 10:09 AM  
**To:** Vece, John R.  
**Subject:** RE: Hotline Complaint Follow-up for more information

John,

I spoke with Dr. L.D. Ryan, Ryan Engineering this morning at his Arkansas office (the work number listed on the incident report). He was not able to provide any victim information because he doesn't have any. He (his firm) was contracted by the victim's attorneys as part of law suits filed on behalf of the victims and he is not privy to their identities. However, he has provided the names of their attorneys, which I have listed below.

Troy Henry of Henry, Halsey, and Thyre, 630 Main Street, Jonesboro, AR, 72401, phone: 870-932-4522 *A 010705 CCN0724*

Peter Miller of Pete Miller Law Office, 1601 Broadway St., Little Rock, AR, 72206, phone: 501-374-3600 *B 010706 CCN0725*

William Stanley of McDaniel and Wells, 400 S. Main St., Jonesboro, AR, 72401, phone: 870-932-5950 *C 010705 CCN0726*

Dr. Ryan also said that Ryan Engineering has big files on these cases, photos, tests, etc. and he feels these ATVs are very poorly engineered. He was also thankful that we were checking into this situation. He said the information in the initial Consumer Product Incident Report is correct in regard to the ages and circumstances surrounding those incidents.

The Arkansas address for Ryan Engineering (where the records are) is 608 S. Hico St., Siloam Springs, AR, 72761-3740, phone: 501-524-4090 (same as on the complaint).

Ron

-----Original Message-----

**From:** Vece, John R.  
**Sent:** Friday, June 08, 2001 12:23 PM  
**To:** Tobias, Ron  
**Subject:** FW: Hotline Complaint Follow-up for more information

Ron - please contact the engineer in the attached complaint to get the information Eric wants.

Thanks,

John

-----Original Message-----

**From:** Ault, Eric B.  
**Sent:** Friday, June 08, 2001 11:16 AM  
**To:** Vece, John R.  
**Cc:** Blasius, Dennis R.; Cerruti, Shawn M.  
**Subject:** Hotline Complaint Follow-up for more information

John - attached is a Hotline complaint from a forensic engineer about three incidents involving youth-sized ATVs in which children allegedly lost toes when their right foot became entangled in the drive mechanism.

We need to know details so that we can assign some IDI's on the three incidents which apparently took place in Arkansas. The mfr. is located in that state. I would also like to know if the victims were indeed riding double as indicated in the complaint. What were their ages? Are the ATV's set up for double riding?

When the info. is obtained, send it back to me so I can make sure IDI's get assigned. Shawn Cerruti, CRC, has a case going with the manufacturer on other problems so we're working with her on this one. Thanks.

Eric

<< File: atv.PDF >>

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

ON AUGUST 3, 2001 I VISITED  
WITH BOB BAXTER OF THE USCPSC.

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



Date

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



1. TASK NUMBER 000905HCN0462		2. INVESTIGATOR'S ID 8009		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 830	4. DATE OF ACCIDENT YR MO DAY 000315	5. DATE INITIATED YR MO DAY 000905		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT UPC A 4-year-old male and his father were riding their 4 wheel ATVs near their home. The 4-year-old rode ahead. The father found the victim under his overturned ATV in their front yard. He died of asphyxiation.				
<p style="text-align: right;"> <input checked="" type="checkbox"/> NEISSVILLE NOTICER  COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED  <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>25c</u>  <small>Revisions</small>  <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY </p>				
7. LOCATION (Home, School, etc.) front yard 1	8. CITY Broussard		9. STATE LA	
10A. FIRST PRODUCT 4 wheel ATV 3286	10B. TRADE/BRAND NAME Impulse		10C. MODEL NUMBER TXL50	
10D. MANUFACTURER NAME AND ADDRESS Impulse				
11A. SECOND PRODUCT none	11B. TRADE/BRAND NAME		11C. MODEL NUMBER	
11D. MANUFACTURER NAME AND ADDRESS				
12. AGE OF VICTIM 004	13. SEX M-1	14. DISPOSITION Fatality 8	15. INJURY DIAGNOSIS asphyxiation 65	
16. BODY PART (S) INVOLVED all parts 85	17. RESPONDENT Coroner Adm. 3	18. TYPE OF INVESTIGATION other 3	19. TIME SPENT (OPERATIONAL HOURS) 18.0	
20. ATTACHMENT(S) documents 2	21. CASE SOURCE Coroner office 12	22. SAMPLE COLLECTION NUMBER none		
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) no				
24. REVIEW DATE 10/6/00	25. REVIEWED BY 8631	26. REGIONAL OFFICE DIRECTOR		
27. DISTRIBUTION JDavid, FOCR(Englander) O:EHDS CC:		28. Document Number G0090001A		

### **DESCRIPTION OF RESPONDENTS**

The Coroner Office Administrator was interviewed during a visit to his office. He said their investigation was still open at the time. He later provided a copy of the Death Certificate and the "public record Autopsy Report". A copy of the Sheriff's Report was obtained during a visit to their office. The Sergeant that handled their investigation was not in but he was later interviewed by telephone.

### **PRE-INCIDENT**

The male victim was born on 1-17-96. At a very young age he began to ride horses, hunt, and fish. He also drove a small four-wheel ATV.

### **INCIDENT**

At about 4 PM on 3-15-00 the 4-year-old male and his father, a Doctor, were riding ATV's on their property near their residence. They were riding separate ATV's. The victim was wearing a helmet. He had been riding his own ATV for about a year. The victim's father stopped at their barn to store his ATV. The victim rode ahead toward their residence.

The father walked toward the house about 5 minutes after the victim left him. When he came to the rear of the house, the father decided to walk around to the front to check on some work he had recently had done. When he came around the corner of the house he saw his son's ATV lying on its side. He went to investigate and as he neared the ATV he saw the victim lying underneath the ATV.

### **POST-INCIDENT**

The father removed the ATV from on top of the victim. He found the victim was not breathing, had no heart beat, no pulse, and was turning synodic blue.

The father started CPR immediately, then carried the victim to the garage and continued CPR. A family friend came by and drove them to a local hospital. The father continued CPR on the way to the hospital.

They arrived at the hospital at about 4:30 PM. Further attempts were made to resuscitate the victim by the hospital staff. These were no successful and he was pronounced dead at 4:51 PM.

The Death Certificate and "Autopsy Report" states the cause of death was acute asphyxiation due to tracheobronchial aspiration of gastric contents as a result of trunk compression injury.

### **STANDARDS INFORMATION**

There was no information obtained relating to the existence or conformance with any standard.

**PRODUCT IDENTIFICATION**

The involved product was identified as a small 4-wheel ATV. The Sheriff's Office personnel identified the ATV as a small red Impulse TXL50, serial number RFZ5EA0S1XA004162.

It was determined, through CPSC personnel that Impulse was based in Russellville, AR and is now part of Sundiro, Inc.

Additionally a CPSC Investigator obtained information about the TXL50 Features and Specifications on the Internet and provided the information to this Investigator. This information is from Hap's Cycle Sales in Sarasota, FL. This information is attached as Exhibit No.7. Note the statement that "TXL-50 MEETS THE CONSUMER PRODUCT SAFETY COMMISSION CONSENT DECREE AND AMERICAN NATIONAL SAFETY INSTITUTE STANDARDS FOR Y-6 RIDERS."

**SAMPLES COLLECTED**

None

**ATTACHMENTS**

- 1) Completed ATV Telephone Interview Questionnaire
- 2) Copy of Sheriff's Report
- 3) Copy of news article re obituary for victim
- 4) Copy of "public record Autopsy Report"
- 5) Copy of Death Certificate
- 6) Copy of Newsclip (Doc. No. G0090001A)
- 7) Copy of materials from Hap's Cycle Sales re TXL50 Features and Specifications.

EXH. NO. 1  
P. 1 of 5

TASK NUMBER 000905 HCN 0462

\*\*\*\*\*  
ALL TERRAIN VEHICLE (ATV) TELEPHONE INTERVIEW QUESTIONNAIRE

This telephone interview questionnaire is to be used for the telephone follow-up investigation of all terrain vehicle (ATV) deaths. Please record on the chart below, each attempt to establish contact with the investigating officials or other knowledgeable party(ies).

RECORD OF CALLS

Date	Day of Wk	Time	Result	Date	Day of Wk	Time	Result
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Key for result:

- MW - Non-working number
- RFP - Respondent refused interview
- WR - Wrong Number
- NA - No Answer
- C - Completed
- CB - Call Back
- LB - Line Busy
- R - Recording

\*\*\*\*\*  
Introduce yourself and the investigation program in the following manner:

Hello. My name is \_\_\_\_\_. I am working with the U.S. Consumer Product Safety Commission. Did your agency investigate an ATV fatality that occurred on or about \_\_\_\_\_ (date) in \_\_\_\_\_ (city), \_\_\_\_\_ (State)?

May I speak with the investigating official?

When you have reached an appropriate respondent,

We are trying to learn more about how and why ATV incidents occur so we can help others avoid similar ones. Would you share the information you gathered in your investigation of the ATV fatality that occurred on (refer to the incident referenced above)? This should only take a few minutes of your time.

(If desired respondent is not available, ask when would be a good time to contact him/her and record the suggested call back time. If respondent is available, continue with the interview).

Interviewer: Check type of respondent:

Police Department   
Coroner's Office  Other, specify \_\_\_\_\_

EXH. NO. 1  
p. 2 of 5

TASK NUMBER 000905 HCN0462

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

1. What type of vehicle was involved in the incident? 2  
(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- a 3 wheeled ATV
- 2- a 4 wheeled ATV
- 3- ATV with unknown number of wheels
- 4- a 2 wheeled motorcycle
- 5- Dune Buggy
- 6- Other Vehicle

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: \_\_\_\_\_  
 01-Honda  
 03-Suzuki  
 05-Polaris

Manufacturer: \_\_\_\_\_  
 02-Yamaha  
 04-Kawasaki  
 88-Other

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

Model Name/Vin Number: IMPULSE / RFZ5EA0S1XA004162

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

Model year: 90

5. What is the Engine Size (in CCs) of the ATV?

Engine Size: 50cc

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

Age/Sex

41 M

1

Date of Death

3-15-2000

State of Death

LA

City of Death

LAFAYETTE

County of Death

LAFAYETTE PARISH

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p. 3 of 5

TASK NUMBER 000905 HCN 0462

7. Describe how the incident occurred. (Use additional sheets if necessary.) The 4 year old victim rode his 4 wheel ATV out of the sight of his father. A short time later his father found the victim underneath the ATV. The ATV had turned over sideways on him.

8. Did the ATV overturn/tipover/rollover?  Yes  No

9. If ATV overturned/tipped over/rolled over, did it land on the victim?  
Victim 1:  Yes  No      Victim 2:  Yes  No

10. Who was killed in the incident? Check all that apply.  
1-Driver     2-Passenger     3-Bystander   
4-Driver/Other Vehicle     5-Other

11. Was the victim wearing a helmet at the time the incident occurred?  
Victim 1: Yes  No       Victim 2: Yes  No

12. How many riders (including the driver) were on the ATV at the time the incident occurred?  
1-One rider       2-Two riders   
3-Three riders       4-Four or more riders

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p.4 of 5

APR-16-1999 09:33

EPDS/MS

301 504 0030 P.04/05

TASKNUMBER 000905 HCN0462

3

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

Age 4yrs. Height (ft. \_\_\_ in. \_\_\_)

Weight \_\_\_ Sex 1 (1-male, 2-female)

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

1. Organized training program ->>>> What was the name of the training sponsor?

Was this training arranged through the dealer as part of the purchase agreement?

No \_\_\_

Yes \_\_\_

Don't Know \_\_\_

2. trained by ATV dealer/Salesperson \_\_\_

3. trained by friend/relative ->>> (Specify age) \_\_\_

4. self taught \_\_\_

5. other (specify): \_\_\_

9. don't know

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

01-Forest \_\_\_ 02-Desert \_\_\_ 03-ATV Track \_\_\_

04-Snowmobile-Trail \_\_\_ 05-Swampland/marshland \_\_\_

06-Sand/Shallow Water \_\_\_ 07-Field \_\_\_

08-Paved Road \_\_\_ 09-Non-paved Road \_\_\_ 10-Snow/Ice \_\_\_

11-Yard/Driveway  12-Railroad Bed \_\_\_

14-Storm Drain/canal \_\_\_ 15-Paved parking lot \_\_\_ 00-Other \_\_\_

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

01-Public road \_\_\_ 03-Private road \_\_\_

05-Road (Nothing else known) \_\_\_ 09-NA (Not a road)

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P. 5 of 5

TASKNUMBER 000905 HCN 0462

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

- 01-Car \_\_\_ 02-Truck \_\_\_ 03-Motorcycle \_\_\_ 04-Dune Buggy \_\_\_
- 05-Go Cart \_\_\_ 06-ATV \_\_\_ 07-Train \_\_\_ 08-Other \_\_\_
- 09-Not a traffic incident

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

Yes \_\_\_ No

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

- 1-Yes, Drugs \_\_\_ 2-No Drugs \_\_\_
- 3-Yes, Medication \_\_\_ 4-No Medication \_\_\_

(You should end the investigation by asking this question).  
20. If we need additional information on this incident, may we call you back?

\_\_\_ No \_\_\_ Yes

If yes, ask: What is the best time of day to contact you?

Day of Week \_\_\_ Time of Day \_\_\_ AM/PM

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXH.NO.7

000905 HCN0462

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PRICES SUBJECT TO CHANGE WITH NOTICE.  
AND DO NOT INCLUDE FREIGHT, PREP., TAX, AND DD.  
TXL-50 MEETS THE CONSUMER PRODUCT SAFETY COMMISSION  
CONSENT DECREE AND AMERICAN NATIONAL SAFETY  
INSTITUTE STANDARDS FOR Y-6 RIDERS. TXL-90 AND DXL-90  
MEET CPSC AND ANSI STANDARDS FOR Y-12 RIDERS.



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### Hap's Cycle Sales, Inc.

2530 17th St. , Sarasota, Florida 34243

United States of America

Hours: Monday thru Friday 8:00am to 6:00pm EST,

Saturday 8:00am to 5:00pm EST

Phone: 941-365-3443

Fax: 941-366-7142

e-mail: [info@hapsycle.com](mailto:info@hapsycle.com)

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Website maintained by Zipper Computer Design

(a sub division of Zipper Computer Industries)

EXH. NO. 7  
000905 HCN 0462  
p. 2 of 3

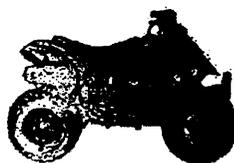


### TXL50 FEATURES

- Automatic choke for engine reliability and easy start with no flooding
- Electric start with alternate kick starter
- Fully automatic oil injection eliminates the need to premix the gas and oil
- CVT (Continuous Variable Transmission) provides even torque through all riding conditions
- 4.5 liter gas tank means a lot more fun between refills
- Built-in throttle limiter that can be set for beginning riders
- Training tether with shut-off switch
- Keyed ignition switch for added security
- Electric start interlock; engine can only be started with the parking brake engaged
- Wide, sturdy wheel-base
- "A" arm independent front suspension has individual shocks for a safer more surefooted ride
- Swing arm rear suspension helps maintain traction under rough riding conditions
- On-board tool box for simple field repairs
- Full floorboards

### TXL50 SPECIFICATIONS

Engine : 49cc two-stroke single  
Bore x Stroke : 40mm x 39.2mm  
Carburetor : Mikuni 1.8mm/Electric Choke  
Starter : Electric/Kick  
Transmission : CVT (V-belt)  
Ignition Type : CDI  
Spark Plug : BP7HS (NGK)  
Battery : 12V - 4 ah sealed  
Lubrication : Oil Injection  
Oil Capacity : 1 quart  
Fuel Capacity : 4.5 liter  
Wheelbase : 36.5 inches  
Length : 50 inches  
Width : 32 inches  
Height : 32 inches



## TXL50 Pictures and Specifications

Page 2 of 2

EXH NO. 7

000905HCN0462

P.3 of 3

Seat Height: 23.5 inches  
Dry Weight: 187 lbs  
Colors: Red or Yellow



Suspension:	FRONT: Single A - Arms REAR: Unit swing arm
Brakes:	FRONT: Disc REAR: Drum
Tires:	FRONT: 16x8-7 (tubeless) REAR: 16x8-7 (tubeless)

*Meets all ANSI standards for a Y6 and the Consumer  
Product Safety Commission's Consumer Demand.*

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For optimum viewing of our website, we recommend Internet Explorer or Netscape Navigator and monitor set to 800 x 600 in high color.

E-Ton America makes best efforts to ensure that the contents of this site are current, but assumes no responsibility for the accuracy of information. E-Ton America makes every effort to present the most current specifications and product features. Changes may be made in equipment, availability, specifications, and features without notice.

CHDS

6009 : 0001A

THE DAILY ADVERTISER

LAFAYETTE, LA

IDF 000905HCN0462

Friday, March 17, 2000 - The Advertiser • 11A

OUR COMMUNITIES

Four-wheeler pins 4-year-old, killing him

From staff reports

LAFAYETTE — A 4-year-old child was killed Wednesday afternoon when his four-wheeler overturned and pinned him underneath it.

Lafayette Parish Sheriff's Department investigators were notified of the incident about 8 p.m. Wednesday after the child had been taken to Lafayette General Hospital by his father earlier in the afternoon, said a spokesman with the Lafayette Parish Sheriff's Department. Sgt. Gus Boulanger of the Sheriff's Department could not say exactly when the incident occurred.

Neither the name of the victim nor that of his father has been released pending the outcome of the investigation, Boulanger said.

The investigation is being handled by the Sheriff's Department's juvenile division.

According to reports, the youth was riding his four-wheeler Wednesday along with his father at their residence in the 4000 block of West Pinhook Road. The father reportedly stopped at a barn on the property while the boy continued to ride ahead toward the home.

When the father arrived at the residence, he discovered

the child's vehicle turned over on top of him, authorities said.

The man transported the child to the hospital where he

was later pronounced dead.

"It appears to be an accident, but the incident is still under investigation," Boulanger said.

