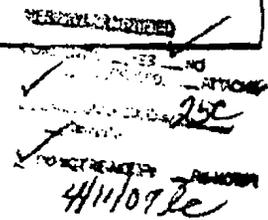


050630

1. Task Number 050321HCC2549		2. Investigator's ID 8956		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 830	4. Date of Accident YR MO DAY 2004 11 23	5. Date Initiated YR MO DAY 2005 03 25		
6. Synopsis of Accident or Complaint UPC A 56 year old male victim died of injuries sustained in an ATV accident. Male victim was the driver and one of two occupants of this ATV riding in a wooded area on private property. At some point, victim attempted to make a sharp turn, the ATV hit a tree, causing the ATV to overturn, ejecting victim and passenger with the ATV landing on victim. Victim was not wearing helmet or other safety gear. Cause of death, multiple blunt force trauma injuries.				
7. Location (Home, School, etc) 1 - HOME		8. City WALTON		9. State KY
10A. First Product 5044 UTILITY VEHICLE		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 56	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 05 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational, Travel) 6 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 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				
24. Review Date 04/20/2005	25. Reviewed By 9071		26. Regional Office Director Eric B. Ault	
27. Distribution Topka Ivins Tanya			28. Source Document Number X0520550A	



 RECEIVED
 APR 20 2005
 25c
 4/11/05

IDI: 050321HCC2549

SUMMARY:

On 11/24/04 a 56 year old male victim died of injuries sustained when he was involved in an ATV accident at approximately 7:17 p.m. on 11/23/04. Victim male was the driver and one of two occupants of this ATV which was traveling in a wooded area on private property when this accident occurred..

The information included in this investigation was obtained from a State of Kentucky Uniform Police Traffic Collision Report, which included in it statements from an eye witness who was the passenger, a Jefferson County, KY Coroner's Report.

According to these sources, on 11/23/04 at approximately 7:19 p.m., victim was riding on an ATV in a wooded area of this private property when at some point, he attempted a sharp left hand turn. This maneuver causing the ATV on which victim was riding to hit a tree, overturning, totally ejecting victim and other occupant, with the ATV coming to rest on top of victim. Victim had to be freed from under the ATV by mechanical means implemented by the EMS team called to the scene. Victim was then transported to local hospital and later transferred to another facility where he died several hours later of his injuries. Victim was not wearing a helmet or other safety gear. Cause of death of victim was listed as multiple blunt force trauma injuries. Alcohol consumption was a factor in this accident..

According to the reports, the weather was cloudy, the roads were wet and the area was dark/not lighted.

OTHER PERTINENT INFORMATION:

According to the attached reports for this investigation, there were two accounts of the accident. The coroner report indicates the ATV overturned and threw the victim into a tree. It should be noted that the State Police actually visited the scene and spoke with an eye witness.

OTHER INJURIES:

None stated.

PRODUCT IDENTIFICATION:

Product: ATV
Year: 2004
Brand: YAMAHA
Model: RHINO 660
Engine Size: Unknown
VIN: 5Y4AM04Y05A009007

IDI: 050321HCC2549

ATTACHMENTS:

- Exhibit A:** Kentucky State Police Traffic Accident Report
 - Exhibit B:** Jefferson County, KY Coroner's Report
 - Exhibit C:** FOI ltr. KY State Police
 - Exhibit D:** ATV Questionnaire
 - Exhibit E:** Jefferson County FOI ltr.
 - Exhibit F:** Contacts.
-

050321HC C2549
Exhibit A page 1 of 6

KENTUCKY STATE POLICE

STATISTICAL SECTION

1250 LOUISVILLE RD.
FRANKFORT, KY 40601

FAX TRANSMITTAL FORM

FAX (502) 226-7418
PHONE (502) 226-2169
melissa.pratt@ky.gov

NUMBER OF PAGES: 6 (INCLUDING COVER SHEET)

DATE: 3-28-05

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

COMMENTS: This is the only report I could find for November 23, 2004. However, this did not occur in the same county as Walton. Let me know if you need any further assistance.

NOTICE OF CONFIDENTIALITY: THE DOCUMENTS ACCOMPANYING THIS FAX TRANSMISSION ARE CONFIDENTIAL AND ARE ONLY INTENDED FOR THE USE OF THE RECIPIENT LISTED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT COPYING OR DISTRIBUTION OF THE INFORMATION CONTAINED IN THIS DOCUMENT IS PROHIBITED. IF YOU RECEIVE THIS FACSIMILE IN ERROR, PLEASE NOTIFY THE KENTUCKY STATE POLICE AT THE PHONE NUMBER LISTED AT THE TOP OF THIS FORM AND RETURN THE ORIGINAL MESSAGE TO OUR OFFICE BY MAIL.

050321HCC 2549

Exhibit A Page 2 of 6

 KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT		MASTER FILE # 10173899						
INVESTIGATING AGENCY KY STATE POLICE, POST 05		AGENCY ORI NUMBER KSP0500	LOGAL CODE 11-04-062					
ROADWAY NAME 14950 HWY 355		PARKING LOT: Y	INTERSECTION WITH: N BETWEEN STREETS: N					
ROADWAY #	DISTANCE FROM MILEPOINT	MILEPOINT #	INJURED	KILLED 001	# UNITS INVOLVED 1	HIT & RUN NO	ONE WAY NO	SPEED LIMIT
IN CITY LIMITS? NO		LATITUDE DEC: 38 MIN: 34.502		COLLISION DATE AND TIME 11/23/2004 19:17				
MILES FROM CITY 3 MILES NORTH		LONGITUDE DEC: 85 MIN: 00.453						
CITY/TOWN 09404 - PERRY PARK		RAMP: NO FROM: TO:				DIR: DIR:		
MANNER OF COLLISION 09 - SINGLE VEHICLE		LOCATION 1ST EVENT 97 - OTHER PROPERTY		TRAFFIC CONTROL 99 - NONE				
ROADWAY TYPE 99 - NONE OF THE ABOVE		TOTAL LANES	ROADWAY CHARACTER 06 - STRAIGHT & LEVEL		ROADWAY SURFACE 97 - OTHER		ROADWAY CONDITION 05 - WET	
WEATHER 03 - CLOUDY		LIGHT CONDITION 06 - DARK-HWY NOT LIGHTED		LAND USE 05 - PRIVATE PROPERTY		SCHOOL BUS RELATED 03 - NOT APPLICABLE		
FIRST AID AT SCENE YES		FIRST AID GIVEN BY OWEN COUNTY RESCUE						
INJURED REMOVED TO 02101 - CARROLL COUNTY MEMORIAL 05604 - UNIVERSITY OF LOUISVILLE								
EMS AGENCY AND RUN # 11411211			EMS AGENCY AND RUN # 11327621			EMS AGENCY AND RUN #		
NOTIFIED TIME 19:19	ARRIVED TIME 19:37	TIME AT HOSPITAL 20:02	NOTIFIED TIME 23:00	ARRIVED TIME 23:00	TIME AT HOSPITAL 23:29	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
INJURED OR DECEASED REMOVED BY 03 - MUNICIPAL/COUNTY EMERGENCY VEHICLE								
1) PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
2) PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
3) PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
INV. COMPLETE NO		PHOTOS YES		PHOTOGRAPHER UNIT NO. 908				
INVESTIGATOR ROBERTS D			ID NUMBER 0908	BEAT OR POST NO. 05	TIME NOTIFIED 19:19	TIME ARRIVED 19:31	RDWY OPENED	
REVIEWED BY C. WHITE							PAGE 1 OF 4	

050321HCC 2649 Exhibit A page 3 of 6

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE			KSP 74 Revised 1/2000
		MASTER FILE #	70173899
INVESTIGATING AGENCY	KY STATE POLICE, POST 05	AGENCY ORI NUMBER	KSP0500
		LOCAL CODE	11-04-062

UNIT 1 WAS TRAVELING ON PRIVATE PROPERTY. PASSENGER STATED THAT THE DRIVER WAS ACCELERATING AND MAKING A SHARP LEFT TURN WHEN UNIT 1 OVERTURNED. THE PASSENGER WAS EJECTED FROM THE PASSENGER SIDE DOORWAY. THE DRIVER WAS EJECTED FROM THE PASSENGER SIDE DOORWAY AND TRAPPED UNDER UNIT 1. UNIT 1 WAS LIFTED BY MECHANICAL MEANS BY OWEN COUNTY EMS, AND THE DRIVER TRANSPORTED TO CARROLL COUNTY HOSPITAL, AND LATER TO UNIVERSITY OF LOUISVILLE HOSPITAL. ALCOHOL WAS A FACTOR. TWENTY FOUR PACK AT SCENE TWO CANS OPEN AND ON SURFACE. UNIT 1 WAS REMOVED BY GENES TOWING

060321HCC8549 Exhibit A page 4 of 6

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE # 70173899

INVESTIGATING AGENCY KY STATE POLICE, POST 05 AGENCY ORI NUMBER KSP0500 LOCAL CODE 11-04-062

UNIT # TOWED? 1 YES - GENES TOWING # OCCUPANTS 2 PEDESTRIAN FACTORS

OPERATOR'S I.C. NO. R93255170 STATE KY OPERATORS LICENSE RESTRICTIONS

GDL NO CO. RESIDENT NO OWNER YES COMPLIANT YES

OPERATOR NAME (L.N. F.N. MI) DATE OF BIRTH ADDRESS

A. PRE-COLLISION VEHICLE ACTION 09 - MAKING U TURN B. UNIT TYPE 10 - MOTORCYCLE C. FIRE NO D. OVERTURNED YES

E. HUMAN FACTORS 01 - ALCOHOL INVOLVEMENT 18 - NOT UNDER PROPER CONTROL 19 - OVERCORRECTING/OVERSTEERING

F. H. EVENT COLLISION 1ST: 36 - OVERTURNED 2ND: 33 - FELL FROM VEHICLE

I. VEHICULAR FACTORS 99 - NONE DETECTED J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP	DOB/DOO	14	15	16	17	18	19	20	21	22	23
		08,01	YES	01	01	03	07		02	02	02
		02	NO	02	05		07		01	05	02

VEH YEAR 2004 MAKE YAMAHA MODEL RHINO 660 TYPE LL STATE REGISTRATION NUMBER YEAR

VEHICLE ID NUMBER 5Y4AM0MY05A009007 VEHICLE INSURED NO NAME OF INSURANCE CO. COLOR OF VEH GREEN

1ST AREA OF CONTACT 07 - LEFT SIDE 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE VERY MINOR AIR BAG SWITCH NOT PRESENT TRAVEL DIRECTION NORTH

ESTIMATED TRAVEL SPEED BETWEEN 15 & 20 MPH MOST HARMFUL EVENT 33 - FELL FROM VEHICLE

COMMERCIAL VEH. HAZ. CARGO HAZ. SPILL HAZ. CARGO CODE TYPE CARGO/COMMODITY NAS SAFETY REPORT #

SINGLE/COMBINATION/BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC MC # CRASH AVOIDANCE (Fatal Only) STEERING (EVIDENCE OR STATED)

GVWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER YES METHOD OF DETERMINATION 02 - OBSERVATION

TAKEN BY

TEST OFFERED NO CHEMICAL TEST TESTED FOR SENT TO RESULTS PAGE

050321 HCC2549

Exhibit A Page 5 of 6

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - WITNESS

MASTER FILE # 70173899

INVESTIGATING AGENCY KY STATE POLICE, POST 05

AGENCY ORI NUMBER KSP0500

LOCAL CODE 11-04-062

PLATE # (b)(3): CPUSA Section 25(c), (b)(6)

MALE

DOB 12/19/1947

WITNESS

DOB



050321HCC2549
Exhibit B page 1 of 2

OFFICE OF THE CORONER
JEFFERSON COUNTY

URBAN GOVERNMENT CENTER
810 BARRET AVENUE
LOUISVILLE, KENTUCKY 40204
(502) 574-6282
(502) 574-5355 FAX

Dr. Ronald Holmes
Jefferson County Coroner

Date 4/15/05

of PAGES 2

RECIPIENT Georgia Poole

COMPANY NAME FED

OFFICE # 312-886-7083

FAX # 312-353-5013

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

SENDER'S NAME _____

DEPARTMENT _____

SUBJECT: info you requested

REPLY: YES _____ NO

IF THE COPY IS POOR OR INCOMPLETE, PLEASE CALL THE SENDER. THANK YOU



U.S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

March 25, 2005

050321HCC2549
Exhibit C page 1 of 1

To: Kentucky State Police
Open Records Division
919 Versailles Road
Frankfort, Kentucky 40601

Re: Open records request:

Attn: Ms. Melissa Pratt

Dear Ms. Pratt,

The U.S. Consumer Product Safety Commission would like to request assistance from the Kentucky State Police in obtaining a copy of your Departments Death Investigation & Traffic Accident report pertaining to the below listed All Terrain Vehicle accident. Any information that you can provide at this time would be greatly appreciated.

- 1). **Accident/fatality involving an all terrain vehicle (ATV)**
Victim - 56 year old male
Sex - Male
Accident Date - November 23, 2004
Accident Location: Reportedly occurred on - Victim-s home, Walton, KY

Thanks again for any assistance that you can provide.

Sincerely,

A handwritten signature in cursive script that reads "Georgia F. Poole".

Georgia F. Poole
Product Safety Investigator
Consumer Product Safety Commission
230 S. Dearborn St.-Room 2944
Chicago, IL 60604
(312) 886-7083 phone or (312) 353-5013 fax
Email: gpoole@cpsc.gov



United States

CONSUMER PRODUCT SAFETY COMMISSION

050321 HCC 2549

230 South Dearborn Street-Room 2944

Chicago, IL 6060415

Phone # (312) 886-7083 Fax # (312) 353-5013

E-mail: gpoole@cpsc.gov

Exhibit E page 1 of 1

March 25, 2005

Dr. Ronald Holmes
Jefferson County Coroner

This request is for official CPSC
use only. All reports are kept
CONFIDENTIAL

The Consumer Product Safety Commission is an independent regulatory agency, under the provisions of the Consumer Product Safety Act (Pub. L. 92-573, 86 Stat. 1207, as amended (15 U.S.C. 2051, et seq.)). The purposes of the Commission under the CPSC are:

- (1) To protect the public against unreasonable risks of injury associated with consumer products;
- (2) To assist consumers in evaluating the comparative safety of consumer products;
- (3) To develop uniform safety standards for consumer products and to minimize conflicting State and Local regulations; and
- (4) To promote research and investigations into the causes and prevention of product-related deaths, illnesses and injuries.

Often our investigations are conducted months after the accident so we rely heavily on information obtained by fire officials, police and sheriff departments, coroners, medical examiners, insurance companies, and others.

Information from our investigations provides us with a better understanding of the incident so corrective action can be taken, if appropriate. The report(s) can be faxed or mailed to me at the information provided above.

I respectfully request the accident report, death certificate and any supplemental reports regarding the following incident:

ATV Fatality: November 24, 2004

Case Number: 04-604-1099/ 56 year old male

Location of Incident: Walton, KY at victims home

Sincerely,

Georgia F. Poole

Product Safety Investigator

U.S. CPSC - Central Regional Office

Exhibit F: 050321HCC2549

INVESTIGATIVE CONTACTS:

NAME

ADDRESS /PHONE

Melissa Pratt
Statistical Section

Kentucky State Police Department
1250 Louisville Rd.
Frankfort, KY 40601
Phone: 502/226-2169
Fax: 502/226-7418

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

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

Task Number 050321HCC2549

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1

Manufacturer: 02 - Yamaha

ATV #2

Manufacturer:

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

Model: Rhino 660

VIN: 5Y4AM04Y05A009007

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

Model Year: 2004

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

Engine Size: Unknown

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

Death #1

Death #2

Date of Death: 11/24/2004

Age/Sex: 56/Male

State of Death: KENTUCKY

City of Death: Walton

County of Death: Jefferson

050930

1. Task Number 050706HNE2586		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2005 07 02	5. Date Initiated YR MO DAY 2005 07 07		
6. Synopsis of Accident or Complaint UPC none Victim #1 a 10-year-old male victim #2 a 9-year-old female and victim #3 another 10 year-old male were riding on a four-wheeled ATV in the woods. Victim #1 crossed a slight decline attempted to negotiate a curve lost control and the A N rolled over. The A N landed on victim #1 and he died at the scene. Victim #2 sustained a leg injury she was treated at a hospital. Victim #3 was not injured. They were not wearing helmets.				
7. Location (Home, School, etc) I - HOME		8. City ROME TOWNSHIP		9. State PA
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name YAMAHA MOTOR CORP/RHINO		10C. Model Number 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORP/IN UNKNOWN 6555 Katella Ave Cypress, CA				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 10	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational Travel) 8 / 0	
20. Attachment(s) 9 - Multiple		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 081111Z	25. Reviewed By 2978		26. Regional Office Director Dennis Blasius	
27. Distribution Ingle, Ron L., Lansing, Joseph W			28. Source Document Number N0570030A	

CPSC FOR 182 (12196) Approved for use through 09/30/2006 OMB NO. 30410029

SEARCHED INDEXED
 COMMENTS: YES NO
 SERIALIZED FILED
 EXHIBIT 25C
 DO NOT RECOPY
 4/11/07 KC

The information in this report was based on information received from the police department and the coroner's office. The incident involved pertained to three victims riding on a four-wheeled all-terrain vehicle. Contact with the victims' next-of-kin and the owner of the ATV was not successful.

On Saturday, July 2, 2005, at 5:50 p.m. in Crawford County, Rome Township, PA, the weather condition was clear and the temperature was 73 degrees when victim #1, a 10-year-old male victim was operating a four-wheeled ATV in the woods. He was accompanied by two passengers, a nine-year-old female victim and her brother, another 10-year-old male victim who traveled on a path in the woods from a 15-year-old male who advised them to meet him at a pond; he rode on another ATV.

Victim #1 crossed a slight decline, attempted to negotiate a curve at an unsafe rate of speed and he lost control. The ATV rolled over, the victims were thrown and it landed on two victims.

The 15-year-old male was in close proximity when he heard victim #2 scream and he went to check on the victims. He noted the overturned ATV and the two victims lying pinned underneath it.

Victim #1 was 63 inches tall and he weighed 100 pounds. His head and upper torso were pinned underneath the overturned ATV. He sustained severe head and neck injuries. He was pronounced dead by the coroner at the scene. His cause of death was multiple blunt force head and neck trauma. He was transported via ambulance to a funeral home located in Titusville, PA.

Victim #2's height and weight are not known. Her right leg was pinned underneath the overturned ATV and she sustained a leg injury. She was transported via privately owned vehicle by her father to a hospital located in Titusville, PA. She was treated and released from the hospital.

Victim #3's height and weight are not known. He was not severely injured; he was transported via privately owned vehicle to the same hospital as his sister.

050706HNE2586

Victim #1's knowledge regarding operation and/or handling the ATV was unknown. Their traveled rate of speed on the ATV prior to the incident was not known and they were not wearing any protective gear, such as helmets.

Alcohol and/or illegal drug use were not suspected as contributing factors to the incident.

Product: four-wheeled all-terrain vehicle

Brand/Year: Yamaha/2003

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

Model: Rhino 660



VIN: unknown

Description: green in color

Condition: maintenance history, bought new or used, and prior problems are unknown. The ATV has a roll bar, seatbelts and is recommended for individuals at 16 years and older.

Modification: unknown

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Police Traffic Death Investigation Report.
2. Coroner's Report and photo (1)
3. Contact Information.
4. All-Terrain Vehicle (ATV) Questionnaire

7.2005 1:56PM

PENNSYLVANIA STATE POLICE CURRY
TRAFFIC INVESTIGATION REPORT

NO. 49 OCCIDENT L

E02-1149660

ACCIDENTAL
 SUICIDE

NATURAL

ORI/STATION
PAPSP 1400

STATUS
 CLOSED PENDING

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

- 050706HNE2586

41 42:02.43 -79 38:16.19

LOCATION CODES
219/20

DATE AND TIME OCCURRED
7/2/05 1750 Hrs.

DATE & TIME INVESTIGATOR ARRIVED
07/02/05 / 1849

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

ADDRESS

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

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

AGE
10

RACE
W / N

SEX
M

HT
408

WT
130

HAIR
BRN

EYES
BRN

HANDED
R L A

EMPLOYER OR SCHOOL
Hydetown Elementary

PHONE
814-827-

NEXT OF KIN
(b)(3) CPSA Section 25(c),(b)(6)

RELATIONSHIP TO VICTIM

NOTIFIED
 YES NO

BY WHOM

She was on Scene

APPARENT CAUSE OF DEATH

ATV roll over / ATV landed on top of the Juvenile

INJURIES HEAD AND NECK

blunt force trauma to head and neck

ARMS/HANDS

none

FRONT TORSO

Blunt force Trauma

REAR TORSO

Blunt Force Trauma

LEGS/FEET

none

INJURY DIAGRAMS ATTACHED

IF FIREARM INVOLVED, GUNSHOT RESIDUE TEST CONDUCTED

YES NO

TREATMENT INFORMATION

Cpr was preformed by (b)(3) CPSA Section 25(c),(b)(6)

CORONER

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

AUTOPSY

YES NO

AUTOPSY REQUESTED

YES NO

BLOOD DRAWN

YES NO

BAC

YES NO

TOXICOLOGY REQUESTED

YES NO

CLOTHING

Shorts and a T shirt

DAMAGE TO CLOTHING

(b)(3) CPSA Section 25(c),(b)(6) cut shirt for life saving techn

CONSISTENT WITH INJURIES

YES NO

VICTIM DISCOVERED BY NAME

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

ADDRESS

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

DOB

SSN

PHONE

DESCRIBE LOCATION WHERE BODY WAS DISCOVERED

A path in the woods approx 500 yards East of the Residence of (b)(3) CPSA Section 25(c),(b)(6) (approx 200 Yards from a pond behind the Residence.

POSITION OF VICTIM AT LOCATION

Juvenile was pinned underneath the ATV, face down. ATV was on its side (the passenger side) Upon PSP's arrival the ATV was up on all 4 wheels, pushed to the side out of way. Juvenile was face up.

	Y	N		Y	N
ANY SIGN OF TAMPERING OR DISTURBANCE AT SCENE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY EVIDENCE INDICATING TIME OR DATE VICTIM DIED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EVIDENCE OF ACTION OCCURRING AWAY FROM WHERE BODY FOUND	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WAS SCENE INCONSISTENT WITH WEATHER BEFORE OR AFTER INCIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WEAPON OR OTHER APPARENT IMPLEMENT OF DEATH LOCATED AT SCENE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIFE INSURANCE INFORMATION ON VICTIM AVAILABLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIREARM THOUGHT TO CAUSE DEATH EXAMINED FOR WORKING ORDER BY LAB REQUEST OR OTHER METHOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WAS THE SCENE PHOTOGRAPHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER APPARENT IMPLEMENT OF DEATH EXAMINED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WAS THE SCENE PROCESSED FOR PHYSICAL EVIDENCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
INCONSISTENCIES BETWEEN INJURIES AND APPARENT IMPLEMENT OF DEATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WAS VICTIM POSITIVELY IDENTIFIED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EVIDENCE OF ALCOHOL OR DRUGS AT SCENE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ANY EVIDENCE VICTIM WAS DRESSED OR UNDRESSED AFTER DEATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER PHYSICAL EVIDENCE RECOVERED AT SCENE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DID VICTIM HAVE EXISTING MEDICAL CONDITION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ANY SUICIDE NOTE, MESSAGE, ETC., FOUND	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DID VICTIM HAVE EXISTING MENTAL HEALTH CONDITION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF NOTE FOUND, OTHER EXAMPLES OF VICTIM'S WRITING AVAILABLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WAS VICTIM LISTED AS WANTED/MISSING IN CLEAN/NCIO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICTIM'S WILL INFORMATION AVAILABLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALTERNATE THEORY OF CAUSE OF DEATH POSED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
INFORMATION AVAILABLE ON VICTIM'S ACTIVITIES 24 HRS. BEFORE DEATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ANY SIGNIFICANT ISSUES REMAIN AS UNRESOLVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			ANYONE KNOWN TO HAVE WITNESSED VICTIM'S DEATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>

INVESTIGATING OFFICER

Tpr. Christopher W. SUTHERLAND

BADGE NO.

7223

SUPERVISOR'S INITIALS

SSB

DATE

7/26/05

CJ. SECTION COMMANDER'S INITIALS

BADGE NO.

DATE

PAGE NO.

01

DEPARTMENT HEADQUARTERS

PENNSYLVANIA STATE POLICE CONTINUATION SHEET INCIDENT OTHER DEATH
 SUPPLEMENTAL INVESTIGATION REPORT ATTACHMENTS: MISSING PERSON CHECKLIST:

DISP.: CLEARED BY ARREST UNFOUNDED EXCEPTIONALLY CLEARED-DATE
 FELONY CRIMES AGAINST THE PERSON STATEMENT FORM(S)
 VICTIM WITNESS ASSISTANCE GUIDE RECEIPT RIGHTS WARNING AND WAIVER
 PROPERTY RECORD OTHER
 A DEATH OF ACTOR D VICTIM REFUSED TO COOPERATE
 B PROSECUTION DECLINED E JUVENILE/NO CUSTODY
 C EXTRADITION DENIED N NOT APPLICABLE MULTIPLE CLEAR-UP

1. OR/STATION PAPSP1400 / CORRY 2. DATE OF REPORT 07/13/05
 3. OFFENSE ACCIDENTAL DEATH 4. VICTIM (b)(3):CPSA Section 25(c),(b)(6)

5. NARRATIVE
 LAT 4142.02.43 Lon - 7938.12.19
 Incident occurred as the Juvenile was operating a 2003 Yamaha 660 Rhino. While operating this vehicle the Juvenile was traversing a slight decline of the property and he was negotiating a curve on the path when he exceeded the speed of the machine for the curve and rolled over. When the ATV (Utility Vehicle) rolled over the driver and two passengers were thrown from the vehicle. The Vehicle landed on the Driver and the female passenger. The other male passenger was thrown clear of the vehicle. The 2003 Yamaha 660 Rhino landed on the Drivers Head and upper torso and the female's leg.
 This Vehicle has a Roll Bar, Seatbelts, is recommended for people 16 YOA and up. The Vehicle's dry weight is 800 Lbs. and is recommended for two individuals and for both of them to wear a Helmet and use the seatbelt that is provided.
 The two Passengers were (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA Section 25(c),(b)(6)
 (b)(3):CPSA Section They both live at (b)(3):CPSA Section 25(c),(b)(6) Both were interviewed and both could not recall the events leading up to the accident. However they relayed that Alec was Driving and they were passengers. The Female Juvenile was in the middle and her brother was in the passenger seat. (b)(3):CPSA Section 25(c),(b)(6) was present when the Interviews were attempted.

(b)(3):CPSA Section 25(c),(b)(6)
 Advised he had gone to the three Juveniles and told them they were going to go Swimming in the pond. He took one route and the three Juveniles took another route in the woods. As he was traveling through the woods he could hear the female screaming so he went to the screaming and found the Rhino on top of Alec and Abigail. The Rhino was on top of (b)(3):CPSA Section head and back (b)(3):CPSA Section leg was also pinned under the machine. The Rhino was on its side with the tires pointing towards the path. (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA Section 25(c),(b)(6) were able to get the Rhino off the two Juveniles. Ref: Written Statement.

(b)(3):CPSA Section 25(c),(b)(6)
 He advised that he preformed CPR on (b)(3):CPSA Section 25(c),(b)(6) He and his brother (b)(3):CPSA Section 25(c),(b)(6) were able to lift the Rhino off the two children. (Father of the other two children/passengers)

(b)(3):CPSA Section 25(c),(b)(6) Pronounced the death at 2000 Hrs. He also advised that there would not be an autopsy done due to this was an accident. He also took several photos of the scene on a digital camera.

8. OFFICER'S NAME/SIGNATURE Tpr. Christopher W. SUTHERLAND BADGE NO. 7223 7. INVEST. RECM. CONT. TERM. 9. SUPV. INT./BADGE NO. 10. PAGE 02
 DEPARTMENT HEADQUARTERS

JUL 27 2005 1:51PM

PENNSYLVANIA STATE POLICE COUNTY OF CRAWFORD

FILE NO. E02-1149660

PENNSYLVANIA STATE POLICE

INCIDENT

07/02/2005

CONTINUATION SHEET

OTHER N T D I Report

TIME(S) OF INCIDENT

JUVENILE

DOMESTIC VIOLENCE

SUPPLEMENTAL INVESTIGATION REPORT

Attachment 1 - 050706HNE2586

1750

ATTACHMENTS:

MISSING PERSON CHECKLIST

DISP.: CLEARED BY ARREST UNFOUNDED EXCEPTIONALLY CLEARED-DATE

FELONY CRIMES AGAINST THE PERSON

STATEMENT FORM(S)

A DEATH OF ACTOR

D VICTIM REFUSED TO COOPERATE

VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT

RIGHTS WARNING AND WAIVER

B PROSECUTION DECLINED

R JUVENILE/NO CUSTODY

PROPERTY RECORD

OTHER Injury Diagram for Head

C EXTRADITION DENIED

N NOT APPLICABLE

MULTIPLE CLEAR-UP

1. ORIENTATION

PAPSP1400 /

(b)(3):CPSA Section

2. DATE OF REPORT

07/03/05

3. OFFENSE

Accidental Death

4. VICTIM

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

5. NARRATIVE

On 07/02/2005, I assisted Trooper Christopher SUTHERLAND with an accidental death investigation of the above stated white male juvenile, arriving at 1917 hours. Once at the scene I was informed by Trooper SUTHERLAND that the victim in this investigation was ten year old (b)(3):CPSA Section 25(c),(b)(6) and that he was the operator of a Yamaha Rhino 660 4x4 ATV. He also informed me that there were also two other juveniles riding in the ATV at the time of the incident a 10 year old male and his 9 year old sister. Apparently all three of the juveniles were ejected from the ATV. Only the driver sustained a serious fatal injury. The other two were transported to the Titusville Hospital via personal vehicle by their father (b)(3):CPSA Section 25(c),(b)(6) to be evaluated for what appeared to be minor injuries.

While at the scene, I photographed the area of the death as well as the victim's body and the ATV. This was done by the use of a Pentax K1000 35mm SLR camera and two rolls of Kodak MAX 400 1/2 exposure film. A flash unit was also utilized to take these photographs.

After this was done, Crawford County Chief (b)(3):CPSA Section 25(c),(b)(6) arrived on the scene and pronounced (b)(3):CPSA Section 25(c),(b)(6) at 2000 hours, with preliminary cause of death as severe blunt force trauma to the head. A more detailed injury description to follow upon receipt of the Coroner's report at a later date.

Form SP 4-136, Request for Forensic Photographic Services was prepared by this officer and provided to Trooper SUTHERLAND for submission.

8. OFFICER'S NAME/SIGNATURE

Cpl. Kevin W. FORCIER

BADGE NO.

5029

7. INVEST. RECM.

CONT. TERM.

9. SUPV. INIT./BADGE NO.

[Signature]

CONCUR

NONCONCUR

10. PAGE

03

DEPARTMENT HEADQUARTERS

PENNSYLVANIA STATE POLICE VICTIM/WITNESS STATEMENT FORM

1. VICTIM: (b)(3):CPSA Section 25(c),(b)(6) 2. INCIDENT NO.: E02-1149660 3. ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) 4. PLACE: 1 5. DATE/DAY: 7/26/05 SAT 6. TIME: 2035

7. OFFICER'S NAME/SIGNATURE/BADGE NO.: TPR. CHRISTOPHER W. SUTHERLAND / TPR. Christopher W. Sutherland 1235 8. PAGE NO./INITIALS: 01 CLJ

9. STATEMENT: X I, (b)(3):CPSA Section 25(c),(b)(6) on July 2nd, 2005, was the first one present at an ATV accident. When I arrived, I saw the vehicle lying on the passenger side with the wheels pointing towards the trail. The boy was lying facedown underneath the vehicle towards the rear end with most of his body stuck underneath the vehicle with his head not visible. He was completely motionless. The girl was lying face up with her right leg stuck under the vehicle. She was conscious and screaming for help. The other boy was up and walking around.

