

1. Task Number 080911HCC2010		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 03 15	5. Date Initiated YR MO DAY 2008 09 15		
6. Synopsis of Accident or Complaint UPC none The victim, a 33-year-old male was riding on a 4-wheeled utility vehicle in a wooded area and he was not wearing a helmet. He struck a brush pile of trees and he lost control. He was ejected and the utility vehicle overturned away from him. He sustained a head injury and he was taken to a hospital, where he died. The cause of death was traumatic brain injury due to blunt force trauma to the head. <u>MFR/PRVLBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS <i>25c</i> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>for 5/18/09</i>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City PULASKI COUNTY		9. State KY
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION/VIN: UNKNOWN 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 33	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 3 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/10/2008	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Kessler, Charles; Streeter, Robin			28. Source Document Number 0821011240	

080911HCC2010

The information in this report was based on information received from the sheriff department. A photo of the utility vehicle was not taken. Contact with the victim's next-of-kin was not permissible.

On Saturday, March 15, 2008, in Pulaski County, Kentucky, the victim, a 33-year-old male was riding in a 4-wheeled utility vehicle on a trail located in the woods. The weather condition was cloudy and the temperature was 30 degrees.

He struck a brush pile of trees and he lost control. He was ejected and the utility vehicle overturned away from him.

It is unknown what rate of speed the victim was traveling at prior to the incident. He was not wearing any protective gear, such as a helmet. His knowledge regarding operation and/or handling the utility vehicle was unknown.

His height and weight are not known. He sustained a severe head injury and he was taken to a hospital, where he died. His cause of death was traumatic brain injury.

Product: 4-wheeled utility vehicle

Brand/Year: Yamaha/unknown

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

Model: Rhino

VIN: unknown

Description: unknown

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

Modification: unknown

080911HCC2010

ATTACHMENTS:

1. Sheriff's Incident Report.
2. Contact Information.



Pulaski County Sheriff's Department

Incident Report



P.O. Box 752 Somerset, KY 42502 Phone (606) 678-5145 Fax (606) 679-3119

Incident Number: 108-03-0105 Date: 3/17/2008
 Report Type: CITIZEN REPORT Time: 6:00

Reported By:

Last Name: (b)(6)
 Address 1: (b)(6)
 Address 2:
 City: SOMERSET State: KY Zip: 42603-
 Phone: (b)(6)

Victim:

Last Name: (b)(6) First Name: DENZIL
 Address 1: (b)(6)
 Address 2:
 City: LONDON State: KY Zip: 40741-
 Phone: (b)(6)

Incident Details:

Date: 3/15/2008 Time: 5:30
 Location: ACORN ANO ROAD/4000 BLOCK IN WOODS

Incident Description:

ON MARCH 15 2008 (b)(6) WAS OPERATING A YAMAHA RHINO AT 0530 HOURS OFF ROAD NEAR ACORN ANO ROAD WHEN HE LOST CONTROL HITTING A BRUSH PILE/TREE'S. (b)(6) SUFFERED SEVERE HEAD TRAUMA AND OTHER LIFE THREATING INJURIES. (b)(6) WAS TREATED BY SHOPVILLE FIRE AND RESCUE, SOMERSET E.M.S., LAKE CUMBERLAND REGIONAL MEDICAL CENTER AND UNIVERSITY OF KENTUCKY MEDICAL CENTER WHERE HE WAS LATER FLOWN TO. STATUS OF (b)(6) IS STILL UNKNOWN AT THIS TIME. Update 04/01/2008 (b)(6) had deceased in Lexington on 03/16/2008.

Officer: J.LAYNE Badge Number 1139 Date: 3/17/2008

Enter Case Number if Upgraded from Incident:

Attachment 2 - 080911HCC2010

CONTACT INFORMATION:

Contacted on 9/15/08

Pulaski County Sheriff
PO Box 752
Somerset, KY 42502
(606) 678-5145

John A. McCarty
Fayette County Deputy Coroner
247 E. 2nd Street
Lexington, KY 40507
(859) 455-5700

1. Task Number 080623HNE3523		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 06 15	5. Date Initiated YR MO DAY 2008 06 24		
6. Synopsis of Accident or Complaint UPC none Victim #1, a 9-year-old female driver and victim #2, a 33-year-old male passenger, were riding in a 4-wheeled utility vehicle. Victim #1 failed to negotiate a curve, drifted off the roadway, overcorrected and overturned the utility vehicle on the roadway. Both occupants were ejected. The utility vehicle landed on victim #1 and she sustained severe injuries. She was taken to a hospital where she was pronounced dead. Victim #2 was under the influence of alcohol. He sustained non-life threatening injuries. He was treated and he was released. MFR/PRVLR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS <u>254; 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>APR 5/18/09</i>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City JACKSON		9. State OH
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION/VIN: <input type="text"/> 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 9	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 7 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/15/2008	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Kessler, Charles; Streeter, Robin			28. Source Document Number N0860290A	

080623HNE3523

The information in this report was based on information received from the highway patrol department. The county coroner did not respond to repeated attempts to obtain information. Contact with the victim's next-of-kin was not successful.

On Sunday, June 15, 2008, at 7:31 p.m., in Jackson County, Liberty, OH, victim #1, a 9-year-old female driver and victim #2, a 33-year-old male passenger were riding in a 4-wheeled utility vehicle on a dry, public, paved, road. The weather condition was clear and the temperature was 95 degrees.

He was under the influence of alcohol and they were hauling firewood from his property to another property. They were traveling at 25 miles per hour prior to the incident and they were not wearing any protective gear, such as a helmet or a safety belt. Her knowledge regarding operation and/or handling the utility vehicle was unknown.

She failed to negotiate a curve, drifted off the roadway, overcorrected and overturned the utility vehicle on the roadway. The victims were ejected. She was partially ejected from the utility vehicle which landed on her.

Their height and weight were unknown. She sustained severe injuries and she was taken to a hospital where she died. Her cause of death was not mentioned.

He sustained non-life threatening injuries. He was taken to the hospital where he was treated and released.

Product: 4-wheeled utility vehicle

Brand/Year: Yamaha/2008

Manufacturer: Yamaha Motor Corp.
6555 Katella Avenue
Cypress, CA 90630

Model: Rhino

VIN:

Description: red in color

080623HNE3523

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

Modification: unknown

ATTACHMENTS:

1. Traffic Crash Report and photographs (3).
2. Missing Document, coroner's report.
3. Contact Information.

TRAFFIC CRASH REPORT



LOCAL REPORT #
40-0474-40

CRASH SEVERITY
1 FATAL 3 FOD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
IF YES

HTS/OSD
1 NOT REPORTED
2 SOLVED
3 UNCLOSED

PHOTOS TAKEN
IF YES

OH-2 OH-3 OH-1P OTHER
X X X X

V.C.I.C.#
OHP40

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
01

UNIT ERROR
01 99=ANIMAL
99=UNKNOWN

DATE OF CRASH
06152008

TIME OF CRASH
1931

DAY OF WEEK
SUN

CITY VILLAGE TWP
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)
Liberty

COUNTY #
40

LATITUDE
39:06:07.27

LONGITUDE
82:41:32.78

CRASH LOCATION
CR0021

TYPE LOC
3

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

CRASH REFERENCE
DIRTY REFERENCE OR PREFIX/REFERENCE
115F S CR0059

REFERENCE POINT USED
02

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE
04 HOME NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

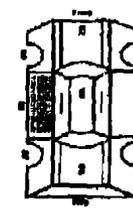
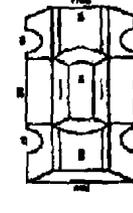
A UNIT # 01 # OF OCC. 02 NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE 9 SEX F HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE DL # [REDACTED] LP STATE LP # [REDACTED] INJURED DRIVER 2 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY SEOEMS INJURED TAKEN TO Holzer
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR 2008 MAKE YAMAHA MODEL Rhino COLOR RED INSURANCE COMPANY [REDACTED] TOWING SERVICE Bobst OWNER PHONE # [REDACTED]
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL AGENCY # [REDACTED]

B UNIT # [REDACTED] # OF OCC. [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED] HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE DL # [REDACTED] LP STATE LP # [REDACTED] INJURED DRIVER [REDACTED] 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL AGENCY # [REDACTED]

C UNIT # 01 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE 33 SEX M
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY SEOEMS INJURED TAKEN TO Holzer
D UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

Motorist/Non-Motorist
Occupant

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/REAR CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 01 MOTORIST 02 NONE USED 03 SHOULDER BELT ONLY 04 LAP BELT ONLY 05 SHOULDER LAP BELT 06 CHILD SAFETY SEAT 07 MC HELMET USED 08 USE UNKNOWN 09 NON-MOTORIST 10 NONE USED 11 HELMET USED 12 PROTECTIVE PADS 13 REFLECTIVE CLOTHING 14 LIGHTS 15 OTHER 16 UNKNOWN	AIR BAG 5 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 3 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 3 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 5 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 FATAL INJURY 5 UNKNOWN 3 SUPPLEMENT 'X' IF YES
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UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>	A	B	08		01								POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 55 </div>	DRUG TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 </div>
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08																	
01																	
NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>	MOST DAMAGED AREA <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 08 </div>	MEASUREMENT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	NON-COLLISION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	TRAFFIC CONTROL <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 12 </div>	DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 </div>												
TYPE OF UNIT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 34 </div>	CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 21 </div>	MOISTURE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	COLLISION WITH FIXED OBJECT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	DIRECTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 21 </div>	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>	A	B	11	12								
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MOISTURE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	POINT OF IMPACT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 08 </div>	NON-MOTORIST <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	COLLISION WITH PEDESTRIAN <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	CONDITION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>												
NON-MOTORIST <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	ACTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 3 </div>	NON-MOTORIST <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	OTHER POST, POLE OR SUPPORT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	ALCOHOL SUSPECTED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 </div>	OCCURRENCE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 </div>												
NON-MOTORIST <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	STRIKING VEHICLE: OVERSIDE/UNDERIDE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 </div>	NON-MOTORIST <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	OTHER POST, POLE OR SUPPORT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 </div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 4 </div>												
DAMAGE SCALE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 2 </div>	VEHICLE DEFECT CODE ONLY IF 'P' IS SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>	NON-MOTORIST <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	OTHER POST, POLE OR SUPPORT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div>	ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 </div>	ROAD CONDITION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PRIMARY</td> <td style="width:50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>	PRIMARY	SECONDARY	01	01								
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01	01																
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/15/2008
IN COUNTY OF Jackson	ACCIDENT LOCATION CR0021	

Roadway was a smooth, dry, paved surface with a double yellow centerline.
Road width was 18 ft 7 in.

RP was Verizon telephone box # 3071-41A
Pt '0' was east edge of CR 21.
Baseline used was the east edge of CR 21.
RP -Pt '0' = 17 ft 6 in.

Weather conditions were clear, no wind and 95 degrees.

Pt's	AE	FE	Description of points.
A	115 ft 7 in	4 ft 10 in	Left front tire unit 1 at final rest.
B	118 ft 4 in	10 ft 1 in	Left rear tire unit 1 at final rest.
C	130 ft 0 in	9 ft 7 in	Scuff in roadway from left side tires.
D	157 ft 11 in	1 ft 7 in	Start scuff in roadway from right side tires.
E	165 ft 6 in	0 ft 0 in	Right side enters back onto paved roadway.
F	197 ft 4 in	0 ft 0 in	Right side leaves paved roadway.

Unit 1, a 2008 Yamaha Rhino a Sport Utility ATV, sustained minor scratches to the left side from the rollover.
No damage to the function of unit 1.
No broken or dented plastics.

Safety belts were installed from the factory on unit 1 and were not in use at the time of the crash. The safety belts were fastened and behind the seats on both the driver and passenger side of the vehicle.

Unit 1 was not equipped with equipment necessary to be legally operated upon the roadway.
Unit 1 did not have a slow moving vehicle sign however it will travel at a speed greater than twenty five miles per hour.
Unit 1 was not equipped with any turn signals or brake lights.
Unit 1 had a partial windshield upon the lower half of the rollover canopy not a full wind screen.
Unit 1 was not a licensed motor vehicle in any way.

Agencies and units on scene:

Jackson County Sheriffs Office:

Deputy
Deputy

Ohio State Highway Patrol:

Supervisor on scene, OH-3 from witness.
investigating officer.

SEOEMS

OFFICER'S SIGNATURE

BADGE NO.

0288

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/15/2008
IN COUNTY OF Jackson	ACCIDENT LOCATION CR0021	

Passenger of unit 1 was also the father of the victim.

He stated that he had drank 4-5 beers or "whatever was in the back" of the Rhino which was 6 Natural Light and 1 Bud Light beers.

A voluntary blood sample was obtained from [REDACTED] at 2208 hrs.

All samples were packaged and forwarded to the OSP crime lab in Columbus for analysis. Results of the test are pending.

The entire crash is going to be forwarded to the Jackson County Prosecutor's Office for review. No charges were filed at the time of the crash but after review [REDACTED] advised that [REDACTED] may be charged as a result of the crash.

On 6-16-08 [REDACTED] U-288 went to Bobst Towing to attain the Vehicle identification number from unit #1.

The seats on the Yamaha Rhino are not adjustable in any way.

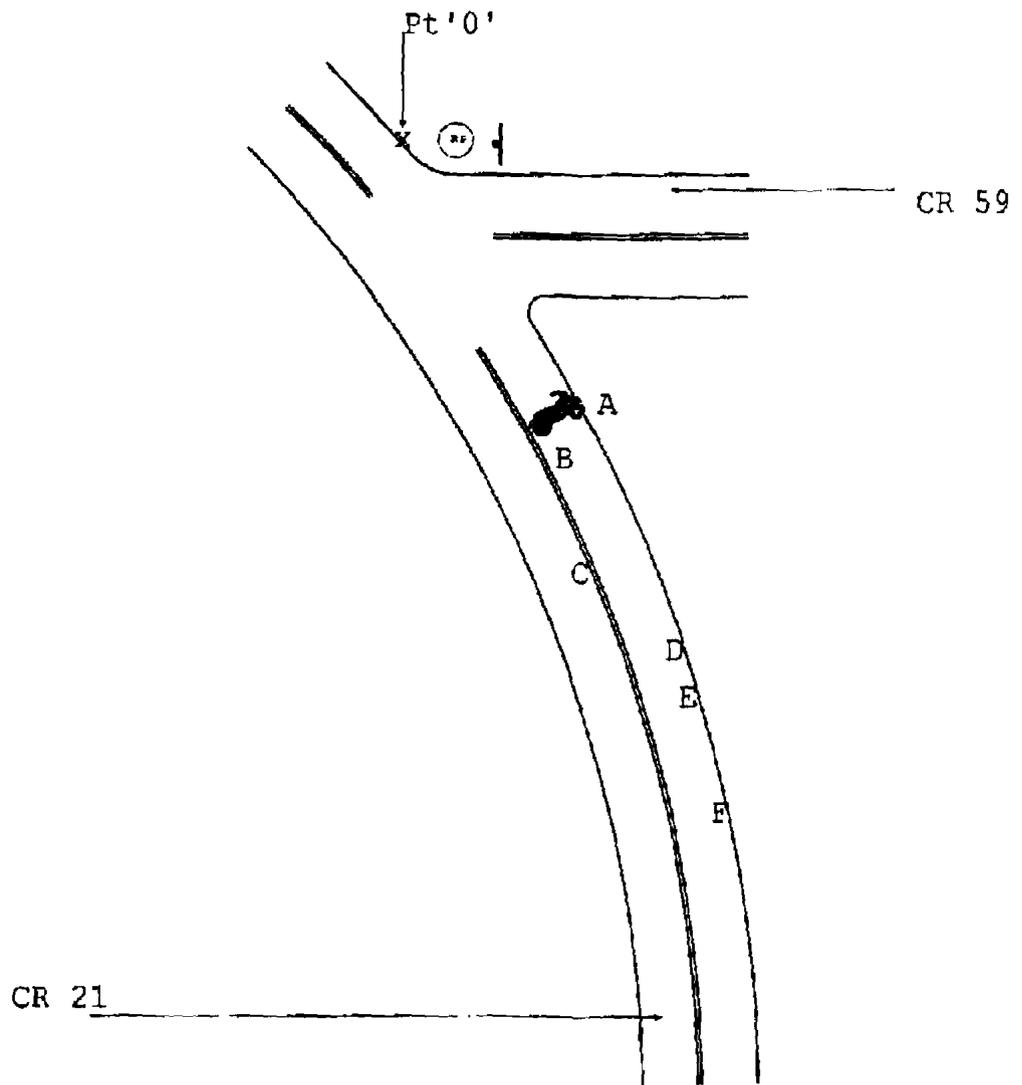
OFFICERS SIGNATURE [REDACTED]	BADGE NO. 0288
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/15/2008
IN COUNTY OF Jackson	ACCIDENT LOCATION CR0021	

NOT TO SCALE



OFFICER'S SIGNATURE (b)(6)	BADGE NO. 0288
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OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY State Highway Patrol	DATE OF CRASH M 6 D 15 Y 8
IN COUNTY OF Jackson	CRASH LOCATION CR 21 "Oakland Rd."	

Timeline of Events

1926 - Jackson County Sheriffs office received 911 call of an ATV crash at 192 Rock Run Rd. Advised SEOEMS, Deputy [redacted] and Post 40.

1931 - Jackson Post 40 received call from JC SO advising of the crash.

1931 - [redacted] is enroute. [redacted] has been advised.

1934 - [redacted] on scene.

1936 - [redacted] advised the child is not breathing.

1936 - SEOEMS is on scene.

1942 - [redacted] is on scene.

1954 - SEOEMS is enroute to Holzer.

2002 - [redacted] requested a supervisor to respond to the scene and requested the next available rollback wrecker service.

2003 - [redacted] was advised and is enroute to the scene.

2007 - [redacted] was notified.

2019 - Bobst wrecker service is enroute to the scene.

2026 - Holzer ER advised that the crash is now going to involve a fatality.

2033 - [redacted] is on scene.

2045 - [redacted] leaves the scene enroute to Holzer.

2058 - Bobst wrecker service is on scene.

2108 - [redacted] arrives at Holzer.

2111 - [redacted] clears the scene.

2126 - [redacted] was notified of the crash.

2132 - [redacted] made contact with Jackson County Prosecutor [redacted] in reference to obtaining a voluntary blood sample from the father of the victim. Father was also a passenger of the vehicle.

2208 - A voluntary blood sample was obtained from [redacted] by [redacted]

2217 - [redacted] leaves Holzer.

OFFICER'S SIGNATURE

BADGE NO.

X



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 40-0474-10	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 6 D 15 Y 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(6),(b)(7)(C) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 PRINTED
(b)(6) AT CRASH SCENE
 OFFICER'S NAME LOCATION

Q: DID YOU ACTUALLY SEE THE CRASH OCCUR?

A: NO I DIDNT.

Q: DID YOU SEE THE INVOLVED VEHICLE ON THE ROAD EARLIER IN THE DAY?

A: YES. I SAW THEM A LITTLE AFTER FIVE SITTING AT THE INTERSECTION ON ROCK RUN. THE LITTLE GIRL WAS DRIVING AND SHE LOOKED OVER AT ME. SHE LOOKED LIKE SHE WAS LOOKING TO SEE IF ANYONE WAS COMING, SHE PULLED OUT AND WENT SOUTH ON OAKLAND ROAD.

Q: WAS THERE ANYONE IN THE VEHICLE WITH HER?

A: THERE WAS A MAN WITH HER. HE LOOKED LIKE HE WAS DRINKING.

Q: CAN YOU DESCRIBE THE MAN WITH HER?

A: NO NOT REALLY.

Q: HAVE YOU SEEN THIS VEHICLE ON THE ROAD BEFORE?

A: I SAW THE SAME VEHICLE ON THE ROAD LAST WEEKEND AND THAT LITTLE GIRL WAS DRIVING THEM. I WAS MOWING LAST WEEK WHEN I SAW THEM.

(b)(6),(b)(7)(C) ADDRESS OF WITNESS (b)(6),(b)(7)(C) PHONE (b)(6),(b)(7)(C)
 SIGN (b)(6),(b)(7)(C) OFFICER'S SIGNATURE (b)(6)
 X X

9/11/56

1 of 2



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 40-0474 40	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 6 D 15 Y 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(6),(b)(7)(C) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

(b)(6) AT CRASH SCENE
OFFICER'S NAME LOCATION

Q: How many times did you see them go up the road today?

A: I just saw them once when I came home from getting groceries.

Q: Could you see if they had seatbelts on?

A: No they did not. I see real good with my glasses. It looked like they were tucked in behind them.

(b)(6),(b)(7)(C)
ADDRESS OF WITNESS

(b)(6),(b)(7)(C)
SIGNATURE OF WITNESS

(b)(6)
OFFICER'S SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH 11/15/08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(3) CPSA Section 25(c),(b)(6),(b)(7)(C) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

(b)(6) AT HOLZER OF JACKSON
(OFFICERS NAME) (LOCATION)

> Left Grandmas going to Rock Run to the Cabin. Faith Rd to Oakland Rd to Rock Run, coming around the curve by Rock Run and slip side ways and over turned a RHINO

Q: WHAT TIME DID YOU START DRIVING?

A: TWO OR THREE O'CLOCK

Q: WHAT TIME DID SHE START DRIVING?

A: 4 OR 5 O'CLOCK.

Q: WHAT TIME DID THE CRASH HAPPEN?

A: I DON'T REALLY KNOW. I WAS SCARED WHEN IT HAPPENED AND I PICKED THE RHINO UP OFF OF HER.

Q: WHO WAS DRIVING AT THE TIME OF THE CRASH?

A: SHE WAS DRIVING.

Q: HOW MUCH HAVE YOU HAD TO DRINK TODAY?

A: 4 OR 5 BEERS WHATEVER WAS IN THE BED OF THE RHINO.

Q: WHAT KIND OF BEER?

A: NATURAL LIGHT

Q: ANY OTHER KIND?

A: NO

ADDRESS OF WITNESS (b)(3) CPSA Section 25(c),(b)(6),(b)(7)(C)

SIGNATURE OF WITNESS (b)(3) CPSA Section 25(c),(b)(6),(b)(7)(C) OFFICERS SIGNATURE (b)(6)

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6 10 15 1982
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(3);CPSA Section 25(c),(b)(6),(b)(7)(C) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 (PRINTED)
(b)(6) AT SENE - HOUSER OF JACKSON
 (OFFICERS NAME) (LOCATION)

Q: WHY WAS SHE DRIVING?

A: SHE JUST WANTED TO.

Q: WHY WAS THE VEHICLE BEING OPERATED ON THE ROADWAY?

A: WE WERE JUST HAULING FIREWOOD FROM MY PROPERTY TO HIS PROPERTY. (b)(6)

Q: IS THERE ANY REASON NO SAFETY EQUIPMENT PROVIDED WAS IN USE?

A: NO NO EXCUSE FOR THAT.

Q: WHY DID YOU ALLOW HER TO OPERATE A MOTOR VEHICLE ON THE ROADWAY?

A: SHE JUST WANTED TO AND I LET HER. SHE HAS DONE IT BEFORE.

Q: IN YOUR OPINION WHAT CAUSED THIS CRASH?

A: GOT OVER IN THE GRAVEL TOO FAR.

Q: ABOUT HOW FAST WERE YOU GOING?

A: 25 MAYBE JUST CRUISING.

Q: IS THERE ANYTHING YOU WOULD LIKE TO ADD AT THIS TIME?

A: No.

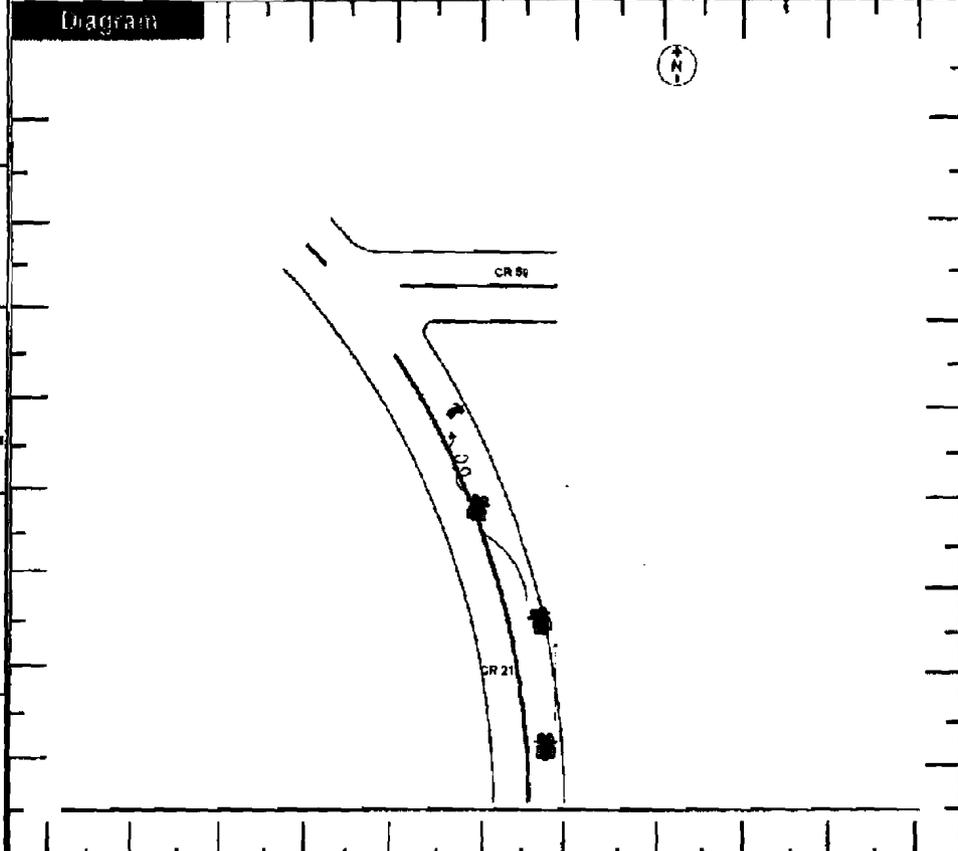
S S S

ADDRESS OF WITNESS (b)(3);CPSA Section 25(c),(b)(6),(b)(7)(C)	PHONE (b)(3);CPSA Section 25(c),(b)(6),(b)(7)(C)
SIGNATURE OF WITNESS (b)(3);CPSA Section 25(c),(b)(6),(b)(7)(C)	(b)(3);CPSA Section 25(c),(b)(6),(b)(7)(C)

Narrative

Unit 1 was traveling northbound on CR 21. Unit 1 failed to negotiate a curve to the left and drifted off the road to the right. Unit 1 overcorrected and overturned in the roadway.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 TACKLING 6 ANGLE 7 SIDEWIDE, SAME DIRECTION 8 SIDEWIDE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL, (FREEZING RAIN BRIZZLE) 06 SNOW 07 REVERSE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIMITED ROADWAY 5 DARK - NOT LIMITED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 SHOULDER SHOULDER OR MEDIAN 4 INTERMITTENT/TWO-WAY WORK 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # <input type="text"/> <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	AND THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPER) <input type="text"/>		COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	IOC #	PUCO	TRAILER LP WT.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	A/T/A
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (6-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSURE BOX <input type="checkbox"/> 04 CRANES/CRANES/RAMPAL	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 PLATBED <input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 5 CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

Police Action

DATE CRASH REPORTED	TIME RECEIVED	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06152008	1931	1931	1942	2045	200	0274
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
<input type="text"/>	<input type="text"/>	<input type="text"/>	06192008			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT TO THIS	LOCAL REPORT #			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>	40-0474-40			

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



Photo 2: shows another view of the utility vehicle

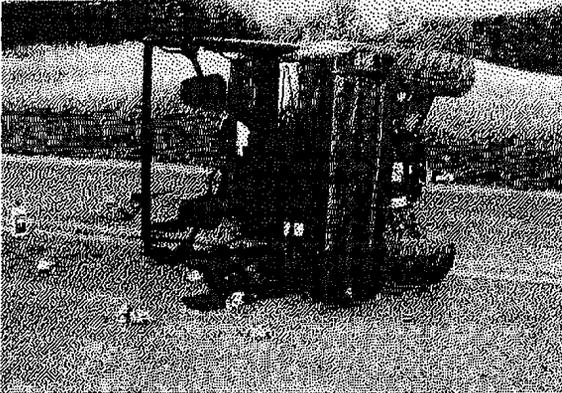


Photo 3: shows view of the paved road



Task Number: 080623HNE3523
Date: 10/14/08

Status of Missing Document(s)

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

1. coroner's/medical examiner's report
2. _____
3. _____
4. _____

Date: 10/14/08 Investigator No. 8925

Regional Office: _____ Supervisor No. _____

Attachment 3 - 080623HNE3523

CONTACT INFORMATION:

Contacted on 6/24/08

Ohio State Highway Patrol
PO Box 182074
Columbus, OH 43218
(614)466-3536

(b)(6)

Jackson County Coroner
500 Burlington Road
Jackson, OH 45640
(740)288-7040

Ohio girl dies in Father's Day ATV accident

Associated Press - June 17, 2008 7:05 PM ET

JACKSON, Ohio (AP) - The Ohio State Highway Patrol says a 9-year-old girl died on Father's Day when an all-terrain vehicle she was riding with her father flipped over.

The Jackson post of the patrol says [REDACTED] of Jackson County in south-central Ohio was driving the ATV at about 7:30 p.m. Sunday when she missed a left curve and overcorrected. She was pronounced dead at a local hospital.

The girl's father, 33-year-old [REDACTED] was sitting next to her in the passenger seat. He was taken to the hospital with non-life threatening injuries.

The patrol says the crash remains under investigation and charges are pending.

Jackson is about 70 miles southeast of Columbus.

Information from: WBEX-AM, <http://www.wbex.com>

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<http://www.wtol.com/Global/story.asp?S=8515095>

This investigation was initiated as a result of a news article published on October 7, 2008. A teenager was reported to have died in an all-terrain vehicle roll over incident. Further investigation revealed that the involved product was a side by side utility vehicle and not an all-terrain vehicle. Information for this investigation was obtained from official reports, the internet, a retailer, and phone interviews with the owner of the utility vehicle and the police crime scene unit investigator. The parents or guardians of the juvenile driver of the utility vehicle did not respond to requests for permission to interview him.

The incident off-road utility vehicle was purchased around September of 2005 for approximately \$12,000. The unit was new and had several optional accessories installed by the dealership at the time of purchase. The accessories included two side-view mirrors, a hood rack, a windshield, and a solid top.

The utility vehicle was typically used by the owner, a 61-year-old male, several times per week for lawn and garden maintenance around the five acres of land he lives on. A trailer was often used during these routine tasks. During hunting season, the vehicle was driven on dirt roads at a hunting club. The unit was typically operated on flat terrain. It was stored in a locked barn when not in use.

The owner of the utility vehicle did not report any problems with the unit and there have been no previous roll over incidents. Routine maintenance is performed at the dealership where the vehicle was purchased. The unit was never modified (after purchase), altered, or repaired. The owner asserts that the utility vehicle was never misused, neglected, or abused.

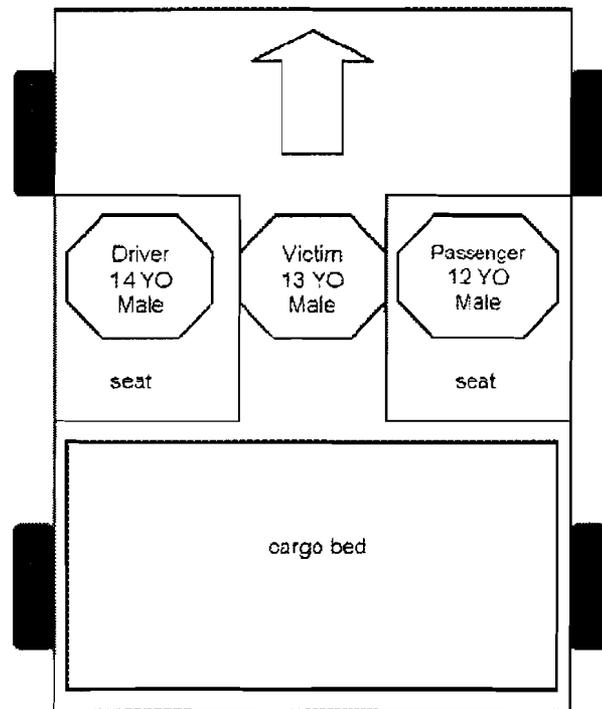
On October 7, 2008, the utility vehicle owner's 13-year-old grandson was given permission to drive the unit. The grandson drove the vehicle to a "borrow (or barrow) pit", which is an excavated area where material has been dug out for use as fill at another location. The "borrow pit" was full of water and the grandson and four friends went swimming in it. The utility vehicle was not towing anything at the time. A bag of seed, a rope, and a chain were in the cargo bed of the unit. Among the friends that went swimming with the owner's grandson was the 13-year-old male victim. The victim was approximately 5' 3" tall and weighed about 111 pounds at the time of the incident.

While the owner's grandson and another juvenile were swimming, the victim and two other juveniles got into the utility vehicle. A 14-year-old male began driving the unit. The victim sat in between the driver and a third juvenile (a 12-year-old male) even though the vehicle is only equipped with two seats (see the seating diagram on the next page).

According to the vehicle owner, the driver did not have permission to operate the vehicle, and this was the first time he had driven the incident unit. The driver was reported to stand 4' 11" tall and weigh approximately 120 pounds. His knowledge and experience operating off-road vehicles is not known. There was no adult supervision at the time.

The victim was not wearing a seat belt (as he was not in a seat) nor was he wearing a helmet or any other safety equipment. He was only wearing blue jeans (no shirt and no shoes). The other occupants are not believed to have been wearing seat belts, helmets, or any other safety equipment.

Seating Diagram (not to scale)



The driver began operating the unit in a wooded area and entered a nearby tree nursery. He did not have permission to be in the tree nursery. The flat terrain consisted primarily of grass and dirt. It is not known how long the juveniles were in the vehicle prior to the incident.

Historical weather data indicates that conditions in the area around the time of the incident were approximately:

Temperature:	72° F
Humidity:	84%
Precipitation:	0.09 inches that day (the first rain during October)
Wind Speed:	8 mph
Conditions:	Overcast

The incident occurred when the utility vehicle rolled onto the passenger side (the right hand side) during a left hand turn. The driver told police that he was traveling an estimated 15 to 20 miles per hour. However, he was not sure of the speed because the unit does not have a speedometer.

According to the surviving passenger, the driver began doing "donuts" and the vehicle began to turn over (the medical examiner's report states that the incident occurred "when the driver started swerving purposefully."). The driver and the outside passenger jumped out of the unit but were not injured. The surviving passenger reported to police that the victim attempted to jump out of the back of the utility vehicle but failed to clear the unit.

The rear roll bar on the vehicle's passenger side landed on the victim and he was pinned beneath the unit. The victim received crushing injuries to his head and chest. The driver and the other passenger unsuccessfully attempted to lift the utility vehicle (dry weight of approximately 1,049 pounds) off of the victim. They used a cell phone to call police and ran for help. The owner of the utility vehicle came to the scene and helped the two boys lift the utility vehicle off of the victim and onto its wheels. The owner estimated that the incident site was 200 feet (straight line distance) from the "borrow pit".

The incident occurred around sunset, which was at 7:02 PM. Police were notified of the incident at 7:10 PM and arrived on the scene at 7:24 PM. Emergency medical services personnel also responded but they did not attempt to resuscitate the victim.

At 8:48 PM the victim was pronounced dead at the scene. The medical examiner determined that the cause of death was "blunt force injury with mechanical asphyxiation". The manner of death was ruled accidental.

The utility vehicle suffered only minor damage. The owner reported that the passenger side mirror broke off.

On November 6, 2008, I visited a retailer that sells the incident brand of utility vehicles. It should be noted that there is no known association between the retailer and the incident. I presented Consumer Product Safety Commission credentials and a Notice of Inspection to the Store Owner. He was not aware of any similar consumer complaints. However, he does have three customers who competitively race the incident brand of utility vehicle and they have experienced roll overs during competitions. These customers have added three point restraints systems, higher suspensions, etc. in order to compete in the sport and increase safety.

The Store Owner stated that approximately one year ago the incident manufacturer started requiring dealers to install doors on all of their utility vehicles. The Store Owner believes that this was done as a safety precaution to keep an occupant's leg in the vehicle in the event of a roll over. The utility vehicle involved in the incident did not have doors.

None of the individuals contacted during the course of this investigation provided verbal permission to release their name in conjunction with this report.

PRODUCT DESCRIPTION / LABELING

Utility Vehicle

The incident product is a **Yamaha** brand Rhino 660cc side by side off-road 4 x 4 utility vehicle, model YXR660F. The 2005 model year vehicle has a VIN of 5Y4AM06Y55A008478. The source document and other internet news reports incorrectly stated that the incident product was a John Deere brand Gator all-terrain vehicle.

The vehicle has four wheels, a camouflage color scheme, and an automatic transmission. It is equipped with two bucket seats and two seat belts. The unit is operated with a steering wheel and foot pedals. It also features a roll cage, a lifting cargo bed, and a tailgate. Optional accessories installed by the dealership at the time of purchase included two side-view mirrors, a hood rack, a windshield, and a solid top. The manufacturer recommends that operators be at least 16 years of age and possess a valid motor vehicle license.