ISSUE

5 11

SEP 12 2000



N: 6/30/00

1. TASK NUMBER 000412HNE5491		2. INVESTIGATOR'S ID 8251		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. OFFICE CODE 800	4. DATE OF ACCIDENT YR MO DAY 00 04 09	5. DATE INITIATED YR MO DAY 00 04 18		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT UPC  A seven year old male died of Multiple Blunt Trauma when he failed to stop at a posted stop sign on the 1999 four wheel ATV he was driving on a public road, running into the side panel of an automobile that was crossing his path. The force of the collision caused his ejection along with separation of the seat. The victim was not wearing any protective equipment.				
7. LOCATION (Home, School, etc.) Public Road 4		8. CITY Jupiter	9. STATE Florida FL	
10A. FIRST PRODUCT 4 Wheel ATV 3286	10B. TRADE/BRAND NAME "E-Ton"		10C. MODEL NUMBER DXL90	
10D. MANUFACTURER NAME AND ADDRESS E-Ton America (Southeast) VIN#RFZ9FAOS2YA002923 352 Lanham Circle, Spartanburg, S.C. 29307				
11A. SECOND PRODUCT		11B. TRADE/BRAND NAME		
11D. MANUFACTURER NAME AND ADDRESS				
12. AGE OF VICTIM 07	13. SEX Male 1	14. DISPOSITION Dead in Hosp. 8	15. INJURY DIAGNOSIS Blunt Trauma 71	
16. BODY PART (S) INVOLVED All Parts 85	17. RESPONDENT ME Invest. 3	18. TYPE OF INVESTIGATION Other 3	19. TIME SPENT (OPERATIONAL HOURS) 17	
20. ATTACHMENT(S) Multi 9	21. CASE SOURCE Newspaper 05		22. SAMPLE COLLECTION NUMBER None	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) No				
24. REVIEW DATE	25. REVIEWED BY 8342		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC: GB,RDS,J.A.David,J.Lansing/Doc#N004-0126A				

MFR/PRVLR NOTIFIED 4/23/00  
 MODEL COMMENTS made  
 No Comments Attached  
 Excisions/Revisions  
 Firm has not requested  
 further notice

1. TASK NUMBER 000412HNE5491		2. INVESTIGATOR'S ID 8251		EPIDEMIOLOGIC INVESTIGATION REPORT
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7. LOCATION (Home, School, etc.) Public Road 4		8. CITY Jupiter		9. STATE Florida FL
10A. FIRST PRODUCT 4 Wheel ATV 3286		10B. TRADE/BRAND NAME "E-Ton"		10C. MODEL NUMBER DXL90
10D. MANUFACTURER NAME AND ADDRESS E-Ton America (Southeast) VIN#RFZ9FAOS2YA002923 352 Lanham Circle, Spartanburg, S.C. 29307				
11A. SECOND PRODUCT		11B. TRADE/BRAND NAME		11C. MODEL NUMBER
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20. ATTACHMENT(S) Multi 9	21. CASE SOURCE Newspaper 05		22. SAMPLE COLLECTION NUMBER None	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) No				
24. REVIEW DATE	25. REVIEWED BY 8342		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC: GB,RDS,J.A.David,J.Lansing/Doc#N004-0126A				

**PRE-INCIDENT:**

Information contained in this investigation was obtained from the following sources:

1. Investigating Officer/Records, Palm Beach County Sheriff's Office (Florida), West Palm Beach, Florida.
2. Investigating Officer, Office of the Medical Examiner, Palm Beach County, District 15, West Palm Beach, Florida.
3. Website/E-Ton America, Spartanburg, S.C. 29307.

The "E-Ton" brand, "DLX90" Model, four wheeled all terrain vehicle (VIN#RFZ9FAOS2YAO02923) involved in this incident was manufactured in 1999 by E-Ton America. The thirty-six year old father of the victim, a resident of Jupiter, Florida, owned the vehicle.

The victim, a seven year old male (DOB: 3/25/93, Height=3' 9", Weight=57 lbs.) resided with his parents. He reportedly was in good health, with no permanent illnesses or deformities.

During the early evening hours of April 9, 2000, the victim (operator), was riding in a northbound direction on the all terrain vehicle at a speed estimated at approximately thirty mph, along a dirt covered public road that ran in a north-south plain. The area of the road where the incident occurred was situated at an intersection with another dirt road running in an east-west plain. The driver was reportedly not wearing any type of protective gear.

In the early evening hours of April 9, 2000, weather conditions in the Jupiter vicinity were cloudy, with dry conditions. The surface condition of the dirt covered public road where the incident occurred was described as "dry".

Lighting conditions in the area of the incident were described as "daylight" with nothing to obscure the operator's vision. The road surface was described as being "straight-level".

**INCIDENT:**

While operating the all terrain vehicle at approximately 1825 hours, the victim entered the intersection on the all terrain vehicle, and passing a stop sign, struck the front left side panel of an automobile entering the intersection in a westerly direction. A secondary collision occurred when the ATV began to rotate from the impact with the side striking the side of the automobile. When striking the automobile this second time, the operator of the ATV was reportedly ejected along with the seat component. The ATV proceeded to tip over on its right side.

000412HNE5491

Page 2

**POST-INCIDENT:**

Paramedics and law enforcement personnel arrived on the scene and began treating the victim. He was airlifted to St. Mary's Hospital where he was pronounced dead from injuries sustained.

Damage to the ATV was estimated at \$1,000. The vehicle was eventually released to its owner.

On April 10, 2000, an autopsy was performed at the Palm Beach County Medical Examiner's Office, West Palm Beach, Florida that revealed the following:

**FINDINGS:**

1. Diffuse subarachnoid hemorrhage.
2. Subdural hemorrhage.
3. Subluxation of the C1 vertebra.
4. Lacerations of the liver, spleen and right kidney.
5. Contusions of the lungs
6. Extensive internal hemorrhage.

The Cause of Death was "Multiple Blunt Trauma".

The Manner of Death was "Accident".

The Toxicology Report on the victim was not yet available as of the date of completion of this investigation report.

According to the Florida Traffic Crash Report prepared by the Palm Beach County Sheriff's Office, alcohol or drugs were not a factor in this incident.

**PRODUCT IDENTIFICATION:**

The "E-Ton" brand, Model #DXL90, four wheeled all terrain vehicle, red and silver in color (VIN Number RFZ9FAOS2YAO02923) was manufactured by E-Ton America, 352 Lanham Circle, Spartanburg, South Carolina 29307, in 1999. The vehicle contains a 2 stroke, 82.5-cc engine and is listed as weighing 280 pounds (dry weight).

The ATV contains an electric type kick-starter and a wheelbase of 40 inches. The length of the vehicle measures 59", Width = 32.5", Height = 37".

No information was available as to the mechanical condition of the vehicle, maintenance/previous repairs performed, or where it was purchased.

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**ATTACHMENTS:**

1. ATV Telephone Interview Questionnaire.

**EXHIBITS:**

1. Incident Report, Palm Beach County Sheriff's Office.
2. Florida Traffic Crash Report, Palm Beach County Sheriff's Office.
3. Traffic Fatality Case Information Sheets, Office of the Medical Examiner, District 15.
4. Investigation Report, Office of the Medical Examiner, District 15.
5. Autopsy Report, Office of the Medical Examiner, District 15.
6. Website/E-Ton America.

TASK NUMBER 000412 HNE5491

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**ALL TERRAIN VEHICLE (ATV) TELEPHONE INTERVIEW QUESTIONNAIRE**

This telephone interview questionnaire is to be used for the telephone follow-up investigation of all terrain vehicle (ATV) deaths. Please record on the chart below, each attempt to establish contact with the investigating officials or other knowledgeable party(ies):

**RECORD OF CALLS**

Date Day of Wk Time Result \* Date Day of Wk Time Result

5/17/00 wed 3:30PM C \* \_\_\_\_\_  
5/17/00 wed 2:45PM C \* \_\_\_\_\_  
\_\_\_\_\_ \* \_\_\_\_\_

Key for result:

- NWN = Non-working number
- REF = Respondent refused interview
- WN = Wrong Number
- NA = No Answer
- C = Completed
- CB = Call Back
- LB = Line Busy
- R = Recording

\*\*\*\*\*

Introduce yourself and the investigation program in the following manner:

Hello. My name is \_\_\_\_\_ I am working with the U.S. Consumer Product Safety Commission. Did your agency investigate an ATV fatality that occurred on or about \_\_\_\_\_ (date)

in \_\_\_\_\_ (city) \_\_\_\_\_ (State)

May I speak with the investigating official?

When you have reached an appropriate respondent,

We are trying to learn more about how and why ATV incidents occur so we can help others avoid similar ones. Would you share the information you gathered in your investigation of the ATV fatality that occurred on (refer to the incident referenced above)? This should only take a few minutes of your time.

(If desired respondent is not available, ask when would be a good time to contact him/her and record the suggested call back time. If respondent is available, continue with the interview).

Interviewer: Check type of respondent:

Police Department  Coroner's Office  Other, specify \_\_\_\_\_

TASK NUMBER 000412HNE5491

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

1. What type of vehicle was involved in the incident? 2

(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= a 3 wheeled ATV  
 2= a 4 wheeled ATV  
 3= ATV with unknown number of wheels  
 4= a 2 wheeled motorcycle  
 5= Dune Buggy  
 6= Other Vehicle

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

<u>ATV #1</u>	<u>ATV #2</u>
Manufacturer: <u>88</u>	Manufacturer: <u>    </u>
01=Honda	02=Yamaha
03=Suzuki	04=Kawasaki
05=Polaris	88=Other

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

Model Name/Vin Number: DLX90 1RF29FAQ52YA002923

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

Model year: 99

5. What is the Engine Size (in CCs) of the ATV?

Engine Size: 82.5CC6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

	<u>Death #1</u>	<u>Death #2</u>
Age/Sex	<u>71M</u>	<u>  1  </u>
Date of Death	<u>4/9/00</u>	<u>          </u>
State of Death	<u>Florida</u>	<u>          </u>
City of Death	<u>Jupiter</u>	<u>          </u>
County of Death	<u>Palm Beach</u>	<u>          </u>
TASK NUMBER	<u>                          </u>	<u>                          </u>

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

necessary.) See investigation report

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8. Did the ATV overturn/tipover/rollover?  Yes  No

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

Victim 1:  Yes  No      Victim 2:  Yes  No

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

1=Driver     2=Passenger     3=Bystander   
4=Driver/Other Vehicle     8=Other

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

Victim 1:  Yes  No      Victim 2:  Yes  No  Yes  No

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

1=One rider       2=Two riders   
3=Three riders       4=Four or more riders

TASKNUMBER 000412HNES491

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

Age 7    Height (ft. 3 in. 9)

Weight 57    Sex 1 (1=male, 2=female)

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

1. Organized training program ->>>>> What was the name of the training sponsor?

Was this training arranged through the dealer as part of the purchase agreement?

No   
Yes

Don't Know 

2. trained by ATV dealer/Salesperson \_\_\_\_\_  
 3. trained by friend/relative ->>>(Specify age) \_\_\_\_\_  
 4. self taught \_\_\_\_\_  
 5. other(specify) \_\_\_\_\_  
 \_\_\_\_\_  
 9. don't know

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

- 01=Forest \_\_\_\_\_ 02=Desert \_\_\_\_\_ 03=ATV Track \_\_\_\_\_  
 04=Snowmobile Trail \_\_\_\_\_ 05=Swampland/marshland \_\_\_\_\_  
 06=Sand/Shallow Water \_\_\_\_\_ 07=Field \_\_\_\_\_  
 08=Paved Road \_\_\_\_\_ 09=Non-paved Road  10=Snow/Ice \_\_\_\_\_  
 11=Yard/Driveway \_\_\_\_\_ 12=Railroad Bed \_\_\_\_\_  
 14=Storm Drain/canal \_\_\_\_\_ 15=Paved parking lot \_\_\_\_\_ 18=Other \_\_\_\_\_

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

- 01=Public road  03=Private road \_\_\_\_\_ 05=Road (Nothing else known) \_\_\_\_\_ 09= NA (Not a road) \_\_\_\_\_

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

- 01=Car  02=Truck \_\_\_\_\_ 03=Motorcycle \_\_\_\_\_ 04=Dune Buggy \_\_\_\_\_  
 05=Go Cart \_\_\_\_\_ 06=ATV \_\_\_\_\_ 07=Train \_\_\_\_\_ 08=Other \_\_\_\_\_  
 09=Not a traffic incident \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

- 1=Yes, Drugs \_\_\_\_\_ 2=No Drugs \_\_\_\_\_  
 3=Yes, Medication \_\_\_\_\_ 4=No Medication \_\_\_\_\_

(You should end the investigation by asking this question).

20. If we need additional information on this incident, may we call you back?

\_\_\_\_\_ No  Yes

If yes, ask: What is the best time of day to contact you?

Day of Week \_\_\_\_\_ Time of Day \_\_\_\_\_ AM/PM

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rev. 9/9/99

EPHA/jd

DEPT: 1818 DEPUTY I.D.: 5024 NAME: HYDE DENISE  
 OFFENSE NO. 00060916 1825 HOURS AND DATE: 04/09/00  
 APT. NO.: 0000 HOURS: 0000

OFFENSES: 01 NO. OFFENDERS: 01 NO. VEHICLES STOLEN: 0 NO. PREMISES ENTERED: 0  
 ACTION: HIGHWAY / ROADWAY FORCED ENTRY: 0 WEAPON TYPE: OTHER  
 VICTIMS: 01 NO. ARRESTED: 0

OFFENSE NO. 1 FLORIDA STATE STATUTE: 782 071 1 CIS CODE 090C

NAME LIST:  
 ROLE: ANTHONY R KUNJBEHARI DOB: 03/25/1993  
 VICTIM NO. 001 SEX: M RACE: M HT: 309 WT: 57 HR: BLACK EYE: BROWN

BUSINESS PHONE: 561 000-0000 ANTHONY R KUNJBEHARI DOB: 03/25/1993  
 VEHICLE DRIVER SEX: M RACE: M HT: 309 WT: 57 HR: BLACK EYE: BROWN

BUSINESS PHONE: 561 000-0000 ANTHONY R KUNJBEHARI DOB: 03/25/1993  
 CEASED SEX: M RACE: M HT: 309 WT: 57 HR: BLACK EYE: BROWN

IDENTICAL ADDRESS: 15811 N 95 AV DOB: 06/13/1983  
 NICHOLAS A JONES SEX: M RACE: M HT: 508 WT: 145 HR: BLOND EYE: BLUE

BUSINESS PHONE: 561 000-0000 NICHOLAS A JONES DOB: 06/13/1983  
 VEHICLE DRIVER SEX: M RACE: M HT: 508 WT: 145 HR: BLOND EYE: BLUE

IDENTICAL ADDRESS: 212 JONES CREEK DR JUPITER FL 33458  
 BUSINESS PHONE: 561 000-0000

OFFENSE INDICATOR: OFFENSE 1 VICTIM NUMBER: 1  
 CITIM TYPE: JUVENILE RESIDENCE STATUS: FULL YEAR  
 INCIDENT TYPE: COUNTY  
 TENT OF INJURY: FATAL  
 INJURY TYPE(1): POSS BROKEN BONES  
 INJURY TYPE(2): POSS INTERNAL INJURY  
 CITIM TREAT TAKEN: SMH

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 ASSIGN HNE5491 EXHIBIT 1  
 FIRM DATE 5/17/00  
 INVESTIGATOR Jeffrey A. Simon  
 PAGE 1 OF 3

PHYSICIAN: DR. MOREJON  
TIM RELATION: STRANGER

IDENTIFIABLE CIRCUMSTANCES: NOT APPLICABLE  
IDENTIFIABLE CODE: NOT APPLICABLE  
AGENCY: PBSO OFFICER NAME: HYDE 5024  
SERVISDR ON SCENE: LT SESSA  
WHERE BODY FOUND: 155 RD AND 95 AVE NORTHT  
OFFICER VIEWED BODY AT: ST MARY'S HOSPITAL  
IDENTIFIED REMAINS: N  
BY I.D. BY: FATHER  
SULANCE: TRAUMA HAWK & PROFR FIRE RESCUE: PALM BEACH  
EMERGENCY SERVICES: J.V.  
INDUCED BY: DR. MOREJON AT: ST MARY'S HOSPITAL  
CASE OF DEATH: MULTIPLE BLUNT TRAUMA  
ATH'S CERTIFICATE SIGNED BY: DR. PALMA  
BY RELEASED TO: MEDICAL EXAMINER'S OFFICE DATE: 041000  
KT OF KIN NOTIFIED:  
ARREST RELATION: FATHER  
ARREST RELATION: FATHER

H/VESS STATUS CODE: VICTIMS VEH/VESS TYPE: OTHER  
VEH YR: 1999  
H MAKE: E-TON VEH STYLE: OTHER  
H COLOR: RED / GRAY  
VIN NUMBER: RFZ9FA052YA002923

H/VESS STATUS CODE: OFFENDERS VEH/VESS TYPE: AUTO  
VEH TYPE: PASSENGER CAR  
VEH STATE LICENSE: FL TAG YR: 2000 VEH YR: 1993  
H LICENSE NO. 233C8G VEH LICENSE DECAL: 04330942  
H MAKE: CHRY VEH STYLE: CONVERTIBLE  
H COLOR: WHI / BLU  
VIN NUMBER: 1C3XU4539PF528371  
SURANCE CD: ALLSTATE PH:

REPORT NUMBER: 1  
ORIDA VICTIM ? N  
REFERENCE CASE NO.: 00-060915  
ATHER: CLOUDY LYON'S TOWING  
HICLE TOWED BY ..... PBSO IMPOUND  
HICLE TOWED TO ..... INV HYDE/5024  
PHOTOS TAKEN BY .....

000412  
ASSIGN HWES491 EXHIBIT 1  
FIRM \_\_\_\_\_ DATE 5/17/00  
INVESTIGATOR Jeffrey A. Simon  
PAGE 2 OF 3

ON SUNDAY, 040900 I WENT TO A TRAFFIC CRASH WHICH OCCURRED AT APPROX 1825 HRS AT THE INTERSECTION OF 155 ROAD ALSO KNOWN AS SANDYRUN ROAD AND 95TH AVE NORTH IN JUPITER.