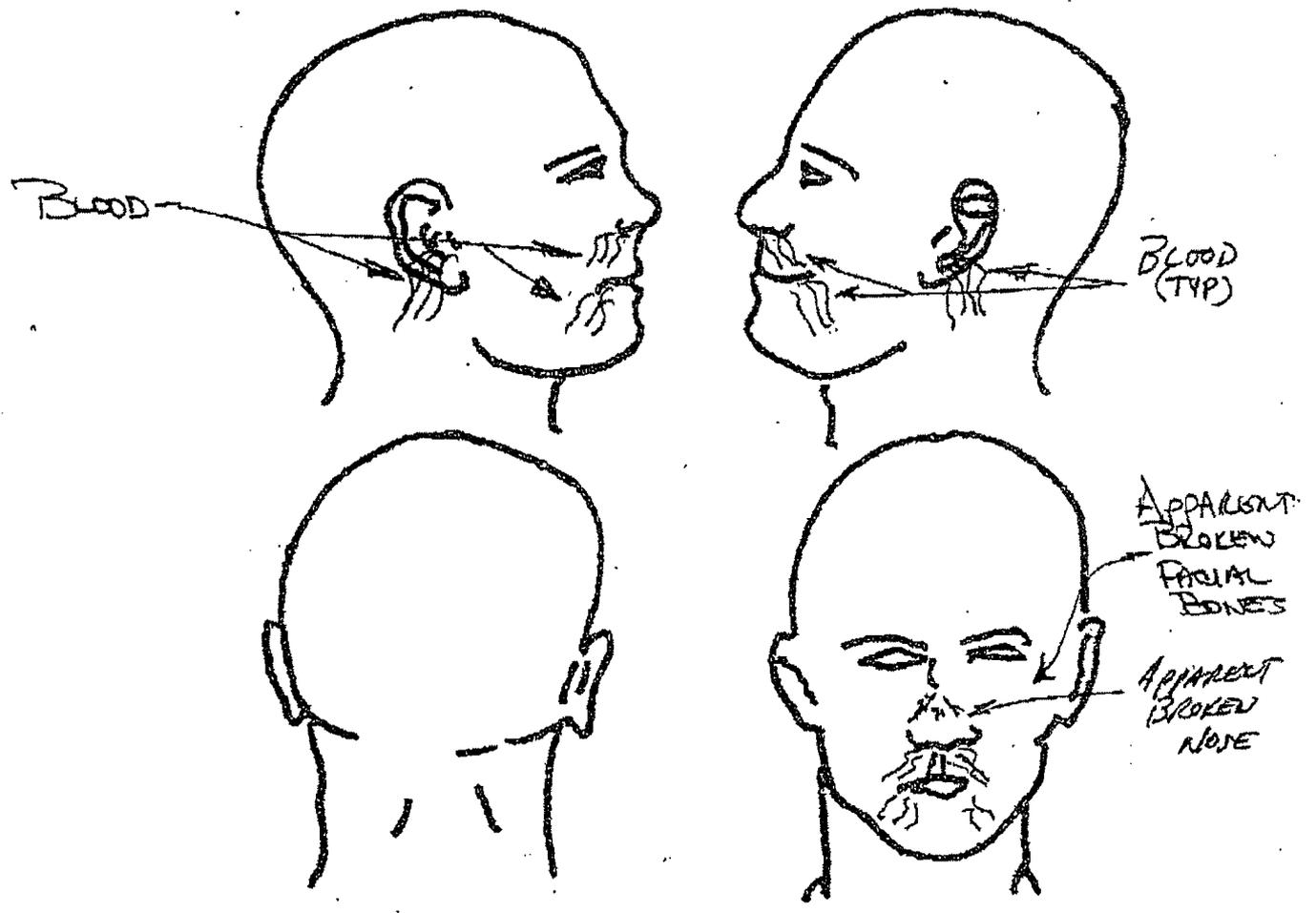
CLW (b)(3):CPSA Section 25(c),(b)(6) CLW (b)(3):CPSA Section 25(c),(b)(6) CLW (b)(3):CPSA Section 25(c),(b)(6)

NOTICE Under Section 4904 of the Pa. Crimes Code, Unsworn Falsification to Authorities, a person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true.

10. VICTIM/WITNESS SIGNATURE: (b)(3):CPSA Section 25(c),(b)(6)

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

Attachment 1 - 050706HNE2586



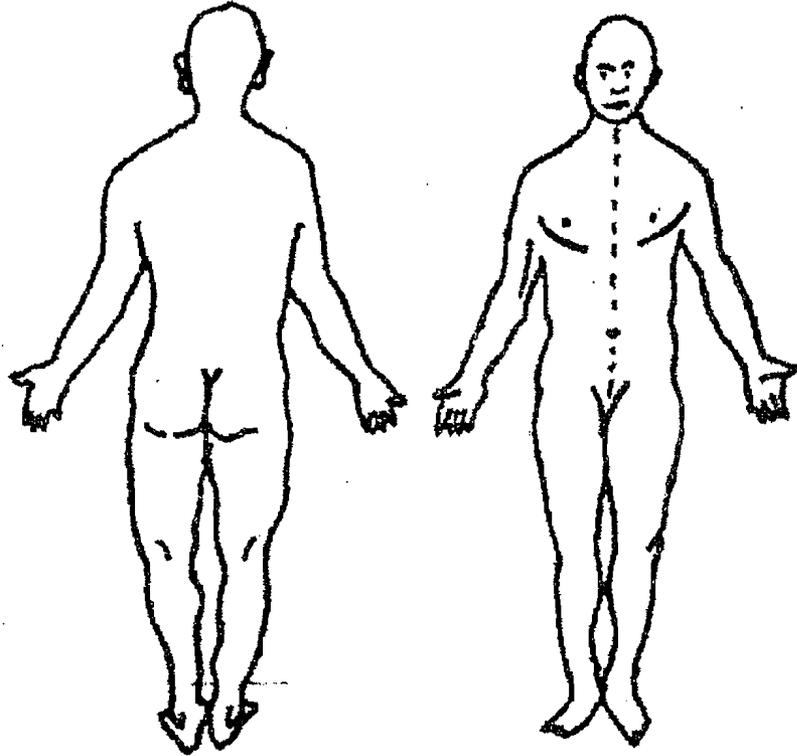
COMPLETED BY: <i>Cpl. Kevin W. Forcier</i>	BADGE NO.: 5029	DATE: 07/08/2005
REVISOR'S REVIEW: <i>AK</i>	CL SECTION CO.:	PAGE NO.: 04

SP 7-88795 (4-9-9)

INJURY DIAGRAM

INCIDENT NO.

VICTIM:



COMPLETED BY:

#ADGE NO.:

DATE:

SUPERVISOR'S REVIEW:

SP 5807

CL. SECTION CO.:

PAGE NO.:

5

18146638053

=> R I INV RECORDS SEC ,TEL=717 705 6368

07/27'05 15:01

COMPLETED BY:

BADGE NO.:

DATE:

SUPERVISOR'S REVIEW:

SP 5807

CL. SECTION CO.:

PAGE NO.:

6

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JUL 27 2005 1:27PM

PENNSYLVANIA STATE POLICE CURRY

NO. 498 P. 3

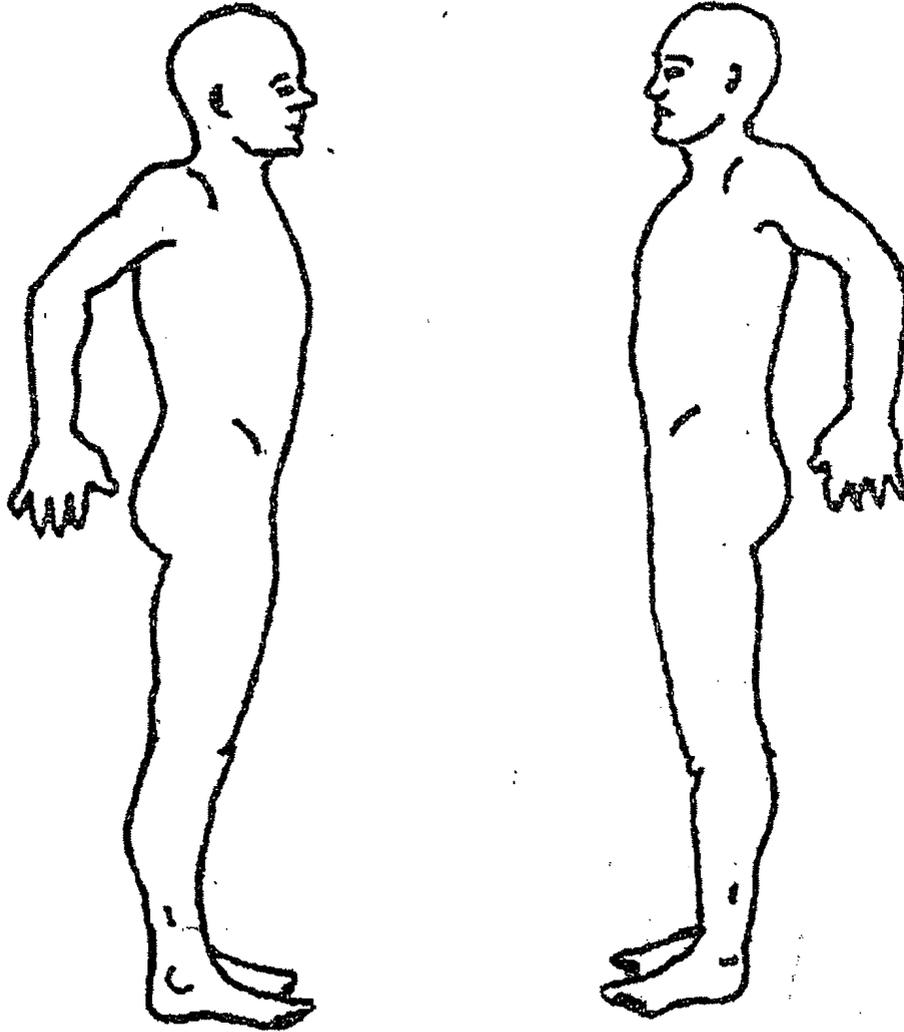
Attachment 1 - 050706HNE2586

SP 7-0072B (4-94)

INJURY DIAGRAM

INCIDENT NO.:

VICTIM:



COMPLETED BY:

BADGE NO.:

DATE:

SUPERVISOR'S REVIEW:

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CL. SECTION CO.:

PAGE NO.:

18146638053

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Crawford County Coroner's Report

Office of the Coroner

Coroner Patrick W. McHenry D-ABMDI

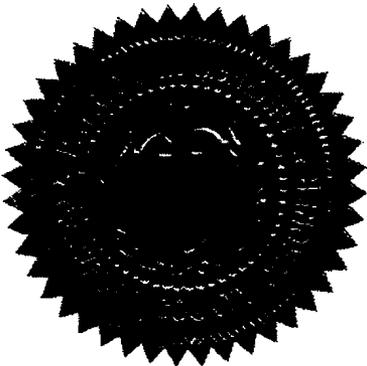
2100 Independence Drive

Saegertown, Pennsylvania 16433

Office Telephone: 814-763-4544 Fax: 814-763-2879



Name of Decedent				Decedent's Address			
(b)(3);CPSA Section 25(c),(b)(6)							
Race	Sex	Height	Weight	Age	Date of Birth	Report Number	Police Report Number
W	M	63"	100	10	(b)(3);CPSA Section 25(c),(b)(6)	05-082	E02-1149660
Next of Kin				Next of Kin's Address		Relationship	
Arthur H. BURLEIGH				46806 Cloverdale Rd. Titusville, PA 16354		Father	
Place of Pronouncement			Pronounced By		Date Pronounced	Time Pronounced	
Scene			(b)(3);CPSA Section 25(c),(b)(6)		07/02/2005	2000 hrs.	
Date of Incident	Time of Incident	Location of Incident			While at Work		
07/02/2005	1750 hrs.	(b)(3);CPSA Section 25(c),(b)(6)			()Yes (X)No		
Apparent Place of Death				Hospitalization	Date Admitted	Time Admitted	
Above scene				()Yes (X)No	N/A	N/A	
Transported To / From					Transported By		
Scene to Garrett F.H.					Coroner Ambulance		
External Examination By		Date Examined	Time Examined	Location of Examination			
(b)(3);CPSA Section 25(c),(b)(6)		07/02/2005	2000 hrs.	Scene & Funeral Home			
Autopsy		Date of Autopsy	Time of Autopsy	Performed By			
()Yes (X)No		N/A	N/A	N/A			
Medical Certification				On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) as stated.			
IMMEDIATE CAUSE						Interval Between Onset & Death	
(A) Multiple Blunt Trauma to the Head and Neck							
DUE TO (or as a consequence of)						Interval Between Onset & Death	
(B) All Terrain Vehicle Rollover							
DUE TO (or as a consequence of)						Interval Between Onset & Death	
(C)							
Other Significant Conditions					Date and Time of Death		
					07/02/2005 1755 hrs.		
Manner of Death	Investigating Police Officer		Police Agency		Funeral Home		
Accidental	Tpr. Christopher Sutherland		PSP, Corry		(b)(3);CPSA Section 25(c),(b)(6)		
Photography ()None (X)Identification (X)Scene (X)Body ()Autopsy ()Other							
Report Sent To PSP Corry U.S. CPSC (Moon)							



This will certify an official forensic investigation into the above death has been conducted by the Office of the Coroner, in the County of Crawford, Commonwealth of Pennsylvania.

Signature

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

Date

August 1, 2005

CRAWFORD COUNTY CORONER'S OFFICE INVESTIGATIVE REPORT

Attachment 2 - 050706HNE2586

REPORT NUMBER: 05-082

DATE OF INCIDENT: July 2, 2005
TIME OF INCIDENT: Approximately 1750 hours

DISCOVERED BY: (b)(3), CPSA Section 25(c), (b)(6)
ADDRESS:
TELEPHONE:

AND: (b)(3), CPSA Section 25(c), (b)(6)
ADDRESS:
TELEPHONE:

DATE AND TIME NOTIFIED: July 2, 2005 at 1822 hours

HOW NOTIFIED: Paged by Crawford County 911

LOCATION OF INCIDENT: Wooded area approximately 500 yards east of (b)(3), CPSA Section 25(c), (b)(6) Rome Township.

ARRIVAL ON SCENE: 2000 hours. (See note below)
Received inconsistent directions and flawed mapping causing a delay in arriving on the scene.

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

SOCIAL SECURITY #:
HEIGHT: Approx. 63" WEIGHT: Approx. 100 EYES: Brown HAIR: Brown

VEHICLE OWNER: (b)(3), CPSA Section 25(c), (b)(6) W/N/M 29 D.O.B. (b)(3), CPSA Section 25(c), (b)(6)
ADDRESS:
TELEPHONE:

REPORT NUMBER: 05-082
PAGE 1

**CRAWFORD COUNTY CORONER'S OFFICE
INVESTIGATIVE REPORT CONTINUED**

REPORT NUMBER: 05-082
PAGE 2

Attachment 2 - 050706HNE2586

VEHICLE INFORMATION: All Terrain Vehicle (Utility type)
Yamaha Rhino 660 4 X 4

PASSENGERS:

ADDRESS:

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

LOCATION OF DECEDENT

ON ARRIVAL: Approximately 500 yard behind (b)(3):CPSA Section 25(c),(b)(6) east of the Jackson property lying supine on the ground approximately three feet north of an established trail.

DATE AND TIME OF DEATH: July 2, 2005 at approximately 1755 hours

**DATE AND TIME
PRONOUNCED DEAD:** July 2, 2005 at 2000 hours

PRONOUNCED DEAD BY:

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

**DATE AND TIME OF
AUTOPSY:**

Autopsy not required

CAUSE OF DEATH:

Multiple Blunt Trauma to the Head and Neck
All terrain Vehicle Crash

MANNER OF DEATH:

Accidental

NEXT OF KIN: (Father)

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

(Mother)

ADDRESS:

TELEPHONE:

**INVESTIGATING AGENCY:
INVESTIGATORS:**

Pennsylvania State Police, Corry Station
Corporal Kevin W. FORCIER
Trooper Christopher W. SUTHERLAND

CRAWFORD COUNTY CORONER'S OFFICE INVESTIGATIVE REPORT CONTINUED

REPORT NUMBER: 05-082
PAGE 3

Attachment 2 - 050706HNE2586

POLICE REPORT
NUMBER:

E02-1149660

ASSISTED BY:

Spartansburg Fire & Ambulance

BODY TRANSPORTED BY:

Chief Deputy Hughes (County Ambulance)

BODY TRANSPORTED TO:
ADDRESS:

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

TELEPHONE:

VEHICLE REMOVED BY:

The Vehicle owner
(b)(3) CPSA Section 25(c), (b)(6)

INITIAL OBSERVATION: When this Deputy arrived at the scene William Scouten, Spartansburg Fire and Ambulance met me in a driveway at (b)(3) CPSA Section 25(c), (b)(6) and directed me to a trail east approximately 500 yards from the property. As I traveled back the trail to the crash site I observed an area to the left of the trail where there apparently had been a picnic for a large group. I viewed and pronounced Alec Burleigh deceased lying supine approximately five feet from the left side of this trail. The Yamaha Rhino was approximately one foot from the right side of the trail. The decedent was covered with several white sheets. When I removed the sheets I observed that this 10 year old had extensive head trauma. I then delayed any further examination pending removal to a funeral home.

SYNOPSIS: (b)(3) CPSA Section 25(c), (b)(6) was operating a Yamaha All terrain Vehicle on an established trail east of (b)(3) CPSA Section in Rome Township. There was a ten-year-old male and a nine-year-old female riding in the vehicle. (See vehicle information on page 2 for names) While attempting to negotiate a curve the operator lost control and the vehicle rolled over. All three occupants were ejected and the vehicle rolled onto the decedent. Apparently (b)(3) CPSA Section were in close proximity to the crash site and rolled the vehicle off the decedent. (b)(3) CPSA Section 25(c), (b)(6) reported this incident to the Crawford County 911 Center requesting an ambulance. The 911 Center received this call at 1755 hours. They dispatched Emergycare Titusville, Spartansburg Ambulance, and referred the incident to the Pennsylvania State Police at Corry. Emergycare arrived on the scene at 1813 hours and Spartansburg Ambulance arrived at 1815 hours. They requested a coroner at 1822 hours. Trooper Sutherland arrived on the scene at 1849 hours and Corporal Forcier arrived at 1917 hours. This Deputy Coroner arrived at 2000 hrs.

CRAWFORD COUNTY CORONER'S OFFICE INVESTIGATIVE REPORT CONTINUED

REPORT NUMBER 05-082
PAGE 4

Attachment 2 - 050706HNE2586

DETAILS: Corporal Forcier related to this Deputy that the two passengers received very minor injuries and all three occupants were ejected. They obviously were not wearing seat belts and none of the three was wearing a helmet. The decedent was operating the vehicle, (b)(3):CPSA Section 25(c),(b)(6) was in the middle, and (b)(3):CPSA Section 25(c),(b)(6) was in the right passenger seat. This vehicle has a roll bar, seatbelts and is recommended for individuals 16 years old and above. The vehicle is also recommended for two individuals wearing helmets and using seat belts. The decedent was attempting to negotiate a curve on the trail when he apparently exceeded a speed safe for this curve. The vehicle came to rest on its side with the tires pointing toward the path. All three individuals were thrown out of the vehicle. (b)(3):CPSA Section 25(c),(b)(6) was thrown clear and the vehicle landed on top of the decedent and (b)(3):CPSA Section 25(c),(b)(6) pinning (b)(3):CPSA Section 25(c),(b)(6) legs and the decedent's head and neck. (b)(3):CPSA Section 25(c),(b)(6) were able to roll the vehicle back to its upright position and moved Abigail clear of the vehicle. They attempted CPR on the decedent, but did not move him from the position where he was found under the vehicle.

When I arrived on the scene I first viewed the decedent and then photographed the scene. The investigating officers had completed their scene investigation and Spartansburg Ambulance personnel assisted in moving the remains to the coroner's gurney for transport to the (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c),(b)(6) were leaving the area just as I arrived at (b)(3):CPSA Section 25(c),(b)(6) however they had advised that the funeral home designation was (b)(3):CPSA Section 25(c),(b)(6) in Titusville.

I transported the body to the (b)(3):CPSA Section 25(c),(b)(6) Home arriving there at 2045 hours and conducted an external examination. (b)(3):CPSA Section 25(c),(b)(6) was present at the funeral home during this exam.

The decedent was wearing what appear to be shorts or swimming trunks. They are black with a silver stripe down the outside of the legs and around the cuffs. He was not wearing any other clothing or shoes. There is a plastic band around his right wrist. There are numerous insignificant laceration and abrasions on the upper body. There is a large crushing wound to the right frontal region of the head. There is bleeding from the mouth and ears. There are apparent fractures of the cervical spine. On rotation of the neck the fractures can be palpated easily. The bleeding from the mouth and ears is suggestive of and consistent with basal skull fractures. After completing the external examination I photographed the body in the funeral home.

On July 3, 2005 I completed a death certificate and sent it by U.S. Postal service to the funeral home.

CRAWFORD COUNTY CORONER'S OFFICE
INVESTIGATIVE REPORT CONTINUED

REPORT NUMBER: 05-082
PAGE 5

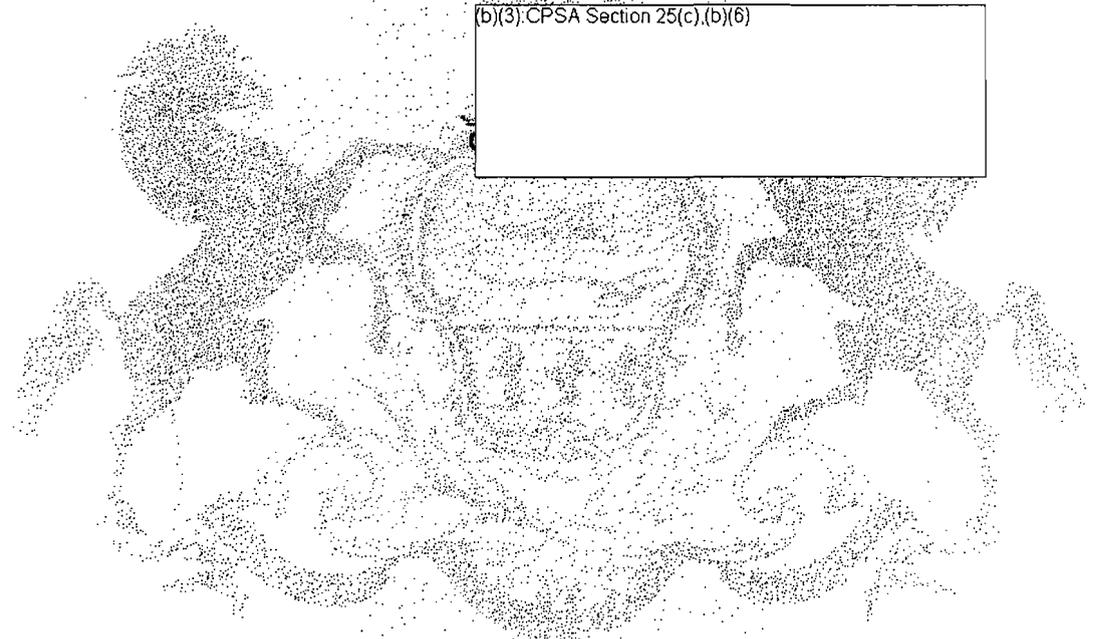
Attachment 2 - 050706HNE2586

ATTACHMENTS:

Dispatch records
Copy of Death Certificate
Photographs

This investigation is closed.

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



ATTACHMENT 3 - 050706HNE2586

CONTACT INFORMATION:

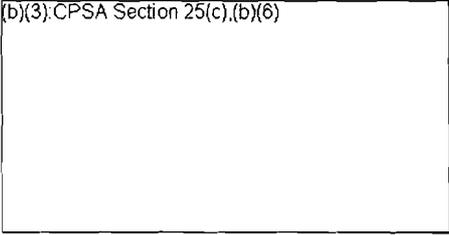
Contacted on 7/20/05

Corry PA Police
11088 Route 6 East
Union City, PA 16438
(814)663-2043

Crawford PA Police
11176 Murray Rd
Meadville, PA 16335
(814)332-6911

Criminal Investigation Div
1800 Elmerton Ave
Harrisburg, PA 17110
(717)783-2570

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



Task Number 050706HNE2586

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1

Manufacturer: 02 - Yamaha

ATV #2

Manufacturer:

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

Model: Rhino 660

VIN: UNKNOWN

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

Model Year: 2003

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

Engine Size: Unknown

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

Death #1

Death #2

Date of Death: 07/02/2005

Age/Sex: 10/Male

State of Death: PENNSYLVANIA

City of Death: Rome Twp

County of Death: Crawford

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

Victim #1, a 10-year-old male, victim #2, a 9-year-old female and victim #3, another 10-year-old male were riding on a four-wheeled ATV in the woods. Victim #1 crossed a slight decline, attempted to negotiate a curve, lost control and the ATV rolled over. The ATV landed on victim #1 and he died at the scene. Victim #2 sustained leg injury; she was treated at a hospital. Victim #3 was not injured. They were not wearing helmets.

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

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

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

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

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

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

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

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

0 - Unknown 2 - Two riders 4 - Four or more riders
1 - One rider 3 - Three riders

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

Age: 10 Height: 63 (inches)
Weight: 03 = 100 - 149 Sex: Male

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

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

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

01 - Forest, Woods

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

Victim #3:

9. no

11. no

13. height/weight: unknown

Victim #2 and Victim #3

18. no

19. no

05706HNE2586

The attached photos by the police department were received following submission of the report and are attached as an addendum.

ATTACHMENT:

Attachment 1 - Photographs of 4-wheeled all-terrain vehicle. (4) Recvd 8/15/05

Photo 1: shows right side view of ATV

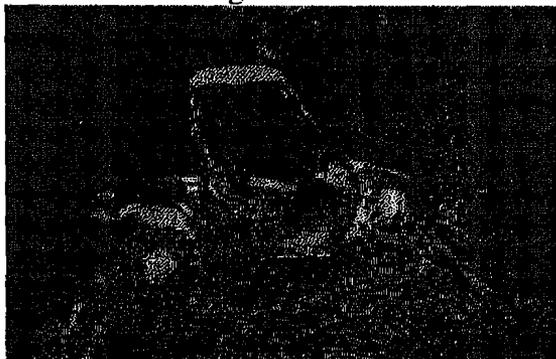


Photo 2: shows left view of ATV



Photo 3: shows rear side view of ATV

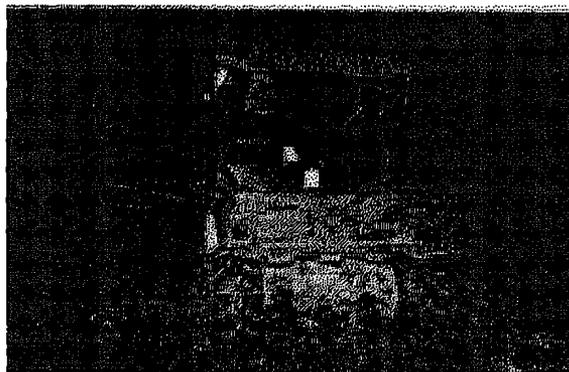


Photo 4: shows view of dirt path which the victim rode on



050706HNE2586 N057-0030A

JUL 21 2005 ISSUE 43

PITTSBURGH POST-GAZETTE ■ TUESDAY, JULY 5, 2005**CRAWFORD COUNTY****Boy dies in ATV accident**

A 10-year-old boy was killed when the all-terrain vehicle he was driving rolled over on him.

The Titusville boy lost control of the ATV on Saturday while carrying two passengers, police said.

A 9-year-old girl received minor injuries and another 10-year-old boy was unharmed.

Police did not immediately release the names of the victims.

Scan # 1

051130

1. Task Number 050026HCN0828		2. Investigator's ID 9032		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2005 08 23	5. Date Initiated YR MO DAY 2005 08 30		
6. Synopsis of Accident or Complaint UPC A 52-year-old male was driving his side-by-side four wheeled ATV with his 34-year-old male passenger seated beside him at approximately 2:00 am. He was driving the ATV in a grassy part of his cornfield and was familiar with the area. The ATV started sliding sideways. The ATV hit soft dirt and the wheels dug in and the ATV rolled ejecting both its passengers from the sides of the ATV. The 52-year-old male victim died at the scene and his passenger was taken to the hospital, treated and later released. No helmets were worn.				
7. Location (Home, School, etc) 2 • FARM		8. City LIVERNE		9. State MN
10A. First Product 5044 UTILITY VEHICLE		10B. Trade/Brand Name YAMAHA VIN# [REDACTED]		10C. Model Number RHINO 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 52	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 87 - N.S./UNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 • Telephone	19. Time Spent (Operational Travel) 9 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) Yes <input type="radio"/> No <input checked="" type="radio"/> Verbal				
24. Review Date 10/19/2005	25. Reviewed By 8631		26. Regional Office Director Frank J. [REDACTED]	
27. Distribution Mills, Charles F.; Ingle, Robin L.			28. Source Document Number G058028	

CPSC Form 101 (12/86) Approved for use through 09/30/2006 OMB NO. 30410029

REGULAR NOTICE

YES NO
 COVER LETTER ATTACHED
 EXCERPTS FOR FILE 25C
 REVIEWED
 DO NOT RE-INITIAL RE-MONITOR
 4/11/07 JC

IDI# 050826HCN0828

ATV Fatality, Luverne, Minnesota

Page 1

At approximately 2:00 am on August 23, 2005, the 52-year-old male victim was driving his side-by-side four-wheeled ATV with his 34-year-old male passenger. He was driving his ATV in a grassy part of his cornfield so the victim was familiar with the area. The road surface was made of dirt. No helmets were being worn at the time of the accident. Not much is known about this incident as it occurred on private property. The investigating Officer did not know the victim's experience with operating an ATV or if the victim completed the Dept. of Natural Resources Safety Training.

The victim was driving his ATV in the cornfield with his side passenger when the ATV started sliding sideways. The ATV hit soft dirt and the ATV's wheels dug in and the ATV rolled ejecting both its passengers from the sides of the ATV. The 52-year-old male victim died at the scene and his male passenger was taken to the Luverne Community Hospital, treated and later released.

Request for the Coroner's report and the Certificate of Death have been exhausted and proved unsuccessful. In a telephone conversation with the Rock County Coroner's office, it was stated that they had requested that the family of the victim come into the clinic to sign consent to release the autopsy report to this investigator which they refused to do. The cause of death is unknown.

In a telephone conversation with the Rock County Attorney he stated that the accident occurred at approximately 2:00 am. Because the accident occurred on private property, not much of an investigation was completed. No photographs were taken at the scene of this accident. The victim was not wearing a helmet at the time of the accident.

