

071031

1. Task Number 070601HNE2422		2. Investigator's ID 8942		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2007 05 27	5. Date Initiated YR MO DAY 2007 06 06		
6. Synopsis of Accident or Complaint UPC A 60-year-old male was riding on a 4-wheeled ATV as a passenger with his 16-year-son as the driver. Both individuals were wearing helmets and traveling on a dirt ATV trail, when the operator hit a rock and lost control, sending the ATV over a 74-80 foot embankment. EMS transported both individuals to the hospital where the victim expired with the cause of death listed as multiple injuries.				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City GILBERT		9. State WV
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				
REVIEWER NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERHAULED <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS FOR EVIDENCE REVISIONS <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
12. Age of Victim 50	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 84 - 25 - 50% BODY	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 (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 09/05/2007	25. Reviewed By 9093		26. Regional Office Director Eric B. Ault	
27. Distribution Streeter, Robin; Kessler, Charles; Harris, Paulette			28. Source Document Number N0760003A	

070601HNE2422

ATTACHMENTS:

1. Police Report
2. Medical Examiner's Report
3. Death Certificate
4. Contact Sheet
5. Status of Missing Document(s)
6. Questionnaire

L O C A T I O N	Date of Crash 5/27/07	Time of Crash 1643	CRASH REPORTED BY Police	Time of Notification 1644	Time of Arrival 1740	<input type="checkbox"/> Police <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> Sheriff <input type="checkbox"/> Other
	COUNTY MINGO	CITY OR TOWN Gilbert	<input type="checkbox"/> Interstate <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other	HIGHWAY CLASSIFICATION <input type="checkbox"/> Interstate <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other		
	ROUTE 1 47	ROUTE 2 200	<input type="checkbox"/> On Controlled Access Highway <input type="checkbox"/> Not On Controlled Access Highway	ROADWAY TYPE <input type="checkbox"/> Urban Road <input type="checkbox"/> Rural Road <input type="checkbox"/> Interstate <input type="checkbox"/> Other		
	IF NOT AT INTERSECTION: 200			STREET, HIGHWAY, TOWN ETC. 12-17 Intersection		
	SPECIAL INFERRANCES OR OTHER OCCURRENCES Rock House Trail #17 AKA (Hill Climb)			RELATION TO ROADWAY <input type="checkbox"/> On Road <input type="checkbox"/> Off Road <input type="checkbox"/> Shoulder <input type="checkbox"/> Other		
	DRIVER LICENSE <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Other			DRIVER LICENSE NUMBER 418		
	DATE OF BIRTH 00/00/00			SOCIAL SECURITY NUMBER 00-00-0000		
	STATION NUMBER 0000			STATION CHARGE 0000		
	DRIVER CONDITION <input type="checkbox"/> Normal <input type="checkbox"/> Fatigued <input type="checkbox"/> Other			DRIVER LICENSE RESTRICTIONS VIOLATED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
	D R I V E R	DRIVER FULL NAME Indian Ridge Off-Road			ADDRESS Box 1223 Gilbert, WV 25621	
YEAR 2006			MAKE Yamaha			
MODEL Road			STYLE Side x Side			
LICENSE PLATE NUMBER 00-00000			STATE WV			
YEAR 06			MAKE Green			
MODEL 0000			STYLE 0000			
LICENSE PLATE NUMBER 00-00000			STATE WV			
YEAR 06			MAKE Green			
MODEL 0000			STYLE 0000			
LICENSE PLATE NUMBER 00-00000			STATE WV			
V E H I C L E	DIRECTION TRAVEL <input type="checkbox"/> On Street <input type="checkbox"/> Off Street			ROUTE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
	TOTAL OCCUPANTS OF THIS VEHICLE 2			EXTENT OF DAMAGE <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major		
	TOWED DUE TO DAMAGE <input type="checkbox"/> Yes <input type="checkbox"/> No			TOWED TO Self		
	AUTO LIABILITY INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No			INSURANCE COMPANY Self		
	POLICY NO. Self			AGENT Self		
	CONTRIBUTING CIRCUMSTANCES (Check One or More)			OTHER CIRCUMSTANCES <input type="checkbox"/> All Areas		
	1 <input type="checkbox"/> No Improper Driving 2 <input type="checkbox"/> Exceeding Speed Limit 3 <input type="checkbox"/> Exceeding Safe Speed			4 <input type="checkbox"/> Changing Lanes Improperly 5 <input type="checkbox"/> Following Too Closely 6 <input type="checkbox"/> Disregarding Traffic Control 7 <input type="checkbox"/> Did Not Move Right of Way 8 <input type="checkbox"/> Failure to Maintain Control 9 <input type="checkbox"/> Driving Under Influence 10 <input type="checkbox"/> No Signal or Improper Signal		
	11 <input type="checkbox"/> Turning Improperly 12 <input type="checkbox"/> Passing Improperly 13 <input type="checkbox"/> Passing in Prohibited Area 14 <input type="checkbox"/> Backing Improperly 15 <input type="checkbox"/> Backing into or over Vehicle 16 <input type="checkbox"/> Collision with Vehicle 17 <input type="checkbox"/> Violating Stop Sign			18 <input type="checkbox"/> Over-Speed Influence 19 <input type="checkbox"/> Pedestrian Under Influence 20 <input type="checkbox"/> Steeply Placed 21 <input type="checkbox"/> Other Roadway Defects 22 <input type="checkbox"/> Previous Accident 23 <input type="checkbox"/> Left of Center 24 <input type="checkbox"/> Other (SEE NARRATIVE)		
	DRIVER FULL NAME Indian Ridge Off-Road			ADDRESS Box 1223 Gilbert, WV 25621		
	DATE OF BIRTH 00/00/00			SOCIAL SECURITY NUMBER 00-00-0000		
STATION NUMBER 0000			STATION CHARGE 0000			
DRIVER CONDITION <input type="checkbox"/> Normal <input type="checkbox"/> Fatigued <input type="checkbox"/> Other			DRIVER LICENSE RESTRICTIONS VIOLATED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
DRIVER FULL NAME Indian Ridge Off-Road			ADDRESS Box 1223 Gilbert, WV 25621			
YEAR 2006			MAKE Yamaha			
MODEL Road			STYLE Side x Side			
LICENSE PLATE NUMBER 00-00000			STATE WV			
YEAR 06			MAKE Green			
MODEL 0000			STYLE 0000			
LICENSE PLATE NUMBER 00-00000			STATE WV			
YEAR 06			MAKE Green			
MODEL 0000			STYLE 0000			
LICENSE PLATE NUMBER 00-00000			STATE WV			

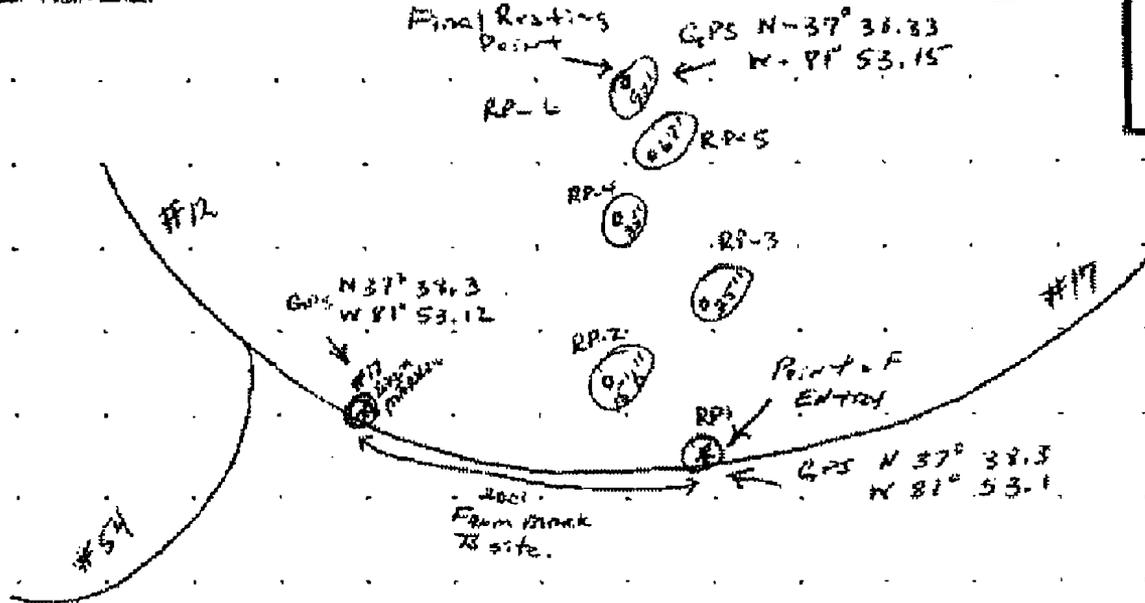
DRAW SCENE AS OBSERVED, INCLUDING ROADWAY LAYOUT, VEHICLE, PEDESTRIAN OR OBJECT STRUCK, TRAFFIC CONTROLS, SKIDMARKS, ETC.

DRAW ARROW POINTING NORTH IN CIRCLE

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

Scale: 1 inch = 20 feet

COLLISION DIAGRAM



DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

NARRATIVE

- RP-1 ★ Point of Entry GPS N-37° 38.3 W-81° 53.1
- RP-2 First Impact Tree 15' 6"
- RP-3 2nd Impact Tree 25'
- RP-4 3rd Impact Tree 35'
- RP-5 4th Impact Tree 67'
- RP-6 Final Resting Point 92' N-37° 38.33 W-81° 53.15

STATEMENTS OF INVOLVED DRIVERS AND WITNESSES (IF AVAILABLE)

Statement of Driver

WE WERE DRIVING, GOING DOWN HILL, HIT A ROCK, THEN THE STEERING WHEEL WOULDN'T WORK, FELL OVER HILL, WENT DOWN HILL 15 FEET.

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

Q- About How fast were you going?

A- 10 mph. a small rock was in the road we went over it and the steering locked up by that time we were on the embankment I couldn't stop and we rolled over the hill.

Q- Did you and your father have your safety belts on?

A- Yes, by the time we got to the bottom my dad asked me to take off his belt.

Q- Did you + your dad have a helmet on at the time of the crash?

A- yes.

Q- How much experience do you have riding ATV's or RMV's?

A- I don't have to much experience driving ATV's or RMV's I always rode Dirt Bikes.

Q- What time did you start riding the trails today?

A- Around 12:30 pm Today

ATTACH ADDITIONAL STATEMENT SHEETS AS NEEDED

STATEMENTS OF INVOLVED DRIVERS AND WITNESSES (IF AVAILABLE)

~~Statement of Driver~~

Q - How long were you driving before the crash happen?

A - Every since 12:30 pm About 4th hour

Q - Do you have any medical problems that may have contributed to the crash?

A - No - none what so ever

Q - Have you drinking on the truck today?

~~Leaf~~
A - NO - NO Alcohol (what so ever)

End of Questions 8:07 pm

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

X
X
X
X

ATTACH ADDITIONAL STATEMENT SHEETS AS NEEDED

Hatfield-McCoy Regional Recreation Authority



LAW ENFORCEMENT DIVISION



P.O. Box 838 • Rich Creek Road • Lyburn, West Virginia 26632 • (304) 792-3255 • Fax (304) 831-2041

Supplemental Accident Information Report

This supplemental information report is to be completed on all accidents in addition to the West Virginia Uniform Traffic Crash Report and made a permanent part of the Crash Report.

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

Operator's Name: _____ Date of Accident: 5-26-07

Trail System: Browning Fork Trail #: 17

GPS Coordinates: N 37° 39.3 W 81° 53.1

1. How much ATV riding experience do you have? Very little experience
2. How many times have you ridden on Hatfield-McCoy Trails? this is the first time
3. How many times have you ridden on this particular trail system? first time
4. Does the machine you were riding belong to you? no
5. If not, who does it belong to? Indian Ridge IFR Road Custom
6. How many times have you ridden this machine? first time and machine
7. How long have you been riding today? about 4 hours
8. Are you under the care of a doctor? no
9. Are you taking any medication that could affect your riding ability? no
10. What were you doing immediately prior to the accident? coming down trail going home
11. What were the events leading up to the accident? riding trail
12. Have you ever taken an ATV Safety Course? no
13. Do you have any physical handicaps or conditions that could affect your riding ability? none

Sgt. John Hill Jr

Investigating Officer's Name (Please Print)

Investigating Officer's Signature



**Hatfield
-McCoy
Trails**

**P.O. Box 539
Rich Creek Road
Lyburn, WV 25632
(304) 752-3255**

Date 5-26-07
 First Name (b)(3):CPSA Section Last Name (b)(3):CPSA Section 25(c),(b)(6)
 Address (b)(3):CPSA Section 25(c),(b)(6)
 City (b)(3):CPSA Section 25(c),(b)(6) State (b)(3):CPSA Zip Code (b)(3):CPSA Section
 Telephone Number (b)(3):CPSA Section 25(c),(b)(6)
 Drivers License Number (b)(3):CPSA Section E-Mail (b)(3):CPSA Section 25(c),(b)(6)
 How did you hear about us? Friends

CHECK THE TYPE OF PERMIT PURCHASED

Prices include 6% sales tax

1 Day - \$19.00 Date Issued 5-26-07
 3-7 Days - \$37.00 Dates Issued (must identify the dates) _____
 Annual In-State - \$28.50 Annual Out-of-State - \$79.50
 Permit Number Issue (b)(3):CPSA Section 25(c),(b)(6)
 Name of the Seller _____
 Name of the Establishment Beal's Mill
 Check Cash Credit Card Approval No. _____
 Credit Card No. _____ Type _____ Exp. _____

ATTENTION: READ THE FOLLOWING STATEMENTS CAREFULLY.

Your use of the Hatfield-McCoy Regional Recreation Area (hereinafter the "Area") is conditioned upon compliance with all user rules and West Virginia Law. Your acceptance of the permit constitutes your agreement to comply with all the rules and laws. Violation of any rule or law renders the permit null and void, and makes it subject to immediate revocation by the Hatfield-McCoy Regional Recreation Authority (hereinafter the "Authority").

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK: I understand the use of the area involves the danger of encountering both known and unknown hazards and risks which could result in injury, death, illness or disease, physical or mental or damage to myself, to my property, or to spectators or other third-parties. I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the Authority, its owners, agents, officers, employees or, its Licensees and Lessors.

INDEMNIFICATION AGREEMENT: For and in consideration of being permitted by the Authority to use its facilities and to participate in its recreational events and activities, I agree to this WAIVER, RELEASE AND INDEMNIFICATION; the undersigned joins in this WAIVER AND RELEASE and stipulates and agrees to **SAYE AND HOLD HARMLESS, INDEMNIFY, AND FOREVER DEFEND the AUTHORITY, ITS LICENSEES AND LESSORS** from and against any and all claims, actions, demands, expenses, liabilities (including reasonable attorney's fees) and **NEGLIGENCE** made or brought by the undersigned or by anyone on behalf of the undersigned, as a result of the undersigned's participation in AUTHORITY'S recreational events and activities and my use of the Area

WAIVER AND RELEASE OF LIABILITY: By signing this form, I acknowledge that I am aware of the dangers and, even so, I do hereby, on behalf of myself, my personal representatives and my heirs, voluntarily agree to **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY** the authority and its Licensees, Lessors, owners, agents, officers and employees from any and all claims, actions, or losses or damages for bodily injury, property, wrongful death, loss of services or otherwise which may arise out of my use of the Area or my participation in any activities thereon. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the Licensees, Lessor, owners, agents or employees of the Authority, its Licensees, administrators, and assigns.

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

5-26-07
Date
50 yrs
Age

Name (Print)
(b)(3):CPSA Section 25(c),(b)(6)
Signature of Parent or Guardian Required if participant is under age 18.

By signing this form as the Parent or Guardian of a participant under the age of 18 (minor), in addition to binding myself and the participant to the terms hereof, I am also certifying the following: 1) any machine operated by the minor will be of a model that is recommended by the manufacturer as appropriate to the minor's age and size; 2) all rules governing the use of the Area have been reviewed by me and explained to the minor in sufficient detail so that the minor can abide by the same; and 3) any minor for whom I am signing that is under the age of 16 shall remain under my immediate supervision and within my sight at all times.

White - Hatfield & McCoy Yellow - Vendor Pink - User



Hatfield -McCoy Trails

P.O. Box 539
Rich Creek Road
Lyburn, WV 25632
(304) 752-3255

Date 05-26-07
 First Name (b)(3):CPSA Section 25(c),(b)(6) Last Name (b)(3):CPSA Section 25(c),(b)(6)
 Address (b)(3):CPSA Section 25(c),(b)(6)
 City (b)(3):CPSA Section 25(c),(b)(6) State (b)(3):CPSA Zip Code (b)(3):CPSA Section 25(c),(b)(6)
 Telephone Number (b)(3):CPSA Section 25(c),(b)(6)
 Drivers License Number _____ E-Mail _____
 How did you hear about us? friend

CHECK THE TYPE OF PERMIT PURCHASED

Prices include 6% sales tax

1 Day - \$19.00 _____ Date Issued 5-26-07
 3-7 Days - \$37.00 _____ Dates Issued (must identify the dates) _____
 Annual In-State - \$26.50 Annual Out-of-State - \$79.50 _____
 Permit Number issued 84711
 Name of the Seller (b)(3):CPSA Section 25(c),(b)(6)
 Name of the Establishment Hatfield & McCoy
 Check _____ Cash _____ Credit Card Approval No. _____
 Credit Card No. _____ Type _____ Exp. _____

ATTENTION: READ THE FOLLOWING STATEMENTS CAREFULLY.

Your use of the Hatfield-McCoy Regional Recreation Area (hereinafter the "Area") is conditioned upon compliance with all user rules and West Virginia Law. Your acceptance of the permit constitutes your agreement to comply with all the rules and laws. Violation of any rule or law renders the permit null and void, and makes it subject to immediate revocation by the Hatfield-McCoy Regional Recreation Authority (hereinafter the "Authority").

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK: I understand the use of the area involves the danger of encountering both known and unknown hazards and risks which could result in injury, death, illness or disease, physical or mental or damage to myself, to my property, or to spectators or other third-parties. I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the Authority, its owners, agents, officers, employees or, its Lessors and Lessors.

INDEMNIFICATION AGREEMENT: For and in consideration of being permitted by the Authority to use its facilities and to participate in its recreational events and activities, I agree to this **WAIVER, RELEASE AND INDEMNIFICATION**; the undersigned joins in this **WAIVER AND RELEASE** and stipulates and agrees to **SAVE AND HOLD HARMLESS, INDEMNIFY, AND FOREVER DEFEND** the **AUTHORITY, ITS LICENSORS AND LESSORS** from and against any and all claims, actions, demands, expenses, liabilities (including reasonable attorney's fees) and **NEGLIGENCE** made or brought by the undersigned or by anyone on behalf of the undersigned, as a result of the undersigned's participation in **AUTHORITY'S** recreational events and activities and my use of the Area.

WAIVER AND RELEASE OF LIABILITY: By signing this form, I acknowledge that I am aware of the dangers and, even so, I do hereby, on behalf of myself, my personal representatives and my heirs, voluntarily agree to **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY** the authority and its Lessors, Lessors, owners, agents, officers and employees from any and all claims, actions, or losses or damages for bodily injury, property, wrongful death, loss of services or otherwise which may arise out of my use of the Area or my participation in any activities thereon. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the Lessors, Lessor, owners, agents or employees of the Authority. This document shall be binding on my heirs, executors, administrators, and assigns.

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

05-26-07

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

Date llc

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

Age _____

Signature of Parent or Guardian required if participant is under age 18.
By signing this form as the Parent or Guardian of a participant under the age of 18 (minor), in addition to binding myself and the participant to the terms hereof, I am also certifying the following: 1) any machine operated by the minor will be of a model that is recommended by the manufacturer as appropriate to the minor's age and size; 2) all rules governing the use of the Area have been reviewed by me and explained to the minor in sufficient detail so that the minor can abide by the same; and 3) any minor for whom I am signing that is under the age of 16 shall remain under my immediate supervision and within my sight at all times.

White - Hatfield & McCoy Yellow - Vendor Pink - User

DP'S Form 27
Rev. 3-97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT
FATAL CRASH SUPPLEMENT

COUNTY <u>Mingo</u>		DETACHMENT <u>Hartfield W. Va. Coy. Trails Rte</u>	
(b)(3), CPSA Section 25(c), (b)(6)		CORRECTIVE LENSES OR CONTACTS	
DRIVER #1 _____		DRIVER: <u>N/A</u>	
DRIVER #2 _____		DRIVER: _____	
OTHER _____		DRIVER: _____	
ROADWAY FLOW:		TRAVEL SPEED:	
<input type="checkbox"/> DIVIDED HIGHWAY <input type="checkbox"/> IF YES, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> MEDIAN STRIP <input type="checkbox"/> GUARD RAIL <input type="checkbox"/> OTHER BARRIER <input checked="" type="checkbox"/> NOT PHYSICALLY DIVIDED <input type="checkbox"/> ONE WAY TRAFFICWAY		ACTUAL ESTIMATED UNKNOWN DRIVER #1 _____ _____ <input checked="" type="checkbox"/> DRIVER #2 _____ _____ _____	
HELMET USAGE (MOTORCYCLIST/PERALIST)		ESTIMATED EMS TIMES:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IMPROPERLY USED		CALLED ARRIVED DEPARTED UNITS <u>07</u> <u>16:43:07</u> <u>17:02:10</u> <u>17:45:37</u> UNITS _____ _____ _____ _____ UNITS _____ _____ _____ _____	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IMPROPERLY USED		EMS ARRIVAL TIME AT HOSPITAL <u>1815.51</u> (IF MORE THAN ONE UNIT RESPONDES, LIST TIME FOR FIRST UNIT ARRIVING AT HOSPITAL)	
CRASH AVOIDANCE MANEUVER (MARK FOR EACH VEHICLE)			
NO AVOIDANCE MANEUVER	VEHICLE# <u>1</u>	BRAKING (SKID MARKS EVIDENT)	VEHICLE# _____
STEERING EVIDENCE STATED	VEHICLE# _____	BRAKING (NO SKID MARKS, DRIVER STATED)	VEHICLE# _____
STEERING & BRAKING EVIDENCE OR STATED	VEHICLE# _____	OTHER AVOIDANCE MANEUVER	VEHICLE# _____
METHOD OF ALCOHOL/DRUG DETERMINATION (LIST NAME, VEHICLE# AND TEST FOR ALL PASSENGERS INVOLVED)			
NAME:	VEH#:	NAME:	VEH#:
<input type="checkbox"/> EVIDENTIAL TEST (BREATH, BLOOD OR URINE)		<input type="checkbox"/> EVIDENTIAL TEST (BREATH, BLOOD OR URINE)	
<input type="checkbox"/> PBT		<input type="checkbox"/> PBT	
<input type="checkbox"/> FIELD SOBRIETY TESTING		<input type="checkbox"/> FIELD SOBRIETY TESTING	
<input type="checkbox"/> OBSERVATION		<input type="checkbox"/> OBSERVATION	
<input type="checkbox"/> DRUG USE SUSPECTED		<input type="checkbox"/> DRUG USE SUSPECTED	
EJECTION PATH LIST NAME, VEHICLE, AND PATH OF THOSE EJECTED			
NAME: <u>Randy J. Martin</u>	VEH#: <u>1</u>	NAME:	VEH#:
<input checked="" type="checkbox"/> SIDE DOOR	<input type="checkbox"/> SIDE WINDOW	<input type="checkbox"/> SIDE DOOR	<input type="checkbox"/> SIDE WINDOW
<input type="checkbox"/> BACK WINDOW		<input type="checkbox"/> BACK WINDOW	
<input type="checkbox"/> WINDSHIELD		<input type="checkbox"/> WINDSHIELD	
<input type="checkbox"/> BACK DOOR/TAILGATE		<input type="checkbox"/> BACK DOOR/TAILGATE	
<input type="checkbox"/> ROOF OPENING (CONVERTIBLE TOP UP)		<input type="checkbox"/> ROOF OPENING (CONVERTIBLE TOP UP)	
<input type="checkbox"/> OTHER PATH (BED OF PICKUP/TRUCK)		<input type="checkbox"/> OTHER PATH (BED OF PICKUP/TRUCK)	
AIR BAG FUNCTION			
<input type="checkbox"/> DEPLOYED	VEHICLE# _____	<input type="checkbox"/> DRIVER SIDE	<input type="checkbox"/> PASSENGER SIDE
<input type="checkbox"/> NON-DEPLOYED	VEHICLE# _____	<input type="checkbox"/> DRIVER SIDE	<input type="checkbox"/> PASSENGER SIDE
DATE OF DEATH: <u>5-27-07</u>		TIME OF DEATH: <u>1835</u> DATE OF DEATH: _____ TIME OF DEATH: _____	

SEND ORIGINAL TO: TRAFFIC RECORDS SECTION, FATAL ANALYSIS REPORTING SYSTEM (NO COPIES NEEDED)



Orange teen killed in ATV accident

ISSUE; 51

TX

The Port Arthur News

— By Debby Schamber

The News staff writer

ORANGE — An Orange teenager died Thursday after wrecking his all-terrain vehicle about 4 p.m. near the 4300 block of Kitty Chapin Road.

When officers from the Orange Police Department arrived at the scene, they found (b)(3):CPSA Section 25(c),(b)(6) 13, had suffered head and shoulder injuries. The boy was flown by Texas Air Rescue to a Galveston hospital where he died.

OPD is still investigating the cause of the wreck.

“I’ll miss him and will never forget him,” said (b)(6) 12, of Orange.

As news of (b)(3):CP death spread throughout the neighborhood Friday evening, residents gathered to pray at the site marked in orange paint on the roadway by OPD.

“We placed candles and flowers on the spot to honor him,” said neighbor (b)(6)

(b)(3):CPSA football coach at West Orange-Stark Middle School. (b)(6) said he was inspired by the seventh grader because he was small in stature, “but he was gutsy.”

“He had a lot of heart,” (b)(6) said. “We could put him anywhere on the field and he would play there. He just wanted to play football.”

(b)(6) also has fond memories of his time with (b)(3):CPSA with whom he shared sixth-period English class. The pair would meet at each other’s house to talk, play basketball or football. It was a big competition between the two (b)(6) said, but they both won their share of the games.

“He was just a wonderful friend,” (b)(6) said.

Funeral services are pending at (b)(3):CPSA Section Funeral Home in Orange.

Copyright © 1999-2006 cnhi, inc.

Published September 14, 2007 10:06 pm

FATALITY ANALYSIS REPORTING SYSTEM (FARS)

US DEPARTMENT OF TRANSPORTATION

FATAL CRASH SUPPLEMENT

County: Miawo Date of Crash: 05-29-07
 Agency: Hartfield Meigs Travis LE
 Phone: 304-752-3255 Fax: 304-752-1134

Please Mail or Fax a Copy of the following documents to FARS and the WV Division of Highways:
 A copy of the Uniform Traffic Crash Report, Fatal Crash Supplement, Statements, Diagram, Photographs of
 Crash Scene Photographs, EMS / Medical Records, and any other pertinent documents.

(SUBMIT BY MAIL OR FAX)
 Robin M. Turley
 Fatality Analysis Reporting System
 725 Jefferson Road
 South Charleston, WV 25305-1698
 Phone: (304) 734-2235 Fax: (304) 746-2206

(SUBMIT BY MAIL ONLY)
 Traffic Engineering Division
 WV Division of Highways
 1918 Kanawha Blvd, E.
 Building 5, Room A-358
 Charleston, WV 25303

REQUIREMENT: All Agencies MUST Submit a "Death Message" (RV Family Report) by Teletype
 to FARS at 7:00 PM EST and 5:00 PM EST on the 24th day of the month.

Date and Time of Death

Victim #	Year	Victim(s)	Date of Death *	Time of Death *	Place of Death or City Where Pronounced	Race
1	1	(b)(3) CPSA Section 25(c), (b)(6)	05-29-07	1835	Logan, WV	W

* Every Possible Effort Should Be Made to Obtain the Date and Time of Death.

Roadway Flow

Roadway Divided By <u>04</u>	Number of Travel Lanes* <u>1</u>	Warning / Advisory Sign Posted <u>NO</u>	Roadway Divided By Options 01 Divided by Median 02 Divided by Guardrail 03 Divided by Color Buffer 04 Not Physically Divided 05 One-Way Trafficway
---------------------------------	-------------------------------------	---	---

* When counting the Number of Travel Lanes, exclude any lanes and continuous turn lanes.
 For divided Highways, count only the number of lanes in one direction.

Driver and Vehicle Information (Complete for ALL Drivers and Vehicles involved in crash.)

Veh#	Driver Name(s)	VEHICLE TRAVEL SPEED			CRUISE CONTROL USE / PRESENCE			Crash Avoidance Maneuver Code
		Speed (mph)	Actual / Estimated / Unknown	Crash Avoidance Maneuver	Cell Phone in Car (Y/N)	Driver Using Cell Phone (Y/N)	Goal Track (Y/N)	
1	(b)(3) CPSA Section 25(c), (b)(6)	<u>NA</u>	<u>NA</u>	<u>00</u>	<u>N</u>	<u>N</u>	<u>N</u>	00 No Avoidance 01 Steering Only 02 Steering/Braking 03 Braking WITH Sideways 04 Braking with NO Sideways 05 Braking (Driver Stood) 06 Braking (Other Ejector) 07 Other Avoidance

Sep 04 07 10:42a

Emergency Medical Service Times (Complete for ALL Individuals Involved in crash that were medically transported due to injury.)

Indiv #	Vehicle	Name(s)	Departure	Time First Unit Arrived at Scene	Name of Hospital / Facility	Taken By
		(b)(3) CPSA Section 25(c), (b)(6)				
1	1		1735	1735	LOGAN Regional	Stafford-07
1	1		1735	1735	LOGAN Regional	Stafford-07

Use of Safety Equipment (Complete ALL APPLICABLE elements for ALL Individuals Involved in crash.)

Indiv #	Vehicle	Name(s)	CHILD SAFETY SEAT		Airbag	Ejection	HELMET		Ejection Path Codes
			Usage	Type	Deployment	Path	Usage	Vehicle Type	
		(b)(3) CPSA Section 25(c), (b)(6)			00		01	02	01 Side Door (Side of Vehicle)
					00	99	01	02	02 Side Window

Child Safety Seat Usage Codes	Child Safety Seat Type Codes	Airbag Deployment / Usage Codes	Helmet Use Codes	Vehicle Type Codes
00 In Use 01 Not In Use 02 Improper Usage 03 Improperly Installed	00 From Packing 01 Rear Facing 02 Approval Required	00 No Airbag for Make and Model Year 01 Airbag Did Not Deploy (Airbag Available) 02 Airbag Did Not Deploy (Airbag Switch Turned Off) 03 Airbag Deployed (Pass Seat Driver / Passenger) 04 Airbag Deployed (Side Airbag)	01 Used 02 Not Used 03 Improper Use 04 Unknown	01 Motorcycle 02 ATV 03 Bicycle 04 Signal/Service

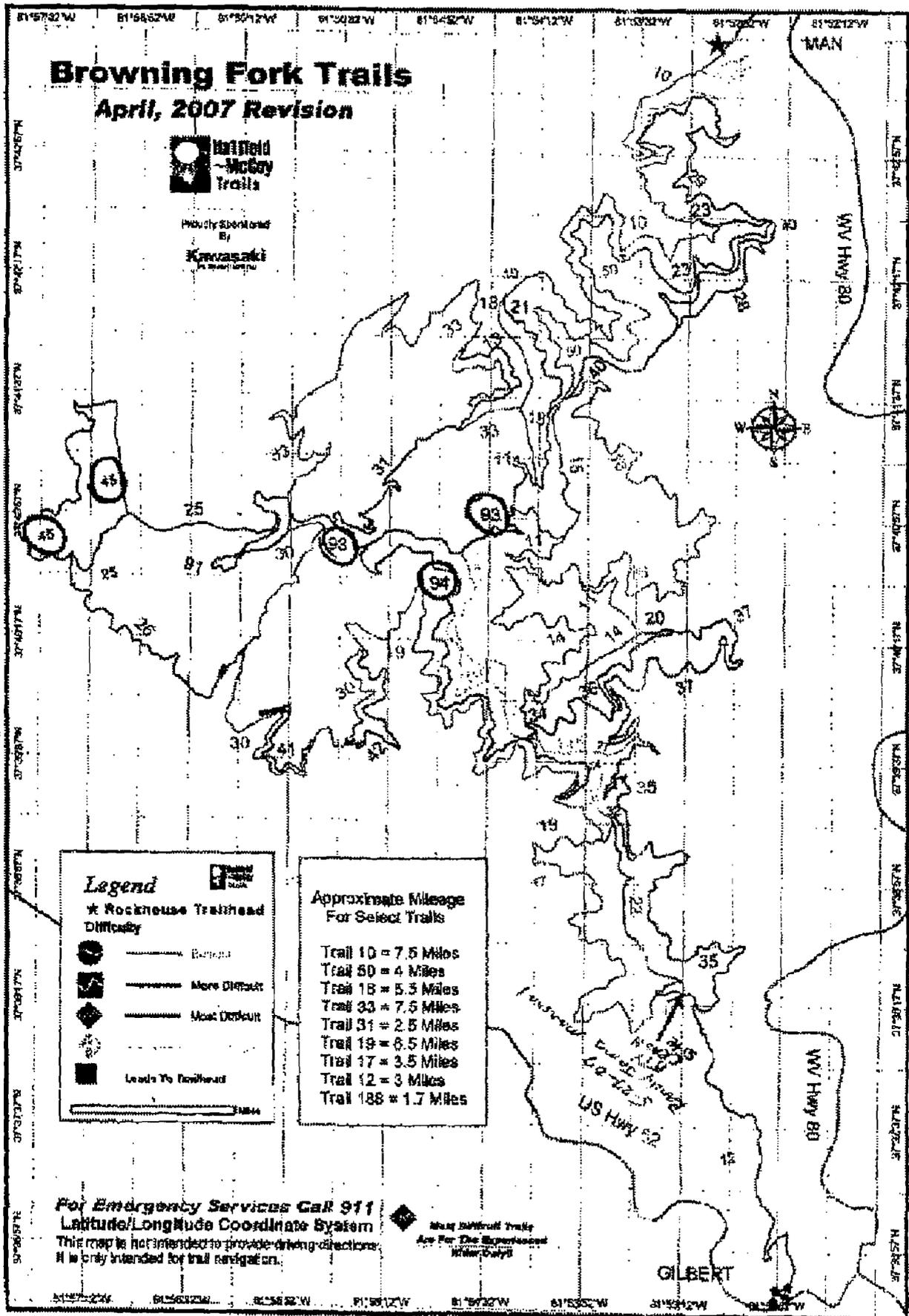
Alcohol and Drug Involvement (Complete ALL APPLICABLE elements for ALL Individuals Involved in crash.)

Indiv #	Vehicle	Name(s)	ALCOHOL				DRUGS		
			Substance Suspected	Method of Determination	Toxic Type	IAC Results	Test Type	Drugs Detected	Testing Agency

Substance Suspected by Officer	Method of Determination Used by Investigating Officer - Codes						Substance Test Type Codes			Testing Agency
01 Alcohol 02 Drugs 03 Alcohol and Drugs	01 Evidential (Blood, Breath, Urine) 02 EBT (Action Results) 03 PBT (Pass / Fail)	04 Field Sobriety 05 Observed (Color, Slurred Speech) 06 Passive Alcohol Sensor	07 Serum / Plasma 08 Liver 09 Other (Saliva, Urine)	01 Whole Blood 02 Breath PAC 03 Urine	04 Serum / Plasma 05 Urine / Tissue	01 Medical Examiner 02 County Coroner 03 State Police 04 Hospital 05 Other				

Sep 04 07 10:43a

45 93 94 Temp Closed



USE Caution on Trails 25+31

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

539704

To report a case by telephone, call (toll free) 1-800-638-4094. 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: 5/27/07

Date of Death: 5/27/07 ISSUE 38

Type of Consumer Product Involved: ATV

JUN 18 2007

Manufacturer, Model, Brand Name and Serial No. of Product: Yamaha "Rhino" ATV

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

Cause of Death: Multiple Injuries

Location of Incident: City: Gilbert State: AZ

Brief Description of Incident sequence: Please indicate the Age, Sex and Race of victim(s):

A= 50 S= Male R= White

See following 11 pages

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

Sgt. Noah Lombardo Hatfield # Coy Trail Ranger (904) 752-3255

Medical Examiner's/Coroner's case no: DC070418 County Case

Reporter's name: (b)(3) CPSA Section 25(c), (b)(6) Date reported: 6/7/07

Telephone number of office reporting the case: (904) 558-3920

Reporter's office address: DCMB 619 Virginia Street West Charleston, WV 25302 Kanawha County

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
DEPARTMENT OF HEALTH & HUMAN RESOURCES
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street, West
Charleston, WV 25302
(304) 558-6920 - FAX (304) 558-7139

Security Seal Tab #1

FOR OCME USE ONLY:
CASE #1: _____ DR. # _____

RECEIVED
JUN 04 2007
OFFICE OF THE CHIEF
MEDICAL EXAMINER

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

MECAP

County of Death: Logan
County MEC: (b)(3):CPSA Section 25(c),(b)(6)

Date: 5-27-07
Notified by/Date/Time: Logan 911 5/27/07 7:30 pm

DECEASED:	<u>(b)(3):CPSA Section 25(c),(b)(6)</u>	Occupation: <u>Coal Miner</u> (Do not use retired)
ADDRESS:		SSN: <u>(b)(3):CPSA Section 25(c),(b)(6)</u>
		DOB: _____
Next of Kin:		AGE: <u>50</u> SEX: <u>MALE</u> RACE: <u>White</u>
		Relationship: <u>wife</u> Phone: <u>(b)(3):CPSA Section 25(c),(b)(6)</u>

Date of Death: _____ m. Witness: _____
 Last Known Alive: 5-27-07 @ 10:40 m. By: Son (b)(3):CPSA Section 25(c),(b)(6)
 Found Dead: _____ m. By: _____
 Pronounced: 5-27-07 @ 10:35 m. By: (b)(3):CPSA Section 25(c),(b)(6)
 PLACE OF DEATH: Logan Regional - ER
 City/Town: Logan

DDA IER OR/R 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 (county, no.)
<input 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"/> Postcardal apoplexy <input type="checkbox"/> Compression apoplexy <input type="checkbox"/> Other _____	<u>5-27-07</u>	<u>Approx. 11:40am</u>	<u>YES</u>	<u>ATV TRAIL #17</u>
INJURY LOCATION ADDRESS: <input type="checkbox"/> Same as place of death <u>Hatfield-McCoy TRAIL #17 NEAR Gilbort W</u>				
IF MVA: Restrained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ARMS <input type="checkbox"/> Yes <input type="checkbox"/> No Helm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Ped <input type="checkbox"/> Yes <input type="checkbox"/> No				
Work-related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____				

Investigation By: DR. Lombardo Agency: Hatfield-McCoy TRAIL #17 Phone: 752-3255

OCME 1
REVISED 12-01-07

DCME Case Revised
(b)(3) CPSA Section 25(c), (b)(6)

Date/Time: 5/27/01 9 PM

NAME: _____

CIRCUMSTANCES OF DEATH:

Came Recd call from Logan 911 reporting Male decedent at
 Logan Regional Med Center ER. Arrived at ER, Consulted
 W.F.V. (b)(3) CPSA Section 25(c), (b)(6) who reports that decedent is a 50 y/o
 male who was a passenger on a Yamaha "Rhino" ATV
 Operated by decedent's 16 y/o son, apparently lost control and
 went over 75-80 ft embankment after hitting rock and losing
 control. Son is experienced with ATV. They were operating
 a Yamaha "Rhino".

Check here if supplemental information sheet used.