INVESTIGATION REVEALED THAT ANTHONY KUNJBEHARI WAS OPERATING A 1999 E-TON, FOUR WHEEL OFF ROAD ATV NORTHBOUND ON 95TH AVE NORTH. NICHOLAS JONES WAS DRIVING A 1993 CHRYSLER LEBARON, CONVERTIBLE, BEARING FLORIDA TAG 233CBG WESTBOUND ON 155 ROAD. KUNJBEHARI FAILED TO STOP FOR A STOP SIGN AND ENTERED THE INTERSECTION VIOLATING THE RIGHT-A-WAY OF JONES. THE FRONT OF KUNJBEHARI'S VEHICLE STRUCK THE LEFT FRONT OF JONES'S VEHICLE. A SECOND IMPACT TOOK PLACE BETWEEN THE RIGHT SIDE OF KUNJBEHARI'S ATV AND LEFT THE SIDE OF JONES'S VEHICLE. KUNJBEHARI AND THE SEAT HE WAS SITTING ON REJECTED FROM THE ATV. KUNJBEHARI WAS AIR LIFTED TO ST MARY'S HOSPITAL WHERE HE WAS PRONOUNCED DEAD BY DR. MOREJON FROM INJURIES HE SUSTAINED IN THE CRASH. THERE WERE NO SIGNS OF IMPAIRMENT OR DRUG DOING ON THE PART OF JONES IN THIS CASE. A MORE DETAIL VEHICLE HOMICIDE REPORT WILL BE COMPLETED UNDER THIS CASE NUMBER BY THIS INVESTIGATOR. THIS CASE IS BEING DECLARED UNFOUNDED.

O/S HYDE/5024/041300/MRM  
DICT: 041300/1004 HRS

000412  
ASSIGN WNE589 EXHIBIT 1  
FIRM \_\_\_\_\_ DATE 5/17/00  
INVESTIGATOR Jeffrey A. Simon  
PAGE 3 OF 3

**LONG FORM**

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
 TRAFFIC CRASH RECORDS  
 TALLAHASSEE, FLORIDA 32309-0600

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 04 09 00		TIME OF CRASH 6:25 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		TIME OFFICER NOTIFIED 6:48 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		TIME OFFICER ARRIVED 7:33 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		INVEST. AGENCY REPORT NUMBER 00-060915		HEAVY CRASH REPORT NUMBER 59036709	
COUNTY / CITY CODE 06 00		FEET OR MILES .25		CITY OR TOWNSHIP JUPITER		COUNTY Palm Beach					
AT NODE NO.		FEET / MILES FROM NODE NO.		NEXT NODE NO.		NO. OF LANES 2		ON STREET, ROAD OR HIGHWAY 155TH ROAD (SANDY RUN ROAD)			
AT INTERSECTION OF 95TH AVE. N		FEET / MILES		OF INTERSECTION OF							
DRIVER ACTION 1 Person 2 DR & Pass 3 DR		YEAR 99		MAKE E-TON		TYPE 12 01		VEH. LICENSE NUMBER NONE		STATE /	
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE IDENTIFICATION NUMBER RFZ9FA0SZYA002923		POINT OF IMPACT CIRCLE AREA OF DAMAGE 1					
VEHICLE TRAVELING <input checked="" type="checkbox"/> ON <input type="checkbox"/> AT		95TH AVE. N		EST. MPH 30		POSTED SPEED 30		EST. VEHICLE DAMAGE \$ 1000.00		EST. TRAILER DAMAGE 1	
INSURANCE COMPANY (LIABILITY OR FPI)		POLICY NUMBER		VEHICLE RESERVED BY LYONS TOWING		1 Tow Reservation List 2 Tow Owner's Request 3 Driver 4 Other					
OWNER'S FULL NAME (Check if Driver) RICH KUNJBEHARI		CURRENT ADDRESS (Number and Street) 15811 95TH AVE. N, JUPITER, FL 33458		CITY AND STATE W/M 10-27-63		ZIP CODE 748-1972					
DRIVER (Identify as on Driver License) / Pedestrian ANTHONY RICHARD KUNJBEHARI		CURRENT ADDRESS (Number and Street) 15811 95TH AVE. N, JUPITER, FL 33458		CITY & STATE / ZIP CODE		DATE OF BIRTH 03-25-93					
DRIVER LICENSE NUMBER NONE		STATE /		BAC TEST 3 Units 1 Blood 4 Refused 2 Breath 5 None		REBATE 1		ALCOHOL 6		P.W.E. DEP. 1	
HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		PLACARDED <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		RECOMMEND 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>		IF YEL. Expts in Records <input checked="" type="checkbox"/>		DRIVER'S PHONE NO. (561) 748-1972			
OWNER ACTION 1 Person 2 DR & Pass 3 DR		YEAR 93		MAKE CHRY		TYPE 01 01		VEH. LICENSE NUMBER 233CBG		STATE FL	
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE IDENTIFICATION NUMBER 1C3XU4539PF528371		POINT OF IMPACT CIRCLE AREA OF DAMAGE 13					
VEHICLE TRAVELING <input type="checkbox"/> ON <input checked="" type="checkbox"/> AT		155TH RD		EST. MPH 30		POSTED SPEED 30		EST. VEHICLE DAMAGE \$ 1000.00		EST. TRAILER DAMAGE 2	
INSURANCE COMPANY (LIABILITY OR FPI) ALLSTATE INS. COMPANY		POLICY NUMBER 071961863 05/28		VEHICLE RESERVED BY STEVES TOWING		1 Tow Reservation List 2 Tow Owner's Request 3 Driver 4 Other					
OWNER'S FULL NAME (Check if Driver) GARY LEE JONES		CURRENT ADDRESS (Number and Street) W/M 07-14-59 212 JONES CREEK DR, JUPITER, FL 33458		CITY AND STATE 748-5190		ZIP CODE					
DRIVER (Identify as on Driver License) / Pedestrian NICHOLAS ALAN JONES		CURRENT ADDRESS (Number and Street) 212 JONES CREEK DR, JUPITER, FL 33458		CITY & STATE / ZIP CODE		DATE OF BIRTH 06-13-83					
DRIVER LICENSE NUMBER J520621832130		STATE FL		BAC TEST 3 Units 1 Blood 4 Refused 2 Breath 5 None		REBATE 5		ALCOHOL 1		P.W.E. DEP. 1	
HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		PLACARDED <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		RECOMMEND 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>		IF YEL. Expts in Records <input checked="" type="checkbox"/>		DRIVER'S PHONE NO. (561) 748-5190			

*John D. Jones 5024*

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000412  
 ASSIGN HNE5491 EXHIBIT 2  
 FIRM \_\_\_\_\_ DATE 5/17/00  
 INVESTIGATOR Jeffrey A. Shinn  
 PAGE 1 OF 4

*700  
41700*

DRIVER ACTION 1 Present 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	POINT OF IMPACT CIRCLE AREA OF DAMAGE				
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE			EST. VEHICLE DAMAGE	1 Skidding 2 Fuel/Fluid 3 No Damage		EST. TRAILER DAMAGE		21 Pin			
VEHICLE TRAVELING		ON	At	Est. Speed	EST. VEHICLE DAMAGE		1 Skidding 2 Fuel/Fluid 3 No Damage		EST. TRAILER DAMAGE				
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Removal Unit 2 Tow Driver's Request 3 Other		CITY AND STATE		ZIP CODE			
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		OWNER'S FULL NAME (Trailer or Towed Vehicle)		CITY AND STATE			
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		DATE OF BIRTH					
DRIVER (Specify as an Other Licensed / Pedestrian)		DRIVER LICENSE NUMBER		STATE	PL. TYPE	PL. CGL	SAC	TEST 3	1 Year	2 No			
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDS		1 Yes	2 No	RECORDED 1 Yes 2 No		DRIVER'S PHONE NO.					
PROPERTY DAMAGED - OTHER THAN VEHICLE		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE			
PROPERTY DAMAGED - OTHER THAN VEHICLE		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE			
CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS		LOCATION ON ROADWAY		PEDESTRIAN ACTION			
01 No Improper Driving / Action 02 Confused Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol/Drugs Influence 08 Obsolete Other Influence 09 Obstructed View 10 Followed Too Closely 11 Impaired Traffic Signal 12 Stranded Stop Spread Limit 13 Stranded Stop Sign 14 Failed to Obey Signal / Vehicle 15 Improper Passing 16 Wrong Lane / Center 17 Exceeded Speed Limit 18 Stranding Traffic 19 Improper Load 20 Stranded Other Traffic 21 Driving Wrong Side / Way 22 Flushing Pedestrian 23 Vehicle Malfunction 24 Other		01 No Defects 02 Defect 03 Worn / Damaged 04 Brake / Suspension 05 Tire / Wheel 06 Steering / Control 07 Windshield Wipers 08 Windshield Damage 09 Equipment / Vehicle Defect 77 All Other (Specify in Remarks)		01 Straight Ahead 02 Slowing / Stopped / Malfunction 03 Slowing Left Turn 04 Backing 05 Changing Right Turn 06 Changing Lane 07 Changing/Changing/Changing Lane 08 Property Parked 09 Improperly Parked 10 Blocking Driveway 11 None 12 Turn 13 Pulls Forward 14 Stopped 15 Emergency Operation 16 Construction Malfunction		1 Primarily Sidewalk 2 Primarily Pavement 3 Open Country							
FIRST / SUBSEQUENT HARMFUL EVENT		ROAD SURFACE IDENTIFIER		LIGHTING CONDITION		ROAD SURFACE / CONDITION		WEATHER		ROAD SURFACE TYPE			
01 Collision With SVW in Transport (Front-End) 02 Collision With SVW in Transport (Rear-End) 03 Collision With SVW in Transport (Angle) 04 Collision With SVW in Transport (Side-Turn) 05 Collision With SVW in Transport (Right-Turn) 06 Collision With SVW in Transport (Struck-From-Behind) 07 Collision With SVW in Transport (Struck-From-Side) 08 Collision With SVW on Other Roadway 09 Collision With Pedestrian 10 Collision With Object 11 Collision With Stray Object 12 Collision With Stray Object (Low) 13 Collision With Stray Object (High) 14 Collision With Tree 15 Collision With Animal 16 SVW Hit Utility Pole 17 SVW Hit Utility Pole (Light Pole) 18 SVW Hit Structure 19 SVW Hit Pole 20 SVW Hit Concrete/Steel/Wood 21 SVW Hit Telephone/Powerline 22 SVW Hit Tree/Post/Sign 23 Collision With Construction Equipment 24 Collision With Traffic Sign 25 Collision With Cash Assessment 26 Collision With Fixed Object Above Road 27 SVW Hit Other Fixed Object 28 Collision With Movable Object On Road		01 No Defect 02 Obstruction With Vehicle Striking 03 Road Under Repair / Obstruction 04 Loose Surface Materials 05 Obstruction - Sign / Pole / Sign 06 Stray Object Above Road Edge 07 Stranding Water 08 Stray Object From Surface 09 Other (Specify)		01 No Control 02 Subject Defect 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Other Roadway Sign 09 Road No S-Turn 10 Road No S-Turn 11 No Parking Zone 77 All Other (Specify)		01 No Light 02 No Light 03 No Light 04 No Light 05 No Light 06 No Light 07 No Light 08 No Light 09 No Light 10 No Light 11 No Light 12 No Light 13 No Light 14 No Light 15 No Light 16 No Light 17 No Light 18 No Light 19 No Light 20 No Light 21 No Light 22 No Light 23 No Light 24 No Light 25 No Light 26 No Light 27 No Light 28 No Light 29 No Light 30 No Light 31 No Light 32 No Light 33 No Light 34 No Light 35 No Light 36 No Light 37 No Light 38 No Light 39 No Light 40 No Light 41 No Light 42 No Light 43 No Light 44 No Light 45 No Light 46 No Light 47 No Light 48 No Light 49 No Light 50 No Light 51 No Light 52 No Light 53 No Light 54 No Light 55 No Light 56 No Light 57 No Light 58 No Light 59 No Light 60 No Light 61 No Light 62 No Light 63 No Light 64 No Light 65 No Light 66 No Light 67 No Light 68 No Light 69 No Light 70 No Light 71 No Light 72 No Light 73 No Light 74 No Light 75 No Light 76 No Light 77 All Other (Specify)		01 Dry 02 Wet 03 Heavy 04 Ice 05 Other (Specify)		01 Clear 02 Cloudy 03 Rain 04 Fog 05 Ice 06 Other (Specify)		01 Dry 02 Wet 03 Ice 04 Other (Specify)	
CONTRIBUTING CAUSES - ROAD		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER		TYPE SHOULDER		CITATION #			
01 No Defect 02 Obstruction With Vehicle Striking 03 Road Under Repair / Obstruction 04 Loose Surface Materials 05 Obstruction - Sign / Pole / Sign 06 Stray Object Above Road Edge 07 Stranding Water 08 Stray Object From Surface 09 Other (Specify)		01 No Control 02 Subject Defect 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Other Roadway Sign 09 Road No S-Turn 10 Road No S-Turn		01 No Defect 02 No Defect 03 No Defect 04 No Defect 05 No Defect 06 No Defect 07 No Defect 08 No Defect 09 No Defect 10 No Defect 11 No Defect 12 No Defect 13 No Defect 14 No Defect 15 No Defect 16 No Defect 17 No Defect 18 No Defect 19 No Defect 20 No Defect 21 No Defect 22 No Defect 23 No Defect 24 No Defect 25 No Defect 26 No Defect 27 No Defect 28 No Defect 29 No Defect 30 No Defect 31 No Defect 32 No Defect 33 No Defect 34 No Defect 35 No Defect 36 No Defect 37 No Defect 38 No Defect 39 No Defect 40 No Defect 41 No Defect 42 No Defect 43 No Defect 44 No Defect 45 No Defect 46 No Defect 47 No Defect 48 No Defect 49 No Defect 50 No Defect 51 No Defect 52 No Defect 53 No Defect 54 No Defect 55 No Defect 56 No Defect 57 No Defect 58 No Defect 59 No Defect 60 No Defect 61 No Defect 62 No Defect 63 No Defect 64 No Defect 65 No Defect 66 No Defect 67 No Defect 68 No Defect 69 No Defect 70 No Defect 71 No Defect 72 No Defect 73 No Defect 74 No Defect 75 No Defect 76 No Defect 77 All Other (Specify)		1 Single-Lane 2 Single-Lane / Turnpike 3 Curve-Left 4 Curve-Right / Turnpike 5 Other		1 None 2 None 3 None 4 None 5 None 6 None 7 None 8 None 9 None 10 None 11 None 12 None 13 None 14 None 15 None 16 None 17 None 18 None 19 None 20 None 21 None 22 None 23 None 24 None 25 None 26 None 27 None 28 None 29 None 30 None 31 None 32 None 33 None 34 None 35 None 36 None 37 None 38 None 39 None 40 None 41 None 42 None 43 None 44 None 45 None 46 None 47 None 48 None 49 None 50 None 51 None 52 None 53 None 54 None 55 None 56 None 57 None 58 None 59 None 60 None 61 None 62 None 63 None 64 None 65 None 66 None 67 None 68 None 69 None 70 None 71 None 72 None 73 None 74 None 75 None 76 None 77 All Other (Specify)		1 None 2 None 3 None 4 None 5 None 6 None 7 None 8 None 9 None 10 None 11 None 12 None 13 None 14 None 15 None 16 None 17 None 18 None 19 None 20 None 21 None 22 None 23 None 24 None 25 None 26 None 27 None 28 None 29 None 30 None 31 None 32 None 33 None 34 None 35 None 36 None 37 None 38 None 39 None 40 None 41 None 42 None 43 None 44 None 45 None 46 None 47 None 48 None 49 None 50 None 51 None 52 None 53 None 54 None 55 None 56 None 57 None 58 None 59 None 60 None 61 None 62 None 63 None 64 None 65 None 66 None 67 None 68 None 69 None 70 None 71 None 72 None 73 None 74 None 75 None 76 None 77 All Other (Specify)			

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 INVESTIGATOR Jeffrey A. Simon  
 PAGE 2 OF 4

FLORIDA TRAFFIC CRASH REPORT  
 NARRATIVE / DIAGRAM  
 MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
 TRAFFIC CRASH RECORDS  
 TALLAHASSEE, FLORIDA 32399-0600

DO NOT WRITE IN THIS SPACE

TIME ENDS FATALS ONLY	TIME ENDS NOTIFIED	AM	PM	TIME ENDS ARRIVED	AM	PM	COUNTY / CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HEAVY CRASH REPORT NUMBER
	6:28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6:32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	06 00	04-09-00	00-060915	59036709

NARRATIVE / ADDITIONAL PASSENGERS  
 V-1 WAS NORTHBOUND ON 95TH AVE. N. V-2 WAS WESTBOUND ON 155TH ROAD. V-1 FAILED TO STOP FOR A STOP SIGN AND ENTERED THE INTERSECTION, VIOLATING THE RIGHT OF WAY OF V-2. THE FRONT OF V-1 STRUCK THE LEFT FRONT SIDE OF V-2. AS V-1 BEGAN TO ROTATE COUNTER-CLOCKWISE, A SECONDARY IMPACT TOOK PLACE BETWEEN THE RIGHT SIDE OF V-1 AND THE LEFT SIDE OF V-2. D-1 AND THE SEAT OF HIS VEHICLE WERE EJECTED FOLLOWING IMPACT. V-2 WAS BROUGHT TO A CONTROLLED REST BY ITS DRIVER. V-1 AND D-1 CAME TO UNCONTROLLED FINAL REST IN THE EASTBOUND LANE OF 155TH ROAD, WITH V-1 TIPPED OVER ONTO ITS RIGHT SIDE.  
 D-1 WAS THE 65TH FATALITY FOR PALM BEACH COUNTY IN 2000.  
 THE VEHICLE HOMICIDE REPORT WILL BE COMPLETED BY THIS INVESTIGATOR UNDER CASE NUMBER 00-060916.