The product involved in this incident was a **four-wheeled ATV**:

- **Yamaha**
- **2002**
- **Rhino 660**
- **VIN# 5Y4AM04Y24A006155**

“The Yamaha Rhino 660™ is a relative newcomer to the ATV market. It is also called a side-by-side because of its seating configuration. It has been on the market for just a few years.” See Web site: www.Rhinorollovers.com/

IDI# 050826HCN0828
ATV Fatality, Luverne, Minnesota
Page 2

ATTACHMENTS

1. ATVD
2. Respondents
3. Rock CO Sheriff's Report

IDI: # 050826HCN0828

Exhibit # 2

Page 1 of 1

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

- Rock County Sheriff's Dept. 08/30 & 09/28/05
P.O. Box 613
Luverne, Minnesota 56156
(507) 283-5000
- Rock County Attorney
(b)(3):CPSA Section 8/31, 9/21, & 28/05
120 North McKenzie
P.O. Box 538
Luverne, Minnesota 56165-0538
(507) 283-9111

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

2005-09-27 14:40
AUG 31 2005 2:50PM

5072859113
ROCK CO SHERIFF

SKV P. 3 P. 2/3
No. 1877

56-020001
(1-88)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
FATALITY REPORT

Page 1 of 1

In cooperation with Minnesota Highway Traffic Safety Administration Fatality Accident Reporting System

SEE INSTRUCTIONS ON REVERSE

A ACCIDENT INFORMATION

Accident Date 08-23-05	Accident Time unk	Time Period Reported 0235	Time Ample/Hours Reported 0235
Contributing Weather If Yes, What Kind?	Level None	Contributing Road Conditions If Yes, What Kind?	Other None
SPECIAL JURISDICTION If Other, What Is It?	Police Precinct Jurisdiction <input type="checkbox"/> Campus <input type="checkbox"/> Airport <input type="checkbox"/> Fairgrounds <input type="checkbox"/> Hospital <input type="checkbox"/> Military <input type="checkbox"/> National Park <input type="checkbox"/> Other	Where Did It Occur? <input type="checkbox"/> Road <input type="checkbox"/> In Park <input type="checkbox"/> In City <input type="checkbox"/> In Suburban <input type="checkbox"/> In Rural	Time Ample/Hours Reported at Scene 0257
Director Type <input type="checkbox"/> Median W/Banner <input type="checkbox"/> Median No Banner <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None	Hand Surface Type <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Gravel/Blot <input type="checkbox"/> Dirt <input type="checkbox"/> Other		

B UNIT INFORMATION

UNIT NO. 1 -- VEHICLE 1

Vehicle Make/Model 00 Chevy 200 2.0	PERSON INFORMATION (By Seat Position)
Rollover <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1 2 3 4 5 6 7 8 9 Other
Direction <input type="checkbox"/> Left Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input type="checkbox"/> NA	1- Driver 2- Front Passenger 3- Rear Passenger 4- Other 5- Pedestrian 6- Other
Travel Speed unk	7- Other
Towing a Trailer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	8- Other
Special Use <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	9- Other
Emergency Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	10- Other
Accident Maneuver <input type="checkbox"/> Braking <input type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None	11- Other
Violations Charged <input type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev <input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol <input type="checkbox"/> Non Move-Viol <input type="checkbox"/> Viol. Type Unknown/Other <input type="checkbox"/> Unknown	12- Other
Truck/Bus Type <input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input type="checkbox"/> NA	13- Other
CIRCLE POINT OF IMPACT FRONT REAR	SELECTED THROUGH 1- FRONT 2- REAR 3- Windshield 4- Door 5- or NA
CIRCLE POINT OF IMPACT FRONT REAR	INJURED WHILE WORKING 1- No Worker's Comp 2- Yes or Other
	SHOULDER BELT USE 1- Yes 2- No

UNIT NO. 2 -- VEHICLE 2 PEDESTRIAN BIKE

Vehicle Make/Model	PERSON INFORMATION (By Seat Position)
Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1 2 3 4 5 6 7 8 9 Other
Direction <input type="checkbox"/> Left Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input type="checkbox"/> NA	1- Driver 2- Front Passenger 3- Rear Passenger 4- Other 5- Pedestrian 6- Other
Travel Speed unk	7- Other
Towing a Trailer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	8- Other
Special Use <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	9- Other
Emergency Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	10- Other
Accident Maneuver <input type="checkbox"/> Braking <input type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None	11- Other
Violations Charged <input type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev <input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol <input type="checkbox"/> Non Move-Viol <input type="checkbox"/> Viol. Type Unknown/Other <input type="checkbox"/> Unknown	12- Other
Truck/Bus Type <input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input type="checkbox"/> NA	13- Other
CIRCLE POINT OF IMPACT FRONT REAR	SELECTED THROUGH 1- FRONT 2- REAR 3- Windshield 4- Door 5- or NA
CIRCLE POINT OF IMPACT FRONT REAR	INJURED WHILE WORKING 1- No Worker's Comp 2- Yes or Other
	SHOULDER BELT USE 1- Yes 2- No

-- OVER --

Task# 050826HCN0828
Exhibit 3
Page 1 of 2

2005-09-27 14:41

14:41

Aug 31 2005 2:50PM

ROCK CO SHERIFF

No. 1822 P. 2

Minnesota Recreational Vehicle Accident Report Form

4
 6 - Sportsmobile 5 - 8 wheel ATV
 5 - 3 wheel ATV M - Off road motor cycle
 4 - 4 wheel ATV V - Off road vehicle

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

F

Date: **08-31-05** Time: **0135** PM
 (b)(3) CPSA Section 25(c), (b)(6)
 Phone Number: (b)(3) CPSA Section 25(c), (b)(6)
 County: **Rock County 60**

Machine # 1

Operator's Name (First, Middle, Last): (b)(3) CPSA Section 25(c), (b)(6)
 Date of Birth (MM/DD/YYYY): (b)(3) CPSA Section 25(c), (b)(6) Age: **52** Sex: **M**

Address (No. & Street, RFD, Box No., City, ZIP Code): (b)(3) CPSA Section 25(c), (b)(6)

Owner's Full Name (First, Middle, Last) if other than Operator: (b)(3) CPSA Section 25(c), (b)(6)

Owner's address: (b)(3) CPSA Section 25(c), (b)(6)

Make: **Yamaha** Model: **Rhino** Engine size: **660cc** Year of Machine: **2002** Estimated repair cost: **No damage**

Registration Number: **Not Registered** Exp. Date: **N/A** Class: **N/A** Estimated speed: **N/A** MPH

Operator checked out: **Yes** (Yes/No) Not used: **N** (N - No P - Passenger M - Motor F - Fuel) Other fuel: **Yes** (Yes/No) Diesel: **No** (Yes/No) Any violations? **Yes** Explain: **None** Any legal action? **Yes** Explain: **None**

Did operator complete the Dept. of Natural Resources Safety Training? **Yes** Operator's Experience: **10-15 years** Hours spent riding the day of the accident? **10**

Machine # 2 **N/A**

Operator's Name (First, Middle, Last):
 Date of Birth (MM/DD/YYYY): Age: Sex:

Address (No. & Street, RFD, Box No., City, ZIP Code):

Owner's Full Name (First, Middle, Last) if other than Operator:

Owner's address:

Make: Model: Engine size: Year of Machine: Estimated repair cost:

Registration Number: Exp. Date: Class: Estimated speed: MPH

Operator checked out: Yes/No Not used: N/A (N - No P - Passenger M - Motor F - Fuel) Other fuel: Yes/No Diesel: Yes/No Any violations? Yes/No Explain: Any legal action? Yes/No Explain:

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

Injured Name (First Middle Last):
 DOB: Age: Sex: Cause: **Fatal**

An accident resulting in injury requiring medical attention or death of any person or total property damage of \$500.00 or more shall be reported by the investigating officer/operator on this form, within 10 business days, to the
MINN. THER. ENFORCEMENT SAFETY TRAINING 900 LAKEVIEW BLVD, BOX 47 ST. PAUL, MN 55108-4687

Task# 050826HCN082B
 Exhibit 3
 Page 2 of 2

Task Number 050826HCN0828

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1

ATV #2

Manufacturer: 02 - Yamaha

Manufacturer:

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

Model: rhino

VIN: 5Y4AM04Y24A006155

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

Model Year: 2002

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

Engine Size: 625-650

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

Death #1

Death #2

Date of Death: 08/23/2005

Age/Sex: 52/Male

State of Death: MINNESOTA

City of Death: Luverne

County of Death: Rock

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

A 52-year-old male was driving his side-by-side four wheeled ATV with his 35-year-old male passenger seated beside him at approximately 2:00 am. He was driving the ATV in a grassy part of his cornfield and was familiar with the area. The ATV started sliding sideways. The ATV hit soft dirt and the wheels dug in and the ATV rolled ejecting both its passengers from the sides of the ATV. The 51-year-old male victim died at the scene and his passenger was taken to the hospital, treated and later released. No helmets were worn.

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

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

Victim 1:

Victim 2:

Yes No Unknown

Yes No Unknown

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

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

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

Victim 1:

Victim 2:

Yes No Unknown

Yes No Unknown

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

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

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

Age: 52 Height: (inches)
Weight: Sex: Male

Hamann, Peggy A.

From: Ault, Eric B. **Sent:** Fri 8/26/2005 8:31 AM
To: Hamann, Peggy A.; Blasius, Dennis R.
Cc:
Subject: FW: 8/23/05. Fatal ATV accident in Luverne, SD G058 0289A
Attachments: August 29, 2005
"TC-54"
IDI
050826HCN0828

Please assign IDI to Sid's team. Thanks.

From: Grundy, Michelle A.
Sent: Fri 8/26/2005 8:44 AM
To: Ault, Eric B.
Cc: Ross, Robin M.
Subject: 8/23/05. Fatal ATV accident in Luverne, SD

Driver dies in four-wheeler accident

Published: 08/26/05

One man died and another was injured early Tuesday in an all-terrain-vehicle accident near Luverne.

(b)(3):CPSA 51, of Luverne was driving a Yamaha Rino ATV in a grassy part of his cornfield four miles northeast of Luverne when the vehicle started sliding sideways, Rock County Sheriff Mike Winkels said.

The Yamaha hit softer dirt, its wheels dug in and it rolled about 2:35 a.m., (b)(3):CPSA Section 25(c), (b)(6) died at the scene.

A passenger (b)(3):CPSA Section 25(c), (b)(6) of Kenneth, Minn., was taken to Luverne Community Hospital. He was not listed as a patient Thursday.

Neither man was wearing a helmet, Winkels said.

051230

1. Task Number 050929HNE2837		2. Investigator's ID 8842		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2005 39 29	5. Date Initiated YR MO DAY 2005 10 21		
6. Synopsis of Accident or Complaint UPC A 21-year-old male was riding as a passenger on a 4-wheeled ATV when he decided to move to the back of the vehicle while it was moving. As he climbed around the ATV's roll bar, his body struck a utility pole. The victim was transported to the hospital where he was pronounced dead with the cause listed as closed head injury.				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City MEDFORD		9. State NJ
10A. First Product 5044 UTILITY VEHICLE		10B. Trade/Brand Name YAMAHA RHINO		10C. Model Number
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 21	13. Sex 1 - Male	14. Disposition 6 - 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) 4 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (NonNEISS Case Only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Verbal				
24. Review Date 11/16/2005	25. Reviewed By 9093		26. Regional Office Director Eric B. Ault	
27. Distribution Harris, Patricia N.; Ingle, Robin L.; Kessler, Charles			28. Source Document Number N0590172A	

SEARCHED INDEXED
SERIALIZED FILED
NOV 16 2005
FBI - NEW JERSEY
EXCISE/INVESTIGATIVE DIVISION
DO NOT RE-MOVI...
4/11/07 *le*

050929HNE2837

Page 1 of 2

Information contained in this report was obtained from a brief telephone conversation with the County Prosecutor's Office and a Death Certificate review.

The Assistant County Prosecutor reported that the case was referred to his office for possible grand jury action. He stated that he did not have any police or medical examiner reports at the time, but when he did receive them he would not be able to release them until after the trial had come to an end.

The victim is a 21-year-old male Automotive Technician. His physical profile, medical history, ownership, familiarity-experience with the ATV, riding time and activities preceding the incident could not be determined.

On 9/29/05 at 8:13 PM, the victim was riding as a passenger on a four-wheeled ATV on a roadway. It is unknown at what speed they were riding or if there were any posted speed limit signs. The weather conditions were in the 60 degree range and partly cloudy. It is unknown if the victim was wearing a safety helmet, protective clothing or if headlights were being used at the time of the incident.

The victim decided to climb to the back of the vehicle while it was still in motion. As he climbed around the ATVs roll bar, his body struck a utility pole.

Upon arrival of EMS personnel, the victim was the only one that was found. The driver left the scene of the accident and surrendered himself to the State Police on Monday. The victim was transported to a nearby hospital where he was pronounced dead with the cause of death listed as closed head injury. It is unknown if alcohol or drugs were a contributing factor in this incident. No autopsy was performed.

PRODUCT INFORMATION:

Product: Yamaha 4-wheeled ATV with 660 cc
Model: Rhino
VIN: Unknown
Mfg: Yamaha Motor Corporation
6555 Katella Avenue
Cypress CA. 90630

050929HNE2837

Page 2 of 2

ATTACHMENTS:

1. Death Certificate
 2. Contact Sheet
 3. Status of Missing Document
 3. Questionnaire
-

STATE OF NEW JERSEY

80001432440

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

1007-16
April 04

STATE REFERENCE

THIS DOCUMENT IS THE PROPERTY OF THE STATE OF NEW JERSEY
IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR
FOR A PERIOD OF 10 YEARS FROM THE DATE OF DEATH
IF IT IS NOT KEPT IN THE OFFICE OF THE REGISTRAR
IT IS TO BE KEPT IN THE OFFICE OF THE COUNTY CLERK
FOR A PERIOD OF 10 YEARS FROM THE DATE OF DEATH

FOR STATE SECURITY
THIS DOCUMENT IS THE PROPERTY OF THE STATE OF NEW JERSEY
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IT IS TO BE KEPT IN THE OFFICE OF THE COUNTY CLERK
FOR A PERIOD OF 10 YEARS FROM THE DATE OF DEATH

TO BE COMPLETED BY FUNERAL DIRECTOR

1. Legal Name of Deceased (Print, Last, First, Middle Initial)
2. Sex (Male/Female)
3. Age, Last Birthday (Under 1 Year, 1-10 Years, 11-19 Years, 20-29 Years, 30-39 Years, 40-49 Years, 50-59 Years, 60-69 Years, 70-79 Years, 80-89 Years, 90-99 Years, 100 Years)
4. Date of Birth (MM/DD/YYYY)
5. Place of Birth (City/Town/Village, State)
6. Residence State (NJ) and County (Burlington)
7. Marital Status (Married, Widowed, Single, Divorced, Never Married)
8. Date of Death (MM/DD/YYYY)
9. Death City/Town/Village (NJ) and State (NJ)
10. Cause of Death (Immediate Cause, Underlying Cause, Contributing Cause)
11. Manner of Death (Natural, Accidental, Homicide, Suicide, Undetermined)
12. Medical History (Prior to Final Illness)
13. Name of Physician (MD) and Hospital (if applicable)
14. Place of Death (Home, Hospital, Nursing Home, etc.)
15. Location of Death (City/Town/Village, State)
16. Signature of Funeral Director
17. Date of Death (MM/DD/YYYY)
18. Time of Death (MM/DD/YYYY)
19. Place of Death (City/Town/Village, State)
20. Signature of Medical Examiner
21. Date of Death (MM/DD/YYYY)
22. Time of Death (MM/DD/YYYY)
23. Place of Death (City/Town/Village, State)
24. Signature of Registrar
25. Date of Death (MM/DD/YYYY)
26. Time of Death (MM/DD/YYYY)
27. Place of Death (City/Town/Village, State)

October 24, 2005

Funeral Home

050929HNE2837

Exhibit #2

CONTACT SHEET

Contacted on 10/21/05

Burlington County Prosecutor's Office

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

49 Rancocas Road
Mt. Holly, NJ. 08060
Ms. Kelly Geiger
609-265-5048

Registrar Stafford Twp.
Municipal Bldg.
260 East Bay Avenue
Manahawkin, NJ. 08050
609 597-1000

Task Number 050929HNE2837

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

Type of respondent: Other

Other, specify:

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

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

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

ATV #1
Manufacturer: 02 - Yamaha

ATV #2
Manufacturer:

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

Model: Rhino

VIN: UNKNOWN

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

Model Year:

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

Engine Size: 675-700

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

Death #1

Death #2

Date of Death: 09/29/2005

Age/Sex: 21/Male

State of Death: NJ

City of Death: Manahawkin

County of Death: Ocean

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

A 21-year-old-male was riding as a passenger on a 4-wheeled ATV when he decided to move to the back of the vehicle while it was moving. As he climbed around the ATVs roll bar, his body struck a utility pole. The victim was transported to the hospital where he was pronounced dead with the cause listed as closed head injury.

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

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

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

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

0 - Unknown ② - Two riders 4 - Four or more riders
1 - One rider 3 - Three riders

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

Age: 22 Height: (inches)
Weight: Sex: Male

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

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

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

00 - Unknown

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

00 - Unknown

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

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

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

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

00 - Unknown

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

00 - Unknown

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

This is a printer friendly version of an article from the Courier-Post
To print this article open the file menu and choose Print.

[Back](#)

Burlco prosecutor to probe fatal crash

By TOM LOUNSBERRY
Courier-Post Staff

WOODLAND

The investigation into an all-terrain vehicle accident in which a Medford man died has been referred to the Burlington County Prosecutor's Office for possible grand jury action.

(b)(3):CPSA Section 25(r)(h)(6) 21, of Fieldstone Lane, was killed in the accident, which happened at 8:13 p.m. Saturday on County Road 563 near Chatsworth.

The driver of the ATV – **(b)(3):CPSA** 22, of Meeting House Court in Shamong – fled after the accident and abandoned the vehicle behind a township home, authorities said. He surrendered to state police Monday.

(b)(3):CPSA Section was charged with leaving the scene of a fatal accident, and he was released pending a court hearing.

(b)(3):CPSA was a passenger in the Yamaha Rhino 660 and decided to move to the back of the vehicle while it was moving, police said.

As he climbed around the vehicle's roll bar, his body struck a utility pole. He was pronounced dead at Southern Ocean County Hospital in Manahawkin.

It was not immediately known if the ATV was registered or if it had insurance. It is illegal, however, to operate ATVs on New Jersey roads.

(b)(3):CPSA Section a 2003 graduate of Burlington County Institute of Technology, was studying race car mechanics at the NASCAR Institute of Technology in Mooresville, N.C.

Reach Tom Lounsberry at (856) 486-2470 or tlounsberry@courierpost.com
Published: September 29, 2005 3:00AM

060630

1. Task Number 051202HCC1162		2. Investigator's ID 8187		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2005 09 17	5. Date Initiated YR MO DAY 2005 12 07		
6. Synopsis of Accident or Complaint UPC Two adults, a 41 year old male and an 18 year old female died from injuries when the 4-wheeled all terrain vehicle they were in went over the edge of a trail and fell approximately 50 feet. The vehicle was equipped with seat belts and a roll cage. Only the female passenger had her seat belt and helmet on when they were found. The manufacturer and model numbers of the helmets are unknown.				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City ASHLAND	9. State WV	
10A. First Product 3286 - All Terrain Vehides (four w		10B. Trade/Brand Name RHINO 550	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 41	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 (Operations) / Number 12 /	
20. Attachment(s) 2 - Documents		21. Case Source 5 - Newspaper	22. Sample Collection	
23. Permission to Disclose Name (Non NEISS Cases Only) Yes <input type="radio"/> No <input checked="" type="radio"/> Verbal				
24. Revi. Date 01/17/06	25. Reviewed By 8130		26. Regional Office Director Eric B. Smith SMITH	
27. Distribution Mills, Maria E; Ingle, Robin L		28. Source Document Number X05A1 96A		

CPSC Form 182 (12/96) Approved for use thro

OMB NO. 304100

4/11/07 R2

INJURY SCENARIO:

This all terrain vehicle incident resulted in the death of two adults, one 41 year old male and an 18 year old female. The two were together on one 4 wheeled ATV riding in a mountainous and forested area. The two were riding in the early hours of the morning, estimated at 2:30 AM. The attached State Trooper's report, (Exhibit 1) indicates that the two, who were riding in the same vehicle, are believed to have gotten separated from other members of their party. Therefore there were no eyewitnesses to this incident resulting in two fatalities. The attached report, which was corroborated by the State Trooper in a phone interview, states that the male driver who was not wearing his seat belt at the time lost control of the vehicle after he drove the vehicle too far to the left of the trail. In trying to regain control of the vehicle, the Trooper believes the operator then drove off the right side of the trail resulting in a drop of approximately 50 feet of the vehicle and passengers. The Trooper believes that the helmet being worn by the driver was unstrapped since it found several feet away from the head of the driver. The Trooper also stated he believed the vehicle may have overturned on the driver during the roll over and the drop off from the trail. The female victim was in the passenger side of the ATV and was found on the vehicle with her seat belt and helmet on. The helmets could only be described as being motorcycle type helmets without any face protection ("open faced"). The body of the female victim was found trapped in the ATV with the roll cage of the vehicle crushed against her. The trooper, in a telephone interview, stated that a point of the roll cage (a metal bar) had punctured the female's lower back. The two were later found by the members of the party. The two were pronounced dead at the scene. The State Trooper responsible for the report attached as Exhibit 1 stated the cause of death was trauma from internal injuries sustained from the fall and roll over of the ATV. He would not comment whether the victims had been consuming alcohol or taking drugs.

PRODUCT DESCRIPTION:

The 4 wheeled all terrain vehicle is reported to be a 2005 Yamaha "RHINO 660" **camo colored vehicle**. The VIN number is "5Y4AM06Y45A004782". Since the vehicle was described as being a two seated vehicle with a roll cage photographs of the product were requested. The State Trooper stated the entire report with photographs would have to be requested from the State Headquarters Office. This report has been requested, and according to the Records contact, will be mailed as soon as it can be processed. Until photographs can be obtained, a web-site photograph of the 660 model is being submitted as Exhibit 3. This vehicle's mechanical features include a roll cage. The report indicates that the vehicle was equipped with seat belts. Other features of the ATV including engine type and specifications and dimensions are detailed in Exhibit 3.

ATTACHMENTS TO THE NARRATIVE:

Attached are copies of:

1. the Regional State Police' report;
2. contact sheet;
3. web-site photograph of the model type of ATV;

Other documents include the data record sheets for an ATV investigation.

A missing document which will be submitted later is the complete ATV investigation with photographs from the State Police Headquarters. Finally, on request for copies of death certificates on these two victims, this Investigator learned that copies had been sent to our Washington D.C. Office in early November 2005. In explaining the purpose of the certificate, the records personnel raised some concern and expressed frustration about having to re-send these documents for this investigation. To prevent possible future issues regarding provision of these documents, I informed the records clerk that I will defer asking for these documents at this time.

IDI 0512DR4CC 1162
12-09-05

EXHIBIT # 1
Page # 1

BRB

INCIDENT REPORT

Date of Incident: 9-17-03

To Units: 11,316

Investigating Detachment: West Virginia State Police-Welch

Investigating Officer: Trooper J. W. Keffer

Assisted By: N/A

Victims (Name/Age/Sex/Race/Address): [redacted] 41 year old white male, DOB: [redacted] SSN: Family members unable to provide will retrieve at a later date. [redacted]

[redacted] 18 year old white female, DOB: [redacted] SSN: Family members unable to provide will retrieve at a later date. [redacted]

Suspect (Name/Age/Sex/Race/Address): N/A

Where occurred (Specific Location/Address): Located in a wooded area near Ashland in North Fork Hollow, approximately 2.2 miles south of the intersection of County Rt. 17 and County Rt. 14.

Narrative (First sentence specifically defines incident): Both victims died as a result of an ATV crash. Victims pronounced dead prior to Trooper's arrival.

This Trooper responded to the Ashland area of North Fork Hollow located in McDowell County in reference to an ATV crash with two fatalities. Both victims were pronounced dead prior to this Trooper's arrival. Upon arrival this Trooper observed a camouflaged ATV, later identified as a Yamaha RZ 600, on its side with one passenger still inside. The undersigned observed the male victim lying approximately four feet from the ATV face down. The female victim was trapped on the ATV by the crushed roll cage. The female victim also had a seatbelt and helmet on. The male victim did not have a helmet, but one was found in close proximity to the body. Witnesses on scene stated that the victims were separated from their riding group and were found by friends who began to look for them when they did not return to camp. Both bodies were transported to Welch Community Hospital to be evaluated by a Medical Examiner. The female victim's mother and step-father were on scene. The Undersigned Trooper notified the male victim's wife by public service.

12/07/2005

10:15

WV STATE POLICE WELCH # 15416612523

PG. 114

DM

051202, HCC 1162
12-07-05

Exhibit # 1

BRB

3

COLLISION DIAGRAM

DRAW SCENE AS OBSERVED, INCLUDING ROADWAY LAYOUT, VEHICLE, PEDESTRIAN OR OBJECT STRUCK, TRAFFIC CONTROLS, SIGNAGE, ETC.

IMPORTANT: NUMBER THE VEHICLES ACCORDING TO THE VEHICLE NUMBERS ON THE FRONT PAGE.

SEPTEMBER 17, 2005 • NOT TO SCALE -

Scale: 1 inch = 20 feet

DRAWN BY TROOPER J.W. KEEFER

NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

VEHICLE # 1 WAS TRAVELING SOUTH ON AN UNMARKED TRAIL IN A WOODED AREA NEAR ASHLAND. DRIVER # 1 RAN OFF THE TRAIL LEFT, LOST CONTROL OF VEHICLE # 1, ATTEMPTED TO RE-ENTER THE PATH AND RAN OFF THE RIGHT SIDE OF THE PATH. VEHICLE # 1 ROLLED APPROXIMATELY 50 FEET DOWN THE EMBANKMENT. DRIVER # 1 AND PASSENGER WERE BOTH KILLED AS A RESULT OF THE ATV CRASH. PASSENGER USED A SEATBELT AND HELMET. DRIVER # 1 DID NOT USE SEATBELT, UNKNOWN USE OF HELMET. HELMET WAS FOUND IN CLOSE PROXIMITY TO DRIVER # 1. CAUSE OF CRASH IS UNDER INVESTIGATION. (SEE CRIMINAL INVESTIGATION REPORT) PHOTOGRAPHS WILL BE ATTACHED TO CRIMINAL INVESTIGATION REPORT.

Exhibit # 1

Page # 2

12/07/2005

10:15

WV STATE POLICE WELCH # 15916612523

NC 114

080

REVISED 9/97 WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT

DATE OF CRASH: 09/37/05 TIME OF CRASH: 0230 CHASER: 0142 TIME OF REPORT: 0429

COUNTY: MCDOWELL CITY OF TOWN: ASHLAND

CRASH OCCURRED ON: UNMARKED DIRT TRAIL

LOCATION: ROUTE 17 AND UNMARKED DIRT TRAIL

DRIVER: NAME: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] DRIVER LICENSE NUMBER: NC 27253

VEHICLE: YEAR: 2005 MAKE: YAMAHA MODEL: RINO 660 STYLE: ATV COLOR: CAMO

VEHICLE IDENTIFICATION NUMBER: 5Y4AM06Y4SA004782

DRIVER: NAME: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] DRIVER LICENSE NUMBER: [REDACTED]

VEHICLE: YEAR: [REDACTED] MAKE: [REDACTED] MODEL: [REDACTED] STYLE: [REDACTED] COLOR: [REDACTED]

VEHICLE IDENTIFICATION NUMBER: [REDACTED]

CRASH DETAILS: ROADWAY CONDITION: [REDACTED] WEATHER: [REDACTED] LIGHTS: [REDACTED]

DRIVER STATEMENT: [REDACTED]

WITNESS STATEMENT: [REDACTED]

INVESTIGATOR: [REDACTED]

AGENCY: [REDACTED]

OS12 02 HCC 1162
12-07-05

Exhibit # 1
page # 3

BBB

EXHIBIT 2 (CONTACT SHEET) FOR IDI 051202HCC1162

CONTACT AND ADDRESS	DATE AND RESULT
WEST VA STATE POLICE 850 VIRGINIA AVENUE WELCH, WVA. 24801 (304 436-8014)	12/07/05 FAXED REPORT RECEIVED
TROOPER JW KEFFER W. VA STATE POLICE WELCH, WVA 24801 304-436-8014	12/09/05 LIMITED DATA RE: INCIDENT NO PRODUCT PHOTOS COULD BE OBTAINED
MCDOWELL COUNTY CORONER AND WELCH COM. HOSPITAL WELCH, WVA (304-436-8461)	12/15/05 VIA PHONE FOR DEATH CERTIFICATE. 12/19/05; WAS INFORMED NO CERTIFICATE COULD BE RELEASED
STATE MEDICAL EXAMINER CHARLESTON, WVA 304-558-3920	12/22/05 AND 1/04/06; PHONE CALLS TO OBTAIN DEATH CERTIFICATES DOCUMENTS REQUESTED SAID TO BE MAILED ON 11/13/06 to HDQS.



Yamaha Motor Home

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OUTDOORS

MODELS | ACCESSORIES | AFFORDABLE SEATS | HOOKS & STRAPS | AFFORDABLE TIRE | EXTENDED LIFE

PRODUCTS

2006 Rhino 660 Auto, 4x4 Exploring Edition

Model Name | Features | Specifications | Gallery | Video | Misc | Apparel | Accessories | Build It



Choose Comparison Model

MSRP*	\$10,599 (Hardwoods HD Camo) Available from October 2005 \$10,149 (Hunter Green) Available from October 2005
Engine Type	660cc, 4-Stroke Single, Liquid/Oil Cooled w/ Fan, 5-Valve S
Bore x Stroke	100mm x 84mm
Compression Ratio	9.1:1
Carburetion	Mikuni 42mm BCR
Ignition	DC - CDI
Starting System	Electric
Transmission	Yamaha Ultramatic® V-Belt with all-wheel engine braking / High, Low, Neutral, Rev.
Engine Braking	All-wheel
Drive Train	Yamaha On-Command® push button 3-way locking differential, locked 4WD, Shaft
Chassis	
Suspension/Front	Independent Double Wishbone, 7.3" w/ 5-way Preload Adjust
Suspension/Rear	Independent Double Wishbone, 7.3" w/ 5-way Preload Adjust
Brakes/Front	Dual Hydraulic Disc, Twin Piston
Brakes/Rear	Hydraulic Disc, Self-adjust parking system, Slack Mounted
Tires/Front	25 x 8-12 NHS
Tires/Rear	25 x 10-12 NHS
Dimensions	
L x W x H	113.6" x 54.1" x 73.0"
Wheelbase	75.2"
Turning Radius	153.5"

0512.09.HCC 1.62
12-09-05

EXHIBIT # 3
PAGE # 1

BRB

Ground Clearance	12.1"
Fuel Capacity	7.9 Gallons
Dry Weight	1,040 Lbs.
Bed Capacity	400 Lbs.
Towing Capacity	1,217 Lbs.
Other	
DC Quiler	Standard
Lighting	Dual 30W Krypton Multi-reflector Headlights & Dual 21/5W
Instrumentation	Fuel sight gauge, 4WD Indicator Lights
Warranty	6 Month (Limited Factory Warranty)

*Price and specifications subject to change without notice.
Please read your Owner's Manual and all labels for proper operation.

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051202 HCC 1162
12-01-05

Exhibit # 3 (page # 2)

BRB

Task Number 051202HCC1162

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: Rhino 660	VIN: 5Y4AM06Y45A004782
------------------	------------------------

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

Model Year: 2005

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

Engine Size: 625-650

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

Death #1	Death #2
Date of Death: 09/17/2005	09/17/2005
Age/Sex: 41 / Male	19 / Female
State of Death: WEST VIRGINIA	WEST VIRGINIA
City of Death: Ashland	Ashland
County of Death: McDowell	McDowell

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

Two adults, a 41 year old male and an 18 year old female, died from injuries when the 4-wheeled all terrain vehicle they were in went over the edge of trail and fell approximately 50 feet. The vehicle was equipped with seat belts and a roll cage. Only the female passenger had her seat belt and helmet on when they were found. The manufacturer and model numbers of the helmets are unknown.

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

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

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

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

0 - Unknown 2 - Two riders 4 - Four or more riders
1 - One rider 3 - Three riders

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

Age: 41 Height: (inches)
Weight: Sex: Male

Task No: 051202HCC1162

Date: 1-19-06

STATUS OF MISSING DOCUMENT(S)

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

1. **Photos form State Police Accident Report** _____

2. _____

3. _____

4. _____

5. _____

Date: 1-19-06	Investigator No: 8187
---------------	-----------------------

Regional Office: __CFIE__ Supervisor No: __8130__

ISSUE 04

OCT 26 2005

XOJA 0359

TC 32
4-39

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information below. Or send by FAX to (301)504-0038.

Date of Incident: 9/17/05 Date of Death: 9/17/05

Type of Consumer Product Involved: ATV

Manufacturer, Model, Brand Name and Serial No. of Product: N/A

Is Product available for examination? Yes No If Yes, Where? _____

Cause of Death: Blunt Force Trauma

Location of Incident: City: Wagon Wheel Trails State: WV - McDowell Co.

