

070330

1. Task Number 061127HNE1688		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2006 11 22	5. Date Initiated YR MO DAY 2006 11 27		
6. Synopsis of Accident or Complaint UPC none Victim #1, a 10-year-old female passenger was riding in a four-wheeled utility vehicle. Victim #2, the driver, a 11-year-old male was operating the utility vehicle on private property/a field/wooded area. Victim #3, another 10-year-old female passenger was riding in the utility vehicle. They were not wearing helmets or seatbelts. They were traveling downhill, attempted to make a turn and the utility vehicle overturned. Victim #1 fell out and the utility vehicle landed atop of her. Victim #1 died at the scene. Victim #2 and #3 were not injured. VIN # is [REDACTED]				
7. Location (Home, School, etc) 2- FARM		8. City HOPE TOWNSHIP		9. State MI
10A. First Product 5044- Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORP/ VIN [REDACTED] 6555 Katella Ave Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 10	13. Sex 2- Female	14. Disposition 8- Death	15. Injury Diagnosis 65- Anoxia	
16. Body Part(s) Involved 85- ALL OF BODY	17. Respondent 3- 2nd Hand Info Only	18. Type of Investigation 2- Telephone	19. Time Spent (Operational / Travel) 8 / 0	
20. Attachment(-) 9- Multiple Attachments		21. Case Source 04- Radio, TV		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 02/18/2007	25. Reviewed By 8978		26. Regional Office Director Eric B. Ault	
27. Distribution Streeter, Robin			28. Source Document Number N0680494A	

SEARCHED [] INDEXED []
 SERIALIZED [] FILED []
 FEB 21 2007
 FBI - HOPE TOWNSHIP

The information in this report was based on information received from the police department and the medical examiner's office. A photo of the utility vehicle was not provided. Contact with the victims' next-of-kin and the owner of the utility vehicle was unsuccessful.

On Wednesday, November 22, 2006, at 2:50 p.m., in Barry County, Hope Township, MI, victim #1, a 10-year-old female passenger was riding in a four-wheeled utility vehicle with victim #2, the driver, a 11-year-old male who was operating the utility vehicle on private property/a field/wooded area. Victim #3, another 10-year-old female passenger was riding in the utility vehicle. The weather condition was clear and the temperature was 52 degrees.

They were traveling downhill, attempted to make a turn and the utility vehicle overturned. Victim #1 fell out and the utility vehicle landed atop of her. Victim #2 and #3 were not injured. They attempted to move the utility vehicle away from victim #1, but could not.

Victim #2 left the scene, and got immediate assistance by his father who was located nearby, They moved the utility vehicle away from Victim #1 while victim #3 assisted.

Prior to the incident, they were traveling at 10 mph. They were not wearing any protective gear, such as helmets and seatbelts. Victim #2's knowledge regarding operation and/or handling utility vehicle was unknown.

Victim #1 was 52 inches tall and she weighed 58 pounds. She was fatally injured at the scene. Her cause of death was traumatic asphyxia.

The other victims' height and weight were unknown. Alcohol and/or illegal drug use were not contributing factors to the incident.

Product: four-wheeled utility vehicle
Below is depiction model 2006 Rhino 4x4 660c from website



Brand/Year: Yamaha/2006

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

Model: Rhino 4x4 660c

VIN: 5Y4AM08Y36A004511

Description: blue in color

Condition: maintenance history, bought new or used, and prior problems is unknown. The vehicle sustained no apparent damage during the crash.

Modification: unknown

ATTACHMENTS:

1. Traffic Crash Report.
 2. Medical Examiner's Forensic Autopsy Report and Toxicology report.
 3. Missing Document, photo of utility vehicle.
 4. Contact Information.
-

Authority: 1949 PA 300, Sec. 257.822
Completions: Required MSP UD-10
Penalty: \$100 and/or 90 days Rev 1/04

Do Not Use

Page 1 of 1
Incident # 58462906
File Class 9300-2
Incident Disposition: Open Closed
Reviewer [Signature]

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORE MI-0805800

Department Name MSP Hastings

Crash Date: 11/22/06
Crash Time: 1450
No. of Units: 01
Crash Type: Single Motor Vehicle
Special Circumstances: None
Weather: Clear
Light: Daylight
Road Condition: Dry
Special Checks: Fetal (Report All)

Road Name: Cedar Creek
Distance: .5
Prefix: Dowling
Road Type: RD

Unit Number: 1
Driver License Number: (b)(3):CPSA Section 25(c),(b)(6)
Unit Type: MV
Driver Condition: 2
Insurance: ALIANCE
Vehicle Registration: 5Y4AM08Y36A004511
Make: Yamaha
Model: Rhino
Color: Blue
Year: 2006

Location of Greatest Damage: 1
Vehicle Type: OR
Vehicle Direction: North
Special Vehicles: 1
First Name: (b)(3):CPSA Section 25(c),(b)(6)
Sex: F
Position: 1105
Hospital: Pennock

First Name: (b)(3):CPSA Section 25(c),(b)(6)
Sex: F
Position: 0305
Hospital: N/A
First Name: (b)(3):CPSA Section 25(c),(b)(6)
Sex: F
Position: 0305
Hospital: IMAS

Person Advised of Damaged Traffic Control: []
Damaged Property: []
Owner & Phone: []

UD-10 SERIAL NUMBER
7215961

Do Not Write or Mark In This Area

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11/22/2006 Watson / Anderson ORV Fatal 58-4629-06

BACK

Unit Number	State	Driver License Number	Date of Birth	Licensed type	Sex	Total Occup	Hazard Action
NCS				<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> M	<input type="radio"/> M		
ORV Type	Name	Street Address	City	State	Zip	Phone Number	Injury
<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)							<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O
Driver's Condition	Interlock	Alcohol	Drugs	Vehicle Registration	Insurance	Vehicle Description	Vehicle Type
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine				<input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MC <input type="radio"/> GC <input type="radio"/> SM <input type="radio"/> OR <input type="radio"/> Other <input type="radio"/> Truck/Bus <input type="radio"/> (except limited license)
Vehicle Make	Model	Color	Year	Location of Greatest Damage	Vehicle Direction	Special Vehicles	Private Trailer Type
				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Name	Middle	Last	Date of Birth	Sex	Position	Restraint	Hospital
				<input type="radio"/> M <input type="radio"/> F			
First Name	Middle	Last	Date of Birth	Sex	Position	Restraint	Hospital
				<input type="radio"/> M <input type="radio"/> F			
Owner	Witness	Name	Address	Phone Number	Age	Sex	Post.
<input type="radio"/> Owner <input type="radio"/> Witness	<input type="radio"/> Owner <input type="radio"/> Witness						

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

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Unit Reported on Front	Unit Reported Aboard
Action Prior	Sequence of Events
First Second Third Fourth	First Second Third Fourth
0 2 0 6	
Most Hazardous	Most Hazardous
(M) (M) (M) (M)	(M) (M) (M) (M)
Unit Number	Carrier Name
Address	City
State	Zip
Carrier Source	GWR
<input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver	
ICCMC	Driver's CDL Type
	<input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X
USDOT	<input type="radio"/> Interstate <input type="radio"/> Intra (MI Only)
	<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30
MPBC	ODL Exempt
	<input type="radio"/> Farm <input type="radio"/> Other
Type & Axles	Vehicle Type
First Second Third Fourth	<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS
	Medical Card <input type="radio"/> Y <input type="radio"/> N
Cargo Stow Type	Hazardous Material
1 2 3 4 5 6 7 8	<input type="radio"/> Placard <input type="radio"/> Cargo Spill
Class 9	
UC-10 SERIAL NUMBER	Investigated at Scene
7215961	
Reported Date/Time	Investigator Name & Badge # (Print Only)
11/22/2006 @ 1525	Det. K. Linebaugh #1015
Photos By	
1015	

Crash Diagram and Remarks

North

Private Property ORV Fatal
"Not to scale"

Vehicle #1 is traveling downhill in a field/woods area, when the driver attempts to make a left turn, the vehicle overturns. A passenger falls out of the vehicle, which then lands on her. The vehicle is a 2 seat vehicle.

For further information see online report

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Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Wed, Nov 22, 2006	INCIDENT NO. 058-0004629-06	
TIME RECEIVED 1627	FILE CLASS 93002	
WORK UNIT MSP HASTINGS		COUNTY Barry
COMPLAINANT (b)(3):CPSA Section 25(c),(b)(6)		TELEPHONE NO. (269)623-2827
ADDRESS: STREET AND NO. (b)(3):CPSA Section 25(c),(b)(6)		CITY (b)(3):CPSA Section 25(c),(b)(6)
		STATE
		ZIP CODE
INCIDENT STATUS Open		

FATAL ORV CRASH

INFORMATION:

I was dispatched to the below venue for an off road vehicle crash. Just after my arrival on scene the juvenile victim was pronounced dead. Due to the location of the crash, only a basic accident investigation could be completed.

VENUE:

The location of the crash is in a field to the northwest of 8916 Cedar Creek Rd. Barry County, Hope Township

DATE & TIME:

Wednesday, November 22, 2006 at approximately 1450

COMPLAINANT:

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

PASSENGER IN VEHICLE/VICTIM:

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

UNINJURED PASSENGER IN VEHICLE:

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

DRIVER OF VEHICLE:

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

PAGE 1 of 5	INVESTIGATED BY TPR KELLY LINEBAUGH #1015	REPORTED BY	REVIEWED BY
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Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Wed, Nov 22, 2006	INCIDENT NO. 058-0004629-06
TIME RECEIVED 1627	FILE CLASS 93002

FATHER OF DRIVER:

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

MOTHER OF VICTIM:

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

ARRIVAL ON SCENE:

Upon arrival on scene, I was met by Delton First Responders who advised the victim in this case was in the back of the Lansing Mercy ambulance being treated. They further advised a landing zone was being set up for Air Care's Helicopter to land. I was directed to (b)(3):CPSA Section 25(c),(b)(6) who could provide information as to what took place.

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

I spoke with (b)(3):CPSA Section 25(c),(b)(6) at the above venue. He advised he owns the property and the people involved were his grandchildren. He said he had gone to Hastings and when he returned he was told there had been a crash and (b)(3):CPSA Section 25(c),(b)(6) had been hurt, but he didn't know how the crash happened.

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

I spoke with (b)(3):CPSA Section 25(c),(b)(6) who advised he was at work at the business located next to (b)(3):CPSA Section 25(c),(b)(6). He stated his son (b)(3):CPSA Section 25(c),(b)(6) came running in and said the Rhino had rolled over in the field and (b)(3):CPSA Section 25(c),(b)(6) was trapped underneath. He said they jumped in the truck and drove to the spot of the crash as fast as he could. Upon arrival he got out of the truck, ran up to the Rhino and picked it up off from (b)(3):CPSA Section 25(c),(b)(6) while (b)(3):CPSA Section 25(c),(b)(6) pulled her out from underneath.

I asked (b)(3):CPSA Section 25(c),(b)(6) if he knew how the vehicle was positioned on top of (b)(3):CPSA Section 25(c),(b)(6) he said he never really looked--he just knew she was underneath of it so he picked it up while (b)(3):CPSA Section 25(c),(b)(6) pulled her out.

(b)(3):CPSA Section 25(c),(b)(6) advised he checked (b)(3):CPSA Section 25(c),(b)(6) and could not find a pulse or signs of her breathing, so he picked her up in his arms and got back into the truck. He said he drove back to the residence while holding her and attempting to breathe into her mouth as best as he could. Upon getting back to the residence/business he got out of the truck and laid (b)(3):CPSA Section 25(c),(b)(6) on the grass. (b)(3):CPSA Section 25(c),(b)(6) who also works at the business is a volunteer fire fighter. (b)(3):CPSA Section 25(c),(b)(6) came out and held her head while telling people what to do for CPR on (b)(3):CPSA Section 25(c),(b)(6) until the ambulance arrived.

PAGE 2 of 5	INVESTIGATED BY TPR KELLY LINEBAUGH #1015	REPORTED BY	REVIEWED BY
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Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Wed, Nov 22, 2006	INCIDENT NO. 058-0004629-06
TIME RECEIVED 1627	PIR CLASS 93002

(b)(3):CPSA Section advised from the time he arrived back at the residence and placed (b)(3):CPSA on the ground to the time the ambulance and first responders arrived was only a matter of a few minutes.

CONTACT

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

I spoke with (b)(3):CPSA Section and (b)(3):CPSA Section at the venue residence. He advised he was driving the Rhino with (b)(3):CPSA Section as passengers in it. He said they were out in the field going down hill and (b)(3):CPSA Section was asking for him to go faster. He stated he was only traveling at about 10 miles per hour.

(b)(3):CPSA Section said when he made a turn on the trail by a tree, the Rhino tipped over onto its right side. He said (b)(3):CPSA Section fell out and the Rhino landed on top of her. (b)(3):CPSA Section advised he tried to pick up the Rhino off of (b)(3):CPSA Section but it was too heavy for him to lift so he had to run to the residence to get help.

I asked (b)(3):CPSA Section 25(c),(b)(6) said anything or moved after the Rhino landed on top of her. He said she didn't say anything or cry--she never made a sound.

I asked (b)(3):CPSA Section if he or anyone was wearing seatbelts or helmets while in the Rhino. He advised no helmets or belts were used.

(b)(3):CPSA Section described the position of the Rhino and (b)(3):CPSA Section for me, he advised the Rhino was pointing downhill lying on its right side and (b)(3):CPSA Section was underneath of it with her head kind of pointing uphill. The roll cage of the Rhino was on her upper body. No clarification was able to be made to find out if (b)(3):CPSA Section was lying face up or face down.

CONTACT

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

I spoke with (b)(3):CPSA Section 25(c),(b)(6) at her residence after clearing the scene. She advised she was a passenger in the Rhino when it crashed. She stated she was seated in the passenger seat, (b)(3):CPSA Section was sitting to her left on the edge of the seat/center area of the Rhino and (b)(3):CPSA Section was driving. She stated she thought (b)(3):CPSA Section was going too fast and tried to turn and the Rhino tipped over. When the Rhino tipped over she grabbed onto the roll cage and (b)(3):CPSA Section flew over her and landed on the ground. The Rhino then landed on top of (b)(3):CPSA Section.

(b)(3):CPSA Section said (b)(3):CPSA Section tried to pick up the Rhino off of (b)(3):CPSA Section, but was unable to and had to run to the residence to get someone to pick it up off of her.

I asked (b)(3):CPSA Section 25(c),(b)(6) made any sounds or said anything while the Rhino was on top of her. She said (b)(3):CPSA Section never moved or said anything.

CHECK CRASH SCENE:

The crash scene was located approximately 3/4 of a mile to the northwest of the residence in a field. Due to the distance from the roadway no measurements could be taken to plot the crash scene. GPS coordinates were obtained from the patrol vehicle locator and overlaid onto a map of the area for the general location.

PAGE 3 of 5	INVESTIGATED BY TPR KELLY LINEBAUGH #1015	REPORTED BY	REVIEWED BY
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Michigan Department of State Police

ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Wed, Nov 22, 2006	INCIDENT NO 058-0004629-06
TIME RECEIVED 1627	FILE CLASS 93002

At the crash scene there were numerous paths in the field where the Rhino or other off road vehicles were being driven about. The crash occurred on a downhill slope, the vehicle was traveling from west to east downhill. The driver attempted to turn north (left) while traveling downhill and the vehicle rolled onto its right side.

The vehicle had been moved from its position in the crash to an upright position. Due to the debris on the ground from the bed of the vehicle it appears to have only been returned to all 4 wheels from its position of lying on the right side and not moved any further. The vehicle sustained no apparent damage during the crash.

There were no marks on the ground to indicate the vehicle was traveling at a speed great enough to cause it to slide on the ground after tipping over. The only marks visible on the ground are where the tires tore up the ground when the driver turned to the left and the vehicle tipped over.

MEASUREMENTS OF SCENE:

Measurements were taken from the middle of the trail where the patrol vehicles were parked (GPS coordinates) to the right side tire marks where the Rhino started to overturn was 90 feet. The distance from the center of the trail to the blood spot on the ground was 101 feet. Measurements from the skid on the to the blood spot was 17 feet. The distance for the skid mark from start to finish was 8 1/2 feet.

Due to the scene being on a hillside, a rise over run method was used to measure the grade. The rise was measured as 2 feet 3 inches over a 12 foot run on the hillside, indicating an approximate 18% grade.

Vehicle measurements were taken: 6 foot wheel base, 3 foot 6 inch width. The seat height was measured on the passenger side as 2 foot 6 inches.

PHOTOGRAPHS:

Digital photographs were taken of the scene and vehicle. The images were downloaded to the MSP Hastings Post photo computer for storage.

VEHICLE INFORMATION:

2006 Yamaha Rhino 4x4 off road vehicle, blue in color, VIN# 5Y4AM08Y36A004511. The vehicle is registered to (b)(3):CPSA Section 25(c),(b)(6) This vehicle is equipped with a 660cc gasoline engine.

The vehicle is designed to carry a maximum of 2 occupants--the driver and one passenger. The vehicle is equipped with a roll cage, 3 point seat belts, hand holds with a tilting cargo bed on the back. The vehicle has a selector switch for 2 wheel drive or 4 wheel drive. The selector switch was in the 2 wheel drive position after the crash.

CONTACT DETECTIVE KLOTZ:

I contacted Detective Klotz and advised him of this crash.

PAGE 4 of 5	INVESTIGATED BY TPR KELLY LINEBAUGH #1015	REPORTED BY	REVIEWED BY
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Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Wed, Nov 22, 2006	INCIDENT NO. 058-0004629-06
TIME RECEIVED 1627	FILE CLASS 93002

CONTACT MEDICAL EXAMINER:

I had Barry County Central Dispatch and had them contact the medical examiner to advise them of this crash.

EXTERNAL DOCUMENTS:

UD-10 Traffic Crash Report

STATUS:

Open.

PAGE 5 of 5	INVESTIGATED BY TPR KELLY LINEBAUGH #1015	REPORTED BY	REVIEWED BY
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Patient:

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

Case:

SHA-06-01741

DOB:

(b)(3);CPSA Section

Sex:

F

Page 1 of 6

Date of Death: November 22, 2006
Date of Autopsy: November 23, 2006
Time of Autopsy: 0830 Hours
Medical Examiner: (b)(3);CPSA Section 25(c),(b)(6)
County: Barry
Persons in Attendance: See Report
Identification: By ID Tags

FORENSIC AUTOPSY REPORT

AUTOPSY FINDINGS:

- I. Traumatic Asphyxia due to a roll-over ATV (all terrain vehicle) accident
 - A. History of presenting to the emergency room in cardiac arrest
 - B. History of being involved in a roll-over all terrain vehicle accident
 - C. History of an unknown down-time
 - D. Petechiae on the conjunctivae of the eyes, on the skin of the face, neck, right arm, and deep scalp
 - E. Hemorrhage in the right lobe of the thyroid
 - F. Lacerations of the lips
 - G. Cerebral edema
 - H. Pulmonary and deep scalp contusions
- II. Toxicology
 - A. Postmortem blood drug screen: negative
 - B. Postmortem blood volatile screen: negative

Cause of Death: Traumatic Asphyxia due To a Roll-Over ATV Accident

Manner of Death: Accident


**REGIONAL
LABORATORIES**

Patient:

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

Case:

SHA-06-01741

Page 2 of 6

CLINICAL HISTORY:

The decedent is a ten-year-old female who presented to the emergency room in cardiac arrest. She was riding an ATV when it rolled over on top of her. Her downtime was unknown at the time of hospital admission. The decedent was pronounced dead at the hospital. This history comes from the autopsy referral sheet and photocopies of the hospital chart.

OUTSIDE PERSONNEL PRESENT: None.

IDENTIFICATION: ID tag on the body bag reads (b)(3):CPSA Section 25(c),(b)(6). An ID tag on the left great toe reads (b)(3):CPSA Section 25(c),(b)(6). The body bag is sealed with a red plastic seal reading 0042099.

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

OTHER PATHOLOGY ASSISTANTS PRESENT: None
EXTERNAL EXAMINATION

The body is that of a normally developed, female child whose apparent age is consistent with the reported age of 10 years. The body measures 52 inches in length and weighs 58 pounds. The nutritional status is adequate and preservation is good in the absence of embalming. The lividity is fixed, purple, and posterior in distribution. Rigor mortis is complete. The body temperature is cool due to refrigeration.

The head has a normal shape. The head hair is brown, wavy, and measures up to 20.0-cm in length. There is no facial or body hair.

The corneas are clear and the conjunctival vasculature is noncongested. The scleras are anicteric and there are petechiae on the conjunctiva of the right and left eyelids, as well as the face, the arms, the skin of the neck, the axilla, and the antecubital fossa. The irides are brown.

The nose is symmetrical, stable to palpation, and is atraumatic. The ears are normally positioned and the earlobes are pierced twice on each side. The interior and exterior of the mouth are atraumatic. The teeth are natural and in good repair.

The face is symmetrical and purple in color due to congestion and confluent petechiae. The neck and chest are symmetrical and have petechiae as noted above. The chest is symmetrical and atraumatic. The breasts are those of a normal prepubescent female and there are no palpable masses. The abdomen is flat, symmetrical, and atraumatic.

All limbs and digits are present. The genitalia are those of a normal prepubescent female. They are atraumatic. The back and buttocks are unremarkable.

CLOTHING AND PERSONAL EFFECTS:

The body is received wearing the following items of clothing and has the following personal effects:

- 2 -

Sparrow Health System • Department of Laboratories • Lansing, Michigan



REGIONAL
LABORATORIES

Patient:

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

Case:

SHA-06-01741

Page 3 of 6

- One red, white, and blue striped long-sleeve shirt that was previously cut
- One white pair of brief style underwear with pink hearts
- One red hair tie
- One pair of earrings with red stones
- One pair of earrings with ladybugs done in pink stones

These items are released with the body at the time of autopsy.

EVIDENCE OF THERAPY:

- There is an electrocardiogram lead on the right shoulder and on the left shoulder anteriorly.
- There is also an electrocardiogram lead on the left side of the abdomen.
- A stiff cervical collar surrounds the neck.
- An oral airway is in place in the mouth.
- There is an intravascular catheter in the left antecubital fossa hooked to a bag of "0.9% sodium chloride".
- There are angiocatheters inserted through the anterior wall of the chest bilaterally.

EVIDENCE OF INJURY:

There are the previously described petechiae on the conjunctivae of the eyes. The entire face has a blue/purple appearance, which in areas appears to consist of confluent fine petechiae that are most evident around the eyes. This area of purple coloration is most prominent on the left side of the face and the entire forehead. There is a line of normal appearing skin near the lower left chin and continues onto the left side of the neck. On the right cheek, there is a 4.5 x 1.5-cm red abrasion. There are lacerations on the upper and lower lips on the mucosal surfaces. There are isolated pulmonary contusions.

Reflection of the scalp reveals a 6.0 x 5.5-cm blue contusion in the deep left parietal scalp. Just inferior to that is a 6.0 x 3.5-cm deep scalp contusion. Just above the left ear is a 3.5 x 3.0-cm blue contusion. On the right parietal scalp, there is a 2.0 x 1.0-cm red contusion. There are fine petechiae throughout the deep scalp. There are no fractures of the calvaria. There is mild cerebral edema, but no intracranial contusions or bleeding. Petechiae are present over the low anterior neck/upper chest and in the right antecubital fossa. There is a 1.4 x < 0.1-cm red linear abrasion on the anterior surface of the neck. On the medial surface of the left breast, there is a 0.4 x 0.2-cm red abrasion. There are petechiae in both the right and left axillary areas. There is a 0.9 x 0.3-cm contusion at the upper edge of the umbilicus. On the abdomen, there are scattered faint red small, abraded contusions measuring up to 1.0 x 0.5-cm. On the back of the left hand, there is a 1.0-cm diameter faint purple contusion. On the back of the right upper arm, there is a 1.5 x 0.5-cm area of red abraded skin. On the back of the right forearm, there is a 5.0 x 0.5-cm area of abraded skin and a 4.0 x < 0.1-cm red linear abrasion.

- 3 -

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**REGIONAL
LABORATORIES**

Patient:

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

Case:

SHA-06-01741

Page 4 of 8

INTERNAL EXAMINATION

HEAD AND NECK:

The scalp is incised coronally and reflected anteriorly and posteriorly revealing an intact cranial vault the above described scalp contusion. The dura mater is tightly adhered to the calvarial and basilar surfaces of the cranial cavity. There are no epidural, subdural, or subarachnoid hemorrhages. There are no basilar skull fractures. There are no venous sinus thrombi within the dura.

The brain weighs 1,170 grams. The brain shows mild edema as noted above. The sulci and gyri of the brain otherwise have a normal configuration and are free of gross natural disease and trauma. The vessels at the base of the brain are intact and have a normal distribution without significant atherosclerotic plaque, thrombi, or aneurysmal dilatations. There is no evidence of transtentorial or uncal herniation. The cerebrum, cerebellum, and brainstem are sectioned. All have a sharp grey-white matter demarcation and both the gray and white matter are free of gross natural disease and trauma. The ventricles have a normal size and configuration and are free of blood. The thalamus, hypothalamus, and basal ganglia have a normal size and configuration without evidence of gross natural disease and trauma. There is the usual pigmentation of the substantia nigra. Sections of the cerebellum and brainstem are unremarkable. The spinal cord is not examined.

The soft and bony tissues of the neck are atraumatic. The organs of the neck are normally situated.

BODY CAVITIES:

The organs of the thorax and abdomen are normally situated. The pleural and peritoneal cavities are free of fluid accumulation and adhesions. The pericardial sac contains the usual amount of serous fluid.

CARDIOVASCULAR SYSTEM:

The heart weighs 110 grams. It is normally situated within the pericardial sac. The pericardium and epicardium are smooth and glistening. The coronary arteries arise from patent ostia, which are normally situated on the right and left sides of the sinus of Valsalva, above the cusps of the aortic valve. They have a right-dominant distribution. They are free of significant atherosclerotic plaque and thrombi. The myocardium is firm and red-brown without areas of fibrosis or necrosis. The left ventricular myocardium measures 9 mm and the right ventricular myocardium measures 3 mm. The cardiac chambers have a normal size and configuration. The endocardium is smooth and glistening without areas of thrombi or fibrosis. The valve leaflets are thin and pliable and free of nodules. The chordae tendineae are intact. The atrial appendages are free of thrombi. The fossa ovale is closed. The aorta and its branches are intact and have no atherosclerotic plaque.

RESPIRATORY SYSTEM:

The right lung weighs 220 grams and the left lung weighs 190 grams. There are isolated bilateral contusions. The pleural surfaces of both lungs are smooth and glistening. The subpleural spaces have mild to moderate amounts of anthracotic pigment. Both are moderately congested with mild to moderate amounts of pulmonary

- 4 -

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**REGIONAL
LABORATORIES**

Patient:

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

Case:

SHA-06-01741

Page 5 of 6

edema expressed on sectioning. They have a subcrepitant texture. There are no focal areas of consolidation or masses. There are no pulmonary emboli or mucus plugs. The larynx, trachea, and major bronchi are lined by an intact, glistening pink-tan mucosa, which is free of lesions. There are no airway obstructions.

GASTROINTESTINAL SYSTEM:

The tongue is unremarkable. The esophagus is lined by an intact, longitudinally folded epithelium that is free of lesions. The gastroesophageal junction is normally situated and intact. The stomach contains approximately 100 grams of pink material representing unrecognizable food. No pill or tablet fragments are identified. The gastric mucosa is intact and unremarkable. The gastric wall is intact. The serosal surface of the stomach is unremarkable. The serosal and mucosal surfaces of the duodenum are unremarkable. The serosal surfaces of the remainder of the small intestine and the large intestine are unremarkable. The appendix is present. The pancreas is normally situated beneath the stomach and is free of gross natural disease and trauma.

HEPATOBIILIARY SYSTEM:

The liver weighs 615 grams. It is covered by an intact capsule and has a tan, firm parenchyma that is free of lesions. The gallbladder is present and contains bile without gallstones.

HEMATOPOIETIC/IMMUNOLOGIC SYSTEM:

The spleen weighs 40 grams. It is covered by a gray-blue intact capsule and has a red, partially autolyzed parenchyma that is free of lesions. Bone marrow and lymph nodes are unremarkable.

ENDOCRINE SYSTEM:

The thyroid gland is injured as noted above. The adrenal glands are unremarkable.

GENITOURINARY SYSTEM:

The right kidney weighs 60 grams and the left kidney weighs 80 grams. The renal capsules strip with ease to reveal smooth cortical surfaces. Both have a sharp cortico-medullary demarcation. The renal pelves have a normal size and contain no stones. The ureters have a normal caliber and insert normally into the bladder. The bladder has a normal size and configuration and is lined by an unremarkable mucosa. The bladder is empty. The vaginal mucosa is unremarkable. The ectocervical and endocervical surfaces are free of lesions. The myometrium and endometrium are unremarkable. The ovaries and fallopian tubes are unremarkable.

MUSCULOSKELETAL SYSTEM:

The muscles, where visualized, show no significant atrophy or hypertrophy. The bones, where visualized, show no obvious deformities or fractures.

RADIOLOGY: None.



**REGIONAL
LABORATORIES**

Patient:

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

Case:

SHA-06-01741

Page 6 of 6

SPECIMENS SAVED: Blood is saved from the femoral and subclavian region along with vitreous humor. The blood has been submitted for a volatile screen and a drug screen.

EVIDENCE SAVED: Body photographs, fingerprints, and a DNA card.

MICROSCOPIC SECTIONS: Block only.

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

Electronically Signed
Date Reported: 01/27/2007



FORENSIC TOXICOLOGY REPORT

TOXICOLOGY TESTING CENTER
St. Lawrence Camp
1210 W. Saginaw, Lansing, MI 48915-1525
(517) 534-7100; Fax (517) 354-7211
K. R. Gunson, M.D.
Director of Toxicology

REGIONAL LABORATORIES
A-06-1741

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

Attachment 2 - 061127HNE1668

Account: PATHOLOGIST: BCH
BARRY COUNTY MEDICAL EXAM
SPARROW HOSPITAL
PATHOLOGY DEPARTMENT
LANSING MI 48912

History Number 80236674	Account Number MOR062280006	Order Status FINAL
Collection Date SEE BELOW	Collection Time SEE BELOW	Report Date 11/29/06
App. P.O.D. 10Y 03/16/96	Sr 1	Area 71
	Route 99	Page 1

Call: 11/24/06 06:19
POST-MORTEM DRUG SCREEN

SPECIMEN TYPE: ANALYSIS OF SUBCLAVIAN BLOOD REVEALED:

1. NEGATIVE FOR ALL VOLATILES INCLUDING ETHANOL.
2. NEGATIVE FOR ALL SCREENED DRUGS.

SPECIMEN WAS ANALYZED FOR THE FOLLOWING DRUGS AND DRUG CLASSES:

- | | |
|-------------------------|------------------------------|
| ACETAMINOPHEN | NARCOTIC ANALGESICS |
| AMPHETAMINES | NON-NARCOTIC ANALGESICS |
| ANALGESICS | OPIATES |
| ANTI CONVULSANTS | PHENCYCLIDINE |
| ANTIDEPRESSANTS | PHENOTHIAZINES |
| ANTI HISTAMINES | PROPOXYPHENE AND METABOLITES |
| BARBITURATES | SALICYLATES |
| BENZODIAZEPINES | SEDATIVES |
| CANNABINOIDS | STIMULANTS |
| CARDIOACTIVES | SYMPATHOMIMETIC AMINES |
| COCAINE AND METABOLITES | ALCOHOLS |
| HYPNOTICS | |

NOTE: Other detected drugs or substances will be reported.
Some drugs or substances may not be detected unless present in a very high concentration. Contact the laboratory for a complete list and detection limits.

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

for TOXICOLOGIST 11/29/06

A-06-1741 (b)(3):CPSA Section 25(c),(b)(6)
RUN: 272301

** END OF REPORT **

Task Number: 061127HNE1668

Date: 2/15/07

Status of Missing Document(s)

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

1. photo of the utility vehicle
- 2.
- 3.
- 4.
- 5.

CONTACT INFORMATION:

Contacted on 11/27/06

Michigan State Police
714 S. Harrison Road
E. Lansing, MI 48823
(517)332-2521

Contacted on 2/14/07

Barry Medical Examiner
1005 W. Green Street, Ste. 200
Hastings, MI 49058
(269)945-3606

November 22, 2006

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Girl, 10, killed in ATV accident #061127HNE1668 N06B0494A 11/27/06
MI ISSUE; 09

November 22, 2006 - 4:48PM

(NEWS 3) - A 10-year-old girl died Wednesday in an ATV accident in Barry County.

It happened just after 3 p.m. on Cedar Creek Road in Hope Township.

Authorities say the girl was riding on a quad. It is unclear if she was driving or riding with someone else.

Michigan State Police are investigating.

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070131

1. Task Number 061130HCC2121		2. Investigator's ID 9067		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2006 07 15	5. Date Initiated YR MO DAY 2006 12 01		
6. Synopsis of Accident or Complaint UPC A 33-year-old male was operating a utility vehicle with a passenger. The vehicle was traveling over 40 mph when the operator lost control and the vehicle rolled over. Both individuals were thrown from the machine. The vehicle's roll bar struck the driver in the head. According to the MECAP report the victim died from closed head trauma. Neither individual was wearing a helmet. The operator had a blood alcohol level of .162 gm/dl. <i>MECAP REPORTED 3/21/07</i> <i>COMMENTS BY [Signature]</i> <i>OVERSEEN BY [Signature]</i> <i>EXAMINER BY [Signature]</i> <i>DATE [Signature]</i>				
7. Location (Home, School, etc) D - UNKNOWN		8. City WILLOW RIVER		9. State MN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO660
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 33	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. inj	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Intq Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 3 / 0	
20. Attachment(s) 1 - Photographs		21. Case Source 12 - MECAP		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Case Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 12/14/2006	25. Reviewed By 8929		26. Regional Office Director Frank J. Nays	
27. Distribution Streets, Robin A			28. Source Document Number X06B0617A	

IDI 061130HCC2121

On July 15, 2006, a 2005 Yamaha Rhino 660, 4X4, Utility Vehicle was being driven by a 33-year-old male near Willow River, MN in Pine County. A passenger was also in the vehicle at the time. The vehicle was estimated to be going over 40 miles per hour when the operator lost control and the utility vehicle rolled over.

Both the operator and the passenger were thrown from the vehicle. The utility vehicle's roll bar struck the 33-year-old driver in the head. The operator died on July 15, 2006 as the result of a closed head injury. Neither individual was wearing a helmet. The operator's blood alcohol level was .162 gm/dl.

This assignment was initiated from a MECAP report. On December 13, 2006 this investigator contacted the Minnesota Department of Natural Resources, Enforcement Education Division, Little Falls, MN and verified that a utility vehicle was involved in this incident.