SEC. #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Sex	Ht.	Weight	Other

VIOLATOR	FL. STATUTE NUMBER	NAME	CHARGE	CITATION #
VIOLATOR	FL. STATUTE NUMBER	NAME	CHARGE	CITATION #
WITNESS - NAME	ADDRESS		CITY & STATE	ZIP
1				
WITNESS - NAME	ADDRESS		CITY & STATE	ZIP
2				
FIRST AID GIVEN BY - NAME	3 Hospital or Clinic	4 Certified 1st Aider	BLINDED TAKEN TO:	BY - NAME
PBC FIRE/RESCUE	2 Paramedics or EMT	3 Police Officer	2 ST. MARY'S HOSPITAL	TRAUMAHAWK
WAS INVESTIGATOR MADE AT SCENE	1 YES 2 NO	WHEN?	IS INVESTIGATION COMPLETE?	1 YES 2 NO WHY? BAC
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PENDING
INVESTIGATOR - NAME & SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	DATE OF REPORT	PHOTOS TAKEN?
INV. D.L. HYDE	5024	PALM BEACH COUNTY	04/13/00	<input checked="" type="checkbox"/>
				3. INVEST. AGENCY
				4 OTHER
				<input type="checkbox"/>

HEAVY 58006 Rev. 1/89 G

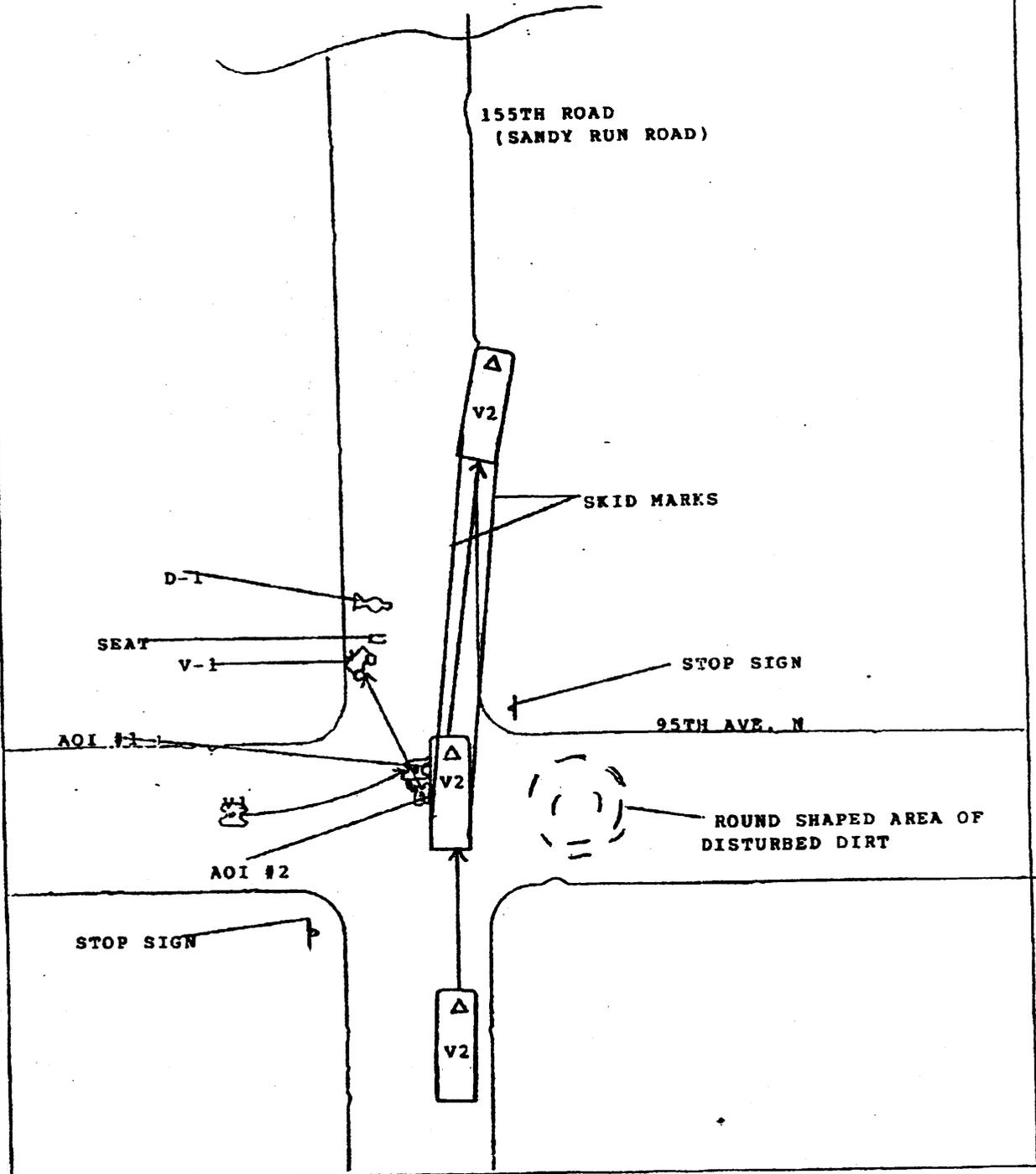
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DIAGRAM NOT TO SCALE



INDICATE NORTH  
WITH ARROW



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... OF THE MEDICAL EXAMINER  
DISTRICT 15, State of Florida  
Palm Beach County  
West Palm Beach, FL 33408  
(561) 688-4575

**TRAFFIC FATALITY CASE INFORMATION SHEET**

Printed: Apr 9, 2000

M.E. CASE: 000319

INVESTIGATOR: Bill Peñan, Forensic Investigator

PATHOLOGIST: Noel Palma, Pathologist

**DECEDENT**

NAME: Anthony Richard Kunjbehari	AGE: 7 yrs
AKA:	DOB: Mar 25, 1993
S.S. #: _____ D.L. #: _____	RACE: White
OTHER ID.:	SEX: Male
OCCUPATION:	
LOCAL ADDRESS: 15811 95th Avenue North, Jupiter, FL 33458	PH: (561) 748-1972
PERM. ADDRESS: 15811 95th Avenue North, Jupiter, FL 33458 United States	PH: _____

**INVOLVED PARTIES**

NAME: Mr. & Mrs. Kunjbehari	RELATIONSHIP: Parents
LOCAL ADDRESS: 15811 95th Avenue North, Jupiter, FL 33458	
PERM. ADDRESS: 15811 95th Avenue North, Jupiter, FL 33458 United States	
<input checked="" type="checkbox"/> Next of Kin	PHONES: LOCAL: (561) 748-1972 PERM. ADDR: _____
<input type="checkbox"/> Contact	CELL: _____ BUSINESS: _____
<input checked="" type="checkbox"/> Identified by	HOW IDENTIFIED: Present at ER.
<input checked="" type="checkbox"/> Notified of Death	

**INVESTIGATING AGENCY: PALM BEACH SHERIFF'S OFFICE**

ACCIDENT CASE # 00-060915

INVESTIGATOR: Denise Hyde, Crash Investigator

T.H.I. CASE # 00-060916

INVESTIGATOR: \_\_\_\_\_

**SCENE of INJURY**

DATE/TIME ME NOTIFIED: <u>Apr 9, 2000 22:25</u>	DATE/TIME TRANSPORT NOTIFIED: <u>Apr 9, 2000 22:40</u>
LOCATION OF INJURY: <u>95th Avenue North &amp; 155th Road Jupiter, FL</u>	
NON STANDARD ADDRESS: _____	
DATE/TIME OF ACCIDENT: <u>Apr 9, 2000 18:25</u>	
DATE/TIME OF DEATH: <u>Apr 9, 2000 19:17</u>	E/R: <u>YES</u> INPATIENT: <u>NO</u> OPER. RM: <u>NO</u>

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OFFICE OF THE MEDICAL EXAMINER

DISTRICT 15, State of Florida  
 Palm Beach County  
 West Palm Beach, FL. 33406  
 (561) 688-4575

TRAFFIC FATALITY CASE INFORMATION SHEET

Printed: Apr 9, 2000

M.E. CASE: 000319

INVESTIGATOR: Bill Pellan, Forensic Investigator

PATHOLOGIST: Noel Palma, Pathologist

SCENE of DEATH

PLACE OF DEATH: St. Mary's Medical Center 901 45th Street West Palm Beach, FL

FUNERAL HOME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCIDENT ON JOB: NO # OF VEHICLES: 2 # OF DEATHS: 1

SAFETY EQUIPMENT USED: SEAT BELT: NO SHOULDER HARNESS: NO  
 MOTORCYCLE HELMET: NO CHILD RESTRAINT SEAT: NO  
 DRIVER SIDE AIR BAG: NO PASSENGER SIDE AIR BAG: NO

DRUGS/ALCOHOL SUSPECTED: NO CRIMINAL CHARGES PENDING: NO

DESCRIPTION OF VEHICLES

Make	Model	Year	Color	Est Speed	Post Speed	Point Of Impact
Sierra	4 Wheel		unknown	40	30	Front
Road Surface	Lighting	Weather	Road Defects	Other Hazards		

Make	Model	Year	Color	Est Speed	Post Speed	Point Of Impact
Chevrolet	Lebaron	1993	unknown	30	30	Driver side door
Road Surface	Lighting	Weather	Road Defects	Other Hazards		

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..... MEDICAL EXAMINER  
DISTRICT 16, State of Florida  
Palm Beach County  
West Palm Beach, FL. 33406  
(561) 688-4575

**TRAFFIC FATALITY CASE INFORMATION SHEET**

Printed: Apr 9, 2000

M.E. CASE: 000319 INVESTIGATOR: Bill Pellan, Forensic Investigator  
PATHOLOGIST: Noel Palma, Pathologist

LOCATION OF BODY: Unknown

POSITION OF BODY: Unknown

WAS DECEASED EJECTED?: COMPLETELY

IF YES, EJECTED THROUGH: Off ATV

<input type="radio"/> Hit and Run	<input type="radio"/> Bicyclist	<input type="radio"/> Motorcycle Driver	<input checked="" type="radio"/> Driver
<input type="radio"/> Passenger	<input type="radio"/> Pedestrian	<input type="radio"/> Motorcycle Passenger	Vehicle Number: <u>1</u>

SCENE ATTENDANCE BY: M.E. Investigator NO  
M.E. Doctor NO

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INVESTIGATOR Jeffrey A. Simon  
PAGE 3 OF 3

# MEDICAL EXAMINERS OFFICE

3126 Gun Club Road, West Palm Beach, FL 33406

(561) 688-4575 \* FAX: (561) 688-4592

## Report of Investigation

Name: Anthony Richard Kunjbehari

Case Number: ME 00-0319

Date of Death: April 9, 2000

Type of Case: MVA-Driver of ATV

Forensic Investigator: William A. Pellan

### April 9, 2000

At about 22:25 hours on this date, Vehicle Homicide Investigator Denise Hyde with the Palm Beach Sheriff's Office made notification to this office regarding the motor vehicle related death of Anthony Richard Kunjbehari. According to Deputy Hyde, she was currently at the Emergency Room of St. Mary's Medical Center where the decedent was pronounced dead at 19:17 hours, by Dr. Morejon. The decedent was a seven (7) year old, white male that was the driver of an unknown year, Sierra 4 wheel all terrain vehicle(ATV) that collided with a 1993 Chevrolet Labaron. Preliminary investigation revealed that the decedent driving the ATV was Northbound on 95<sup>th</sup> Avenue North, Unincorporated Jupiter. The Labaron was traveling Westbound on 155<sup>th</sup> Road. The ATV appeared to have failed to stop at a posted stop sign. The front of the ATV struck the driver side door of the Labaron. The driver of the ATV and the seat were ejected off the vehicle. Both roadways are dirt and the speed limit for both is 30 mph. It was believed the Labaron was traveling the speed limit and the speed of the ATV is unknown at this time, but suspected to be greater than 30 mph. The accident occurred at 18:25 hours. The decedent was not wearing a helmet. Initial assessment of the decedent was head and neck trauma.

Hyde further advised that the parents of the decedent had been present in the ER and confirmed the identity of the decedent. The hospital staff informed the parents of the involvement of the Medical Examiner Office and that the decedent would be transported to this office.

Request was made to have the ER records copied and ready with the decedent for removal. Further request was made to have the lab contacted and informed that any admission specimens would need to be located and ready for release to this office.

JV Removal Service was notified for transportation at 22:40 hours and advised of the ER records and to check for any admission specimens in the lab if available.

End of report.

William A. Pellan  
Forensic Investigator

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INVESTIGATOR Jeffrey A. Simon  
PAGE 1 OF 1



**OFFICE OF THE DISTRICT MEDICAL EXAMINER**  
District 15 - State of Florida  
Palm Beach County  
3126 Gun Club Road  
West Palm Beach, Florida 33406-3005  
(561) 688-4575  
(561) 688-4592 FAX

**NAME:** Anthony Kunjibhari

**CASE NUMBER:** 00-0319

**DATE OF DEATH:** April 9, 2000    **AGE:** 7    **SEX:** Male    **RACE:** White

**DATE OF AUTOPSY:** April 10, 2000 1120AM

**AUTOPSY FINDINGS:**

**1. External Injuries:**

- A. Abrasions, right forehead, right cheek, nose, left cheek and mid-sternum.
- B. A horizontally oriented (1 inch) laceration, right jaw.
- C. A palpable fracture of the right lower jaw.
- D. Contusion, right thigh.
- E. No palpable fractures of the extremities.

**2. Internal Injuries:**

- A. Diffuse subarachnoid hemorrhage.
- B. Subdural hemorrhage.
- C. Subluxation of the C1 vertebra.
- D. Lacerations of liver, spleen and right kidney.
- E. Contusions, lungs.
- F. Extensive internal hemorrhage.
- G. No subgaleal hemorrhage, skull fracture, vertebral fracture or cerebral contusion.
- I. No rib fractures, sternal fractures or pelvic fractures.

**CAUSE OF DEATH:** Multiple blunt trauma

**MANNER OF DEATH:** Accident

  
\_\_\_\_\_  
Noel A. Palma, MD  
Associate Medical Examiner

Date Signed: April 10, 2000

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**EXTERNAL EXAMINATION:**

The body was that of a normally developed well nourished white male appearing about the recorded age of 7 years. The body measured 3 feet 9 inches in length and weighed 57 pounds. The body was cool, rigor mortis was fully developed and livor mortis was present posteriorly and fixed. No clothing was received with the body. The head was normocephalic and the scalp hair was black, short and wavy. The eyes had white sclerae, pale conjunctivae, brown irides and clear cornea. The dentition consisted of natural teeth. No lesions of the oral mucosa were identified. The facies was unremarkable. There were no masses discernable in the neck and the larynx was in the midline. The thorax was symmetrical and unremarkable. The abdomen was flat. The external genitalia were those of a young male. The penis was uncircumcised and the testes were both descended into the scrotum. The extremities and back showed no significant deformities or other abnormalities.

**EVIDENCE OF TREATMENT:**

An endotracheal tube was in place. There were intravenous lines in the left antecubital fossa and the right inguinal region. Hospital identification bands were present around the left ankle. There was a chest tube in the lateral aspect of the right chest and a 6 inch stitched incision at the lateral aspect of the left chest.

**EVIDENCE OF INJURY:**

**External Injuries:**

There were abrasions on the right side of the forehead, the right cheek, the nose, and the left cheek; and a horizontally oriented 1 inch laceration at the right jaw. In addition, there was a palpable fracture of the right lower jaw. There were also abrasions at the mid-sternum and contusions at the lateral aspect of the right thigh. There were no palpable fractures of the extremities.

**Internal Injuries:**

There was no subgaleal hemorrhage, skull fracture, vertebral fracture or cerebral contusion. However, there was a diffuse subarachnoid hemorrhage and subdural hemorrhage on the surface of the brain and subluxation of the C1 vertebra.

There were multiple lacerations of the right lobe of the liver, the spleen and the right kidney. There were multiple contusions on the anterior surfaces of the lungs. There was approximately 1000 ml of partially clotted blood in the abdominal cavity. There were no rib fractures, sternal fractures or pelvic fractures.

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**INTERNAL EXAMINATION:**

An autopsy was performed utilizing the normal thoraco-abdominal and posterior coronal scalp incisions. Except for the above previously described injuries, the following internal systems were as follows:

**Head:**

No abnormality was noted in the reflected scalp, calvarium, dura, meninges or the base of the skull. There was no subgaleal hemorrhage. The dura was tightly adherent to the skull and the basilar surface of the cranial cavity. There were no venous sinus thrombi within the dura. The leptomeninges were clear. The gyri were slightly flattened. There was no evidence of herniation. The cerebral vascular system was unremarkable. The 1175 gm brain showed mild swelling, but was free of neoplastic lesions. Serial sections of the brain showed a good gray-white demarcation of the cerebrum. The ventricles were neither dilated nor compressed. The thalamus, the hypothalamus, the basal ganglia, the midbrain, the pons, the medulla and the cerebellum were normally situated and free of gross abnormalities. There was adequate pigmentation of the substantia nigra. There was no cerebellar vermal atrophy.

**Neck:**

No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

**Body Cavities:**

The organs of the thoracic and the abdominal cavities were normally disposed. The pleura, the pericardial and the abdominal cavities were free of adhesions.

**Cardiovascular System:**

The 100 gm heart had a normal configuration and an unremarkable epicardial surface with a moderate amount of epicardial fat. The coronary arteries pursued their usual anatomic course and had no atherosclerotic disease. Serial section of the heart revealed a firm, dark reddish-brown myocardium with no focal lesions. The heart chambers were not dilated. The atrial and the ventricular septae were intact. The myocardium was not hypertrophied. The papillary muscles and chordae tendinae were not thickened. The endocardium and heart valves were not fibrosed. The aorta had no atherosclerosis. The major arteries and great veins showed normal distribution.

**Respiratory System:**

The larynx and trachea were unremarkable and were clear of debris and foreign material. The pleural surfaces were dark red, smooth and glistening. The right and left lungs weighed 175 gm and 160 gm, respectively. The bronchi and pulmonary arteries were opened longitudinally and were patent. The pulmonary arteries were normally developed, patent and without a thrombus or embolus. The bronchi and bronchioles contained some foamy pink fluid. Serial sections of each lung revealed passive congestion in the parenchyma accentuated with dependent lividity. No

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**NAME:** Anthony Kurjebhari

**CASE NUMBER:** 00-0319

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focal lesions were visible or palpable.

**Hepatobiliary System:**

The 1000 gm liver had firm dark tan surfaces and an unremarkable parenchymal pattern. The gallbladder and biliary tracts were unremarkable.

**Hemolymphatics:**

The 100 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

**Alimentary System:**

The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and the contents of the stomach consisted of approximately 50 ml of brown liquid material.

**Pancreas:**

The pancreas showed an unremarkable tan lobulated pattern.