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):
A = 18 S = F R = W

See following 7 pages

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:
WV State Police Welch Detachment

Medical Examiner's/Coroner's case no: N/A

Reporter's name: Date reported: 10/12/05

Telephone number of office reporting the case:

Reporter's office address:

Medical Examiner's/Coroner's Name:

Chief Medical Examiner's Name (If Applicable): N/A

For Processing at CPSC: Report Received By: _____

Chief Medical Examiners Report () Copy for MECAP News () Regular MECAP ()

Document No. _____

STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street West
Charleston, WV 25302
(304) 558-3920

RECEIVED
OCT 14 2005
OFFICE OF THE CHIEF
MEDICAL EXAMINER

Security Seal No.:

CASE #: _____ DR.: _____

DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
 EXTERNAL EXAMINATION REPORT
 COMPLETION OF DEATH CERTIFICATE (Copy Attached)

127.00

County of Death: McDowell Date: 9-17-05
County ME/C: (b)(3):CPSA Section 25(c),(b)(6) Notified by/Date/Time: McDowell 9/17/05 9:00 am

DECEDENT: <u>(b)(3):CPSA Section 25(c),(b)(6)</u>	Occupation: <u>Student</u> (Do not use retired)
ADDRESS: <u>(b)(3):CPSA Section 25(c),(b)(6)</u>	SSN: _____
	DOB: <u>(b)(3):CPSA Section 25(c),(b)(6)</u>
AGE: <u>18</u> SEX: <u>F</u> RACE: <u>White</u>	

Date of Death: 9/17/05 @ 9:00 am Witness Family/Friends
 Last Known Alive: 9/17/05 @ 2:30 am By Family/Friends
 Found Dead: 9/17/05 @ 2:30 am By Family/Friends
 Pronounced: 9/17/05 @ 7:15 am By Widener Ambulance Service
 PLACE OF DEATH: Wagon wheel trails
 City/Town: McDowell County

DOA ER OR/RR Nursing Home Residence Other _____ Found (died elsewhere)

Suspected Injury/Incident: <input type="checkbox"/> Natural <input type="checkbox"/> Fall <input type="checkbox"/> Firearm <input checked="" type="checkbox"/> Blunt Force <input type="checkbox"/> Fire <input type="checkbox"/> Sharp Force <input type="checkbox"/> Tox/OD <input type="checkbox"/> Exposure <input checked="" type="checkbox"/> Other <u>Accidental</u>	DATE OF INJURY: <u>9-17-05</u>	TIME OF INJURY: <u>2:30 AM</u>	INJURY AT WORK? (Yes or No) <u>NO</u>	PLACE OF INJURY (at home, etc.): <u>ATV trails</u>
	LOCATION: <u>on wagon wheel ATV trails, at an unspecified location in McDowell County.</u>			
	MVA: Restrained <input type="checkbox"/> Y <input type="checkbox"/> N Airbag <input type="checkbox"/> Y <input type="checkbox"/> N Helmet <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Ped <input type="checkbox"/>			
Asphyxia: <input type="checkbox"/> Drowning <input type="checkbox"/> Hanging <input type="checkbox"/> Strangulation <input type="checkbox"/> Compression <input type="checkbox"/> Positional				

Investigation by: _____ Agency: Welch State Police Phone: _____
 _____ Agency: _____ Phone: _____
 _____ Agency: _____ Phone: _____

OCME Consult: (b)(3):CPSA Section 25(c),(b)(6) Date/Time: 9-17-05 1:15pm

Next of Kin: (b)(3):CPSA Section 25(c),(b)(6) Relationship: Stepfather Phone: (b)(3):CPSA Section 25(c),(b)(6)
 Alternate Contact: (b)(3):CPSA Section 25(c),(b)(6) Relationship: Mother Phone: _____

Body Transport By: Widener Ambulance Phone: _____ Bill to State yes no

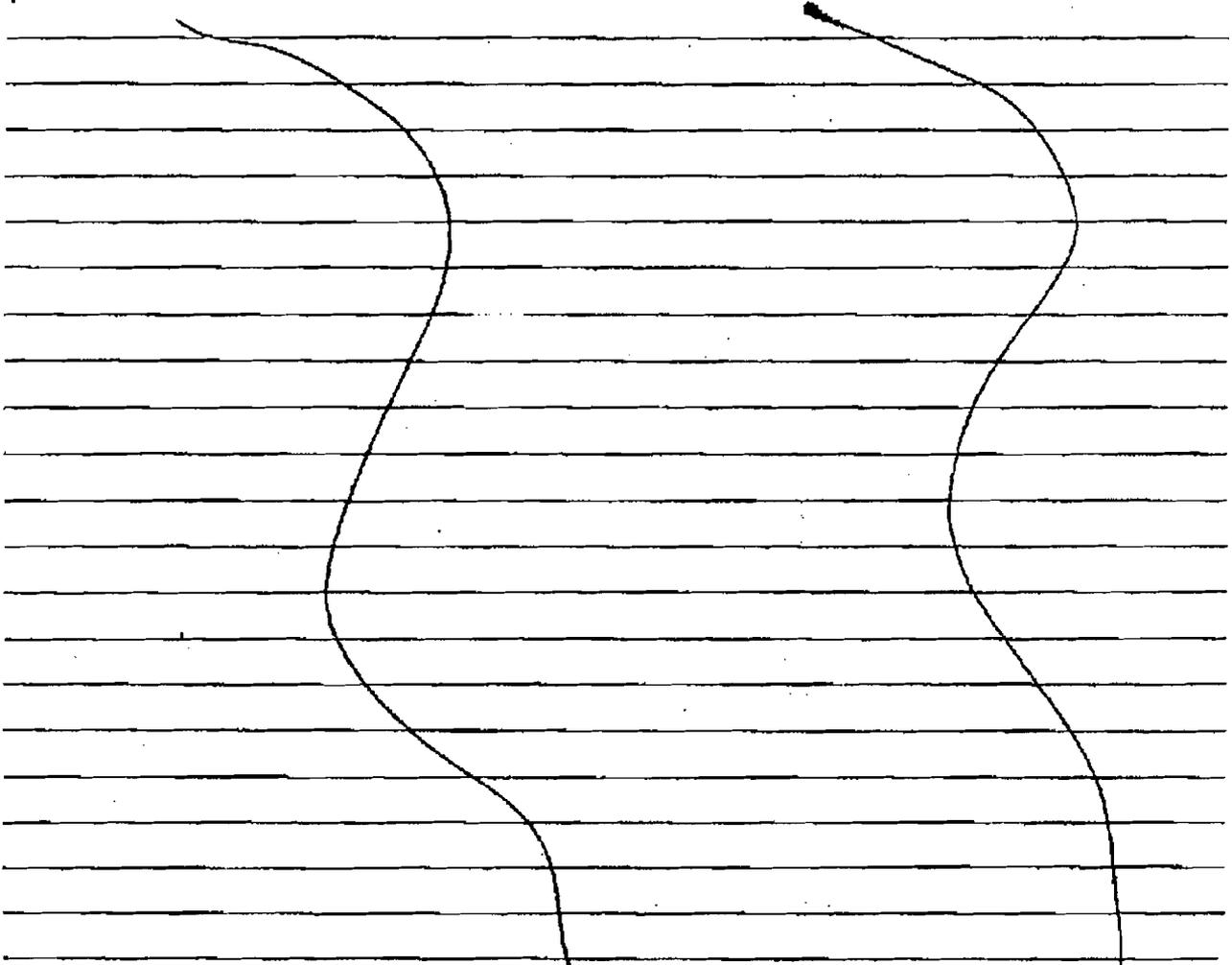
Release To: (b)(3):CPSA Section 25(c),(b)(6) Phone: _____ (b)(3):CPSA Section 25(c),(b)(6)

7-11-05 MD

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

CIRCUMSTANCES OF DEATH:

Called to Welch hospital morgue per McDowell County
911. Upon Contact, found a 18yo F who had been
involved in an ATV rollover suffering blunt force trauma
all over the body. Decedent had multiple abrasions on
the backside of the body, bruise on Right thigh, and
a fracture to Right arm above elbow. Family advises
that they were on wagon wheel trails in the mountains
of McDowell County, when the ATV she was riding
suddenly turned pinning her to the ground for a short
period of time.



Check here if supplemental information sheet used.

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

NAME:

Page 3

LOCATION OF DECEDENT AT SCENE: (Example: SE end of bedroom, in double bed adjacent to west wall)

Decedent was taken to the hospital morgue at Welch and placed in a cooler

Position found: supine prone on right/left side other

Surface type: Hospital morgue

HISTORY:

Primary Physician:

Office Phone:

Other Physician:

Office Phone:

Medical: Cerebral Palsy mild

Allergies:

Surgical: Tubes in Ears, Tonsils Removed

Social:

Psych:

Family:

Other:

MEDICAL RECORDS: Release Sent Yes No

Reviewed Yes No

Copy Attached: Yes No

Records available from:

Phone:

Records available from:

Phone:

MEDICATION/DRUGS PLEASE LIST ON PAGE 4

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

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: Wpleh hospital morgue time started: 11:00 Am Completed at: 12:15 pm

Witness: (b)(3):CPSA Section 25(c),(b)(6) Witness: [Signature]

IDENTIFICATION: Confirmed: [] Yes [] No

Method:

Visual I.D. by whom: Mother
 VDL Other Photo I.D.: explain North Carolina Driver license
Please submit I.D. document used, or legible photocopy

LIVIDITY: Appropriate for position Yes [] No (explain) [Signature]

[] Absent [] Reduced [] Ill-Defined [] Patterned

Location: Back side of body Color: reddish/Purple

Blanches: [] Readily [] Sluggishly Fixed [] Shifting Color: _____

RIGIDITY: Body posture appropriate for body position Yes [] No (explain) _____

Jaws [] None Slight [] Moderate [] Full [] Marked/Muscular
Arms [] None [] Slight [] Moderate Full [] Marked/Muscular
Legs [] None [] Slight [] Moderate Full [] Marked/Muscular
Fingers [] None [] Slight [] Moderate Full [] Marked/Muscular

[] Developing [] Receding Factors Affecting: _____
If rigor has been broken explain: _____

TEMPERATURES: indoor scene [] outdoor scene

Torso temp: Cold (ambient) [] Cool [] Warm [] Hot Time: _____
Rectal temp: _____ Time: _____ Ambient temp: _____ Time: _____
Ground temp if applicable: _____ Time: _____ Water temp if applicable: _____ Time: _____
If outdoor scene: Weather [] Rainy [] Sunny [] Cloudy [] Windy

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

EXTERNAL EXAMINATION

(This Block Should Not Be Completed If Case Sent For Autopsy)

DEVELOPMENT: [] Normal [] Adult [] Adolescent [] Child [] Infant
BUILD: Average NUTRITIONAL STATUS: Good HT: 5'2" WT: 120 SEX: Female
RACE: White AGE: 19 Appears stated age? Yes

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Etc)

DIAGRAMS SUBMITTED: No findings/No diagram submitted Full Body A/P
 Head diagram; A/P Full Body, lateral
 Head diagram, lateral and vertex Hands, R & L
 Neck, inferior view

TOXICOLOGY: Specimens Obtained [] Subclavian/Femoral Blood [] Urine [] Vitreous
Time Collected 12:00pm Date Collected 9-17-05 [] Admission/Hospital Blood (# tubes _____)

PHOTOS: ^{TE} Yes [] No TYPE: 35 [] POLAROID [] APS [] PHOTO #: _____

EVIDENCE COLLECTED FROM BODY: [] None [] List _____

Collected by: _____ Agency: _____ Date/Time: _____
Submitted to: _____ Agency: _____ Date/Time: _____

CAUSE OF DEATH: Blunt force trauma [] PENDING AUTOPSY
Other Significant Conditions: ATV Rollover
MANNER OF DEATH: [] Natural [] Accident [] Suicide [] Homicide [] Pending Autopsy

FOR BILLING PURPOSES - I attest that I performed the procedures indicated below:
 Death Scene Visit/External exam of body/review of pertinent records/completed death certificate
 Death Scene Visit/Partial exam of body/body submitted for autopsy
 External exam of body/review of pertinent records/completed death certificate

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

NAME: [Redacted]

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

# 2 Nude	# 2 Hose	# 1 Belt white/silver
# 1 Slacks gray cargo pants	# 1 Panties white	# Hat
# Shirt	# 5 SHP	# Gloves
# 1 Socks pair white	# Housecoat	# Scarf
# 1 Undershirt Black Tank Top	# Day Shorts	# 1 Coat green military coat
# 2 Underwear	# Sweatpants	# Dentures
# Tie	# Sweatahirt	# Eyeglasses
# 1 Sweater Blue hooded champion	# Pajamas	# 2 Hearing aid
# 2 Dress	# Nightgown	# 1 Other Black helmet
# Blouse	# Robe	# Hospital Gown
# 1 Bra Black	# 1 Shoes pair Black/Brown Rubber boots	

CURRENCY: \$ [Redacted] COINS: \$ [Redacted] TOTAL: \$ [Redacted]

PERSONAL EFFECTS AND VALUABLES: Yes (If yes, list below) No

1 pair Silver earrings, 1 silver colored necklace with cross, 1 silver colored bracelet w/stars, 1 rope anklet, 1 silver colored belly ring

[Redacted]

DISPOSITION OF CLOTHING:

[] LEFT ON BODY [X] GIVEN TO FAMILY [] GIVEN TO FUNERAL HOME [] SEE EVIDENCE, P. 6

DISPOSITION OF VALUABLES:

[] LEFT ON BODY [X] GIVEN TO FAMILY [] GIVEN TO FUNERAL HOME [] SEE EVIDENCE, P. 6

WITNESS: [Redacted]

ISSUE 04

OCT 26 2005

X05A 0360

TC 32
A-39

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information below. Or send by FAX to (301)504-0038.

Date of Incident: 9/17/05 Date of Death: 9/17/05

Type of Consumer Product Involved: ATV

Manufacturer, Model, Brand Name and Serial No. of Product: N/A

Is Product available for examination? Yes No If Yes, Where? _____

Cause of Death: Blunt Force head trauma

Location of Incident: City: Wagon Wheels Trail State: WV McDowell Co

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):
A=41 S=M R=W

See Following 7 pages

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:
WV State Police Welch Detachment

Medical Examiner's/Coroner's case no: N/A

Reporter's name: (b)(3):CPSA Section 25(c),(b)(6) Date reported: 10-12-05

Telephone number of office reporting the case: (b)(3):CPSA Section 25(c),(b)(6)

Reporter's office address: (b)(3):CPSA Section 25(c),(b)(6)

Medical Examiner's/Coroner's Name: (b)(3):CPSA Section 25(c),(b)(6)

Chief Medical Examiner's Name (If Applicable): N/A

For Processing at CPSC: Report Received By: _____

Chief Medical Examiners Report () Copy for MECAP News () Regular MECAP ()

Document No. _____

STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street
Charleston, West Virginia 25302
(304) 558-3920 FAX (304) 558-7886

Security Seal No.:

RECEIVED
OCT 14 2005
OFFICE OF THE CHIEF MEDICAL EXAMINER
MEDICAL EXAMINER

CASE #: _____ DR.: _____

INVESTIGATION REPORT & T.O.D. EXAMINATION
INTERNAL EXAMINATION REPORT
COMPLETION OF DEATH CERTIFICATE (Copy Attached)

127.00

County of Death: McDowell Date: 9-17-05

County ME/C: _____ Notified by/Date/Time: McDowell Co. 911 9-17-05 8:00 am

DECEDENT	(b)(3):CPSA Section 25(c),(b)(6)	Occupation: <u>Truck Repairman</u> (Do not use retired)
ADDRESS:	(b)(3):CPSA Section 25(c),(b)(6)	SSN: _____
		DOB: _____
		AGE: <u>41</u> SEX: <u>M</u> RACE: <u>white</u>

Date of Death: 9-17-05 @ 2:30A.m Witness _____

Last Known Alive: 9-17-05 @ 2:30 Am By Friends

Found Dead: 9-17-05 @ 2:30A.m By Friends

Pronounced: 9-17-05 @ 3:15A.m By Widener Ambulance Service

PLACE OF DEATH: Wagon wheel trails
City/Town McDowell County

DOA ER OR/RR Nursing Home Residence Other _____ Found (died elsewhere)

Suspected Injury/Accident: <input type="checkbox"/> Natural <input type="checkbox"/> Fall <input type="checkbox"/> Firearm <input checked="" type="checkbox"/> Blunt Force <input type="checkbox"/> Fire <input type="checkbox"/> Sharp Force <input type="checkbox"/> Tox/OD <input type="checkbox"/> Exposure <input type="checkbox"/> Other _____	DATE OF INJURY: <u>9-17-05</u>	TIME OF INJURY: <u>2:30Am</u>	INJURY AT WORK? (Yes or No) <u>No</u>	PLACE OF INJURY (at home, etc.): <u>ATV Trails</u>
	LOCATION: <u>on wagon wheel ATV trails, at an unmarked location in the mountains of McDowell County</u>			
	MVA: Restrained <input type="checkbox"/> Y <input type="checkbox"/> N Airbag <input type="checkbox"/> Y <input type="checkbox"/> N Helmet <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Pad <input type="checkbox"/>			
Asphyxiation: <input type="checkbox"/> Drowning <input type="checkbox"/> Hanging <input type="checkbox"/> Strangulation <input type="checkbox"/> Compression <input type="checkbox"/> Positional				

Investigation by: _____ Agency: Welch State Police Phone: _____

Agency: _____ Phone: _____

OCME Consult: _____ Agency: _____ Date/Time: 9-17-05 1:15 PM

Next of Kin: _____ Relationship: _____ Date/Time: _____ Phone: _____

Relationship: Spouse Phone: _____

Alternate Contact: _____ Relationship: _____ Phone: _____

Body Transport By: Widener Ambulance Phone: _____ Bill to State yes no

Release To: _____ Phone: _____

9-17-05 KD

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

NAME:

Page 2

CIRCUMSTANCES OF DEATH:

Called to Welch hospital morgue per Mc Dowell County
 911. upon contact found a 41 Y/O M who had been
 involved in an ATK rollover suffering severe head
 trauma. Decedent had no lacerations, fractures, or
 bad abrasions to the body, but was bleeding from
 the ears, nose, and mouth, which I assumed was
 from head injury (probable) Friends witnessed this
 accident, and states to the best of their knowl-
 edge there was no Alcohol, or drug consumption by
 the decedent prior to the accident

[] Check here if supplemental information sheet used.

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

LOCATION OF DECEDENT AT SCENE: (Example: SE end of bedroom, in double bed adjacent to west wall)

Transported to hospital morgue at welch hospital and placed in a cooler

[Redacted area]

Position found: supine prone on right/left side other

Surface type: Hospital Morgue Cooler

HISTORY:

Primary Physician: Triad Family Practice

Office Phone: 336-852-3700

Other Physician:

Office Phone:

Medical:

Allergies:

Surgical: L femur fix

Social: drank alcohol occasionally

Psych:

Family:

Other:

MEDICAL RECORDS: Release Sent Yes No

Reviewed Yes No

Copy Attached: Yes No

Records available from:

Phone:

Records available from:

Phone:

MEDICATION/DRUGS PLEASE LIST ON PAGE 4

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

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: Welch Hospital morgue Time started: 12:15 pm Completed at: 1:15 pm

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

IDENTIFICATION: Confirmed: Yes No

Method:

Visual I.D. by whom: Friends

WVDL Other Photo I.D.: explain North Carolina driver license

Please submit I.D. document used, or legible photocopy

LIVIDITY: Appropriate for position Yes No (explain) _____

Absent Reduced Ill-Defined Patterned

Location: _____ Color: _____

Blanches: Readily Sluggishly Fixed Shifting Color: reddish/purple

RIGIDITY: Body posture appropriate for body position Yes No (explain) _____

Jaws None Slight Moderate Full Marked/Muscular

Arms None Slight Moderate Full Marked/Muscular

Legs None Slight Moderate Full Marked/Muscular

Fingers None Slight Moderate Full Marked/Muscular

Developing Receding Factors Affecting: _____

If rigor has been broken explain: _____

TEMPERATURES: indoor scene outdoor scene

Torso temp: Cold (ambient) Cool Warm Hot Time: _____

Rectal temp: _____ Time: _____ Ambient temp: _____ Time: _____

Ground temp if applicable: _____ Time: _____ Water temp if applicable: _____ Time: _____

If outdoor scene: Weather Rainy Sunny Cloudy Windy

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

EXTERNAL EXAMINATION

(This Block Should Not Be Completed If Case Sent For Autopsy)

DEVELOPMENT: [] Normal [X] Adult [] Adolescent [] Child [] Infant
BUILD: Large NUTRITIONAL STATUS: good HT: 6'3" WT: 280 SEX: Male
RACE: White AGE: 41

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Etc)

- DIAGRAMS SUBMITTED: [X] No findings/No diagram submitted [] Full Body A/P
[] Head diagram; A/P [] Full Body, lateral
[] Head diagram, lateral and vertex [] Hands, R & L
[] Neck, inferior view

TOXICOLOGY: Specimens Obtained [] Subclavian/Femoral Blood [X] Urine [] Vitreous
Time Collected 1:00pm Date Collected 9-17-05 [] Admission/Hospital Blood (# tubes)

PHOTOS: [] Yes [X] No TYPE: 35 [] POLAROID [] APS [] PHOTO #:

EVIDENCE COLLECTED FROM BODY: [X] None [] List

Collected by: Agency: Date/Time:
Submitted to: Agency: Date/Time:

CAUSE OF DEATH: Blunt force head trauma [] PENDING AUTOPSY

Other Significant Conditions:

MANNER OF DEATH: [] Natural [] Accident [] Suicide [] Homicide [] Pending Autopsy

FOR BILLING PURPOSES - I attest that I performed the procedures indicated below:

- [X] Death Scene Visit/External exam of body/review of pertinent records/completed death certificate
[] Death Scene Visit/Partial exam of body/body submitted for autopsy
[] External exam of body/review of pertinent records/completed death certificate

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

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

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

# <u>2</u> Nude _____	# <u>2</u> Hose _____	# <u>2</u> Belt _____
# <u>2</u> Slacks _____	# <u>2</u> Panties _____	# <u>2</u> Hat _____
# <u>1</u> Shirt <u>gray T-shirt</u>	# <u>2</u> Slip _____	# <u>2</u> Gloves _____
# <u>1</u> Socks <u>pair white</u>	# <u>2</u> Housecoat _____	# <u>2</u> Scarf _____
# <u>2</u> Undershirt _____	# <u>1</u> Day Shorts <u>pair bluejean</u>	# <u>2</u> Coat _____
# <u>1</u> Underwear <u>gray/white</u>	# <u>2</u> Sweatpants _____	# <u>2</u> Dentures _____
# <u>2</u> Tie _____	# <u>2</u> Sweatshirt _____	# <u>2</u> Eyeglasses _____
# <u>2</u> Sweater _____	# <u>2</u> Pajamas _____	# <u>2</u> Hearing aid _____
# <u>2</u> Dress _____	# <u>2</u> Nightgown _____	# <u>2</u> Other _____
# <u>2</u> Blouse _____	# <u>2</u> Robe _____	# <u>2</u> Hospital Gown _____
# <u>2</u> Bra _____	# <u>1</u> Shoes <u>pair white tennis</u>	

CURRENCY: \$ _____ COINS: \$ _____ TOTAL: \$ _____

PERSONAL EFFECTS AND VALUABLES: _____ Yes (If yes, list below) No

DISPOSITION OF CLOTHING:

LEFT ON BODY GIVEN TO FAMILY GIVEN TO FUNERAL HOME SEE EVIDENCE, P. 6

DISPOSITION OF VALUABLES:

LEFT ON BODY GIVEN TO FAMILY GIVEN TO FUNERAL HOME SEE EVIDENCE, P. 6

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

Return to Full

ISSUE 04

LexisNexis™ Academic

OCT 28 2005

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XOSA0496

The Associated Press State & Local Wire

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September 19, 2005, Monday, BC cycle

SECTION: State and Regional

LENGTH: 102 words

HEADLINE: Two killed in ATV accident in McDowell County

DATELINE: ASHLAND, W.Va.

Sept 17, 2005

BODY:

Two North Carolina residents have died in a weekend all-terrain vehicle accident in McDowell County, State Police said Monday.

(b)(3):CPSA Section 25(c),(b)(6) of Climax, N.C., was driving the ATV, which overturned in a wooded area of North Fork Hollow in Ashland on Saturday, according to a report by Trooper J.W. Keffer. (b)(3):CPSA Section body was found about 4 feet from the vehicle.

~~1224~~
2 deaths

The body of (b)(3):CPSA Section 25(c),(b)(6) 18, of Belews Creek, N.C., was inside the ATV's roll cage, the report said.

~~1224~~

The two had been with a group of ATV riders but became separated.

Information from: WCIS-TV, <http://www.wchstv.com>

LOAD-DATE: September 20, 2005



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Thursday, September 22, 2005

Email this story Printer friendly version



Deaths reminder of ATV dangers

Posted: Monday, Sep 19, 2005 - 10:30:18 pm EDT

By CHARLES OWENS
Bluefield Daily Telegraph

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- Weather

WELCH - The cause of a fatal all-terrain vehicle crash at a popular weekend riding site in McDowell County remains under investigation, state police said Monday.

(b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA Section 18, both of North Carolina, were both pronounced dead at the scene of the 3 a.m. crash Saturday in the Ashland area of Northfork Hollow, Sgt. G.A. Bishop, of the West Virginia State Police Welch Detachment, said.

"They were part of a larger party, and these two were on a four-wheeler together," Bishop said. "Somehow they were riding with a group and got separated. The friends they were riding with began looking for them when they didn't return to camp."

For the complete story, be sure to pick up a copy of today's Bluefield Daily Telegraph. To order this edition, or to subscribe, please contact our circulation department at (800) 763-2459.

- Contact Charles Owens at cowens@bdtonline.com

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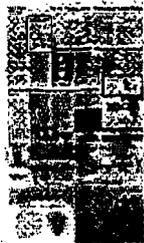
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Charleston
Gazette
Charleston, WV
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From Page:
7
9/20/2005
82104



49-154-
**2 killed in ATV accident
in McDowell County**

ASHLAND — Two North Carolina residents have died in a weekend all-terrain vehicle accident in McDowell County, State Police said Monday.

(b)(3):CPSA Section 41. of Climax, N.C., was driving the ATV, which overturned in a wooded area of North Fork Hollow in Ashland on Saturday, according to a report by Trooper J.W. Keffer. (b)(3):CPS body was found about 4 feet from the vehicle.

The body of (b)(2),(b)(6) 18, of Belews Creek, N.C., was inside the ATV's roll cage, the report said.

060831

1. Task Number 050530HNE1016		2. Investigator's ID 8925	EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 8 10	4. Date of Accident YR MO DAY 2006 05 28	5. Date Initiated YR MO DAY 2006 05 30	

6. Synopsis of Accident or Complaint UPC none

An unhelmeted victim #1, a 47-year-old male driver and an unhelmeted victim #2 a 38-year-old female passenger were riding on a four-wheeled ATV on a dry dirt trail. They traversed down a steep embankment which gave way and victim #1 accelerated the ATV. The ATV overturned. They were ejected. Victim #1 died at the scene from multiple injuries, including a skull fracture. Victim #2 was taken to a hospital where she was treated for a minor leg injury and released.

7. Location (Home, School, etc) 4 - STREET OR HIGHWAY	8. City PAGE	9. State WW
----------------------------------------------------------	-----------------	----------------

10A. First Product 3286- All Terrain Vehicles (four W	10B. Trade/Brand Name YAMAHA/RHINO	10C. Model Number 660
----------------------------------------------------------	---------------------------------------	--------------------------

10D. Manufacturer Name and Address
YAMAHA MOTOR CORP/IN [REDACTED]
6555 Katella Ave
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 47	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 57 - Fracture
-------------------------	---------------------	------------------------------	---------------------------------------

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 04 - Radio, TV	22. Sample Collection Number
-----------------------------------------------	-----------------------------------	------------------------------

23. Permission to Disclose Name (Non NEISS Cases Only)

Yes No Verbal

24. Review Date 07/03/2006	25. Reviewed By 9001	26. Regional Office Director Eric B. Avitt
-------------------------------	-------------------------	-----------------------------------------------

27. Distribution Ingle, Robin L.	28. Source Document Number N0350585A
-------------------------------------	-----------------------------------------

REVIEWER'S NOTES

COMMENTS: YES NO

YES NO

257

DO NOT RE-NOTIFY

4/11/07, le.

The information in this report was based on information received from the sheriff department and the medical examiner's office. A photo of the ATV will not be provided. Contact with the passenger who was riding on the ATV and the victims' next-of-kin was unsuccessful.

On Sunday, May 28, 2006, at 6:30 p.m., in Fayette County, located near Page, WV, victim #1, a 47-year-old male driver and victim #2, his girlfriend, a 38-year-old female passenger were riding on a four-wheeled ATV on a dirt trail located in a wooded area at 6 miles from a paved road. The weather condition was clear and the temperature was 81 degrees.

Victim #1 traversed down a steep embankment which gave way and he accelerated. The ATV overturned down the embankment and it came to a final rest at 300 feet down the bank. He was ejected at approximately 130 feet and he struck his head against a rock. Victim #2 was also ejected.

Their traveled rate of speed on the ATV prior to the incident was not known. They were not wearing any protective gear, such as helmets. His knowledge regarding operation and/or handling the ATV was unknown.

Victim #1 was 5 feet, 10 inches tall and he weighed 160 pounds. He sustained severe head and neck injury. He died at the scene. The reporting medical examiner's office located in Kanawha County, Charleston, WV, listed his cause of death as multiples injuries. An autopsy was not performed on him.

Victim #2's height and weight was not known. She sustained a minor leg injury. She was transported via ambulance to a hospital located in Fayette County, Oak Hill, WV, where she was treated and released.

Alcohol usage was a contributing factor to the incident; his BAC was not provided. ME report states Victim #1 made a living dealing drugs. which contained 2-1/2 light blue caplets were discovered at the incident scene and were located in his pants' pocket. Information was not provided on whether illegal drug use was a factor involved.

Product: four-wheeled all-terrain vehicle

Brand/Year: Yamaha/2005

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

Model: Rhino 660

VIN: 5Y4AM04Y05A016071

Description: green in color

Condition: maintenance history, bought new or used, and prior problems is unknown. Information was not provided on whether the ATV's lights were on prior to the incident.

Modification: unknown

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Uniform Traffic Crash Report.
2. Medical Examiner's Death Investigation.
3. Contact Information.
4. All-Terrain Vehicle (ATV) Questionnaire.