The owner's manual for the incident utility vehicle is available on-line as a pdf document at:

http://www.yamaha-motor.com/outdoor/service/viewmanuals/outdoor_manuals.aspx

The security settings on the manual prevent it from being printed, copied, or attached to any other documents. Therefore, the manual is not included as an attachment to this investigation.

Product specifications from www.powersportsnetwork.com:

MANUFACTURER	Yamaha
MODEL YEAR	2005
MODEL	Rhino 660 Auto. 4x4
M.S.R.P. *	\$8,999.00
ENGINE	4-Stroke Single, Liquid/Oil Cooled w/ Fan, 5-Valve SOHC
DISPLACEMENT	660 cc
BORE X STROKE	100 mm x 84 mm
COMPRESSION RATIO	9.1:1
CARBURETION	Mikuni 42 mm BSR
IGNITION	DC – CDI
STARTER	Electric
TRANSMISSION	Yamaha Ultramatic® V-Belt with all-wheel engine braking / High, Low, Neut., Rev.

FINAL DRIVE	Shaft
SUSPENSION	Front: Independent Double Wishbone, 7.3 in. w/ 5-way Preload Adjustment Rear: Independent Double Wishbone, 7.3 in. w/ 5-way Preload Adjustment
BRAKES	Front: Dual Hydraulic Disc, Twin Piston Rear: Hydraulic Disc, Self adjust parking system, Shaft Mounted
TIRES	Front: 25 x 8-12 NHS Rear: 25 x 10-12 NHS
LENGTH	112.2 in.
WIDTH	54.1 in.
HEIGHT	73.6 in.
WHEELBASE	75.3 in.
DRY WEIGHT	1,049 lbs.
GROUND CLEARANCE	12.1 in.
FUEL CAPACITY	8.5 gal.
LOAD CAPACITY	Bed Capacity: 400 lbs.
TOWING CAPACITY	1,212 lbs.

The utility vehicle is labeled in part (based on photographs and the owner's manual):

“*** YAMAHA *** 4 x 4 *** ULTRAMATIC ***”

“*** RHINO 660 ***”

“*** 6-190 ***”

“*** WARNING ! The enclosure cannot protect occupants in all foreseeable accidents including rollover. ***”

“*** !WARNING *** IMPROPER TIRE PRESSURE OR OVERLOADING CAN CAUSE LOSS OF CONTROL. *** LOSS OF CONTROL CAN RESULT IN SEVERE INJURY OR DEATH. *** OPERATING TIRE PRESSURE: Set with tires cold. RECOMMENDED: Front: 70kPa, {70kgf/cm}, 10psi *** Rear: 98kPa, {.98kgf/cm}, 14psi *** MINIMUM: Front: 63kPa, {.63kgf/cm}, 9psi *** Rear: 91kPa, {.91kgf/cm}, 13psi *** Never set tire pressure below minimum. Tire may dislodge from rim. *** Gross Vehicle Weight Rating: 907kg (2000 lbs) maximum including weight of operator, passenger, accessories, cargo, and (if applicable) trailer tongue weight. ***”

“*** !WARNING *** Keep hands, body, other persons away when closing bed. *** Do not operate the vehicle with bed up. ***”

“*** !WARNING *** Severe INJURY or DEATH can result if you ignore the following: *** Maximum Load in Cargo Bed: 181kg. (400lb). *** Never carry passengers in cargo bed. *** Cargo can affect handling and stability. Read Owner’s Manual before loading or towing. *** When loading with cargo or towing a trailer: Reduce speed and allow more room to stop. Avoid hills and rough terrain. *** Be sure cargo is secured – a loose load could change handling unexpectedly. *** Keep weight in the cargo bed centered, and as low and far forward as possible. Top-heavy loads increase the risk of overturn. ***”

“*** !WARNING *** Turning the off road vehicle in 4WD-LOCK (“DIFF.LOCK”) takes more effort. *** Operate at a slow speed and allow extra time and distance for maneuvers to avoid loss of control. ***”

“*** !WARNING *** Improper use can result in Severe INJURY or DEATH. *** This off-highway utility vehicle will handle differently from an ordinary passenger car or other vehicle. *** Vehicle capacity: 1 operator and 1 passenger. Passenger must be able to reach and hold the hand grip inside the enclosure. *** This vehicle is recommended only for operators 16 and older with a valid motor vehicle license. Adults must supervise use by minors. Check state laws for minimum age requirements. *** Gross Vehicle Weight Rating: 2000 lb (907kg) maximum including weight of operator, passenger, accessories, cargo and trailer tongue weight. *** Passenger and cargo can affect vehicle handling. *** ALWAYS wear a seatbelt when riding in the vehicle. *** keep your hands and feet inside the vehicle at all times – watch for branches, brush, or other hazards that could enter the vehicle. *** drive straight up and down inclines – driving across the side of an incline increase the risk of overturn. *** NEVER operate through water deeper than 13” (33cm) or fast flowing water – if you must cross shallow, slow moving water, chose your path carefully to avoid sharp drop-offs, large rocks, or slippery surfaces that could cause the vehicle to overturn. *** make sharp, high speed turns – the vehicle could roll over or go out of control. *** ALWAYS USE AN APPROVED HELMET AND PROTECTIVE GEAR *** NEVER USE ON PUBLIC ROADS OR PAVEMENT *** NEVER USE WITH DRUGS OR ALCOHOL *** LOCATE AND READ THE OWNER’S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS. ***”

The incident unit was purchased around September of 2005 for approximately \$12,000 from:

Yamaha of Statesboro
9020 US Highway 301 S
Statesboro, GA 30458
(912) 681-9000

Manufacturer:

Yamaha Motor Corporation, USA
6555 Katella Avenue
Cypress, CA 90630
(800) 962-7926
www.yamaha-motor.com

ATTACHMENTS

- Exhibit A - List of Respondents
- Exhibit B - Photographs (16)
- Exhibit C - Private Property Accident Report
- Exhibit D - Police Incident Report
- Exhibit E - Medical Examiner's Report
- Exhibit F - Product Information (from www.powersportsnetwork.com)
- Exhibit G - VIN Report
- Exhibit H - Notice of Inspection
- Exhibit I - Missing Documents

LIST OF RESPONDENTS

POLICE

- Pamela Johnson, Records
- Deputy Holbrook, Crime Scene Unit
- Nancy Gillenwater, Office Manager
Effingham County Sheriff's Office
130 First Street Ext.
PO Box 1015
Springfield, GA 31329
(912) 754-3449
(912) 754-7031 fax

October 16, 2008

MEDICAL EXAMINER

- Open Records Unit
Georgia Bureau of Investigation
3121 Panthersville Road
Decatur, GA 30034
OpenRecords@gbi.state.ga.us

October 29, 2008

UTILITY VEHICLE OWNER

- William Faulk
6788 Highway 17 South
Bloomingdale, GA 31302
(912) 748-7262 home
(912) 658-5599 cell

October 30, 2008

DRIVER

- Parent or Guardian of Austin White
384 Corral Rd.
Bloomingdale, GA 31302

October 31, 2008

RETAILER

- Bo Bobbitt, Owner
Cycle Specialty
104 Kenwood Rd.
Fayetteville, GA 30214
(770) 461-3541

November 6, 2008

Photo 1: View of the incident utility vehicle (non-impact side). Photograph courtesy of the Effingham County Sheriff's Office.

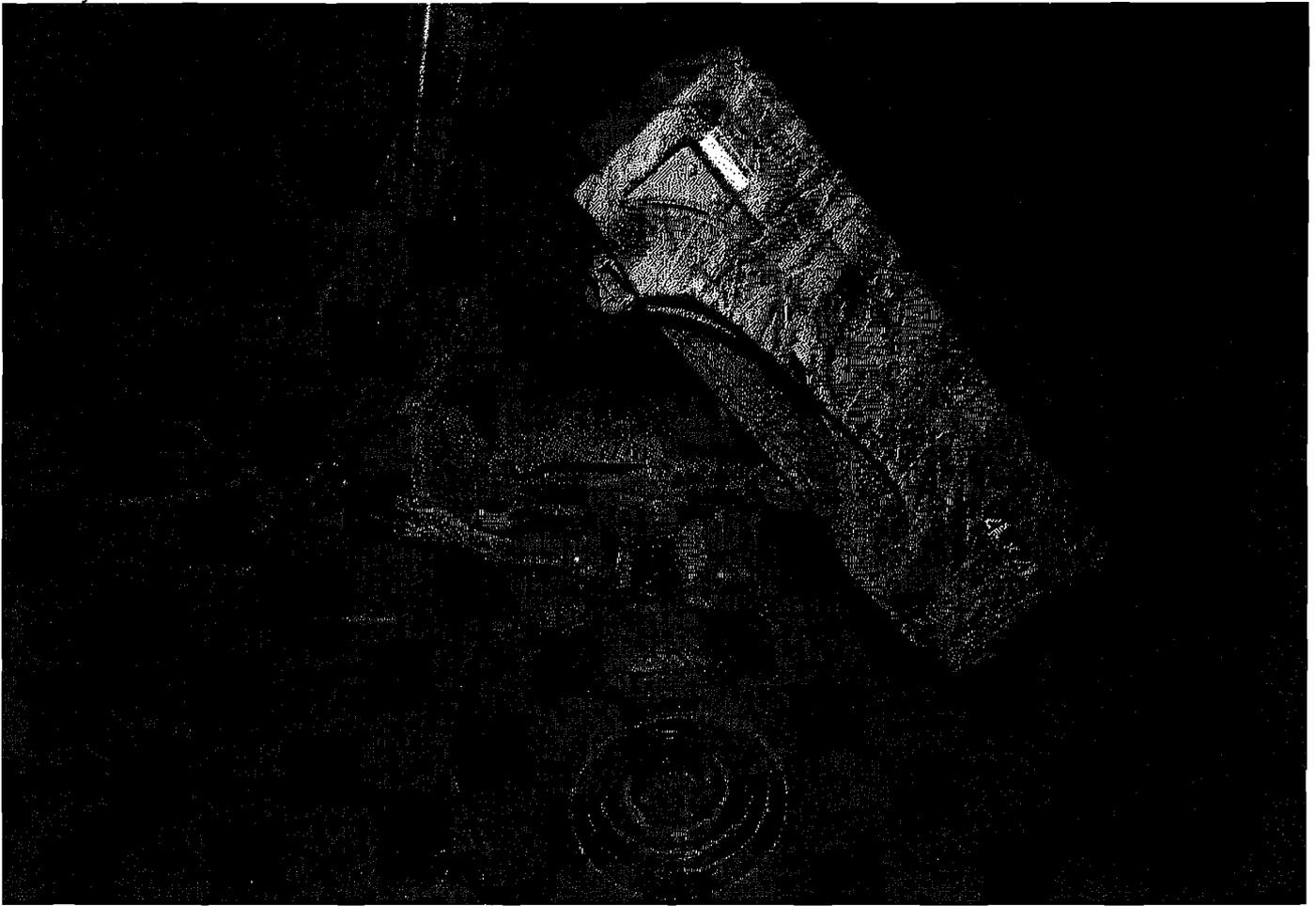


The unit is labeled in part: "**** RHINO 660 ****"

Photo 2: View of the incident utility vehicle (non-impact side). Photograph courtesy of the Effingham County Sheriff's Office.



Photo 3: View of the incident utility vehicle (non-impact side). Photograph courtesy of the Effingham County Sheriff's Office.



The unit is labeled in part: "*** YAMAHA *** 4 x 4 *** ULTRAMATIC ***"

Photo 4: View of the incident utility vehicle (front). Photograph courtesy of the Effingham County Sheriff's Office.



Photo 5: View of the incident utility vehicle (front windshield). Photograph courtesy of the Effingham County Sheriff's Office.

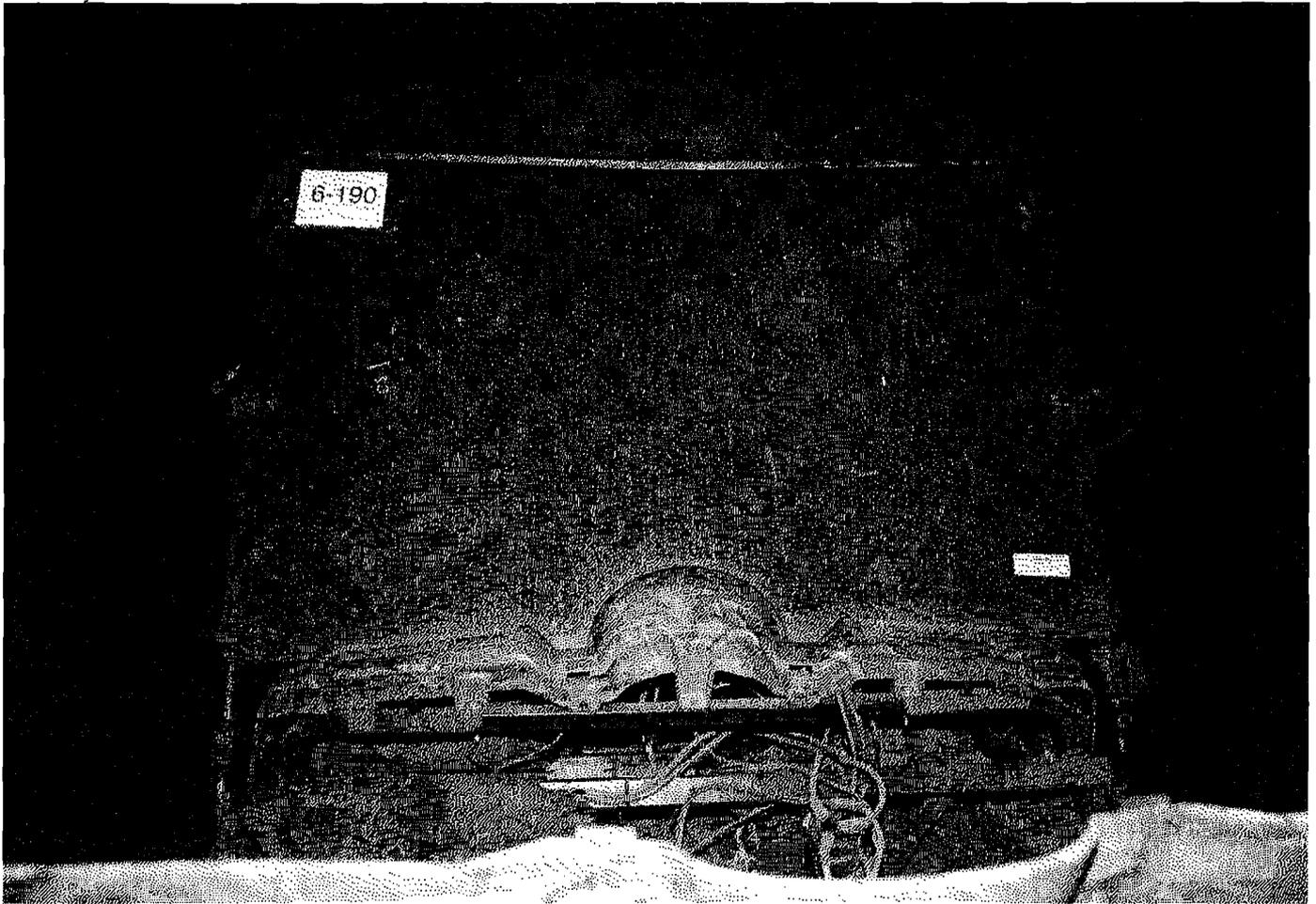


Photo 6: View of the incident utility vehicle (impact side). Photograph courtesy of the Effingham County Sheriff's Office.



Photo 7: View of the incident utility vehicle (impact side). Photograph courtesy of the Effingham County Sheriff's Office.

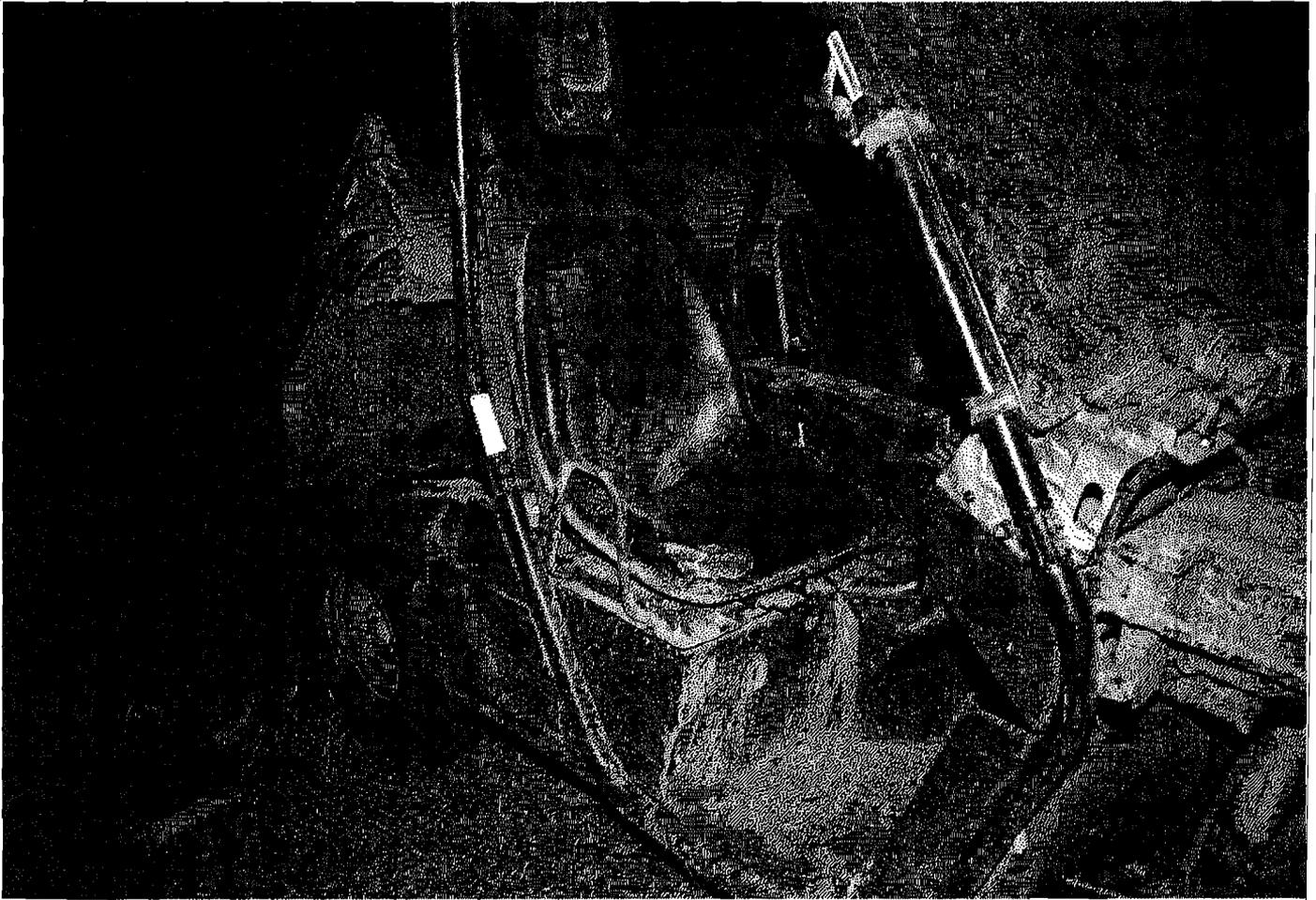


Photo 8: View of the incident utility vehicle (impact side). Photograph courtesy of the Effingham County Sheriff's Office.



Area that struck
the victim (see
next two pages)

Photo 9: Close-up view of the passenger side roll bar / upper seat belt connection point in the area that struck the victim. Photograph courtesy of the Effingham County Sheriff's Office.

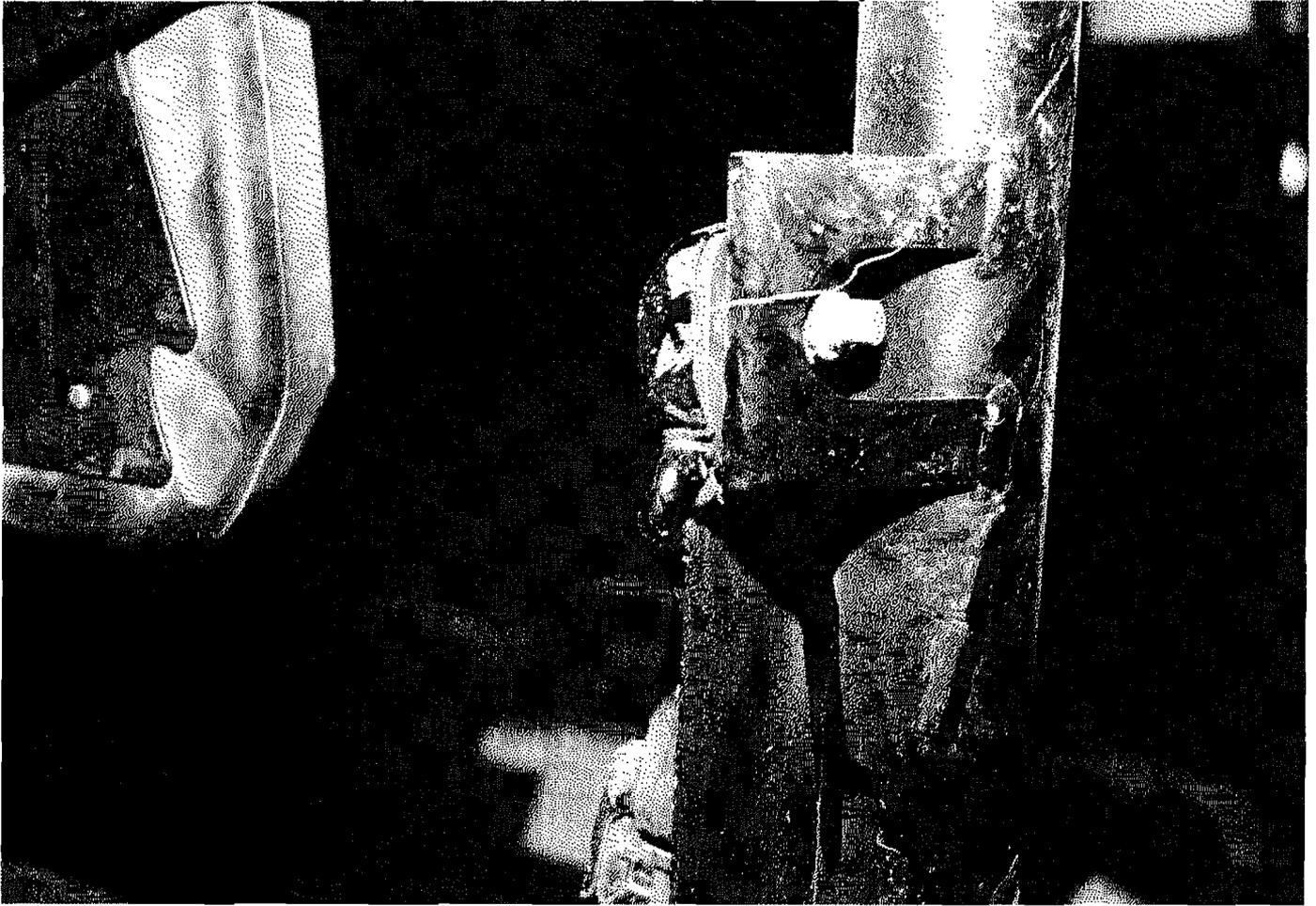


Photo 10: Close-up view of the passenger side roll bar in the area that struck the victim. Photograph courtesy of the Effingham County Sheriff's Office.



Photo 11: View of the incident utility vehicle (impact side). Photograph courtesy of the Effingham County Sheriff's Office.

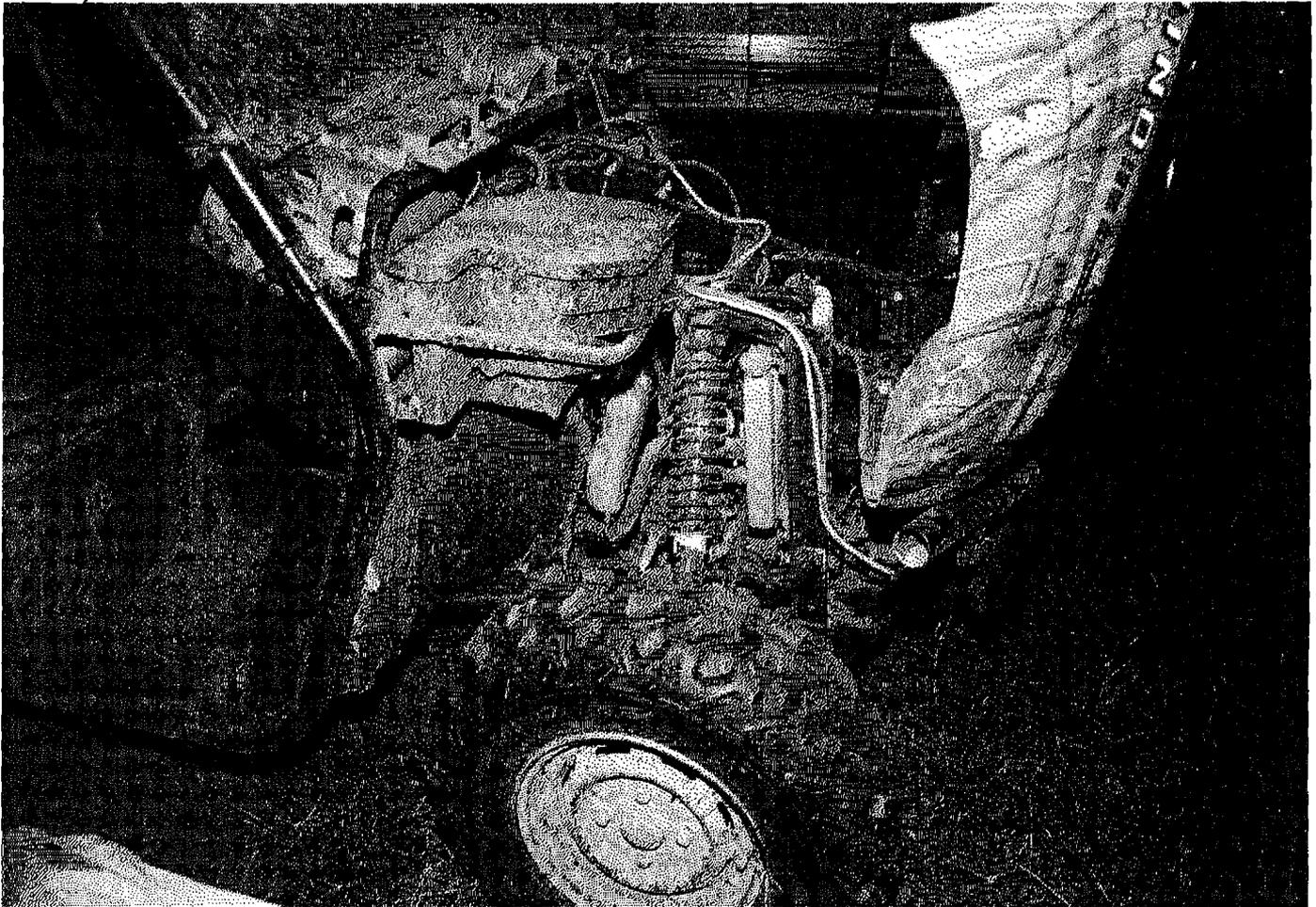


Photo 12: View of the passenger area. Photograph courtesy of the Effingham County Sheriff's Office.



Photo 13: View of the steering wheel area. Photograph courtesy of the Effingham County Sheriff's Office.



Photo 14: View of the terrain traveled by the utility vehicle as it approached the incident site.
Photograph courtesy of the Effingham County Sheriff's Office.



Photo 15: View of the terrain traveled by the utility vehicle as it approached the incident site.
Photograph courtesy of the Effingham County Sheriff's Office.



Photo 16: View of the terrain traveled by the utility vehicle as it approached the incident site.
Photograph courtesy of the Effingham County Sheriff's Office.



GEORGIA UNIFORM VEHICLE PRIVATE PROPERTY ACCIDENT REPORT

DOT-523P (12/03)

081009HNE3826

Page 1 of 2

Exhibit C

Case Number 0810-0744 Date 10/07/2008 Time Officer Notified 19:10

County EFFINGHAM City FAULKVILLE Time Officer Arrived 19:24

Location of Accident HWY 17 SOUTH

Driver # 1 WHITE AUSTIN KESSLER Sex M Race WHITE D.O.B. 12/31/1993

Driver's License # _____ State _____ Class _____ Expiration Date _____

Vehicle Owner, Address and Phone # FAULK WILLIAM H 6788 HIGHWAY 17 SOUTH BLOOMINGDALE, GA 31302 (9

Vehicle # 1 Make YAMAHA Model RHINO 660 Year _____ Tag # _____ Year _____ State _____

Insurance Company and Policy # _____

Damage to Vehicle: SLIGHT

Sex _____ Race _____ D.O.B. _____

Driver's License # _____ State _____ Class _____ Expiration Date _____

Vehicle Owner, Address and Phone # _____

Make _____ Model _____ Year _____ Tag # _____ Year _____ State _____

Insurance Company and Policy # _____

Damage to Vehicle: _____

Other Property Damage -

Occupant Injuries:

Name _____ Age _____ Sex _____ Vehicle # _____

Name _____ Age _____ Sex _____ Vehicle # _____

Name _____ Age _____ Sex _____ Vehicle # _____

Name _____ Age _____ Sex _____ Vehicle # _____

Vehicle # 1 Towed By FAULK WILLIAM

Officer Dep Robert Plank Badge # 4146 01 Agency EFFINGHAM COUNTY SHERIFF'S OFF

Supervisor Cpl. James J Wilkinson

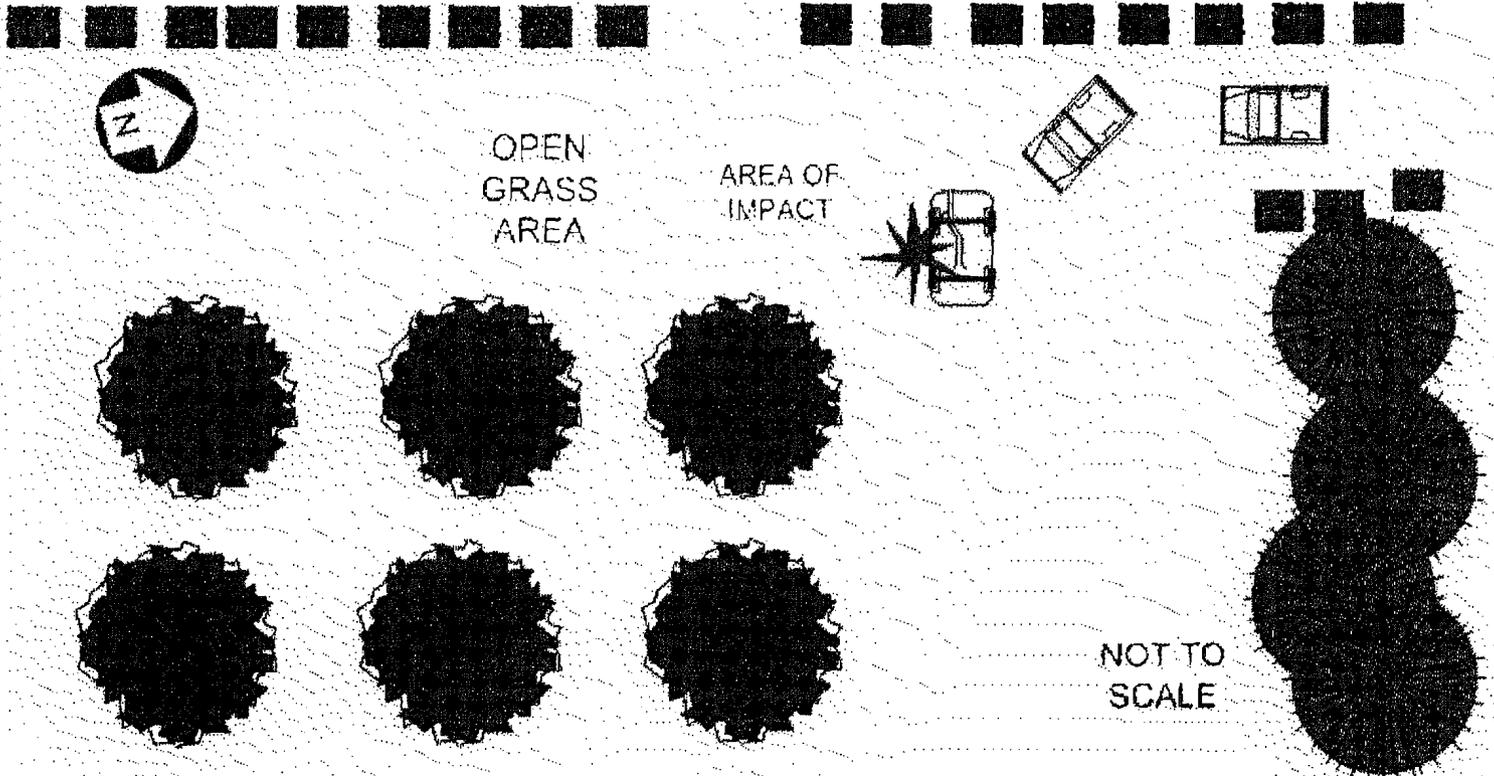
Remarks

WHILE TRYING TO MAKE A LEFT TURN THE VEHICLE WAS GOING TO FAST AND TURNED OVER ON THE RIGHT SIDE. (REFER TO INCIDENT REPORT 0810-0744)

Witnesses:

Name	Address	Phone
WHITE AUSTIN KESSLER	384 CORRAL RD. BLOOMINGDALE, GA 31302	
VASQVEZ RICARDO C	7095 HWY 17 SOUTH LOT 13 BLOOMINGDALE, GA 31302	

Diagram



Incident Report

Incident No.
0810-0744

Incident Type Death Investigation						Counts 1	Code S-46	Attempt <input type="checkbox"/>
Primary Location Hwy 17 south			Secondary Location 6788 HWY 17 SOUTH					
City BLOOMINGDALE	State GA	Zip 31302	County EFFINGHAM					
Zone 1	Sub Zone	Location	Sub Location	Business Name				
Incident Date 10/07/2008	Time 19:10	Date To 10/07/2008	Time 22:02	Report Date 10/07/2008	Time 23:02	Stranger Yes	Weapon Type OTHER	Premise COMMERCIAL
Case Type		Case Status						

Complainant

Name: (Last, First, Middle) PLANK DEP R.W.				Home Phone	Work Phone 912-754-3449
Address 130 FIRST ST EXT SPRINGFIELD, GA 31329					
Race	Sex				
Height	Weight	Hair	Eyes		

Victim

Confidential (Juvenile)

Vehicle

Year	Make YAMAHA	Model RHINO 660	Vehicle ID No. 5Y4AM06Y55A008478	Color GREEN	Type FARM OR CONSTRUCTION EQ		
Insured By		Insurance Policy No.	Value \$0.00	Body Style CARRY-ALL	Wheels 4	Axles 2	Eng.
Cyl. G	Fuel A	Trans.	Mileage	Tag No.	Tag Yr.	State	<input type="checkbox"/> Victim's <input type="checkbox"/> Suspect's <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Impounded <input type="checkbox"/> Towed

Witness

Reporting Officer Dep Robert Plank	Badge 4146	Suffix 01	Signature _____
Approving Officer Cpl. James J Wilkinson	Badge 4115	Suffix	Signature _____

Incident Report

Incident No.
0810-0744

Confidential (Juvenile)

Confidential (Juvenile)

GCIC Entry Requested Warrant Missing Person Vehicle Article Boat Gun Securities
Additional A & B Supplemental Citation Accident Victim Impact Vehicle Impound Evidence Form
Clearance Exceptionally Clearance Date:

Narrative

UPON ARRIVAL, THIS DEPUTY CAME UPON AN ELDERLY MALE STANDING OVER A YOUNG MALE WHO WAS LAYING ON THE GROUND. A RHINO 660 ALL TERRAIN VEHICLE WAS NEXT TO THE MALE, THERE WAS SOME DEBRIS AROUND THE MALE THAT WAS DETERMINED TO HAVE COME FROM THE BED OF THE RHINO. THE RHINO HAD TURNED OVER WHILE THE THREE JUVENILES WERE RIDING FROM THE POND AREA. THE INVESTIGATION DETERMINED THAT THE SPEED OF THE RHINO WAS TOO GREAT, AS THEY MADE A LEFT TURN CAUSING THE RHINO TO TURN ONTO THE RIGHT SIDE AND EJECTING ALL THREE JUVENILES FROM THE VEHICLE. THE JUVENILE VICTIM WAS UNABLE TO CLEAR THE VEHICLE AND THE VEHICLE'S ROLL BAR LANDED ON TOP OF THE VICTIM'S HEAD AREA, THIS BLUNT FORCE TRAUMA TO THE HEAD MOST LIKELY, CAUSED THE VICTIM'S DEATH INSTANTLY, AT THE SCENE.