Vehicle:

2005 Yamaha 660, 4X4, Utility Vehicle

ATTACHMENTS:

Exhibit A - Photograph of similar type utility vehicle

Exhibit B - Contact Information

061130HCC2121 Exhibit A-1 below shows a 2006 Yamaha Rhino 660



IDI 061130HCC2121

Exhibit B

Contact Information

Minnesota Department of Natural Resources
Enforcement Education

(b)(6)

15011 Highway 115
Little Falls, MN 56345
320-616-2501
Initial Contact: 12/13/06

X06B

0617

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09

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MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

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

Date of accident 7/15/06 Date of Death 7/15/06

Type of consumer product involved ATV

Manufacturer, Model, Brand name, and Serial No. of product Yamaha Rhino 660 4x4

Is product available for examination? Yes No. If Yes, where? _____

Cause of Death: closed Head Trauma

Location of Accident: City Willow River State MN

Brief description of accident sequence: (Please include the AGE and SEX of the VICTIM(S))

33 yr. old victim driving 4 wheeled ATV with passenger over 40 mph. No helmets. Lost control and ATV rolled over throwing off back quarters. Roll bar struck victim in head.

Alcohol level .162 gm/dl.

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

Medical Examiner's/Coroner's Case No. 06-1061 Telephone No. 651-224-7827

Reporter's Name Sue Swanson Date Reported 10/31/06

Reporter's Off. (incl. City, county, & state) Ramsey County Medical Examiner, St. Paul, MN

Medical Examiner's/Coroner's Name Michael McGee, MD

For processing at CPSC: Report received by: _____

Chief Med. Exam. Rpt () Copy for MECAP News ()
Regular MECAP () Document No. _____

Approved for use thru 9/30/2006 - OMB No. 3041-0029

P. re only Sheriff

1. Task Number 070122CCC1264		2. Investigator's ID 9085		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2007 01 10	5. Date Initiated YR MO DAY 2007 01 30		
6. Synopsis of Accident or Complaint UPC There were no injuries or property damage when the adult male complainant lost control of the utility vehicle he was operating when it unexpectedly accelerated on two different occasions when he removed his foot from the gas pedal. The vehicle's motor did not shut "off" during either incident until the complainant disconnected the spark plug. The complainant reports that the throttle wire disconnected from the end terminal, causing the incidents. The complainant and a friend made repairs to the vehicle and it remains in use.				
7. Location (Home, School, etc) 2 - FARM		8. City SWAN LAKE		9. State NY
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name PRO HAULER 700		10C. Model Number YXP700
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 0	13. Sex ♂ - Male	14. Disposition 0 - No Injury	15. Injury Diagnosis 70 - No Injury	
16. Body Part(s) Involved 99 - NO INJURY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational/ Travel) 11 / 6	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 07 - Consumer Complaint		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 02/21/2007	25. Reviewed By 9093		26. Regional Office Director Eric B. Ault	
27. Distribution Topka, Tanya; Kossler, Charles R; Lyle, Lori-Ann			28. Source Document Number H0710082A	

4/23/07
 COMPLAINTS - YES AND NO
 - OVERULED - ATTACHED
 DISCONTINUED
 DISCONTINUED - JUNE 2007

1. Task Number 070122CCC1264		2. Investigator's ID 9085		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2007 01 10	5. Date Initiated YR MO DAY 2007 01 30		
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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 0	13. Sex 1 - Male	14. Disposition 0 - No Injury	15. Injury Diagnosis 70 - No Injury	
16. Body Part(s) Involved 99 - NO INJURY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 11 / 6	
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24. Review Date 02/21/2007	25. Reviewed By 9093		26. Regional Office Director Eric B. Ault	
27. Distribution Topka, Tanya; Kessler, Charles R; Lytle, Lori-Ann			28. Source Document Number H0710082A	

This investigation was initiated as a result of a consumer complaint filed with CPSC via the Hotline on January 11, 2007 describing a loss-of-control incident involving a utility vehicle. The information contained in this report was obtained primarily from the complainant during a February 2, 2007 on-site visit. Limited additional information was obtained from the Service Manager of the dealer where the incident utility vehicle was purchased.

The adult male complainant, (age not stated but estimated to be in his mid-60's), purchased the incident utility vehicle new on December 29, 2004 from a nearby dealership for approximately \$4,000.00. The utility vehicle was not purchased as part of a special sales event nor was it marketed as a discontinued model. In fact, the complainant stated that he believes that this model utility vehicle was first introduced in 2004. The vehicle was accompanied by an owner's manual which the complainant stated he read and understood prior to operating the vehicle for the first time. (Neither the purchase receipt nor the owner's manual could be located for the purpose of this investigation. The complainant stated that he was not sure where he filed the documents, but promised to search for them and forward them to this Investigator if found. See Exhibit 6.)

The complainant reported that he has owned several "golf carts" which "essentially operate the same way" as the utility vehicle and he described himself as "very familiar" with the incident vehicle's operation. The incident utility vehicle was used by the complainant on a daily basis, for approximately 5 to 10 minutes a day, from the date of purchase to the date of the incident with no noted problems, issues or concerns. The complainant explained that he had knee surgery in late 2004 and used the incident utility vehicle to travel around his farm. The vehicle had no repair history and had not been modified or altered in any manner prior to the incident. The complainant described the condition of the utility vehicle as "almost like new" immediately prior to the incident. The complainant reported that the incident utility vehicle is equipped with a "governor" which limits the speed of the vehicle to approximately 15 miles per hour.

The complainant is reportedly 5'11" tall and weighs approximately 200 pounds. At the time of the incident, the complainant was wearing a long-sleeved shirt, heavy pants (jeans) and work boots. The complainant was not wearing a helmet, goggles or gloves at the time of the incident. The complainant described the weather conditions at the time of the incident as "relatively mild for that time of year, dry and clear". The incident occurred at approximately 11:00 a.m. and the lighting conditions were described as "daylight" at the time of the incident. The complainant was not using the utility vehicle to haul anything at the time of the incident and there was nothing in the cargo bed. The complainant was the operator of the vehicle at the time of the incident and there were no passengers in the vehicle.

Shortly before the incident, the complainant was in the residential house on his property and needed to travel to a nearby building on the farm. The complainant entered the

incident utility vehicle and sat down in the driver's seat. He ensured the vehicle was in "forward" gear and turned the selector switch to "on". The complainant next pushed down on the gas pedal, propelling the vehicle forward. The vehicle reportedly operated properly for approximately 40 seconds without incident. Immediately prior to the incident, the complainant was driving the utility vehicle down a dirt trail towards a building located on his property where he operates an "informal business repairing farm related equipment". The actual incline of the dirt trail is unknown, but it was observed to be a slight incline, (see Exhibit 1- photographs). At approximately 11:00 a.m. on January 10, 2007, the adult male operator of the utility vehicle let up on the gas pedal of the vehicle and the vehicle accelerated to between approximately 20 and 25 miles per hour. The complainant stepped on the vehicle's brake pedal which stopped the vehicle. When the complainant attempted to turn the vehicle "off", by turning the dash-board selector switch to the "off" position, the vehicle did not turn "off". The complainant was able to turn the motor off by unplugging the spark plug located underneath the seat bench.

Approximately two minutes after the initial incident the complainant re-connected the spark plug, put the utility vehicle into "reverse" and turned the dash-board selector switch to the "on" position. The vehicle immediately began to move backwards at a "high rate of speed", causing the complainant to lose control and crash into a stack of tires. (The estimated rate of speed during the second incident is unknown.) The complainant reported that he attempted to apply the brakes while the vehicle was moving backwards, but the brakes did not slow or stop the vehicle. The complainant further reported that when the vehicle crashed, the motor was still running and the "belt was smoking". The second incident ended when the complainant again unplugged the spark plug. There were no injuries as a result of either incident. The complainant discontinued use of the utility vehicle after the second incident.

The complainant did not report the incidents to the manufacturer. The complainant contacted the dealer via telephone on or about the day after the incident and spoke to a Repair Technician, (name unknown). The Repair Technician informed the complainant that the complainant would have to pay \$150.00 to transport the incident utility vehicle to and from the dealership and, if it was determined that the vehicle was out of warranty, the complainant would have to pay for any needed repairs. The complainant declined the offer and visually examined the incident utility vehicle with a friend who was reportedly familiar with golf cart repairs. The incident utility vehicle was never examined or repaired by a dealer or manufacturer representative.

The complainant stated that after examining the vehicle, he and his friend determined that the "throttle cable had disconnected from the terminal". The complainant and his friend (name and formal occupation unknown) believe that the throttle wire was "too short", did not have enough "give" and was not secured in a proper manner. The complainant reported that it appears that the wire disconnected from the terminal as a result of "normal jostling riding conditions". The complainant explained that when the wire

disconnected from the terminal, it was no longer grounded. He further explained that, as per information provided by his friend, the wire needs to be grounded in order to shut the spark off and turn the motor off. When the wire detached from the terminal and was no longer grounded, the spark stayed "on" and the motor did not turn off even when the selector switch was moved to the "off" position. The complainant and his friend repaired the incident utility vehicle by "making the throttle wire longer and securing it with electrical ties so it was not hanging" in an attempt to lessen the chance that the wire would disconnect from the terminal when the vehicle traveled over unpaved terrain. The complainant stated that the incident utility vehicle has been used, without further incidents, on a daily basis since the repairs were made.

This Investigator contacted the dealer via telephone on February 7, 2007 and spoke to the Service Manager. The Service Manager reported that he was aware of the incidents but noted that without having examined the vehicle he could not speculate as to what caused the incidents. The Service Manager further stated that this dealership has not received any similar complaints or concerns regarding this make/model utility vehicle and had not made any repairs to correct any similarly reported problems.

SAMPLE COLLECTED

The incident utility vehicle was not collected as an official sample as it was repaired by the complainant and remains in use.

PRODUCT IDENTIFICATION

The information contained in the product identification section of this report was obtained in part from the complainant, in part from information downloaded from Internet web-sites maintained by dealers, in part from information downloaded from the Manufacturer's Internet web-site and in part from the visual examination of the incident vehicle. (See Exhibits 4 & 5)

The incident utility vehicle was manufactured by: **Yamaha Motor Corporation USA**; 6555 Katella Avenue; Cypress, CA 90630. The firm's toll-free telephone number is 800-962-7926.

The incident utility vehicle was purchased from: Rusty Palmers, Inc.; 1103 Route 6; Honesdale, PA 18431. The dealer's telephone number is 570-253-4507.

The incident product is a side-by-side utility vehicle with tilt-cargo bed. The rated capacity of the cargo bed is 250 pounds. The fuel capacity of the vehicle is 6.1 gallons. The model year of the utility vehicle is 2004. The vehicle is equipped with a 357 cc, 4-stroke single cylinder, force air cooled engine. The vehicle is also equipped with an electric start which is activated by a dash-mounted selector switch. The dimensions of the vehicle are 97.2" X 48.5" X 50.2". The wheelbase of the vehicle is 64.4" and the

ground clearance is 5.0". The utility vehicle has a 500 pound towing capacity. The vehicle is equipped with both headlights and taillights. The vehicle is further equipped with a two-wheel drive V-belt automatic transmission with forward and reverse gears. A label affixed to the vehicle identifies the model of the vehicle as "****YXP700****". (See Exhibit 1 – photographs - for all labels affixed to the incident utility vehicle.)

ATTACHMENTS

Exhibit 1: Photographs 1.1-1.33

Exhibit 2: Identification of Parties

Exhibit 3: CPSC Authorization for Release of Name

Exhibit 4: Product information downloaded from Internet

Exhibit 5: Product information downloaded from Manufacturer's Internet web-site

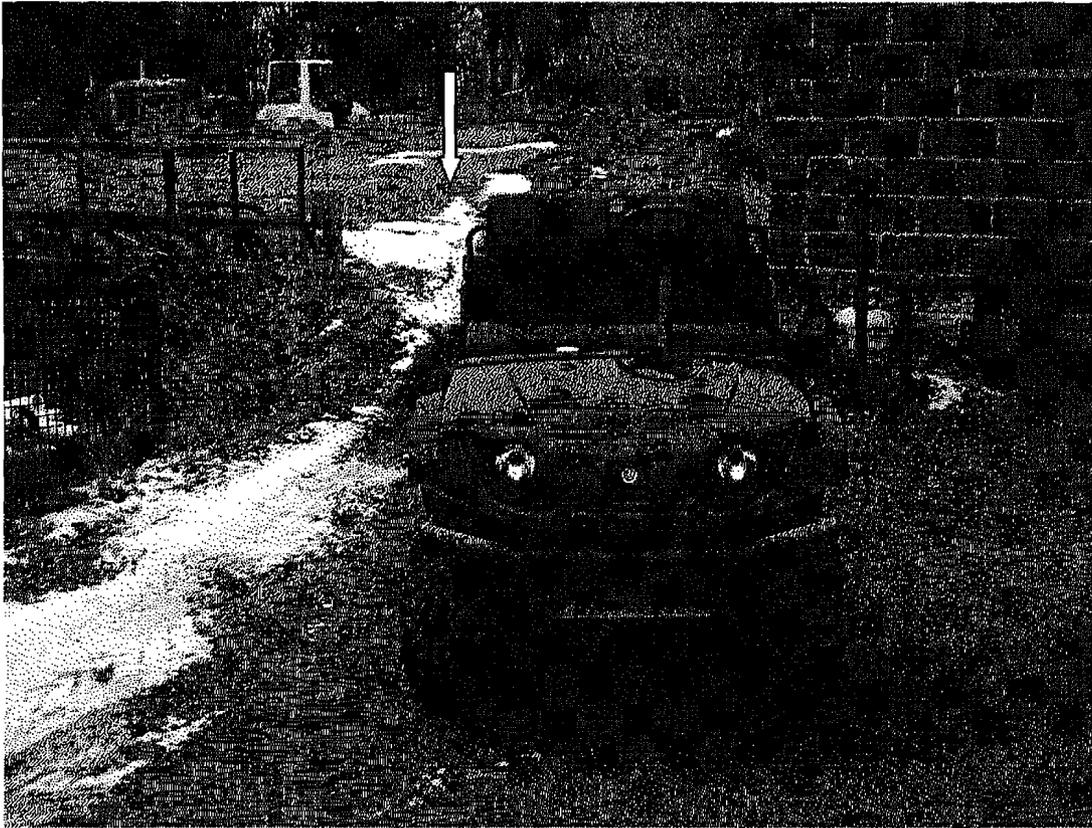
Exhibit 6: Missing Document Form



**Exhibit 1.1: Left Side View of Incident Utility Vehicle
IDI # 070122CCC1264**



**Exhibit 1.2: Right Side View of Incident Utility Vehicle
IDI # 070122CCC1264**



**Exhibit 1.3: Front View of Incident Utility Vehicle (View also shows 1st
incident location / hill designated by arrow)
IDI # 070122CCC1264**



**Exhibit 1.4: Rear View of Incident Utility Vehicle (arrow points to discarded tire that utility vehicle hit during second reported incident)
IDI # 070122CCC1264**

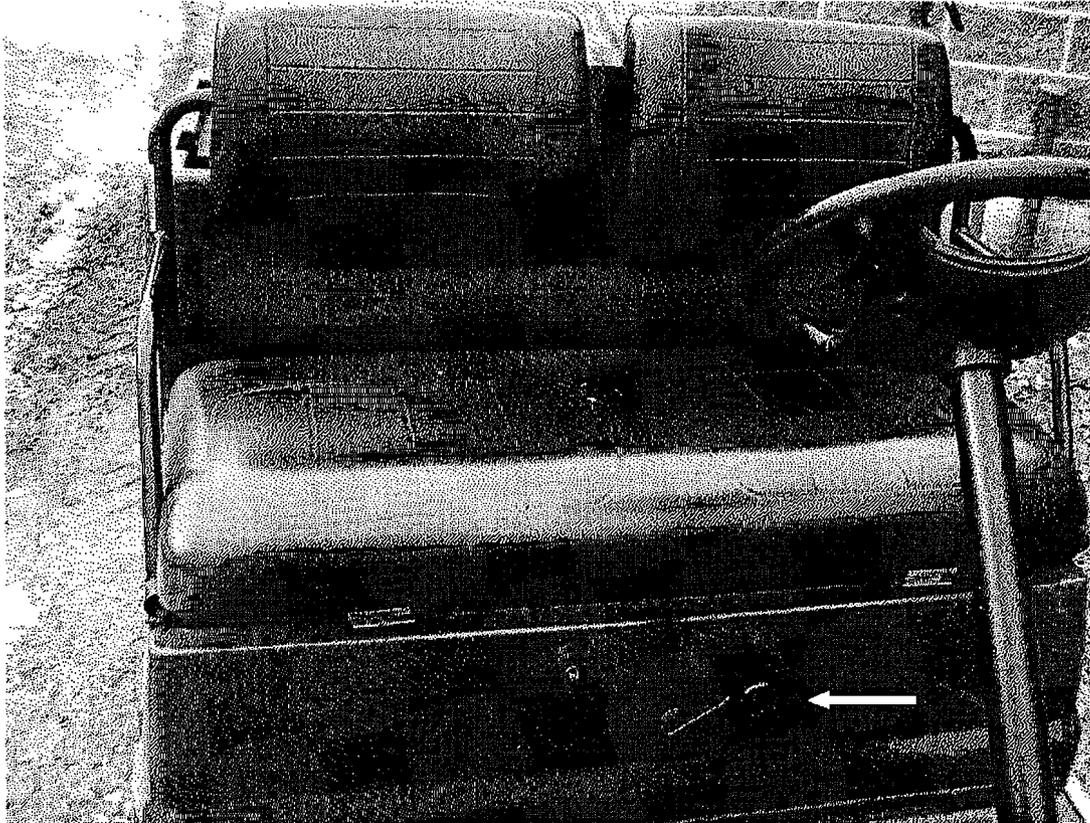
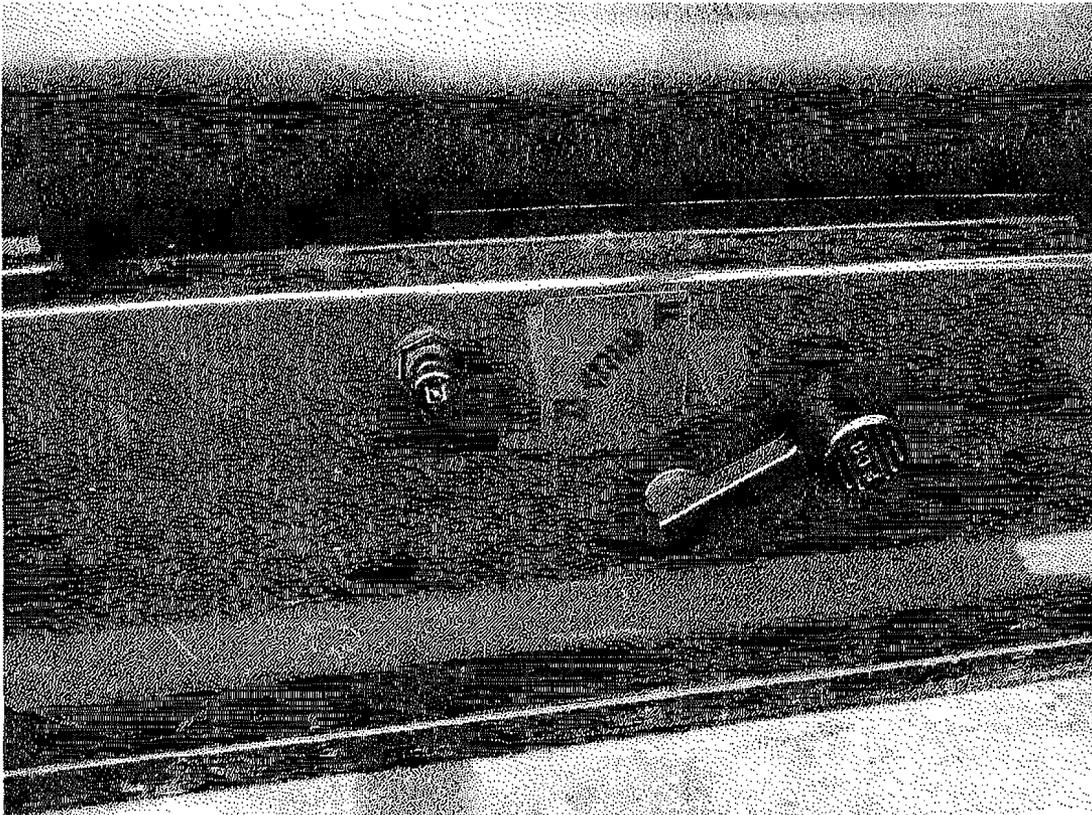
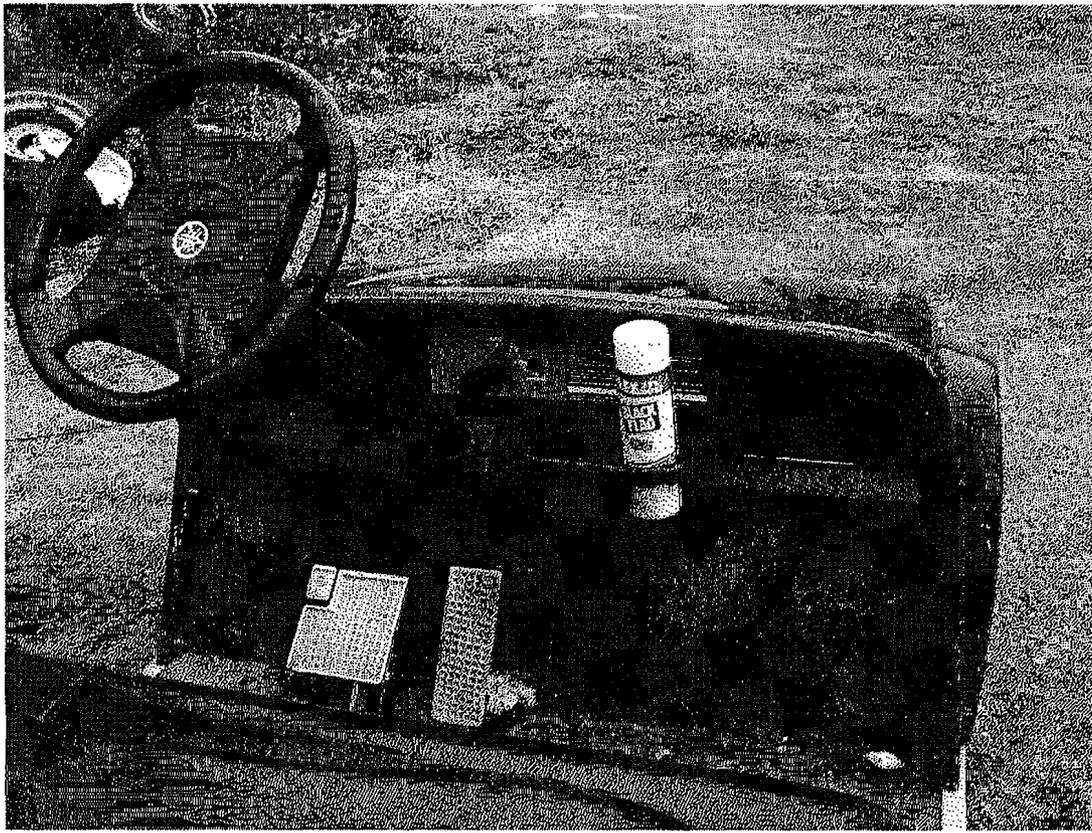


Exhibit 1.5: View of Seat portion of Incident Utility Vehicle & Forward/Reverse selector switch (see arrow)
ID1 # 070122CCC1264



**Exhibit 1.6: Close Up View of Forward/Reverse Selector Switch
IDI # 070122CCC1264**



**Exhibit 1.7: View of Steering Wheel / Foot controls on Incident Utility Vehicle
IDI # 070122CCC1264**

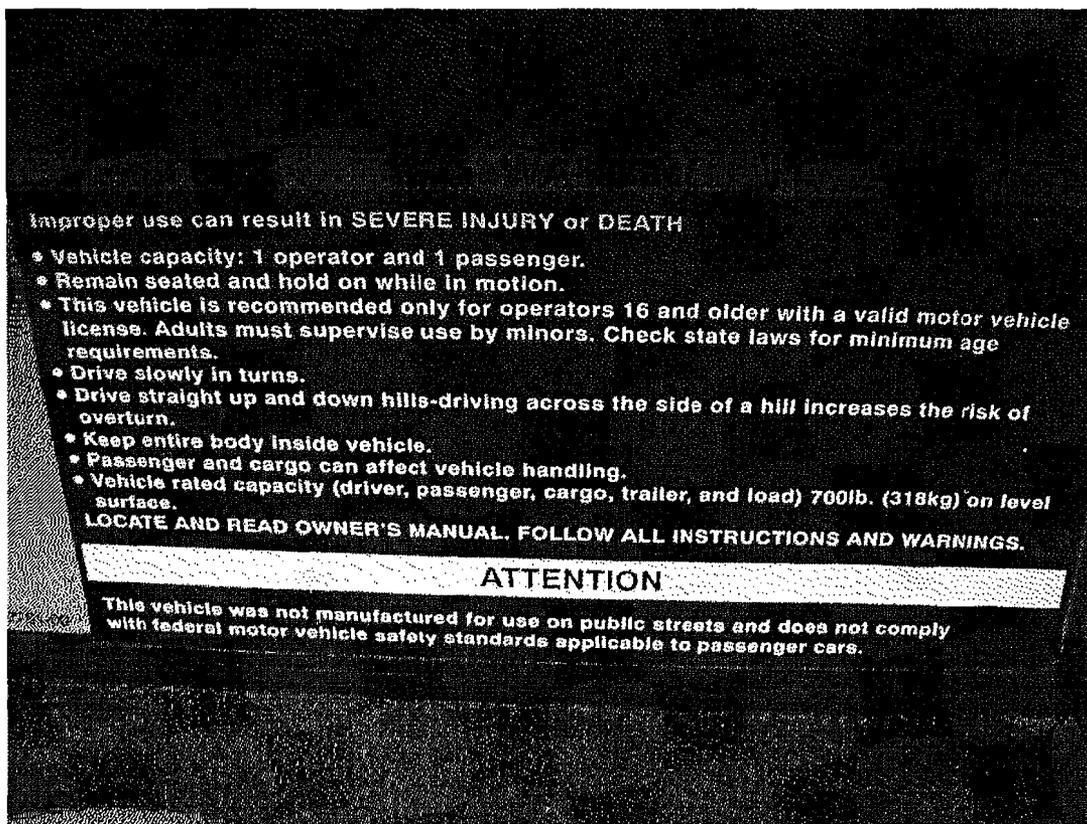
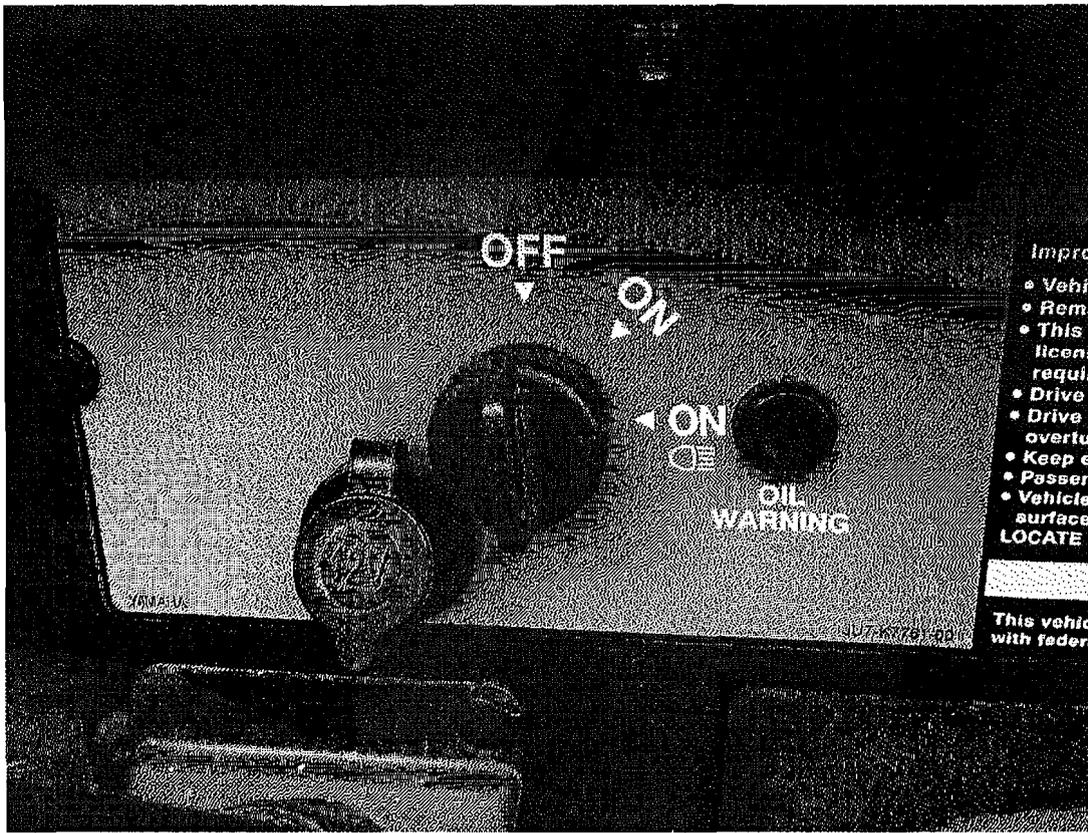


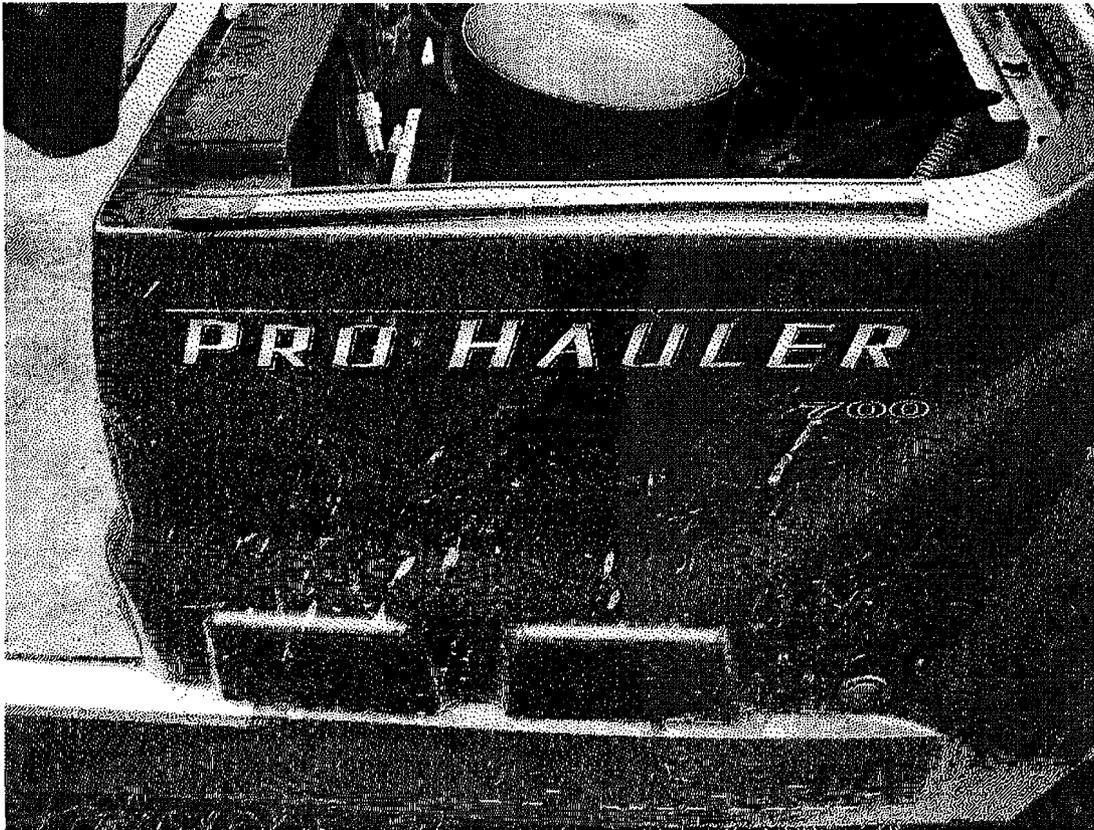
Exhibit 1.8: View of Warning Label affixed to front control panel portion of Utility Vehicle

IDI # 070122CCC1264

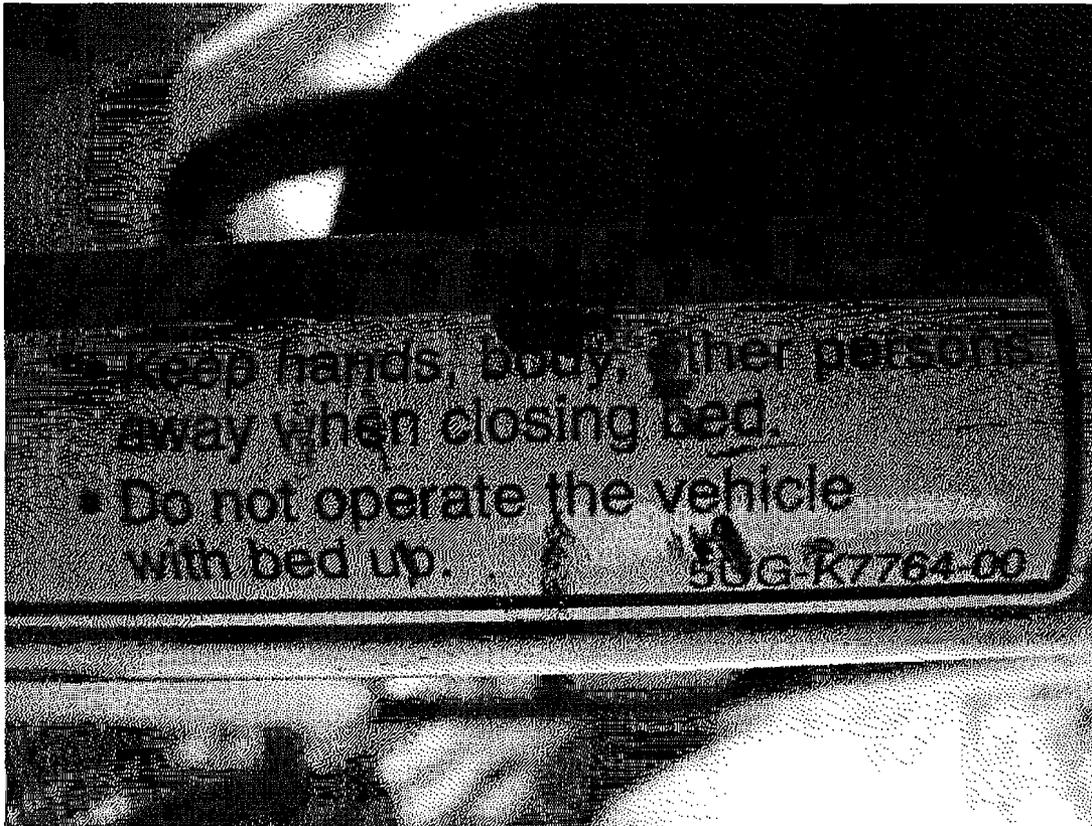
Label reads in part, "****WARNING***Improper use can result in SEVERE INJURY or DEATH***Vehicle capacity: 1 operator and 1 passenger***Remain seated and hold on while in motion***This vehicle is recommended only for operators 16 and older with a valid motor vehicle license. Adults must supervise use by minors. Check state laws for minimum age requirements.***Drive slowly in turns***Drive straight up and down hills – driving across the side of a hill increases the risk of overturn.***Keep entire body inside vehicle***Passenger and cargo can affect vehicle handling.***Vehicle rated capacity (driver, passenger, cargo, trailer and load) 700 lb (318kg) on level surface***LOCATE AND READ OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS.***ATTENTION***This vehicle was not manufactured for use on public streets and does not comply with federal motor vehicle safety standards applicable to passenger cars.***"