DCME 1
REVISED 05-01-01

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

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

ER Bed 102

Position found: supine prone on right/left side other:

Describe surface under body: ER Bed

HISTORY:

Primary Physician: Office Phone:

Other Physician: Office Phone:

Surgeries/Hospitalizations:

Illnesses/Accidents:

Psych:

Family/Social:

Other:

MEDICAL RECORDS: Requested/Received Yes No Reviewed Yes No Copy Attached Yes No

Records available from: Phone:

Records available from: Phone:

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

MEDICATION/DRUGS - PLEASE LIST ON PAGE 4

OCME 1
REVISED 03-01-97

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

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: ER Bed 102 Date/Time Started: 6/7/07 8:20 AM Completed at: 8:50 AM

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

IDENTIFICATION: Confirmed: X Yes [] No

Method:

X Visual I.D. by whom: wife

[] Photo I.D. [] WVEEL [] Other Photo I.D.: Describe

Please submit I.D. document used

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

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

Location: Posterior Color: light purple

Blanches: X Readily [] Sluggishly [] Fixed Lividity

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

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

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

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

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

X Developing [] Receding Factors Affecting:

If rigoe has been broken explain:

TEMPERATURES: X Indoor Scene [] Outdoor Scene

Torso temp: [] Cold (ambient) [] Cool X Warm [] Hot Time: 8:40 PM

Rectal temp: Time: Ambient temp: Time:

[] Focal heat source? (Describe type and location relative to body):

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 Other _____ Adult Adolescent Child Infant
BUILD: Medium NUTRITIONAL STATUS: Good HT 6' WT 200 SEX MALE
RACE: White AGE: 50 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 Head R & L
 Neck, inferior view

TOXICOLOGY: Specimens Obtained: Subclavian/Femoral Blood Urine Vitreous
Time Collected: 11:55 AM Date Collected: 1/7/07 Admission/Hospital Blood (# tubes _____)

PHOTOS REQUESTED: Yes No TYPE: DIGITAL 35mm POLAROID APS PHOTO # _____

Photo taken by: _____ Agency: _____ Date/Time: _____

EVIDENCE COLLECTED FROM BODY: None List _____

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

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

CAUSE OF DEATH: Multiple Injuries PENDING AUTOPSY
Other Significant Conditions: Alcohol - Helmeted Bicyclist Atv Accident
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)

Medical Examiner/Coroner

OCME I
REVISION 03-26-07

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

NAME:

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

<input checked="" type="checkbox"/> <u>1</u> <u>None</u>	# <u>0</u> <u>Hose</u>	# <u>0</u> <u>Belt</u>
# <u>0</u> <u>Socks</u>	# <u>0</u> <u>Panties</u>	# <u>0</u> <u>Hat</u>
# <u>0</u> <u>Shirt</u>	# <u>0</u> <u>Slip</u>	# <u>0</u> <u>Gloves</u>
# <u>0</u> <u>Socks</u>	# <u>0</u> <u>Day Shorts</u>	# <u>0</u> <u>Scarf</u>
# <u>0</u> <u>Undershirt</u>	# <u>0</u> <u>Sweatpants</u>	# <u>0</u> <u>Coat</u>
# <u>0</u> <u>Underwear</u>	# <u>0</u> <u>Sweatshirt</u>	# <u>0</u> <u>Deodorant</u>
# <u>0</u> <u>Tie</u>	# <u>0</u> <u>Pajamas</u>	# <u>0</u> <u>Eye glasses</u>
# <u>0</u> <u>Sweater</u>	# <u>0</u> <u>Nightgown</u>	# <u>0</u> <u>Cell Phone</u>
# <u>0</u> <u>Dress/Skirt</u>	# <u>0</u> <u>Robe</u>	# <u>0</u> <u>Hospital gown</u>
# <u>0</u> <u>Thermals</u>	# <u>0</u> <u>Shoes/Boots</u>	# <u>0</u> <u>Other</u>
# <u>0</u> <u>Bra</u>		

Currency: \$ 0 Coins: \$ 0 Credit Cards: 0 Cash Cards: 0

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

DISPOSITION OF CLOTHING:

- LEFT ON BODY
- GIVEN TO FUNERAL HOME
- SEE EVIDENCE, PG. 6
- GIVEN TO _____

DISPOSITION OF VALUABLES:

- LEFT ON BODY
- GIVEN TO FUNERAL HOME
- SEE EVIDENCE, PG. 6
- GIVEN TO _____

Person accepting custody of clothing / valuables: _____

Signature: _____ Agency: _____ Date: _____

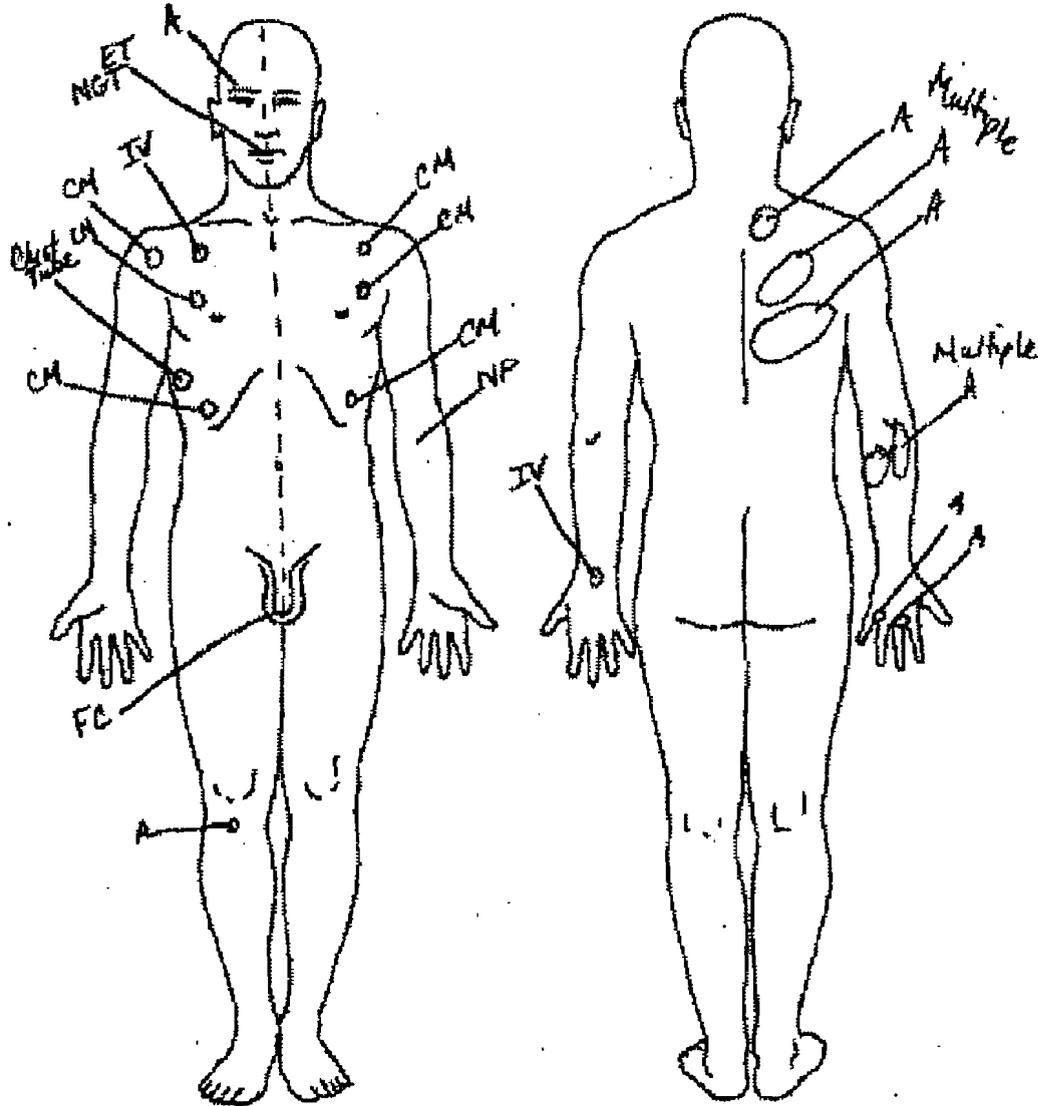
WITNESS: _____ Date: _____

OCME 1
REVISED 03-01-07

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

Name (b)(3) CPSA Section
05(c) (b)(6)

Age 50 Race White Sex Male Date 5/27/07
Left Right



LEGEND TO SYMBOLS

- | | | |
|--|-----------------------|--|
| Contusion (Bruise) - B | Cut - C | Cardiac Monitor Pad (ECG Electrode) - CM |
| Laceration - L | Bow - R | Esophageal Obstructor Tube - EO |
| Abrasion - A | Tattoo - T | Needle Puncture - NP |
| Stab Wound - SW | Radwastinal Tube - RT | Nasogastric Tube - NGT |
| Fracture - F | Foley Catheter - FC | |
| Gunsot Wound - GW (denote entrance or exit, if possible) | | |
| Shotgun Wound - SGW (denote entrance or exit, if possible) | | |

LOGAN REGIONAL MEDICAL CENTER 20 Hospital Drive Logan, WV 25601		OUTPATIENT REGISTRATION FORM (form 3)	
Acct# HQ0003867251		SVC Date: 05/27/07	Med Rec # HQ00092304
Adm Type: REG ER		ARR Time: 1825	FC 13
Name: (b)(3):CPSA Section 25(c),(b)(6)		Arrived Via: AMB	ES# 232-94-4697
Address: [Redacted]		LOC: NO-ER	DOB: (b)(3):CPSA Section
Ph: [Redacted]			Age: 50
County: MONONGALIA			Sex: M
			Race: W
			Religion: NONE
			Marital status: N
Employer CONSOLIDATION COAL - ICCO 1800 WASHINGTON ROAD PITTSBURGH, PA 15241-1621 Ph: 412-831-4000		Notify in Case of Emergency (b)(3):CPSA Section 25(c),(b)(6) Rel: WI	
Guardian: (b)(3):CPSA Section 25(c),(b)(6) SP		Next of Kin (b)(3):CPSA Section 25(c),(b)(6) Rel: WI	
Over Emp CONSOLIDATION COAL - ICCO Ph: W 412-831-4000			
INSURANCE BLUE CROSS OTHER	Paid (b)(3):CPSA Section	Coverage #	Subscriber (b)(3):CPSA Section 25(c),(b)(6)
Accident: OTHER ACCIDENT 05/27/07 1700		Family Dr:	
Attending: ER Dr. Emergency Room Protocol		[Redacted]	

DR. MONOMONIC: _____
for Name of Dr.

Reason for visit: ATV ACCIDENT

Medical Record # HQ00092304

LOGAN REGIONAL MEDICAL CENTER - ALEX RACADAG, MD DIRECTOR
 20 HOSPITAL DRIVE, LOGAN, WV 25601
 DOCTOR REPORT

RUN DATE: 05/27/07
 RUN TIME: 1935
 RUN USER: LABKQJOS

PAGE 1

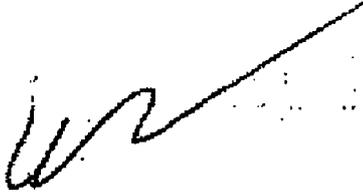
PATIENT: (b)(3)CPSA Section 25(c),(b)(6)
 REG DR: (b)(3)CPSA Section 25(c),(b)(6)

ACCT #: HQ00092304 LOC: HQ.HR U #: HQ00092304
 AGE/SEX: 50/M ROOM: REG: 05/27/07
 DOB: 03/03/57 BED: DIS:
 STATUS: REG EX TLOC:

Specimen: 0527:LR:HQ00988 Collected: 05/27/07-1918 Status: COMP Req#: 00502737
 Received: 05/27/07-1932 Sub Dr: (b)(3)CPSA Section 25(c),(b)(6)

Ordered: CBC
 Comments: Lab Comment: ROOM 102

Test	Result	Flag	Reference
CBC w/AUTO DIFF			
CBC			
> WBC	2.1	L	4.8-10.8
> RBC	1.48	L	4.2-5.4 M/mm3
> HEMOGLOBIN		*L	14-18 g/dl
CALLED RESULTS TO DR IF RESULTS VERIFIED BY REPEAT TESTING			
> HCT		*L	42-52 %
CALLED RESULTS TO AT RESULTS VERIFIED BY REPEAT TESTING			
> MCV	99.4	H	78-98 fL
> MCH	34.8	H	27-31 pg
> MCHC	35.0	H	32-36 g/dL
> RDW	15.0	H	10.7-14.8 %
> PLATELET COUNT		*L	130-400 K/mm3
CALLED RESULTS TO AT RESULTS VERIFIED BY REPEAT TESTING			
> MPV	9.5	H	6.6-9.3 fL



** END OF REPORT **

LOGAN REGIONAL MEDICAL CENTER - ALEX SACCAER, MD DIRECTOR
 10 HOSPITAL DRIVE, LOGAN, WV 25601
 DOCTOR REPORT

RUN DATE: 05/27/07
 RUN TIME: 1934
 RUN USER: LABBKJ001

PAGE 1

PATIENT: (b)(3):CPSA Section 25(c),(b)(6) ACCT #: MQ0003867251 LOC: MQ.ER I #: MQ00092304
 REG. DR: AGE/SX: 50/M ROOM: REG: 05/27/07
 DATE: 01/03/57 BND: DIS:
 STATUS: REG. ER TLOC:

Specimen: 0527:LR:CO0133B Collected: 05/27/07-1919 Status: COMP Reg#: 00582737
 Received: 05/27/07-1921 Sub Dr: (b)(3):CPSA Section 25(c),(b)(6)

Ordered: METPROP. BILI, D. AMY. CK. ETOH, BLOOD
 Comments: Lab Comment: ROOM 102

TEST	Result	Flag	Reference
METPROP			
CREATININE			
GLUCOSE			70-110 mg/dL
	CALLER RESULTS TO SUE AT 1922		
	RESULTS VERIFIED BY REPEAT TESTING		
BUN	15		7-18 mg/dL
CREATININE, S	0.8		0.4-1.3 mg/dL
eGFR	> 60		
	A normal eGFR is any result >60ml/min/1.73m2		
LYTES			
SODIUM	154	H	135-145 mmol/L
POTASSIUM	5.3	H	3.5-5.1 mmol/L
CHLORIDE	116	H	96-107 mmol/L
CO2	38.7	L	21-32 mmol/L
CALCIUM	2.8	L	8.5-10.1 mg/dL
> BILI, D	0.1	SC	0-0.3 mg/dL
> AMYLASE	48		25-115 Units/L
> CK	426	H	21-232 Units/L
> ETHYL ALCOHOL			<5.0 mg/dL



*** END OF REPORT ***

070601HNE2422

ATTACHMENT #4

Contact Sheet

Contacted on 06/06/07

Mingo County Sheriff's Office

2nd Avenue

Williamson, WV. 25661

304-235-0300

Task Number: 070601HNE2422

Date: 9/4/07

ATTACHMENT #5

Status of Missing Document(s)

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

1. Photos

2. _____

3. _____

4. _____

5. _____

Task Number 070601HNE2422

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: UNKNOWN

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

Model Year: UNK

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: 05/27/2007

Age/Sex: 50/Male

State of Death: WV

City of Death: LOGAN

County of Death: LOGAN

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

A 50-year-old male was riding on a 4-wheeled ATV as a passenger with his 16-year-son as the driver. Both individuals were wearing helmets and traveling on a dirt trail, when the operator hit a rock and lost control, sending the ATV over a 74-80 foot embankment. EMS transported both individuals to the hospital where the victim expired with the cause of death listed as multiple injuries. The extent of the operator's injuries and medical treatment could not be determined.

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/Unknown
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 9 - No riders

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

Age: 16 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?

03 - Off-highway vehicle park (special ATV track)

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:

State Faces Hurdles in Meeting Manchin Order

THE INTELLIGENCER - Wheeling, W.Va. - Friday, June 1, 2007

on ATV Crash Reports

CHARLESTON (AP) - When 50-year-old Pentress resident [redacted] was killed in an all-terrain vehicle accident in Mingo County on Sunday, it was the 13th such death this year. Or the 14th. Or possibly the 15th.

No one seems to know, despite an order by Gov. Joe Manchin tasking the state with creating a comprehensive statewide report on fatal ATV crashes. The lack of such information, some experts say, is cloaking the severity of the

state's ATV safety problem. [redacted] who tracks ATV statistics as director of West Virginia University's Injury Control Research Center, said the death toll so far in 2007 is below what it was around this time in 2006. About 14 people have died in ATV accidents this year, [redacted] said. By the same time last year, about 23 people had died.

A report by the U.S. Consumer Product Safety Commission, released in April, suggests

that ATV accidents in West Virginia may be higher than any other state, except Kentucky.

The report estimates that between 2002 and 2005, 138 people died while riding ATVs in West Virginia. Kentucky had 143 deaths during the same period. Each state had nearly twice the fatalities of much larger states like California and Texas.

Only three other states - Pennsylvania, Florida and North Carolina - recorded

more than 100 fatalities during that time, according to the report.

"ATV injuries are experiencing a dramatic rise in the United States," said [redacted] director of the Center for Injury Research and Policy and a pediatric emergency medicine physician at Columbus Children's Hospital in Columbus, Ohio. "I liken it to an epidemic."

The federal report estimates that about 136,700 people were injured in ATV crashes across

the country in 2005, the highest total since the CPSC began keeping records.

Although reports vary on exactly how many have died in ATV accidents in West Virginia so far this year, [redacted] said the real problem is with tracking the nonfatal injuries resulting from crashes.

"We don't have a clue how many injuries are occurring," he said.

Although individual emergency rooms and hospitals keep track of ATV-related injuries,

there is no statewide count combining the reports together. That makes it difficult to understand the scope of the problem, [redacted] said.

During this year's legislative session, lawmakers considered two ATV bills, one of which would have established a single reporting form for the State Police to use. The other measure sought to require ATV owners to register the vehicles. Both measures died before they could come to a vote in either house.

#070601HNE2422 N0760003A 6/1/07

ISSUE: 35

080331

1. Task Number 071120HCC3182		2. Investigator's ID 9091		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2006 06 23	5. Date Initiated YR MO DAY 2007 12 02		
6. Synopsis of Accident or Complaint UPC A 66-year-old, male victim was fatality injured when his four-wheel, utility vehicle rolled down a hill after attempting to dump a load of rocks. The victim's wife was summounded by their 12-year-old grandson who witnessed the incident. Emergency personnel found him bleeding and unconscious upon arrival. The victim sustained multiple rib fractures and two fractures of the thoracic spinal column. He was pronounced dead at the scene. The victim was not wearing a helmet.				
<p>MFR/PRVLBR NOTIFIED</p> <p>COMMENTS: <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/> <u>OVERRULED</u>; <u>ATTACHED</u> <input type="checkbox"/></p> <p><u>EXCISIONS/FOIA EXS.</u> <u>25c</u>, 3, 6</p> <p><u>DO NOT RE-NOTIFY</u> <u>RE-NOTIFY</u> <input type="checkbox"/> D80331</p>				
7. Location (Home, School, etc) 1 - HOME		8. City LOVELAND		9. State CO
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA CHAPPY		10C. Model Number 4YMXB660GCA
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 66	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 79 - LOWER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 9 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 02/08/2008	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0608014942	

SUMMARY OF FINDINGS

According to official reports, the only witness to the incident was the victims' grandson.

In the Sheriff's report, the grandson (12 y/o), stated that he and the victim (66 y/o male) were removing large rocks from the driveway to make it smoother. The time was around 4 pm. They were loading the rocks into the back of the victim's 2004 2-seat Yamaha utility vehicle and hauling them to the north side of their garage where he was dumping them over a hill. (The Sheriff's Department report refers to the vehicle as an ATV/ATV mule.)

The grandson stated that the victim had a load of rocks in the bed of the utility vehicle and that they were mainly on the right side; the load was not equal. When the victim backed up to unload the rocks he backed up too far and the right tire fell off the incline edge. The victim then attempted to go forward making a hard turn to the right to pull the vehicle out. When the victim accelerated the vehicle started to roll down the embankment with the victim in it. The grandson ran down the embankment to check on the victim and he said the victim told him he was OK and to go get his grandmother. The grandmother arrived and said the victim was bleeding from his arm. The grandmother stated that the victim was talking to her and stated that he was OK and did not want her to call 911. The grandmother went to the house and called 911 anyway (the time was 4:45 pm).

When emergency officials arrived they found the victim bleeding and unconscious with shallow breathing. The victim then stopped breathing and CPR attempts were made. Injuries found on the victim included abrasion to the back of his head and a large abrasion on his right shoulder. The victim was not wearing a helmet. Air Life was called to the scene but was canceled after paramedics declared the victim dead at the scene.

According to the coroners report, the victim died due to thoracic blunt force injuries received during the accident. The victim suffered multiple rib fractures and two fractures of the thoracic spinal column (broken back).

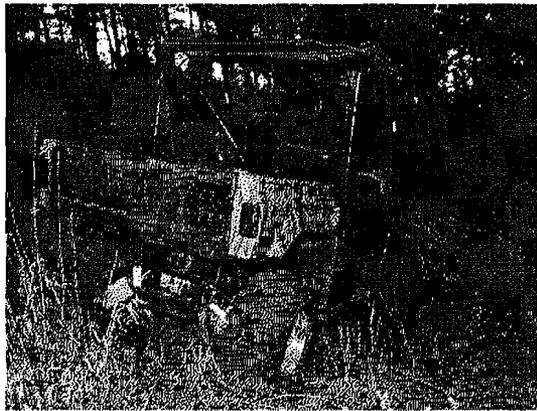
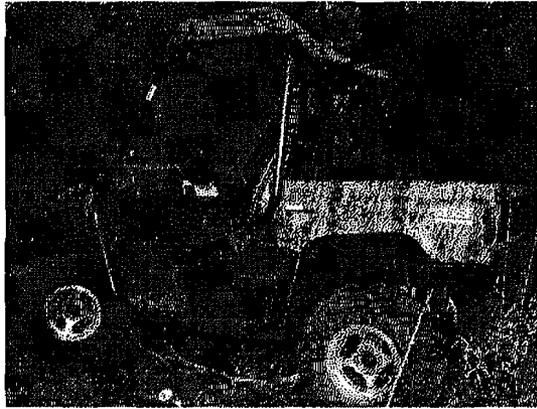
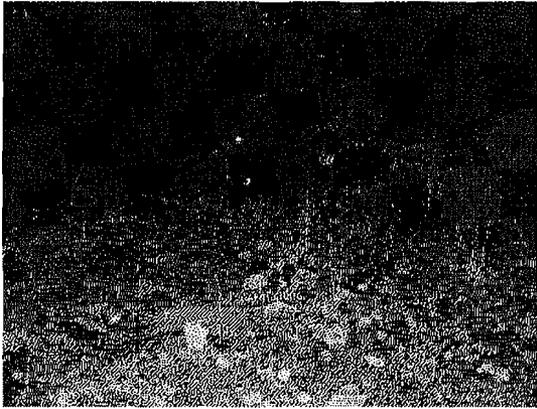
PRODUCT IDENTIFICATION

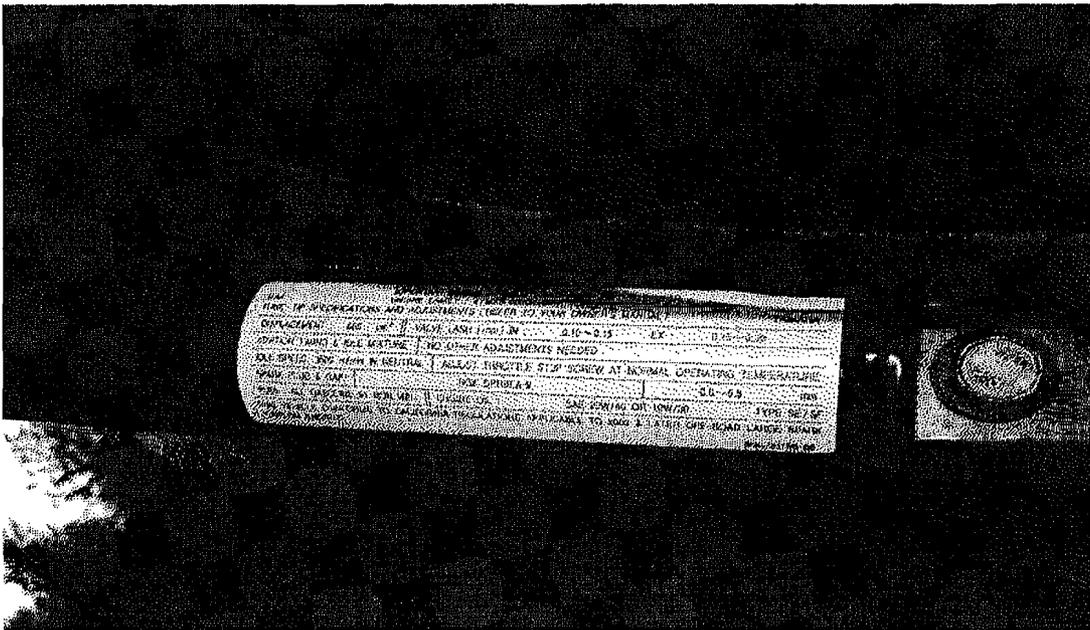
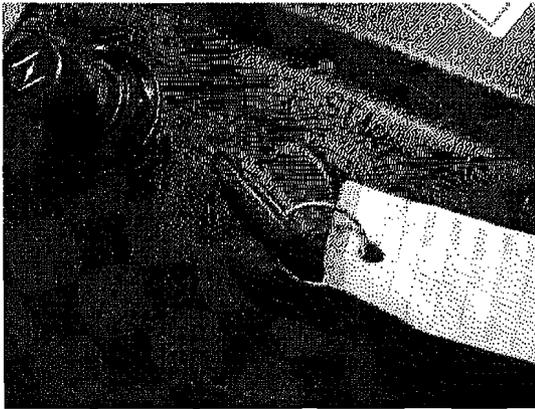
2004 Yamaha/Chappy utility vehicle – camouflage in color
4X4

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

IDI 071120HCC3182

Page 2 of 4





IDI 071120HCC3182

Page 4 of 4

SAMPLES COLLECTED

None

ATTACHMENTS

- 1) Respondents
- 2) Larimore County Sheriff's Department Report
- 3) Larimore County Coroner Report

IDI 071120HCC3182

Exhibit 1

RESPONDENTS

Larimore County Sheriff's Department
2501 Midpoint Dr.
Fort Collins, CO 80525
970-498-5100

Larimore County Coroner/Medical Examiner
495 North Denver Ave.
Loveland, CO 80537
970-679-4517

Incident Report

LARIMER COUNTY SHERIFFS OFFICE

06-4187



2501 MIDPOINT DR
FORT COLLINS, CO 80525

970-498-5100

970-498-9203

Reported Date
06/23/2006

<DNC> UNATTENDED DEATH
Officer
HEFFERNAN, ROBERT

Administrative Information

Agency LARIMER COUNTY SHERIFFS OFFICE	Case No 06-4187	Supplement No ORIG	Reported Date 06/23/2006	Reported Time 19:19
Incident No 061740484	Dispo REPORT TO FOLLOW	Nature of Call <DNC> UNATTENDED DEATH		
Location (b)(6)	City	Rep Dist	D Area LC	Area A4
From Date 06/23/2006	From time 19:19	Officer L99001/HEFFERNAN, ROBERT		
Assignment LCSO PATROL - RED SWINGS	Entered by L95006	RMS Transfer Successful	Property? None	Approving Officer L80014
Approval Date 07/02/2006	Approval Time 20:00:03			
Release Status UNDRINVEST				

Person Summary

Invt	Invt No	Type	Name	MNI	Race	Sex	DOB
DEC	1	I	(b)(3) CPSA Section 25(c), (b)(6)	1093597	W	M	(b)(3) CPSA Section
WIT	1	I	(b)(6)	72660	W	F	(b)(6)
WIT	2	I	(b)(6)	1093600	W	M	(b)(6)
WIT	3	I	(b)(6)	1094784	W	M	DOB
WIT	4	I	; DR DIXON				DOB

Vehicle Summary

Invt	Type	License No	State	Lic Year	Year	Make	Model	Style	Color
VIC	9		CO		2004	YAMA			CAM

Summary Narrative

aln/062606

Case Status: Inactive

I responded to the above address on the report of an ATV accident in which a 66 YOA male was deceased apparently as a result of injuries he had received in the accident.

Report Officer
L99001/HEFFERNAN, ROBERT

Printed At
01/31/2008 11:00

Page 1 of 4

Incident Report

06-4187

LARIMER COUNTY SHERIFFS OFFICE

DECEASED (NOT REPORTED AS A VICTIM) 1: FOX, JAMES ROBERT

Involvement DECEASED (NOT REPORTED AS A VICTIM)		Invl No 1	Type *INDIVIDUAL		Name (b)(3) CPSA Section 25(c),(b)(6)
MNI (b)(3) CPSA Section 25(c),(b)(6)	Race WHITE	Sex MALE	DOB (b)(3) CPSA Section	Age 66	
Ethnicity NOT OF HISPANIC ORIGIN		Juvenile? No	Res Status RESIDENT		
Type HOME	Address (b)(6)		City	State	
Phone Type HOME	Phone No (b)(6)				

WITNESS (SUBJECT TYPE) 1: BIDDLE, VICKI DIANE

Involvement WITNESS (SUBJECT TYPE)		Invl No 1	Type *INDIVIDUAL		Name (b)(6)
MNI 72660	Race WHITE	Sex FEMALE	DOB (b)(6)	Age 54	Ethnicity NOT OF HISPANIC ORIGIN
Hair Color BROWN		Eye Color BROWN	Res Status RESIDENT		Juvenile? No
Height 5'06"		Weight 118#			
Type HOME	Address (b)(6)		City	State	
Phone Type HOME	Phone No (b)(6)				

WITNESS (SUBJECT TYPE) 2: OSTEN, TREVOR WAYNE

Involvement WITNESS (SUBJECT TYPE)		Invl No 2	Type *INDIVIDUAL		Name (b)(6)
MNI 1093600	Race WHITE	Sex MALE	DOB (b)(6)	Age 12	Ethnicity NOT OF HISPANIC ORIGIN
Hair Color BROWN		Eye Color BROWN	Res Status NON-RESIDENT		Juvenile? Yes
Height 5'02"		Weight 110#			
Type HOME	Address (b)(6)		City	State	
ZIP Code 76048					
Phone Type HOME	Phone No (b)(6)				

WITNESS (SUBJECT TYPE) 3: FOREMAN, STEVE

Involvement WITNESS (SUBJECT TYPE)		Invl No 3	Type *INDIVIDUAL		Name (b)(6)
MNI 1094784	Race WHITE	Sex MALE			
Employer/School THOMPSON VALLEY PARAMEDIC			Position/Grade #73		

WITNESS (SUBJECT TYPE) 4: DR DIXON

Involvement WITNESS (SUBJECT TYPE)		Invl No 4	Type *INDIVIDUAL		Name (b)(6)
Employer/School MCKEE MEDICAL CENTER			Position/Grade DOCTOR		

Vehicle

Involvement VICTIM VEHICLE	Type OTHER	State COLORADO	Year 2004	Make YAMAHA/CHAPPY	Color CAMOUFLAGE
VIN 4YMXB660GCA					

Narrative

Case Outline
 Report Origin
 Initial Information
 Arrival on Scene
 Victim Pronounced Deceased
 Family Notified
 Investigations and Coroner Notified
 Evidence Gathered

Report Officer L99001/HEFFERNAN, ROBERT	Printed At 01/31/2008 11:00	Page 2 of 4
---	---------------------------------------	-------------

Incident Report

LARIMER COUNTY SHERIFFS OFFICE

06-4187

Narrative

Witness Interviewed
Disposition of the Deceased
Case Status
Attachments

Report Origin

Radio Dispatched

Initial Information

On 062306, at approximately 1919 hours, while working another case, I heard a couple of Parks Units dispatched to (b)(6) in Loveland, Colorado on a report of an ATV accident, in which a 66 YOA man was injured, however; once they arrived on scene, I learned that they had started CPR on this individual and therefore I diverted from the case I was on, to assist.

Arrival on Scene

At approximately 1946 hours, I arrived on scene and I immediately observed two Parks Units and one civilian performing CPR on this individual. I observed this individual was on the side of a hill, approximately 45 feet down from the top. I also observed another 30 feet down the hill was a work type ATV (Yamaha Mule) that was resting on all four tires, however; it appeared it had been in an accident. I immediately proceeded to assist the Parks Units with CPR by taking over the breathing for the victim by use of an Ambu Bag. I observed that the victim had a puncture wound to his right shoulder area and his right shoulder showed some disfigurement. I also observed that there was a laceration on the left side of the victim's head. While I did breaths on the victim, Parks Officer, (b)(6) did compressions. CPR continued on the victim for approximately 35 minutes until paramedics arrived on scene from Thompson Valley.

Victim Pronounced Deceased

At 2002 hours, (b)(6) medic # 73 from Thompson Valley Paramedics, under the advisement of Dr. (b)(6) and McKee Medical Center pronounced the victim deceased.

Family Notified

While I remained with the victim to process Evidence, the Parks Units, accompanied by Corporal REIFSCHNEIDER, who had arrived on scene, made notification to the family. The Victims Advocates were requested and they arrived a short while later to assist the family.

Investigations and Coroner Notified

I requested Dispatch contact the Medical Examiner, as well as the on call Investigator and had them proceed to the scene. Both arrived a short while later.

Evidence Gathered

I took photographs of the entire scene, including the victim as well as the apparent path the ATV had taken as it rolled down the hillside. I also took photographs of the ATV itself. I took rough measurements and it appeared that the ATV initially fell off from level ground at approximately 50 feet above where the victim landed. It also appeared that the ATV continued for another 35 feet until coming to rest on all four tires with very minimal damage. There were several areas of scuff marks in the dirt where the ATV had rolled. There was also a significant amount of rocks, that I later learned, were in the back of the ATV when it rolled.

Witness Interviewed

Report Officer
L99001/HEFFERNAN, ROBERT

Printed At
01/31/2008 11:00

Page 3 of 4

Incident Report

LARIMER COUNTY SHERIFFS OFFICE

06-4187

Narrative

Corporal REIFSCHNIEDER made contact with the grandson, who was an eye witness to this entire episode. They passed onto me that the grandson stated that he and his grandfather were moving some rocks up on the level ground to place around the driveway when the grandfather had backed up with the ATV loaded with rocks and had backed up too far, causing the right rear tire of the ATV to fall off onto the incline. The grandfather then attempted to make a hard turn to the right and pull out from this predicament and in doing so, the ATV started to roll with the grandfather on it. The ATV came to rest as previously noted, with the grandfather coming to rest as well. The grandfather was conscious and alert at this point, and told his grandson he was ok, but to go get his grandmother. The grandson went and got the grandmother and she came out. The grandfather had told both of them not to call 911, that he was ok. A short while later, he collapsed. At which point, they called 911. I also learned from the Parks Units that when they arrived on scene, the victim in this case, the grandfather, was unconscious but was breathing slightly. Shortly after their arrival, he stopped breathing and they immediately proceeded with CPR, up to the point when I arrived. We continued CPR until the paramedics arrived. Corporal REIFSCHNEIDER conducted the interviews with the family and the grandson. See his Supplemental Report for more detail. Officer SWENSON completed a Supplemental Report. See that as well. The other Parks Unit, being an Unsworn Parks Unit will be submitting a written statement to be included in this report.

Disposition of the Deceased

Once the Medical Examiner and Investigator had arrived on scene, they were briefed on the entire situation. The Medical Examiner took additional photos and then the deceased was transported via the Medical Examiner from the scene.

Case Status

Inactive

Attachments

None

END OF REPORT

Incident Report

LARIMER COUNTY SHERIFFS OFFICE

06-4187



2501 MIDPOINT DR
FORT COLLINS, CO 80525

970-498-5100

970-498-9203

Reported Date
06/26/2006

<DNC> UNATTENDED DEATH
Officer
SWENSON, JUDY

Administrative Information

Agency LARIMER COUNTY SHERIFFS OFFICE		Case No 06-4187	Supplement No 0001	Reported Date 06/26/2006	Reported Time 15:26
Incident No 061740484	Dispo REPORT TO FOLLOW	Nature of Call <DNC> UNATTENDED DEATH			
Location 13637 W CR18E			City LC LOVELAND	Rep Dist I73200	Area LC
From Date 06/23/2006	From Time 19:19	Officer L21001/SWENSON, JUDY			
Assignment LC SO LARIMER COUNTY PARKS		Entered by L06001	Assignment CHANGE ASSIGNMENT	RMS Transfer Successful	Property? None
Approving Officer L51013	Approval Date 07/07/2006	Approval Time 22:38:30			
Release Status UNDRINVEST					

Summary Narrative

aln/062606

Case Status: Inactive

I responded to a Medical reported as a rollover ATV accident with a victim who was bleeding badly. I was met by an informant on West County Road 18E and led to the area where the accident had occurred. I responded with a medical kit and found a 66 YOA white male, unresponsive and ashen in color. I started CPR within several minutes and continued until a medical unit arrived. No vital signs could be detected and medical unit pronounced

Narrative

Case OutlineReport OriginNarrativeCase StatusReport Origin

Radio Dispatched

Narrative

On 062306, at 1919 hours, I heard a Medical call aired regarding a Motor Vehicle Accident in the (b)(6) (b)(6). The information came in as an ATV had rolled on a victim and the victim was bleeding heavily. I was in the area of 18E and South County Road 31, and advised Dispatch I would respond until Medical arrived on scene. A short distance behind me was Larimer County Parks Ranger, (b)(6). I requested that he respond with me. In approximately the 12000 block of County Road 18E, I was met by a male subject in a small white vehicle who waved me down. I asked him if he was connected to the Medical I was responding to, he said he was and that I would probably need to follow him to get to the residence, as it was extremely hard to find. I radioed the information to Ranger (b)(6) and advised him to follow me to the residence. I followed the informant and arrived on scene at 1929 hours. I grabbed a medical kit from my patrol vehicle and followed the informant to an area where I observed several people standing and a male subject laying on the ground. The male subject's skin tone was ashen in color. It did not appear that the subject was breathing.

Report Officer
L21001/SWENSON, JUDY

Printed At
01/31/2008 11:01

Page 1 of 2

Incident Report LARIMER COUNTY SHERIFFS OFFICE

06-4187

Narrative

I began a medical assessment to check for a pulse and breathing; could not find any pulse at all. A female subject who was identified to me later as the victim's wife (b)(6) was kneeling next to him, and told me that he had been breathing just moments before I arrived. I did a quick assessment on the victim's torso, located a large abrasion on his right shoulder and noted that there appeared to be an abrasion to the back of his head, as there was a small blood pool. I began CPR and within approximately five minutes, I was joined by Parks Ranger (b)(6), who is EMT certified. Ranger (b)(6) inserted an airway with the assistance of one of the neighbors. We began Ambu bagging oxygen to the victim and I continued compressions until the ambulance arrived on scene, which was after 2000 hours. The ambulance crew and EMT did check for vitals when they established that the victim had no vital signs at all. They pronounced him expired.