**Endocrine System:**

The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

**Genitourinary System:**

The right and left kidneys weighed 100 gm each. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

**Musculoskeletal System:**

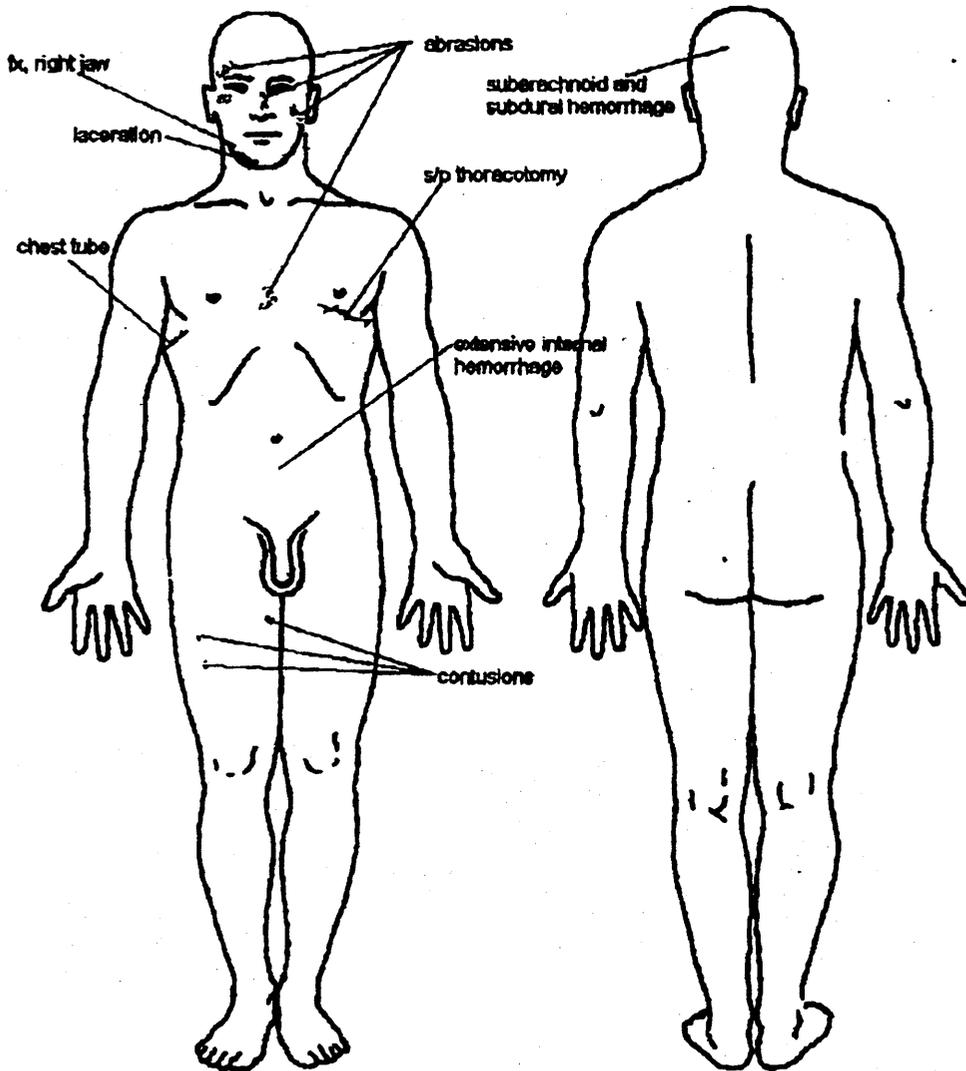
All the muscles and axial skeleton were free of any significant abnormalities.

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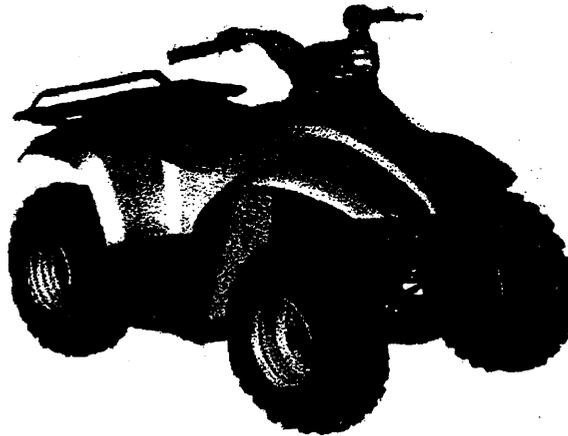
**NAME:** Anthony Kurjbehari

**CASE NUMBER:** 00-0319

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INVESTIGATOR Jeffrey A. Simon  
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\* Shown with optional rear rack

### DXL90 FEATURES

- Automatic choke for engine reliability and easy start with no flooding
- Electric start with alternate kick starter
- Fully automatic oil injection eliminates the need to premix the gas and oil
- CVT (Continuous Variable Transmission) provides even torque through all riding conditions
- 4.5 liter gas tank means a lot more fun between refills
- Built-in throttle limiter that can be set for beginning riders
- Wide headlight and tail lights for better dusk to night time riding
- Keyed ignition switch for added security
- Electric start interlock; engine can only be started with the parking brake engaged.
- Wide, sturdy wheel-base
- "A" arm independent front suspension has individual shocks for a safer more surefooted ride
- Swing arm rear suspension helps maintain traction under rough riding conditions
- On-board tool box for simple field repairs
- Full floorboards
- Horn
- Optional rear rack

### DXL90 SPECIFICATIONS

Engine : 82.5cc two-stroke single  
Bore x Stroke : 40mm x 39.2mm

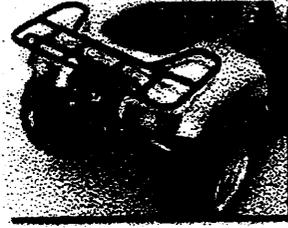
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INVESTIGATOR Jeffrey A. Simon  
PAGE 1 OF 2

GENERAL INFORMATION / EQUIPMENT LIST

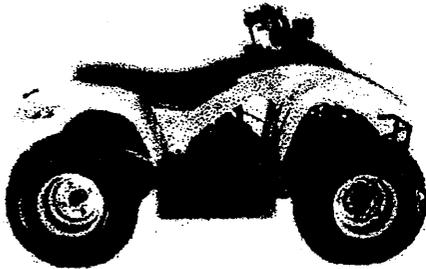
- Starter :** Electric / Kick
- Transmission :** CVT (V-belt)
- Ignition Type :** CDI
- Spark Plug :** BP7HS (NGK)
- Battery Capacity :** 12V - 4 ah sealed
- Lubrication :** Oil Injection
- Oil Capacity :** 1 quart
- Fuel Capacity :** 4.5 liter
- Wheelbase :** 40 inches
- Length :** 59 inches
- Width :** 32.5 inches
- Height :** 37 inches
- Seat Height :** 26 inches
- Claimed Dry Weight:** 280 lbs

Colors: Red/Silver or Tan/Green

Meets all ANSI standards for a Y-12 and the Consumer Product Safety Commission Consent Decree.



Shown with optional rack. Taillights and headlight are standard.

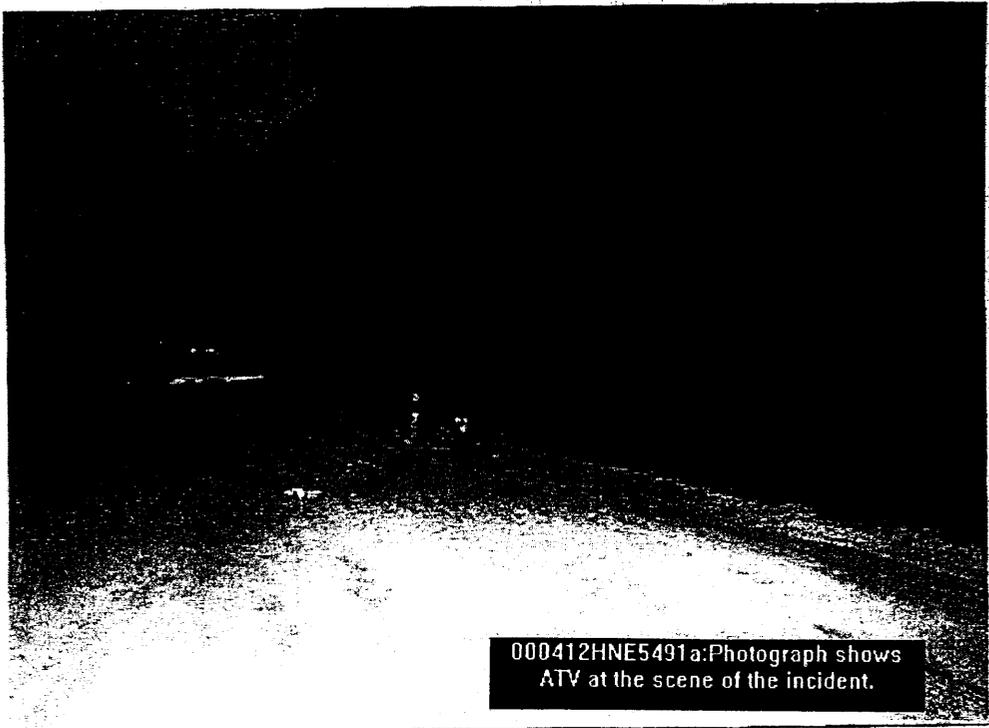


<b>Suspension:</b>	<b>FRONT:</b> Single A - Arms <b>REAR:</b> Unit swing arm
<b>Brakes:</b>	<b>FRONT:</b> Drum <b>REAR:</b> Drum
<b>Tires:</b>	<b>FRONT:</b> 19x7-8 (tubeless) <b>REAR:</b> 19x7-8 (tubeless)

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 INVESTIGATOR Jeffrey A. Simon  
 PAGE 2 OF 2

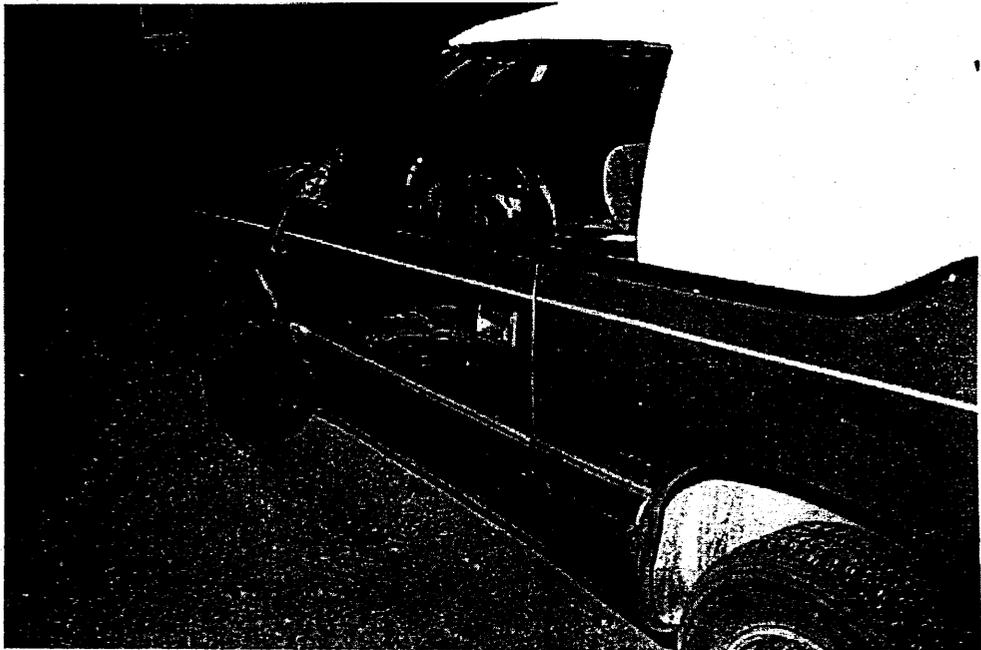


000412HNE5491a: Photograph shows  
ATV at the scene of the incident.



000412HNE5491b: Photograph shows close-up of the ATV at the scene of the incident.

000412HNE5491.c:Photograph shows close-up of the damage to auto as a result of contact by the atv.



Task No. : 000412HNE5491

## 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. Toxicology Report (ME Case#000319)

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: June 21, 1900

Investigator No.: 8251

Regional Office: FOER

Supervisor No.: 8342

RANDALL S. ROYER  
Attorney at Law  
3910 Glen Oak Drive  
Louisville, KY 40218  
(502) 495-6731 Fax (502) 499-2476

JUL 17 2000

July 11, 2000

Ms. Leslie Stout  
National Injury information  
Clearing House  
Consumer Product Safety Commission.  
Washington, DC 20207

RE: 000412HNE5491, E-TON America

Dear Ms. Stout,

I am legal counsel for E-TON America, Southeast. My client received your report as to an accident involving an ATV manufactured by E-TON America. My client is one of many distributors of the E-TON America products and is not the manufacturer nor are they the corporate entity which imports the E-TON products into the United States. Therefore, your report and request for comments was mailed to the wrong party. The correct mailing address is E-TON America P.O. Box 550308 Dallas, TX 75355 or E-TON America 4009 Distribution Dr. #220 Garland, TX 75041. If you have any questions, please feel free to contact me.

Sincerely,



Randall S. Royer  
Attorney at Law



E-TON America  
P.O. Box 550308  
Dallas, TX 75205

AUG 11 2000



Phone 1-877-USA-ETON  
Phone 1-888-TON Tech  
Fax 1-214-221-8285

E-Mail [information@etonamerica.com](mailto:information@etonamerica.com)

← August 1, 2000 →

U.S. Consumer Product Safety Commission  
Washington, D.C. 20207

RE: 000412HNE5491

Dear Sir or Madam:

Upon review of the subject document E-TON America Incorporated has determined that the accident that occurred was not due to a factory or safety defect concerning the E-TON (DXL90) ATV. Enclosed are several documents proving that the E-TON product meets ANSI requirements and specifications. E-TON products come equipped with warning stickers and specify the operation is to be on off road riding only. Also enclosed is a brochure that gives the specifications for the (DXL 90) ATV.

E-TON America Incorporated thanks you for the opportunity to respond to this report. Should you have any further questions feel free to contact me at your earliest convenience.

Sincerely,

William G. Tobias  
Operations Manager

# Small on CCs. Big on Tough.

**Designed and engineered with newer, younger riders in mind**

**Standard features include:**

- Automatic choke for engine reliability and easy start with no flooding
- Electric start with alternate kick starter
- Engine stop switch for safety
- Adjustable throttle stop and exhaust restrictor, so as the child grows, the power can too.
- Automatic CVT (Continuous Variable Transmission) provides even torque through all riding conditions
- Fully automatic oil injection eliminates the need to pre-mix the gas and oil
- 4.5 liter gas tank means a lot more fun between refills
- Wide, sturdy wheel-base
- "A" arm independent front suspension has adjustable individual shocks for a safer, more surefooted ride
- Swing arm rear suspension helps maintain traction under rough riding conditions
- Parking brake
- On-board tool box for simple field repairs
- Quick release latch seat for easy access to tool kit
- Horn
- Flag holder

**Sierra DXL-90 additional features include:**

- Wide headlight and taillights for better dusk to night time riding
- Textured safety footrests
- Optional rear rack

E-TON Sierra DXL-90 meets CPSC and ANSI standards for 12



**E-TON**  
A M E R I C A

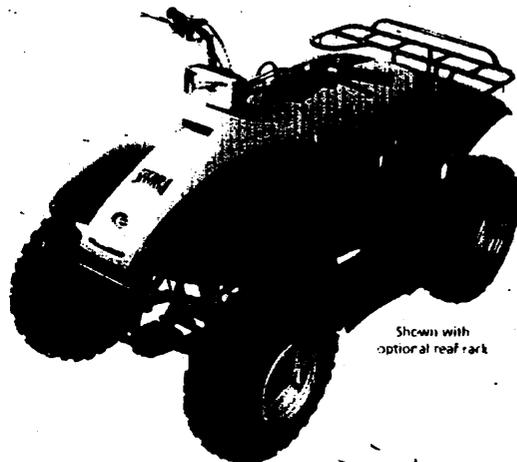
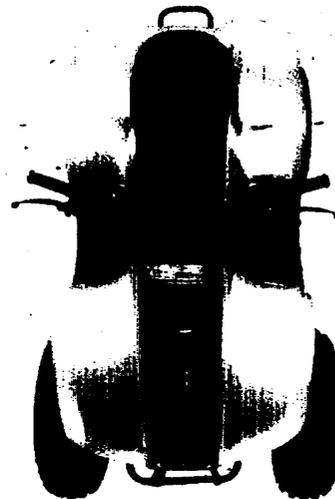
P.O. Box 550308 • Dallas, TX 75351-0308  
[www.e-ton.america.com](http://www.e-ton.america.com)

## SIERRA



90cc Thunder  
for youth 12 years  
and older

**SIERRA DXL-90**



Shown with  
optional rear rack

For off-road use only. Do not operate without protective riding gear.

# S P E C I F I C A T I O N S

## E-TON SIERRA DXL-90

### ENGINE

Air cooled 82.5cc, 2 stroke engine  
Mikuni carburetor  
Automatic choke  
Electric start with back up kick start  
CVT (V-belt ) automatic transmission  
CDI Ignitor  
Automatic oil injection  
4.0 Liter fuel capacity  
12 Volt, 4 amp hour sealed battery  
BPR7HS (NGK) standard sparkplug

### SUSPENSION

Dual A-arm front suspension  
Dual front adjustable shocks  
Rear single adjustable shock swing arm suspension

### BRAKES

Front-dual mechanical drum brakes (hand lever)  
Rear-single mechanical drum brakes (hand lever)  
Parking brake

### CHASSIS

40" Wheel base  
Overall dimensions:  
59" long, 32.5" wide, 37" high  
Seat Height: 26"  
225 Lb. dry weight

### TIRES

Front and rear 19 x 7-8 tires,  
dual purpose tread

### SAFETY

Meets ANSI standards, Y-12, and  
CPSC Standards Consent Decree

### TOOL KIT

Standard tool kit and on board tool box

### WARRANTY

Full 6 month limited warranty

### COLORS

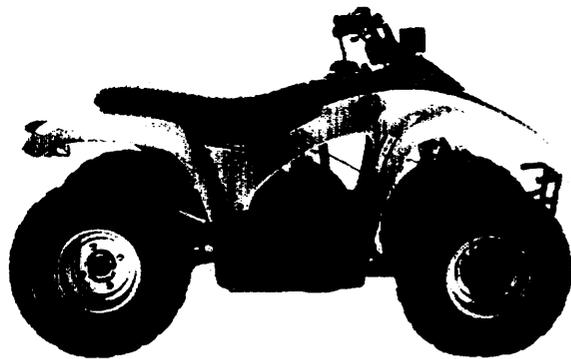
Silver & Red, Green and Tan

### STANDARD ACCESSORIES

Wide headlight, tail lights, flag holder

### OPTIONAL ACCESSORIES

Rear rack available



Shown with  
optional rear rack



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- Operation of this ATV by children under the age of **12** increases the risk of severe injury or death.
- Adult supervision required for children under age **16**.
- **NEVER** permit children under age **12** to operate this ATV.
- Cold tire pressure : **2 – 7 psi** or **0.14 – 0.48 kgf/cm<sup>2</sup>**
- Overloading can adversely affect vehicle handling.
- Use only tires specified in owner's manual.

H7102-9FAU-0000

- **OPERATOR USE ONLY. PASSENGERS PROHIBITED.**
- Adult supervision and instruction are required.
- **NOT RECOMMENDED FOR CHILDREN UNDER 12.**
- This vehicle is designed and manufactured for **OFF-ROAD USE ONLY**. Operation on public streets, roads or highways is illegal.
- **ALWAYS WEAR A HELMET** and other protective equipment.
- Do not operate this vehicle after consuming **ALCOHOL OR DRUGS**.
- Gasoline is flammable. Shut off engine, avoid sparks and open flame when refueling.
- Read owner's manual carefully before riding. Keep owner's manual with vehicle.