**Exhibit 1.9: Close Up of On/Off Selector switch, headlight selector switch and oil warning light on incident Utility Vehicle
IDI # 070122CCC1264**



**Exhibit 1.10: Labeling on Incident Utility Vehicle
IDI # 070122CCC1264
Labeling reads in part, “***PRO HAULER 700***”**



**Exhibit 1.11: Label affixed to seat back bar on incident Utility Vehicle
IDI # 070122CCC1264**

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

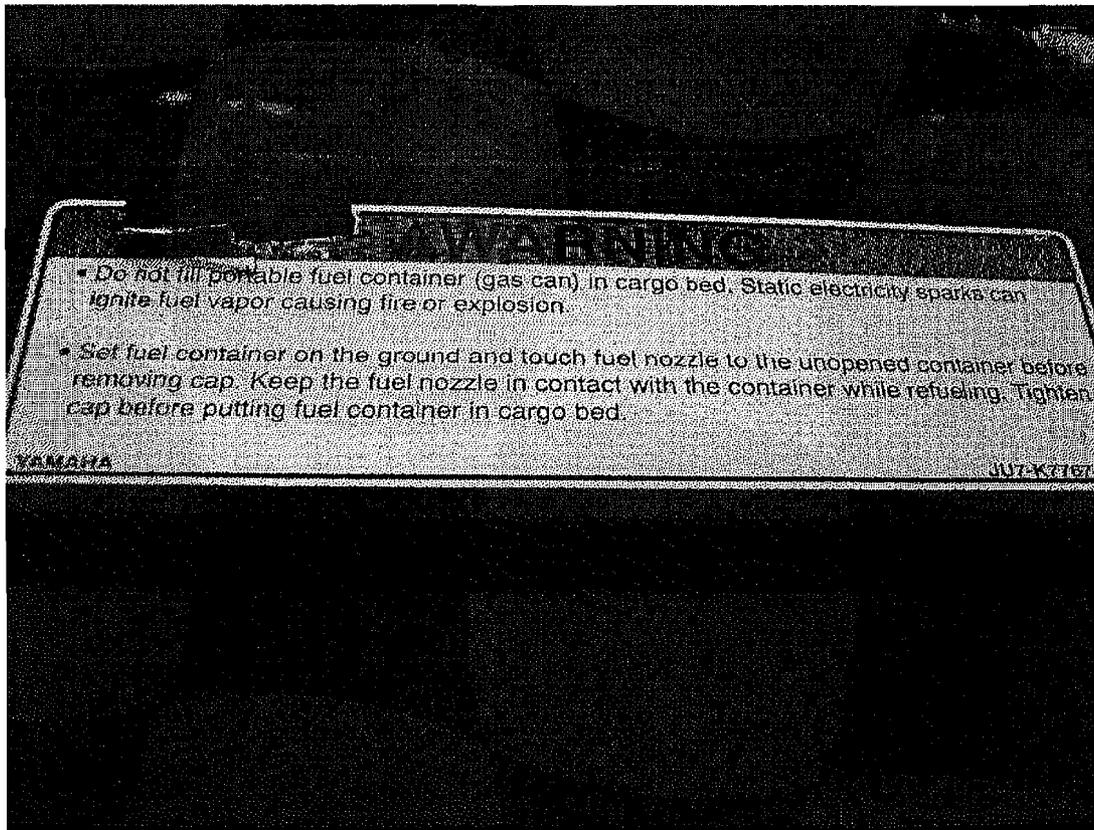


Exhibit 1.12: Warning Label affixed to Incident Utility Vehicle

IDI # 070122CCC1264

Label reads in part, **“***WARNING***Do not fill portable fuel container (gas can) in cargo bed. Static electricity sparks can ignite fuel vapor causing fire or explosion.***Set fuel container on the ground and touch fuel nozzle to the unopened container before removing cap. Keep the fuel nozzle in contact with the container while refueling. Tighten cap before putting fuel container in cargo bed.***YAMAHA***”**

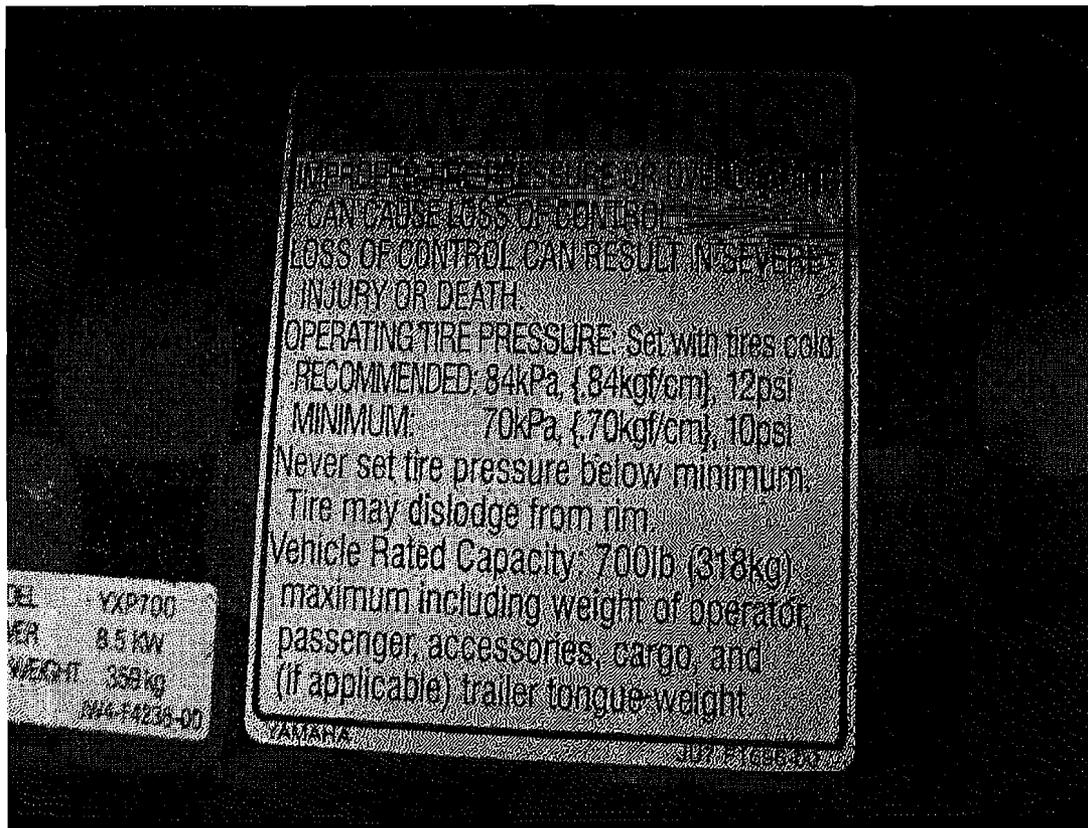


Exhibit 1.13: Warning Label affixed to Incident Utility Vehicle
IDI # 070122CCC1264

Label reads in part, “***WARNING***IMPROPER TIRE PRESSURE OR OVERLOADING CAN CAUSE LOSS OF CONTROL.***LOSS OF CONTROL CAN RESULT IN SEVERE INJURY OR DEATH.***OPERATING TIRE PRESSURE: Set tires cold.***RECOMMENDED: 84kPa, (84kgf/cm), 12 psi***MINIMUM: 70kPa, (70kgf/cm), 10 psi***Never set tire pressure below minimum. Tire may dislodge from rim.***Vehicle Rated Capacity: 700 lb (318 kg) maximum including weight of operator, passenger, accessories, cargo, and (if applicable) trailer tongue-weight.***”

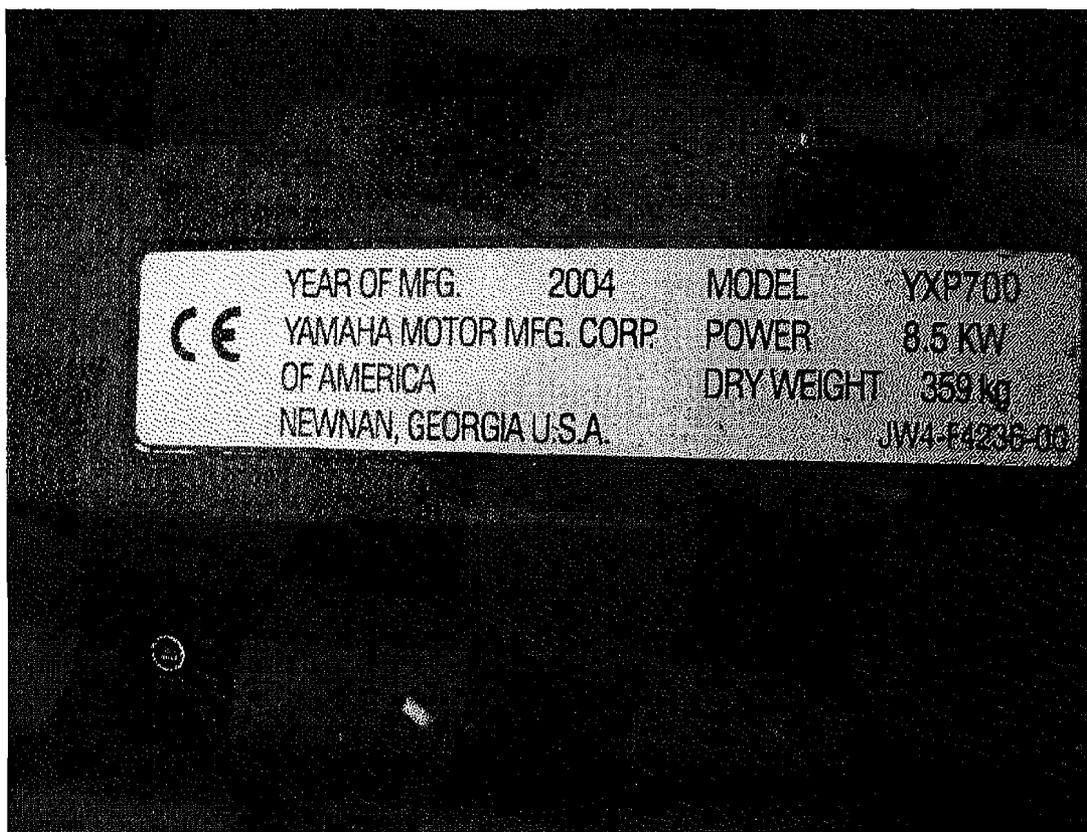


Exhibit 1.14: Label affixed to Incident Utility Vehicle

IDI # 070122CCC1264

Label reads in part, "*CE***YEAR OF MFG. 2004***YAMAHA MOTOR MFG. CORP. OF AMERICA***NEWNAN, GEORGIA, U.S.A.***MODEL YXP700***POWER 8.5 KW***DRY WEIGHT 359 kg***JW4-F4236-00***"**

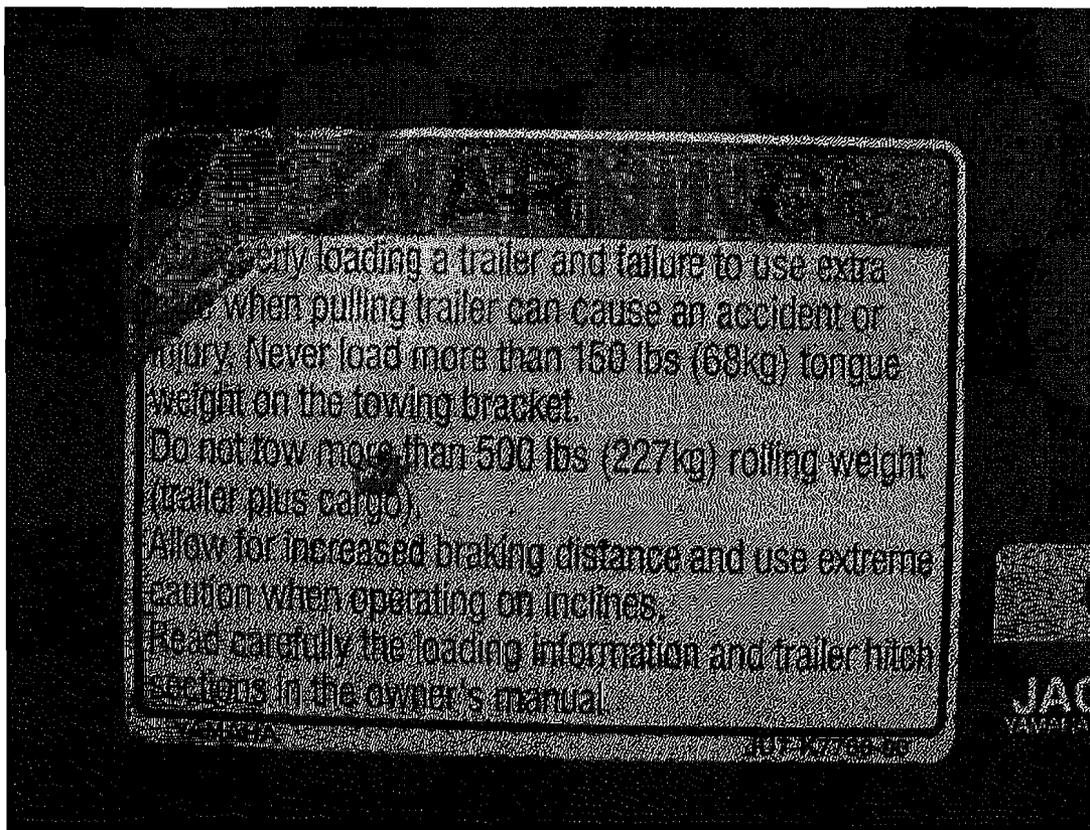


Exhibit 1.15: Warning Label affixed to Incident Utility Vehicle
IDI # 070122CCC1264

Label reads in part, “***WARNING***Improperly loading a trailer and failure to use extra care when pulling trailer can cause an accident or injury. Never load more than 150 lbs (68kg) tongue weight on the towing bracket.***Do not tow more than 500 lbs (227kg) rolling weight (trailer plus cargo).***Allow for increased braking distance and use extreme caution when operating on inclines.***Read carefully the loading information and trailer hitch sections in the owner’s manual.***YAMAHA***”

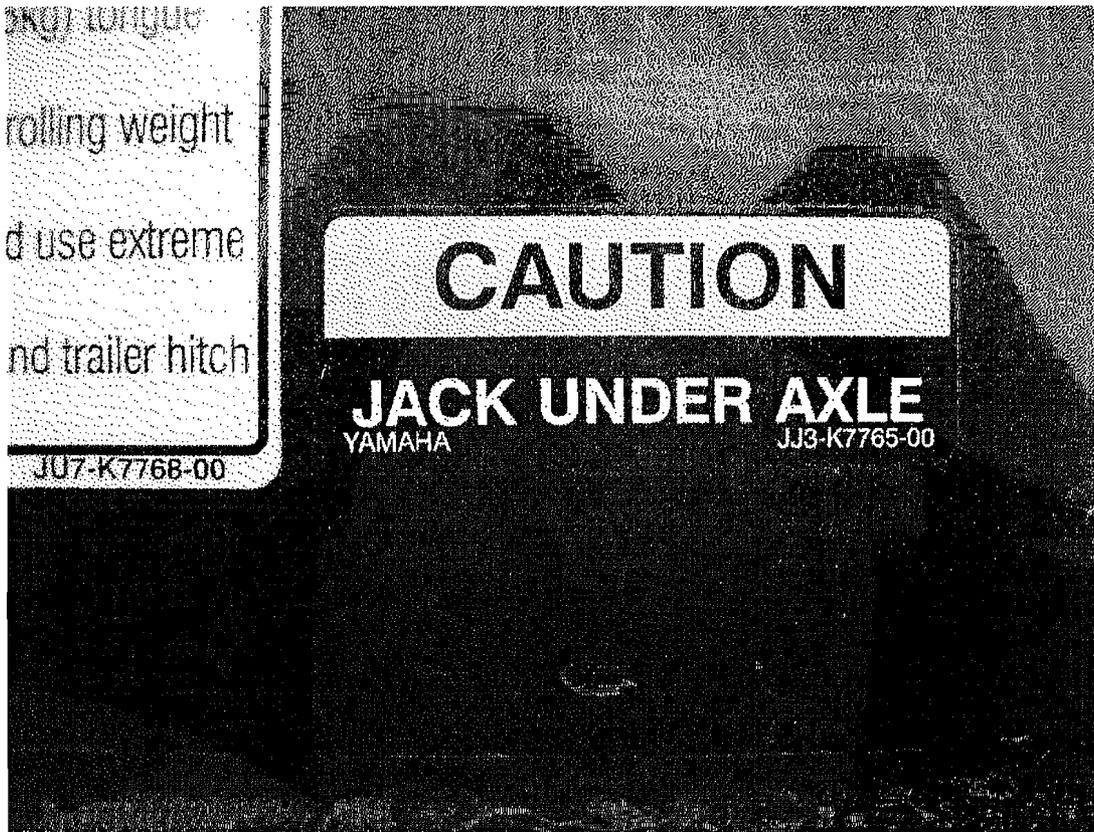


Exhibit 1.16: Label affixed to incident Utility Vehicle

IDI # 070122CCC1264

Label reads in part, "***CAUTION***JACK UNDER AXLE***YAMAHA***"

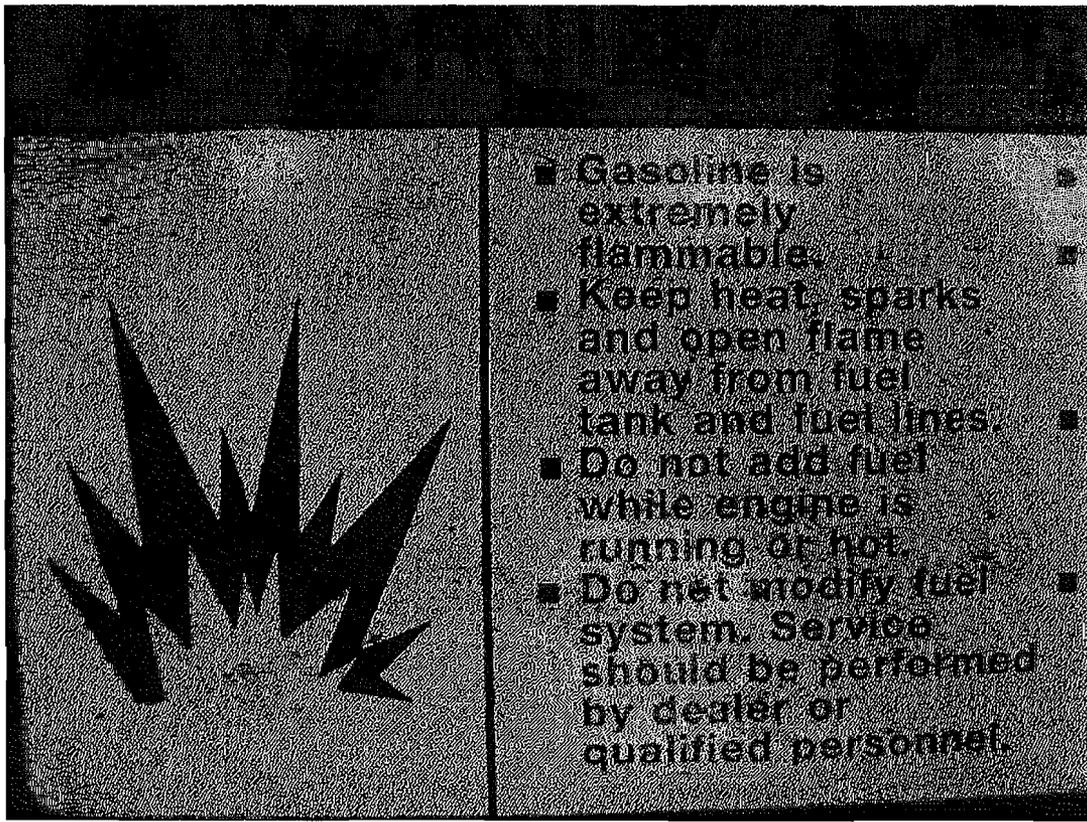


Exhibit 1.17: Warning Label affixed to Incident Utility Vehicle
IDI # 070122CCC1264

Label reads in part, "****WARNING***Gasoline is extremely flammable.***Keep heat, sparks and open flame away from fuel tank and fuel lines.***Do not add fuel while engine is running or hot.***Do not modify fuel system. Service should be performed by dealer or qualified personnel.****"

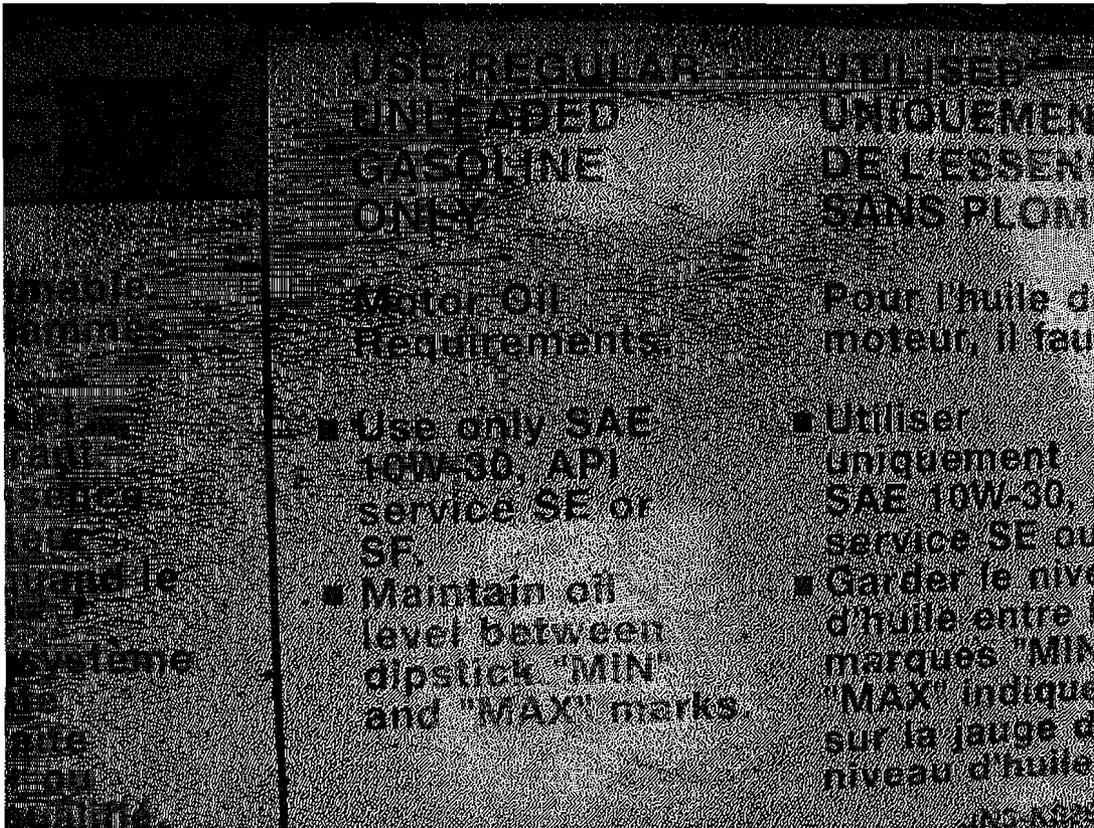
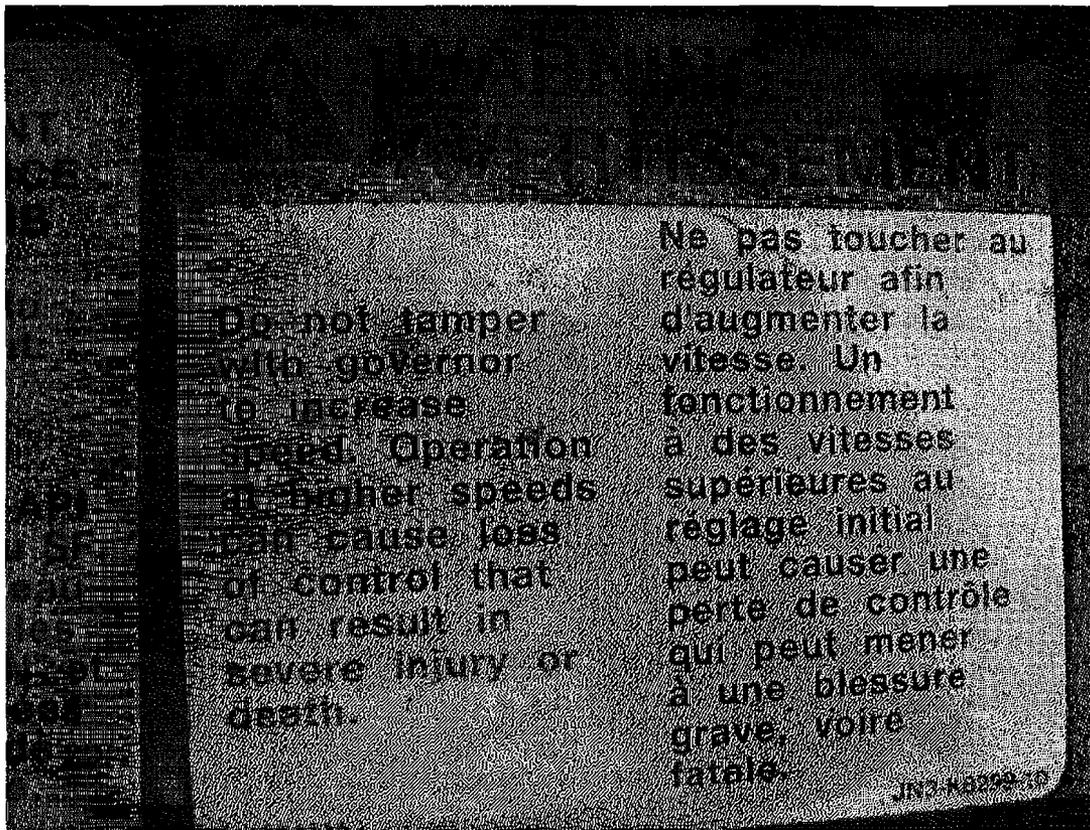


Exhibit 1.18: Continuation of English portion of label seen in Exhibit 1.17

IDI # 070122CCC1264

Label reads in part, "****USE REGULAR UNLEADED GASOLINE ONLY***Motor Oil Requirements: Use only SAE 10W-30, API service SE or SF***Maintain oil level between dipstick "MIN" and "MAX" marks.****"



**Exhibit 1.19: Warning Label affixed to Incident Utility Vehicle
IDI # 070122CCC1264**

Label reads in part, “*Do not tamper with governor to increase speed.***Operation at higher speeds can cause loss of control that can result in severe injury or death.***”**

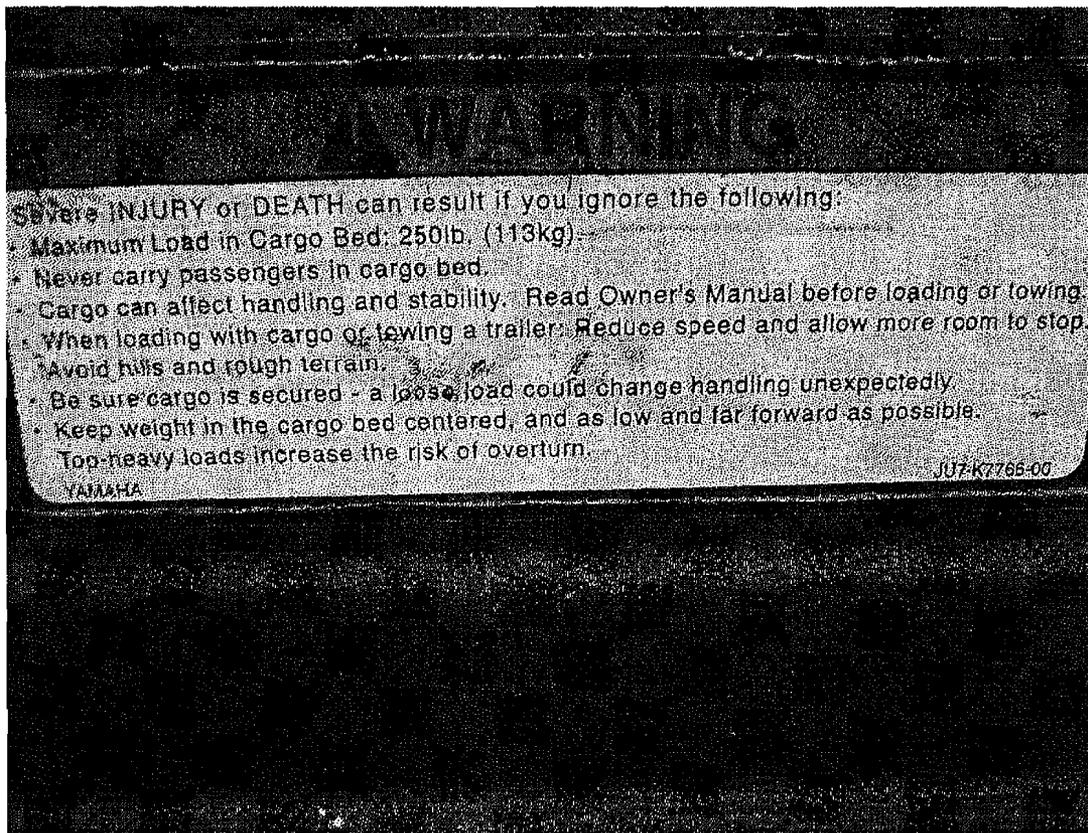


Exhibit 1.20: Warning Label affixed to incident Utility Vehicle
IDI # 070122CCC1264

Label reads in part, *****WARNING***Severe INJURY or DEATH can result if you ignore the following:***Maximum Load in Cargo Bed: 250 lb. (113kg)***Never carry passengers in cargo bed.***Cargo can affect handling and stability. Read Owner's Manual before loading or towing.***When loading with cargo or towing a trailer: Reduce speed and allow more room to stop***Avoid hills and rough terrain***Be sure cargo is secured – a loose load could change handling unexpectedly.***Keep weight in the cargo bed centered, and as low and far forward as possible.***Top-heavy loads increase the risk of overturn.***"**



Exhibit 1.21: Warning Label affixed to incident Utility Vehicle
IDI # 070122CCC1264

Label reads in part, "***WARNING***Keep hands, body, other persons away when closing bed.***Do not operate vehicle with bed up.***YAMAHA***"



**Exhibit 1.22: View of Incident “incline” that incident Utility Vehicle was traveling down at the time of the first incident
IDI # 070122CCC1264**



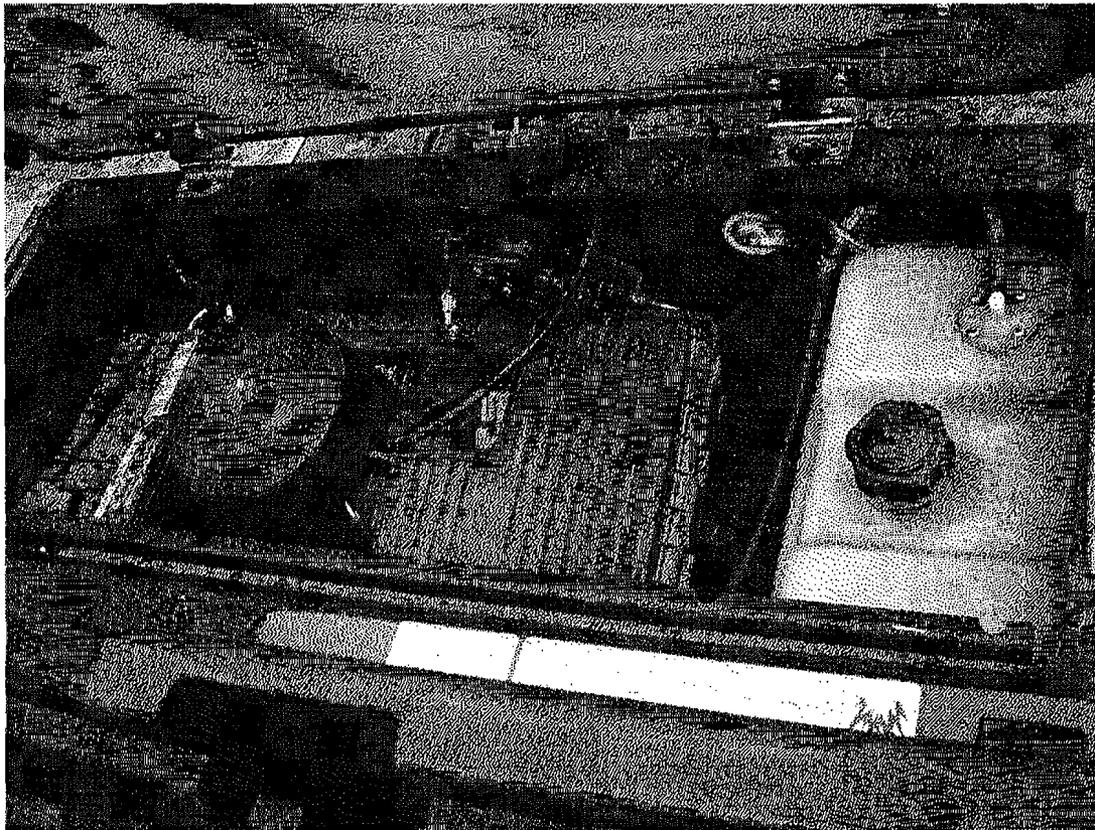
Exhibit 1.23: View of location where incident Utility Vehicle came to a rest at conclusion of second incident (Consumer reported there were two or three more tires at location at time of incident.)