Case Status

Inactive

END OF SUPPLEMENT

Report Officer

L21001/SWENSON, JUDY

Printed At

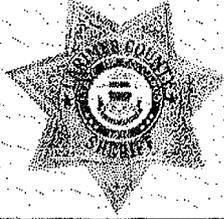
01/31/2008 11:01

Page 2 of 2

Incident Report

LARIMER COUNTY SHERIFFS OFFICE

06-4187



2501 MIDPOINT DR

FORT COLLINS, CO 80525

970-498-5100

970-498-9203

Reported Date

06/26/2006

<DNC> UNATTENDED DEATH

Officer

REIFSCHNEIDER, ERIK

Administrative Information

Agency LARIMER COUNTY SHERIFFS OFFICE		Case No 06-4187	Supplement No 0002	Reported Date 06/26/2006	Reported Time 16:45
Incident No 061740484	Dispo REPORT TO FOLLOW	Nature of Call <DNC> UNATTENDED DEATH			
Location 13637 W CR18E			City LC LOVELAND	Rep Dist I73200	DArea LC
Area A4	From Date 06/23/2006	From Time 19:19	Officer L95023/REIFSCHNEIDER, ERIK		
Assignment LCSO PATROL - RED SWINGS	Entered by L06001	Assignment CHANGE ASSIGNMENT	RMS Transfer Successful	Property? None	
Approving Officer L80014	Approval Date 07/02/2006	Approval Time 20:05:55			
Release Status UNDRINVEST					

Summary Narrative

aln/062606

Case Status: Inactive

I assisted Deputy HEFFERNAN on a fatal Motor Vehicle Accident at (b)(6) by interviewing (b)(6)

Narrative

Case Outline

Report Origin

Background Information

Landing Zone Established

Arrival on Scene

Contact with Family Members

Conversation with TREVOR O'STEEN

Conversation with VICKI

Victims Advocates Introduced

Case Status

Attachments

Report Origin

Radio Dispatched

Background Information

On 062306, I overheard on Loveland Fire channel that they were responding to a Motor Vehicle Accident near Pinewood Reservoir in the Carter Lake area. Information was received that a 66 YOA male had fallen off of an ATV and was injured.

Park Ranger (b)(6) went en route and arrived on scene several minutes later. Update was given that the subject was bleeding severely and had lost consciousness. While I was still en route to the call, information was aired that CPR was in progress.

I advised Dispatch that I would continue en route to the scene of the accident.

Report Officer L95023/REIFSCHNEIDER, ERIK	Printed At 01/31/2008 11:02	Page 1 of 3
--	--------------------------------	-------------

Incident Report

LARIMER COUNTY SHERIFFS OFFICE

06-4187

Narrative

While I continued en route, Loveland Fire advised that they needed to clear Engine Three to respond to the scene and assist with CPR. Engine Three was originally designated as Ground Contact for Air Life 911.

Communications asked if I could now be the ground contact for Air Life 911.

Landing Zone Established

I advised Larimer County Communications that I would go direct with Air Life 911 on Fire Net. I said that I would be en route to the Pinewood area to look for a landing zone for the chopper.

I arrived on scene at Pinewood Reservoir and had a difficult time locating any flat level terrain for the helicopter to land on. There were also numerous power lines. I was unable to reach Air Life 911 on Fire Net and was later advised that they would be on Loveland Fire UHF channel. Information was relayed to Air Life 911 that we had multiple power lines and they advised that they could see that from the air. Shortly after a landing zone was picked out, it was overheard that paramedics on scene were calling the CPR and pronounced the subject dead. Air Life 911 was then cleared to return to quarters.

Arrival on Scene

I arrived on scene and met with Deputy HEFFERNAN. Deputy HEFFERNAN asked if I could go inside and speak with the family. He said that the grandson and common law wife were inside with Larimer County Parks Rangers and neighbors.

Contact with Family Members

I went inside the home and met with Larimer County Parks Employees. They introduced me to (b)(6) and (b)(6) is the common law wife of the deceased male and (b)(6) is the grandson. Both parties were seated in the living room on the couch and had several neighbors in the living room with them.

General information was received from (b)(6) that her common law husband, (b)(3) CPSA was out doing work on the four wheeler and it rolled over. She said that he went out and he was originally coherent, talking to her, and advised her that she should not call 911 and that he did not need an ambulance. (b)(6) said that she ran back inside, called 911, and went back out to be with her husband. She and neighbors attempted to control bleeding with towels and awaited the arrival of EMS. During this time, (b)(6) slipped into unconsciousness and CPR was started.

Conversation with (b)(6)

I asked (b)(6) if I could talk to her grandson in the basement and she said that would be fine. I took (b)(6) down to the basement and got his basic information. I also asked (b)(6) to tell me what had happened.

(b)(6) said that he and (b)(3) CPSA as he referred to (b)(3) CPSA were out working in the driveway, removing larger rocks so it would be smoother. He said that he and (b)(3) CPSA were putting rocks in the back of the ATV and then taking them around the north side of the garage and dumping them over the side of the hill. (b)(6) said that he was originally driving the ATV in the driveway, however (b)(3) CPSA would not allow him to back it up near the hill. (b)(6) said that once they had a load, (b)(3) CPSA backed the vehicle towards the edge of the hill, near the north side of the garage. (b)(6) said that the vehicle was loaded mostly on the right side and the load was not equal. (b)(6) said that (b)(3) CPSA continued to back up and about hit a tree. He said (b)(3) CPSA then continued to back and got too close to the edge and (b)(6) yelled at him. He said (b)(3) CPSA attempted to put the vehicle in a forward gear. He was successful and accelerated hard and turned sharp right. It was at this time the vehicle rolled over the edge of the hill and both (b)(6) and the ATV went over the edge and down the embankment. (b)(6) said he ran down to (b)(6) and checked on him and then immediately ran in and notified his grandmother (b)(6).

I walked back upstairs with (b)(6) and spoke to (b)(6)

Conversation with (b)(6)

Report Officer
L95023/REIFSCHEIDER, ERIK

Printed At
01/31/2008 11:02

Page 2 of 3

Incident Report

LARIMER COUNTY SHERIFFS OFFICE

06-4187

Narrative

(b)(6) told me that (b)(6) had come inside and said that (b)(3) C had been hurt. She said that she went outside and found (b)(3) C lying on the hill and that he was bleeding from his arm. (b)(6) said that (b)(3) C was talking to her and said that he did not want an ambulance or for her to call 911. (b)(6) said that she ran back inside and made the call for help.

Victims Advocates Introduced

Victims Advocates from Larimer County Sheriff's Office arrived on scene. I introduced both of the advocates to (b)(6) and their family. I told (b)(6) and (b)(6) that the advocates could help out in any way they needed and (b)(6) thanked me and said that she would talk to them. I informed (b)(6) that I would be leaving the scene and if they needed anything additional, they could contact us at the Larimer County Sheriff's Office.

Case Status

Inactive

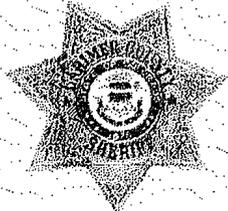
Attachments

None

END OF SUPPLEMENT

Incident Report LARIMER COUNTY SHERIFFS OFFICE

06-4187



2501 MIDPOINT DR
FORT COLLINS, CO 80525

970-498-5100

970-498-9203

Reported Date
06/29/2006

<DNC> UNATTENDED DEATH
Officer
FEYEN, JOHN

Administrative Information

Agency LARIMER COUNTY SHERIFFS OFFICE		Case No. 06-4187	Supplement No. 0003	Reported Date 06/29/2006	Reported Time 08:36
Incident No. 061740484	Dispo. REPORT TO FOLLOW	Nature of Call <DNC> UNATTENDED DEATH			
Location (b)(6)					Area A4
From Date 06/23/2006	From Time 19:19	Officer L00028/FEYEN, JOHN			
Assignment LC SO INVESTIGATIONS - PERSONS UNIT		Entered by L93002	Assignment LC SO TECHNICIAN - INVESTIGATIONS		
RMS Transfer Successful	Approving Officer L02023	Approval Date 07/02/2006	Approval Time 15:01:48		
Release Status UNDRINVEST					

Summary Narrative

ly/062906

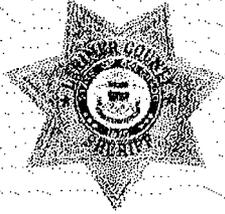
Case Status - Active

As the on-call investigator, I responded to the scene of a fatal ATV accident. Nothing appeared suspicious. Case will be assigned to this investigator until the death certificate is obtained.

END OF SUPPLEMENTAL REPORT

Incident Report LARIMER COUNTY SHERIFFS OFFICE

06-4187



2501 MIDPOINT DR
FORT COLLINS, CO 80525

970-498-5100
970-498-9203

Reported Date
08/17/2006

<DNC> ACCIDENTAL DEATH
Officer
FEYEN, JOHN

Administrative Information

Agency	Case No	Supplement No	Reported Date	Reported Time
LARIMER COUNTY SHERIFFS OFFICE	06-4187	0004	08/17/2006	10:55
Incident No	Dispo	Nature of Call		
061740484	SUPPLEMENTAL REPORT TO FOLLOW	<DNC> ACCIDENTAL DEATH		
Location	City	Run Dist	DArea	Area
(b)(6)			LC	A4
From Date	From Time	Officer		
06/23/2006	19:19	L00028/FEYEN, JOHN		
Assignment	Entered by	Assignment		
LCISO INVESTIGATIONS - PERSONS UNIT	L02024	LCISO TECHNICIAN - INVESTIGATIONS		
RMS Transfer	Property?	Approving Officer	Approval Date	Approval Time
Successful	None	L02023	08/23/2006	10:52:50
Release Status				
RELEASABLE				

Summary Narrative

pd/081706

Case Status - INFORMATION REPORT

The Death Certificate for (b)(3)CPSA Section 25(c),(b)(6) was obtained. The manner of death was listed as "Accidental", due to thoracic blunt force injuries resulting from an all terrain vehicle mishap. I ran (b)(3)CPSA Section through NCIC/CCIC and he was clear. No further action by this officer.

Attachments

Copy of Death Certificate
NCIC printout

END OF SUPPLEMENTAL REPORT

VOLUNTARILY WRITTEN STATEMENT

LCSO Report # 4187

1 of 1

While on patrol at Carter Lake, On June 23, 2006 dispatch aired that there was a 66 year old male who was thrown off his ATV. I responded to the call. Parks officer ^{(b)(6)} was the first officer on scene. She called out to dispatch and said that she was with the patient. He was breathing slowly. A minute later she called out that she was starting CPR. I arrived on scene a couple of minutes later, to find a male laying on the ground unconscious and not breathing with good CPR in progress. I told Parks officer ^{(b)(6)} to stop CPR for a minute so I could evaluate the patient and have her call dispatch to get an Air life go. The patient was bleeding from his head and from his right shoulder. I told Parks officer ^{(b)(6)} to resume CPR and she did. I had one of the neighbors who was on scene come down and start bagging him one breath every three seconds. I hooked the bag valve mask to high flow oxygen. I sized and inserted an oral pharyngeal air way which went in with no resistance. I checked for effectiveness of compressions and they were good. I then cut off the patient's shirt to find that he had cuts and scraps to his chest and legs. I then put a cervical collar on him. We did CPR for about thirty minutes before Loveland Fire Engine 3 and Paramedic 331 showed up. I told the paramedic that we had been doing CPR for about thirty minutes and had not gotten a pulse back at any time. I turned the patient's care over to Paramedic 331 who pronounced the patient dead at the scene.

I ^{(b)(6)} live at ^{(b)(6)} Phone number is ^{(b)(6)} am a state citified Firefighter one, EMT-B/IV

Signed on this 24 day of June 24, 2006.

^{(b)(6)}



OFFICE OF THE CORONER/MEDICAL EXAMINER

Patrick C. Allen, M.D., Coroner

493 N. Denver Avenue
 Loveland, Colorado 80537
 Phone: (970) 679-4517
 FAX: (970) 679-4510

AUTOPSY REPORT

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

AUTOPSY #: 2006CA-77

DOB: (b)(3),CPSA Section 25(c),(b)(6) AGE: 66

INVESTIGATION #: 06C-358

DATE AND TIME OF DEATH: 6-23-06; 21:13

DATE, TIME, AND PLACE OF AUTOPSY: 6-24-06; 12:00; McKEE MEDICAL CENTER

PATHOLOGIST: CINA

ASSISTANT: (b)(6)

FINAL PATHOLOGIC DIAGNOSES

- I MINOR HEAD INJURIES:
 - A) ABRASIONS: LEFT CHIN, LEFT BACK OF HEAD
 - B) LACERATION ABOVE LEFT EAR
- II THORACOABDOMINAL INJURIES:
 - A) PATTERNED ABRASIONS: LEFT SHOULDER, LEFT SIDE OF ABDOMEN
 - B) NONSPECIFIC ABRASIONS OF TORSO
 - C) FRACTURES: RIGHT CLAVICLE; RIGHT RIBS 1-12 ANTEROLATERALLY AND 2-5 POSTERIORLY; LEFT RIBS 5-7 ANTEROLATERALLY AND 1-12 POSTERIORLY; T2 AND T5 INTERVERTEBRAL SPACES
 - D) BILATERAL 300 ml. HEMOTHORACES
 - E) PARTIAL AVULSION OF UPPER LOBE, LEFT LUNG
 - F) BILATERAL PNEUMOTHORACES WITH ATELECTASIS AND PULMONARY CONTUSIONS
- III INJURIES TO EXTREMITIES:
 - A) COMPOUND FRACTURE, RIGHT PROXIMAL HUMERUS
 - B) NONSPECIFIC LINEAR ABRASIONS
- IV PRE-EXISTENT CONDITIONS:
 - A) MUSCULAR ATROPHY WITH FATTY INFILTRATION COMPATIBLE WITH CLINICAL HISTORY OF ADULT-ONSET MUSCULAR DYSTROPHY
 - B) MYOCARDIAL HYPERTROPHY (550 gm.) WITH PATCHY INTERSTITIAL REPLACEMENT FIBROSIS
 - C) INCREASED BODY MASS INDEX
- V TOXICOLOGY:
 - A) BLOOD, ETHANOL: NONE DETECTED
 - B) BLOOD, CARBON MONOXIDE: 0.0%
 - C) URINE, DRUG SCREEN: NONE DETECTED

continued

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

Larimer County, Colorado
Autopsy No. 2006CA-77

Autopsy report continued

OPINION:

This 66-year-old White male, (b)(3):CPSA Section 25(c),(b)(6) died of thoracic blunt force injuries received in an all terrain vehicle mishap. There were bilateral flail chests associated with pneumothoraces and pulmonary contusions. Multiple rib fractures and two fractures of the thoracic spinal column ("broken back") were also noted. A significant pre-existing condition was adult onset multiple sclerosis and mild chronic ischemic heart disease. The manner of death is accident.


Stephen J. Cina, M.D.
Forensic Pathologist

080430

1. Task Number 071127HCC3196		2. Investigator's ID 1951		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2007 09 13	5. Date Initiated YR MO DAY 2007 12 03		
6. Synopsis of Accident or Complaint UPC A 13-year-old male victim was driving a four-wheeled ATV along a road. The police report indicates that there was a domestic animal and wild animal on the paved road where the victim was driving the ATV at a high rate of speed. The victim failed to control the ATV and was ejected and pinned under the ATV. The victim was not wearing a helmet.				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City ORANGE	9. State TX	
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				
<input type="checkbox"/> UNUSUAL INCIDENT COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OPEN FILED <input checked="" type="checkbox"/> EXCISE/SPON/ETC <input type="checkbox"/> RE-... <input checked="" type="checkbox"/> DO NOT RE-NOTIFY				
12. Age of Victim 13	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj. <i>5/11 06 03/08</i>	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 5 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 03/03/2008	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N0790327A	

LIST OF ATTACHMENTS:

1. Identity of Respondents
2. Police/Investigative Report
3. Coroner's Report
4. ATVD Data Sheet

LIST OF RESPONDENTS:

1. Records Clerk
Orange County Police Department
805 W Main Avenue
Orange, Texas 77630

2. Records Clerk
Galveston County Medical Examiner's Office
6607 Highway 1764
Texas City, Texas 77590

TEXAS PEACE OFFICER'S CRASH REPORT - CRB-3 (Rev. 01/06) Submission of Crash Records: This report may be submitted via the CRB3 Web Portal, electronically submitted via XML or mailed to the TEXAS DEPARTMENT OF PUBLIC SAFETY, PO-30X A077, ALBUQU TX 78773-0350. Please see the CRB3 Instructions to Police for more details regarding these submission methods or look on the CRB3 Website at <http://www.dps.state.tx.us/crb3project/index.htm>.

FATAL CIV INVOLVED SCHOOL BUS RELATED RAILROAD RELATED MEDICAL ADVISORY BOARD HIT AND RUN AMENDMENTS/SUPPLEMENT

PLACE WHERE CRASH OCCURRED: COUNTY **Orange** CITY OR TOWN **Orange** LOC# **0729495**
 IF CRASH WAS OUTSIDE CITY LIMITS: INDICATE FROM NEAREST TOWN _____ MILES N S E W OF _____ OR# **TX1810200**
 OPS# _____

ROAD ON WHICH CRASH OCCURRED: **4300 Kitty Chapin** CONSTRUCTION ZONE YES NO SPEED WORKERS PRESENT YES NO LIMIT **25**
 BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE
 INTERSECTING STREET OR RR X'ING NUMBER: FT MI N S E W OF _____ MILEPOST _____ LATITUDE _____
 NOT AT INTERSECTION: FT MI N S E W OF _____ MILEPOST _____ LONGITUDE _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

DATE OF CRASH: MONTH **09** DATE **13** YEAR **2007** DAY OF WEEK **Thursday** HOUR **10:02** AM PM IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT # **1** **8** 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-COMBAT 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER 3-PEDALCYCLIST 6-TOWED
 VIN# **5ug-2179b-30** ALTERED VEHICLE HEIGHT YES NO
 YEAR MODEL **unk** COLOR & MAKE **Gray/Yamaha** MODEL NAME **Rhino** BODY STYLE **ATV** LICENSE PLATE **N/A**
 YEAR STATE NUMBER

DRIVER'S NAME: **(b)(3) CPSA Section 25(c),(b)(6)** PHONE NUMBER **(b)(3) CPSA**
 LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER'S LICENSE: **N/A** LICENSE STATUS **2** 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
 STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH

DRIVER'S ETHNICITY **1** 1-WHITE 2-ASIAN 3-HISPANIC 4-OTHER 5-BLACK DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION **Student** POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN: 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED **4** TEST RESULTS **3** TYPE OF DRUG SPECIMEN TAKEN: 1-BLOOD 2-URINE 3-NONE 4-REFUSED **3** TEST RESULTS **2** DRUG CATEGORY **2**
 LESSEE OWNER **(b)(3) CPSA Section 25(c),(b)(6)** Same

NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)
 LIABILITY INSURANCE YES NO **N/A** VEHICLE DAMAGE RATING **L and T / 1**
 INSURANCE COMPANY NAME POLICY NUMBER

UNIT # _____ 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-COMBAT 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER 3-PEDALCYCLIST 6-TOWED
 VIN# _____ ALTERED VEHICLE HEIGHT YES NO
 YEAR MODEL _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____
 YEAR STATE NUMBER

DRIVER'S NAME: **None None** PHONE NUMBER _____
 LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER'S LICENSE: _____ LICENSE STATUS _____ 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
 STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH

DRIVER'S ETHNICITY _____ 1-WHITE 2-ASIAN 3-HISPANIC 4-OTHER 5-BLACK DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN: _____ TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN: _____ TEST RESULTS _____ DRUG CATEGORY **2**
 LESSEE OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE YES NO _____ VEHICLE DAMAGE RATING _____
 INSURANCE COMPANY NAME POLICY NUMBER

DAMAGE TO PROPERTY OTHER THAN VEHICLES: OBJECT _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB **5** DAMAGE ESTIMATE _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED: NAME **None** CHARGE **None** CITATION# **N/A**
 NAME CHARGE CITATION#

TIME NOTIFIED OF CRASH: DATE **09-14-2007** HOUR **4:02 P.M.** HOW **Dispatched** TIME ARRIVED AT SCENE: DATE **09-14-2007** HOUR **4:02 P.M.** DATE OF REPORT **09-14-2007**

TYPED OR PRINTED: NAME OF INVESTIGATOR **H. DeVault** *H. DeVault* ID# **434720** AGENCY **Orange Police Depart** DIST/AREA **020 #4100** REPORT COMPLETE YES NO

SEAT POSITION 1-1ST SEAT LEFT 2-1ST SEAT CENTER 3-1ST SEAT RIGHT 4-2ND SEAT LEFT 5-2ND SEAT CENTER 6-2ND SEAT RIGHT	SOLICITATION INDICATES PERSONS DESIRE TO RECEIVE CONTACT FROM POLICE, INSURANCE, PRESS OR EMPLOYMENT AGENCY OR ATTORNEY, EMPLOYER, PHYSICIAN, SURGEON OR PRIVATE INVESTIGATOR, OR ANY OTHER PERSON OR ENTITY OR LICENSED BY A FEEDBACK REGULATORY AGENCY (TELEPHONE, FAX, SOLICIT)	EJECTED 1-NOT 2-YES	RESTRAINT USED 1-NO 2-ROLLOVER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FRONT 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNK	AIRBAG 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	HELMET USE 1-NONE 2-NOT DAMAGED 3-DAMAGED 4-NOT WORN 5-UNKNOWN IF WORN	INJURY SEVERITY 1-DECEASED 2-SEVERE INJURY 3-MODERATE INJURY 4-MINOR INJURY 5-NO INJURY 6-UNCLASIFIED
--	--	----------------------------------	--	--	--	--

UNIT# **1** TOWED DUE TO YES NO
 DISABLING DAMAGE YES NO VEHICLE REMOVED TO **(b)(3):CPSA Section 25(c),(b)(6)** BY **friend**

TIME	SEAT POSITION	NAME (LAST, FIRST, MI)	ADDRESS	SEX	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	(b)(3):CPSA Section 25(c),(b)(6)		N	3	3	1	4	13	M	K
2											
3											
4											
5											

UNIT# **1** TOWED DUE TO YES NO
 DISABLING DAMAGE YES NO VEHICLE REMOVED TO _____ BY _____

TIME	SEAT POSITION	NAME (LAST, FIRST, MI)	ADDRESS	SEX	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6											
7											
8											
9											
10											

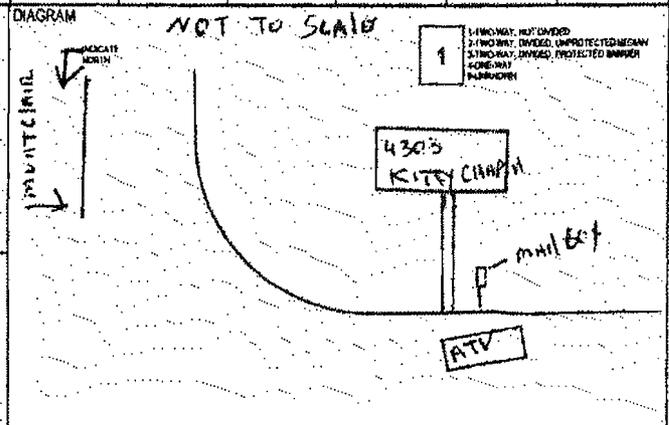
TIME	SEAT POSITION	NAME (LAST, FIRST, MI)	ADDRESS	SEX	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
FOR FURTHER INFO											

TIME	DATE	BY	TIME	TIME	AMBUANCE	IF AMBULANCE USED, SHOW
1	University Of Texas Medical Branch	Texas Air Service	16:03	16:05	unk	unk

COMPLETE THIS SECTION IF PERSON KILLED (If a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau.)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH
1	09-13-2007	unk			

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)
Unit #1 was westbound in the 4300 block of Kitty Chapin, in reference to an accident. Upon my arrival, I observed that an ATV was lying on it's side in the roadway. The driver was partially ejected and pinned by the ATV. The driver was pulled from the vehicle and life flighted to UTMB by Texas Air Service, where he expired. A follow up report was completed. There were no skid, or yaw marks to indicate what happened prior to the accident. See incident # 0729496.



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

NAME	FACTORS OR CONDITIONS	OTHER FACTORS OR CONDITIONS	VEHICLE DEFECTS	ROADWAY DEFECTS
1	22			
2				

TRAFFIC CONTROL	ROADWAY ALIGNMENT	ROADWAY RELATION
1	1	1
PART OF THE ROADWAY	WEATHER	LIGHT CONDITION
1	1	1
TYPE OF ROAD SURFACE	WEATHER	SURFACE CONDITION
1	1	1



ORANGE POLICE DEPARTMENT
201 N 8TH ST.
ORANGE, TX 77630

INCIDENT REPORT

EVENT NO: 0729496

ADDRESS OF OCCUR: KITTY CHAPIN AND MONTCLAIR
CITY: ORANGE

DISTRICT: 0 GRID: 27 SHIFT: D
DATE REPORTED: 09/13/2007 TIME REPORTED: 15:54

COMMENTS:

ACADIAN 16:03:31 MAJOR, HEAD TRAMA, OPEN WOUND TO HEAD LATE TEENS, LZ
COMMUNITY CHURCH 16:04:03 S SIDE PK LOT WITH LZ 16:05:48 ID ENROUTE 16:09:11 GREEN
YAMAHA RHINO 660 16:12:28 VIN 5UG-2179B-30 16:18:02 3307 PINERIDGE IS WHERE
VEHICLE IS, WILL SECURE VEHICLE, VICTIM WILL GO TO GALVESTON 16:32:12 434/6/WITH
VEHICLE, TO SECURE VEHICLE 16:36:06 JUVENILE LAST NAME (b)(3) CPSA ST E ADVISED
16:36:18.

CLASSIFICATION

CLASS: TRAFFIC ACCIDENT
SUBCLASS: TRAFFIC ACCIDENT, INJURY COMPLETED

VICTIMS

NAME TYPE: VICTIM
NAME: JUVENILE, JUVENILE
DOB: (b)(3) CPSA Section SEX: M RACE: WHITE
ADDR: (b)(3) CPSA Section CITY: (b)(3) CPSA Section
STATE: (b)(3) CPSA Section ZIP: (b)(3) CPSA Section
RES PHONE: (b)(3) CPSA Section

OTHER INVOLVED

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

NAME TYPE: OTHER INV

NAME: (b)(3) CPSA Section 25(r), (h)(6)
DOB: (b)(3) CPSA Section SEX: M
ADDR: (b)(3) CPSA Section 25(r), (h)(6) CITY: (b)(3) CPSA Section
STATE: (b)(3) CPSA Section ZIP: (b)(3) CPSA Section
RES PHONE: (b)(3) CPSA Section

NAME TYPE: DRIVER

NAME: RAY, FOREST

071127HCC3196
Attachment #2
Page 4 of 4

DOB: (b)(3):CPSA Section SEX: M RACE: WHITE
ADDR: (b)(3):CPSA Section CITY: (b)(3):CPSA Section
STATE: (b)(3):CPSA ZIP: (b)(3):CPSA Section
RES PHONE: (b)(3):CPSA Section 25(c),(b)(6)

NARRATIVE

WRITTEN BY: DEVAULT, HOWARD

On September 13, 2007, at 16:02 Hrs, I was dispatched to the 4300 block of Kitty Chapin, in Orange, Texas in reference to an accident involving a Yamaha Rhino four wheel ATV. Upon my arrival, I observed the victim's injuries and immediately called for first responders, air ambulance, Acadian Ambulance Service and a supervisor. The Orange Fire Department and Acadian Ambulance arrived and the victim was then transported to Community Church where he was transferred to an awaiting air ambulance. The scene was painted. The accident is still under investigation.

CASE MANAGEMENT

INITIAL INVESTIGATOR: DEVAULT, HOWARD
EVENT STATUS/DISPO: INACTIVE
REPORT STATUS: APPROVED

APPROVED BY: STEPHENSON, CHARLES

Patient Account: 60000034-103
 Med. Rec. No.: (00009105480
 Patient Name: (b)(3) CPSA Section 25(c),(b)(6)
 Age: 13 YRS DOB: (b)(3) CPSA Section Sex: M Race: C
 Admitting Dr.: (b)(3) CPSA Section 25(c),(b)(6)
 Attending Dr.: EMERGENCY ROOM
 Date/Time Admitted: 09/13/07 1719
 Copies to: EMERGENCY ROOM,

University of Texas Medical Branch

Galveston, Texas. 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

AUTOPSY INFORMATION:

Occupation: STUDENT Birthplace: UNKNOWN Residence: ORANGE, TEXAS
 Date/Time of Death: 9/13/2007 19:26 Date/Time of Autopsy: 9/15/2007 09:30
 Pathologist/Resident: (b)(3) CPSA Section 25(c),(b)(6) Service: EMERGENCY ROOM
 Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

ML-2007-533

FINAL AUTOPSY DIAGNOSIS

- I. Body as a whole: History of all terrain vehicle accident.
- A. Head: Severe trauma
1. Face, left side: Large abrasion A4
 2. Face, periorbital region: Edema and ecchymosis A4
 3. Scalp: Large lacerations of the left temporal and occipital regions and small lacerations to the right temporal region, with underlying subgaleal hemorrhages A4
 4. Skull, right temporal bone: Multiple comminuted, displaced and depressed fractures A1
 5. Skull, bilateral frontal and parietal bones: Nearly circumferential fracture, 39cm, extending from right posterior parietal bone to left mid parietal bone A1
 6. Skull, greater wing of left sphenoid bone: Small fracture, 3cm A4
 7. Brain: Diffuse subarachnoid hemorrhages involving the convexities and base of brain A1
 8. Brain: Diffuse edema A1
 9. Brain, right temporal lobe and basilar surface: Extensive contusion and tissue disruption A1
 10. Brain: Diffuse intraparenchymal hemorrhage, more severe in the right hemisphere, white matter and basal ganglia (See Neuropathology Report) A1
 11. Spinal Cord: Subdural and subarachnoid hemorrhage involving the entire length (27 cm) (See Neuropathology Report) A1
- B. Chest wall, left: Large abrasion A4
- C. Arms and hands, bilateral: Multiple abrasions A4
- D. Leg, left anterior: Large abrasion A4
- E. Ankle, left: Contusion with swelling A4

Cause of death: Traumatic brain injury

Manner of death: Accidental

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.

IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
 3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: (b)(3) CPSA Section 25(c),(b)(6)
 Patient Location: EMERGENCY DEPARTMENT
 Room/Bed:
 Printed Date/Time: 12/21/07 - 1631

Page: 1

Continued....

Patient Account: 60000034-103
Med. Rec. No.: 1000019105480
Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Age: 13 YRS DOB: (b)(3):CPSA Section 25(c),(b)(6) Sex: M Race: C
Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)
Attending Dr.: EMERGENCY ROOM,
Date / Time Admitted: 09/13/07 1719
Copies to: EMERGENCY ROOM,

FINAL AUTOPSY REPORT
Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

CLINICAL SUMMARY:

The following clinical summary is obtained from records provided by UTMB.

HPI: The patient was a 13 year-old Caucasian male who arrived at UTMB on 9/13/07 at 1721 via life flight from Orange, Texas after his all-terrain vehicle (ATV) rolled over him. According to an investigation report, he was assisting his father by moving tree branches on their property following Hurricane Humberto's damage. At approximately 1650 he turned a corner on his ATV and it tilted. While trying to compensate for this loss of control, he fell out of the vehicle and it rolled over on him. According to EMS responders at the scene, he was unconscious with a Glasgow coma score (GCS) of 3. They intubated him prior to transport.

PMH: Unknown

VITALS (1721): BP 86/40 P 134 R 27 O2 sat 100% T 37 GCS 6T

EXAM: head-bilateral open skull fractures, face-bilateral orbital ecchymoses, left side abrasion, pupils-5mm fixed; ears-blood in both canals; pulm-intubated, lungs clear; rectal-decreased tone; extremities-abrasions over lt elbow and antecubital fossa, bilateral hands; lt lateral leg; reflexes absent, 2+ pulses

RAD:

CXR - Negative

Pelvis - Negative

CT Thorax, Abd, Pelvis - foci of subcutaneous emphysema within the neck and pneumomediastinum inferoposterior to the carina indicating tracheal or airway laceration or perforation. No pneumothorax or effusions. No intra-abdominal free air. Findings suggestive of shock bowel syndrome. No fractures.

CT Spine - Negative

CT Head - multiple comminuted, displaced and depressed fractures affect the right frontal, parietal and occipital bones. Fractures of the left temporal bone. Severe diffuse generalized cerebral edema with obliteration of the normal brain architecture. Ventricular system and cisterns completely effaced. Moderate subarachnoid and intraventricular blood present. Subdural hematoma along falx, tentorium and frontal lobes. Severe diffuse scalp swelling and subgaleal hematoma formation within regions of subcutaneous emphysema. Orbits and their contents intact.

HOSPITAL COURSE: The patient was intubated, hypotensive, and tachycardic with a GCS of 6T upon arrival to the ER. His physical exam revealed the above findings. He was diagnosed with global ischemic brain injury, open skull fractures, and hemorrhage from scalp and brain parenchyma. Neurosurgery was consulted to evaluate the status of his brain injury. They reported that there was no focal injury that could be treated, and his prognosis was extremely poor. Gelfoam was placed over the scalp lacerations, and bandages.

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

Patient Location: EMERGENCY DEPARTMENT

Room/Bed:

Printed Date / Time: 12/21/07 - 1631

071127HCC3196

Attachment #3

Page 3 of 15

UTMB

University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

Patient Account: 60000034-103

Med. Rec. No.: 00009105480

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

Age: 13 YRS DOB: (b)(3):CPSA Sex: M Race: C

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

Attending Dr: EMERGENCY ROOM,

Date/Time Admitted: 09/13/07 1719

Copies to: EMERGENCY ROOM,

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

CLINICAL SUMMARY:

were applied as pressure dressings to prevent hemorrhage. He received intravenous fluids, packed red blood cells, pressors, antibiotics and steroids. His condition deteriorated, and he was pronounced dead on 9-13-07 at 1926.

(b)(3):CPSA

09/17/07

Patient Name: (b)(3):CPSA Section

Patient Location: EMERGENCY DEPARTMENT

Room/Bed:

Printed Date / Time: 12/21/07 - 1631

Page: 3

Continued....

Patient Account: 60000034-103
Med. Rec. No.: (0000)910548Q
Patient Name: (b)(3)CPSA Section 25(c),(b)(6)
Age: 13 YRS DOB: (b)(3)CPSA Sex: M Race: C
Admitting Dr.: (b)(3)CPSA Section 25(c),(b)(6)
Attending Dr.: EMERGENCY ROOM
Date/Time Admitted: 09/13/07 1719
Copies to: EMERGENCY ROOM

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The body is that of a 13 year-old caucasian male with average body habitus, normal development for age, and identified by hospital identification band on his left wrist. The body measures 167 cm. Accompanying the body are the decedent's clothes that were previously cut off of him, including jean shorts, briefs, t-shirt, and a green plastic bracelet on his left wrist. There is rigor mortis present in the extremities bilaterally and fixed dependent lividity over the posterior surface of the body. There is short brown scalp hair covering the head. There is evidence of severe trauma to the head and skull with the following findings. There is a large hematoma with skin surface abrasion that is dark red and located over the left lateral aspects of the face and head and extending superiorly over the temporal region. This region of hematoma measures 14 cm from inferior to superior and 10 cm from anterior and posterior. Within this region of hematoma there is an irregularly shaped laceration measuring 5.0 x 2.5 cm surrounded by a region of hemorrhage. The skin and underlying structures surrounding this laceration are soft, edematous with dark red underlying soft tissue. The underlying left temporal bone moves with minimal applied force. The right side of the head including the occipital, temporal, and frontal regions is edematous and soft. There are numerous irregular bony defects of the cranium in these regions that move freely with minimal force. There are two small lacerations within this edematous region located over the temporal region each measuring 1.0 x 0.5 cm. There is an additional irregularly Y shaped laceration over the occipital region of the head measuring 5.0 x 0.5 cm. There are fragments of loose brain matter protruding from this laceration and additional apparent fractures of the skull involving the occipital bone. There is severe periorbital edema with blue to purple ecchymoses involving the periorbital region bilaterally. The irides are blue to green with a clear cornea, white sclera, pale pink conjunctivae and pupils that are equal and measure 0.6 cm in diameter.

The nares are patent without exudate. The dentition is unremarkable. The neck does not reveal any evidence of external trauma with the trachea appearing at midline. There is a normal male hair distribution.

There are multiple abrasions covering the surface of the body. There is a dark red abrasion measuring 8.0 x 4.5 cm over the left chest as well as a 3.0 x 3.0 cm abrasion proximal to the left nipple. The abdomen is grossly unremarkable. The following abrasions are noted on the left upper extremity: a 5.0 x 4.0 cm abrasion of the medial antecubital fossa, a 4.0 x 2.0 cm abrasion over the flexor surface of the wrist, a 5.0 x 3.0 cm abrasion over the extensor surface of the elbow and a 3.0 x 1.0 cm abrasion above the left elbow. The right upper extremity reveals the following abrasions: an 11.0 x 1.5 cm abrasion over the extensor surface of the forearm, multiple abrasions over the dorsal surface of the hand up to 4.0 x 1.5 cm, and multiple small abrasions over the thenar surface of the hand measuring up to 1.0 x 1.0 cm.

Patient Name: (b)(3)CPSA Section 25(c),(b)(6)
Patient Location: EMERGENCY DEPARTMENT
Room/Bed: -
Printed Date/Time: 12/21/07 - 1631

Patient Account: 60000034-103

Med. Rec. No.: (0000)910548Q

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

Age: 13 yrs. Race: (b)(3):CPSA Section 25(c),(b)(6)

Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)

Attending Dr.: EMERGENCY ROOM,

Date/Time Admitted: 09/13/07 1719

Copies to: EMERGENCY ROOM,

University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

GROSS DESCRIPTION:

The left lower extremity has the following abrasions: a 3.5 x 1.5 cm abrasion over the knee, a 30 x 5 cm abrasion over the lateral shin, abrasions over the medial and lateral bony prominence of the ankle, and significant swelling and ecchymoses surrounding the left ankle. The back is unremarkable except for fixed lividity. The genitalia are those of a normal circumcised male.

There is significant evidence of medical intervention. The decedent is received on a back board with a C collar properly in place around the neck. There is a large ace bandage wrapped completely around the patient's head, down to his eyebrows anteriorly. There is an endotracheal tube properly placed. There is also an orogastric tube with securing strap properly placed. There are multiple EKG leads identified over the chest, abdomen and lower extremities. There is a blood pressure cuff still wrapped around the right bicep. There is a small bandage over the right wrist. The lower abdomen and pelvis is covered by a yellow and black pelvic binder. There is a triple lumen catheter placed in the right femoral. There are two pulse oximeter monitors on the second and third digits of the left hand.

EXTERNAL EXAMINATION: The body is opened using the standard Y shaped incision and reveals a 1.0 cm thick panniculus. The thoracic and abdominal organs are in the normal anatomic positions. The left pleural cavity contains 120 ml of bloody fluid and the right contains 10 ml of clear yellow fluid. There are no pleural adhesions on the right or left sides. The pericardial sac contains no fluid. No rib fractures are evident. The thymus is prominent. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains no fluid, and there are no adhesions between loops of bowels.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 280 gm (normal 270-360 gm). The pericardium is smooth, glistening and translucent. The myocardium is homogeneous and red-brown. Endocardium is smooth with no lesions. The left ventricular wall is 1.1 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3cm), 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous with no vegetations or thickening. Valve circumference measured on the fresh heart: tricuspid valve 10.5 cm (normal 12-13 cm), pulmonic valve 6 cm (normal 8.5-9.0 cm), mitral valve 9.5 cm (normal 10.5-11.0 cm) and aortic valve 5.4 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant. The apex is supplied by the left anterior descending artery. The coronary arteries reveal no atherosclerotic plaques. The aorta is smooth and tan with no atherosclerotic changes. The celiac, superior and inferior mesenteric, renal and iliac arteries are widely patent. The superior and inferior vena cava and their branches, and the portal vein are all normal.

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

Patient Location: EMERGENCY DEPARTMENT

Room/Bed:

Printed Date/Time: 12/21/07 - 1631

Page: 5

Continued....

Patient Account: 60000034-103

Med. Res. No.: 000019105480

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

Age: 13 YRS DOB: (b)(3):CPSA Sex: M Race: C

Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)

Attending Dr.: EMERGENCY ROOM,

Date/Time Admitted: 09/13/07 1719

Copies to: EMERGENCY ROOM,

University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

GROSS DESCRIPTION:

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is glistening and tan-pink without evidence of injury. The vocal cords are unremarkable. The tracheal mucosa is tan-pink and contains an endotracheal tube without associated injury.