H7101-9FAO-0000

E-Ton Dynamics Tech. Ind, Co.  
Maximum Speed Test Report

1. Vehicle Type : Txl 50, Axl 50, Txl 90, Axl 90, Dxl 90  
2. Date : 1999.10.14.  
3. Environment Temp. : 24°C (75°F)  
4. Weather : Sunny.  
5. Vehicle Condition :  
5.1 Tire Pressure : 0.2 kgf / cm ( 2.9 psi)  
5.2 Fuel Tank : Full  
5.3 Speed Limit Device: C.D.I (control device ignition) and Carburetor throttle open control screw.  
6. Speed Measure Machine: Passing Timer.  
7. Maximum Speed Data : C.D.I (control device ignition) and Carburetor throttle open control screw.

Vehicle Type	Category	Maximum Speed Data	ANSI Regulation	Conclusion
Txl 50	Y-6	9.60 mph	10 mph	OK
Axl 50	Y-6	9.80 mph	10 mph	OK
Txl 90	Y-12	14.3 mph	15 mph	OK
Axl 90	Y-12	14.0 mph	15 mph	OK
Dxl 90	Y-12	14.4 mph	15 mph	OK

8. Maximum Unrestricted Speed Data : C.D.I (control device ignition)

Vehicle Type	Category	Maximum Speed Data	ANSI Regulation	Conclusion
Txl 50	T-6	14.5 mph	15 mph	OK
Axl 50	Y-6	14.7 mph	15 mph	OK
Txl 90	Y-12	28.2 mph	30 mph	OK
Axl 90	Y-12	28.8 mph	30 mph	OK
Dxl 90	Y-12	29.5 mph	30 mph	OK

9. Conclusion: According to ANSI Requirement.

Approver: Yu-Rong Hsieh

Recorder: Jerry Wang

Tester : Lin-Yi Chun and Rev-Sum Lu

E-Ton Distribution, L.P.  
4009 Distribution Drive, Suite 220  
Garland, TX 75041.  
TEL: 214-221-8285 FAX: 214-221-8288

TC 20

GXB

000412HNES491 - N304-0126A



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Local

APR 21 2000

Monday, April 10

Metro Report

The Palm Beach Post  
Monday, April 10, 2000

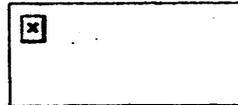
ISSUE 30

POLICE BLOTTER

JUPITER FARMS -- A 7-year-old Jupiter Farms boy, who was driving a three-wheel, all-terrain vehicle around his Palm Beach Estates neighborhood, died Sunday night after he collided with a car at Sandy Run Road and 95th Avenue North at 8:30 p.m. The boy, who was not wearing a helmet, was flown to St. Mary's Medical Center in West Palm Beach. Deputies did not release the child's name Sunday night. They did not expect to file charges against the driver of the car.

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**PALM BEACH COUNTY**  
Sun Sentinel, 4/11  
**Boy dies after being thrown from vehicle**  
A 7-year-old boy died Sunday evening after running a stop sign in an all-terrain vehicle. According to the Palm Beach County Sheriff's Office, Anthony Richard Kunjibehari of the 15800 block of 95th Avenue North hit the side of a car driven by Nicholas Alan Jones of the 200 block of Jones Creek Drive after Anthony failed to stop at the intersection of Sandy Run Road and 95th Avenue North. Anthony, who was thrown from the vehicle, was flown to St. Mary's Medical Center in West Palm Beach, where he died.

Republican and Democratic voters in state House District 86 will cast



1. Task Number 020924CNE7487		2. Investigator's ID 8251		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2002 08 18	5. Date Initiated YR MO DAY 2002 09 28		
6. Synopsis of Accident or Complaint UPC A three year old male sustained crushing and amputation of parts of four of his toes on his right foot as a result of riding barefoot and contacting the drive chain and sprocket contained on a four wheeled ATV. The victim was seated in front of his mothers twenty-four year old boyfriend who was operating the vehicle. The protective guard that would have covered the drive chain was missing from the vehicle. No safety gear was in use. Taken to St. Lucie County Medical Center for possible reattachment procedures. Upon examination by surgeon, reattachment would be unsuccessful.				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City PORT ST. LUCIE		9. State FL
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name E-TON AMERICA		10C. Model Number IMPULSE TXL50
10D. Manufacturer Name and Address ETON AMERICA 4009 Distribution Drive Garland, TX				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 3	13. Sex 1 - Male	14. Disposition 4 - Hospitalized	15. Injury Diagnosis 50 - Amputation	
16. Body Part(s) Involved 93 - TOE	17. Respondent 2 - Eyewitness	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 17 / 3	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 10/09/2002	25. Reviewed By 8189		26. Regional Office Director Gerard J. Naylis	
27. Distribution Simon, Jeffrey A.; Dobbins, Allen C.; Vece, John R.; Cerruti, Shawn M.; Ault, Eric B.; Lansing, Joseph W.			28. Source Document Number N0290024A	

9/9/04

FER/PRIVACY NOTIFIED  
 COMMENTS:  YES  NO  
 OVER-RULED:  ATTACHED  
 EXCISIONS: FOIA Ex. B5C  
Revisions  
 DO NOT RE-NOTIFY     RE-NOTIFY

**PRE-INCIDENT:**

Information contained in this investigation was obtained from the following sources:

1. Police Spokesperson, Port St. Lucie Police Department, Port St. Lucie, FL (Telephone contact 10/1/02).
2. Operator of ATV (Telephone contact on 10/6/02).
3. Parts Counter Manager, Riva Yamaha Honda, Pompano Beach, FL (Visit on 10/7/02).

Attempts to locate the listed owner of the ATV were unsuccessful through attempted telephone contact (no listing), contact letter (no reply), and attempted visit (10/6/02). Apartment visited was vacant with lockbox in place. Neighbor informed me that individual moved out a few months ago. During telephone contact later that day with the operator I was informed that this individual was not the owner of the vehicle when the incident occurred as it had been purchased by an acquaintance of the operator and borrowed from him. The Police Report (Supplemental) still names as the owner the listed person and details that he was conferred with at the scene.

Information regarding the manufacturer of the ATV involved in this incident was obtained from Shawn Cerruti; Headquarter Compliance as this information was not available through contacted official channels.

The 1999 "Eton" brand, "Impulse TXL50", four-wheeled all terrain vehicle involved in this incident that occurred in the late afternoon hours of August 18, 2002, was manufactured by Eton America, 4009 Distribution Drive, Garland, TX. The operator, a resident of Stuart, Florida was not the owner of the vehicle. The vehicle was reported to be owned by an acquaintance. No VIN # was available.

The victim, a three year old male (DOB = 10/30/98) was seated on the vehicle in front of the operator, a twenty-four male (DOB = 4/4/78, 5' 6", 150 lbs.). The operator of the vehicle was reported to be the boyfriend of the victim's mother. He described himself as formally in the military where he frequently rode motorcycles as well as four wheeled all terrain vehicles. In addition, he informed me that he has rode these types of vehicles in his home state of Arizona since about 1994 when he was sixteen years old. He admitted to no formal training in the operation of ATV's.

The scene of the incident that occurred in the late afternoon hours of August 18, 2002 was a future construction area (private property) where a large development of single family residences is planned. The area is heavily wooded and is popular with local individuals riding motorcycles, all terrain vehicles, swamp buggies and trucks. Available trails were reported to have been made by continual ATV usage.

020924CNE7427

Page 2

According to the information received, neither the victim nor the operator of the ATV was wearing a helmet, gloves or other protective devices. The victim was barefoot.

According to the operator of the vehicle, they arrived at the area at approximately 1230 hours and spent most of the afternoon riding the ATV on various portions of the property. He informed me that this was either the 4<sup>th</sup> or 5<sup>th</sup> time during the afternoon that the victim was on the vehicle.

According to the police report, the operator relayed that he was driving down a straightaway and had gone over a small hill.

In the late afternoon hours of August 18, 2002, weather conditions in the Port St. Lucie area were described as hot, humid and clear and were not considered a factor in this incident.

#### **INCIDENT:**

At approximately 1720 hours, the victim who was seated in front of the operator on the ATV began crying and screaming uncontrollably. The operator asked the victim what was wrong and he continued to scream. The operator stopped the vehicle and observed that some of the toes on the child's right foot appeared to have possibly been severed by contact with the drive chain and sprocket.

#### **POST-INCIDENT:**

The Port St. Lucie Police Department was notified of the incident at 1728 hours via 911 with an officer arriving on-scene at 1730 hours followed shortly afterward by paramedics from the Saint Lucie County Fire Department.

The victim was being attended to by his mother upon arrival by emergency units and the operator of the ATV who was the victim's mother's boyfriend led the way on an ATV to the area in the woods where the incident occurred. Two of the severed toes were located, placed in a bucket of ice and transported along with the victim to the Saint Lucie County Medical Center for possible reattachment procedures. Upon examination of the severed and crushed toes, surgeons were unable to reattach.

Injuries sustained was the big toe was severed below the first knuckle, the 2<sup>nd</sup> and 3<sup>rd</sup> toes were severed above the first knuckle and the 4<sup>th</sup> toe was mangled at its tip.

Based on the information obtained and examination of the ATV (no chain guard),

warning labels prohibiting riders under 12 years of age and lack of protective equipment for the victim, a warrant for the arrest of the operator for "neglect of child/child abuse" was sworn out.

Pictorial examination by this investigator (Sent by Port St. Lucie Police Department) of the ATV revealed smears of red on the right side of the ATV to the area adjacent to the seat, the area above the drive chain/sprocket and the body directly in front of the drive chain. Also observed with the lack of any type of chain guard device.

On October 6, 2002 I conferred with the operator of the ATV involved in the incident. He informed me that he was totally unaware that there was no protective cover contained over the drive chain assembly. He was unable to supply any information as to when, why and how this protective component was not in place. He informed me that the three-year-old victim is doing fairly well and has been able to resume most activities including running despite the loss of his toes.

On October 7, 2002 I visited Riva Yamaha Honda in order to obtain additional information regarding the "1999 E-Ton Impulse TXL 50" ATV involved in the incident. This visit was based on Internet review that named "Riva" as an E-Ton dealer. I conferred with an individual who identified himself as the Parts Counter Manager. He informed me that back in 1999 his firm did not handle E-Ton ATV's. He was able to provide me with a copy of a schematic from a 1999 E-Ton service manual showing the presence of a "Part #650.426 Protective Cover" designed to prevent contact with the drive chain.

#### **PRODUCT IDENTIFICATION:**

The "E-Ton" brand, "Impulse TXL50" model, yellow colored, four-wheeled, All Terrain Vehicle, was manufactured by E-Ton America, 4009 Distribution Drive, Garland, Texas in 1999. No VIN # was available. No technical information was available.

The dealer where the vehicle was originally purchased was unknown.

#### **EXHIBITS:**

1. Letter: CPSC/Port St. Lucie Police Department, Port St Lucie, Florida dated 9/30/02.
2. Florida Traffic Crash Report, Port St. Lucie Police Department.
3. Supplemental Report, Port St. Lucie Police Department.
4. Warrant Information, Port St. Lucie Police Department.
5. Letter: CPSC/Listed Owner of ATV dated 10/2/02.
6. Listing of Florida E-Ton Dealers.
7. Schematic ID Sheet of Chain/Guard listed on 1999 E-Ton Impulse TXL50.

8. Photographs A through I.

- (A) Photograph shows a left side view of the ATV involved in the incident.
- (B) Photograph shows a right side view of the ATV involved in the incident.
- (C) Photograph shows a front view of the ATV.
- (D) Photograph shows the unprotected drive chain/sprocket area where the contact with the victim's toes occurred.
- (E) Photograph shows additional photograph of the above-mentioned area.
- (F) Photograph shows rear view of the ATV.
- (G) Photograph shows warning label contained on the vehicle.
- (H) Photograph shows victim's injured foot/toes.
- (I) Photograph shows warning lable on ATV, not for children under 12 yrs of age



# U.S. Consumer Product Safety Commission

*Saving Lives and Keeping Families Safe*

South Florida Resident Post  
3840 W. Hillsboro Blvd., PMB #304  
Deerfield Beach, Florida 33442

Jeff Simon  
Product Safety Investigator

Telephone: 561 883-9645  
Fax: 561 883 9735  
E-Mail: jsimon@cpsc.gov

September 30, 2002

Pauline, Records Division  
Port St. Lucie Police Department  
121 SW Port St. Lucie Blvd.  
Port St. Lucie, FL

Dear Pauline:

Subject: Case #302012502

The US Consumer Product Safety Commission is an agency responsible for protecting consumers by regulating various products that they use in their everyday life. Information that we obtain through official channels is vital in helping us achieve this goal.

Per our telephone conversation of this date, I am requesting copies of the Incident and any follow-up Investigation Reports involving the ATV accident on August 18, 2002 concerning the injured party, [REDACTED] and the operator of the vehicle [REDACTED]. In addition, are any photographs of the ATV, either digital or regular available?

Please fax these reports to my attention at (561) 883-9735 or if not available (775) 514-8241.

Thank you for your anticipated cooperation.

Yours truly,

*Jeff Simon*  
Jeff Simon  
Product Safety Investigator

020824  
ASSIGN CN67487 EXHIBIT 1  
FIRM \_\_\_\_\_ DATE 9/30/02  
INVESTIGATOR Jeffrey A. Simon  
PAGE 1 OF 1

# FLORIDA TRAFFIC CRASH REPORT LONG FORM

WAL TO DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEEL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 08/15/02	TIME OF CRASH 5:28 AM	TIME OFFICER NOTIFIED 5:28 AM	TIME OFFICER ARRIVED 5:30 AM	INVEST AGENCY REPORT NUMBER 307012502	HSMV CRASH REPORT NUMBER 70259302
COUNTY / CITY CODE 24 / 50	FEEET or MILE(S)	N S E W	CITY OR TOWN Port St Lucie	COUNTY St Lucie	
AT ROAD NO.	FEET or MILE(S)	FROM / TO NODE NO.	NO. OF LANES 1	1 DIVIDED 2 UNDIVIDED	ON STREET, ROAD OR HIGHWAY CF Road / Dirt Trails
AT THE INTERSECTION OF (Street, Road or Highway)		FEET or MILE(S)	N S E W	FROM INTERSECTION OF (Street, Road or Highway) S.W. Birchhurst St & S.W. Gattling Blvd	

DRIVER ACTION 1. Phantom 2. HI & Run 3. N/A	YEAR 99	MAKE Impulse	TYPE 3	USE 77	VEH. LICENSE NUMBER NA	STATE FL	VEHICLE IDENTIFICATION NUMBER Model + TXL50
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY: 1. Tow Rollover List 2. Tow Comp's Request 3. Driver 4. Other			
VEHICLE TRAVELLING N S E W		ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1. Disabling 2. Functional 3. No Damage	SHOW FIRST POINT OF VEHICLE DAMAGE AND CHOLE (DAMAGED AREAS)
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Distrail Ck		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER		EST. TRAILER DAMAGE	
NAME OF VEHICLE OWNER (Check box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		ZIP CODE	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		US DOT or CC/MC IDENTIFICATION NUMBERS	
DRIVER LICENSE NUMBER		STATE		DL TYPE		DATE OF BIRTH	

DRIVER ACTION 1. Phantom 2. HI & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY: 1. Tow Rollover List 2. Tow Owner's Request 3. Driver 4. Other			
VEHICLE TRAVELLING N S E W		ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1. Disabling 2. Functional 3. No Damage	SHOW FIRST POINT OF VEHICLE DAMAGE AND CHOLE (DAMAGED AREAS)
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER		EST. TRAILER DAMAGE	
NAME OF VEHICLE OWNER (Check box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		ZIP CODE	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		US DOT or CC/MC IDENTIFICATION NUMBERS	
DRIVER LICENSE NUMBER		STATE		DL TYPE		DATE OF BIRTH	

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Adleep	3 Drugs - Under Influence	3 Front Right
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Box Trailer	5 Unknown	5 None	5 Had Been Drinking	5 Rear Center
06 Truck Tractor (Cab-Boiler)	06 Private School Bus	06 Bush Trailer	6 Foreign	6 Seizure, Epilepsy, Blackout	6 Pending ALCOHOL/DRUG Test Results	6 Rear Right
07 Motor Home (RV)	07 Ambulance	07 Utility Trailer	7 Other	7 Other Physical Defect		7 In Body Of Truck
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 House Trailer	DL TYPE	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Pole Trailer	1 A 2 B 3 C	1 None	1 Not in Use	9 Other
10 Bicycle	10 Fire / Rescue	10 Toward Vehicle	4 Di Chauler's	2 Possible	2 Seat Belt / Shoulder Harness	
11 Motorcycle	11 Ambulance	11 Auto Transport	5 El Operat	3 Incapacitating	3 Child Restraint	
12 Moped	12 Other Government	12 Other	6 El Oper- Rest	4 Non-Traffic Fatality	4 Air Bag - Deployed	
13 All Terrain Vehicle	13 Concrete Mixer		7 None		5 Air Bag - Not Deployed	
14 Train	14 Garbage or Refuse		REQUIRED ENDORSEMENTS		6 Safety Helmet	
15 Low Speed Vehicle	15 Cargo Van		1 Yes		7 Eye Protection	
17 Other	17 Other		2 No			
			3 No Endorsement Required			

TA 56. K. 2001

# FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH  
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-8500

DO NOT WRITE IN THIS SPACE

TIME EMS DISPATCHED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 08/18/02	COUNTY / CITY CODE 24/50	INVEST AGENCY REPORT NUMBER 302012502	HSMV CRASH REPORT NUMBER 70255302
--	---	---------------------------	-----------------------------	--	--------------------------------------

**(NARRATIVE)**

Person was driving ATV with child riding in front of him. He stated he was driving down a straightaway and went over a hill. The child then screamed. He asked the child what was wrong and the child continued to cry. Person stopped the ATV and saw that the child's torso was gone. The child was wearing a snow helmet and safety gloves. The child's right foot appeared to have gotten caught in the chain whereupon the bike chain cut off the lower part of the 2nd toe and a piece of the 3rd toe were also removed by the chain. The ATV was intact but the child lay in the chain. Person brought the child to the hospital station and called for rescue which responded to treat the child. Person and the PSL Police returned to the scene to collect 2 of the missing toes. Person brought the child to the ER. Dr. Moore treated the child. Upon this report the doctor stated it did not appear he was able to reattach the toes. Witness attached a statement of driver.