IDI# 070122CCC1264



Exhibit 1.24: View of Incident Utility Vehicle with Seat portion in lifted position (fuel tank & motor under seat) Complainant's residential home seen in upper right background

IDI # 070122CCC1264



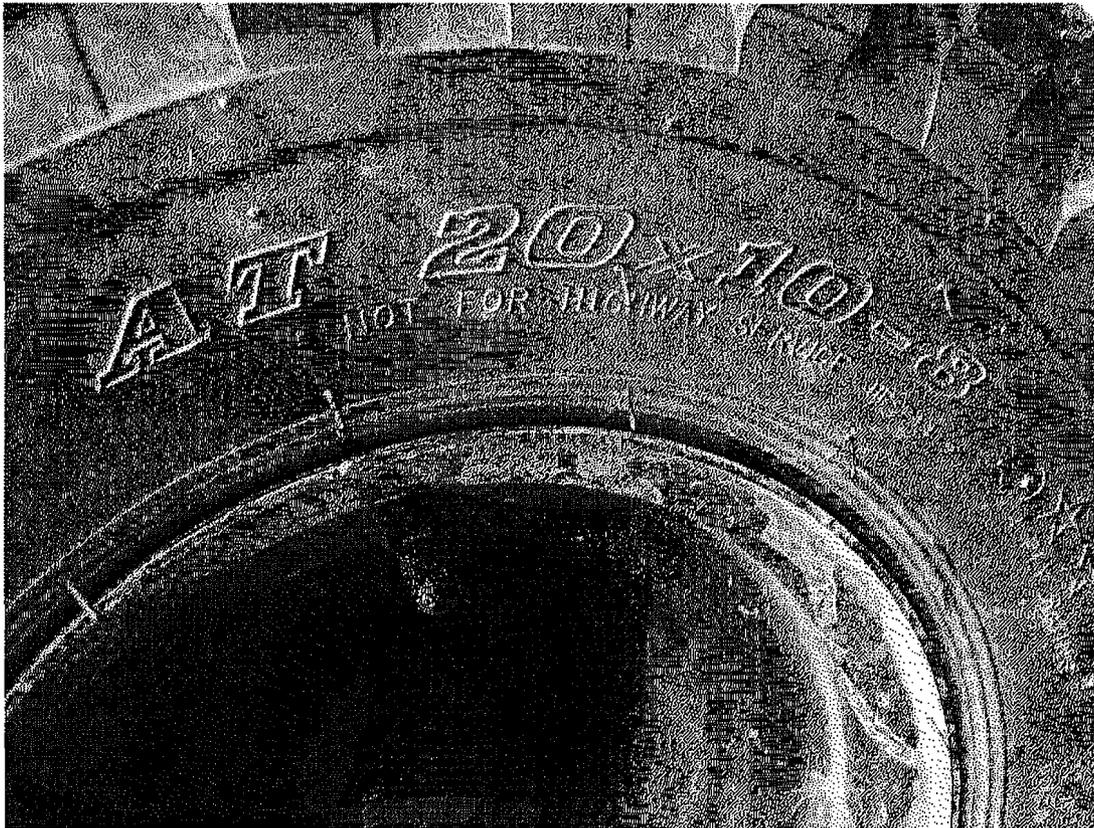
**Exhibit 1.25: View of Utility Vehicle components under seat
IDI # 070122CCC1264**



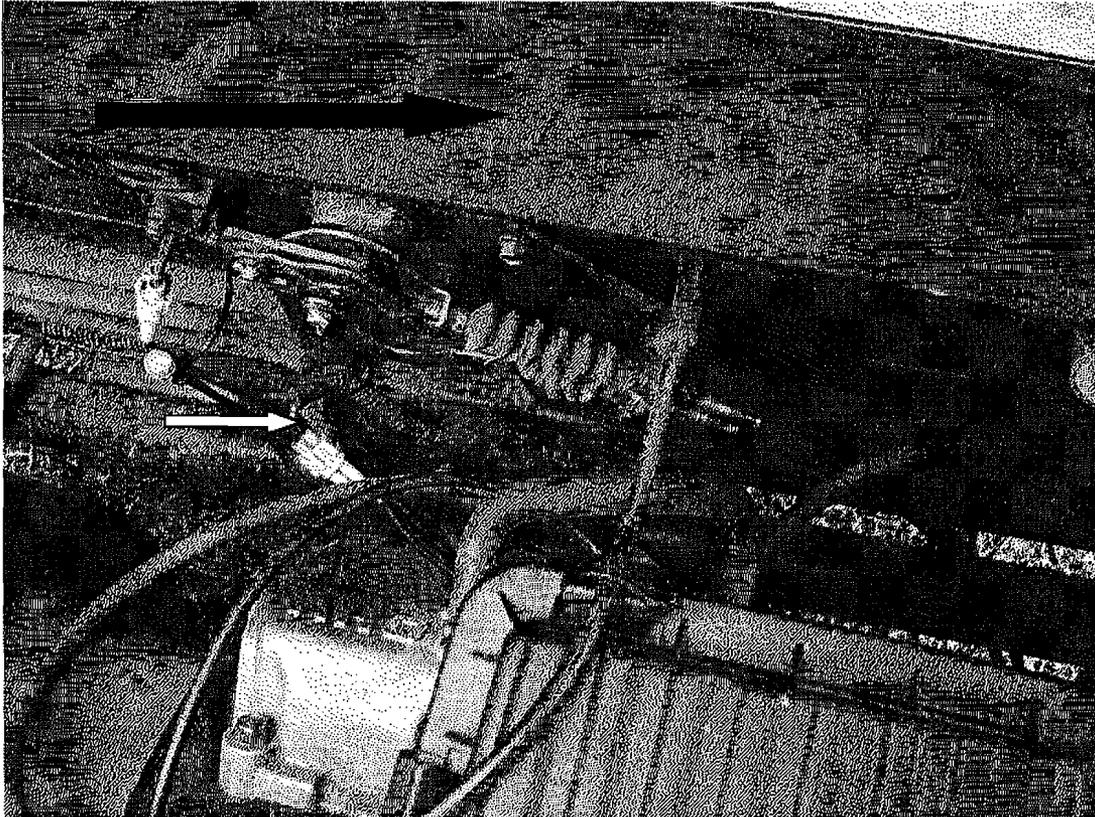
**Exhibit 1.26: Labeling on Incident Utility Vehicle
IDI # 070122CCC1264
Labeling reads in part, "****YAMAHA****"**



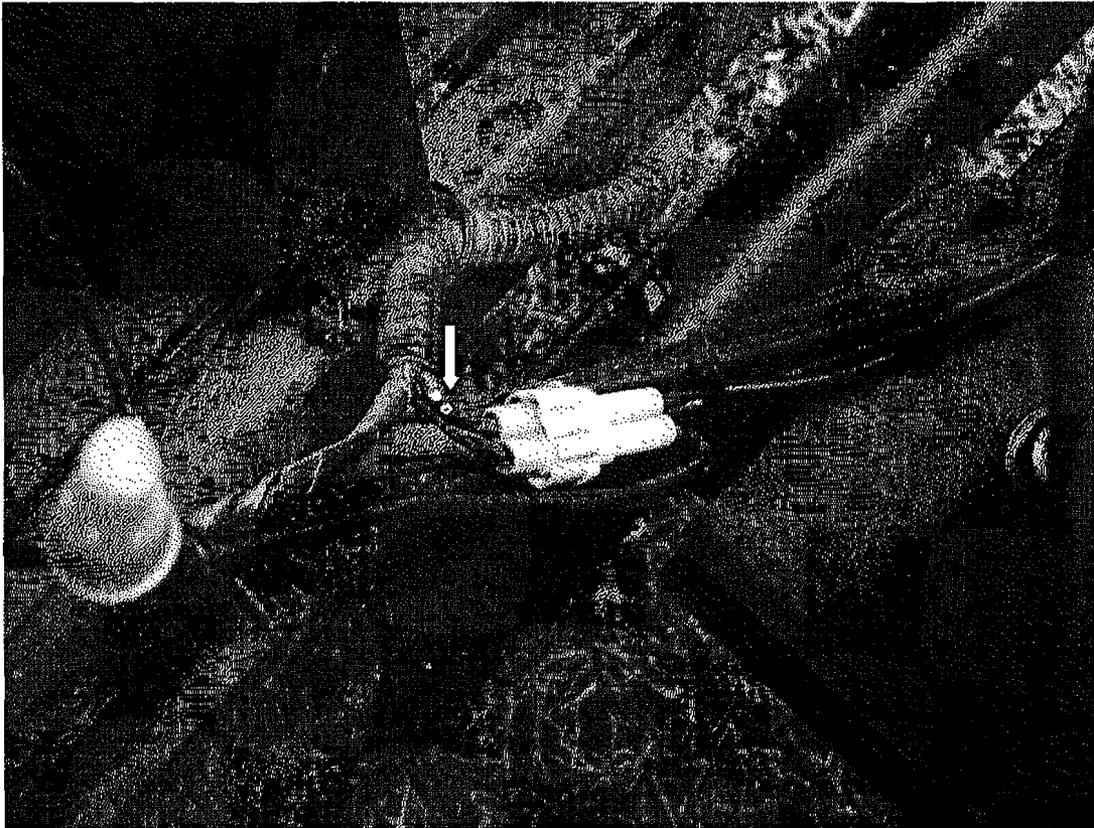
**Exhibit 1.27: View of Original Tires installed on incident Utility Vehicle
IDI # 070122CCC1264**



**Exhibit 1.28: Close Up View of labeling on tires installed on incident Utility Vehicle
IDI # 070122CCC1264
Labeling reads in part, "****AT**20 X 10-8**NOT FOR HIGHWAY
SERVICE**4 PLY RATING****"**



**Exhibit 1.29: View of components underneath seat portion of Incident Utility Vehicle – Red arrow points to front portion of vehicle and yellow arrow points to incident blue insulated covered throttle wire – View attempts to show location of where incident wire originates from – Wire travels from unknown location in front of vehicle through what appears to be a flexible plastic sheath to portion underneath incident seats. (Wire’s path continued in following photographs)
IDI # 070122CCC1264**



**Exhibit 1.30: Close Up View of Incident Wire as seen in Exhibit 1.29 (yellow arrow points to incident wire)
IDI # 070122CCC1264**

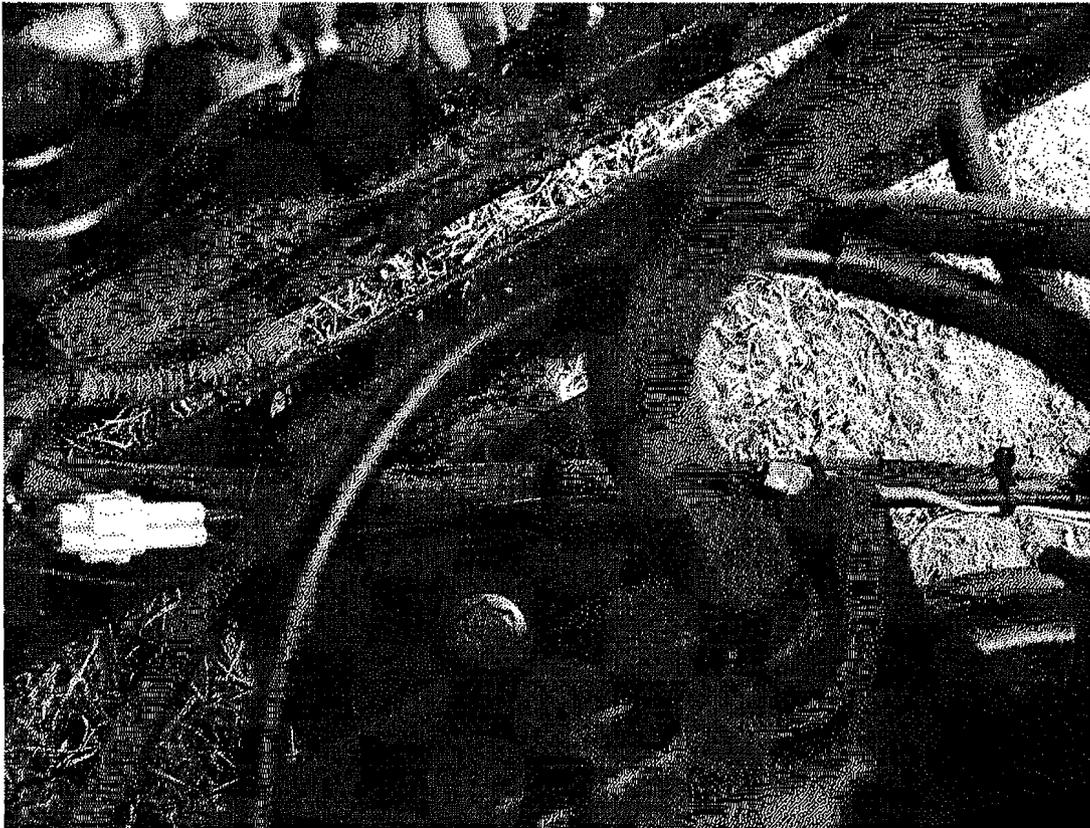


Exhibit 1.31: Path of Incident Wire (Blue portion on right side of photograph shows “fixes” installed by complainant – see Exhibits 1.32 and 1.33)
IDI # 070122CCC1264



**Exhibit 1.32: View of opposite end of Incident Wire as that seen in Exhibits 1.29 – 1.30; Yellow arrow points to electrical tie added by complainant to partially “fix” alleged defect; Red arrow points to wire extension added by complainant to partially “fix” alleged defect
IDI # 070122CCC1264**

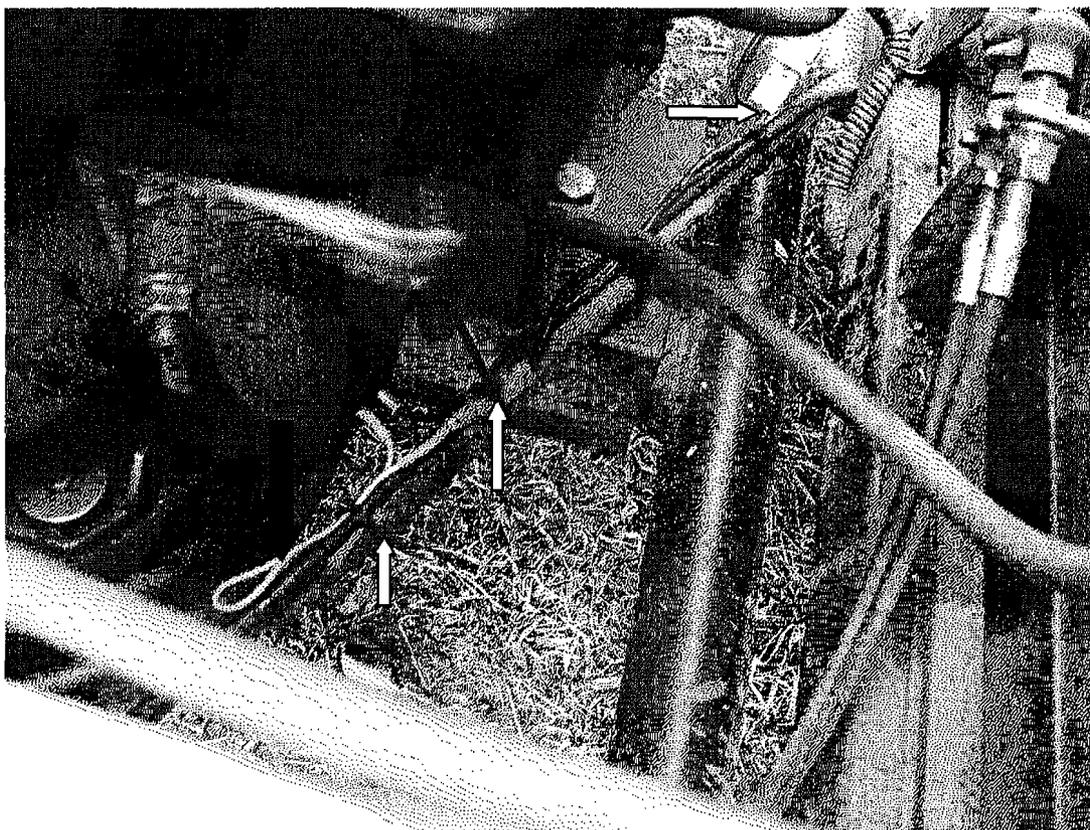


Exhibit 1.33: Alternate View of area seen in Exhibit 1.32; yellow arrows point to electrical ties added by complainant; Red arrow points to wire extension added by complainant and green arrow points to front portion of incident wire as seen in Exhibits 1.29-1.31

IDI # 070122CCC1264

IDENTIFICATION OF PARTIES

1. Cornelius Alexy, Complainant
88 Jim Stevenson Road
Swan Lake, NY 12783
Home: (845) 482-5159
Work: (845) 482-3000
Interviewed during 2/2/2007 on-site visit

2. Rusty Palmers, Inc.; Dealer
1103 Route 6
Honesdale, PA 18431
570-253-4507
Interviewed "Ernie" (Service Manager - last name not provided) via telephone
2/7/2007

CONTACTS MADE BY CONSUMER

1. Rusty Palmers, Inc.; Dealer
1103 Route 6
Honesdale, PA 18431
570-5-253-4507
Complainant reported incidents to dealer via telephone on or about 1/10/2007.
Dealer Representative (name unknown) informed consumer he would have to
Pay \$150.00 to have vehicle transported to/from store and store could not
Guarantee that alleged problem was under warranty.



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

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The U. S. Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and distributors to inform them of the involvement of their product in an incident situation. We also give the information to others requesting information about specific products or hazards. Manufacturers may need the individual's name so that they can obtain additional information on the product or incident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

YES NO

(b)(6)
[Redacted Signature Box]

(Signature)

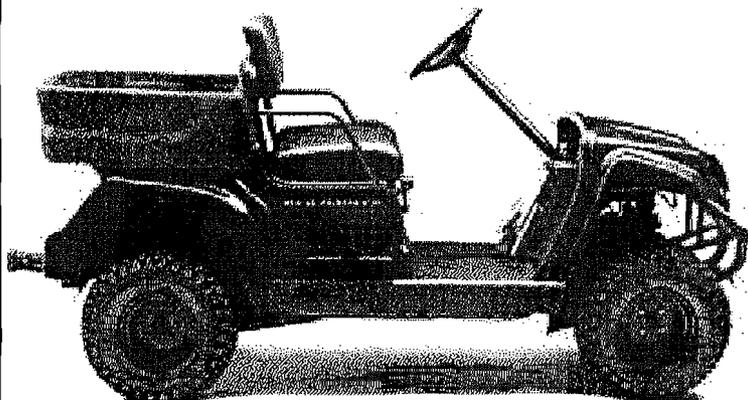
2/2/07

(Date)

070122CCC1264

Exhibit 4

Page 1 of 7

2004 Yamaha Pro Hauler 700
[* Specs, Quotes, Overview](#)
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2004 Models



Like its bigger brother, the all-new Pro Hauler 700 was built for two.

Ready to work, as well as allow you to bring along a friend and materials, the roomy and rugged Pro Hauler 700 is the third capable machine to join the new Yamaha Side x Side vehicle lineup. And as the first of its kind, it is setting quite a precedent for not only future, but also existing vehicles in its class.

What's more, it's affordable - the price tag on the ProHauler 700 belies not only its usefulness on the farm, but also the fun factor it supplies during those leisurely weekend outings.

Ready to work, and always willing to play, the all-new Pro Hauler 700 is proof that it's better if you can bring someone along for the ride.

GENERAL INFORMATION

Manufacturer	Yamaha
Model Year	2004
Model	Pro Hauler 700
M.S.R.P.	\$4,499.00*
Engine	357cc, 4-Stroke Single, Forced Air Cooled, OHV
Displacement	357cc
Bore x Stroke	85mm x 63mm
Compression Ratio	8.0:1
Carburetion	Mikuni BV26-18
Ignition	TCI
Starter	Electric, Pedal on/off
Transmission	V-belt Automatic / Forward, Rev.
Final Drive	2WD; Gear
Suspension	Front: Independent Strut Rear: Pivoted Trailing Arm

070122CCC1264

Exhibit 4

Page 2 of 7

	(Mono Link)
Brakes	Front: None Rear: Sealed Drum
Tires	N/A
Length	N/A
Height	N/A
Width	N/A
Seat Height	N/A
Wheelbase	N/A
Dry Weight	N/A
Ground Clearance	N/A
Fuel Capacity	6.1 Gallons
Load Capacity	250 Lbs.
Colors	Steel Blue

Photos may show optional equipment

*Price, if shown, is Manufacturer's Suggested Retail Price (MSRP) and does not include government fees, taxes, dealer vehicle freight/preparation, dealer document preparation charges or any finance charges (if applicable). MSRP and/or final actual sales price will vary depending on options or accessories selected.

070122CCC1264

Exhibit 4

Page 3 of 7

2004 Yamaha Pro Hauler 700[☐ Specs, Quotes, Overview](#)[✕ Additional Features](#)[☐ Colors](#)[☐ Print a Brochure](#)[☐ Compare 2 Models](#)[☐ Return To List](#)

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**Additional Features:****FEATURES & BENEFITS****Engine:**

- Overhead valve 357cc, single cylinder, 60-degree incline with 8.1:1 compression ratio, forced air cooling.
- One piece aluminum cylinder and crankcase assembly with cast iron sleeve for long-term durability.
- Electric start with automatic decompression system for easy starting.
- Pedal on/off for convenience.
- Mikuni BV26-18 carburetor for crisp throttle response.
- Overhead valve configuration feature screw and lock nut-type valve lash adjusters for ease of service.
- Centrifugal, V-belt automatic transmission with forward and reverse and a low gear ratio.
- Exclusive forward, reverse transaxle is equipped with high-precision helical gears, heavy duty axle splines and dog clutch.
- Automatic transmission shift lever located below drivers seat for easy access.
- Mechanical cable system with self-adjusting, individual drum-shoe brakes on rear wheels.
- Combination starter motor and generator for reduced weight and complexity.
- Reliable Transistor Controlled Ignition system for low maintenance.

Chassis/Suspension:

- Rear suspension features front Center rubber bush pivoted trailing arm with mono-link suspension coil-over spring with hydraulic shock absorbers for a smooth ride over uneven terrain.
- Independent McPherson Strut front suspension result in minimal camber and toe changes throughout the suspension travel.
- Rugged, seamless tubular steel, robotic welded frame, protected with an electro-deposition epoxy-based coat paint and baked with an electrostatically-applied

070122CCC1264

Exhibit 4

Page 4 of 7

polyester/urethane powder top coat for years of service.

- Tube-type front guard with built in winch mount.
- Seating for two include seamless, fabric backed vinyl covers, and molded-foam cushions with durable plastic seat bottoms.
- Body panels constructed from dent resistant custom-formulated thermoplastic olefin.
- High density one-piece roto-molded plastic tilt cargo bed is dent resistant and has a payload capacity of 250 lbs.
- Built in stake locations and ridges to accept plywood.
- Sealed rack and pinion steering system for precise steering and low maintenance.
- Large 20 in. ATV-type tires help maintain forward motion even in low traction situations.

Additional Features:

- 30 watt low and high beam multi-reflector headlights and rectangular tail lights.
- Reverse Warning Indicator sounds the back-up buzzer to alert operator and bystanders.
- Dash mounted oil level warning light alerts user to substandard oil level.
- Dash mounted key switch activates the electric start.
- 10 amp Automotive-type DC accessory outlet to power most common accessories.
- Fuel tank capacity of 6.1 gallons for extended operating range.

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Exhibit 4

Page 5 of 7

2004 YAMAHA PRO HAULER 700 AUTO.

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<< Back to 2004 Yamaha Side x Side

Specifications

--Choose Comparison Model--

Engine

Type	357cc, 4-Stroke Single, Forced Air Cooled, OHV
Bore x Stroke	85mm x 63mm
Compression Ratio	8.0:1
Carburetor	Mikuni BV26-18
Fuel Capacity	6.1 Gallons
Starting System	Electric, Pedal on/off

Transmission

Ignition	TCI
Transmission	V-belt Automatic / Forward, Rev.
Drive Train	2WD; Gear

Chassis

Suspension Front	Independent Strut
Suspension Rear	Pivoted Trailing Arm (Mono Link)
Brake Front	None
Turning Radius	118.9"
Brake Rear	Sealed Drum
Tires Front	20x10-8
Tires Rear	20x10-8

Dimensions

Dimensions (LxWxH)	97.2" x 48.5" x 50.2"
Wheelbase	64.4"
Ground Clearance	5.0"
Dry Weight	731 Lbs.
Bed Capacity	250 Lbs.

General Information

DC Outlet	Standard
Instruments	Fuel Gauge
Lighting	Dual 30W Krypton Multi-reflector Headlights & Dual x w/Tail lights
Warranty	6 Month (Limited Factory Warranty)
Towing Capacity	500 Lbs.

Colors

Colors	Steel Blue
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Features

Engine

- Overhead valve 357cc, single cylinder, 60-degree incline with 8.1:1 compression ratio, forced air cooling.
- One piece aluminum cylinder and crankcase assembly with cast iron sleeve for long-term durability.
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- Pedal on/off for convenience.
- Mikuni BV26-18 carburetor for crisp throttle response.
- Overhead valve configuration feature screw and lock nut-type valve lash adjusters for ease of service.
- Centrifugal, V-belt automatic transmission with forward and reverse and a low gear ratio.
- Exclusive forward, reverse transaxle is equipped with high-precision helical gears, heavy duty axle splines and dog clutch.
- Automatic transmission shift lever located below drivers seat for easy access.
- Mechanical cable system with self-adjusting, individual drum-shoe brakes on rear wheels.
- Combination starter motor and generator for reduced weight and complexity.
- Reliable Transistor Controlled Ignition system for low maintenance.

Chassis/Suspension

- Rear suspension features front Center rubber bush pivoted trailing arm with mono-link suspension coil-over spring with hydraulic shock absorbers for a smooth ride over uneven terrain.
- Independent McPherson Strut front suspension result in minimal camber and toe changes throughout the suspension travel.
- Rugged, seamless tubular steel, robotic welded frame, protected with an electro-deposition epoxy-based coat paint and baked with an electrostatically-applied polyester/urethane powder top coat for years of service.
- Tube-type front guard with built in winch mount.
- Seating for two include seamless, fabric backed vinyl covers, and molded-foam cushions with durable plastic seat bottoms.
- Body panels constructed from dent resistant custom-formulated thermoplastic olefin.
- High density one-piece roto-molded plastic tilt cargo bed is dent resistant and has a payload capacity of 250 lbs.
- Built in stake locations and ridges to accept plywood.
- Sealed rack and pinion steering system for precise steering and low maintenance.
- Large 20" ATV-type tires help maintain forward motion even in low traction situations.
- Receiver style trailer hitch.

Additional Features

- 30 watt low and high beam multi-reflector headlights and rectangular tail lights.
- Reverse Warning Indicator sounds the back-up buzzer to alert operator and bystanders.
- Dash mounted oil level warning light alerts user to substandard oil level.
- Dash mounted key switch activates the electric start.
- 10 amp Automotive-type DC accessory outlet to power most common accessories.
- Fuel tank capacity of 6.1 gallons for extended operating range.

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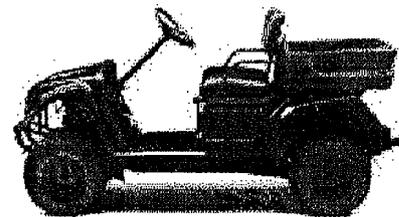
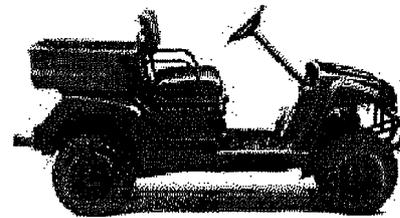
Page 7 of 7

2004 YAMAHA PRO HAULER 700 AUTO.


[Info](#)
[Features](#)
[Specs](#)
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[Get Quote](#)
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2004 Yamaha Pro Hauler 700 Auto.

Like its bigger brother, the all-new Pro Hauler 700 was built for two. Ready to work, as well as allow you to bring along a friend and materials, the roomy and rugged Pro Hauler 700 is the third capable machine to join the new Yamaha Side x Side vehicle lineup. And as the first of its kind, it is setting quite a precedent for not only future, but also existing vehicles in its class. Oversized knobby tires and a **357cc four-stroke engine** join forces to get you where you want go in style and comfort, while a **spacious high density, dent resistant, tilt cargo bed with a payload capacity of 250 lbs.** and a **2" standard receiver hitch** make towing or hauling everything from building materials to sacks of feed so easy it will hardly seem like work. Hunters will also appreciate the cargo space and tow capacity, but they will perhaps be most impressed by the smooth, quiet ride of the ProHauler 700, which features **electric start** and a **V-belt automatic transmission with a reverse gear**. The **automotive-style controls - steering wheel; brake and gas pedal -** and added bench seat will be extremely popular with all riders, regardless of the activity. What's more, it's affordable - the price tag on the ProHauler 700 belies not only its usefulness on the farm, but also the fun factor it supplies during those leisurely weekend outings. Ready to work, and always willing to play, the all-new Pro Hauler 700 is proof that it's better if you can bring someone along for the ride. Manufacturer's Sugg. Retail Price...\$4,499*



-Choose Comparison Model-



Engine	2006 Pro Hauler 700 Auto.	2004 Pro Hauler 700 Auto.
Bore x Stroke	85mm x 63mm	85mm x 63mm
Carburetion	Mikuni BV26-18	Mikuni BV26-18
Compression Ratio	8.1:1	8.0:1
Drive Train	2WD; Gear	2WD; Gear
Ignition	TCI	TCI
Starting System	Electric, Pedal on/off	Electric, Pedal on/off
Transmission	V-belt Automatic / Forward, Reverse	V-belt Automatic / Forward, Rev.
Type	357cc, 4-Stroke Single, Forced Air Cooled, OHV	357cc, 4-Stroke Single, Forced Air Cooled, OHV
Chassis	2006 Pro Hauler 700 Auto.	2004 Pro Hauler 700 Auto.
Brakes/Front	None	None
Brakes/Rear	Sealed Drum	Sealed Drum
Suspension/Front	Independent Strut	Independent Strut
Suspension/Rear	Pivoted Trailing Arm (Mono Link)	Pivoted Trailing Arm (Mono Link)
Tires/Front	20x10-8	20x10-8
Tires/Rear	20x10-8	20x10-8
Dimensions	2006 Pro Hauler 700 Auto.	2004 Pro Hauler 700 Auto.
Bed Capacity	250 Lbs.	250 Lbs.
Dry Weight	731 Lbs	731 Lbs.
Fuel Capacity	6.1 Gallons	6.1 Gallons
Ground Clearance	5.0"	5.0"
L x W x H	97.2" x 48.5" x 50.2"	97.2" x 48.5" x 50.2"
Towing Capacity	500 Lbs.	500 Lbs.
Turning Radius	118.9"	118.9"
Wheelbase	64.4"	64.4"
Other	2006 Pro Hauler 700 Auto.	2004 Pro Hauler 700 Auto.
Colors	Spec Not Available	Steel Blue
DC Outlet	Standard	Standard
Instrumentation	N/A	Fuel Gauge
Lighting	Dual 30W Krypton Multi-reflector Headlights & Dual x w/Tail lights	Dual 30W Krypton Multi-reflector Headlights & Dual x w/Tail lights
Warranty	6 Month (Limited Factory Warranty)	6 Month (Limited Factory Warranty)
MSRP*	\$4,499 (Steel Blue) Available from July 2005	\$4,499*

Task Number: 070122CCC1264

Date: February 21, 2007

Status of Missing Document(s)

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

1. Owner's Manual
2. Purchase Receipt
3.
4.
5.

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT (b)(6)	2. PHONE NO. (HOME) (WORK)
---------------------------------	----------------------------

3. STREET ADDRESS (b)(6)	4. CITY	ST	ZIPCODE
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4a. EMAIL ADDRESS	4b. INCIDENT CITY Swan Lake	ST NY	ZIPCODE 12783
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5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Consumer believes the motorized cart poses a crash and safety hazard.
 - cont -

6. DATE OF INCIDENT (S) 01/10/2007	7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 0 Y/M AND DESCRIBE INJURY none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
---------------------------------------	---	---

9. DESCRIPTION OF PRODUCT motorized cart	10. BRAND NAME Yamaha Pro Hauler
---	-------------------------------------

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Yamaha unknown unknown unknown unknown	12. MODEL, SERIAL #'s, DATE OF MFR M# yxp700 / DOM 2004
	13. DEALER'S NAME, ADDRESS & PHONE Rusty Palmers Inc. 1103 Rt 6 Honesdale, PA 18431 570-253-4507

ISSUE 15
01/12/2007

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES IF YES, BEFORE OR AFTER THE INCIDENT? BEFORE DESCRIBE: back vender broke	15. PRODUCT PURCHASED NEW DATE PURCHASED 12/29/2004 AGE 2 Y
	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: no

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

FOR ADMINISTRATION USE

20. DATE RECEIVED 01/11/2007	21. RECEIVED BY (NAME & OFFICE) jft/HL	22. DOCUMENT NO. H0710082A
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23. FOLLOW-UP ACTION	24. PRODUCT CODE (S) 1684
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25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE jft 01/11/2007
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CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

H0710082A

Narrative Continued

Consumer said when he started the motorized cart it suddenly began to drive forward at a high rate of speed between 15-20 mph (exact speed undetermined). Consumer was able to stop the cart by using the breaks but he was unable to turn the motor off. Consumer said he was able to turn the motor off by unplugging the spark plug. No injuries reported.

Consumer said he re-started the motorized cart and put it in the "reverse" position and the cart immediately begin to move backwards at a high speed (exact speed undetermined) causing him to loose control and crash into a stack of tires. Consumer said when the cart was in the reverse gear the brakes would slow the cart but not stop it. No injuries reported. No further information.