LOCATION

Date of Crash: 05/28/06
 M T W Th F S Sun: 1 2 3 4 5 6 7
 Time of Crash: 1830 HRS
 CRASH REPORTED BY: 1 State Police 3 Sheriff 2 City Police 4 Other
 Time of Notification: 1857 HRS
 Time of Arrival: 1946 HRS
 Fatality: Leaving Scene Hit & Run Striking Unattended Vehicle Other

COUNTY: FAYETTE
 CITY OR TOWN: IN NEAR Page
 HIGHWAY CLASSIFICATION: 1 Interstate 3 WV 5 City 2 U.S. 4 County 6 Other
 IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE: 1 Main Road 2 Main Road at Interchange 3 Entrance Ramp On 4 Exit Ramp On
 RELATION TO ROADWAY (Location of First Impact): 1 On Road 4 Outside of Median 2 Median 5 Shoulder/Cutb 3 Shoulder 6 Gore 7 Other/Unknown

IF NOT AT INTERSECTION: Approx 6 FEET N OF Kincaid/Kingston Road County Route 1
 IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE: 6 MILES S W OF Kincaid/Kingston Road County Route 1

SPECIAL REFERENCE OR GIS/GPS COORDINATES

DRIVER

DRIVER'S FULL NAME: [Redacted] ADDRESS: [Redacted] CITY: [Redacted] STATE: [Redacted] ZIP: [Redacted]
 DATE OF BIRTH: 04/15/59 SOCIAL SECURITY NUMBER: [Redacted] DRIVER LICENSE NUMBER: [Redacted] STATE: WV
 CITATION NUMBER: [Redacted] CITATION CHARGE: [Redacted] DRIVER CONDITION: 1 Normal 2 Fatigued 3 Asleep 4 Ill 5 Drinking 6 Medication 7 Other 8 Unknown

SOBRIETY TEST GIVEN: Yes Refused Test Not Offered
 TYPE OF TEST GIVEN: FIELD BLOOD BREATH PBT URINE OTHER N/A
 TEST RESULTS: N/A

DRIVER ACTION: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)

VEHICLE

OWNER'S FULL NAME: SAME AS DRIVER ADDRESS: SAME AS DRIVER CITY: [Redacted] STATE: [Redacted] ZIP: [Redacted]
 YEAR: 05 MAKE: Yamaha MODEL: Rhino STYLE: 660 Utility COLOR: Green
 LICENSE PLATE NUMBER: N/A STATE: [Redacted] YEAR: [Redacted] VEHICLE IDENTIFICATION NUMBER: 5V4AM04V05A0110071

DIRECTION TRAVEL: N ON ROUTE 1 ABOVE
 TOTAL OCCUPANTS OF THIS VEHICLE: 2 EXTENT OF DAMAGE: 0 1 2 3 4 5 6 - Unknown
 DRIVEABLE: Yes No
 DAMAGED AREA(S): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

TOWED DUE TO DAMAGE: Yes No TOWED BY: T&C Midway TOWED TO: T&C Midway

AUTO LIABILITY INSURANCE: Yes No INSURANCE COMPANY: [Redacted] POLICY NO.: [Redacted] AGENT: [Redacted]

CONTRIBUTING CIRCUMSTANCES (Check One or More):
 1 No Improper Driving 2 Exceeding Speed Limit 3 Exceeding Safe Speed
 4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal
 11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation
 18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)

DRIVER

DRIVER'S FULL NAME: [Redacted] ADDRESS: [Redacted] CITY: [Redacted] STATE: [Redacted] ZIP: [Redacted]
 DATE OF BIRTH: [Redacted] SOCIAL SECURITY NUMBER: [Redacted] DRIVER LICENSE NUMBER: [Redacted] STATE: [Redacted]
 CITATION NUMBER: [Redacted] CITATION CHARGE: [Redacted] DRIVER CONDITION: 1 Normal 2 Fatigued 3 Asleep 4 Ill 5 Drinking 6 Medication 7 Other 8 Unknown

SOBRIETY TEST GIVEN: Yes Refused Test Not Offered
 TYPE OF TEST GIVEN: FIELD BLOOD BREATH PBT URINE OTHER N/A
 TEST RESULTS: [Redacted]

DRIVER ACTION: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)

VEHICLE

OWNER'S FULL NAME: SAME AS DRIVER ADDRESS: SAME AS DRIVER CITY: [Redacted] STATE: [Redacted] ZIP: [Redacted]
 YEAR: [Redacted] MAKE: [Redacted] MODEL: [Redacted] STYLE: [Redacted] COLOR: [Redacted]
 LICENSE PLATE NUMBER: [Redacted] STATE: [Redacted] YEAR: [Redacted] VEHICLE IDENTIFICATION NUMBER: [Redacted]

DIRECTION TRAVEL: N ON ROUTE 1 ABOVE
 TOTAL OCCUPANTS OF THIS VEHICLE: [Redacted] EXTENT OF DAMAGE: [Redacted]
 DRIVEABLE: Yes No
 DAMAGED AREA(S): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

TOWED DUE TO DAMAGE: Yes No TOWED BY: [Redacted] TOWED TO: [Redacted]

AUTO LIABILITY INSURANCE: Yes No INSURANCE COMPANY: [Redacted] POLICY NO.: [Redacted] AGENT: [Redacted]

CONTRIBUTING CIRCUMSTANCES (Check One or More):
 1 No Improper Driving 2 Exceeding Speed Limit 3 Exceeding Safe Speed
 4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal
 11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation
 18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)

06A-186
261225
FORM OVERSIDE #

PHONE #: (304) 574-4004

BY WHOM: S.M. Gray

COMMERCIAL CARRIER

ASSISTING OFFICER: Cpl J.L. Brown, Deputy J.M. Duncan

DAMAGED PROPERTY OTHER THAN VEHICLES (DESCRIBE AS COMPLETELY AS POSSIBLE) ON PAVEMENT OR _____ FEET

OWNER'S NAME Other (Please List) **ADDRESS** **CITY** **STATE** **ZIP**

SEATING
 10 - Sleeper Section
 11 - Other Enclosed Passenger Area/ Cargo Area
 12 - Other Unenclosed Passenger Area/ Cargo Area
 13 - Riding In/On Trailing Unit
 14 - Riding On Vehicle Exterior
 15 - Unknown
 16 - Other (SEE NARRATIVE)

OCCUPANT PROTECTION
 1 - None Installed
 2 - None Used
 3 - Lap Belt Only Used
 4 - Shoulder Belt Only
 5 - Lap and Shoulder Belt Used
 6 - Child Safety Seat
 7 - Helmet, Glasses/Shield
 8 - Unknown

INJURY CLASSIFICATION
 K - Killed
 A - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene
 B - Bruises, Abrasions, Swelling, Limping, Etc.
 C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness
 O - Not Injured

FIRST AID BY
 1 - None
 2 - Police
 3 - Emergency Medical Technician
 4 - Doctor / Nurse
 5 - Rescue Squad
 6 - Helicopter Crew
 7 - Paramedic
 8 - Unknown

AIRBAG DEPLOYED
 1 - Yes 2 - No 3 - Not equipped

EJECTED
 1 - No 2 - Yes 3 - Partially 4 - Unknown

TRAPPED/EXTRICATED
 1 - Not Trapped 2 - Trapped/Extricated 3 - Trapped/Not Extricated 4 - Unknown

MEDICALLY TRANSPORTED
 1 - No 2 - Yes 3 - Refused 4 - Unknown

VEH. NO. **SEAT. ING** **OCC. PROT.** **AIR-BAG** **EJEC-TED** **TRAP/EXTRI** **IN-JURY** **FRST AID** **MED TRAN**

VEH. #1 1 1 2 3 2 1 K 7 1

VEH. #2 3 2 3 2 1 C 7 2

VEHICLE FIRE OCCURRENCE
 Veh. #: 1 1 No Fire Occurrence Fire Occurrence

HAZARDOUS CARGO
 Veh. #: 1 2 No Yes Unknown

DRIVER
 1 → 1
 2 → 2

PERSONNEL
 NAME: [] MP: F AGE: 38 ADDRESS: []

INJURED TAKEN TO: Plateau Medical Center **INJURED TAKEN BY:** Ambulance **EMS/AMBS UNIT NUMBER:** Jan-Care 204 **EMS RUN FORM NUMBER:** 233925

PEDESTRIAN ACTION:
 1 Crossing at Intersection 2 Crossing Not at Intersection 3 Walking on Pavement With Traffic 4 Walking on Pavement Facing Traffic 5 Standing on Pavement 6 Playing on Pavement 7 Working on Pavement 8 Not on Pavement

NAME OF WITNESS **ADDRESS** **CITY** **STATE** **ZIP** **H () W ()**

ENVIRONMENT
 LIGHT: 1 Daylight 2 Dark 3 Dark, Artificial Lights 4 Dusk 5 Dawn
 WEATHER: 1 Clear 2 Cloudy 3 Raining 4 Fog/Smog 5 Snowing 6 Sleet 7 Hailing 8 Crosswinds
 ROADWAY SURFACE: 1 Dry 2 Wet 3 Snow 4 Ice 5 Muddy 6 Haz. Mat 7 Other
 ROADWAY CHARS.: 1 Straight and Level 2 Straight and Grade 3 Straight at Hillcrest 4 Curve and Level 5 Curve and Grade 6 Curve at Hillcrest 7 Straight and Rolling 8 Sag Curve
 ROAD TYPE: 1 Blacktop 2 Concrete 3 Brick 4 Gravel 5 Dirt 6 Other
 TRAFFIC CONTROL: 1 Stop Sign 2 Traffic Signal 3 Yield Signal 4 Officer, Flagman 5 RR Gates, Signals 6 Construction Zone 7 School Zone
 VISION OBSCURED BY: 1 Not Obscured 2 Rain, Snow, Ice on Windshield 3 Trees, Bushes 4 Building(s) 5 Embankment 6 Signboard 7 Hillcrest 8 Parked Vehicle(s) 9 Moving Vehicle(s) 10 Blinding Headlights 11 Blinding Sunlight 12 Other 13 Unknown

MANNER OF COLLISION:
 1 Rear End 2 Head On 3 Same Direction Sideswipe 4 Opp. Direction Sideswipe 5 Rear-to-Rear 6 Single Vehicle Crash 7 Other

VEH. SEQUENCE OF EVENTS (Use Codes at Right)
 1 0 1 0 4 0 6 4 1

NON-COLLISION
 01 - Loss of Control 02 - Cross curbside median 03 - Ran off Roadway-left 04 - Ran off Roadway-right 05 - Re-entrance Roadway 06 - Overture 07 - Separation of Units 08 - Fire/explosion 09 - Immediates 10 - Jackknife 11 - Downhill Runaway 12 - Cargo loss/drift 13 - Individual fell from veh. 14 - Stopped in traffic lanes 15 - Other noncollision

HAD A COLLISION WITH
 16 - Moving motor vehicle 17 - Pedestrian 18 - Bicyclist 19 - Motor veh. in transport 20 - Parked motor vehicle 21 - Railroad/Train 22 - Animal 23 - Other non-living object 24 - Bridge/pier/abutment 25 - Bridge parapet end 26 - Balise call 27 - Guardrail end 28 - Guardrail end 29 - Guardrail end 30 - Median barrier 31 - Highway traffic sign post 32 - Highway sign post 33 - Luminous/light support 34 - Utility pole 35 - Other pole 36 - Curb 37 - Ditch 38 - Embankment 39 - Fence 40 - Mailbox 41 - Tree 42 - RR crossing signal 43 - Building 44 - Traffic Island 45 - Fire hydrant 46 - Impact attenuator 47 - Other fixed object

SCREENING INFORMATION:
 NUMBER OF QUALIFYING VEHICLES INVOLVED: [] Trucks with 6 or more tires or a Haz Mat Placard [] Buses designed to carry 16 or more persons
 NUMBER OF: Persons Sustaining fatal injuries [] Persons transported for IMMEDIATE medical treatment [] Vehicles towed from the scene due to damage or provided assistance []

VEHICLE NUMBER **CARRIER INFORMATION SOURCE:**
 1 Shipping Papers 2 Vehicle Bids 3 Log Book 4 Driver 5 Other

VEHICLE CONFIGURATION
 1 Any 4-tire vehicle 2 Bus 3 Single unit truck (2 axles/6 or more tires) 4 Single unit truck (3 or more axles) 5 Truck with trailer 6 Truck tractor only (Bobtail) 7 Tractor with semi-trailer 8 Tractor with double trailer 9 Tractor with triple trailers 10 Other - Unable to classify

CDL TYPE **ENDORS.**
 A B C None H N P T X

HAZARDOUS MATERIAL
 PLACARD: Yes No SPILL: Yes No

NUMBER OF AXLES PER UNIT
 Tractor [] Trailer 1 [] Trailer 2 [] Trailer 3 []

NAME OF INVESTIGATING OFFICER (Please Print) S.M. Gray **NUMBER** 35 **NAME OF POLICE AGENCY** Fayette County SO **D.R.I. NUMBER** WV0100000

DATE OF COMPLETION 0 5 2 9 0 6

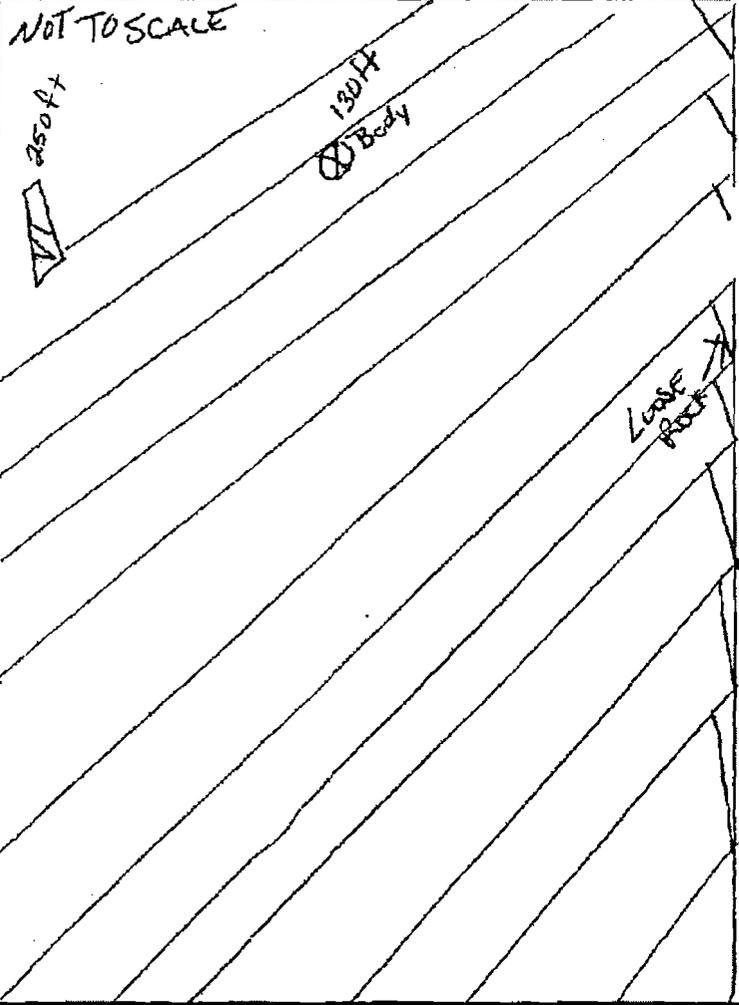
The data in this report reflects my best judgment and knowledge.

INVESTIGATING OFFICER'S SIGNATURE: [Signature]

06A-166
FORM OVERRIDE #
261225



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ATV TRAIL
← 6.0 MI County RT1

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

Vehicle #1 was traversing down a steep grade when the bank gave way causing Driver #1 to accelerate rapidly. This causing Vehicle #1 to overturn down an embankment approximately 300 feet. Driver #1 was ejected approximately 130 feet down the embankment and suffered severe head and neck trauma from the utility vehicle, trees and rocks. Passenger #1 was also ejected and only suffered minor leg pain. The scene of the roll over showed evidence of alcohol with a box of Budwieser, and empty containers. Driver #1 was transported to (b)(3):CPSA Section 25(c)(b)(6) Funeral Home for examination by Medical Examiner.

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STATE OF WEST VIRGINIA
 DEPARTMENT OF HEALTH & HUMAN RESOURCES
 OFFICE OF THE CHIEF MEDICAL EXAMINER
 619 Virginia Street, West
 Charleston, WV 25302
 (304) 558-6920 - FAX (304) 558-9039

Security Seal Tab #:
 NA

FOR OCME USE ONLY:
 CASE #: _____ DR.: _____

DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
 EXTERNAL EXAMINATION REPORT
 COMPLETION OF DEATH CERTIFICATE (Copy Attached) **MECAP**

County of Death: FAYETTE
 County ME/C: _____

Date: MAY 28, 2006
 Notified by/Date/Time: AS/28/06 2019 hrs.

DECEASED:	(b)(3):CPSA Section 25(c),(b)(6)	Occupation: <u>UNEMPLOYED</u> (Do not use retired)
ADDRESS:	(b)(3):CPSA Section 25(c),(b)(6)	SSN: <u>UNEMPLOYED</u>
Next of Kin:	Relationship: <u>GIRLFRIEND</u> <u>BROTHER</u>	DOB: (b)(3):CPSA Section 25(c),(b)(6) AGE: <u>47</u> SEX: <u>M</u> RACE: <u>W</u> Phone: (b)(3):CPSA Section 25(c),(b)(6)

Date of Death: MAY 27, 2006 @ APPROX 1700 hr. Witness: _____
 Last Known Alive: _____ @ _____ hr. By: _____
 Found Dead: _____ @ _____ hr. By: _____
 Pronounced: MAY 27, 2006 @ 2018 hr. By: _____
 PLACE OF DEATH: OFF KINGSTON-KINCAID RD IN 'RATTLESNAKE AREA' NEAR PAYNE FARM
 City/Town: NEAR KINGSTON

DOA ER ORRR Nursing Home At Home Other _____ Found (died elsewhere)

Complete this block if any Suspected Incident is checked below

Suspected Incident(s): (check all that apply)	DATE OF INJURY:	TIME OF INJURY:	WITNESSED? (Yes or No) By:	PLACE OF INJURY (home, etc.)
<input checked="" type="checkbox"/> Electrocution <input type="checkbox"/> Fall <input type="checkbox"/> Firearm <input type="checkbox"/> Assault <input type="checkbox"/> Fire <input type="checkbox"/> Neglect <input type="checkbox"/> Tox/OD <input type="checkbox"/> Exposure <input type="checkbox"/> Drowning <input type="checkbox"/> Hanging <input type="checkbox"/> Suffocation <input checked="" type="checkbox"/> MVA <input type="checkbox"/> Positional asphyxia <input type="checkbox"/> Compression asphyxia <input type="checkbox"/> Other _____	<u>05/28/06</u>	<u>1700</u>	By: <u>AMBER Mc DONALD</u>	<u>WOODED AREA</u>
INJURY LOCATION ADDRESS: <input checked="" type="checkbox"/> Same as place of death				
<input checked="" type="checkbox"/> IF MVA: Restrained <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Airbag <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Helmet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Work-related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____				

Investigation by: STEVE GRAY Agency: FAY. CO. SHERIFF'S DEPT Phone: (304) 574-4216

OCME Consult: _____ Agency: _____ Phone: _____
 Date/Time: 5/28/06 2045: 2824:

NAME:

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

CIRCUMSTANCES OF DEATH:

EMS STATES DECEDENT WAS DRIVING ATV WITH HIS GIRLFRIEND SITTING BEHIND HIM. GIRLFRIEND STATES THEY HAD BEEN DRINKING 'A LITTLE'. ATV WENT OVER AN EMBANKMENT. BOTH RIDERS WERE APPARENTLY THROWN FROM THE VEHICLE - EVIDENTLY NEITHER WAS WEARING A HELMET. DECEDENT WAS FOUND SUPINE ON THE GROUND WITH THE LEFT SIDE OF HIS HEAD THROWN AGAINST A ROCK. SKULL APPEARS FRACTURED FROM ANTERIOR TO POSTERIOR MIDLINE, CERVICAL SPINE FRACTURED (L) SKULL + FACE 'CAVED IN'. EYEBALL PROTRUDING FROM SOCKET, EAR AVULSION. APPROX. 3X3" "ROAD RASH" ABRASION ON SHOULDER, REMAINDER OF THE BODY APPEARS TO HAVE NO TRAUMA OTHER THAN A FEW SUPERFICIAL ABRASIONS. (GIRLFRIEND WAS TAKEN TO PLATEAU MEDICAL CENTER - UNKNOWN INJURIES). THERE WAS NO ODOR OF ALCOHOL ON THE BODY BUT A BAGGIE CONTAINING 2 1/2 LT. BLUE CAPLETT WAS FOUND IN THE DECEDENT'S PANTS POCKET.

(1) PHOTOS 100-0439 + 100-0440 + 100-0454

(2) PHOTO 100-0447

(3) PHOTOS 100-0449 + 100-0453

(4) PHOTOS 100-0468 + 100-0470

(5) PHOTOS 100-0468 + 100-0470

(6) PARTIALLY VISIBLE IN PHOTO 100-0466

[] Check here if supplemental information sheet used.

OCME 1

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

LOCATION OF DECEDENT AT SCENE: (Describe specific location of body and immediate surroundings at scene)

EMS STATES DECEDENT WAS FOUND SUPINE ON GROUND, HEAD RESTING ON A BLOODY ROCK - DECEDENT WAS APPARENTLY THROWN FROM HIS ATV AFTER IT TRAVELED OVER AN EMBANKMENT

Position found: [x] supine [] prone [] on right/left side [] other:

Describe surface under body: GROUND OF HILLSIDE (PHOTO 100-6443)

HISTORY:

Primary Physician: UNKNOWN Office Phone: NA

Other Physician: NA Office Phone: NA

Surgeries/Hospitalizations: UNKNOWN

Illnesses/Allergies: UNKNOWN

Psych: UNKNOWN

Family/Social: LIVING & GIRLFRIEND; DEPUTIES STATE DECEDENT "MADE A LIVING DEALING DRUGS"

Other:

MEDICAL RECORDS: Requested/Received [] Yes [x] No Reviewed [] Yes [x] No Copy Attached [] Yes [x] No

Records available from: NA Phone:

Records available from: Phone:

IF RECORDS SENT: Please attach copy of OCME-19a.

MEDICATION/DRUGS - PLEASE LIST ON PAGE 4

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

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: (b)(3):CPSA Section 25(c),(b)(6) Time Started: 2310 Completed at: 0040

Witness: Witness:

IDENTIFICATION: Confirmed: [X]Yes []No

Method: (b)(3):CPSA Section 25(c),(b)(6) [X]Visual I.D. by whom

[] Photo I.D. [] WVDL [] Other Photo I.D.: explain

Please submit I.D. document used

LIVIDITY: Appropriate for position [] Yes [] No (explain) NA

[X] Absent [] Reduced [] Ill-Defined [] Patterned NA

Location: NA Color: NA

Blanches: [] Readily [] Sluggishly [] Fixed [] Shifting Color: NA

RIGIDITY: Body posture appropriate for body position [] Yes [] No (explain) NA

Jaw [X] None [] Slight [] Moderate [] Full [] Marked/Muscular

Arms [X] None [] Slight [] Moderate [] Full [] Marked/Muscular

Legs [X] None [] Slight [] Moderate [] Full [] Marked/Muscular

Fingers [X] None [] Slight [] Moderate [] Full [] Marked/Muscular

[] Developing [] Receding Factors Affecting:

If rigor has been broken explain: NA

TEMPERATURES: [] indoor scene [X] outdoor scene

Torso temp: [] Cold (ambient) [] Cool [X] Warm [] Hot Time: 2310

Rectal temp: Time: Ambient temp: Time:

Ground temp, if applicable: Time: Water temp, if applicable: Time:

If outdoor scene: Weather [] Rainy [X] Sunny [] Cloudy [] Windy

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

EXTERNAL EXAMINATION

(This Block Should Not be Completed If Case Sent for Autopsy)

Development: [x] Normal [] Other [x] Adult [] Adolescent [] Child [] Infant

BUILD: WELL DEVELOPED NUTRITIONAL STATUS: VERY SLENDER HT 5'10" WT 160 SEX M

RACE: W AGE: 47 Appears stated age? YES

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Etc.)

- DIAGRAMS SUBMITTED: [] No findings/No diagram submitted [x] Full Body A/P [x] Head diagram, A/P [x] Full Body, lateral [x] Head diagram, lateral and vertex [x] Hand R & L [x] Neck, inferior view

TOXICOLOGY: Specimens Obtained: [x] Subclavian/Femoral Blood [] Urine [] Vitreous Time Collected: 0040 Date Collected: 5-29-06 [] Admission/Hospital Blood (# tubes)

PHOTOS: [] Yes [] No TYPE: 35 [] POLAROID [] APS [] PHOTO #

EVIDENCE COLLECTED FROM BODY: [] None [x] List + 1 1/2 LIGHT BLUE CAPLETS STAMPED MB61 1 LIGHT BLUE CAPLET STAMPED G3721

Collected by: JACK BROWN Agency: FAX CO. SHERIFF Date/Time: 0050 hrs. Submitted to: Agency: Date/Time:

CAUSE OF DEATH: MULTIPLE INJURIES DUE TO ATV ACCIDENT [] PENDING AUTOPSY Other Significant Conditions: MANNER OF DEATH: [] Natural [x] Accident [] Homicide [] Pending Autopsy

FOR BILLING PURPOSES - I attest that I performed the procedures indicated below:

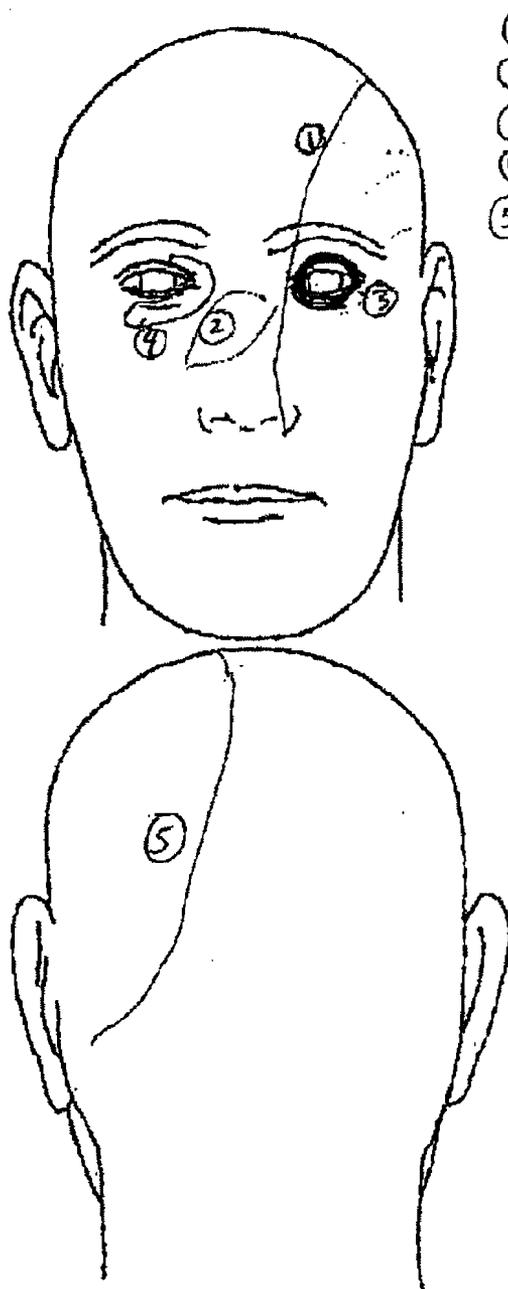
- [] Death Scene Visit/External exam of body/review of pertinent records/completed death certificate [] Death Scene Visit/Partial exam of body/body submitted for autopsy [x] External exam of body/review of pertinent records/completed death certificate

(b)(3):CPSA Section 25(c),(b)(6) FAX CO. M.E.

Head, surface and skeletal anatomy, anterior and posterior views

Name (b)(3):CPSA Section

Age 47 Race LU Sex M Date 6/5/28/06



- ① F (CLOSED)
- ② F (CLOSED)
- ③ AVULSION
- ④ B
- ⑤ F (CLOSED)

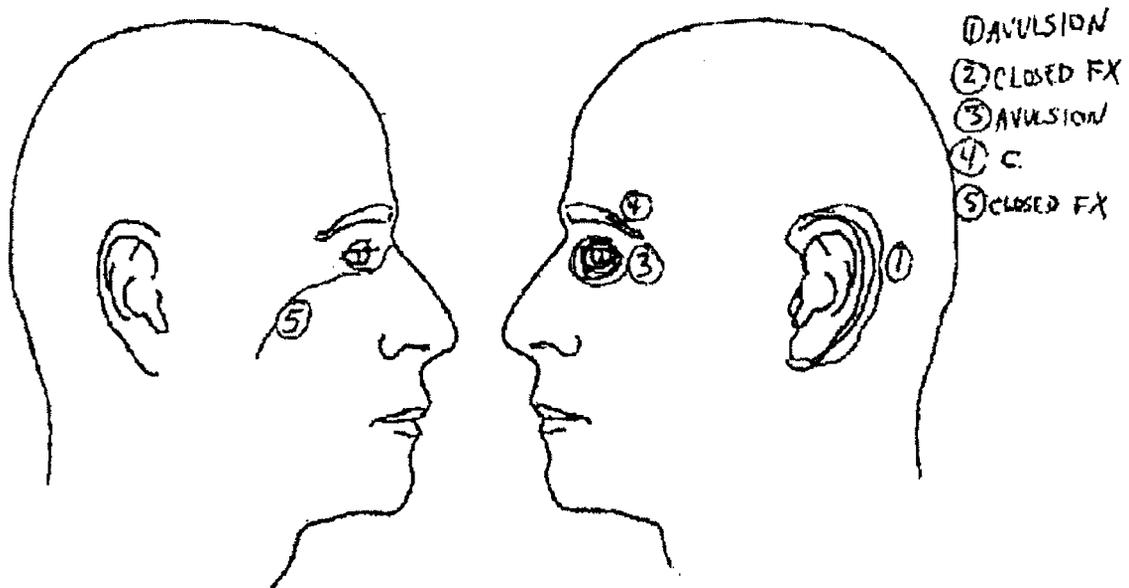
LEGEND TO SYMBOLS

Contusion (Bruise) - B	Cut - C	Cardiac Monitor Pad (ECG Electrode) - CM
Laceration - L	Scar - S	Esophageal Obturator Tube - EO
Abrasion - A	Tattoo - T	Needle Puncture - NP
Stab Wound - SW	Endotracheal Tube - ET	Nasogastric Tube - NGT
Fracture - F	Foley Catheter - FC	
Gunshot Wound - GSW (denote entrance or exit, if possible)		
Shotgun Wound - SGW (denote entrance or exit, if possible)		

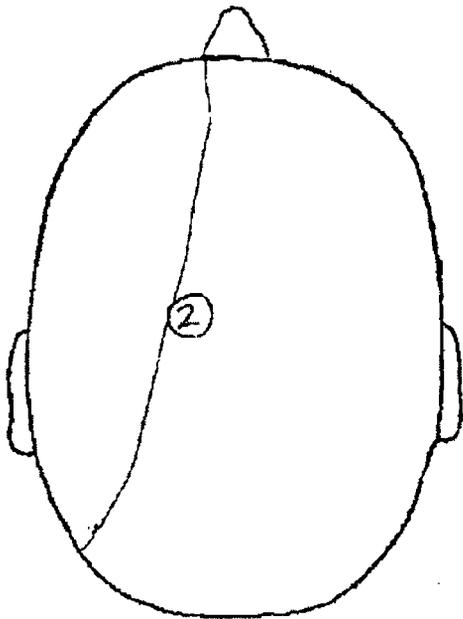
Head, surface and skeletal anatomy, lateral view

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

Age 47 Race W Sex M Date 05/28/06



- ① AVULSION
- ② CLOSED FX
- ③ AVULSION
- ④ C.
- ⑤ CLOSED FX



LEGEND TO SYMBOLS

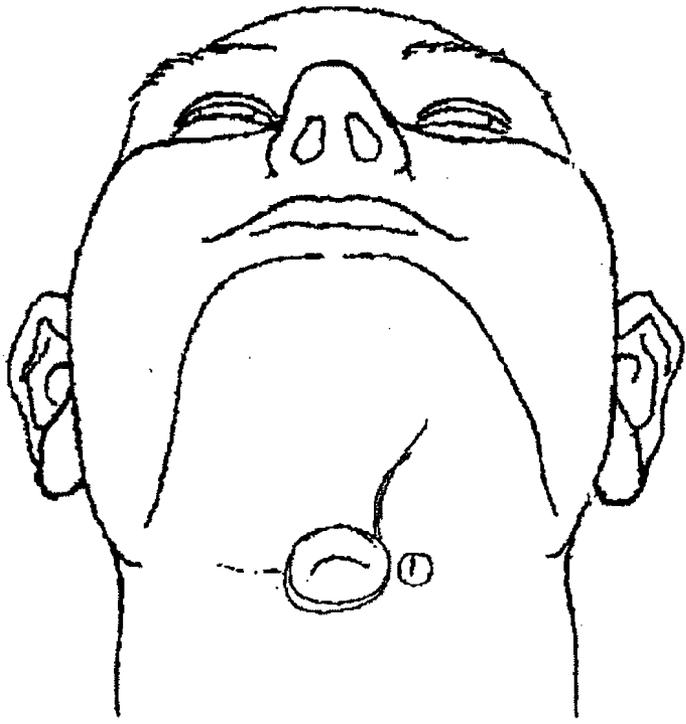
Contusion (Bruise) - B	Cut - C	Cardiac Monitor Pad (ECG Electrode)-CM
Laceration - L	Scar - S	Esophageal Obturator Tube - EO
Abrasion - A	Tattoo - T	Needle Puncture - NP
Stab Wound - SW	Endotracheal Tube - ET	Nasogastric Tube - NGT
Fracture - F	Foley Catheter - FC	
Gunshot Wound - GSW (denote entrance or exit, if possible)		
Shotgun Wound - SGW (denote entrance or exit, if possible)		

Head, surface and skeletal anatomy, superior view. Inferior view of neck

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

Age 47 Race w Sex M Date 05/28/06

① PROTRUSION (CLOSED)

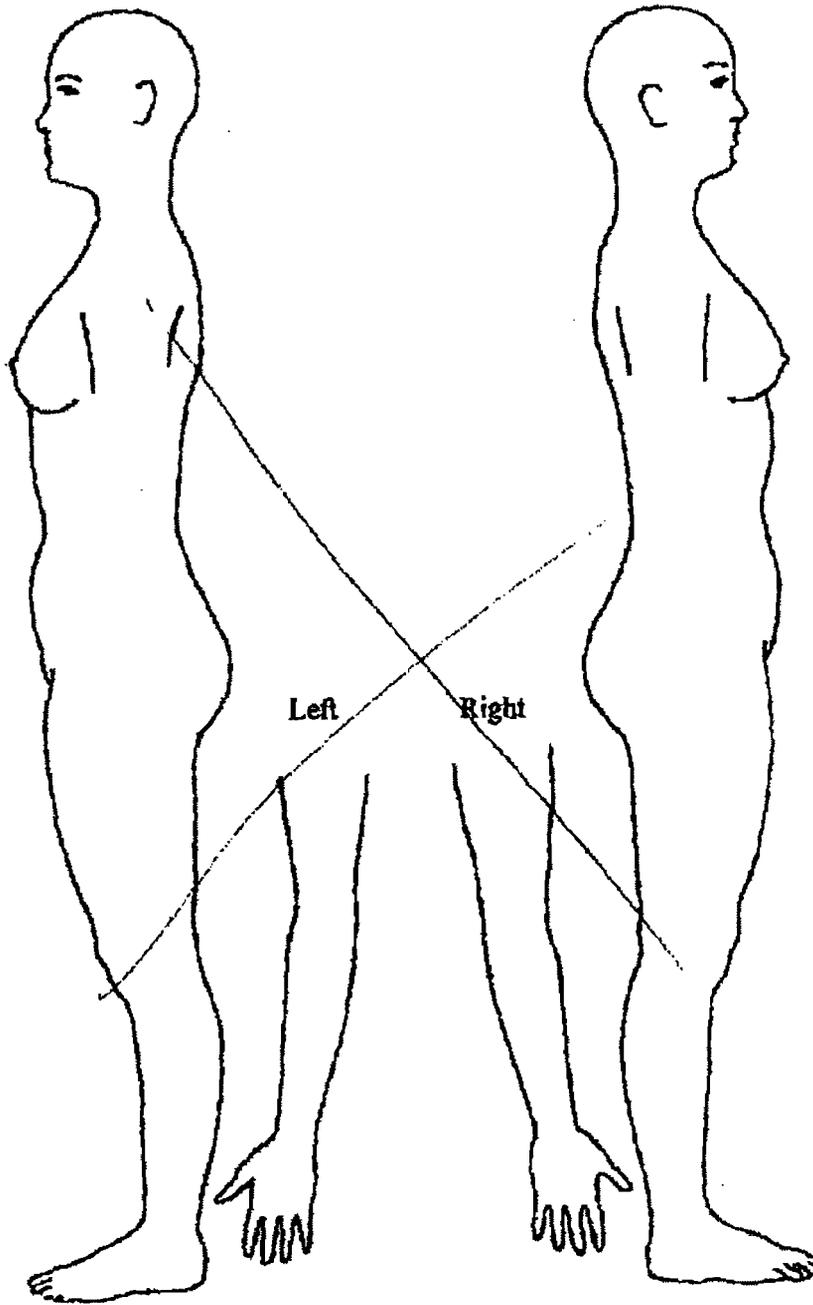


LEGEND TO SYMBOLS

- | | | |
|------------------------------------------------------------|------------------------|------------------------------------------|
| Contusion (Bruise) - B | Cut - C | Cardiac Monitor Pad (ECG Electrode) - CM |
| Laceration - L | Scar - S | Esophageal Obturator Tube - EO |
| Abrasion - A | Tattoo - T | Needle Puncture - NP |
| Stab Wound - SW | Endotracheal Tube - ET | Nasogastric Tube - NGT |
| Fracture - F | Foley Catheter - FC | |
| Gambol Wound - GSW (denote entrance or exit, if possible) | | |
| Shotgun Wound - SGW (denote entrance or exit, if possible) | | |