THE ALL TERRAIN VEHICLE WAS DRIVEN BY JUVENILE #2, DETERMINED FROM THE VOLUNTARY STATEMENTS TAKEN AT THE SCENE. JUVENILE #1 WAS THE OUTSIDE PASSENGER ON THE A.T.V. AND JUVENILE VICTIM WAS IN THE MIDDLE. THE OTHER TWO PASSENGERS WERE NOT HURT, FROM THE ROLLOVER. THE SCENE WAS SECURED BY DEPUTY PLANK, AND AN ACCESS LOG WAS DONE. THE OTHER TWO JUVENILES WERE NEVER SEEN AT THIS LOCATION AND THEIR STATEMENTS WERE TAKEN FROM OTHER DEPUTY'S, AT ANOTHER LOCATION. THE RHINO 660 IS OWNED BY BILL FAULK AND THE JUVENILES HAD PERMISSION TO USE THE VEHICLE AND TO RIDE ON THE PROPERTY LOCATED AT 6788 HWY 17 SOUTH, BUT THEY CROSSED OVER TO THE TREE NURSERY. THE NURSERY IS OWNED BY KARL JOHNSON, WHO STATED TO CPL WILKINSON, THAT HE HAS RUN OFF MANY JUVENILES WHO HAVE TRESPASSED ONTO HIS LAND IN THE PAST OPERATING ALL TERRAIN VEHICLES.

KERWIN KILGORE, (THE EFFINGHAM COUNTY CORONER) ARRIVED ON SCENE AND DEPUTY HOLBROOK TO CONDUCT THEIR INVESTIGATION ON THIS INCIDENT. THE VICTIM WAS RETRIEVED FROM THE SCENE BY RIGGS FUNERAL HOME AND TRANSPORTED TO ANOTHER LOCATION, FOR

Reporting Officer	Badge	Suffix	Signature
Dep Robert Plank	4146	01	_____
Approving Officer	Badge	Suffix	Signature
Cpl. James J Wilkinson	4115		_____

Incident Report

Incident No.
0810-0744

FURTHER INVESTIGATION.

Reporting Officer	Badge	Suffix	Signature
Dep Robert Plank	4146	01	_____
Approving Officer	Badge	Suffix	Signature
Cpl. James J Wilkinson	4115		_____

Incident No.
0810-0744

Report Date: 10/08/2008 Report Time: 03:00

R/D (REPORTING DEPUTY) RESPONDED TO ASSIST DEP. PLANK WITH A SIG 46, I NOTIFIED DISPATCH TO DO A COMMAND PAGE. I WENT TO 6788 HWY 17 S. AND TOOK THE STATEMENT OF THE W/M JUVENILE AUSTIN WHITE WITH HIS DAD PRESENT. AUSTIN SAID THAT HE WAS DRIVING THE RHINO AND WAS ATTEMPTING TO TURN LEFT. HE SAID THAT THE VEHICLE STARTED TO TURN OVER AND HE TRIED TO GET IT BACK RIGHT, BUT COULD NOT. HE SAID THAT HE JUMPED TO THE LEFT AND THE RHINO LANDED ON TC WHO WAS UNABLE TO GET CLEAR. I HAD AUSTIN WRITE A STATEMENT AND SIGN IT. R/O TURNED THE STATEMENT OVER TO DEP. PLANK. R/D ALSO RETRIEVED THE STATEMENT FROM RECARDO VASQUEZ AND TURNED IT OVER TO DEP PLANK ALSO.

Supplemental Officer Cpl. James J. Wilkinson	Badge 4115	Suffix	Signature
Supplemental Approving Officer	Badge	Suffix	Signature



OFFICE OF THE SHERIFF EFFINGHAM COUNTY, GEORGIA



VOLUNTARY STATEMENT

NAME: Austin White DOB: Dec. 31, 1993 SSN: _____

ADDRESS: 384 Corral Rd.

PHONE: (home) 912 220-4996 PHONE: (work) _____

DATE/TIME: 10-7-08 8:45 - pm LOCATION: 6758 Ga Hwy 175

Bloomington Ga. 31306

I submit that this statement is given freely and voluntarily without coercion or promise.

well I was going to make a left or right I don't know
and I was driving and going ^{AW} about 15-20 I really don't
know cuz I don't know it don't have a speedometer
and it ~~was~~ turned over and he was in the front
and entered up under the back of the ATV and
me + Connor ran for help and me / ~~to~~ / ~~re~~ / ~~to~~
was on it and I left to get my Dad and records
came back ~~to~~ to the scene and know am
sitting in a chair.

A/CW
10-7-08

I HAVE READ/WROTE THIS STATEMENT CONSISTING OF 1 PAGE(S). EACH PAGE BEARS MY SIGNATURE. I AFFIRM THAT THIS STATEMENT IS FACTUAL, TRUE AND CORRECT.

PERSON GIVING STATEMENT: Austin Kessler White

PERSON TAKING STATEMENT: Cpl. J. Wilkerson

WITNESS: _____ DATE: 10-7-08

Exhibit D



OFFICE OF THE SHERIFF EFFINGHAM COUNTY, GEORGIA



VOLUNTARY STATEMENT

NAME: WILLIAM H FAULK DOB: 6-30-47 SSN: 292-80-2053
 ADDRESS: 6788 GA Hwy 1750 Bloomingdale, GA
 PHONE: (home) 912-748-7262 PHONE: (work) 658-5579
 DATE/TIME: 10-7-08 TIME 852 LOCATION: Jordan Run

I submit that this statement is given freely and voluntarily without coercion or promise.

I was sent to back of swamp by two or three boys
 that the kids had turned over and someone was under
 it. When I arrived me + two boys picked him up
 I checked boy on ground called him over check pulse no pulse
 I then went to road and to my house at 6788 GA
 1750 get for medical and come back

W.H.F. - 10-7-08

I HAVE READ/WROTE THIS STATEMENT CONSISTING OF 1 PAGE(S). EACH PAGE BEARS MY SIGNATURE. I AFFIRM THAT THIS STATEMENT IS FACTUAL, TRUE AND CORRECT.

PERSON GIVING STATEMENT: William H Faulk
 PERSON TAKING STATEMENT: DEP KIM PLANK 9146
 WITNESS: _____ DATE: 10-7-08

CRN: 0810 0794



OFFICE OF THE SHERIFF

Effingham County

Jimmy McDuffie, Sheriff



Name: Ricardo Vasquez DOB: 01/09/1996 SSN: _____
 Address: 795 Hwy 17 S Lot 13 Bloomingdale GA 31302
 Phone (home): _____ Phone (Cell/Work): _____
 Date/Time: 8100 10/7/2008 Location: Hwy 17 S

I submit that this statement is given freely and voluntarily without coercion or promise.

MV

RK

I, Deputy Tracy Williamson, am assisting Ricardo Vasquez with a written statement. Ricardo is a 12 year juvenile. We are in the presence of his mother Maria Juarez.

We were riding in the truck of my friend, Austin Whit. Started doing donuts and the truck turned over on two wheels. I jumped out and Austin jumped from the driver's side. TC tried to jump from the middle of the seats toward the back. His legs got caught up and the bed landed on top of his legs. Connor's phone was in the glove compartment and we called the police. Will's grandfather came up and helped us flip it back on four wheels and got T.C. out and then he started talking to cops and the ambulance came. My mom told me to be home at 7:30 and then I came back to see if he was okay. From there they told me people were going to interview me and I am here with the police.

MV

RK

I have read/written this statement consisting of 1 page(s). Each page bears my signature. I affirm this statement is factual, true, and correct.

Person giving statement: _____
 Person Taking Statement: Ricardo Vasquez Date: _____
 Witness: Maria Juarez

TC

Deputy Tracy Williamson 157
 2/15

CASE: 2008-6011568

AUTHORIZED COPY STATE OF GEORGIA
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GEORGIA BUREAU OF INVESTIGATION

RECORD OF MEDICAL EXAMINER

CITY: SPRINGFIELD		COUNTY: EFFINGHAM			
NAME OF DECEASED: TERENCE C. SUGGS					
RESIDENCE OF DECEASED: 213 HORSEHOE ROAD**BLOOMINGDALE, GA					
AGE/DOB: 13 YEARS - 4/ 4/1995		SEX: M	RACE: W		
MANNER OF DEATH	NATURAL	HOMICIDE	SUICIDE	ACCIDENTAL	UNDETERMINED
				X	
CAUSE OF DEATH		BLUNT FORCE INJURY WITH MECHANICAL ASPHYXIATION			SIGNOUT: 10/8/2008

PRONOUNCED DATE: 10/07/2008	HOUR: 20:48	PLACE: SCENE
NOTIFIED BY: KERWIN KILGORE	DATE: 10/7/2008	HOUR: 21:31
BODY IDENTIFIED BY: FRIEND	PHOTOGRAPHS BY: DONELLE PYLE	
INVEST. OFFICER: R. PLANK		
EMPLOYED BY: EFFINGHAM CO. SHERIFF'S OFFICE - (#)		

CASE AGENCIES:

- Effingham Co. Coroner
- Child Abuse Protocol Committee-Effingham Co.
- Child Fatality Review Board
- Effingham Co. District Attorney
- Effingham Co. Sheriff's Office # (08100744)
- Effingham Co. Solicitor's Office
- GBI-Medical Examiner Coastal # (DR. DOWNS)
- Ogeechee Judicial Circuit

OTHER AGENCY: Child Review Committee		
DATE IN: 10/8/2008	TIME IN: 07:33	
BODY REMOVED FROM: RIGG'S FH	REMOVED BY: RIGG'S FH	
ME INV.: DONELLE PYLE	FUNERAL HOME: BOWEN-DONALDSON FH (TIFTON, GA) 229-382-	
PROC: AUTOPSY	DATE: 10/8/2008	TIME: 10:10 BY: JAMIE DOWNS, MD

DATE _____

SIGNED _____

MEDICAL EXAMINER



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Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Official Report

Coastal Regional Lab
DOFS Case #: 2008-6011568
Report Date: 10/15/2008

George Herrin * NAME Accredited *
Deputy Director



Requested Service: Autopsy
Agency: Effingham Co. Coroner
Agency Ref#:
Requested by: Deputy Coroner Kerwin Kilgore

Case Individuals:
Victim (Juv.): Terence C. Suggs

Evidence:
001 Decedent

Results and Conclusions:
Evidence Submission: 001

REASON FOR EXAMINATION:

Pursuant to the Georgia Death Investigation Act, an autopsy is performed on the above decedent at the Georgia Bureau of Investigation, Coastal Regional Laboratory, Medical Examiner Office in Savannah, Georgia commencing at 1010 hours on 8 October 2008.

Assisting with the examination are Forensic Pathology Assistants S. Walden & M. Fowler and Medical Examiner Investigator D. Pyle (Georgia Bureau of Investigation, Coastal Regional Laboratory, Medical Examiner Office).

The body is identified by body labels, Riggs Funeral Home, and Effingham County officials.

RECEIPT:

Received in a zippered black body bag with the zipper pulls secured by a white plastic zip tie and with identification tags "TERENCE SUGGS EFFINGHAM COUNTY 2008-6011568" and "Effingham County Coroner Suggs Terence Date 10-7-08 Place 6788 GA Hwy 17S Time Pronounced 2048 To ME Office Yes" affixed to the zipper pulls is the unembalmed 63 inch, 110.8 lb. body of a well-developed, well-nourished white male consistent with the reported age of 13 years.

EVIDENCE OF INJURY:

Wounds, detailed in the case photographs, are herein summarized.

The body surfaces and clothing are variably soiled with dried vegetation, dirt, and bloody fluid. A small quantity of dried bloody fluid is within the bilateral external ears.

A 3 inch linear laceration is on the left parieto-occipital scalp. The skull is palpably fractured with a 3 inch ovoid defect in the left parietal area, over the ear. A 3-1/2 inch group of red abrasion with purple-blue contusion extends from the right hairline across the forehead to around the right eye (lateral). Focal palpebral conjunctival hemorrhages on the lateral right eye range to <1/8 inch. A 2-1/4 inch group of purple to purple-blue contusion with a linear 7/8 inch defect surrounds the lateral left eye. Focal palpebral conjunctival and lateral bulbar conjunctival hemorrhages range from petechial to 1/4 inch. The right upper and lower lips have a 1 inch group of contusion with abrasion and superficial laceration. The right upper lip adjacent to the frenulum has a 1/4 inch contusion. The right lower inner lip, adjacent to the maxilla, has a 3/8 inch purple-blue contusion. A 1/4 inch dried red abrasion is on the left earlobe. A 1-5/8 inch

Division of Forensic Sciences
Georgia Bureau of Investigation

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Official Report: Continued
2008-6011568: Autopsy

group of red abrasions is posterior to the left ear, extending to the immediately adjacent upper neck. A 2-1/4 inch group of red abrasions with faint purple contusion is on the left upper neck.

A 3 inch group of purple contusion with red abrasion is on the lateral right flank.

A 7-1/2 inch group of red abrasion with purple contusion extends from the right lateral chest to the anterior right proximal brachia, above the axilla.

A 1-1/2 inch linear red abrasion is on the dorsal right elbow.

A 3-1/2 inch group of purple contusion is on the proximal left lateral brachium, adjacent to the deltoid. A markedly faint 3 inch purple contusion is on the proximal dorsal left brachium.

A faint 2-3/4 inch "X" contusion is on the distal anteromedial right thigh. Two @ 5/8 inch faint purple contusions are on the distal medial right thigh, at the knee. A 5-3/4 inch overall group of faint purple contusions, individually ranging from 3/8 to 1-1/2 inch, extending from the medial left knee to the proximal shin. A 1-1/2 inch faint purple contusion is on the lateral right knee.

A 2 inch group of purple contusion is on the proximal lateral left shin, just below the knee. A 5-1/4 inch overall group of slightly impressed purple contusion is on the dorsolateral left calf. A 1/2 inch group of purple-blue contusion with red abrasion is on the top of the left foot. A faint 2 inch mildly erythemic impression is on the dorsal right upper calf.

Associated internal findings include:

Multiple galeal-subgaleal hemorrhages include (inches):

- 5 right frontoparietal-temporal
- 4 left frontoparietal-temporal
- 4 right parieto-occipital
- 2 left occipital

The skull has multiple fractures including a transverse fracture at the frontal suture with communication with a right lateral skull fracture. A 3 inch depressed group of fractures is on the left parietotemporal skull. Epidural blood is associated with the fractures. A film of liquid subdural blood covers the bilateral cerebral hemispheres. Multiple subarachnoid hemorrhages include (inches):

- 1-1/2 bilateral frontal
- 2 right medial frontal
- 1 medial right parietal
- 3-1/2 (faint) right parieto-occipital
- 1 medial left parietal
- 3 lateral right frontoparietal-temporal
- 4 left frontoparietal-temporal
- 3 posterior bilateral cerebellum

Multiple cerebral lacerations include (inches):

- 3 inferior right frontal
- 2 anterior left frontal
- 2-1/2 inferior left temporal
- 1-1/4 inch midbrain/pons
- 1/2 pontomedullary junction
- 1-1/2 posterior superior corpus callosum

The brainstem has a 3/4 inch group of intraparenchymal contusions. The bilateral lower cerebellum has a 2 inch group of cortical contusion.

The tracheobronchial tree contains a small quantity of bloody mucoid material. The bilateral lungs are hyperinflated. The right lung has patchy centriacinar erythema, consistent with agonal aspiration of blood. Multiple subpleural and intraparenchymal pulmonary contusions range to (inches):

- 7 right upper
- 3 right middle
- 4 right lower

Division of Forensic Sciences
Georgia Bureau of Investigation

Official Report: Continued
2008-6011568: Autopsy

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The left lung has scattered subpleural hemorrhages ranging to (inches):
petechial to 3/4 left lower
<1/8 focal left upper

The right lung has a 3 inch posterior area of atelectasis in the lower lobe.

The bilateral posterior kidneys have cortical contusions (inches):
4 right
1 left

EVIDENCE OF MEDICAL INTERVENTION:
Significant perimortem therapeutic marks are absent.

An identification tag "Effingham County Coroner Suggs Terence Date 10-7-08 Place GA Hwy 17S Time Pronounced 2048 To ME Office Yes" is affixed to the left #1 toe.

EXTERNAL EXAMINATION:

The body is wrapped within a white sheet (soiled with bloody fluid at upper half of body).

The body is palpably cold following refrigeration. Full rigor mortis is well-developed in the jaw, digits, and extremities. Blancheable violaceous livor mortis is diffusely appropriately posteriorly distributed.

The body is clothed in (variably soiled):
1. blue denim pants
2. blue print boxer shorts

Personal effects are absent.

The normocephalic, symmetric head has typically distributed dark brown scalp hair ranging to ~6 inches. The corneae are clear. The irides are hazel-grey. The equal pupils are ~3/16 inch. The non-injected, non-icteric palpebral and bulbar conjunctivae lack additional significant gross lesion. The patent ears and nares have no lesion. The lips, gums, and tongue are moist. The dentition is in good repair; the oral cavity is without lesion. Facial hair consists of a light upper lip mustache without additional significant hair. The typically indistinct thyroid eminence is midline. The symmetric neck is without note.

The anterior torso lacks prominent hair. The chest has a typical anteroposterior diameter and is without lesion. The symmetric breasts lack palpable mass or expressible discharge. The non-distended, non-tympanic symmetric abdomen has no palpable organomegaly or lesion. The external genitalia have typical to secondary development. The testes are descended. The external genitalia are without note. The anorectal area has no significant identified gross lesion.

The symmetric upper extremities have short, slightly irregular nails with a small quantity of dirt underneath. Sparse superficial incidental healed scars on the bilateral dorsal hands and forearms range to ~3/8 inch on the right. The bilateral brachia have similar, more sparse scars ranging to 1-1/2 inch on the anterior left brachium. Focal red-brown eschars with associated scar on the dorsal right forearm range to 1/2 inch. The upper extremities lack additional significant identified scar, tattoo, or lesion. The axillae have minimal hair.

The symmetric bilateral lower extremities are typically moderately hirsute. Significant pretibial edema is absent. The lower extremities lack significant identified scar, tattoo, or lesion. A moderate number of superficial incidental healed scars, some with red-brown eschar, on the bilateral knees and shins, range to 1-1/2 inch. The short, slightly irregular toenails have black dirt underneath. The soles of the feet have no significant gross lesion and are lightly soiled with dirt.

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Georgia Bureau of Investigation

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Official Report: Continued
2008-6011568: Autopsy

A 3/8 inch hypopigmented scar is on the right lower back. The back lacks additional significant identified gross lesion.

INTERNAL EXAMINATION:

The following excludes the described findings. The soft tissues and typically positioned, acutely congested viscera lack unusual odor, atypical color, or significant decomposition. The 0.6 cm yellow-pink panniculus has no significant identified gross lesion.

Cavities:

The serosal cavities have the usual smooth glistening tan-pink mesothelium without excess fluid accumulation or adhesion. The mediastinum, retroperitoneum, and hemidiaphragms are without note.

Cardiovascular:

The 230 gram heart has a smooth glistening epicardium with a typical quantity of usually distributed subepicardial fat. The typically coursing right dominant vasculature is widely patent. The valves, chordae tendineae, and papillary muscles are without note. The ventricular wall thicknesses and the chamber diameters are appropriate. The firm red-brown myocardium is without lesion. The typically exiting great vessels have widely patent, typically positioned coronary ostia. The aorta has minimal focal fatty streaks and lacks significant atherosclerosis or other gross lesion. The venae cavae, major cervical vessels, and major pelvic vessels have significant identified gross lesion.

Respiratory:

The post evisceration neck musculature lacks blood or lesion. The intact, typically moderately pliable, partially calcified hyoid, thyroid cartilage with cornua, and cricoid are without note. The typically branching tracheobronchial tree has a smooth glistening tan-pink mucosa without additional lesion. The usually formed 270 gram right and 180 gram left lung have smooth glistening visceral pleurae without significant subpleural anthracosis. Each has a hyperinflated tan-pink parenchyma with mild bilateral posterior (dependent) parenchymal congestion. The lung parenchymae lack additional significant identified gross lesion. The pulmonary vasculature is without note.

Hepatobiliary:

The 1060 gram liver has a smooth glistening capsule and a sharp edge. The firm medium red-brown hepatic stroma lacks significant gross fibrosis or other significant focal gross parenchymal lesion. The hepatic vasculature is without note. The typically positioned gallbladder contains ~3 ml of green viscid bile without stone; the ductular system is grossly patent.

Lymphoreticular:

The 30 gram tan-pink thymus lacks external or parenchymal lesion. The typically mildly enlarged, slightly reactive tan-pink lymph nodes have no significant identified gross lesion. The 140 gram medium purple-red spleen lacks external or parenchymal lesion; the splenic follicles are typically indistinct.

Endocrine:

The medium brown pituitary, pale medium red-brown thyroid, bilateral adrenals, and tan-pink lobulated pancreas have no significant identified gross lesion.

Gastroenteric:

The typically formed tongue, esophagus, gastroesophageal junction, serosal stomach, and gastric mucosa are without note. The gastric lumen contains ~100 ml of grey-green fluid with suspended particles of partially digested food. The small and large bowel have no significant identified gross lesion.

Genitourinary:

Each 100 gram kidney has a smooth pale medium red-brown cortex with a distinct

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Georgia Bureau of Investigation

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Official Report: Continued

2008-6011568: Autopsy

corticomedullary junction. The pyramids and calyces are without note. The pelves contain no stone and drain freely to the unobstructed ureters, which flow typically to the bladder. The empty urinary bladder has a smooth grey-pink mucosa without lesion. The tan-pink prostate and bilateral testes have no significant identified gross lesion.

Neurological:

The reflected scalp, calvarium, floor of the skull, and tan-grey dura mater have no additional significant gross lesion. The 1420 gram brain has a typical overall pattern of gyri and sulci for age. The symmetric cerebral hemispheres have a distinct grey/white matter demarcation and lack external or parenchymal lesion, inclusive of the major intraparenchymal grey matter structures. The cerebellum and brainstem have no surface or tissue lesion. The typically coursing cerebral vasculature is without note.

Musculoskeletal:

The systemic musculature has appropriate tone. The typically calcified axial and appendicular skeleton have the usual age-related changes but are otherwise without note. The intact vertebrae, ribs, pelvis, and extremity long bones are without note.

ADDITIONAL PROCEDURES:

1. Aorta blood (grey stopper tube X2 - transferred)
2. Femoral blood (grey stopper tube X1 - transferred)
3. Urine (red stopper tube X1 - transferred)
4. Blood stain (FTA card - transferred)
5. Tissue sections (held for 6 months)
6. Sectioned viscera (released within body)
7. Digital case photographs (retained)
8. Scene photographs by Effingham County Sheriff's Office (requested)

DIAGNOSES:

1. Blunt force injury with mechanical asphyxiation due to motor vehicle collision
 - a. Occupant in off-road four-wheel vehicle (by history)
 - b. Unrestrained passenger
 - c. Pinned underneath overturned vehicle
2. No additional significant somatic disease

OPINION:

The victim died from blunt force injury with mechanical asphyxiation due to a motor vehicle collision in which the decedent was reportedly an unrestrained passenger in an off-road four-wheel vehicle which overturned, pinning the decedent underneath the cage. No additional trauma or somatic disease contributed significantly to death.

CAUSE OF DEATH:

Blunt force injury with mechanical asphyxiation

MANNER OF DEATH:

Accident

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and fire debris

Division of Forensic Sciences
Georgia Bureau of Investigation

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GBI - Open Property

Official Report: Continued
2008-6011568: Autopsy

extracts will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.



Jamie Downs
Regional Medical Examiner
912-921-5903

CC:

Related Agencies:

GBI-Medical Examiner Coastal
Effingham Co. Sheriff's Office
Child Abuse Protocol Committee-Effingham Co.
Child Fatality Review Board

ACN: DR. DOWNS
ACN: 08100744

End of Official Report

The following information was reported by Effingham County Deputy Coroner Kerwin Kilgore and Effingham County S.O. Detective David Ehsanipoor on 10/7/08 at 2131 hours and 2200 hours.

The decedent, a 13 y/o Caucasian male, was a front-seat passenger on a Yamaha Rhino 4-wheeler that overturned this evening in a wooded area in rural Effingham County. Another juvenile male was driving the ATV with the decedent and another juvenile male riding as passengers. The ATV was traveling off-road in the wooded area when the driver started swerving purposely. When the vehicle swerved too sharply it overturned onto the passenger side. The decedent was trapped under the vehicle and the two other juvenile males were unable to lift the vehicle off of the decedent. They then ran to a nearby residence to ask for assistance. 911 was then called (1915 hours).

EMS personnel and officers from the Effingham County S.O. responded to the scene located just off Hwy 17 and not far from the intersection with Hwy 80. The decedent was found lying on the ground in an unknown position. The ATV had been lifted off of the decedent by responding family members prior to emergency personnel arrival. EMS personnel evaluated the decedent and found no independent cardiac function. No resuscitative measures were initiated.

Deputy Coroner Kilgore responded to the scene and pronounced the death at 2048 hours. He examined the decedent's body at the scene. He reported that the decedent appeared to have crushing injuries to his head and chest. He reported that it appeared as if the decedent came out of his seat when the ATV rolled and the bar located behind his seat struck him in the head and then pinned him to the ground as the vehicle overturned.

The ATV involved in the incident is described as one of the larger ATV models and looks like a small truck. The ATV has four wheels and a rear bed behind the passenger seats.

Nothing suspicious was reported and foul play is not suspected.

Donelle Pyle

10/8/08 @ 0730 hours... A MECAP report was completed and will be faxed to the MECAP reporting office. Dr. Lehman was also notified via email of this consumer products case.

Donelle Pyle

10/8/08 @ 0910 hours... Coroner David Exley contacted this investigator to report that Bowen-Donaldson FH in Tifton, GA (229-382-4255) will be handling funeral arrangements but will most likely use a local funeral home to make the removal.

Donelle Pyle

10/8/08 @ 0950 hours... Coroner David Exley contacted this investigator to report that Gamble FH will be handling the removal of the decedent's body for Bowen-Donaldson FH.

Donelle Pyle

The factual correctness of this investigative report may change contingent upon the receipt of additional investigative information or the findings of the medical examiner.

State of Georgia

Bureau of Investigation

Division of Forensic Sciences

Medical Examiner Section

D. O. F. S. Case Number 2008-6011568

PROPERTY INVENTORY SHEET

ITEM	RELEASED	DISPOSAL	EVIDENCE
1. BODY OF: <u>Terence C. Suggs</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CLOTHING: <u>blue denim</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>pants and blue print</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>boxer shorts</u> (DP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL EFFECTS: (DP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: (1) white sheet (DP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL EXAMINER SIGNATURE: _____ DATE: 10/18/08

ITEM NO.	DATE	RELINQUISHED BY	RECEIVED BY
<u>1, 2 + 3</u>			

ME FORM 6 REV: 0 4/13/98

FRONT OFFICE EVIDENCE CASE FILE RECEIVING AGENT
 White Copy Blue Copy Green Copy Pink Copy

PRE-LIMS CUSTODY SHEET

INDICATE TYPE OF EVIDENCE

FA LP TR FB DI FD QD BA TOX

Comments:

6

FROM: (Agency)	DBI-Coastal MEO	
VIA: (LB/Mail)	in person	
DATE/TIME: (From LB/Mail)	10-14-08 @ 1500	
SIGNATURE: (LB LT)	Shannon Walden	
TO: (LT/STO)	M. Chambers	
DATE/TIME:	10-14-08 @ 1500	

FROM: (STO)	M. Chambers	
DATE/TIME: (From STO)	10-14-08 @ 1515	
SIGNATURE: (Vault LT)	tx cooler	
TO: (Printed name of entering LT)		
SIGNATURE: (Entering LT)		
DATE/TIME: (To entering LT)		

FROM:		
DATE:		
TIME:		
TO:		

FROM:		
DATE:		
TIME:		
TO:		

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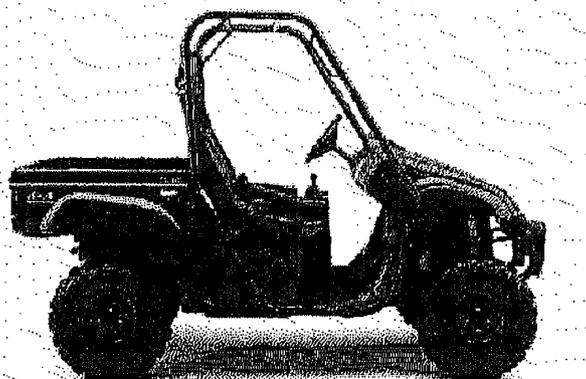
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- Specs, Prices
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- Read a Review
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- Q and A
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- Accessory Catalogs
- OEM Parts Finder
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New Vehicle Showroom
2005 Yamaha Rhino 660 Auto. 4x4



2005 Models Rhino 660 Auto. 4x4 [Go](#)

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A Powerful Concept In Off-Road Adventure... The Rhino 660.

Now, you can take someone along as you hunt, work or just plain explore in places other side-by-sides simply can't. All in unparalleled comfort. That's because only the Rhino 660 offers a **four-wheel independent-suspended chassis** (7.3 in. of travel front and rear) plus the **highest ground clearance (12.1 in.) in the business** for the plushest ride ever offered in a side-by-side. But that's just the beginning.

Sporting **automotive-style controls**, the Rhino 660 is simple to operate. Just hit the electric start, grab the steering wheel, press the gas pedal and you're on your way. An automatic V-belt transmission adds to simplicity of operation and makes for an ultra-smooth ride, while a reverse gear serves to further up the ante when it comes to versatility.

The Rhino 660 is also the most powerful side-by-side ever created, courtesy of its **liquid/oil-cooled 660cc five-valve engine**. Combine that with Yamaha's exclusive **UltraMatic™ automatic transmission** (with industry-leading all-wheel engine braking) and **On-Command™ push-button 2WD/4WD/4WD Diff Lock system**.

Throw in triple-hydraulic disc brakes, 8.5-gallon fuel capacity and a **dump bed that will carry up to 400 pounds of cargo** - and you've just invented the perfect machine for hunting, playing, working, you name it.

Suddenly everybody wants to be your friend.

(Green) Available from October 2004
(RealTree Hardwoods Hunter Edition) Available from November 2004

GENERAL INFORMATION	
INSURANCE	Get an Insurance Quote
MANUFACTURER	Yamaha
MODEL YEAR	2005
MODEL	Rhino 660 Auto. 4x4
M.S.R.P. *	\$8,999.00
ENGINE	4-Stroke Single, Liquid/Oil Cooled w/ Fan, 5-Valve SOHC
DISPLACEMENT	660 cc
BORE X STROKE	100 mm x 84 mm
COMPRESSION RATIO	9.1:1

Contact a Yamaha Dealer

Choose a Dealer your wish to contact regarding the 2005 Rhino 660 Auto. 4x4

- [Blue Ridge Yamaha & Polaris - Blue Ridge GA](#)
- [Cycle World of Athens - Bogart GA](#)
- [Cycle Nation of Braselton - Braselton GA](#)
- [Cycle Nation of Canton - Canton GA](#)
- [Bartow Powersports - Cartersville GA](#)
- [Extreme Powersports \(GA\) - Columbus GA](#)
- [Mountain Motorsports - Conyers GA](#)
- [Moto 400 - Dawsonville GA](#)

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CARBURETION	Mikuni 42 mm BSR
IGNITION	DC - CDI
STARTER	Electric
TRANSMISSION	Yamaha Ultramatic® V-Belt with all-wheel engine braking / High, Low, Neut., Rev.
FINAL DRIVE	Shaft
SUSPENSION	Front: Independent Double Wishbone, 7.3 in. w/ 5-way Preload Adjustment Rear: Independent Double Wishbone, 7.3 in. w/ 5-way Preload Adjustment
BRAKES	Front: Dual Hydraulic Disc, Twin Piston Rear: Hydraulic Disc, Self adjust parking system, Shaft Mounted
TIRES	Front: 25 x 8-12 NHS Rear: 25 x 10-12 NHS
LENGTH	112.2 in.
WIDTH	54.1 in.
HEIGHT	73.6 in.
WHEELBASE	75.3 in.
DRY WEIGHT	1,049 lbs.
GROUND CLEARANCE	12.1 in.
FUEL CAPACITY	8.5 gal.
LOAD CAPACITY	Bed Capacity: 400 lbs.
TOWING CAPACITY	1,212 lbs.
Insurance:	Request A Quote
<p>PowerSports Network Tip: Insurance is a part of the cost of any vehicle purchase. Click here for a free insurance quote on this vehicle. You can also get a quote for your car.</p> <p>* Manufacturer's Suggested Retail Price (MSRP) if shown for a vehicle excludes set-up, freight, taxes, title, licensing or other dealer charges, and is subject to change. Individual dealer prices may vary. Please request a quote or contact the PowerSports Network Dealer nearest you for specific pricing.</p>	

- [Cycle Specialty](#) - Fayetteville GA
- [Ocmulgee Outdoors](#) - Hazlehurst GA
- [MILLENNIUM CYCLE WORKS](#) - Lilburn GA
- [Capitol Cycle Company](#) - Macon GA
- [Motions Honda Kawasaki Suzuki Yamaha Kymco](#) - Marietta GA
- [Cycle Nation of McDonough](#) - McDonough GA
- [Cycle City Powersports](#) - Newnan GA
- [Atlanta Motor World](#) - Roswell GA
- [Honda Yamaha Of Savannah](#) - Savannah GA

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Change State: Georgia



First Name: Last Name:

Address:

City: ST/Prov: Zip/Postal:

GA

Work Phone: Home Phone:

Email:

Preferred Color: Purchase Timeframe:

1 Month

Extended Warranty: (Subject to Availability) Yes No

Additional Accessories:

Comments:

Where did you hear about us?

Unselected

Have a trade in?

Trade In Mfg: Trade In Model:

Trade In Year: Trade In Miles:

Trade-In Accessories:

Contacting out of state dealer?

Reason for contacting dealer

Delivery Method:

Select

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081009HNE3826
Exhibit G

Page 1 of 1

beta

Quick Search

Search cars for sale by make, model, city name or VIN.

yamaha



Home :: Tools & Services :: VIN Decoder

Success!

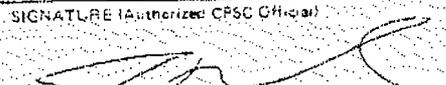
The VIN you provided belongs to a motorcycle that was manufactured in the USA by the Yamaha corporation.

**2005 YAMAHA
YXR660F**

VIN:	5Y4AM06Y55A008478
World region:	North America
Manufactured in:	USA
Year:	2005
Make:	Yamaha
Model:	YXR660F
Body style:	All Terrain
Drive type:	RWD
Cylinders:	1 Cylinders

Link to this report: <http://www.motoverse.com/tools/vinDecoder.asp?vin=5y4am06y55a008478>

[Go back](#)

U.S. CONSUMER PRODUCT SAFETY COMMISSION	
NOTICE OF INSPECTION	
1. DATE 11-6-02	3. FHGM (Area Office and Address) PO Box 72357 Newnan, GA 30271
2. TIME 11:04 A.M. _____ P.M.	
A. NAME AND TITLE OF INDIVIDUAL Bo Bobbitt, Owner	
B. FIRM NAME Cycle Specialty	
4. TO C. NUMBER AND STREET ADDRESS 104 Kenwood Rd.	
D. CITY, STATE AND ZIP CODE Fayetteville, GA 30214	
Notice of Inspection is hereby given pursuant to:	
<ul style="list-style-type: none">• Flammable Fabrics Act (15 U.S.C. 1191 <i>et seq.</i>);• Federal Trade Commission Act (15 U.S.C. 41 <i>et seq.</i>);• Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076);• Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374a) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 <i>et seq.</i>)] and/or• Section 14(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).	
Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.	
6. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED	
The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents, and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.	
G. FREEDOM OF INFORMATION REQUIREMENTS	
Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (15 U.S.C. 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations (16 CFR Part 1015).	
7. SIGNATURE (Authorized CPSC Official)	
	

Task No. 081009HNE3826

Date: November 12, 2008

STATUS OF MISSING DOCUMENT(S)

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

1. Owner's Manual

2. Purchase Receipt

3. _____

4. _____

5. _____

Date: November 12, 2008

Investigator No: 2147

Regional office: CFIE

Supervisor No: 8978

1. Task Number 081021HWE7803		2. Investigator's ID 9094		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 10 18	5. Date Initiated YR MO DAY 2008 10 21		
6. Synopsis of Accident or Complaint UPC Two 11-year-old girls were riding in a side-by-side utility vehicle on a residential street. Neither girl was wearing a helmet or a seatbelt. The vehicle ran off the road after rounding a curve, and the driver appears to have overcorrected when steering the vehicle back onto the road. The UTV flipped, ejecting both the driver and the passenger. The UTV landed on it's side with the passenger trapped underneath. The driver died at the scene and the passenger was pronounced dead at a hospital. Both girls died of massive internal injuries. MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS <u>2, 6</u> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>Jan 5/18/09</i>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City DESOTO COUNTY		9. State MS
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA RHINO		10C. Model Number 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 11	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 87 - N.S./UNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 28 / 8	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/04/2008	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N08A0288A	

NOTE: This investigation originated from a news article. There were two deaths in this incident. Both victims were 11-year-old females. Victim 1 was the driver of the vehicle, and Victim 2 was the passenger.

Both the county coroner and the sheriff's department provided information included in this report. The sheriff's department also provided photographs of the incident area and the vehicle involved.

I interviewed the father of Victim 1 via telephone on November 19, 2008. He provided information about the incident but did not wish to have an on-site meeting.

Attempts to contact the parents of Victim 2 were unsuccessful.

On November 20, 2008, I conducted an on-site visit and photographed the incident location. The incident vehicle was not available for photographing at the time of the on-site visit.

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels (Attachment 2, Photographs 1-10). The UTV is equipped with three-point seat belts for both the operator and the passenger (Attachment 2, Photographs 11-12). It also has a steering wheel, accelerator pedal, and brake pedal (Attachment 2, Photographs 13-14).