Distributor Phone #:

CPSC Source: INTERNET

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT (b)(6)		2. PHONE NO. (HOME) (WORK)	
3. STREET ADDRESS (b)(6)		4. CITY	ST ZIPCODE
4a. EMAIL ADDRESS		4b. INCIDENT CITY SwanLake	ST ZIPCODE NY 12783

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Consumer believes the motorized cart poses a crash and safety hazard.
 - cont -

6. DATE OF INCIDENT(S) 01/10/2007	7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 0 Y/M AND DESCRIBE INJURY none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
--------------------------------------	---	---

9. DESCRIPTION OF PRODUCT motorized cart	10. BRAND NAME Yamaha Pro Hauler
---	-------------------------------------

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Yamaha unknown unknown unknown unknown	12. MODEL, SERIAL #'s, DATE OF MFR M# yxp700 / DOM 2004	13. DEALER'S NAME, ADDRESS & PHONE Rusty Palmers Inc. 1103 Rt 6 Honesdale, PA 18431 570-253-4507
---	--	--

14. WAS THE PRODUCT DAMAGED REPAIRED OR MODIFIED? YES IF YES, BEFORE OR AFTER THE INCIDENT? BEFORE AFTER DESCRIBE: back vender broke <i>back fender broken</i>	15. PRODUCT PURCHASED NEW DATE PURCHASED 12/29/2004 AGE 2 Y	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: no
--	--	---

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

FOR ADMINISTRATION USE

20. DATE RECEIVED 01/11/2007	21. RECEIVED BY (NAME & OFFICE) jft/HL	22. DOCUMENT NO. H0710082A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1684
25. DISTRIBUTION		26. ENDORSER'S NAME & TITLE jft 01/11/2007

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

H0710082A

Narrative Continued

[]
Consumer said when he started the motorized cart it suddenly began to drive forward at a high rate of speed between 15-20 mph (exact speed undetermined). Consumer was able to stop the cart by using the breaks but he was unable to turn the motor off. Consumer said he was able to turn the motor off by unplugging the spark plug. No injuries reported. []

[]
Consumer said he re-started the motorized cart and put it in the "reverse" position and the cart immediately begin to move backwards at a high speed (exact speed undetermined) causing him to loose control and crash into a stack of tires. Consumer said when the cart was in the reverse gear the brakes would slow the cart but not stop it. No injuries reported. No further information. []

Distributor Phone #:

CPSC Source: INTERNET

#14 Damaged at incident
Back fender broken

SUPPLY-SAVER

~~JAN 12 2007~~
~~JAN 16 2007~~
The Alternative to Costly Office Machine Supplies
1824 Wyckoff Road Neptune, NJ 07753
Phone: (732) 938-4000 Fax : (732) 938-4045

Invoice NO.
384475

BILL TO:

CONSUMER PRODUCTS, US
4330 EAST WEST HIGHWAY - ROOM 520
ATTN: WANDA SPINNER
BETHESDA, MD 20814

SHIP TO:

US CONSUMER PRODUCTS
4330 EAST WEST HIGHWAY - ROOM 520
ATTN: WANDA SPINNER - COPY CENTER
BETHESDA, MD 20814

Invoice Date 1/11/2007 Terms CREDIT CARD Date Ship 1/11/2007 Ship Via UPS CustomerId Z-10039

P.O. Number NONE Salesperson AN OrderId 143569

Qty Ord	Qty Ship	Qty B/O	ProductId	Description	Unit Price	Ext Price
6	6	0	6R1237	XER TONER,4110/4590	\$124.90	\$749.40

SUPPLY SAVERS
 1324 WYCKOFF RD
 BRILL, NJ 07719
 TEL: (732) 938-4000
 FAX: (732) 938-4045
 WWW.SUPPLYSAVERS.COM

TOTAL \$749.40

CUSTOMER COPY

ORDER PAID BY CREDIT CARD
RECEIPT ENCLOSED

Ordered By Name/Phone/Date

(301)-504-7711
1/10/07

Fed Id: 22-2558221 * Gage Code QR625 * Duns 13:048-4660

Subtotal: \$749.40
Tax: \$0.00
Freight: \$0.00

Total: \$749.40

TO ENSURE PROPER CREDIT, PLEASE RETURN A COPY WITH YOUR PAYMENT

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

Contacted Dealer they
want me to pay to
repair this.

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

(b)(6)
Signature _____ Date 1/22/07

I request that you do not release my name.

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

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

070731

1. Task Number 070221HCC3265		2. Investigator's ID 9107		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2005 09 10	5. Date Initiated YR MO DAY 2007 02 26		
6. Synopsis of Accident or Complaint UPC The death of a 46 year old female riding on the back of an ATV was reported by a coroner. It was found the vehicle was not an ATV but a utility vehicle. The female was riding on the back bench seat, behind the driver of the utility vehicle. The victim had her arms around the roll bars. The utility vehicle was traveling uphill at approx. 2 mph, when it began to tilt and roll to the left. The utility vehicle rolled over and came to rest on the victim. The victim was in a fetal position, trapped between the utility vehicle and a tree. <div style="text-align: right;"> <small>DO NOT WRITE IN THESE SPACES</small> <small>COPIES OF THIS REPORT</small> <small>DATE</small> 9/4/07 <i>le</i> <small>DO NOT WRITE IN THESE SPACES</small> </div>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City CARBONADO		9. State WA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name RHINO		10C. Model Number UNKNOWN
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 46	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational Travel) 5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 12 - MECAP		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 0610512007	25. Reviewed By 9021		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number X0710295A	

This In-Depth Investigation (IDI) was initiated based upon a report from a Medical Examiner's office through the Consumer Product Safety Commission's (CPSC) Medical Examiner and Coroner Alert Program (MECAP) concerning a fatality involving an ATV. It was learned during the investigation the product was actually a utility vehicle.

During this IDI, a photocopy of the medical examiner's report was obtained. The police report was requested but has not been received.

There were two people riding on the utility vehicle. Victim one was the driver of the utility vehicle. No further information was obtained.

Victim two was a 46 year old female. Her date of birth was (b)(3) CPSC
Section She was a passenger on the utility vehicle. No further information was obtained.

According to the official reports, on 9/10/2005, the victim's were riding up a ¾ mile trail. Victim two was riding on the back bench seat, behind the driver with her left side towards the driver and her legs extended in front of her. Victim two had her arms around the roll bars. The utility vehicle was in 4-wheel drive and traveling uphill at approximately 2 miles per hour when it began to tilt/roll to the left (driver's side), apparently due to heavy ruts on the surface of the road. The utility vehicle slowly rolled over. When it came to rest the victim was in a fetal position, trapped between the vehicle and a tree. It is unknown if victim one was injured in the incident.

The victim was provided medical care and was airlifted to the hospital. The victim received medical treatment during the airlift and for approximately one hour at the emergency room prior to being pronounced deceased.

Due to the coroners report the cause of death was due to blunt head injury.

Per the hospital ER personnel, the victim's blood toxicology screen tested positive for alcohol and illicit drugs (opiates, benzodiazepines, and marijuana)

Product Identification:

The product involved in this IDI is a 2005 Yamaha Rhino 4-wheel utility vehicle. No further information was obtained.

Exhibits:

- (1) Medical Examiner's Report

Contacts

US Forrest Services
North West Washington Area
(360) 825-6585

Contacted to obtain a copy of the police report.
Officer Wyrsh, who was incharge of the case passed away earlier this month.
His files were forwarded to another location. Referred me to Officer Klassen, who in
charge of the area.

Officer John Klassen
Forest Services North West Washington Area
(360) 956-2262

Contacted to obtain a copy of the police report
Was unable to locate the report. Since he is new to the position, he referred me over to
Agent Jennings.

Agent Jennings
Forest Services
(360) 891-5272

Contacted to obtain a copy of the police report.
She has not contacted me back with a status of the report.

Medical Examiner
Tocoma, WA
(253) 798-4724

Contacted to obtain a copy of the coroner's report.

Medical Examiner's Record
Pierce County, Washington

*** Confidential ***

Case: 051077

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

Case Information

Case Number: 051077 Case Type: Body Brought In
Date of Death: 09/10/2005 Time: 18:32 Death Area: Tacoma
Date Found: Arrive Date: 09/11/2005 02:00
Reported By: (b)(3):CPSA Section Call Type: Emergency Room
Agency: SJH ER Call Date: 09/10/2005 19:35
Pronounced By: (b)(3):CPSA Section 25(c),(b)(6) Pronounced Date: 09/10/2005 18:32
 Brought to Morgue Scene Investigated Death in Custody

Deceased

Name: (b)(3):CPSA Section 25(c),(b)(6) Race: Caucasian
Address: Gender: Female
City: Age: 46
County: Birth Date: (b)(3):CPSA Section
SSN: Birth City/State: Kind of Business:
Job: Marital Status: Unknown Spouse/Maiden Name:

Incident

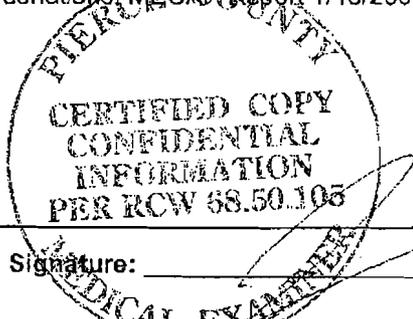
Next of Kin Notified By: Staff Notify Date: 09/10/2005 00:00
Agency: SJH ER Notify Method: Hospital Staff
Incident Date: 09/10/2005 Time: 15:30 At Work? Funeral Home: (b)(3):CPSA Section 25(c),(b)(6)
Place: Mt. Baker-Snoqualmie National Forest Road City: Carbonado
Address: MP4, Trail 1150 Evans Crk Area Zip: 98323
Police Officer: Shane Wyrsh Case#: 788-9705
Agency: Other

Location

Location of Death Address : St. Joseph Hospital ER Within City Limits?
City: Tacoma Zip: 98405

Summary

Also reference PCSD Case #05-253-0721, Deputy William Cassio. Officer Shane Wyrsh is with the US Forest Service (360-825-6585 ext 213, or 253-350-9437). Officer Wyrsh related the following information about the incident: the vehicle involved is a 2005 Yamaha Rhino recreational vehicle. The incident took place in the Evans Creek Area of the Mt. Baker-Snoqualmie National Forest, approximately 3/4 mile up trail #1150. Subject was riding on the back bench seat, behind the driver with her left side towards the driver and her legs extended in front of her. She had her arms around the roll bars. There was another front seat passenger. The vehicle was in 4-wheel drive and traveling uphill at approximately 2 mph when it began to tilt/roll to the left (driver's side), apparently due to heavy ruts in the road. The driver stated that it was almost comical how slowly the vehicle rolled over. When the vehicle came to rest subject was in a fetal position, trapped between the vehicle and a tree. The driver and subject were co-workers at Boeing. Driver told Officer Wyrsh that subject had a fight with her boyfriend Friday night and had been "on a bender" ever since. Per hospital ER personnel, subject's blood toxicology screen positive for illicit drugs and alcohol. (b)(3):CPSA Section placed no restrictions on tissue donations. MECAP Report 1/16/2007 (b)(3):CPSA Section



Investigator: deTracy, Mariann

Signature: _____

Date: 9/10/05

Medical Examiner's Record
Pierce County, Washington

*** CONFIDENTIAL ***

Case : 051077

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

Identification

Case Number: 051077
Last Known Alive: Time: Witnessed By: Hospital Staff
Last Seen Alive By:
Deceased Found: Found By:
ID Date: 09/10/2005 ID By: friends Method: Visual

Survivor Information

Last Name: (b)(3):CPSA Section 25(c),(b)(6) First: (b)(3):CPSA Section Middle: Relationship: Father Property Evidence
Address: (b)(3):CPSA Section 25(c),(b)(6) City:
NOK Notified By: Staff Agency: SJH ER
NOK Notified Date: 09/10/2005 Notify Method: Hospital Staff
Funeral Home: (b)(3):CPSA Section 25(c),(b)(6) Authorized By: (b)(3):CPSA Section
Date Selected: 09/12/2005 14:50 Date Released: 09/13/2005 Relation: Mother

Personal History and Fingerprints

Fingerprints Available: Fingerprint Agency:
Dental Records Avail: Dentist:
X-Rays Available: Hospital/Doctor:
Education: Military Status:
Primary Care Physician: Physician Will Certify:
Last Visit: Phone:
Diagnosis:
Secondary Care Physician: Physician Will Certify:
Last Visit: Phone:
Diagnosis:

Aliases and Unknown Names

Identity Unknown: Alias:

Other Information

Traffic Related Incident: Number of Vehicles Involved: 1 Possible Drug Overdose:
Medical History:

Suspected drugs and on scene medications:

Per ER Nurse, blood screen returned positive for opiates, benzodiazepenes, marijuana, and 0.28 mg/dL BAC.

BA 11/17

Medical Examiner's Record
Pierce County, Washington

*** CONFIDENTIAL ***

Case: 051077

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

Name: Harwood, Karen Ann		Case#: 05-1077	In METS: <input checked="" type="checkbox"/>
GENERAL INFORMATION			
Date:	Type:	PCME Case #:	
How was P.C.M.E. notified?		Agency:	By Whom?
Date & time P.C.M.E. Office notified of the death:		Date:	Time:
Date & time investigator arrived at scene:		Date:	Time:
Name of Investigator:		Reason for Assuming Jurisdiction:	
Who will certify the death:		Physician:	
DECEDENT INFORMATION			
Full name of the Deceased:			<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant
DOB:	Age: yrs (months for infants)	Race:	Gender:
SSN:	Marital Status:	How was deceased identified?	
Address:			
Date/Time pronounced dead:		Pronounced by (include agency):	
Known date/time of death:		Date/Time found dead:	
Estimated date of death:		Estimated time of death: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> UNK	
List the decedent's usual occupation:			
Medical history : , , , , , other:			
Attending/Treating Physicians (give names, telephone numbers, and locations):			
Funeral Home:		Date/Time selected:	
Name/Relationship of person selecting funeral home:			
SURVIVOR/NEXT-OF-KIN INFORMATION			
Survivor Name:		Relationship:	
Survivor's address:		Survivor's Phone:	
Who Notified?		How?	Date/Time Notified:
Other relative(s) of deceased:			
OTHER AGENCY INFORMATION			
FIRE DEPARTMENT & PERSONNEL: None <input type="checkbox"/>			
Was medical care given at the scene or shortly prior to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes: Briefly describe type/extent of medical care and who provided the care: Subject was airlifted from parking lot at Evans Creek Area to SJH ER. Subject received medical treatment during the airlift and for approximately one hour at the emergency room prior to being pronounced deceased.			
LAW ENFORCEMENT AGENCY: None <input type="checkbox"/> Other CASE# 788-9705			
LEA Personnel: US Forest Service Officer Shane Wyrsh			

Other Agencies: PCSD Deputy William Cassio, Case #05-253-0721

List other names of people contacted at scene and relationship to the deceased (include address and telephone number for possible future contact): Per Officer Wyrsh, others at the scene included: driver of vehicle (b)(3):CPSA Section 25(c)/(b)(6) and front seat passenger named (b)(3):CPSA Section 25(c)/(b)(6)

CIRCUMSTANCES SURROUNDING DEATH

Describe the circumstances surrounding death: Officer Wyrsh related the following information about the incident: the vehicle involved was a 2005 Yakima Rhino recreational vehicle. The incident took place in the Evans Creek Area of the Mt. Baker-Snoqualmie National Forest, approximately 3/4 mile up trail #1150. Subject was riding on the back bench, behind the driver with her left side towards the driver and her legs extended in front of her. She had her arms around the roll bars. There was another front seat passenger. The vehicle was in 4-wheel drive and traveling uphill at approximately 2 mph when it began to tilt/roll to the left (driver's side), apparently due to heavy ruts in the road. The driver stated that it was almost comical how slowly the vehicle rolled over. When the vehicle came to rest subject was in a fetal position, trapped between the vehicle and a tree.

Officer Wyrsh continued: the driver and subject were co-workers at Boeing. Driver told Officer Wyrsh that subject had a fight with her boyfriend Friday night and had been "on a bender" ever since. Officer Wyrsh stated that it did not appear that the driver or other passenger had been drinking at the time of the incident.

Subject was carried out to the Evans Creek Area parking lot by PCSD and Forest Service personnel and prepared for airlift by PCFD. The incident occurred at approximately 1500 hours, subject was intubated at 1615 hours, and arrived at SJH ER at 1734 hours.

Per hospital ER personnel, subject's blood toxicology screen tested positive for alcohol and illicit drugs (opiates, benzodiazepines, and marijuana).

HISTORY OF KNOWN OR SUSPECTED INJURY EVENT:

Is there a known or suspected injury contributing to the death? YES NO

If yes, what type of injury or event? Fall/Fracture

Known Date/Time of Injury: 09/10/2005 15:00

Estimated Date/Time of Injury: AM PM UNK

Address of place of injury: MP4, Trail 1150, Evans Creek Area Type of place of injury: Other

Is the death (or injury leading to death) job related, or "on the job"? YES NO

Does the death (or injury leading to death) include a motor vehicle? YES NO

If yes, refer to "hazardous conditions" under "Scene Information.

Does the death (or injury leading to death) involve a weapon or foreign object? YES NO

If yes, refer to "hazardous conditions" under "Scene Information.

Describe/list other occupations, hobbies, or activities that may relate to illness or injury: Off-roading

SCENE INFORMATION

Address of the scene/body location: MP4, Trail 1150, Evans Creek Area of Mt Baker-Snoqualmie National Forest

General description of the scene (house, apartment, factory, alley, vacant lot, etc. additional forms or diagrams may be used and attached): Did not visit the scene.

For outdoor scenes, what are the general weather conditions (check all that apply):

Clear Dry ground Drizzle Light rain Heavy rain Fog Freezing
 Overcast Wet ground Still Breeze Light wind Strong wind Snow

Describe the environmental conditions for the location of the body (heating/cooling used, shade/direct sun, windows/doors open or closed, wet/damp/dry, wind blowing, etc.):

What is the ambient temperature of the scene (°F)?		
Have the <u>conditions changed</u> since the body was first discovered? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, how:		
Is there a <u>history of the body being moved</u> after discovery? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, how was it moved, and by whom? What was the body position when first found (<i>this is critical in infant deaths</i>)? Name the source(s) of the information.		
Is there <u>scene evidence</u> that suggests that the body was moved after death? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe:		
Are any <u>drugs or drug paraphernalia</u> present at the scene? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Prescribed <input type="checkbox"/> Illicit		
If yes, describe in general. Do medications appear to be missing or too many/too much taken? If yes, describe. (Provide count when possible):		
Do any <u>hazardous conditions</u> exist at the scene (vehicles, weapons, water, heat/cold, source of CO, fumes/chemicals, electrical wires/tools/appliances/sources, machinery, flame/fire/explosions, place to fall from, evidence of positional asphyxia, place to be entrapped, animals/insects, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe (additional forms or diagrams may be used and attached):		
Was a <u>consumer product</u> involved in the injury or death? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, list the type, make, model and serial number and describe how it was involved in the injury/death (if not already described in another section above): 2005 Yakima Rhino recreational vehicle. All other information unknown at this time. Officer Wyrsh did not collect that information.		
Describe the location of the body within the scene (a scene diagram may be used and attached):		
No scene visit. Body moved prior to Officer Wyrsh's scene visit.		
EXAMINE THE BODY AT THE SCENE		
Date/Time of the examination of the body at the scene:	Date:	Time:
Body type:	Hair Color:	Eye Color:
		Facial Hair:
Briefly describe clothing and clothing position (also complete property form):		
Is there any blood visible on the body or on the clothing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe (do not "analyze"):		
Are any wounds/injuries/or "trauma" visible? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, briefly describe (do not "analyze"):		
Visible tattoos or scars: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe in detail:		
Is there any visible material or "trace" evidence on the body or clothing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe (do not "analyze"). Was it left undisturbed on the body, or was it collected (include how, when, and by whom?):		
Describe the position of the body in detail:		
Were photographs taken? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe type: <input type="checkbox"/> digital <input type="checkbox"/> Polaroid® <input type="checkbox"/> 35mm		
TIME OF DEATH PARAMETERS BY EXAMINATION		
Describe Rigor Mortis:	Describe the location of the rigor: <input type="checkbox"/> Jaw <input type="checkbox"/> Arms <input type="checkbox"/> Legs	
Describe Liver Mortis (lividity):	Describe the color of the lividity:	
Describe the <u>primary</u> location of the lividity:	Does lividity blanch to pressure:	
Describe the condition/preservation of the body:		
If decomposition is present, briefly describe:		
What is the air temperature next to the body (°F):	Date Taken:	Time Taken:
Body temperature to touch:	Describe "other":	

Core Temperature (°F) [<i>not routine-</i> pathologist's approval needed]:	Date Taken:	Time Taken:
TIME OF DEATH PARAMETERS BY HISTORY		
When was the person last known to be alive?	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Where?		
By Whom?		
When was the person first found dead?	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Where?		
By Whom?		
DISPOSITION		
The deceased was: <input type="checkbox"/> transported to the P.C.M.E.O. <input type="checkbox"/> released from the scene (see funeral home)		
The scene was left to [Law Enforcement, apartment manager, family member, etc.; record name(s)]:		
Additional notes: Officer Wyrsh will fax a copy of his report to this Office the week of September 12 th . I left messages for PCSD Deputy Cassio to contact this Office regarding his involvement in the case.		
deTracy, Mariann		<i>9/12/03</i>
Name of P.C.M.E. Investigator	Signature	Date Signed

Medical Examiner's Record
Pierce County, Washington

*** CONFIDENTIAL ***

Case: 051077

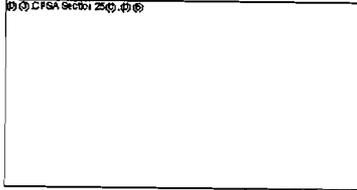
(b)(3) CPSA Section
25(c), (b)(6)

Supplemental Report(s)

I responded to St. Joseph Medical Center arriving at 0200 hrs. 09/11/2005. I met with Hospital Security and went to communications where I signed for the decedent. At the inpatient lab I received five small vials of blood that was all that was left of the admit blood. I then received the decedent from the hospital morgue.

I opened the body bag containing the decedent and exposed digital images. I observed that the decedent was nude and no property was present or received. Lividity was unfixated and pink on the posterior tissues. Rigor was beginning in the small muscles of the jaw and fingers. The decedent was intubated and an NG tube was present. Both eyelids were covered with ecchymosis. I was unable to detect other trauma.

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



09/11/05

PIERCE COUNTY MEDICAL EXAMINER'S OFFICE

POSTMORTEM EXAMINATION REPORT

NAME OF DECEASED:

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

DATE OF EXAMINATION:

Monday, September 12, 2005

MEDICAL EXAMINER CASE #:

05-1077

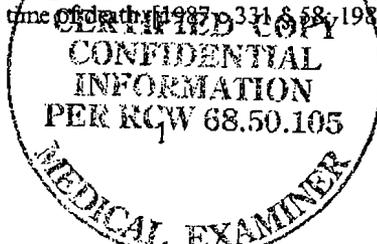
LAW ENFORCEMENT AGENCY AND CASE#:

U.S. Forest Service 788-9705

NOTICE: THIS REPORT IS CONFIDENTIAL

RCW 68.50.105 Autopsies, post mortems-Reports and records confidential-Exceptions.

Reports and records of autopsies or post mortems shall be confidential, except that the following persons may examine and obtain copies of any such report or record: The personal representative of the decedent as defined in RCW 11.02.005, any family member, the attending physician, the prosecuting attorney or law enforcement agencies having jurisdiction, public health officials, or to the department of labor and industries in cases in which it has an interest under RCW 68.50.103. The coroner, the medical examiner, or the attending physician shall, upon request, meet with the family of the decedent to discuss the findings of the autopsy or post mortem. For purposes of this section, the term "family" means the surviving spouse, or any child, parent, grandparent, grandchild, brother, or sister of the decedent, or any person who was the guardian of the decedent at the time of death. [1987 c 331 § 58; 1985 c 300 § 1; 1977 c 79 § 2; 1953 c 188 § 9. Formerly RCW 68.08.105.]



REPORT OF POSTMORTEM EXAMINATION AND CASE SUMMARY

SUMMARY OF CASE FINDINGS:

1. Blunt head injury.
 - A. Fractures of the skull.
 - B. Subdural and subarachnoid hemorrhages.
 - C. Contusions and lacerations of the brain.
2. Blunt trunk and extremity injury, with multiple contusions and abrasions.
3. Uterine leiomyomata.
4. Evidence of medical care.

OPINION:

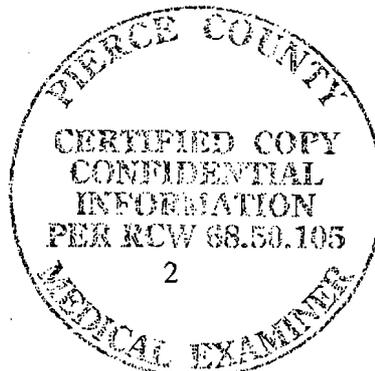
This woman was injured as a passenger involved in an off-road recreational vehicle accident. Death was caused by blunt head injury.

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

Forensic Pathologist
Chief Medical Examiner

9-28-05
Date Signed

(b)(3).CPSA
PSA :09/14/05



REPORT OF AUTOPSY

A postmortem examination is performed on the body of an adult white female, identified as [REDACTED] at the Pierce County Medical Examiner's Office, 3619 Pacific Avenue, in Tacoma, Washington, on Monday, September 12, 2005. The examination is conducted by [REDACTED], and is begun at 8:37 A.M. Assisting in the examination is autopsy technician [REDACTED]. Digital photographs are taken. Standard sample collections are made.

EXTERNAL EVIDENCE OF MEDICAL CARE:

1. Bloodstained hospital towels are received with the body.
2. Tubing passes through the left nostril and is surrounded by gauze packing.
3. A gastric tube passes through the oral cavity.
4. An endotracheal tube passes through the oral cavity and is secured with tape.
5. A plastic collar encircles the lower face and the neck.
6. A vascular catheter is positioned in the left subclavian region.
7. Needle puncture sites are present in the upper chest area, one on each side.
8. Cardiac monitor pads are adherent to the skin.
9. A chest tube passes through an incision in the right lateral chest area and is covered with a tape bandage.
10. * A chest tube passes through a surgical incision in the left side of the chest and is covered by a tape bandage.
11. An intravenous catheter is positioned in the left antecubital fossa.
12. An intravenous catheter is positioned in the right antecubital fossa.
13. A vascular catheter is positioned in the right groin region.

14. Needle puncture sites are present in the left groin region.
15. A Foley catheter is present in the urethra and is attached to urine collection tubing and a collection bag. Urine is obtained from the tubing.
16. Hospital identification bands encircle the right wrist.
17. A Washington State Trauma Registry band encircles the right wrist (#0275094).
18. A hospital identification tag is attached to the right great toe.

CLOTHING AND PERSONAL ITEMS:

1. The body, when first viewed, is unclothed.
2. An elastic band holds the scalp hair in a braided ponytail.

EXTERIOR OF THE BODY:

The body is that of an adult female, appearing normally developed, adequately nourished, and consistent with the reported age of 46 years. Lividity is faint purple, fixed to pressure, and present in a predominantly posterior distribution. Rigor is present. Blood and dried disinfectant material are present on the body surfaces in multiple areas. The skin shows areas of solar tanning and freckling. The body is cool to touch and has been refrigerated.

HEAD & NECK:

Brown hair with scattered gray hairs covers the scalp. The external ears are normally positioned. Pierce holes are present in the lobes of the ears. Injuries are described separately. The eyes show cloudy corneas, brown irides, and round pupils. Irregular hemorrhages involve the conjunctivae bilaterally. The conjunctivae are edematous. There are no petechiae. The skeleton of the nose is intact. Blood-tinged fluid is present in the nostrils. Natural teeth are present in the upper and lower jaws. The neck is symmetrically formed. The trachea is in the midline.

TRUNK:

The chest and abdomen are symmetrically formed. The abdomen is slightly protuberant and is soft. The external genitalia are those of a normally formed female, without evidence of injury. The back and buttocks are symmetrically formed. The anus shows normal anatomic features, without evidence of injury.

EXTREMITIES:

The upper and lower extremities are symmetrically formed. Injuries are described separately. Red polish is present on the fingernails. Purple polish is present on the toenails.

IDENTIFYING MARKS AND SCARS:

Dark tattooing of lettering ("BEAU") and a feather is present in the skin of the upper left chest area.

EXTERNAL EVIDENCE OF INJURY:

1. Purple ecchymoses involve the upper and lower eyelids bilaterally.
2. Irregular faint ecchymoses involve the skin of the cheeks, the chin, and the upper neck, varying from pinpoint to 3/4 inch.
3. Irregular purple contusions involve the posterior aspects of the mid to distal right forearm, the right wrist, and the right hand areas. The injuries vary from 3/4 to 2-1/4 inches.
4. Irregular purple contusions involve the anterolateral aspect of the mid region of the left arm, the posterior and ulnar aspects of the proximal to distal left forearm, and the back of the left hand. The injuries vary from 5/8 to 2 inches in greatest dimension.
5. An irregular 3/8-inch area of abrasion is present in the anterior chest at the margin of the left breast medially.
6. Faint purple contusions involve the skin of the left upper quadrant to the abdomen, the right lower quadrant of the abdomen, and the anterior right hip area. The alterations vary from 1/8 to 1/2 inch in greatest dimension.
7. Multiple purple contusions involve the medial, anterior, and lateral aspects of the mid to distal right thigh, the right knee, and the proximal right leg. The alterations vary from 1/2 to 1-1/2 inches in greatest dimension.
8. A linear, longitudinally oriented 7/8-inch dried abrasion is present in the anterior aspect of the left leg distally.
9. Irregular purple contusions involve the anterior aspects of the left knee and leg and the dorsal aspect of the left great toe proximally, varying from 1/2 to 2-1/4 inches.

10. A linear, obliquely oriented laceration involves the left side of the scalp, above and anterior to the upper attachment of the left ear. The wound is maximally 7/8 inches. There is undermining superiorly and posteriorly.
11. A stellate laceration involves the right side of the scalp, above the right ear. Undermining is present superiorly and posteriorly. The wound is maximally 2 inches.

INTERNAL EVIDENCE OF INJURY:

1. Hemorrhages are present in all layers of the scalp, extending to the surface of the skull, bilaterally and anteriorly.
2. There are comminuted fractures of the vault and base of the skull. Fractures extend throughout the frontal, parietal, and temporal regions bilaterally. Portions of the fracture margins are widely separated and depressed (inward displacement). Depression extends up to 8 millimeters on the right side and 6 millimeters on the left side. Lines of fracture extend throughout the floor of the right middle cranial fossa. Fractures involve the petrosal ridges and the sphenoid bone. Fractures extend through both orbital roofs. Portions of the basilar skull fractures are separated and freely mobile. Hemorrhage surrounds all of the fracture sites. There are lacerations of the associated dura.
3. Patchy areas of subdural hemorrhage, varying up to 2 millimeters in thickness are present over all regions of the brain.
4. Patchy subarachnoid hemorrhages are scattered over all regions of the brain.
5. Multiple contusions and lacerations involve the inferior aspects of both frontal lobes of the brain and the anterior and inferior aspects of the right temporal lobe of the brain.

INTERNAL EVIDENCE OF MEDICAL CARE:

1. The endotracheal tube and the chest tubes are appropriately positioned.
2. The gastric tube is doubled back upon itself with the tip directed superiorly. The gastric tube is positioned in the pharynx and proximal esophagus.

BODY CAVITIES:

The usual Y-shaped incision is made. The organs of the thorax and abdomen are in their general normal anatomic relations. Both lungs are partly collapsed away from the chest wall. The pericardium and diaphragm are intact. Approximately 30 milliliters of blood-tinged fluid are

present in each chest cavity. The internal organs and connective tissues contain little blood and are generally pale. These observations will not be specifically referenced in the following sections.

ORGAN WEIGHTS AND FLUID VOLUMES:

<u>HEART:</u>	350 grams.
<u>RIGHT LUNG:</u>	570 grams.
<u>LEFT LUNG:</u>	510 grams.
<u>LIVER:</u>	1560 grams.
<u>RIGHT KIDNEY:</u>	140 grams.
<u>LEFT KIDNEY:</u>	140 grams.
<u>SPLEEN:</u>	115 grams.
<u>BRAIN:</u>	1110 grams.
<u>BILE:</u>	Two milliliters.
<u>URINE:</u>	A Foley catheter is present.

STOMACH CONTENTS: The stomach contains approximately 75 milliliters of dark fluid and semisolid, partly digested food.

CARDIOVASCULAR SYSTEM: The heart is normally formed and positioned. The chambers demonstrate normal relations. The cut surfaces of the myocardium have normal colorations. The coronary arteries pursue normal courses and are patent. The valves and great vessels are normally formed and positioned. The aorta follows the normal course. All major branches of the aorta are visibly patent.

RESPIRATORY SYSTEM: The lungs are normally formed and positioned. The pleural surfaces are generally smooth and glistening. The larynx, trachea, and bronchi are normally formed. Serial sectioning of the lungs reveals generalized congestion without specific or focal change. The pulmonary vasculature is free of thromboemboli.

HEPATOBIILIARY SYSTEM: The liver is normally formed and positioned. Serial sectioning reveals normal anatomic features. The gallbladder is present and normally positioned. No calculi are present. The pancreas lies in a normal position and is without visible alteration.

ENDOCRINE SYSTEM: The pituitary gland region has normal relations. The adrenal glands show normal positions and configurations. The thyroid gland is symmetrically formed without focal change.

DIGESTIVE SYSTEM: The esophagus follows the normal course and is intact. The stomach is normally positioned. The stomach lining is intact. The stomach continues in the usual fashion into a normally positioned small bowel and colon. The appendix is present.

GENITOURINARY SYSTEM: The kidneys are normally formed and positioned. The cortical regions are intact. Serial sectioning reveals normal anatomic relations. The ureters follow normal courses. The bladder is normally formed. The uterus and adnexa lie in normal positions. The uterus is distorted by the presence of multiple leiomyomata, varying up to 4 centimeters in diameter. No acute alterations are present. The vaginal mucosa is intact.

HEMATOPOIETIC SYSTEM: The spleen is normally formed. Serial sectioning reveals normal anatomic features. The thymus shows the usual age appropriate appearance. The lymph nodes and bone marrow, where visualized, show normal anatomic features.

MUSCULOSKELETAL SYSTEM: The general musculature is normally formed. Head injuries are described separately. No other fractures or other acute skeletal abnormalities are present.

NECK: The neck is dissected in layers showing normal anatomic relations. The neck musculature is free of hemorrhage. The hyoid bone and thyroid cartilage are intact.

HEAD AND CENTRAL NERVOUS SYSTEM: Injuries are described separately. The cerebral hemispheres, brain stem, and cerebellum are symmetrically formed. Serial sectioning of the brain reveals areas of mechanical disruption and hemorrhage, without other focal change. The vessels at the base of the brain are normally formed. The dura is stripped from the skull revealing a multitude of fractures involving the vault and base of the skull. The first portion of the spinal cord, viewed through the foramen magnum, has normal anatomic relations.

OTHER STUDIES:

Representative tissue sections are submitted for histologic slide preparation, with subsequent microscopic examination. The microscopic findings are considered in the overall review of the

JAN 24 2007

X0 71 0295

Kaur, Amritpal

From: mecap@cpssc.gov
Sent: Tuesday, January 16, 2007 12:29 PM
To: Hazard
Subject: Mecap Report

Medical Examiner's/Coroner's Case No. = 05-1077 Medical Examiner's/Coroner's Name =

Date of accident = 09/10/2005
Date of death = 09/10/2005
Accident location - city = Carbonado
Accident location - state = Washington

Your name
Office
City = Tacoma
State = Washington
County = Pierce
Telephone =
Email address =

Brief description of accident sequence = The 46 year old female decedent was a passenger in a 2005 Yamaha Rhino. She was riding with a friend on one of trails at the Evens Creek RV Area in Mt Baker National Forest when the vehicle turned on its side going about 2 mph. The decedent was pinned between the vehicle and a tree and died at the scene. Name, address and telephone number of any state/local personnel who investigated the accident = Shane Wyrsh - Forrest Service. Case # 788-9705 (360-825-6585)

Type of consumer product involved = Recreational Vehicle

Manufacturer and brand name of product = Yamaha

Product model and serial numbers = Rhino Cause of death = Blunt Head Injury Is product available for examination? = No If yes, where? =

For processing at CPSC:
Report received by:
Chief Med. Exam. Rpt ()
Copy for MECAP News ()
Regular MECAP ()
Document No. _____

070731

1. Task Number 070314HCC3312		2. Investigator's ID 9069		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2005 04 09	5. Date Initiated YR MO DAY 2007 03 20		
6. Synopsis of Accident or Complaint UPC A 60-year-old male driving a four-wheeled utility vehicle with a 49-year-old male passenger, collided with a vehicle on a paved roadway. The victim turned his vehicle in the path of the other vehicle causing the victim's vehicle to overturn ejecting both occupants. The 60-year-old victim sustained fatal injuries. The 49-year-old victim sustained minor injuries. Neither of the victims wore helmets.				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City UNINCORPORATED ORANGE COUNTY		9. State CA
10A. First Product 5044 - Utility Vehicle		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 60	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - IOI	
16. Body Part(s) Involved 75 - Head	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational Travel) 8 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 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				
24. Review Date 0611512007	25. Reviewed By 9035		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0506043112	

SEARCHED INDEXED
 SERIALIZED FILED
 APR 11 2007
 FBI - ORANGE COUNTY
 9/4/07 *le*

070314HCC3312

EXHIBITS:

1. (4) photographs of incident product and scene
2. California Highway Patrol Traffic Collision Report
3. Coroner Autopsy Report
4. Coroner Toxicology Report
5. Status of Missing Documents
6. Report Identifiers
ATV-D Form

Exhibit1

Photographs provided by law enforcement officials.