Full body, female, lateral view

Name _____
Age _____ Race _____ Sex _____ Date ____/____/____



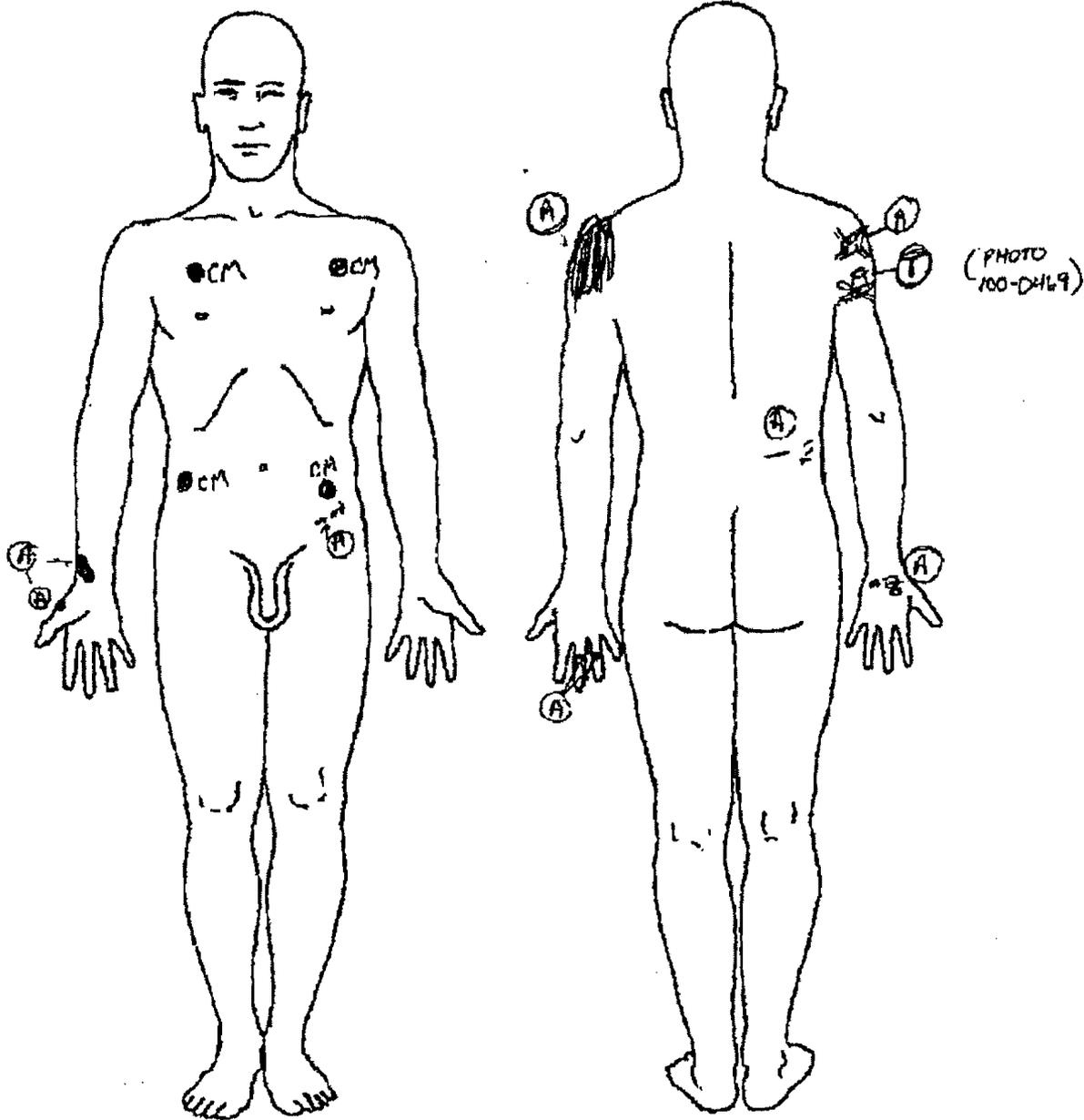
LEGEND TO SYMBOLS

- | | | |
|------------------------------------------------------------|------------------------|----------------------------------------|
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| Laceration - L | Scar - S | Esophageal Obturator Tube - EO |
| Abrasion - A | Tattoo - T | Needle Puncture - NP |
| Stab Wound - SW | Endotracheal Tube - ET | Nasogastric Tube - NGT |
| Fracture - F | Foley Catheter - FC | |
| Gunshot Wound - GSW (denote entrance or exit, if possible) | | |
| Shoogun Wound - SGW (denote entrance or exit, if possible) | | |

Full body, male, anterior and posterior views (ventral and dorsal)

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

Age 47 Race W Sex M Date 05/28/06
 Left Right



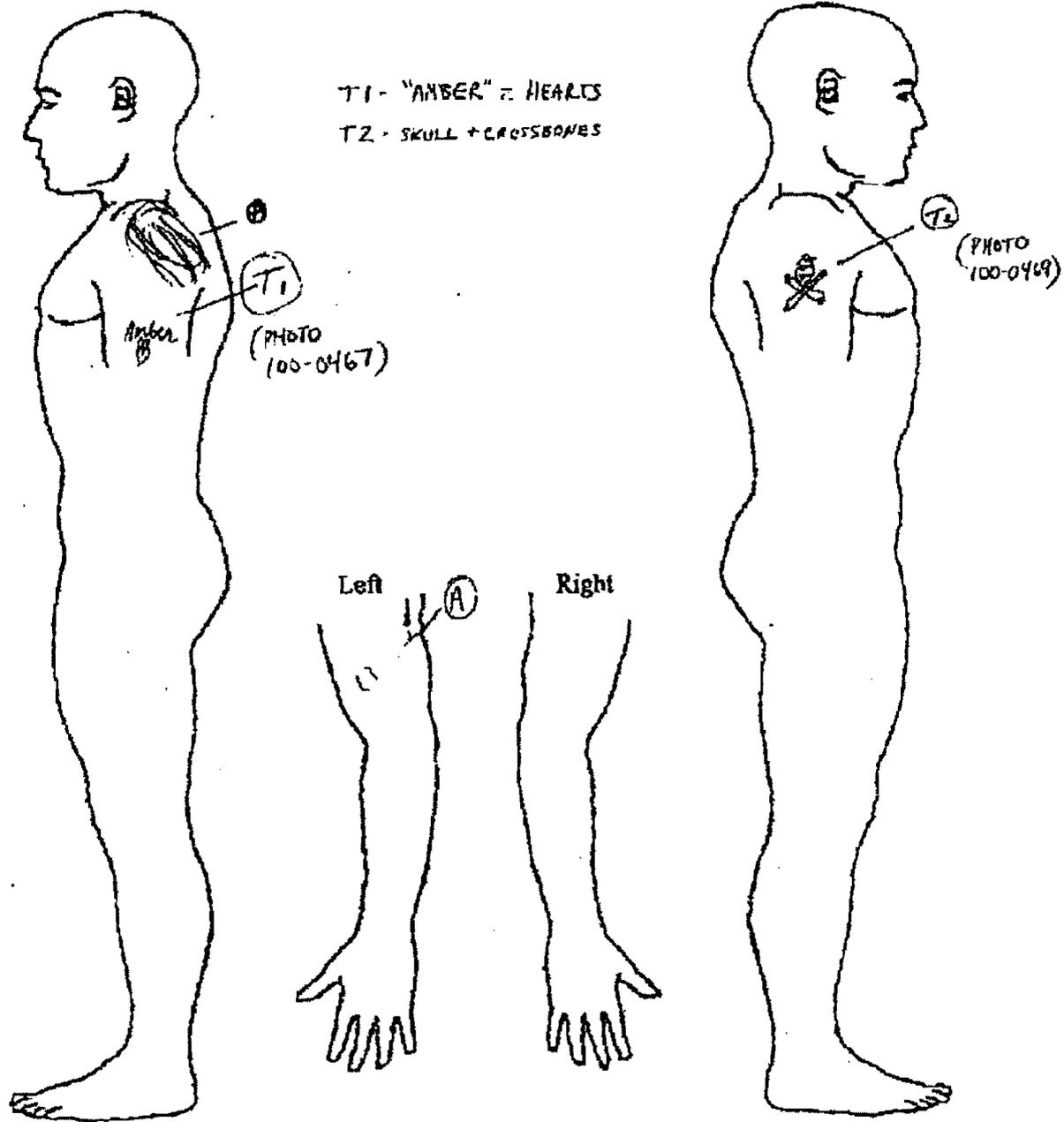
LEGEND TO SYMBOLS

- | | | |
|------------------------------------------------------------|------------------------|------------------------------------------|
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| Abrasion - A | Tattoo - T | Needle Puncture - NP |
| Stab Wound - SW | Endotracheal Tube - ET | Nasogastric Tube - NGT |
| Fracture - F | Foley Catheter - FC | |
| Gunshot Wound - GSW (denote entrance or exit, if possible) | | |
| Shotgun Wound - SGW (denote entrance or exit, if possible) | | |

Full body, male, lateral view

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

Age 47 Race W Sex M Date 05/28/06



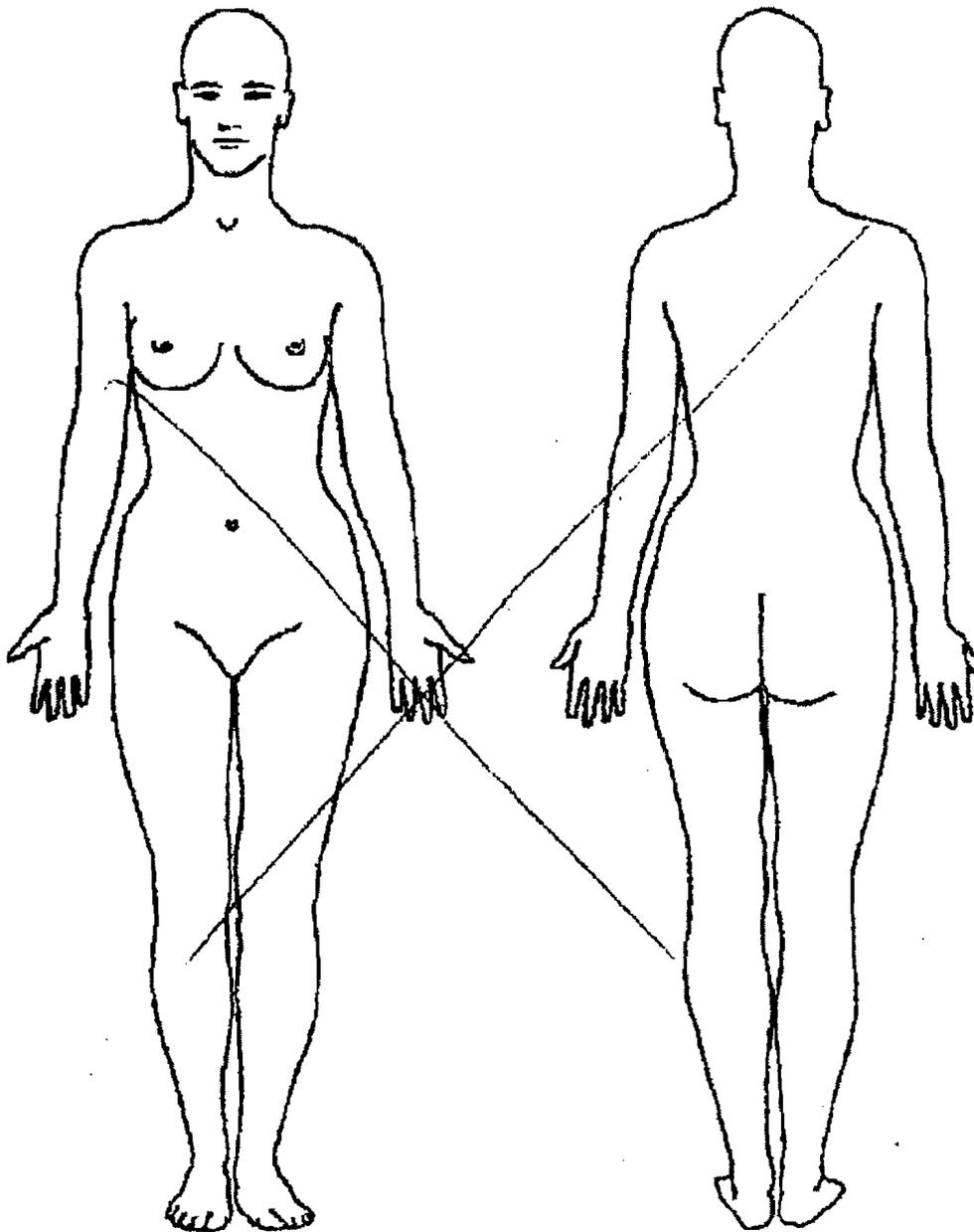
LEGEND TO SYMBOLS

- | | | |
|------------------------------------------------------------|------------------------|------------------------------------------|
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| Fracture - F | Foley Catheter - FC | |
| Gunshot Wound - GSW (denote entrance or exit, if possible) | | |
| Shoogun Wound - SGW (denote entrance or exit, if possible) | | |

Full body, female, anterior and posterior views

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

Age 47 Race W Sex _____ Date / /



LEGEND TO SYMBOLS

- | | | |
|------------------------------------------------------------|------------------------|----------------------------------------|
| Contusion (Bruise) - B | Cut - C | Cardiac Monitor Pad (ECG Electrode)-CM |
| Laceration - L | Scar - S | Esophageal Obturator Tube - EO |
| Abrasion - A | Tattoo - T | Needle Puncture - NP |
| Stab Wound - SW | Endotracheal Tube - ET | Nasogastric Tube - NGT |
| Fracture - F | Foley Catheter - FC | |
| Gunshot Wound - GSW (denote entrance or exit, if possible) | | |
| Shotgun Wound - SGW (denote entrance or exit, if possible) | | |

CONTACT INFORMATION:

Contacted on 5/31/06

Fayette County Sheriff
PO Box 509
Fayetteville, WV 25840
(304)574-4304

WV Medical Examiner
619 Virginia St, W
Charleston, WV 25302
(304)558-3920

Task Number 060530HNE1016

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

Type of respondent: Other
Other, specify: sheriff

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: Rhino 660	VIN: 5Y4AM04Y05A016071
------------------	------------------------

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

Model Year: 2005

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

Engine Size: Unknown

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

Death #1	Death #2
Date of Death: 05/28/2006	
Age/Sex: 47/Male	/
State of Death: WEST VIRGINIA	
City of Death: Page	
County of Death: Fayette	

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

An unhelmeted victim #1, a 47-year-old male driver and an unhelmeted victim #2, a 38-year-old female passenger were riding on a four-wheeled ATV on a dry dirt trail. They traversed down a steep embankment which gave way and victim #1 accelerated the ATV. The ATV overturned. They were ejected. Victim #1 died at the scene from multiple injuries, including a skull fracture. Victim #2 was taken to a hospital, where she was treated for a minor leg injury and released.

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

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

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

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

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

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

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

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

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

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

Age: 47	Height: 70 (inches)
Weight: 04 = 150 - 199	Sex: Male

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

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

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

01 - Forest, Woods

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

0 - Unknown

Additional Comments:



Home > News > Fayette County

[Print this Page](#) [Back to Site View]

1. Fayette County WV - #060530HNE1016 N0650585A
2. Cabell County WV - # 060530HNE1017 N0650585B

Increase Font Size - Decrease Font Size

5/30/06 ISSUE 35

Two ATV Fatalities Raises Total Over 20 Statewide

Posted 5/28/2006 12:28 AM

The most recent happened in Fayette County.

Story by Aaron Mesmer [Email](#) | [Bio](#)

Emergency services in Fayette County reported that one person is dead and another was taken to the hospital after an ATV accident late Sunday night.

It happened on a dirt road between Mossy and Kincaid.

Sheriff's deputies were on the scene late in the evening.

This is the 21st ATV fatality in West Virginia this year.

On Saturday in Cabell County, 27-year-old (b)(6) from Milton became the 20th ATV fatality in the Mountain State.

(b)(6) was from Milton. He died at around 6 p.m. after crashing his vehicle.

Sheriff's deputies said he was apparently speeding, went off the gravel road, hit a tree and fell down a 37-foot embankment.

Deputies said the 27-year old was not wearing a helmet.

Also Saturday in Wyoming County, emergency crews responded to two separate ATV accidents.

Authorities said neither of them appeared to be life-threatening.

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Other Fayette County Categories

- [Bridge Day](#)

Have a Question or Comment About Our Web Site?
Please email us here.

061130

1. Task Number 060622HNE1135		2. Investigator's ID 8942		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2006 05 26	5. Date Initiated YR MO DAY 2006 06 30		
6. Synopsis of Accident or Complaint UPC An 11 year-old-female was riding a 4-wheeled ATV without a helmet, as a passenger with her 13-year-old-female cousin as the operator. The operator lost control as she made a turn on a gravel road ejecting both individuals from the ATV. The victim sustained fatal injuries, was transported to a hospital where she was pronounced by the attending physician with the cause of death listed as severe head trauma. The operator of the ATV received multiple injuries was transported to a hospital, was treated and expected to be released.				
7. Location (Home, School, etc) 4 STREET OR HIGHWAY		8. City MANISTIQUE		9. State MI
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 11	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern Org Inj	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Case, Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 10/12/2006	25. Reviewed By 9093		26. Regional Office Director Eric B Ault	
27. Distribution Streeter, Robin A, Kessler, Charles R, Harris, Patricia N			28. Source Document Number 250	

CRSC FOR: 187 (12196) Approved for use through: 19/30/2006 OMB NO. 30410600495A

DO NOT REACTIFY
4/11/07 *TC*

060622HNE1135

Page 1 of 2

Information contained in this report was obtained from a traffic crash report. Attempts to contact the next-of-kin were unsuccessful. Medical records could not be obtained without the consent of next-of-kin. A death certificate was requested but has not been received.

The victim is an 11-year-old female. Her physical profile, medical history, familiarity and experience with the ATV, riding time preceding the incident could not be determined. The owner of the ATV is her uncle.

The uncle of the victim had been visited by his relatives that day and decided to take his nieces for rides on an ATV all morning. After a period of riding, he advised the girls to return to the house. They requested to go riding again on the ATV and had received permission from the parents of both individuals.

On May 26, 2006, shortly before 12:50 PM, the victim was riding on a four-wheeled ATV as a passenger driven by her 13-year-old-female cousin at 10 mph in a non-posted 55 mph area. They were traveling in a two-lane, dry, loose gravel road. Temperatures were in the range of 61 degrees with clear weather. Neither individual wore a safety helmet or any other protective gear.

The victim was riding as a passenger on the ATV when her 13-year-old-female cousin, reportedly made a turn in a fishtail type motion, which resulted in the passenger side tires gouging into an earthen bank, which caused the driver to lose control. This in turn caused the ATV to rollover and eject both occupants on the roadway. In the process it was surmised that the back of the right front wheel may have struck the victim's head.

The uncle was reportedly riding on another ATV in an opposite direction. It cannot be determined who owned the second ATV or what the product identification was. It is stated that he was coming around the back side of the house to look for his nieces and heard the screaming.

The parents of the driver heard the screams and they immediately went to the scene of the incident. The driver of the ATV had been transported from the incident scene by her father to the residence to await transportation to the hospital, while the driver's mother stayed with the victim until EMS came to the scene.

Upon arrival of the EMS and the police the victim was found in the roadway without any vital signs and she had sustained major head injuries. She was found lying on her back with her knees bent and resting on the outside of her right side. A large quantity of blood was under the victim's head as well as around her facial areas from the nose, ears and mouth.

060622HNE1135

Page 2 of 2

The victim was transported by EMS to a hospital where she was pronounced by the attending physician with the cause of death listed as severe head trauma resulting in multiple skull fractures and excessive loss of blood. The physician also believed the victim sustained a broken neck. Toxicology tests were negative for drugs or alcohol.

The 13-year-old female driver (cousin) had sustained a fractured right thumb, cuts and abrasions to her left arm, deep lacerations on her left forearm and also a deep abrasion above her left elbow. She also sustained a light hairline fracture in her neck area. It was expected that the driver would be treated and released.

Vehicle damage consisted of the driver's side front bumper to be bent inward slightly toward the driver's front wheel. Gravel and striation marks were on numerous parts of the ATV and the rubber mat in the back utility box was bunched up toward the passenger side of the box. All four wheels were in good repair and the vehicle throttle and braking mechanism were found to be in good working order.

PRODUCT INFORMATION:

Product: 2006 Yamaha 4-wheeled ATV cc: 660
Model: Rhino
VIN: 5Y4AM04Y26A022360
Mfg: Yamaha Motor Corporation
655 Katella Avenue
Cypress, CA. 90630

ATTACHMENTS:

1. Michigan Traffic Crash Report
 2. Contact Sheet
 3. Status of Missing Document
 4. Questionnaire
-

Authority: 1949 PA 300, Sec. 257.622
Compliance: Required MSP UD-10
Penalty: \$100 and/or 90 days (Rev 1/04)

Do Not Use

Page 1 of 1
Incident # 84-0575-06

File Class 9300-1

Incident Disposition: Open Closed
Reviewer: [Signature]

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-7708400 Department Name: MSP MANISTIQUE

Crash Date: 05/29/2006	Crash Time: 1:25:00	No. of Units: 01	Crash Type: <input checked="" type="radio"/> Single Motor Vehicle	Special Circumstances: <input checked="" type="radio"/> None	Special Checks: <input type="checkbox"/> Fatal (Report All)
County: 77	Traffic Control: <input type="checkbox"/> None of These	Relation to Roadway: <input type="checkbox"/> Shoulder	<input type="checkbox"/> Head On	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Corrected Copy
City/Twp: 02	<input type="checkbox"/> Signal	<input type="checkbox"/> Outside of Shoulder/Curb	<input type="checkbox"/> Head On-Left Turn	<input type="checkbox"/> Fleeing Police	<input type="checkbox"/> Replace (Entire Report)
Construction Zone: <input type="checkbox"/> Const./Maint.	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> On Road	<input type="checkbox"/> Rear End	<input type="checkbox"/> Local	<input type="checkbox"/> Delete (Entire Report)
<input type="checkbox"/> Utility	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Motion	<input type="checkbox"/> Rear End-Left Turn	<input type="checkbox"/> State	<input type="checkbox"/> Non-Traffic App
Type: <input type="checkbox"/> Const./Maint.	Lane Closed: <input type="checkbox"/> Yes	<input type="checkbox"/> Goro	<input type="checkbox"/> Rear End-Right Turn	Weather: <input checked="" type="radio"/> Clear	<input checked="" type="checkbox"/> ORV/Snowmobile
<input type="checkbox"/> Utility	<input type="checkbox"/> No	<input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Sideswipe-Same	<input type="checkbox"/> Cloudy	Areas: 1 0 2
Activity: <input type="checkbox"/> On Road	Mark One From Each Group	<input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Sideswipe-Opposite	<input type="checkbox"/> Fog/Smoke	Spaced Limit: 5 5
<input type="checkbox"/> Off Road	<input type="checkbox"/> On Road	<input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Snow/Blowing Snow	Pooled: <input type="checkbox"/> Yes
<input type="checkbox"/> None	<input type="checkbox"/> On Road	<input type="checkbox"/> Other/Unknown	Light: <input checked="" type="radio"/> Daylight	<input type="checkbox"/> Sleet/Hail	<input type="checkbox"/> No
	<input type="checkbox"/> Off Road	<input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Dusk	<input type="checkbox"/> Other/Unknown	
			Road Condition: <input checked="" type="radio"/> Dry	<input type="checkbox"/> Snowy	
			<input type="checkbox"/> Wet	<input type="checkbox"/> Debris	
			<input type="checkbox"/> Icy	<input type="checkbox"/> Other/Unknown	

Prefix: [] Road Name: WEST EDGE RD
 Distance: [] Direction: []
 Divided Roadway: (S) (E) (W)
 Road Type: HWY

Unit Number: 1 State: [] Driver License Number: []
 Date of Birth: (b)(3): CPSA Section 25(c), (b)(6)
 License Type: O CY C F M R
 Sex: M F
 Total Equip: 02 Hazard Action: 01

Unit Type: MV
 Street Address: (b)(3): CPSA Section 25(c), (b)(6)
 City: (b)(3): CPSA Section 25(c), (b)(6)
 Driver Condition: 1 2 3 4 5 6 7 8 9

Intoxek: Yes No
 Alcohol: Yes No
 Test Type: Field PBT Breath Blood Urine
 Injury: K A B C O
 Position: 01 Restraint: 05
 Hospital: SCMH
 Ambulance: LUCE CO
 EMS: Not Equipped

Drugs: Yes No
 Test Type: Blood Urine
 Vehicle Registration: [] State: []
 Insurance: NONP
 Towed To/By: OWNER

VIN: 5Y4AM04Y26A022360
 Make: YAMAHA Model: RHINO 660 Color: GREEN Year: 2006
 Location of Greatest Damage: 1 2 3 4 5 6 7 8 9 10 11 12
 Vehicle Type: PA VA PV ST
 Vehicle Direction: North South East West
 Special Vehicles: 1 2 3 4 5 6
 Private Trailer Type: 1 2 3 4 5 6
 Vehicle Defect: 1 2 3 4 5 6 7 8 9 10 11 12

First Name: (b)(3): CPSA Section 25(c), (b)(6)
 Date of Birth: (b)(3): CPSA Section 25(c), (b)(6)
 Sex: M F
 Position: 03 Restraint: 05
 Hospital: SCMH

Middle: (b)(3): CPSA Section 25(c), (b)(6)
 Last: (b)(3): CPSA Section 25(c), (b)(6)
 Injury: K A B C O
 Airbag Deployed: Yes No Not Equipped
 Hospital: MPSD EMS
 Ambulance: Ejected Trapped

First Name: []
 Date of Birth: []
 Sex: M F
 Position: [] Restraint: []
 Hospital: []

Middle: []
 Last: []
 Street Address: []
 City: []
 State: [] Zip: [] Phone Number: []
 Ejected: Yes No
 Trapped: Yes No

Owner: (b)(3): CPSA Section 25(c), (b)(6)
 Address: (b)(3): CPSA Section 25(c), (b)(6)
 Uninsured Passengers: Driver Passenger

Person Advised of Damaged Traffic Control: []
 Date: [] Time: []
 Damaged Property: []
 Owner & Phone: []
 Public: Y N

UD-10 SERIAL NUMBER: 7193264
 Send Owner Number: []
 Do Not Write or Mark in This Area

Task Number: 060622HNE1135

Date: 10/10/06

EXHIBIT #3

Status of Missing Document(s)

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

1. Photos

2. Medical Examiner's Report

3. _____

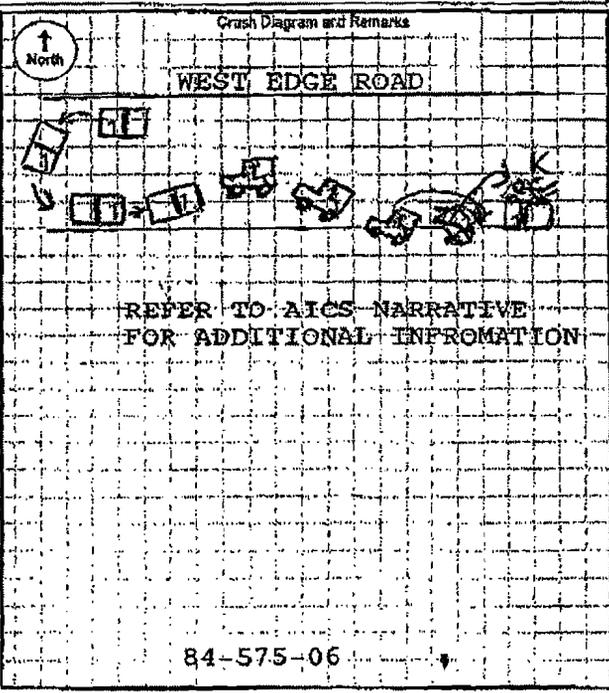
4. _____

5. _____

BACK

Unit Number		State		Driver License Number		Date of Birth		License Type		Sex		Total Occup		Hazard Action																																									
NCS						MMDDYYYY		<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R		<input type="radio"/> M <input type="radio"/> F																																													
Unit Type		Name																																																					
<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)		Street Address																																																					
		City				State		Zip		Phone Number																																													
Driver Condition		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9																																																					
Interlock		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered (Submit Results to FWH When Available)																																																					
Alcohol		<input type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine Test Results																																																					
Drugs		<input type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine Test Results																																																					
Vehicle Registration		State		Insurance		Towed To/By		Injury		Position		Restraint		Hospital																																									
VIN								<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No																																									
Vehicle Description		Make		Model		Color		Year		Elected Trapped		Airbag Deployed		Citation Issued																																									
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Do Not Write or Mark On This Side of The Line
 Forward Original To: Michigan State Police, Traffic Crash Reporting Section,
 7150 Harris Drive, Lansing MI 48919
 Do Not Write or Mark On This Side of The Line



Do Not Write or Mark On This Side of The Line
 Do Not Write or Mark On This Side of The Line
 Do Not Write or Mark On This Side of The Line

Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
TIME RECEIVED 1444	FILE CLASS 93001

WORK UNIT MSP MANISTIQUE	COUNTY Schoolcraft
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COMPLAINANT (b)(3):CPSA Section 25(c),(b)(6)		TELEPHONE NO. (b)(3):CPSA Section 25(c),(b)(6)	
ADDRESS: STREET AND NO. (b)(3):CPSA Section 25(c),(b)(6)	CITY GERMFASK	STATE MI	ZIP CODE 49836-
INCIDENT STATUS Open			

FATAL ORV ACCIDENT

INFORMATION:

While at the hospital responding to another ORV personal injury accident, I was dispatched to this complaint. I was given the accident location and advised EMS and fire personnel were enroute.

VENUE:

SCHOOLCRAFT COUNTY , GERMFASK TWP
E WEST EDGE RD
AT OR NEAR: COLBORN RESIDENCE/PROPERTY

DATE & TIME:

MON, MAY 29, 2006 AT 1250

ARRIVAL AT SCENE:

I was dispatched at 12:53 P.M. and checked out at the scene at 1:12 P.M. When I initially arrived at the accident location, I made contact with a male subject in the roadway who indicated he was the uncle of the two girls involved in this ORV accident. He was very visibly upset and was unable to provide any additional information at that time. I proceeded to the crash site where I observed Luce County EMS already at the scene. I also observed the subject vehicle on the southbound shoulder of the road facing in a westerly direction. Lying on the gravel road next to the ORV was the deceased victim. I made contact with one of the Luce County EMTs who advised the victim was deceased. He stated there were no vital signs. The victim was unresponsive after having sustained what appeared to be major head trauma.

I was also advised the operator of the ORV was injured. I was told she was at the residence at 1407 West Edge Road being tended to by family members pending the arrival of a second EMS unit.

PAGE 1 of 8	INVESTIGATED BY TPR SHARON A DENK #843	REPORTED BY TJL	REVIEWED BY
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Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
TIME RECEIVED 1444	FILE CLASS 93001

DECEASED VICTIM (ORV PASSENGER):

NAM: (b)(3):CPSA Section 25(c),(b)(6)	RAC: W	ETH:
NBR: (b)(3):CPSA Section 25(c),(b)(6)	SEX: F	OPS:
STR: (b)(3):CPSA Section 25(c),(b)(6)	DOB: (b)(3):CPSA Section	SSN:
SFX: (b)(3):CPSA Section 25(c),(b)(6)	HGT: 4'08"	SID:
CTY: (b)(3):CPSA Section 25(c),(b)(6)	WGT: 80	FBI:
TXH: (b)(3):CPSA Section 25(c),(b)(6)	HAI: AUB	MNU:
TXW: (b)(3):CPSA Section 25(c),(b)(6)	EYE: BLU	PRN:

The deceased victim was located on the north side of the ORV on the passenger side of the vehicle with her head facing to the west and her feet to the east. The deceased was lying on her back with her knees bent and resting on the outside of her right leg. Her left hand was resting on her left hip, her right arms was on the ground along her right side and her head was turned to the south resting on the right side of her face. There was a large quantity of blood visible on her facial area from the nose, ears and mouth. There was also a large quantity of blood which had pooled underneath the deceased's head and on the roadway running from the deceased to the south. The body was examined for additional injuries. There were no other visible injuries detected at this time.