SECT	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
1	1	Chance Franklin Blake	1823SE Lafayette St	Stuart FL	—	10/30/96	W	M	4	1	1	1
SECT	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECT	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECT	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECT	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECT	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
------------------	-----------------	--------------	----------	------------------	-----------------	--------------	----------

FIRST AID GIVEN BY - NAME Rescue # 14	Physician or Nurse <input type="checkbox"/> Paramedic or EMT <input type="checkbox"/> Police Officer <input checked="" type="checkbox"/> Certified 1st Aider <input type="checkbox"/> Other <input type="checkbox"/>	INJURED TAKEN TO: PSL ER	BY - NAME Rescue # 14
WAS INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, THEN WHERE? <input checked="" type="checkbox"/> PSL ER	IS INVESTIGATION COMPLETE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, THEN WHY? <input type="checkbox"/>
INVESTIGATOR - RANK & SIGNATURE W. J. ...	ID/BADGE NUMBER 309	DATE OF REPORT 08/18/02	PHOTOS TAKEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	DEPARTMENT Port St. Lucie PD		IF YES BY WHOM? INVESTIGATING AGENCY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>

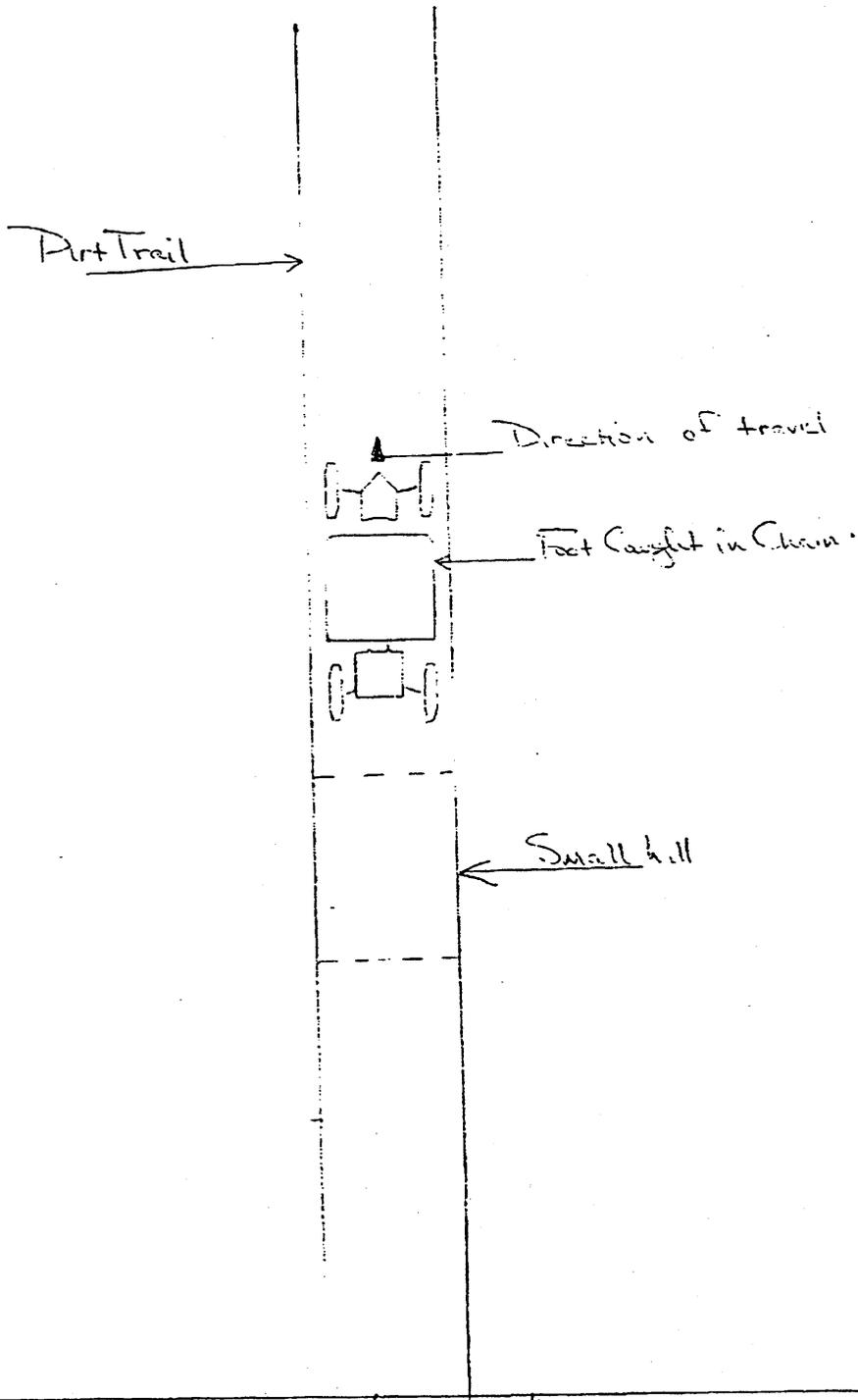
HS MV-90005 (Rev. 1/02) Page 3 of 4

020924  
ASSIGNMENT 2437 EXHIBIT 2  
FIRM DATE 10/10/02

DIAGRAM



INDICATE NORTH  
WITH ARROW



Page 4 of 4

020924  
ASSIGN 4-NC-7487 EXHIBIT 2  
FIRM \_\_\_\_\_ DATE 10/1/02  
\_\_\_\_\_

# PORT ST. LUCIE POLICE DEPARTMENT SUPPLEMENTAL REPORT

Case #: 302012502

Date: 081802

Zone 8/ Sector 12

Driver: Edan Baker W/M 040478  
1823 Lafayette St.  
Stuart, FL

Victim: Chase Blake W/M 103098  
1823 Lafayette St.  
Stuart, FL

Police: Sgt. Izzo  
Officer Vanderslik  
Officer Peterson  
Officer Lidbetter  
Officer Herrington

On 081802, I was on-duty as a Patrol Sergeant for the Port St. Lucie Police Department. I heard 911 dispatch Officer Vanderslik to the Mobil on SW Gatlin Blvd. for a reported ATV crash in which a three year old boy had lost some of his toes in the crash.

I was in the immediate area, responded to the scene, and met with Officer Peterson, who arrived shortly before I did. I saw Officer Peterson consoling the three-year-old boy (redacted) and his mother. I asked Officer Peterson if (redacted) had lost his toes and she advised that he was missing three toes on his right foot. I asked Officer Peterson who the driver was and she and some people who were standing nearby pointed to (redacted).

Mr. (redacted) acknowledged that he was the driver and said that it was just an accident. I asked Mr. (redacted) if he could show me where the crash scene was, as I wanted to find the missing toes for possible reattachment. Mr. (redacted) said that he could probably find the spot, but said that it was deep in the woods and could only be reached by riding an ATV.

I asked if I could get some ice and an unknown person from the Mobil gave me a bucket and ice. Another unknown person said that he would give me a ride in his truck to the area where I would have to ride an ATV to the scene.

ASSIGN 820924 CNC7437 EXHIBIT 3  
FIRM \_\_\_\_\_ DATE 10/17/02  
INVESTIGATOR Jeffrey A. Johnson  
PAGE 1 OF 6

— C 1 2161

302012502

Page 2

I received a ride to the general area where the crash had occurred and on the way I saw hundreds of people and ATV's, Motorcycles, Swamp Buggy's and other all terrain type vehicles and trucks.

We arrived at an area where trucks and other four-wheel type vehicles were stopped. I was given a ride on an ATV where we went deeper into the woods on paths that appeared to have been made by ATV's and motorcycles.

We attempted to follow Mr. [REDACTED] who was riding the ATV that had been involved in the crash, and Mr. [REDACTED] got ahead of us. While we were looking for Mr. [REDACTED] he came back towards us and gave me a severed toe, which I put into the ice bucket. I told Mr. [REDACTED] to show me where he found the toe and he showed us a spot about 100 yards up the road. We checked the roadway (which was still being used by ATV's and Motorcycles) and Mr. [REDACTED] found another toe. I put the other toe into the ice.

We were unable to locate the third toe and I decided that we needed to get the toes to the hospital as soon as possible. I spoke to Sgt. Izzo, he advised me that he was with the fire department, and that they would rush the toes to the hospital as soon as they got them.

We then left the scene of the crash, which was a sandy flat area with bumps in the road, and drove to where the trucks were parked. An unknown woman then drove me to SW Buckhart Street where I gave the bucket of ice containing the missing toes to Captain Rizzello of the St. Lucie County Fire Department. Captain Rizzello then transferred the bucket to a waiting rescue rig. The Fire Department then rushed the toes to the Port St. Lucie Columbia Medical Center.

Sgt. Izzo contacted St. Lucie County Sheriff's Air One and they responded to the area and used their PA to ask people to leave the area. Officer's were stationed at some of the points to entry/exit and spoke to the motorists and wrote down tag numbers of the exiting vehicles. Sgt. Izzo also spoke to the owner of the ATV ([REDACTED]) and he had the ATV brought out to the roadway. I took pictures of the ATV (which has numerous warnings about safe operation affixed to it) and then Road One towed it.

Officer Vanderslik transported Mr. [REDACTED] to the hospital and conducted the investigation into this traffic crash. Officer Vanderslik is also following up on possible traffic violations and/or criminal violations.

I notified Lt. Bolduc about this incident.

Sergeant: Todd A. Schrader #218

TA Schrader<sup>218</sup>

ASSIGN 020328 PRIORITY 3  
FIRM \_\_\_\_\_ DATE 10/1/07  
INVESTIGATOR Jeffrey A. Simon  
PAGE 2 OF 6

### National Standard Incident Report

Report 08/18/2002 22:10

Case # 03-02-012502

I N C I D E N T	Case #	Report	Responded	Occurred From	Occurred To	
	03-02-012502	08/18/2002 22:10		08/18/2002 17:00	08/18/2002 17:10	
	Dept. Classification	Report Type	Arrived	Case Status Date	Day of Week	
	ACCIDENT, OTHER	Supplemental	08/18/2002 18:10	08/18/2002	SUNDAY	
	Case Status		Dispatched	Cleared	Map Reference	
ACTIVE		08/18/2002 18:00	08/18/2002 19:30			
	Location Type	Alcohol Related	District/Zone/Section	Assignment	Drug Related	Zone/Division
	PARK/WOODLANDS/FI	UNKNOWN	DISTRICT 3/ZONE	PATROL	UNKNOWN	
Location Information : 1924 SW GATLIN BLV PORT ST LUCIE, FL 34953- (ST LUCIE County)			Total Stolen Property Value : \$0.00			
Total Recovered Property Value : \$0.00			Total Damaged Property Value : \$0.00			

N A R R A T I V E	Topic	ORIGINAL NARRATIVE
	1	<p>ON 8-16-02 AFTER THE ACCIDENT ADDITIONAL UNITS RESPONDED AS WELL AS AIR 2 IN ORDER TO HAVE ALL OFF ROAD VEHICLE VACATE THE AREA. UNITS SET UP A PERIMETER AND GAVE EACH VEHICLE A WARNING THAT IF THEY RETURN TO THE AREA THE WILL BE ARRESTED FOR TRESPASSING. EACH OFFICER ALSO TOOK THE TAG NUMBER OF EACH VEHICLE TO VERIFY THE WARNING WAS GIVEN. IT SHOULD BE NOTED THAT DUE TO THE VAST AREA, SOME VEHICLES LEFT THROUGH ROUTES UNMANNED BY OFFICERS. FOLLOWING ARE THE TAGS AND DISCRIPTIONS OF EACH VEHICLE THAT WAS STOPPED.</p> <p>D62QBY  U86LHZ 96 RED TOYOTA PICKUP  E19TTZ 90 GRY DODGE PICKUP  TEMP. D866472  E04PSQ 01 WHI FORD PICKUP  F11LXA 84 BLU AMER JEEP  MIKRIS2 97 WHI ISUZU PICKUP  FROGDOG 83 BLK/SIL GMC PICKUP  F26HYV 85 RED FORD PICKUP  GS100K 81 GRY CHEV PICKUP  U44NDB 75 GRN FORD PICKUP  IQ944V 85 BLU FORD SUV  U73EXV 84 GRT DIDGE SUV  IZ027L 99 BLU CHEV PICKUP  K5911X 92 SIL FORD PICKUP  D31SJS 99BLK FORD PICKUP  GU067G 95 BLU CHEV PICKUP  U37KMM 01 BEIGE CHEV PICKUP  T72XYS 94 BLU/WHI CHEV PICKUP</p>

Reporting Officer BRYAN D HERRINGTON (7296)	Department	Report Status: Approved
FTO		Date/Time
Verifying Officer TODD SCHRADER (7213)	Department	Date / Time 08/18/2002 23:55

020924  
ASSIGN 7482 EXHIBIT 3  
FIRM \_\_\_\_\_ DATE 10/1/02  
INVESTIGATOR Jeffrey A. Blum



PORT ST. LUCIE POLICE DEPARTMENT  
STATEMENT FORM



Case Number: 302012502

Statement of: Witness  Victim  Suspect  Other

Name: [REDACTED] Address: [REDACTED]

DOB: 4-4-78 Race: W Sex: M Phone: [REDACTED]

Date/Time: 08/18/02 - 1901 Location: PSL FR

Me & [REDACTED] were riding on a dirt road  
straight away. He was sitting in front of me. He  
swerved & I stopped the 4 wheels. I saw that  
his tires were gone. I turned around & went to  
the car. I got him in the car & called  
911. Then I went & picked his tires up from  
the accident.

(IF VICTIM)- I wish/do not wish to pursue charges.

I swear the above statement is true  
and correct to the best of my knowledge.

Sworn to and subscribed before me, the  
undersigned authority this 18<sup>th</sup> day  
of August, 2002.

[REDACTED]  
Signed

WV L R # 309  
Law Enforcement Officer/PSLPP

020924  
ASSIGNMENT 7987 EXHIBIT 3  
FIRM \_\_\_\_\_ DATE 10/1/02  
INVESTIGATOR Jeffrey A. [REDACTED]  
PAGE 4 OF 6

### VEHICLE IMPOUNDMENT/INVENTORY REPORT

Case # 302012502

PORT ST. LUCIE POLICE DEPARTMENT  
450 S.W. THORNHILL DRIVE  
PORT ST. LUCIE, FLORIDA 34984  
(407) 878-7000

Year and Make of Vehicle	Model	ITEM DESCRIPTION	Yes	No	ITEM DESCRIPTION	Yes	No
<u>Impulse</u>	<u>TXL 50</u>	Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Color(s) <u>yellow</u>	Mileage <u>UNK</u>	Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield (Wiper(s))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.I.N.	Year and (Validation Sticker #) State	Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grill	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tag # <u>NONE</u>		Seat(s) Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fenders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date and Time Vehicle Impounded		Seat Rear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fender Skirts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location <u>1924 SW Gattin Blvd</u>		Radio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hubcaps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Driver's Name <u>[REDACTED]</u>		Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Side View Mirror(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Address <u>[REDACTED] - Stuart</u>		Air Conditioner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spotlight(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Owner's Name <u>[REDACTED]</u>		Cigar Lighter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foglight(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Address <u>[REDACTED] - Royal Palm Beach</u>		Tape Deck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Left Front Tire/Wheel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hold <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For <u>BLPD</u>		Rear View Mirror	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Left Rear Tire/Wheel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reason <u>Investigation</u>		Keys	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Right Front Tire/Wheel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wrecker Company <u>Road One</u> Ph. #		Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right Rear Tire/Wheel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signature of Wrecker Driver <u>Wage Body</u>		Top	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spare Tire/Wheel	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Indicate Additional Personal Property in Glove Box: NONE

Indicate Additional Personal Property in Trunk: NONE

Indicate Additional Personal Property in Interior: NONE

Describe Damage and Location: NONE

Officer(s) Impounding Vehicle: D. Harrington I.D.# 296

NOTICE TO OWNER: This notice and the title or registration must be presented in order to secure the release of your vehicle. As owner or legal agent of the owner of the above listed property, I hereby acknowledge and hold harmless the Port St. Lucie Police Department and its agents from any claim of damage or loss by leaving the property unsecured.