Photo 1 Incident product (Utility Vehicle).

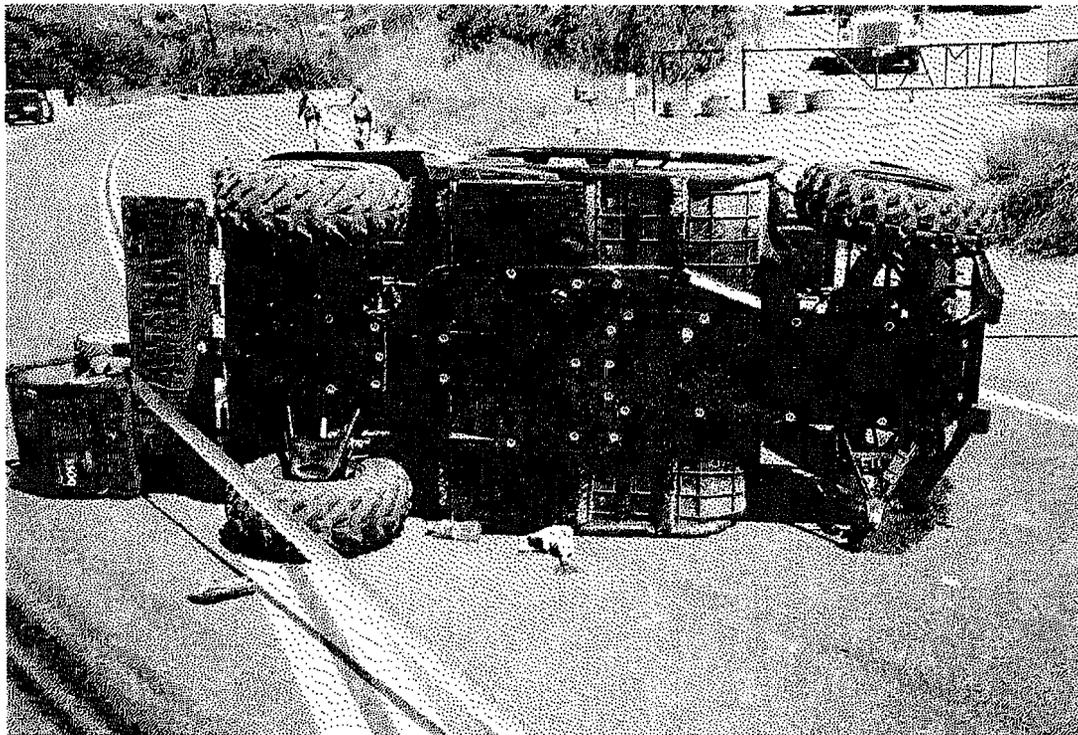


Photo 2 Incident product.



Photo 3 Incident product.

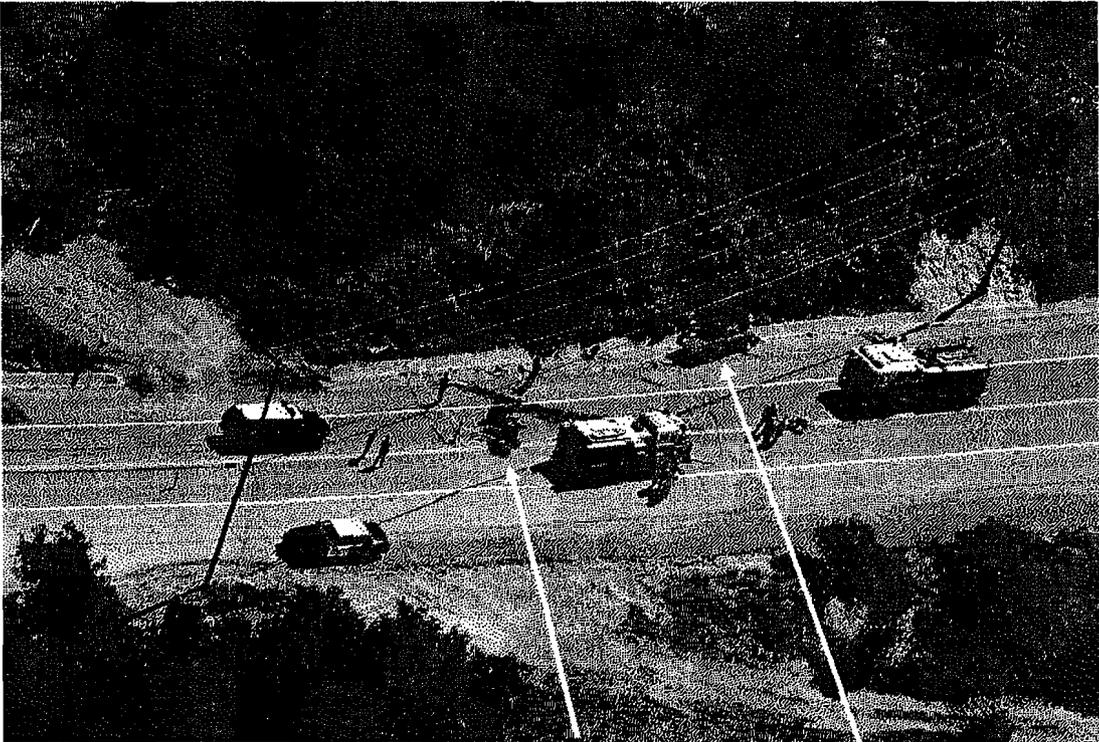
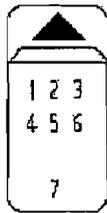


Photo 4 Arial view showing the incident product and the other vehicle involved in the incident.

DATE OF COLLISION (MO. DAY YEAR) 4/9/2005	TIME(2400) 1000	NCIC # 9675	OFFICER I.D. 15109	NUMBER 0504-198
--	--------------------	----------------	-----------------------	--------------------

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

SEATING POSITION 	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 22107	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE			X	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	X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED			X	E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	X 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	MOTOR VEHICLE INVOLVED WITH				N				N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT.	A NON - COLLISION				O				O PARKED
F OTHER*:	B PEDESTRIAN				P				P MERGING
G WIND	C OTHER MOTOR VEHICLE				Q				Q TRAVELING WRONG WAY
LIGHTING	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				R OTHER*:
X A DAYLIGHT*	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
B DUSK - DAWN	F TRAIN				B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	G BICYCLE				C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	H ANIMAL:				D			X	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
E DARK - STREET LIGHTS NOT FUNCTIONING*	I FIXED OBJECT:				E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING
ROADWAY SURFACE	J OTHER OBJECT:				F INATTENTION*:				B HBD - UNDER INFLUENCE
X A DRY	PEDESTRIAN'S ACTIONS				G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
B WET	A NO PEDESTRIANS INVOLVED				H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
C SNOWY - ICY	B CROSSING IN CROSSWALK AT INTERSECTION				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				J UNFAMILIAR WITH ROAD			X	F IMPAIRMENT - PHYSICAL*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	D CROSSING - NOT IN CROSSWALK				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN
A HOLES, DEEP RUT*	E IN ROAD - INCLUDES SHOULDER				L UNINVOLVED VEHICLE				H NOT APPLICABLE
B LOOSE MATERIAL ON ROADWAY*	F NOT IN ROAD	X	X		M OTHER*:				I SLEEPY / FATIGUED
C OBSTRUCTION ON ROADWAY*	G APPROACHING / LEAVING SCHOOL BUS				N NONE APPARENT				
D CONSTRUCTION - REPAIR ZONE					O RUNAWAY VEHICLE				
E REDUCED ROADWAY WIDTH									
F FLOODED*									
G OTHER*:									
X H NO UNUSUAL CONDITIONS									

SKETCH <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS
---	---------------

DATE OF COLLISION (MO. DAY YEAR) 4/9/2005	TIME(2400) 1000	NCIC # 9675	OFFICER I.D. 15109	NUMBER 0504-198
--	--------------------	----------------	-----------------------	--------------------

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	60	M	<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	P	H	1

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

(INJURED ONLY) TRANSPORTED BY: **MEDIX** TAKEN TO: **MISSION COMMUNITY HOSPITAL**

DESCRIBE INJURIES: **SEVERE HEAD TRAUMA, ABRASIONS TO ARMS AND LEGS**

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	49	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	P	H	1
----------------------------	--------------------------	----	---	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	---	---	---	---	---

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

(INJURED ONLY) TRANSPORTED BY: **MERCY AIR** TAKEN TO: **MISSION COMMUNITY HOSPITAL**

DESCRIBE INJURIES: **COMPLAINT OF PAIN(HEAD AND NECK) ABRASIONS/LACERATIONS TO BACK, ARMS, AND FACE.**

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	28	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	L	G	0
----------------------------	--------------------------	----	---	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	---	---	---	---	---

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

(INJURED ONLY) TRANSPORTED BY: **MEDIX** TAKEN TO: **MISSION COMMUNITY HOSPITAL**

DESCRIBE INJURIES: **COMPLAINT OF PAIN(HEAD AND NECK)**

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	37	M	<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____
 (b)(3):CPSA Section 25(c),(b)(6)

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES: _____

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> # 2	<input type="checkbox"/>	41	M	<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____
 (b)(3):CPSA Section 25(c),(b)(6)

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES: _____

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> # 3	<input type="checkbox"/>	32	M	<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS _____ TELEPHONE _____
 (b)(3):CPSA Section 25(c),(b)(6)

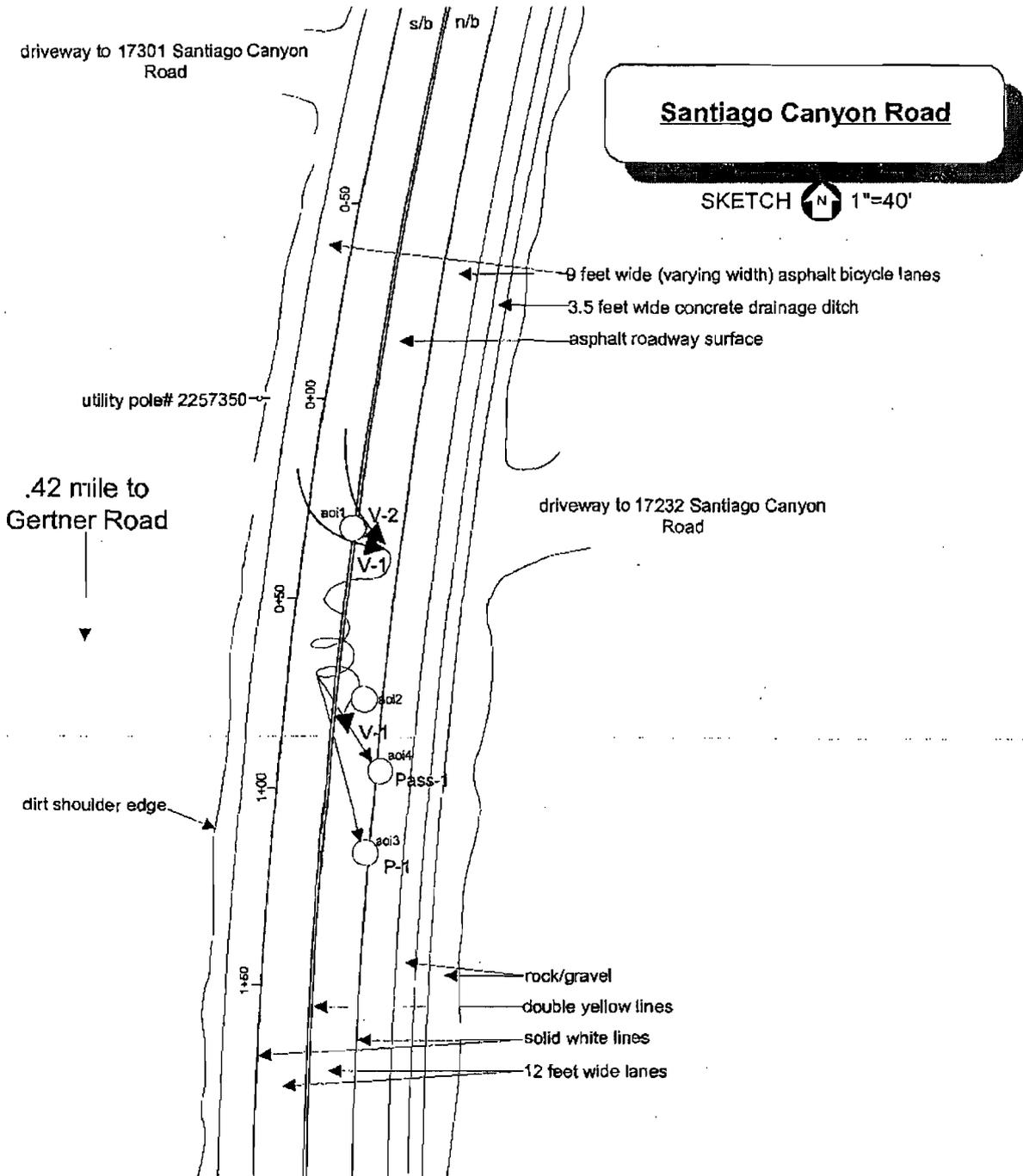
(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES: _____

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME A. JONES	I.D. NUMBER 15109	MO. DAY YEAR 4/9/2005	REVIEWER'S NAME _____	MO. DAY YEAR _____
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DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	COLLISION NUMBER
04-09-2005	1000	9675	15109	0504-198

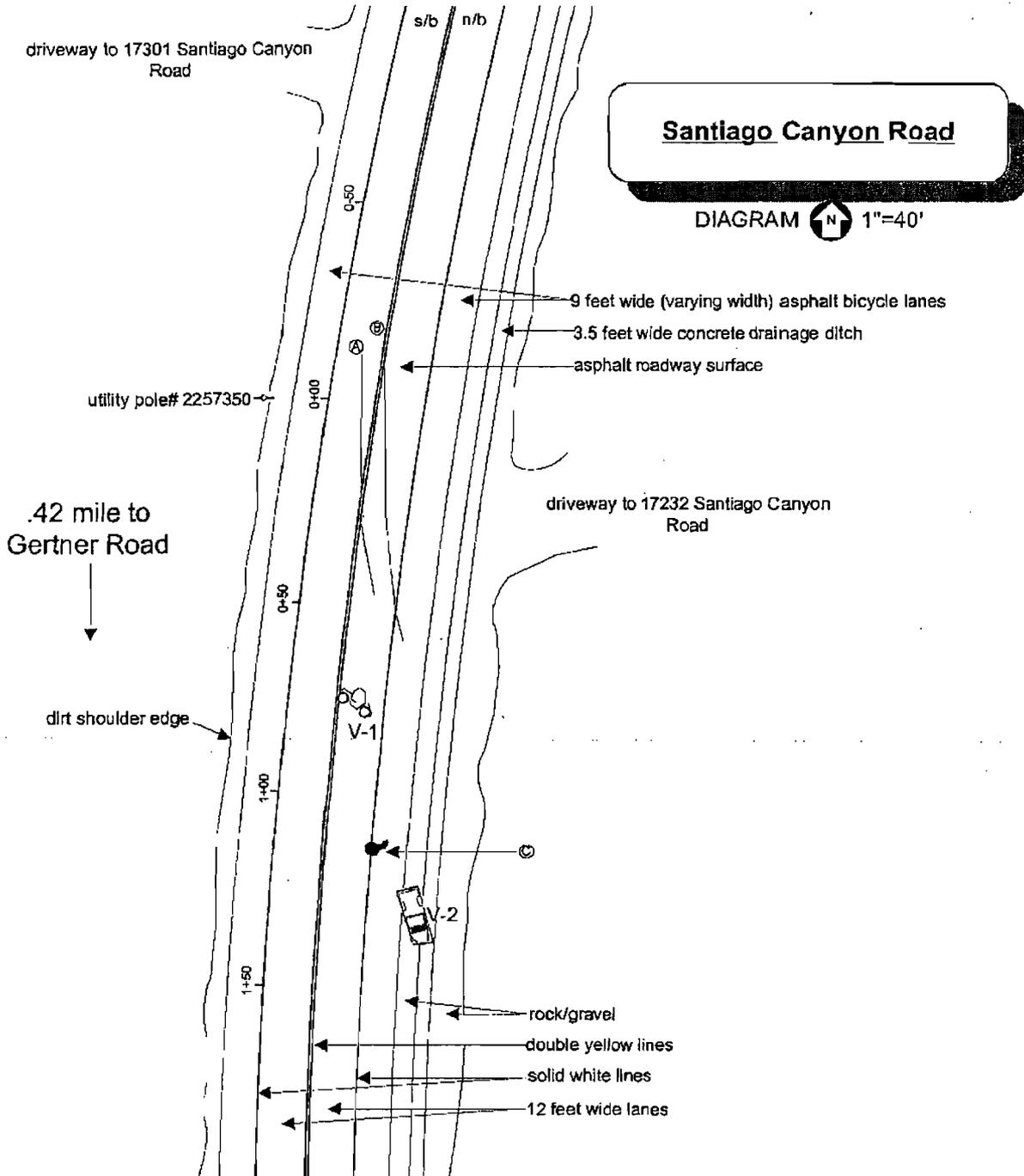


1

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. JONES	15109	04-09-05		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 556

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	COLLISION NUMBER
04-09-2005	1000	9675	15109	0504-198



PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. JONES	15109	04-12-05		

Factual Diagram Legend

CHP Legend

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	COLLISION NUMBER
04-09-2005	1000	9675	10897	0504-198

Station Line

A station line was established along the painted solid white edgeline on the southbound roadway edge of Santiago Canyon Road. 0+00 was located at utility pole# 2257350 and increases as it proceeds south. All factual measurements were taken using metal tape and/or rollmeter at right angles to the station line.

Vehicle Points of Rest

V-1's left rear wheel was located 13.4 feet east of 0+76.6.
V-1's right front wheel was located 19.1 feet east of 0+80.1.
V-2's right rear wheel was located 32.5 feet east of 1+29.4.
V-2's right front wheel was located 35.4 feet east of 1+37.6.

Physical Evidence

- A Skidmark from the right front tire of V-2 measuring 69.5 feet in length.
- B Skidmark from the left front tire of V-2 measuring 77.7 feet in length.
- C Puddle of blood from P-1 measuring approx. 2 feet in diameter trailing toward the northbound roadway shoulder.

Location of Physical Evidence

A begins 6.9 feet east of 0-9.6 and ends 18 feet east of 0+49.7.

Midpoints for A... 11 feet east of 0+6
12 feet east of 0+30.1

B begins 12 feet east of 0-15.3 and ends 27.2 feet east of 0+62.4.

Midpoints for B... 14.3 feet east of 0+6
18.4 feet east of 0+34.3
24 feet east of 0+54.7

C center of puddle located 24 feet east of 1+15.4.

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. JONES	15109	04-09-05		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
04-09-2005	1000	9675	15109	0504-198

1 **FACTS:**

2
3 **NOTIFICATION:**

4
5 At approximately 1015 hours, I was notified by CHP dispatch of a traffic collision on Santiago
6 Canyon Road approximately two miles north of Cook's Corner. I responded from northbound
7 I-5 at Lake Forest Drive and arrived on scene at approximately 1031 hours.

8
9 All times, speeds, and measurements are approximations and all measurements were obtained
10 by visual estimation, rollmeter, steel tape, and/or patrol vehicle odometer.

11
12
13 **SCENE:**

14
15 This collision occurred on Santiago Canyon Road north of Gertner Estate Road in an
16 unincorporated portion of Orange County. Santiago Canyon Road is a north-south designated,
17 curving and hilly, asphalt, county-maintained roadway at the scene of this collision. Santiago
18 Canyon Road has two twelve feet wide traffic lanes at this location. The lanes are separated
19 from each other by a set of solid yellow lines with raised yellow reflectors. The lanes are
20 bordered on both sides by paved asphalt bicycle lanes with approximate widths of nine feet.
21 There were no vision obstructions claimed by Party #2 and the weather was clear, dry and
22 warm at the time of the collision.

23
24
25 **PARTIES:**

26
27 Party #1 (b)(3):CPSA Section 25(c)(b)(6) sustained fatal injuries and was pronounced deceased during
28 transport to Mission Hospital, Mission Viejo. Party #1 was placed as a party to this collision
29 based on the fact that he owned Vehicle #1, he sustained fatal head injuries in the collision, and
30 the fact that Passenger #1 identified Party #1 as the driver of Vehicle #1 at the time of the
31 collision. Party #1 had been transported from the scene prior to my arrival.

32
33 **24 Hour Profile for Party #1:**

34 On April 27th, 2005, I spoke to (b)(3):CPSA Section 25(c)(b)(6) the wife of Party #1, and obtained a
35 chronological account of the activities of Party #1 for the twenty four hours preceding the
36 collision. She stated that on Friday, April 8th, her husband woke up at approximately 0700
37 hours in the morning. He spoke on the telephone with his mother and brother. He then
38 telephoned Passenger #1 (b)(3):CPSA Section 25(c)(b)(6) and left to go to the lot on Santiago Canyon Road. She said
39 Party #1 was at the lot until approximately 1200 or 1300 hours. Party #1 then returned home
40 and had lunch and took a nap. Party #1 worked in the garage after he slept for a while and had
41 dinner at home. At approximately 2030 to 2100 hours, his daughter arrived at the residence

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. Jones, Officer	15109	05-10-05		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 556

8

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
04-09-2005	1000	9675	15109	0504-198

1 with his grandson, who spent the night at their home. She said Party #1 woke up early on
 2 Saturday morning and had coffee at his residence. At approximately 0830 hours, he said
 3 goodbye to his wife and left for the lot on Santiago Canyon Road to meet Passenger #1. Party
 4 #1 told her that he would be home by noon or so. She said that Party #1 was not taking any
 5 medications and had not consumed any alcoholic beverages.
 6

7 Vehicle #1 (Yamaha Rhino 660) was found on its left side with major driver's side damage.
 8 Vehicle #1 was blocking both lanes resting on the double yellow lines on Santiago Canyon
 9 Road. (See Factual Diagram.) There were traces of red paint located along the bottom portion
 10 of the left front side of Vehicle #1. The left side of Vehicle #1 had minimal damage intrusion
 11 because of the protective roll cage that extended from the floor board up and over the top of the
 12 passenger compartment. However, the bottom portion of the roll cage at the floor was dented
 13 in approximately 2 inches. The left front wheel and tire of Vehicle #1 had been sheered off the
 14 vehicle and was wedged under the right front of Vehicle #2. The seatbelts in Vehicle #1 were
 15 in good and working condition. Both seatbelts were tested and had no signs of stretching or
 16 wear due to the collision.
 17

18 Party #2 (b)(3):CPSA Section 25(c),(b)(6) was contacted at the scene and was identified by his valid
 19 California Driver's License. Party #2 was placed as a party to this collision based on his
 20 statement and the fact that Party #2 had a complaint of pain and was transported to Mission
 21 Hospital, Mission Viejo, for medical evaluation. Party #2 was evaluated by emergency room
 22 doctors and was released as uninjured.
 23

24 24 Hour Profile for Party #2:

25 Party #2 was contacted by telephone on May 1st, 2005, and related in essence the following
 26 information regarding the twenty four hours preceding the collision: Party #2 said he had been
 27 at work at the Irvine Auto Center as a car salesman on Friday, April 8th, 2005. He stated he left
 28 work at approximately 2230 hours and arrived at his residence at approximately 2300 hours.
 29 He said he watched television and fell asleep. He woke up at approximately 0830 hours and
 30 had breakfast and got ready for work. Party #2 stated he left for work at approximately 0930
 31 hours and was involved in the collision on the way to work.
 32

33 Vehicle #2 (Mazda B4000) was found on its damaged wheels facing south on the bicycle lane
 34 and right shoulder of northbound Santiago Canyon Road. (See Factual Diagram.) Vehicle #2
 35 had major right front end and side damage that extended back along the passenger side of the
 36 vehicle. The airbags were deployed during the collision with Vehicle #1. The cargo bed of
 37 Vehicle #2 had shifted during the collision and damage was also present on the left side of
 38 Vehicle #2's cargo bed.
 39
 40
 41

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. Jones, Officer	15109	05-10-05		

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
04-09-2005	1000	9675	15109	0504-198

1 **PHYSICAL EVIDENCE:**

2
3 See Sketch, Factual Diagram and Physical Evidence Legend for scene details.
4
5

6 **OTHER FACTUAL INFORMATION:**

7
8 Orange County [redacted] responded to the scene of the collision at
9 approximately 1200 hours and officially notified me that Party #1 [redacted] had died as
10 a result of the severe head trauma he had sustained during the collision. [redacted] was
11 given a set of car keys and a wallet (found on the roadway) that belonged to Party #1 at that
12 time. [redacted] informed me that a Coroner's case number 05-02723RA had been
13 assigned to Party #1. (Refer to this case number for additional information regarding the
14 mechanism of injury for Party #1.) Party #1 was pronounced deceased at 1033 hours by [redacted]
15 [redacted] who was the radio base physician at Mission Hospital. Party #1 was pronounced
16 deceased while being transported to the hospital. [redacted] Orange County Coroner's
17 office, conducted the autopsy of P-1 and directed [redacted] to take (49)
18 photographs during the examination.
19

20 At Mission Hospital, I contacted several family members of Party #1. I spoke to Party #1's
21 daughter [redacted] and her husband, [redacted]. They informed
22 me that Party #1 was in the process of building a house on the lot at [redacted]
23 Road. They said Party #1 was in good health and was at the home site with his builder,
24 Passenger #1 [redacted] that morning. They stated that Party #1 did not usually drive Vehicle
25 #1 on the roadway. They said he only used it to drive around his land. They did not think
26 that Party #1 had any independent insurance for Vehicle #1 as he rarely used it. I also spoke
27 to [redacted] Party #1's brother [redacted]. He stated that Party #1 knew he was
28 not supposed to drive Vehicle #1 on the road and was surprised to hear how the collision
29 occurred. [redacted] stated his brother was usually very careful and responsible.
30
31

32 **STATEMENTS:**

33
34 Party #1 [redacted] sustained fatal head injuries during the collision and was pronounced
35 deceased during transport to Mission Hospital, Mission Viejo. Party #1's wife signed an
36 authorization form to release medical information concerning Party #1's injuries and treatment.
37

38 Party #2 [redacted] was contacted at the scene of the collision and related in
39 essence the following information: Party #2 stated he was driving Vehicle #2 in the
40 southbound lane at approximately fifty miles per hour prior to the collision. Party #2 said he
41 saw Vehicle #1 stopped on the bicycle lane approximately one hundred feet ahead of him.

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. Jones, Officer	15109	05-10-05		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 556

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
04-09-2005	1000	9675	15109	0504-198

1 Party #2 stated that as he approached the rear of Vehicle #1, he saw it suddenly turn left into
 2 the southbound lane directly in front of him. Party #2 said he applied the brakes of Vehicle #2
 3 and turned toward the left to avoid colliding with Vehicle #1, but could not and struck the left
 4 front of Vehicle #1. Party #2 stated he then skidded into the opposite (northbound) lanes.
 5 Party #2 stated he exited Vehicle #2 on his own, and was not sure if he was injured or not.
 6 (The Orange County Fire Authority had Party #2 transported to the hospital to make sure he
 7 was not injured.) Party #2 stated he was wearing his seatbelt and there were no prior
 8 mechanical defects with Vehicle #2.

9
 10 Passenger #1 [REDACTED] was contacted at 1400 hours at Mission Hospital, Mission Viejo, in
 11 room 354. He stated in essence the following information regarding the collision: Passenger
 12 #1 stated he was riding in the right seat of Vehicle #1 when the collision occurred. Passenger
 13 #1 stated he and Party #1 were looking at the property at 17232 Santiago Canyon Road together
 14 as he was building a house for Party #1. Passenger #1 stated they had exited the lower portion
 15 (north end) of the property, driven across the two traffic lanes onto the southbound bicycle
 16 lane, and had driven only four hundred to five hundred feet south to the location where they
 17 intended to cross the lanes again into the driveway of the property. Passenger #1 stated Party
 18 #1 reached down and put Vehicle #1's transmission back into two wheel drive from four wheel
 19 drive and turned out onto the roadway toward the driveway at 17232 Santiago Canyon Road.
 20 Passenger #1 stated that he did not know what had happened, but there was a loud sound and he
 21 ended up lying on the roadway. Passenger #1 stated several people were there right away and
 22 came to help him. Passenger #1 said he did not know if Party #1 had checked for approaching
 23 traffic before he turned out onto the roadway. Passenger #1 stated he and Party #1 were not
 24 wearing seatbelts at the time of the collision. Passenger #1 said he had been x-rayed and did
 25 not have any broken bones or major internal injuries. Passenger #1 signed an authorization
 26 form to release medical information.

27
 28 Witness #1 [REDACTED] was contacted at the scene and stated in essence the following
 29 regarding the collision: Witness #1 stated he was riding his bicycle on southbound Santiago
 30 Canyon Road a couple hundred feet behind Vehicle #1. He stated Vehicle #1 had been driving
 31 on the bicycle lane and then stopped for a few seconds. Witness #1 said Vehicle #1, all of a
 32 sudden, made a left turn into the roadway in front of Vehicle #2 and was hit by Vehicle #2.
 33 Witness #1 stated it happened very quickly and Party #2 could not have avoided Vehicle #1.
 34 Witness #1 stated he did not see the occupants of Vehicle #1 get ejected from the vehicle, but
 35 did see them lying on the northbound bicycle lane when he arrived on scene.

36
 37 Witness #2 [REDACTED] was contacted at the scene and stated in essence the following
 38 regarding the collision: Witness #2 stated he was driving at approximately fifty to fifty five
 39 miles per hour on northbound Santiago Canyon Road and saw Vehicle #2 driving toward him
 40 at an unknown speed in the southbound lane. Witness #2 did not think Vehicle #2 was going
 41 very fast. Witness #2 stated he also saw a "jeep-like" vehicle (Vehicle #1) in the bicycle lane

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. Jones, Officer	15109	05-10-05		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 556

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
04-09-2005	1000	9675	15109	0504-198

1 of southbound Santiago Canyon Road south of Vehicle #2. Witness #2 stated he thought
 2 Vehicle #1 was rolling slowly while it was in the bicycle lane. Witness #2 stated that as
 3 Vehicle #2 was only a "couple car lengths" away, Vehicle #1 "pulled out right in front of
 4 [Vehicle #2]." Witness #2 stated that the "driver (Party #1) had to know the truck (Vehicle #2)
 5 was there." Witness #2 stated he saw Vehicle #2 collide with the side of Vehicle #1 and
 6 stopped to help.

7
 8 Witness #3 [REDACTED] was contacted at the scene and related in essence the
 9 following information regarding the collision: Witness #3 stated he was riding his bicycle at
 10 approximately twelve miles per hour in the southbound bicycle lane near the driveway to 17341
 11 Santiago Canyon Road. He stated he saw Vehicle #1 approximately fifty feet ahead of him
 12 also in the bicycle lane at approximately seventeen to twenty miles per hour. Witness #3 stated
 13 Vehicle #2 passed him at approximately forty miles per hour in the southbound lane. He stated
 14 that Vehicle #1 turned left onto the roadway as Vehicle #2 was only five to ten feet behind
 15 Vehicle #1. Witness #3 said Vehicle #2 turned away quickly toward the left, but collided with
 16 the side of Vehicle #1.

17
 18
 19 **OPINIONS AND CONCLUSIONS:**

20
 21 **SUMMARY:**

22
 23 Party #1 [REDACTED] was traveling in Vehicle #1 (Yamaha Rhino 660) in the southbound
 24 bicycle lane of Santiago Canyon Road north of Gertner Road prior to the collision. Vehicle #1
 25 was either stopped or traveling at a very slow speed prior to turning onto the roadway. Party #2
 26 [REDACTED] was traveling in Vehicle #2 (Mazda B4000) on southbound Santiago
 27 Canyon Road to the rear of Vehicle #1 prior to the collision. Vehicle #2 was traveling at a
 28 speed between forty and fifty miles per hour. Party #1 turned Vehicle #1 left onto the roadway
 29 in the path of Vehicle #2 and was struck in the left front side causing Vehicle #1 to overturn
 30 ejecting both its occupants who were not wearing their seatbelts. Party #1 struck his head on
 31 the asphalt pavement and died as a result of his injuries and Passenger #1 [REDACTED] was
 32 admitted into the hospital with minor injuries. Party #2 had a complaint of pain at the scene
 33 and was also transported to the hospital where he was evaluated and released. Both vehicles
 34 had major damage. (See CHP555, page 1.)

35
 36
 37 **AREA OF IMPACT (AOI's):**

38
 39 **Aoi#1** The area where the right front and side of Vehicle #2 collided with the left front side of
 40 Vehicle #1 was found to be approximately 15.3 feet east of the west roadway edge of

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. Jones, Officer	15109	05-10-05		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 556

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
04-09-2005	1000	9675	15109	0504-198

1 southbound Santiago Canyon Road and approximately 36.3 feet south of utility pole# 2257350
 2 (.42 mile north of the north roadway edge prolongation of Gertner Estate Road).
 3 Aoi#2 The area where the left side of Vehicle #1 collided with the roadway was found to be
 4 approximately 15 feet east of the west roadway edge of southbound Santiago Canyon Road and
 5 approximately 70 feet south of utility pole# 257350 (.42 mile less 33.7 feet north of the north
 6 roadway edge prolongation of Gertner Estate Road).
 7 Aoi#3 The area where the ejected Party #1 landed on the roadway was found to be
 8 approximately 23.6 feet east of the west roadway edge of southbound Santiago Canyon Road
 9 and approximately 115.4 feet south of utility pole# 257350 (.42 mile less 79.1 feet north of the
 10 north roadway edge prolongation of Gertner Estate Road).
 11 Aoi#4 The area where the ejected Passenger #1 landed on the roadway was estimated to be
 12 approximately 25 feet east of the west roadway edge of southbound Santiago Canyon Road and
 13 approximately 94.5 feet south of utility pole# 257350 (.42 mile less 58.2 feet north of the north
 14 roadway edge prolongation of Gertner Estate Road). Passenger #1 had also been moved from
 15 the scene prior to obtaining measurements and no physical evidence was located at Aoi#4.
 16

17 The areas of impact were determined by the statements and physical evidence.
 18
 19

20 **CAUSE:**

21
 22 Party #1 caused this collision by being in violation of section 22107 VC, unsafe turning
 23 movement. Party #1 was driving Vehicle #1 on the southbound bicycle lane of Santiago
 24 Canyon Road and turned left into the southbound traffic lane in front of Vehicle #2. Party #2
 25 saw Vehicle #1 turn into the lane as he was approaching from the rear in the southbound traffic
 26 lane and attempted to brake and turn left to avoid colliding with Vehicle #1. Party #1
 27 apparently did not see Vehicle #2 to his left rear and proceeded across the southbound lane
 28 toward a driveway along the east road edge. Vehicle #2 collided with the left front of Vehicle
 29 #1 causing Vehicle #1 to eject both its unseatbelted occupants onto the roadway before
 30 overturning onto its left side. The cause of this collision was based upon the statements of
 31 Party #1 and the witnesses, as well as the vehicle damage.
 32
 33

34 **RECOMMENDATIONS:**

35 None.
 36

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. Jones, Officer	15109	05-10-05		

ORANGE COUNTY SHERIFF-CORONER
AUTOPSY RECORD

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

05-02723-RA
Page 2

IDENTIFICATION: Height 70 inches; weight 187 pounds; decomposition, none; unembalmed; gray-brown hair with frontal and central baldness, mustache and small French beard; rigor present; algor, refrigerated; livor present; pallor absent; well-developed; well-nourished; brown eyes; mouth, own teeth, in good state of repair.

EXTERNAL EXAMINATION: The body is that of an unembalmed, well-developed, well-nourished Caucasian male, exhibiting normal male genitalia. Orange County Coroner tags are on both big toes.

Hospital intervention lines include an endotracheal tube in the mouth and a name band on the right wrist.

Blood smears the face and exudes from the external ears smearing the back of the body. External photographs of the body are taken. After the body is washed, it is re-examined.

The head appears to be normocephalic with a 4 inch linear laceration on the left side of the temporoparietal area of the scalp through which blood, brain tissue and fractured bone extrude. There is a 4 x 2 inch abrasion on the back of the head, going from the top to the occipital region. Crepitation is felt around the back of the head and left side, suggesting fracture of the skull bone.

Examination of the face reveals abrasions on the right side of the forehead, right eyebrow and both cheeks, mid-nose, both nostrils, upper lip, and left angle of the mouth. The external ears are unremarkable. There is no external trauma. There are no conjunctival hemorrhages. There is no obvious fracture to the nose. There is no laceration of the upper and lower lips. There is no fracture to the jaw or avulsion of the teeth.

The trachea is midline.

A 3 x 2 inch abrasion is noted on top of the left shoulder. There is a 1 inch abrasion on top of the right shoulder area.

The chest is symmetrical.

There is a 6 inch healed surgical scar on the midline anterior abdomen above the umbilicus.

The external genitalia are those of a normal male.

04/14/05
05-02723a

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

ORANGE COUNTY SHERIFF-CORONER
AUTOPSY RECORD

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

05-02723-RA
Page 3

Examination of the upper extremities reveals abrasions on both elbows and a small abrasion on the back of both hands and knuckles of the fingers. There is no obvious fracture.

Examination of the lower extremities reveals a 5 x 1-1/2 inch abrasion/laceration on top of the left kneecap. There are abrasions of both shins and a 2 inch abrasion on top of the right kneecap. There are two 1 inch abrasions on the right anterior shin.

Examination of the back of the body reveals a small abrasion on the right scapula with minimal contusion. The back is otherwise clear. Again, external photographs of the body are taken.

PRIMARY INCISION: The body is opened by the usual Y-shaped incision. There is fracture of the anterior left 3rd, 4th and 5th ribs. The anterior chest plate is removed. There are about 300 cc of liquid blood in the left chest cavity and a small amount of blood in the left upper quadrant of the abdomen. The major chest and abdominal organs are in their normal locations.

CARDIOVASCULAR SYSTEM: The pericardial sac is intact. The heart weighs 430 grams. The epicardial surface of the heart has the usual amount of adipose tissue. The left and right coronary arteries are in their normal locations with mild segmental coronary atherosclerosis. The left and right sides of the heart are dilated and have a small amount of liquid blood in the cardiac chambers. The endocardial surface of the heart is unremarkable. Both papillary muscles are slightly hypertrophied, and the chordae tendineae are unremarkable. The left ventricular wall is 1.8 cm in thickness, and the right ventricular wall is 0.3 cm. Section of the myocardium reveals an old healed fibrotic myocardial infarction of the anterior wall of the left ventricle (photographs are taken). There is no recent myocardial necrosis. The cardiac valves are unremarkable. The atrial appendages are unremarkable. The abdominal and thoracic aorta is intact with smooth and glistening surfaces.

RESPIRATORY SYSTEM: The left lung weighs 310 grams, and the right lung weighs 440 grams. There is a laceration of the posterior aspect of the upper and lower lobes of the left lung (photographs are taken), which probably leads to the intrathoracic hemorrhage. Sections of the pulmonary artery are unremarkable. The major bronchi and bronchioles show liquid blood in the lumen. Section of the lung parenchyma reveals a congested, atelectatic and hemorrhagic right lung and a hemorrhagic and lacerated left lung. No gross pneumonia is seen. There are no other obvious lesions.

04/14/05 (b)(3):CPSA
Section
05-02723a

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

ORANGE COUNTY SHERIFF-CORONER
AUTOPSY RECORD

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

05-02723-RA
Page 4

NECK ORGANS: The mucosa of the larynx, trachea and vocal cord is unremarkable, as is the mucosa of the pharynx and esophagus. Hemorrhage is noted in the subserosal adipose tissue of the posterior upper esophageal area, corresponding to the hemorrhage in the paravertebral soft tissues. The tongue is unremarkable; there are no bite marks. The soft tissues around the neck are unremarkable. The hyoid bone and thyroid cartilages are intact bilaterally.

DIAPHRAGM: Unremarkable.

LIVER: The liver weighs 1550 grams. There is marked adhesion of both superior and inferior aspects of the liver. The gallbladder is in its normal location. There are no gallstones. The vessels in the porta hepatis are unremarkable. Section of the liver parenchyma reveals it to be pale and soft with smooth and glistening surfaces. No cirrhosis or fibrosis is noted.

PANCREAS: The pancreas is of normal size, revealing a normal acinar pattern. The pancreatic duct is patent, as is the bile duct. There is no fat necrosis or hemorrhage.

SPLEEN: The spleen is massively lacerated. It weighs 120 grams. Photographs are taken. The cut surface reveals hemorrhagic lacerated spleen.

ENDOCRINE SYSTEM: Both lobes of the thyroid, the pituitary and adrenals are grossly unremarkable.

GENITOURINARY SYSTEM: The left kidney weighs 150 grams, and the right kidney weighs 140 grams. The capsules strip off with ease. The cortical surfaces of both kidneys are pale, smooth and glistening with occasional cortical cysts. The corticomedullary junction is well-demarcated. The pyramids are unremarkable. The mucosae of the calyces, pelves and ureters are smooth and glistening. Both ureters are patent. The urinary bladder contains about 120 ml of clear urine. The bladder mucosa is unremarkable. The prostate is slightly enlarged with a nodular configuration. The prostatic urethra is patent. The testicles are descended in their scrotal sac. Cut surface reveals an unremarkable pattern.

GASTROINTESTINAL SYSTEM: The stomach has 200 ml of liquid blood with some admixed gastric content. The mucosa of the stomach is smooth and glistening. No gastric or duodenal ulcers or esophageal varices are noted. The mucosa of the small and large bowel is unremarkable. The appendix is in its normal location.

04/14/05
05-02723a

(b)(3):CPSA
Section

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

ORANGE COUNTY SHERIFF-CORONER
AUTOPSY RECORD

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

05-02723-RA
Page 5

CENTRAL NERVOUS SYSTEM: The scalp is reflected in the usual fashion. Hemorrhage is noted on the inner aspect of the scalp on the left side. There is massive fracturing of the left temporal bone and left parietal bone with multiple loose bony fragments. No fracture on the right side is seen. Both temporalis muscles are reflected. There is contusion and laceration of the left temporalis muscle; the right is unremarkable. In addition, there is also subgaleal hemorrhage in the vault of the skull. The calvarium is opened by the usual triple notch incision. The dorsal surface of the brain is covered with fresh liquid subdural and subarachnoid hemorrhage. The brain is removed from the skull cavity. It weighs 1350 grams. Both lobes of the cerebellum and cerebrum are symmetrical. The cerebral peduncle is midline. The vessels in the circle of Willis show patency. The base of the brain also shows fresh liquid subdural and subarachnoid hemorrhage. Section of the brain reveals contusion and laceration of the left temporal, parietal and occipital cortical areas (photographs are taken). The rest of the brain is soft and edematous. A small amount of hemorrhage is noted in the lateral, third and fourth ventricles. Otherwise, there is no other obvious trauma. The dura is removed from the base of the skull, revealing massive fracture at the base including the left anterior fossa, orbital plate, ethmoid bone and left middle fossa and a hinge fracturing extending from one petrous portion of the temporal bone to the other side through the sphenoidal fossa. There is fracture of the left occipital fossa which also crosses the midline extending to the right occipital fossa. Photographs are taken.

RIBS AND SPINE: After removing the chest and abdominal organs, the vertebral column and rib cage are examined. There is massive rib fracture on the left side including the 1st through the 12th ribs anteriorly and laterally. Some of the ribs are fractured at more than one site. The right side of the rib cage is intact. The vertebral column is intact, as are the pelvic and pubic bones.

AUTOPSY FINDINGS:

- A. Fracture of the vault of the skull and base of the skull.
1. Contusion and laceration of the brain.
 2. Acute subdural and subarachnoid hemorrhage.
 3. Due to blunt force trauma.

04/14/05
05-02723a

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

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

ORANGE COUNTY SHERIFF-CORONER
AUTOPSY RECORD

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

05-02723-RA
Page 6

B. Cardiovascular system:

1. Cardiomegaly (heart weight 430 grams).
2. Left ventricular hypertrophy (left ventricular thickness 1.8 cm).
3. Mild coronary atherosclerosis.
4. Old fibrotic myocardial infarction.
5. ASCVD.

C. Respiratory system:

1. Intrathoracic hemorrhage, left chest cavity.
2. Left lung 310 grams; right lung 440 grams.
3. Laceration, left lung.
4. Massive fracture of left side of the rib cage.
5. Blood in the bronchi and bronchioles.

D. Laceration of the liver with hemorrhage into left upper quadrant of abdomen.

E. Swallowed blood in the stomach.

F. Above-mentioned injuries are due to blunt force trauma.

04/14/05
05-02723a

(b)(3):CPSA
Section

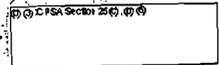
(b)(3):CPSA Section 25(c),(b)(6)

COUNTY OF ORANGE

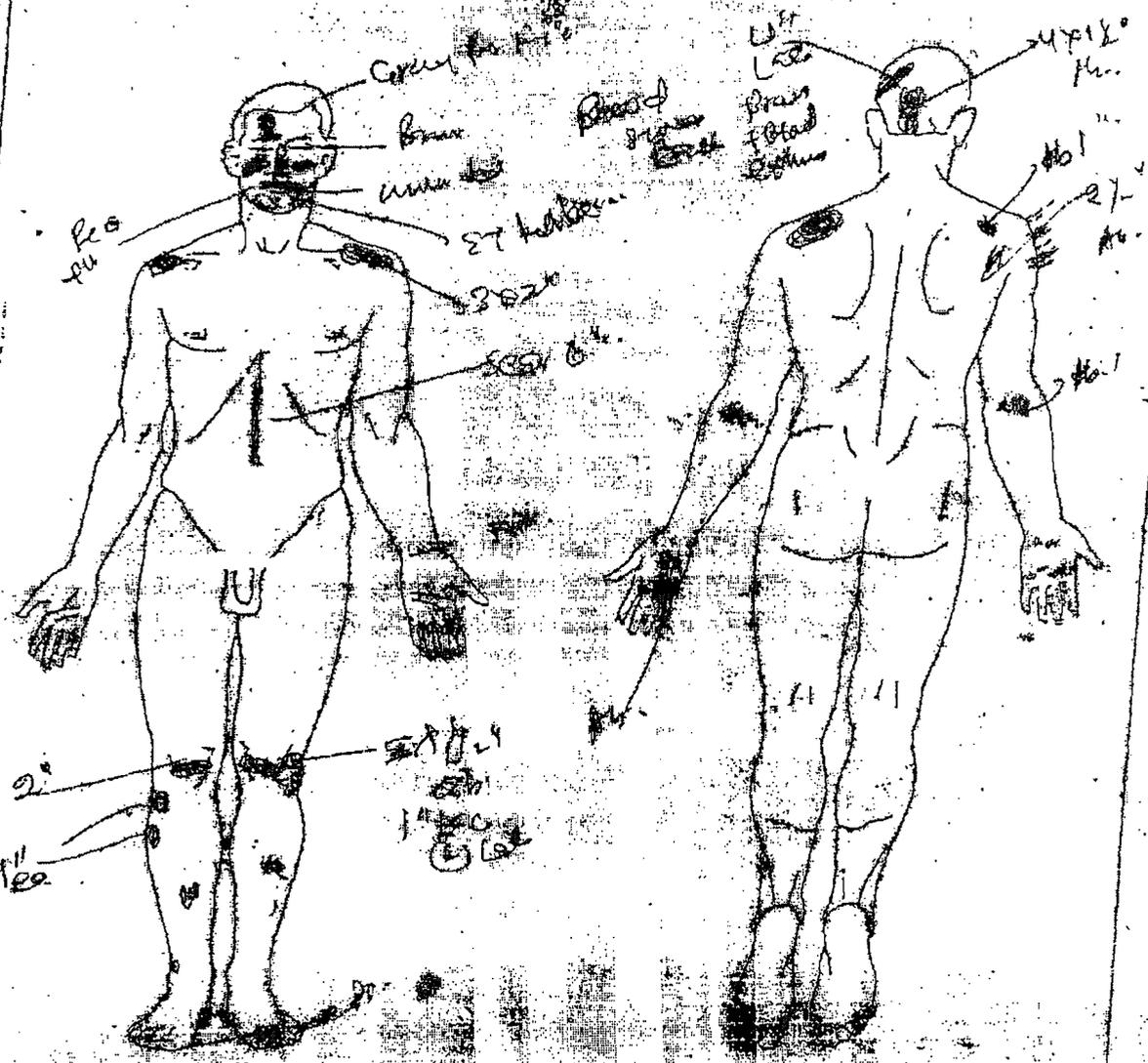
SHERIFF-CORONE

65 year
Cauc.
70" 175 lb

AUTOPSY RECORD



Male
05/22/2000 1019



M.D.

1

25

070314HCC3312
Exhibit 4
Pages 1

**Orange County Sheriff-Coroner
Forensic Science Services / Toxicology Laboratory
Report of Toxicological Examination**

FR NUMBER: 05-45322 **CORONER CASE NUMBER:** 05-02723RA
NAME OF DECEASED: (b)(3):CPSA Section 25(c),(b)(6)
INVESTIGATOR: RALSTEN / SINGHANIA **AGE:** 60 Year(s) **SEX:** Male
SPECIMENS SUBMITTED: Postmortem Blood Brain Stomach Contents Urine
 Antemortem Samples Liver Vitreous Humor Peripheral Blood
Other Specimens:
BLOOD RECEIVED BY: Osuna **FROM:** Boyd
TISSUE RECEIVED BY: **FROM:**

Page 1 of 1

Findings

Drug	Matrix	Method	Result	Scientist
None Detected				

Analyses

Drug	Matrix	Method	Result	Scientist
Ethanol/Volatiles	Postmortem Blood	Headspace/GC	None Detected	DTE
Barbiturates	Postmortem Blood	Immunoassay	Negative	MXG
Cocaine and/or Metabolite	Postmortem Blood	Immunoassay	Negative	MXG
Phenethylamines	Postmortem Blood	Immunoassay	Negative	MXG
Opiates	Postmortem Blood	Immunoassay	Negative	MXG
Cannabinoids	Postmortem Blood	Immunoassay	Negative	MXG

LIMS

TR

(b)(3):C
PSA
Section
9/26/05

AR4-27-05
m2

Forensic Scientist:

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

April 26, 2005

Exhibit 5

Pages 1

Task Number: 070314HCC3312

Date: 06/13/2007

Status of Missing Document(s)

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

1. Coroner's Office Investigative Report
2. _____
3. _____
4. _____
5. _____

Report Identifiers

Victim:
(Decedent)

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

(60 year-old male, DOB

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

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

Driver of the incident vehicle - 2004 Yamaha Rhino 660, Utility Vehicle.

Other:

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

(49 year-old male, DOB

(b)(3):CPSA
Section

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

Passenger in the Utility Vehicle, hospitalized with minor injuries.
(Negative contact)

Other:

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

(28 year-old male, DOB

(b)(3):CPSA
Section

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

Driver of a 1998 Mazda B4000 Pick-up truck involved in the incident, hospitalized for evaluation and released.
(Negative contact)

Other:

Orange County Sheriff-Coroner
1071 W. Santa Ana Blvd
Santa Ana, CA 92703
(714) 647-7400
(Contacted on 04-09-07)

Other:

California Highway Patrol
203 E. Santa Clara
Santa Ana, CA. 92705
(714) 567-6000
(Contacted 04-09-07)

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

A 60-year-old male driving a four-wheeled utility vehicle with a 49-year-old male passenger, collided with a vehicle on a paved roadway. The victim turned his vehicle in the path of the other vehicle causing the victim's vehicle to overturn ejecting both occupants. The 60-year-old victim sustained fatal injuries. The 49-year-old victim sustained minor injuries. Neither of the victims wore helmets.

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

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

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

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

<input checked="" type="radio"/> 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	<input checked="" type="radio"/> No	Unknown	Yes	<input checked="" type="radio"/> No	Unknown

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

0 - Unknown	<input checked="" type="radio"/> 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: 60	Height: 70 (inches)
Weight: 04 = 150 - 199	Sex: Male

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

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

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

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.

02 - Truck

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:

1. Task Number 070430HNE2274		2. Investigator's ID 8942		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2007 04 26	5. Date Initiated YR MO DAY 2007 05 07		
6. Synopsis of Accident or Complaint UPC A 13-year-old male was riding a 4-wheeled ATV solo, on a roadway and when he proceeded to turn around, the ATV overturned, ejected the victim and hit him in the head before landing on top of him. The victim was transported to a hospital where he was pronounced DOA. The cause of death is determined to be accidental death by the county coroner.				
7. Location (Home, School, etc.) 4 - STREET OR HIGHWAY		8. City LATTA		9. State SC
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name YAMAHA/ RHINO 450		10C. Model Number 4X4
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 1 - Male		14. Disposition 8 - Death
15. Injury Diagnosis 62 - Intern. Org. Inj.		16. Body Part(s) Involved 75 - HEAD		17. Respondent 3 - 2nd Hand Info Only
18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 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 07/13/2007		25. Reviewed By 9108		26. Regional Office Director Eric B. Ault
27. Distribution Streeter, Robin; Twitchell, Jason; Harris, Paulette			28. Source Document Number N0740825A	

070430HNE2274

ATTACHMENTS:

1. Police Report
2. Contact Sheet
3. Status of Missing Document(s)
4. Questionnaire

AGENCY I.D.
SC0170000

DILLON COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER

2007-0916

NO. INVT.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1. HRP - ACCIDENTAL DEATH		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Fraternal Incl. <input type="checkbox"/> Government <input type="checkbox"/> Health Care <input type="checkbox"/> Soc Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
1485 CATFISH CHURCH RD, LATEA SC				29056			
INCIDENT DATE	DATE CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME (DATE/CLOCK)		LOCATION NO.
04/28/2007	1800		04/28/2007	2131	04/28/2007 1826 1857 2131		0001
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
SOCIOETY/PUBLIC.				J S O U			
ADDRESS		CITY		STATE	ZIP CODE		LOCATION NO.
							0001
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
JUVENILE VICTIM				J S O U	W M		13
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
ADDRESS		CITY		STATE	ZIP CODE		LOCATION NO.
VISIBLE INJURY (VEH. ?) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETROTOR/VEH. ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State D - Out of State U - Unknown							
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH
<input type="checkbox"/> RENOVAT	PERSON, UNKNOWN/UNTRACKED			U	U	00	U
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
<input type="checkbox"/> WARRANT	ADDRESS		CITY		STATE	ZIP CODE	
<input type="checkbox"/> ARREST							
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	ORIGINS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE		TOTAL # ARRESTED: 0		04/28/2007		1800
ON 28 APRIL 2007 RESPONDED TO AN ACCIDENT ON 1485 CATFISH CHURCH RD. I WAS INFORMED THAT THE VICTIM WAS RIDING IN A RHINO 450 4X4 2004 YAMAHA, THE WITNESS STATES THAT THE VICTIM WENT TO TURN AROUND AND THE VEHICLE OVER TURNED HITTING THE VICTIM IN THE HEAD. THIS WAS WITNESS BY [REDACTED] AND ALSO AGE 13, THE WITNESS HAS GIVEN A STATEMENT TO THE EVENT.							

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
STOLEN							
STOLEN/RECOVERED							
STOLEN/DAMAGED							
STOLEN/RECOVERED							
STOLEN							
STOLEN							
STOLEN							
SUBJECT IDENTIFIED		SUBJECT LOCATED		INACTIVE		ADN. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18	
REASON FOR EXCEPT/OK CLEARANCE:		DEFINITION CIVIL		NO PROSECUTION		DEFINITION CIVIL	
REPORTING OFFICER'S		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
[REDACTED]			54	[REDACTED]			
FOLLOWUP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

INCIDENT REPORT SUPPLEMENTAL

Case Number: 2007-0916

Officer: FINGLEAF FINGLEAF, TRACY Date Entered/Changed: 04/30/2007 Reviewer: Review Date:

WRITTEN STATEMENTS ON INVESTIGATION: On 6-28-07 I was dispatched to 1000 Calhoun Church Road by central dispatch. When I arrived R/O informed me that the victim had been riding a Rhino 450 4x4 and that he was thrown out and the vehicle turned over on top of him and the roll bar landed on his head and fractured his skull. Victim had been transported to McLeod's Hospital Dillon. He was dead on arrival. After talking witness [redacted] and [redacted] corner [redacted] Wisley I determined that it was a accidental death.

WITNESS INFORMATION

Case #: 2007-0816

Officer: PVT MELVIN LEE

Date Entered: 04/28/2007

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

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

City: _____

Phone: _____

Race: W

Sex: M

Birth Date: _____

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

Height: _____

Weight: _____

Hair: _____

Eyes: _____

SSN: _____

Witness

Notes:

070430HNE2274

ATTACHMENT #2

Contact Sheet

Contacted on 05/07/07
Dillon County Sheriff
305 West Hampton Street
Dillon, SC. 29536
843-774-1433

Contacted on 05/07/07
Dillon County Coroner
P.O. Box 1006
Dillon SC. 29536
843-774-1444

Task Number: 070430HNE2274

Date: 07/13/07

ATTACHMENT #3

Status of Missing Document(s)

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

1. Medical Examiner's Report

2. Photos

3. _____

4. _____

5. _____

Task Number 070430HNE2274

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

Type of respondent: Other

Other, specify: Sheriff

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

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

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

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

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

Model: Rhno 4X4	VIN: UNKNOWN
-----------------	--------------

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

Model Year: 2006

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

Engine Size: 425-450

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: 04/28/2007	
Age/Sex: 13/Male	/
State of Death: SC	
City of Death: DILLON	
County of Death: Dillon	

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

A 13-year-old-male was riding a 4-wheeled ATV solo, on a roadway and when he proceeded to turn around, the ATV overturned, ejected the victim and hit him in the head before landing on top of him. The victim was transported to a hospital where he was pronounced DOA. The cause of death is determined to be accidental death by the county coroner.

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: (inches)

Weight:

Sex: Male

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

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

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

00 - Unknown

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

05 - Road (Nothing else known)

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:



I graduated in:

1986	↑
1976	
1966	↓

classmate.com

(b)(3)CP
SA



News Weather Sports News Features Team-15 Community What's On Home

#070430HNE2274 N0740625A 4/30/07

4/29/2007 8:03:03 PM

A 13-year-old Dillon County boy is dead after an accident on his all terrain vehicle.

The accident happened late Saturday afternoon near Latta.

ISSUE; 31

Authorities tell us Ryan Lee, 13, was riding with friends when the accident happened.

The Dillon County Coroner tells us Lee went around a curve and the ATV flipped and landed on top of him.

He was taken to a hospital where he died.

[Return to News](#)



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070501HCC3437

This investigation was based on a Certificate of Death (document #0532015778) that indicated a 30 year old male was killed while driving an Off-Highway Utility Vehicle (OHUV) in a desert location. The information in this report was obtained from the Police Dept. Report (attachment #1), the Coroners Report (attachment #2), and the Manufacturers Internet Web Site (attachments #3 & 4).

The Police Report indicated that at about 7:30 pm to 8:00 pm on 10/25/2005 Victim and a friend/roommate left their residence on the OHUV to drive in the desert at night. It was noted in the Police Report and the Coroners Report that Victim and the friend had consumed alcohol prior to leaving the residence. It was estimated that at about 12:41 am victim drove the OHUV into a wash causing the vehicle to flip forward and partially ejecting Victim. The Report indicated that the friend was pinned under the roll bar but was able to extricate himself, right the vehicle, and place Victim into the OHUV. The friend was reported to have driven Victim to the highway where the 911 emergency number was called. Upon arrival of emergency units Victim was pronounced deceased on the scene at 1:40 am. The report stated that the friend suffered minor injuries but was not transported for medical care.

The Coroners Report confirmed the above information and provided the additional information. Cause of Death was listed as Blunt Force Trauma of the Chest. The Coroners Report also indicated that neither Victim nor the friend were using the seatbelts and Victim was not wearing a helmet. It was stated by the friend that Victim was driving the vehicle when the accident occurred.

PRODUCT INFORMATION

The OHUV involved in this fatal accident was a 2005 Yamaha Rhino 660 made by Yamaha Corporation of America International, 660 Orangethorpe Ave., Buena Park, CA. This vehicle is a golf cart like vehicle having four wheels and two seats with seat belts located side by side. It has a roll bar around the passenger compartment and a cargo area behind the seats. The dimensions were listed as being 112.2 in (L) X 54.1 in. (W) X 73.6 in. (H). Dry weight was listed as being 1,049 pounds. The Reports indicated above reflected that Victims vehicle was green in color.

070501HCC3437

ATTACHMENTS

1. Police Department Report (3 pages)
2. Coroners Report (3 pages)
3. Vehicle Specifications (07 & 06 models) (2 pages)
4. Manufacturers Web Site Photographs (3 pages)

Event Number: 05*025-3517	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised: 5/21/2003	Accident Number: LVMPD-051025-3517
Code Revision:	<input type="checkbox"/> Preliminary Report <input type="checkbox"/> Resubmission <input type="checkbox"/> Hit and Run <input type="checkbox"/> Emergency <input type="checkbox"/> Office Report <input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Supplement Report <input checked="" type="checkbox"/> Private Property	<input type="checkbox"/> Property <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Fatal Agency Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT

Collision Date: 10/25/2005	Time: 2341	Day: TUESDAY	Beat/Sector: 83	County: CLARK COUNTY	City:	Surface: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> Other	Intersection: <input type="checkbox"/> Four Way <input type="checkbox"/> > Four Way <input type="checkbox"/> T <input type="checkbox"/> Y <input type="checkbox"/> Roundabout	Paddle Marker: <input checked="" type="checkbox"/> None <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Both Sides <input type="checkbox"/> Unknown
Mile Marker:	#Vehicles: 1	#Non Motorists: 0	#Occupants: 2	#Fatalities: 1	#Injured: 1	#Restrained: 0		

Occurred On: (Highway # or Street Name) DESERT AREA

At Intersection With: Or: 10 Feet Miles SOUTH Of (Cross Street) STATE ROUTE 150 Approximate

<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural	Access Control: <input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Partial	Total All Lanes:
Roadway Character	Roadway Conditions <input type="checkbox"/> Unknown	Total Thru Lanes	Average Roadway Widths
<input type="checkbox"/> Curve & Grade <input type="checkbox"/> Curve & Hillcrest <input type="checkbox"/> Curve & Level <input type="checkbox"/> Straight & Grade <input type="checkbox"/> Straight & Hillcrest <input type="checkbox"/> Straight & Level	<input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input checked="" type="checkbox"/> Sand/Mud/Oil/Dir/Gravel	Main Road: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5 Cross Road: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5	Travel Lane: Ft. <input checked="" type="checkbox"/> Not Determined <input type="checkbox"/> Relatively Storage/Turn Lane: Ft. <input type="checkbox"/> Level Roadway <input type="checkbox"/> (+) Up Slope <input type="checkbox"/> (-) Down Slope Median: Ft. <input type="checkbox"/> <input type="checkbox"/> Paved Shoulder: Inside Ft. <input type="checkbox"/> Outside Ft. <input type="checkbox"/> Relative To: <input type="checkbox"/> Grade: %

Pavement Markings and Type <input checked="" type="checkbox"/> None	Highway Description	Weather Conditions <input type="checkbox"/> Unknown
Centerline, Broken Yellow Centerline, Solid Yellow Centerline, Double Yellow Lane Line, Broken White Lane Line, Solid White Other	<input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unpro Median <input type="checkbox"/> Two-Way, Divided, Median Barrier <input type="checkbox"/> One-Way, Not Divided <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> Unknown <input type="checkbox"/> Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> Fog, Smog, Smoke, Ash <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Sleet/Hail <input type="checkbox"/> Other

Light Conditions <input type="checkbox"/> Unknown	Vehicle Collision Type <input type="checkbox"/> Unknown	Location of First Event
<input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dark-No Roadway Lighting <input type="checkbox"/> Dark-Spot Roadway Lighting <input type="checkbox"/> Dark-Continuous Roadway Lighting <input type="checkbox"/> Dark-Unknown Roadway Lighting	<input type="checkbox"/> Head On <input type="checkbox"/> Rear End <input type="checkbox"/> Backing <input type="checkbox"/> Angle <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe, Meeting <input type="checkbox"/> Sideswipe, Overtaking <input checked="" type="checkbox"/> Non-Collision	<input type="checkbox"/> Travel Lane <input type="checkbox"/> Turn Lane <input type="checkbox"/> Gore <input type="checkbox"/> Median <input type="checkbox"/> Inside Shoulder <input type="checkbox"/> Outside Shoulder <input type="checkbox"/> Ramp# <input type="checkbox"/> Private Property <input type="checkbox"/> Roadside <input type="checkbox"/> Intersection <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other

Highway/Environment Factors	Property Damage To Other Than Vehicle
<input type="checkbox"/> None <input type="checkbox"/> Weather <input type="checkbox"/> Debris <input type="checkbox"/> Glare <input type="checkbox"/> Shoulders <input type="checkbox"/> Road Obstruction <input type="checkbox"/> Worn Traffic Surface <input type="checkbox"/> Wet, Icy, Snow, Slush <input type="checkbox"/> Ruts, Holes, Bumps <input type="checkbox"/> Active Work Zone <input type="checkbox"/> Inactive Work Zone <input type="checkbox"/> Animal in Roadway <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other Environmental <input type="checkbox"/> Other Highway	Describe: Owner Name and Address: <input type="checkbox"/> Owner Notified

First Harmful Event

Code #	1	Description:	1 OVERTURNED/ROLLOVER
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Describe Other Entries

Description of Accident/Narrative

see page 2

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

11/26/07

Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Time	Elapsed Time
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10/25/2005	2343	0038	0055
Investigator	ID Number	Date	Reviewed By	Date Reviewed	Page		
Robert Holland	3410	10/25/2005	3410 ROBERT HOLLAND	11/9/2005 1:33:19 PM	1 of 3		

Event Number: 051025-3517
Code Revision:

**STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
SCENE INFORMATION SHEET**
Revised: 5/21/2003

Accident Number: LVMPD-051025-3517

Description of Accident/Narrative

ON 10/25/2005 AT 2341 HOURS, A FATAL ATV ROLLOVER OCCURRED IN THE DESERT AREA, APPROXIMATELY 10 MILES SOUTH OF STATE ROUTE 160. [REDACTED] THE DRIVER OF THE 2005 YAMAHA ATV, AND [REDACTED] THE PASSENGER, WERE TRAVELING THROUGH THE DESERT AREA AT NIGHT. ACCORDING TO [REDACTED] DROVE THE ATV INTO A WASH AREA, AS A RESULT, THE ATV FLIPPED FORWARD AND PARTIALLY EJECTED [REDACTED] WAS PINNED UNDER THE ROLL CAGE. [REDACTED] WAS ABLE TO FREE HIMSELF AND RIGHT THE ATV BACK ONTO ITS WHEELS. [REDACTED] PLACED [REDACTED] IN THE ATV AND DROVE TO STATE ROUTE 160 AND CALLED 9-1-1.

RESPONDING MEDICAL UNITS ARRIVED AND REPORTED [REDACTED] HAD DIED AS A RESULT OF HIS INJURIES. [REDACTED] SUFFERED MINOR INJURIES AND WAS NOT TRANSPORTED. LVMPD RESIDENT OFFICER K. FROST WAS DISPATCHED TO THE SCENE TO BEGIN A PRELIMINARY INVESTIGATION. UPON LEARNING THAT THE DRIVER WAS DECEASED, OFFICER FROST REQUESTED THE LVMPD FATAL DETAIL RESPOND.

AT 12:41 A.M., I WAS CONTACTED BY LVMPD DISPATCH AND ADVISED OF THE CALL. I CONTACTED DETECTIVE DENNIS MAGILL AND REQUESTED HE RESPOND TO ASSIST. I ALSO REQUESTED CRIMINALISTICS RESPOND TO PHOTOGRAPH THE SCENE.

UPON MY ARRIVAL, I SPOKE WITH OFFICER FROST AND HE RELATED THE ABOVE DETAILS TO ME. I SPOKE WITH [REDACTED] AND HE SAID [REDACTED] HAD BEEN DRINKING EARLIER IN THE EVENING. THEY LEFT THEIR RESIDENCE AT APPROXIMATELY 7:30 - 8:00 P.M. [REDACTED] SAID THEY HAD A COOLER IN THE BACK OF THE ATV. [REDACTED] SAID [REDACTED] WAS THE DRIVER, BUT THERE WERE NO WITNESSES TO VERIFY HIS STORY. [REDACTED] COULD NOT PROVIDE ME WITH A DEFINITE LOCATION OF THE ROLLOVER. HE SAID HE COULD SEE THE LIGHTS OF THE TOWN OF GOODSPRINGS.

CSA J. SMITH ARRIVED AND PHOTOGRAPHED THE 2005 YAMAHA RHINO 660 ATV. THERE WAS DAMAGE TO THE LEFT FRONT CORNER AND THE LEFT REAR PORTION OF THE HOOD. THE ROLL CAGE WAS BENT ON THE DRIVERS SIDE OVERHEAD CROSSBAR.

CLARK COUNTY CORONER INVESTIGATOR [REDACTED] RESPONDED AND DECLARED THE OFFICIAL TIME OF DEATH AT 1:40 A.M. ON 10/26/2005. I PROVIDED INVESTIGATOR [REDACTED] WITH THE DETAILS OF THE COLLISION. I TOLD HER THERE WOULD BE NO PROSECUTION SINCE THIS ROLLOVER OCCURRED OFF ROAD. UPON COMPLETION OF HER ON-SCENE INVESTIGATION, SHE DIRECTED REPRESENTATIVES OF VALLEY MORTUARY TO PLACE THE DECEDENT ON A CLEAN WHITE SHEET AND INTO A NEW BODY BAG. THE DECEDENT WAS TRANSPORTED TO THE CLARK COUNTY CORONERS OFFICE LOCATED AT 1704 PINTO LANE.

INVESTIGATOR [REDACTED] AND MYSELF RESPONDED WITH URIOSTE TO HIS RESIDENCE TO OBTAIN FAMILY INFORMATION ON [REDACTED]. INVESTIGATOR [REDACTED] NOTIFIED THE MOTHER AND SISTER OF [REDACTED].

ON 10/26/2005 AT 9:30 A.M. [REDACTED] OF THE CLARK COUNTY CORONERS OFFICE, COMPLETED AN EXTERNAL EXAMINATION OF [REDACTED]. [REDACTED] DETERMINED THE IMMEDIATE CAUSE OF DEATH WAS BLUNT FORCE TRAUMA OF CHEST DUE TO A MOTOR VEHICLE COLLISION. THE INJURY OCCURRED AS A RESULT OF "UNRESTRAINED, NON-HELMETED ATV OPERATOR, SINGLE VEHICLE COLLISION". THE MANNER OF DEATH IS LISTED AS ACCIDENT.

Investigator	ID Number	Date	Reviewed By	Date Reviewed	Page

Event Number: 051025-3517		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 5/21/2003		Accident Number: LVMPD-051025-3517	
At Fault <input checked="" type="checkbox"/> Vehicle # 1		# Occupants 2		Agency Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
Vehicle Factors: <input checked="" type="checkbox"/> Unknown		Driver Factors: Unknown <input type="checkbox"/>		Traffic Control <input checked="" type="checkbox"/> Unknown (F=Functioning NF=Not Functioning O=Obstructed)	
<input type="checkbox"/> Fail to Yield Right of Way <input type="checkbox"/> Disregard Control Device <input type="checkbox"/> Too Fast for Conditions <input type="checkbox"/> Exceeding Speed Limit <input type="checkbox"/> Wrong Way/Direction <input type="checkbox"/> Mechanical Defect <input type="checkbox"/> Drove Left of Center <input type="checkbox"/> Fail to Maintain Lane <input type="checkbox"/> Aggressive/Reckless/Careless		<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Hit and Run <input type="checkbox"/> Road Defect <input type="checkbox"/> Object Avoidance <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Following Too Close <input type="checkbox"/> Unsafe Lane Change <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Over Correct Steering		<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Drug Involvement <input type="checkbox"/> Apparently Fatigued/Sleep <input type="checkbox"/> Obstructed View <input type="checkbox"/> Driver Ill/Injured <input type="checkbox"/> Other Improper Driving <input type="checkbox"/> Driver Inattention/ Distracted <input type="checkbox"/> Physical Impairment	
<input type="checkbox"/> NF O <input type="checkbox"/> Speed Zone <input type="checkbox"/> Signal Light <input type="checkbox"/> Flashing Light <input type="checkbox"/> School Zone <input type="checkbox"/> Ped. Signal <input type="checkbox"/> No Passing <input type="checkbox"/> No Controls <input type="checkbox"/> Warning Sign		<input type="checkbox"/> NF O <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Sign <input type="checkbox"/> R.R. Gates <input type="checkbox"/> R.R. Signal(1) <input type="checkbox"/> Marked Lanes <input type="checkbox"/> Tire Chains/Snow Req <input type="checkbox"/> Other: (2)		Direction of Travel: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Highway/Street Name: DESERT AREA		Travel Lane#		CDL <input checked="" type="checkbox"/> License Valid	
Compliance <input type="checkbox"/> Restrict <input type="checkbox"/> Endorse		OLN: D00775107		State: <input type="checkbox"/> NV AZ License Status: 0	
Endorsements		Restrictions		Speed Estimate: From: To: Limit:	
<input checked="" type="checkbox"/> Driver Last Name: First Name: Middle: Suffix: DOB: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk:		Street Address:		Transported To: 1 Person Type	
City: State: <input checked="" type="checkbox"/> NV Zip:		By: <input type="checkbox"/> EMS <input type="checkbox"/> Not Trans. <input type="checkbox"/> Unknown <input type="checkbox"/> Police <input checked="" type="checkbox"/> Other VALLEY MORTUARY		2 Occupant Restraints 01 Seating Position	
Last Name: First Name: Middle: Suffix: DOB: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk:		Street Address:		2 Injury Severity 9 Injury Location	
City: State: <input checked="" type="checkbox"/> NV Zip:		By: <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Trans.		1 Airbags 1 Airbag Switch	
Yeh. Yr.: 2005 Make: YAMAHA Model: RHINO 660 Type: UT-UTILITY Plate/Permit Number: NONE State: Exp.: Color: GREEN VIN: 5Y4AM04Y55A018964		Registered Owner Name: (Same as) Insured/Company: NONE Policy Number: Effective:		2 Ejected 0 Trapped	
R.O. Address: Trailing Unit 1 VIN: Plate # State Type		Company Address: Trailing Unit 2 VIN: Plate # State Type		Trailing Unit 3 VIN: Plate # State Type	
1st Contact		Damaged Areas		Extent of Damage <input type="checkbox"/> None <input type="checkbox"/> Unk. <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Total	
		<input type="checkbox"/> Front <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side <input type="checkbox"/> Rear		<input type="checkbox"/> Right Front <input type="checkbox"/> Right Rear <input checked="" type="checkbox"/> Top <input type="checkbox"/> Under Carriage	
<input type="checkbox"/> Override <input type="checkbox"/> Under Ride		Vehicle Towed: <input checked="" type="checkbox"/> By: QUALITY TOWING Removed To:		Code # Sequence of Events Description Collision with Fixed Object Most Harmful Event	
1st 1 OVERTURNED/ROLLOVER					
2nd					
3rd					
4th					
5th					
Vehicle Action <input type="checkbox"/> Unknown		Vehicle Configuration		Comm. Veh. <input type="checkbox"/> School Bus	
<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Backing <input type="checkbox"/> Left Turn <input type="checkbox"/> Right Turn <input type="checkbox"/> Wrong Way <input type="checkbox"/> Other		<input type="checkbox"/> Parked <input type="checkbox"/> U-Turn <input type="checkbox"/> Lane Change <input type="checkbox"/> Passing <input type="checkbox"/> Driverless Veh <input type="checkbox"/> Leaving Parked		<input type="checkbox"/> Entering Lane <input type="checkbox"/> Leaving Lane <input type="checkbox"/> Stopped <input type="checkbox"/> Racing <input type="checkbox"/> Other Turning <input type="checkbox"/> Enter Parked(L)	
<input type="checkbox"/> Bus, 9-15 Occupants <input type="checkbox"/> Bus, >15 Occupants <input type="checkbox"/> Single 2 Axle & 6 Tire <input type="checkbox"/> Single >= 3 Axle <input type="checkbox"/> Any 4 Tire Vehicle		<input type="checkbox"/> Tractor Only <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Tractor/Doubles <input type="checkbox"/> Tractor/Triples		<input type="checkbox"/> Tractor/Semi-Trailer <input type="checkbox"/> Pass. Veh. (Haz-Mat) <input type="checkbox"/> Light Truck (Haz.Mat) <input type="checkbox"/> Other Heavy Vehicle <input type="checkbox"/> Truck with Trailer	
Carrier Name: Power Unit GVWR: <input type="checkbox"/> <= 10,000 Lbs <input type="checkbox"/> 10,001-26,000 Lbs <input type="checkbox"/> >26,000 Lbs		Carrier Street Address: City: State: Zip:		<input type="checkbox"/> Haz-Mat <input type="checkbox"/> Released	
Cargo Body Type <input type="checkbox"/> Unknown		Placard #: <input type="checkbox"/> ICC MC <input type="checkbox"/> Single State <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> Canada <input type="checkbox"/> Mexico		NAS Safety Report #	
<input type="checkbox"/> Pole <input type="checkbox"/> Tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Other		<input type="checkbox"/> Van/Box <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Carrier <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Not Applicable		Number:	
<input type="checkbox"/> Grain, Gravel Chips <input type="checkbox"/> Bus, 9-15 Occupants <input type="checkbox"/> Bus, >15 Occupants		Violation		Suspected Impairment Alcohol <input type="checkbox"/> Unknown <input type="checkbox"/> Drugs	
<input type="checkbox"/> NRS <input type="checkbox"/> CFR <input type="checkbox"/> CC/MC <input type="checkbox"/> Pending		NOC Citation Number		Method of Determination <input type="checkbox"/> Driver Admission	
<input type="checkbox"/> NRS <input type="checkbox"/> CFR <input type="checkbox"/> CC/MC <input type="checkbox"/> Pending		NOC Citation Number		<input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Urine Test	
Investigator: Robert Holland ID Number: 3410 Date: 10/25/2005		Reviewed By: 3410 ROBERT HOLLAND Date Reviewed: 11/9/2005 1:33:19 PM		Preliminary Breath Blood Test Test Results: 0.12	
Page: 3 of 3					

Clark County Coroner's Office
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



REPORT OF INVESTIGATION
Coroner Case

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) (b)(3):CPSA Section 25(c),(b)(6)		AKA		CASE NUMBER 05-08218	
	INVESTIGATOR (b)(3):CPSA Section 25(c),(b)(6)		REPORTED BY Dispatch	REPORTING AGENCY Las Vegas Metropolitan Police Departm		REFERENCE NUMBER 051025-3517
	CALL DATE AND TIME 10/26/2005 1:00:00 AM		DISPATCH DATE AND TIME 10/26/2005 1:00:00 AM	ARRIVAL DATE AND TIME 10/26/2005 1:35:00 AM		RETURN DATE AND TIME 10/26/2005 3:55:00 AM
	DATE AND TIME OF DEATH 10/26/2005 1:40:00 AM		AGE 30 Yrs	GENDER Male	RACE Caucasian	VET? <input type="checkbox"/>
DECEDENT	RESIDENT COUNTY Clark		TELEPHONE NO. (b)(3):CPSA Section 25(c),(b)(6)	DATE OF BIRTH		
	SOCIAL SECURITY NO. 530-51-7491	DRIVER'S LIC. NO. AND STATE D00775107 AZ	OCCUPATION		EMPLOYER	
	MARITAL STATUS Single	HEIGHT 71	WEIGHT 200	EYE COLOR Brown	HAIR COLOR Brown	
	CLOTHING Blue denim pants, black belt, plaid boxer underwear, blue shirt, black shirt, white socks and 1 black shoe.			SCARS/TATTOOS/MARKS None noted/ Sun with face on upper middle back/ None noted		
	LOCATION OF DEATH State Route 160, Mile Marker #17 AT RESIDENCE <input type="checkbox"/>					
	ADDRESS (STREET, CITY, STATE, ZIP) Rural Las Vegas , NV			COUNTY Clark		
DEATH	<input checked="" type="checkbox"/> PRONOUNCED BY (b)(3):CPSA Section 25(c),(b)(6)		AGENCY Clark County Coroner Office			
	LOCATION OF INCIDENT Desert area, approx. 10 miles south of SR #160 AT WORK <input type="checkbox"/>					
	ADDRESS (STREET, CITY, STATE, ZIP) Rural Clark County , NV			COUNTY Clark		
INCIDENT	DATE AND TIME OF INCIDENT 10/25/2005 11:41:00 PM		INVESTIGATING AGENCY Las Vegas Metropolitan Police Department		OFFICERS Fatal Det. Holland	
	LEGAL NEXT OF KIN (b)(3):CPSA Section 25(c),(b)(6)		RELATIONSHIP Mother		TELEPHONE NO. (b)(3):CPSA Section 25(c),(b)(6)	
	NOTIFIED BY (b)(3):CPSA Section 25(c),(b)(6)		METHOD Telephone		DATE AND TIME 10/26/2005 2:50:00 AM	
	NAME OF PERSON NOTIFIED (b)(3):CPSA Section 25(c),(b)(6)		RELATIONSHIP Mother		TELEPHONE NO. (b)(3):CPSA Section 25(c),(b)(6)	
NOTIFICATION	IDENTIFIED BY (b)(3):CPSA Section 25(c),(b)(6)		METHOD Viewing		DATE AND TIME 10/26/2005 2:00:00 AM	
	TRANSPORTED TO MORGUE BY (b)(3):CPSA Section 25(c),(b)(6)		TRANSPORTED TO MORTUARY BY Valley Funeral Home			
	FUNERAL HOME		PROPERTY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
DISP	TYPE OF EXAM External exam		EXAM BY (b)(3):CPSA Section 25(c),(b)(6)			
	DECEDENT WAS <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Skateboard <input type="checkbox"/> Motorized Wheelchair					
VEHICULAR	VEHICLE Yamaha Rhino 660 ATV				LICENSE NUMBER	STATE
	OCURRED ON PRIVATE PROPERTY Unknown	DECEDENT WEARING SEATBELT? No	SEAT POSITION Driver		DECEDENT WEARING CRASH HELMET? No	

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



REPORT OF INVESTIGATION

Case Number: 05-08218

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

DATE OF BIRTH: 11/3/1974

ALSO KNOWN AS:

AGE: 30

LOCATION OF DEATH: State Route 160, Mile Marker #17

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

DATE OF DEATH: 10/26/2005

TIME OF DEATH: 1:40AM

SUMMARY OF INVESTIGATION

Reason for Coroner Jurisdiction:

Las Vegas Metropolitan Police Department (LVMPD)-all terrain vehicle (ATV) accident fatality.

Circumstances of Death:

No prosecution. On 10/25/05, the decedent and his friend/roommate left their residence on the ATV at approximately 1930 hours after consuming several beers. The decedent was the unrestrained driver of the ATV and he was not wearing a helmet. The friend was in the passenger seat when the decedent drove into a desert wash and the ATV rolled ejecting both occupants. The decedent was unresponsive and his friend put him in the ATV and drove to the nearest paved road seeking help, arriving at approximately 2340 hours. Emergency Medical Services (EMS) arrived and found the decedent to be beyond resuscitation therefore no aid was rendered. I pronounced death on 10/26/05 at 0140 hours.

Medical History:

The decedent's medical history is unknown.

Scene:

This incident occurred in the desert area, approximately 10 miles south of State Route 160 in rural Clark County. The decedent was driven out from the incident location to State Route 160, Mile Marker 17, in rural Clark County.

The all terrain vehicle (ATV) was a green 4x4 Yamaha Rhino 660. This ATV was a golf cart like vehicle with 4 wheels and two front seats with seatbelts. There was damage noted to the left front plastic above the left front tire area. This ATV was parked on the paved road that turned to dirt alongside State Route 160. The decedent was lying on the ground next to the ATV.

Body:

I viewed a Caucasian male lying supine on the ground with his head directed to the north. The decedent was clothed in blue denim pants, a black belt, gray plaid boxer underwear, a blue shirt, a black shirt, white socks and one black shoe on his left foot. There was apparent blood noted in his left nostril. There was an abrasion noted to his left eyelid, the left side of his face and to the right upper forehead area. There was an open wound noted to his great right toe with apparent blood on his foot and ripped sock. There was a tattoo of a sun with an angry facial expression noted to his upper middle back. There were no significant scars noted.

Dissemination is restricted.

Secondary dissemination of this document is prohibited.

Signature

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

Investigator

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



REPORT OF INVESTIGATION

Case Number: 05-08218

The decedent's skin was cold to the touch with no rigor mortis present. Blanching positional lividity was noted. I found no signs of life and pronounced death on 10/26/05 at 0140 hours.

The decedent was removed and transported to Clark County Coroner Office (CCCO) by Valley Mortuary per rotation.

Property:

Property Receipt #84108 shows that property was taken and later released per the request of the legal next of kin.

Forensic Issues and Reasons for Seal:

Multiple abrasions and contusions.

Witnesses and Information Sources:

LVMPD Fatal Detail Det. Holland

(b)(3):CPSA
Section 25(c),(b)(6) friend
, sister
mother

Narrative:

Today, 10/26/05, at approximately 0100 hours, I received a call of an apparent death occurring at State Route 160, at Mile Marker 17, in rural Clark County, Nevada. The call was reported by the Las Vegas Metropolitan Police Department (LVMPD) Dispatch Center and I responded at approximately 0105 hours.

Upon my arrival, at approximately 0135 hours, I met with LVMPD Fatal Det. Holland who provided me with the circumstances surrounding this incident. The decedent's friend/roommate, (b)(3):CPSA Section 25(c),(b)(6) was also present at the scene. He advised me that they were not wearing the seatbelts and that the decedent was not wearing a helmet when this incident occurred. He further advised me that the decedent was not married and he did not have any children. I later went to the decedent's residence to obtain the decedent's next of kin information.

I spoke on the telephone with the decedent's sister, (b)(3):CPSA Section 25(c),(b)(6) who stated that she would contact their mother and advise her of the decedent's demise. I spoke on the telephone with the decedent's mother, (b)(3):CPSA Section 25(c),(b)(6) and provided her with the necessary information regarding this case. She also gave permission for the decedent's property to be left with his roommate.

Special Requests:

None

Tissue/Organ Donation:

Nevada Donor Network (NDN) protocol followed.
DMS

*Dissemination is restricted.
Secondary dissemination of this document is prohibited.*

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



OUTDOORS

MODELS | ACCESSORIES | APPAREL & GEAR | PARTS & SERVICE | NEWS & EVENTS | EXTENDED SERVICE

MODELS

Utility ATV
Side x Side
Generator

2007 Rhino 660 Auto. 4x4

[Model Home](#) | [Features](#) | [Specifications](#) | [Gallery](#) | [Head to Head](#) | [Accessories](#) | [Build Your Own](#)



2007 Rhino 660 Auto. 4x4



2005 Rhino 660 Auto. 4x4

-Choose Comparison Model-

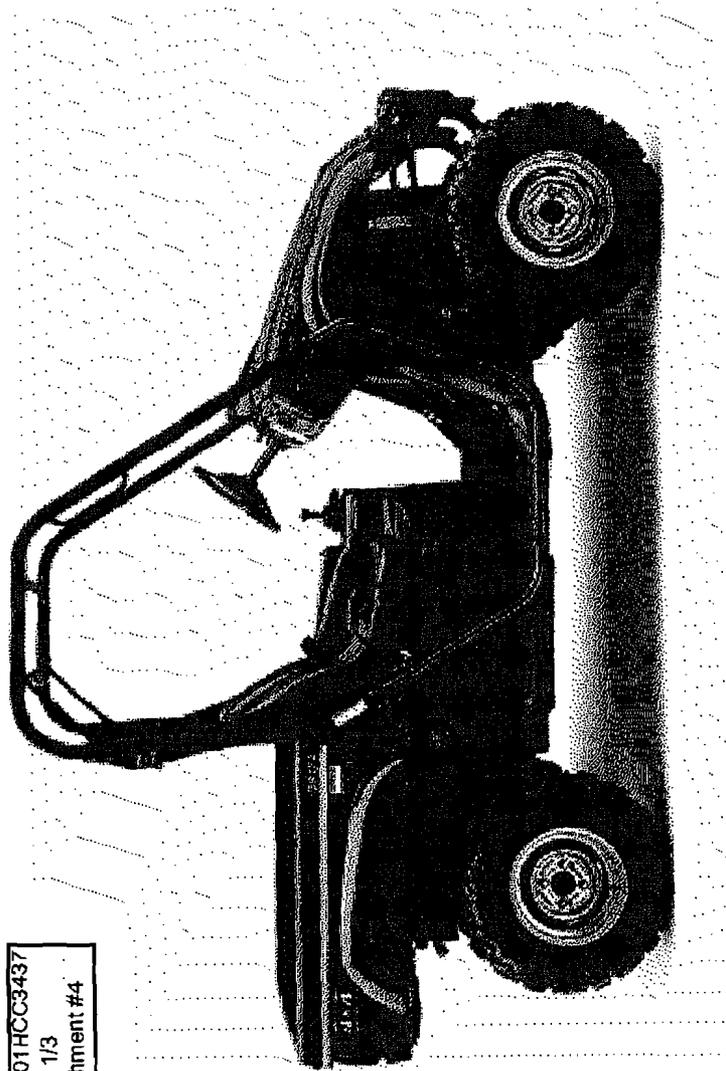
Engine	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Bore x Stroke	100mm x 84mm	100mm x 84mm
Carburetion	Mikuni 42mm BSR	Mikuni 42mm BSR
Compression Ratio	9.1:1	9.1:1
Drive Train	Yamaha On-Command® pushbutton 3-way locking differential, 2WD, 4WD, locked 4WD; Shaft	Yamaha On-Command® push button locking differential, 2WD, 4WD, Shaft
Engine Braking	All Wheel	Spec Not Available
Ignition	DC - CDI	DC - CDI
Starting System	Electric	Electric
Transmission	Yamaha Ultramatic® V-Belt /H, L, N, R	Yamaha Ultramatic® V-Belt with engine braking / High,Low,Neut
Type	660cc liquid-/oil-cooled w/fan, SOHC four-stroke; 5-valve	660cc, 4-Stroke Single, Liquid/C Fan, 5-Valve SOHC
Chassis	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Brakes/Front	Dual hydraulic disc, twin pistons	Dual Hydraulic Disc, Twin Piston
Brakes/Rear	Hydraulic disc, self-adjust parking system, shaft mounted	Hydraulic Disc, Self adjust parki Shaft Mounted
Suspension/Front	Independent double wishbone, 7.3" travel w/5-way preload adjustment	Independent Double Wishbone, way Preload Adjustment.
Suspension/Rear	Independent double wishbone, 7.3" travel w/5-way preload adjustment	Independent Double Wishbone, way Preload Adjustment.
Tires/Front	AT25x8-12 NHS	25 x 8-12 NHS
Tires/Rear	AT25x10-12 NHS	25 x 10-12 NHS

Dimensions	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Bed Capacity	400 lb.	400 Lbs.
Dry Weight	1049 lb.	1,049 Lbs.
Fuel Capacity	7.9 gal.	8.5 Gallons
Ground Clearance	12.1"	12.1"
L x W x H	113.6" x 54.5" x 73.0"	112.2" x 54.1" x 73.6"
Towing Capacity	1212 lb.	1,212 Lbs.
Turning Radius	153.5"	153.5"
Wheelbase	75.2"	75.3"

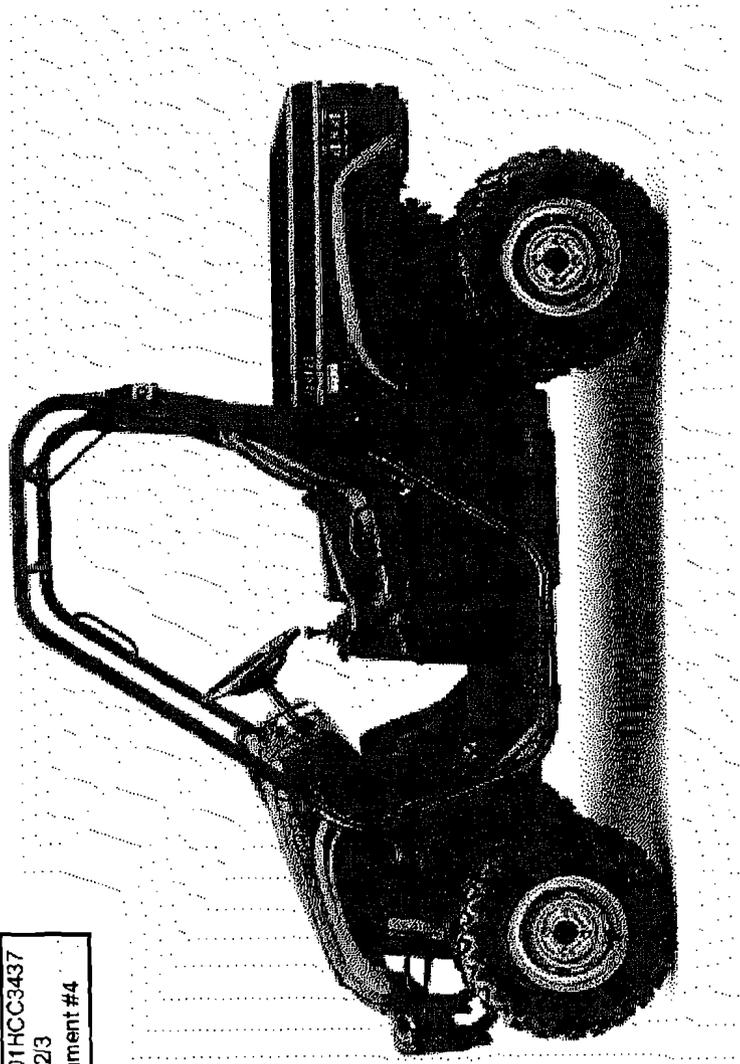
Other	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Colors	Spec Not Available	Hunter Green; Realtree Hardwood Definition Camouflage
DC Outlet	Standard	Standard
Instrumentation	Digital LCD, multifunction display, fuel gauge, speedometer, odometer, dual trip, hour meter, clock and gear position	Fuel sight gauge, 4WD Indicator
Lighting	Dual 30W Krypton multireflector headlights & dual 21/5W brake light	Dual 30W Krypton Multi-reflecto & Dual 21/5W Brake light
Warranty	6 Month (Limited Factory Warranty)	6 Month (Limited Factory Warra
	\$9,799 (Hunter Green) Available from September 2006	\$8,999 (Green) \$9,449 (RealTre Hunter Edition)
MSRP*	\$9,799 (Red) Available from September 2006 \$10,249 Hunter (Hardwoods HD Camo) Available from September 2006	

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



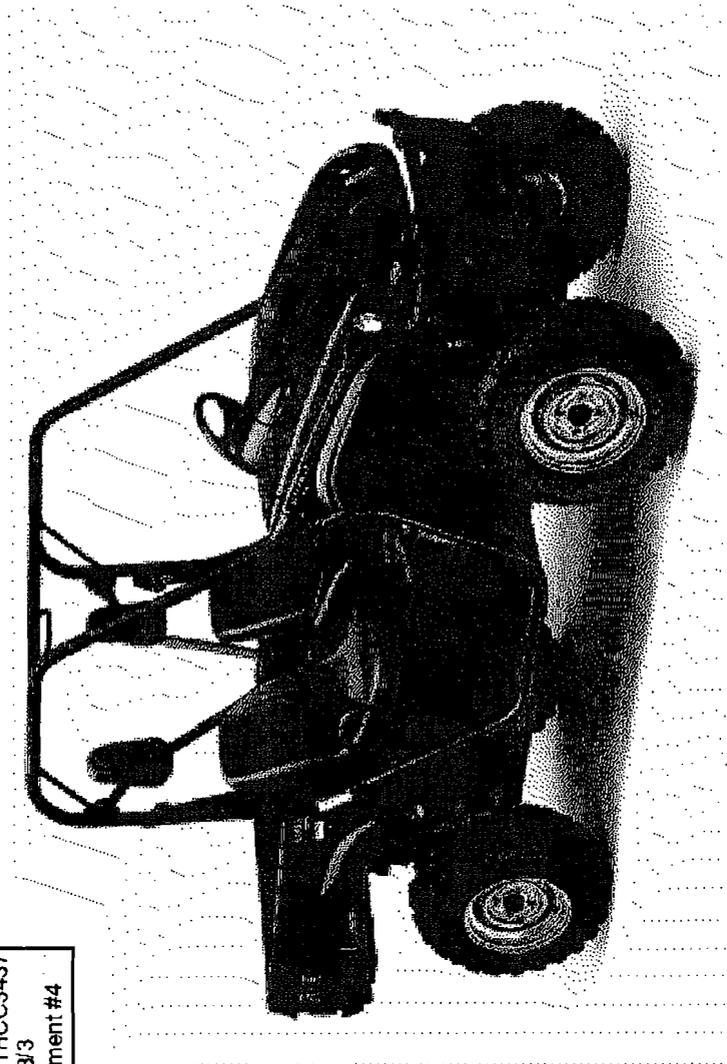


07050THCC3437
page 1/3
attachment #4



070501HCC3437
page 2/3
attachment #4

070501 HCC3437
page 3/3
attachment #4



Task Number 070501HCC3437

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

Type of respondent: Coroner's Office
Other, specify:

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

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

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

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

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

Model: rhino 660 4x4 / VIN: 5Y4AM04Y55A018964

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

Model Year: 2005

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

Engine Size: 625-650

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

Death #1	Death #2
Date of Death: 10/26/2005	
Age/Sex: 30/Male	/
State of Death: NV	
City of Death: RURAL CLARK COUNTY	
County of Death: clark	

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

Victim, a 30 yr. old male, was driving an off-road utility vehicle in a rural area in the evening with a friend. Victim drove into a desert wash causing the vehicle to overturn, ejecting both passengers. Neither was reported to be wearing helmets or using the seatbelts in the vehicle. Victim was driven to a paved road by the friend and then transported via ambulance to a local hospital where Victim was pronounced deceased at 1:40 am on 10/26/2005. Alcohol had been used prior to the accident.

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: 30 Height: 71 (inches)
Weight: 05 = 200 - 249 Sex: Male

1. Task Number 070531HWE5952		2. Investigator's ID 9080		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2007 05 27	5. Date Initiated YR MO DAY 2007 06 15		
6. Synopsis of Accident or Complaint UPC A 13-year-old, female victim was driving a four-wheel, all-terrain vehicle (ATV) when she lost control of it. The ATV rolled over and landed on top of her. She died as a result of injuries she received during this incident. The victim sustained fatal abdominal trauma and died after being transported by air to a trauma hospital. <div style="text-align: right;"> MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input type="checkbox"/> EXCISIONS/FOIA EXS. _____; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 08113GO </div>				
7. Location (Home, School, etc) 0 - UNKNOWN		8. City SABINE PARISH		9. State LA
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name UNKNOWN		10C. Model Number RHINO
10D. Manufacturer Name and Address UNKNOWN				
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 59 - Laceration	
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) 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				
24. Review Date 06/27/2007	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N0750609A	

PAGE 03/03
 PAGE 1
 FAMILY MEDICAL CENTER
 06/20/2007 09:37
 3182556237
 RON RIVERS 3186452916
 05-20-2007 17:34

Form # BPC-9-96

Sabine Parish Coroner

Warren Founds, M.D.
 395 South Capital St.
 Many, LA 71449

Ron Rivers
 Investigator

Date of Investigation May 28, 2007		Time of Investigation 7:50 AM		Date Expired 05-27-07		Time Expired 10:50 PM	
Name - First (b)(3) CPSA Section 25(c),(b)(6)		Middle		Last			
Address (b)(3) CPSA Section 25(c),(b)(6)				City		State	
Race W	Sex F	Date of birth (b)(3) CPSA Section 25(c)	Age 13	Phone (b)(3) CPSA Section 25(c),(b)(6)			
Social Security Number		Driver's License Number		State			
Family Physician UNKNOWN		Address / Hospital					
Next of Kin (b)(3) CPSA Section 25(c),(b)(6)		Relationship MOTHER		Phone (b)(3) CPSA Section 25(c),(b)(6)			
Address (b)(3) CPSA Section 25(c),(b)(6)		City		State			
Law Enforcement Agency NOT ANY		Detective/Officer					
Valuables (List & Describe) 1) UNKNOWN 5) 2) 6) 3) 7) 4) 8)							
Current Medications 1) UNKNOWN 5) 2) 6) 3) 7) 4) 8)							
Manner Of Death							
Natural		<input checked="" type="checkbox"/> Accident		Suicide		Homicide	
Pending Investigation				Undetermined			
Place Of Death LSU HOSPITAL							
Address PICU		City SHREVEPORT		State LA			

Narrative Summary (b)(3) CPSA WAS THE OPERATOR OF A RHINO ATV WHICH WAS INVOLVED IN A SINGLE VEHICLE ACCIDENT. SUBJECT OVER CORRECTED THE ATV CAUSING IT TO ROLL OVER PINNING SUBJECT UNDERNEATH THE STEERING WHEEL (b)(3) CPSA Sec WAS REMOVED AND TRANSPORTED TO SABINE MEDICAL CENTER BY MED EXPRESS WHERE SHE WAS EVENTUALLY AIR LIFTED TO LSU IN SHREVEPORT (b)(3) CPSA Se EXPIRED IN THE PICU AS A RESULT OF ABDOMINAL TRAUMA. LISTED IN THE TRAUMA WERE A LACERATED LIVER, KIDNEY, AND SPLEEN. DEATH RULED AS ACCIDENT.

From
LSU PICU

To
(b)(3) CPSA Section 25(c),(b)(6)
MOSS BLUFF, LA.

Signature: Coroner/ Investigator
(b)(3) CPSA Sect DEPUTY CORONER

Notes
 MVA
 Lacerations Spleen
 liver & kidney.

Task Number 070531HWE5952

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: 13/Female	/
State of Death: LA	
City of Death: SHREVEPORT	
County of Death: CADDO PARISH	

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

A 13 year old female was driving a UTILITY VEHICLE when she lost control of it. The VEHICLE rolled over and landed on top of her. She died as a result of injuries she received during this incident.

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: (inches)

Weight:

Sex: Female

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

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

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

09 - Non-paved road

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

05 - Road (Nothing else known)

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

Police report not available.

SOURCE DOC: N0750609A (CANNOT BE SAVED TO ATVD BECAUSE PRODUCT CODE = 5044).

ISSUE; 35

Teen dies in ATV accident
Sabine Parish, LA.

05/29/2007

MANY (AP) -- A 13-year-old Lake Charles girl has died of injuries received in an ATV accident in south Sabine Parish.

Deputy Coroner (b)(3)CPSA said (b)(3)CPSA died Sunday night from abdominal trauma caused by injuries sustained in the rollover accident.

(b)(3)CPSA who was with family in the Little Flock community, was accompanied by two friends on a Yamaha Rhino 4-by-4 as they traveled down a gravel dirt road.

The ATV ran over a bump on the right, which caused (b)(3)CPSA to take a hard left turn. (b)(3)CPSA said the off-road vehicle zoomed across the road and overturned in the ditch.

(b)(3)CPSA S was pinned underneath the steering wheel, authorities said.

All three who had been aboard the ATV were taken to Sabine Medical Center in Many. (b)(3)CPSA was airlifted to LSU Hospital in Shreveport but doctors and nurses could not save her.