At the time this incident occurred, the deceased was wearing a multicolored striped short sleeved top and blue jeans rolled up to her knees. She was also wearing a pair of pink flip flops.

ORV OPERATOR:

NAM: (b)(3):CPSA Section 25(c),(b)(6)	RAC: W	ETH:
NBR: (b)(3):CPSA Section 25(c),(b)(6)	SEX: F	OPS:
STR: (b)(3):CPSA Section 25(c),(b)(6)	DOB: (b)(3):CPSA Section	SSN:
SFX: (b)(3):CPSA Section 25(c),(b)(6)	HGT:	SID:
CTY: (b)(3):CPSA Section 25(c),(b)(6)	WGT:	FBI:
TXH: (b)(3):CPSA Section 25(c),(b)(6)	HAI:	MNU:
TXW: EYE: PRN:		

When I arrived at the scene I was advised (b)(3):CPSA Section was operating the ORV at the time this incident occurred. She was not present at the accident scene when I arrived. I was told she had been escorted by her parents to the residence at 1407 West Edge Road where she was being attended to pending the arrival of the second EMS unit.

I was told (b)(3):CPSA Section made a statement saying she doesn't know what happened, she was turning the vehicle and said she was not going more than 10 miles per hour when she apparently lost control.

It is believed (b)(3):CPSA Section was thrown from the vehicle along with her cousin, (b)(3):CPSA Section at some point after the vehicle contacted the south shoulder berm along West Edge Road.

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EMS TRANSPORT:

Luce County EMTs (b)(3):CPSA Section 25(c),(b)(6) transported the ORV operator, (b)(3):CPSA Section 25(c),(b)(6) to Schoolcraft Memorial Hospital for treatment.

Manistique EMS responders (b)(3):CPSA Section 25(c),(b)(6) transported the deceased, (b)(3):CPSA Section 25(c),(b)(6) to Schoolcraft Memorial Hospital.

VEHICLE/ORV:

The vehicle being operated at the time this incident occurred was a 2006 Yamaha Rhino 660 Exploring Edition, four wheel vehicle, green in color, bearing VIN #5Y4AM04Y26A022360 and a 2006 ORV sticker valid through 03/31/07. The vehicle is owned by (b)(3):CPSA Section 25(c),(b)(6)

ROADWAY:

The roadway where this incident occurred is a county maintained hardpack and loose gravel road in good condition with a slight grade for drainage.

WEATHER CONDITIONS:

According to the U.S. Weather Service in Marquette, the weather conditions at the time were sunny. The temperature at the weather station in Manistique was indicated at 61 degrees, however this temperature could probably be adjusted to 75 degrees at the location of this incident. The relative humidity was 77% and the wind was out of the south at 6 MPH. This reading was taken at the weather station at 12:50 P.M.

WITNESSES:

The only witness to this incident would be the driver/operator, (b)(3):CPSA Section 25(c),(b)(6) As stated earlier, (b)(3):CPSA Section 25(c),(b)(6) made statements to family members stating she doesn't really know what happened. (b)(3):CPSA Section 25(c),(b)(6) believes she was travelling at approximately 10 MPH after making a u-turn in the roadway and somehow lost control of the vehicle. No additional information is available.

PHOTOGRAPHS:

Accident investigator TPR. ERIC JOHNSON/8207 from MSP Newberry shot two rolls of Kodak Gold ASA 100, 12 exposure, 35mm color print film of the scene. I took one roll of ASA 200, 24 exposure color print film and one roll of ASA 400, 24 exposure color print film. All of the film was packaged and forwarded to the lab in Lansing.

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Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
TIME RECEIVED 1444	FILE CLASS 93001

VICTIM ID:

The deceased victim, (b)(3):CPSA Section 25(c),(b)(6) was identified at the scene by her uncle, (b)(3):CPSA Section 25(c),(b)(6) when I first arrived at the scene.

CONTACT/INTERVIEW UNCLE OF VICTIMS/OWNER OF ORV:

NAME: (b)(3):CPSA Section 25(c),(b)(6)
NBR: (b)(3):CPSA Section 25(c),(b)(6)
STR: (b)(3):CPSA Section 25(c),(b)(6)
SFX: (b)(3):CPSA Section 25(c),(b)(6)
CTY: (b)(3):CPSA Section 25(c),(b)(6)
TXH: (b)(3):CPSA Section 25(c),(b)(6)
TXW: (b)(3):CPSA Section 25(c),(b)(6)

RAC: W
SEX: M
DOB: (b)(3):CPSA Section 25(c),(b)(6)
HGT: 5'09"
WGT: 175
HAI: BRO
EYE: BRO

ETH:
OPS: MI/C416636261757
SSN: (b)(3):CPSA Section 25(c),(b)(6)
SID:
FBI:
MNU:
PRN:

After processing the scene, TPR. SAFFER, TPR. JOHNSON and myself made contact with (b)(3):CPSA Section 25(c),(b)(6) I asked (b)(3):CPSA Section 25(c),(b)(6) if he knew what happened. (b)(3):CPSA Section 25(c),(b)(6) advised he had been taking the girls for rides on the ORV all morning. He stated he owns quite a bit of property around the house and has a trail that runs from the road around the back side of the house and back out to West Edge Road. He said he was taking turns doing loops with several of the girls. He stated while they were riding they had their seatbelts on. (b)(3):CPSA Section 25(c),(b)(6) advised after they returned to the house, the girls were asking if they could take the ORV for a ride. (b)(3):CPSA Section 25(c),(b)(6) advised (b)(3):CPSA Section 25(c),(b)(6) parents were present at the house at the time. He stated they all agreed to allow the girls to take the ORV on their own with (b)(3):CPSA Section 25(c),(b)(6) operating the ORV and (b)(3):CPSA Section 25(c),(b)(6) riding in the passenger seat.

(b)(3):CPSA Section 25(c),(b)(6) advised prior to them leaving the residence with the ORV, he told them they had to wear their seatbelts. He stated they were riding for a little while before the accident occurred. He stated he was doing loops in the opposite direction on his four wheeler while the girls were operating the ORV. (b)(3):CPSA Section 25(c),(b)(6) said as he was coming around the back side of the loop looking for the girls, he heard screaming. He stated he went back around to the house to see what was going on.

(b)(3):CPSA Section 25(c),(b)(6) said everything was rather confused. He stated (b)(3):CPSA Section 25(c),(b)(6) parents had apparently gone to the scene of the accident. He stated (b)(3):CPSA Section 25(c),(b)(6) accompanied her back to the house while his wife, (b)(3):CPSA Section 25(c),(b)(6) stayed at the scene with (b)(3):CPSA Section 25(c),(b)(6) said when he arrived at the scene, he noticed the seatbelts were not buckled in the vehicle. He stated he wasn't sure the girls had them on when this occurred. (b)(3):CPSA Section 25(c),(b)(6) said it appeared to him they probably did not.

I asked (b)(3):CPSA Section 25(c),(b)(6) parents had been notified and he said yes they had.

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Michigan Department of State Police
 ORIGINAL INCIDENT
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NOTIFICATION/NEXT OF KIN:

It was later determined upon contact with (b)(3):CPS A Section and (b)(3):CPSA Section 25(c),(b)(6) at Schoolcraft Memorial Hospital, that (b)(3):CPS made initial notification with her sister regarding the death of (b)(3):CPSA Section (b)(3):CPSA Section (b)(3):CPSA Section I was advised (b)(3):CPSA Section are sisters and (b)(3):CPSA Section are brothers.

FIRE DEPARTMENT:

The Germfask Fire Department responded to the scene, but their services were not needed.

ADDITIONAL FIRST RESPONDERS/EMTS:

First responder (b)(3):CPSA Section 25(c),(b)(6) arrived at the scene from Germfask and MPSD OFC. MARK RUSSELL was also dispatched to the scene for assistance. SCSD SGT. JERRY JACK also responded and assisted at the scene.

MOTHER OF DECEASED:

NAM: (b)(3):CPSA Section 25(c),(b)(6)
 NBR: (b)(3):CPSA Section 25(c),(b)(6)
 STR: (b)(3):CPSA Section 25(c),(b)(6)
 SFX:
 CTY:
 TXH:
 TXW:
 MB:

RAC: W
 SEX: F
 DOB: (b)(3):CPSA Section
 HGT: 5'02"
 WGT: 108
 HAI: AUB
 EYE: BLU
 ETH:
 OPS: MI/S532116461635
 SSN:
 SID:
 FBI:
 MNU:
 PRN:

After returning to the Post, I made contact with CINDY SCHNITTKER at her residence in Middleville, Michigan to answer any questions they may have regarding this incident. PENNY was provided the Post phone number for future contact as needed.

STEPFATHER OF DECEASED:

NAM: (b)(3):CPSA Section 25(c),(b)(6)
 NBR:
 STR:
 SFX:
 CTY:
 TXH:
 TXW:
 MB:

RAC: W
 SEX: M
 DOB: (b)(3):CPSA Section
 HGT: 5'09"
 WGT: 160
 HAI: XXX
 EYE: BRO
 ETH:
 OPS:
 SSN:
 SID:
 FBI:
 MNU:
 PRN:

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Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

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STEPMOTHER OF ORV OPERATOR:

NAM: (b)(3):CPSA Section 25(c),(b)(6)
NBR:
STR:
SFX:
CTY:
TXH:
TXW:

RAC: W
SEX: F
DOB: (b)(3):CPSA
HGT: 5'04"
WGT: 130
HAI: AUB
EYE: BLU
ETH:
OPS: MI/B420680497394
SSN:
SID:
FBI:
MNU:
PRN:

FATHER OF ORV OPERATOR:

NAM: (b)(3):CPSA Section 25(c),(b)(6)
NBR:
STR:
SFX:
CTY:
TXH:
TXW:

RAC: W
SEX: M
DOB: (b)(3):CPSA
HGT: 5'09"
WGT: 215
HAI: BRO
EYE: BRO
ETH:
OPS: MI/S532429000983
SSN:
SID:
FBI:
MNU:
PRN:

CONTACT/INTERVIEW FATHER AND STEPMOTHER OF VEHICLE OPERATOR:

I made contact with (b)(3):CPSA Section 25(c),(b)(6) at the hospital. We met at the entrance to the emergency room and stepped outside to discuss the situation.

They advised they had been visiting with (b)(3):CPSA Section 25(c),(b)(6) along with their other daughter (b)(3):CPSA Section 25(c),(b)(6). They stated the girls were riding the ORV on the roadway when they heard screaming. (b)(3):CPSA Section 25(c),(b)(6) said she first thought it sounded like fun screaming, however they quickly realized it was not.

(b)(3):CPSA Section 25(c),(b)(6) advised she and her husband went to the location of the accident. She stated her husband, (b)(3):CPSA Section 25(c),(b)(6) accompanied his daughter, (b)(3):CPSA Section 25(c),(b)(6) back to the residence while she stayed with (b)(3):CPSA Section 25(c),(b)(6).

OPERATOR INJURIES:

I asked (b)(3):CPSA Section 25(c),(b)(6) how their daughter was doing. They advised she had fractured her right thumb which had been splinted. She also sustained cuts and abrasions to her left arm. There was a deep laceration on her left forearm which had been stitched up. (b)(3):CPSA Section 25(c),(b)(6) advised there was also a deep abrasion above (b)(3):CPSA Section 25(c),(b)(6) left elbow. He said this appeared to have resulted from severe rubbing on some part of the vehicle. He said the skin was worn away at that point so the doctor could not suture the area so it was bandaged to allow the skin to heal. I was also advised (b)(3):CPSA Section 25(c),(b)(6) sustained a slight hairline fracture somewhere in her neck area, however the doctor advised he did not believe this would result in any long term problems. They believed their daughter would be released after the doctor completed his treatment.

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Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
TIME RECEIVED 1444	FILE CLASS 93001

MEDICAL EXAMINER:

The medical examiner on duty at the time of this incident was (b)(3):CPSA Section 25(c),(b)(6) pronounced the time of death at 1:00 P.M. The cause of death was severe head trauma resulting in multiple skull fractures and excessive loss of blood. Although no x-ray was taken, the doctor also believed (b)(3):CPSA Section sustained a broken neck. These injuries are consistent with the evidence found at the scene, which indicated the deceased was most likely thrown from the ORV. It appears the vehicle may have landed with the back of the right front tire making contact with the deceased's head while she was laying on the roadway.

RESPONDING TROOPERS:

I was initially dispatched to this complaint at 12:53 P.M. Accident investigator TPR. ERIC JOHNSON/8207 from MSP Newberry was dispatched to the complaint at 1:07 P.M. and accident investigator TPR. SAFFER/8409 MSP Manistique was dispatched to this complaint at 1:52 P.M.

MEASUREMENTS:

Measurements were taken by TPR. SAFFER and TPR. JOHNSON and recorded by myself.

Additional scene information is available in supplemental report #1 provided by TPR. SAFFER.

FATAL TRAFFIC CRASH REPORT:

Information from this complaint was entered into the Fatal Traffic Crash Report and sent to ELOP at 8:03 P.M. on 05/29/06. A copy of this LEIN sheet is attached to the report as an external document.

NEWS RELEASE:

A news release was completed and faxed to SGT. ROSTEN at the Negaunee State Police Post for distribution.

BLOOD SAMPLE:

A blood sample was obtained from the deceased at the hospital at 2:34 P.M. as required in fatal accidents. The vials were forwarded to the lab for testing. The blood was drawn by (b)(3):CPSA Section and witnessed by SGT. ROGER IRIE of MPSD. A copy of the completed FSD-93 is attached to this report as an external document.

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Michigan Department of State Police
ORIGINAL INCIDENT
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UD-10:

A UD-10 was completed and is attached to this report as an external document.

EXTERNAL DOCUMENTS:

- One (1) FSD-93.
- One (1) Fatal Traffic Crash Report.
- One (1) UD-10 serial #7193264.

STATUS:

Open pending Prosecutor review and disposition.

PAGE 8 of 8	INVESTIGATED BY TPR SHARON A DENK #843	REPORTED BY TJL	REVIEWED BY
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Michigan Department of State Police
SUPPLEMENTAL INCIDENT
REPORT 0001

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
SUPPLEMENTARY DATE Thu, Jun 01, 2006	FILE CLASS 93001

INCIDENT STATUS
Open

FATAL ORV ACCIDENT

JOURNAL:

None.

INFORMATION:

TPR. SAFFER was called while off duty to respond to assist TPR. DENK with a fatal ORV crash. This complaint is still under investigation.

ARRIVAL AT SCENE:

TPR. SAFFER arrived at the scene at approximately 2:13 P.M. on 05/29/06. Upon arriving at the scene, TPR. SAFFER observed TPR. DENK as well as TPR. JOHNSON from MSP Newberry at the scene. Upon contacting TPRS. DENK and JOHNSON, TPR. SAFFER learned that the ORV had been occupied by two juvenile females. TPR. SAFFER was advised that the 13 year old female driver had been taken to Schoolcraft Memorial Hospital for treatment of her injuries and the 11 year old passenger had been deceased upon their arrival. TPR. SAFFER was advised that the deceased 11 year old passenger had been moved from the scene by EMS.

At that time, TPR. SAFFER conducted a walk through of the scene along with TPRS. DENK and JOHNSON. Both TPRS. DENK and JOHNSON advised TPR. SAFFER that the vehicle's position was exactly where they had observed it to be upon their arrival. TPR. SAFFER was also shown the deceased victim's final rest and the roadway evidence leading up to the vehicle's final rest.

PHOTOGRAPHS:

Photographs were taken by TPRS. DENK and JOHNSON.

PROCESS SCENE:

TPR. SAFFER processed the scene for scene measurements with the assistance of TPRS. DENK and JOHNSON. TPR. SAFFER utilized the coordinate method of measurement. Please note that RP #1 was located on the north gravel edge of the roadway at a GPS coordinate of N46 degrees 09.500 and W085 degrees 56.526. RP #2 was located 170' east of RP #1 on the north gravel edge of the roadway.

SCENE MEASUREMENTS:

Scene measurements were obtained by TPRS. SAFFER and JOHNSON and were recorded by TPR. DENK.

PAGE 1 of 3	INVESTIGATED BY TPR NORMAN J SAFFER #213	REPORTED BY TJL	REVIEWED BY
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Michigan Department of State Police
SUPPLEMENTAL INCIDENT
REPORT 0001

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
SUPPLEMENTARY DATE Thu, Jun 01, 2006	FILE CLASS 93001

For scene measurements, please see the attached accident investigation/measurement log. Scene measurements included roadway, tire marks leading to an earth gouge on the south shoulder of the roadway, as well as rollover evidence in the roadway, vehicle's final rest and the final rest of the deceased victim.

OPINION:

It is TPR. SAFFER'S opinion that upon observations observed at the scene that the vehicle had been travelling eastbound on West Edge Road. TPR. SAFFER observed the tire marks in the roadway to be indicative of a fishtail type motion which led to the passenger side tires of the vehicle gouging into an earthen bank, causing the driver to lose control of the vehicle, ultimately resulting in the vehicle's rollover and ejection of it's occupants. TPR. SAFFER observed the vehicle's final rest to be on it's wheels with the front of the vehicle pointing west on the south shoulder of the roadway. TPR. SAFFER observed a large pool of blood near the passenger side front tire of the vehicle and was advised by TPRS. DENK and JOHNSON that that is where they had observed the victim's final rest.

VEHICLE INFORMATION:

The vehicle is a 2006 Yamaha Rhino 660 with a MI ORV sticker and VIN #5Y4AM04Y26A022360. Please note that this vehicle is green in color with a black colored front bumper, black colored roof panel and a black colored box top on it's rear.

VEHICLE DAMAGE:

TPR. SAFFER observed the driver's side front bumper to be bent inward slightly toward the driver's front wheel. TPR. SAFFER noted that there was gravel and striation marks on the driver's side front hood and fender area. TPR. SAFFER observed the passenger side front and rear exterior sides of the wheels to be loaded with gravel. TPR. SAFFER observed the passenger side top outside headliner area to be scratched with striations, however was advised by the vehicle owner that these striations had been caused previous to this crash by himself going through the woods. TPR. SAFFER observed a passenger side rear plastic black colored corner with gravel striations marks through it. TPR. SAFFER observed the driver's side exterior headliner, black in color, that had gravel striations. TPR. SAFFER also observed the rubber mat in the back utility box to be bunched up toward the passenger side of the box. TPR. SAFFER observed all four tires of the vehicle to be in good repair and inflated. The vehicle throttle and braking mechanism were checked by TPR. JOHNSON and were found to be in good working order.

ROADWAY CONDITION:

The roadway was that of hardpacked gravel consistency that had no chuck holes or anything of ill repair noted within the travel portion of the roadway. TPR. SAFFER observed the ditch area to be of grassy sod with larger rocks strewn about the ditch area. TPR. SAFFER observed no roadway condition within the travel portion of the road which led to the cause of this crash.

PAGE 2 of 3	INVESTIGATED BY TPR NORMAN J SAFFER #223	REPORTED BY TJL	REVIEWED BY
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Michigan Department of State Police
SUPPLEMENTAL INCIDENT
REPORT 0001

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
SUPPLEMENTARY DATE Thu, Jun 01, 2006	FILE CLASS 93001

VEHICLE DISPOSITION:

The vehicle was parked in the garage of the vehicle owner [redacted] advised that he would leave the vehicle parked in the garage until further notified by TPR. DENK or TPR. SAFFER. [redacted] advised that the vehicle would not be touched or moved until he received notification from TPRS. DENK or SAFFER.

FIELD SKETCH:

A field sketch of the scene was completed by TPR. JOHNSON and is attached to this complaint.

EXTERNAL DOCUMENTS:

One (1) field sketch not to scale by TPR. JOHNSON.
One (1) accident investigation/measurement log.

STATUS:

Open.

PAGE 3 of 3	INVESTIGATED BY TPR NORMAN J SAFFER #223	REPORTED BY TJL	REVIEWED BY
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Michigan Department of State Police
SUPPLEMENTAL INCIDENT
REPORT 0002

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
SUPPLEMENTARY DATE Thu, Sep 14, 2006	FILE CLASS 93001

INCIDENT STATUS
Open

FATAL ORV ACCIDENT

JOURNAL:

06/03/06

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

I.R., pends toxicology and closure.

06/05/06

Reviewed.

CONTACT HOSPITAL:

(b)(3):CPSA
Section

in the medical records department of Schoolcraft Memorial Hospital was contacted re: blood test on driver. (b)(3):CPSA Section 25(c),(b)(6) She advised that medical blood was drawn on 05/29/06.

06/23/06

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

Copy of complaint sent to Prosecutor.

07/23/06

Reviewed, pending medical records.

08/29/06

Reviewed, contact Prosecutor to request records

BLOOD RESULTS:

Lab results received on 06/30/06 for

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

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

They were negative. Results sent to Prosecutor

EXTERNAL DOCUMENTS:

One (1) copy of lab results.

STATUS:

Open.

PAGE 1 of 1	INVESTIGATED BY TPR SHARON A DENK #843	REPORTED BY TJL	REVIEWED BY
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Michigan Department of State Police
SUPPLEMENTAL INCIDENT
REPORT 0003

ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
SUPPLEMENTARY DATE Sat, Sep 16, 2006	FILE CLASS 93001

INCIDENT STATUS Closed

FATAL ORV ACCIDENT

JOURNAL:

9-14-06 DENK Faxed request for disposition to Pros ref: need for any additional information

9-14-06 (b)(3):CPSA Section 25(c),(b)(6) Rev. Pends Pros

PROSECUTOR RESPONSE:

Prosecutor (b)(3):CPSA Section advised the complaint was closed in his office on 6-27-06 due to operator's young age and the circumstances. Juvenile court action did not appear warranted.

STATUS:

Closed

PAGE 1 of 1	INVESTIGATED BY TPR SHARON A DENK #843	REPORTED BY	REVIEWED BY
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FSD-98 (7-04)

MICHIGAN DEPARTMENT OF STATE POLICE
FORENSIC SCIENCE DIVISION
LANSING FORENSIC LABORATORY
TOXICOLOGY UNIT
7320 N. CANAL ROAD, LANSING, MI 48913
PHONE: (517) 322-6600
FAX: (517) 322-5508

LABORATORY REPORT

Laboratory No. : 76712-06
Received By : Blood Alcohol: Evidence Storage
Delivered By : First Class Mail
Agency :
MSP Manistique
401 E. Lakeshore Dr.
Manistique, MI 49854

Record No. : 8707.06
Date Received : 06-01-06
Time Received : 09:00 AM
File Class : 9300-1
Date Completed : 06-08-06
Agency No. : 84-575-06

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

Evidence Received:

- ~~1 - Sealed Michigan State Police Specimen Kit (TriTech) containing:~~
1 - Tube with approx. 6 mL blood
1 - Tube with approx. 2 mL blood

Results of Analysis:

0.00 grams alcohol per 100 milliliters blood

Additional examinations will be conducted on the submitted specimens.
Results of those examinations will follow at a later date.

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

Toxicologist

I certify and attest to the accuracy of the results of this toxicology report.

Relevant supporting data: instrument data, library matches for spectral data, calibrator and control data.
Relevant supporting data is case specific and not all of the above may be applicable in every case.

IMPORTANT: THE SPECIMEN(S) MAY BE DISCARDED 180 DAYS AFTER
REPORTED DATE UNLESS INSTRUCTIONS ARE RECEIVED
ASKING US TO RETAIN SAME.

The relevant supporting data upon which the expert opinion or inference was made are available for review/inspection.

84-575-06

FSD-93 (04/01)
MICHIGAN STATE POLICE

ALCOHOL OR DRUG DETERMINATION

Not To Be Used For Submission Of Defendant's Personal Sample For Alcohol Analysis

Please Check All Appropriate Boxes • Please Print Legibly And Completely

SUBJECT NAME (Last Name - First Name) (b)(3) CPSA Section 25(c),(b)(6)		GENDER <input type="checkbox"/> M <input checked="" type="checkbox"/> F	DRIVER'S LICENSE NUMBER None		DATE OF BIRTH (b)(3) CPSA Section 25(c),(b)(6)
SUBJECT INFORMATION					
<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Suspect <input type="checkbox"/> Victim			<input type="checkbox"/> LIVING <input checked="" type="checkbox"/> DECEASED (Specify Cause Of Death)		
P.B.T. GIVEN (Date) (Time) (Results)			WAS SUBJECT CITED FOR BREATH TEST REFUSAL <input type="checkbox"/> Yes <input type="checkbox"/> No		
Test #1 _____ 0. _____ %					
Test #2 _____ 0. _____ %			WAS SAMPLE TAKEN PURSUANT TO SEARCH WARRANT <input type="checkbox"/> Yes <input type="checkbox"/> No		
CRIMES AGAINST PERSON			SEX RELATED CRIMES		
<input type="checkbox"/> 09001 Murder/Non-Negligent Manslaughter <input type="checkbox"/> 09003 Negligent Manslaughter			<input type="checkbox"/> 1100 Criminal Sexual Contact		
CONTROLLED SUBSTANCE VIOLATIONS			LIQUOR LAW VIOLATIONS		
<input type="checkbox"/> 35001 Violation of Controlled Substance Act			<input type="checkbox"/> 41002 Liquor Establishment & Open Intox		
DRIVING RELATED VIOLATIONS					
<input type="checkbox"/> 54001 Hit & Run, Accident <input type="checkbox"/> 54002 (<input type="checkbox"/> Fatal <input type="checkbox"/> PI <input type="checkbox"/> PD <input type="checkbox"/> OUIL <input type="checkbox"/> OUID <input type="checkbox"/> PerSe)					
MISCELLANEOUS					
<input checked="" type="checkbox"/> 93001 Accident, Traffic <input type="checkbox"/> 95001 Accident, Fire <input type="checkbox"/> 98007 Suspicious Situation <input type="checkbox"/> 98009 Drug Overdose <input type="checkbox"/> 99001 Suicide					
<input type="checkbox"/> 93002 Natural Death <input type="checkbox"/> 99008 General Assistance					
SUBMITTING AGENCY MSP Manistique				AGENCY COMPLAINT NUMBER 84-575-06	
SUBMITTING AGENCY STREET ADDRESS 401 East Lakeshore Drive				CITY Manistique MI	STATE MI
				ZIP CODE 49854	
OFFICER'S WORK TELEPHONE (906) 341-6218	COUNTY NUMBER 77	CITY NUMBER 46	TOWNSHIP NUMBER 05	DATE OF INCIDENT 5-29-06	TIME OF INCIDENT 1250 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
SIGNATURE OF OFFICER PRESENT <i>[Signature]</i>			PRINT OFFICER NAME LEGIBLY [Name]		BADGE NUMBER 101
BLOOD COLLECTED		DATE 5/29/06	TIME 02:34 PM	BOTTLE SAMPLE	DATE
TUBE #1	2:34 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	#1	<input type="checkbox"/> Urine <input type="checkbox"/> Beverage <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	
TUBE #2	2:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	#2	<input type="checkbox"/> Urine <input type="checkbox"/> Beverage <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SIGNATURE OF PHLEBOTOMIST OR PERSON TAKING SAMPLES (b)(3) CPSA Section 25(c),(b)(6)			NAME OF HOSPITAL Schroeder Memorial Hospital		
LIST SUSPECTED DRUGS (complete for OUID, Drug Overdose, ME and CSC Cases) None <input type="checkbox"/> Test For Carbon Monoxide					
ADDITIONAL REMARKS (Behavior of Subject, etc.) Resuscitated. Cardiac respiration					

84-575-06

INSTRUCTIONS FOR TAKING OF SAMPLES

FOR BLOOD SAMPLES

To Physician Or Other Qualified Medical Person

- Do not use alcohol or alcoholic solution to sterilize skin surface, needle or syringe.
- Draw two tubes of venous blood from subject in presence of law enforcement officer, and tell the subject IN THE OFFICER'S PRESENCE that no alcohol was used in sterilizing skin surface, needle or syringe. Slowly invert blood collection tube(s) several times to distribute the sodium fluoride/potassium oxalate preservative.
- Complete blood specimen label(s) by entering name of subject, date and time of blood collection, and your name in ink.
- In the presence of subject, hand tube(s) of blood and label(s) to law enforcement officer for signing, packaging and transfer to the laboratory.

To Law Enforcement Officer

- Review accompanying information sheet and be sure all information is supplied before sealing and mailing. Sign the label(s) in the place provided and attach to the tubes.
- Place the tube(s) into the cardboard holder from which they were taken, for mailing protection. Seal the tube(s) and holder in the "zip-lock" plastic bag. Complete the FSD-93 and place it in the cardboard mailing box. Seal the box with the provided seal. Mail the sealed box using First Class U.S. mail.

FOR URINE SAMPLES

To Law Enforcement Officer

- THE URINE SPECIMEN SHALL BE COLLECTED IN THE PRESENCE OF AN OFFICER to be certain the subject does not contaminate the specimen and to insure that the subject **EMPTIES THE BLADDER**.
- The urine test requires the subject to provide two samples collected at least 30 minutes apart. The urine samples shall be collected in separate bottles and identified as "Specimen Bottle #1" and "Specimen Bottle #2".
 - "Specimen Bottle #1": SUBJECT COMPLETELY EMPTIES THE BLADDER INTO ONE OF THE BOTTLES.
 - WAIT FOR AT LEAST 30 MINUTES.
 - "Specimen Bottle #2": SUBJECT COMPLETELY EMPTIES THE BLADDER A SECOND TIME INTO THE SECOND BOTTLE.
- TIGHTEN CAPS FIRMLY. Complete urine specimen label(s) by entering name of subject, date and time of urine collection, and your name on the label(s) and attach to bottles. Seal the bottles in plastic "zip-lock" bag, then place the bag with samples in the cardboard mailing box. Complete the FSD-93 and place into the mailing box. Seal the box with the provided seal. Mail the sealed box using First Class U.S. mail.

THE 2 BOTTLES MAY BE USED FOR LIQUID SAMPLES OTHER THAN URINE (i.e. A BEVERAGE FOR OPEN INTOXICANTS).

First Copy - Submit with kit; Second Copy - Submit with kit; Third Copy - Retained by submitting agency

AUTHORITY: 1949 PA 300
COMPLIANCE: Voluntary

This kit is not intended to be used for DNA typing.

ACCIDENT INVESTIGATION/MEASUREMENT LOG

COMPLAINT #: 84-575-06
 FILE CLASS : 9300-1

DATE: 5-29-06

INVESTIGATION: DENK / S. PETER / JOHNS

DESCRIPTION	NORTH	SOUTH	EAST	WEST
Tire Mark #1 (Beginning)				
A outside from Shoulder Tire mark #1		17.4	25.8	
B Tire mark #1		16.9	38.2	
C Tire mark #1		14.8	4.7	
D Tire Mark #1 (End)		12.9	60.5	
E Beginning Tire Mark #2/3 Separation		9.7	61.7	
F Tire Mark #2		10.2	71.4	
G Tire Mark #2		10.7	28.2	
H Tire Mark #2		12.2	91.5	
I Tire Mark #2		14.2	99.0	
J Tire Mark #2 (End)		19.0	110.4	
K Tire Mark #3 (Beginning)		8.9	71.0	
L Tire Mark #3		9.3	83.0	
M Tire Mark #3		13.1	100.7	
N Tire Mark #3 (End)		18.8	110.7	
O Earth Gauge South Shoulder (Beginning)		21.2	117.5	
P Earth Gauge South Shoulder (End)		21.2	126.3	
Q Black Paint Transfer/striations S. Gravel Edge (Beginning)		17.5	128.4	
R " " " " (End)		17.9	131.0	
S Dirt Impression South Roadway Edge (Beginning)		22.0	132.2	
T " " " " (End)		22.5	136.0	
U Final rest deceased head		14.8	141.6	
V Final rest deceased waist		16.6	144.0	
W Final rest deceased feet		17.3	146.8	
X Final rest vehicle (RF)		18.0	142.4	
Y Final rest vehicle (PR)		19.1	148.1	
Z Final rest vehicle (LF)		22.0	141.5	

84-575-06

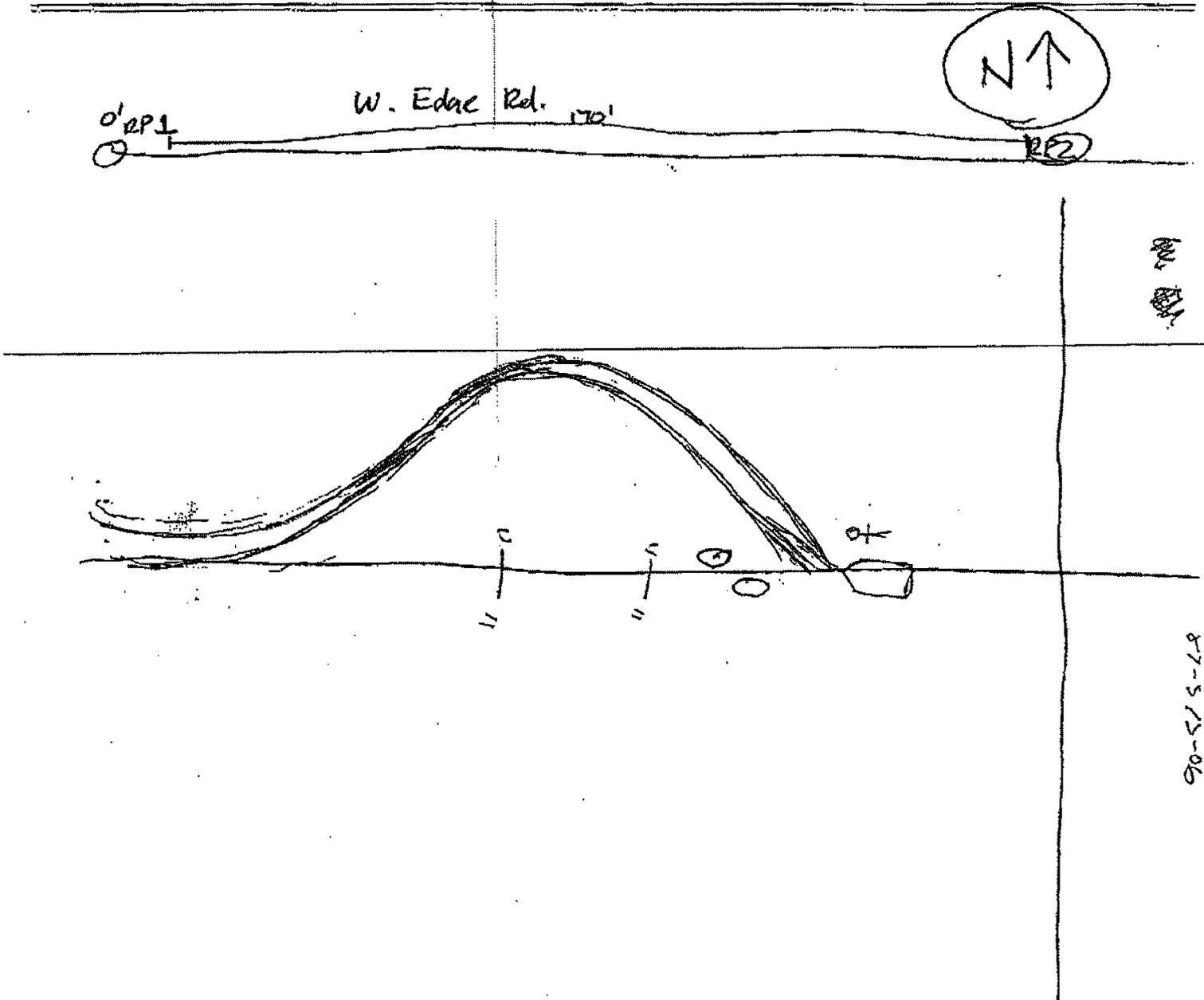
RP1 = N46° 09.500 / W085° 56.526 Page —
 * A1 Final rest vehicle (LR) 23.4 147.0
 RP2 = 170 ft. E of RP1

Roadway width @ RP1 = 21'

ACCIDENT INVESTIGATION / FIELD SKETCH

Complaint Number: 84-575-06 Location: W. EDGE RD.
Date: 5-29-06 Time: _____ Trooper: JOHNSON #829

*****NOT TO SCALE*****



060622HNE1135

EXHIBIT #2

CONTACT SHEET

Contacted on 06/30/06
Manistique State Police
Manistique Post 84
US-2 District #8
Manistique, MI. 49854
906-341-6218

Contacted on 10/6/07
Schoolcraft
Memorial hospital
500 Main Street
Manistique, MI. 49854
906-341-3200

Task Number: 060622HNE1135

Date: 10/10/06

EXHIBIT #3

Status of Missing Document(s)

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

1. Photos

2. Medical Examiner's Report

3. _____

4. _____

5. _____

Task Number 060622HNE1135

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: RHINO	VIN: 5Y4AM04Y26A022360
--------------	------------------------

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

Model Year: 2006

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

Engine Size: 625-650

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

Death #1	Death #2
Date of Death: 05/29/2006	
Age/Sex: 11/Female	/
State of Death: MI	
City of Death: MANISTIQUE	
County of Death: SCHOOLCRAFT	

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

An 11-year-old-female was riding a 4-wheeled ATV without a helmet, as a passenger with her 13-year-old-female cousin as the operator. The operator lost control as she made a turn on a gravel road, ejecting both individuals from the ATV. The victim sustained fatal injuries, was transported to a hospital where she was pronounced by the attending physician with the cause of death listed as severe head trauma. The operator of the ATV received multiple injuries, was transported to a hospital, was treated and

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

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

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

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

1 - Driver 3 - Bystander 8 - Other

2 - Passenger 4 - Driver/Other Vehicle

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

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

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

0 - Unknown 2 - Two riders 4 - Four or more riders

1 - One rider 3 - Three riders

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

Age: 13

Height: (inches)

Weight:

Sex: Female

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

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

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

- 09 - Non-paved road

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

- 01 - Public road

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

- 09 - NA (Not a traffic incident)

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

- 2 - No

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

- 2 - No, Drugs

Additional Comments:



MICHIGAN PRESS
READING SERVICE

126 S. Putman, Williamston, Mich. 48895

DAILY NEWS

MIDLAND, MI

CIRC 19,021

MAY 31 2006

060622HNE1135 N0660495A 6/23/06

ISSUE; 38

Child dies in ATV accident

MANISTIQUE (AP) — An 11-year-old child was killed when an all-terrain vehicle tipped over, state police

said. (b)(3):CPSA Section 25(c) (h)(6) was thrown from the vehicle as the driver. (b)(3):CPSA Section 13-year-old

ker, made a turn on a gravel road Monday in Schoolcraft County's Germfask Township, troopers reported from the Manistique post. Both girls are from Middleville.

Briana was treated at Schoolcraft Memorial Hospital.

Neither was wearing a helmet or seat belts, police said.

In a separate accident, 14-year-old Dustin Howe of Baton Rapids died Saturday after crashing an all-terrain vehicle into a tree in Mackinac County's Garfield Township, state police reported.

061230

1. Task Number 060922HCC2849		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2006 09 17	5. Date Initiated YR MO DAY 2006 09 26		
6. Synopsis of Accident or Complaint UPC none Victim #1, a 34-year-old female driver was riding on a four-wheeled utility vehicle on private property. Victim #2, an 8-year-old male, victim #3, a 4-year-old male, victim #4, an 8-year-old male, and victim #5, a 5-year-old female were passengers riding on the vehicle. None of the victims wore helmets. Victim #1 traveled at an excessive rate of speed, made a hard right turn, caused the left front tire to fold and the utility vehicle overturned on its side which landed atop of her. The children were thrown, sustained minor injuries, whereas, the driver died at the scene.				
7. Location (Home, School, etc) 1 - HOME		8. City CEDARTOWN		9. State GA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA/IN; 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 34	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 11/09/2006	25. Reviewed By 8978		26. Regional Office Director Eric B. Ault	
27. Distribution Streeter, Robin A			28. Source Document Number X0695010A	

NEISS/...
 COMMENTS: YES NO 4/3/07
 OVERRULED NOTIFIED
 REQUESTS FOR INFO
 Revisions
 MONITOR/REVIEW

The information in this report was based on information received from the police department/officer and the GBI medical examiner's office. A photo of the utility vehicle was not provided. Contact with the victims' next-of-kin and the owner of the utility vehicle were unsuccessful.

On Sunday, September 17, 2006, at 8:27 p.m., in Polk County, Cedartown, GA, victim #1, a 34-year-old female driver was riding on a off-road utility vehicle in a yard located on private property. She was accompanied by her sons, victim #2, an 8-year-old male, victim #3, a 4-year-old male, and friends of the family, victim #4, an 8-year-old male, victim #5, a 5-year-old female who were passengers riding on the vehicle. The weather condition was clear and the temperature was 70 degrees.

They left from victim #1's residence, traveled at a high rate of speed, and entered a backyard located at another residence which was located nearby. The driver made a hard right turn, the left front tire folded and the vehicle overturned on its side. The children were thrown, escaped from the vehicle with minor cuts, bruises and scrapes, but the vehicle landed atop the driver.

They were not wearing any protective gear, such as helmets and they were not secured in the vehicle using seatbelts. The driver's knowledge regarding operation and/or handling the vehicle was unknown. It was not known where the passengers were seated prior to the incident.

The children's fathers were located nearby when the victims left out riding on the vehicle. They went to locate their whereabouts and discovered the incident scene. One of the fathers/victim #1's husband assisted the driver while the other father attended to the children. He summoned emergency medical assistance to arrive at the scene.

Victim #1 was about 5 feet, 3 inches tall and she weighed approximately 130 pounds. She sustained severe head injury and she died at the scene as the result of her injuries. Her cause of death was massive head trauma.

Alcohol was a contributing factor to the incident.

Product: four-wheeled off-road utility vehicle

Brand/Year: Yamaha/2004

Manufacturer: Yamaha Motor Co.
6555 Katella Ave
Cypress, CA 90501

Model: Rhino 660

VIN: unknown (could not locate)

Description: forest green/black in color

Condition: maintenance history, bought new or used, and prior problems is unknown. The lights were on prior to the incident.

Modification: unknown

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Offense/Incident Report.
2. GBI Medical Examiner's Report.
3. Missing Document, photo of the vehicle provided by officials.
4. Contact Information.
5. All-Terrain Vehicle (ATV) Questionnaire.

Photo 1: shows view of vehicle which was involved in the incident
**(below is depiction of model 2004 Rhino 660
from website)**



SEALED

Cedartown Police Department GA1150100

SEALED

118 N. Philpot St. P.O. Box 389 Cedartown, GA 30125

Offense / Incident Report

Report Date 09/17/2006	Type of Incident ACCIDENT / PRIVATE PROPERTY	Complaint No. 06-02592	Status ACTIVE	Page 1
Incident Date/Time: Occurred On Sunday 09/17/2006 20:27 to Sunday 09/17/2006 20:27				
Incident Location: Description: RESIDENCE / BACK YARD Lat. Lon.				
Str#/Box 106	Street/Rt GEORGIA LANE	Apt.	City CEDARTOWN	St. GA Zip 30125
Geo Code	Sector ZONE 1	Ward	Jurisdiction I	
Mod. Op.		Weather	TTY	Evid. Seiz. No Neig. Conv. No
Category: FATALITY			Investigatr Assigned: DSN Name	
Complainant/Reporting Party:				
Name (b)(3):CPSA Section	Sex M Race W	DOB / /	Age 0	
SSN (b)(3):CPSA Section	Home (b)(3):CPSA Section	Bus.	Alt.	
Str#/Box (b)(3):CPSA Section 25(c),(b)(6)				
Received Date 09/17/2006	Received Time 20:27	Dispatch Date 09/17/2006	Dispatch Time 20:32	Officer Arrival Time 20:33
Officer Departure Time 23:00				
Victim Information				
Name (b)(3):CPSA Section	Relation to Suspect		Approving DSN	
SSN (b)(3):CPSA Section	Sex F Race WHITE	DOB (b)(3):CPSA Section	Age 34	Height Weight
Str#/Box (b)(3):CPSA Section 25(c),(b)(6)	Home (b)(3):CPSA Section	Alt.	Bus.	Hair Eyes
Injured Yes	Injury Type FATALITY	Hospital Disposition		Prosecute No
Markings/Scars/Tattoos/Description				
Markings/Scars/Tattoos/Description				
Narrative				
ON 09/17/2006 @ 2027 HOURS. OFFICER WAS DISPATCHED TO BACK YARD (b)(3):CPSA Section				
(b)(3):CPSA Section FOR A FEMALE THAT WAS INVOLVED IN A ATV ACCIDENT NOT BREATHING.				
ON THE SCENE OFFICER & FIRE PERSONAL MADE WAY TO THE LEFT HAND REAR SIDE OF THE LISTED ADDRESS. OFFICER NOTICED A LARGE TRUCK TYPE ATV VEHICLE SITTING UP RIGHT FACING WEST BOUND. NEXT TO THE VEHICLE THERE WAS A WHITE MALE SUBJECT LATER I.D. AS (b)(3):CPSA Section				
(b)(3):CPSA Section AND A WHITE FEMALE LYING ON THE GROUND THAT WAS LATER I.D. AS (b)(3):CPSA Section				
(b)(3):CPSA Section OFFICER NOTICED THAT THE FEMALE HAD SUSTAINED MASSIVE HEAD TRAUMA FROM THE ACCIDENT.				
FIRE PERSONAL (b)(3):CPSA Section CONTACTED THE POLK CO. (b)(3):CPSA Section 25(c),(b)(6) AFTER (b)(3):CPSA Section				
(b)(3):CPSA Section OF THE C.F.D DETERMINED THAT (b)(3):CPSA Section INJURIES WERE FATAL.				
OFFICER SPOKE WITH THE HOME OWNER OF (b)(3):CPSA Section 25(c),(b)(6) SUBJECT. SHE STATED THAT (b)(3):CPSA Section HAD BEEN RIDING THE ATV ALL DAY IN OUT OF HER YARD WITH HER CHILDREN AND OTHER CHILDREN (b)(3):CPSA Section STATED THAT SHE WAS IN HER HOME AND HEARD A MOTOR RUNNING. SHE STATED SHE WENT TO THE REAR OF THE HOME AND SAW (b)(3):CPSA Section AND ANOTHER SUBJECT LATER I.D. AS (b)(3):CPSA Section A FRIEND OF THE (b)(3):CPSA Section FLIPPING THE LARGE ATV VEHICLE OVER ON IT WHEELS. SHE STATED SHE WALKED OUT SIDE AND NOTICED (b)(3):CPSA Section LYING ON THE GROUND NOT MOVING.				
OFFICER FOUND THAT (b)(3):CPSA Section WAS DRIVING THE VEHICLE AT A HI-RATE OF SPEED ENTER THE REAR OF (b)(3):CPSA Section HEADING NORTH BOUND MADE A HARD RIGHT TURN CAUSING THE LEFT FRONT TIRE TO FOLD. AT THAT TIME THE WHEEL MADE CONTACT TO THE				
Reporting Officer ZUKER, JONATHAN #214			Approving Officer (Cover Pages Only)	

SEALED**Cedartown Police Department GA1150100****SEALED**

118 N. Philpot St. P.O. Box 389 Cedartown, GA 30125

Offense / Incident Report

Report Date 09/17/2006	Type of Incident ACCIDENT / PRIVATE PROPERTY	Complaint No. 06-02592	Status ACTIVE	Page 2
----------------------------------	--------------------------------------------------------	----------------------------------	-------------------------	------------------

GROUND CAUSING IT TO ROLL OVER ON TOP OF (b)(3):CPSA Section 25(c)(b)(6) NOTE THAT 4 CHILDREN WERE PRESENT ON THE VEHICLE DURING THE ACCIDENT. ALL WERE FOUND TO BE UNDER 10 YEARS OF AGE.

THE INJURIES (b)(3):CPSA Section SUSTAINED FROM THE ACCIDENT WERE FATAL AND SHE WAS PRONOUNCED DEAD ON THE SCENE BY (b)(3):CPSA Section 25(c)(b)(6)

Supplemental					Approving DSN
Supp. No.	Date	Time	DSN	Officer Name	
0001	09/17/2006	22:22	232	CHANDLER, KEVIN	

Short Description: OFFIC. CHANDLERS REPORT

I SPOKE WITH (b)(3):CPSA Section WHO IDENTIFIED HIMSELF AS A FRIEND OF THE (b)(3):CPSA Section FAMILY. WHEN I SPOKE WITH (b)(3):CPSA Section HE WAS AT THE (b)(3):CPSA Section RESIDENCE (b)(3):CPSA Section STATED THAT HE CAME OVER TO THE (b)(3):CPSA Section RESIDENCE EARLIER THIS DATE WITH HIS 8 YEAR OLD SON (b)(3):CPSA Section AND HIS 5 YEAR OLD DAUGHTER (b)(3):CPSA Section FURTHER STATED THAT (b)(3):CPSA Section HAD BEEN RIDING THE YAMAHA ATV MOST OF THE TIME THAT HE HAD BEEN THERE (b)(3):CPSA Section STATED THAT (b)(3):CPSA Section HAD BEEN DRINKING, BUT THAT HE DIDNT KNOW HOW MUCH (b)(3):CPSA Section FURTHER STATED THAT HE REALIZED THAT (b)(3):CPSA Section HAD LEFT ON THE ATV WITH THE CHILDREN AND NOTIFIED (b)(3):CPSA Section HUSBAND (b)(3):CPSA Section OF THIS FACT (b)(3):CPSA Section STATED THAT (b)(3):CPSA Section AND HIM THEN LEFT IN THE TRUCK TO GO AND FIND WHERE (b)(3):CPSA Section HAD WENT ON THE ATV. (b)(3):CPSA Section STATED THAT THEY PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE OVERTURNED AND LYING ON ITS SIDE. (b)(3):CPSA Section STATED THAT THE ACCIDENT EVIDENTALLY HAD JUST OCCURRED BECAUSE THE 4 CHILDREN THAT WERE ALSO ON THE ATV ALONG WITH (b)(3):CPSA Section HAD JUST STARTED TO RUN FROM THE SCENE WHEN THEY WERE PULLING UP (b)(3):CPSA Section STATED THAT (b)(3):CPSA Section AND HIM IMMEDIATELY RAN TO THE SCENE AND TURNED THE ATV BACK OVER INTO THE UPRIGHT POSITION (b)(3):CPSA Section THEN STATED THAT HE THEN CALLED 911 (b)(3):CPSA Section STATED THAT (b)(3):CPSA Section REMAINED WITH (b)(3):CPSA Section 25(c)(b)(6) (b)(3):CPSA Section THEN STATED THAT HE GOT THE CHILDREN AND WENT BACK TO THE (b)(3):CPSA Section RESIDENCE WITH THEM. (b)(3):CPSA Section FURTHER STATED THAT THE CHILDREN TOLD HIM THAT (b)(3):CPSA Section WAS ATTEMPTING TO "CUT DONUTS" WITH THE ATV WHEN IT TURNED OVER LANDING ON TOP OF HER. I CHECKED THE CONDITION OF THE 4 CHILDREN (b)(3):CPSA Section HAD A BUSTED UPPER LIP (b)(3):CPSA Section HAD SOME SCRATCHES TO HIS RIGHT RIB AREA AND LEGS. THE OTHER 2 CHILDREN HAD MINOR CUTS BUT WERE OK.

I THEN SPOKE WITH (b)(3):CPSA Section HUSBAND (b)(3):CPSA Section WHO HAD RETURNED BACK HOME FROM THE ACCIDENT SCENE (b)(3):CPSA Section STATED THAT (b)(3):CPSA Section USUALLY DOESNT DRINK MUCH, BUT TONIGHT SHE HAD CONSUMED MORE THAN SHE USUALLY DOES (b)(3):CPSA Section FURTHER STATED THAT HE HAD TOLD (b)(3):CPSA Section TO GO AND LAY DOWN IN THE BED BECAUSE SHE HAD CONSUMED ALOT OF ALCOHOL (b)(3):CPSA Section FURTHER STATED THAT HE THEN LEFT TO GO UP THE STREET TO A FRIENDS HOUSE TO RETURN A PRESSURE WASHER (b)(3):CPSA Section STATED THAT WHEN HE RETURNED HOME APPROX 10 MINS LATER, (b)(3):CPSA Section TOLD HIM THAT (b)(3):CPSA Section HAD LEFT IN THE ATV WITH THE CHILDREN (b)(3):CPSA Section STATED THAT HE THEN LEFT WITH (b)(3):CPSA Section TO GO AN LOCATE WHERE (b)(3):CPSA Section HAD WENT WITH THE CHILDREN (b)(3):CPSA Section FURTHER STATED THAT (b)(3):CPSA Section AND HIM PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE ON ITS SIDE. (b)(3):CPSA Section STATED THAT THE ATV WAS ON TOP OF (b)(3):CPSA Section 25(c)(b)(6) STATED THAT (b)(3):CPSA Section AND HIM LIFTED THE ATV OFF OF (b)(3):CPSA Section AND PLACED IT IN AN UPRIGHT POSITION.

Reporting Officer ZUKER, JONATHAN # 214	Approving Officer (Cover Pages Only)
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SEALED**Cedartown Police Department GA1150100****SEALED**

118 N. Philpot St. P.O. Box 389 Cedartown, GA 30125

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Status	Page
09/17/2006	ACCIDENT / PRIVATE PROPERTY	06-02592	ACTIVE	3
Reporting Officer ZUKER, JONATHAN # 214		Approving Officer (Cover Pages Only)		

Cedartown Police Department GA1150100

118 N. Philpot St. P.O. Box 389 Cedartown, GA 30125

Supplemental Report

Report Date 09/17/2006	Type of Incident ACCIDENT / PRIVATE PROPERTY	Complaint No. 06-02592	Status ACTIVE	Page 1	
Supplemental No. 0001	Date 09/17/2006	Time 22:22	DSN 232	Officer Name CHANDLER, KEVIN	Sealed NO
Short Description: OFFC. CHANDLERS REPORT					
<p>Supplemental Narrative:</p> <p>I SPOKE WITH (b)(3):CPSA Section 25(c),(b)(6) WHO IDENTIFIED HIMSELF AS A FRIEND OF THE (b)(3):CPSA FAMILY. WHEN I SPOKE WITH (b)(3):CPSA HE WAS AT THE (b)(3):CPSA RESIDENCE (b)(3):CPSA STATED THAT HE CAME OVER TO THE (b)(3):CPSA RESIDENCE EARLIER THIS DATE WITH HIS 8 YEAR OLD SON (b)(3):CP AND HIS 5 YEAR OLD DAUGHTER (b)(3):CPSA Section FURTHER STATED THAT (b)(3):CPSA HAD BEEN RIDING THE YAMAHA ATV MOST OF THE TIME THAT HE HAD BEEN THERE (b)(3):CPSA STATED THAT (b)(3):CPSA HAD BEEN DRINKING, BUT THAT HE DIDNT KNOW HOW MUCH (b)(3):CPSA Section FURTHER STATED THAT HE REALIZED THAT (b)(3):CPSA HAD LEFT ON THE ATV WITH THE CHILDREN AND NOTIFIED (b)(3):CPSA HUSBAND (b)(3):CPSA OF THIS FACT (b)(3):CPSA STATED THAT (b)(3):CPSA AND HIM THEN LEFT IN THE TRUCK TO GO AND FIND WHERE (b)(3):CPSA HAD WENT ON THE ATV (b)(3):CPSA STATED THAT THEY PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE OVERTURNED AND LYING ON ITS SIDE (b)(3):CPSA STATED THAT THE ACCIDENT EVIDENTALLY HAD JUST OCCURRED BECAUSE THE 4 CHILDREN THAT WERE ALSO ON THE ATV ALONG WITH (b)(3):CPSA HAD JUST STARTED TO RUN FROM THE SCENE WHEN THEY WERE PULLING UP. (b)(3):CPSA STATED THAT (b)(3):CPSA AND HIM IMMEDIATELY RAN TO THE SCENE AND TURNED THE ATV BACK OVER INTO THE UPRIGHT POSITION. (b)(3):CPSA Section THEN STATED THAT HE THEN CALLED 911 (b)(3):CPSA Section STATED THAT (b)(3):CPSA REMAINED WITH (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA THEN STATED THAT HE GOT THE CHILDREN AND WENT BACK TO THE (b)(3):CPSA RESIDENCE WITH THEM. (b)(3):CPSA Section FURTHER STATED THAT THE CHILDREN TOLD HIM THAT (b)(3):CPSA WAS ATTEMPTING TO "CUT DONUTS" WITH THE ATV WHEN IT TURNED OVER LANDING ON TOP OF HER. I CHECKED THE CONDITION OF THE 4 CHILDREN (b)(3):CPSA Section HAD A BUSTED UPPER LIP. (b)(3):CP SA HAD SOME SCRATCHES TO HIS RIGHT RIB AREA AND LEGS. THE OTHER 2 CHILDREN HAD MINOR CUTS BUT WERE OK.</p> <p>I THEN SPOKE WITH (b)(3):CPSA Section HUSBAND (b)(3):CPSA Section WHO HAD RETURNED BACK HOME FROM THE ACCIDENT SCENE (b)(3):CPSA STATED THAT (b)(3):CPSA USUALLY DOESNT DRINK MUCH, BUT TONIGHT SHE HAD CONSUMED MORE THAN SHE USUALLY DOES. (b)(3):CPSA FURTHER STATED THAT HE HAD TOLD (b)(3):CPSA TO GO AND LAY DOWN IN THE BED BECAUSE SHE HAD CONSUMED ALOT OF ALCOHOL (b)(3):CPSA FURTHER STATED THAT HE THEN LEFT TO GO UP THE STREET TO A FRIENDS HOUSE TO RETURN A PRESSURE WASHER. (b)(3):CPSA STATED THAT WHEN HE RETURNED HOME APPROX 10 MINS LATER, (b)(3):CPSA TOLD HIM THAT (b)(3):CPSA HAD LEFT IN THE ATV WITH THE CHILDREN. (b)(3):CPSA STATED THAT HE THEN LEFT WITH (b)(3):CPSA TO GO AN LOCATE WHERE (b)(3):CPSA HAD WENT WITH THE CHILDREN (b)(3):CPSA FURTHER STATED THAT (b)(3):CPSA Section AND HIM PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE ON ITS SIDE (b)(3):CPSA Section 25(c),(b)(6) STATED THAT THE ATV WAS ON TOP OF (b)(3):CPSA Section STATED THAT (b)(3):CPSA AND HIM LIFTED THE ATV OFF OF (b)(3):CPSA Section AND PLACED IT IN AN UPRIGHT POSITION.</p>					
Reporting Officer CHANDLER, KEVIN # 232			Approving Officer:		

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GBI - Open Records

Official Report



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters
DOFS Case #: 2006-7003169
Report Date: 10/16/2006

(b)(3):CPSA Section
Deputy Director

* ISO 17025 Accredited *
* ASCLD/LAB Accredited *

Requested Service: Blood Alcohol - Postmortem
Agency: Cedartown Police Department
Agency Ref#:
Requested by: (b)(3):CPSA Section 25(c)(b)(6)

Case Individuals:

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

Evidence:

On 09/22/2006, the laboratory received the following evidence from the Cedartown Police Department via Lockbox.

001 Sealed alcohol collection kit containing one tube(s) containing blood identified as collected from (b)(3):CPSA Section 25(c),(b)(6)

Results and Conclusions:

Subm#: 001

- 1) Ethyl Alcohol Result by Gas Chromatography: 0.200 (+/- 0.007) grams per 100 ml
These results may be unreliable due to the clotted nature of the sample.

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 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.

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

Forensic Toxicologist
404-270-8238

CC:

Related Agencies:

Tallapoosa Judicial Circuit
Polk Co. Coroner
Polk Co. District Attorney
GSP-Accident Reporting

End of Official Report

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GBI - Open Records

Official Report



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters
DOFS Case #: 2006-7003169
Report Date: 10/25/2006

(b)(3):CPSA Section
Deputy Director * ISO 17025 Accredited *
* ASCLD/LAB Accredited *

Requested Service: Toxicology - Postmortem
Agency: Cedartown Police Department
Agency Ref#:
Requested by: (b)(3):CPSA Section 25(c),(b)(6)

Case Individual:
Victim: (b)(3):CPSA Section 25(c),(b)(6)

Evidence:
On 09/22/2006, the laboratory received the following evidence from the Cedartown Police Department via Lockbox.

001 Sealed alcohol collection kit containing one tube(s) containing blood identified as collected from (b)(3):CPSA Section 25(c),(b)(6)

Results and Conclusions:

Drug Screen Results by: Immunoassay

Subm#:	Drug Screen Classification	Result
001	blood-amphetamines	Negative
	blood-barbiturates	Negative
	blood-cannabinoids (marijuana)	Negative
	blood-certain benzodiazepines	Negative
	blood-cocaine/cocaine metabolites	Negative
	blood-common opioids	Negative

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 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.

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

Asst. Manager, Toxicology
404-270-8244

CC:

Related Agencies:

- Tallapoosa Judicial Circuit
- Polk Co. Coroner
- Polk Co. District Attorney
- GSP-Accident Reporting

AUTHORIZED COPY

GBI Division of Forensic Sciences
Georgia Bureau of Investigation

Official Report: Continued

2006-7003169: Toxicology - Postmortem

End of Official Report

Task Number: 060922HCC2849

Date: 11/7/06

Status of Missing Document(s)

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

1. photo of the ATV by police/medical examiner
- 2.
- 3.
- 4.
- 5.

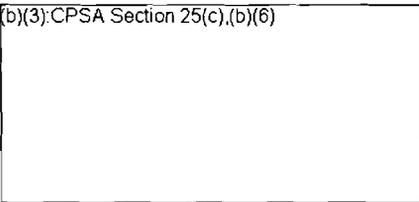
060922HCC2849

CONTACT INFORMATION:

Contacted on 9/26/06

Cedartown Police
73 Cline Ingram Jackson Rd
Cedartown, GA 30125
(770) 749-2200

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



Contacted on 9/29/06

GBI Medical Examiner
PO Box 370808
Decatur, GA 30037
(404) 244-2734

Contacted on 11/7/06

Cpl, John Zuker
Cedartown Police

Task Number 060922HCC2849

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: Rhino 660	VIN: UNKNOWN
------------------	--------------

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

Model Year: 2004

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

Engine Size: 625-650

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

Death #1	Death #2
Date of Death: 09/17/2006	
Age/Sex: 34/Female	/
State of Death: GA	
City of Death: Cedartown	
County of Death: Polk	

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

Victim #1, a 34-year-old female driver was riding on an off-road four-wheeled ATV on private property. Victim #2, an 8-year-old male, victim #3, a 4-year-old male, victim #4, an 8-year-old male, and victim #5, a 5-year-old female were passengers riding on the ATV. None of the victims wore helmets. Victim #1 traveled at an excessive rate of speed, made a hard right turn, caused the left front tire to fold and the ATV overturned on its side which landed atop of her. The children were thrown, sustained minor

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

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

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

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

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

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

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

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

0 - Unknown 2 - Two riders 4 - Four or more riders
1 - One rider 3 - Three riders

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

Age: 34 Height: 63 (inches)
Weight: 03 = 100 - 149 Sex: Female

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

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

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

11 - Yard/Lawn

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

2 - No, Drugs

Additional Comments:

11. victim 3,4,5: no helmets

The Cedartown Standard

www.cedartownstd.com

213 Main Street, Cedartown, GA

GA

September 20, 2006

Last updated on Sept. 21, 2006, 9:35 p.m.

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Catoosa County News

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Rockmart Journal

Rome News-Tribune

Walker County Messenger



Woman dies in ATV roll-over incident

09/18/06

A Cedartown woman was killed while riding an ATV on Sunday, Sept. 17.

According to Polk County **(b)(3):CPSA Section 25(c),(b)(6)** **(b)(3):CPSA Section 25(c),(b)(6)** died at approximately 8:30 p.m. Sunday from injuries sustained during an ATV accident.

(b)(3):CPSA was reportedly driving the ATV behind property on **(b)(3):CPSA** Lane when the vehicle rolled over.

(b)(3):CP SA is survived by her husband, **(b)(3):CPSA Section 25(c),(b)(6)** sons, **(b)(3):CPSA** **(b)(3):CPSA** and **(b)(3):CPSA Section 25(c),(b)(6)** parents, **(b)(3):CPSA Section 25(c),(b)(6)** **(b)(3):CPSA** **(b)(3):CPSA Section 25(c),(b)(6)**; sisters, **(b)(3):CPSA Section 25(c),(b)(6)** and **(b)(3):CPSA** **(b)(3):CPSA Section 25(c),(b)(6)**. Also surviving are mother and father-in-law **(b)(3):CPSA Section 25(c),(b)(6)** and **(b)(3):CPSA Section 25(c),(b)(6)**

Funeral services will be held Wednesday, Sept. 20 at 4 p.m. in the Sanctuary at First Baptist Church with **(b)(3):CPSA Section 25(c),(b)(6)** and **(b)(3):CPSA Section 25(c),(b)(6)** officiating. Interment followed in Polk Memory Gardens.

Visitation will be held on Tuesday, Sept. 19 from 6 p.m. until 9 p.m. at Gammage Funeral Home.

In lieu of flowers, donations may be made for her children to the **(b)(3):CPSA Section 25(c),(b)(6)** Trust Fund at **(b)(3):CPSA** financial corporation, C/O Rick Hall, P.O. Box 611, Cedartown, Ga. 30125

Visit www.gammagefh.com to send the **(b)(3):CP** family private condolences and sign the online guestbook.

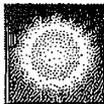
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Classifieds

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- Employm
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- Real Esta
- Real Esta
- Transport
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Cedartown, GA



Clear 55°F

Weather Center by Intellicast Weather