Lungs: The right lung weighs 460 gm (normal 435), and the left lung weighs 340 gm (normal 385 gm). The pleural surfaces are smooth, glistening and translucent. There is a firm region over the right apex that is red with prominent lymphatics. Lividity is present posteriorly and inferiorly. The right lung is inflated with formalin before sectioning, and the left lung is examined fresh. Hilar dissection reveals the bronchial and vascular tree to be of normal configuration, and without lesions. The lung parenchyma is soft and spongy, with the exception of the right apex.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is smooth and tan-pink. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue is examined and shows a finely granular surface with no lesions.

Stomach and duodenum: The stomach contains 40 ml of brown fluid. The wall displays normal rugae, and the mucosa is smooth and tan with one small area of hemorrhagic mucosa in the body consistent with trauma from an orogastric tube. The duodenum has a tan, glistening mucosa with a normal plical pattern and without lesions. The duodenal mucosa is not congested nor hemorrhagic.

Pancreas: The pancreas has a normal conformation of head and tail, and is gray-pink, lobulated and firm. The pancreatic duct is patent. The pancreas is sectioned to reveal no lesions.

Biliary tract: The gallbladder is present. The gallbladder serosa is smooth, glistening and green. The gallbladder contains dark green viscid bile with no calculi. The mucosa is green and velvety. The wall measures 0.1 cm in thickness, and is unremarkable. The cystic duct, hepatic duct and common duct are patent, and bile is expressed freely.

Liver: The liver weighs 1100 gm. Glisson's capsule is smooth, glistening and translucent. The cut surface has a homogeneous lobular pattern, cuts with ease and oozes blood. The surface is firm, brown and displays a normal architecture.

Small bowel: The serosa is smooth and transparent with no adhesions. The bowel wall measures 0.1 cm in thickness. The mucosa is tan and glistening with normal plications proximally and flattening of plications distally. The bowel wall reveals no gross lesions.

Large bowel: The serosa is smooth, translucent and without adhesions. The lumen contains well-formed green-brown stool. The bowel wall measures 0.2 cm in thickness. The mucosa is tan, glistening, and smooth, without lesions. There are no diverticula or polyps present. The appendix is present and is grossly normal.

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

Patient Location: EMERGENCY DEPARTMENT

Room/Bed:

Printed Date/Time: 12/21/07 - 1631

Page: 6

Continued....

Patient Account: 60000034-103
Med. Rec. No.: (b)(3)CPSA Section 25(c),(b)(6)
Patient Name: (b)(3)CPSA Section 25(c),(b)(6)
Age: 13 YRS DOB: (b)(3)CPSA Sex: M Race: C
Admitting Dr.: (b)(3)CPSA Section 25(c),(b)(6)
Admitting Dept.: EMERGENCY ROOM,
Date/Time Admitted: 09/13/07 1719
Copies to: EMERGENCY ROOM,

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

GROSS DESCRIPTION:

Rectum and anus: No lesions are noted and no abnormalities of the anal opening are present.

RETICULO-ENDOTHELIAL SYSTEM: Spleen: The spleen weighs 184 gm (normal 125-195 gm), and the capsule is gray-blue, smooth, glistening and without disruption. The spleen is firm and the cut surface oozes blood. The parenchyma is red-purple with adequate white pulp. No lesions are present.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable. The cut surfaces show soft, red-brown parenchyma with normal architecture.

Bone marrow: The thoracic and lumbar spine bone marrow sample show normal red-tan bone marrow. The marrow trabeculae and cortical bone are unremarkable.

GENITO-URINARY SYSTEM: Kidneys: The right kidney weighs 98 gm and the left weighs 114 gm. The capsules strip with ease to reveal red, smooth cortical surfaces. The cut surfaces show well-demarcated corticomedullary junctions. The cortices measure 0.4 to 0.6 cm in thickness and the medullae measure 1.0 to 1.5 cm in thickness. The renal pelvic mucosa is smooth and tan with no lesions.

Ureters: The ureters are unobstructed, and measure 0.2 cm in maximum external diameter in the upper third with a tan, smooth, glistening mucosa. No periureteral fibrosis is noted. The distal ureters are probe patent into the bladder. The ureteral wall is 0.1 cm thick.

Bladder: The bladder is not dilated and contains no urine. The bladder wall is 0.2 cm in thickness. The mucosa is smooth, tan-pink with normal trabeculae. The trigone has a normal conformation.

Prostate: The prostate is firm and tan without lesions. The seminal vesicles are unremarkable.

Testis: The right testis weighs 14.7 gm and the left 13.9 gm. The tunica albuginea is tan-white and glistening. The cut surface reveals soft, tan-yellow parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 11.7 gm (normal 10-22 gm) and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent and red-brown with no lesions.

Parathyroids: There are four golden brown, soft fragments of tissue identified as possible parathyroids.

Adrenals: The right adrenal weighs 3.6 gm and the left 3.9 gm. The adrenals have normal conformation and position. Cut surface reveals 0.3 cm thick, firm, golden cortices with gray soft medullae and no lesions.

BRAIN AND SPINAL CORD: Reflection of the scalp reveals subgaleal hemorrhages surrounding bilateral temporal lacerations, as well as the surface underlying the occipital laceration. A 39 cm contiguous fracture is present extending

Patient Name: (b)(3)CPSA Section 25(c),(b)(6)
Patient Location: EMERGENCY DEPARTMENT
Room/Bed:
Printed Date/Time: 12/21/07 - 1631

Patient Account: 60000034-103
Med. Rec. No.: (0000)9105480
Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Age: 13 YRS DOB: (b)(3):CPSA Section 25(c),(b)(6) Sex: M Race: C
Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)
Attending Dr.: EMERGENCY ROOM
Date/Time Admitted: 09/13/07 1719
Copies to: EMERGENCY ROOM

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

GROSS DESCRIPTION:

from the right lambdoid suture, proceeding across the right parietal bone and across the midfrontal bone, ending in the region of the left parietal bone just superior to the midpoint of the squamous suture. Hair-line fractures extend from this end point, one running anteriorly to the coronal suture, measuring 5.0 cm and the other extending postero-medially, measuring 4.0 cm. The right temporal bone contains multiple comminuted, displaced and depressed fractures. A 2.5 cm fracture of the left sphenoid wing is present. The dura mater is normal without evidence of subdural hematoma. The brain weighs 1430 gm (normal 1200-1400 gm). There is mild generalized edema, and subarachnoid hemorrhages involve the convexities, medulla and mid brain. Brain tissue is macerated along the regions of the fracture lines. Herniation of the unci and cerebellar tonsils were not grossly evident. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The spinal cord is removed and fixed in formalin for later examination by a neuropathologist.

Pituitary gland: The pituitary gland is removed and fixed in formalin for subsequent examination by a neuropathologist.

Blood and vitreous samples were retained for potential further examination. Samples of liver, kidney, heart, lung and spleen were frozen for potential further examination.

(b)(3):CPSA
Section 25(c),(b)(6)
09/14/07

Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Patient Location: EMERGENCY DEPARTMENT
Room/Bed: .
Printed Date/Time: 12/21/07 - 1631

Patient Account: 60000034-103
Med. Rec. No.: 00000105480
Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Age: 13 YRS DOB: (b)(3):CPSA Section Sex: M Race: C
Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)
Attending Dr.: EMERGENCY ROOM
Date/Time Admitted: 09/13/07 1719
Copies to: EMERGENCY ROOM

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

MICROSCOPIC DESCRIPTION:

HEART, RIGHT, slide 2 (1 H&E): No pathologic change.

HEART, LEFT, slide 3 (1 H&E): Focal region of endocardial and subendocardial hemorrhage with contraction bands.

LUNG, RIGHT, slide 4 (1 H&E): Right upper lobe with congestion. Right middle and lower lobes with no pathologic changes.

LUNG, LEFT, slide 5 (1 H&E): No pathologic change.

KIDNEY, RIGHT AND LEFT, slide 6 (1 H&E): No pathologic change.

LIVER, slide 7 (1 H&E): Hepatocytes are disorganized and discohesive, consistent with autolysis.

PANCREAS, slide 7 (1 H&E): Autolysis.

SPLEEN, slide 10 (1 H&E): No pathologic change.

ESOPHAGUS, slide 10 (1 H&E): No pathologic change.

ILEUM, slide 11 (1 H&E): No pathologic change.

CECUM, slide 11 (1 H&E): No pathologic change.

COLON, slide 11 (1 H&E): No pathologic change.

THYROID, slide 8 (1 H&E): No pathologic change.

PARATHYROID GLAND, slide 8 (1 H&E): Two normal parathyroid glands identified. One benign lymph node and fragments of brown fat are also included. A benign focus of glands within a fibrous stroma is identified within adipose tissue.

THYMUS, slides 1 and 8 (2 H&E): Normal thymic tissue.

TESTES, slide 9 (1 H&E): No pathologic change.

PROSTATE, slide 9 (1 H&E): No pathologic change.

(b)(3):CPSA
10/15/07

Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Patient Location: EMERGENCY DEPARTMENT
Room/Bed:
Printed Date / Time: 12/21/07 - 1631

UTMB

University of Texas Medical Branch

Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

Patient Account: 60000034-103
Med. Rec. No.: (0000)9105480
Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Age: 13 YRS DOB: (b)(3):CPSA Section 25(c),(b)(6) Sex: M Race: C
Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)
Attending Dr.: EMERGENCY ROOM,
Date/Time Admitted: 09/13/07 1719
Copies to: EMERGENCY ROOM.

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-07-00257

CLINICAL HISTORY:

The patient was a 13 year old male who died within 2 hours of suffering injuries in an all terrain vehicle accident. Autopsy confirmed severe head injury, with multiple scalp lacerations, skull fractures, cerebral contusions, and subarachnoid hemorrhage. There were no other significant internal injuries noted. The cause of death is traumatic brain injury, and the manner of death is accidental.

Pathologist/Resident: (b)(3):CPSA Section 25(c),(b)(6)

GROSS DESCRIPTION:

Formalin-fixed brain, dura mater convexity, spinal cord with spinal dura (27 cm) including conus medullaris/filum terminale are submitted for neuropathological examination. The pituitary gland has not been submitted for examination.

The dura mater has a normal pearl-white color, with no evidence of jaundice. The subdural surface has no evidence of hemorrhage or membranes. There is no thrombosis of the superior sagittal sinus.

The weight of the unfixed brain at the time of the autopsy is 1430 g. There is diffuse subarachnoid hemorrhage of the convexities of both cerebral hemispheres leptomeninges. Diffuse cerebral edema is present, with flattened gyri and narrowed sulci. The right side and basilar surface of the right hemisphere is softened and displays multifocal tissue destruction with hemorrhage. Because of tissue destruction, cerebellar tonsillar or uncal herniation can not be appreciated. The circle of Willis has a normal configuration and cerebral arteries show minimal atherosclerosis. No aneurysm is found.

The cerebral hemispheres are sliced coronally at 1-cm intervals. Innumerable petechiae and diffuse areas of intraparenchymal hemorrhage are present, more severe in the right hemisphere, the white matter and the basal ganglia. The grey-white matter junction is blurred. The ventricles are not compressed.

The cerebellum and brainstem are sliced horizontally. No hemorrhage is seen within the cerebellum or brainstem. The substantia nigra and locus coeruleus are lightly pigmented, normal for the patient's age.

The spinal dura is opened anteriorly. Externally, there is both subdural hemorrhage and subarachnoid hemorrhage involving the entire length of the cord (27 cm including the filum terminale). The spinal cord is cut transversally at 2-cm intervals and reveals no parenchymal lesions.

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

Patient Name:
Patient Location:
Room/Bed:
Printed Date / (b)(3):CPSA Section 25(c),(b)(6)

EMERGENCY DEPARTMENT

Patient Account: 60000034-103
Med. Rec. No.: (0000)9105480
Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Age: 13 YRS DOB: (b)(3):CPSA Sex: M Race: C
Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)
Attending Dr.: EMERGENCY ROOM,
Date / Time Admitted: 09/13/07 1719
Copies to: EMERGENCY ROOM,

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-07-00257

GROSS DESCRIPTION:

10/15/07

SECTIONS TAKEN:

B1: Right frontal; B2: Spinal cord; B3: Right basal ganglia; B4: Right parietal; B5: Left hippocampus.

FINAL DIAGNOSES:

- A. Brain: Severe edema
- B. Brain, right hemisphere, cortex: Softening and destruction of cortex
- C. Brain, hemispheres, cortex and white matter: Multifocal intraparenchymal hemorrhage, more severe in the right
- D. Brain, convexities of cerebral hemispheres: Subarachnoid hemorrhage
- E. Spinal cord (27 cm): Diffuse subdural and subarachnoid hemorrhage

COMMENTS:

The pattern of brain lesions and hemorrhages found in the brain and spinal cord is consistent with an extremely severe, fatal impact to the head. The lesions are acute and are not associated with evidence of neuronal ischemia, consistent with the clinical history of death occurring only two hours after the accident.

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409) 772-2858.

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

Division of Neuropathology

Patient Name:
Patient Location:
Room/Bed:
Printed Date / Time: (b)(3):CPSA Section 25(c),(b)(6)

EMERGENCY DEPARTMENT

12/21/07 - 1631

University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

Patient Account: 60000034-103

Med. Rec. No.: (0000)9105480

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

Age: 13 YRS DOB: (b)(3):CPSA Sex: M Race: C

Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)

Attending Dr.: EMERGENCY ROOM,

Date / Time Admitted: 09/13/07 1719

Copies to: EMERGENCY ROOM,

(Electronic Signature)

Gross: 10/15/07

Final: 10/15/07

Patient Name:

Patient Location:

Room/Bed:

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

Printed Date / T

EMERGENCY DEPARTMENT

Patient Account: 60000034-103
Med. Rec. No.: (0000)9105480
Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Age: 13 YRS DOB (b)(3):CPSA Sex: M Race: C
Admitting Dr: (b)(3):CPSA Section 25(c),(b)(6)
Attending Dr: EMERGENCY ROOM
Date/Time Admitted: 09/13/07 1719
Copies to: EMERGENCY ROOM.

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT
Autopsy Office (409) 772-2858

Autopsy No.: AU-07-00257

CLINICOPATHOLOGIC CORRELATION:

The patient was a 13 year-old male who died within 2 hours of sustaining injuries from an all terrain vehicle accident.

Significant findings at autopsy included severe head injury with multiple scalp lacerations, skull fractures, brain parenchymal disruption, cerebral edema and subarachnoid hemorrhage. Neuropathology examination revealed diffuse areas of intraparenchymal hemorrhage, more severe in the right hemisphere, white matter, and basal ganglia. Additionally, there was both subdural and subarachnoid hemorrhage involving the spinal cord. These findings are consistent with a fatal impact to the head. No evidence of ischemic damage to neurons was identified on brain histology, which supports a short time interval to death. Generally, this damage would be seen after 6 hours.

In summary, the cause of death is traumatic brain injury, and the manner is accidental.

EMB/da
10/18/07

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

12/20/07

(Electronic Signature)

Patient Name: (b)(3):CPSA Section 25(c),(b)(6)
Patient Location: EMERGENCY DEPARTMENT
Room/Bed:
Printed Date / Time: 12/21/07 - 1631

AEGIS

SCIENCES CORPORATION
345 Hill Avenue Nashville, TN 37210

Ph: (615) 255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

071127HCC3196
Attachment #3
Page 14 of 15

Client: 1186 - Galveston Co ME Office Case ID: AU07-257 (b)(3)CPSA Section ML07-533
Report To: (b)(3)CPSA Section 25(c),(b)(6) Galveston Co ME Office Laboratory ID: 4350113
Collected: 09/17/07 00:00
Received: 09/19/07 10:34
Completed: 09/28/07 09:03
Reason: Post-mortem Reported: 09/28/07 11:59
Specimen Type: Blood

Test(s) Ordered: 40529 - ME Micro-Sample Abused Drugs

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Alcohol - Volatiles	NEGATIVE		10 mg/dL
Amphetamines	NONE DETECTED		50 ng/mL
Barbiturates	NONE DETECTED		200 ng/mL
Methadone	NONE DETECTED		50 ng/mL
Benzodiazepines	NONE DETECTED		25 ng/mL
Cannabinoids (Marijuana)	NONE DETECTED		1 ng/mL
Cocaine Metabolite	NONE DETECTED		10 ng/mL
Opiates	NONE DETECTED		100 ng/mL

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

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

Certified by:
Date:

SEP 28 2007

END OF REPORT

071127HCC3196
Attachment #3
Page 15 of 15

AEGIS

SCIENCES CORPORATION

345 Hill Avenue Nashville, TN 37210

Ph: (615) 255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

Client:	1186 - Galveston Co ME Office	Case ID:	AU07-257(b)(3):CPSA MI(07-533)
Report To:	(b)(3):CPSA Section 25(c),(b)(6) Galveston Co ME Office	Laboratory ID:	4350113
		Collected:	09/17/07 00:00
		Received:	09/19/07 10:34
Reason:	Post-mortem	Completed:	09/28/07 09:03
Specimen Type:	Blood	Reported:	09/28/07 11:59

Test(s) Ordered: 40529 - ME Micro-Sample Abused Drugs

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Alcohol - Volatiles	NEGATIVE		10 mg/dL
Amphetamines	NONE DETECTED		50 ng/mL
Barbiturates	NONE DETECTED		200 ng/mL
Methadone	NONE DETECTED		50 ng/mL
Benzodiazepines	NONE DETECTED		25 ng/mL
Cannabinoids (Marijuana)	NONE DETECTED		1 ng/mL
Cocaine Metabolite	NONE DETECTED		10 ng/mL
Opiates	NONE DETECTED		100 ng/mL

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

Certified by:
Date:

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

SEP 28 2007

END OF REPORT

Task Number 071127HCC3196

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: 5UG-2179B-30
--------------	-------------------

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: 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: 09/13/2007	
Age/Sex: 13/Male	/
State of Death: TEXAS	
City of Death: Orange	
County of Death: Orange	

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

A 13-year-old male victim was driving a four-wheeled ATV along a road in Orange County, Texas. The police report indicates that there was a domestic animal and wild animal on the paved road where the victim was driving the ATV at a high rate of speed. The victim failed to control the ATV and was ejected and pinned under the ATV. The victim was not wearing a helmet.

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/Unknown
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 9 - No riders

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

Age: 13

Height: 65 (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?

08 - Paved road

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

01 - Public road

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:



Orange teen killed in ATV accident

ISSUE; 51

TX

The Port Arthur News

— By Debby Schamber
The News staff writer

ORANGE — An Orange teenager died Thursday after wrecking his all-terrain vehicle about 4 p.m. near the 4300 block of Kitty Chapin Road.

When officers from the Orange Police Department arrived at the scene, they found (b)(3):CPSA Section 25(c),(b)(6) 13, had suffered head and shoulder injuries. The boy was flown by Texas Air Rescue to a Galveston hospital where he died.

OPD is still investigating the cause of the wreck.

“I’ll miss him and will never forget him,” said (b)(6) 12, of Orange.

As news of (b)(3):CP death spread throughout the neighborhood Friday evening, residents gathered to pray at the site marked in orange paint on the roadway by OPD.

“We placed candles and flowers on the spot to honor him,” said neighbor (b)(6)

(b)(3):CPSA football coach at West Orange-Stark Middle School, (b)(6) said he was inspired by the seventh grader because he was small in stature, “but he was gutsy.”

“He had a lot of heart,” (b)(6) said. “We could put him anywhere on the field and he would play there. He just wanted to play football.”

(b)(6) also has fond memories of his time with (b)(3):CPSA with whom he shared sixth-period English class. The pair would meet at each other’s house to talk, play basketball or football. It was a big competition between the two, (b)(6) said, but they both won their share of the games.

“He was just a wonderful friend,” (b)(6) said.

Funeral services are pending at (b)(3):CPSA Section Funeral Home in Orange.

Copyright © 1999-2006 cnhi, inc.

Published September 14, 2007 10:06 pm

080430

1. Task Number 080104HCC3279		2. Investigator's ID 9105		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2007 09 30	5. Date Initiated YR MO DAY 2008 01 10		
6. Synopsis of Accident or Complaint UPC A 19-year-old male victim was standing in the cargo area of a four-wheeled, two-seater, utility ATV as an unrestrained passenger. The victim (passenger) was in was struck head on by an off-road, pick-up truck traveling in the opposite direction. It was determined both vehicles had lights on when they crested the hill. The victim was thrown from the vehicle and sustained fatal, trauma injuries. The ATV driver and two other passengers also sustained injuries. None of the ATV riders were wearing helmets. The 19-year-old victim died at the scene. <div style="text-align: center;"> <p>NECESSARY <i>CM 5/22/08</i></p> <p>COMMENTS <i>YES</i> NO</p> <p>CONDUCT <i>ATF</i></p> <p>EXHIBITS <i>CM</i></p> <p>REMARKS</p> <p>DO NOT REMOVE <i>REMOVE</i></p> </div>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City LACERN VALLEY		9. State CA
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA CORP. OF AMERICA INTERNATIONAL 660 Orangethorpe Ave. Buena Park, CA 90622				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 19		13. Sex 1 - Male		14. Disposition 8 - Death
15. Injury Diagnosis 62 - Intern. Org. Inj.		16. Body Part(s) Involved 31 - UPPER TRUNK		17. Respondent 3 - 2nd Hand Info Only
18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 6 / 0		
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 03/07/2008		25. Reviewed By 9035		26. Regional Office Director Frank J. Nava
27. Distribution Streeler, Robin			28. Source Document Number N07A0118A	

080104HCC3279

ATTACHMENTS

1. Law Enforcement Report (14 pages)
2. Missing Document Form (1 page)

TRAFFIC COLLISION REPORT

CHP 555-CARS Page 1 (Rev. 1-03) (P) 061

ORIGINAL

SPECIAL COMPLAINTS FATAL		NUMBER KILLED	NUMBER INJURED	CITY UNINCORPORATED	JUDICIAL DISTRICT VICTORVILLE SUPERIOR	LOCAL REPORT NUMBER 07-09-094			
COUNTY SAN BERNARDINO		REPORTING DISTRICT 906		DATE 9/30/2007		TIME 1056	REPORTING OFFICER 14858		
LOCATION	DRIVER INJURED BY ANDERSON DRY LAKE BED			DAY OF WEEK SUNDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS TAKEN <input checked="" type="checkbox"/> YES			
	MAGNETIC DEVIATION			STATE HWY REF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	AT INTERSECTION WITH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO JWB BLVD EAST OF CAMP ROCK RD								
PARTY 1	DRIVER'S LICENSE NUMBER ANSU0197	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 1991	MAKE / MODEL / COLOR BOY / OFF HWY BLU	LICENSE NUMBER 17A09Z	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
ADDRESS	STREET ADDRESS <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
CITY	CITY / STATE / ZIP <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)			DISPOSITION OF VEHICLE ON ORDER OF OFFICER <input checked="" type="checkbox"/> X DRIVER		DRIVER MADE OWN ARRANGEMENTS			
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIPODATE	RACE	PRIOR RECORDS / EFFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> EFFECTS NARRATIVE		
M	BRN	BRN	5-11	130	<input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)	W	VEHICLE IDENTIFICATION NUMBER 711970-0220		
INSURANCE CARRIER NONE		POLICY NUMBER		VEHICLE TYPE		DESCRIPTION OF VEHICLE DAMAGE		DAMAGE IN DAMAGED AREA	
DIR. OF TRAVEL S		ON STREET OR HIGHWAY ANDERSON DRY LAKE		SPEED LIMIT		NONE		NONE	
PARTY 2	DRIVER'S LICENSE NUMBER D3077838	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 2005	MAKE / MODEL / COLOR YAMA RHINO GRN	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
ADDRESS	STREET ADDRESS <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
CITY	CITY / STATE / ZIP <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)			DISPOSITION OF VEHICLE ON ORDER OF OFFICER <input checked="" type="checkbox"/> X DRIVER		RELEASED TO PASSENGER			
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIPODATE	RACE	PRIOR RECORDS / EFFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> EFFECTS NARRATIVE		
M	BRN	BRN	5-07	130	<input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)	W	VEHICLE IDENTIFICATION NUMBER AY4AMHYS5A0194		
INSURANCE CARRIER NONE		POLICY NUMBER		VEHICLE TYPE		DESCRIPTION OF VEHICLE DAMAGE		DAMAGE IN DAMAGED AREA	
DIR. OF TRAVEL N		ON STREET OR HIGHWAY ANDERSON DRY LAKE		SPEED LIMIT		NONE		NONE	
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)			OWNER'S NAME		SAME AS DRIVER			
ADDRESS	STREET ADDRESS			OWNER'S ADDRESS		SAME AS DRIVER			
CITY	CITY / STATE / ZIP			DISPOSITION OF VEHICLE ON ORDER OF OFFICER		DRIVER			
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIPODATE	RACE	PRIOR RECORDS / EFFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> EFFECTS NARRATIVE		
							VEHICLE IDENTIFICATION NUMBER		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIPTION OF VEHICLE DAMAGE		DAMAGE IN DAMAGED AREA	
DIR. OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		NONE		NONE	
DRIVER'S NAME L. M. HARRIS 14858		REPORTING OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IWA		DEVELOPER'S NAME AT: P4 10/16/07 Sgt: SVA-10-22-07		DATE REVISIT			

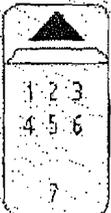
TRAFFIC COLLISION CODING

CHP 555 CARS Page 2 (Rev. 1-93) DPI 061

Page 2 of 14

DATE OF COLLISION (MM/DD/YYYY) 01/01/2007	TIME (HH:MM) 00:50	REPORT NUMBER R830	OFFICER ID 11358	CURBER 07001001
--	-----------------------	-----------------------	---------------------	--------------------

PROPERTY DAMAGE	VEHICLE DAMAGE	VEHICLE DAMAGE	VEHICLE DAMAGE	VEHICLE DAMAGE
-----------------	----------------	----------------	----------------	----------------

SEATING POSITION  <p>1-3 4-5-6 7</p> <p>1- DRIVER 2-3-4- PASSENGERS 5- STA. WAGON BAR 6- RR. OCC. TRK. OR VAN 7- POSITION UNKNOWN 8- OTHER</p>	SAFETY EQUIPMENT <p>SEATBELTS</p> <p>A. NONE IN VEHICLE B. UNKNOWN C. LAP BELT USED D. LAP BELT NOT USED E. SHOULDER HARNESS USED F. SHOULDER HARNESS NOT USED G. LAP & SHOULDER HARNESS NOT USED H. PASSIVE RESTRAINT USED I. PASSIVE RESTRAINT NOT USED</p> <p>AIR BAG DEPLOYED</p> <p>M. AIR BAG NOT DEPLOYED N. OTHER O. NOT REQUIRED</p> <p>CHILD RESTRAINT</p> <p>Q. IN VEHICLE R. IN VEHICLE NOT USED S. IN VEHICLE USE UNKNOWN T. IN VEHICLE IMPROPER USE U. NONE IN VEHICLE</p> <p>MULTIPLE PEOPLE</p> <p>DRIVER PASSENGER V. NO X NO W. YES X YES</p> <p>EXCLUDED FROM VEHICLE</p> <p>X. NOT LOCATED Y. FULLY LOCATED Z. PARTIALLY LOCATED 1. UNKNOWN</p>	INATTENTION CODES <p>A. CELL PHONE HANDHELD B. CELL PHONE HANDS-FREE C. CELL PHONE EQUIPMENT D. RADIO (FM) E. SMOKING F. EATING G. DRIVING H. ANIMEN I. PERSONNEL HYGIENE J. READING K. OTHER</p>
--	--	---

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

PRIMARY COLLISION FACTOR (MARK TO 3 ITEMS)	TRAFFIC CONTROL DEVICES	SPECIAL INFORMATION	MOVEMENT PRECEDING COLLISION
2. A. VEHICLE VIOLATED (MARK TO 3 ITEMS)	A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING	A. HAZARDOUS MATERIAL B. CELL PHONE HANDHELD IN USE	A. STOPPED B. PROCEEDING STRAIGHT
B. OTHER VIOLATION	C. CONTROLS OBLSCURED D. NO CONTROLS PRESENT - FACTOR	C. CELL PHONE HANDS-FREE IN USE D. CELL PHONE NOT IN USE	C. MAKING TURN D. MAKING SHOULDER
C. OTHER THAN DRIVER	TYPE OF COLLISION		E. MAKING LEFT TURN F. MAKING RIGHT TURN
D. UNKNOWN	A. HEAD ON B. SIDE SWIPE C. REAR END D. BROADSIDE E. HIT OBJECT F. OVERTURNED G. WITH OTHER VEHICLE H. OTHER	E. SCHOOL BUS (IF AFD) F. 75 FT. MOTOR TRUCK COLISO G. 30 FT. TRAILER (TRAWL) H. I. J. K. L. M. N. O.	F. MAKING U-TURN G. BACKING H. SLOWING/STOPPING I. PASSING OTHER VEHICLE J. CHANGING LANES K. PARKING/UNLOADING L. ENTERING DRIVEWAY M. OTHER UNSPECIFIED N. LANE NOT OPPOSING LANE O. PARKING P. TURNING Q. TRAVELING WRONG WAY R. OTHER
WEATHER (MARK TO 2 ITEMS)	MOTOR VEHICLE INVOLVED WITH		
X. A. CLEAR B. DRIZZLE C. RAINING D. SNOWING E. FOG (VISIBILITY < 100 FT.) F. OTHER	A. NONE B. PEDESTRIAN C. OTHER MOTOR VEHICLE D. MOTOR VEHICLE ON OTHER ROADWAY E. PARKED MOTOR VEHICLE F. TRAILER G. BICYCLE H. ANIMAL I. PEDI-CYCLIST J. OTHER SUBJECT	OTHER ASSOCIATED FACTORS (MARK TO 3 ITEMS)	
G. WIND	LIGHTING		
A. DAYLIGHT B. DARK DAWN C. DARK STREET LIGHTS D. DARK STREETS LIGHTS E. DARK STREET LIGHTS NOT FUNCTIONING		A. VEHICLE VIOLATED (MARK TO 3 ITEMS) B. VEHICLE VIOLATED (MARK TO 3 ITEMS) C. VEHICLE VIOLATED (MARK TO 3 ITEMS) D. VEHICLE VIOLATED (MARK TO 3 ITEMS) E. VISION OBSCUREMENT F. INATTENTION G. STOP & GO TRAFFIC H. INTERFERING TRAVELING LANE I. PREVIOUS COLLISION J. UNFAMILIAR WITH ROAD K. (IF APPLICABLE) EQUIP. CITED L. UNIDENTIFIED VEHICLE M. OTHER N. NONE APPLICABLE O. UNLAWFUL VEHICLE	
ROADWAY SURFACE	PEDESTRIAN'S ACTIONS		
X. A. DRY B. WET C. SNOWY/ICY D. SLIPPERY (GLASS, OIL, ETC.)	A. NO PEDESTRIANS INVOLVED B. CROSSING IN CROSSWALK AT INTERSECTION C. CROSSING IN CROSSWALK AT INTERSECTION D. CROSSING IN CROSSWALK AT INTERSECTION E. CROSSING - NOT IN CROSSWALK F. IN ROAD - INCLUDES SHOULDER G. APPROACHING/LEAVING SCHOOL BUS		SQSR CITY - DRUG PHYSICAL (MARK TO 2 ITEMS) A. ROAD NOT UNDER DRINKING B. TRUCK OVER THE VEHICLE C. TRUCK NOT UNDER INFLUENCE D. TRUCK IMPACT UNKNOWN E. OTHER (MARK TO 2 ITEMS) F. IMPAIRMENT - PHYSICAL G. IMPAIRMENT - NOT KNOWN H. NOT APPLICABLE I. TRUCK PIVOTING/SLIDING
ROADWAY CONDITIONS (MARK TO 2 ITEMS)			
A. HOLES, DEEP RUTS B. DISPERSED MATERIAL ON ROADWAY C. OBSTRUCTION ON ROADWAY D. OBSTRUCTION (PEDESTRIAN) E. REDUCED ROADWAY WIDTH F. FLOODING G. OTHER			
X. H. UNUSUAL CONDITIONS			

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 3 	MISCELLANEOUS
---	---------------

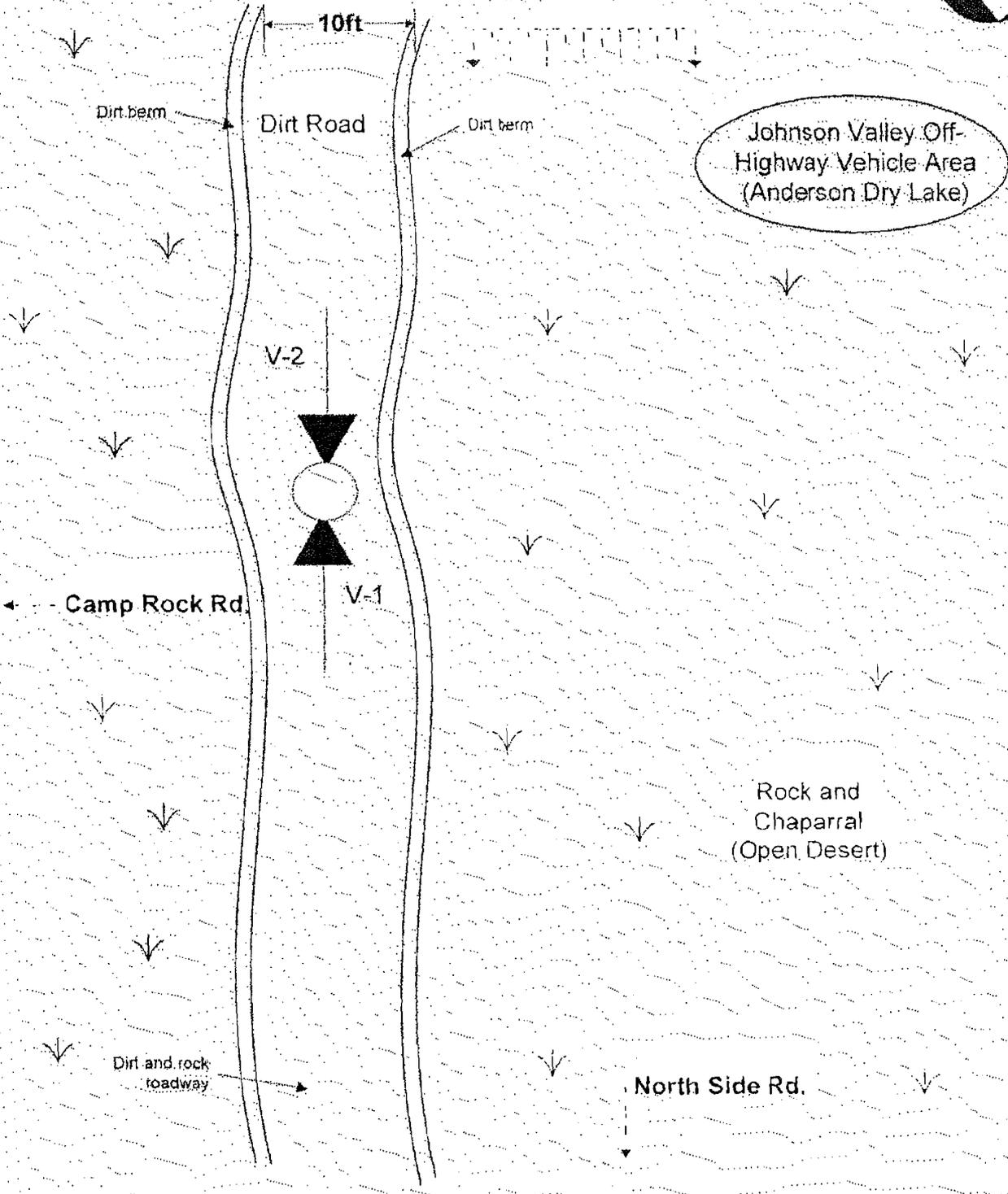
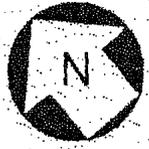
STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

Sketch

PAGE 3

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
09-30-07	0056	9850	14858	07-09-094



PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
W. CUTTING	12908	10/03/07		

STATE OF CALIFORNIA
INJURED / WITNESSES / PASSENGERS
 CHP 555-CARS Page 3 (Rev 1-03) OPI 061

DATE OF COLLISION (MO, DAY, YEAR)		TIME (HOUR)		NO. OF		OFFICER ID		NUMBER									
10/03/07		00:56		2830		14858		07-000001									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)				PART NUMBER	PART POS.	AIR BAG	SAFETY EQUIP.	RECALLED	
				FATAL INJURY	SEVERE BLEED	WHILE VEHICLE IN MOTION	COMPLAIN OF PAIN	DRIVER	PASSE	PEDEST	BICYCLIST	INFANTR					
		19	M	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	S	P	A	I
NAME (F, O, B), ADDRESS															TELEPHONE		
NONE															NONE		
INJURED ONLY: TRANSPORTED BY															TAKEN TO:		
SAN BERNARDINO COUNTY CORONERS OFFICE															SAN BERNARDINO COUNTY CORONERS OFFICE		
DESCRIBE INJURIES: BLUNT FORCE TRAUMA TO UPPER TORSO																	
PRONOUNCED BY SAN BERNARDINO COUNTY FIRE PARAMEDIC ROY GAULT AT 0236 HOURS																	
CORONER CASE NUMBER: 700707349																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
		29	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	P	G	0
NAME (F, O, B), ADDRESS															TELEPHONE		
NONE															NONE		
INJURED ONLY: TRANSPORTED BY															TAKEN TO:		
MERCY AIR															ARROWHEAD REGIONAL		
DESCRIBE INJURIES: ANGIATED FRACTURE TO LEFT LOWER LEG, LACERATIONS TO FACE AND MOUTH,																	
FRACTURED LEFT ARM, INTERNAL BLEEDING, PARTY WAS UNCONSCIOUS,																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
		24	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	4	P	A	I
NAME (F, O, B), ADDRESS															TELEPHONE		
NONE															NONE		
INJURED ONLY: TRANSPORTED BY															TAKEN TO:		
MERCY AIR															ARROWHEAD REGIONAL		
DESCRIBE INJURIES: LEFT FEMUR FRACTURE, LACERATION TO LEFT HAND																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
		23	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	P	G	0
NAME (F, O, B), ADDRESS															TELEPHONE		
NONE															NONE		
INJURED ONLY: TRANSPORTED BY															TAKEN TO:		
SAN BERNARDINO COUNTY FIRE															ST. MARY'S		
DESCRIBE INJURIES: FRACTURED LEFT ARM, COMPLAINT OF PAIN IN JAW																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
		25	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME (F, O, B), ADDRESS															TELEPHONE		
NONE															NONE		
INJURED ONLY: TRANSPORTED BY															TAKEN TO:		
DESCRIBE INJURIES:															VICTIM OF VIOLENT CRIME NOTIFIED		
VICTIM OF VIOLENT CRIME NOTIFIED																	
INVESTIGATOR'S NAME		ID NUMBER		MO.		DAY		YEAR		REVIEWER'S NAME		MO.		DAY		YEAR	
L. M. HARRIS		14858		930		2007											