The incident UTV belongs to the family of Victim 1. The owner, who is Victim 1's father, stated that he purchased the UTV new a couple of years before the incident. The owner did not provide a copy of the owner's manual for the incident UTV, but a copy of the manual can be viewed at the manufacturer's web site (www.yamahamotor.com).

According to the owner, the only modification that had been made to the UTV since its purchase was the installation of a clear plastic roof on the roll bar area (Attachment 2, Photographs 15-18).

Victim 1 is an 11-year-old female. According to the sheriff's report, she was the driver of the UTV (Attachment 4, Page 5). Victim 1 was five feet tall and weighed approximately 70 pounds at the time of the incident (Attachment 5, Page 2). Victim 1 is not believed to have been under the influence of any alcohol, drugs, or medication at the time of the incident. Nor is she known to have had any pre-existing physical or mental condition that might have contributed to the incident.

Victim 2 is an 11-year-old female. According to the sheriff's report, she was riding as a passenger in the UTV (Attachment 4, Page 5). Victim 2 was four feet, ten inches tall and weighed approximately 70 pounds at the time of the incident (Attachment 5, Page 4). Victim 2 is not believed to have been under the influence of any alcohol, drugs, or medication at the time of the incident. Nor is she known to have had any pre-existing physical or mental condition that might have contributed to the incident.

Around 5:30 p.m. on October 18, 2008, two 11-year-old females were riding a side-by-side UTV on a paved residential street (Attachment 4, Pages 2-3; Attachment 5, Pages 2 and 4). Neither girl was wearing a helmet or a seat belt, according to the police report (Attachment 4, Page 5).

The rate of speed at which the UTV was traveling is unknown (Attachment 4, Page 6). However, the sheriff's report indicates that excessive speed might have been a factor in this incident (Attachment 4, Pages 4-5). The posted speed limit for the street on which they were riding is 20 miles per hour (Attachment 4, Page 6). During the telephone interview, the father of Victim 1 said that officials believed the UTV to have been traveling between 15 and 20 miles per hour.

After rounding a curve and coming to a straight section of road, the UTV apparently ran off the right side of the road (Attachment 2, Photographs 19-20; Attachment 3, Page 1; Attachment 4, Pages 3-6). The dirt of the shoulder was not up to grade with the pavement on this section of roadway (Attachment 2, Photographs 19; 25-26).

When the driver attempted to steer the UTV back onto the road, she apparently overcorrected and caused the vehicle to flip (Attachment 2, Photographs 20-24; Attachment 3, Page 1; Attachment 4, Pages 3-6).

After reentering the roadway, the UTV traveled approximately 44 feet before coming to a final rest (Attachment 3, Page 1). Investigating officials with the sheriff's department believe that the UTV was airborne for a portion of this time, citing tire marks leading to a gouge in the pavement where the right front tire appears to have dug into the pavement before the UTV flipped over again to the right (Attachment 2, Photographs 23-24; 27-36; Attachment 3, Page 1; Attachment 4, Page 4).

Both the driver and the passenger were ejected from the UTV in the incident (Attachment 4, Page 5). Witnesses told the investigating officer that the UTV, which came to a rest on its right side, landed on Victim 2 and that Victim 1 had to be moved before the UTV could be returned to an upright position (Attachment 2, Photographs 37-38).

Both the driver and the passenger died of massive internal trauma, due to injuries sustained in the incident (Attachment 5, Pages 3 and 5). The driver died at the incident scene and was pronounced dead at 5:32 p.m. by paramedics (Attachment 5, Page 2). The passenger was transported to a local hospital, where a physician on staff pronounced her dead at 6:36 p.m. (Attachment 5, Page 4).

The UTV sustained only minor damages in the incident.

CONTACT WITH RETAILER AND MANUFACTURER:

It is not known whether the family of either victim has attempted to contact the retailer or manufacturer of the UTV involved in the incident.

PRODUCT IDENTIFICATION:

The product involved in this incident is a **Yamaha Rhino 660 Auto. 4x4 Special Edition** side-by-side utility vehicle (Attachment 2, Photographs 1-10). The product is blue in color and was purchased new by the father of Victim 1 a couple of years prior to the incident.

During the telephone interview, the owner identified the model year of the incident product as 2006. However, the sheriff's report indicates that the incident vehicle was a 2005 model (Attachment 4, Page 6).

Information about the manufacturer is listed below:

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

The owner said that he had not experienced any problems with the UTV prior to the incident.

The owner did not provide a copy of the owner's manual for the incident UTV, but a copy of the manual can be viewed at the manufacturer's web site (www.yamahamotor.com). Document security settings put in place by the manufacturer prevented the printing of this manual or the attachment of the manual to this narrative,

The owner stated that the only after-market modification that he had made to the UTV was to install a clear plastic roof on the roll bar area (Attachment 2, Photographs 15-18).

LABELING

As the incident UTV was unavailable for viewing at the time of the on-site visit, no comprehensive examination of the labeling was possible. However, labeling identifying the manufacturer and brand name of the UTV is visible in the photographs provided by the sheriff's department (Attachment 2, Photographs 5-10).

No safety labeling is visible in any of the photographs of the UTV taken by the sheriff's department.

SAMPLE:

None collected.

ATTACHMENTS:

Attachment 1 – Contact Sheet

Attachment 2 – Photographs (Total of 38)

- Photographs 1-18; 23-24; 28-38 provided by sheriff's department
- Photographs 19-22; 25-27 taken by CPSC Investigator during on-site visit

Attachment 3 – Diagram of Incident – provided by sheriff's department

Attachment 4 – Investigation Report – provided by sheriff's department

Attachment 5 – Reports of Death Investigation – provided by coroner

Attachment 6 – Notes from interview with Victim 1's father

List of Contacts

Name: [REDACTED]
Title: [REDACTED]
Address: 4942 Pounders Road
Nesbitt, MS 38651
Phone: 901-486-3805
Interviewed: Reports and photos requested via telephone and fax on October 23, 2008.

Reports were received October 24, 2008. Photographs were not received.

Name: [REDACTED]
Title: [REDACTED]
Address: DeSoto County Sheriff Department
311 West South Street
Hemando, MS
Phone: 662-429-1475
Interviewed: Report and photos requested via fax on October 29, 2008.
Interviewed [REDACTED] via telephone on November 12, 2008.
Conducted on-site visit with [REDACTED] on November 20, 2008.

Reports were received October 30, 2008.
Sheriff department photographs collected November 20, 2008, during on-site visit.
Information from interview and on-site visit is included in narrative.
Additional photographs made by CPSC Investigator during on-site visit.

Name: [REDACTED]
Title: Parents of Victim 1
Address: [REDACTED]
Phone: Unknown -- unable to locate
Interviewed: Sent letter to parents on October 29, 2008.
Interviewed father via telephone November 19, 2008.

Info from interview is included in narrative. Notes from interview are included as Att. 6.

Name: [REDACTED]
Title: Parents of Victim 2
Address: [REDACTED]
Phone: Unknown -- unable to locate
Interviewed: Sent letter to parents on October 29, 2008.

No response.



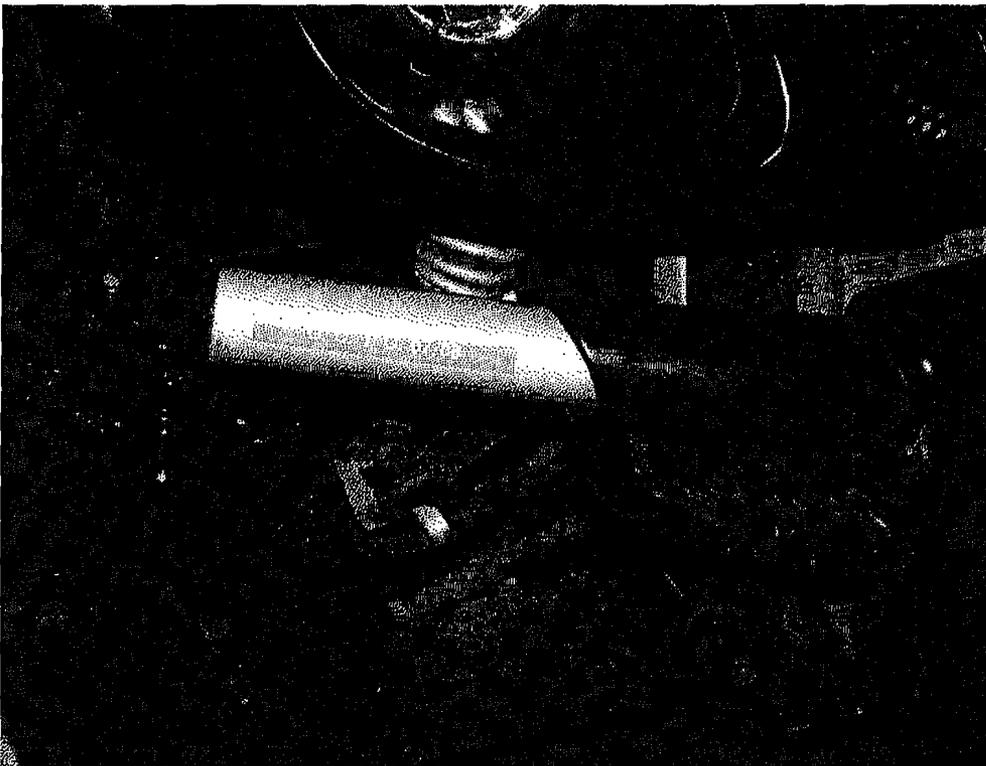
Photograph 1: Front view of incident product



Photograph 2: Closer front view of incident product



Photograph 3: Front passenger side view of incident vehicle



Photograph 4: Closer view of labeling on front of incident vehicle
Text reads in part: "**** G.C.T.C. 07/08 ****"



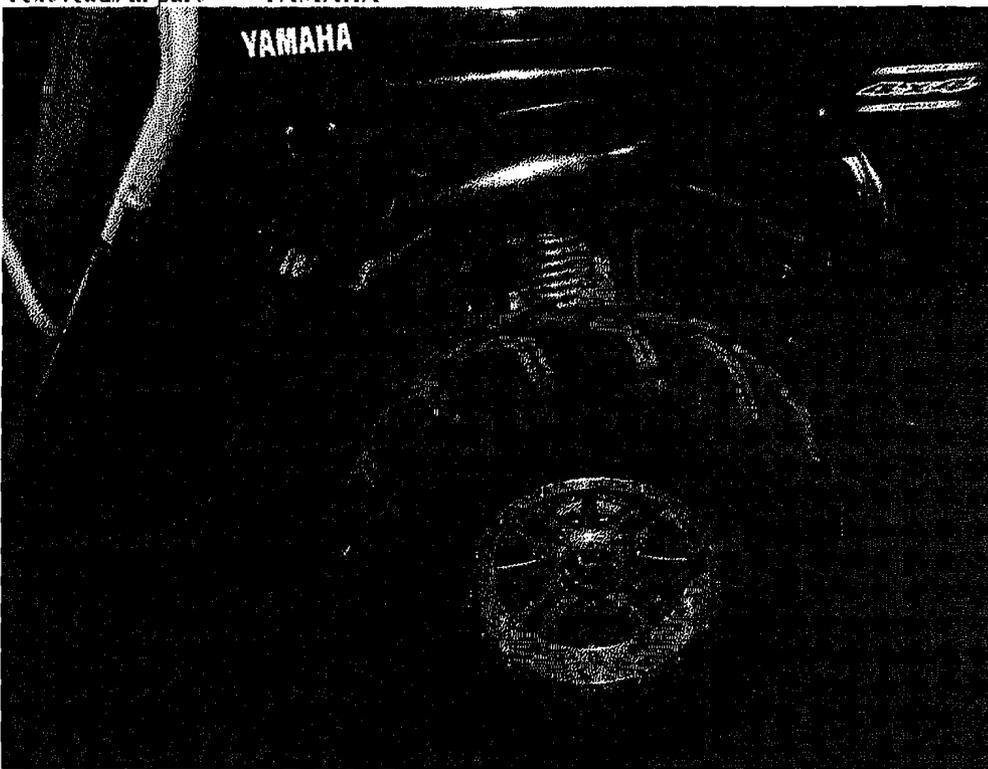
Photograph 5: Rear view of incident vehicle
Text reads in part: "**** YAMAHA ****"



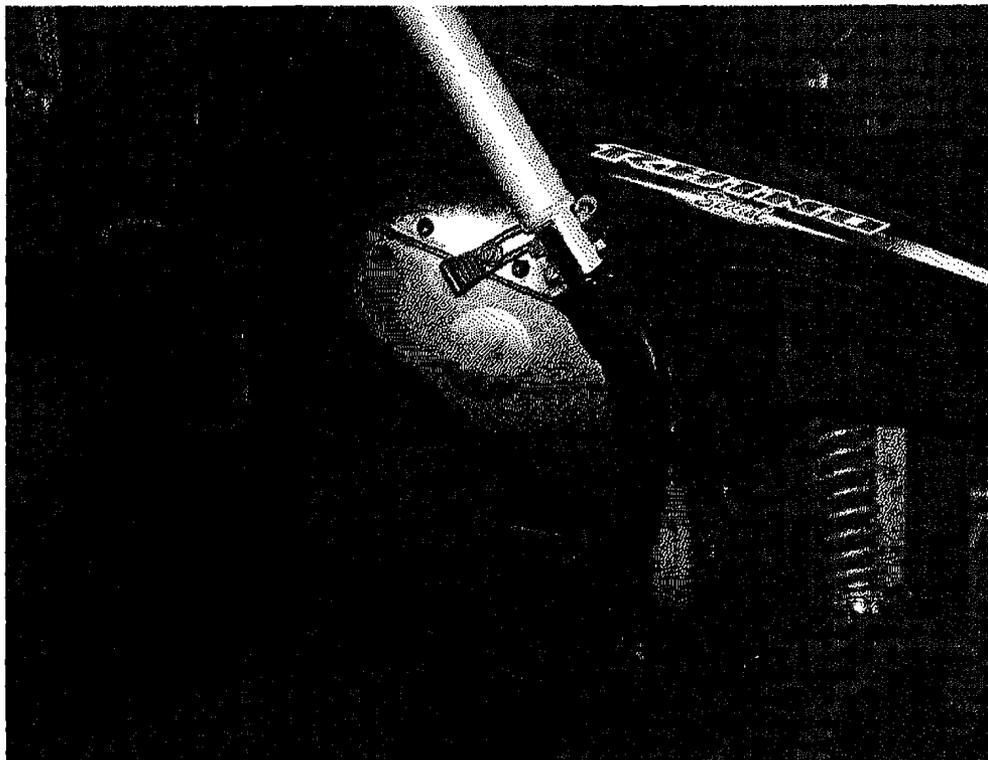
Photograph 6: View of brand name on side of incident vehicle
Text reads in part: "****RHINO****"



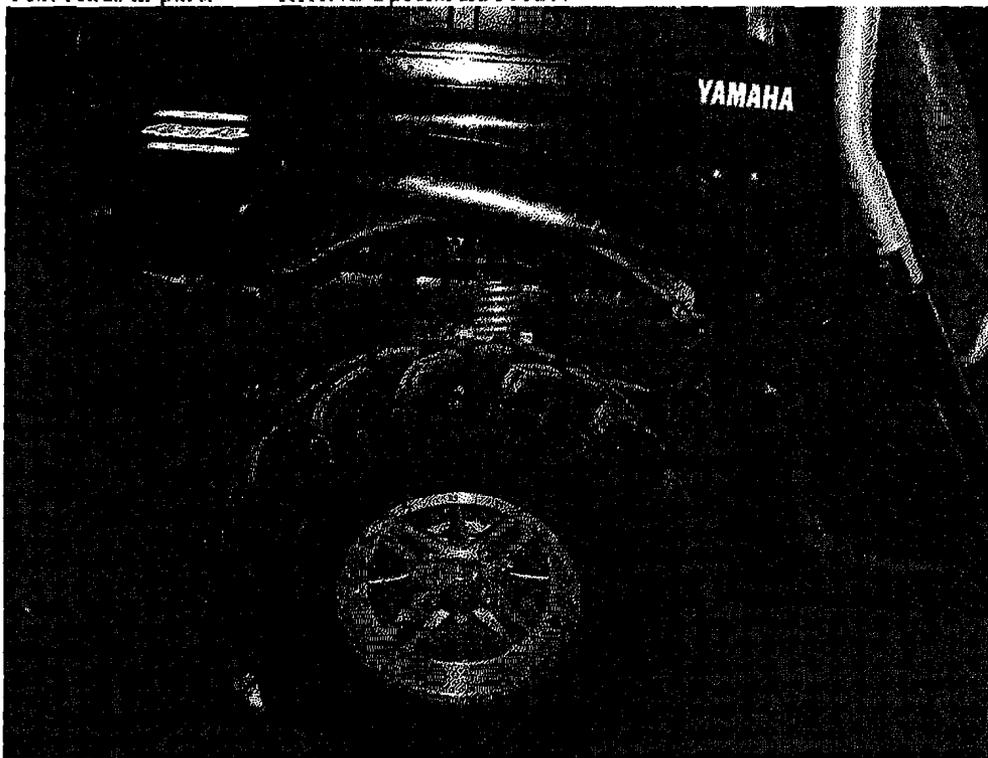
Photograph 7: Driver's side view of incident vehicle
Text reads in part "****YAMAHA****"



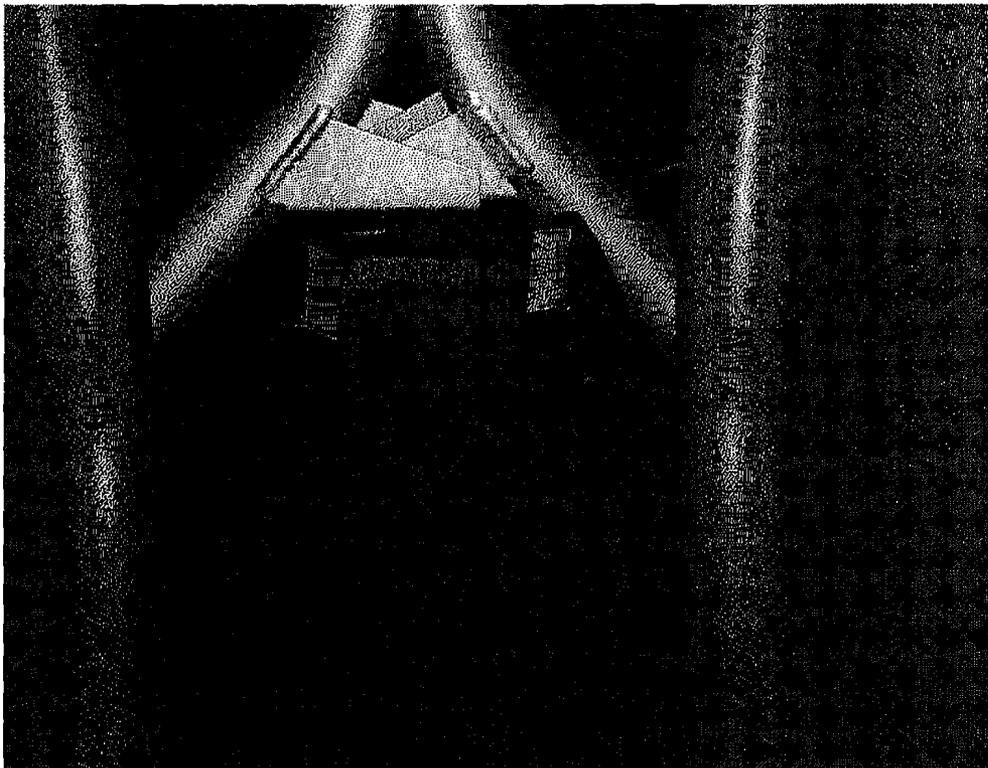
Photograph 8: Second driver's side view of incident vehicle
Text reads in part "****YAMAHA*** DIFF-LOCK *** 4x4 *** ON-COMMAND ****"



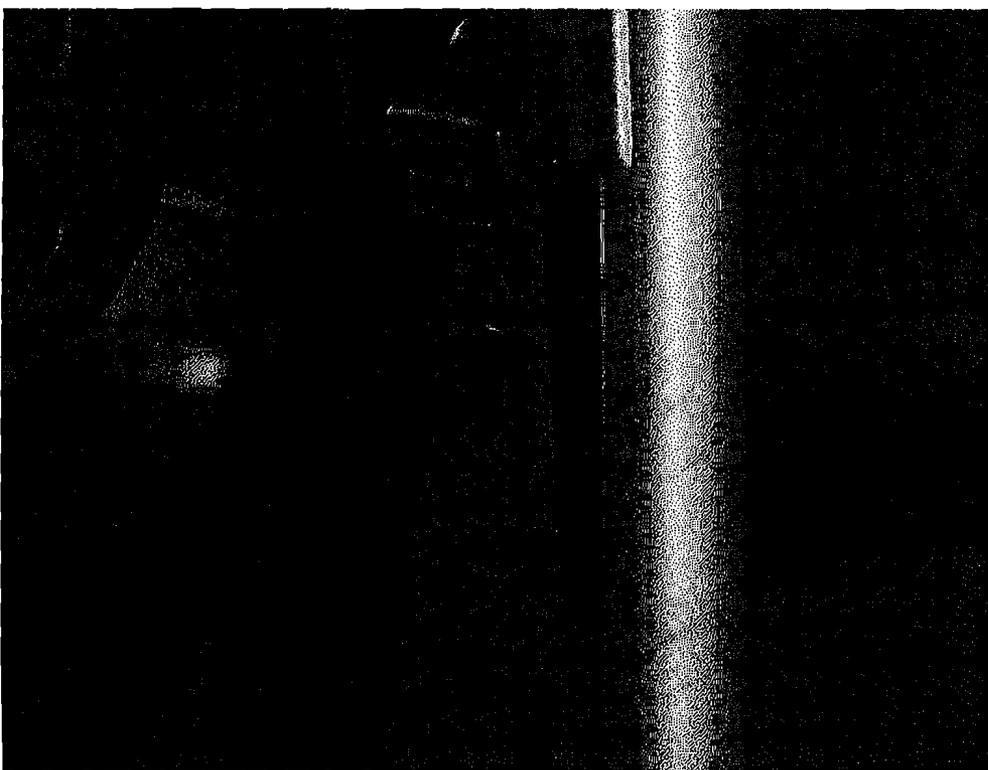
Photograph 9: Passenger side view of incident vehicle
Text reads in part: "**** RHINO Special EDITION ****"



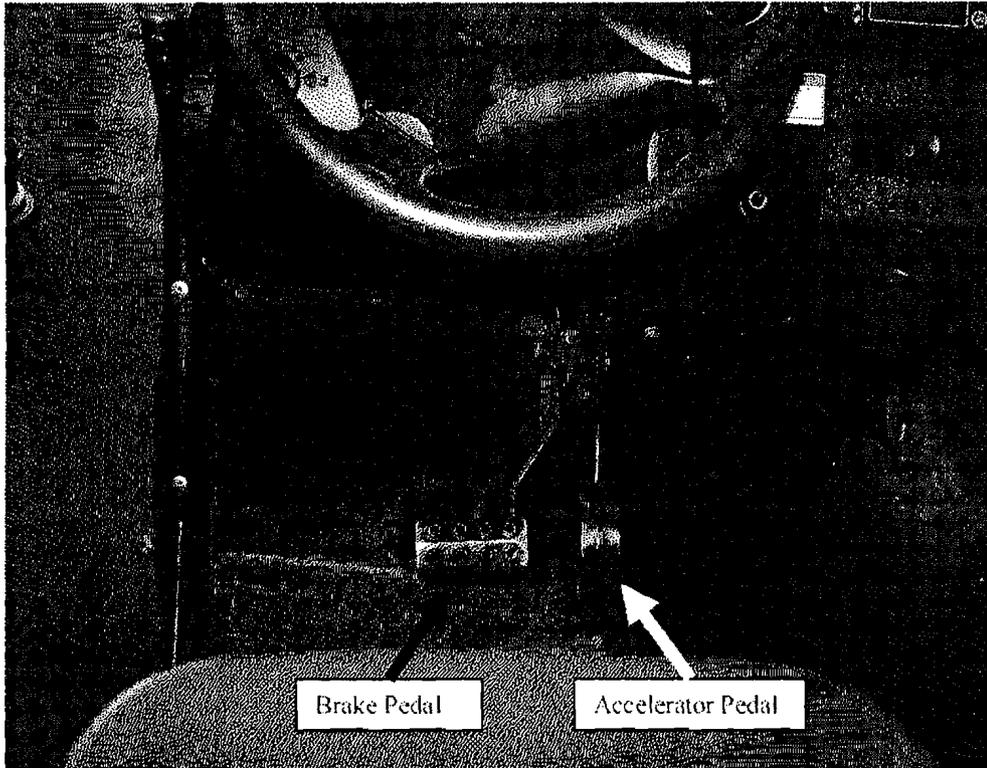
Photograph 10: Second passenger side view of incident vehicle
Text reads in part: "**** DIFF-LOCK *** 4x4 *** ON-COMMAND *** YAMAHA ****"



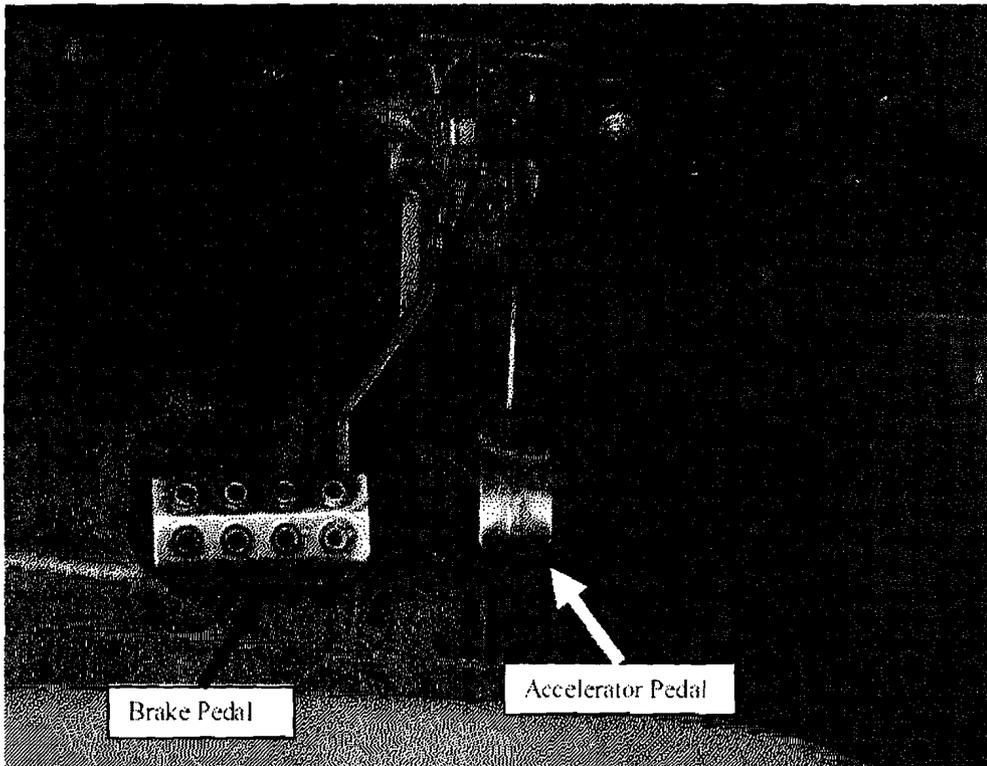
Photograph 11: Seat belt receptacles in incident vehicle



Photograph 12: Seat belt in incident vehicle



Photograph 13: Interior driver's side view of incident vehicle



Photograph 14: Controls on driver's side floor area of incident vehicle



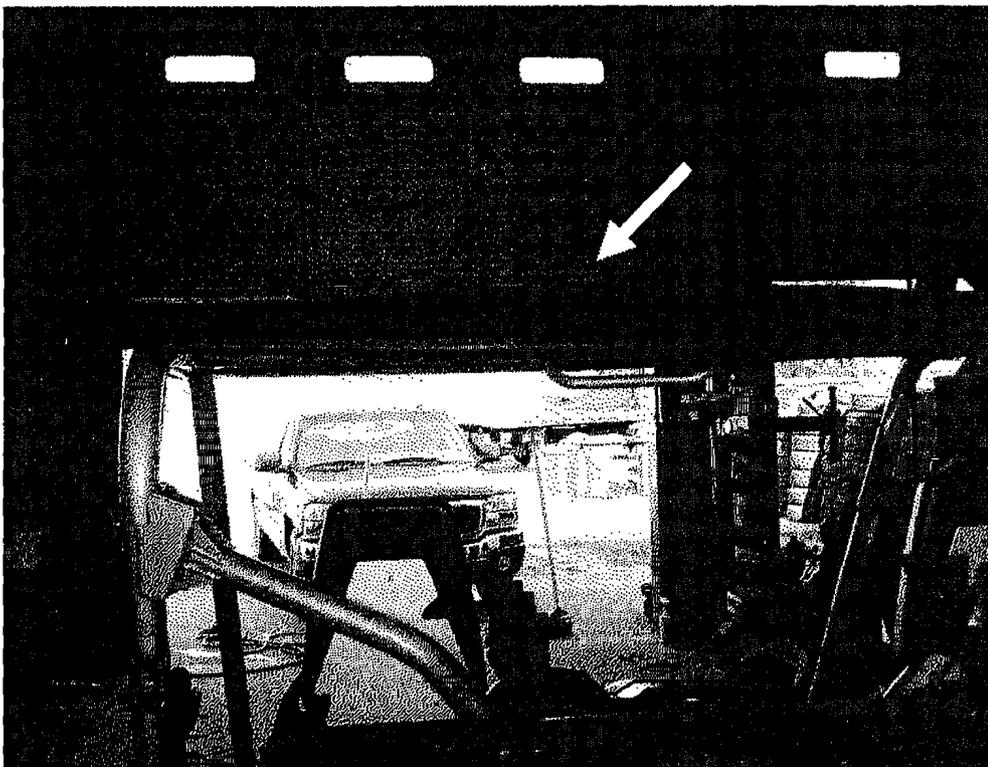
Photograph 15: Aftermarket modification to incident vehicle - View 1



Photograph 16: Aftermarket modification to incident vehicle - View 2



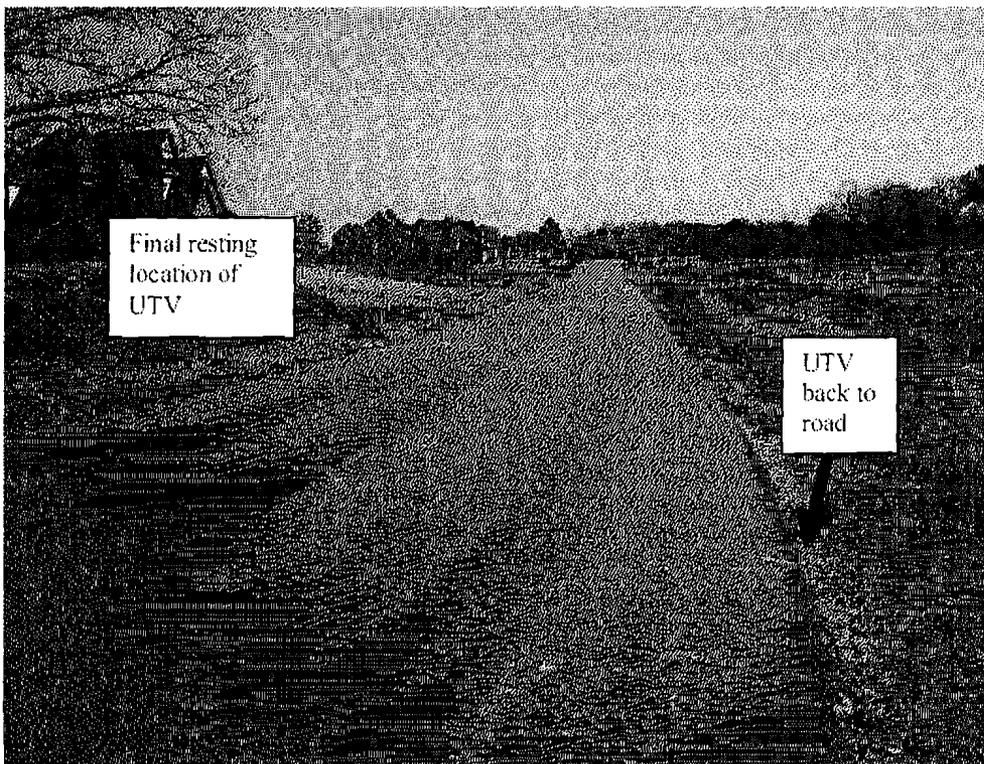
Photograph 17: Aftermarket modification to incident vehicle - View 3



Photograph 18: Aftermarket modification to incident vehicle - View 4



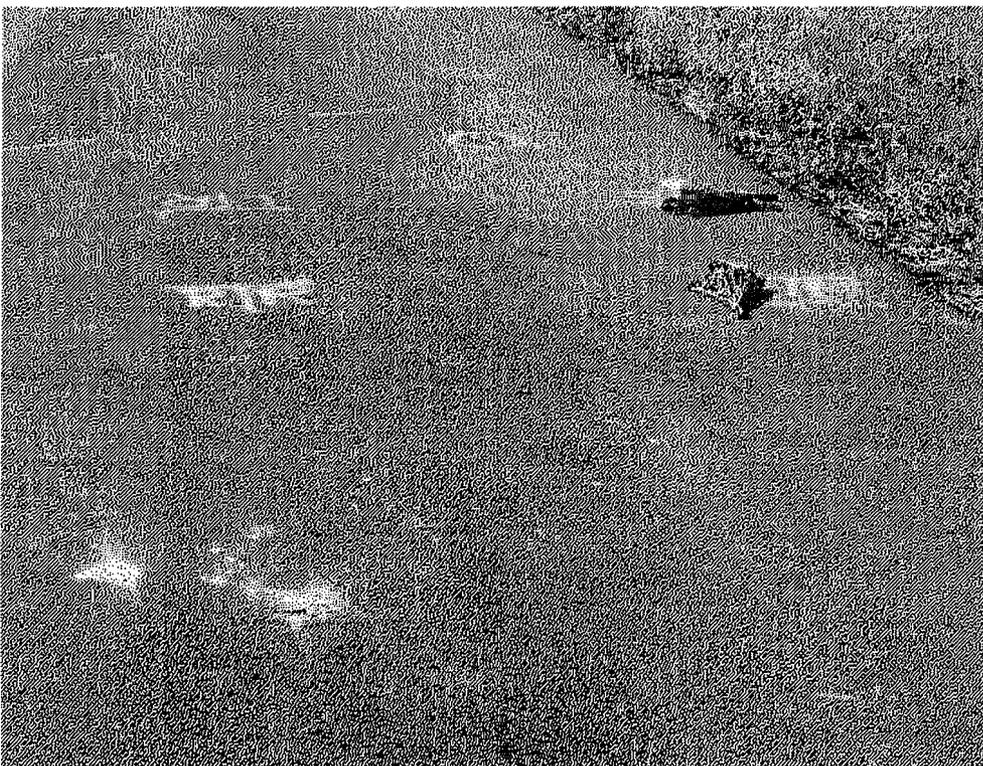
Photograph 19: Curve in road just before incident location



Photograph 20: Incident location – view 1



Photograph 21: View of incident location from opposite side



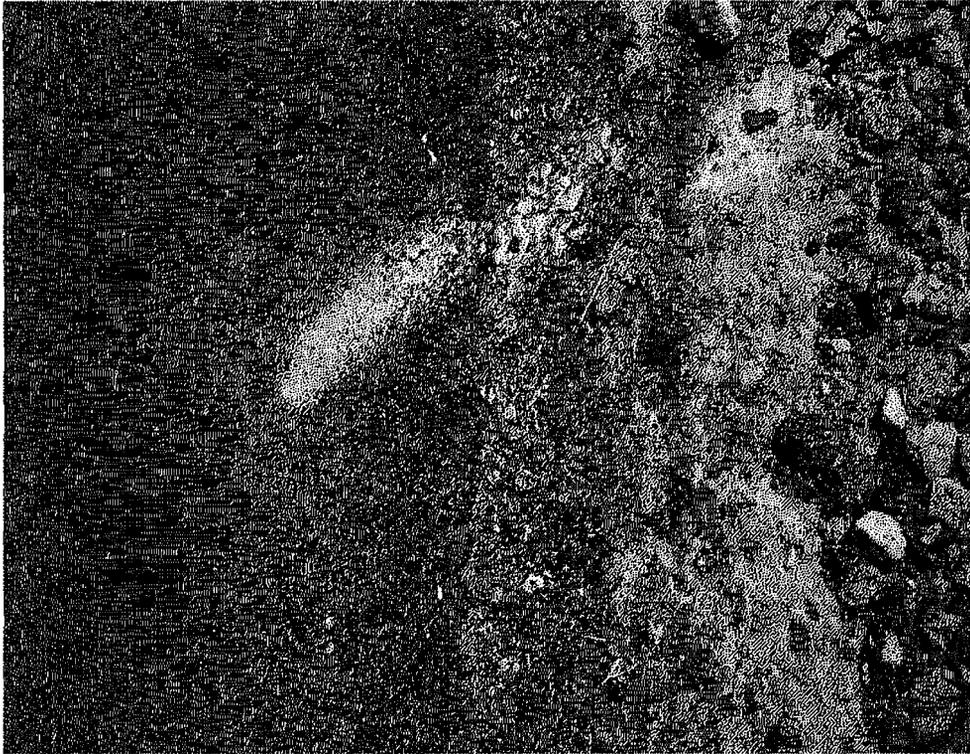
Photograph 22: Closer view of incident location from opposite side