Released to \_\_\_\_\_ Date Released 020928 3

Proof of Ownership \_\_\_\_\_

Released by \_\_\_\_\_ INVESTIGATOR [Signature]

# Port St. Lucie Police Department

Incident

Offense

Case Number: 19993



Incident Type <u>Traffic Complaint / Crash</u>	Date <u>08/31/2002</u>	Time Received <u>1728</u>	Time Arrived <u>1730</u>	Time Cleared <u>1745</u>	Zone & Sector <u>8/12</u>
Location Of Incident <u>SW Beckhart St &amp; SW Gattin Blvd</u>		Date and Time Occurred <u>08/18/2002 at 1728</u>			

V: VICTIM/ W: WITNESS/ C: COMPLAINANT/ O: OTHER

Code	DOB	Address	Phone
<u>NA</u>			
Code	DOB	Address	Phone
Code	DOB	Address	Phone
Code	DOB	Address	Phone

Suspect #1  
NA

DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Clothing \_\_\_\_\_

Suspect #1

DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Clothing \_\_\_\_\_

Vehicle/Make/Model <u>NA</u>	Year	License	Color	VIN
Vehicle/Make/Model	Year	License	Color	VIN

Property	Code	Description	Value
<u>NA</u>			

S: Stolen / R: Recovered / D: Damaged / O: Other

**Narrative** Warrant has been applied for Against Edou S Baker To Answer to the Charge of Neglect of a Child / Child Abuse and for a Violation of PSJ City Ordinance Article II Off Road Vehicles Operation Regulated Section 73.16. for the traffic crash which Resulted in Chase F Bakers 3 toes on his Right Foot being Torn Off. [redacted] was the Driver and Allowed CF [redacted] to ride As a Passenger. In spite of the Warning labels on the ATV which Advised him that Passengers were Prohibited, and there were take No Riders under 12. The ATV was also Missing a Chain Guard. E Baker also Didnot Ensure [redacted] wore Any Safety Gear to include a Helmet which the ATV Warning label Advised. [redacted] Also wore No Boots or Shoes, Safety Gloves or Eye Protection. Photos of Photos are included of the injuries to the Child the Second Disc of the ATV and Warning labels

Officer: W Vander Slk ID: 309

Status: [redacted] Approval: [redacted]

PSLPD 111-1 (2/99)

ASSIGN 020924 EXHIBIT 3  
FIRM 08/24/02 DATE 10/1/02

SUPPLEMENT

SUPPLEMENT

# PORT ST.-LUCIE POLICE WARRANT APPLICATION

AGENCY CASE #: 307012502 OFFICER: W. Vander Slik # 359

## SUSPECT:

Name: [REDACTED] DOB: 04/04/1978 Age: 24

Address: [REDACTED] / Street Ft 34994 Phone: [REDACTED]

Sex: M Race: W Hair: Brn Eyes: Grn Hgt: 5'6" Wgt: 150 SSN: 600 124 857

Alias: NA Scars/Tatoos: NA

Work: \_\_\_\_\_ Phone: NA

## VICTIM:

Name: [REDACTED] Address: [REDACTED] + FL

Work Phone: NA Home Phone: [REDACTED]

## OFFENSE:

Offense: Culpable Negligence F.S.S.: 784.05  
Location: SW Burkhardt St & SW Gattin Blvd Date & Time: 08/18/2002 at 1728

Offense: Artick II Off Road Vehicles Operation Prohibited F.S.S.: PSL City Ordinance Sec. 75.16  
Location: SW Burkhardt St & SW Gattin Blvd Date & Time: 08/18/2002 at 1728

## WITNESS

Name: \_\_\_\_\_ Address/Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address/Phone \_\_\_\_\_

## PROPERTY

_____	Value _____

023924  
ASSIGN CNC787 [Signature]

ITEM \_\_\_\_\_ DATE 10/1/02

INVESTIGATOR [Signature]

[Signature]

**DETAILED NARRATIVE**

On 081802 F Baker was driving an ATV with [redacted] child riding in front of him on that same vehicle. [redacted] stated he was driving down a straightaway and went over a hill. The child then screamed [redacted] asked the child what was wrong and the child continued to scream. [redacted] stopped the vehicle and saw that the child's toes of his right foot had been cut off. The child had not been wearing a helmet, boots, gloves or any other safety equipment. The child's right foot appeared to have gotten caught between the chain and the sprocket, whereupon the chain crushed 3 toes, tearing the big toe off below the knuckle, and tearing the next 2 toes off above the 1<sup>st</sup> knuckle and mangling the 4<sup>th</sup> toe at its tip. 2 toes were recovered at the scene but doctors at the hospital were unable to reconnect them due to the manner in which they were crushed and torn off the foot. I request that a warrant for the arrest of [redacted] be issued to answer to the charge of culpable negligence exposing [redacted] to personal injury which led to the dismemberment/disfigurement of [redacted] toes and foot by not taking precautions to provide for the child's safety and ignoring warning labels on the ATV which indicated safety equipment was required, no passengers, and no riders below the age of 14. I also request to charge [redacted] with the violation of Post St. Louis City Ordinance Chapter 73, Article II, Off Road Vehicles Section 73.16a Operation Regulated for Operating an ATV upon the Private Property at SW Burkhardt St & SW Gallia Blvd which is not held open to the public for any vehicular use and which is not subject to the provisions of the State Uniform Traffic Control Law. [redacted] did not have the written consent of the owner, nor was he the person in lawful possession of the property and [redacted] is not the owner, family, employee, agent or lessee of the private property.

I swear the above statement is undersigned correct and true to the best of my knowledge.

Sworn before me the

Authority this 21<sup>st</sup> Day of ~~11~~ September 2002

WV [Signature] #309 PSLPD

J. Pagan #302

ASSIGN 020928 ENE-48 4  
 FIRM \_\_\_\_\_ DATE 10/1/02  
 INVESTIGATOR Jeffrey A. Blum  
 PAGE 28 OF 82



# U.S. Consumer Product Safety Commission

*Saving Lives and Keeping Families Safe*

South Florida Resident Post  
3840 W. Hillsboro Blvd., PMB #304  
Deerfield Beach, Florida 33442

Jeff Simon  
Product Safety Investigator

Telephone: 561 333-9645  
Fax: 561 883 9735  
E-Mail: jsimon@cpsc.gov

October 2, 2002

[REDACTED]  
Royal Palm Beach, FL 33411-1263

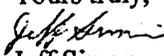
Dear Mr. [REDACTED]

Subject: ATV Incident

The US Consumer Product Safety Commission is an agency responsible for protecting consumers by regulating various products that they use in their everyday life. Information that we obtain through official channels is vital in helping us achieve this goal.

I would appreciate it if you would contact me regarding the incident involving [REDACTED] and his injury. The information I require refers to the ATV itself concerning, make, model, VIN number, where purchased, etc.

Thank you for your anticipated cooperation.

Yours truly,  
  
Jeff Simon  
Product Safety Investigator

020924 5  
ASSIGN C.N.C. 7437 [REDACTED]  
FIRM \_\_\_\_\_ DATE 10/2/02  
INVESTIGATOR Jeffrey A. Simon  
PAGE 1 OF 1

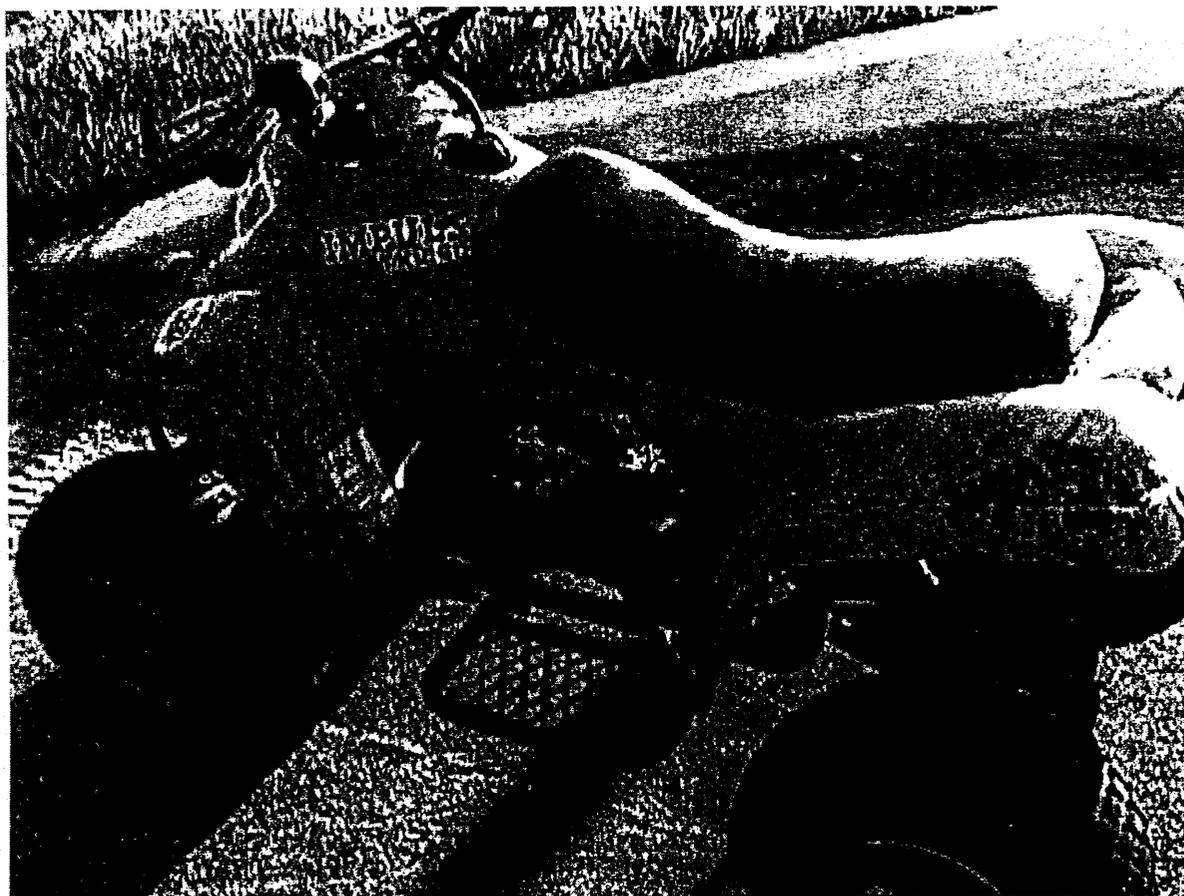
**Florida Dealers**

Dealer Name	Address	City
Bartow Motorcycle World	220 Manor Dr.	Bartow
Ron's Cycle Supply	124 Edwards Ave	Brandon
OSA Powersports	6385 LaRose Rd.	Brooksville
Nature Coast Motorsports	7763 W Gulf to Lake Hwy	Crystal Riv
East Coast Cycles	8242 State Rd. 84	Davie
Cape Haze Outfitters	3031 Placida Road #6	Englewood
Cycle Accessories West, Inc.	6336 Blanding Blvd.	Jacksonville
Ski and Cycle Hut	8815 Lone Star Rd	Jacksonville
McDuffie Marine & Sports	4090 US Hwy 90 W	Lake City
Tri County Cycles, Inc.	1007 South 14th St.	Leesburg
AAA Moped of Miami	8427 Bird Rd (SW 40th)	Miami
All European Motorsports	15230 West Dixie Hwy.	N. Miami B
Capri Lawn & Garden Equipment	11281 E. Tamiami Trail	Naples
Faulkner Motorsports-FL	2325 Seven Springs Blvd	New Port R
Ocala Mower Cycle	2617 NE 14th St	Ocala
Orange City Cycle	2305 S. Volusia Ave	Orange Cit
Cycle Sports Center	4001 John Young Pkwy	Orlando
Northwest Florida Marine	9990 Pensacola Blvd.	Pensacola
Riva Yamaha Honda - Pompano	3671 North Dixie Hwy	Pompano B
Hap's Cycle Sales	2530 17th St	Sarasota
Motorcycle Enthusiasts	5138 Commercial Way	Springhill
Ashton Motors	4901 E. Highway 192	St. Cloude
Cahill's of North Tampa	8920 N Armenia	Tampa

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020924  
 ASSIGN CNC7947 SECRET 6  
 FIRM \_\_\_\_\_ DATE 10/5/02  
 INVESTIGATOR Jeffrey A. Brown  
 PAGE 1 OF 1



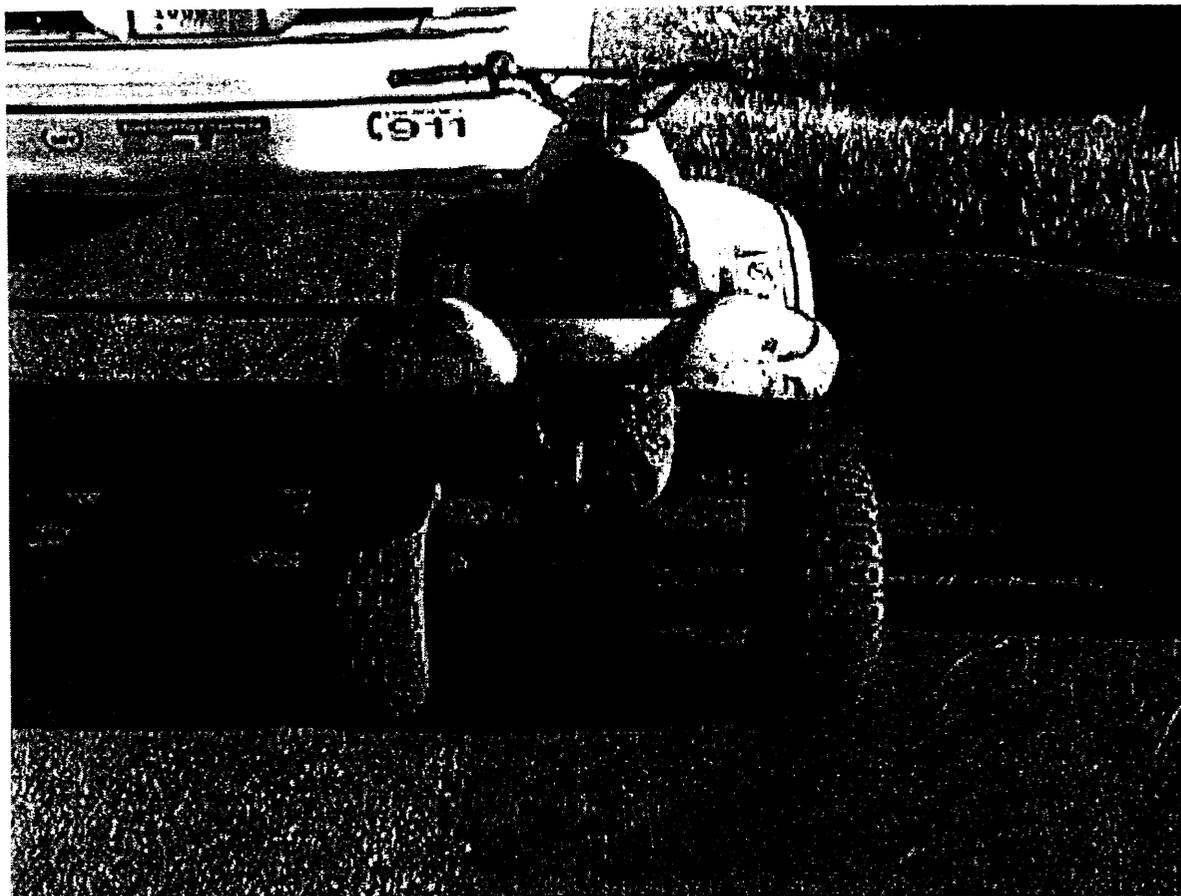


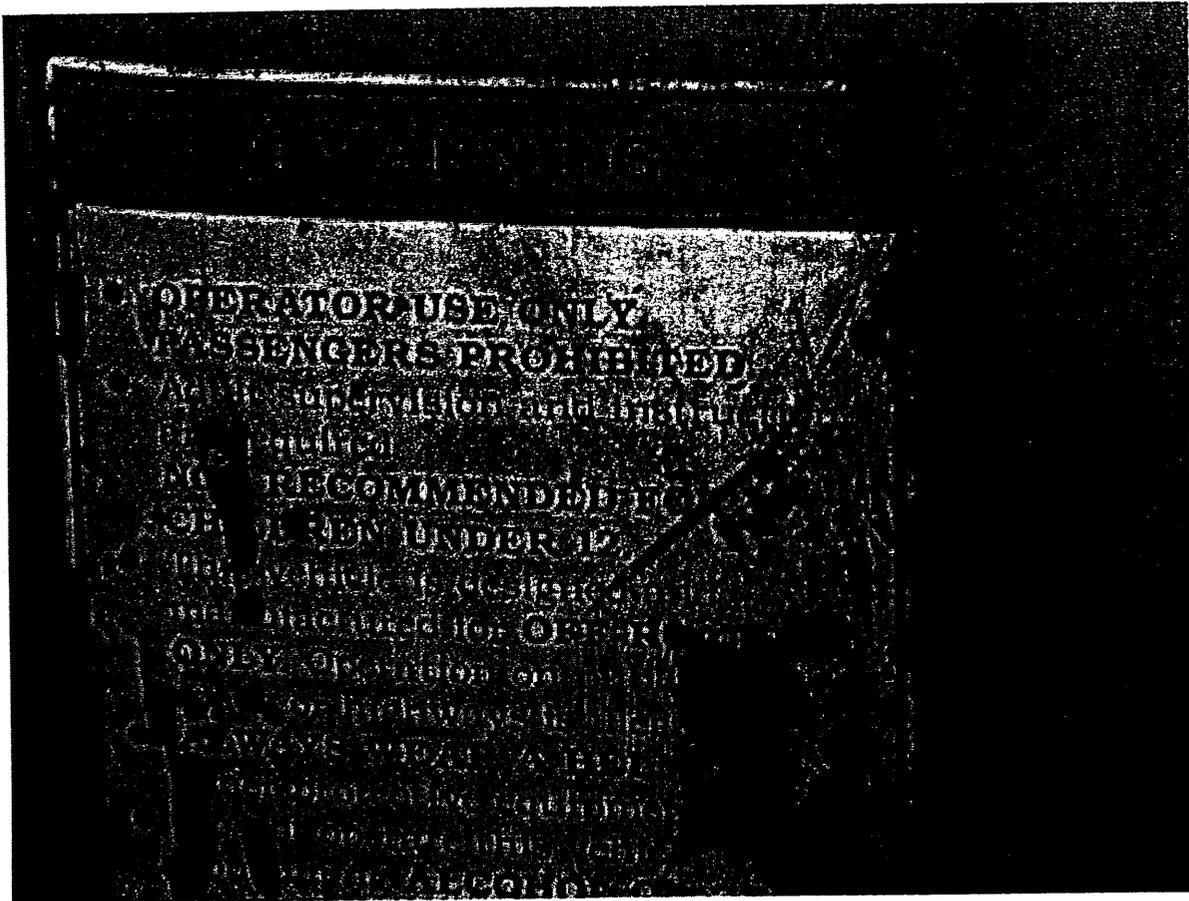
















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**ASSIGNMENT CONTACTS:**

1. Mr. [REDACTED], Operator of ATV, [REDACTED] Stuart, FL (Tel: [REDACTED])
2. Mr. Chuck Johnson, Spokesperson, Port St. Lucie Police Department, Port St. Lucie, FL (Tel: 772 871-5032).
3. Mr. Harry Kane, Parts Counter Manager, Riva Yamaha Honda, Pompano Beach, FL (Tel: 954 785-4820).

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**ADDENDUM:**

On the evening of October 10, 2002 I received a telephone contact from Mr. [REDACTED]. Mr. [REDACTED] is the individual who was identified (in police report) as the owner of an ATV that was involved in the this injury incident where a three year old male had portions of four of his toes on his right foot severed and crushed through contact with the drive chain and sprocket on the vehicle.

According to Mr. [REDACTED] he was not the original owner of this four-wheeled ATV. He informed me that he purchased the vehicle for his son's birthday back in 1999 from a private party.

Mr. [REDACTED] informed that the original owner owned the ATV for only a six to eight month period. In addition, he informed me that the original owner informed him that the vehicle was purchased from a dealer (name unknown) that was located in Davie, Florida.

(Review of "Florida Dealers" of "E-Ton" ATV's available on the Internet (See Exhibit 6 of main investigation report) lists one dealer located in Davie, Florida, East Coast Cycles, 8242 State Road 84).

According to Mr. [REDACTED], he was unaware of the absence of the chain guard component. He does not recall if the vehicle was equipped with one when he purchased it from the original owner or if the component became detached in some way during his ownership.

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ADDENDUM

**ASSIGNMENT CONTACTS:**

1. [REDACTED], Owner of ATV (Tel: [REDACTED])