STATE OF CALIFORNIA
INJURED / WITNESSES / PASSENGERS
 CHP 565-CARS Page 3 (Rev 1-03) OPI 061

DATE OF COLLISION (MO./DAY/YEAR) 6/30/2007				TIME (HOUR/MIN) 0956		INCIDENT NUMBER 14858		OFFICER ID 14858		NUMBER 0709094											
DRIVER INJURY	PASSENGER INJURY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	LEFT FOOT	AIR BAG	EJECT SEAT	EJECTED				
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMBANT OR PAIN	CLUBS	KNIFE	CFD	HIGH ST	OTHER									
X		21	M	1	0	0	0	0	0	0	0	0									
NAME (D.O.B. / ADDRESS) (b)(3) CPSA Section 25(c),(b)(6)										TELEPHONE (b)(3) CPSA Section 25(c),(b)(6)											
INJURED ONLY, TRANSPORTED BY:										TAKEN TO:											
DESCRIBE INJURIES:																					
VICTIM OF VIOLENT CRIME NOTIFIED																					
X		21	F	0	0	0	0	0	0	0	0	0									
NAME (D.O.B. / ADDRESS) (b)(3) CPSA Section 25(c),(b)(6)										TELEPHONE NONE											
INJURED ONLY, TRANSPORTED BY:										TAKEN TO:											
DESCRIBE INJURIES:																					
VICTIM OF VIOLENT CRIME NOTIFIED																					
1				0	0	0	0	0	0	0	0	0									
NAME (D.O.B. / ADDRESS)										TELEPHONE											
INJURED ONLY, TRANSPORTED BY:										TAKEN TO:											
DESCRIBE INJURIES:																					
VICTIM OF VIOLENT CRIME NOTIFIED																					
1				0	0	0	0	0	0	0	0	0									
NAME (D.O.B. / ADDRESS)										TELEPHONE											
INJURED ONLY, TRANSPORTED BY:										TAKEN TO:											
DESCRIBE INJURIES:																					
VICTIM OF VIOLENT CRIME NOTIFIED																					
1				0	0	0	0	0	0	0	0	0									
NAME (D.O.B. / ADDRESS)										TELEPHONE											
INJURED ONLY, TRANSPORTED BY:										TAKEN TO:											
DESCRIBE INJURIES:																					
VICTIM OF VIOLENT CRIME NOTIFIED																					
1				0	0	0	0	0	0	0	0	0									
DRIVER'S NAME I. M. JARRIS										ID NUMBER 14858		MO 4		DAY 30		YEAR 2007		REVIEWER'S NAME		DATE/TIME/INITIALS	

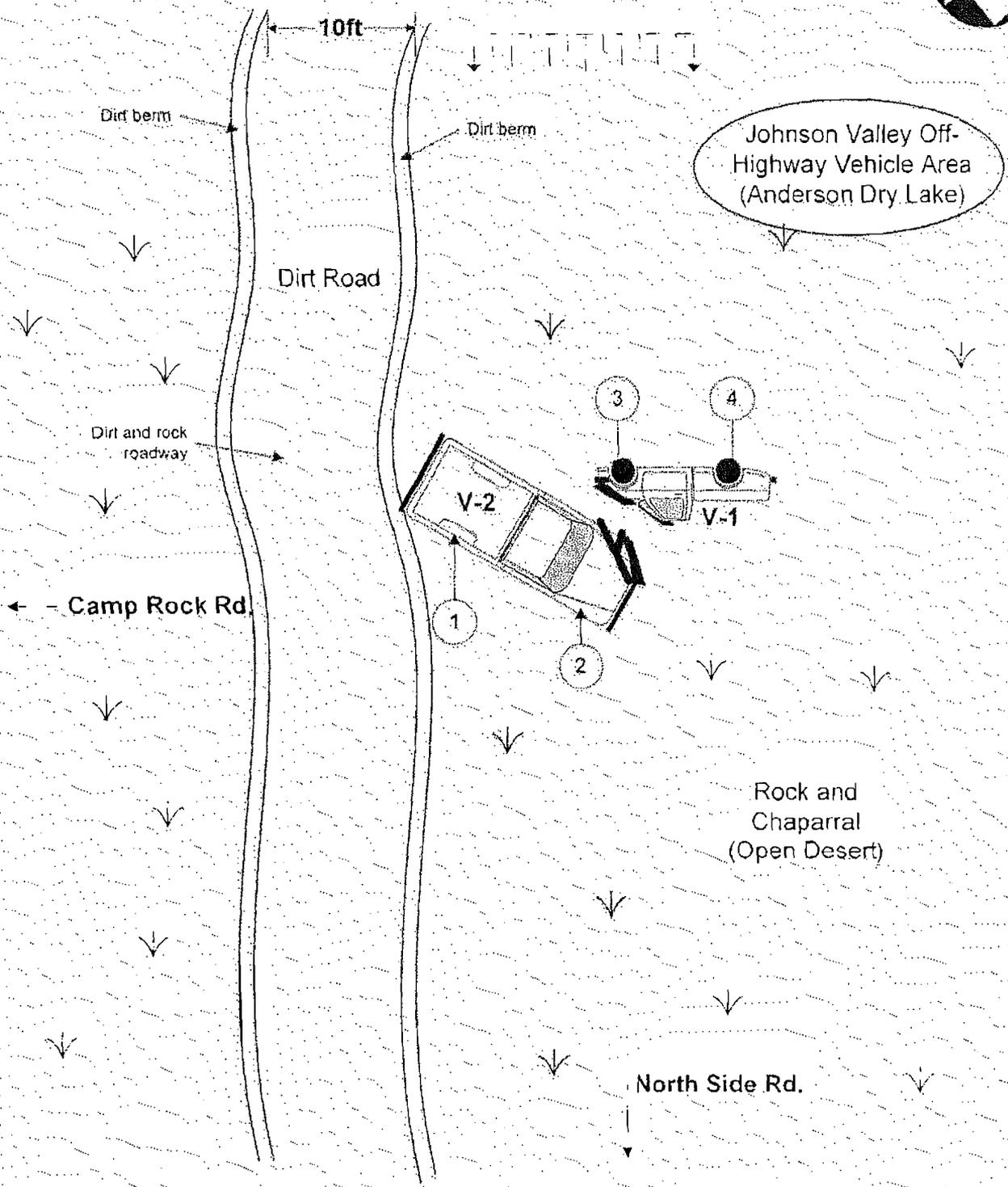
STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

Diagram

PAGE 6

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER ID.	NUMBER
09-30-07	0056	9850	14858	07-09-094



PREPARED BY'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
W. CUTTING	12908	10/03/07		

STATE OF CALIFORNIA
 NARRATIVE/SUPPLEMENTAL
 CHP 556 (Rev 7-90) OPI 042

Page 7

DATE OF INCIDENT/OCCURRENCE 09-30-07	TIME 0056	NCIC NUMBER 9850	OFFICER I.D. NUMBER 14858	NUMBER 07-09-094
<input checked="" type="checkbox"/> NONE <input checked="" type="checkbox"/> Narrative Supplemental	<input checked="" type="checkbox"/> NONE <input checked="" type="checkbox"/> Collision Report Other:	<input type="checkbox"/> TYPE SUPPLEMENTAL (X IF APPLICABLE) <input type="checkbox"/> BA Update Haz Mat		
CITY/COUNTY/JUDICIAL DISTRICT VICTORVILLE SUP. COURT		REPORTING DISTRICT/BEAT	CITATION NUMBER	
LOCATION/SUBJECT		STATE HIGHWAY RELATED Yes	No	

LEGEND

To facilitate the collection of evidence, a station line was established along the east roadway edge of the dirt road, along the raised dirt berm, approximately 501 ft east of Camp Rock Rd. Station 0+00 was established approximately 2.7 miles north of the north roadway edge of North Side Rd, and increases as it moves north. All measurements were taken at right angles, east and west of the station line.

DESCRIPTION

The surrounding area of the collision scene was trampled by pedestrians and emergency medical personnel making evidence collection impossible. There were no discernable tracks, marks, or disturbances found.

VEHICLE LOCATIONS

- 1 - V-2's R/R was located approximately 3 ft east of station 0+02.
- 2 - V-2's R/F was located approximately 10 ft east of station 0+00.
- 3 - V-1's R/F was located approximately 10 ft east of station 0+08
- 4 - V-1's R/R was located approximately 14 ft east of station 0+07

PREPARED BY NAME AND I.D. NUMBER W. H. CUTTING, #12908	DATE 10-03-07	REVIEWER'S NAME	DATE
---	------------------	-----------------	------

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 8 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9850	14858

1 **FACTS**

4 **NOTIFICATION**

7 I received a call of an off-highway traffic collision at 0056 hours. I responded from the s/b I-15 fwy,
8 n/of D Street, and I arrived at the collision scene at 0146 hours. All times, speeds, and
9 measurements are approximate. All measurements were obtained by roll meter.

12 **SCENE DESCRIPTION**

15 This collision occurred on a non-maintained dirt road, in the Anderson Dry Lake Bed off-highway
16 vehicle recreational area. This dirt road is a straight, unnamed road that travels primarily in a
17 Northeast-Southwest direction. The road travels in a down-sloping direction if you proceed in a
18 southbound direction and an up-sloping direction as you proceed north. There are no street lights
19 or any form of illumination at this location. There is no posted speed limit. The dirt road at this
20 location is only 10 feet wide, and it is bordered by raised dirt embankments on both sides. There is
21 no designated direction for vehicles to travel on this dirt road. The weather was clear, dry, and
22 cool and there were no visual obstructions noted or claimed. This location is within unincorporated
23 San Bernardino County.

26 **PARTIES**

29 PARTY #1 (b)(3):CPSA
Section was located on the west side of the dirt road, e/of Camp Rock Rd. just east
30 of the collision scene. P-1 was identified by verbal information only. P-1 was found to be issued a
31 valid California driver's license. P-1 was established as the driver of Vehicle #1(TOYT) at the time
32 of the collision by his statement, a passenger statement, possession of vehicle keys, and he is the
33 registered owner of V-1. P-1 sustained no injuries.

35 VEHICLE #1(TOYT) was located at its point of rest on the east side of the dirt road, e/of Camp
36 Rock Rd, on its four wheels, facing in an eastbound direction. V-1 sustained the following
37 damage: The l/f fender was detached from the frame of the vehicle, and the l/f wheel was knocked
38 off of the axle as a result of the collision. I conducted an inspection of the safety harnesses inside
39 of the vehicle with no defects or excessive wear noted. There was no prior damage observed.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 9 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
09/30/2007	0056	9850	14858	07-09-094

PARTIES CONT

2
3

4 PARTY #2 (b)(3):CPSA Section was located on the ground next to Vehicle #2(YAMA) at its point of rest on
5 the east side of the dirt road, e/of Camp Rock Rd. P-2 was moved by emergency personnel prior
6 to CHP arrival. P-2 was identified by his valid California driver's license. P-2 was established as
7 the driver of V-2 at the time of the collision by a passenger statement, a witness statement, his
8 injuries, and he is the registered owner of V-2. P-2 sustained an angulated fracture to his left leg,
9 a fractured left arm, lacerations to his face and mouth, internal bleeding, and he was unconscious.

10

11 VEHICLE #2(YAMA) was located at it's point of rest on the east side of the dirt road, e/of Camp
12 Rock road, on it's left side, facing in a westbound direction. V-2 sustained the following damage:
13 The engine compartment was crushed inward, the l/f wheel was separated from the axle, the l/f
14 seat was jarred loose and rotated in a counter-clockwise direction, and a bottom skid-plate was
15 knocked loose. I conducted an inspection of the seatbelts and safety harnesses inside of V-2 with
16 no defects or excessive wear noted. There was no prior damage observed.

17

18

PHYSICAL EVIDENCE

20

21

22 Refer to the Factual Diagram for the location and description of the physical evidence.

23

24

OTHER FACTUAL INFORMATION

26

27 The collision scene was photographed by Ofcr. W. Cutting. Due to a malfunction with the camera,
28 not discovered until the collision scene was cleared, no photographs of the collision are available.

29

30

STATEMENTS

32

33

34 PARTY #1 (b)(3):CPSA Section stated in essence he was driving Vehicle #1(TOYT) in a s/b direction on the
35 dirt road located in the Anderson Dry Lake Bed. P-1 stated he doesn't have a speedometer in his
36 vehicle, but he had shifted into third gear and he estimated his speed to be between 30 to 40 mph.
37 P-1 stated he crested the top of the hill in the dirt road and he suddenly observed a Yamaha
38 Rhino ATV traveling in an e/b direction. P-1 stated he was unable to stop his vehicle in time to
39 avoid a collision. P-1 stated "When I saw them, I hit them." P-1 was unable to stop, and the front
40 bumper on his vehicle collided with the front engine compartment on the Yamaha. P-1 stated he
41 had activated all of the overhead lights on his vehicle as well as the four additional lights located
42 near the grill.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 10 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9850	14858 07-09-094

1 STATEMENTS CONT

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

P-1 stated he had consumed 6 to 8 beers from 10:00am until midnight. P-1 denied the use of any prescription medications. P-1 stated he didn't feel the effects of the alcoholic beverages he had consumed. P-1 denied consuming any alcoholic beverages after the collision.

PARTY #2 (b)(3):CPSA was unable to provide a statement at the time of the collision due to extent of his injuries and he was unconscious.

PASSENGER #1(HARRIS) was unable to provide a statement due to fatal injuries.

PASSENGER #2 (b)(3):CPSA Section stated he was riding in the r/f seat of Vehicle #1(TOYT) at the time of the collision. (b)(3):CPSA Section stated Party #1 (b)(3):CPSA Section was driving V-1 at a speed between 30 to 50 mph. (b)(3):CPSA Section stated the only thing he remembered about the collision was he saw "headlights and faces" just prior to the collision.

PASSENGER #3 (b)(3):CPSA Section was unable to give a statement due to the extent of his injuries.

PASSENGER #4 (b)(3):CPSA stated in essence he was riding in the r/f seat of Vehicle #2(YAMA) at the time of the collision. (b)(3):CPSA Section stated Party #2 (b)(3):CPSA Section was driving V-2. (b)(3):CPSA Section stated he only remembered seeing lights coming at him just prior to the collision. (b)(3):CPSA Section stated he could not remember the speed that P-2 was traveling at. (b)(3):CPSA Section stated P-2 had consumed "a couple of beers" earlier in the day.

WITNESS #1 (b)(3):CPSA Section stated in essence he was at his camp site located just south of the collision scene. (b)(3):CPSA Section saw Vehicle #2(YAMA) pass his camp site traveling in a northeast direction on the dirt road located e/of Camp Rock Rd. (b)(3):CPSA Section estimated the speed of V-2 to be 20 mph. (b)(3):CPSA Section saw two people seated in the seats of V-2, and he saw two additional people standing in the cargo area of V-2 holding on to the roll-bar as it passed by. (b)(3):CPSA Section stated none of the parties in V-2 were wearing helmets.

(b)(3):CPSA Section saw Vehicle #1(TOYT) pass by his camp site as it traveled in a southwest direction on the dirt road. (b)(3):CPSA Section estimated the speed of V-1 to be 45 to 50 mph. (b)(3):CPSA Section stated V-1 completed 5 laps on the dirt road in a southwest direction prior to the collision.

WITNESS #2 (b)(3):CPSA Section stated in essence he was at his camp site located approximately 1/8 of a mile south of the collision scene. (b)(3):CPSA Section stated he saw Vehicle #2(YAMA) pass by his camp site on the dirt road located e/of Camp Rock Rd at an estimated speed of 35 mph. (b)(3):CPSA Section stated he saw two people standing up in the back of V-2 holding on to the roll bar as it passed by.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 11 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9850	14858

1 **STATEMENTS CONT**

2
3
4 (b)(3):CPSA Section stated he heard one of the passengers who were standing in V-2 yell at the driver of V-2 to
5 "slow the fuck down" as it passed by. (b)(3):CPSA Section stated he saw headlights at the subsequent collision
6 scene 30 seconds later after V-2 passed by.

7
8 WITNESS #3 (b)(3):CPSA Section 25(c),(b)(6) stated in essence she was at the same camp site with Party
9 #2(YOUNG) prior to the collision. (b)(3):CPSA Section stated that P-2 left the camp site at 0015 hours in
10 Vehicle #2(YAMA) with three passengers. P-2 was driving V-2 when they left the camp site.
11
12

13 **OPINIONS AND CONCLUSIONS**

14
15
16 **24 HOUR PROFILE**

17
18
19 This information was obtained via an interview with Witness #3(COLLINGWOOD)

20
21 On 09-28-2007 PARTY #2 (b)(3):CPSA Section arrived at the camp site located on Anderson Dry Lake Bed
22 at approximately 2330 hours. P-2 was camping with Passenger #1 (b)(3):CPSA Section Passenger
23 #3 (b)(3):CPSA Section, Passenger #4 (b)(3):CPSA Section and Witness #3 (b)(3):CPSA Section 25(c),(b)(6). They set up camp in the
24 dry lake bed and stayed by the fire the rest of the night. (b)(3):CPSA Section stated she went to sleep at
25 0230 hours and P-2 was still awake.
26

27
28 (b)(3):CPSA Section 25(c),(b)(6) stated she woke up at 0930 hours and P-2 was already awake. Their camp site was
29 near the dirt road where a scheduled race was going to occur. P-2 stayed at the camp site
30 throughout the day with everybody else to watch the race. The race ended early in the afternoon.
31 P-2 consumed an unknown amount of alcoholic beverages throughout the day. P-2 was operating
32 Vehicle #2(YAMA) at unknown intervals after the completion of the race.
33

34 P-2 remained in the vicinity of the camp site until 0015 hours on 09-30-2007 when he left in
35 Vehicle #2(YAMA) with (b)(3):CPSA Section 25(c),(b)(6) went to sleep and was informed of
36 the traffic collision approximately one hour later.
37
38
39
40
41
42

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 12 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9650	14858 07-09-094

1 SUMMARY

2

3

4 PARTY #1 (b)(3):CPSA Section was driving Vehicle #1(TOYT) in a southbound direction on a dirt road
 5 located e/of Camp Rock Rd, at a speed between 30 to 50 mph. P-1 had four overhead lights and
 6 an additional four lights in the grill area that were all illuminated. PARTY #2 (b)(3):CPSA Section was driving
 7 Vehicle #2(YAMA) in a northbound direction on the same dirt road located e/of Camp Rock Rd at
 8 a speed between 20 to 30 mph, approaching P-1's vehicle. V-2 had two headlights for illumination
 9 and they were turned on.

10

11 V-2 is a Rhino ATV with only two seats and two seatbelts. There were two passengers standing in
 12 the rear cargo area of V-2 holding on to the roll bar. None of the occupants in V-2 were wearing
 13 helmets.

14

15 The dirt road that V-1 and V-2 were traveling on is only 10 feet wide. P-1's vehicle is
 16 approximately 6 feet wide and V-2 is approximately 5 feet wide. The dirt embankments on both
 17 sides of the dirt road make it difficult to take evasive action to avoid an on-coming vehicle.

18

19 This dirt road was used in a sanctioned off-highway vehicle race earlier in the day, and P-1 had
 20 completed five laps in a southwest direction prior to approaching P-2's vehicle. Due to the steep
 21 incline of the dirt road, P-1 was unable to see P-2's approaching vehicle prior to cresting the hill.
 22 For this reason, P-1 continued to travel at a speed between 30 to 50 mph assuming there would
 23 not be oncoming traffic. There are no street lights at this location, and it is unknown if P-2 noticed
 24 the 8 lights illuminated on P-1's vehicle prior to P-1's vehicle cresting the hill.

25

26 Due to P-2's state of alcohol intoxication, he failed to take evasive action or slow down if he
 27 noticed P-1's approaching vehicle. When P-1's vehicle crested the hill, he was approximately 70
 28 feet away from P-2's approaching vehicle. Due to the speed of P-1's vehicle he was unable to
 29 take evasive action to avoid P-2's vehicle. P-1 applied the brakes on his vehicle, and the l/f fender
 30 of P-1's vehicle collided with the l/f portion of P-2's engine compartment. P-2's vehicle rotated to
 31 the right in a counter-clockwise direction, traveled up the dirt embankment, and came to rest on
 32 it's left side facing in a westbound direction on the east side of the dirt road. P-1's vehicle swerved
 33 to the left, traveled up the dirt embankment and came to rest on its four wheels, next to V-2 on the
 34 east side of the dirt road, facing in an eastbound direction.

35

36 As a result of this collision, Passenger #1 (b)(3):CPSA Section and Passenger #3 (b)(3):CPSA Section were ejected from
 37 Vehicle #2(YAMA). (b)(3):CPSA Section were both moved prior to CHP arrival by emergency
 38 personnel.

39

40

41

42

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 13 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9850	14858

1 AREA OF IMPACT

2

3

4 The A.O.I. was found to be located 496 feet e/ of the east roadway edge of Camp Rock Road and
5 2.7 miles n/ of the north roadway edge of North Side Rd.

6

7

8 INTOXICATION NARRATIVE

9

10

11 As I observed Party #2 (b)(3):CPSA Section laying on the ground on the east side of a dirt road located e/ of
12 Camp Rock Rd, I could smell the odor of an alcoholic beverage emitting from his person. P-2 was
13 unconscious as a result of the collision so I was unable to interview P-2 or administer field sobriety
14 tests. I interviewed Passenger #4 (b)(3):CPSA Section and he stated P-2 had consumed "a couple of beers"
15 earlier in the day. Based on the strong odor of an alcoholic beverage and the passenger
16 statement concerning P-2's alcohol consumption, I had a reasonable belief that P-2 was under the
17 influence of an alcoholic beverage.

18

19 P-2's intoxication is based on the odor of an alcoholic beverage emitting from him at his point of
20 rest after the collision, his driving which resulted in a collision, his lack of any evasive action prior
21 to the collision, the passenger statement concerning alcohol consumption, and the nature and
22 circumstances surrounding the collision. P-2 was transporting passengers in his ATV in a cargo
23 area that was not intended for human transportation. The two passengers riding in the cargo area
24 were unable to wear seatbelts due to a lack of available seats, and they were not wearing
25 helmets. P-2 was traveling at an unsafe speed with wanton disregard for the safety of the
26 passengers he was transporting.

27

28 P-2 was established as the driver of Vehicle #2(YAMA) at the time of the collision by a passenger
29 statement, a witness statement, his injuries, and he is the registered owner of V-2.

30

31 P-2 was transported by Mercy Air to Arrowhead Regional Medical Center for treatment. I
32 requested a CHP unit from the CHP/San Bernardino area to respond to the hospital to obtain a
33 blood sample. P-2 was already in surgery upon the arrival of a CHP unit, so they were unable to
34 obtain a blood sample. A blood test was taken by the medical staff at Arrowhead Regional Medical
35 Center shortly after P-2's arrival, before his surgery. A subpoena will be issued to Arrowhead
36 Regional Medical Center to obtain the results of the blood alcohol level test given to P-2.

37

38 As a result of this collision Passenger #1 (b)(3):CPSA Section sustained fatal injuries. Passenger #3 (b)(3):CPSA
39 sustained a fractured left femur, and Passenger #4 (b)(3):CPSA Section sustained a fractured left arm.

40

41 A charge of 23153(a)(b)VC and 191.5(a)PC will be filed against Party #2 (b)(3):CPSA Section via a
42 complaint to be filed.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 14 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9850	14858 07-09-094

INTOXICATION NARRATIVE CONT

As I spoke to PARTY #1 (b)(3):CPSA Section on the west side of the dirt road located e/of Camp Rock Rd, I could smell the odor of an alcoholic beverage emitting from his breath. P-1 stated he had consumed 6 to 8 beers from 10:00am to midnight prior to the collision. P-1 denied consuming alcoholic beverages after the collision. P-1 didn't exhibit additional symptoms of intoxication. I administered a series of field sobriety tests, including a PAS Test of .05%. I used PAS Device #008597 for this test. I formed the opinion that P-1 wasn't under the influence of an alcoholic beverage or drugs.

CAUSE

PARTY #2 (b)(3):CPSA Section was found to be at fault for this collision by driving in violation of 23152(a)VC MISD DUI with an associated cause of 38316(a)VC RECKLESS DRIVING IN AN OFF-HIGHWAY VEHICLE. Party #1 (b)(3):CPSA Section was found to be an associated cause of this collision by driving in violation of 38305VC UNSAFE SPEED FOR CONDITIONS IN AN OFF-HIGHWAY VEHICLE.

The cause was based on the following factors. Both parties had an obligation to travel at a speed which would allow them to stop in the event of an on-coming vehicle, neither party did. Due to P-2's state of intoxication he had impaired motor skills, a slower reaction time, and impaired judgment. P-2 transported passengers in his vehicle at an unsafe speed without safety equipment, and they were standing up in a portion of the vehicle that wasn't intended for human transportation. This contributed greatly to the extent of injuries that were sustained by the passengers in P-2's vehicle.

RECOMMENDATIONS

Forward this investigation to the district attorney to file the following charges against Party #2 (b)(3):CPSA Section: 23153(a)(b)VC DUI CAUSING DEATH/INJURY, 191.5(a)PC GROSS VEHICULAR MANSLAUGHTER WHILE INTOXICATED, and 38316(a)VC RECKLESS DRIVING CAUSING INJURY IN AN OFF-HIGHWAY VEHICLE.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

Task Number: 080104HCC3279

Attachment #: 2

Date: 02/29/2008

Status of Missing Document(s)

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

1. San Bernardino Sheriffs Office- Coroners Division, 175 S. Lena Road, San Bernardino, CA 92415

2. _____

3. _____

4. _____

5. _____

Task Number 080104HCC3279

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

Type of respondent: Other

Other, specify: newspaper article

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

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 side X side	/ VIN: 5Y4AM04Y55A01944
--------------------------	-------------------------

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: 09/30/2007	
Age/Sex: 19/Male	/
State of Death: CALIFORNIA	
City of Death: LACERN VALLEY	
County of Death: SAN BERNARDINO	

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

The Victim in this incident was a 19 year old male who was standing in the cargo area of a utility ATV. This incident occurred at approx. 1:00 am. The ATV Victim was in was struck head on by an off-road pick up going the opposite direction. It was determined both vehicles had lights on when they crested the hill. Victim was thrown from the vehicle and the three other persons in the ATV were also injured. None of the ATV riders were wearing helmets. Victim died at the scene.

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

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/Unknown
 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 9 - No riders

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

Age: 19 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?

02 - Desert

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

05 - Road (Nothing else known)

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

02 - Truck

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:

the vehicle that struck the ATV Victim was in was a 1991 Toyota off-road pick-up. this incident occurred at night and both vehicles had their headlights on. the other three people in the ATV also sustained injuries.

LUCERNE VALLEY
Man killed, others injured in crash

Lacern Valley CA

N07A0118A 10/9/07

ISSUE; 02

A Murrieta man was killed and several other people injured in an off-road vehicle crash early Sunday.

The crash occurred at 12:56 a.m. in the Anderson Dry Lake bed, north of Camp Rock Road.

(b)(3):CPSA Section 30, of Yorba

Advertisement



Linda was heading west in an off-road Toyota pickup with two passengers standing up in the back of the truck, the California Highway Patrol said.

When (b)(3):C reached the top of a hill, he slammed head-on into 21-year-old (b)(3):C of Murrieta, who was driving an 2005 Yamaha Rhino all-terrain vehicle. (b)(3):C 19, a passenger on the ATV, was thrown from the vehicle and died at the scene.

(b)(3):C suffered major injuries, as did (b)(3):C 24, of Imperial Beach. (b)(3):C 23, of San Juan Capistrano, had moderate injuries, officers said. (b)(3):C were passengers on the ATV. All three men were taken to Arrowhead Regional Medical Center.

The CHP said both (b)(3):C and (b)(3):C had been drinking, but (b)(3):C had not consumed enough alcohol to be considered under the influence, officers said. (b)(3):C level of intoxication is not clear, pending toxicology tests.

1. Task Number 080205HCC3-401		2. Investigator's ID 9087		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2006 11 26	5. Date Initiated YR MO DAY 2008 02 27		
6. Synopsis of Accident or Complaint UPC An 18 year old female victim died when the utility vehicle she was driving at 20 mph in the open desert rolled over as she made a left turn.				
MFR/PRVLBR NOTIFIED COMMENTS: <u>YES</u> / <u>NO</u> <u>OVERRULED</u> ; <u>ATTACHED</u> EXCISIONS/FOIA EX <u>SEC. 3, 6</u> <u>DO NOT RE-NOTIFY</u> <u>RE-NOTIFY</u> 080630				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City BRAWLEY		9. State CA
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO	
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 18	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 52 - Concussion	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 10 / 0	
20. Attachment(s) 2 - Documents	21. Case Source 14 - Death Certificate		22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 05/02/2008	25. Reviewed By 9035		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0606122231	

This incident occurred on 11/26/06 at 10:40 AM, and involved an 18 year old female victim and a utility vehicle with a roll cage in the Ocotillo Wells Recreation Area in an unincorporated area of the city of Brawley, in Imperial County, CA. All of the information in this report comes from the coroner's office and the highway patrol. Their reports are appended as Exhibits 1 and 2, respectively.

The victim arrived in the recreational area on 11/24/06, at about 11:00 PM. She was with her father and brother. The victim was not believed to have ingested any impairing substances while at the desert. She was believed to be an experienced (not further identified) rider and not prone to reckless maneuvers. It was not know how much experience the victim had with the incident vehicle.

On 11/26/06, the victim was driving a utility vehicle for her first ride of the day. The vehicle was traveling in the open desert of the Ocotillo Wells Recreational Area. This area is open desert which is frequented by off highway vehicle enthusiasts. The area is a combination of packed dirt, gravel and soft sand with small mound and brush in various locations. The weather was clear and dry with no unusual conditions. The vehicle was traveling at about 20 mph when the victim attempted a sharp left turn without decreasing her speed. The vehicle rolled clockwise and came to rest on its left side. The victim was found breathing but not conscious and was bleeding from the left side of her head. The vehicle roll bar appeared to have struck the victim on the right side of her head.

First responders were unsuccessful in their attempts to revive the victim. She was pronounced dead at the scene at 11:08 AM. The immediate cause of her death were listed in the coroner's report as Craniocerebral Injuries and Blunt Force Trauma to Head. The death was classified as accidental.

The victim, 5'7" tall, weighing approximately 135 pounds, was wearing a black shirt, black riding pants and black riding boots but was not wearing a helmet or goggles. Four point restraints were available and in use at the time of the accident. The brakes and steering were found in good condition with proper resistance. The tires were in good condition.

THE PRODUCT

The product was a 2006 Yamaha Rhino. The vehicle was not further identified.

EXHIBITS

1. Coroner's report.
2. Highway Patrol report.
3. Source Identification Sheet.

THE PRODUCT

The product was a 2006 Yamaha Rhino, Vehicle Identification Number 5Y4AM08Y06A003929. It was not further identified. Before the incident, the owner of the vehicle had removed the vehicle's originally equipped roll cage and three-point passenger restraint system and had installed an after-market roll bar with lap belts. No reason was given for this change.

EXHIBITS

1. Coroner's report.
2. Highway Patrol report.
3. Source Identification Sheet.



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



COPY

Danielle Rylea Bernard

Coroner Case Number: 06-202

CLASSIFICATION	Manner of Death Accident (Vehicle)		Sub Manner of Death			Deputy Coroner Charles R. Lucas	
	Type of Medical Examination Autopsy		Time Departed 1125	Time Arrival 1209	Date of Death 11/26/2006	Time of Death 1108	
DECEDENT PERSONAL DATA	Name-First (b)(3):CPSA Section 25(c),(b)(6)		Middle	Last		Marital Status Unknown	
	Age 18	Date of Birth (b)(3):CPSA	Place of Birth CA, United States		Height 5' 07"	Weight 135	Hair Brown
	Sex F	Teeth Unknown	Race White		SSN (b)(3):CPSA Section 25(c),(b)(6)		
	Scars, Marks, Tattoos						
RESIDENCE	Address (b)(3):CPSA Section 25(c),(b)(6)				City	State	Zip
PLACE OF DEATH	Place Open Desert					County Imperial	
	Address N. 33.13135 W. 115.96994				City Salton City	State CA	
REPORTING INFORMATION	Death Reported By		Agency West Shores Ambulance		Date 11/26/2006	Time 1111	Removed From Scene To Coroner's Facility
	Address 83 Desert Shores Drive				City Desert Shores	State CA	Zip 92275
CAUSE OF DEATH	Immediate Cause: Craniocerebral Injuries		CONFIDENTIAL DO NOT REPRODUCE OR RELEASE TO ANYONE OUTSIDE THE CRIMINAL JUSTICE SYSTEM				
	Due to: Blunt Force Trauma to Head						
	Due to:						
	Due to:						
OTHER SIGNIFICANT CONDITIONS	None						
INJURY INFORMATION	Place of Injury N. 33.13135 W. 115.96994		Injury at Work? No	Date of Injury 11/26/2006	Time 1014	Estimated	
	Address of Injury One mile north of Highway 78 and Pole Line Road		City Salton City	County Imperial		State CA	
	Injury Description Decedent was the driver of an off-road vehicle that was involved in a rollover accident.						
IDENTIFICATION	Identification Method Visually			Identified By (b)(3):CPSA Section 25(c),(b)(6)			
NOTIFIED	Name (b)(3):CPSA Section 25(c),(b)(6)		Relationship Father		Mailing Address (b)(3):CPSA Section 25(c),(b)(6)		
	Notified By (b)(3):CPSA Section 25(c),(b)(6)		How Notified In Person		Date 11/26/2006	Time 1215	
ADDITIONAL INFORMATION	Physician		Other Investigation CHP El Centro		Funeral Home (b)(3):CPSA Section 25(c),(b)(6)		

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

The Foregoing Instrument Is A Correct Copy OF THE Original On File In This Office.

11-23-2008
Sheriff-Coroner
Of Imperial, State of Calif

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

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

Sheriff-Coroner

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

Supervising Deputy Coroner

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

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

Supervising Deputy Coroner

06-202

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

2

COPY

DEPUTY CORONER:

I, (b)(3):CPSA Section 25(c),(b)(6) Deputy Coroner, accompanied by (b)(3):CPSA Section 25(c),(b)(6)

Supervising Deputy Coroner, conducted this investigation for the Imperial County Coroner's Office.

RECEIPT OF CALL:

On November 26, 2006, at approximately 1111 hours, Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6) received a telephone call at his residence from the Imperial County Sheriff's Office Communication Center, advising him of a coroner case involving a deceased person located at Pole Line Road, north of Highway 78. We immediately responded to that location.

ARRIVAL AT SCENE:

On November 26, 2006, at approximately 1125 hours, we arrived at the scene and met with California Highway Patrol Officer Oberg, who directed us to the decedent's location.

DESCRIPTION OF SCENE / GPS:

The scene is that of an open desert area. The area specifically is the Ocotillo Wells Off-Highway Recreation Area.

The GPS for the decedent's location is N 33.13135 and W 115.96994.

VIEWING OF DECEDENT:

Upon my arrival, I saw the decedent was covered with a white sheet and lying supine on the ground. The decedent was lying approximately three feet southwest of an overturned off-highway vehicle. The decedent had an endotracheal tube inserted into her mouth, one electrocardiogram patch attached

06-202

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

COPY 3

1 to her left upper chest, one electrocardiogram patch attached to her right upper
2 chest and one electrocardiogram patch attached to her left side. The decedent
3 had one intravenous line inserted into her left inner elbow, and one intravenous
4 line inserted into her right inner elbow. The decedent had a chest tube inserted
5 into her left side, and an intravenous line inserted into the center of her chest.
6 The decedent appeared to have trauma to the left side of her head, as noticed by
7 her hair being blood soaked on the left side.

8 The decedent did not show signs of rigor, lividity or cyanosis. I did not
9 observe any signs of foul play type trauma to the decedent's person.

10 The decedent is a white female adult, 18 years of age, 5'07" tall, weighing
11 approximately 135 lbs, with brown hair and brown eyes.

12 I further noted the decedent was wearing a black shirt that was opened to
13 assist medical personnel, black riding pants, and black riding boots.

14 **PROPERTY:**

15 While at the scene I initiated an Imperial County Coroner's Office property
16 receipt with a number of 1372, to reflect that no property was retained by the
17 Imperial County Coroner's Office.

18 **REMOVAL / TRANSPORTATION:**

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

22 **IDENTIFICATION:**

23 The decedent's father, (b)(3):CPSA Section 25(c),(b)(6) identified her as (b)(3):CPSA Section 25(c),(b)(6)

06-202

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

4

1 with a date of birth of (b)(3):CPSA Section 25(c),(b)(6)

COPY

2 **NOTIFICATION:**

3 I made formal notification to the decedent's father, (b)(3):CPSA Section
25(c),(b)(6) on
4 November 26, 2006, at approximately 1215 hours.

5 **X-RAYS:**

6 No x-rays were taken of the decedent.

7 **POST MORTEM EXAMINATION:**

8 On November 28, 2006, at approximately 0845 hours, a post mortem
9 examination was conducted under the direction of (b)(3):CPSA Section 25(c),(b)(6)
10 Forensic Pathologist. Present at the post mortem examination were Autopsy
11 Assistant Victor Solorio and Supervising Deputy Coroner (b)(3):CPSA Section
25(c),(b)(6)

12 At the conclusion of the post mortem examination at approximately 0925
13 hours, (b)(3):CPSA Section listed the cause of death as; (A) **Craniocerebral injuries**, (B)

14 **Blunt force trauma to head.**

15 **FINGERPRINTS / PHOTOGRAPHS:**

16 Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6) took fingerprints at the post
17 mortem examination.

18 I took photographs of the scene and Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6)
19 (b)(3):CPSA Section took photographs at the post mortem examination.

20 **INVESTIGATION:**

21 Subsequent investigation revealed that the decedent was driving an off-
22 highway vehicle, traveling in a northeastern direction. The area being traveled
23 was that of an off-highway open desert area, open to off-highway recreational

06-202

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

COPY 5

1 vehicles. The vehicle was a Yamaha, golf-cart type utility vehicle. The decedent
2 attempted to turn the vehicle and the vehicle turned over onto the driver side,
3 where the decedent was seated. The vehicle roll-over bar appeared to have
4 struck the decedent on her right side head area.

5 Medical attention was immediately summoned. Upon the arrival of
6 Paramedic (b)(3):CPSA Section he was unsuccessful in attempting to revive the decedent.
7 Paramedic (b)(3):CPSA A Section 25(c),(b)(6) described the decedent's condition to (b)(3):CPSA Section 25(c),(b)(6) via radio.
8 The decedent was pronounced at the scene by (b)(3):CPSA Section 25(c),(b)(6) at 1108 hours.

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

12 **TOXICOLOGY TESTS:**

13 On November 28, 2006, during the post mortem examination, a sample of
14 the decedent's bile and tissue were retained for toxicology testing.

15 On December 14, 2006, the Imperial County Coroner's Office received the
16 toxicology test results, which indicates that the decedent ingested nothing
17 detectable prior to her death. For further information refer to Toxicology Report in
18 the file.