Photograph 23: Tire marks from UTV in incident – view 1



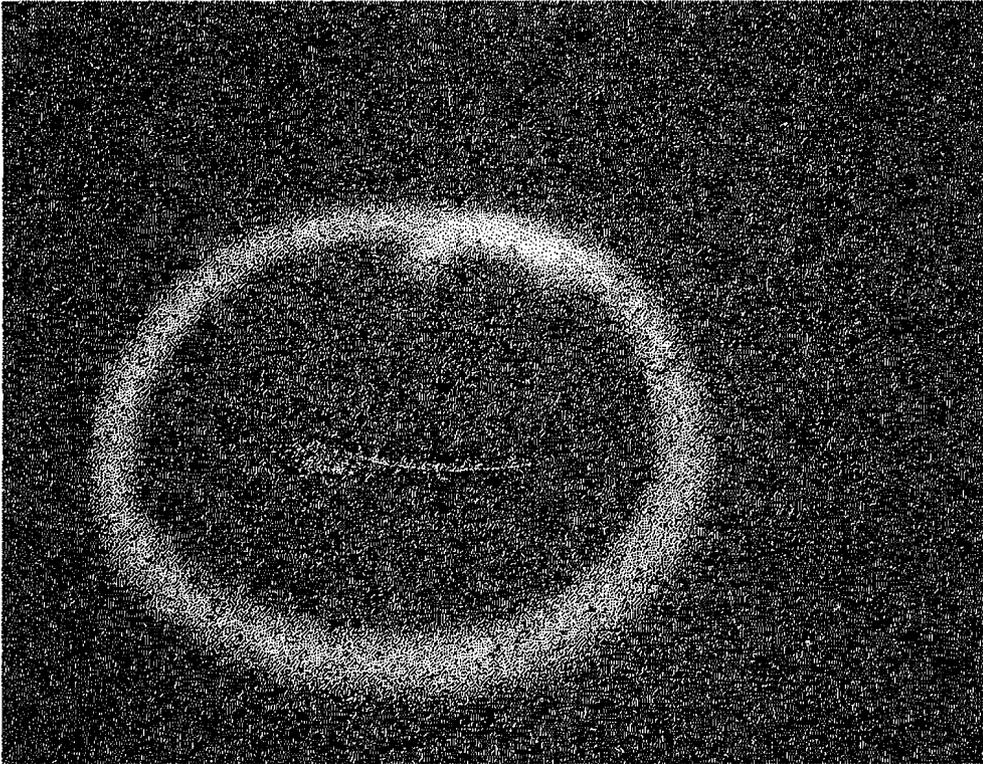
Photograph 24: Tire marks from UTV in incident – view 2



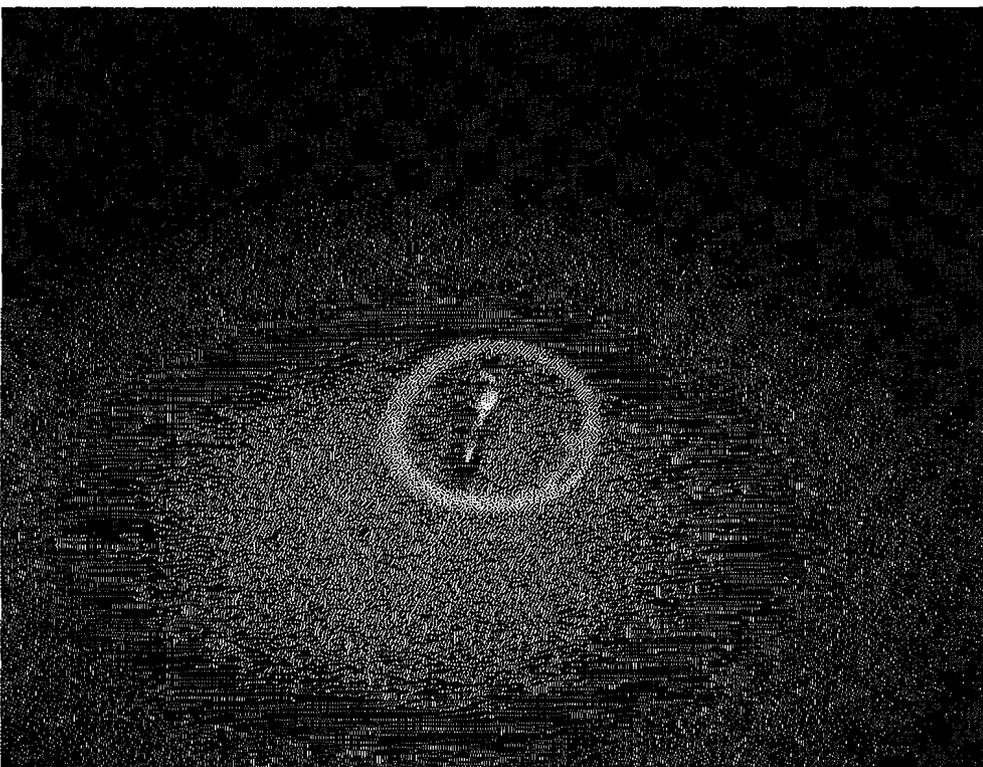
Photograph 25: View of shoulder where UTV left road prior to incident



Photograph 26: Second view of shoulder where UTV left road prior to incident



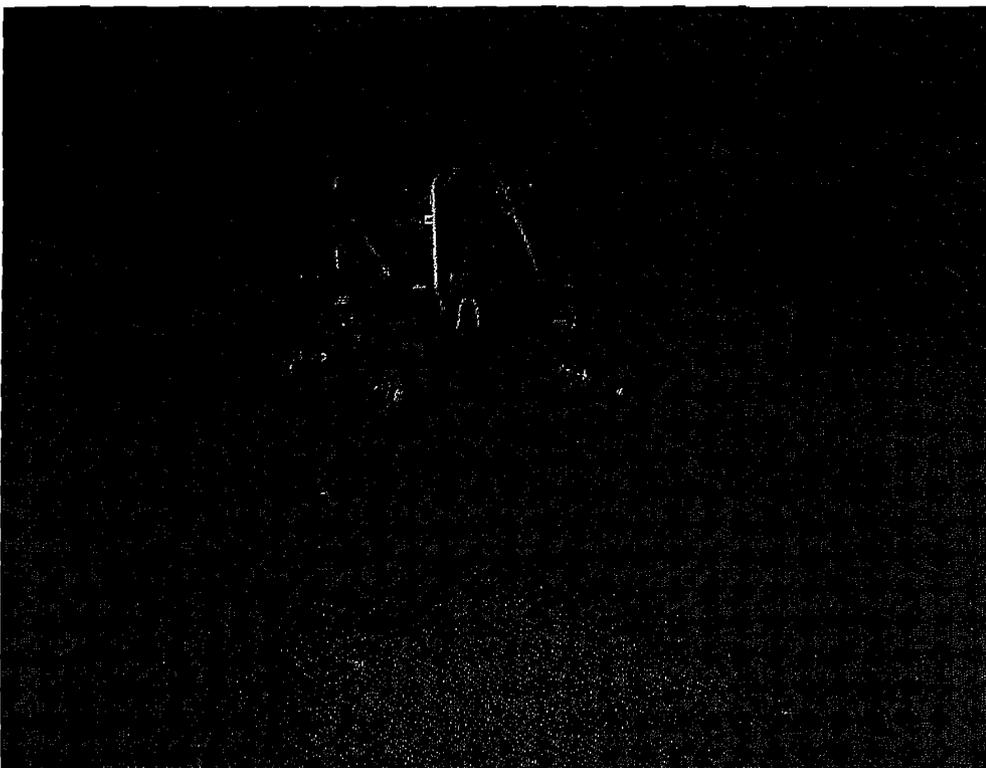
Photograph 27: Area of impact where UTV hit road during incident



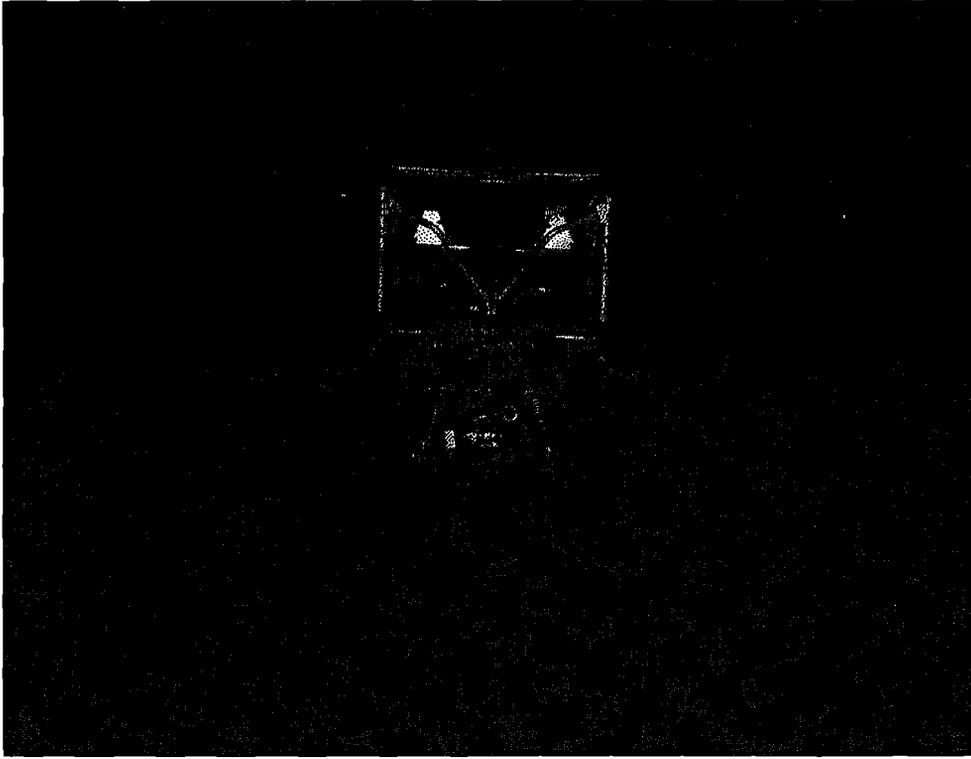
Photograph 28: Area of impact photographed on night of incident



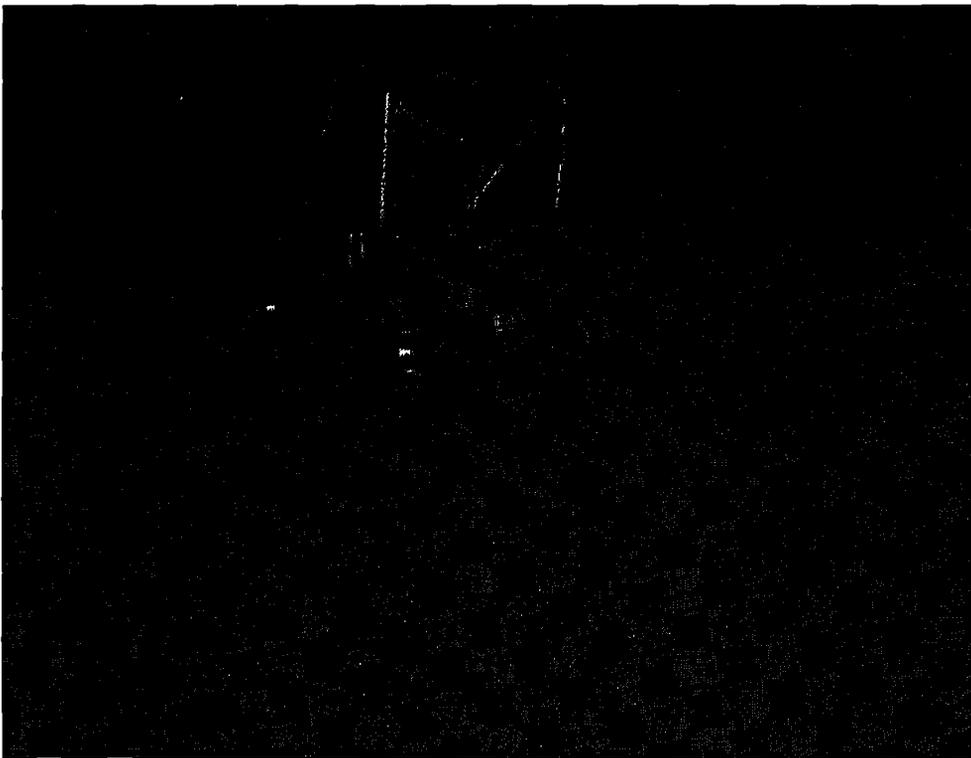
Photograph 29: UTV on night of incident (from opposite side) – after being uprighted



Photograph 30: UTV on night of incident (from opposite side) – after being uprighted



Photograph 31: UTV on night of incident (from rear) – after being uprighted



Photograph 32: UTV on night of incident (after being uprighted)



Photograph 33: Sheriff's markings of path that UTV is believed to have taken while rolling over in incident



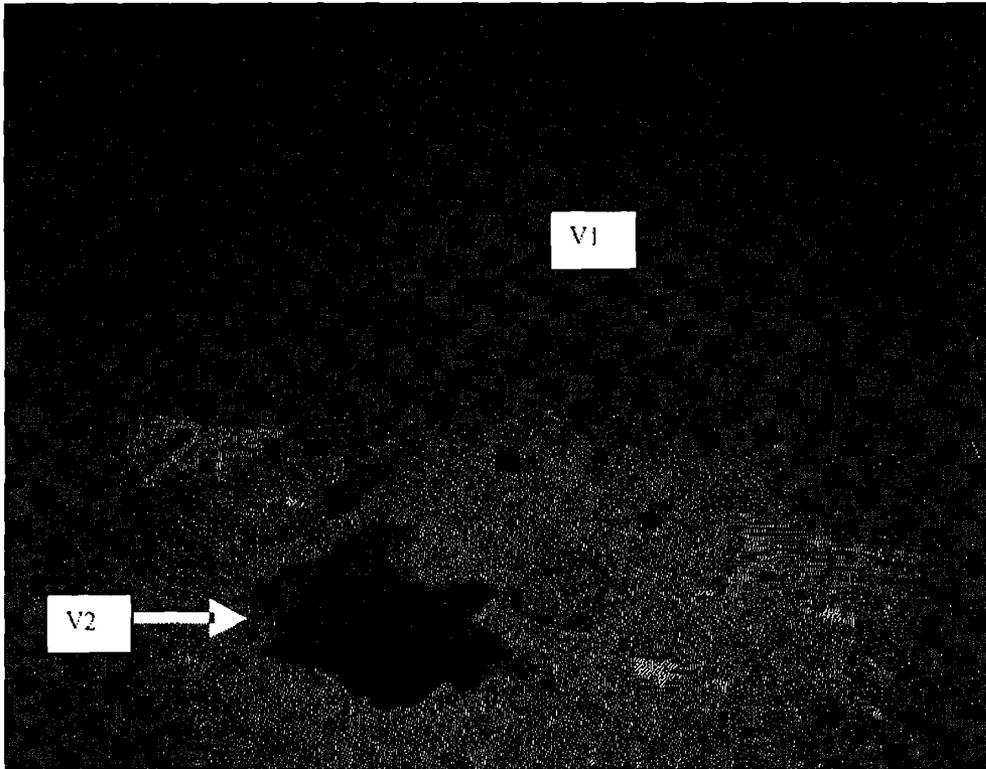
Photograph 34: UTV on night of incident (after being uprighted)



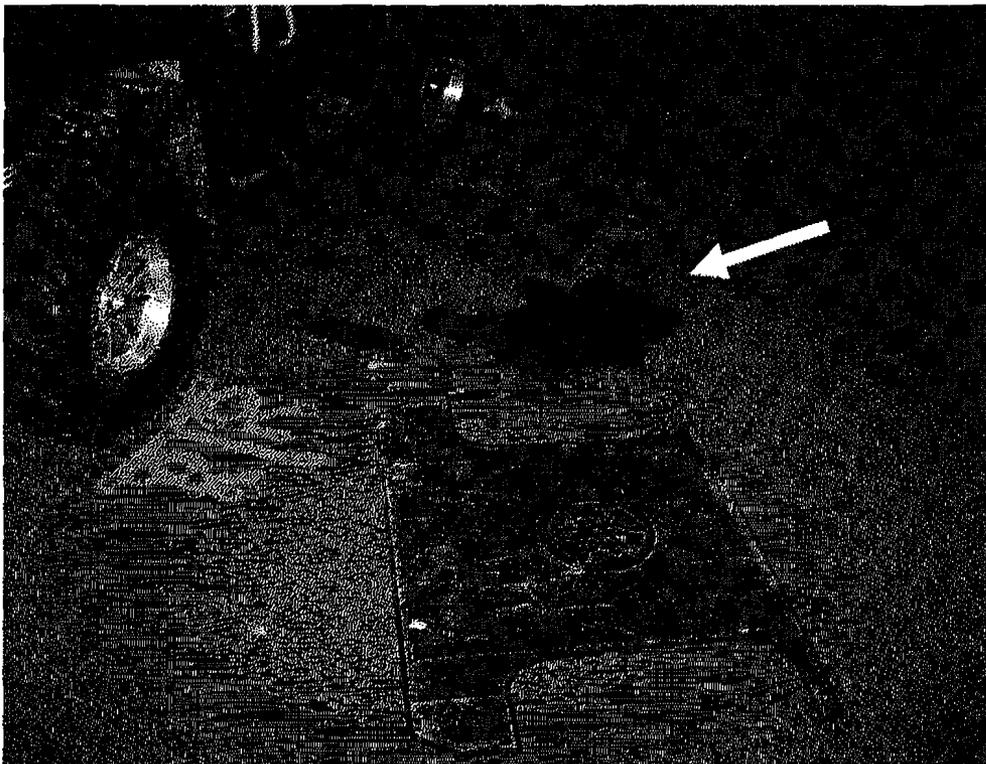
Photograph 35: Location of left front and rear tires of UTV after being uprighted after incident



Photograph 36: Location of right front and rear tires of UTV after being uprighted after incident



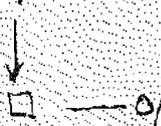
Photograph 37: Location of Victims (Victim 1 had to be moved before UTV could be uprighted after incident)



Photograph 38: Location of Victim 2 (UTV was on top of Victim 2 after incident)

YAMATA RINO 660 CC.

CABLE BOX
CLLG
4900
9



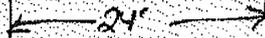
30' OFF ROADWAY

50' ON ROADWAY

71' FLIP

83' GOOSE,

94' RESTING
SPOT
SIDE



GOOSE

20' RE



18'

22' FL



16' RE

RE = 14'

8' RE

ROCK GROUND 29

ONE GIRL UNDER 4 WHEELER
ONE JUST BEFORE

* NOT TO SCALE *

Drawing by (b)(6)
Desoto County Sheriff's Dept

10/29/2008 10:21 AM FAX 78062644482

US CPSC

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



Telephone: 601-924-8370
Fax: 775-264-4482
E-mail: mpigott@cpsc.gov

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

October 29, 2008

Records Department
DeSoto County Sheriff Department
311 West South Street
Hernando, MS

Dear Records Administrator:

I am a Product Safety Investigator with the United States Consumer Product Safety Commission (CPSC). As you may be aware, CPSC is a consumer protection agency of the U.S. federal government involved with the safety of various consumer products, including side by side utility vehicles.

We are investigating the deaths of two 11-year-old females,
According to the information we received, these deaths occurred on October 19, 2008, from injuries sustained in an incident involving a Yamaha Rhino utility vehicle in DeSoto County, MS.

As part of my investigation and pursuant to the Mississippi Public Records Act, I would like to obtain a copy of the investigation report for this incident. I would also like to obtain copies of photographs or negatives that show the incident location and the utility vehicle involved.

Please fax or mail a copy of the report and any pertinent photographs or negatives to me at the following address:

Kim Pigott - CPSC
Post Office Box 167
Clinton, Mississippi 39060
Phone: 601-924-8370
FAX: 775-264-4482
Email: mpigott@cpsc.gov

* No photos
available

In addition, I would like to interview the investigating officer for this incident. Please ask the officer to contact me at the telephone number listed above. Thank you for your assistance in this matter.

Sincerely,

Kim Pigott
Kim Pigott

U.S. Consumer Product Safety Commission

STATE OF MISSISSIPPI UNIFORM CRASH REPORT		Agency Number 0017	Agency Case Number (00)	Page 01 of 04																																																																								
Agency Name DESOTO COUNTY SHERIFF OFFICE		G1. County 17	G2. Status Code C P U																																																																									
G3. Reported Date (MM/DD/YYYY) 10/18/2008	G4. Reported Time (2400) 1755	G5. Officer Time Arrival Time (2400) 1804	G6. Time (2400) 2036	G6. Vehicles 01																																																																								
G7. Killed 02	G8. Injured 00	G9. Address Number DERHART		G10. Street Name LYLES																																																																								
G11. Int. Hwy/County Road #	G12. Traffic Flow Direction N E S W	G13. Int. Hwy/County Road #	G14. Direction N E S W																																																																									
G15. Intersecting Street Name LYLES	G16. Int. Hwy/County Road #	G17. City Name	G18. Latitude N 34 94.275	G19. Longitude W 089 83.763																																																																								
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G46. Badge Number 5005	G47. Investigating Officer Name (Please Print)		G48. Officer Signature																																																																									
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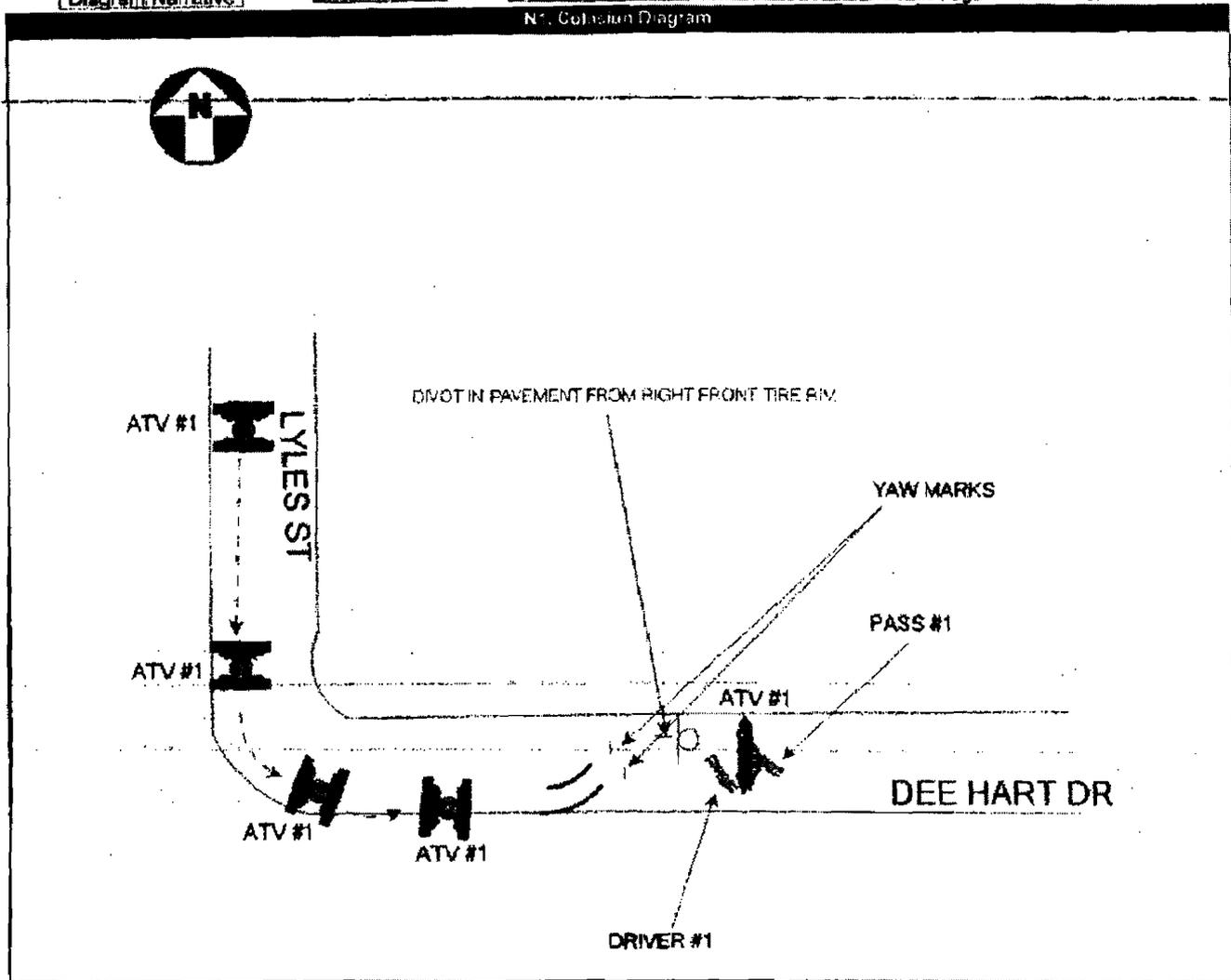
MUCR
Diagram/Narrative

0017

(b)(6)

Page 02 of 04

N1. Collision Diagram



N2. Collision Narrative

ON THE ABOVE DATE AND APPROXIMATE TIME, I, OFF [REDACTED] WAS DISPATCHED TO THE AREA OF LYLES STREET AND DEE HART DRIVE IN REGARDS TO A FOUR WHEELER ACCIDENT.

I ARRIVED ON SCENE AS PARAMEDICS EXITED THE VEHICLES AND WENT TO TREAT INJURIES. I OBSERVED TWO JUVENILE VICTIMS LYING ON THE ROADWAY WITH DRIVER #1 ON THE LEFT AND PASSENGER #1 ON THE RIGHT. THE A.T.V. WAS SITTING UPRIGHT. I LOCATED THE PARENTS OF BOTH VICTIMS AND ARE AS FOLLOWS:

DRIVER #1 PARENTS: [REDACTED]

PASSENGER #1: [REDACTED]

THE PARENTS PROVIDED INFORMATION ON THE JUVENILES. DUE TO THE NATURE OF THE INJURIES, THE WINGS HAD TO BE CALLED IN AND THEY LANDED IN THE CURVE OF THE ROADWAY ON LYLES STREET.

I OBSERVED APPROXIMATELY 15 - 25 SUBJECTS AT THE SCENE; HOWEVER, NO ONE STATED WHAT HAD ACTUALLY TRANSPIRED AS THERE WERE NO APPARENT WITNESSES.

(SEE ATTACHED FOR FURTHER)

Attachment 4
081021HWE7803

MKP

Desoto County Sheriff's Department

Page# of

Supplementary Investigation Report

M.V.C. - DEATH

NO# R & I# [redacted]

Name of Complainant
Desoto County Sheriff Office

Address
311 West South Street Hernando, MS 38654

Phone#
662.429.1470

(continued from narrative section of Report Beam generated accident report)

I SPOKE WITH THE FIRST CIVILIAN TO MAKE THE SCENE. [redacted] AND HE STATED THAT HE HEARD A LOUD NOISE AND WALKED OUT ONTO THE DRIVEWAY TO OBSERVE THE A.T.V. TURNED ON ITS SIDE WITH THE PASSENGER #1 TRAPPED UNDERNEATH. [redacted] STATED THAT HE DROVE HIS 4-WHEELER TO THE SCENE AND TRIED TO RAISE IT OFF THE JUVENILE, BUT HAD DIFFICULTY DOING SO. HE BEGAN TO YELL FOR HELP WITH A NEIGHBOR COMING OUT TO ASSIST. THEY HAD TO MOVE DRIVER #1 TO THE LEFT OF THE A.T.V., AND THEN LIFT THE A.T.V. OFF OF PASSENGER #1 SO IT WAS SITTING RIGHTSIDE UP AND NOT HAMPERING THE VICTIM.

I OBSERVED THAT THE A.T.V. WAS TRAVELING SOUTH ON LYLES AS IT TURNED TO THE EAST ON DEEHART. THE A.T.V. WENT OFF THE ROADWAY TO THE RIGHT AT A HIGH SPEED; THE DRIVER APPEARED TO HAVE OVER CORRECTED IN STEERING; LOST CONTROL; THE A.T.V. APPEARED TO HAVE HAD THE RIGHT FRONT TIRE DIG INTO THE PAVEMENT; AND FLIP OVER TO THE RIGHT. THE A.T.V. THREW BOTH JUVENILES FROM THE VEHICLE AND ACTUALLY LANDED ON TOP OF PASSENGER #1 ACCORDING TO THE FIRST SUBJECT ON SCENE. [redacted]

DRIVER #1 WAS PRONOUNCED DECEASED AT THE SCENE WITH PASSENGER #1 PRONOUNCED DECEASED AT BAPTIST-DESOTO HOSPITAL. [redacted] MADE THE SCENE ALONG WITH CDR. [redacted] MADE SCENE AS WELL.

[redacted] MADE THE SCENE AND ALSO PHOTOGRAPHED SAME WITH THE ASSISTANCE OF [redacted] AS PART OF THEIR INITIAL INVESTIGATION.

I TOOK SEVERAL PHOTOGRAPHS OF THE SCENE AND WILL ADD TO THE FILE LATER THIS DATE.

THE A.T.V. WAS IMPOUNDED AND TOWED FROM THE SCENE BY BRYANT'S WRECKER TO A SECURE FACILITY.

End of Report.

[redacted]
Desoto County Sheriff Department
Patrol Division

Attachment 4
081021HWE7803

MUCR Person/Occupant		VE, Veh #	P1. Person #	Agency Number	Agency Case Number	Page	03	04					
P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Train Engineer <input type="radio"/> Hit and Run Driver <input type="radio"/> LE		P2. License # _____ P3. State _____		P4. COL1 <input type="radio"/> N <input type="radio"/> Y		P5. DOB (MMDDYYYY) _____		<input type="checkbox"/> Shoulder & Lap Belt <input checked="" type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet					
P6. First Name _____ Last Name _____		<input type="checkbox"/> Yield <input type="checkbox"/> Suspended - DL <input checked="" type="checkbox"/> No License <input type="checkbox"/> Learner Permit <input type="checkbox"/> Expired <input type="checkbox"/> Improper DL <input type="checkbox"/> Suspended <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Hydrate <input type="checkbox"/> Un Threatening <input checked="" type="checkbox"/> Killed <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/> Totally		<input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Head <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Hydrate <input type="checkbox"/> Un Threatening <input checked="" type="checkbox"/> Killed <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/> Totally					
P7. Address _____ P8. Phone Number _____		<input type="checkbox"/> No License <input type="checkbox"/> Learner Permit <input type="checkbox"/> Expired <input type="checkbox"/> Improper DL <input type="checkbox"/> Suspended <input type="checkbox"/> Other		<input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Head <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Hydrate <input type="checkbox"/> Un Threatening <input checked="" type="checkbox"/> Killed <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/> Totally		<input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Head <input type="checkbox"/> Other					
P9. City _____ P10. State _____ P11. Zip Code _____		<input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Head <input type="checkbox"/> Other		<input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Head <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Hydrate <input type="checkbox"/> Un Threatening <input checked="" type="checkbox"/> Killed <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/> Totally		<input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Head <input type="checkbox"/> Other					
<input type="radio"/> Not Transported <input type="radio"/> Police <input checked="" type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle		P17. EMS Agency Code _____ P18. Medical Facility Code _____		<input type="checkbox"/> No Defects Apparent <input type="checkbox"/> Obviously Intoxicated <input type="checkbox"/> Unknown <input type="checkbox"/> Pushing vehicle <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Entering/Crossing Roadway <input type="checkbox"/> Approaching/leaving vehicle <input type="checkbox"/> Hit and Run <input type="checkbox"/> Affected by Exhaust Fumes <input type="checkbox"/> Walking/running/playing/cycling <input type="checkbox"/> Playing/work on vehicle <input type="checkbox"/> Drinking - Not Impaired <input type="checkbox"/> Using Drugs - Impaired <input type="checkbox"/> Working <input type="checkbox"/> Standing <input type="checkbox"/> Drinking - Impaired <input type="checkbox"/> Using Drugs - Not Impaired <input type="checkbox"/> Working <input type="checkbox"/> Standing <input type="checkbox"/> Fell Asleep/Painted/Fallguy <input type="checkbox"/> Pending Lab Results <input type="checkbox"/> Working <input type="checkbox"/> Standing		<input type="checkbox"/> Not Visible (Dark Clothing) <input type="checkbox"/> Operating Defective Equipment <input type="checkbox"/> Passed Stop Sign <input type="checkbox"/> Pedestrian Actions <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Roadway Defects <input type="checkbox"/> Visibility Obstructed <input type="checkbox"/> Improper Backing <input checked="" type="checkbox"/> See Crash Description		<input type="checkbox"/> None <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Deployed - Both <input type="checkbox"/> None <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> None given <input type="checkbox"/> Test given <input type="checkbox"/> Test refused <input type="checkbox"/> Test given, pending					
<input type="checkbox"/> No Apparent Improper Driving <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Not Visible (Dark Clothing) <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Left of Center <input type="checkbox"/> Operating Defective Equipment <input type="checkbox"/> Following Too Closely <input checked="" type="checkbox"/> Failure to keep proper lane/Run off road <input type="checkbox"/> Passed Stop Sign <input checked="" type="checkbox"/> Speed Too Fast For Conditions <input type="checkbox"/> Avoidance <input type="checkbox"/> Pedestrian Actions <input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Drove on Wrong Side of Road <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Animal on Roadway <input type="checkbox"/> Fatigued/Asleep <input type="checkbox"/> Roadway Defects <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Illegally Crossing Median <input type="checkbox"/> Visibility Obstructed <input type="checkbox"/> Exceeded Lawful Speed <input type="checkbox"/> Improper Lane Change <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Passing/Overtaking <input type="checkbox"/> Lying and/or illegally in roadway <input checked="" type="checkbox"/> See Crash Description		<input type="checkbox"/> Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle		P17. EMS Agency Code _____ P18. Medical Facility Code _____		<input type="checkbox"/> None <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Deployed - Both <input type="checkbox"/> None <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> None given <input type="checkbox"/> Test given <input type="checkbox"/> Test refused <input type="checkbox"/> Test given, pending		<input type="checkbox"/> None <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Deployed - Both <input type="checkbox"/> None <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> None given <input type="checkbox"/> Test given <input type="checkbox"/> Test refused <input type="checkbox"/> Test given, pending					
O1. Vehicle # _____ O2. Address Same as Driver # _____		O1. First Name _____ Last Name _____		<input type="checkbox"/> Front-Driver <input type="checkbox"/> 3rd-middle <input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> Front-Middle <input type="checkbox"/> 3rd-right <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Front-right <input type="checkbox"/> Sleeper of Truck Cab <input type="checkbox"/> Lap Belt <input type="checkbox"/> 2nd-left <input type="checkbox"/> Encl. Pass./Cargo Area <input type="checkbox"/> Automated Restraint <input type="checkbox"/> 2nd-middle <input type="checkbox"/> Unencl. Pass./Cargo Area <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> 2nd-right <input type="checkbox"/> Riding on Exterior <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> 3rd-left <input type="checkbox"/> Towed Vhd./Trailer <input type="checkbox"/> Helmet		<input type="checkbox"/> None <input type="checkbox"/> Life Threatening <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Moderate <input checked="" type="radio"/> Killed <input type="checkbox"/> Deployed - Both		<input type="checkbox"/> Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle		O16. EMS Agency Code _____ O17. Medical Facility Code _____		<input type="checkbox"/> None <input type="checkbox"/> Life Threatening <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Moderate <input checked="" type="radio"/> Killed <input type="checkbox"/> Deployed - Both	
O3. Address Same as Driver # _____		O3. Address _____		<input type="checkbox"/> Front-Driver <input type="checkbox"/> 3rd-middle <input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> Front-Middle <input type="checkbox"/> 3rd-right <input checked="" type="checkbox"/> None <input type="checkbox"/> Front-right <input type="checkbox"/> Sleeper of Truck Cab <input type="checkbox"/> Lap Belt <input type="checkbox"/> 2nd-left <input type="checkbox"/> Encl. Pass./Cargo Area <input type="checkbox"/> Automated Restraint <input type="checkbox"/> 2nd-middle <input type="checkbox"/> Unencl. Pass./Cargo Area <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> 2nd-right <input type="checkbox"/> Riding on Exterior <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> 3rd-left <input type="checkbox"/> Towed Vhd./Trailer <input type="checkbox"/> Helmet		<input type="checkbox"/> None <input type="checkbox"/> Life Threatening <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Moderate <input checked="" type="radio"/> Killed <input type="checkbox"/> Deployed - Both		<input type="checkbox"/> Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle		O16. EMS Agency Code _____ O17. Medical Facility Code _____		<input type="checkbox"/> None <input type="checkbox"/> Life Threatening <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Moderate <input checked="" type="radio"/> Killed <input type="checkbox"/> Deployed - Both	
<input type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle		O16. EMS Agency Code _____ O17. Medical Facility Code _____		<input type="checkbox"/> None <input type="checkbox"/> Life Threatening <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Moderate <input checked="" type="radio"/> Killed <input type="checkbox"/> Deployed - Both		<input type="checkbox"/> None <input type="checkbox"/> Life Threatening <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Moderate <input checked="" type="radio"/> Killed <input type="checkbox"/> Deployed - Both		<input type="checkbox"/> Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle		O16. EMS Agency Code _____ O17. Medical Facility Code _____		<input type="checkbox"/> None <input type="checkbox"/> Life Threatening <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Deployed - Side <input checked="" type="radio"/> No Airbag <input type="checkbox"/> Moderate <input checked="" type="radio"/> Killed <input type="checkbox"/> Deployed - Both	

5899010293

Attachment 4
081021HWE7803

MKP

MUCR Vehicle VI. Vehicle # 01 VI. Total Documents 02 Agency Number 0017 Agency Case Number (00) Page 04 of 04

V2. State MS V3. Year 0000 V4. License Plate Number 00000000
 V5. Make YAMAHA V6. Model Year 2005
 V7. Vehicle Model RHINOSPEC V8. Vehicle Color BLUE
 V9. Damage: Heavy Light None V10. Speed Zone 20 V11. Est. Speed V16. No Proof of Insurance V17. Insurance Company Name V18. Policy Number

Collision of Person, Vehicle/Non-fixed Object
 1. 2. 3. 4.
 Animal Bicyclist Maintenance Equip. Moving Vehicle Parked Vehicle Pedestrian Train Stowing Vehicle Stopped Vehicle in Road

Non-Collision
 1. 2. 3. 4.
 Cargo Loss/Shift Crossover Equipment Failure Fall/Jump from Vehicle Fire/Explosion Immersion Jackknife Median/Centerline Thrown/Falling Object Off roadway/Left Off roadway/Right Overturn/Rollover Unit Separation Over Correcting/Steering

Collision of Fixed Object
 1. 2. 3. 4.
 Attenuator/Cushion Bridge Structure Culvert Curb Ditch Embankment Fence Guardrail Mailbox Median Barrier Post/Pole/Support Tree Other Fixed Object

V20. Vehicle Action: Going Straight Avoidance Making Left Turn Lane Change Stopped Leaving Parking Slow/Stop in Road Overtaking/Passing Parked Parking Position Backing Making U Turn Making Right Turn In Tow

V21. Vehicle Condition: Passenger Car Light Truck Stationwagon/Van SUV Motorcycle Other RV School Bus Single-Unit Truck(2) Single-Unit Truck(3+) Farm Tractor Tractor/SemiTrailer Tractor(2) Tractor(3) Train Truck/Trailer Emergency Veh. Commercial Bus ATV Farm Equip. Unknown Truck

V22. Vehicle Type: Under Overturn None Other

V23. Direction: None Right only Left Only Both Sides Separate Signed

V24. Vehicle Location: Channel-Physical Flag Person Flashing Signal Red Flashing Signal Yellow No Passing None Officer RR Flashing Signal RR Signal and Gate Signal Stop Sign Railroad Sign Yield Sign

V25. Road Characteristics: Straight/Level Intersect two roads Straight/Grade Curve/Level Straight/Hillcrest Curve/Grade Bldge Private Drive Curve/Hillcrest Crossover Begin/End Divided Road One-Way

V26. Road Surface Type: 2 Lane 4+ Parking Lot 1 Lane Unpaved 3 Lane Frontage/Ramp One Way Asphalt Concrete Dirt Gravel Other - See Narrative

V27. Device Functioning? Y N

V28. R. A. Device: V30. Divided? Yes No V31. Center Turn Lane? Yes No

V33. Towed? Yes No V34. Authority: Owner Police Other V35. Towed By: **BRYANT'S**

Commercial Vehicle
 C1. Carrier ID Number: C2. Authority: US DOT ITC State Canada Mexico Other
 C3. Carrier Name: C4. Carrier Address: C5. City: C6. State: C7. Zip Code: C8. GVWR: C9. Cargo Sec. Type: Auto transporter Bus<15 Bus 15+ Cargo tank Concrete Mixer Dump None Flatbed Garbage/refuse Grain/chips/gravel Other Palletlog Van/enclosed box N/A
 C10. Commodity Hauled: C11. Placard ID: C12. HAZMAT Released Yes No

1471024009

DeSoto County Coroner
Phone: 662-429-5057
Fax: 662-429-5126

Fax Cover Sheet

To (b)(6) 775-264-4482

From (b)(6)

Date October 24, 2008

No. of Pages 5 incl. cover

info. requested regarding (b)(3):CPSA Section 25(c),(b)(6) and
(b)(3):CPSA Section 25(c),(b)(6) - no photos included.

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

(b)(6)

Attachment 5 081021HWE7803

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> POISONING	<input type="checkbox"/> POLICE CUSTODY STATE	<input type="checkbox"/> PUBLIC HEALTH HAZARD	<input type="checkbox"/> SURGICAL/ANESTHETIC PROCEDURE
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> DISASTER	<input type="checkbox"/> UNKNOWN OR SUSPICIOUS	<input type="checkbox"/> LOCAL/OTHER	<input checked="" type="checkbox"/> SUDDEN/UNEXPECTED	<input type="checkbox"/> UNATTENDED
<input type="checkbox"/> TRAUMA	<input type="checkbox"/> VIOLENT				

MEANS OF DEATH (Agency or Object)—IF DEATH OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver	<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Farm Vehicle
	<input type="checkbox"/> Passenger	<input type="checkbox"/> Shoulder Belt Used	<input type="checkbox"/> Non-Highway	<input type="checkbox"/> Truck	<input checked="" type="checkbox"/> Other _____
	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Crash Helmet Worn		<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Motorbike	4 wheeler _____

IF GUN	<input type="checkbox"/> Rifle—Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblong	LOCATION OF WOUNDS (if no autopsy!)		
	<input type="checkbox"/> Handgun—Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stellate	_____ Head	_____ Buttocks	_____ Upper Arms
	<input type="checkbox"/> Shotgun—Gau. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated	_____ Neck	_____ Thighs	_____ Lower Arms
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> Other _____	_____ Chest	_____ Lower Legs	_____ Hands
				_____ Abdomen	_____ Feet	_____ Other _____

IF INSTRUMENT:	What Kind: _____	TYPE & LOCATION OF INJURIES:
Blunt	_____	
Sharp	Unknown Kind _____	

IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol	REMARKS/SYMPTOMS:	<input type="checkbox"/> Ingested	<input type="checkbox"/> Topical
	<input type="checkbox"/> Other Drugs, Chemical or Poison (Specify by Name!)		<input type="checkbox"/> Injected	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Inhaled	<input type="checkbox"/> Unknown

MEDICAL HISTORY

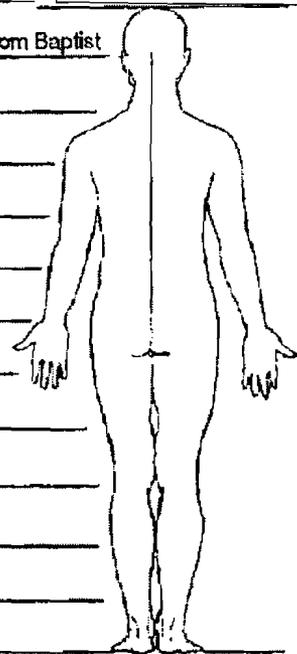
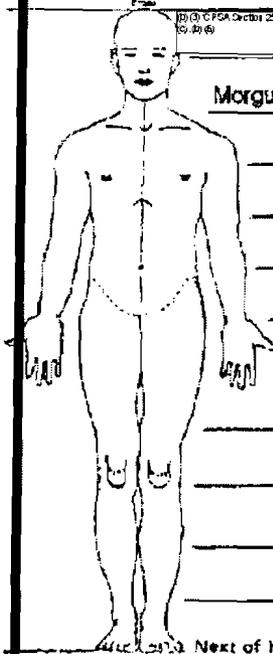
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Fractures	DOCTOR: _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	Where treated: _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure (specify) _____	Medications: _____
<input type="checkbox"/> Drug Abuse	Other (specify) _____	
<input type="checkbox"/> Lung Disease		

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

Arrived on scene. DeSoto Sheriff Dept and Lewisburg EMS and fire on scene. These 2 young ladies (b)(6) had been riding on a four wheeler, Yamaha mino special edition 444 in a new subdivision near (b)(6). This is a fairly new area, lots of new homes and several undeveloped lots. (b)(6) was in the Lewisburg EMS unit and (b)(6) been transported to the ER. Looks like they were riding on a paved street and run into a ditch. (b)(6) was dead on the scene. Both girls parents had gone to the hospital. Talked with (b)(6)

(b)(6) mother, and she advised to call Corinthian Funeral Home, Corinth, MS to pick up (b)(6) from Baptist

Morgue. At this time, funeral arrangements unknown for (b)(6) Don't know who was driving.



Next of Kin: _____
 Funeral Home: Corinthian Funeral Home, Corinth, MS

Attachment 5
081021HWE7803

MSK
County Offices Use Only



STATE
MEDICAL
EXAMINER

REPORT OF DEATH INVESTIGATION

(Date of Receipt)

(DOB Code)

(DOB Code)

(ME Case Number)

DECEDENT: (First Name) (Middle Name) (Last Name) (Jr., Sr., III, etc.)

ADDRESS: (Number & Street or Route, Box No.) (City, State) (Country) DESOTO

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE (If less than 2 yrs. give exact age in days) 11

SEX Male Female Undetermined

CLOTHING Clothed Partly Clothed Unclothed

BODY TEMPERATURE Warm Cool Cold (if taken)

BLOOD Nose Mouth Ears Clothing None

FROTH Present Absent

OCCUPATION (Please fill in both parts)

TYPE OF WORK:

INDUSTRY:

DATE OF BIRTH 07/05/1997

MARITAL STATUS Married Never Married Widowed Divorced Separated Unknown

HEAD-HAIR None Partly Bald Blonde Brown Red Black Grey White

OTHER HAIR Mustache Beard

EYES: Color _____ R _____ L _____

WEIGHT: 70

LENGTH: 4'10"

MISCELLANEOUS: _____ _____ Circumcised

RIGOR (Circle Degree) Neck 0 1+ 2+ 3+ Arms 0 1+ 2+ 3+ Legs 0 1+ 2+ 3+

LIVOR Color _____ Fixed? Yes No Anterior Posterior Lateral

OTHER (Dirt, water, etc.) Nose Mouth Ears None

DECOMPOSITION Early Advanced None

No Occupational Information

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	10-18-2008		Pehart Dr. near Rutledge Rd.	DeSoto	ON THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO four wheeler
LAST SEEN ALIVE	10-18-2008		(By whom: Name and Address)	DeSoto	
DEATH	10-18-2008	6:36 pm	(By whom: Name and Address)	DeSoto	Baptist DeSoto
FOUND DEAD BY	10-18-2008	6:36 pm	(By whom: Name and Address)	DeSoto	Baptist DeSoto
OFFICE NOTIFIED	10-18-2008	6:40 pm	POLICE AGENCY: DeSoto Sheriff's Office		OFFICER:
CRONER/ME NOTIFIED	10-18-2008	6:30 pm	(By whom: Name and Address)		
VIEW OF BODY	10-18-2008		Died at Hospital		<input checked="" type="checkbox"/> NOT VIEWED
WITNESS TO INJURY OR ILLNESS AND DEATH			(Name)	(Address)	BLOOD SAMPLE DRAWN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Why not?: N/A

MANNER OF DEATH

NATURAL HOMICIDE ACCIDENT SUICIDE UNKNOWN PENDING

MEDICO-LEGAL AUTOPSY AUTHORIZED: Yes No

PROBABLE CAUSE OF DEATH: 1. massive internal trauma

2. Due to: 4 wheeler accident

Contributing factor: _____

(Signature of Coroner or Medical Examiner)

OTHER AUTOPSY DONE: Yes No

M.S.M.E. _____

IS DECEDENT AN ORGAN DONOR? YES NO (Please ask family when at all possible.)

KIDNEY _____ EYE _____ ANY NEEDED ORGAN _____

IF DONOR, DID YOU NOTIFY TRANSPLANT TEAM? YES _____ NO IF NO, WHO DID? _____

Attachment 5
081021HWE7803

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> POISONING	<input type="checkbox"/> POLICE CUSTODY	<input type="checkbox"/> PUBLIC HEALTH	<input type="checkbox"/> SURGICAL/ANESTHETIC
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> DISASTER	<input type="checkbox"/> UNKNOWN OR SUSPICIOUS	STATE	HAZARD	PROCEDURE
<input type="checkbox"/> TRAUMA	<input type="checkbox"/> VIOLENT		<input type="checkbox"/> LOCAL/OTHER	<input checked="" type="checkbox"/> SUDDEN/UNEXPECTED	<input type="checkbox"/> UNATTENDED

MEANS OF DEATH (Agency or Object)—IF DEATH OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver	<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Farm Vehicle
	<input type="checkbox"/> Passenger	<input type="checkbox"/> Shoulder Belt Used	<input type="checkbox"/> Non-Highway	<input type="checkbox"/> Truck	<input checked="" type="checkbox"/> Other _____
	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Crash Helmet Worn		<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Motorbike	4 wheeler

IF GUN	<input type="checkbox"/> Rifle—Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblong	LOCATION OF WOUNDS (if no autopsy):		
	<input type="checkbox"/> Handgun—Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stollate	_____ Head	_____ Buttocks	_____ Upper Arms
	<input checked="" type="checkbox"/> Shotgun—Gau. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated	_____ Neck	_____ Thighs	_____ Lower Arms
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> Other _____	_____ Chest	_____ Lower Legs	_____ Hands
				_____ Abdomen	_____ Feet	_____ Other _____

IF INSTRUMENT:	What Kind: _____	TYPE & LOCATION OF INJURIES:
	Blunt _____	
	Sharp _____	_____
	Unknown Kind _____	_____

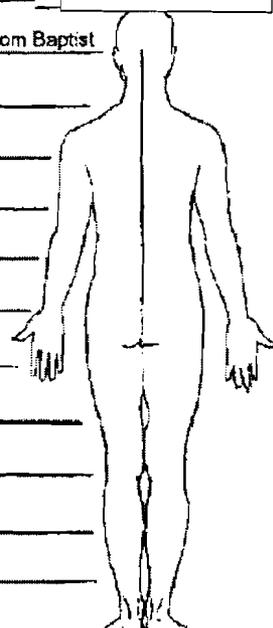
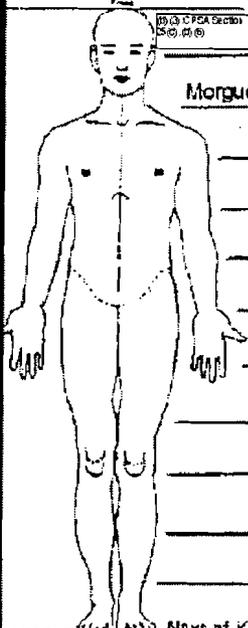
IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol	REMARKS/SYMPTOMS:	<input type="checkbox"/> Ingested	<input type="checkbox"/> Topical
	<input type="checkbox"/> Other Drugs, Chemical or Poison (Specify by Name)		<input type="checkbox"/> Injected	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Unknown	_____	<input type="checkbox"/> Inhaled	<input type="checkbox"/> Unknown
		massive internal trauma		

MEDICAL HISTORY

CONDITION:	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Fractures	DOCTOR: _____
	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	Where treated: _____
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure (specify): _____	Medications: _____
	<input type="checkbox"/> Drug Abuse	Other (specify): _____	
	<input type="checkbox"/> Lung Disease		

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

Arrived on scene. DeSoto Sheriff Dept and Lewisburg EMS and fire on scene. These 2 young ladies, (b) (6) had been riding on a four wheeler, Yamaha rhino special edition 444 in a new subdivision near (b) (6). This is a fairly new area, lots of new homes and several undeveloped lots. (b) (6) was in the Lewisburg EMS unit and (b) (6) had been transported to the ER. Looks like they were riding on a paved street and run into a ditch. (b) (6) was dead on the scene. Both girls parents had gone to the hospital. Talked with (b) (6) mother, and she advised to call Corinthian Funeral Home, Corinth, MS to pick up (b) (6) from Baptist Morgue. At this time, funeral arrangements unknown for (b) (6) don't know who was driving.



Next of Kin _____

Funeral Home: Twin Oaks, Southaven, MS

**Notes on Interview with Father of Victim 1
November 19, 2008**

UTV belongs to Victim 1's family
Purchased new
Only modification was adding a plastic roof on the top bar area
2006 Yamaha Rhino 660
Special edition – blue with chrome wheels and digital speedometer

Girls riding during daylight on level asphalt in subdivision
No helmets
Not sure about seat belts – seat belts were disengaged
Appears that right tire might have run off right edge of road (couple of inches drop)
Appears that driver might have overcorrected getting back on road, causing UTV to flip
Based on injuries, it looks like the UTV might have rolled over Victim 1
Victim 2 might have been ejected (more scratches and abrasions)
Not sure of speed of travel at time (probably 15-20 mph)

1. Task Number 081008HCC3031		2. Investigator's ID 8554		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2007 10 25	5. Date Initiated YR MO DAY 2008 10 09		
6. Synopsis of Accident or Complaint UPC The victim is a 57-year-old male who was riding his 4-wheeled, utility vehicle in the desert at night. The victim was hunting with his son and was returning to camp. The victim and his son drove separately. When the victim did not return to the camp, his son went out to search for him. He found the victim in a sandy desert wash area, pinned underneath his utility vehicle. The victim was alive when his son found him, but later died at the scene. MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>2546</u> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>Jim 5/18/09</i>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City QUEEN VALLEY		9. State AZ
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA VIN# <input type="text"/>		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 57	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 6 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 11/12/2008	25. Reviewed By 9087		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin; Topka, Tanya			28. Source Document Number 0704037535	

This death involved a utility vehicle and a 57-year old man. Information in this report was obtained from local medical examiner personnel and county sheriff's personnel.

The Medical Examiner identified the victim as weighing 220 pounds and being 75-inches tall.

According to the victim's son, he and his father were camping in the desert. They were scouting for deer during the night of 10-25-2007. The victim was traveling in one vehicle while his son was on another vehicle.

It was after 7 p.m. when they decided to return to camp. The father was driving a 4-wheeled utility vehicle, see Sheriff's photos 1 & 2.

This vehicle had a steering wheel and two seats with seat belts. A flat bed area was located behind the seats. A canopy with a roll bar was located above the driver and passenger seats, see photos # 2 - 6.

The son told Deputies that he started traveling in his vehicle towards their camp while his father took a slightly different route. He indicated that his father traveled south along a dry/sandy wash.

Deputies reported that the terrain traveled by the victim consisted of a combination of partially compacted and loose sand. One Deputy indicated that they did not believe the victim was wearing a safety restraint (seat belt).

Deputies identified this sandy wash area as one that was frequented by off-road vehicle enthusiasts. They found multiple vehicle tracks in the area.

When the son arrived back at their camp he did not see his father. The son left their camp and went looking for his father.

He found the victim and the utility vehicle in the dirt wash. The utility vehicle had overturned. His father was trapped under the vehicle.

The son said that he moved the vehicle off of his father. He told deputies that his father was alive at this point and was talking. The son called for help.

Local officials received this call around 7:38 p.m. Fire Department paramedics and Sheriff's personnel responded to the scene. The victim died before a helicopter could arrive at the scene.

Deputies examined the victim's vehicle. The rear passenger side tire was flat. They reported that the headlight switch was in the on position on high beam, that the transmission was in low gear, the differential was not locked in and that the vehicle was in 2 wheel drive. They also determined that the braking system was functioning normally.

Copies of the Sheriff's Reports are attached as exhibit # 2 while Sheriff's photographs are included as exhibit # 3.

A county medical examiner performed an autopsy. He determined that this death was due to multiple blunt force injuries.

The victim's injuries included brain swelling with left transtentorial and bilateral cerebellar tonsillar herniation; fractures of the right clavicle and right lateral 2nd, 3rd and 5th through 8th ribs; multiple pelvic fractures; abrasions and lacerations of the head; and abrasions, contusions and lacerations of the thorax and abdomen.

A copy of the medical examiner's report is attached as exhibit # 1.

PRODUCT IDENTIFICATION

This death involved a 4 wheeled Rhino utility vehicle from Yamaha.

Deputies identified this utility vehicle as a 2007 Yamaha Rhino, with VIN # (b)(3);CPSA Section 25(c),(b)(6)

CONTACTS:

Sheriff &
Medical Examiner personnel

PURPOSE & RESULTS:

Incident scenario & product info

EXHIBITS:

1. MEDICAL EXAMINER REPORTS
2. SHERIFF'S REPORTS
3. SHERIFF'S PHOTOGRAPHS
4. CONTACT SHEET

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

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

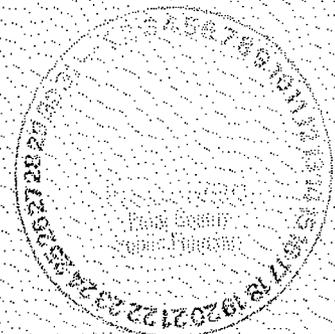
AUTOPSY REPORT

PINAL COUNTY, ARIZONA

PINAL COUNTY SHERIFF'S OFFICE

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

OCTOBER 27, 2007



Handwritten signature or initials in black ink, appearing to be "CA".

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

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

Page 2

Final Diagnoses:

- I. Blunt force injuries, head
 - A. Abrasions and lacerations of the head
 - B. Brain swelling with left transtentorial and bilateral cerebellar tonsillar herniation

- II. Blunt force injuries, thorax and abdomen
 - A. Abrasions, contusions and lacerations of the thorax and abdomen
 - B. Fractures of the right clavicle and right lateral 2nd, 3rd and 5th through 8th ribs
 - C. Multiple pelvic fractures

- III. Blunt force injuries, upper and lower extremities
 - A. Abrasions and contusions of the upper and lower extremities

- IV. Arteriosclerotic cardiovascular disease
 - A. Focal severe coronary artery atherosclerosis

- V. Hypertensive cardiovascular disease
 - A. Left ventricular hypertrophy (heart weight 520 gm)

OPINION:

In consideration of the known circumstances surrounding this death, the available medical history, and the examination of the remains, the cause of death is ascribed to multiple blunt force injuries.

The manner of death is accident.

(b)(6)

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

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

Page 3

DATE OF DEATH: October 25, 2007 **TIME OF DEATH:** 2100 hours

DATE OF AUTOPSY: October 27, 2007 **TIME OF AUTOPSY:** 0800 hours

PLACE OF AUTOPSY: Forensic Science Center
2825 E District Street
Tucson, Arizona 85714

PERFORMED BY:

(b)(6)

WITNESSED BY:

HISTORY:

This 57-year-old man was a driver of an all-terrain vehicle in a sand wash when the all-terrain vehicle overturned, reportedly landing on top of the decedent.

PHOTOGRAPHS:

Photographs are taken during the autopsy by (b)(6)

IDENTIFICATION:

The body is identified by (b)(6) son of the decedent, by visual identification on October 25, 2007.

CLOTHING:

The body is received dressed in:

1. A gray T-shirt.
2. A pair of blue "Hanes" boxer briefs.
3. A pair of white socks.

GENERAL EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished (body mass index of 27.5 kg/m²), adult, White male who weighs 220 pounds, is 75 inches in length, and appears compatible with the reported age of 57 years. The body is cold. Rigor mortis is fully fixed in the muscles of the jaw and extremities. Fixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

HEAD:

The head is normocephalic. The scalp hair is brown/gray, wavy and 3 cm in length over the crown. **EYES:** The irides are brown. The cornea are clouded. The sclerae are white and the

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

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

Page 4

HEAD (Continued):

conjunctivae are clear. No petechial hemorrhages are identified on the sclerae or conjunctivae.

NOSE: The nose is normally formed and the septum is in the midline. **MOUTH:** The anterior teeth are natural and in adequate condition. **EARS:** The ears are unremarkable. **FACE:** The decedent wears a brown/gray mustache.

NECK:

The neck organs are in the normal midline position and appear unremarkable.

CHEST:

The thorax is well developed and symmetrical.

ABDOMEN:

The abdomen is flat.

GENITALIA:

The external genitalia are those of a normal adult male. The testes are bilaterally descended within the scrotum.

ANUS:

The anus is free of lesions.

EXTREMITIES:

UPPER EXTREMITIES: The upper extremities are well developed and symmetrical without absence of digits. The hands have short, dirty, irregularly trimmed fingernails. **LOWER**

EXTREMITIES: The lower extremities are well developed and symmetrical without absence of digits.

BACK:

The spine is normally formed and the surface of the back is free of lesions.

IDENTIFYING MARKS, SCARS AND TATTOOS:

Identifying marks, scars and tattoos include:

1. A (b)(3):CPSA Section 25(c),(b)(6) tattoo on the dorsal surface of the right forearm.
2. A 12 cm curvilinear scar on the anterior right shoulder.

EVIDENCE OF MEDICAL INTERVENTION:

Evidence of medical intervention includes:

1. An oral airway.
2. Two electrocardiograph patches on the chest and abdomen.

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

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

Page 5

EVIDENCE OF INJURY:

I. Blunt Force Injuries, Head:

On the bridge of the nose is a 3 x 0.7 cm dried red abrasion. On the frontal scalp is a 1.5 x 1.3 cm dried red abrasion. On the left frontal scalp is a 0.5 x 0.7 cm dried red abrasion. On the superior frontal scalp is a 3 x 2 cm dried red abrasion. On the right parietal scalp is a 2 x 0.5 cm laceration. On the chin is a 2 x 1.3 cm dried red abrasion. On the chin is a 2 x 0.3 cm laceration. On the chin is a 1 x 0.6 cm dried red abrasion.

Reflection of the scalp shows diffuse subscalp and subperiosteal hemorrhage over the frontal and bilateral parietal bones. The scalp is edematous. The skull is of normal thickness and without fracture. The brain weighs 1670 grams. The dura mater and falx cerebri are intact, and not adherent to the brain. The leptomeninges are edematous. There is no epidural, subdural or subarachnoid hemorrhage. The cerebral hemispheres are edematous with widening of the gyri and narrowing of the sulci. There is left transtentorial herniation and bilateral cerebellar tonsillar herniation. The cranial nerves and blood vessels are free of abnormality. Sections through the brain reveal no contusions, hemorrhage or mass lesions within the cerebral hemispheres, brain stem or cerebellum. The cerebral ventricles are slightly narrowed.

II. Blunt Force Injuries, Thorax and Abdomen:

On the left lateral chest is an 11 x 4 cm purple contusion. On the right lateral chest is a 5 x 2.5 cm dried red abrasion. On the right axilla is a 2 x 1 cm dried red abrasion. On the right anterolateral chest is a 4.5 x 1 cm dried red abrasion. On the right mid anterolateral chest is a 7.5 x 3 cm purple contusion. On the right lateral abdomen are numerous irregular dried red abrasions that range in size from 9 x 3.5 cm to 2 x 0.3 cm, consistent with a "brush burn" abrasion. On the right lower abdomen is a 1 x 0.5 cm laceration. On the right lower abdomen is a 0.5 x 0.6 cm laceration.

Internal examination of the thoracic cavity shows fractures of the right clavicle and right lateral 2nd, 3rd and 5th through 8th ribs.

Internal examination of the abdominal cavity shows multiple pelvic fractures with mucosal bladder lacerations with hemorrhage into the bladder.

III. Blunt Force Injuries, Upper Extremities:

On the right elbow is a 4 x 1.5 cm dried red abrasion. On the right posterior upper arm are numerous irregular dried red abrasions that range in size from 1 x 0.5 cm to 0.3 x 0.3 cm. On the posterior surface of the right hand is a 3.5 x 2.5 cm dried red abrasion. On the posterior left upper extremity is a 5 x 1.5 cm dried red abrasion. On the lateral left elbow is an 8 x 0.7 cm dried red abrasion.

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

மது CPSA Section 25, 26, 27

Page 6

IV. Blunt Force Injuries. Lower Extremities:

On the left anteromedial thigh is a 6 x 3 cm purple contusion. On the skin overlying the left tibia is a 3 x 2.5 cm dried red abrasion. On the right anterior thigh is a 12 x 4 cm dried red abrasion surrounded by a purple contusion. On the skin overlying the right tibia is a 4.5 x 2 cm dried red abrasion.

GENERAL INTERNAL EXAMINATION:

The body is opened with a routine thoracoabdominal incision. The skeletal muscle has a dark red-brown color and a normal smooth texture.

BODY CAVITIES:

No adhesions or abnormal collections of fluid are in the pleural spaces or peritoneal cavity. All body organs are in normal and anatomic position. The serous surfaces and pericardium are smooth and glistening.

CARDIOVASCULAR SYSTEM:

HEART: The heart weighs 520 grams. The coronary arteries arise normally and follow the distribution of a right dominant pattern with focal severe atherosclerosis of the left anterior descending coronary artery. No thrombosis, plaque hemorrhage, or dissection is within the atherosclerotic segment. The chambers are not dilated. The chambers and valves are proportionate. The valves are normally formed, thin and pliable and free of vegetations and degenerative changes. The following circumferential valve measurements are obtained: tricuspid valve, 14 cm; pulmonic valve, 9 cm; mitral valve, 13 cm; and aortic valve, 9 cm. The myocardium is dark red-brown, firm, and free of fibrosis, erythema, pallor and softening. The atrial and ventricular septa are intact and the septum and free walls are free of muscular bulges. The left ventricle measures 1.6 cm and the right ventricle measures 0.8 cm in thickness as measured 1 cm below the respective atrioventricular valve annulus. The interventricular septum measures 1.6 cm in thickness. **AORTA:** The aorta and its major branches arise normally and follow the usual course, with no significant aortic atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM:

The right and left lungs weigh 760 and 780 grams, respectively. The upper and lower airways are unobstructed and the mucosal surfaces are smooth and yellow-tan. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is dark red-purple and free of consolidation and masses. The cut surfaces of the lungs exude moderate amounts of blood and frothy fluid. The pulmonary arteries are normally developed and unremarkable.

LIVER AND BILIARY SYSTEM:

LIVER: The liver weighs 2110 grams. The hepatic capsule is smooth, glistening, and intact.

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

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

Page 7

LIVER AND BILIARY SYSTEM (Continued):

covering a pale brown parenchyma. **GALLBLADDER:** A thin-walled gallbladder contains green watery bile without stones.

PANCREAS:

The pancreas has a normal size, shape, position, and tan lobulated appearance.

ADRENAL GLANDS:

The adrenal glands have normal cut surfaces with yellow cortex and brown medulla.

SPLEEN:

The spleen weighs 150 grams and has a smooth intact capsule covering a red-purple moderately firm parenchyma.

GASTROINTESTINAL TRACT:

ESOPHAGUS: The esophagus is lined by a gray-white smooth mucosa. **STOMACH:** The gastroesophageal junction is unremarkable. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 75 ml of partially digested food fragments. **SMALL AND LARGE INTESTINES:** The small bowel has uniform dimension and appears unremarkable. The vermiform appendix is present. The colon has uniform dimension and appears unremarkable. There are no diverticula or externally obvious masses.

GENITOURINARY TRACT:

The right and left kidneys weigh 190 and 170 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm cortical surfaces. The cortices are of normal thickness and delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. The urinary bladder contains red, hemorrhagic urine. The non-injured bladder mucosa is gray-tan and smooth. The prostate has a tan cut surface and is not enlarged. The testicles are of normal size, shape and position with tan homogeneous cut surfaces.

NECK:

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid and thyroid cartilage are intact. The laryngeal mucosa is unremarkable. The thyroid gland is of normal position, size and texture.

HEAD:

See "EVIDENCE OF INJURY".

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

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

Page 8

MUSCULOSKELETAL SYSTEM:

The bony framework, supporting musculature, and soft tissues are not unusual except as previously described. The cervical spinal column is stable on internal palpation.

SPECIMENS:

At the time of autopsy, vitreous, heart blood and urine are retained.

HISTOLOGY

No histologic sections were taken for microscopic examination.

TOXICOLOGY

See separate toxicology report.

10/14/2008
13:17

PINAL COUNTY SHERIFF'S OFFICE
LAW Incident Table:

259
Page: 1

Incident Number: 071025155

Nature: PI ACCIDENT

Case Number:

Image:

Addr:

Area: F

City: QUEEN VALLEY St: AZ Zip: 85219

Contact: 10-5 (b)(6)

Complainant: 3195737

Lst: (b)(6)

DOB: (b)(6)

SSN: (b)(6)

Adr: (b)(6)

Rac: W Sx: M Tel: (b)(6)

Offense Codes: 4307 3416

Reported: 3416 Observed: 4307

Circumstances: LT10

Rspndg Officers: QVFD

Rspnsbl Officer: (b)(6)

Agency: PCSO

CAD Call ID: C419466

Received By: (b)(6)

Last RadLog: 01:05:48 10/26/2007 98

How Received: T TELEPHONE

Clearance: CLO CLOSED

When Reported: 19:38:43 10/25/2007

Disposition: CLO Disp Date: 12/07/2007

Occurrd between: 19:38:43 10/25/2007

Judicial Sts:

and: 19:38:43 10/25/2007

Misc Entry:

MO:

Narrative: (See below)

Supplement: (See below)

(See below)

&

INVOLVEMENTS:

Type	Record #	Date	Description	Relationship
NM	3195734	/ /	(b)(3) CPCA Section 25(c), (b)(6)	VICTIM/DECEASED
NM	3195736	/ /	(b)(3) CPCA Section 25(c), (b)(6)	SUBJECT/NEXT OF KIN
NM	3195737	/ /	(b)(3) CPCA Section 25(c), (b)(6)	SUBJECT/SON
NM	3195737	/ /	(b)(3) CPCA Section 25(c), (b)(6)	*Complainant
VH	117077	/ /	(b)(3) CPCA Section 25(c), (b)(6)	ATV VEHICLE
MI	3556	/ /	EXTRA CD PHOTOS IN FILE	EX CD PHOTOS
CA	C419466	10/25/2007	19:38 10/25/2007 PI ACCIDENT	*Initiating Call
PR	176434	/ /	FILM DIGITAL D \$0	CASE PHOTOS
DS	30152	/ /	US CONSUMER PRODUCT SAFE	RECEIVED
DS	27002	/ /	CHOICEPOINT	RECEIVED
DS	25308	/ /	ADOT	RECEIVED
DS	23599	/ /	(b)(6)	RECEIVED

LAW Incident Offenses Detail:

Offense Codes

Seq Code	Amount
1 4307 Death Invest:Accidental	0.00
2 3416 ACCIDENT INJURY VEHICLES	0.00

LAW Incident Circumstances:

Contributing Circumstances

Seq	Code	Comments
1	LT10 FIELD/WOODS	

LAW Incident Responders Detail
Responding Officers

Seq	Name	Unit
1	QVFD	QVFD
2	(b)(6)	
3		

Main Radio Log Table:

Time/Date	Typ	Unit	Code	Zone	Agnc	Description
01:05:48 10/26/2007	1	QVFD	98	F	PCSO	incid#=071025155 ASSIGNMENT CO
00:53:05 10/26/2007	1	443	CMPLT	F	PCSO	incid#=071025155 COMPLETED CAL
00:52:36 10/26/2007	1	339	CMPLT	F	PCSO	incid#=071025155 COMPLETED CAL
00:33:45 10/26/2007	1	339	C20	F	PCSO	incid#=071025155 C4 JUST ABOUT
00:33:45 10/26/2007	1	339	C20	F	PCSO	+ 2101
00:33:45 10/26/2007	1	443	C20	F	PCSO	incid#=071025155 C4 JUST ABOUT
00:33:45 10/26/2007	1	443	C20	F	PCSO	+ 2101
22:40:36 10/25/2007	1	443	28	F	PCSO	pl=MCZ5ZW
22:00:09 10/25/2007	1	443	I	F	PCSO	incid#=071025155 ALSO HAVE ME
21:59:59 10/25/2007	1	443	I	F	PCSO	incid#=071025155 HAVE SW TOWIN
21:59:59 10/25/2007	1	443	I	F	PCSO	+ H call=2101
21:59:39 10/25/2007	1	443	ARRVD	F	PCSO	incid#=071025155 ARRIVED AT SC
21:28:30 10/25/2007	1	339	ENRT	F	PCSO	incid#=071025155 ENROUTE call=
21:19:45 10/25/2007	1	443	CMPLT	F	PCSO	incid#=071025155 Reassigned to
21:14:13 10/25/2007	1	443	ARRVD	F	PCSO	incid#=071025155 ARRIVED AT SC
21:03:44 10/25/2007	1	QVFD	I	F	PCSO	incid#=071025155 THIS PATIENT
20:54:05 10/25/2007	1	443	I	F	PCSO	incid#=071025155 LET HOMICIDE
20:53:55 10/25/2007	1	QVFD	I	F	PCSO	incid#=071025155 ... LOOKS LIKE
20:43:26 10/25/2007	1	443	ENRT	F	PCSO	incid#=071025155 ENROUTE call=
20:31:04 10/25/2007	1	QVFD	I	F	PCSO	incid#=071025155 WE ARE ON SCE
20:31:04 10/25/2007	1	QVFD	I	F	PCSO	+ EA call=2101
20:25:55 10/25/2007	1	QVFD	I	F	PCSO	incid#=071025155 ... GPS ... N33
20:25:25 10/25/2007	1	QVFD	ARRVD	F	PCSO	incid#=071025155 ... GPS ... N33
20:25:11 10/25/2007	1	QVFD	ARRVD	F	PCSO	incid#=071025155 ... GPS ... N33
20:15:05 10/25/2007	1	QVFD	ENRT	F	PCSO	incid#=071025155 ENROUTE call=

Narrative:

DR#: 071025155

WRITTEN BY:
 APPROVED BY:
 ENTERED BY:
 DATE ENTERED:

(b)(6)

Fri Dec 14 15:28:46 MST 2007

CASE TYPE: DEATH INVESTIGATION

ATTACHMENTS: TOW SHEET

EVIDENCE LIST: NONE

SUBPOENA LIST: NONE

PROPERTY TAKEN: NONE

VEHICLE: 2007 YAMAHA RHINO ATV, AZ. M/C Z5ZW

SYNOPSIS: ON 10-25-07, (b)(6) WAS KILLED WHILE RIDING HIS ATV IN THE DESERT OFF OF FOREST SERVICE ROAD 172. CASE TURNED OVER TO (b)(6) AS IT DID NOT MEET THE CRITERIA FOR THE PCSO C.A.R.T. INVESTIGATORS.