19 **WITNESSES:**

- 20 1. (b)(3):CPSA Section 25(c),(b)(6) M.D., Forensic Pathologist, Rancho Mirage, CA
21 2. (b)(3):CPSA Section 25(c),(b)(6) Autopsy Assistant, Imperial County Coroner's Facility,
22 Brawley, CA
23 3. (b)(3):CPSA Section 25(c),(b)(6) Coroner Investigator, Coroner's Office, Imperial County

06-202

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

COPY 6

1 Sheriff's Department, El Centro, CA

2 4. (b)(3):CPSA Section 25(c),(b)(6) Supervising Deputy Coroner, Coroner's Office, Imperial

3 County Sheriff's Department, El Centro, CA

4 **REFERENCE NOTES:**

5 1. Death certificate as filed with the Imperial County Health Department in file

6 2. Autopsy protocol as per (b)(3):CPSA Section in file

7 3. Imperial County Coroner's property receipt numbered 1372 in file

8 4. Toxicology test results in file

9 5. Photographs on file

10 6. Digital Photographs on Compact Disc in file

11 7. Fingerprints in file

12 8. California Highway Patrol Report, with a number of 06 11 52, as
13 completed by Officer Oberg in file

14

15

16

17

18

19

20

21

22

23

06-202

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

7

COPY

1
2
3
4
5
6
7
8
9
10
11

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

**Sheriff-Coroner
Imperial County, CA**

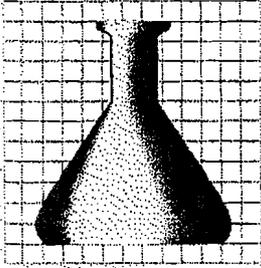
(b)(3):CPSA Section 25(c),(b)(6)

BY:

Supervising Deputy Coroner

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

BIO-TOX



Bio-Tox LABORATORIES

Director	Chief Toxicologist	Toxicologist
(b)(3):CPSA Section 25(c),(b)(6)		

COPY

IMPERIAL COUNTY SHERIFF-CORONER
 328 APPLESTILL RD.
 EL CENTRO, CA 92243

06-202
 (b)(3):CPSA Section 25(c),(b)(6)

PATIENT NAME	SEX	DATE OF DEATH		
(b)(3):CPSA Section 25(c),(b)(6)	F	11/26/06		
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
6-84496-3	2438	MACKEN	06-202	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
SPLEEN	11/28/06	09:15	12/04/06	12/07/06

EXPANDED IMMUNOASSAY DRUG SCREEN

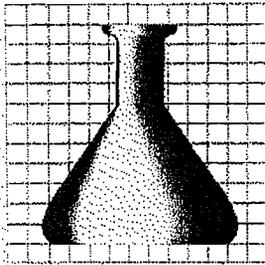
SAMPLE SCREENED FOR:
 AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS,
 COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE) PHENCYCLIDINE (PCP),
 BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL SPLEEN	NONE DETECTED
TRAFFIC PANEL SPLEEN	NONE DETECTED

The foregoing instrument is a correct
 Copy of the Original on file in this office.
 Attest: 4-22-2008
 Sheriff-Coroner

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

Co (b)(3):CPSA Section 25(c),(b)(6) omnia
 By [Signature] Deputy

BIO-TOX**BIO-TOX LABORATORIES**

Director _____ Chief Toxicologist _____ Toxicologist _____
 (b)(3):CPSA Section 25(c),(b)(6)

COPY

IMPERIAL COUNTY SHERIFF-CORONER
 328 APPLESTILL RD.
 EL CENTRO, CA 92243

06-202

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

PATIENT NAME	SEX	DATE OF DEATH		
(b)(3):CPSA Section 25(c),(b)(6)	F	11/26/06		
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
6-84496-3	2438	MACKEN	06-202	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
SPLEEN	11/28/06	09:15	12/04/06	12/07/06

EXPANDED IMMUNOASSAY DRUG SCREEN

SAMPLE SCREENED FOR:

AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE); BENZODIAZEPINES, CANNABINOIDS,
 COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE) PHENCYCLIDINE (PCP),
 BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL SPLEEN	NONE DETECTED
TRAFFIC PANEL SPLEEN	NONE DETECTED



CORONER'S OFFICE COUNTY OF IMPERIAL COPY



HAROLD D. CARTER
Sheriff-Coroner-Marshal

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

Forensic pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: (b)(3):CPSA Section 25(c),(b)(6) CORONER'S CASE: #06-202

ANATOMIC SUMMARY:

- I. Blunt force trauma to head
 - A. Craniocerebral injuries
 - 1. Transverse "hinge-type" basal skull fracture
 - a. Subarachnoid hemorrhage, bilateral cerebral hemispheres, base of brain and brain stem
 - 2. Laceration, right postauricular head
 - 3. Blood aspiration, bilateral lungs
- II. Toxicology (see separate report)

CONCLUSION: (Cause of Death)

- A) Craniocerebral injuries
- B) Blunt force trauma to head

OTHER SIGNIFICANT CONDITIONS: None

The Foregoing Instrument Is A Correct Copy Of The Original On File In This Office.
Attest: 4-23-2008
Sheriff-Coroner

County Of Imperial State of California
By: (b)(3):CPSA Section 25(c),(b)(6) Deputy

DATE AND TIME OF AUTOPSY: November 28, 2006 @ 8:45 a.m. to 9:25 a.m.

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

COPY

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

NAME OF DECEDENT:
PAGE TWO

CORONER'S CASE: #06-202

EXTERNAL EXAMINATION: The body is that of a well-developed and well-nourished young white man which appears to be about the stated age of 18 years old, weighing approximately 135 pounds and measuring approximately 67" in height. The body is in rigor mortis. There are no significant scars over the body. No tattoo is noted. No tracks or needle marks are noted. Intravenous lines are present in the bilateral antecubital fossa. Two separate thoracostomy tubes are present in the left anterior superior chest. A small catheter is present in the epigastric region of the abdomen. A 4 cm incision with a chest tube is present in the left lateral anterior chest. There is a 5 cm irregular open laceration involving the right superior ear helix and postauricular scalp. The hair is brown. The head is not remarkable except for the previously described injury. The eyes are brown. The eyes and ears show no abnormality. The nose and mouth are normal and the mouth contains an endotracheal tube. The chest and abdomen are normal. Genitalia are those of a normal adult female. The extremities show no significant injury. There are no bruises or abrasions over the body.

DESCRIPTION OF INTERNAL INJURIES: Examination of the head reveals a transverse "hinge-type" basal skull fracture involving the bilateral temporal bones and sphenoid bone extending across the pituitary fossa. Examination of the brain reveals subarachnoid hemorrhage over the bilateral cerebral hemispheres, base of brain and brain stem. Examination of the lungs reveals an extensive amount of bilateral blood aspiration.

OPINION: These are fatal craniocerebral injuries due to blunt force trauma to the head.

INTERNAL EXAMINATION: The body is opened with the usual Y-shaped incision. The organs of the thorax and abdomen are in their normal positions. The pleural, pericardial and peritoneal surfaces are smooth and glistening. The mediastinum is in the midline. The liver is at the right costal margin.

CARDIOVASCULAR SYSTEM: The heart weighs 290 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size. The great veins contain dark fluid blood admixed with postmortem clots.

RESPIRATORY SYSTEM: The right lung weighs 440 gm, the left 240 gm. The visceral pleurae are smooth and glistening. The cut surfaces show bilateral blood aspiration. The larynx, trachea and major bronchi are lined by smooth glistening mucosa.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains 20 cc of brown fluid in the stomach. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

COPYNAME OF DECEDENT:
PAGE THREE

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

CORONER'S CASE: #06-202

HEPATOBIILIARY SYSTEM: The liver weighs 1,420 gm. The surface is smooth and glistening. The parenchyma is soft and pale. The gallbladder is normally developed and contains 4 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 320 gm. The surface is smooth. The parenchyma is soft and congested. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The right kidney weighs 110 gm, the left 120 gm. The surfaces are smooth. The cortices are well demarcated from the medulla. The renal pelvis, ureters and urinary bladder are normally developed. The bladder is empty. The uterus, tubes and ovaries are normally developed.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and shows the previously described craniocerebral injuries.

CENTRAL NERVOUS SYSTEM: The brain weighs 1,300 gm. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges show extensive subarachnoid hemorrhage over the entire brain surface. The cortex is well demarcated from the white matter. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brain stem and Circle of Willis are normally developed.

FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning and during the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

TOXICOLOGY: Blood and spleen are submitted for routine toxicology.

HISTOLOGY: Tissue is retained in the hold jar.

OPINION: On the basis of the autopsy findings, it is evident that this 18-year-old white woman suffered from craniocerebral injuries due to blunt force trauma to the head which resulted in her rapid demise.

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

Forensic Pathologist

Date

4/16/07

COPY

AUTOPSY CHECK LIST

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

Name of Decedent:

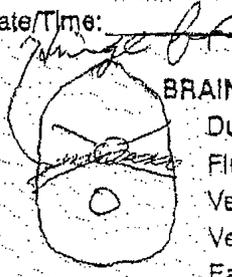
File Number:

06-202

Autopsy Location:

Doctor:

Date/Time:



EXTERNAL

WT

35 lbs
HT 67" brn

Sclera }
Teeth }
Mouth }
Tongue }
Nose }

Chest }
Breasts }
Abdomen }

Scar }
Genital }
Edema }
Skin }
Decub }

HEART WT

Pericard }
Hypert }
Dilat }
Muscle }
Valves }
Coronary }

AORTA

VESSELS

LUNGS WT

R 440
L 240
Adhes }
Fluid }

Atelectasis }
Oedema }
Congest }
Consol }
Bronchi }
Nodes }

PHARYNX }
TRACHEA }
THYROID }
THYMUS }
NECK }

Blat
Blood.
asp.

PERITONEUM

Fluid }
Adhes }

LIVER WT

420
Caps }
Lobul }
Fibros }

GB

Calc

Bile ducts

SPLEEN WT

320
Color }
Consists }

PANCREAS

ADRENALS

KIDNEYS WT

R 110
L 120
Caps }
Cortex }
Vessels }
Pelvis }
Ureter }

BLADDER

GENITALIA

Prpst }
Testes }
Uterus }
Tubes }
Ovar }

OESOPHAGUS

STOMACH

DUOD & SM INT

APPENDIX

LARGE INT

ABDOM NODES

SKELETON

Splne }
Marrow }

BRAIN WT

1300
Dura }
Fluid }
Ventric }
Vessels }
Ears }
Nasal Sir }

Subarach
han over
anterior surface

PHOTO

YES
NO

TOXICOLOGY

Blood }
Bile }
Urine }
Stomach Content }
Liver }
Brain }
Vitrious }
Spleen }
Kidney }

TISSUE

Tissue Bag }
Cassettes }
Frozen }

BODY X-RAYS

Yes
No

ADDITIONAL COMMENTS:

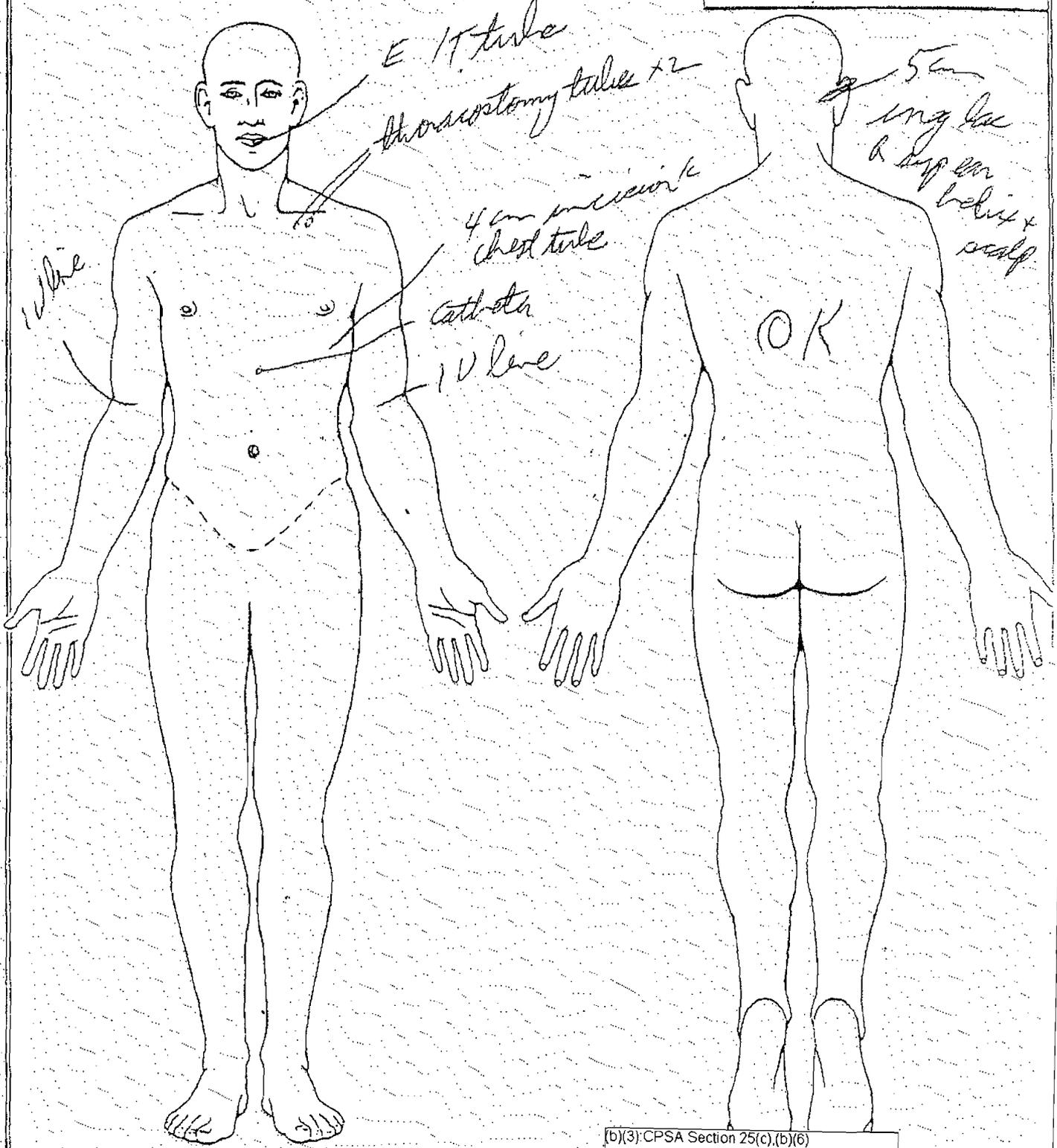
Stomach 20cc brown blood

Vertical column of checkboxes, some marked with an 'X'.

COPY

20

06-202
(b)(3):CPSA Section 25(c),(b)(6)



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

M.D.



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



COPY

AUTOPSY MEMO

NAME	(b)(3) CPSA Section 25(c), (b)(6)	SEX	F	HEIGHT	67"
Death DATE	11/26/2006	AGE	18	WEIGHT	135
TIME	1108	RACE	White	HAIR	Brown
PLACE	Open Desert	COMPLX		EYES	Brown

Place of Autopsy Imperial County Coroner's Facility, 799 Highway 86, Brawley, California, 92227
 Attending Physician (if any) _____

SUMMARY OF CASE:

The decedent was the driver of an off-road vehicle. The decedent turned the vehicle causing it to turn on the driver side. There was hair and blood on an eyelet located on the left side roll over bar. The decedent had trauma on the left side of her head above her ear.

LAB TESTS: Traffic Coroner Comprehensive Other

AUTOPSY REPORT

DATE 11/27/2006 TIME _____ NATURAL ACCIDENT HOMICIDE
 PATHOLOGIST Dr. Garber SUICIDE PENDING UNDETERMINED
 TECHNICIAN _____ SPECIMENS RETAINED: BLOOD BILE URINE TISSUE
 X-RAYS TAKEN # _____ JAWS TAKEN LIVER VIT. CSF

CAUSE OF DEATH: (A) Craniocerebral injury - ^{to spleen} - Secs
 (B) Blunt force trauma to head - Secs
 (C) _____
 (D) _____

OTHER CONDITIONS: None

Decedent: (b)(3) CPSA Section 25(c), (b)(6)
 Case Number: 06-202

Deputy Coroner: (b)(3) CPSA Section 25(c), (b)(6)
 Date: 11/27/2006 Deputy Coroner



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY INFORMATION SHEET

COPY

Autopsy Date: 11/27/2006 Time Start: 0845 Time End: 0925 Seal Cut: _____

Coroner at Post:

(b)(3):CPSA Section 25(c),(b)(6) Deputy
 Supervising
 Deputy Coroner

Pathologist:

Dr. Garber

Autopsy Assistant:

Victor Solorio

I.D. Division

Witnesses:

Name	Agency

NOTES:

Central Blood (time):	By:	Chest Blood (time):	By:
Peripheral Blood (time):	By:	Vitreous Humor:	By:
Urine Taken:	By:	Liver for Tox:	By:
Spleen	0915	Bile:	0915
	DRG		DRG

Body Organ Weights (Grams):

Right Kidney:	110	Right Lung:	440	Brain:	1300
Left kidney:	120	Left Lung:	240	Stomach:	
Liver:	1420	Heart:	290	Uterus:	
Spleen:	320	Pancreas:		Other:	

Has Appendix

Decedent: (b)(3):CPSA Section 25(c),(b)(6)
 Case Number: 06-202

Deputy Coroner: (b)(3):CPSA Section Deputy Coroner
 Date: 11/27/2006

Exhibit 2
FATAL

SPECIAL CONDITIONS FATAL PUBLIC PROPERTY OFF. HIGHWAY		NUMBER 0	HIT & RUN PELODY	CITY UNINCORPORATED	JUDICIAL DISTRICT BRAWLEY	LOCAL REPORT NUMBER 06 11 52	
NUMBER KILLED 1		HIT & RUN MISDEMEANOR	COUNTY IMPERIAL	REPORTING DISTRICT	BEAT 906	DAY OF WEEK SUNDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LOCATION	COLLISION OCCURRED ON: OCOTILLO WELLS RECREATION AREA				MO 11	DAY 26	YEAR 2006
	MILEPOST INFORMATION:				TIME (2400) 1040	NCIC # 9625	OFFICER I.D. 011540
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: .2 MILE(S) NORTH OF SR 78				STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY: SEE MISC BOX
PARTY 1	DRIVER'S LICENSE NUMBER D6276890	STATE CA	CLASS C	AIR BAG A	SAFETY EQUIP. G	VEH. YEAR 2006	MAKE / MODEL / COLOR YAMAHA RHINO PLE/BLK
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> (b)(3):CPSA Section 25(c),(b)(6)				OWNER'S NAME SAME AS DRIVER (b)(3):CPSA Section 25(c),(b)(6)		
PEDESTRIAN	STREET ADDRESS (b)(3):CPSA Section 25(c),(b)(6)				OWNER'S ADDRESS SAME AS DRIVER		
PARKED VEHICLE	CITY / STATE / ZIP (b)(3):CPSA Section 25(c),(b)(6)				DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		
BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-06	WEIGHT 125	BIRTHDATE Mo Day Year 11/3/1983	RACE W
OTHER	HOME PHONE (949)583-9750		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER 5Y4AM04Y95A018711		
INSURANCE CARRIER NONE		POLICY NUMBER		VEHICLE TYPE 06		DESCRIBE VEHICLE DAMAGE LINK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
DIR OF TRAVEL E		ON STREET OR HIGHWAY OPEN DESERT		SPEED LIMIT N/A		SHADE IN DAMAGED AREA TOP VIEW 	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS SAME AS DRIVER		
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA	
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS SAME AS DRIVER		
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA	
PREPARER'S NAME S. D. OBERG 011540		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME KWBIRD 9641		DATE REVIEWED 12/27/06	

DATE OF COLLISION (MO. DAY YEAR) 11/26/2006	TIME (2400) 1040	NCIC # 9625	OFFICER I.D. 011540	NUMBER 06 11 52
--	---------------------	----------------	------------------------	--------------------

PROPERTY DAMAGE	OWNER	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE			

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA. WGN REAR 8 - RR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONNEL HYGIENE J - READING K - OTHER
--	--	--	--	--

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: CITED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*			X	D CELL PHONE NOT IN USE				D MARKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED			X	E MAKING LEFT TURN
	A HEAD-ON				F 75 FT MOTOR/TRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
	D BROADSIDE				I				I PASSING OTHER VEHICLE
	E HIT OBJECT				J				J CHANGING LANES
X A CLEAR	F OVERTURNED				K				K PARKING MANEUVER
B CLOUDY	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
C RAINING	H OTHER*				M				M OTHER UNSAFE TURNING
D SNOWING	MOTOR VEHICLE INVOLVED WITH				N				N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT.	X A NON - COLLISION				O				O PARKED
F OTHER*	B PEDESTRIAN				P				P MERGING
G WIND	C OTHER MOTOR VEHICLE				Q				Q TRAVELING WRONG WAY
	D MOTOR VEHICLE ON OTHER ROADWAY		1	2	3	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)			R OTHER*
	E PARKED MOTOR VEHICLE					A			
X A DAYLIGHT	F TRAIN					B			
B DUSK - DAWN	G BICYCLE					C			
C DARK - STREET LIGHTS	H ANIMAL					D			
D DARK - NO STREET LIGHTS	J FIXED OBJECT					E			
E DARK - STREET LIGHTS NOT FUNCTIONING*	J OTHER OBJECT					F			
	PEDESTRIAN'S ACTIONS					G			
	X A NO PEDESTRIANS INVOLVED					H			
	B CROSSING IN CROSSWALK AT INTERSECTION					I			
	C CROSSING IN CROSSWALK - NOT AT INTERSECTION					J			
	D CROSSING - NOT IN CROSSWALK					K			
	E IN ROAD - INCLUDES SHOULDER					L			
X H NO UNUSUAL CONDITIONS	F NOT IN ROAD					M			
	G APPROACHING / LEAVING SCHOOL BUS		X			N			
						O			

SKETCH

SEE PAGE 4

○
INDICATE NORTH

MISCELLANEOUS

6 POLAROID PHOTOS
 TAKEN BY SGT SACKETT
 ATTACHED TO REPORT.
 DIGITAL PHOTOS TAKEN
 BY RANGER MILLER
 RETAINED BY HIM.

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS Page 3 (Rev 9-05) OPI 081

DATE OF COLLISION (MO. DAY YEAR) 11/26/2006				TIME(2400) 1040	NCIC # 9625	OFFICER I.D. 011540					NUMBER 06 11 52						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS	AIR BAG	SAFETY EQUIP.	EJECTED
		18	F	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER			A	G	Q
<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1			

NAME / D.O.B. / ADDRESS: (b)(3) CPSA Section 25(c),(b)(6) TELEPHONE: (b)(3) CPSA Section 25(c),(b)(6)

(INJURED ONLY) TRANSPORTED BY: (b)(3) CPSA Section 25(c),(b)(6) TAKEN TO: (b)(3) CPSA Section 25(c),(b)(6)

DESCRIBE INJURIES: FATAL - SKULL FRACTURE LEFT SIDE OF HEAD.

ICSO CORONER CASE #06-202

DEATH PRONOUNCED BY: (b)(3) CPSA FROM ECRMC AT 1108 HOURS VICTIM OF VIOLENT CRIME NOTIFIED

# 1		31	M	<input type="checkbox"/>													
-----	--	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME / D.O.B. / ADDRESS: (b)(3) CPSA Section 25(c),(b)(6) TELEPHONE: (b)(3) CPSA Section 25(c),(b)(6)

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

# 2		43	F	<input type="checkbox"/>													
-----	--	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME / D.O.B. / ADDRESS: (b)(3) CPSA Section 25(c),(b)(6) TELEPHONE: (b)(3) CPSA Section 25(c),(b)(6)

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

# 3		45	M	<input type="checkbox"/>													
-----	--	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME / D.O.B. / ADDRESS: (b)(3) CPSA Section 25(c),(b)(6) TELEPHONE: (b)(3) CPSA Section 25(c),(b)(6)

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

#				<input type="checkbox"/>													
---	--	--	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

#				<input type="checkbox"/>													
---	--	--	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

#				<input type="checkbox"/>													
---	--	--	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

PREPARER'S NAME S. D. OBERG	ID. NUMBER 011540	MO. DAY YEAR 11/26/2006	REVIEWER'S NAME	MO. DAY YEAR
--------------------------------	----------------------	----------------------------	-----------------	--------------

STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR)	TIME (24HR)	NOIC #	OFFICER I.D.	NUMBER
11-26-06	1040	9625	11540	06-11-52

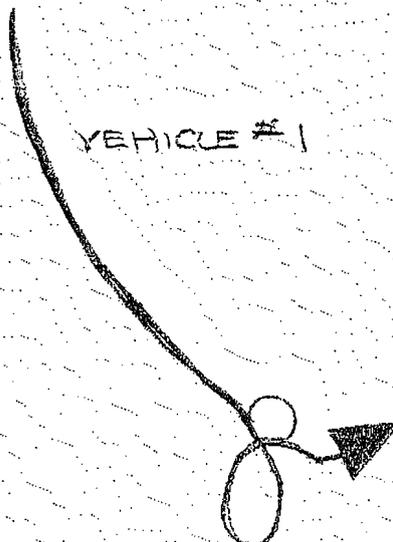
ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)

SKETCH



INDICATE
NORTH

OCOTILLO WELLS OFF ROAD RECREATIONAL AREA



PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
D. SACKETT	10032	11-26-06		

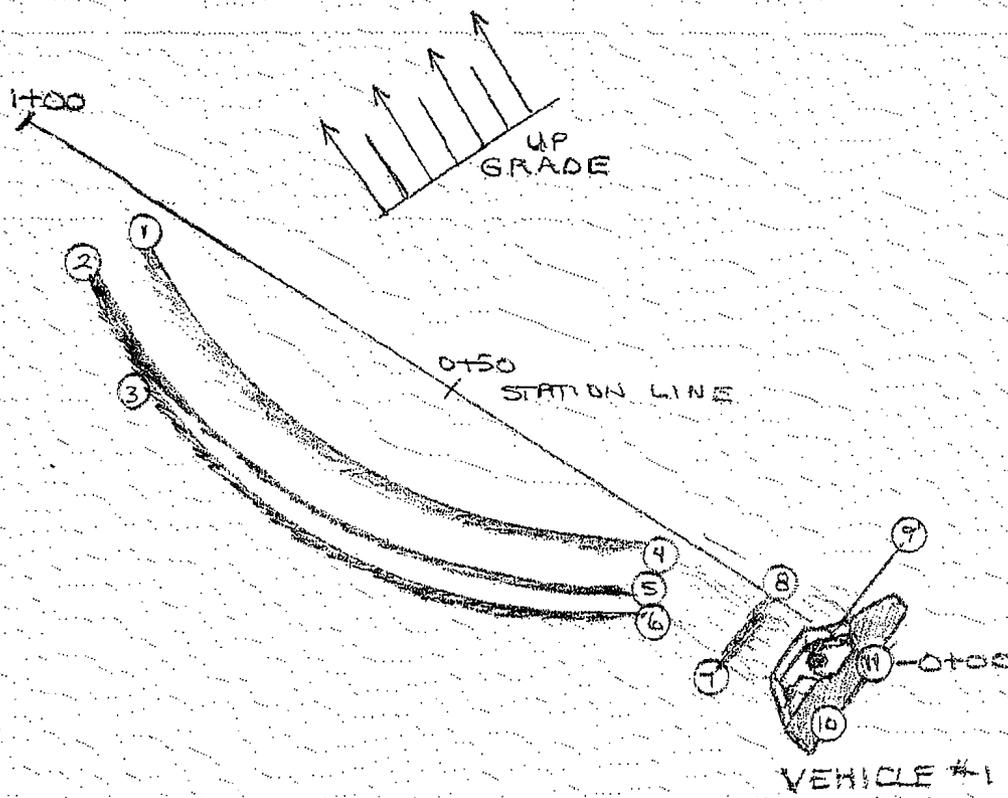
STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR)	TIME (24HR)	INCIDENT #	OFFICER I.D.	NUMBER
11-26-06	1040	9625	11540	06-11-52

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)



OCOTILLO WELLS OFF ROAD
RECREATIONAL AREA



PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
D. SACKETT	10032	11-26-06		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

PAGE 6

DATE OF INCIDENT 11/26/2006	TIME 1040	NCIC NUMBER 9625	OFFICER I.D. 11540	NUMBER 06-11-52
--------------------------------	--------------	---------------------	-----------------------	--------------------

DIAGRAM LEGEND:

1
2
3 Due to the remote location of this traffic collision a Station Line (S. L.) was established
4 along the north side of the physical evidence running in a northwesterly direction.
5 Station 0+00 was located on the S. L. at the center of Vehicle #1's front axle.
6 Geographically 0+00 was located approximately .2 miles north of the north edge of
7 State Route 78 and 7.1 miles west of the west edge of State Route 86. All
8 measurements were made northwest of 0+00 and left (southwest) of the S. L. All
9 measurements were made by either roll meter or patrol vehicle odometer and are
10 approximations.
11

ITEM NO.#	N. OR S. OF S. L.	EAST OF 0+00	DESCRIPTION OF ITEMS
1.	5'	0+92	Start acceleration skid mark #1.
2.	7'	0+93	Start acceleration skid marks #2 and 3.
3.	9'	0+65	Skid mark # 3 separates from skid mark #2.
4.	4'	0+23	End skid mark #1.
5.	8'	0+22	End skid mark #2.
6.	9'	0+21	End skid mark #3.
7.	6'	0+10	South end of gouge in dirt surface.
8.	On	0+10	North end of gouge in dirt surface.
9.	4'	0+03	Center of blood pool.
10.	8'	0+02	Center of Vehicle #1's rear axle.
11.	On	0+00	Center of Vehicle #1's front axle.

12

PREPARER'S NAME D. A. SACKETT	I.D. NUMBER 10032	DATE 11/26/06	REVIEWER'S NAME
----------------------------------	----------------------	------------------	-----------------

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE

7

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/26/2006	1040	9625	11540	06 11 52

1 **FACTS:**

2
3 **Notification:** I received this collision call at 1044 hrs. Responding from the office, I
4 arrived on scene at 1139 hrs. All times, speeds, and distances in this investigation are
5 approximate. Measurements were made with an odometer.
6

7 **Responding Personnel**

8
9 El Centro California Highway Patrol
10 2331 Hwy 86, Imperial Ca. (760)-482-2500
11 Officer Scott Oberg #11540
12 Sergeant Don Sackett #10032
13

14 West Shores Ambulance
15 83 Desert Shores Drive, Desert Shores Ca. (760)-395-6800

16 (b)(3):CPSA Section 25(c),(b)(6) Paramedic (b)(3):CPSA Section 25(c),(b)(6)
17 - Paramedic (b)(3):CPSA Section
18 (b)(3):CPSA Section 25(c),(b)(6) MT# (b)(3):CPSA Section
19 - EMT# (b)(3):CPSA Section
20

21 Ocotillo Wells Fire
22 5841 Hwy 78, Borrego Springs Ca. (760)-764-7430
23 (b)(3):CPSA Section 25(c),(b)(6) Captain
24 (b)(3):CPSA Section 25(c),(b)(6) - EMT
25 (b)(3):CPSA Section 25(c),(b)(6) - Firefighter
26 - Firefighter/EMT
27

28 Mercy Air 6
29 9745 Prospect Avenue #204, Santee Ca., (619)- 448-3457
30 (b)(3):CPSA Section R.N.
31 (b)(3):CPSA Section 25(c),(b)(6) -Medic
32

33 Ocotillo Wells Ranger Station
34 P.O. Box 360, Borrego Springs Ca., (760)-767-0166
35 Supervisor Ranger (b)(3):CPSA Section #1124
36 Ranger (b)(3):CPSA Section #686
37 Desert Lifeguard (b)(3):CPSA Section 25(c),(b)(6)
38 Desert Lifeguard (b)(3):CPSA Section 25(c),(b)(6)
39
40
41

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 8

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/26/2006	1040	9625	11540	06 11 52

1 Imperial County Coroners Office
 2 628 Applestill Road, El Centro Ca., (760) 339-6311

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

6 **Scene:** The collision occurred in the open desert of the Ocotillo Wells Recreation
 7 Area. This area is open desert which is frequented by off highway vehicle enthusiasts.
 8 An improved gravel road referred to as Pole Line Road runs in a north/south direction
 9 west of the scene. SR-78 travels in an east/west direction south of the scene. The
 10 area is a combination of packed dirt, gravel and soft sand with small mounds and brush
 11 in various locations. There were no markings or delineations in the area of the collision.
 12 Refer to the factual diagram and legend for area details and measurements.

15 **Parties:**

17 **Party#1** (b)(3) CPSA Section Upon my arrival, I found P-1 located on the ground lying on her
 18 back a few feet south of V-1. P-1 was declared dead on scene at 1108 hours by
 19 (b)(3) CPSA Section of El Centro Regional Medical Center (ECRMC) via radio telemetry.
 20 (Imperial County Coroner case #C06-202). P-1 was identified as the driver of V-1 by
 21 being the sole occupant of the vehicle and witness (b)(3) CPS Section P-1 was identified by her
 22 father (b)(3) CPSA Section P-1 was not wearing a helmet at the time of the collision.
 23 Goggles were found at the scene under the roll cage of V-1.

25 **Vehicle#1 (Yamaha Rhino UTV)** V-1 (utility terrain vehicle) was located at the scene
 26 on its left side as shown on the factual diagram. V-1 sustained minor damage. The right
 27 front of the roll cage was bent approximately 2". The paint on the top of the roll cage
 28 was chipped and scraped. Brakes and steering were in good condition with proper
 29 resistance. The tires were in good condition. Four point restraints were available and
 30 in use by P-1. Blood was present on the left shoulder portion of the restraint. Strands
 31 of long brown hair were present on the left roll cage brace next to the operator position.
 32 No prior damage was noted or claimed.

35 **Physical evidence:** Dirt tire tracks indicating P-1's path of travel across the open
 36 desert were located at the scene. Refer to factual diagram and legend.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 9

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/26/2006	1040	9625	11540	06 11 52

1 **STATEMENTS:**

2

3 All of the following persons were still visibly upset at the time of the interviews.

4

5 **P-1** (b)(3):CPSA Section no statements due to immediate fatal injuries

6

7 **24 hour profile** I interviewed the friend and father of P-1 at the scene in order to put
8 together this 24 hour profile.

9

10 (b)(3):CPSA Section 25(c), (b)(6) was interviewed at the scene. P-1 had arrived on Friday night with her
11 father and brother about 11pm. She had not seen or heard of P-1 ingesting any
12 impairing substances while at the location. She related P-1 was an experienced rider
13 and not prone to reckless maneuvers. This was P-1's first ride of the day. (b)(3):CPSA Section A Section was
14 not sure how much experience P-1 had with the vehicle she was driving.

15

16 (b)(3):CPSA Section 25(c), (b)(6) the father of P-1 was interviewed at the scene. He related that this
17 was P-1's first ride of the day. P-1 had never driven the type of vehicle she was in at
18 the time of the collision.

19

20 (b)(3):CPSA Section 25(c), (b)(6) was interviewed at the scene at 1155 hours. (b)(3):CPSA Section A Section related he was at
21 his camp about 1/2 mile away facing the scene. He saw P-1 coming off of the small hill
22 at about 20 mph. P-1 started making a left turn then he saw a full cloud of dust. It
23 appeared to him that V-1 rolled one time. His wife called 911 and he responded to the
24 scene to aid P-1. He found P-1 in the driver seat secured by her restraints. P-1 was
25 breathing but was not conscious and was bleeding from the left side of her head. He
26 did not see P-1 wearing a helmet or goggles.

27

28

29 **OPINIONS AND CONCLUSIONS:**

30

31 **Summary:** P-1 was eastbound in open desert at 20 mph. P-1 attempted a sharp left
32 turn without decreasing her speed. V-1 rolled clockwise and came to rest on its left
33 side. Summary based on statements, physical evidence and the nature of the collision.

34

35 **Area of Impact (AOI):** The AOI was determined by dirt gouge marks as .2 miles north
36 of SR-78 and 7.1 miles west of SR-86

37

38 **Cause:** P-1 was in violation caused this collision when she made an unsafe turn
39 causing V-1 to rollover in violation of section 38314 V.C. Cause based upon the nature
40 of the collision and statements.

41

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 10

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/26/2006	1040	9625	11540	06 11 52

- 1 RECOMMENDATIONS:
- 2 None

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

Source Identification Sheet

The Victim: (b)(3):CPSA Section 25(c),(b)(6) DOB: (b)(3):CPSA Section of (b)(3):CPSA Section 25(c),(b)(6)
(b)(3):CPSA Section The victim was not interviewed as she died in the incident.

Coroner's Office:
Imperial County Coroner's Office
328 Applestill Rd.
El Centro, CA 92243

Highway Patrol:
California Highway Patrol
El Centro, CA

1. Task Number 080205HCC3403		2. Investigator's ID 9087		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2006 11 26	5. Date Initiated YR MO DAY 2008 02 27		
6. Synopsis of Accident or Complaint UPC The 13 year old female victim suffered fatal injuries when the utility vehicle she was a passenger in rolled over during an attempted turn. She was wearing a lap belt, was partially ejected, and the vehicle's roll bar came to rest on her un-helmeted head.				
MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>25c, 3, 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>D 80630</i>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City BRAWLEY		9. State CA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 13	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 52 - Concussion	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 10 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 05/02/2008	25. Reviewed By 9035		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0606118924	

This incident occurred on 11/22/06, and involved a 13 year old female victim who was a front seat passenger in a utility vehicle with a roll cage in the open desert in an unincorporated area of the city of Brawley, in Imperial County, CA. All of the information in this report comes from the coroner's office and the highway patrol. Their reports are appended as Exhibits 1 and 2, respectively.

At about 8:30 PM, the driver of the vehicle, a 15 year old female, was going out to look for some late arriving friends. The victim asked and was granted permission to accompany the 15 year old driver. The driver had been operating off road vehicles since age eight, and she felt comfortable riding in the desert. Her experience was primarily on quad ATV's but she had driven a utility type vehicle in the past.

They never found the late-arriving friends and instead rode around for a while at about 10 mph. The weather was calm, cool and dry with no unusual conditions. The driver was on an eight foot tall sand dune when she attempted to turn the vehicle around and head back to camp, she felt the rear wheels start slipping and two wheels (not identified) were off the ground. The driver turned the steering wheel and tried to correct it when the vehicle started rolling over. The vehicle landed on its right side. The driver unbuckled her seat belt and told the victim to wake up. When the victim did not wake up, the driver summoned help. The driver of the vehicle was not reported to have been injured.

The victim was wearing a lap belt but was partially ejected from the vehicle. The vehicle's roll bar came to rest on top of the victim's head. First responders were unsuccessful in their attempts to revive the victim. She was pronounced dead at the scene at 10:25 PM. The immediate causes of her death were listed in the coroner's report as Fractured Neck and Blunt Force Trauma to Head. The death was classified as accidental. There was no evidence that the driver or the victim had ingested any impairing substances while in the desert.

The responding police agency found the driver to have caused the incident when she began to make a right hand turn on the downhill side of a steep sand embankment in an unsafe manner which caused the vehicle to roll. At the vehicle rolled, the victim was partially ejected and sustained fatal injuries. This is a violation of 38314 VC which states that no person shall turn an off-highway motor vehicle from a direct course or move left or right until such movement can be made with reasonable safety. The police agency report recommended a copy of their report be sent to the district attorney's office for review and filing of the following charges against the driver of the utility vehicle:

38314 VC (Unsafe turning movement for off-highway vehicle). Established when the driver who, while traveling down a steep sand dune, unsafely turned her vehicle which caused it to lose traction and overturn.

192(c)(2) PC (Vehicular manslaughter without gross negligence). Established by the driver who unlawfully and without malice, cause the death of the victim, while driving a vehicle in the commission of an unlawful act, not amounting to a felony, and without gross negligence.

THE PRODUCT

The product was a 2006 Yamaha Rhino, Vehicle Identification Number 5Y4AM08Y06A003929. It was not further identified. Before the incident, the owner of the vehicle had removed the vehicle's originally equipped roll cage and three-point passenger restraint system and had installed an after-market roll bar with lap belts. No reason was given for this change.

EXHIBITS

1. Coroner's report.
2. Highway Patrol report.
3. Source Identification Sheet.



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



COPY

Abigail Rae West

Coroner Case Number: 06-196

CLASSIFICATION	Manner of Death Accident (Vehicle)		Sub Manner of Death			Deputy Coroner Charles R. Lucas	
	Type of Medical Examination Autopsy		Time Departed 2253	Time Arrival 2326	Date of Death 11/22/2006	Time of Death 2225	
DECEDENT PERSONAL DATA	Name-First [REDACTED]		Middle [REDACTED]	Last [REDACTED]		Marital Status Never Married	
	Age 13	Date of Birth 06/16/1993	Place of Birth CA, United States	Height 5' 07"	Weight 110	Hair Blond	Eyes Blue
	Sex F	Teeth Natural	Race White			SSN 622-80-4089	
	Scars, Marks, Tattoos						
RESIDENCE	Address [REDACTED]				City Imperial	State Californ	Zip 92251
PLACE OF DEATH	Place open desert					County Imperial	
	Address [REDACTED]				City Imperial	State CA	
REPORTING INFORMATION	Death Reported By Matt		Agency	Date 11/22/2006	Time 2254	Removed From Scene To Coroner's Facility	
	Address			City	State	Zip	
CAUSE OF DEATH	Immediate Cause: Fractured Neck		The Foregoing Instrument is A Correct Copy Of The Original On File In This Office.				
	Due to: Blunt Force Trauma to Head		Attest: <u>4-23-2008</u> Sheriff-Coroner				
	Due to:		County of Imperial, State of California				
	Due to:		By <u>[Signature]</u> Deputy				
OTHER SIGNIFICANT CONDITIONS	None						
INJURY INFORMATION	Place of Injury [REDACTED]			Injury at Work? No	Date of Injury 11/22/2006	Time 2116	Estimated
	Address of Injury Seven miles northwest of intersection of Huff and Wheeler Roads			City Imperial	County Imperial	State CA	
	Injury Description Decedent was the front right passenger of an off-road vehicle which was involved in a roll over accident.						
IDENTIFICATION	Identification Method Visually			Identified By [REDACTED]			
NOTIFIED	Name [REDACTED]		Relationship Father	Mailing Address [REDACTED]			
	Notified By Gold Cross		How Notified In Person		Date 11/22/2006	Time 2225	
ADDITIONAL INFORMATION	Physician		Other Investigation CHP El Centro		Funeral Home Frye Chapel & Mortuary		

Raymond Loera, Sheriff-Coroner

[Signature]
Charles R. Lucas Supervising/Deputy Coroner

[Signature]
Charles R. Lucas Supervising Deputy Coroner

DEPUTY CORONER:

I, Chris Macken, Deputy Coroner, accompanied by Charles Lucas, Supervising Deputy Coroner, conducted this investigation for the Imperial County Coroner's Office.