NARRATIVE: ON 10-25-07, AT APPROX. 1940 HRS., I WAS NOTIFIED BY DISPATCH OF AN ATV ACCIDENT IN THE QUEEN VALLEY AREA. I WAS INFORMED THAT QUEEN VALLEY FIRE WAS ENROUTE. AT APPROX. 2010 HRS., I WAS INFORMED THAT QUEEN VALLEY FIRE WAS WORKING THE PATIENT, HAD A HELICOPTER INBOUND AND WAS REQUESTING ASSISTANCE. WHILE I WAS ENROUTE TO THE SCENE QUEEN VALLEY FIRE REPORTED THAT THE PATIENT WAS DECEASED.

ON MY ARRIVAL AT THE SCENE I SPOKE TO CECIL FENDLEY, QVFD CHIEF. HE POINTED OUT THE VICTIM'S SON, (b)(6) AND TOLD ME THAT MATTHEW HAD FOUND HIS FATHER, (b)(6) TRAPPED UNDER HIS ATV AND HAD CALLED FOR HELP. CHIEF (b)(6) ALSO TOLD ME THAT THERE HAD BEEN SEVERAL ATVS THROUGH THE AREA/SCENE PRIOR TO MY ARRIVAL. THERE WAS NO FURTHER TRAFFIC THROUGH THE SCENE UNTIL CPL (b)(6) RELEASED THE ATV TO THE TOW COMPANY.

I SPOKE TO (b)(6) AND HE TOLD ME THAT HE, AND HIS FATHER, HAD BEEN SCOUTING IN THE AREA. WHEN THEY HEADED BACK TO CAMP, (b)(6) HAD TRAVELLED FR 172 AND (b)(6) HAD TURNED OFF, SOUTH, INTO THE WASH. WHEN (b)(6) DIDN'T ARRIVE IN CAMP, (b)(6) WENT LOOKING FOR HIM. HE SAID THAT HE FOUND HIS FATHER HAD OVERTURNED HIS ATV AND WAS TRAPPED BENEATH IT. (b)(6) PUSHED THE ATV OFF OF (b)(6) AND CALLED FOR HELP.

I RECORDED (b)(6) PERSON INFO AND SENT (b)(6) HOME TO BE

WITH FAMILY.

I REQUESTED THAT HOMICIDE BE CALLED TO THE SCENE AND WAS INFORMED THAT CPL [REDACTED] WAS ENROUTE. I ALSO REQUESTED SOUTHWEST TOWING BE DISPATCHED TO RECOVER THE ATV, AND THAT THE MEDICAL EXAMINER BE CONTACTED FOR TRANSPORT OF THE VICTIM.

AT THE SCENE I NOTED THAT THE GROUND SURFACE CONSISTED OF A COMBINATION OF PARTIALLY COMPACTED AND LOOSE SAND. THE TIRE PRINTS THAT WERE DISCERNIBLE INDICATED THAT THE WASH WAS HEAVILY USED BY OFF ROAD ENTHUSIASTS. [REDACTED] [REDACTED] ATV WAS SITTING UPRIGHT, FACING NORTH, ON THE EASTERN SIDE OF THE WASH. THE RIGHT REAR TIRE WAS FLAT AND I NOTED A DENT IN THE RIM OF THE WHEEL. THE DRIVER SIDE DOOR PANEL WAS BENT ENOUGH TO PREVENT OPENING. THERE WERE NUMEROUS SCRATCHES ON THE ATV CONSISTENT WITH NORMAL WEAR AND TEAR IN THE OFF ROAD ENVIRONMENT, HOWEVER I NOTED SOME DEEPER GOUGES, ON THE TOP OF THE ROOF NEAR THE EDGE ON THE PASSENGER SIDE, THAT APPEARED TO HAVE BEEN CAUSED BY A HARDER IMPACT THAN THE OTHER MARKS. THIS INDICATES THAT THE ATV MAY HAVE TURNED OVER COMPLETELY AT SOME TIME IN ITS SERVICE LIFE. SEE [REDACTED] SUPPLEMENT FOR FURTHER SCENE DESCRIPTION/PHOTOS.

ON [REDACTED] ARRIVAL I TURNED THE SCENE OVER TO HIM. SOUTHWEST TOWING ARRIVED AND RECOVERED THE ATV. THIS CONCLUDED MY INVOLVEMENT WITH THIS CASE

CASE STATUS: TOT INVESTIGATIONS

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
1 (b)(6)	15:49:16 10/30/2007	
071025155	SUPPLEMENT	(b)(6)
ENTERED: 10/30/07		WRITTEN BY: (b)(6)
		ENTERED BY:

APPROVED BY: HOMICIDE (b)(6)
 DATE APPROVED: 10/30/07
 10-26-2007

INCIDENT: SUPPLEMENTAL REPORT FOR A DEATH INVESTIGATION.

ATTACHMENTS: NONE THIS SUPPLEMENT.

VICTIM: (b)(6) PERSON NUMBER #.

SUSPECT: NONE THIS SUPPLEMENT.

SUBJECT: (b)(6) PERSON NUMBER #.

SUBJECT: (b)(6) PERSON NUMBER #.

SURFGENA LIST: NONE THIS SUPPLEMENT.

PROPERTY TAKEN: NONE THIS SUPPLEMENT.

VEHICLE: ONE, 2007 YAMAHA ALL TERRAIN VEHICLE, BEARING VEHICLE IDENTIFICATION NUMBER (b)(6) AND ARIZONA LICENSE PLATE NUMBER (b)(6) EXPIRING 08-31-2008, GREEN IN COLOR.

EVIDENCE LIST: NONE THIS SUPPLEMENT.

SYNOPSIS: ON THURSDAY, OCTOBER 25, 2007 (b)(6) WAS RIDING A YAMAHA ALL TERRAIN VEHICLE OFF FOREST SERVICE ROAD NUMBER #172 IN PINAL COUNTY OUTSIDE THE TOWN OF QUEEN VALLEY ARIZONA IN AN AREA WITH GLOBAL POSITIONING SYSTEM READING 33 DEGREE, 20 MINUTES AND 14.4 SECONDS NORTH AND 111 DEGREES, 13 MINUTES AND 41.2 SECONDS WEST. (b)(6) WAS EJECTED FROM THE VEHICLE AND THE VEHICLE ROLLED ON TOP OF HIM CAUSING HIS DEATH. (b)(6) WAS TRANSPORTED TO THE PIMA COUNTY MEDICAL EXAMINERS OFFICE, FORENSIC SCIENCE CENTER IN TUCSON ARIZONA 85714 FOR AUTOPSY.

NARRATIVE: ON THURSDAY, OCTOBER 25, 2007 (b)(6) WAS RIDING A YAMAHA ALL TERRAIN VEHICLE OFF FOREST SERVICE ROAD NUMBER #172 IN PINAL COUNTY OUTSIDE THE TOWN OF QUEEN VALLEY ARIZONA IN AN AREA WITH GLOBAL POSITIONING SYSTEM READING 33 DEGREE, 20 MINUTES AND 14.4 SECONDS NORTH AND 111 DEGREES, 13 MINUTES AND 41.2 SECONDS WEST. (b)(6) WAS EJECTED FROM THE VEHICLE AND THE VEHICLE ROLLED ON TOP OF HIM CAUSING HIS DEATH. AT ABOUT 2100 HOURS, I WAS ADVISED OF HIS INCIDENT BY THE OFFICE OF THE PINAL COUNTY SHERIFF COMMUNICATION CENTER. (b)(6) WAS ON SCENE AND REQUESTING MY RESPONSE. (b)(6) WAS NOTIFIED.

AT ABOUT 2127 HOURS, I DEPARTED MY RESIDENCE IN ROUTE TO QUEEN VALLEY, ARIZONA ARRIVING AT ABOUT 2225 HOURS. THE SCENE WAS LOCATED ABOUT 1.0 MILES NORTH OF THE INTERSECTION OF INTERSTATE HIGHWAY NUMBER #60 AND QUEEN VALLEY ROAD, THEN ABOUT 3.0 MILES NORTHEAST ON HEWITT STATION ROAD, THEN 4.4 MILES NORTHEAST ON FOREST SERVICE ROAD NUMBER #172 AND 0.3 MILE SOUTHWEST DOWN A SANDY WASH. THIS AREA IS UNINHABITED, UNDEVELOPED WILDERNESS. UPON ARRIVAL AT THE SCENE, I MET WITH [REDACTED] AND QUEEN VALLEY FIRE [REDACTED] ACCORDING TO [REDACTED] WAS SCOUTING FOR DEER FOR A HUNT THAT WAS STARTING ON FRIDAY, OCTOBER 26, 2007. [REDACTED] WAS FOUND IN THE SAND WASH WITH THE ALL TERRAIN VEHICLE ON TOP OF HIM BY HIS SON [REDACTED] ALLEGEDLY, [REDACTED] GOT THE ALL TERRAIN VEHICLE UP RIGHT OFF [REDACTED] WHO WAS STILL BREATHING AND TALKING AT THAT TIME. QUEEN VALLEY FIRE DEPARTMENT WAS NOTIFIED AND RESPONDED TO THE SCENE, AN AIR AMBULANCE RESPONDED TO THE SCENE AND THE FLIGHT NURSE FOR THE AIR AMBULANCE PRONOUNCED [REDACTED] DEAD AT ABOUT 2100 HOURS PER DIRECTIONS OF AN UNIDENTIFIED DOCTOR FROM THE MARICOPA COUNTY MEDICAL CENTER IN PHOENIX ARIZONA. THE AIR AMBULANCE HAD ALREADY DEPARTED THE SCENE PRIOR TO MY ARRIVAL, AS DID [REDACTED] AND THE FIRE RESCUE UNIT FROM THE QUEEN VALLEY FIRE DEPARTMENT THAT I PASSED ON MY WAY TO THE SCENE.

THE OFFICE OF THE PINAL COUNTY MEDICAL EXAMINER, MEDICAL INVESTIGATION [REDACTED] WAS NOTIFIED OF THE INCIDENT AND THAT DUE TO THE WILDERNESS AREA WE WOULD MEET THE MORTUARY TRANSPORTATION COMPANY AT THE INTERSECTION OF QUEEN VALLEY ROAD AND INTERSTATE HIGHWAY NUMBER #60. A FOUR WHEEL DRIVE TOW TRUCK WAS REQUESTED FROM SOUTHWEST TOWING LOCATED AT 840 EAST HIGHWAY NUMBER #60 IN SUPERIOR ARIZONA TO REMOVE THE ALL TERRAIN VEHICLE. SOUTHWEST TOWING ARRIVED TAKING CUSTODY OF THE 2007 YAMAHA ALL TERRAIN VEHICLE, BEARING VEHICLE IDENTIFICATION NUMBER [REDACTED] AND ARIZONA LICENSE PLATE NUMBER [REDACTED] EXPIRING 08-31-2008, GREEN IN COLOR AND REMOVING IT TO THEIR STORAGE YARD. FIRE [REDACTED] DEPARTED THE SCENE WITH SOUTHWEST TOWING.

PRIOR TO THE ARRIVAL OF SOUTHWEST TOWING, I TOOK PICTURES WITH MY ISSUED DIGITAL CAMERA OF THE AREA, VEHICLE AND [REDACTED] AFTER THE DEPARTURE OF SOUTHWEST TOWING, I TOOK ADDITIONAL PICTURES OF [REDACTED] UPON MY ARRIVAL, THE VEHICLE WAS FACING IN A SOUTHWEST DIRECTION AND [REDACTED] WAS ON HIS BACK BY THE DRIVERS SIDE OF THE VEHICLE COVERED WITH A YELLOW IN COLOR PLASTIC EMERGENCY BLANKET WITH HIS HEAD POINTING IN A NORTHEAST DIRECTION. [REDACTED] WAS DRESSED IN BLUE IN COLOR UNDERWEAR, GRAY IN COLOR SOCKS AND A GRAY IN COLOR T-SHIRT STYLE SHIRT, WHICH WAS CUT FROM THE FRONT FOR LIFE SAVING MEASURES. THERE WAS MEDICAL TREATMENT EQUIPMENT DISCONNECTED BUT STILL ATTACHED TO HIS BODY. FIRE [REDACTED] STATED THE SHOES AND PANTS WORN BY [REDACTED] WERE REMOVED FOR LIFE SAVING MEASURES. [REDACTED] HAD WHAT APPEARED TO BE ABRASIONS AND DISCOLORATION TO THE RIB CAGE/ABDOMEN AREA OF THE RIGHT SIDE. [REDACTED] ALSO HAD WHAT APPEARED TO BE BLEEDING FROM LACERATIONS TO THE FOREHEAD, NOSE, CHIN AREAS AND PELVIC AREA OF THE RIGHT SIDE. RIGOR MORTIS WAS PRESENT AND LIVIDITY WAS CONSENTIENT WITH THE POSITION OF [REDACTED]

DUE TO THE SANDY CONDITIONS AND TRAFFIC THROUGH THE AREA PRIOR TO MY ARRIVAL THE DIRECTION OF TRAVEL FOR THE VEHICLE AND THE FIRST SIGNIFICANT INCIDENT THAT CAUSED THE ACCIDENT COULD NOT BE DETERMINED AT THE SCENE. IT IS BELIEVED THAT [REDACTED] WAS NOT WEARING A RESTRAINT DEVICE AT THE TIME OF THE ACCIDENT.

WITH ASSISTANCE FROM [REDACTED] I PLACED [REDACTED] IN A BLUE

IN COLOR BODY TRANSPORTATION BAG THAT I PROVIDED AND I SEALED WITH SEAL NUMBER [REDACTED] AT ABOUT 2340 HOURS. [REDACTED] AND I PLACED [REDACTED] IN THE BLUE IN COLOR BODY TRANSPORTATION BAG IN THE BACK OF [REDACTED] COUNTY ISSUED PICK UP TRUCK FOR TRANSPORTATION TO THE INTERSECTION OF QUEEN VALLEY ROAD AND INTERSTATE HIGHWAY NUMBER #60. WE DEPARTED THE SCENE AT ABOUT 2159 HOURS.

ON FRIDAY, OCTOBER 26, 2007 AT ABOUT 0050 HOURS, [REDACTED] WAS TURNED OVER TO THE ANGELS IN WAITING MORTUARY TRANSPORTATION COMPANY AND THEY DEPARTED WITH [REDACTED] IN ROUTE TO THE PIMA COUNTY MEDICAL EXAMINERS OFFICE, FORENSIC SCIENCE CENTER IN TUCSON ARIZONA 85714 FOR AUTOPSY.

AT ABOUT 0104 HOURS, I ARRIVED AT THE OFFICE OF THE PINAL COUNTY SHERIFF, SUBSTATION IN GOLD CANYON ARIZONA AND TELEPHONED [REDACTED] EXPLAINING THE PROCESS IN THIS TYPE OF INVESTIGATION AND HOW TO RECOVER [REDACTED] AFTER THE AUTOPSY WAS COMPLETED. I PROVIDED [REDACTED] WITH MY CONTACT INFORMATION ALONG WITH THE INFORMATION FOR THE PIMA COUNTY MEDICAL EXAMINER OFFICE, FORENSIC SCIENCE CENTER IN TUCSON ARIZONA. I DEPARTED THE OFFICE OF THE PINAL COUNTY SHERIFF, SUBSTATION IN GOLD CANYON ARIZONA AT ABOUT 0215 HOURS.

AT ABOUT 1130 HOURS, I RECEIVED A TELEPHONE CALL FROM DEPUTY [REDACTED] STATING THE ONLY DEFECT HE FOUND DURING HIS INSPECTION OF THE 2007 YAMAHA ALL TERRAIN VEHICLE, BEARING VEHICLE IDENTIFICATION NUMBER [REDACTED] AND ARIZONA LICENSE PLATE NUMBER [REDACTED] EXPIRING 08-31-2008 WAS A FLAT REAR PASSENGER SIDE TIRE CAUSED FROM THE ACCIDENT.

CONCLUSION: CONTINUED INVESTIGATION OF THIS INCIDENT IS AWAITING THE MEDICAL EXAMINERS REPORT.

CASE STATUS: OPEN.

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
2. (b)(6)	15:52:47 10/30/2007	
071025155	SUPPLEMENT	(b)(6)
ENTERED: 10/30/07		WRITTEN BY: (b)(6) ENTERED BY: (b)(6)
APPROVED BY: (b)(6)		
DATE APPROVED: 10/30/07		
10-30-2007		
INCIDENT: SUPPLEMENTAL REPORT FOR A DEATH INVESTIGATION.		
ATTACHMENTS: NONE THIS SUPPLEMENT.		
VICTIM: (b)(6) C.F.S.A. Section 25(4), (b)(6)	PERSON NUMBER	(b)(6) C.F.S.A. Section 25(4), (b)(6)
SUSPECT: NONE THIS SUPPLEMENT.		
SUBJECT: (b)(6)	PERSON NUMBER	(b)(6)
SUBPOENA LIST: NONE THIS SUPPLEMENT.		
PROPERTY TAKEN:		
1. ONE, BROWN IN COLOR MANS WALLE'T.		
2. ONE, TWENTY-DOLLAR BILL IN UNITED STATES CURRENCY, SERIAL NUMBER #EA61890450E.		
3. ONE, CHASE CHECK CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6)		
4. ONE, WACHOVIA MASTER CARD N7UMBER (b)(6) C.F.S.A. Section 25(4), (b)(6)		
5. ONE, BANK ONE ATM CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6)		
6. ONE, SOCIAL SECURITY CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6)		
VEHICLE: ONE, 2007 YAMAHA ALL TERRAIN VEHICLE, BEARING VEHICLE IDENTIFICATION NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) AND ARIZONA LICENSE PLATE NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) EXPIRING 08-31-2008, GREEN IN COLOR.		
EVIDENCE LIST: NONE THIS SUPPLEMENT.		
SYNOPSIS: ON MONDAY, OCTOBER 29, 2007, I TURNED ONE BROWN IN COLOR MANS WALLE'T ALONG WITH ONE TWENTY DOLLAR BILL IN UNITED STATES CURRENCY SERIAL NUMBER #EA61890450E, ONE CHASE CHECK CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) ONE WACHOVIA MASTER CARD N7UMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) ONE BANK ONE ATM CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) AND ONE SOCIAL SECURITY CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) ISSUED TO (b)(6) C.F.S.A. Section 25(4), (b)(6) OVER TO (b)(6) C.F.S.A. Section 25(4), (b)(6)		
NARRATIVE: ON MONDAY, OCTOBER 29, 2007, I TURNED ONE BROWN IN COLOR MANS WALLE'T ALONG WITH ONE TWENTY DOLLAR BILL IN UNITED STATES CURRENCY SERIAL NUMBER #EA61890450E, ONE CHASE CHECK CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) ONE WACHOVIA MASTER CARD N7UMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) ONE BANK ONE ATM CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) AND ONE SOCIAL SECURITY CARD NUMBER (b)(6) C.F.S.A. Section 25(4), (b)(6) ISSUED TO (b)(6) C.F.S.A. Section 25(4), (b)(6) OVER TO (b)(6) C.F.S.A. Section 25(4), (b)(6) SIGNED FOR THE ITEMS AT ABOUT 0935 HOURS.		
ON TUESDAY, OCTOBER 30, 2007, I RECEIVED A TELEPHONE CALL FROM SOUTHWEST TOWING		

IN SUPERIOR ARIZONA REFERENCE THE 2007 YAMAHA ALL TERRAIN VEHICLE, BEARING VEHICLE IDENTIFICATION NUMBER [REDACTED] AND ARIZONA LICENSE PLATE NUMBER [REDACTED] EXPIRING 08-31-2008, GREEN IN COLOR. I ADVISED SOUTHWEST TOWING THAT, THIS VEHICLE WAS ELIGIBLE FOR RELEASE AND THE OFFICE OF THE PINAL COUNTY SHERIFF DID NOT HAVE A HOLD ON THIS VEHICLE.

CONCLUSION: CONTINUED INVESTIGATION OF THIS INCIDENT IS AWAITING THE MEDICAL EXAMINERS REPORT.

CASE STATUS: OPEN.

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
3 (b)(6)	11:08:02 11/06/2007	
071024155	SUPPLEMENT	(b)(6)
ENTERED: 11/06/07		WRITTEN BY: (b)(6) ENTERED BY: (b)(6)
APPROVED BY:	(b)(6)	
DATE APPROVED:	11/06/07	

NARRATIVE:

ON 10-26-07 I RECEIVED A REQUEST FROM (b)(6) TO ASSIST IN A DEATH INVESTIGATION. HE REQUESTED THAT I CONDUCT A POST ACCIDENT INSPECTION OF A VEHICLE INVOLVED IN AN INVESTIGATION. ACCORDING TO DETECTIVE BARTON THE VEHICLE HAD BEEN REMOVED AND WAS PLACED IN SOUTHWEST TOWING SECURED YARD IN SUPERIOR. HE FURTHER PROVIDED ME WITH THE FOLLOWING VEHICLE INFORMATION 2008 YAMAHA ATV BEARING AZ LIC (b)(6) WITH VIN (b)(6)

UPON MY ARRIVAL AT SOUTHWEST TOWING IN SUPERIOR AT APPROXIMATELY 1036 HRS ON 10-26-07 I MET WITH THE OWNER (b)(6) PROVIDED ME ACCESS TO THE IMPOUNDED VEHICLE. THE VEHICLE WAS A 2008 YAMAHA RHINO 660 GREEN IN COLOR I VERIFIED THE VIN NUMBER TO THE ONE DETECTIVE (b)(6) PROVIDED. ON INITIAL WALK AROUND THE VEHICLE I OBSERVED THAT THE RIGHT REAR TIRE WAS FLAT AND THE RIM DAMAGED. THERE WAS NO OTHER VISIBLE DAMAGE TO THE VEHICLE.

UPON CLOSER EXAMINATION I OBSERVED THE PASSENGER SEAT BELT WAS FASTENED, THE DRIVER SIDE WAS NOT. A BASIC FUNCTION CHECK SHOWED THE SEAT BELT WAS FUNCTIONING PROPERLY AND HAD NO SIGNS OF DAMAGE. THE HEADLIGHT SWITCH WAS IN THE ON POSITION ON HIGH BEAMS AND WERE BOTH WORKING. THE VEHICLE TRANSMISSION WAS IN GEAR LOW RANGE, THE DIFFERENTIAL WAS NOT LOCKED IN. THE VEHICLE WAS IN 2 WHEEL DRIVE. I ALSO STARTED THE VEHICLE AND CONDUCTED A BRAKE CHECK WITH ALL BRAKES FUNCTIONING NORMAL. I FURTHER CONDUCTED A VISUAL INSPECTION OF THE UNDERCARRAGE AND SUSPENSION SYSTEMS FOR THE VEHICLE AND FOUND NO OBVIOUS DAMAGE OR MISSING PARTS.

AFTER COMPLETEING THE INSPECTION I CONTACTED DETECTIVE (b)(6) AND ADVISED HIM OF THE INSPECTION RESULTS AND THE VEHICLE WAS LEFT WITH SOUTHWEST TOWING.

CASE STATUS:
PENDING

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
4 (b)(6)	10:10:42 12/10/2007	
071025155	SUPPLEMENT	
ENTERED: 12/10/07		WRITTEN BY: [REDACTED] ENTERED BY: [REDACTED]

APPROVED BY: [REDACTED]
 DATE APPROVED: 12/07/07
 12-07-2007

INCIDENT: SUPPLEMENTAL REPORT FOR A DEATH INVESTIGATION.

ATTACHMENTS: NONE THIS SUPPLEMENT.

VICTIM: [REDACTED], PERSON NUMBER [REDACTED]

SUSPECT: NONE THIS SUPPLEMENT.

SUBJECT: [REDACTED] PERSON NUMBER [REDACTED]

SUBPOENA LIST: NONE THIS SUPPLEMENT.

PROPERTY TAKEN: NONE THIS SUPPLEMENT.

VEHICLE: NONE THIS SUPPLEMENT.

EVIDENCE LIST: NONE THIS SUPPLEMENT.

SYNOPSIS: ON FRIDAY, DECEMBER 07, 2007, I RECEIVED A COPY OF AUTOPSY REPORT NUMBER [REDACTED] FROM THE PIMA COUNTY MEDICAL EXAMINERS OFFICE. THE CAUSE OF DEATH IS ASCRIBED TO MULTIPLE BLUNT FORCE INJURIES AND THE MANNER OF DEATH IS ACCIDENTAL FOR [REDACTED]

NARRATIVE: ON FRIDAY, DECEMBER 07, 2007, I RECEIVED A COPY OF AUTOPSY REPORT NUMBER #ML 07-1980 FROM THE PIMA COUNTY MEDICAL EXAMINERS OFFICE AUTHORED BY [REDACTED] IN [REDACTED]

OPINION THE CAUSE OF DEATH IS ASCRIBED TO MULTIPLE BLUNT FORCE INJURIES TO THE HEAD, THORAX AND ABDOMEN, UPPER AND LOWER EXTREMITIES, ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE AND HYPERTENSIVE CARDIOVASCULAR DISEASE AND THE MANNER OF DEATH IS ACCIDENTAL FOR BOBBIE LEE WOODALL.

THERE WILL BE NO FURTHER INVESTIGATION OF THIS INCIDENT AND THIS REPORT IS FOR INFORMATION ONLY.

CONCLUSION: THIS REPORT IS FOR INFORMATION ONLY.

CASE STATUS: CLOSED.

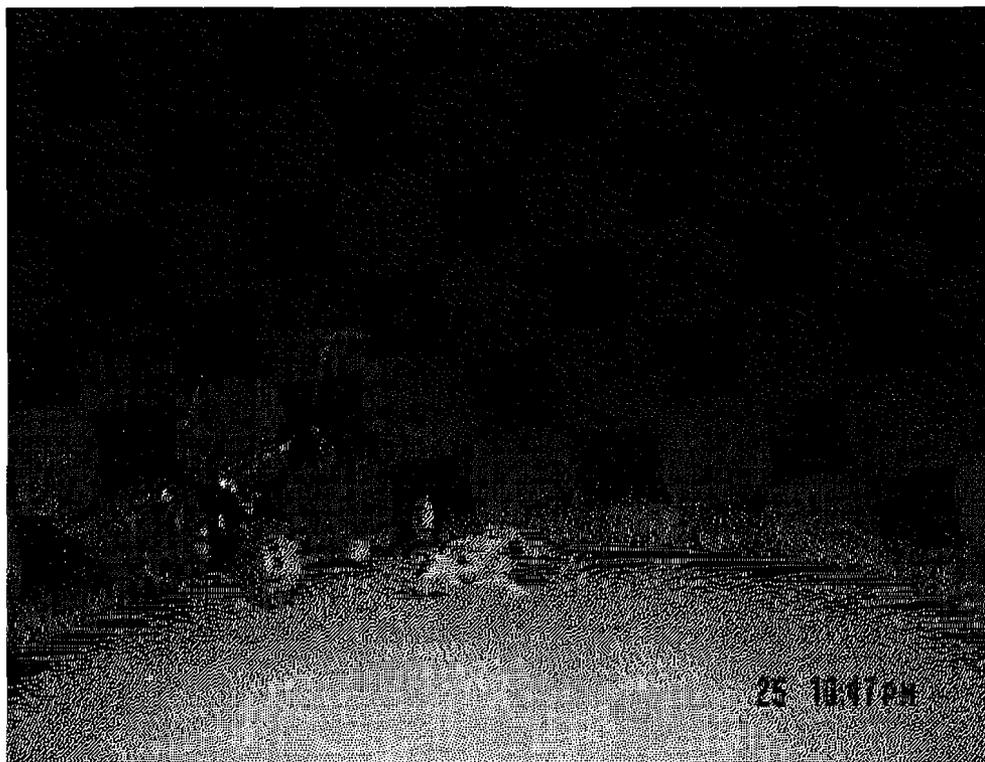


Photo # 1 – View of the desert wash where the vehicle was traveling and of the utility vehicle. The victim's body is covered by the tarp located to the side of the vehicle.



Photo # 2 – Side view of the vehicle.



Photo # 3 – Front view of the vehicle.



Photo # 4 – A back angled view of the vehicle.



Photo # 5 – This view showing the other side.

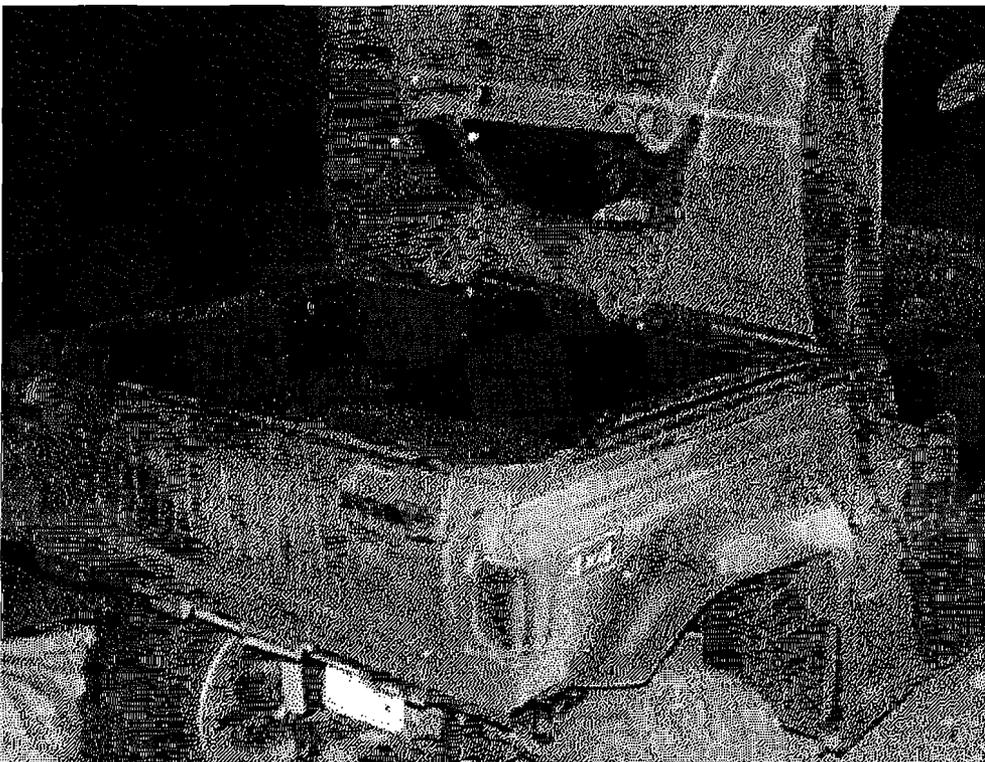


Photo # 5 – This cropped image of reveals that this utility vehicle is a Yamaha 4 x 4.



Photo # 6 – The name Rhino is also listed on the side of this vehicle.

CONTACT & IDENTIFICATION SHEET

Pinal County Medical Examiner
P.O. Box 808
Florence, AZ 85232

Pinal County Sheriff
P.O. Box 867
Florence, AZ 85232

Site of Injury/Death – This ATV crash took place around 7:30 p.m. during 10/25/2007. It happened in the desert near Forest Service Road 252, northeast of Queen Valley, AZ.

Victim – (b)(3):CPSA Section 25(c),(b)(6) 57 years old

Victim's Son – (b)(6)

ATV – 2007 Yamaha, Rhino, VIN # (b)(3):CPSA Section 25(c),(b)(6)

Medical Examiner (b)(6) M.D., Pima County working for Pinal County

Deputies: (b)(6)

(b)(5)

1. Task Number 080917HWE7744		2. Investigator's ID 9087		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 02 22	5. Date Initiated YR MO DAY 2008 09 23		
6. Synopsis of Accident or Complaint UPC <p>The decedent is a 14-year-old male who was a passenger in a four-wheeled, off-road, utility-type vehicle. The decedent was riding in the vehicle in the desert. The decedent was un-restrained and was not wearing a helmet. As they went up a hill, the cousin took his foot off of the gas in an attempt to slow the vehicle down, when his boot strap got caught on the gas pedal. Once they crested the hill, the vehicle flipped over, ejecting the decedent and landing on top of him. The decedent was transported to the hospital via emergency personnel where he was pronounced dead.</p> <p style="text-align: center;"><u>MFR/PRVLBR NOTIFIED</u></p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>2/6</i>; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>for 5/18/09</i></p>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City GLAMIS		9. State CA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 1615 - Footware		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 14	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 12 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 12 - MECAP		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/15/2008	25. Reviewed By 8554		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N0890273A	

This incident occurred on 2/23/08, and involved a 14 year old male victim and a four-wheeled, off-road, utility-type vehicle being used recreationally in the open desert at the Imperial Sand Dunes Recreational Area in Glamis, CA (Imperial County). All of the information comes from reports from the responding police agency and the medical examiner's office. Their reports are appended as Exhibits 1 and 2, respectively.

On the day of the incident, the victim, age 14, and his male cousin, age 16, had been riding in a four-wheeled, off-road, utility-type vehicle in the open desert. The victim was an un-restrained, non-helmeted passenger and his cousin was driving. They were riding up an approximate ten foot incline at approximately 40 miles per hour when the cousin tried to take his foot off the gas pedal to slow the vehicle down. However, the cousin's motorcycle boot straps (boot not further identified) got hung up on the gas pedal and the vehicle continued upward. As the vehicle crested the incline it flipped over backwards and rolled several times until it reached the bottom of the incline. The victim was ejected and the vehicle came to rest on top of him. The victim was hit in the head with the vehicle's rollbar. The victim was transported to a local hospital where he was pronounced dead. The driver complained of pain in his left knee but was able to walk..

PRODUCT

The product is a 2008 Yamaha Rhino (not further identified).

EXHIBITS

1. California Highway Patrol Report.
2. Imperial County Medical Examiner's Report.
3. Source Identification Sheet (List of Contacts).

TRAFFIC COLLISION REPORT
 CHP 555 CARS PAGE 1 (REV 11-06) OPI 069

08D917HWE7744
 Exhibit 1
 Page 1 of 13

COLLISION TYPE <input checked="" type="checkbox"/> FATAL		COUNTY IMPERIAL		CITY UNINCORPORATED		JUVENILE		LOGAR, INCIDENT NUMBER (CHP 555 CARS 256) (06)	
COLLISION OCCURRED ON IMPERIAL SAND DUNE RECREATION AREA		DATE 02/23/2008		TIME (24HR) 1400		DAY OF WEEK SATURDAY		OFFICER I.D. 012768	
LOCATION INFORMATION ADDRESS INFORMATION <input checked="" type="checkbox"/> 25 MILES SOUTH OF SR 78		GPS COORDINATES LATITUDE LONGITUDE		PHOTOGRAPHIC BY (06)		STATE POLICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DRIVER LICENSE NUMBER 1		STATE CA		CLASS U		AIR BRK P		SAFETY EQUIP. G	
VEH. YEAR 2008		MAKE / MODEL / COLOR YAMAHA ATV RED		LICENSE NUMBER 19K14F		STATE CA			
DRIVER'S NAME <input type="checkbox"/> SAME AS DRIVER		DRIVER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		DESCRIPTION OF VEHICLE OR DAMAGE TO VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER		FROM MECHANICAL DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REPAIRS/REARREPAIRS			
DRIVER'S SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		DRIVER'S HAIR <input type="checkbox"/> BRN <input type="checkbox"/> BRN		DRIVER'S HEIGHT <input type="checkbox"/> 5-05 <input type="checkbox"/> 5-10 <input type="checkbox"/> 5-15 <input type="checkbox"/> 5-20 <input type="checkbox"/> 5-25 <input type="checkbox"/> 5-30 <input type="checkbox"/> 5-35 <input type="checkbox"/> 5-40 <input type="checkbox"/> 5-45 <input type="checkbox"/> 5-50		DRIVER'S BIRTHDATE <input type="checkbox"/> 01/01 <input type="checkbox"/> 01/02 <input type="checkbox"/> 01/03 <input type="checkbox"/> 01/04 <input type="checkbox"/> 01/05 <input type="checkbox"/> 01/06 <input type="checkbox"/> 01/07 <input type="checkbox"/> 01/08 <input type="checkbox"/> 01/09 <input type="checkbox"/> 01/10 <input type="checkbox"/> 01/11 <input type="checkbox"/> 01/12 <input type="checkbox"/> 01/13 <input type="checkbox"/> 01/14 <input type="checkbox"/> 01/15 <input type="checkbox"/> 01/16 <input type="checkbox"/> 01/17 <input type="checkbox"/> 01/18 <input type="checkbox"/> 01/19 <input type="checkbox"/> 01/20 <input type="checkbox"/> 01/21 <input type="checkbox"/> 01/22 <input type="checkbox"/> 01/23 <input type="checkbox"/> 01/24 <input type="checkbox"/> 01/25 <input type="checkbox"/> 01/26 <input type="checkbox"/> 01/27 <input type="checkbox"/> 01/28 <input type="checkbox"/> 01/29 <input type="checkbox"/> 01/30 <input type="checkbox"/> 01/31		DRIVER'S RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	
INSURANCE CARRIER NONE		POLICY NUMBER		VEHICLE TYPE <input type="checkbox"/> SUV <input type="checkbox"/> NONE <input type="checkbox"/> MOTOR <input checked="" type="checkbox"/> BICYCLE <input type="checkbox"/> ROLL-OVER		DAMAGE TO DAMAGED AREA <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE			
PART OF TRAVEL ON STREET OR HIGHWAY W SAND DUNES		SPECIAL PERM. N/A		CA <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE		STATE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE			
DRIVER LICENSE NUMBER 2		STATE CA		CLASS U		AIR BRK P		SAFETY EQUIP. G	
VEH. YEAR 2008		MAKE / MODEL / COLOR YAMAHA ATV RED		LICENSE NUMBER 19K14F		STATE CA			
DRIVER'S NAME <input type="checkbox"/> SAME AS DRIVER		DRIVER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DESCRIPTION OF VEHICLE OR DAMAGE TO VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		FROM MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REPAIRS/REARREPAIRS			
DRIVER'S SEX <input type="checkbox"/> M <input type="checkbox"/> F		DRIVER'S HAIR <input type="checkbox"/> BRN <input type="checkbox"/> BRN		DRIVER'S HEIGHT <input type="checkbox"/> 5-05 <input type="checkbox"/> 5-10 <input type="checkbox"/> 5-15 <input type="checkbox"/> 5-20 <input type="checkbox"/> 5-25 <input type="checkbox"/> 5-30 <input type="checkbox"/> 5-35 <input type="checkbox"/> 5-40 <input type="checkbox"/> 5-45 <input type="checkbox"/> 5-50		DRIVER'S BIRTHDATE <input type="checkbox"/> 01/01 <input type="checkbox"/> 01/02 <input type="checkbox"/> 01/03 <input type="checkbox"/> 01/04 <input type="checkbox"/> 01/05 <input type="checkbox"/> 01/06 <input type="checkbox"/> 01/07 <input type="checkbox"/> 01/08 <input type="checkbox"/> 01/09 <input type="checkbox"/> 01/10 <input type="checkbox"/> 01/11 <input type="checkbox"/> 01/12 <input type="checkbox"/> 01/13 <input type="checkbox"/> 01/14 <input type="checkbox"/> 01/15 <input type="checkbox"/> 01/16 <input type="checkbox"/> 01/17 <input type="checkbox"/> 01/18 <input type="checkbox"/> 01/19 <input type="checkbox"/> 01/20 <input type="checkbox"/> 01/21 <input type="checkbox"/> 01/22 <input type="checkbox"/> 01/23 <input type="checkbox"/> 01/24 <input type="checkbox"/> 01/25 <input type="checkbox"/> 01/26 <input type="checkbox"/> 01/27 <input type="checkbox"/> 01/28 <input type="checkbox"/> 01/29 <input type="checkbox"/> 01/30 <input type="checkbox"/> 01/31		DRIVER'S RACE <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	
INSURANCE CARRIER NONE		POLICY NUMBER		VEHICLE TYPE <input type="checkbox"/> SUV <input type="checkbox"/> NONE <input type="checkbox"/> MOTOR <input checked="" type="checkbox"/> BICYCLE <input type="checkbox"/> ROLL-OVER		DAMAGE TO DAMAGED AREA <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE			
PART OF TRAVEL ON STREET OR HIGHWAY W SAND DUNES		SPECIAL PERM. N/A		CA <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE		STATE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE			
DRIVER LICENSE NUMBER 3		STATE CA		CLASS U		AIR BRK P		SAFETY EQUIP. G	
VEH. YEAR 2008		MAKE / MODEL / COLOR YAMAHA ATV RED		LICENSE NUMBER 19K14F		STATE CA			
DRIVER'S NAME <input type="checkbox"/> SAME AS DRIVER		DRIVER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DESCRIPTION OF VEHICLE OR DAMAGE TO VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		FROM MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REPAIRS/REARREPAIRS			
DRIVER'S SEX <input type="checkbox"/> M <input type="checkbox"/> F		DRIVER'S HAIR <input type="checkbox"/> BRN <input type="checkbox"/> BRN		DRIVER'S HEIGHT <input type="checkbox"/> 5-05 <input type="checkbox"/> 5-10 <input type="checkbox"/> 5-15 <input type="checkbox"/> 5-20 <input type="checkbox"/> 5-25 <input type="checkbox"/> 5-30 <input type="checkbox"/> 5-35 <input type="checkbox"/> 5-40 <input type="checkbox"/> 5-45 <input type="checkbox"/> 5-50		DRIVER'S BIRTHDATE <input type="checkbox"/> 01/01 <input type="checkbox"/> 01/02 <input type="checkbox"/> 01/03 <input type="checkbox"/> 01/04 <input type="checkbox"/> 01/05 <input type="checkbox"/> 01/06 <input type="checkbox"/> 01/07 <input type="checkbox"/> 01/08 <input type="checkbox"/> 01/09 <input type="checkbox"/> 01/10 <input type="checkbox"/> 01/11 <input type="checkbox"/> 01/12 <input type="checkbox"/> 01/13 <input type="checkbox"/> 01/14 <input type="checkbox"/> 01/15 <input type="checkbox"/> 01/16 <input type="checkbox"/> 01/17 <input type="checkbox"/> 01/18 <input type="checkbox"/> 01/19 <input type="checkbox"/> 01/20 <input type="checkbox"/> 01/21 <input type="checkbox"/> 01/22 <input type="checkbox"/> 01/23 <input type="checkbox"/> 01/24 <input type="checkbox"/> 01/25 <input type="checkbox"/> 01/26 <input type="checkbox"/> 01/27 <input type="checkbox"/> 01/28 <input type="checkbox"/> 01/29 <input type="checkbox"/> 01/30 <input type="checkbox"/> 01/31		DRIVER'S RACE <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	
INSURANCE CARRIER NONE		POLICY NUMBER		VEHICLE TYPE <input type="checkbox"/> SUV <input type="checkbox"/> NONE <input type="checkbox"/> MOTOR <input checked="" type="checkbox"/> BICYCLE <input type="checkbox"/> ROLL-OVER		DAMAGE TO DAMAGED AREA <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE			
PART OF TRAVEL ON STREET OR HIGHWAY W SAND DUNES		SPECIAL PERM. N/A		CA <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE		STATE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NONE			

HDO
 FARS
 CALTRANS
 COURT
 CO PD
 CORONER
 MILITARY
 P.D.
 2 CHP Sgt
 Office
 Alvin D. Jones

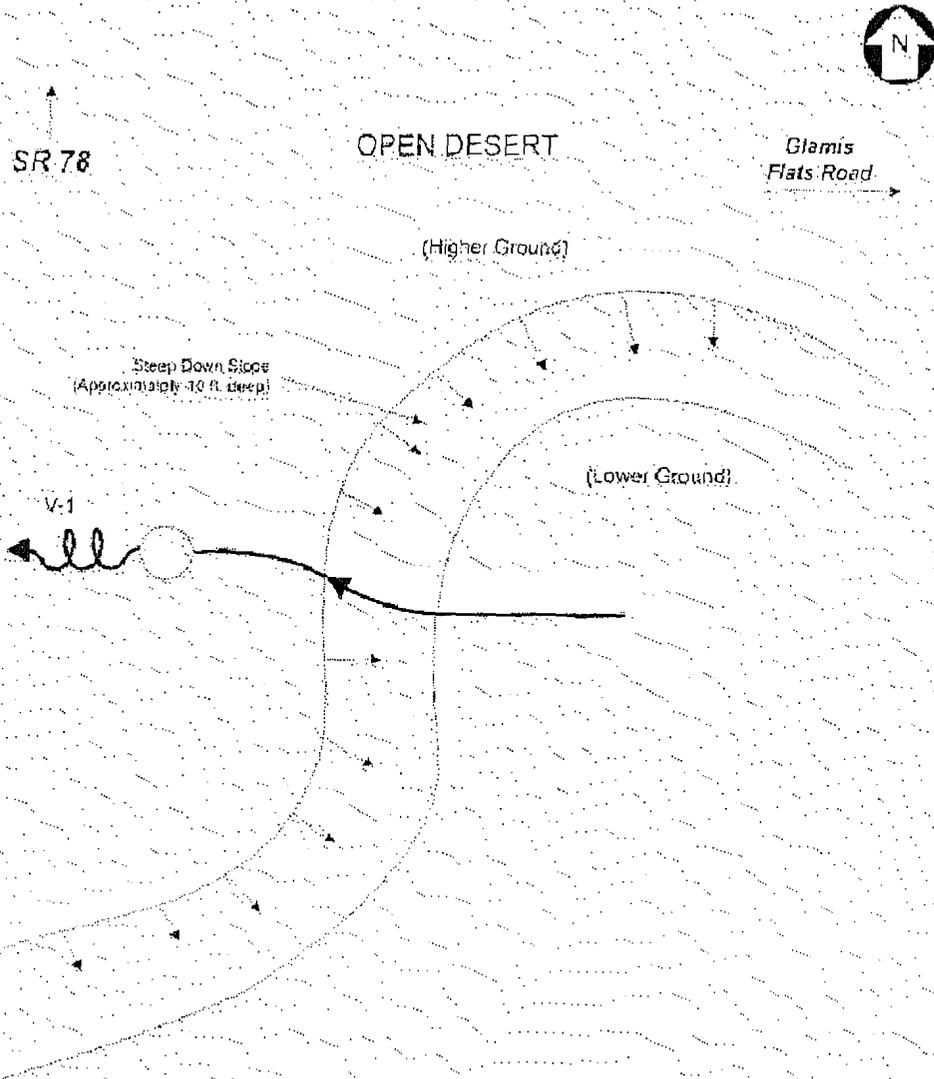
STATE OF CALIFORNIA
SKETCH DIAGRAM

CRP 353 Page 41 Rev. 8-971 OPI 0-02

PAGE 4 OF 13

DATE OF INCIDENT 02/23/2008	TIME 1400	NCIC NUMBER 9626	OFFICER I.D. NUMBER [Redacted]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY [Redacted]	I.D. NUMBER [Redacted]	DATE 02/23/2008	REVIEWER'S NAME [Redacted]	DATE [Redacted]
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STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 188 (Rev. 01/07) (CPL 01)

PAGE 5 OF 13

DATE OF INCIDENT 02/23/2008	TIME 1400	NCIC NUMBER 9625	OFFICER I.D. [REDACTED]	NUMBER [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE: 1" = 100')



SR 78

OPEN DESERT

Glamis
Flats Road

(Higher Ground)

(Lower Ground)

Steep Down Slope
(Approximately 10 ft. deep)

Disturb
dirt

Dirt tire
tracks

PREPARED BY [REDACTED]	I.D. NUMBER [REDACTED]	DATE 02/23/2008	REVIEWER'S NAME [REDACTED]	DATE [REDACTED]
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 6 OF 13

DATE OF INCIDENT
02/23/2008

TIME
1400

NCIC NUMBER
9925

OFFICER I.D. NUMBER
[Redacted]

FACTUAL DIAGRAM / LEGEND

AOI

1
2
3
4 Estimated to be located 0.25 mile (1,320 feet) south of the south road edge of SR 78 and 0.25 mile
5 (1,320 feet) west of the west asphalt prolongation edge of Glamis Flats Road.
6
7 The Global Position Satellite (GPS) readings were taken with a Garmin GPS III, serial number 41307845.
8 The reading for the point of rest of V-1 and location of the top of the sand hill was taken from the center of
9 V-1 as follows:

10
11 GPS reading of North 32 degrees 59 min. 192 sec.
12 West 115 degrees 05 min. 022 sec.

Vehicle Point of Rest

13
14
15 Vehicle #1 (Yamaha) was moved from its point of rest prior to CHP arrival. V-1 found on its roof at the
16 following location.

17
18 Right front wheel was estimated to be located 1,320 feet south of south road edge of SR 78 and
19 1,320 feet west of the west road asphalt prolongation edge of Glamis Flats Road.

20
21 Right rear wheel was estimated to be located 1,320 feet south of south road edge of SR 78 and
22 1,326 feet west of the west road asphalt prolongation edge of Glamis Flats Road.

Physical Evidence Description

23
24
25 The physical evidence was disturbed by the high volume of foot traffic.

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
[Redacted]	[Redacted]	02/23/2008	[Redacted]	[Redacted]

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

PAGE 7 OF 13

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1400	9625	(b) (3) (CPA) Section 2545, (b) (6)

NOTIFICATION:

I received a call from El Centro Communication Center of a fatal traffic collision at 1427 hours. I responded from Preble Road south of Wabl Road and arrived on scene at 1536 hours. All times, speeds, and measurements are approximate. All measurements were taken by Global Positioning System (Garmin GPS II, BLM S/N 41307545) and CHP unit #5476.

SCENE DESCRIPTION:

This collision occurred in the open desert in the proximity of Glamis Sand Dunes. Glamis is a federal park designated for off road vehicle use and maintained by Bureau Land Management, used by off road enthusiast. At this location, the desert is a sandy open area. The drifting sand created a hill with a gradual up slope approximately 10 feet high. At the time of the collision, the weather was cool, calm and clear. The collision occurred during the hours of daylight. Refer to Factual Diagram.

PARTIES:

(b) (3) (CPA) Section 2545, (b) (6) (D-1), was located standing on top of the sand hill south of V-1 upon my arrival. D-1 was identified and placed as driver of V-1 by the following items:

D-1 was verbally identified by himself and his father, Dit Masse.

D-1 is the son of the registered owner of V-1.

D-1's injuries were consistent with the damage to V-1.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
(b)(6)		02/23/2008		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 8 OF 13

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1400	9625	

1 CONTINUED PARTIES

2 Yamaha (V-1), was moved prior to CHP arrival. V-1 was found lying on its roof, near its point of rest,
 3 facing in an easterly direction, on top of a sand hill. V-1 sustained moderate damage as a result of the
 4 collision. The top cross member tube of the factory roll cage was bent downward, the tailgate and both
 5 side rear fenders were bent, and the safety flag was broken. Three seatbelts were inspected and were
 6 found as follows: The driver's seatbelt had some minor stretched marks indicating the driver was using
 7 it at the time of the collision. The passenger's seatbelt was found in its fully retracted position with no
 8 stretched marks or damage indicating the passenger was not wearing it at the time of the collision. The
 9 right front passenger seat was found lying on the ground near the roll cage. Upon impact the seat came
 10 off its mounting. The gear shifter for the transmission was inspected and it was determined that it was in
 11 high gear. V-1 indicated no prior mechanical defects.

12
13 PHYSICAL EVIDENCE:

14 Refer to factual diagram and physical evidence legend for further details.

15
16 OTHER FACTUAL INFORMATION:17 Personnel on scene:18
19 California Highway Patrol (El Centro Area)

20 2331 Highway 86

21 Imperial, CA 92251

22 (760) 482-2500

23 Photographs24 Investigating Officer

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
<input type="text"/>		02/23/2008		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1400	9525	[REDACTED]

CONTINUED OTHER FACTUAL INFORMATION:

Imperial County Sheriff's Department

328 Applestill Road

El Centro, CA 92243

(760) 339-6311

Coroner H. Proo, #550

Bureau of Land Management

1661 South 4th Street

El Centro, CA 92243

(760) 337-4400

[REDACTED] - Provided GPS readings using a Garmin GPS III, S/N 41307545

[REDACTED] Provided First Aid

Gold Cross Ambulance

905 South Imperial Avenue

El Centro, CA 92243

(760) 353-3380

[REDACTED]

D-1 did not provide me nor did I find proof of financial responsibility in V-1 or at the scene. D-1 is in violation of 16028(c) VC-Failure to provide a peace officer proof of financial responsibility at the scene of a traffic collision.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]		02/23/2008		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 10 OF 13

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1400	9825	

STATEMENTS

[Redacted] (D-1), was contacted at the scene. He related, in essence, he was driving his father's ATV (V-1) in the sand dunes and his cousin, Richer Masse, was sitting in the right front passenger seat. They had jumped off the top of a sand hill many times prior to the accident. Before the accident, he was driving V-1 in high gear, approximately at 40 miles per hour, approaching the hill. As D-1 started to drive up the hill he attempted to let off the accelerator but his boot got stuck on the pedal. V-1 launched becoming airborne and rolled over.

Q. Were you wearing your seatbelt?

A. Yes.

Q. Was your cousin wearing his seatbelt?

A. No, we had been jumping for a while and he had not been wearing it.

Q. After your cousin was ejected, where did he land?

A. He landed on the sand and the Rhino's roll cage landed on top of him.

[Redacted] (Passenger-1), sustained fatal injuries and no statement was obtained. Passenger-1 was pronounced deceased at Pioneer Memorial Hospital in Brawley, California, by [Redacted] on 02-23-2008 at 1526 hours.

[Redacted] (Witness #2), was contacted at the scene. He related, in essence, he was riding his ATV near the camp site. He could see the hill where D-1 was jumping and saw V-1 rolled over. He went over to see what happened and saw Passenger-1 under the roll cage of V-1. Witness #2 ran over to the campsite to get help.

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
[Redacted]	[Redacted]	02/23/2008	[Redacted]	[Redacted]

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 11 OF 13

DATE OF INCIDENT 02/25/2008	TIME 1400	NCIC NUMBER 9625	OFFICER I.D. NUMBER [Redacted]
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1 **CONTINUED STATEMENTS:**

2 [Redacted] (Witness #3), was contacted at the scene. He related, in essence, he was at the campsite
 3 when the accident happened. Witness #2 came running and told him V-1 had rolled over. He went over
 4 to help and found Passenger-1 under V-1. Rescue personnel arrived and they removed V-1 off
 5 Passenger-1. Passenger-1 was transported to the hospital. Witness #3 took possession of V-1.

6
7 **24 HOUR PROFILE:**

8 On 02-23-2008 at approximately 1700 hours, I spoke with Witness #1, [Redacted]. He identified
 9 himself as father of Passenger-1 [Redacted] and uncle of D-1, [Redacted]. He related they had
 10 arrived to the sand dunes yesterday at about 2 pm. They set up camp and rode their ATV's throughout
 11 the two days. The night before, they got plenty of rest and got up around 7 am. The whole group had
 12 gone for two long rides in the morning. Later, around noon time they had lunch. His son, Passenger-1
 13 and his nephew, D-1 had a burger and then went riding in V-1. Shortly after that the accident happened.

14
15 Q. Do you have beer in your camp?

16 A. Very little, the kids definitely don't drink.

17
18 **SUMMARY:**

19 D-1 [Redacted] was driving V-1 (Yamaha) westbound in the open desert of Imperial Sand Dune
 20 Recreational Area south of SR 78 and west of Glamis Flats Road, at approximately 30 miles per hour.
 21 D-1 was wearing the seatbelt and Passenger-1 [Redacted] was not. D-1 drove up a sand hill with an
 22 incline of approximately 10 feet. D-1 started to drive up the hill and he attempted to let off the
 23 accelerator. D-1's foot got stuck on the pedal. V-1 became airborne and struck the top of the hill with
 24 the front bumper. Upon impact, Passenger-1 was ejected from V-1 and landed on the sand. V-1 rolled
 25 over end-over-end in a westerly direction and came to rest on its top on top of Passenger-1. Passenger-1
 26 sustained fatal injuries and D-1 sustained minor injuries. The summary is based on physical evidence
 27 found at the scene, the damage to V-1, and V-1's point of rest.

PREPARED BY [Redacted]	I.D. NUMBER [Redacted]	DATE 02/23/2008	REVIEWER'S NAME [Redacted]	DATE [Redacted]
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 12 OF 13

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1400	9625	

1 AREA OF IMPACT:

2 Area of impact, where V-1 (Yamaha) struck the top of the sand hill was located .25 mile west of the
3 west paved road edge prolongation of Glamis Flats Road and .25 miles south of the south paved road
4 edge of SR-78. The area of impact was based on physical evidence found at the scene and the damage to
5 V-1.

7 CAUSE:

8 § 99.5 P.S.A. Section 256.00 D-1, caused this collision by driving V-1 (Yamaha) in violation of section 38305 VC,
9 which states in part "No person shall drive an off-highway motor vehicle at a speed greater than
10 reasonable or prudent and in no event at a speed which endangers the safety of other persons or
11 property". D-1 drove V-1 at high rate of speed and in doing so, caused D-1 to lose control of V-1 as it
12 became airborne. The cause was determined by physical evidence located at the scene, and damage to
13 V-1.

15 ADDITIONAL VIOLATIONS:

16 § 99.5 P.S.A. Section 256.00 (D-1) was in violation of the following section:

- 18 1) California Penal Code section 192 (C) (2) P.C. - Driving a vehicle in the commission of an unlawful
19 act, not amounting to felony, but without gross negligence; or driving a vehicle in the commission of
20 a lawful act which might produce death, in an unlawful manner, but without gross negligence.
21 While driving V-1 in the sand dunes, D-1 was knowingly driving off the top of a sand hill. In doing
22 so, D-1 caused V-1 to launched and land on its front end. Passenger § 99.5 P.S.A. Section 256.00 was ejected and
23 V-1 landed on top of him causing fatal injuries. These unlawful acts were without malice
24 aforethought, but did not amount to gross negligence and resulted in the unlawful killing of another
25 human being (Passenger § 99.5 P.S.A. Section 256.00). In this collision, P-1 showed indifference to the
26 consequences of his actions and a total disregard for human life.
- 28 2) California Vehicle Code section 16028(c) VC- Failure to provide a peace officer proof of financial
29 responsibility at the scene of a traffic collision.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
§ 99.5 P.S.A. Section 256.00		02/23/2008		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 13 OF 13

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1400	9625	

1 **RECOMMENDATIONS:**

- 2 I recommend a copy of this investigation be submitted to the Imperial County Superior Court, Juvenile
- 3 Division, for review.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
		02/23/2008		



Imperial County Coroner's Office



328 Applehill Rd. El Centro, CA 92243 Phone: (760) 339-6328 Fax: (760) 339-6330

CONFIDENTIAL
DO NOT REPRODUCE OR RELEASE TO ANYONE
OUTSIDE THE CRIMINAL JUSTICE SYSTEM

Coroner Case Number: [Redacted]

Richer Erl Masse

CLASSIFICATION	Manner of Death Accident (Vehicle)	Sub Manner of Death		Deputy Coroner (b) (6)	
	Type of Medical Examination Autopsy	Time Departed 1711	Time Arrived 1713	Date of Death 02/23/2008	Time of Death 1526
DECEDENT PERSONAL DATA	Name-First (b) (3) (C) P.S.A. Section 2509, (b) (6)	Middle	Last	Marital Status Never Married	
	Age 14	Date of Birth (b) (3) (C) P.S.A. Section 2509, (b) (6)	Place of Birth CA, United States	Height 5' 06"	Weight 150
	Sex M	Teeth Natural	Race White	Hair Brown	Eyes Blue
	Scars, Marks, Tattoos				
RESIDENCE	Address (b) (3) (C) P.S.A. Section 2509, (b) (6)		City	State	Zip
PLACE OF DEATH	Place Pioneers Memorial Hospital			County Imperial	
	Address 207 W. Legion Road		City Brawley	State CA	
REPORTING INFORMATION	Death Reported By (b) (6)	Agency PMH E/R	Date 02/23/2008	Time 1620	Removed From Scene To Coroner's Facility
	Address		City	State	Zip
CAUSE OF DEATH	Immediate Cause: Cranio-cerebral Injuries		The Foregoing Instrument Is A Correct Copy Of The Original To Be Filed With The Coroner's Office.		
	Due to: Blast Force Trauma to Head		Attest: [Redacted]		
	Due to:		County of Imperial, State of California		
OTHER SIGNIFICANT CONDITIONS	None				
INJURY INFORMATION	Place of Injury open desert-Glamis		Injury in Work? No	Date of Injury 2/23/2008	Time 1230
	Address of Injury open desert		City Glamis	County Imperial	State CA
	Injury Description Decedent is front seat unrestrained passenger of Rhino ATV that flips over backwards and rolls downhill. Decedent is				
IDENTIFICATION	Identification Method Visually		Identified By father		
NOTIFIED	Name (b) (3) (C) P.S.A. Section 2509, (b) (6)	Relationship Father	Mailing Address (b) (3) (C) P.S.A. Section 2509, (b) (6)		
	Notified By (b) (6)	How Notified In Person		Date 02/23/2008	Time 1526
ADDITIONAL INFORMATION	Physician	Other Investigation CHP EC		Funeral Home Rose Hills Mortuary	

[Redacted]

[Redacted]

(b) (3) C.F.R. 20.101, 20.103, 20.106

(b) (3) C.F.R. 20.101, 20.103, 20.106

COPY

1 **DEPUTY CORONER:**

2 I, [REDACTED], conducted this investigation
3 for the Imperial County Coroner's Office.

4 **RECEIPT OF CALL:**

5 On Saturday, February 23, 2008, at approximately 1620 hours, I received
6 a telephone call at work from the Imperial County Sheriff's Office Communication
7 Center, advising me of a coroner case involving a deceased person located in
8 Brawley. I responded to that location when I cleared the call I was on.

9 **ARRIVAL AT SCENE:**

10 On Saturday, February 23, 2008, at approximately 17:13 hours, I arrived at
11 the scene and met with [REDACTED] who directed me to the decedent's
12 location.

13 **DESCRIPTION OF SCENE / GPS:**

14 The scene is that of room 16, in the Emergency Room of the Pioneers
15 Memorial Hospital. PMH is a two story acute care medical facility located at 207
16 West Legion Road. The E/R is located within the hospital complex and is
17 equipped with all the standard life saving medical intervention devices.

18 **VIEWING OF DECEDENT:**

19 Upon my arrival I see that the decedent is lying supine on a hospital
20 gurney partially covered with a white sheet. Upon removal of the sheet I see the
21 following medical intervention devices attached to the decedent: there were 3
22 electrocardiogram patches affixed; 1 to his upper right chest, 1 to his upper left
23 chest and 1 to his lower left side. He has 2 automated external defibrillation pads

(b) (3) C.F.R. Section 25.03, (b) (6)

(b) (3) C.F.R. Section 25.03, (b) (6)

COPY 3

1 attached; 1 to his upper right chest and 1 to his left side. A Foley Catheter was
2 inserted and attached to a collector box at the foot of the bed. There were 2
3 intravenous lines inserted; 1 to his left inner arm and 1 to his right inner arm.
4 These were both connected to hanging plastic bags of 0.9% sodium chloride
5 injection.

6 The decedent did not show signs of rigor, but lividity and cyanosis was
7 present. I did not observe any signs of foul play type trauma to the decedent's
8 person.

9 The decedent is a white male juvenile, 14 years of age, 5'8" tall, weighing
10 approximately 150 lbs, with brown hair and brown eyes. I further noted the
11 decedent was wearing black tennis shoes, white socks, red and black motorcycle
12 riding pants and white briefs.

13 **PROPERTY:**

14 While at the scene I initiated an Imperial County Coroner's Office property
15 receipt with number 1817, to reflect that no property was retained by the Imperial
16 County Coroner's Office.

17 **REMOVAL / TRANSPORTATION:**

18 Prior to removal the decedent was placed in a removal pouch and then
19 transported to the Imperial County Coroner's Facility, located at 799 Highway 86,
20 Brawley, CA.

21 **IDENTIFICATION:**

22 The decedent's father identified him as (b) (3) C.F.R. Section 25.03, (b) (6), with a date of
23 birth of (b) (3) C.F.R. Section 25.03, (b) (6).

[REDACTED]

[REDACTED]

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COPY

NOTIFICATION:

[REDACTED] made notification to the decedent's father, [REDACTED] on

Saturday, February 23, 2008, at approximately 1526 hours.

X-RAYS:

No x rays were taken of the decedent.

POST MORTEM EXAMINATION:

On Tuesday, February 26, 2008, at approximately 1030 hours, a post mortem examination was conducted under the direction of [REDACTED]

[REDACTED] Present at the post mortem examination was

[REDACTED] and I.

At the conclusion of the post mortem examination at approximately 1106 hours, [REDACTED] listed the cause of death as:

(A) Craniocerebral Injuries

(B) Blunt Force Injuries to Head

FINGERPRINTS / PHOTOGRAPHS:

I took fingerprints of the decedent during the post mortem examination.

I took photographs of the scene and I also took photographs during the post mortem examination.

INVESTIGATION:

Subsequent investigation revealed that the decedent and another boy just a little older had been out riding in the Glamis Sand Dunes Off-road Recreation Area in a Rhino ATV. The decedent was sitting in the front seat and was not using a seatbelt. The driver began driving up an incline and when he went to take

[Redacted]

COPY 5

1 his foot off the gas pedal, his motorcycle boot straps got hung up on the gas
 2 pedal and the vehicle continued upward. When the ATV crested the top of the hill
 3 it flipped over backwards and rolled several times until it reached the bottom. The
 4 decedent was thrown from the vehicle and was struck in the head with the roll-
 5 bar. Emergency Medical Personnel arrived and transported the decedent to the
 6 hospital where he was declared dead.

7 Based upon all of the evidence and autopsy information, this case has
 8 been classified as an **accidental** death by the Imperial County Coroner's Office
 9 and me.

TOXICOLOGY TESTS:

11 On Tuesday, February 26, 2008, during the post mortem examination, a
 12 sample of the decedent's central blood and urine was retained for toxicology
 13 testing.

14 On Thursday, March 13, 2008 the Imperial County Coroner's Office
 15 received the toxicology test results. For further information refer to Toxicology
 16 Report in the file.

WITNESSES:

- 18 1. [Redacted] Rancho Mirage, CA
- 19 2. [Redacted] Imperial County Coroner's Facility,
 20 Brawley, CA
- 21 3. [Redacted] Coroner's Office, Imperial
 22 County Sheriff's Office, El Centro, CA

(b) (5) - PRA (502)(25)(5), (505)

[Redacted]

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4. [Redacted] California Highway Patrol, El Centro, Ca

REFERENCE NOTES:

- 1. Death certificate as filed with the Imperial County Health Department in file
- 2. Autopsy protocol as per [Redacted] in file
- 3. Imperial County Coroner's property receipt numbered 1817 in file
- 4. Toxicology test results in file
- 5. Digital photos in file on disk
- 6. Fingerprints in file
- 7. California Highway Patrol Report, Police Department Report with a number of 08 02 45, as completed by [Redacted] in file

[Redacted]

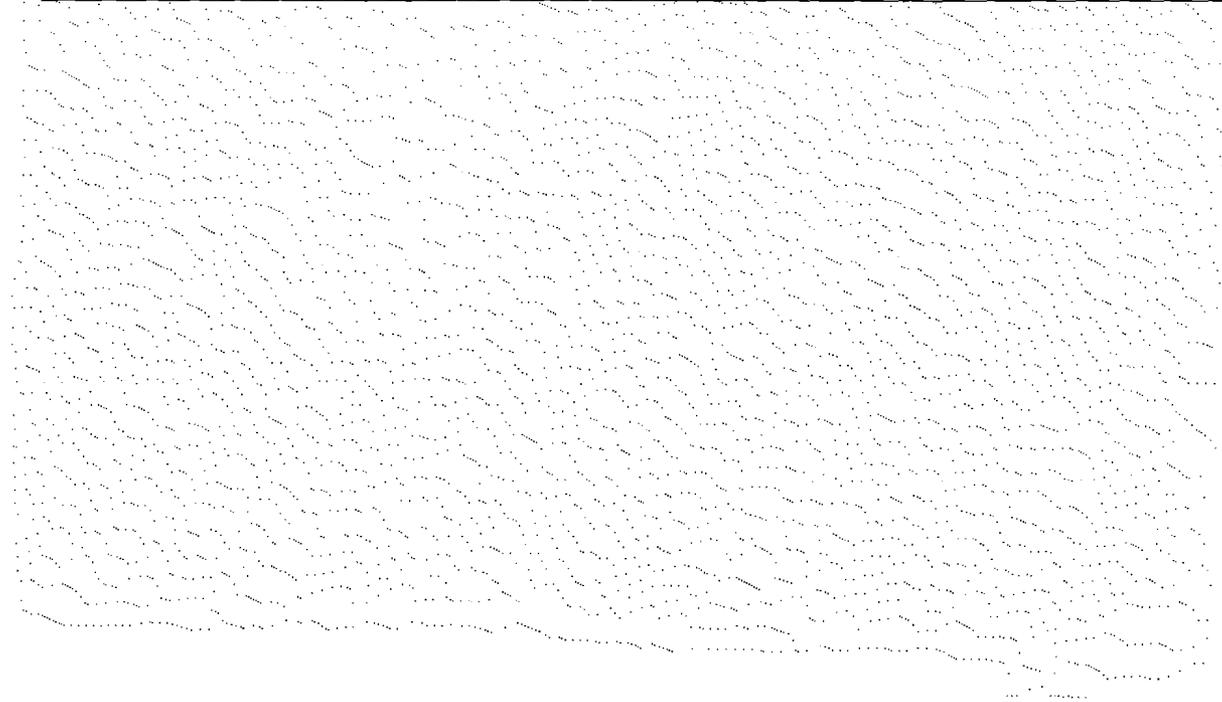
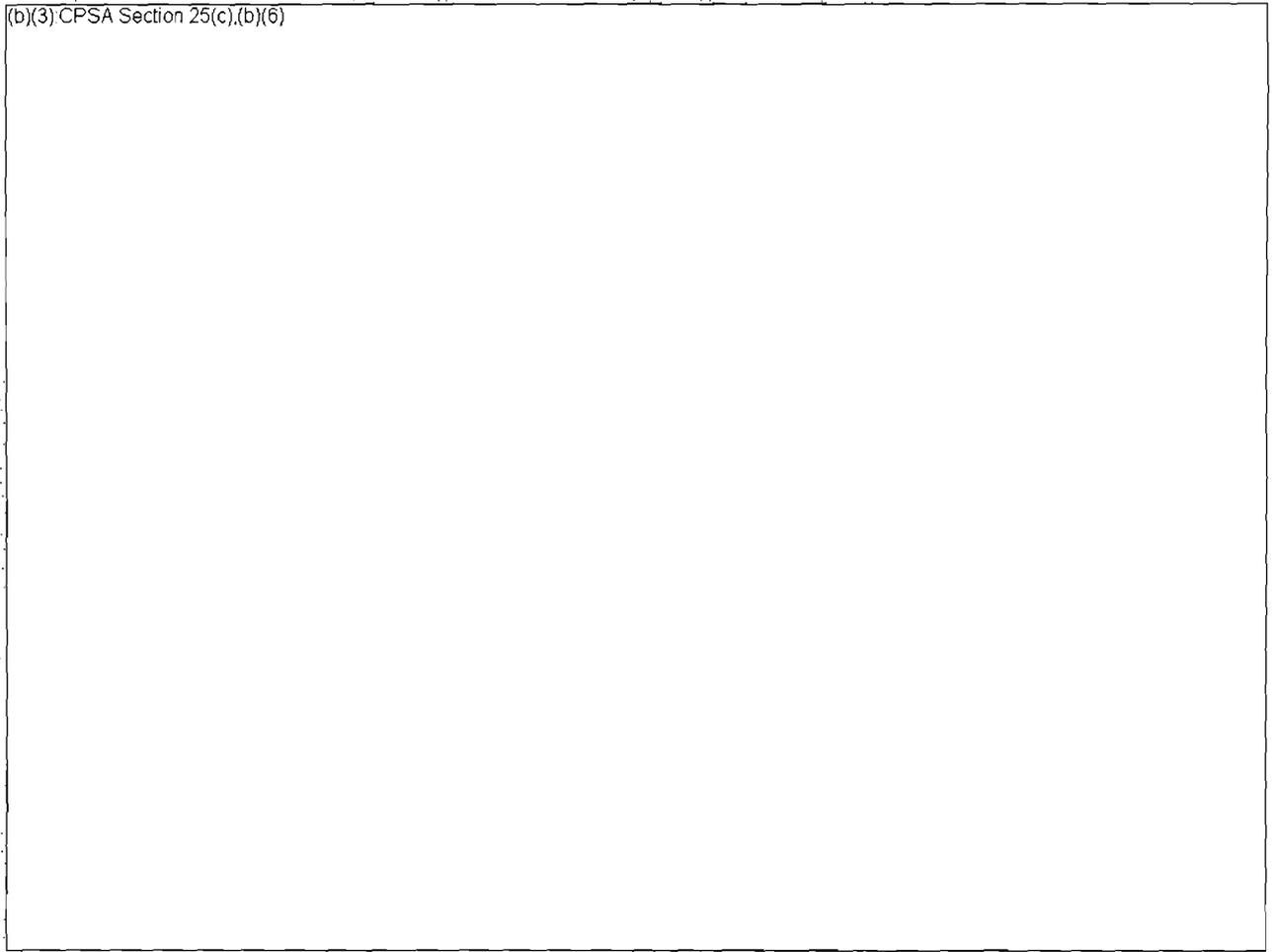
Imperial County, CA

BY: [Redacted]

[Redacted]

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

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



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

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

Source Identification Sheet

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

LIST OF CONTACTS

1. California Highway Patrol, El Centro, CA.
2. Imperial County Medical Examiner's Office, El Centro, CA.