RECEIPT OF CALL:

On November 22, 2006, at approximately 2225 hours, Supervising Deputy Coroner Lucas received a telephone call at his residence from the Imperial County Sheriff's Office Communication Center, advising him of a coroner case involving a deceased person located approximately six miles north of the intersection of Wheeler Road and Huff Road. Upon meeting with Sgt. Lucas, we immediately responded to that location.

ARRIVAL AT SCENE:

On November 22, 2006, at approximately 2253 hours, we arrived at the scene and met with Sgt. E. Fried, who directed me to the decedent's location.

DESCRIPTION OF SCENE / GPS:

The scene is that of the rear of an ambulance located in an open desert area.

The GPS for the decedent's location is N 32.93360 and W 115.79756.

VIEWING OF DECEDENT:

Upon my arrival, I saw decedent was covered with a white sheet, lying supine in the rear of an ambulance. The decedent had purple colored swelling to the left eye socket area. The decedent had a puncture type wound on the left side of her head, approximately one inch forward of her upper ear lobe. The

1 decedent had an intravenous line inserted into her right inner elbow. The
2 decedent had a cervical collar placed around her neck area, and an endotracheal
3 tube inserted into her mouth. The decedent had one electrocardiogram patch
4 attached to her left upper chest, one electrocardiogram patch attached to her
5 right upper chest, and one electrocardiogram patch attached to her left side. The
6 decedent had an automated external defibrillator electrode patch attached to her
7 left side.

8 The decedent did not show signs of rigor, lividity or cyanosis. I did not
9 observe any signs of foul play type trauma to the decedent's person.

10 The decedent is a white female juvenile, 13 years of age, 5' 07" tall,
11 weighing approximately 110 lbs, with blond hair and blue eyes.

12 I further noted the decedent was wearing blue jeans. The decedent's shirt
13 appeared to have been removed to assist medical personnel with administration
14 of medical procedures.

15 **PROPERTY:**

16 While at the scene I initiated an Imperial County Coroner's Office property
17 receipt with a number of 1366, to reflect that the following property was retained
18 by the Imperial County Coroner's Office and is as follows;

- 19 1) One black bracelet;
20 2) One cellular telephone.

21 On November 23, 2006, at approximately 0015 hours, I released the
22 decedent's property to her father, Jeffry West.

1 REMOVAL / TRANSPORTATION:

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

5 IDENTIFICATION:

6 The decedent's father, Jeffry Lee West, identified her as Abigail (Abbey)
7 Rae West, with a date of birth of June 16, 1993.

8 NOTIFICATION:

9 Gold Cross made notification to the decedent's father, Jeffry Lee West, on
10 November 22, 2006, at approximately 2225 hours.

11 X-RAYS:

12 No x-rays were taken of the decedent.

13 POST MORTEM EXAMINATION:

14 On November 27, 2006, at approximately 0940 hours, a post mortem
15 examination was conducted under the direction of Darryl J. Garber, M.D.,
16 Forensic Pathologist. Present at the post mortem examination were Autopsy
17 Assistant Victor Solorio and Supervising Deputy Coroner Charles Lucas.

18 At the conclusion of the post mortem examination at approximately 1020
19 hours, Dr. Garber listed the cause of death as; (A) **Fractured Neck**, and (B)
20 **Blunt Force Trauma to Head**.

21 FINGERPRINTS / PHOTOGRAPHS:

22 Supervising Deputy Coroner Charles Lucas took fingerprints at the post
23 mortem examination.

1 I took photographs of the scene and Supervising Deputy Coroner Charles Lucas
2 took photographs at the post mortem examination.

3 **INVESTIGATION:**

4 Subsequent investigation revealed that the decedent was traveling in the
5 front passenger seat of an off-road vehicle. The vehicle is a Rhino, golf-cart type
6 utility/all terrain vehicle. The vehicle had been removed from the scene prior to
7 our arrival and I was unable to obtain any identifying information.

8 According to statements made by California Highway Patrol Officer Cano,
9 the driver of the vehicle attempted to turn the vehicle and the vehicle turned over
10 onto the passenger side. The decedent, who was believed to be seat belted into
11 the vehicle, was partially ejected from the vehicle, causing the roll-over bar to
12 strike the decedent on her left side head area.

13 Medical attention was summoned, and, upon the arrival of Paramedic
14 Christmas, he was unsuccessful in his attempts to revive the decedent.
15 Paramedic Christmas described the decedent's condition to El Centro Regional
16 Medical Center Emergency Room Physician, Doctor Dlugos, via radio. The
17 decedent was pronounced deceased at the scene, at 2225 hours by Dr. Dlugos.

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

21 **TOXICOLOGY TESTS:**

22 On November 22, 2006, during the post mortem examination, a sample of
23 the decedent's blood, bile, urine and tissue, were retained for toxicology testing.

1 Due to a cause of death being identified at the post mortem examination,
2 no toxicology tests were done. The samples taken during the post mortem
3 examination are stored for future examination if required.

4 **WITNESSES:**

- 5 1. Darryl J. Garber, M.D., Forensic Pathologist, Rancho Mirage, CA
- 6 2. Victor Solorio, Autopsy Assistant, Imperial County Coroner's Facility,
7 Brawley, CA
- 8 3. Charles Lucas, Supervising Deputy Coroner, Coroner's Office, Imperial
9 County Sheriff's Department, El Centro, CA

10 **REFERENCE NOTES:**

- 11 1. Death certificate as filed with the Imperial County Health Department in file
- 12 2. Autopsy protocol as per Dr. Garber in file
- 13 3. Imperial County Coroner's property receipt numbered 1366 in file
- 14 5. Photographs on file
- 15 6. Digital Photographs on Compact Disc in file
- 16 7. Fingerprints in file
- 17 8. California Highway Patrol Report, with a number of 06 11 46, as
18 completed by Officer D. Goudie in file

19

20

21

22

23



1 **Harold D. Carter**
2 **Sheriff-Coroner**
3 **Imperial County, CA**

4

5

6

BY: 

7

Charles R. Lucas

8

Supervising Deputy Coroner

9

10

11 **HDC/CMM/CRL**



HAROLD D. CARTER
Sheriff-Coroner-Marshal

CORONER'S OFFICE COUNTY OF IMPERIAL



DARRYL J. GARBER, M.D.
Forensic pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: _____ CORONER'S CASE: #06-196

ANATOMIC SUMMARY:

- I. Blunt force trauma to head
 - A. Circumstances---see Investigator's report
 - B. Fracture/dislocation, third cervical vertebra, neck
 - C. Multiple abrasions, contusions and lacerations of head and right shoulder

CONCLUSION: (Cause of Death)

- A) Fractured neck
- B) Blunt force trauma to head

OTHER SIGNIFICANT CONDITIONS: None

The Foregoing Instrument Is A Correct
Copy Of The Original On File In This Office.

Attest: 4-23-2008
Sheriff-Coroner

County Of Imperial, State of California

By [Signature] Deputy

DATE AND TIME OF AUTOPSY: November 28, 2006 @ 9:40 a.m. to 10:20 a.m.

NAME OF DECEDENT: _____
PAGE TWO

CORONER'S CASE: #06-196

EXTERNAL EXAMINATION: The body is that of a well-developed and well-nourished teenage girl which appears to be about the stated age of 13 years old, weighing approximately 110 pounds and measuring approximately 67" in height. The body is in rigor mortis. There are no significant scars over the body. An intravenous line is present in the right antecubital fossa. There is a healing 1 cm laceration over the left dorsal hand between the thumb and index finger. There are some injuries over the body which will be separately described. The hair is blond. The head is not remarkable except for some injuries to be described. The eyes are blue. The eyes and ears show no abnormality. The nose and mouth are normal and the mouth contains an endotracheal tube. The chest and abdomen are Normal. Genitalia are those of a normal teenage female. The extremities show no significant injury.

DESCRIPTION OF EXTERNAL INJURIES: There are multiple 1 to 5 x 12 cm red-brown abrasions over the left forehead, left temple, left cheek and left superior lateral neck. There is a 3 cm irregular open laceration of the left temple adjacent to the lateral aspect of the left eyelids. There is a 3 x 6 cm red-brown abrasion over the right lower face adjacent to the angle of the right mandible. There is a 5 cm purple contusion over the right lower cheek. The left eye is surrounded by purple ecchymosis. Blood is noted to be coming from the nose. There is a 3 x 4 cm red-purple contusion over the right anterior shoulder.

DESCRIPTION OF INTERNAL INJURIES: Examination of the neck reveals fracture/dislocation of the third cervical vertebra surrounded by extensive perivertebral hemorrhage. No other injuries are found of the head or torso.

OPINION: On the basis of the autopsy findings, it is evident that this 13-year-old teenage female suffered from a fractured neck due to blunt force trauma to her head which resulted in her rapid demise.

INTERNAL EXAMINATION: The body is opened with the usual Y-shaped incision. The organs of the thorax and abdomen are in their normal positions. The pleural, pericardial and peritoneal surfaces are smooth and glistening. The mediastinum is in the midline. The liver is at the right costal margin in the midclavicular line.

CARDIOVASCULAR SYSTEM: The heart weighs 250 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size. The great veins contain postmortem clots.

RESPIRATORY SYSTEM: The right lung weighs 330 gm, the left 350 gm. The visceral pleurae are smooth and glistening. The cut surfaces are pale. The larynx, trachea and major bronchi are lined by smooth glistening mucosa.

NAME OF DECEDENT: _____ CORONER'S CASE: #06-196
PAGE THREE

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains 20 cc of mostly digested food. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

HEPATOBIILIARY SYSTEM: The liver weighs 1,270 gm. The surface is smooth and glistening. The parenchyma is soft and pale. The gallbladder is normally developed and contains 2 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 160 gm. The surface is smooth. The parenchyma is soft and pale. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The right kidney weighs 110 gm, the left 100 gm. The surfaces are smooth. The cortices are well demarcated from the medulla. The renal pelves, ureters and urinary bladder are normally developed. The bladder contains 110 cc of urine. The uterus, tubes and ovaries are normally developed.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and shows the previously described fracture dislocation of the third cervical vertebra of the neck.

CENTRAL NERVOUS SYSTEM: The brain weighs 1,460 gm. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges are clear and glistening. The cortex is well demarcated from the white matter. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brain stem and Circle of Willis are normally developed.

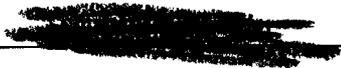
FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning and during the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

TOXICOLOGY: Heart blood and urine are retained in the event that toxicology becomes necessary.

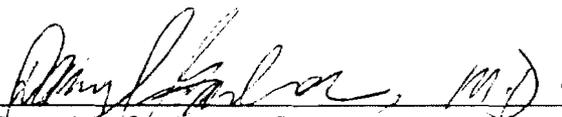
HISTOLOGY: Tissue is retained in the hold jar.

NAME OF DECEDENT: _____
PAGE FOUR



CORONER'S CASE: #06-196

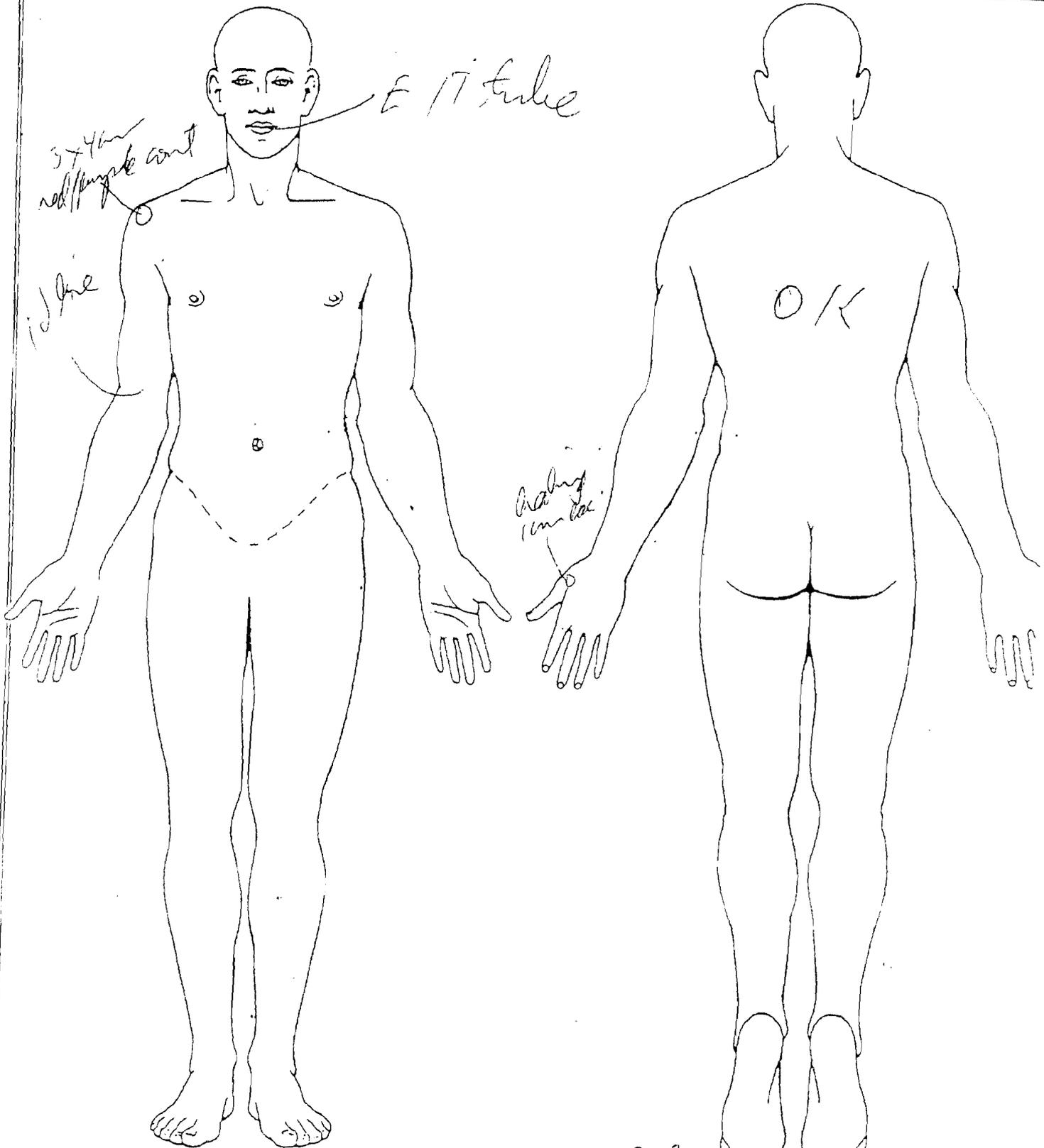
OPINION: On the basis of the autopsy findings, it is evident that this 13-year-old white teenage female suffered from a fractured neck due to blunt force trauma to her head which resulted in her rapid demise.


Darryl J. Garber, M.D.
Forensic Pathologist

4/16/07
Date

20

OG - 196



37 gauge
needle in
right shoulder

ETT tube

no line

OK

No injury

[Handwritten signature]



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY MEMO

NAME	<u>[REDACTED]</u>	SEX	<u>F</u>	HEIGHT	<u>5'07"</u>
Death DATE	<u>11/22/2006</u>	AGE	<u>13</u>	WEIGHT	<u>110</u>
TIME	<u>2225</u>	RACE	<u>White</u>	HAIR	<u>Blond</u>
PLACE	<u>open desert</u>	COMPLX		EYES	<u>Blue</u>

Place of Autopsy Imperial County Coroner's Facility, 799 Highway 86, Brawley, California, 92227
 Attending Physician (if any) _____

SUMMARY OF CASE:

The decedent was the front passenger of an off road vehicle. The driver turned the vehicle sharply causing the decedent to partially eject from the vehicle. The vehicle roll over bar appeared to strike the decedent on the left side of her head between the ear and temple area. There was trauma to the left side of the decedent's head and swelling and discoloration around the eye.

LAB TESTS: Traffic Coroner Comprehensive Other

No toxicology

AUTOPSY REPORT

DATE 11/27/2006 TIME _____ NATURAL ACCIDENT HOMICIDE
 PATHOLOGIST Dr. Garber SUICIDE PENDING UNDETERMINED
 TECHNICIAN _____ SPECIMENS RETAINED: BLOOD BILE URINE TISSUE
 X-RAYS TAKEN # _____ JAWS TAKEN LIVER VIT. CSF

CAUSE OF DEATH: (A) Fractured neck - lacer
 (B) Blunt force trauma to head - lacer
 (C) _____
 (D) _____

OTHER CONDITIONS: None

Decedent: [REDACTED]
 Case Number: 06-196

Deputy Coroner: Christopher Macken, Deputy Coroner
 Date: 11/27/2006



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY INFORMATION SHEET

Autopsy Date: 11/27/2006 Time Start: 0940 Time End: 1020 Seal Cut: _____

Coroner at Post:

~~Christopher Macken, Deputy~~
~~Coroner~~
Charles R. Lucas, Supervising
Deputy Coroner

Pathologist:

Dr. Garber

Autopsy Assistant:

Victor Solorio

I.D. Division

Witnesses:

Name	Agency

NOTES:

Central Blood (time):	<u>1000</u>	By:	<u>DR G</u>	Chest Blood (time):		By:	
Peripheral Blood (time):		By:		Vitreous Humor:		By:	
Urine Taken:	<u>1005</u>	By:	<u>DR G</u>	Liver for Tox:		By:	
				Bile:		By:	

Body Organ Weights (Grams):

Right Kidney:	<u>110</u>	Right Lung:	<u>330</u>	Brain:	<u>1460</u>
Left kidney:	<u>100</u>	Left Lung:	<u>350</u>	Stomach:	
Liver:	<u>1270</u>	Heart:	<u>250</u>	Uterus:	
Spleen:	<u>160</u>	Pancreas:		Other:	

HAS APPENDIX
FRACTURE / DISLOCATION C3

Decedent: [REDACTED]
Case Number: 06-196

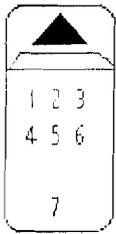
Deputy Coroner: Christopher Macken, Deputy Coroner
Date: 11/27/2006

FATAL

SPECIAL CONDITIONS FATAL PUBLIC PROPERTY		NUMBER INJURED 1	HIT & RUN FELONY	CITY UNINCORPORATED	JUDICIAL DISTRICT BRAWLEY	LOCAL REPORT NUMBER 06 11 46				
		NUMBER KILLED 1	HIT & RUN MISDEMEANOR	COUNTY IMPERIAL	REPORTING DISTRICT	BEAT 906				
LOCATION	COLLISION OCCURRED ON OPEN DESERT 37' N. OF WHEELER ROAD				MO 11	DAY 22	YEAR 2006	TIME (2400) 2115	NCIC # 9625	OFFICER I.D. 011952
	MILEPOST INFORMATION				DAY OF WEEK WEDNESDAY		TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY J. RODRIGUEZ	
	AT INTERSECTION WITH <input checked="" type="checkbox"/> OR 7.95 FEET WEST OF HUFF ROAD				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		I.D. 11606 20 PICTURES			
PARTY 1	DRIVER'S LICENSE NUMBER NONE	STATE	CLASS U	AIR BAG P	SAFETY EQUIP C	VEH YEAR 2006	MAKE / MODEL / COLOR YAMAHA RHINO BLU	LICENSE NUMBER M65123	STATE CA	
DRIVER X	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME SAME AS DRIVER					
PEDLES- TRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP EL CENTRO CA 92243				DISPOSITION OF VEHICLE ON ORDERS OF DRIVEN AWAY AT R/O'S REQUEST					
BICY- CLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-4	WEIGHT 90	BIRTHDATE Mo 5/15/1991 Day Year	RACE W	PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> INONE APP REFER TO NARRATIVE		
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER [REDACTED]					
INSURANCE CARRIER NONE		POLICY NUMBER				VEHICLE TYPE 96	DESCRIBE VEHICLE DAMAGE DUNK NONE <input checked="" type="checkbox"/> MINOR MOD MAJOR ROLL-OVER		SHADE IN DAMAGED AREA TOP VIEW [REDACTED]	
DIR OF TRAVEL ON STREET OR HIGHWAY E		OPEN DESERT		SPEED LIMIT		CA DOT		CAL-T TCP/PSC MCMX		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME SAME AS DRIVER					
PEDLES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF OFFICER DRIVER OTHER					
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE	PRIOR MECHANICAL DEFECTS NONE APP REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER					
INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE DUNK NONE MINOR MOD MAJOR ROLL-OVER		SHADE IN DAMAGED AREA	
DIR OF TRAVEL ON STREET OR HIGHWAY				SPEED LIMIT		CA DOT		CAL-T TCP/PSC MCMX		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME SAME AS DRIVER					
PEDLES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF OFFICER DRIVER OTHER					
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE	PRIOR MECHANICAL DEFECTS NONE APP REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER					
INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE DUNK NONE MINOR MOD MAJOR ROLL-OVER		SHADE IN DAMAGED AREA	
DIR OF TRAVEL ON STREET OR HIGHWAY				SPEED LIMIT		CA DOT		CAL-T TCP/PSC MCMX		
PREPARED NAME D. L. GOUDIE 011952		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVEAL NAME ICMBIRD964		DATE RECEIVED 12/28/06				

DATE OF COLLISION (MO. DAY YEAR) 11/22/2006	TIME(2400) 2115	NCIC # 9625	OFFICER I.D. 011952	NUMBER 06 11 46
--	--------------------	----------------	------------------------	--------------------

PROPERTY DAMAGE	OWNER DESCRIPTION OF DAMAGE	OWNER ADDRESS	NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--------------------------------	---------------	--

SEATING POSITION  <p>1 - DRIVER 2 - TO 6 - PASSENGERS 7 - STA. WGN REAR 8 - RR OCC TRK OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - CHILD RESTRAINT R - IN VEHICLE USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONNEL HYGIENE J - READING K - OTHER
--	--	--	--	--

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION	
1 A VC SECTION VIOLATED. CITED 389305VC	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED	
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT	
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD	
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*			X	D CELL PHONE NOT IN USE			X	D MAKING RIGHT TURN	
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN	
	A HEAD-ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN	
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING	
	C REAR END				H				H SLOWING / STOPPING	
	D BROADSIDE				I				I PASSING OTHER VEHICLE	
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT				J				J CHANGING LANES	
X A CLEAR	F OVERTURNED				K				K PARKING MANEUVER	
B CLOUDY	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC	
C RAINING	H OTHER*				M				M OTHER UNSAFE TURNING	
D SNOWING					N				N XING INTO OPPOSING LANE	
E FOG / VISIBILITY FT.					O				O PARKED	
F OTHER*	MOTOR VEHICLE INVOLVED WITH				P				P MERGING	
G WIND	X A NON - COLLISION				Q				Q TRAVELING WRONG WAY	
LIGHTING					OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)					R OTHER*
A DAY - FULL	B PEDESTRIAN				A VC SECTION VIOLATED CITED	CHILD	YES			
B DUSK - DAWN	C OTHER MOTOR VEHICLE			1	B VC SECTION VIOLATED CITED		YES			
C DARK - STREET LIGHTS	D MOTOR VEHICLE ON OTHER ROADWAY			2			NO			
X D DARK - NO STREET LIGHTS	E PARKED MOTOR VEHICLE			3	C VC SECTION VIOLATED CITED		YES	1	2	
E DARK - STREET LIGHTS NOT FUNCTIONING*	F TRAIN						NO		3	
	G BICYCLE									
ROADWAY SURFACE										
X A DRY	H ANIMAL									
B WET	I FIXED OBJECT*									
C SNOWY - ICY	J OTHER OBJECT									
D SLIPPERY (MUDDY, OILY, ETC.)	K DIRT EMBANKMENT									
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)										
A HOLES, DEEP RUT*	PEDESTRIAN'S ACTIONS									
B LOOSE MATERIAL ON ROADWAY*	X A NO PEDESTRIANS INVOLVED				D			X	A HAD NOT BEEN DRINKING	
C OBSTRUCTION ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION				E VISION OBSCUREMENT				B HBD - UNDER INFLUENCE	
D CONSTRUCTION - REPAIR ZONE	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				F INATTENTION*				C HBD - NOT UNDER INFLUENCE	
E REDUCED ROADWAY WIDTH	D CROSSING - NOT IN CROSSWALK				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN	
F FLOODED*	E IN ROAD - INCLUDES SHOULDER				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*	
G OTHER*	F NOT IN ROAD				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*	
X H NO UNUSUAL CONDITIONS	G APPROACHING / LEAVING SCHOOL BUS			X	J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN	
					K DEFECTIVE VEH. EQUIP. CITED				H NOT APPLICABLE	
							YES			
							NO			
					L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED	
					M OTHER*					
					N NONE APPARENT					
					O RUNAWAY VEHICLE					

SKETCH

SEE PAGE 4


 INDICATE NORTH

MISCELLANEOUS

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS Page 3 (Rev 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR) 11/22/2006				TIME(2400) 2115		NCIC # 9625		OFFICER I.D. 011952			NUMBER 06 11 46							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS	AIR BAG	SAFETY EQUIP	EJECTE	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PEO	BICYCLIST	OTHER						
#		15	F				[X]	[X]						1	1	P	C	0

NAME / D.O.B. / ADDRESS: ALLYSON BROOKE TAYLOR (05/15/1991) 1015 LENREY AVE EL CENTRO CA 92243 TELEPHONE: (760)554-1464

(INJURED ONLY) TRANSPORTED BY: GOLD CROSS AMBULANCE TAKEN TO: PIONEERS MEMORIAL HOSPITAL, BRAWLEY, CA.

DESCRIBE INJURIES: COMPLAINT OF PAIN TO LEFT SHOULDER AND RIGHT HIP.

VICTIM OF VIOLENT CRIME NOTIFIED

#		15	F				[X]	[X]						1	1	P	C	0
---	--	----	---	--	--	--	-----	-----	--	--	--	--	--	---	---	---	---	---

NAME / D.O.B. / ADDRESS: ABIGAIL RAE WEST (06/16/1993) 2797 IRONWOOD RD IMPERIAL CA 92251 TELEPHONE: (760)355-1081

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES: BROKEN NECK AND BLUNT FORCE TRAUMA TO THE HEAD RESULTING IN FATAL INJURIES. IMPERIAL COUNTY CORONER SGT. C. LUCAS. CASE #06-196

VICTIM OF VIOLENT CRIME NOTIFIED

#	1	48	M															
---	---	----	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME / D.O.B. / ADDRESS: WOODROW CHRIS TAYLOR (07/22/1958) 1015 LENREY AVE EL CENTRO CA 92243 TELEPHONE: (760)554-1464

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

#	2	33	M															
---	---	----	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME / D.O.B. / ADDRESS: HARRY NELSON (07/03/1973) 570 SILVERWOOD ST IMPERIAL CA 92251 TELEPHONE: (760)427-5461

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

#	3	38	F															
---	---	----	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME / D.O.B. / ADDRESS: PAULA LONG (08/08/1968) 12127 ORANGE CREST COURT UNIT 2 LAKE SIDE CA 92040 TELEPHONE: (619)708-0313

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

#																		
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARED BY NAME E L GOUDIE	ID NUMBER 011952	MO. DAY YEAR 11 22/2006	REVIEWER'S NAME	MO. DAY YEAR
--------------------------------	---------------------	----------------------------	-----------------	--------------

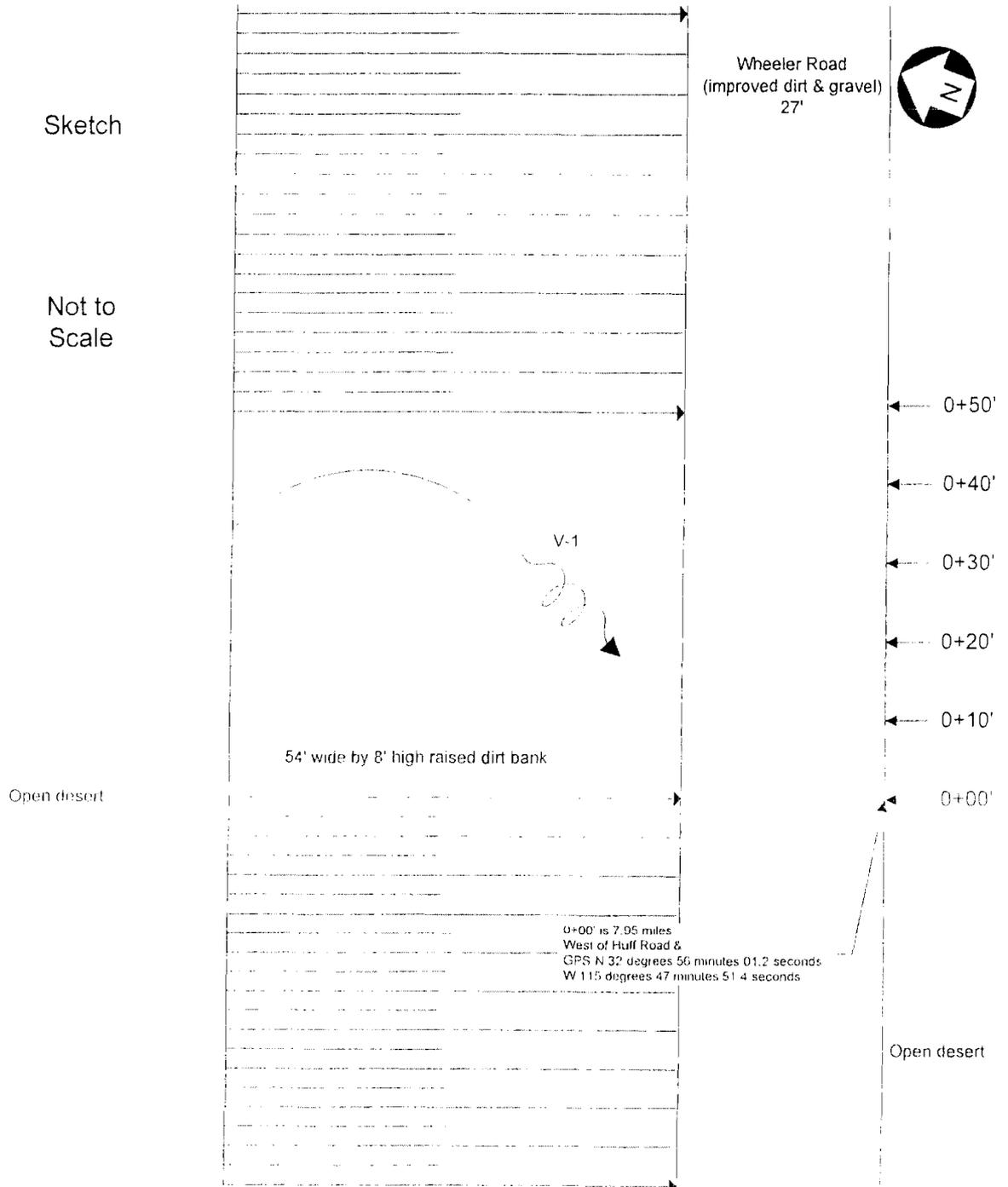
STATE OF CALIFORNIA
SKETCH DIAGRAM

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

PAGE 4 OF 12

DATE OF INCIDENT 11/22/2006	TIME 2115	NCIC NUMBER 9625	OFFICER I.D. 15959	NUMBER 061146
--------------------------------	--------------	---------------------	-----------------------	------------------

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY Jacques Rodriguez	ID NUMBER 11606	DATE 11/23/2006	REVIEWER'S NAME	DATE
----------------------------------	--------------------	--------------------	-----------------	------

STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 535 Page 4 (Rev. 8-97) OPI 042

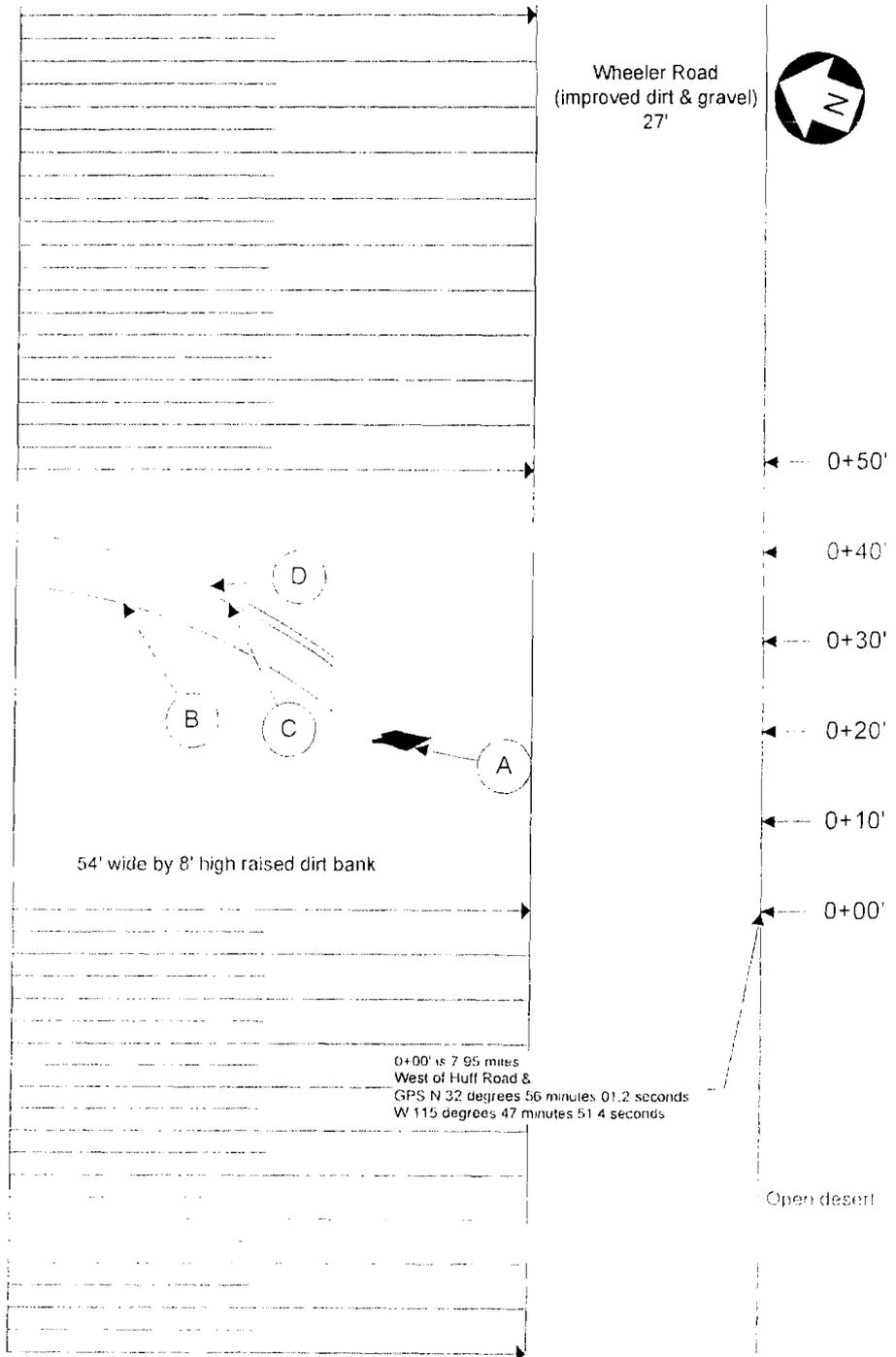
DATE OF INCIDENT 11/22/2006	TIME 2115	NCIC NUMBER 9625	OFFICER I.D. 15959	NUMBER 061146
--------------------------------	--------------	---------------------	-----------------------	------------------

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

Factual
Diagram

Not to
Scale

Open desert



PREPARED BY Jacques Rodriguez	I.D. NUMBER 11606	DATE 11/23/2006	REVIEWER'S NAME	DATE
----------------------------------	----------------------	--------------------	-----------------	------

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/22/2006	2115	9625	15959	06 11 46

1 **LEGEND:**

2

3 **STATIONLINE:** A stationline, running from west to east, was established along the south road edge of
 4 Wheeler Road. Station 0+00' was located 7.95 miles west of the west asphalt road edge of Huff Road.
 5 0+00' was also located at GPS reading N 32 degrees 56 minutes 01.2 seconds and W 115 degrees 47
 6 minutes 51.4 seconds.

7

8 **PHYSICAL EVIDENCE:** V-1 was moved prior to CHP arrival.

9 Items A is a 4' long by 3' wide gouge mark in the sand surface.

10 Items B, C, & D are dirt tire track marks.

11

12 **LOCATIONS:** Item A 37' north of station 0+17', continues 42' north of station 0+19', continues 35' north
 13 of station 0+19'

14 Item B begins 81' north of station 0+37' and ends 50' north of station 0+22'

15 Item C begins 81' north of station 0+41' and ends 49' north of station 0+27'

16 Item D begins 81' north of station 0+42' and ends 49' north of station 0+28'

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Jacques Rodriguez	11606	11/23/2006		

NARRATIVE/SUPPLEMENTAL

CHP 556 OPI 042

Page 7

DATE OF INCIDENT/OCCURRENCE	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11-22-06	2115	9625	11952	06 11 46

FACTS**NOTIFICATION:**

On 11-22-06 at approximately 2120 hours, Officer Cano was dispatched to an 11-79 (accident with an ambulance rolling) on Wheeler Road 7 miles west of Huff Road. Officer Cano responded and arrived on scene at 2209 hours. On 12-18-06 I assumed the position as the lead investigator of this investigation.

All reference to time, speed and distance in this investigation are approximate. Measurements were taken with a CHP roll-meter and patrol car odometer. The time of call and officer arrival time was obtained from dispatch log #1160.

Other Agencies on Scene:

Life Net Air Ambulance
1050 North Eastern Ave
Brawley, Ca. 92227
760-344-7376

Pilot Don Ballarini
Flight Nurse Carrie Cobos
Paramedic Carl Parmley

Gold Cross Ambulance unit #2640
905 S. Imperial Ave.
El Centro Ca. 92243
760-353-3380

EMT Ivan Mendez
Paramedic Greg Christmas

Bureau of Land Management
1661 S. 4th Street
El Centro, Ca. 92243
760-337-4400

Ranger Gonzalo Chaidez
Ranger Salvador Nieblas
Ranger Bradley Kent

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DeeAnn L. Goudie #11952	12-18-06		

NARRATIVE/SUPPLEMENTAL

CHP 556 OPI 042

Page 8

DATE OF INCIDENT/OCCURRENCE	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11-22-06	2115	9625	11952	06 11 46

1

2

3 California Highway Patrol

4 2331 Highway 86

5 Imperial, Ca. 92251

6 760-482-2500

7 Officer Francisco Cano #15959

8 Officer J. Rodriguez #11606

9

10 Imperial County Sheriffs Office

11 328 Applestill Road

12 El Centro, Ca. 92243

13 760-339-6311

14 Coroner Sgt. Charles Lucas #528 Case #06-196

15 Deputy Chris Macken #586

16 Field Sgt. E. Fried #571

17 Deputy G. Figueroa #629

18 Deputy Joel Gonzalez #882

19

20 **SCENE:**

21 I visited the scene of the collision on 12-18-06 at 1100 hours.

22 This collision occurred in the open desert of the Superstition Mountains. The area is
 23 surrounded by rolling sand/dirt dunes. Wheeler Road is an east/west roadway with room
 24 for traffic to traverse in both directions. The two lanes have no delineation and the roadway
 25 surface is constructed of dirt, sand, and gravel. The roadway is approximately 27 feet in
 26 width and contains potholes in its surface and ridges in a washboard type fashion. This
 27 collision occurred on the north side of Wheeler Road on a large sand dune. The sand dune
 28 slopes down toward Wheeler Road in a southerly direction and is approximately 8 feet high.
 29 The weather was cool, calm and dry.

30

31 Refer to the factual diagram and legend for further details.

32

33

34 **PARTIES:**

35 **P-1** [REDACTED] I contacted [REDACTED] via telephone on 12-18-06 at approximately 1730
 36 hours. She identified herself verbally as [REDACTED]. [REDACTED] was
 37 determined to be the driver of V-1 (Yamaha) at the time of the collision by her own
 38 statement.

39

40 **V-1 (Yamaha, Rhino):** On 12-19-06 at approximately 0845 hours I contacted the registered
 41 owner of V-1 [REDACTED] and asked to inspect the vehicle. V-1 was located in a

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DeeAnn L. Goudie #11952	12-18-06		

NARRATIVE/SUPPLEMENTAL

CHP 556 OPI 042

Pag 9

DATE OF INCIDENT/OCCURRENCE	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11-22-06	2115	9625	11952	06 11 46

1 locked building behind a residence on Silsbee Road in Seeley, Ca. At the time of this
 2 inspection, V-1 was equipped with a lap/shoulder harness for each seating position. The
 3 roll cage was manufactured by Yamaha and had no visible damage. The right front fender
 4 of the vehicle had some scrape marks and the right front wheel of the vehicle had a small
 5 dent near the bead of the tire. The left side of V-1 showed no visible damage. I inquired
 6 about the lack of damage to the roll cage and [REDACTED] related that he had removed the
 7 original manufacture roll cage and three point harness system and installed his own self
 8 fabricated roll cage and after market lap belts. Since the collision he has reinstalled the
 9 original manufacture's roll cage and lap/shoulder harnesses, and destroyed the aftermarket
 10 roll cage. [REDACTED] admitted that at the time of the collision, V-1 was being operated with
 11 the after market roll cage and lap belt system. This is substantiated by photos of the vehicle
 12 at the collision scene and at the time of this inspection.
 13
 14

PHYSICAL EVIDENCE:

15 Gouge marks in the surface of the sand, dirt tire track marks, and photographs taken by
 16 myself and Officer J. Rodriguez #11606.
 17
 18

19 Refer to the factual diagram and factual diagram legend for locations.
 20
 21

STATEMENTS:

22 **P-1** [REDACTED] I contacted [REDACTED] via telephone on 12-18-06 at approximately 1730
 23 hours. Miss Taylor related that she and her family started their day off in the desert area of
 24 Glamis at about 1:00 or 1:30 pm. They rode around in their dune buggy for a while and
 25 then returned to El Centro at about 5:30 pm. They went to the Superstition Mountains off
 26 road area at 6:30 or 7:00 pm. They arrived at their camp and she was introduced to [REDACTED]
 27 [REDACTED] who had just arrived with her family. At about 8:30, her dad ([REDACTED]) asked her to
 28 go out to the road and look for a person who was supposed to be arriving in camp, she was
 29 told to look for flashing headlights. Before she left camp, Abigail West asked if she could go
 30 with her. [REDACTED] received permission from another adult in the camp, so she got into
 31 the passenger seat and put on her lap belt. [REDACTED] left camp with [REDACTED] and
 32 turned onto Wheeler Road. [REDACTED] never saw the flashing headlights so she and Miss
 33 West just kept riding around on Wheeler Road at about 10 mph. [REDACTED] decided to
 34 turn around and go back to camp. As she turned to the left, she felt the rear wheels start
 35 slipping and two wheels were off the ground. She turned the steering wheel and tried to
 36 correct it when the Rhino started flipping. The vehicle landed on its right side on Wheeler
 37 Road. She unbuckled her seat belt and told [REDACTED] to wake up. When [REDACTED] did
 38 not respond, she ran for help and waved down the first vehicle she saw. I asked [REDACTED]
 39 if she was sure she was on Wheeler Road or if she was on a sand dune to the north
 40 of the road. She related that she thought she was on Wheeler Road and that she
 41

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DeeAnn L. Goudie #11952	12-18-06		

NARRATIVE/SUPPLEMENTAL

CHP 556 OPI 042

Page 10

DATE OF INCIDENT/OCCURRENCE	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11-22-06	2115	9625	11952	06 11 46

1 remembers the road being flat. [REDACTED] further related that she had been operating off
 2 road vehicles since the age of 8 and felt comfortable ridding in the desert. Her experience
 3 is primarily on quads and she has driven a Rhino type vehicle in the past.

4
 5 **Passenger** ([REDACTED]) succumbed to her injuries while on scene and was
 6 unable to provide a statement. She was pronounced deceased by El Centro Medical
 7 Center Emergency Room Dr. D'Lugos at 2225 hours.

8
 9 **Witness#1** ([REDACTED]) was contacted on 12-18-06 at about 1015
 10 hours. He related his daughter had been with him in El Centro since Tuesday the 21st. On
 11 the 22nd, they loaded up and drove to Glamis to ride off road. Glamis was too busy so they
 12 decided to go to Superstition. They arrived at Superstition at about 8:00 pm and set up
 13 camp at the end of Wheeler Road. Within about 15 minutes, he saw headlights flashing on
 14 Wheeler Road east of his location and new it was his friend [REDACTED] looking for camp. [REDACTED]
 15 told his daughter ([REDACTED]) to take the Rhino, go east on Wheeler Road, and
 16 lead [REDACTED] to camp. Less than 10 minutes later, he received a cell phone call from
 17 someone who said his daughter had been in an accident and she was ok. The caller also
 18 told him that the little girl in the Rhino with his daughter had been killed. [REDACTED] or was
 19 unaware that his daughter had taken a passenger. He drove to the scene and saw the
 20 Rhino on its right side on top of [REDACTED].

21
 22 On 12-19-06 at approximately 0845 hours, myself and Officer Richard Bird #9641, met with
 23 [REDACTED] at a residence on Slisbee Road in Seeley to inspect the Yamaha Rhino. The
 24 vehicle was located in a locked shed behind the residence. I visually inspected the 2006
 25 Yamaha Rhino and noticed some damage to the right front fender and wheel. I noticed that
 26 the vehicle had a roll cage with no damage and a three point restraint system. I questioned
 27 [REDACTED] about the lack of damage to the roll cage and the three point restraints. He
 28 related that it was the original equipment from Yamaha and was on the vehicle when he
 29 bought it. He had fabricated his own roll cage that he thought was safer. He removed the
 30 manufacture installed roll cage and three point restraints and installed his own fabricated
 31 roll cage and after market lap belts. He further related that at the time of the collision, the
 32 vehicle was equipped with the after market roll cage and lap belts. I asked him where the
 33 self fabricated roll cage was, and he led me to a pile of metal tubing on the south side of the
 34 shed. The tubing had been cut into pieces with a cutting torch and a chop saw. Officer Bird
 35 picked up a piece of the tubing which appeared to be bent at the bottom flange and asked
 36 [REDACTED] if it was part of the roll cage. [REDACTED] related that it was, took the part over to
 37 the Rhino, and showed us how it was bolted into the right rear portion of the Rhino bed. I
 38 asked [REDACTED] to show me the lap belts that were in the vehicle at the time of the
 39 collision. He picked up a lap belt from a pile of other lap belts located under a shelf on the
 40 north side of the shed. I asked [REDACTED] why he had reinstalled the original manufacture
 41 equipment and he stated "because I'm trying to sell it". He further related that he had just

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DeeAnn L. Goudie #11952	12-18-06		

NARRATIVE/SUPPLEMENTAL

CHP 556 OPI 042

Page 11

DATE OF INCIDENT/OCCURRENCE	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11-22-06	2115	9625	11952	06 11 46

1 recently reinstalled the equipment. He waited for a couple of weeks after the collision just
 2 incase anyone called him. He never received a phone call from authorities about inspecting
 3 the vehicle so he washed it and reinstalled the original equipment.

4
 5 **Witness #2**(██████████) contacted ██████████ on 12-19-06 via telephone. He related
 6 he was camping in the same area as ██████████ or and ██████████ on 11-22-06. While
 7 at camp, another person in camp (██████████) told him that ██████████ had been in an
 8 accident at mile marker 8. He responded to the scene and was about the 3rd or 4th person
 9 there. He saw the Rhino on its right side on top of ██████████ st. There was an off duty
 10 EMT doing CPR he went to help. He and the EMT flipped the Rhino off of ██████████ and onto
 11 its wheels. He and the EMT both continued with CPR.

12
 13 **Witness #3** (██████████): I contacted ██████████ on 12-19-06 via telephone at
 14 approximately 1430 hours. She related she was the first one on scene. She saw the Rhino
 15 in the middle of Wheeler Road on its right side. The roll bar of the Rhino was on top of
 16 ██████████'s head and she noticed that she was still buckled in with the lap belt.

17 OPINIONS AND CONCLUSIONS

18 SUMMARY:

19
 20
 21 ██████████ was driving V-1 (Yamaha Rhino) eastbound on a sand dune parallel with
 22 Wheeler Road. She wanted to turn around to travel west back to her camp site. She
 23 began to make a right hand turn down the steep sand embankment toward the roadway.
 24 The combination of ██████████'s turning movement, the soft sand, the incline of the hill,
 25 and the weight transfer, caused the tires to lose traction. As the right side tires came off the
 26 ground, ██████████ attempted to counter steer but was unable to control the vehicle. V-1
 27 rolled onto its left side and continued to roll over coming to rest on its right side on Wheeler
 28 Road. As V-1 came to a stop, the right front passenger (██████████) was partially ejected.
 29 V-1 came to rest on top of ██████████ inflicting fatal injuries. This opinion is based on
 30 physical evidence.
 31
 32
 33

34 AREA OF IMPACT (AOI):

35 The AOI (V-1 vs. ground) was determined by physical evidence and was found to be 37'
 36 north of the north road edge of Wheeler Road and 7.95 miles west of the west paved road
 37 edge of Huff Road.
 38

39 CAUSE:

40 ██████████ caused this collision when she began to make a right hand turn on the downhill
 41 side of a steep sand embankment in an unsafe manner which caused her vehicle to roll. As

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DeeAnn L. Goudie #11952	12-18-06		

NARRATIVE/SUPPLEMENTAL

CHP 556 OPI 042

Page 12

DATE OF INCIDENT/OCCURRENCE	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11-22-06	2115	9625	11952	06 11 46

1 the vehicle rolled, her passenger, Abigail West, was partially ejected and sustained fatal
 2 injuries. This is a violation of 38314 VC which states that no person shall turn an off-
 3 highway motor vehicle from a direct course or move left or right until such movement can be
 4 made with reasonable safety.

5

RECOMMENDATIONS

6
 7 I recommend a copy of this report be sent to the Imperial County District Attorney's office
 8 for review and the filing of the following charges on [REDACTED]

9

10 38314 VC (unsafe turning movement for off-highway vehicle) Established when [REDACTED]
 11 who, while traveling down a steep sand dune, unsafely turned her vehicle which caused it to
 12 lose traction and overturn.

13

14 192(c)(2) PC (Vehicular manslaughter without gross negligence). Established by [REDACTED]
 15 [REDACTED] who unlawfully and without malice, caused the death of [REDACTED], while driving a
 16 vehicle in the commission of an unlawful act, not amounting to a felony, and without gross
 17 negligence.

18

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DeeAnn L. Goudie #11952	12-18-06		

Source Identification Sheet

The Victim: [REDACTED] st, DOB: 6/16/93, of [REDACTED]
[REDACTED]. The victim was not interviewed as she died in the incident.

The Driver of the Vehicle: [REDACTED] or, DOB: 5/15/91, of [REDACTED]
[REDACTED]. Efforts to interview her were unsuccessful. She was not injured
in the incident.

Coroner's Office:
Imperial County Coroner's Office
328 Applestill Rd.
El Centro, CA 92243

Highway Patrol:
California Highway Patrol
El Centro, CA

IDI # 080818HWE7697

Page 1

This investigation was initiated based upon a news article reporting the death of an eight-year-old boy while riding in an ATV, side-by-side utility vehicle. Only limited information could be obtained as efforts to interview the involved parties were unsuccessful. Therefore, information contained within this report was obtained from the Oklahoma Highway Patrol (OHP) Accident Report and news article.

The accident occurred around 4:46 p.m. on August 16, 2008, when a 12-year-old girl along with her eight-year-old brother and a 59-year-old female (wife of the owner of the ATV), were riding a four-wheeled side-by-side utility ATV. According to the OHP report, they were riding in a pasture, on private property in a rural area near Dibble, Oklahoma. The pasture was reported to be dry and level. The ATV was being driven by the 12-year-old female at the time. The 59-year-old female and eight-year-old male, were both passengers, who apparently were seated in the same position on the ATV. However, it is unclear whether the victim may have been sitting on the adult female's lap or whether they were sitting beside each other. The accident occurred when the 12-year-old female driver was making a left turn which caused the ATV to roll one-quarter turn onto the passenger side, ejecting both front seat passengers. The ATV came to rest on its side and pinned the eight-year-old boy underneath it. The adult female was also totally ejected but away from the ATV. (See Exhibit 2.)

First responders from Dibble Fire Department and Lindsay EMS arrived on scene within minutes and removed the ATV from atop the boy. They began CPR but were unable to open an airway. He was pronounced dead at the scene by Med-Flight personnel and later by the Medical Examiner's Office. According to the OHP report, the victim sustained massive trunk and internal injuries. The 12-year-old driver and 59-year-old passenger were not injured.

Per OHP report, no photographs were taken of the involved ATV. A copy of the OHP accident report is attached as Exhibit 2. According to the OHP report, none of the occupants wore helmets or used any safety restraints, etc.

PRODUCT IDENTIFICATION

Type:	side-by-side utility ATV
Brand:	Yamaha
Model:	Rhino 660
VIN:	<div style="border: 1px solid black; width: 200px; height: 15px; margin: 2px 0;"></div>
Year:	2005
Manufacturer:	Yamaha

IDI # 080818HWE7697

Page 2

SAMPLE COLLECTED

None

ADDITIONAL INFORMATION

As previously stated, efforts to reach all parties involved in this accident, were unsuccessful. A contact letter was mailed to the Owners of the ATV and there has been no response. In addition, attempts to reach the responding State Trooper was also unsuccessful. If however, additional information is received, an Addendum will be submitted.

A copy of the Medical Examiner's report has been requested, but to date not received. An Addendum will be submitted upon receipt of additional information.

The Dibble Fire Department advised that while they responded to the scene, no report was generated. They referred me to [redacted] EMS for additional information. [redacted] EMS advised that they would not release any information without an authorization of release.

The McClain County Sheriff's Office advised that they did not respond to this accident.

ATTACHMENTS

1. Identity of Respondents
2. OHP report (4 pages)
3. Missing Document Form
4. ATVD Questionnaire

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

1. Records Department, OK Department of Public Safety, P.O. Box 11415, Oklahoma City, OK 73136; contacted initially via email on 9/9/08. (NOTE: OHP policy records unavailable until 30 days after incident.)
2. (b) (6) Office of the Medical Examiner, 901 N. Stonewall, Oklahoma City, OK 73117; initially contacted via email on 8/25/08; on 9/26/08 and 11/4/08.
3. (b) (6) Dibble Fire Department, 12165 Firemans Road, Dibble, OK 73031; initially contacted via telephone (405) 344-6659 and fax on 9/15/08 and again on 10/9/08
4. (b) (6) McClain County Sheriff's Office, 121 North 2nd Street, Purcell, OK 73080; initially contacted via telephone (405) 527-2141 on 9/15/08
5. (b) (6) Lindsay EMS, 110 W. Creek Street, Lindsay, OK ; initially contacted via telephone (405) 756-4321 on 11/4/08
6. OK Department of Public Safety, HQ Administration, 3600 N. Martin Luther King Blvd., Oklahoma City, OK 73136; contacted via telephone (405) 425-2424 and left message for responding OK State Trooper; Trooper did not return telephone calls.

**080818HWE7697- Exhibit 1, Identity
of Respondents. Page 1 of 1.**

080818HWE7697 - Exhibit 2, OHP accident report. Page 1 of 4.

NON TRAFFIC

FATAL

Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

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

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL. Case Number (Agency Use): AR01204-08. Motor Vehicle Involved: 01. Number Injured: 00. Number Killed: 01.

(2) Date of Collision (mm/dd/yyyy): 08-17-2008. Time: 1646. County Number and Name: 44 - MCCLAIN. Nearest City or Town Number and Name: DIBBLE.

(3) Distance from Nearest City or Town Limits: 0025. Control #, Int. ID, Location, East Grid, North Grid, Administrative: 007, 2, 010, 5.

(4) Street, Road or Highway: 15414. (Nearest) Intersecting Street, Road or Highway: MERIDIAN AVENUE.

(5) Unit: 01. Occupants: 03. Type: D. Last Name: [Redacted]. Date of Birth (mm/dd/yyyy): [Redacted]. Sex: F.

(6) Address: [Redacted]. City: [Redacted]. State: [Redacted]. Zip: [Redacted]. Telephone (Use Area Code): [Redacted].

(7) Driver License Number: 0. State: [Redacted]. Class: [Redacted]. Endorsement(s): [Redacted]. Restriction(s): [Redacted]. Inj. Sev.: 1. Type of Injury: 0. Drv./Ped. Cont.: 09. OP Use: 01.

(8) Ejected/Extricated: Test: 1. (% BAC): 0. Transported by: [Redacted]. To Medical Facility: [Redacted]. License Plate Number: [Redacted]. State: [Redacted]. Month: [Redacted]. Year: [Redacted].

(9) VIN: [Redacted]. Vehicle Year: 2005. Color: GRN. 2nd Color: 0. Make: YAMA. Model: RHIN. Year: 19. Extent of Damage: 2.

(10) Insurance Company Name: [Redacted]. Policy Number: [Redacted]. Insurance Telephone (Use Area Code): [Redacted].

(11) Vehicle Removed by: [Redacted]. Owner's Last Name: [Redacted]. First: [Redacted]. Middle: [Redacted]. Suffix: [Redacted].

(12) Owner's Address: [Redacted]. City: [Redacted]. State: [Redacted]. Zip: [Redacted]. Towed Veh. Type: [Redacted]. Overload Load: 0. Towed Veh. Type: 00. Rolled: . Burned: . Phone present: . Phone in use: .

(13) Citation Number: [Redacted]. Statute/Ordinance Number: [Redacted]. Citation Number: [Redacted]. Statute/Ordinance Number: [Redacted].

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

(15) Address: [Redacted]. City: [Redacted]. State: [Redacted]. Zip: [Redacted]. Telephone (Use Area Code): [Redacted].

(16) Driver License Number: [Redacted]. State: [Redacted]. Class: [Redacted]. Endorsement(s): [Redacted]. Restriction(s): [Redacted]. Inj. Sev.: [Redacted]. Type of Injury: [Redacted]. Drv./Ped. Cont.: [Redacted]. OP Use: [Redacted].

(17) Ejected/Extricated: Test: 0. (% BAC): 0. Transported by: [Redacted]. To Medical Facility: [Redacted]. License Plate Number: [Redacted]. State: [Redacted]. Month: [Redacted]. Year: [Redacted].

(18) VIN: [Redacted]. Vehicle Year: [Redacted]. Color: [Redacted]. 2nd Color: [Redacted]. Make: [Redacted]. Model: [Redacted]. Year: [Redacted]. Extent of Damage: [Redacted].

(19) Insurance Company Name: [Redacted]. Policy Number: [Redacted]. Insurance Telephone (Use Area Code): [Redacted].

(20) Vehicle Removed by: [Redacted]. Owner's Last Name: [Redacted]. First: [Redacted]. Middle: [Redacted]. Suffix: [Redacted].

(21) Owner's Address: [Redacted]. City: [Redacted]. State: [Redacted]. Zip: [Redacted]. Towed Veh. Type: [Redacted]. Overload Load: [Redacted]. Towed Veh. Type: [Redacted]. Rolled: . Burned: . Phone present: . Phone in use: .

(22) Citation Number: [Redacted]. Statute/Ordinance Number: [Redacted]. Citation Number: [Redacted]. Statute/Ordinance Number: [Redacted].

(23) Investigating Officer: TRP. Badge Number: 0A. Typ/Ov. Assigned: 0A. Typ/Ov. Location: [Redacted]. Reviewer (Ink): [Redacted]. Reviewer Badge Number: 129. Date of Report (mm/dd/yyyy): 08 16 2008.

1 Driver	2 Other Cyclist	3 Pedestrian	4 Other	5 Non-occupant	6 Unknown	7 Unknown	8 Unknown	9 Unknown	10 Unknown	11 Unknown	12 Unknown	13 Unknown	14 Unknown	15 Unknown	16 Unknown	17 Unknown	18 Unknown	19 Unknown	20 Unknown	21 Unknown	22 Unknown	23 Unknown	24 Unknown	25 Unknown	26 Unknown	27 Unknown	28 Unknown	29 Unknown	30 Unknown	31 Unknown	32 Unknown	33 Unknown	34 Unknown	35 Unknown	36 Unknown	37 Unknown	38 Unknown	39 Unknown	40 Unknown	41 Unknown	42 Unknown	43 Unknown	44 Unknown	45 Unknown	46 Unknown	47 Unknown	48 Unknown	49 Unknown	50 Unknown
----------	-----------------	--------------	---------	----------------	-----------	-----------	-----------	-----------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------

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

RECEIVED DPS RM AUG 29 2008 DPS: 0192-01 REV 0107

Case Number AR01204-08

(24) Unit: 01, Injured Witness: , Passenger Prop. Owner: , Pos in Veh: 13, Last Name: [Redacted], First: [Redacted], Middle: [Redacted], Suffix: [Redacted], DOB: (mm/dd/yyyy): [Redacted], Sex: F

(25) Address: [Redacted], City: [Redacted], State: [Redacted], Zip: [Redacted], Telephone (Use Area Code): [Redacted]

(26) Injury Severity / Type: 1 0, OP Use: 01, Air Bag: 0, Ejected: 3, Extricated: 1, Transported by: [Redacted], To Medical Facility: [Redacted], Property Type: [Redacted]

(27) Unit: 01, Injured Witness: , Passenger Prop. Owner: , Pos in Veh: 13, Last Name: [Redacted], First: [Redacted], Middle: [Redacted], Suffix: [Redacted], DOB: (mm/dd/yyyy): [Redacted], Sex: M

(28) Address: [Redacted], City: [Redacted], State: [Redacted], Zip: [Redacted], Telephone (Use Area Code): [Redacted]

(29) Injury Severity / Type: 5 3, OP Use: 01, Air Bag: 0, Ejected: 3, Extricated: 1, Transported by: MEDICAL EXAMINER, To Medical Facility: ME.OFFICE, Property Type: [Redacted]

(30) Unit: [Redacted], Injured Witness: , Passenger Prop. Owner: , Pos in Veh: [Redacted], Last Name: [Redacted], First: [Redacted], Middle: [Redacted], Suffix: [Redacted], DOB: (mm/dd/yyyy): [Redacted], Sex: [Redacted]

(31) Address: [Redacted], City: [Redacted], State: [Redacted], Zip: [Redacted], Telephone (Use Area Code): [Redacted]

(32) Injury Severity / Type: [Redacted], OP Use: [Redacted], Air Bag: [Redacted], Ejected: [Redacted], Extricated: [Redacted], Transported by: [Redacted], To Medical Facility: [Redacted], Property Type: [Redacted]

(33) Unit: [Redacted], Injured Witness: , Passenger Prop. Owner: , Pos in Veh: [Redacted], Last Name: [Redacted], First: [Redacted], Middle: [Redacted], Suffix: [Redacted], DOB: (mm/dd/yyyy): [Redacted], Sex: [Redacted]

(34) Address: [Redacted], City: [Redacted], State: [Redacted], Zip: [Redacted], Telephone (Use Area Code): [Redacted]

(35) Injury Severity / Type: [Redacted], OP Use: [Redacted], Air Bag: [Redacted], Ejected: [Redacted], Extricated: [Redacted], Transported by: [Redacted], To Medical Facility: [Redacted], Property Type: [Redacted]

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER:

(36) U.S. DOT Number: [Redacted], NASI Report Number: OK, Placard Number: [Redacted], Haz. Mat. Class: [Redacted], Haz. Mat. Involved: [Redacted], Haz. Mat. Released: [Redacted]

(37) City: [Redacted], State: [Redacted], Zip: [Redacted], GVWR/GCWR: [Redacted], Axle Qty: [Redacted], Cargo Body: [Redacted], Vehicle Use: [Redacted]

(38) U.S. DOT Number: [Redacted], NASI Report Number: OK, Placard Number: [Redacted], Haz. Mat. Class: [Redacted], Haz. Mat. Involved: [Redacted], Haz. Mat. Released: [Redacted]

(39) Unit: [Redacted], Carrier Name: [Redacted], Address: [Redacted]

(40) City: [Redacted], State: [Redacted], Zip: [Redacted], GVWR/GCWR: [Redacted], Axle Qty: [Redacted], Cargo Body: [Redacted], Vehicle Use: [Redacted]

(41) U.S. DOT Number: [Redacted], NASI Report Number: OK, Placard Number: [Redacted], Haz. Mat. Class: [Redacted], Haz. Mat. Involved: [Redacted], Haz. Mat. Released: [Redacted]

Position in Vehicle	Vehicle Configuration	Cargo Body Type
<p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab See manual for additional seating examples</p>	<p>03. N/A</p> <p>01. Passenger Veh. 2 Dr 02. Passenger Veh. 4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axle 06. Single Unit Truck, 3+ axle</p> <p>07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/ Semi-Trailer 11. Truck-Tractor Double 12. Truck-Tractor Triple 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Home 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., cannot classify 23. Van 10,000 lbs. or less 24. Other 25. Unknown</p>	<p>00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/ Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/craps/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Tow/IG Vehicle 15. Other 16. Trailer 17. Trailer 18. Trailer 19. Trailer 20. Trailer 21. Trailer 22. Trailer 23. Trailer 24. Trailer 25. Trailer 26. Trailer 27. Trailer 28. Trailer 29. Trailer 30. Trailer 31. Trailer 32. Trailer 33. Trailer 34. Trailer 35. Trailer 36. Trailer 37. Trailer 38. Trailer 39. Trailer 40. Trailer 41. Trailer 42. Trailer 43. Trailer 44. Trailer 45. Trailer 46. Trailer 47. Trailer 48. Trailer 49. Trailer 50. Trailer 51. Trailer 52. Trailer 53. Trailer 54. Trailer 55. Trailer</p>

Case Number AR01204-08

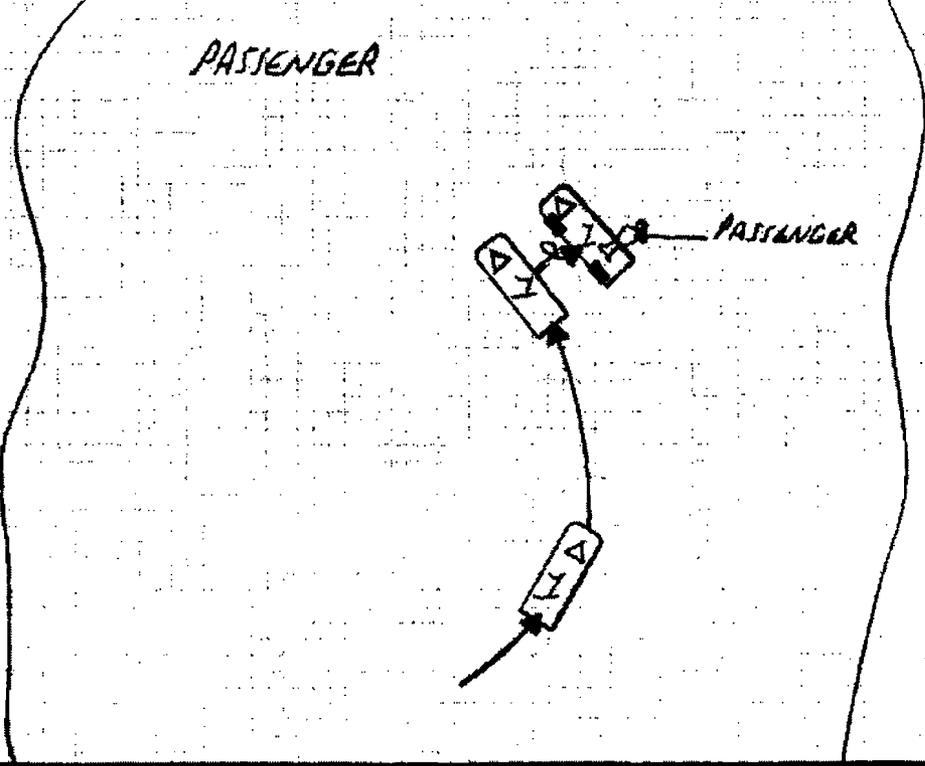
OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

This Unit will correspond to Unit 1 Unit 1 This Unit will correspond to Unit 2 Unit 2		Total Lanes in Roadway 01 00 00		Legal Speed 00		Pedestrian / Pedalcyclist Only Actions Prior to Collision Location at Time of Collision Safety Equip. Unit Number of Vehicle Subject		Was the collision in or near a construction, maintenance or utility work zone? (if yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Light 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown Lighting 7 Other 8 Unknown		What Vehicle Was Going to Do Unit 1 Unit 2 02		Undercarriage Override Unit 1 Unit 2 0		Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 8 Unknown		Location of the Work Zone Collision 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 8 Unknown	
Weather 01 Clear 02 Fog/Smog/Smoke 03 Cloudy 04 Rain 05 Snow 06 Sleet/Hail (Freezing Rain/Drizzle) 07 Severe Crosswind 08 Blowing Snow 09 Blowing Sand, Soil, Dirt 10 Other 99 Unknown		What Vehicle Did Unit 1 Unit 2 02		Traffic Control Unit 1 Unit 2 00		Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Unsafe / Unsafe All Contributing Factors Unit 1 Unit 2 00	
Locality 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown		What Vehicle Did Unit 1 Unit 2 02		Road Surface Conditions Unit 1 Unit 2 01		Vehicle Removal Unit 1 Unit 2 3		FAILED TO YIELD 01 From Stop Sign 02 From Yield Sign 03 Private Drive 04 County Road at Through Highway 05 From Signal Light 06 From Alley 07 To Pedestrian 08 To Vehicle on Right 09 To Vehicle in Intersection 10 To Emergency Vehicles 12 Other FOLLOWER TOO CLOSELY 13 Human Element 14 Traffic Condition 15 Weather Condition UNSAFE SPEED 16 Driver's Ability (Aged) 17 Inexperienced Driver - Young 18 Exceeding Legal Limit 19 For Traffic Conditions 20 For Type of Roadway (Gravel, Dirt, etc.) 21 For Ice or Snow on Roadway 22 Rain or Wet Roadway 23 Wind 24 Other Weather Conditions 25 Vehicle Condition 26 View Obstruction 27 On Curve/Turn 28 Impeding Traffic 29 Other IMPROPER TURN 30 From Wrong Lane 31 From Direct Course 32 Right 33 Left 34 Turn About U-Turn 35 To Enter Private Drive 36 In Front of Oncoming Traffic 37 Other CHANGED LANES UNSAFELY 38 STOPPED IN TRAFFIC LANE FAILED TO STOP 39 For Stop Sign 40 For Traffic Signal 41 For School Bus 42 For Railroad Gates/Signal 43 For Officer/Ragman 44 At Stop/Stopline 45 Other UNSAFE VEHICLE 46 Brakes 47 Steering	
Type of Intersection 0 Not an Intersection 1 Y-Intersection 2 T-Intersection 3 Four-Way Intersection 4 Five-Point or More Intersection as Part of Interchange 5 Traffic Circle 6 Roundabout 9 Unknown		Visibility Obscured by Unit 1 Unit 2 00		Road Character Grade Unit 1 Unit 2 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) Road Alignment Unit 1 Unit 2 0 Straight 1 Curve - Left 2 Curve - Right		Vehicle Condition Unit 1 Unit 2 01		SPECIAL FUNCTION OF VEHICLE Unit 1 Unit 2 00	
Incident Type 00 Not an Incident 01 Private Property 02 Deliberate Intent 03 Medical Condition 04 Legal Intervention 05 Suicide 06 Drowning 07 Other		Visibility Obscured by Unit 1 Unit 2 00		Road Surface Type Unit 1 Unit 2 4		Special Function of Vehicle Unit 1 Unit 2 00		Point of First Contact on Vehicle Unit 1 Unit 2 03	
Location of First Harmful Event 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Gore 06 Separator 07 Parking Lane/Zone 08 Off Roadway, Location Unknown 09 Outside Right-of-Way 10 Other 99 Unknown		Driver Distracted by Unit 1 Unit 2 0		Road Character Grade Unit 1 Unit 2 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) Road Alignment Unit 1 Unit 2 0 Straight 1 Curve - Left 2 Curve - Right		Special Function of Vehicle Unit 1 Unit 2 00		Most Damaged Area Unit 1 Unit 2 03	
Location of First Harmful Event 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Gore 06 Separator 07 Parking Lane/Zone 08 Off Roadway, Location Unknown 09 Outside Right-of-Way 10 Other 99 Unknown		Driver Distracted by Unit 1 Unit 2 0		Road Surface Type Unit 1 Unit 2 4		Special Function of Vehicle Unit 1 Unit 2 00		Point of First Contact on Vehicle Unit 1 Unit 2 03	
Incident Type 00 Not an Incident 01 Private Property 02 Deliberate Intent 03 Medical Condition 04 Legal Intervention 05 Suicide 06 Drowning 07 Other		Visibility Obscured by Unit 1 Unit 2 00		Road Character Grade Unit 1 Unit 2 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) Road Alignment Unit 1 Unit 2 0 Straight 1 Curve - Left 2 Curve - Right		Special Function of Vehicle Unit 1 Unit 2 00		Point of First Contact on Vehicle Unit 1 Unit 2 03	
Location of First Harmful Event 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Gore 06 Separator 07 Parking Lane/Zone 08 Off Roadway, Location Unknown 09 Outside Right-of-Way 10 Other 99 Unknown		Driver Distracted by Unit 1 Unit 2 0		Road Surface Type Unit 1 Unit 2 4		Special Function of Vehicle Unit 1 Unit 2 00		Point of First Contact on Vehicle Unit 1 Unit 2 03	

Case Number AR01204-08

Latitude Longitude W Railroad Crossing Number Roadway Orientation Unit Number NE SW Unit Number NE SW

Pg 4 of 4



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Damaging Event	Most Hazardous Event for this Collision
01	10	00	00	00	10	10
Unit	First Event	Second Event	Third Event	Fourth Event	Most Damaging Event	Most Hazardous Event for this Collision

- | | | |
|--|---|-------------------------------------|
| 00 Not Applicable | 21 Fell/Jumped From Motor Vehicle | 57 Work Zone/Maintenance Equipment |
| 10 Overturn/Rollover | 22 Thrown Or Falling Object | 58 Other Non-Fixed Object |
| 11 Fire/Explosion | 23 Other Non-Collision | FIXED OBJECT: |
| 12 Immersion | PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT: | 40 Barrier (Cable) |
| 13 Jackknife | 30 Pedestrian | 41 Barrier (Concrete) |
| 14 Cargo/Equipment Loss or Shift | 31 Pedaor Cycle | 42 Barrier (Other) |
| 15 Equipment Failure (Blown Tire, Brake Failure, etc.) | 32 Railway Vehicle (train, engine) | 43 Fence Pole |
| 16 Separation of Units | 33 Animal | 44 Fence |
| 17 Departed Road Right | 34 Motor Vehicle in Transport | 45 Traffic Signal Support |
| 18 Departed Road Left | 35 Parked Motor Vehicle | 46 Traffic Sign Support |
| 19 Cross Median/Centerline | 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle | 47 Utility Pole/Light Support |
| 20 Downhill Runaway | | 48 Other Post/Pole/Support |
| | | 49 Guardrail/Guardrail Face |
| | | 50 Guardrail End |
| | | 51 Culvert |
| | | 52 Curb |
| | | 53 Island |
| | | 54 Sand Berms |
| | | 55 Impact Attenuator/ Crash Cushion |
| | | 56 Pavement Drop-Off |
| | | 57 Ditch |
| | | 58 Embankment |
| | | 59 Tree (Standing) |
| | | 60 Driveway Strip |
| | | 61 Retaining Wall |
| | | 62 Bridge Abutment |
| | | 63 Bridge Pier or Support |
| | | 64 Bridge Rail |
| | | 65 Bridge Post |
| | | 66 Bridge Curb |
| | | 67 Bridge Super Structure (Beams) |
| | | 68 Bridge Overhead Structure |
| | | 69 Delineator |
| | | 70 Mailbox |
| | | 71 Other Fixed Object |
| | | 72 Other Highway Structure |
| | | 73 Ground |
| | | 99 Unknown |

Remarks

UNIT 1 WAS MAKING A LEFT TURN IN A PASTURE AND UNIT 1 ROLLED 1/4 TIME ONTO PASSENGER SIDE EJECTING BOTH FRONT SEAT PASSENGERS PINNING UNDERNEATH THE VEHICLE. FIRST RESPONDERS FROM DIBBLE ARRIVED ON SCENE APPROX. FIVE MINUTES AFTER RECEIVING THE CALL AND REMOVED VEHICLE FROM ATOP OF VICTIM. FIRST RESPONDERS BEGAN CPR. WHILE MEDI FLIGHT WAS ENROUTE. THE FIRST RESPONDERS WERE UNABLE TO GET AN OPEN AIRWAY ON VICTIM DUE TO SWELLING AND VICTIM WAS PRONOUNCED DEAD AT THE SCENE BY MEDI FLIGHT PERSONNEL AND LATER BY MEDICAL EXAMINERS OFFICE.

080818HWE7697 - Exhibit 3, Missing Document Form

Task No. 080818HWE7697

Date: 11/5/08

STATUS OF MISSING DOCUMENT (S)

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

1. Medical Examiner's report - request pending

2. Dibble Fire Department - run report - per FD, no report created

3. Lindsay EMS run report - would not release info

4.

5.

Date: 11/12/08 Investigator No: 1919

Regional office: Supervisor No:

Task Number 080818HWE7697

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

Type of respondent: Other

Other, specify: OK State Patrol

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

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: 08/17/2008	
Age/Sex: 8/Male	/
State of Death: OKLAHOMA	
City of Death: DIBBLE	
County of Death: MCC LAIN	

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

An eight-year-old boy died from trunk and internal injuries sustained in a side-by-side utility ATV accident. The victim was a passenger in the front of the ATV being driven by his 12-year-old sister. A 59-year-old female was also a passenger seated in the front. The group was riding the ATV in a flat, grassy pasture, when the driver made a left turn, the ATV rolled 1/4 turn onto the passenger side, ejecting both front seat passengers, pinning the victim underneath. None of the occupants wore helmets or safety restraints.

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/Unknown
 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 9 - No riders

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

Age: 8 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?

07 - Field, Pasture, Farmland, Ranchland

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?

0 - Unknown

Additional Comments: