

<b>1. Task Number</b> 080911HCC3891		<b>2. Investigator's ID</b> 9086		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 840	<b>4. Date of Accident</b> YR MO DAY 2007 09 30	<b>5. Date Initiated</b> YR MO DAY 2008 09 16		
<b>6. Synopsis of Accident or Complaint</b> <b>UPC</b>  The victim is a 19-year-old male who was a passenger, standing on the rear bed of a 4-wheeled utility vehicle, holding onto a roll bar while riding. The driver of this utility vehicle collided with a pickup truck which was going 40 mph. The victim was ejected and died at the scene from his injuries.  <b>MFR/PRVLBB NOTIFIED</b>  COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED  <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 259; 6  <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY  <i>5/18/09</i>				
<b>7. Location (Home, School, etc)</b> 9 - SPORTS OR RECREATION PLACE		<b>8. City</b> VICTORVILLE	<b>9. State</b> CA	
<b>10A. First Product</b> 5044 - Utility Vehicles		<b>10B. Trade/Brand Name</b> YAMAHA		<b>10C. Model Number</b> RHINO
<b>10D. Manufacturer Name and Address</b> YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
<b>11A. Second Product</b> 0		<b>11B. Trade/Brand Name</b> NONE		<b>11C. Model Number</b> NONE
<b>11D. Manufacturer Name and Address</b> NONE				
<b>12. Age of Victim</b> 19	<b>13. Sex</b> 1 - Male	<b>14. Disposition</b> 8 - Death		<b>15. Injury Diagnosis</b> 62 - Intern. Org. Inj.
<b>16. Body Part(s) Involved</b> 31 - UPPER TRUNK	<b>17. Respondent</b> 3 - 2nd Hand Info Only	<b>18. Type of Investigation</b> 2 - Telephone		<b>19. Time Spent (Operational / Travel)</b> 9 / 0
<b>20. Attachment(s)</b> 9 - Multiple Attachments		<b>21. Case Source</b> 14 - Death Certificate		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
<b>24. Review Date</b> 10/28/2008	<b>25. Reviewed By</b> 9087		<b>26. Regional Office Director</b> Frank J. Nava	
<b>27. Distribution</b> Streeter, Robin			<b>28. Source Document Number</b> 0706096398	

080911HCC3891

This incident occurred on 09-30-07, and involved a 19 year old male victim and a four wheeled, off-road utility type vehicle being used recreationally in a recreational area near Victorville, CA. All of the information comes from the medical examiner's office. The report is appended as Exhibit 1.

On the day of the incident, victim was in a utility vehicle as a rear passenger and was standing upright in the bed of the utility vehicle holding onto the roll bar that was traveling about 20 miles per hour when it collided with an off road pickup truck that was traveling at about 40 miles per hour. Victim was ejected from the bed of the utility vehicle he was in and was found supine by fire personnel. Victim was down 30 minutes before fire personnel reached him and could not resuscitate him. There was right side chest trauma, abdominal distention and rigidity and abrasions to victim's back. Victim was pronounced dead at 0220 on 9-30-08. It was further reported that there was possible alcohol use by both drivers involved.

The records indicate that the cause of death was multiple blunt force injuries.

## **PRODUCT**

The product is a green 2005 Yamaha Rhino Utility Vehicle not further identified.

## **EXHIBITS**

1. San Bernardino Medical Examiners Report
2. Missing documents
3. Contact Sheet

**San Bernardino County Sheriff - Coroner Division**  
**Coroner Investigation**

# 080911HCC3891

Exh. 10/15

1	MODE: <b>Accident</b>	CASE #: <b>700707349</b>
	STATUS: <b>Post</b>	DEPUTY: <span style="border: 1px solid black; padding: 2px;"> </span> 080911HCC3891 Exh. 1

**CASE INFO**

REPORTED BY: <span style="border: 1px solid black; padding: 2px;"> </span>	AGENCY: <b>San Bernardino County Communication Ce</b>	DATE: <b>09-30-07</b>	TIME: <b>0258</b>
NEWS RELEASE: <b>****</b>	NAME RELEASEABLE: <b>****</b>	ROLL-OUT: <b>Yes</b>	# OF PHOTO: <b>***</b>
MEDIUM: <b>****</b>		SPECIAL CIRCUMSTANCES: <b>None</b>	

**DECEDENT INFO**

1. NAME (FIRST): <span style="border: 1px solid black; padding: 2px;"> </span>			2. (MIDDLE): <span style="border: 1px solid black; padding: 2px;"> </span>			3. (LAST): <span style="border: 1px solid black; padding: 2px;"> </span>		
AKA: <span style="border: 1px solid black; padding: 2px;"> </span>			DOB TYPE NUMBER: <span style="border: 1px solid black; padding: 2px;"> </span>			PHONE: <b>****</b>		
20. ADDRESS: <b>****</b>					21. CITY: <b>Murrieta</b>		22. STATE: <b>CA</b>	23. ZIP: <b>92563</b>
6. SEX: <b>Male</b>	7. RACE: <b>White</b>		# DOB: <span style="border: 1px solid black; padding: 2px;"> </span>	8. AGE: <b>19 yrs</b>	9. RELATED CASE NUMBERS: <b>N/A</b>			
10. BODY TAG #: <span style="border: 1px solid black; padding: 2px;"> </span>		11. TOE TAG: <b>24059</b>		12. SEX: <b>****</b>	13. HEIGHT: <b>68.0 in</b>	14. WEIGHT: <b>125.0 lbs</b>	15. HAIR: <b>Brown</b>	16. EYES: <b>Brown</b>
17. DRIVER'S LIC. #: <b>****</b>		18. STATE: <b>CA</b>	19. HOW IDENTIFIED: <b>CDL</b>					

**LEGAL NEXT OF KIN**

NAME: <span style="border: 1px solid black; padding: 2px;"> </span>		RELATIONSHIP: <b>Mother</b>		MOTHER'S DOB: <span style="border: 1px solid black; padding: 2px;"> </span>		DATE KNOWN: <b>09-30-07 0534</b>		NOTIFIED BY: <b>Notification to father</b>	
ADDRESS: <b>****</b>					CITY: <b>Murrieta</b>		STATE: <b>CA</b>	ZIP: <b>92563</b>	
PHONE: <b>****</b>			OTHER NEXT OF KIN INFO: <span style="border: 1px solid black; padding: 2px;"> </span>						
ALTERNATE PHONE #: <b>****</b>									

**PLACE/DEATH OCCURRED**

7. DATE: <b>09-30-07</b>		<input type="checkbox"/> FND	<input type="checkbox"/> ABT	<input type="checkbox"/> EST	8. TIME: <b>0220</b>		<input type="checkbox"/> FND	<input type="checkbox"/> ABT	<input type="checkbox"/> EST	9. DAY OF DEATH: <b>Sunday</b>		10. PRONOUNCED BY: <b>San Bernardino County Fire, ME #111</b>	
11. PLACE OF DEATH: <b>Open Desert</b>						12. PERSON DOA: <span style="border: 1px solid black; padding: 2px;"> </span>			13. FACILITY TRAIL HOSPITAL: <b>Other</b>				
14. FACILITY ADDRESS OR LOCATION WHERE FOUND: <b>3.5 miles N/E of Camp Rock Rd, Anderson Dry Lake</b>								15. CITY: <b>Lucerne</b>					

**MEDICAL**

TRANSPORTED FROM scene: <span style="border: 1px solid black; padding: 2px;"> </span>	ADMITTED TO: <b>Fire Station #</b>	DATE: <span style="border: 1px solid black; padding: 2px;"> </span>	TIME: <span style="border: 1px solid black; padding: 2px;"> </span>	MED REC ORDERED: <b>No</b>	MED REC: <span style="border: 1px solid black; padding: 2px;"> </span>	BLOOD ORDERED: <b>Not Available</b>
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**INVESTIGATIVE SUMMARY** **ADDITIONAL NARRATIVE ATTACHED**  YES  NO

  was the right rear passenger in an ATV Rhino. Per witnesses,   was standing upright in the bed of the Rhino that was traveling at approximately 20 miles per hour when it collided with a off road **Toyota** pickup that was traveling at approximately 40 miles per hour.   was ejected from the Rhino and was found supine by Fire personnel. Cardiopulmonary resuscitation was discontinued due to a prolonged down time of 30 minutes. Trauma to the body consisted of dried blood from the nose and mouth, right sided chest trauma, abdominal distention and rigidity and abrasions to the back.

<input checked="" type="checkbox"/> REVIEWED BY: <b>Emon</b> <b>11-12-07 2314</b>		<b>NOTE TO PATHOLOGY</b>	
RETURNED: <input type="checkbox"/> CORRECTIONS REQ			
		<input type="checkbox"/> FOLLOW UP REQ	

**San Bernardino County Sheriff - Coroner Division**  
**Coroner Investigation**

080911HCC3891 Exh 1  
(2015)

<b>2</b>	MODE	Accident	CASE #	700707349	080911HCC3891 Exh. 1
	STATUS	Post	DEPUTY		

**CAUSE OF DEATH**

107 CAUSE (A) Multiple Blunt Force Injuries.	TIME INTERVAL Minutes	108 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
109 DUE TO (B)		110 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
109 (C)		AUTOPSY # A0754-07 ST
109 (D)		INDICENT #

112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107  
 None

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION & DATE.  
 YES  NO DESCRIBE

ATTENDING PHYSICIAN	PHONE	DATE LAST ATTENDED	CAUSE GIVEN BY
118 PHYSICIAN TO SIGN D.C. Coroner	ADDRESS	PHONE	DATE 10-02-07 TIME 1232

**INJURY**

119 SPECIFY MODE Accident	120 PLACE OF INJURY Anderson Dry Lake	120 AT WVC? No	121 DATE 09-30-07	EST EST	122 HOUR 0053
125 LOCATION (include Zip Code) 3.5 miles N/E of Camp Rock Road Lucerne, 92356					
124 DESCRIBE HOW INJURY OCCURRED ATV struck pickup truck, decedent passenger in ATV, ejected/unrestrained.					

**PROPERTY**

PROPERTY?	PROPERTY?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**LAW ENFORCEMENT**

AGENCY California Highway Patrol (CHP)	AGENT (B)	REPORT NUMBER 14858
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**AUTOPSY**

ORDERED BY CW	DATE 09-30-07	TOX ORDERED 10-02-07	TOX RECEIVED 10-18-07	AGENT(S) TO ATTEND	****
------------------	------------------	-------------------------	--------------------------	-----------------------	------

**DISPO OF REMAINS**

PRESENT LOCATION ****	MORQUE STATUS ****	VEHICLE: *** TOWED
TRANSPORTED BY ****	NOTIFIED BY ****	DATE ****
14 MORTUARY Murrietta Valley Funeral Home	PHONE OF MORTUARY 951-696-0626	TIME ****

San Bernardino County Sheriff - Coroner Division  
Coroner Investigation

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(3 of 5)

3

MODE Accident

CASE# 700707349

STATUS Post

DEPUTY

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**Coroner Investigation**

09/30/2007

**Notification of Death to Coroner:**

On September 30, 2007, at 0258 hours, I received notification from our Computer Aided Dispatch from San Bernardino Communication Dispatch who called to report an accidental death.

Per San Bernardino Communication Dispatch request and the remote location of the accident, I was to meet fire personnel at San Bernardino County Fire Department Station #111 then continue to the scene at Anderson Dry Lake

I responded from the Coroner's Division at 0319 hours and arrived on-scene at Station #111 at 0434 hours.

**Scene Description:**

The location of the scene was San Bernardino County Fire Department Station #111 located at 33269 Old Woman Springs Road, in the city of Lucerne. Upon my arrival I observed an ambulance gurney covered with a sheet inside the engine bay of the fire station.

**Statement of Facts:**

After taking pictures of the scene, I contacted California Highway Patrol Officer [redacted]. Per Officer [redacted] the body was transported from the scene in Medic Ambulance #111 to Station #111.

Officer Harris stated that original scene was 3.5 miles northeast of Camp Rock Road at Anderson Dry Lake off road recreation area (GPS North 34 degrees, 34 minutes 159, West 116 degrees, 46 minutes 328) [redacted] was the right rear passenger in an All Terrain Vehicle (ATV) Yamaha Rhino. At approximately 0053 hours, [redacted] was standing holding onto the roll bar in the bed of the Rhino that was traveling at approximately 20 miles per hour. The Rhino collided head on with an off road Toyota pickup that was traveling at approximately 40 miles per hour. [redacted] was ejected from the Rhino and was found prone by emergency medical personnel at 0155 hours. Cardiopulmonary resuscitation was discontinued due to a prolonged down time of 30 minutes and [redacted] was pronounced dead at 0220 hours. Three other passengers in the Rhino were injured and transported by air to Arrowhead Regional Medical Center.

Officer Harris stated that the 2005 Rhino was green in color and had major front end damage. There was a 1991 Toyota that was not street legal and had moderate front end damage. Officer Harris took pictures of the collision scene and stated he would provide copies of the pictures to this Division. Per Officer [redacted] there was possible alcohol usage by both drivers.

San Bernardino County Sheriff - Coroner Division  
Coroner Investigation

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MODE Accident

CASE# 700707349

STATUS Post

DEPUTY [REDACTED]

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I contacted San Bernardino County Fire Department [REDACTED] who stated that [REDACTED] was found by fire personnel 5-10 feet on the left side of the Rhino. Basic life support was initiated but was discontinued due to no response and MCI protocol. Medic Ambulance left the scene at 0315 hours and arrived at Station #111 at 0340 hours.

**Body Description:**

At 0445 hours, I observed an ambulance gurney covered with a white sheet. Upon removing the sheet, I observed the body of a White adult male, identified as [REDACTED] a 19 year-old resident of [REDACTED] Murrieta by California Drivers License photo and clothing and physical description from [REDACTED] step-mother, [REDACTED]

The body was supine. The head was oriented to the east and the feet were oriented to the south. The arms were extended out from the body. The legs were extended out from the body.

The hair was black in color and short in length. Facial hair consisted of a black goatee. The eyes were hazel in color. Tache noir was present in both eyes. No petechial hemorrhage present. The body weighed approximately 110 pounds and was five feet, four inches in height.

The body was clad in a grey nylon jacket, a short sleeved olive green T- shirt, blue jeans, blue briefs, a black athletic shoe (left) and a black sock (left).

The body was warm to the touch. No rigor mortis had developed. Lividity was present, dark pink in color, blanched with the application of pressure and was consistent with the body's position.

Trauma was a depression to the right chest, inferior to right nipple. The chest appeared asymmetrical. There was a slight dark discoloration of the right axillary chest. The abdomen was firm to the touch and distended. There was an abrasion to the posterior lower right arm and fingers, upper left back and left anterior lower leg. There was dried blood from the nose and on the lips.

There were no scars, marks or tattoos noted.

Therapeutic appliances consisted of an oropharyngeal airway, three EKG leads affixed to the chest, a cervical collar in place around the neck, a head stabilizer and a backboard with cervical straps.

I took 11 digital photos of the body and scene and completed two sets of fingerprint cards. I removed a black Cingular cell phone from the decedent's left front pocket. This item were itemized on a Sheriff Department CR-3 property form and later booked into the Coroner Division Property Room. I affixed toe tag number #24059 to the great right toe. The body was placed in a yellow Coroner body pouch. The pouch was secured with lock number #5167096.

San Bernardino County Sheriff - Coroner Division  
Coroner Investigation

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MODE Accident

CASE # 700707349

STATUS Post

DEPUTY [REDACTED]

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The examination was concluded at 0530 hours. After the examination, the body was transported to the San Bernardino County Morgue Facility by Southwest Mortuary Transport Services at my request.

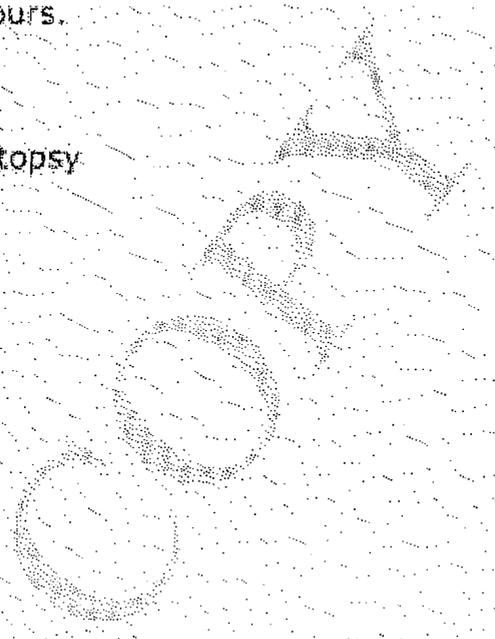
**Investigation:**

At 0531 hours, I contacted [REDACTED] father, [REDACTED], whose phone number I located in the cell phone and advised him of [REDACTED] death. [REDACTED] stated that he had spoken to [REDACTED] on September 29, 2007 about the Rhino but did not know where his son was prior to his death. [REDACTED] stated that he would contact [REDACTED] mother.

I cleared the scene at 0534 hours.

**Disposition:**

Submitted to Pathology for autopsy



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Division of Medical Examiner  
175 South Lena Road  
San Bernardino, CA 92415-0007  
(909) 387-1561  
Fax: (909) 387-2939



080911HCC3891 Exh 1

San Bernardino County Sheriff's Department  
Coroner Division

Autopsy Protocol

Coroner's Case Number: [Redacted]

Autopsy Number: [Redacted]

Name: [Redacted]

Age: 19

Sex: Male

Time of Death: Reported 0220 hours, September 30, 2007

Race: Caucasian

Time of Autopsy: 1005 hours, October 2, 2007

Place of Autopsy: San Bernardino County Coroner's Facility

[Redacted]

HISTORY OF DEATH:

Deputy Coroner Investigator's Report Summary: According to the deputy coroner investigator's report, from information received from highway patrol officers, the scene of this incident was the Anderson Dry Lake. The decedent was the right rear passenger in an all terrain vehicle. At approximately 0053 hours on September 30, 2007, [Redacted] was standing holding onto the roll bar in the bed of the ATV that was traveling at about 20 mph. The ATV collided head on with an off road Toyota pickup that was traveling approximately 40 mph. [Redacted] was ejected from the ATV and found prone by emergency medical personnel at 0155 hours. Cardiopulmonary resuscitation was discontinued due to his prolonged down time, and he was pronounced dead at 0220 hours. Three other passengers in the ATV were injured and transported to Arrowhead Regional Medical Center. Reportedly, the Toyota was a 1991 pickup and had moderate front end damage.

When the deputy coroner examined the body at 0445 hours, it was clad in a gray nylon jacket, a short-sleeved olive-green tee shirt, blue jeans, blue briefs, and a black athletic shoe on the left foot. The body was warm to the touch. No rigor mortis had developed. Lividity was present, dark pink, and blanched with pressure. There was some chest deformity. There were therapeutic appliances present.

Medical Record Review: The paramedics' report noted that the patient was pulseless and apneic.

Also refer to Coroner's Investigative Report [Redacted]

EXTERNAL EXAMINATION: This is the nude body of a well-developed and well-nourished adult male appearing consistent with the stated age of 19 years. The length is 68 inches, the weight 125 pounds. The hair is brown, the eyes are brown, and the complexion is fair. The body is identified by a coroner's tag as [Redacted] case [Redacted]. The body is not embalmed.

Clothing: The clothing has been removed.

Evidence of Medical Intervention: There are EKG monitor pads on the chest. There is an oral airway in the mouth. There is a neck brace around the neck.

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INVESTIGATIVE REPORT

**AUTOPSY CONTINUED**

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INVESTIGATIVE REPORT

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Evidence of Postmortem Change: There is moderate residual rigor mortis. There is posterior lividity. There is no evidence of decomposition.

Evidence Collected at Autopsy: None

Tattoos: None

Radiographs: None

Examination and Description of Blunt Force Injuries: The head appears normocephalic. There is some dried blood around the nose and left forehead. On the anterior left forehead is a 2 x 1 cm. abrasion/contusion. The sclerae are white. There are no petechial or confluent hemorrhages. The nose is midline. There are no palpable fractures of the nose or maxilla. There is no laxity of the jaw. No intraoral injury is noted. There is no injury to the anterior neck. At the superior neck at the junction of the neck and the medial right shoulder is a 3 x 2 cm. contusion.

The chest and abdomen are symmetric. There is a very shallow 1 mm. x 1.5 mm. abrasion over the right lower ribcage. Over the right anterior superior iliac crest is a 1.5 cm. abrasion/contusion. The external genitalia are normal male. Both testes are descended and are normal by palpation.

The right upper extremity is well formed and muscled. There are no fracture deformities. On the medial distal forearm is a 4 x 1 cm. superficial abrasion on the back of the hand. Over the carpal bones of the fourth finger is a 1 cm. abrasion.

The left upper extremity is well formed, without fracture deformity. There is a very superficial 1 x 0.1 cm. abrasion over the anterior forearm. The digits of the left hand are unremarkable.

The lower extremities are symmetric. The right lower extremity is well formed with no apparent fracture deformity. There is a 5 x 4 cm. abrasion on the anterior right shin associated with a 1.5 x 0.5 cm. laceration. The digits of the right foot are intact.

The left lower extremity is well formed without apparent fracture deformity. Over the anterior distal lower leg are various abrasions that vary from 1 to 3 x 1 cm.

There are multiple abrasions over the posterior left shoulder and the left mid back varying from 1 cm. to about 10 x 5 cm. There are some smaller abrasions in the right and left lower back varying from 2 to 5 cm. There is a 2 cm. abrasion on the posterior left upper buttock. There is a 2 cm. abrasion on the lateral left buttock. The back shows posterior lividity with pressure demarcation.

**INTERNAL EXAMINATION:**

**HEAD:** Examination of the scalp reveals multifocal impact sites with deep galeal hemorrhage in the posterior upper neck and the deep scalp over the posterior occipital bone. When the skull is opened, there is a posterior left occipital fracture that extends into the base of the left temporal bone and extends inferiorly into the base of the left occipital bone. There is slight diastasis of the left lambdoid suture and the posterior half of the sagittal suture.

The dura is intact. There is no extradural hemorrhage. There is bilateral thin subdural hemorrhage. When the dura is washed, there is patchy subarachnoid hemorrhage over the anterior

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**AUTOPSY CONTINUED**

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and lateral portions of the right frontal lobe. There is patchy subarachnoid hemorrhage at the base of the brain. There are gliding contusions involving the inferior surface of the right and left frontal lobes and right and left occipital lobes. The superficial blood vessels are empty. The vessels at the circle of Willis are unremarkable. Serial coronal sections through the cerebral hemispheres reveal good gray/white matter demarcation, normal ventricular, with blood-tinged ventricular fluid. Serial sections of the brainstem and cerebellum show focal deep pontine central hemorrhage. There is subarachnoid hemorrhage around the midline and left cerebellum. The brain weighs 1305 grams.

**NECK:** There is no injury to the anterior muscles of the neck. The hyoid bone and thyroid cartilage are intact. The upper airway is patent. There is a minimal anterior fracture at the C5-C6 disk with minimal associated hemorrhage.

**BODY CAVITIES:** The right and left pleural cavities are moist and smooth. There is 300 cc's of blood in the left chest cavity and none in the right. The hemidiaphragms are intact. The peritoneal lining is smooth and glistening. There is about 100 cc's of blood within the peritoneal cavity. There is extensive subpleural hemorrhage in the left chest cavity associated with posterior fractures of third through seventh ribs.

**CARDIOVASCULAR SYSTEM:** The pericardial sac is intact. The heart weighs 265 grams. The epicardium is unremarkable. The right and left coronary arteries arise normally. Serial sectioning reveals a normal course and caliber. The chambers are normally formed and situated, without dilatation. The valves are normally formed and situated. The valve tissue is thin and pliable. There are no valvular vegetations. There are no mural thrombi. The ascending aorta, aortic arch and descending aorta are intact.

**RESPIRATORY TRACT:** The right and left lungs are normally formed and lobated. The right lung weighs 810 grams, the left lung 710 grams. Both lungs show extensive contusion, more prominent on the left side and marked postmortem dependent congestion. The proximal airways are clear. There are no proximal or distal thromboemboli. There are no pulmonary masses.

**GASTROINTESTINAL TRACT:** The esophagus is intact throughout. The stomach contains 250 ccs. of amorphous, partially digested food. The gastric mucosa is unremarkable. The small and large intestines are normally formed and situated, with the cecum and an unremarkable appendix in the right lower quadrant. There are no strictures or masses.

**PANCREAS:** The pancreas shows the usual lobular, tan-brown parenchyma.

**HEPATOBIILIARY SYSTEM:** The liver has an extensive, horizontally oriented, 12 cm. laceration through the left lobe of the liver, essentially bivalves the left lobe. The remaining liver is intact with the usual lobular, tan-brown parenchyma, without nodularity, fibrosis, masses, or hemorrhage. A thin walled gallbladder is unremarkable.

**LYMPHOID SYSTEM:** The spleen has two small 1.5 cm. parenchymal lacerations. Otherwise, the splenic parenchyma is unremarkable. Lymph nodes are unremarkable. There is hemorrhage in the anterior mediastinum around the residual thymus.

**GENITOURINARY TRACT:** The right and left kidneys are normally formed and situated with the right kidney weighing 110 and the left kidney 135 grams. There is hemorrhage in the hilum of the left kidney and around the capsule of the left kidney. The cut section shows normal renal architecture with good corticomedullary demarcation, except for the hemorrhage. The pelves and ureters are not dilated. The bladder contains about 250 ccs. of urine. The prostate is

unremarkable. The testes are normal by palpation.

**ENDOCRINE SYSTEM:** The thyroid is symmetric with firm, red-brown colloid. The left and right adrenals are normally formed and situated and show the usual thin, yellow cortex. There is hemorrhage in the soft tissues around the left adrenal gland. The pituitary is unremarkable.

**MUSCULOSKELETAL SYSTEM:** There is the above-mentioned skull fractures, left posterior rib fractures three through seven, and anterior cervical spine minimal fracture. There is hemorrhage in the soft tissue and muscle along the posterior side wall, indicating impact on that side.

**TOXICOLOGY:** Postmortem blood is screened for ethanol and drugs of abuse. No drugs are detected. The ethanol level is 0.03%.

Postmortem vitreous ethanol is 0.03%.

Postmortem urine ethanol is 0.05%.

COPIES

**DIAGNOSIS:**

I. Multiple blunt force injuries.

A. Head:

1. Multiple cutaneous abrasions and contusions.
2. Posterior and left posterior deep soft tissue hemorrhage and subgaleal hemorrhage.
3. Left occipital bone fracture with basilar fracture.
4. Diastasis of left lambdoid and posterior sagittal suture.
5. Bilateral thin subdural hemorrhage.
6. Right frontal subarachnoid hemorrhage.
7. Bilateral inferior gliding contusions of frontal and temporal lobes.
8. Deep pontine hemorrhage.
9. Left cerebellar and subarachnoid hemorrhage.
10. Intraventricular hemorrhage.

B. Neck:

1. Hemorrhage in the anterior mediastinum and sternum.
2. Anterior fracture of C5-C6 with minimal hemorrhage.

C. Chest:

1. Cutaneous abrasions.
2. Left posterior rib fractures.
3. Extensive left subpleural hemorrhage.
4. Bilateral pulmonary contusions, left greater than right.
5. Left hemothorax (300 ccs.).

D. Abdomen:

1. Cutaneous abrasions and contusions.
2. Laceration of left lobe of liver.
3. Small lacerations of spleen.
4. Hemoperitoneum (100 ccs.).
5. Soft tissue hemorrhage around left kidney and adrenal.

E. Extremities:

1. Multiple cutaneous abrasions and lacerations.

II. Postmortem toxicology.

A. Blood:

1. Drug screen negative.
2. Ethanol 0.03%.

B. Vitreous ethanol 0.03%.

C. Urine ethanol 0.05%.

**CAUSE OF DEATH:** Multiple blunt force injuries, minutes.

**Manner of Death:** Accident

**Autopsy Completed:** 1140 hours, October 2, 2007.



Date: 11/15/07



#080911 HCC 3891 Exh 1  
(11915)



080911HCC3891 Exh. 1

# County of San Diego

☐

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OFFICE OF THE MEDICAL EXAMINER  
5555 OVERLAND AVE., Ste 1411, SAN DIEGO, CALIFORNIA 92123-1285  
TEL (619) 694-7855 FAX (619) 495-5050

## TOXICOLOGY REPORT

Name: ☐

SBCCO Number: ☐  
Autopsy Number: ☐

Date of Death: 09/30/2007

Pathologist: ☐

Specimens Received: Femoral/Iliac Blood, Heart Blood, Urine, Vitreous

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC)</u>		
Alcohol (Ethanol)	Femoral/Iliac Blood	0.03 % (w/v)
Acetone, Methanol, Isopropanol		Not Detected
Alcohol (Ethanol)	Vitreous	0.03 % (w/v)
Acetone, Methanol, Isopropanol		Not Detected
Alcohol (Ethanol)	Urine	0.05 % (w/v)
Acetone, Methanol, Isopropanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Heart Blood	
Cocaine metabolites		Not Detected
Opiates		Not Detected
Amphetamines		Not Detected
Benzodiazepines		Not Detected
Fentanyl		Not Detected
Cannabinoids		Not Detected

End Results

Approved and Signed  
10/15/2007

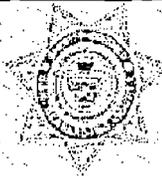
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Reviewed

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(A) Inquiries/Correspondence

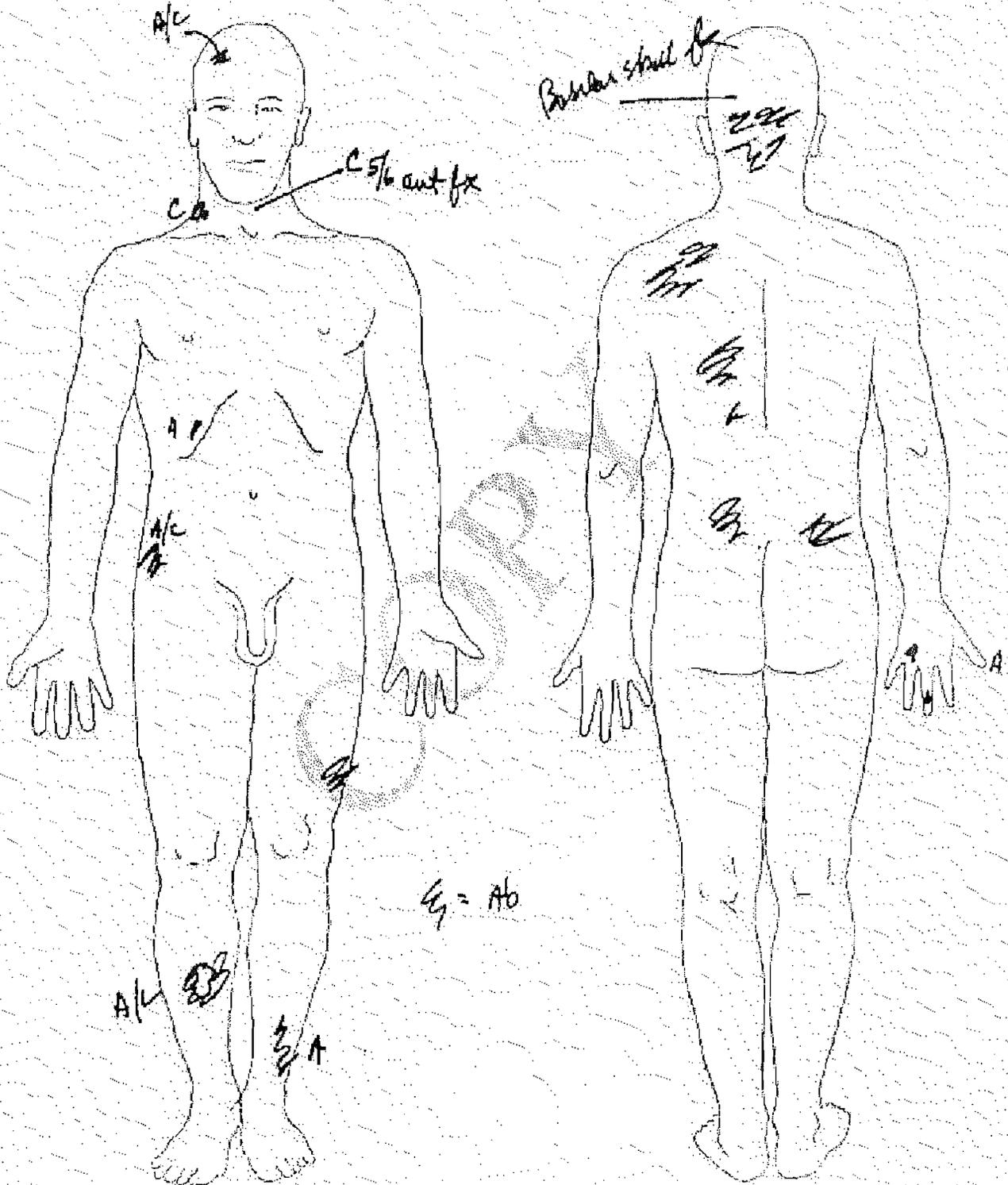
[Redacted]



#080911 HCC3891 Exh. 1

(12915)

080911HCC3891 Exh. 1



Full Body Male Anterior & Posterior Views (A)

San Bernardino County Sheriff's Office

(b) (3) C.P.S.A. Section 25(c), (d), (e)

Continued on Page 2

(b) (3) C.P.S.A. Section 25(c), (d), (e)

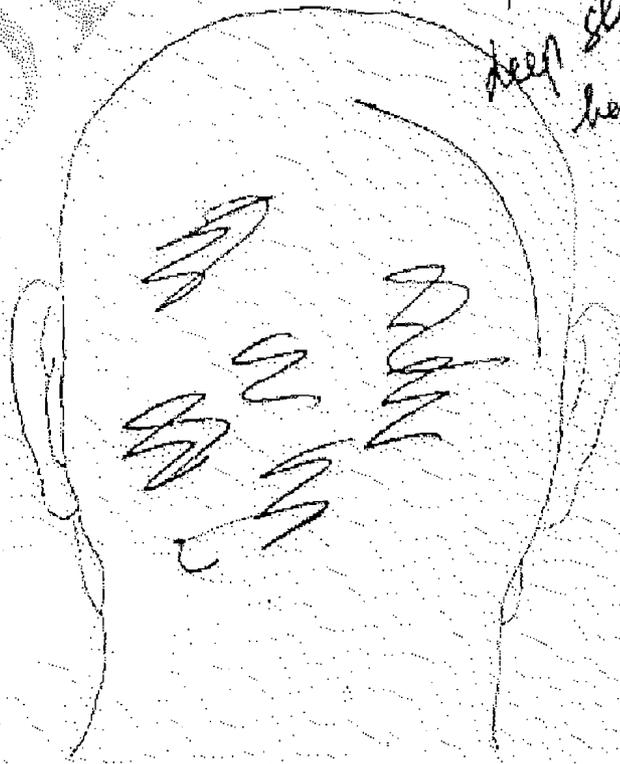
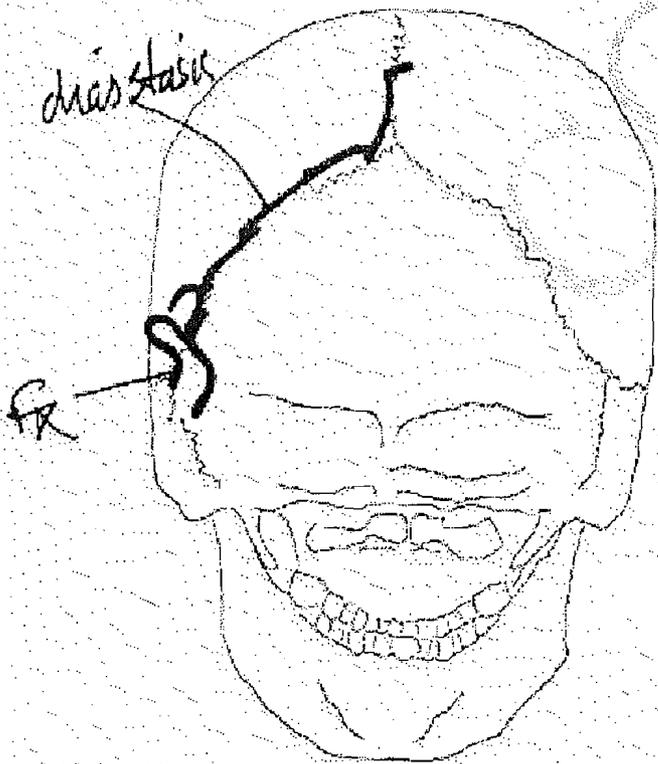
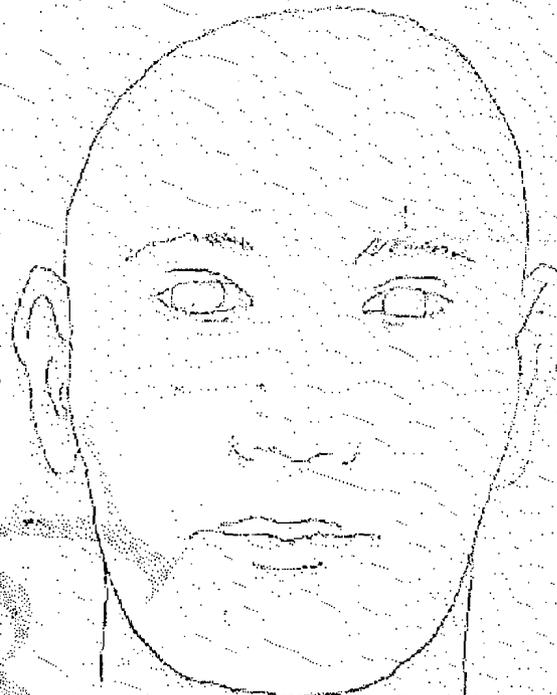
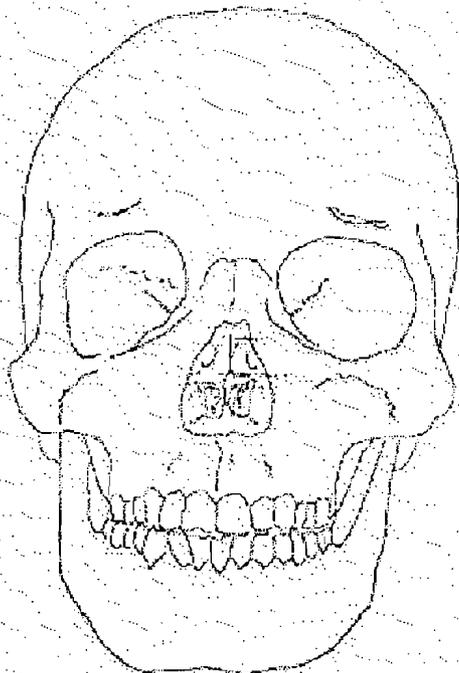
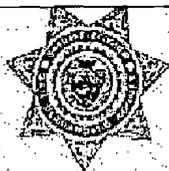
Page 1

(b)(6)

080911HCC3891 Exh. 1

(13 9/15)

080911HCC3891 Exh. 1



Head Surface & Skeletal Anatomy, Anterior & Post.

San Bernardino County Coroner

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

Coroner's Case #

Age Race Sex

080911HCC3891

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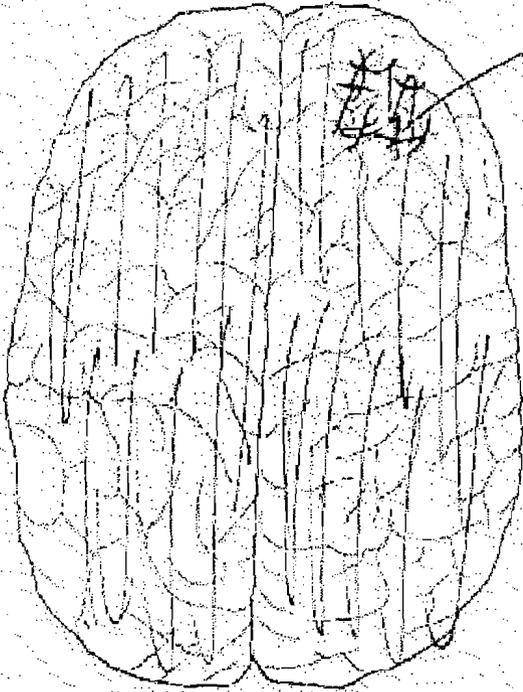
# 080911HCC 3891

Exh. 1

(1495)

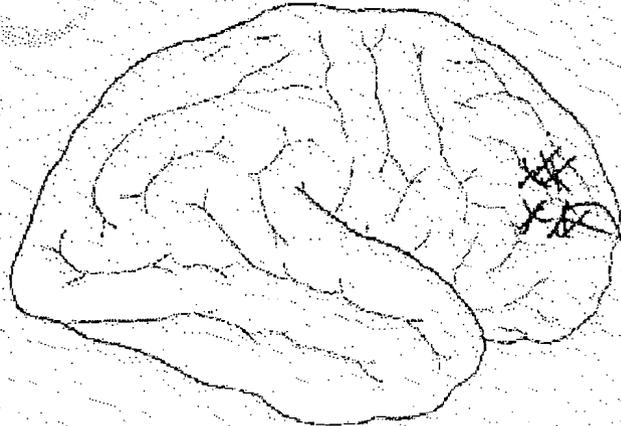
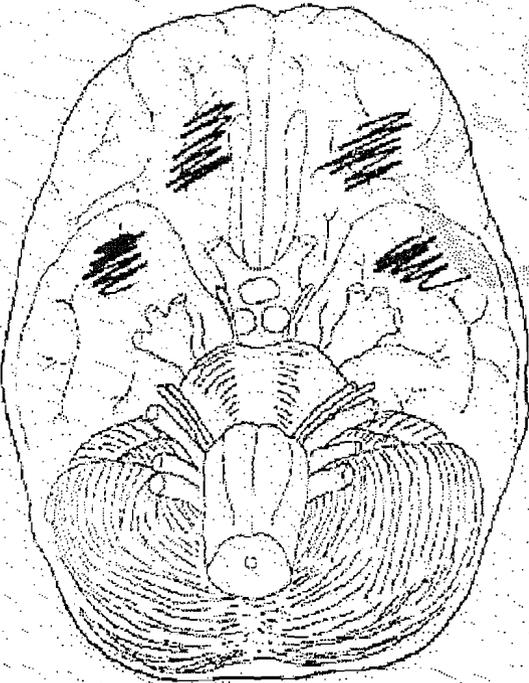
080911HCC3891 Exh. 1

Subarachnoid hemorrhage



gliding  
contusions

||| = thin  
subdural  
blood



SAH

Brain Sections

Name:

Coroner Case #

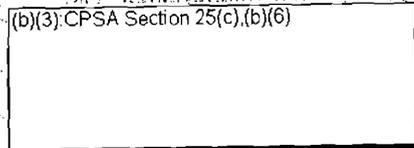
Section 25(c), (b)(6)

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

Age:

Race:

Sex:



Skull, base, inferior and superior views (plus calvarium) #080911HCC3891

Exh. 1

(15/75)



Name \_\_\_\_\_

Autopsy No. \_\_\_\_\_

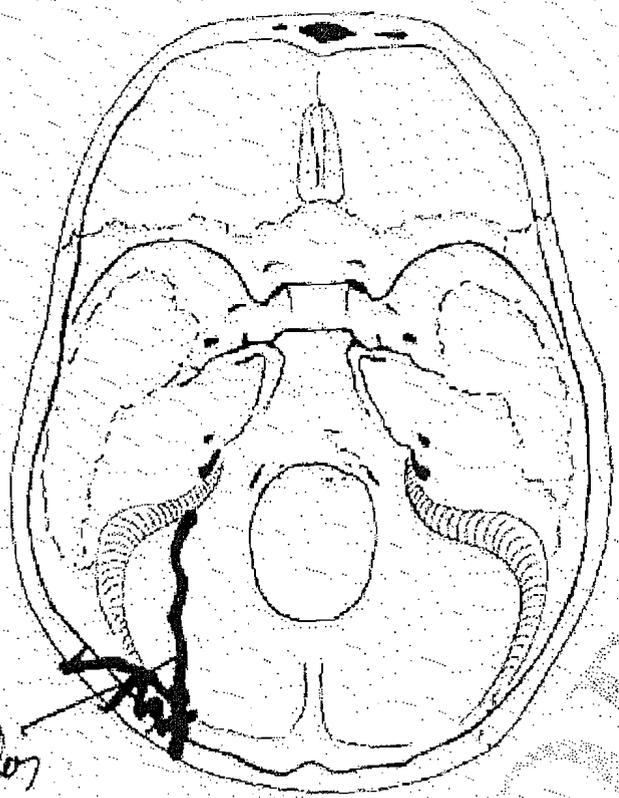
Age \_\_\_\_\_

Race \_\_\_\_\_

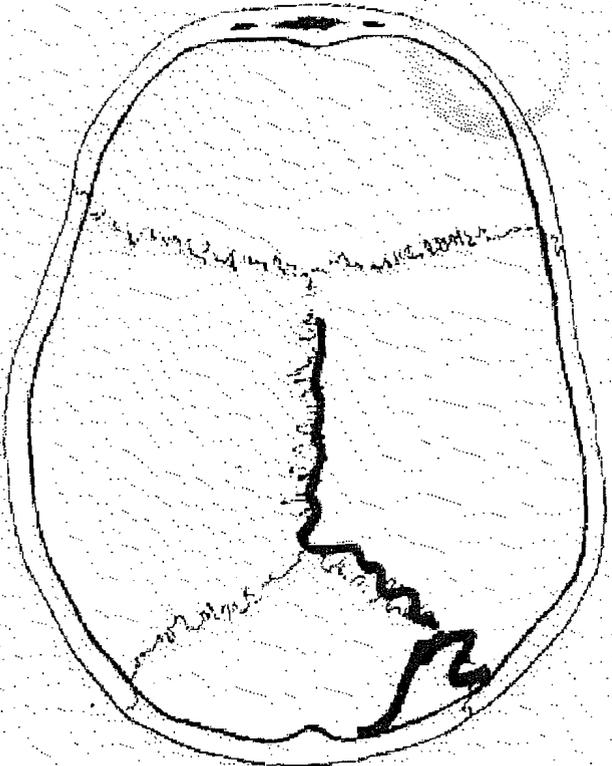
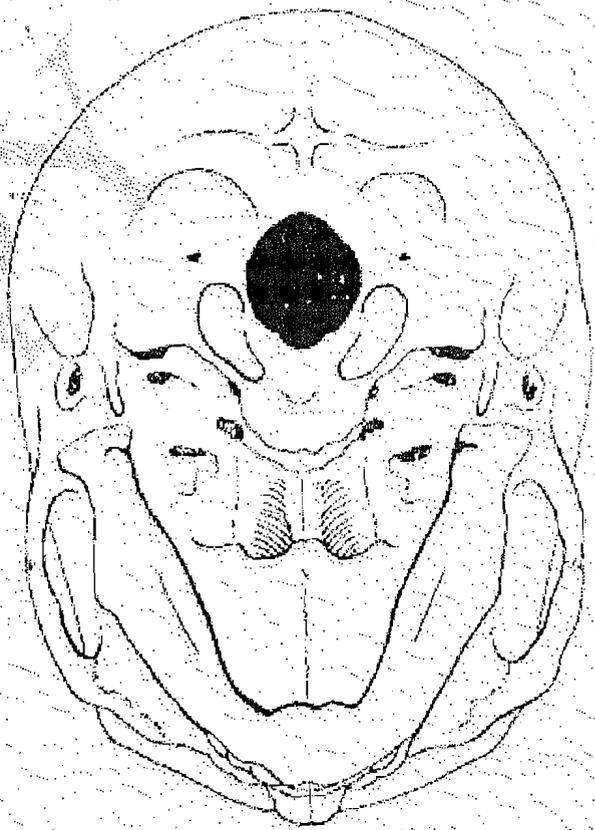
Sex \_\_\_\_\_

Date \_\_\_\_\_

080911HCC3891 Exh. 1



Basilar  
skull fx



INNER VIEW OF SKULL



1. San Bernardino Coroner's Office, 909-387-2978.
2. CA Highway Patrol, Victorville, CA 760-241-1186
3. San Bernardino Fire Dept. records, 909-384-5286

(b)(5)

Task Number 080911HCC3891

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  
Manufacturer: 02 - Yamaha

ATV #2  
Manufacturer:

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

Model: rhino

VIN:

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:

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

Death #1

Death #2

Date of Death: 09/30/2007

Age/Sex: 19/Male

State of Death: CALIFORNIA

City of Death: Victorville

County of Death: San Bernardino

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

A nineteen year old male, victim, was hanging onto a roll bar while riding in the bed of a Yamaha Rhino going 20 mph when the driver of this ATV collided with Toyota Pickup truck which was going 40 mph. The victim was ejected and died at the scene from blunt force trauma. Victim did not have a helmet.

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

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

Victim 1:                      Victim 2:

Yes No Unknown              Yes No Unknown

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

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

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

Victim 1:                      Victim 2:

Yes  No Unknown              Yes No Unknown

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

0 - Unknown               2 - Two riders              4 - Four or more riders  
1 - One rider              3 - Three riders              9 - No riders

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

Age: 19                      Height: 68 (inches)  
Weight: 03 = 100 - 149              Sex: Male

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

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

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

00 - Unknown

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

00 - Unknown

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

02 - Truck

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

1 - Yes

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

0 - Unknown

**Additional Comments:**

The report indicates that it is possible that the drivers of both vehicles had consumed alcohol prior to driving.



081204CCC3175

This investigation originated from a news article. There were two drivers (mother and daughter) and their two vehicles that were traveling in the same group. They were involved in two separate accidents that occurred only "seconds" apart on the same embankment. Both accidents are being conducted under two IDI's. (Second IDI is 090106HWE7951).

Information for this report was obtained by an on-site visit to the Off Highway Vehicle (OHV) Park, to the responding highway patrol office and by talking to a witness to the accident at the OHV Park. Attempts to contact the family of the victim were unsuccessful.

On December 31, 2008, I conducted an on-site visit and photographed the incident location. The incident vehicle was not available for photographing.

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels. The UTV has a steering wheel, accelerator pedal, brake pedal, harness and seat belt. The driver was the only person in the UTV.

The victim is a 16 year old female. According to the highway patrol report, she was the driver of the UTV. She was 5'6" tall and weighed 160 pounds. The victim is not believed to have been under the influence of any alcohol, drugs or medications at the time of the incident. Nor is she known to have any pre-existing physical or mental conditions that might have contributed to the incident. Her experience and training on a UTV is unknown.

The accident occurred at the Jawbone Canyon OHV Park which is managed by the Bureau of Land Management (BLM). The park provides open areas which are available for all forms of cross country motorized vehicle use. The park has many large hills and canyons and are part of the Mojave desert, located at the extreme eastern edge of the Sierra Nevada.

The victim and her family were camping in the Dove Springs area of the OHV Park. On November 25, 2008 around noontime, the victim and 3 other family members decided to take their UTV's to visit the one store in the area, which was located on the major highway. The weather was cloudy and dry. The victim was not wearing a helmet nor was she wearing the 5 way latch / link restraint system. The group of took 4 separate UTV's. The group took the off highway trails. On the way back from the store, the group was driving in a line following each other when they got lost returning to their campsite. They were traveling on top of a mountain and came upon an area where the trail became a steep descending grade.

The first UTV driver (witness #1) stated the victim was directly behind him, then her mother and another UTV. He then started down the steep grade and made it to the bottom when he stopped. He then saw the victim had already started down the steep embankment, approximately 600 foot long at 1355 hours. Witness #1 then motioned to the victim that it was okay and that she needed to come down the embankment slow. Witness #1 said it appeared that while the victim was coming down the embankment, one of the UTV's tires came to rest on a rock. The victim gave the UTV some gas, got her over the rock, but she gave it too much gas and she started coming down the embankment too fast. The victim started to go sideways and then started to overturn. The victim's mother, who was at the top of the mountain watched as her daughter started to overturn. The victim continued to overturn down the steep embankment, was ejected out of the UTV and continued to tumble down the hillside. Both the victim and the UTV came to rest at the bottom of the hillside.

An unrelated witness who was standing at the base of the embankment near his campsite heard a woman screaming and he looked up to see the UTV start tumbling down the steep grade, end over end. He watched as the UTV seemed to disintegrate apart. He saw the victim "fly out" of the UTV as it was tumbling down the hill and he also watched the victim roll and overturn down the hill. This witness estimates the victim rolled about 400 feet down the embankment.

The victim received fatal injuries as a result of the accident and was pronounced deceased by the responding emergency personnel at approximately 1410 hours. The UTV was totally destroyed in the roll-over accident.

**PRODUCT IDENTIFICATION:**

The product involved in this incident is a 2007 Yamaha Rhino. It is a side-by-side utility vehicle. It is black and red in color. The date of purchase is unknown and the usage is unknown. It is unknown if the owner had any previous problems with the UTV.

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

081204CCC3175

Page 3

**LABELING:**

As the incident UTV was unavailable for viewing, no examination of the labeling was possible.

**SAMPLE:**

None

**CONTACTS:**

**PURPOSE & RESULTS:**

Highway Patrol:      Obtained incident scenario & product information

BLM:                      Obtained incident scenario information

Witness:                Obtained incident scenario information

**Attachments:**

- Exhibit #1      Respondent Identifiers
- Exhibit #2      CHP Report
- Exhibit #3      BLM Visitor Information on OHV Park
- Exhibit #4      Manufacturer specifications on ATV
- Exhibit #5      Photographs (2)
- Exhibit #6      UTV Questionnaire  
Missing Document Form

081204CCC3175

Exhibit #1

Page 1 of 1

Respondent Identifiers:

Victim:



Highway Patrol:

California Highway Patrol  
1365 Highway 58  
Mojave, CA 93501  
Telephone: 661-824-2408  
Traffic Report #2008-11-0039

BLM:

Bureau of Land Management  
Ridgecrest Field Office  
300 South Richmond Rd.  
Richmond, CA 93555  
Telephone (760) 384-5400

BLM:

Jawbone Station  
28111 Jawbone Canyon Rd.  
Cantil, CA 93519

Coroner:

Kern County Sheriff's Office  
1832 Flower St., Bakersfield, CA 93305  
Telephone: 661-868-0100  
Fax: 661-868-0147  
Case #C-2603-08  
Contact: Deputy Coroner Mancera

Witness:



STATE OF CALIFORNIA

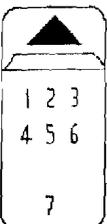
# TRAFFIC COLLISION REPORT

CHP 555 CARS PAGE 1 (REV 11-06) OPI 065

SPECIAL CONDITIONS <b>OFF HWY</b>		NUMBER INJURED 0	HIT & RUN TELONY	CITY UNINCORPORATED	JUDICIAL DISTRICT EKSC (MOJAVE)	LOCAL REPORT NUMBER 2008-11-0039				
NUMBER KILLED 1		HIT & RUN MISDEMEANOR	COUNTY KERN	REPORTING DISTRICT	BEAT 906	DAY OF WEEK TUESDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
LOCATION	COLLISION OCCURRED ON JAWBONE CYN OFF HWY				MO 11	DAY 25	YEAR 2008	TIME (2400) 1355	NCIC # 9830	OFFICER I.D. 012724
	MILEPOST INFORMATION				GPS COORDINATES LATITUDE 35.1873°		LONGITUDE - 118.0340°		PHOTOGRAPHS BY: J. BLAIS # 17064	
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 3.8 MILE(S) WEST OF SR-14				STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DIGITAL	
PARTY 1	DRIVER'S LICENSE NUMBER N/A	STATE	CLASS	AIR BAG P	SAFETY EQUIP. H	VEH. YEAR 2007	MAKE / MODEL / COLOR YAMA RHINO BLK/RED	LICENSE NUMBER 77B07V	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) <b>[REDACTED]</b>				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES- TRIAN	STREET ADDRESS <b>[REDACTED]</b>				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY: STATE / ZIP <b>[REDACTED]</b>				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER					
BICY- CLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-6	WEIGHT 160	BIRTHDATE MO 11 DAY 11 YEAR 1992	RACE II	PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE <b>[REDACTED]</b>		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: 06		VEHICLE TYPE UNK MOD MAJOR <input checked="" type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA CPY&V XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	
INSURANCE CARRIER N/A		POLICY NUMBER N/A		DIR OF TRAVEL ON STREET OR HIGHWAY N OFF HWY AREA		SPEED LIMIT N/A		CA _____ DOT _____		
CAL-T _____		TCP/PSC _____		MC/MX _____						
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY: STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE UNK MOD MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA	
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		
CAL-T _____		TCP/PSC _____		MC/MX _____						
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY: STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE UNK MOD MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA	
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		
CAL-T _____		TCP/PSC _____		MC/MX _____						
PREPARER'S NAME D. F. MULLIGAN JR 012724				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME <i>[Signature]</i>		DATE REVIEWED 12-8-08		

DATE OF COLLISION (MO. DAY YEAR) 11/25/2008	TIME(2400) 1355	NCIC # 9830	OFFICER I.D. 012724	NUMBER 2008-11-0039
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<b>PROPERTY DAMAGE</b>	OWNER	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE			

<b>SEATING POSITION</b>  <p>1 - DRIVER                  2 TO 6 - PASSENGERS                  7 - STA. WGN REAR                  8 - RR. OCC TRK. OR VAN                  9 - POSITION UNKNOWN                  0 - OTHER</p>	<b>OCCUPANTS</b> 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	<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE W - YES Y - YES X - NO Z - NO	<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR <small>LIST NUMBER (#) OF PARTY AT FAULT</small>	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
I A VC SECTION VIOLATED: CITED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 38312	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	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J				J CHANGING LANES
X B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	X A NON - COLLISION				P				P MERGING
	B PEDESTRIAN				Q				Q TRAVELING WRONG WAY
X A DAYLIGHT	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY			1					
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED: CITED: YES <input type="checkbox"/> NO <input type="checkbox"/>				
D DARK - NO STREET LIGHTS	F TRAIN				B VC SECTION VIOLATED: CITED: YES <input type="checkbox"/> NO <input type="checkbox"/>				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				C VC SECTION VIOLATED: CITED: YES <input type="checkbox"/> NO <input type="checkbox"/>				
ROADWAY SURFACE					D				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
X A DRY	I FIXED OBJECT:				E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING
B WET	J OTHER OBJECT:				F INATTENTION*:				B HBD - UNDER INFLUENCE
C SNOWY - ICY					G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)					I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD			X	F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED: YES <input type="checkbox"/> NO <input type="checkbox"/>				G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				L UNINVOLVED VEHICLE				H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				M OTHER*:				I SLEEPY / FATIGUED
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				N NONE APPARENT				
F FLOODED*	F NOT IN ROAD			X	O RUNAWAY VEHICLE				
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS								

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 5

  
 INDICATE NORTH

MISCELLANEOUS

P-1 WAS NOT WEARING A HELMET AT THE TIME OF THE COLLISION.

STATE OF CALIFORNIA  
INJURED / WITNESSES / PASSENGERS  
CHP 555 CARS PAGE 3 (REV 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 11/25/2008		TIME(2400) 1355		NCIC # 9830		OFFICER I.D. 012724		NUMBER 2008-11-0039											
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"/>	16	F	<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"/>	<input type="checkbox"/>	1	1	P	H	I	
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
KERN COUNTY CORONER												KERN COUNTY CORONERS OFFICE							
DESCRIBE INJURIES: RECEIVED FATAL INJURIES AS A RESULT OF THIS COLLISION. PRONOUNCED DECEASED BY KCFD FIREFIGHTER SHANE REED #K0684 @ APPROX 1410 HRS. KERN COUNTY CORONERS CASE # C-2603-08. CORONER MANCERA #920																			
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input checked="" type="checkbox"/>	# 1	<input type="checkbox"/>	32	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME / D.O.B. / ADDRESS												TELEPHONE							
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<input checked="" type="checkbox"/>	# 2	<input type="checkbox"/>	41	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES:																			
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input checked="" type="checkbox"/>	# 3	<input type="checkbox"/>	62	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME / D.O.B. / ADDRESS												TELEPHONE							
HOLGER ARTHUR SELLING, III (11/25/1946) 35724 AVE 14 MADERA CA 93638												(559)645-1632							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES:																			
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input checked="" type="checkbox"/>	# 4	<input type="checkbox"/>	60	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME / D.O.B. / ADDRESS												TELEPHONE							
PAULA SELLING (01/28/1948) SAME AS WIT # 3												(559)645-1632							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES:																			
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input checked="" type="checkbox"/>	# 5	<input type="checkbox"/>	33	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME / D.O.B. / ADDRESS												TELEPHONE							
SCOTT KUENZINGER (04/26/1975) 10603 TEAPARTY LN FRESNO CA 93720												(559)905-9023							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES:																			
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
PREPARER'S NAME				I.D. NUMBER				MO. DAY YEAR				REVIEWER'S NAME				MO. DAY YEAR			
D F MULLIGAN JR				012724				11/25/2008											

STATE OF CALIFORNIA  
INJURED / WITNESSES / PASSENGERS  
CHP 555 CARS PAGE 3 (REV 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 11/25/2008				TIME(2400) 1355		NCIC # 9830		OFFICER I.D. 012724				NUMBER 2008-11-0039						
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 checked="" type="checkbox"/> # 6	<input type="checkbox"/>	51	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE (408)568-8388			
(INJURED ONLY) TRANSPORTED BY:															TAKEN TO:			
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/> # 7	<input type="checkbox"/>	31	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE (818)335-0069			
(INJURED ONLY) TRANSPORTED BY:															TAKEN TO:			
DESCRIBE INJURIES:																		
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<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:															TAKEN TO:			
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:															TAKEN TO:			
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NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:															TAKEN TO:			
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
PREPARER'S NAME D. F. MULLIGAN JR					I.D. NUMBER 012724			MO. DAY YEAR 11/25/2008			REVIEWER'S NAME				MO. DAY YEAR			

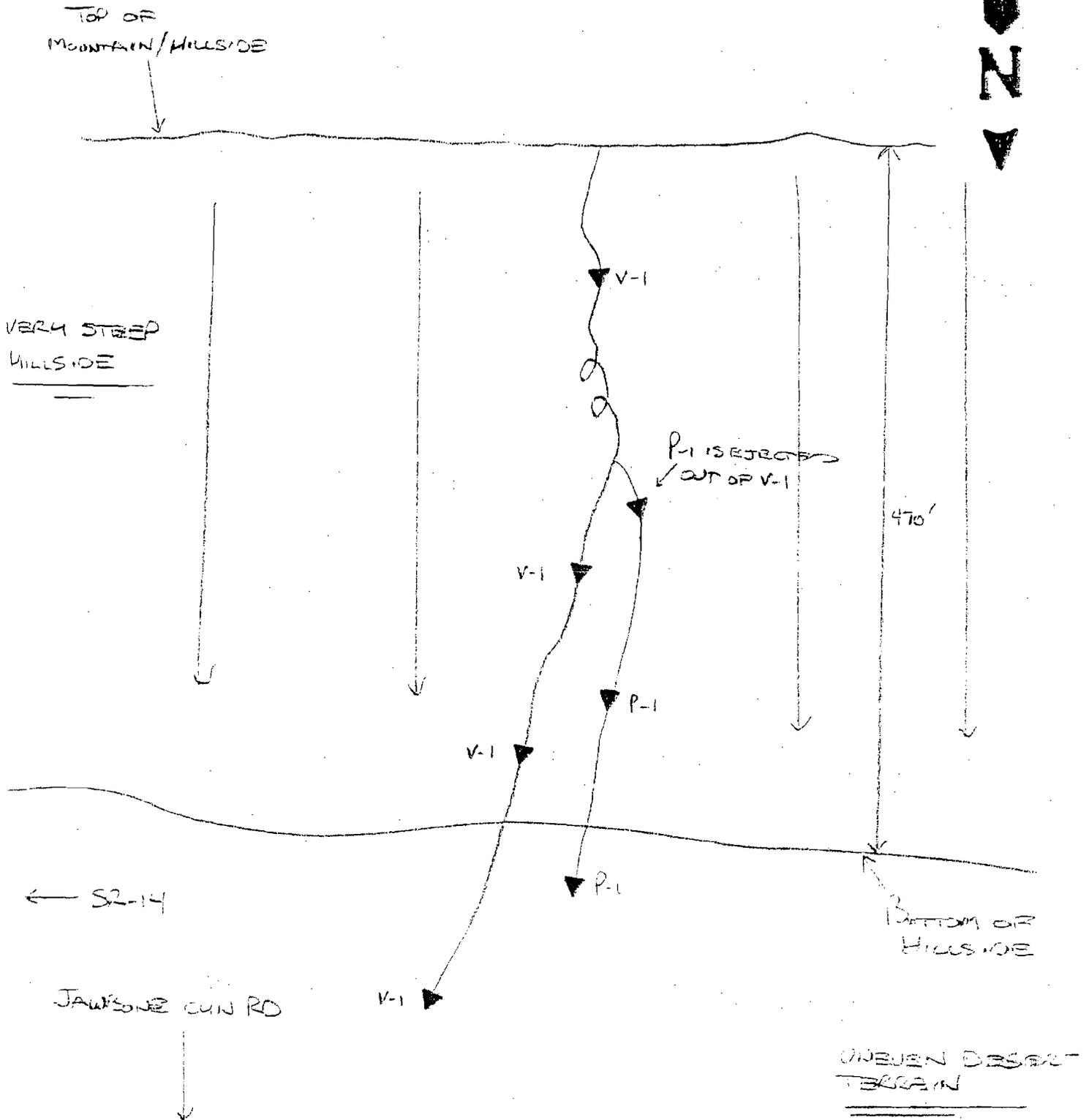
STATE OF CALIFORNIA  
SKETCH DIAGRAM

CHP 535 Page 4 (Rev. 8-97) OPI 042

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DATE OF INCIDENT 11/25/2008	TIME 1355	NCIC NUMBER 9830	OFFICER I.D. NUMBER 012724	NUMBER 2008-11-0039
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )



PREPARED BY D. F. MULLIGAN JR	I.D. NUMBER 012724	DATE 11/25/2008	REVIEWER'S NAME	DATE
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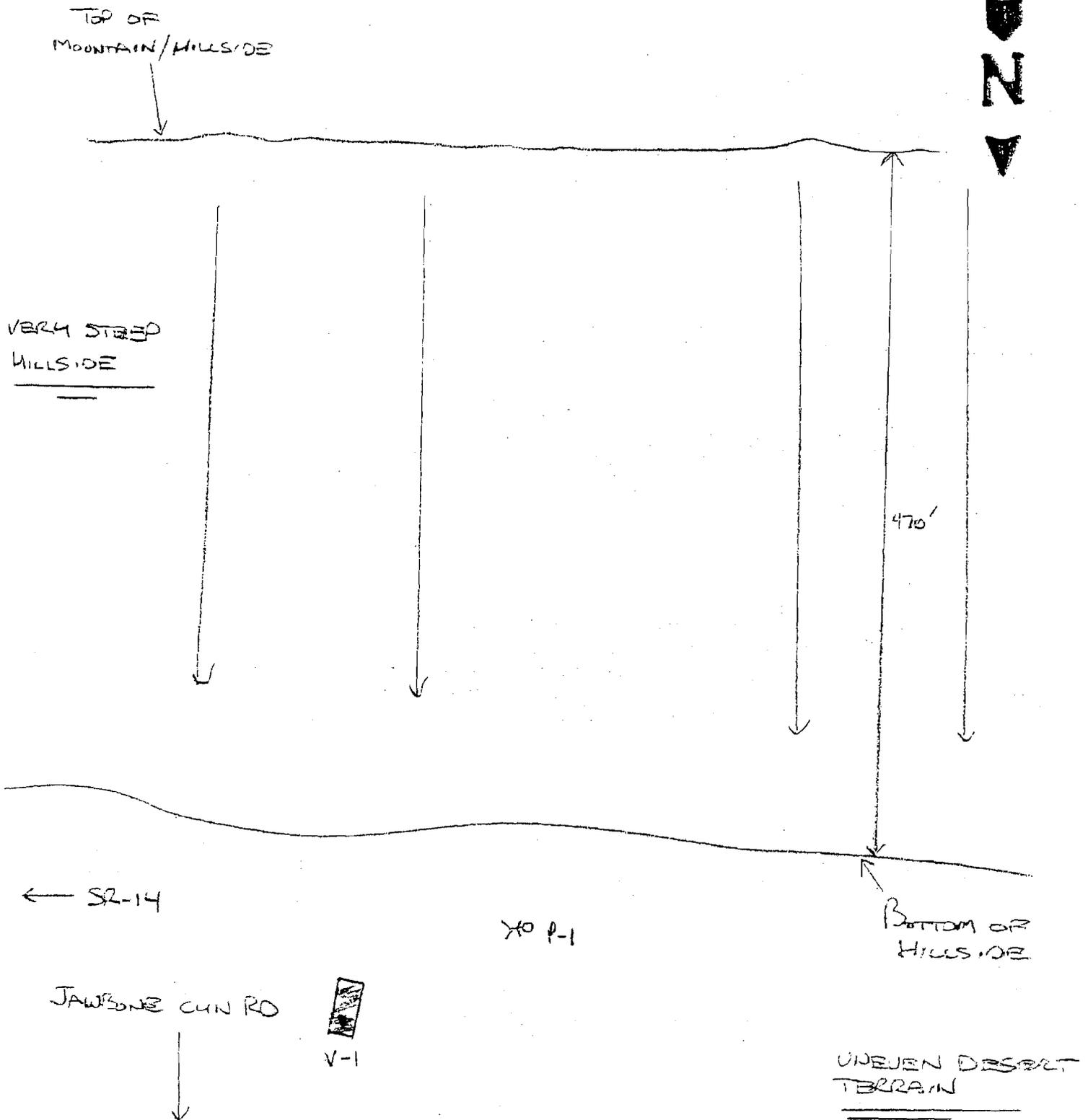
STATE OF CALIFORNIA  
FACTUAL DIAGRAM

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DATE OF INCIDENT 11/25/2008	TIME 1355	NCIC NUMBER 9830	OFFICER I.D. 012724	NUMBER 2008-11-0039
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )



PREPARED BY D. F. MULLIGAN JR	I.D. NUMBER 012724	DATE 11/25/2008	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2008	1355	9830	012724	2008-11-0039

**LEGEND**

1

2

3 **VEHICLE POINT OF REST:**

4

5 V-1's R/F tire was 800' south of the south rdwy edge of Jawbone Cyn Rd and 400' east of GPS  
6 coordinate 35.1873 / 118.0340.

7

8 V-1's R/R tire was 805' south of the south rdwy edge of Jawbone Cyn Rd and 398' east of GPS  
9 coordinate 35.1873 / 118.0340.

10

11 **P-1'S PLACE OF REST:**

12

13 P-1's place of rest was determined to be 850' south of the south rdwy edge of Jawbone Cyn Rd  
14 and 380' east of GPS coordinate 35.1873 / 118.0340.

15

16 **PHYSICAL EVIDENCE AND LOCATION:**

17

18 Due to the steepness of the grade, and the roughness of the terrain where P-1 and V-1 overturned  
19 I was unable to actually check the area for fresh dirt impressions or disturbed dirt. I determined the  
20 approximate location where V-1 started overturning by using the statements of all the witnesses.

21

22

23

24

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 8 OF 13

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/25/2008	1355	9830	012724

1 **FACTS:**

2

3 **NOTIFICATION:**

4

5 I received a call of a collision (off hwy) with an ambulance rolling at 1401 hrs. I was advised that  
6 two "rhino's" (off hwy / all terrain vehicles) were involved. I responded from the Mojave CHP office,  
7 and arrived on scene at 1417 hrs. Upon arriving at the scene, I learned that both drivers and  
8 vehicles were traveling in the same group, however they were involved in two separate collisions  
9 that occurred only "seconds" apart.

10

11 All speeds, times and measurements are approximate. All measurements were obtained by  
12 estimation. All E/W measurements were taken from a GPS coordinate reading that was acquired  
13 from the GPS instrument located in a Kern County Fire Dept Helicopter (# 408). The helicopter  
14 landed just west of where the collisions took place.

15

16 **SCENE:**

17

18 The Jawbone Cyn off hwy area is located on Jawbone Cyn Rd, west of SR-14. This is a rugged  
19 desert terrain area set aside for off hwy vehicle use. The Jawbone Cyn off hwy area is located in a  
20 rural uninc area of Kern County. At the time of the collision it was cloudy and dry.

21

22 **PARTIES:**

23

24 **Party # 1** [REDACTED] was lying on the ground in a supine position upon my arrival. P-1 had  
25 succumbed to her injuries. P-1 was identified by Wit # 3 and Wit # 4. P-1 was determined to be  
26 the driver of V-1 at the time of the collision by witness statements.

27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 **Vehicle # 1 (Yamaha Rhino)** was in an upright position upon my arrival, and came to rest as  
 2 indicated on the factual diagram. V-1 received total roll over damage. I conducted a visual  
 3 inspection on V-1's left front seat belt. The seat belt was a latch / link 5 way type restraint and was  
 4 not fastened together in any way when I looked at it. The seat belt appeared to be in good working  
 5 order.

6  
 7 There was a nylon strap affixed to the latch. The nylon strap had a piece of Velcro sewn into it.  
 8 The Velcro is on the nylon strap so that once the latch has been locked over the links, the latch  
 9 can be held down to the lap belt where the other half of the Velcro is. Both sides of the Velcro  
 10 appeared to be in good condition.

11

12 **PHYSICAL EVIDENCE:**

13

14 See factual diagram for further.

15

16 **OTHER FACTUAL INFORMATION:**

17

18 #1) Coroner Mancera contacted me via the telephone on 11-25-2008, at 1900 hrs. Coroner  
 19 Mancera wanted to confirm the spelling of some names. At that time I asked Coroner Mancera if  
 20 she could examine P-1 and see if she had any obvious bruising on, or near her shoulders that  
 21 would be associated with wearing a seat belt device. Coroner Mancera said she would examine  
 22 P-1, and told me to call her back in a few minutes. I called Coroner Mancera back several minutes  
 23 later. Coroner Mancera told me that P-1 did not have any obvious bruises near her shoulders or  
 24 chest area, that would indicate P-1 was wearing V-1's restraint.

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/25/2008	1355	9830	012724

**1 STATEMENTS:**

2

3 **Party # 1** [REDACTED] no statement obtained from P-1 due to the fact that she sustained fatal  
4 injuries as a result of this collision.

5

6 **Witness # 1 (Huesner)** said he was driving his Yamaha Rhino, through the desert, being followed  
7 by three other Rhino driver's. P-1 was directly behind him, Wit # 2 was directly behind P-1, and  
8 Wit # 3 and # 4, who where in the same Rhino, were directly behind Wit # 2. Wit # 1 said that they  
9 got lost and were trying to get back to their campsite. Wit # 1 said he had told the other Rhino  
10 drivers to stay back from him while they were traveling together. Wit # 1 said they were traveling  
11 on top of a mountain and came upon an area where the trail became a steep descending grade.  
12

13 Wit # 1 said he started down the grade, and made it to the bottom where he stopped. He then saw  
14 P-1 had already started down the steep embankment. Wit # 1 said he motioned to P-1 that it was  
15 okay, and that she (P-1) needed come down slow. Wit # 1 said it appeared that while P-1 was  
16 coming down the embankment, one of V-1's tires came to rest on a rock. Wit # 1 said that P-1  
17 gave V-1 some gas. Wit # 1 said P-1 got over the rock however gave V-1 too much gas. Wit # 1  
18 said that V-1 started coming down the hill too fast. Wit # 1 said V-1 started to go sideways and  
19 then started to overturn.

20

21 Wit # 1 said he heard Wit # 2 screaming. Wit # 1 said V-1 continued to overturn down the steep  
22 embankment. Wit # 1 said P-1 was ejected out of V-1 and continued to tumble down the hillside.  
23 Wit # 1 said as V-1 and P-1 came to rest at the bottom of the hillside, he saw Wit # 2's Rhino  
24 overturning down the hillside as well. Wit # 1 said when Wit # 2's Rhino came to rest, he  
25 immediately tried to call 9-1-1 on cellular telephone. Wit # 1 said he did not have a signal on his  
26 cellular telephone. Wit # 1 said as soon as he saw that both P-1 and Wit # 2 were being helped he  
27 immediately starting driving in an easterly direction. Wit # 1 said he drove until he could get a  
28 signal on his cellular telephone to make the 9-1-1 call.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
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1 **Witness # 2** [REDACTED] who was directly behind P-1, may have witnessed P-1, her daughter, start  
 2 to overturn down the hillside. Only a few seconds passed when Wit # 2 and the Rhino she was  
 3 driving started to overturn down the steep hillside. Wit # 2 was ejected out of her Rhino, and  
 4 subsequently received fatal injuries. For obvious reasons no statement was obtained from Wit # 2.  
 5 A separate investigation was completed on Wit # 2's collision.

6

7 **Witness # 3** [REDACTED] said he was driving his Yamaha Rhino following Wit # 1, P-1, and  
 8 Wit # 2. Wit # 3 said that they were trying to get back to their campsite. Wit # 3 said they were on  
 9 top of a mountain and came to an area where the trail turned into a steep hillside. Wit # 3 said as  
 10 he started down the hillside he saw V-1 start to overturn and then land down at the bottom of the  
 11 hillside.

12 Wit # 3 said soon after, Wit # 2's vehicle started to overturn and also landed down at the bottom of  
 13 the hill. Wit # 3 said after seeing P-1, and Wit # 2 overturn their Rhino's he decided to park his  
 14 Rhino. Once Wit # 3 felt he had secured his Rhino, he exited his Rhino and slid down the hill to  
 15 help P-1 (his granddaughter), and Wit # 2 (his daughter).

16

17 **Witness # 4** [REDACTED] was a passenger in Wit # 3's vehicle. She is the wife of Wit # 3, the  
 18 grandmother of P-1, and the mother of Wit # 2. I did not obtain a statement from Wit # 4.

19

20 **Witness # 5** [REDACTED] said he was standing near his campsite, directly across from the  
 21 hillside where the four Rhino's attempted to descend the steep grade. Wit # 5 said he was talking  
 22 to Wit # 6 when all of a sudden Wit # 6 said "Oh Shit". Wit # 5 turned around and saw one of the  
 23 Rhino's start to overturn down the hillside. Wit # 5 said he ran over to the area where the Rhino  
 24 overturned to help any victims.

25

26

27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/25/2008	1355	9830	012724

1 **Witness # 6** (b)(6) said he was standing near his campsite, talking to Wit # 5. Wit # 6 said he  
 2 saw a Rhino start tumbling down a steep grade directly south of his location. Wit # 6 said he got  
 3 on his motorcycle and immediately went over to aid the victims. Wit # 6 said he drove his  
 4 motorcycle partially up the steep grade, got off his motorcycle, and aided Wit # 2.

5

6 **Witness # 7** (b)(6) said he was driving his Jeep Cherokee in an easterly direction when he  
 7 saw Wit # 2's vehicle overturning down the hillside. Wit # 7 said he stopped his vehicle and ran to  
 8 Wit # 2's location.

9

10 **OPINIONS AND CONCLUSIONS:**

11

12 **SUMMARY:**

13

14 P-1 was driving V-1 on a dirt trail, located on top of a steep mountain. P-1 was directly behind  
 15 Wit # 1, and being followed by Wit # 2, and Wit # 3. The four drivers came upon a portion of the  
 16 trail that descended down a very steep grade. All four of them started to drive their Rhino's down  
 17 the steep grade. Wit # 1 made it to the bottom of the grade. P-1 then attempted to drive V-1 down  
 18 the steep grade herself. P-1 lost control of V-1 and V-1 subsequently started overturning. As V-1  
 19 overturned down the steep grade, she (P-1) was ejected out of V-1. Both P-1 and V-1 continued  
 20 tumbling / overturning down the steep grade and finally came to rest at the bottom.

21

22 The summary was based on statements, along with P-1's and V-1's place of rest after the  
 23 collision. I formed an opinion that P-1 was not wearing the 5 way latch / link restraint system as  
 24 V-1 started overturning due to P-1's lack of bruising near her shoulder area, or chest area.

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 13 OF 13

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2008	1355	9830	012724	2008-11-0039

1 **AREA OF IMPACT:**

2

3 Area of Impact (V-1 overturns) was determined to be 1,230' south of the south rdwy edge of  
4 Jawbone Cyn Rd and 380' east of GPS coordinates 35.1873 / 118.0340.

5

6 Area of Impact (P-1 gets ejected out of V-1) was determined to be 1160' south of the south rdwy  
7 edge of Jawbone Cyn Rd and 380' east of GPS coordinates 35.1873 / 118.0340.

8

9 **CAUSE:**

10

11 P-1 caused this collision due to her violation of 38312 VC (No person shall place in motion an off-  
12 hwy vehicle that is stopped, standing, or parked until such movement can be made with  
13 reasonable safety). The cause was based on statements and the steepness of the hillside.

14

15 **RECOMMENDATIONS:**

16

17 None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		



# JAWBONE CANYON & DOVE SPRINGS VISITOR INFORMATION AND TRAIL MAP



Welcome to the Jawbone - Dove Springs Area, managed by the Bureau of Land Management (BLM). The BLM is responsible for the balanced management of the public lands and resources. This management is based upon the principles of multiple use and sustained yield for both renewable and non-renewable resources. These resources include recreation, range, timber, minerals, watershed, wildlife, wilderness, natural, scenic, scientific, and cultural values. Fulfilling this mission is a challenging task, but one to which the BLM employees are committed!

*Please join us in keeping your Public Lands open for your recreation adventures.*

The Jawbone Canyon and Dove Springs Open Areas provide challenging riding and hill climbing opportunities for riders of all skill levels, from the beginner to expert. Surrounding these areas are several hundred miles of designated trails within the Limited Use area. These trails can take one from the wide-open desert flats, past geological wonders, to high scenic vistas.

## **JAWBONE-DOVE SPRINGS AREA RULES:**

Inside the flyer is a map. The map shows the designated route system along with general information pertaining to the Jawbone-Butterbrecht Management Area. There are three types of riding areas. Please read the rules below. Your cooperation in following and helping enforce these rules is appreciated. Only through your cooperation and compliance can we assure that the Jawbone-Butterbrecht Management Area will remain open for continued recreational use.

1. **LIMITED USE ONLY AREA:** A LEGAL ROUTE IS ONE THAT IS MARKED WITH A BROWN NUMBERED POST. YOU ARE IN VIOLATION IF YOU RIDE NON POSTED ROUTES, CROSS COUNTRY, HILL CLIMB OR IF YOU ARE BEHIND A RED POST. RIDING THROUGH A FENCE CUT OR AROUND A FENCE IS ALSO A VIOLATION. ***IT IS YOUR RESPONSIBILITY TO KNOW WHERE YOU ARE RIDING!***
2. **OPEN AREA:** NO RESTRICTIONS ON RIDING. ALL FORMS OF CROSS COUNTRY TRAVEL AND HILL CLIMBING IS ALLOWED.
3. **CLOSED AREA:** CLOSED AREAS INCLUDE: DESIGNATED WILDERNESS AREAS, STATE PARKS, PRIVATE PROPERTY, PACIFIC CREST TRAIL, BIRDS OF PREY NESTING AREA (1 FEBRUARY 1 – JULY 1 ANNUALLY), AND DESERT RESTORATION AREAS. INCURSIONS CAN LEAD TO CITATIONS AND FINES, KNOW WHERE YOU ARE RIDING.
4. **HAY BALES** ARE BOUNDARY MARKERS FOR DESERT RESTORATION PROJECTS AND THE AREA BEHIND THE HAY BALES ARE CLOSED TO OHV USE. PLEASE RESPECT THE BOUNDARIES AND DO NOT DAMAGE OR MOVE THE HAY BALES.

## **OFF HIGHWAY VEHICLE (OHV) USE IN THE CALIFORNIA DESERT AREA**

(OHV is any 4WD, Motorcycle, ATV Quad/3 wheeler, Dune Buggy)

A current registration (or copy) in possession, a valid green/red sticker properly affixed to the OHV, spark arrestor, and exhaust system that is California State Noise Regulation compliance is required.

**Attention ATV riders**, a helmet is required; **No passengers** on ATVs, unless the vehicle was designed to carry a passenger by the manufacture. If the rider is under fourteen years old they must have an ATV Safety Certificate and be under direct adult supervision

#### **DESERT TORTOISE INFORMATION:**

If you find a Desert Tortoise please respect it. *Any activity that causes harm to a tortoise, or possession of a tortoise, tortoise remains or destruction of their habitat is a violation of the Endangered Species Act. Violations will be treated accordingly.* Never return a domestic tortoise to the wild. If you want to adopt or return a tortoise you can contact the California Turtle and Tortoise Club at 510-886-2946 for additional information.

**SHOOTING:** Target shooting of legally registered weapons is permitted. Please clean up your target debris, shell casings and do not fire into to the air. Fireworks are not allowed on public lands at any time.

**CAMPING:** Remember! Pack it Out. Please select previously used campsites and your stay is limited to 14 days. The desert is home to many unique creatures and plants. Please respect them. The Joshua Tree is a protected plant and not a good selection for firewood. They are not really trees, burn very poorly and only grow about one foot every ten years. Please help us protect this resource. Prevent theft, lock up your equipment when departing your campsite for the day or turning in for the evening. Leave the area cleaner than you found it. If you have a campfire, please clean out the fire ring upon your departure.

#### **TIPS FOR A TROUBLE FREE VISIT:**

Always ride with a partner, whenever possible, know where you are going and have a map. Leave a riding plan in camp, check your fuel, have water with you before departing. Remember it is your responsibility to know where you are riding and if you can not see around turns slow down. Always be on the lookout for other riders when riding in or around camping and staging areas be on the lookout for younger riders. Do not count on your cell phone as coverage is very limited.

The Jawbone-Dove Springs Area has many historic, prehistoric archaeological sites and mine sites scattered across the desert. Please respect these sites, enjoy them, but leave artifacts where they were found and do not explore abandoned mine shafts. They can be very dangerous.

The BLM encourages that all desert travelers use a propylene glycol based antifreeze/coolant. It is proven safer and has less impact on wildlife and the environment should a leak occur.

#### **EMERGENCY NUMBERS: 9 1 1**

Kern County Sheriff (800)861-3110  
California City Police (760)373-8600  
BLM Dispatch Center (909)383-5652

Antelope Valley Hospital (661)949-5000  
(BLM) Jawbone Station (760)373-1146  
Ridgecrest Regional Hospital (760)446-3551

#### **FOR ADDITIONAL INFORMATION OR YOUR COMMENTS:**

Bureau of Land Management  
Ridgecrest Field Office  
300 S Richmond Rd,  
Ridgecrest CA 93555  
(760)384-5400

Jawbone Station BLM  
28111 Jawbone Canyon Road  
P.O. Box 1940  
Cantil, CA 93519  
(760)373-1146

*Remember Responsible Riders Keep Areas Open! Irresponsible riders damage the environment resulting in possibly loosing riding opportunities.*

**DUI and Open Container Laws are strictly enforced!**



MODELS

2007 Rhino 660 Auto. 4x4

[Model Home](#) [Features](#) [Specs](#) [Gallery](#) [Accessories](#) [Build Your Own](#)



-Choose Comparison Model-

**MSRP\*** \$9,799 (Hunter Green)  
 \$9,799 (Red)  
 \$10,249 Hunter (Hardwoods HD Camo)

**Engine**

Type	660cc liquid-/oil-cooled w/fan, SOHC four-stroke; 5-valve
Bore x Stroke	100mm x 84mm
Compression Ratio	9.1:1
Carburetion	Mikuni 42mm BSR
Ignition	DC - CDI
Starting System	Electric
Transmission	Yamaha Ultramatic® V-Belt /H, L, N, R
Engine Braking	All Wheel
Drive Train	Yamaha On-Command® pushbutton 3-way locking differential, 2WD, 4WD, locked 4WD; Shaft

**Chassis**

Suspension/Front	Independent double wishbone, 7.3" travel w/5-way preload adjustment
Suspension/Rear	Independent double wishbone, 7.3" travel w/5-way preload adjustment
Brakes/Front	Dual hydraulic disc, twin pistons
Brakes/Rear	Hydraulic disc, self-adjust parking system, shaft mounted
Tires/Front	AT25x8-12 NHS
Tires/Rear	AT25x10-12 NHS

**Dimensions**

L x W x H	113.6" x 54.5" x 73.0"
Wheelbase	75.2"
Turning Radius	153.5"
Ground Clearance	12.1"
Fuel Capacity	7.9 gal.
Dry Weight	1049 lb.
Bed Capacity	400 lb.
Towing Capacity	1212 lb.

**Other**

DC Outlet	Standard
Instrumentation	Digital LCD, multifunction display, fuel gauge, speedometer, odometer, dual trip, hour meter, clock and gear position
Lighting	Dual 30W Krypton multireflector headlights & dual 21/5W brake light
Warranty	6 Month (Limited Factory Warranty)

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

081204CCC3175

Exhibit #5

Page 1 of 1

Photographs



5.1 – View of steep embankment the victim was traversing down when she lost control and rolled.



5.2 – Arrow points to approximate area the victim lost control and her UTV started to roll.

**FOR INCIDENTS INVOLVING UTILITY VEHICLES (UTVs)**

\* PLEASE USE NEISS PRODUCT CODE 5044 on the cover sheet (182) if the investigation confirms that the incident involves a utility vehicle.

\* Please contact Tanya Topka (301 504 7594 or [TTopka@cpsc.gov](mailto:TTopka@cpsc.gov)) with questions about the investigation.

\* Please explicitly address each of the following questions in the IDI narrative. If no information is available for a specific question, please list the question number and indicate "na" or "not available."

1. Provide the terrain type for the incident (grass, pavement, gravel, etc.) and also indicate if the terrain is flat, sloped, etc. Dirt road in an OHV Park going down a steep embankment.
2. Determine if the driver and/or passengers were wearing seat belts. If they were wearing seat belts, please list if they were ejected. Victim was not wearing the seat belt.
3. Determine if they were wearing a helmet. Victim was not wearing a helmet.
4. Determine ages of the driver and all passengers and list the person by age and location (ex. Driver 16yom, Passenger 15yof, etc.) Driver only – 16 yof
5. Determine speed at time of incident (even if not exact speed is available provide range (ex. Between 10-20mph) Victim was going very slow down the approximately 600 ft. steep embankment when it appears one of the UTV's tires came to rest on a rock. The victim gave the UTV some gas, got her over the rock, but she gave it too much gas and she started coming down the embankment too fast. The actual speed is unknown.
6. Determine if the person was making a turn at the time of incident and in what direction. (If not what were they doing?) No
7. Determine if the vehicle had aftermarket modifications. Unknown
8. Determine the model year of the product and if it was the 450, 660, or 700cc model.  
2007 660 cc
9. Please list on the cover sheet (182) in the manufacturer section "Yamaha" and in the model section "Rhino" (We need this for easy searching) Done
10. Determine if the vehicle rolled or tipped over. If so, did it land on or crush victim? Also, please make sure you clearly identify who was killed driver, passenger, and if passenger the location they were sitting in. As the UTV sped down the steep embankment, the victim lost control and started to go sideways and then overturn numerous times. The victim was ejected and rolled separately down the hill.
11. Determine number of riders on the vehicle at time of incident. One

**Task No. 081204CCC3175**

**Date: 1-7-09**

**Status of Missing Document(s)**

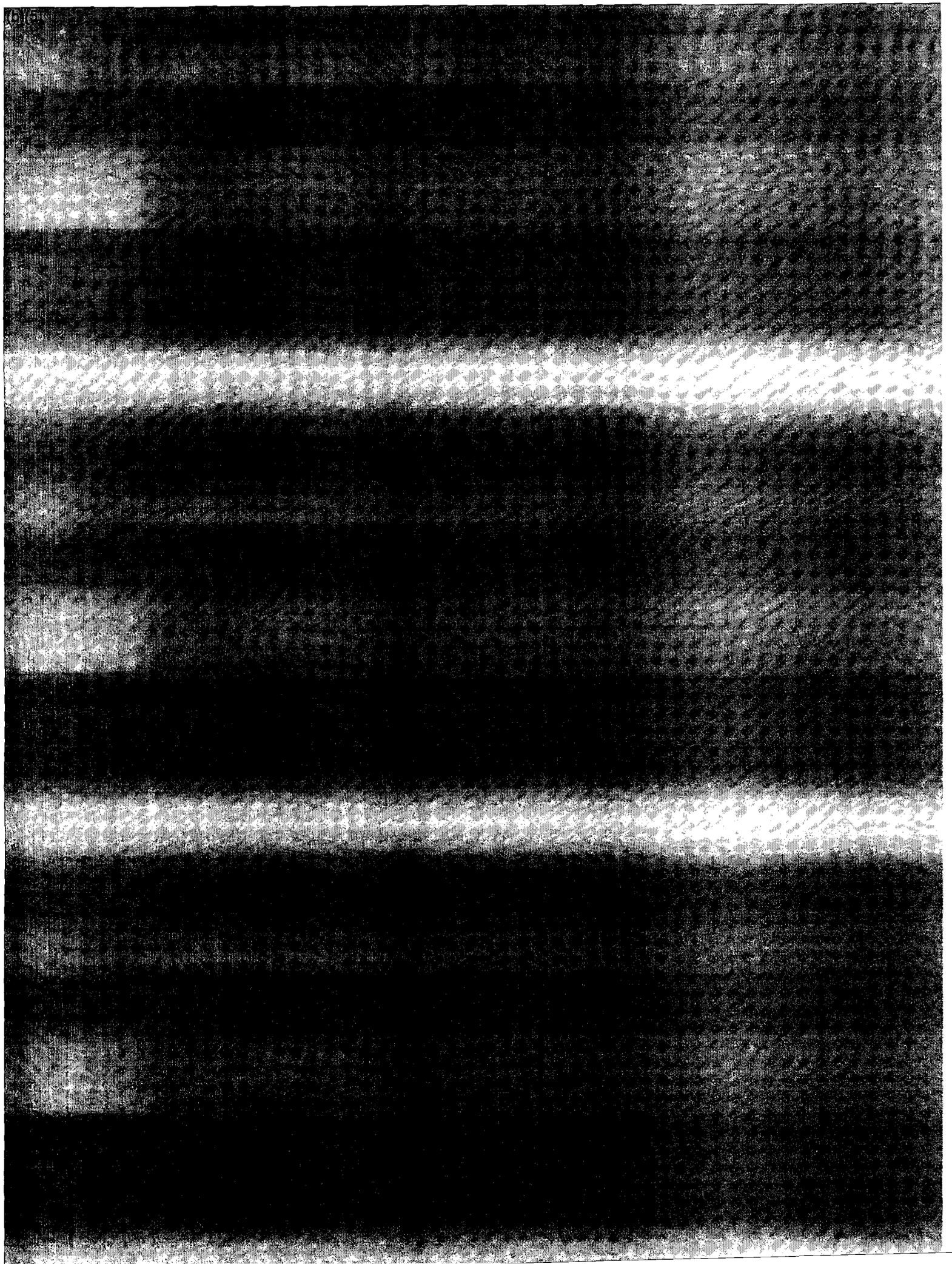
**The official records were requested for this investigation report but could not be obtained.**

1. Kern County Coroner's Report

2. \_\_\_\_\_

**DATE:** 1-7-09 **INVESTIGATOR NO:** 9011

**REGIONAL OFFICE:** CFWIC-C **SUPERVISOR NO:** \_\_\_\_\_





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# Tens of Thousands of Off-Roaders Swarm Eastern Kern County

Monday, December 01, 2008 3:57 PM

Symbols: [ATV](#)

(Source: The Bakersfield Californian) By Steven Mayer, The Bakersfield Californian

Dec. 1--Thanksgiving Day weekend is all about off-road recreation for huge numbers of Californians who come to Kern County to play.

But if this year is anything like the ghost of Thanksgiving past, the weekend will end with serious injury or even death.

Ron Lewis, chief area ranger for the Ridgecrest office of the U.S. Bureau of Land Management, estimated 25,000 people were crowded into the Jawbone Canyon off-highway recreation area by midday Friday, with tens of thousands more riding two wheels and four at other Kern County off-road areas near Ridgecrest and California City.

"Last year, we saw between 70,000 and 75,000 people over the Thanksgiving weekend," Lewis said. "At one point, we had five air (ambulances) carrying out injured riders."

Kern County sheriff's Sgt. Tyson Davis called Thanksgiving weekend the biggest weekend for off-roaders in the areas in and around Jawbone Canyon. Like Lewis, he also estimated about 25,000 people were at Jawbone on Friday.

Tragically, Thanksgiving week began with a deadly accident on Tuesday when a mother and daughter were killed after the four-wheel drive utility vehicles they were driving rolled down a steep hill in Jawbone Canyon.

The victims, [REDACTED] and her daughter, [REDACTED] of Clovis, were thrown from their vehicles. They were not wearing helmets and other safety equipment.

Ironically, the law does not require that helmets and other safety equipment be worn by drivers of "outdoor utility vehicles" like those the victims were operating, the BLM's Lewis said.

"We have tons of safety laws for ATVs (all-terrain vehicles) ... but pretty much no laws for utility vehicles," he said.

With an ATV, the rider straddles the seat, Lewis said. Utility vehicles look more like a cart or small car.

One has to be age 16 or older to operate an ATV with an engine larger than 90 cubic centimeters, but there's no limit for drivers of utility vehicles.

Lewis recalled stopping a 7-year-old driving a utility vehicle with a powerful 700-cc engine.

"There was nothing I could do," he said. "The laws in California are just written that way."

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**Local Kern County Lawyer**  
Speeding Tickets, Over 100 mph Lamont, Taft, Mojave CA

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1. Task Number 081106CWE7836		2. Investigator's ID 8096		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 03 22		5. Date Initiated YR MO DAY 2008 11 15	
6. Synopsis of Accident or Complaint UPC A 26-year-old, male victim was a passenger in a utility vehicle which was driven by his 27-year-old, male friend. The incident vehicle was a borrowed, company vehicle. They were traveling approximately 15 mph down a level construction road and hit a rut. The vehicle veered left, and the driver turned the vehicle to the right and over corrected. The vehicle began to tip over and the victim attempted to stabilize it by sticking his right leg out, but the vehicle was too heavy. The vehicle tipped over and the top, roll bar landed crushed the victim's right, lower leg. He was hospitalized for several days and has recovered.  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 <i>Am 5/18/09</i>				
7. Location (Home, School, etc) 7 - INDUSTRIAL PLACE		8. City SANTA CRUZ MOUNTAIN		9. State CA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 26		13. Sex 1 - Male		14. Disposition 4 - Hospitalized
15. Injury Diagnosis 54 - Crushing		16. Body Part(s) Involved 36 - LOWER LEG		17. Respondent 1 - Victim/Complainant
18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 12 / 0		
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 type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/08/2008		25. Reviewed By 8953		26. Regional Office Director Frank J. Nava
27. Distribution Streeter, Robin; Hartman, Jason			28. Source Document Number I08B0095A	

The complainant (victim) was a passenger in a utility vehicle. They were going about 15 mph, when the driver hit a rut in the road. He overcorrected and the vehicle began to tip over on the passenger side. The victim stuck out his leg to stabilize the vehicle, but the vehicle tipped over anyway and crushed his lower leg (see exhibit #2).

The victim provided the information in this report through a telephone interview on 12/3/2008.

The victim, a 26-year-old male, is 6'2" tall and weighs about 185 lbs. He is a normal healthy adult male. At the time of the incident he was not under any medication or under the influence of alcohol.

On March 22, 2008, the victim left his house and drove about 100 miles down to the coastal mountains in order to visit his friend. They played golf in the morning and then went back to his friend's house. He lives on a construction site which is in the coastal mountains.

After lunch the victim's friend borrowed the company utility vehicle. The utility vehicle is used to go from one place to another place on the construction site. He wanted to show the victim the size of the property. They left the house at about 12:45 pm. The victim was sitting in the passenger seat and his 27-year-old friend who is 5'10" tall and weighs about 180 lbs. was the driver. They both fasten their wear seat belts before taking off on the utility vehicle. They did not wear any helmets. They were going about 15 mph down a level dirt and gravel road. They hit a rut on road on the right side of the road. The front passenger side wheel and the passenger side rear wheel went over this rut. The utility vehicle then began to veer to the left. The driver turned the steering wheel to right and over corrected it. The vehicle then began to tip over on the passenger side. The victim stuck out his right leg in attempt to stabilize the utility vehicle, but the vehicle was too heavy. The vehicle tipped over and the top roll bar landed on the victim's right lower leg. He was still strapped onto the utility vehicle passenger seat.

The driver who was not injured in this incident then unbuckled his seat belt. He then lifted up the utility vehicle in order for the victim to pull his right lower leg from under the top roll bar. He then ran back to the house to get help. Several friends then drove up to the incident

site, picked up the victim, and drove him to the emergency room.

The victim suffered several crushing fractures to his right lower leg above the right ankle. He said doctors had to put several metal pins on his lower leg.

The victim said the weather was clear and was between 60 to 70 degrees. The utility did not have any aftermarket modifications done to the vehicle. He also said the utility appears to be top heavy which may have caused the vehicle to tip over.

PRODUCT IDENTIFICATION:

The product involved in this incident is about a 3-year-old Yamaha Rhino 450 Utility Vehicle. The dark green color utility vehicle is owned by property owner of the construction site. The victim was not able to obtain any other information on this utility vehicle.

EXHIBITS:

- #1. Internet information on the 2006 Yamaha Rhino
- #2. CPSC Incident Doc.No. I08B0095A

**Staff Report:****New for 2006  
The Yamaha Rhino 450**

Yamaha Rhino 450

Move over single seat ATVs, there is a new machine in town. The Yamaha Rhino 450, which is priced to compete with the top of the line ATVs on the market. The new Rhino 450 is closely related to the Rhino 660, released in 2003. The sporty 4x4, side by side seated unit with a rear cargo box is well accepted. The 660 Rhino is powered by Yamaha's well known five valves, liquid cooled, power-house, 660 ATV engine. New for 2006, Yamaha introduces the Rhino 450. The new 450 uses the same chassis, frame, and body. The only features that have changed are the engine size and a reduction in gearing within the automatic

transmission. Seems Yamaha has come up with a way to offer the Rhino at a better price, going from \$9,199 with the 660 version to \$7,999 on the 450, a savings of \$1,200.

**Why A 450?**

The marketing game is based on finding the needs of your consumer and filling those needs efficiently. We see this with many ATV manufacturers, they find out through surveys and dealers what the needs of the main stream purchasers are and fill the need with comparable products. For example, the top of the line ATV is now priced anywhere from \$7,000 to as high as \$9,000. Due to the above mentioned demographics, ATV prices reflect the market segment they are targeting. Many times new ATV owners will receive a mail-in survey card asking what income bracket they fit in, how old they are, and why they purchased the product. This information supplies the marketing team with valuable incite as to who is looking to buy what and how many of these potential buyers are out there. Where is this all leading? I'm laying a basis for why Yamaha would release a smaller version of the already successful Rhino 660 side by side, cargo box, ATV. Frankly, there is a customer who is looking to buy a top of the line ATV, so Yamaha wants to hit the mark and supply this customer with an alternative. An equally priced but more efficient side by side, thus Yamaha has produced good marketing strategy. Yamaha has produced a good marketing strategy by offering their customers an equally priced but more efficient **side by side unit**. We have seen this with other manufacturers; they produce a high end product and then reduce the engine size to provide a better price. This philosophy is exactly what Yamaha did with the Rhino; they kept the same structure and changed the engine size. This lead to more sales due to crossover patterning, as price can determine which machine a consumer will purchase. That may sound a bit confusing, but if a buyer wants to spend \$8,000 maximum, and a top of the line ATV is \$7,999 and a two seat, cargo box, utility model is priced the same, many purchasers will see the differences in buying a typical ATV or a side by side unit. First off, they can bring along a friend, do yard work, and have more fun anytime they ride. What would you buy?





#### **More On The 450 Engine:**

Yes, the Rhino is being powered by a 450 but I think the 450 engine size is only small by today's standards. Especially since it was not that long ago that a 400cc engine was quite large, only since the Consumer Product Safety Commission's Consent Decree expired, running from 1988 to 1998 have we seen larger than 400cc engines. Think about it, really it's only in the last few years that we have been exposed to large bore ATV engines. The Rhino 450 engine is the same power-plant used in the now available Kodiak ATV. Yamaha incorporated the same 421 cc liquid cooled, two valve engine found in the Kodiak into the new Rhino. Yamaha decided to use the configuration because of the engines vast amount of low-end torque and mid-range power, making it the perfect choice for a smaller version of the original Rhino. Mated to the 450 engine is Yamaha's tried and true Ultramatic automatic transmission with high, low, neutral, and reverse. One of the only changes made to the basic components of the new Rhino is related to the Transmission. Yamaha has changed and lowered the high and low gear ratio in the original Kodiak Ultramatic transmission to increase the power level needed to efficiently power a larger side by side ATV.

Yamaha has seen many advantages to the reproduction of the Rhino in a smaller version. One advantage we have not discussed is how many components of the Rhino have trickled in from other Yamaha ATVs, such as, the Grizzly's, On-Command Four-Wheel drive, and the fully independent suspension.

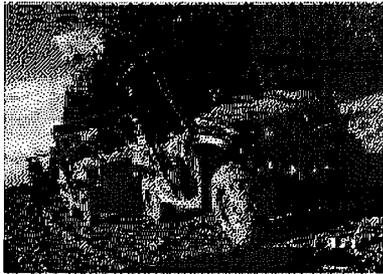


Ready to tackle the extremes with its push button on the fly four-wheel or

The On-Command four-wheel drive starts out with a dash mounted switch that enables the driver to in-gauge the machines four-wheel drive. Your first option is two-wheel drive which is for normal driving conditions. At the push of a button, you can go into four-wheel drive for mucky situations, and lastly, true locking four-wheel drive, which locks all four wheels into a direct drive and produces the most efficient amount of power to each wheel. The system may sound complicated but its simple, just push the first four-wheel drive button for four-wheel drive, and if that's not enough, slide the locking lever over and push the locking differential button. This will produce the fully locked front differential and supply power to each wheel.

The Rhino uses a fully independent suspension. Components include a double wishbone suspension with 7.3 Inches of wheel travel and 5-way adjustable shocks, both in the front and the rear of the Rhino. This wheel travel translates into 12 Inches of ground clearance.

#### **Actual Ride Time:**



I know the **side by side cargo-box type ATVs** are not for everyone, there is a demographic age that specifically enjoys the camaraderie of having a friend along to talk with. I now fall into that category, as in a few months I'll hit the big 40. Years ago, I wanted to go fast and run light. Now, I find myself enjoying more of my time with family and friends. My point is, I like the Rhino and the side by side concept so I may sound a bit biased it could be my age or it maybe that the Rhino fits many lifestyles.

Actually, I found the 450 Rhino to be as satisfying to drive as its big brother the Rhino 660. The slow woods operation is quite similar; the only difference I noticed was the 660 had better acceleration in the long haul and produced a higher top speed. The speeds are as follows: The Rhino 450 comes in at 37 mph and the Rhino 660 hits just around 47 mph, a 10 mph difference.

The Rhino is a very capable off-road two seated vehicle, which will surprise many off-roaders'. We found that the Rhino keeps a low and centered weight mass, and the engine, and transmission are both placed in the optimum position. These are also low and centered in the vehicle producing a great driver confidence of how the vehicle will handle in extreme situations. The Rhino 450 is one of the most capable off-road, side by side units I've tested. If you're in the market for a true four-wheel drive, side by side utility ATV, get to a Yamaha dealer and look at the options. You may find the side by side comfort offered by the Yamaha Rhino is more your style.

Doc No: I08B0095A

Issue: 6

11/06/2008

081106CWE7836

EXHIBIT #2

11/04/2008 16:42:34

Name = lucas bryant  
Address = 1930 hyde street #16  
City = san francisco  
State = California  
Zip = 94109  
Email = larrylowpockets@gmail.com  
Telephone = 925-219-2782  
Name of Victim = lucas bryant  
Victim's Address = 1930 hyde street #16  
Victim's City = san francisco  
Victim's State = California  
Victim's Zip = 94109  
Victim's Telephone = 925-219-2782

Incident Description = My name is Lucas Bryant and on March 23rd, 2008, I was a passenger in a Yamaha Rhino, I was wearing my seatbelt and going about 15mph, when the driver hit a rut in the road, overcorrected and tipped the vehicle over on my side. I stuck my leg out to stabilize the vehicle, but unfortunately my leg was snapped. I was rushed to the nearest hospital where I underwent emergency surgery and had a metal rod placed in my right leg.

Victim's age at time of incident = 26  
Victim's sex = male  
Date of incident = 3/22/08  
Product involved = Yamaha Rhino  
Product brand name/manufacturer = Yamaha  
Manufacturer street address =  
Place where manufactured (City and State or Country) =  
Product model and serial number, manufacture date =  
Product damaged, repaired or modified = no  
If yes, before or after the incident =  
Description of damage, repair or modification =  
Date product purchased =  
Product involved still available = no  
Have you contacted the manufacturer = no  
If not, do you plan to contact them = no  
Name Release =

List of Contacts:

Complainant: Lucas Bryant  
1930 Hyde St. #16  
San Francisco, CA 94109  
925-219-2782  
Email: [larrylowpocket@gmail.com](mailto:larrylowpocket@gmail.com)

12/3/2008 - Telephone interview with the complainant.

(b)(5)

Doc No: I08B0095A

Issue: 6

11/06/2008

11/04/2008 16:42:34

Name = lucas bryant  
Address = 1930 hyde street #16  
City = san francisco  
State = California  
Zip = 94109  
Email = larrylowpockets@gmail.com  
Telephone = 925-219-2782  
Name of Victim = lucas bryant  
Victim's Address = 1930 hyde street #16  
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Product involved = Yamaha Rhino  
Product brand name/manufacture = Yamaha  
Manufacturer street address =  
Place where manufactured (City and State or Country) =  
Product model and serial number, manufacture date =  
Product damaged, repaired or modified = no  
If yes, before or after the incident =  
Description of damage, repair or modification =  
Date product purchased =  
Product involved still available = no  
Have you contacted the manufacturer = no  
If not, do you plan to contact them = no  
Name Release =

---

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

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

  
Signature

11/11/08  
Date

I request that you do not release my name.

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

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

1. Task Number 081030CCC3081		2. Investigator's ID 9105		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2008 10 25	5. Date Initiated YR MO DAY 2008 11 03		
6. Synopsis of Accident or Complaint <b>UPC</b>  Victim was a 56 year old man who was riding an off-road utility vehicle on a dirt trail. For unknown reasons he lost control and was ejected from the vehicle. The victim's foot was entangled in the vehicle and he was dragged before the vehicle overturned. The victim, the only person in the vehicle, was pronounced deceased at the scene. The victim was not using a helmet nor using the vehicles lap and shoulder restraining belts.  <b><u>MFR/PRVLBR NOTIFIED</u></b> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>See</i> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY  <i>mu 5/18/09</i>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City VICTORVILLE		9. State CA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name ALL TERRAIN UTILITY VEHICLE		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 56	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/02/2008	25. Reviewed By 9087		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number X08A0706A	

081030CCC3081

This investigation was based on a news story that reported a man was killed when the all terrain utility vehicle he was ejected from rolled over him. The information in this report was obtained from the Law Enforcement Agencies Collision Report. The Coroners Office Report was not available.

The Collision Report described Victim as a 56 year old male weighing 250 pounds and standing 66 inches tall. The Report did not contain any medical or health information in regards to Victim. The Report indicated that Victim had consumed an unknown amount of beer throughout the day and prior to the collision. The Report stated that the toxicology report was still pending. Injuries described in the Report included head and face trauma, left leg fracture, and numerous cuts, scrapes, and abrasions to the entire body.

The location of this incident was described as an unimproved dirt trail rough in nature but relatively straight. The trail had several small washes crossing it with approximately 18 inches of grade separation between peaks and valleys. The trail was listed as being dry and the weather clear at the time of the accident.

The Report indicated that on 10/25/2008 a law enforcement officer was dispatched to an off highway collision at approximately 7:04 pm with an ambulance also dispatched. The Report stated that the officer arrived on the scene at 7:45 pm. The Report related that for unknown reasons, possibly due to the rough terrain, Victim lost control of the vehicle and was ejected. The speed of the vehicle at the time of the accident was unknown. It was suspected that Victims left foot became entangled in the area between the left front tire and the left front fender. It was further believed that the vehicle began rotating in a clock wise direction and rolled up onto its left side. It was believed Victim was dragged during this time. The vehicle came to rest on its left side with Victims left foot entangled in the area between the left front tire and fender. It was noted in the Report Victim was not wearing a helmet or using the vehicles lap and shoulder belts. The belts were found in the fully retracted position when inspected by the law enforcement officer.

The Report stated that Victim was found by friends who attempted CPR but stopped when it was realized he was deceased. Death was pronounced on the scene by a paramedic.

### **PRODUCT IDENTIFICATION**

The off road utility vehicle involved in this accident was identified as a blue 2008 Yamaha Rhino. No other vehicle description was contained in the Report. Moderate damage to the entire left side, rear bumper, left taillight, and left front tie rod were listed in the Report. The Report stated that the left front tie rod was broken off at the spindle. It was unknown if this damage occurred before or after Victim was ejected and the subsequent rollover.

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081030CCC3081

**ATTACHMENTS**

1. Law Enforcement Accident Report (10 pages)
2. Missing Document Form (1 page)

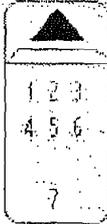


**ORIGINAL**

SPECIAL CONDITIONS FATAL		NUMBER INJURED 0	VEH & RUM FATALITY <input type="checkbox"/>	CITY UNINCORPORATED		JUDICIAL DISTRICT VICTORVILLE SUPERIOR		LOCAL REPORT NUMBER 06					
NUMBER KILLED 1		HIT & RUN INJURY REASON <input type="checkbox"/>		COUNTY SAN BERNARDINO		REPORTING DISTRICT 906		DAY OF WEEK SATURDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
LOCATION	COLLISION OCCURRED ON OFF HIGHWAY				MO 10	DAY 25	YEAR 2008	TIME (2400) 1830	HCIC # 9850	OFFICER I.D. 017113			
	MILEPOST INFORMATION: N/A				GPS COORDINATES LATITUDE 34.79146° LONGITUDE -117.51708°				PHOTOGRAPHS BY: <input type="checkbox"/> NONE				
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR 2.5 MILE(S) WEST OF US 395				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25 PHOTOS 35MM						
PARTY 1	DRIVER'S LICENSE NUMBER E1186840	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP V	VEH. YEAR 2008	MAKE / MODEL / COLOR YAMAHA RHINO BLU	LICENSE NUMBER 06C54P	STATE CA				
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER						
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		RELEASED TO FAMILY						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP [REDACTED]				PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER: [REDACTED]						
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-06	WEIGHT 250	BIRTHDATE MO DAY YEAR [REDACTED]	RACE W	VEHICLE TYPE 06		DESCRIBE VEHICLE DAMAGE <input checked="" type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		SHADE IN DAMAGED AREA [REDACTED]		INSURANCE CARRIER NOT REQUIRED						
DIR OF TRAVEL ON STREET OR HIGHWAY S		OFF HIGHWAY		SPEED LIMIT N/A		CAL-T CA		DOT [REDACTED]		TCP/PS/C [REDACTED]			
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE				
DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER						
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				VEHICLE IDENTIFICATION NUMBER: [REDACTED]		VEHICLE TYPE [REDACTED]						
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA [REDACTED]			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		CAL-T CA		DOT [REDACTED]		TCP/PS/C [REDACTED]		MC/MX [REDACTED]		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE				
DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER						
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				VEHICLE IDENTIFICATION NUMBER: [REDACTED]		VEHICLE TYPE [REDACTED]						
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA [REDACTED]			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		CAL-T CA		DOT [REDACTED]		TCP/PS/C [REDACTED]		MC/MX [REDACTED]		
DIR OF TRAVEL ON STREET OR HIGHWAY		OFF HIGHWAY		SPEED LIMIT		CAL-T CA		DOT [REDACTED]		TCP/PS/C [REDACTED]		MC/MX [REDACTED]	
PREPARED BY'S NAME [REDACTED]		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME A/I: [REDACTED] Sgt: [REDACTED] Commander: [REDACTED]		DATE REVIEWED 10/31/08							

DATE OF COLLISION (MO. DAY YEAR) 10/25/2008	TIME(2400) 1830	NCIC # 9850	OFFICER I.D. 017113	NUMBER 090
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OWNER PROPERTY DAMAGE	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE		

<b>SEATING POSITION</b>  <p>1 - DRIVER                  2 TO 6 - PASSENGERS                  7 - STA. WGN REAR                  8 - RR. OCC TRK. OR VAN                  9 - POSITION UNKNOWN                  0 - OTHER</p>	<b>OCCUPANTS</b> 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	<b>SAFETY EQUIPMENT</b> 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	<b>M/C BICYCLE - HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (a 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 38306	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED	
	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE		X		B PROCEEDING STRAIGHT	
	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD	
	D NO CONTROLS PRESENT / FACTOR*			X	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN	
B OTHER IMPROPER DRIVING*	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN	
	A HEAD-ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN	
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING	
	C REAR END				H CELL PHONE USE UNKNOWN				H SLOWING / STOPPING	
C OTHER THAN DRIVER*	D BROADSIDE				I				I PASSING OTHER VEHICLE	
	E HIT OBJECT				J				J CHANGING LANES	
	F OVERTURNED				K				K PARKING MANEUVER	
	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC	
D UNKNOWN*	H OTHER* EJECTED				M				M OTHER UNSAFE TURNING	
	MOTOR VEHICLE INVOLVED WITH				N				N XING INTO OPPOSING LANE	
	A NON - COLLISION				O				O PARKED	
	B PEDESTRIAN				P				P MERGING	
WEATHER (MARK 1 TO 2 ITEMS)	C OTHER MOTOR VEHICLE				Q				Q TRAVELING WRONG WAY	
	D MOTOR VEHICLE ON OTHER ROADWAY		1	2	3	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)			R OTHER*	
	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)	
	F TRAIN				B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO					
G BICYCLE				C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO		1	2	3		
H ANIMAL:				D				A HAD NOT BEEN DRINKING		
ROADWAY SURFACE	I FIXED OBJECT:				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE	
	J OTHER OBJECT:				F INATTENTION*				C HBD - NOT UNDER INFLUENCE*	
	PEDESTRIAN'S ACTIONS					G STOP & GO TRAFFIC		X		D HBD - IMPAIRMENT UNKNOWN*
	A NO PEDESTRIANS INVOLVED				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	B CROSSING IN CROSSWALK AT INTERSECTION				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*	
	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN	
	D CROSSING - NOT IN CROSSWALK				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE	
	E IN ROAD - INCLUDES SHOULDER				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	F NOT IN ROAD			X	M OTHER*					
	G APPROACHING / LEAVING SCHOOL BUS				N NONE APPARENT					
	ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)					O RUNAWAY VEHICLE				
	A HOLES, DEEP RUT*									
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	B LOOSE MATERIAL ON ROADWAY*									
	C OBSTRUCTION ON ROADWAY*									
	D CONSTRUCTION - REPAIR ZONE									
	E REDUCED ROADWAY WIDTH									
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	F FLOODED*									
	G OTHER*: DIRT									
	H NO UNUSUAL CONDITIONS									

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4 <div style="text-align: center; margin-top: 20px;">                       INDICATE NORTH                 </div>	MISCELLANEOUS
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**INJURED / WITNESSES / PASSENGERS**  
CHP 555 CARS PAGE 3 (REV 11-06) OPI 055

DATE OF COLLISION (MO. DAY YEAR) 10/25/2008				TIME(2400) 1830		NCIC # 9850		OFFICER I.D. 017113				NUMBER #					
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"/>	56	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	V	I

NAME / D.O.B. / ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
(b) (3) (C) PSA October 25, 01, 01, 01

(INJURED ONLY) TRANSPORTED BY: CORONER'S OFFICE TAKEN TO: CORONER'S OFFICE

DESCRIBE INJURIES: HEAD AND FACE TRAUMA, LEFT LEG FRACTURE. NUMEROUS CUTS, SCRAPES, AND ABRASIONS TO ENTIRE BODY. PRONOUNCED BY PARAMEDIC # \_\_\_\_\_ AT 1943 HOURS.

DEPUTY CORONER # \_\_\_\_\_ VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/>	<input type="checkbox"/>	39	F	<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
(b) (3) (C) PSA October 25, 01, 01, 01

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_ TAKEN TO: \_\_\_\_\_

DESCRIBE INJURIES: \_\_\_\_\_

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/>	<input type="checkbox"/>	57	M	<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
(b) (3) (C) PSA October 25, 01, 01, 01

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_ TAKEN TO: \_\_\_\_\_

DESCRIBE INJURIES: \_\_\_\_\_

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_ TAKEN TO: \_\_\_\_\_

DESCRIBE INJURIES: \_\_\_\_\_

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_ TAKEN TO: \_\_\_\_\_

DESCRIBE INJURIES: \_\_\_\_\_

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_ TAKEN TO: \_\_\_\_\_

DESCRIBE INJURIES: \_\_\_\_\_

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
		10/25/2008		

STATE OF CALIFORNIA  
SKETCH DIAGRAM

CHP 553 Page 4 (Rev. 8-97) OPI 042

PAGE 4 OF 10

DATE OF INCIDENT 10/25/2008	TIME 1830	NCIC NUMBER 9850	OFFICER I.D. (b)(6)	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )

Unimproved Dirt Trail

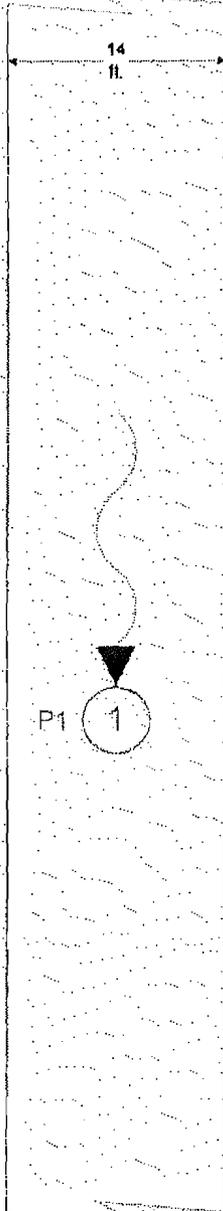


Open Desert Area

Open Desert Area

US 395 →

Buckthorne Canyon Rd  
↓



PREPARED BY (b)(6)	I.D. NUMBER	DATE 10/25/2008	REVIEWER'S NAME	DATE
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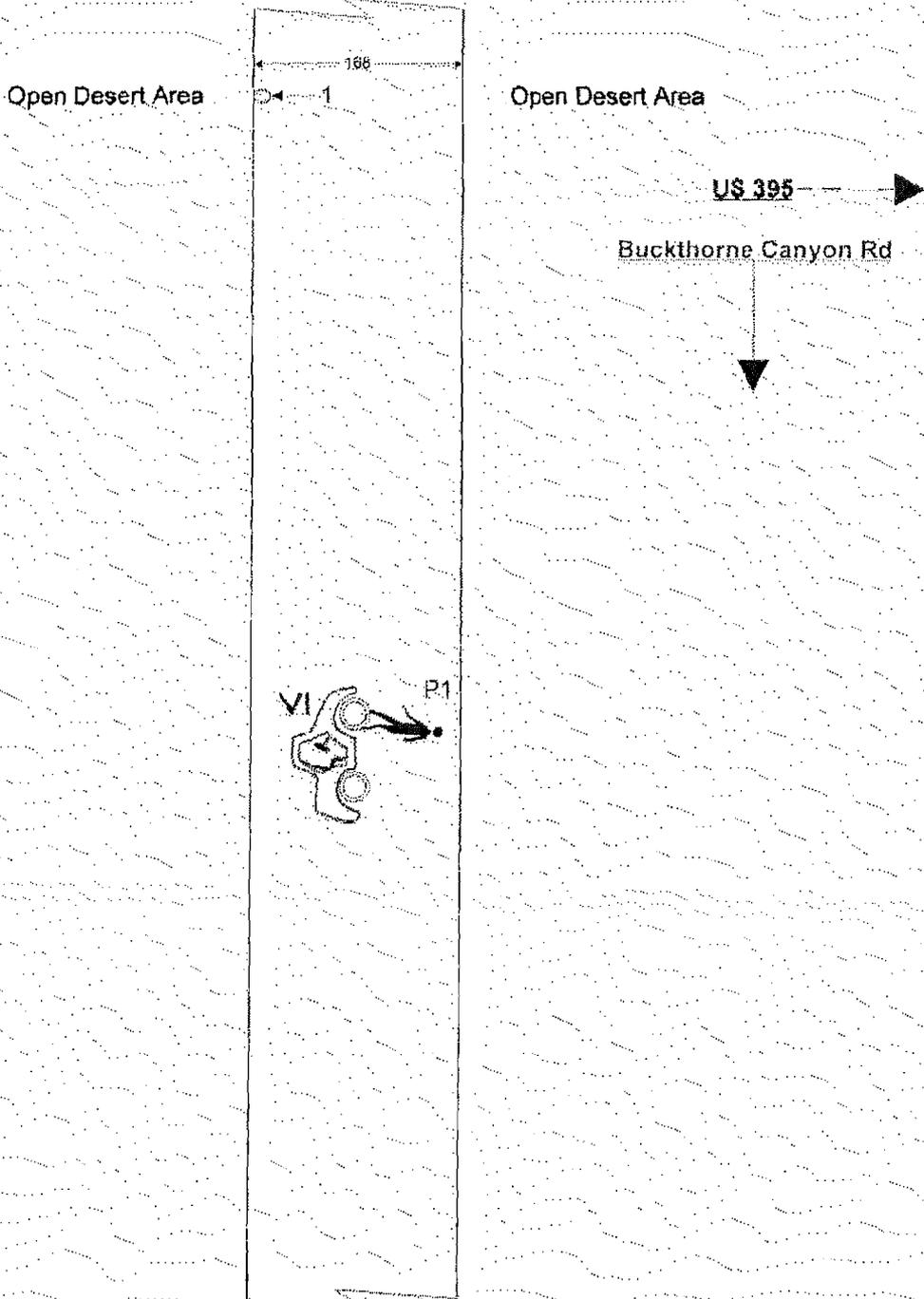
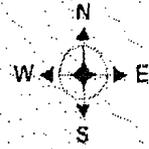
STATE OF CALIFORNIA  
FACTUAL DIAGRAM

CJIP 555 Page 4 (Rev. 8-97) OPI 042

DATE OF INCIDENT 10/25/2008	TIME 1830	NCIC NUMBER 9850	OFFICER I.D. (b)(6)	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )

Unimproved Dirt Trail



PREPARED BY (b)(6)	ID NUMBER	DATE 10/25/2008	REVIEWER'S NAME	DATE
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**NARRATIVE/SUPPLEMENTAL**

PAGE 6 OF 10

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/25/2008	1830	9850	(b)(6)	

1 **PHYSICAL EVIDENCE LEGEND:**3 **STATION LINE:**

5 A station line was established along the west edge of an unimproved dirt trail. Station 0+00 was  
 6 established at a GPS Coordinates of latitude 34.79146 and longitude -117.51708. The station line  
 7 increases as you proceed south. All measurements were taken at right angles to the station line.

9 **PHYSICAL EVIDENCE DESCRIPTION:**

11 1) Motorcycle helmet

13 **PHYSICAL EVIDENCE LOCATION:**

ITEM	STATION	OFFSET	DIR	DESCRIPTION
1	0+82'	None	--	Helmet
2	1+17'	7'	E	V1's left front tire
3	1+22'	7'	E	V1's left rear tire
4	1+18' 6"	11'	E	Center of P1's groin area
5	1+19'	13'	E	Top of P1's head

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
(b)(6)		10/25/2008		

**NARRATIVE/SUPPLEMENTAL**

PAGE 7 OF 10

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/25/2008	1830	9850	(b)(6)	

**FACTS****NOTIFICATION:**

I was dispatched to a call of an off highway collision (possible fatality) with an ambulance responding at approximately 1904 hours. I responded from Phelan Rd and Sheep Creek Rd and arrived at the collision scene at approximately 1945 hours. All times, speeds, and measurements in this investigation are approximate. Measurements were taken by GPS, roll meter, and visual estimation.

**SCENE:**

The scene of this collision is an unimproved dirt trail within the county of San Bernardino. The trail is rough in nature but relatively straight. The trail has several small washes crossing it with approximately eighteen inches of grade separation between the peaks and valleys. The trail was dry and the weather at the time of my arrival was clear, cool and dry. See physical evidence legend and factual diagram for further scene description.

**PARTIES:**

**Party # 1 (P1 Ayrapetyan):** was located at the collision scene, at his point of rest. P1 was identified by a California Driver's License and verbally by witnesses #1 and #2. P1 had been pronounced deceased prior to my arrival. P1 was not wearing a helmet at the time of my arrival. P1 was placed as a party in this collision by the following:

- P1's location.
- P1's injuries.
- Witness statements.

**Vehicle # 1 (V1 Yamaha Rhino ATV):** was located at the collision scene, at its point of rest. V1 sustained moderate damage as a result of this collision including damage to the following:

- Entire left side
- Rear bumper.
- Left taillight
- Left front tie rod (steering component)

A visual inspection of V1's restraint system was conducted on scene. The driver's lap and shoulder belt were fully retracted in an upright position. The seat belt moved freely and it did not appear to have been utilized during the collision.

PREPARED BY	D NUMBER	DATE	REVIEWER'S NAME	DATE
(b)(6)		10/25/2008		

**NARRATIVE/SUPPLEMENTAL**

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
10/25/2008	1830	9850	(b)(6)

**PHYSICAL EVIDENCE:**

Refer to physical evidence legend and factual diagram for further information.

**OTHER FACTUAL INFORMATION:**

I was assisted in this collision by the following:

(b)(6)

San Bernardino County Fire / Medic Engine #4 (909-356-3805)

(b)(6)

San Bernardino County Coroner's Office (909-387-2314)

(b)(6)

**STATEMENTS:**

**STATEMENTS ARE NOT VERBATIM AND ARE WRITTEN IN SUMMARY FORM. THE STATEMENTS WERE READ BACK TO THE INVOLVED PARTIES FOR VERIFICATION.**

**Party # 1 (P1 Ayrapetyan):** Due to P1's injuries no statement was obtained.

**Witness # 1 (W1)** [redacted]: was contacted at the collision scene and was identified verbally. W1 related to me in essence that she did not witness the collision but she and W2 were the ones who located P1 when he did not return to their camp. W1 stated that prior to sundown (approximately 5:00pm) that P1 went out for a ride. The rest of their party began packing up to go home. At sunset they (their group) became concerned when P1 did not return to camp. They did not see any dust in the area or other signs of riding. They got on top of their trailer and used binoculars but still did not locate P1. W1's husband began driving in a northwesterly direction but after 30 minutes did not locate P1. She (W1) and W2 began driving in a southeasterly direction. Approximately 15 minutes later they located P1 and V1. She stated that the Rhino (V1) was on its side and P1 was lying on his left side next to it. They rolled P1 onto his back to examine him. W1 stated that P1 was not breathing and he was cold to the touch. They tried CPR but stopped after about 30 seconds. It was obvious to W1 that P1 was not alive. W1 called her husband who then called 911 to report the incident. When asked, W1 stated that P1 had consumed a few beers during the day but he did not appear intoxicated to her.

W1 stated that she only moved P1 onto his back and turned on V1's lights. She did not disturb anything else. She turned on V1's lights to assist others in locating the collision scene.

**NARRATIVE/SUPPLEMENTAL**

PAGE 9 OF 10

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/25/2008	1830	9850	[REDACTED]	

1 **Witness # 2 (W2 Aslanyan):** was contacted at the collision scene and was identified verbally.  
2 W2 related to me in essence that he too did not witness the collision but he and W1 were the ones  
3 who located P1 when he did not return to their camp. He stated that he was riding with W1 when  
4 they located P1. W2 assisted W1 in attempting CPR on P1. He stated that they stopped a short  
5 time later when they realized that P1 was not alive. Prior to my arrival W2 gathered up some of  
6 the ropes that were thrown from V1 and put them in a pile. He did not move V1 or the helmet.

**24 HOUR PROFILE:**

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10 At approximately 0040 hours I contacted [REDACTED] (P1's daughter) at their camp. [REDACTED]  
11 stated that P1 went to bed between 10:30 to 11:00pm the night prior and had a normal night of  
12 sleep. He woke up at 8:00am and had coffee. They left their home and arrived at the camp at  
13 10:30am. Between 11:00 and 12:00 noon P1 had a sandwich and then shortly thereafter had a  
14 "heavy" lunch. He had a beer after lunch and rested in a hammock for about an hour. The rest of  
15 the afternoon was normal. P1 went on several rides lasting about an hour each time. [REDACTED]  
16 stated that P1 did not have any medical problems and was not taking any medications. She  
17 stated that P1 was not depressed in any way and that he was having a "happy" day.

**OPINIONS AND CONCLUSIONS:**

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19  
20 *THE SUMMARY, AREA OF IMPACT(S) AND CAUSE WERE BASED ON PHYSICAL EVIDENCE, VEHICLE DAMAGE,*  
21 *INJURIES, AND STATEMENTS.*

**SUMMARY:**

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25 P1 was driving V1, S/B on an unimproved dirt trail, at an unknown speed. For unknown reasons,  
26 (possibly due to the rough terrain) P1 lost control of V1, and was ejected from V1. During the  
27 sequence of events, P1's left foot became entangled in the area between the left front tire and the  
28 left front fender. V1 began rotating in a clockwise direction and rolled up onto its left side all while  
29 traveling in a southerly direction. It is believed that P1 was being dragged during this time. V1  
30 came to rest, on its left side, facing in a northerly direction. P1 came to rest, lying on his left side,  
31 perpendicular to V1 (facing east), with his left foot entangled in the area between the left front tire  
32 and the left front fender.

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34 P1 was not wearing a helmet or utilizing V1's lap and shoulder belts.

**AREA OF IMPACT:**

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38 A.O.I. #1 (P1 ejected from V1) was located approximately 5 miles north of Buckthorne Canyon  
39 Rd, and approximately 2.5 miles west of US 395.

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	10/25/2008		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 10 OF 10

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I D	NUMBER
10/25/2008	1830	9850	(b)(6)	

**INTOXICATION NARRATIVE:**

During the investigation it was revealed that P1 had consumed an unknown amount of beer throughout the day and prior to the collision. There were no witnesses to P1's driving, and I was unable to determine P1's level of impairment or BAC (if any) at the time of collision. A toxicology report is pending and will be conducted by the coroner's office.

**CAUSE:**

P1 caused this collision by driving V1 in violation of 38305 VC – Basic Speed Law (Off road)

**ADDITIONAL INFORMATION:**

V1 sustained damage to the left front tie rod (broke off at the spindle) during this collision. It is unknown if the damage occurred before or after P1's ejection from V1 and subsequent rollover.

**RECOMMENDATIONS:**

None.

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PREPARED BY	I D NUMBER	DATE	REVIEWER'S NAME	DATE
(b)(6)		10/25/2008		

**Task Number:** 081030CCC3081

**Attachment :** 2

**Date:** 12/02/2008

### **Status of Missing Document(s)**

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

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

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**DATE:** 12/02/2008

**INVESTIGATOR NO:** 9105

**REGIONAL OFFICE:** \_\_\_\_\_ **SUPERVISOR NO:** \_\_\_\_\_

081030CCC3081

**REPORT IDENTIFIERS**

Victim-(b)(3) CPISA Section 25(c), (b)(6)

Law Enforcement Agency- California Highway Patrol, 14210 Amargosa Road,  
Victorville, CA 92392

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

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TASK NUMBER : 081030CCC3081

(b)(5)



This death involved a 15-year old boy and a 4-wheeled utility vehicle which was traveling along a private driveway in Arizona. Information in this report was obtained from local Sheriff and Medical Examiner personnel.

According to the Medical Examiner, the victim was a well-developed and well-nourished male. He weighed 132-pounds and was 64-inches tall.

It happened around 4:15 p.m. during the afternoon of 5-16-2008.

The 15-year old victim along with a 14-year old boy and several other 15-year old boys decided to play/ride on a utility all-terrain vehicle. This vehicle had two front seats with seat belts, a steering wheel, a roll over cage/bar above the seats and a pick-up style bed in the back, see photos # 6 - 10.

A 15-year old boy was sitting in the driver's seat and operating the vehicle. A 14-year old boy was sitting on the center console. Another 15-year old boy was sitting in the front passenger seat and another 15-year old boy was sitting in the pick-up style bed of the vehicle.

The 14-year old boy told Detectives that no one in the vehicle was wearing a seatbelt.

The boys took this vehicle for a spin along a private driveway located next to a private house, see photos # 1 & 2.

According to one Detective, there was sufficient space along this private driveway for two lanes of travel. This private driveway followed the natural contours of the land around the house. There were dips, hill crests and curves in this driveway. He reported that the road was dry and appeared to be in good condition, see photos # 3 & 4.

The 15-year old driver told Detectives that this was the first time he had driven this vehicle. He was driving the vehicle eastward along the driveway and making a left turn when the 14-year old boy's foot stepped on his right foot and caused the vehicle to accelerate.

As the vehicle was traveling along the driveway the 15-year old victim ran over and jumped onto the driver's side as the vehicle was making a left turn along a curve in the driveway. He grabbed onto the outside of the driver's side of the vehicle.

The driver said that the victim was hanging onto the driver's side of the vehicle when the vehicle hit a small retaining wall, see photos # 4 & 5.

The vehicle then flipped over onto its side.

The 14-year old boy confirmed these events during his conversation with deputies. He said that during the turn his left foot slipped onto the driver's right foot which was on the gas pedal. This caused the gas pedal/accelerator to be pushed to the floor.

The vehicle left the private driveway and struck a decorative retaining wall that was located on the south side of the residential property, see photos # 4 & 5.

The vehicle then started traveling to the right.

The vehicle began to skid and eventually rolled onto the driver's side. The vehicle rolled over on top of the 15-year old victim who was holding onto the outside of the vehicle.

According to one Detective, the victim was struck by the upper edge of the left side of the vehicle's roof as the vehicle overturned.

The weight of the vehicle crushed the boy's chest.

According to the Deputies, several of the other boys also suffered injuries. The driver suffered a closed head trauma injury and was admitted to a local hospital. The boy who sat in the front passenger seat suffered a broken arm. The other boys suffered minor bruising.

A 9-1-1 call was received at 4:15 p.m. Paramedics and Sheriff's personnel responded to the scene.

The boys were taken to local hospitals. The 15-year old victim who had been holding onto the side of the vehicle died from his injuries.

An autopsy was performed by a County Medical Examiner. He determined that the boy's death was due to blunt impact to the torso. The pathological diagnoses include laceration of the heart and pericardium; hemothorax; cutaneous abrasions; blunt impact to extremities and cutaneous abrasions, contusion and laceration.

A copy of the medical examiners report is attached as exhibit # 3.

#### PRODUCT IDENTIFICATION

This death involved a Rhino model utility all-terrain vehicle from Yamaha Motors Corporation.

Deputies identified the vehicle as a 2005 Yamaha, 660 Rhino with VIN # 5Y4AM06Y95A006362.

A warning label was located on this vehicle. This labeling includes (see photo # 14):

#### /!\ WARNING

To reduce risk of accidents and injury or death

#### Be Prepared

Wear seat belt, motorcycle helmet, eye protection and protective gear.

Keep your body completely inside the vehicle at all times. Keep both hands on the steering wheel. Be sure passenger is seated, belted, and holding onto the handholds.

#### Be Qualified and Responsible

This vehicle is intended for use only by an operator 16 or older with a valid motor vehicle license.

Passenger and driver must be able to place both feet flat on the floorboard while seated upright with their backs against the seat backs.

Do not drive or ride as passenger after using drugs or alcohol

Do not operate on public roads.

READ THE OWNER'S MANUAL

Avoid Rollovers and Crushing injuries

Use care when turning:

Turning the steering wheel too far or too fast can result in a rollover or loss of control.

Slow down before entering a turn.

When making tight turns from a stop or at slow speeds, avoid sudden or hard acceleration.

Avoid sideways sliding, skidding, or fishtailing, and never do donuts.

Drive straight up and down inclines, not across them, If crossing a hill is unavoidable, drive slowly and turn downhill immediately if you feel the vehicle may tip.

Avoid paved surfaces. Turn gradually and go slowly if you must drive on pavement. This vehicle is designed for off-road use only.

If you think or feel the Rhino may tip or roll:

Brace yourself by pressing your feet firmly on the floorboards and keep a firm grip on the steering wheel or handholds.

Do not put your hands or feet outside of the vehicle for any reason.

Abrupt maneuvers or aggressive driving have caused rollovers - even on flat, open areas.

Genuine Yamaha Doors and a Handhold/Strap are available for free installation or replacement. Yamaha recommends these features to help keep occupants from sticking arms or legs out of the vehicle during a rollover

Contact your dealer or visit  
[www.yamaha-motor.com/rhino](http://www.yamaha-motor.com/rhino)

Photographs of this vehicle are included in exhibit # 2.

CONTACTS:

PURPOSE & RESULTS:

Sheriff &  
Medical Examiner personnel

Incident scenario & product info

EXHIBITS:

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

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<b>ARIZONA TRAFFIC ACCIDENT REPORT</b>			<b>REPORT ID</b>										Agency Report Number <b>08-087437</b>					
<b>1</b>	Police only - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 064R 206 S 17 <sup>TH</sup> AVE PHOENIX, ARIZONA 85007-3233			YEAR	MONTH	DAY	HOUR			NCIC NO			OFFICER'S ID NO			Call:  Total No. of Sheets.		
	<b>0</b>	<b>8</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>S</b>		<b>1</b>	<b>8</b>

**COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY O(CIRCLE) AND ANY (DIAMOND) ARE CHECKED**

<b>2</b>	Total Units <b>1</b>	Total Injuries <b>5</b>	Total Fatalities <b>1</b>	Estimated Total Damage Compared To Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under	<input type="checkbox"/> Fatal <input type="checkbox"/> Hit/Run	<input type="checkbox"/> Gov. Property	<input type="checkbox"/> Pers Trans <input type="checkbox"/> Immed Med Care	<input type="checkbox"/> Tow Veh(s) from Scene?	District or Grid No <b>3037</b>
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<b>3</b>	L O C	On Highway/Road/Street <b>Private Property</b>	<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside	City <b>Peoria</b>	County <b>Maricopa</b>
		Intersecting Street, Road/M.P./ or R.P. <input checked="" type="checkbox"/> At <input type="checkbox"/> From	<input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> Plus <input type="checkbox"/> Minus	Distance

<b>1</b>	T R A F F I C  U N I T #	State	Class	End	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name <b>[REDACTED]</b>	Sex <b>M</b>	Inj <b>2</b>		
		Restrictions	Date of Birth <b>10/06/92</b>	Address <b>[REDACTED]</b>		City <b>[REDACTED]</b>		State	ZIP Code	Telephone Number			
		Plate Number <b>[REDACTED]</b>	State <b>AZ</b>	Year <b>2005</b>	Owner/Carrier Name <input type="checkbox"/> Same as Drvr	Address <b>[REDACTED]</b>		City <b>Peoria</b>	State <b>AZ</b>	ZIP Code			
		Body Style <b>ATV</b>	<input checked="" type="checkbox"/> Bus (9 Or More seats)	Make <b>Yamaha</b>	Color <b>Camo</b>	Year <b>2005</b>	VIN <b>[REDACTED]</b>	Safety Device Code <b>1</b>					
		Removed to	<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by	Orders of	Posted Spd Limit	Otc Est Speed						

<b>4</b>	T R A F F I C  U N I T #	State	Class	End	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name	Sex	Inj		
		Restrictions	Date of Birth	Address		City		State	ZIP Code	Telephone Number			
		Plate Number	State	Year	Owner/Carrier Name <input type="checkbox"/> Same as Drvr	Address		City	State	ZIP Code			
		Body Style	<input type="checkbox"/> Bus (9 Or More seats)	Make	Color	Year	VIN	Safety Device Code					
		Removed to	<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by	Orders of	Posted Spd Limit	Otc Est Speed						

<b>5</b>	P A S S E N G E R S	State	Class	End	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name	Sex	Inj		
		Restrictions	Date of Birth	Address		City		State	ZIP Code	Telephone Number			
		Plate Number	State	Year	Owner/Carrier Name <input type="checkbox"/> Same as Drvr	Address		City	State	ZIP Code			
		Body Style	<input type="checkbox"/> Bus (9 Or More seats)	Make	Color	Year	VIN	Safety Device Code					
		Removed to	<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by	Orders of	Posted Spd Limit	Otc Est Speed						

<b>5</b>	P A S S E N G E R S	Seating Position	10 Not in Passenger Compartment 11 Motorcycle, Bus 12 Other 13 Unknown 14 Pedalcyclist	Safety Devices	4 Air Bag Deployed 5 Child Restraint 6 Protective Helmet 7 Passive Belt	8 Passive & Lap 9 Other 0 Unknown	Injury Severity Codes	4 Incapacitating 5 Fatal Injury 6 Not Reported/Unknown
		Unit #	Seat Pos	SD	Age	Sex	Inj	

<b>6</b>	Other Property	Damage (Describe)	Address	City	State	ZIP Code	Telephone Number
	Owner's Name						

<b>7</b>	W I T N E S S	Name	Address	City	State	ZIP Code	Telephone	Age

<b>8</b>	Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photographer's Name, ID Number, and Agency <b>Jeff Eccles # 739 Maricopa County S.O.</b>	Invest At Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Invest. <b>05/16/08</b>	Time Invest. <b>1630</b>
	Officer's Signature and ID Number <b>R. Levy #1881</b>	Agency <b>Maricopa County Sheriff's Office</b>	Date Completed		

5-Diagram

DR# 08-087437

Page 2

SEE DETECTIVE'S SUPPLEMENT DIAGRAM

13-DESCRIBE WHAT HAPPENED

SEE ATTACHED NARRATIVE

11-SKIDDING OCCURRED VEHICLE 1 2 3  
 YES     
 NO

12-CITATIONS UNIT NO A R S. NO

14-PRIOR ACTION RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT  
 YES  NO  
 RIGHT  LEFT UNIT NO 1

15-MANNER OF COLLISION CHECK ONLY ONE  
 1  SINGLE VEHICLE  
 2  ANGLE  
 3  LEFT TURN  
 4  RIGHT TURN  
 5  U-TURN  
 6  REAR-END  
 7  HEAD-ON  
 8  SIDESWIPE(SAME DIRECTION)  
 9  SIDESWIPE(OPPOSITE DIRECTION)  
 10  BACKING  
 11  NON-CONTACT MOTORCYCLE  
 12  NON-CONTACT NON-MOTORCYCLE  
 13  PEDESTRIAN  
 14  PEDALCYCLE  
 15  OTHER

30-TRAFFIC UNIT ACTION CHECK ONE PER UNIT  
 1 2 3  
 1    GOING STRAIGHT AHEAD  
 2    SLOWING IN TRAFFICWAY  
 3    STOPPED IN TRAFFICWAY  
 4    MAKING LEFT TURN  
 5    MAKING RIGHT TURN  
 6    MAKING U TURN  
 7    ENTERING ALLEY OR DRIVEWAY  
 8    LEAVING ALLEY OR DRIVEWAY  
 9    OVERTAKING/PASSING  
 10    CHANGING LANES  
 11    BACKING  
 12    AVOIDING VEHICLE, OBJECT, PED  
 13    ENTERING PARKING POSITION  
 14    LEAVING PARKING POSITION  
 15    PROPERLY PARKED  
 16    IMPROPERLY PARKED  
 17    DRIVERLESS MOVING VEHICLE  
 18    CROSSING ROAD  
 19    WALKING WITH TRAFFIC  
 20    WALKING AGAINST TRAFFIC  
 21    STANDING  
 22    LYING  
 23    GETTING ON OR OFF VEHICLE  
 24    WORKING ON OR PUSHING VEH  
 25    WORKING ON ROAD  
 26    OTHER  
 27    UNKNOWN

31-VISION OBSCUREMENT CHECK ONE PER UNIT  
 1 2 3  
 1    NOT OBSCURED  
 2    BY PARKED / STOPPED VEHICLE  
 3    BY MOVING VEHICLE  
 4    BY BUILDING  
 5    BY EMBANKMENT  
 6    BY SIGNBOARD  
 7    BY HILLCREST  
 8    BY LOAD ON VEHICLE  
 9    BY TREES, BUSHES  
 10    BY HEADLIGHT  
 11    BY SUN GLARE  
 12    BECAUSE OF BAD WEATHER  
 13    OTHER  
 14    RAIN, SNOW, FOG ON WINDSHIELD  
 15    WINDSHIELD OBSCURED- OTHER  
 16    UNKNOWN

32-DIRECTION OF TRAVEL CHECK ONE PER UNIT  
 1 2 3 5 6 7 8 9  
 1    NORTH   NW  
 2    SOUTH   NE  
 3    EAST   SW  
 4    WEST   SE  
 5    UNKNOWN

16-LIGHT CONDITIONS CHECK ONLY ONE

- 1  DAYLIGHT
  - 2  DAWN OR DUSK
  - 3  DARKNESS
- YES NO
- 1   STREETLIGHT
  - 2   STREETLIGHT FUNCTIONING

17-WEATHER COND. CHECK ONLY ONE

- 1  CLEAR
- 2  CLOUDY
- 3  SLEET/HAIL
- 4  RAIN
- 5  SNOW
- 6  SEVERE CROSSWINDS
- 7  BLOWING DIRT, SAND, SOIL, SNOW
- 8  FOG, SMOG, SMOKE

18-ROAD SURFACE TYPE CHECK ONLY ONE

- 1  ASPHALT
- 2  CONCRETE
- 3  GRAVEL
- 4  DIRT
- 5  OTHER

19-TYPE OF LOCATION CHECK ONLY ONE

- 1  INTERSECTION
- 2  JUNCTION AREA
- 3  NON-JUNCTION
- 4  DRIVEWAY ACCESS
- 5  ALLEY ACCESS
- 6  ALLEY

20-INTERSECTION RELATED

YES  NO

21-SPECIAL LOCATION CHECK ONLY ONE

- 1  SCHOOL CROSSING
- 2  PEDESTRIAN CROSSWALK (STRIPED)
- 3  PEDESTRIAN CROSSWALK (NO STRIPING)
- 4  BRIDGE
- 5  TUNNEL
- 6  RR CROSSING
- 7  GORE AREA
- 8  BIKE PATH
- 9  2-WAY LEFT TURN LANE

22-UNUSUAL ROAD COND. CHECK ONLY ONE

- 1  UNDER CONST TRAFFIC ALLOWED
- 2  UNDER CONST. NO TRAFFIC ALLOWED
- 3  UNDER REPAIRS
- 4  HOLES, RUTS, BUMPS
- 5  OBSTRUCTION - PROTECTED
- 6  OBSTRUCTION - UNPROTECTED
- 7  OBSTRUCTION - NOT LIGHTED AT NIGHT
- 8  DEFECTIVE SHOULDERS
- 9  CHANGING ROAD WIDTH
- 10  WATER (STANDING OR MOVING)
- 11  TEMPORARY LANE CLOSURE

23-TRAFFIC CONTROL DEVIC. LEGEND:

- A-DEVICE OPERATIONAL
  - B-DAMAGED OR NON FUNCTIONAL PRIOR TO ACCIDENT
- CHECK ANY THAT APPLY
- A B
- 1  TRAFFIC SIGNAL
  - 2  YIELD SIGN
  - 3  STOP SIGN
  - 4  WARNING SIGN
  - 5  RAILROAD SIGNAL
  - 6  FLASHING SIGNAL
  - 7  FLAGMAN OR OFFICER

24-NON INTERSECTION ROAD CHARACTER CHECK ONLY ONE

- 1  2-WAY STRIPED CENTERLINE
- 2  2-WAY NO STRIPE
- 3  2-WAY PAINTED MEDIAN
- 4  2-WAY RAISED MEDIAN
- 5  2-WAY CONCRETE BARRIER
- 6  2-WAY CABLE BARRIER
- 7  2-WAY DEPRESSED MEDIAN
- 8  2-WAY EXTENDED MEDIAN
- 9  1-WAY STREET

25-ROAD GRADE CHECK ONLY ONE

- 1  LEVEL
- 2  DOWNGRADE
- 3  UPGRADE
- 4  HILLCREST
- 5  DIP

26-ROAD SURFACE CONDITION CHECK ONLY ONE

- 1  DRY
- 2  WET
- 3  SAND, MUD, DIRT, OIL, GRAVEL
- 4  SNOW
- 5  SLUSH
- 6  ICE
- 7  OTHER
- 8  UNKNOWN

27-CONDITONS INFLUENCING DRIVER

- TWO CHOICES PER PERSON
- 1 2 3
- 1    NO APPARENT INFLNCE
  - 2    HAD BEEN DRINKING
  - 3    USE OF ILLICIT DRUGS
  - 4    ILLNESS
  - 5    FELL ASLEEP/FATIGUE
  - 6    PHYSICAL IMPAIRMENT
  - 7    PRESCRIPTIO DRUGS
  - 8    OTHER
  - 9    UNKNOWN

28-VIOLATIONS/BEHAVIOR TWO CHOICES PER PERSON

- 1 2 3
- 1    NO IMPROPER ACTION
  - 2    SPEED TO FAST FOR COND
  - 3    EXCEED LAWFUL SPEED
  - 4    FAILED TO YIELD RIGHT OF WAY
  - 5    FLOWED TOO CLOSELY
  - 6    RAN STOP SIGN
  - 7    DISREGARDED TRAFFIC SIGNAL
  - 8    MADE IMPROPER TURN
  - 9    DROVE IN OPPOSING TRAFFIC LN
  - 10    KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIP.
  - 11    REQ MOTORCYCLE SAFETY EQUIP NOT USED
  - 12    PASSED IN NO PASSING ZONE
  - 13    UNSAFE LANE CHANGE
  - 14    OTHER UNSAFE PASSING
  - 15    INATTENTION
  - 16    DID NOT USE CROSSWALK
  - 17    WALKED ON WRONG SIDE OF RD
  - 18    OTHER
  - 19    UNKNOWN

29-VEHICLE CONDITION TWO CHOICES PER VEHICLE

- 1 2 3
- 1    NO APPARENT DEFECTS
  - 2    DEFECTIVE BRAKES
  - 3    DEFECTIVE STEERING
  - 4    DEFECTIVE HEADLAMPS
  - 5    DEFECTIVE TAIL LAMPS
  - 6    DEFECTIVE TURN-SIGNAL
  - 7    PUNCTURE OR BLOWOUT
  - 8    ONE OR MORE SMOOTH TIRES
  - 9    FIRE
  - 10    DEFECTIVE WINDSHIELD WPR
  - 11    DEFECTIVE EXHAUST SYSTEM
  - 12    OTHER DEFECTS
  - 13    NO TRAILER BRAKES
  - 14    UNKNOWN

<b>ARIZONA TRAFFIC ACCIDENT REPORT</b> <b>SUPPLEMENT</b> <small>ACCIDENT RECORDS ANALYSIS UNIT ORAM          ARIZONA DEPARTMENT OF TRANSPORTATION          206 W. 1ST AVE. PHOENIX, ARIZONA 85007-3235</small>	<b>REPORT ID</b>												Agency Report Number <b>08-87437</b>						
	YEAR    MONTH    DAY    HOUR    NCIC NO.    OFFICERS ID NO.	0	8	0	5	1	6	1	6	1	5	0	7	0	0	0	1	8	8
<b>ACCIDENT DESCRIPTION</b> (Narrative)																			

On 05/16/08 at approximately 1615 hours, I responded to a traffic accident at [REDACTED] in Peoria AZ.

Upon arrival I saw that the Peoria Fire Department, Engine 195, was treating one subject. I also noticed that there was an ATV laying on the driver's side, facing west, Arizona plate [REDACTED]. A registration check of the vehicle through MCSO radio showed the vehicle registration to be invalid – Mandatory Insurance suspension and the registered owner, [REDACTED] – 12/30/64.

One of the firefighters advised me that they would be transporting one subject, [REDACTED] – 15y/o, by helicopter and that they had a battalion Chief at the landing zone, the neighboring church on Jomax Rd. Other responding deputies were diverted to the landing zone to assist.

Deputy Azurin #1621 and I began gathering information about the accident and found there to be no witnesses other than the 5 teenagers involved in the accident. We identified the other 4 passengers who were riding in the ATV. [REDACTED] 10/06/92; [REDACTED], 06/30/93; [REDACTED] 15y/o; [REDACTED], 02/22/93. We were informed that [REDACTED] was driving the ATV, [REDACTED] was sitting on the center console, [REDACTED] was sitting in the passenger seat, [REDACTED] was sitting in the pick-up style bed of the ATV, and that [REDACTED] was standing and hanging onto the driver's side roll cage.

I contacted [REDACTED] as he was attempting to leave the scene to transport his son, [REDACTED], to Arrowhead Hospital. I collected [REDACTED] information and contact numbers before allowing him to proceed to the hospital. I also discovered that this accident had occurred on private property, the driveway shared by multiple residences.

I was directed by Sergeant C. Jeffreys #1010 to complete the accident face sheet while fire treated the other passengers for minor injuries.

Deputy Azurin advised me that as [REDACTED] was driving the ATV on the driveway, [REDACTED] jumped onto the vehicle's driver's side roll cage as it was taking a left turn. [REDACTED] stated that during the turn his left foot slipped onto [REDACTED] right foot causing the gas pedal to be pushed to the floor. As a result of these actions the ATV began to skid and eventually roll onto the driver's side, crushing [REDACTED] chest before coming to rest in the position it was upon our arrival.

[REDACTED] was transported by Southwest ambulance to the landing zone, where he was further transported by DPS helicopter to St. Joseph's hospital.

The ATV was up righted and moved by unknown persons, without our knowledge or approval to allow [REDACTED] SUV to pass through on his way to Arrowhead hospital.

I was advised by my Sergeant that traffic accident detectives were en-route to the scene and that he was attempting to get a Drug Recognition Expert to respond as well. I was directed to standby with [REDACTED] and his father, [REDACTED] – 04/27/54, who had just arrived to ensure that Thomas did not place anything in his mouth other than water, so that any results found by the DRE were not skewed.

I later found out that no DRE was needed and [REDACTED] was permitted to transport [REDACTED] to Arrowhead hospital as he previously indicated he wanted to as a precaution.

Next I contacted [REDACTED], [REDACTED] – 09/26/67, and [REDACTED] father, [REDACTED] – 08/05/68, and collected contact information from them as they arrived to the scene.

Detective Jeff Eccles #739 arrived to investigate the accident. Deputy Azurin, Sergeant Jeffreys, and I explained to Detective Eccles the information that we had gathered and gave him a copy of the accident face sheet.

I later was contacted by Detective David Gross #1425 from the Vehicular Crimes Unit concerning this incident. He requested the information that I had gathered of the passengers and their parents so that he could conduct his follow up investigation. I sent him the requested information by county email.

Nothing Further.

ADOT USE ONLY

PRIVATE PROPERTY

<b>ARIZONA TRAFFIC ACCIDENT REPORT</b>			REPORT ID						Agency Report Number												
1	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 064R 206 S 17 <sup>TH</sup> AVE PHOENIX, ARIZONA 85007-3233			YEAR	MONTH	DAY	HOUR	NCIC NO	OFFICERS ID NO												
				0	8	0	5	1	6	1	6	1	5	0	7	0	0	S	1	4	2
											08-087437		963P								
											Total No of Sheets										

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (CIRCLE) AND ANY (DIAMOND) ARE CHECKED

2	Total Units	Total Injunes	Total Fatalities	Estimated Total Damage Compared To Limit:	<input checked="" type="checkbox"/> Fatal	<input type="checkbox"/> Gov Prop	<input checked="" type="checkbox"/> Parsons Transported for Immediate Medical Care	<input type="checkbox"/> Tow Away of At Least One Vehicle from Scene?	District or Grid No
	1	1	1	<input type="checkbox"/> Over <input checked="" type="checkbox"/> Under	<input type="checkbox"/> Hit/Run				3037

3	LOCATION	On Highway/Road/Street	<input type="checkbox"/> Inside	City	County
	Private Property		<input checked="" type="checkbox"/> Outside	Peoria	Maricopa
Intersecting Street, Road/M P / or R P		<input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Plus		Distance	<input type="checkbox"/> Measured <input type="checkbox"/> Miles
<input checked="" type="checkbox"/> At <input type="checkbox"/> From		<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Minus			<input type="checkbox"/> Approximate <input type="checkbox"/> Feet

1	TRAFFIC UNIT NO.	State	Class	End	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input type="checkbox"/> Driver	Name	Sex	Inj
	Restrictions		Date of Birth	Address			City	State	ZIP Code	Telephone Number	
	Plate Number		State	Year	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address		City	State	ZIP Code
	Body Style		Bus (9 or more seats)	Make	Color	Year	VIN	Safety Device Code			
	Removed to		<input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not Disabled	Removed by		Orders of	Posted Spd Limit	Ofc Est Speed			
	Insurance Company		Telephone Number		Policy Number		Eff Date	Exp Date			
	Trailer (Other Unit) Plate No		State	Year	Des. of Trlr or Other Unit	GVW (Registered) of Power Unit Greater than 10K pounds	Hazmat Placard?	Hgmt cargo released?			
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4-Digit	1-Digit		

4	TRAFFIC UNIT NO.	State	Class	End	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input type="checkbox"/> Driver	Name	Sex	Inj
	Restrictions		Date of Birth	Address			City	State	ZIP Code	Telephone Number	
	Plate Number		State	Year	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address		City	State	ZIP Code
	Body Style		Bus (9 or more seats)	Make	Color	Year	VIN	Safety Device Code			
	Removed to		<input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not Disabled	Removed by		Orders of	Posted Spd Limit	Ofc Est Speed			
	Insurance Company		Telephone Number		Policy Number		Eff Date	Exp Date			
	Trailer (Other Unit) Plate No		State	Year	Des. of Trlr or Other Unit	GVW (Registered) of Power Unit Greater than 10K pounds	Hazmat Placard?	Hgmt cargo released?			
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4-Digit	1-Digit		

5	TRAFFIC UNIT NO.	State	Class	End	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input type="checkbox"/> Driver	Name	Sex	Inj
	Restrictions		Date of Birth	Address			City	State	ZIP Code	Telephone Number	
	Plate Number		State	Year	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address		City	State	ZIP Code
	Body Style		Bus (9 or more seats)	Make	Color	Year	VIN	Safety Device Code			
	Removed to		<input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not Disabled	Removed by		Orders of	Posted Spd Limit	Ofc Est Speed			
	Insurance Company		Telephone Number		Policy Number		Eff Date	Exp Date			
	Trailer (Other Unit) Plate No		State	Year	Des. of Trlr or Other Unit	GVW (Registered) of Power Unit Greater than 10K pounds	Hazmat Placard?	Hgmt cargo released?			
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4-Digit	1-Digit		

5	PASSENGERS	Seating Position		Safety Devices		Injury Severity Codes						
		10 Not in Passenger Compartment 11 Motorcycle, Bus 12 Other 13 Unknown 14 Pedalcyclist	1 None Used 2 Lap Belt 3 Lap & Shoulder	4 Air Bag Deployed 5 Child Restraint 6 Protective Helmet 7 Passive Belt	8 Passive & Lap 9 Other 0 Unknown	1 No Injury 2 Possible Injury 3 Non Incapacitating Injury	4 Incapacitating 5 Fatal Injury 6 Not Reported/Unknown					
	Unit #	Seat Pos	SD	Name	Address	City	State	Zip Code	Age	Sex	Inj	
	1	2	1			Peoria	AZ	85383	14	M	1	
	1	3	1			Peoria	AZ	85383	15	M	1	
	1	5	1			Peoria	AZ	85383	15	M	1	
	1	10	1			Peoria	AZ	85383	15	M	5	

6	Other Property	Damage (Describe)	Owner's Name	Address	City	State	ZIP Code	Telephone Number
		Decorative retaining wall located south of 12500 N 102nd Avenue, Peoria	Unknown					

7	WITNESSES	Name	Address	City	State	ZIP Code	Telephone	Age
					AZ	85383		71

8	Photos Taken	Invest. At Scene	Photographer's Name, ID Number, and Agency	Date Completed
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Detective J. Eccles #739 Maricopa County Sheriff's Office	5/16/2008 1807
Officer's Signature and ID Number		Agency		Date Completed
D. Gross S1425		Maricopa County Sheriff's Office		7/10/2008

1 + David Taylor #1060 7/19/08

9 - DIAGRAM

See attached diagram

13 - DESCRIBE WHAT HAPPENED

See attached narrative

10 - INDICATE NORTH

11 - SKIDDING OCCURRED

VEHICLE		
1	2	3
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

12 - CITATIONS

Unit NO A R S NO

14 - PRIOR ACTION

YES  NO RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT

RIGHT  LEFT UNIT NO 1

15 - MANNER OF COLLISION CHECK ONLY ONE

- 1  SINGLE VEHICLE
- 2  ANGLE
- 3  LEFT TURN
- 4  RIGHT TURN
- 5  U-TURN
- 6  REAR-END
- 7  HEAD-ON
- 8  SIDESWIPE (SAME DIRECTION)
- 9  SIDESWIPE (OPPOSITE DIRECTION)
- 10  BACKING
- 11  NON CONTACT MOTORCYCLE
- 12  NON CONTACT NON MOTORCYCLE
- 13  PEDESTRIAN
- 14  PEDALCYCLE
- 15  OTHER

30 - TRAFFIC UNIT ACTION CHECK ONE PER UNIT

- | 1 2 3 |                                     |                          |
|-------|-------------------------------------|--------------------------|
| 1     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 9     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 12    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 14    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 15    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 16    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 17    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 18    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 19    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 20    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 21    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 22    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 23    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 24    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 25    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 26    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 27    | <input type="checkbox"/>            | <input type="checkbox"/> |

31 - VISION OBSCUREMENT CHECK ONE PER UNIT

- | 1 2 3 |                          |                          |
|-------|--------------------------|--------------------------|
| 1     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10    | <input type="checkbox"/> | <input type="checkbox"/> |
| 11    | <input type="checkbox"/> | <input type="checkbox"/> |
| 12    | <input type="checkbox"/> | <input type="checkbox"/> |
| 13    | <input type="checkbox"/> | <input type="checkbox"/> |
| 14    | <input type="checkbox"/> | <input type="checkbox"/> |
| 15    | <input type="checkbox"/> | <input type="checkbox"/> |
| 16    | <input type="checkbox"/> | <input type="checkbox"/> |

32 - DIRECTION OF TRAVEL CHECK ONE PER UNIT

- | 1 2 3 |                                     |                          | 4 5 6 |   |                          | 7 8 9                    |         |   |                          |                          |         |
|-------|-------------------------------------|--------------------------|-------|---|--------------------------|--------------------------|---------|---|--------------------------|--------------------------|---------|
| 1     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NORTH | 5 | <input type="checkbox"/> | <input type="checkbox"/> | NW      | 8 | <input type="checkbox"/> | <input type="checkbox"/> | NE      |
| 2     | <input type="checkbox"/>            | <input type="checkbox"/> | SOUTH | 6 | <input type="checkbox"/> | <input type="checkbox"/> | SE      | 9 | <input type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| 3     | <input type="checkbox"/>            | <input type="checkbox"/> | EAST  | 7 | <input type="checkbox"/> | <input type="checkbox"/> | SW      |   |                          |                          |         |
| 4     | <input type="checkbox"/>            | <input type="checkbox"/> | WEST  | 8 | <input type="checkbox"/> | <input type="checkbox"/> | SE      |   |                          |                          |         |
|       |                                     |                          |       | 9 | <input type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |   |                          |                          |         |

GENERAL POSITION

LATITUDE: 33 43 11 00  
 LONGITUDE: 112 16 46 00

INJURED TAKEN TO / BY

John C Lincoln - North Mountain

Air ambulance

16 - LIGHT CONDITION CHECK ONLY ONE

- 1  DAYLIGHT
  - 2  DAWN OR DUSK
  - 3  DARKNESS
- YES NO
- 1  STREETLIGHT FUNCTIONING
  - 2  STREETLIGHT NOT FUNCTIONING

17 - WEATHER CONDITIONS CHECK ONLY ONE

- 1  CLEAR
- 2  CLOUDY
- 3  SLEET/RAIL
- 4  RAIN
- 5  SNOW
- 6  SEVERE CROSSWINDS
- 7  BLOWING DIRT SAND, SOIL, SNOW
- 8  FOG, SMOG, SMOKE

18 - ROAD SURFACE TYPE CHECK ONLY ONE

- 1  ASPHALT
- 2  CONCRETE
- 3  GRAVEL
- 4  DIRT
- 5  OTHER

19 - TYPE OF LOCATION CHECK ONLY ONE

- 1  INTERSECTION
- 2  JUNCTION AREA
- 3  NON-JUNCTION DRIVEWAY ACCESS
- 4  DRIVEWAY ACCESS
- 5  ALLEY ACCESS
- 6  ALLEY

20 - INTERSECTION RELATED

- YES  NO

21 - SPECIAL LOCATION CHECK ONLY ONE

- 1  SCHOOL CROSSING
- 2  PEDESTRIAN CROSSWALK (STRIPED)
- 3  PEDESTRIAN CROSSWALK (NO STRIPING)
- 4  BRIDGE
- 5  TUNNEL
- 6  RR CROSSING
- 7  GORE AREA
- 8  BIKE PATH
- 9  2-WAY LEFT TURN LANE

22 - UNUSUAL ROAD CONDITION CHECK ONLY ONE

- 1  UNDER CONSTRUCTION, TRAFFIC ALLOWED
- 2  UNDER CONSTRUCTION, NO TRAFFIC ALLOWED
- 3  UNDER REPAIRS
- 4  HOLES, RUTS, BUMPS
- 5  OBSTRUCTION - PROTECTED
- 6  OBSTRUCTION - UNPROTECTED
- 7  OBSTRUCTION - UNLIGHTED AT NIGHT
- 8  DEFECTIVE SHOULDERS
- 9  CHANGING ROAD WIDTH
- 10  WATER (STANDING OR MOVING)
- 11  TEMPORARY LANE CLOSURE

23 - TRAFFIC CONTROL DEVICES

- LEGEND:  
 A-DEVICE OPERATIONAL  
 B-DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT
- CHECK ANY THAT APPLY
- | A B |                          |
|-----|--------------------------|
| 1   | <input type="checkbox"/> |
| 2   | <input type="checkbox"/> |
| 3   | <input type="checkbox"/> |
| 4   | <input type="checkbox"/> |
| 5   | <input type="checkbox"/> |
| 6   | <input type="checkbox"/> |
| 7   | <input type="checkbox"/> |

24 - NON INTERSECTION ROAD CHARACTER CHECK ONLY ONE

- 1  2-WAY STRIPED CENTERLINE
- 2  2-WAY, NO STRIPE
- 3  2-WAY, PAINTED MEDIAN
- 4  2-WAY, RAISED MEDIAN
- 5  2-WAY, CONCRETE BARRIER
- 6  2-WAY, CABLE BARRIER
- 7  2-WAY, DEPRESSED MEDIAN
- 8  2-WAY EXTENDED MEDIAN
- 9  1-WAY STREET

25 - ROAD GRADE CHECK ONLY ONE

- 1  LEVEL
- 2  DOWNGRADE
- 3  UPGRADE
- 4  HILLCREST
- 5  DIP

26 - ROAD SURFACE CONDITION CHECK ONLY ONE

- 1  DRY
- 2  WET
- 3  SAND, MUD, DIRT, OIL, GRAVEL
- 4  SNOW
- 5  SLUSH
- 6  ICE
- 7  OTHER
- 8  UNKNOWN

27 - CONDITIONS INFLUENCING DRIVER, PEDESTRIAN, PDEALCYCLIST TWO CHOICES PER PERSON MAY BE SELECTED

- | 1 2 3 |                          |                          |
|-------|--------------------------|--------------------------|
| 1     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9     | <input type="checkbox"/> | <input type="checkbox"/> |

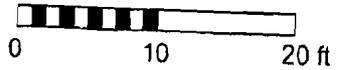
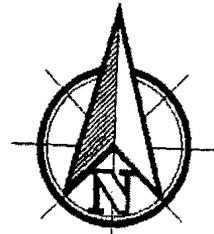
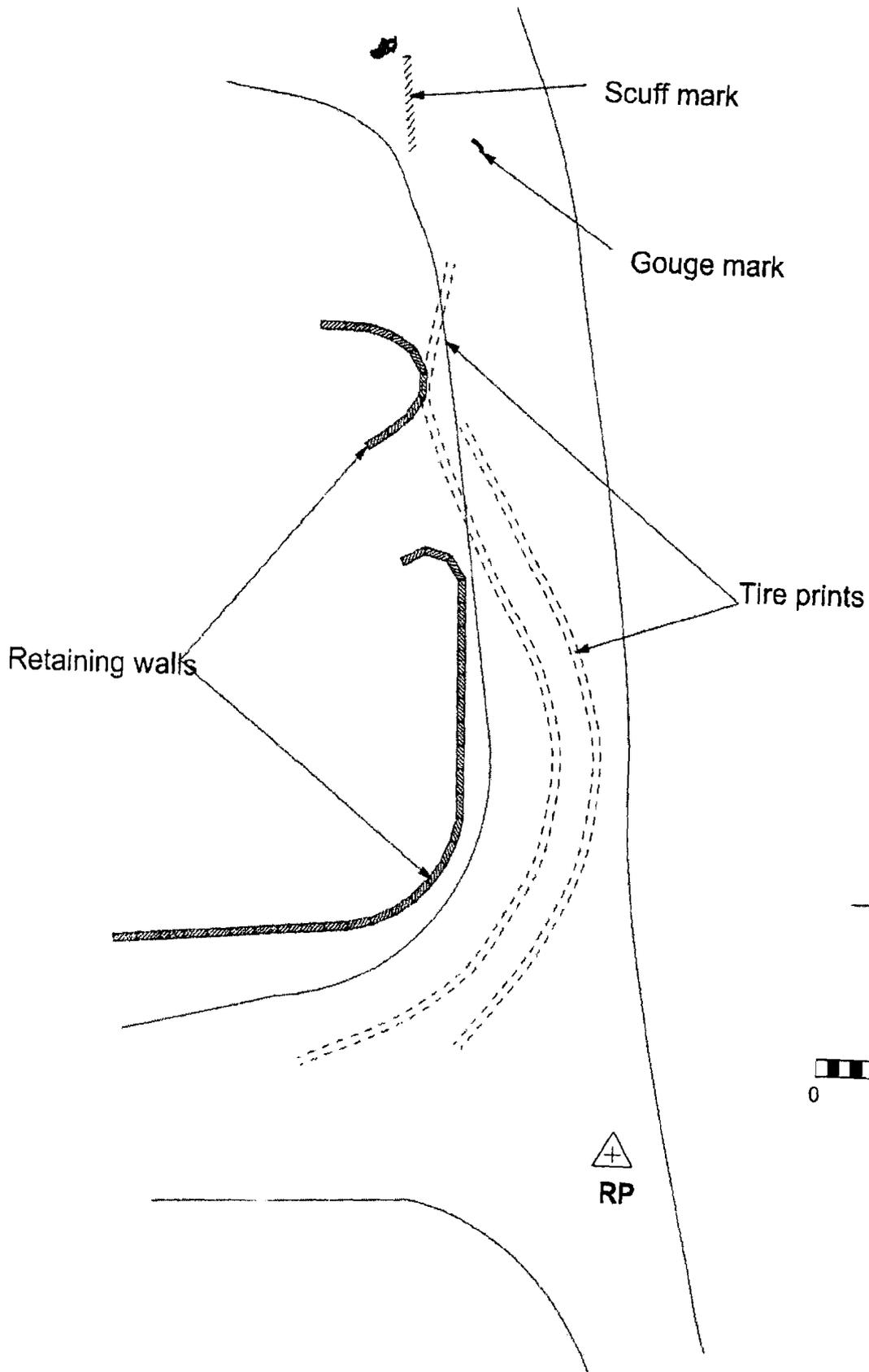
28 - VIOLATIONS / BEHAVIOR TWO CHOICES PER PERSON MAY BE SELECTED

- | 1 2 3 |                          |                          |
|-------|--------------------------|--------------------------|
| 1     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10    | <input type="checkbox"/> | <input type="checkbox"/> |
| 11    | <input type="checkbox"/> | <input type="checkbox"/> |
| 12    | <input type="checkbox"/> | <input type="checkbox"/> |
| 13    | <input type="checkbox"/> | <input type="checkbox"/> |
| 14    | <input type="checkbox"/> | <input type="checkbox"/> |
| 15    | <input type="checkbox"/> | <input type="checkbox"/> |
| 16    | <input type="checkbox"/> | <input type="checkbox"/> |
| 17    | <input type="checkbox"/> | <input type="checkbox"/> |
| 18    | <input type="checkbox"/> | <input type="checkbox"/> |
| 19    | <input type="checkbox"/> | <input type="checkbox"/> |

29 - VEHICLE CONDITION TWO CHOICES PER VEHICLE MAY BE SELECTED

- | 1 2 3 |                                     |                          |
|-------|-------------------------------------|--------------------------|
| 1     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 9     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 12    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 14    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

1	ARIZONA TRAFFIC ACCIDENT REPORT FATAL SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 664R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17 <sup>TH</sup> AVE PHOENIX, AZ 85007-3233		REPORT ID YEAR MONTH DAY HOUR			NCIC NO.				OFFICERS ID NO.				AGENCY REPORT NUMBER																																																																																																																																	
	0 8 0 5 1 6			1 6 1 5				0 7 0 0 S 1 4 2 5				08-087437																																																																																																																																			
2	NAME OF VICTIM [REDACTED]										<input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN		<input type="checkbox"/> PEDALCYCLIST <input checked="" type="checkbox"/> PASSENGER		RACE W	MARITAL STATUS Single																																																																																																																															
	CITY Peoria										STATE AZ		MARKS, SCARS / TATTOOS																																																																																																																																		
	SEX M		WEIGHT 120		EYES		HEIGHT 5-10		HAIR		DATE OF BIRTH 12/23/1992		OCCUPATION Student																																																																																																																																		
	VICTIM REMOVED TO John C Lincoln - North Mountain										VICTIM REMOVED BY Air ambulance																																																																																																																																				
	DESCRIPTION OF CLOTHING												MOTORCYCLE HELMET USED		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK																																																																																																																																
	DESCRIPTION OF PROPERTY (CONT)																																																																																																																																														
	PROPERTY IN CUSTODY OF: NAME				ADDRESS				CITY				STATE																																																																																																																																		
	NEXT OF KIN: NAME				ADDRESS				CITY Peoria		STATE AZ		RELATION Father																																																																																																																																		
	NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NOTIFIED BY JCL - North Mountain Chaplin				DATE 05/16/08		TIME 1715		MEDICAL EXAMINER																																																																																																																																				
	3	NAME OF DRIVER <input type="checkbox"/> SAME AS VICTIM [REDACTED]										RACE White																																																																																																																																			
OCCUPATION Student										MARITAL STATUS Single																																																																																																																																					
COMMENTS																																																																																																																																															
DECEASED AT SCENE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> / TRANSPORTED TO HOSPITAL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																																																																																																																																															
5	POLICE CALLED 1 6 1 5			POLICE ARRIVED 1 6 3 0			IF THE DECEASED WAS NOT TRANSPORTED, THE BLANKS TO THE RIGHT SHOULD RELATE TO THE NEXT MOST SEVERELY INJURED PERSON.				AMBULANCE DEPARTED SCENE 1 6 4 6																																																																																																																																				
	AMBULANCE CALLED 1 6 1 5			AMBULANCE ARRIVED 1 6 4 0							AMBULANCE ARRIVED AT HOSPITAL 1 6 5 6 O G or A A																																																																																																																																				
	PLEASE INDICATE WHETHER THE VICTIM WAS TRANSPORTED BY GROUND (G) AMBULANCE OR (A) AMBULANCE																																																																																																																																														
6	MARK DAMAGED AREA (S) OF VICTIM'S VEHICLE										7 RESTRAINT USAGE / RESTRAINT FAILURE																																																																																																																																				
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN																																																																																																																																														
<table border="1"> <tr> <td>ENTER SEAT POSITION</td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NONE FAILED</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LAP FAILED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOULDER FAILED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BOTH FAILED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CHILD RESTRAINT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>AIR BAG NOT DEPLOYED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PASSIVE SYSTEM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>UNKNOWN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RESTRAINT PROPERLY USED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CHILD RESTRAINT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PASSIVE &amp; LAP</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOULDER HARNESS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>										ENTER SEAT POSITION	10									NONE FAILED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAP FAILED	<input type="checkbox"/>	SHOULDER FAILED	<input type="checkbox"/>	BOTH FAILED	<input type="checkbox"/>	CHILD RESTRAINT	<input type="checkbox"/>	AIR BAG NOT DEPLOYED	<input type="checkbox"/>	PASSIVE SYSTEM	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	RESTRAINT PROPERLY USED	<input type="checkbox"/>	CHILD RESTRAINT	<input type="checkbox"/>	PASSIVE & LAP	<input type="checkbox"/>	SHOULDER HARNESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8 VICTIM EJECTED 1 <input type="checkbox"/> NOT EJECTED 2 <input checked="" type="checkbox"/> COMPLETE 3 <input type="checkbox"/> PARTIAL 4 <input type="checkbox"/> UNKNOWN																																																																																										
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PASSIVE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																						
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																						
RESTRAINT PROPERLY USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																						
CHILD RESTRAINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																						
PASSIVE & LAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																						
SHOULDER HARNESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																						
<table border="1"> <tr> <td>FROM UNIT NO.</td> <td>SEAT POSITION</td> <td>BY O G or A</td> </tr> <tr> <td>1</td> <td>01</td> <td>G</td> </tr> <tr> <td>1</td> <td>02</td> <td>G</td> </tr> <tr> <td>1</td> <td>03</td> <td>G</td> </tr> <tr> <td>1</td> <td>09</td> <td>G</td> </tr> </table>										FROM UNIT NO.	SEAT POSITION	BY O G or A	1	01	G	1	02	G	1	03	G	1	09	G	8 VICTIM FAMILIAR WITH LOCAL 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN  ROAD ALIGNMENT 1 <input type="checkbox"/> STRAIGHT ROAD 2 <input checked="" type="checkbox"/> CURVED 3 <input type="checkbox"/> UNKNOWN  BLOOD ALCOHOL CONTENT TEST TAKEN 1 <input type="checkbox"/> YES - TYPE _____ RESULT _____ (QUANTITY) 2 <input type="checkbox"/> NOT TESTED 3 <input checked="" type="checkbox"/> UNKNOWN IF TESTED  DRUG SCREEN TAKEN 1 <input type="checkbox"/> YES - TYPE _____ RESULT _____ (NAME(S) OF DRUG(S)) 2 <input type="checkbox"/> NOT TESTED 3 <input checked="" type="checkbox"/> UNKNOWN IF TESTED																																																																																																																						
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1	09	G																																																																																																																																													
9 OFFICER'S SIGNATURE AND ID NUMBER Detective D. Gross #1425										AGENCY Maricopa County Sheriff's Office		DATE REPORT COMPLETED																																																																																																																																			



Department: Maricopa County Sheriff's Office
Case No: 08-087437
Drawn by: Det. D. Gross #1425
Incident Date: May, 16 2008
Location: Private Property s/c [REDACTED]



RAW DATA REPORT: Measurements.raw							Report Date: 05/19/2008		
RT	Comment								
CO	Nikon RAW data format V2.00								
CO	08087437								
CO	Description:								
CO	Client:								
CO	Comments:								
CO	Downloaded 01-Jan-2001 12:00:39								
CO	Software: Standard software version: 1.02								
CO	Instrument: Nikon DTM-520								
CO	Dist Units: Feet-US								
CO	Angle Units: DDDMMSS								
CO	Zero azimuth: North								
CO	Zero VA: Zenith								
CO	Coord Order: NEZ								
CO	Ha Raw data: Azimuth								
CO	Tilt Correction: VA:ON HA:ON								
CO	08087437 <JOB> Created 01-Jan-2001 12:00:50								
CO	Temperature:46 Fahrenheit Pressure:29.9 inchHg Prism constant:30								
RT	Pt#	Pt ID	Northing	Easting	Elev	Desc			
MP	1		0.000	0.000	0.000	RP			
MP	2					BS			
RT	Comment								
CO	01-Jan-2001 12:02:35								
CO	Temperature:46 Fahrenheit Pressure:29.9 inchHg Prism constant:30								
RT	ST#	Station ID	BS Pt	BS ID	Inst Ht	BS Azimth	BS H Ang		
ST	1		2		5.550	0.0000	0.0000		
RT	Pt#	Target Ht	Slope Dist	Horz Ang	Vert Ang	Time	Desc		
SS	3	0.000	40.799	262.2942	91.4923	12:04:45	EP1		
SS	4	0.000	18.415	256.0710	89.3417	12:05:18	EP1		
SS	5	0.000	12.461	227.0749	87.3216	12:06:23	EP1		
SS	6	0.000	18.770	185.1857	87.1933	12:06:56	EP1		
SS	7	0.000	18.672	152.5738	86.2544	12:07:35	EP2		
SS	8	0.000	44.642	282.1721	92.2002	12:10:24	EP3		
SS	9	0.000	47.896	291.1429	92.2857	12:11:08	WALL1		
SS	10	0.000	29.032	284.1425	91.2134	12:11:46	TP1		
SS	11	0.000	16.674	302.1509	90.2624	12:12:34	TP2		
SS	12	0.000	20.935	308.1350	91.0252	12:12:59	TP1		
SS	13	0.000	32.913	292.4935	92.0819	12:13:27	EP3		
SS	14	0.000	30.848	308.0523	92.2614	12:15:41	WALL1		
SS	15	0.000	28.421	320.1103	91.5747	12:16:03	WALL1		
SS	16	0.000	25.875	318.5342	91.4924	12:16:27	EP3		
SS	17	0.000	32.073	332.4607	91.4141	12:17:00	WALL1		
SS	18	0.000	38.858	341.1032	91.4642	12:17:27	EP3		
SS	19	0.000	22.678	333.3433	90.4400	12:18:12	TP1		
SS	20	0.000	19.917	340.0921	90.1532	12:18:39	TP2		
SS	21	0.000	29.411	354.0749	90.3831	12:19:11	TP2		
SS	22	0.000	29.910	347.1119	90.5807	12:19:37	TP1		
SS	23	0.000	39.636	349.1948	91.1403	12:20:03	TP1		
SS	24	0.000	40.125	354.1428	90.5848	12:20:26	TP2		
SS	25	0.000	53.782	348.5546	91.1500	12:20:53	TP2		
SS	26	0.000	52.206	345.1759	91.1704	12:21:17	TP1		
SS	27	0.000	65.929	343.1940	91.3953	12:21:48	TP1		
SS	28	0.000	63.780	345.4623	91.2041	12:22:19	TP2		

RAW DATA REPORT: Measurements.raw							Report Date: 05/19/2008		
RT	Pt#	Target Ht	Slope Dist	Horz Ang	Vert Ang	Time	Desc		
SS	29	0.000	69.095	344.0643	91.3242	12:22:47	TP1		
SS	30	0.000	77.513	347.0622	91.1525	12:23:11	TP1		
SS	31	0.000	51.118	342.3747	91.4224	12:24:00	WALL1		
SS	32	0.000	53.823	341.1907	91.3143	12:24:46	WALL1		
SS	33	0.000	54.192	337.3832	91.3140	12:25:03	WALL1		
SS	34	0.000	64.540	338.0332	91.3940	12:25:29	WALL2		
SS	35	0.000	66.292	342.2841	91.3857	12:25:52	WALL2		
SS	36	0.000	69.466	343.4015	91.3347	12:26:14	WALL2		
SS	37	0.000	73.139	341.4522	91.2620	12:26:36	WALL2		
SS	38	0.000	75.569	337.4635	91.2618	12:26:51	WALL2		
SS	39	0.000	74.828	345.5709	91.3059	12:27:25	EP3		
SS	40	0.000	81.874	345.3719	91.2204	12:27:47	EP3		
SS	41	0.000	90.296	343.5415	91.3546	12:28:11	EP3		
SS	42	0.000	97.755	337.2636	91.2452	12:28:30	EP3		
SS	43	0.000	87.353	346.0258	91.2612	12:29:22	SCM1		
SS	44	0.000	95.398	346.4522	91.2331	12:29:45	SCM1		
SS	45	0.000	96.274	345.3736	91.2007	12:30:18	BIO		
SS	46	0.000	87.371	349.3246	91.1622	12:30:41	GM1		
SS	47	0.000	86.843	349.5715	91.1913	12:30:56	GM1		
SS	48	0.000	86.225	350.0215	91.1736	12:31:10	GM1		
SS	49	0.000	19.429	3.0134	89.2656	12:31:50	EP2		
SS	50	0.000	42.405	359.1758	90.4616	12:32:20	EP2		
SS	51	0.000	72.499	355.5321	91.0302	12:32:47	EP2		
SS	52	0.000	84.124	355.0032	91.0308	12:33:09	EP2		
SS	53	0.000	98.104	352.5247	91.1939	12:33:29	EP2		

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location:

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

Investigative Format

**DR#:** 08-087437

**Incident:** Fatal Traffic Collision (Private Property)

**Date / Time:** May 16<sup>th</sup>, 2008 @ 1615 hours

**Location:** Peoria, AZ

**Case Agent:** **Detective D. Gross #1425**  
 Vehicular Crimes Unit  
 (602) 876-4854

**Other Officers:** **Detective J. Eccles #739**  
 Vehicular Crimes Unit  
 (602) 876-1958

**Deputy R. Levy #1881**  
 Patrol – District III  
 (602) 876-1603

**Deputy R. Azurin #1621**  
 Patrol – District III  
 (602) 876-1603

**Witness #1:**

**Telephone:**  
**Age:**



71

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED]

GPS Coordinates: 33 [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

**Vehicle #1:**

2005 Yamaha 660 Rhino ATV  
M/C VJ5A (Registration Invalid)

**AZ License:**  
**VIN:**  
**R/O:**

[REDACTED]

**Insurance:**  
**Policy:**  
**Disposition:**

[REDACTED]  
Returned to owner at the scene

**Driver:**

[REDACTED]

**Telephone:**  
**DOB:** 10/06/1992  
**OLN:** No driver's license  
**Seatbelt Used:** No  
**Alcohol / Drugs Used:** None  
**Injuries:** Closed head trauma  
**Hospital:** Arrowhead Hospital

**Passenger(s):**

[REDACTED]

**Telephone:**  
**DOB:** 12/23/1992  
**Seatbelt Used:** No  
**Injuries:** Fatal  
**Hospital:** John C Lincoln - North Mountain

[REDACTED]

**Telephone:**  
**Age:** 14  
**Seatbelt Used:** No  
**Injuries:** Minor bruising  
**Hospital:** Arrowhead Hospital

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location:

GPS Coordinates: 33

Type of Incident: Fatal Traffic Collision (Private Property)

Passenger(s) Continued:

Telephone:

Age:

Seatbelt Used:

Injuries:

Hospital:



15

No

Minor bruising

Arrowhead Hospital

Telephone:

Age:

Seatbelt Used:

Injuries:

Hospital:



15

No

Minor bruising

Arrowhead Hospital

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: Private Property @ [REDACTED] Peoria AZ

GPS Coordinates: [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

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**Synopsis**

On May 16, 2008, at approximately 1615 hours, vehicle #1, a black and brown 2005 Yamaha 660 Rhino ATV, driven by [REDACTED] was traveling eastbound on a private driveway located at the termination of [REDACTED], approximately .4 miles south of [REDACTED] Peoria. [REDACTED] was making a left turn on the private driveway, when [REDACTED] stepped onto the driver's side of the vehicle.

Vehicle #1 turned sharply to the left and left the private driveway. Vehicle #1 struck a decorative retaining wall located on the south side of a residential property [REDACTED]. The vehicle was re-directed to the right where it tripped and overturned.

[REDACTED] was struck by the upper edge, left side of the roof when the vehicle overturned. [REDACTED] sustained serious, possibly life threatening injuries. [REDACTED] was transported by air ambulance to John C Lincoln – North Mountain hospital. [REDACTED] was pronounced dead at approximately 1714 hours.

[REDACTED] was transported by his father to Arrowhead Hospital where he was admitted for a closed head injury. He was later released on May 19, 2008.

[REDACTED], and [REDACTED] were also passengers in vehicle #1 at the time of the collision. [REDACTED] and [REDACTED] were transported by ground ambulance to Arrowhead Hospital where they were treated and released for minor injuries.

Speed, drugs, and alcohol are not considered factors in this collision.

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Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED] Peoria AZ

GPS Coordinates: [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

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**Response to Call Out**

On May 16<sup>th</sup>, 2008, at approximately 1700 hours, Sergeant D. Taylor #1060, Vehicular Crimes Unit Supervisor, contacted me by telephone. He advised me of a single vehicle collision on private property in the area of [REDACTED], Peoria. He told me the vehicle was an off-road ATV style vehicle and the single occupant had been transported from the scene to John C Lincoln – North Mountain Hospital with serious, possibly life threatening injuries.

I was en route to the scene at approximately 1718 hours.

While en route to the scene, Detective J. Eccles #739, contacted me by telephone. He advised me that the vehicle contained five people. Four of the five people had been transported to local hospitals with unknown injuries. The driver of the vehicle was still on scene. Detective Eccles said he would interview the driver before releasing him from the scene.

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: Private Property (b)(6) Peoria AZ

GPS Coordinates: (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

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**Scene Investigation**

I arrived on scene at approximately 1841 hours and began my investigation by walking around the area to familiarize myself with the evidence and the location. The weather was clear and dry. There was no noticeable wind. The sun was beginning to set. The temperature was approximately 94 degrees. The area had no streetlights and was dimly lit by decorative lights of the nearby residences. The area surrounding the scene was residential structures. The collision occurred on a private drive for a residential area located on (b)(6).

(b)(6) Private drives south of Venard Road. Approximately 1/2 mile south of (b)(6) in a residential district. The roadway is still designated as (b)(6). The roadway "(b)(6)" referred to in this report relates to the section of (b)(6) Avenue that is a private driveway and located within the residential district south of (b)(6).

(b)(6) is primarily a north / south directional roadway composed of asphalt. In the area of the collision, (b)(6) is a private roadway that acts as the driveways to the residences in the area. (b)(6) curves to the west, south of (b)(6), Peoria. (b)(6) follows the natural contours of the land around the residential area. There are dips, hill crests, and curves in the roadway. The road was dry and appeared to be in good condition. There is sufficient space for two lanes of travel. There are no lane dividers or roadway markings within the residential area. There is a "15 MPH" speed limit sign posted approximately .2 miles north of the collision scene for northbound traffic. There were no speed limit signs posted on (b)(6) south of (b)(6) for southbound traffic. There are no other traffic control devices on (b)(6) Avenue within the residential area.

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Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: Private Property [REDACTED], Peoria AZ

GPS Coordinates: [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

[REDACTED] is an east / west directional roadway composed of asphalt. This roadway was used for location purposes only and had no bearing in the collision.

I found two tire prints on [REDACTED] Avenue that began approximately 95-feet south of the driveway for [REDACTED]. The prints began on the portion of [REDACTED] Avenue that curved to the west. The tire prints led east into a left curve in the road and then continued north for approximately 50-feet. The prints left the road to the left (west side) and led northwest to a decorative retaining wall. The east most tire print (right side) terminated at the west edge of the road.

There was contact damage to the decorative retaining wall. The wall was broken on the east end. The broken section was approximately 3-feet wide and the block was pushed to the interior curve of the retaining wall (west).

The west most tire print continued from the retaining wall northeast for approximately 10-feet. The tire print terminated just after crossing back onto the roadway. There was a gap of approximately 10-feet from the termination of the tire print to a gouge mark. The gouge mark was located in the center of the roadway. The gouge mark indicated the point the vehicle tripped and overturned.

There was a scuff mark located approximately 5-feet west of the gouge mark. The scuff mark led north for approximately 8-feet. The scuff mark was consistent with being caused by the left side of the vehicle after it overturned on the left side.

There was a small amount of biological material immediately north of the termination of the scuff mark. Witnesses and the occupants of vehicle #1 indicated this was the location [REDACTED] was pinned under the vehicle.

Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: Private Property [REDACTED], Peoria AZ

GPS Coordinates: [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

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Vehicle #1 was sitting at a controlled point of rest on the east dirt shoulder of the road approximately 5-feet north of the termination of the scuff mark. The vehicle was upright and facing primarily east.

There was no physical evidence found in or around the area to indicate any other vehicle was involved in the collision.

Detective Eccles assisted in collecting scene measurements utilizing a Nikon total station for the completion of a scene diagram.

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Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED], Peoria AZ

GPS Coordinates: 33 [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

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**Inspection of Vehicle #1**

Vehicle #1 is a black and brown 2005 Yamaha 660 'Rhino' off-road vehicle that bears Arizona license plate [REDACTED]. This vehicle was moved prior to the investigation. The vehicle was at a controlled point of rest on the east side of [REDACTED] Avenue and approximately [REDACTED]. The vehicle was sitting upright facing primarily east.

There was contact damage to the left upper corner of the protective 'roll cage'. The damage was fresh scrape marks and the silver metal was visible. There was scuffing to the left rear body panel directly above the left rear tire. This was consistent with the scrape mark found in the roadway.

There were multiple scrapes and small dents around the remainder of the vehicle. There was dried mud and debris also around the vehicle body. The damage and debris appeared old and did not correspond to any physical evidence found in the road. This damage was not caused during the collision and appeared consistent with a three year old, off-road vehicle.

There were no windshields or windows installed on the vehicle. There were headlights and taillights installed on the vehicle. The lights were all functional and showed no evidence of 'hot shock'.

The vehicle was equipped with ITP Mud Lite 27x10-12 off-road tires on all four wheels. All four tires were inflated and appeared to be in good condition. There were scuff marks to the tread face of the left front tire. The scuff marks appeared consistent with the tire impacting the decorative retaining wall during the collision sequence. There were scrape marks to the left front wheel rim. There was asphalt lodged between the rim

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Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED] avenue, Peoria AZ

GPS Coordinates: 33° [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

and tire bead. This is consistent with the left front tire causing the gouge mark found in the road, which tripped the vehicle. There was scuffing to the outer wall of the left rear tire. This is consistent with the scuff mark found on the road north of the gouge mark.

The damage found on the vehicle appeared consistent with a vehicle that trips and falls to the left side. I found no evidence on the vehicle that would indicate another vehicle was involved in this collision.

**Interior**

I recoded the vehicle's mileage as 2167 from the digital display on the dash. I also recorded 354.4 from the hour display on the dash. The vehicle's keys were in the ignition, which was in the off position. The light switch was a twist-style located on the left side of the dash. The switch was in the off position. The vehicle is equipped with an automatic, 4-wheel drive transmission. The transmission selection arm, located on the floor between the seats, was in the 4WL position. The 4-wheel drive selection button was located on the left side of the dash. The button was depressed, which selected 4-wheel drive mode on the transmission.

There was no visible damage to the interior of the vehicle. There were miscellaneous personal items in the interior and rear cargo area. .

I found a print located on the left side 'running board' directly under the driver's seat. The print appeared consistent with an athletic 'tennis' shoe. I later determined this shoe print was consistent with the shoes worn by [REDACTED] at the time of the collision.

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED] Peoria AZ

GPS Coordinates: 33° [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

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I examined the seatbelts installed on the vehicle. The driver's belt was intact and retracted against the B-pillar. There were no friction marks or stretching to the driver's seatbelt. I was unable to determine if the restraint was in use at the time of the collision. The passenger seatbelt was intact and retracted to the B-pillar. The passenger seatbelt was tied to the B-pillar with a nylon strap. There was dirt and dust on the nylon strap. The position of the restraint and the fact it was tied to the pillar lead to the reasonable conclusion the restraint was not in use at the time of the collision.

There was a manufacturer's warning label affixed to the center of the dash directly under the speedometer display. The label indicated that users should wear the seatbelt restraints and protective equipment when operating the vehicle. The label also warned of the possibility of rollover caused by abrupt or aggressive maneuvers. The label also indicated the vehicle was not to be operated by persons under the age of sixteen (16).

There was no evidence of drug or alcohol use inside the vehicle.

The vehicle was left at the residence of the registered owner, which was located just south of the collision scene.

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Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060



# MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: [REDACTED]

Type of Incident: Fatal Traffic Collision on Private Property

**DRIVER:** [REDACTED] (Age 15)

**DATE OF BIRTH:** [REDACTED]

**ADDRESS:** [REDACTED] Lane  
Peoria, Arizona 85383

**TELEPHONE:** [REDACTED]

**SEATBELT USED:** No

**ALCOHOL/DRUG USE:** None

**INJURIES:** Minor abrasion on left side of his forehead

**WITNESSES:** [REDACTED]  
Peoria, Arizona 85383

[REDACTED]

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: [REDACTED]

Type of Incident: Fatal Traffic Collision on Private Property

Response to Call Out

On May 16, 2008 at 1653 hours, Detective Brandon Rau #1411 of the Vehicular Crimes Unit contacted me by telephone. He asked if I could respond to a single vehicle, serious injury traffic collision that occurred on private property near [REDACTED] Avenue and Comax Road. I was available and I was en route at 1714 hours.

While I was en route, I contacted Sergeant Christopher Jefferys #1010 by telephone. He told me the collision occurred on a private road in front of [REDACTED]. He said it was a single vehicle collision involving a side by side ATV, occupied by 5 teenage boys. He told me a [REDACTED] was the most seriously injured in the collision and he was flown to John C. Lincoln Hospital. He said the driver of the ATV was still at the scene and he had minor injuries. I asked Sergeant Jefferys if he could keep the driver at the scene until I arrived and Sergeant Jefferys said he would.

I contacted Detective David Gross, advising him what I had been told. He contacted John C. Lincoln Hospital and learned that [REDACTED] had died from the injuries received in the collision.

I arrived on scene at 1755 hours and Sergeant Jefferys introduced me to [REDACTED] and [REDACTED]. [REDACTED] was seated in the front passenger seat of Sergeant Jefferys' patrol vehicle. Sergeant Jefferys' said [REDACTED] was the driver of the ATV and [REDACTED] was [REDACTED] father.

Sergeant Jefferys had nothing further to add.

Investigator: JEFFREY R. ECCLES 739  
Typed By: 739

Reviewer: Sgt. David Taylor #1060  
File title: 08-087437-739.001

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: [REDACTED]

Type of Incident: Fatal Traffic Collision on Private Property

Interview

At 1800 hours, I spoke with [REDACTED] and [REDACTED]. I advised [REDACTED] I had learned that [REDACTED] had died at the hospital. I asked [REDACTED] if he would like me to advise [REDACTED] of this information, while I spoke with him. [REDACTED] asked if he could break the news to [REDACTED] himself and I told him that would be fine. I recorded the conversation with [REDACTED].

I introduced myself to [REDACTED] and asked him for his name, date of birth and where he went to school and he gave me this information. I asked [REDACTED] what grade he was in and asked how well he did in class. [REDACTED] told me he was a freshman and said he had good grades.

I asked [REDACTED] if he could tell me what happened today. [REDACTED] said he was driving (pointing towards the Yamaha Rhino side by side ATV) and making a left turn when, [REDACTED] foot stepped on his right foot and accelerated the ATV. He said [REDACTED] was hanging onto the driver's side of the ATV and the ATV hit the small wall and flipped. He said when he awoke he found [REDACTED] was lying on his back and the ATV was on top of him and they started yelling for help.

I went back through the incident with [REDACTED] and learned the following. [REDACTED] was driving, [REDACTED] was seated on the center console, [REDACTED] was seated in the front passenger seat and [REDACTED] was seated in the ATV'S rear dump bed on the right side behind [REDACTED].

[REDACTED] told me he was going east on the asphalt drive between the two houses and [REDACTED] was hanging onto the driver's side of the ATV. He started to lose control of the ATV and told [REDACTED] to get off. He said [REDACTED] jumped off and ran along side the left side of the ATV. He said he was driving about 7 miles per

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: (b)(9)

Type of Incident: Fatal Traffic Collision on Private Property

hour as he approached the left turn. He told me as he was making the left turn, (b)(9) jumped back onto the driver's side of the ATV. (b)(9) said (b)(9) foot stepped onto his right foot, which pushed the gas pedal down and the ATV went "very fast". (b)(9) said he saw he was headed right towards the small block wall and he tried to steer to the right but the ATV hit the block wall anyway. He said the ATV jumped, then flipped over onto its left side and he was knocked out.

I asked (b)(9) how fast he thought the ATV was going when he hit the wall. (b)(9) told me he did not know, but thought it was going fast.

I asked (b)(9) how fast he was going prior to making the turn. (b)(9) said, "About 7 miles per hour".

I asked (b)(9) if he had ever driven this ATV before. (b)(9) said it was his first time driving it today.

I asked who the ATV belonged to. (b)(9) said it belong to (b)(9) father.

I found (b)(9) showed no signs or symptoms of drug and/or alcohol impairment.

(b)(9) had nothing further to relate. (b)(9) father broke the news to (b)(9) of (b)(9) death and then he (b)(9) was taken to the hospital by his father for the minor cuts and abrasions to his forehead.

## MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: [REDACTED]

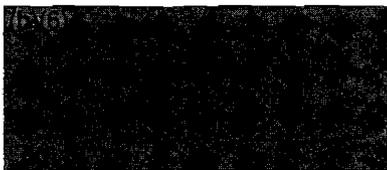
Type of Incident: Fatal Traffic Collision on Private Property

Detective Gross arrived on scene at 1841 hours. He was assigned the case as Case Agent. I photographed the scene and assisted with measuring the scene for the scene diagram. While photographing the scene a [REDACTED] advised me that he had witnessed the collision. I interviewed [REDACTED].

Interview

At 1930 hours, while Detective Gross and I were standing next to the ATV located near a six foot chain link fence just east of [REDACTED], [REDACTED] walked up to the east side of the chain link fence and introduced himself to us. He advised us that he had witnessed the collision, while knocking down weeds on his property. He said that he did CPR on the boy and once the Paramedics arrived he went home.

When I arrived on scene, I was told there were no independent witness'. I activated my digital recorder and spoke with [REDACTED].



Peoria, Arizona 85383



[REDACTED] told me he was riding his tractor, knocking down weeds on his property. He said his property runs along the east side of the chain link fence. He said he saw the boys out riding the ATV. He said it was common to see the teens out riding the ATV. [REDACTED] said he saw the ATV with four or five teen boys riding on it and they were on the driveway headed north along the fence line. He said it appeared one boy was holding onto the left side of the ATV. He said he was

Investigator: JEFFREY R. ECCLES 739

Reviewer: Sgt. David Taylor #1060

Typed By: 739

File title: 08-087437-739.001

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: [REDACTED]

Type of Incident: Fatal Traffic Collision on Private Property

taking the chain off the back of his tractor when he heard a noise. He said he looked up and saw the ATV on its side. He said he went to help and found the ATV was laying on top of one the boy's chest (he believed the boy was [REDACTED]). He said they moved the ATV off of [REDACTED] and found he was not breathing. [REDACTED] said they started CPR and kept it up until the Paramedics arrived. [REDACTED] said once the Paramedics arrived he went home.

I asked [REDACTED] how fast he thought the boys were traveling on the ATV, just prior to the collision. [REDACTED] said they were not going that fast. I asked [REDACTED] if the boys were riding right by him, would he have yelled out, that they should slow down. [REDACTED] said, "Oh no, they weren't going that fast at all.

[REDACTED] said there was always someone riding off roadway vehicles around here, saying that sometimes they do drive very fast and some drive on the roads around here without driver's licenses or licensed vehicles.

I asked [REDACTED] exactly where was he when the collision happened. [REDACTED] pointed out a piece of chain-link fencing lying on the ground, approximately 60 feet southeast from the collision site. [REDACTED] said he had the chain link fencing attached to his tractor to scrape off the weeds. He said he was taking the chain link off of his tractor, saying the boys drove right by him (about 25 feet west) and he thought he saw one of the boys hanging off the left side of the ATV.

[REDACTED] had nothing further to add.

No further action taken.

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED] Peoria

Type of Incident: Fatal Traffic Collision (Private Property)

Interview with [REDACTED]

**Date:** June 4<sup>th</sup>, 2008

**Time:** 1025 hours

**Location:** Contact by telephone  
(Interview not recorded)

**Passenger Vehicle #1:** [REDACTED]  
Peoria, AZ 85383  
[REDACTED]  
06/30/1993

**Investigator:** Detective B. Rau #1411  
Maricopa County Sheriff's Office  
Central Investigations Division  
Vehicular Crimes Unit  
(602)876-1958

On June 4<sup>th</sup>, 2008, at approximately 1025 hours, I made contact with a passenger in vehicle #1 identified as [REDACTED] by telephone. [REDACTED] had been previously identified as a passenger in a Yamaha Rhino ATV that was involved in a rollover collision occurring on private property located at [REDACTED] Avenue in Peoria, AZ. The collision resulted in the death of one of the occupants on the Rhino. I asked [REDACTED] questions in reference to the collision and he related the following information:

[REDACTED] told me that he lives down the street from the property where the collision occurred. He said on the day of the collision [REDACTED] older sister [REDACTED] picked him up in a mini van and drove them to a friend's house by the name of [REDACTED]. When they

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: (b)(6) Peoria

Type of Incident: Fatal Traffic Collision (Private Property)

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pulled up to (b)(6) house (b)(6), and (b)(6) were seated in the Rhino. He got out of the van and got into the Rhino and sat in the middle of the front seat. He said (b)(6) was driving the Rhino and (b)(6), who owns the Rhino, was seated next to him on the passenger side. (b)(6) was seated in the bed of the Rhino. They decided to ride around on the Rhino and (b)(6) jumped onto the driver side of the Rhino and held onto the roof as they drove around. Their friend (b)(6) stayed at home because he was not allowed to come outside until he was done cleaning the dishes.

He said they drove around a residence in a circle driveway and barely went above 10mph. They drove back up by (b)(6) house and (b)(6) asked (b)(6) to get off the side of the Rhino. (b)(6) got off the side of the Rhino and they began driving away from (b)(6) house. He said (b)(6) ran up along the driver side of the Rhino and jumped on. He said when (b)(6) jumped onto the Rhino they made a left turn at maybe 15mph. When they made the left turn the Rhino started to slide left and he felt the Rhino start to tip. He did not have anything to hold onto and he pushed down on his feet. He said his left foot hit the gas pedal and he felt the Rhino accelerate. The Rhino collided with a small retaining wall in front of one of the houses and then flipped.

I asked (b)(6) if he was injured during the collision and he stated he was the only one that was not injured in the collision. I asked (b)(6) if he had ever been on the Rhino before and he stated he had been on it two times in the past. I asked (b)(6) if he ever saw (b)(6) drive the Rhino before and he told me that he had not. (b)(6) added that it appeared (b)(6) was teaching (b)(6) how to drive the Rhino.

(b)(6) did not have any further information to offer and I concluded my interview with him at approximately 1040 hours.

---

Investigator: Detective B. Rau #1411  
Typed By: Detective B. Rau #1411

Reviewer: Sgt. D. Taylor #1060

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED] Peoria AZ

GPS Coordinates: 33° [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

---

Interview with [REDACTED]

On June 6<sup>th</sup>, 2008, I interviewed [REDACTED] regarding the collision that occurred on May 16<sup>th</sup>, 2008, in the area of [REDACTED] Avenue, Peoria. [REDACTED] related the following information:

On May 16<sup>th</sup>, 2008, at approximately 3:30 pm, [REDACTED] drove vehicle #1 from his house to [REDACTED] house. [REDACTED] lives in a residence immediately west of [REDACTED] residence. [REDACTED] and [REDACTED] spent an unknown amount of time behind [REDACTED] house. [REDACTED] said they were looking "at the chickens and just hanging out."

[REDACTED] and [REDACTED] arrived at [REDACTED] house between 3:45 – 4:00 pm. [REDACTED] saw [REDACTED] had the Yamaha 'Gator' and asked if he could drive. [REDACTED] agreed and they ([REDACTED]) walked around the front of the residence to "drive around the neighborhood. The group went to the front of the residence and [REDACTED] [REDACTED] walked onto the driveway. [REDACTED] said they wanted to "go for a ride" as well.

[REDACTED] got into the driver's seat of vehicle #1. [REDACTED] was seated in the passenger seat, [REDACTED] was seated between [REDACTED] into the rear cargo area. [REDACTED] stepped onto the driver's side of the vehicle and "was basically hanging off the side".

[REDACTED] drove out of the driveway (north) from the residence. He turned to the east on the residential driveway and then began to turn north onto the driveway which becomes [REDACTED]. As the vehicle made the left turn, [REDACTED] felt the vehicle "lift up on two wheels." The vehicle then struck a wall (decorative retaining wall) and then "flipped".

---

Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location:

Peoria AZ

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

§ 87(2)(b) did not remember any other details of the collision. He did not remember any actions by § 87(2)(b) could not further describe the collision.

§ 87(2)(b) said no one in the vehicle was wearing a seatbelt at the time of the collision. He estimated the vehicle's speed to be between 10 – 15 mph. § 87(2)(b) denied seeing anyone consuming alcohol or using any drugs prior to the collision.

§ 87(2)(b) said there were no mechanical problems with vehicle #1. The vehicle was operating normally when he drove it prior to the collision.

§ 87(2)(b) described his injuries as a fracture of his right arm.

§ 87(2)(b) could not provide any further information regarding this collision.

I concluded my interview at approximately 1050 hours.

## MARICOPA COUNTY SHERIFF'S OFFICE

SUPPLEMENTAL REPORT FORM

INCIDENT: Traffic Accident

DR08-087437

LOCATION: [REDACTED] Peoria AZ

DATE/TIME: 05-16-08/16:15

## SUPPLEMENT

DATE: 05-16-08

On 05/16/08 at approximately 1615 hours, I responded to a traffic accident at [REDACTED] in Peoria AZ.

Upon arrival I saw that the Peoria Fire Department, Engine 195, was treating one subject. I also noticed that there was an ATV laying on the driver's side, facing west, Arizona plate [REDACTED]. A registration check of the vehicle through MCSO radio showed the vehicle registration to be invalid - Mandatory Insurance suspension and the registered owner, [REDACTED] - 12/30/64.

One of the firefighters advised me that they would be transporting one subject, [REDACTED] - 15y/o, by helicopter and that they had a battalion Chief at the landing zone, the neighboring church on [REDACTED]. Other responding deputies were diverted to the landing zone to assist.

Deputy Azurin #1621 and I began gathering information about the accident and found there to be no witnesses other than the 5 teenagers involved in the accident. We identified the other 4 passengers who were riding in the ATV. [REDACTED] 10/06/92; [REDACTED], 06/30/93; [REDACTED], 15y/o; [REDACTED], 02/22/93. We were informed that [REDACTED] was driving the ATV, [REDACTED] was sitting on the center console, [REDACTED] was sitting in the passenger seat, [REDACTED] was sitting in the pick-up style bed of the ATV, and that Ben was standing and hanging onto the driver's

## MARICOPA COUNTY SHERIFF'S OFFICE

SUPPLEMENTAL REPORT FORM

INCIDENT: Traffic Accident

DR08-087437

LOCATION: 25826 N. 102<sup>nd</sup> Ave Peoria AZ

DATE/TIME: 05-16-08/16:15

---

side roll cage.

I contacted [REDACTED] as he was attempting to leave the scene to transport his son, [REDACTED] to Arrowhead Hospital. I collected [REDACTED] information and contact numbers before allowing him to proceed to the hospital. I also discovered that this accident had occurred on private property, the driveway shared by multiple residences.

I was directed by Sergeant C. Jeffreys #1010 to complete the accident face sheet while fire treated the other passengers for minor injuries.

Deputy Azurin advised me that as [REDACTED] was driving the ATV on the driveway, [REDACTED] jumped onto the vehicle's driver's side roll cage as it was taking a left turn. [REDACTED] stated that during the turn his left foot slipped onto [REDACTED] right foot causing the gas pedal to be pushed to the floor. As a result of these actions the ATV began to skid and eventually roll onto the driver's side, crushing [REDACTED] chest before coming to rest in the position it was upon our arrival.

[REDACTED] was transported by Southwest ambulance to the landing zone, where he was further transported by DPS helicopter to St. Joseph's hospital.

The ATV was up righted and moved by unknown persons, without our knowledge or approval to allow [REDACTED] SUV to pass

## MARICOPA COUNTY SHERIFF'S OFFICE

SUPPLEMENTAL REPORT FORM

INCIDENT: Traffic Accident

DR08-087437

LOCATION: [REDACTED] Peoria AZ

DATE/TIME: 05-16-08/16:15

through on his way to Arrowhead hospital.

I was advised by my Sergeant that traffic accident detectives were en-route to the scene and that he was attempting to get a Drug Recognition Expert to respond as well. I was directed to standby with [REDACTED] and his father, [REDACTED] - 04/27/54, who had just arrived to ensure that [REDACTED] did not place anything in his mouth other than water, so that any results found by the DRE were not skewed.

I later found out that no DRE was needed and William was permitted to transport [REDACTED] to Arrowhead hospital as he previously indicated he wanted to as a precaution.

Next I contacted [REDACTED] mother, [REDACTED] - 09/26/67, and [REDACTED] father, [REDACTED] - 08/05/68, and collected contact information from them as they arrived to the scene.

Detective Jeff Eccles #739 arrived to investigate the accident. Deputy Azurin, Sergeant Jeffreys, and I explained to Detective Eccles the information that we had gathered and gave him a copy of the accident face sheet.

I later was contacted by Detective David Gross #1425 from the Vehicular Crimes Unit concerning this incident. He requested the information that I had gathered of the passengers and their parents so that he could conduct his follow up investigation. I sent him the requested information by county email.

Deputy: R. Levy #1881

Page \_\_ of \_\_

Reviewed by:

# MARICOPA COUNTY SHERIFF'S OFFICE

SUPPLEMENTAL REPORT FORM

INCIDENT: Traffic Accident

DR08-087437

LOCATION: **[REDACTED]** Peoria AZ

DATE/TIME: 05-16-08/16:15

---

Nothing Further.

**MARICOPA COUNTY SHERIFF'S OFFICE**

**Supplement**

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location:

Peoria AZ

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

---

**Reconstruction**

I was unable to reconstruct this collision due to the dynamics of the collision and the lack of reconstruction data concerning this specific off-road vehicle. The witnesses and driver of vehicle #1 reported a speed between 10 – 20 mph.

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Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

## MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED] Peoria AZ

GPS Coordinates: 33° [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

---

**Investigative Conclusions**

On May 16, 2008, at approximately 1615 hours, vehicle #1, a black and brown 2005 Yamaha 660 Rhino ATV, driven by [REDACTED], was traveling eastbound on a private driveway located at the termination of [REDACTED], approximately .4 miles [REDACTED].

As the vehicle completed a left turn, [REDACTED], seated between the passenger seats, attempted to brace himself because he felt the vehicle "tipping." [REDACTED] pressed his left foot down toward the floor and inadvertently pressed the accelerator. Vehicle #1 turned sharply to the left and left the private driveway. Vehicle #1 struck a decorative retaining wall located on the south side of a residential property ([REDACTED]). [REDACTED]. The vehicle was re-directed to the right where it tripped and overturned.

[REDACTED], who was hanging onto the driver's side of the vehicle, outside the passenger compartment, was struck by the upper edge, left side of the roof when the vehicle overturned. [REDACTED] was transported by air ambulance to John C Lincoln - North Mountain hospital. [REDACTED] was pronounced dead at approximately 1714 hours.

[REDACTED] was transported by his father to Arrowhead Hospital where he was admitted for a closed head injury. He was later released on May 19, 2008.

[REDACTED] front seat passenger, sustained a fractured right arm. [REDACTED] passenger in rear cargo area, and [REDACTED] were treated and released for minor injuries.

---

Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

## MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED], Peoria AZ

GPS Coordinates: 33° [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

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The primary contributing factors in this collision are: having more passengers than the vehicle was designed to carry, the driver being unfamiliar with the vehicle's operation, the seating position of [REDACTED], and the positioning of [REDACTED], who was hanging onto the side of the vehicle. These factors created a situation where vehicle #1 became unstable and overturned.

No charges or citations are pending.

-Case cleared exceptionally-

---

Investigator: Detective D. Gross #1425  
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

# MARICOPA COUNTY SHERIFF'S OFFICE

## Supplement

Occurrence Date: May 16<sup>th</sup>, 2008

DR: 08-087437

Occurrence Location: [REDACTED] Peoria AZ

GPS Coordinates: 33 [REDACTED]

Type of Incident: Fatal Traffic Collision (Private Property)

---

No charges or citations are pending.

-Case cleared exceptionally-

CRIME	DR#	DATE
Fatal Traffic Collision	08-087437	July, 10 2008

## MARICOPA COUNTY SHERIFF'S OFFICE CASE STATUS/CLEARANCE REPORT

A REVIEW OF THIS DEPARTMENT REPORT HAS BEEN COMPLETED THIS DATE.  
THE CRITERIA FOR CASE STATUS/CLEARANCE IS IN ACCORDANCE WITH  
ACCEPTED STANDARDS.

THIS CASE IS:

- CLEARED BY ARREST
- EXCEPTIONALLY CLEARED
- UNFOUNDED
- INACTIVE
- RECODED
- PENDING

STATISTICAL OFFICE

OFFICER/SERIAL #

Detective D. Gross #1425

SUPERVISOR/COMMAND OFFICER

Sgt. D. Taylor #1060

*DT*  
8/19/08



Photo # 1 – The private driveway is located around this home.



Photo # 2 – Another view of the home.

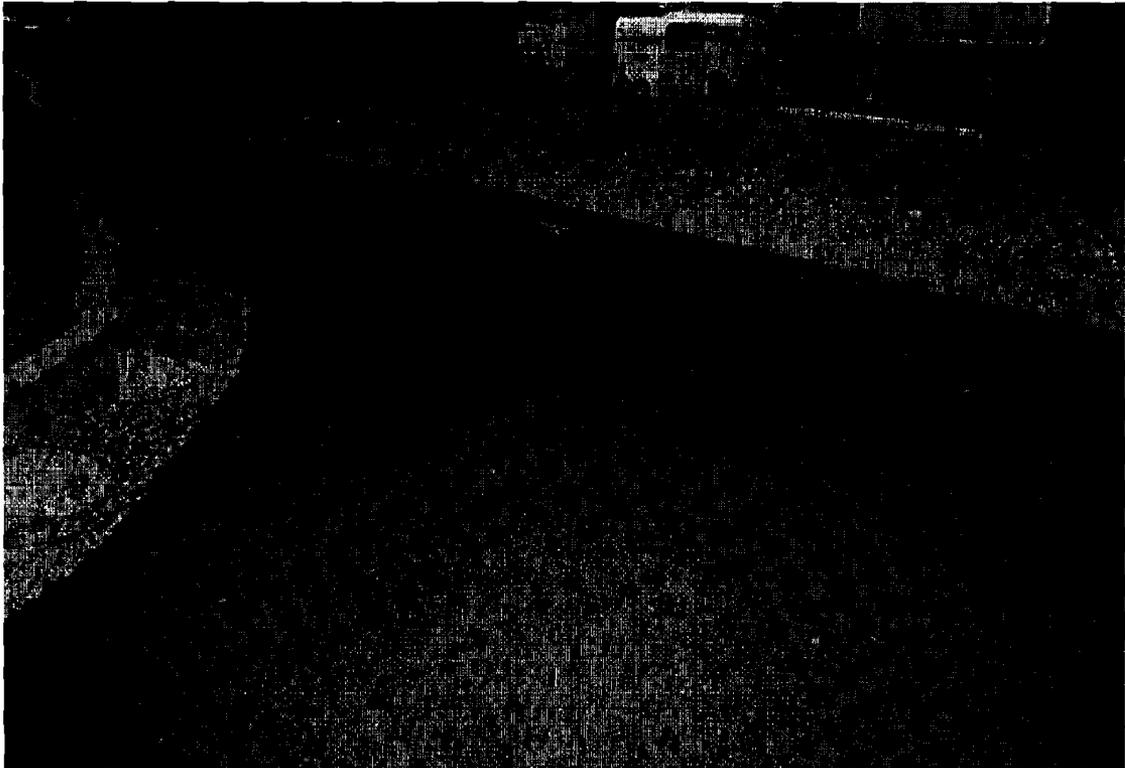


Photo # 3 – The vehicle was traveling along this paved private driveway and turned left. The victim jumped on and held onto the drivers side of the vehicle.



Photo # 4 – The vehicle ran off the driveway and crashed into this decorative wall.



Photo # 5 – Closer look at the wall.



Photo # 6 – Side view of the vehicle.



Photo # 7 – The model name "RHINO" is located on the hood of this vehicle.

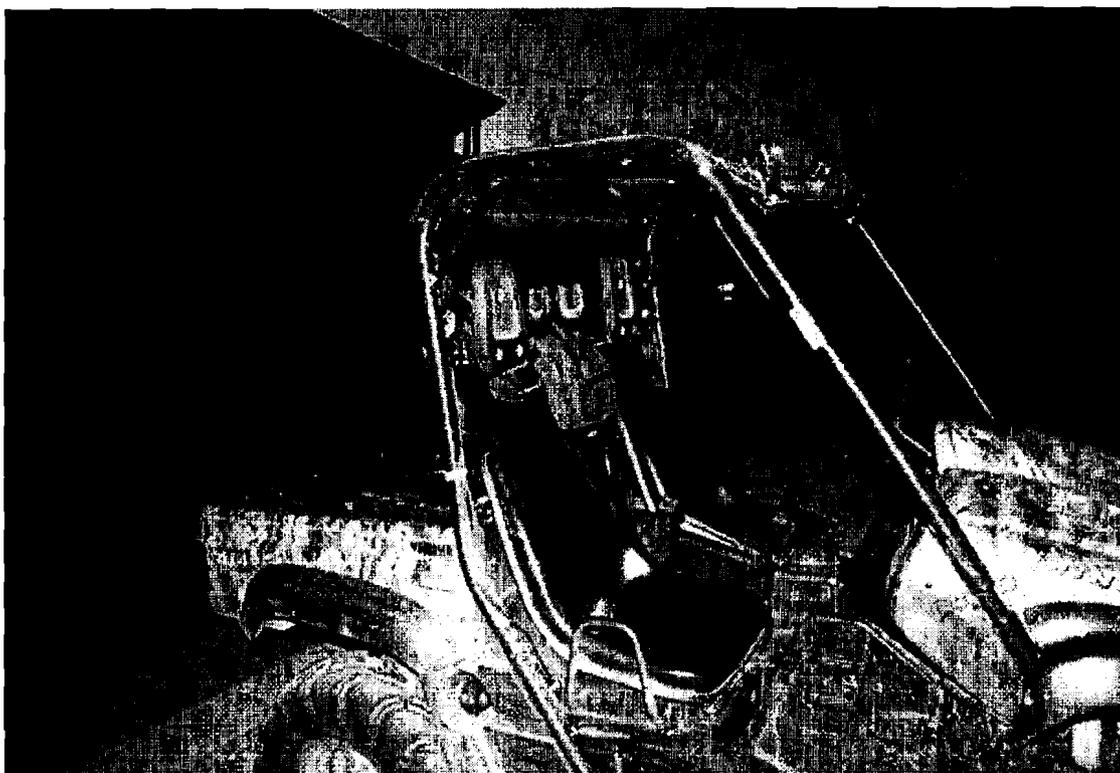


Photo # 8 – This vehicle has two front seats and a steering wheel for the driver.



Photo # 9 – Looking at the other side.



Photo # 10 – Rear view of vehicle.

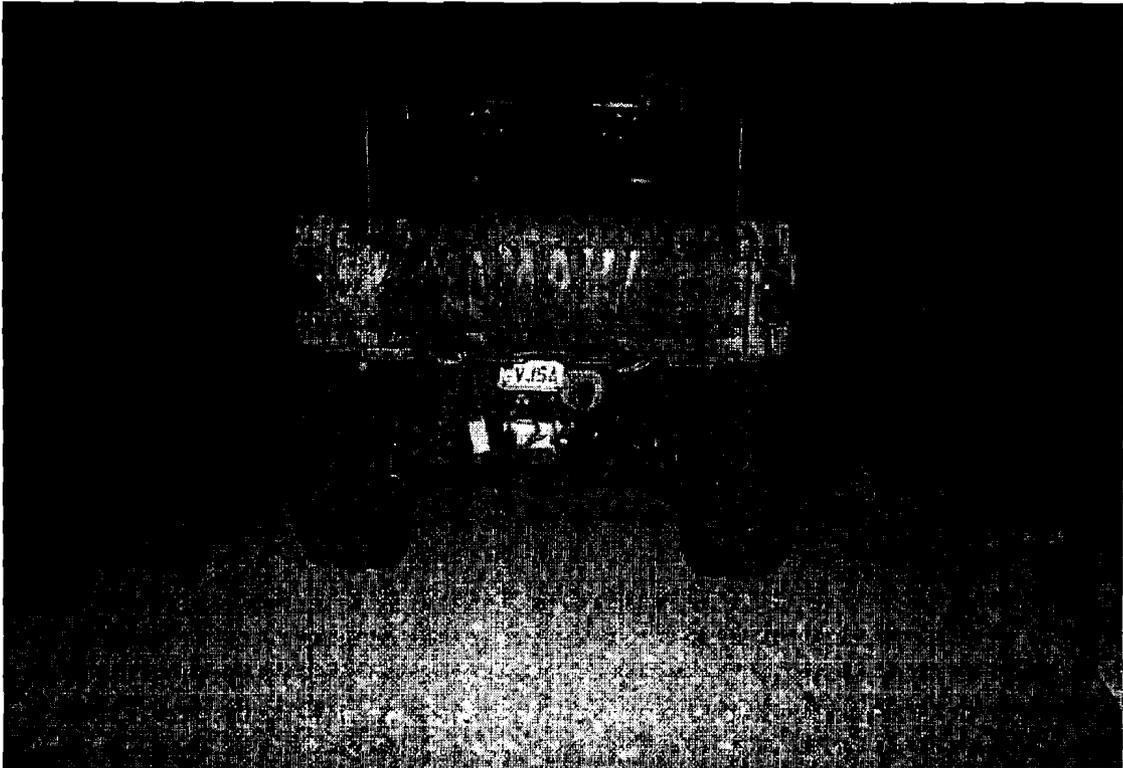


Photo # 11 – The manufacturer name "YAMAHA" is on the back panel of this vehicle.

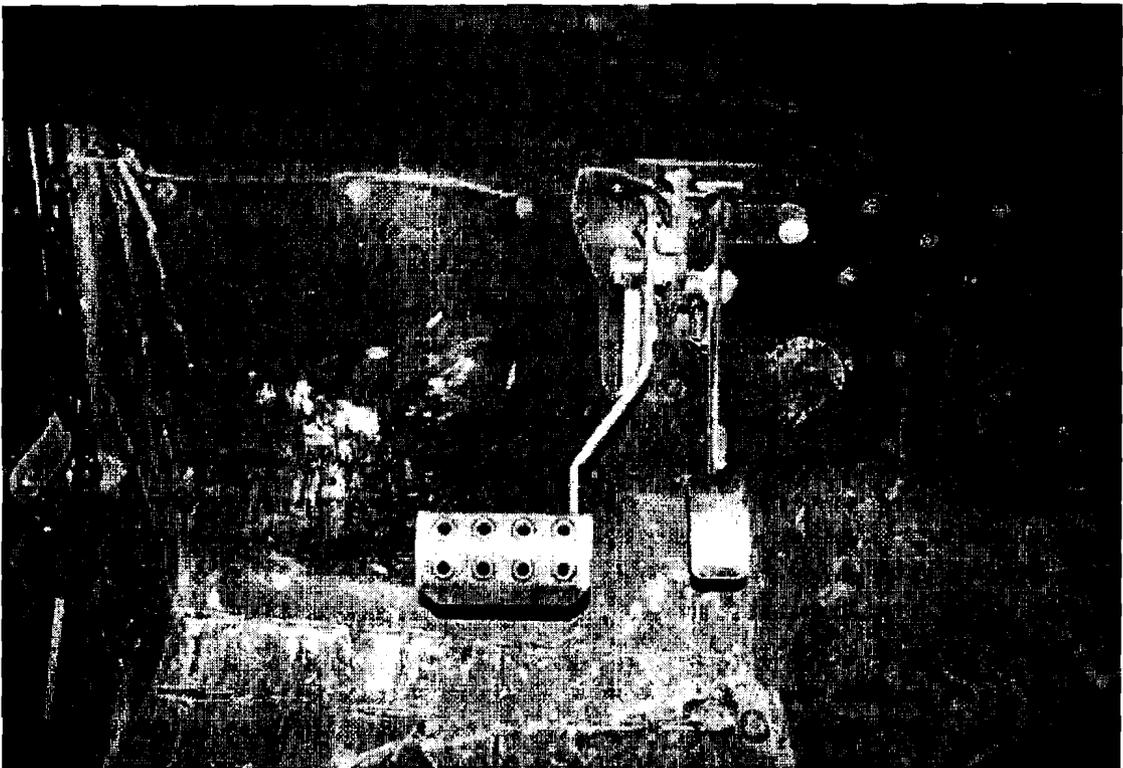


Photo # 12 – Petal controls for the driver.



Photo # 13 – Digital display on dash of vehicle.

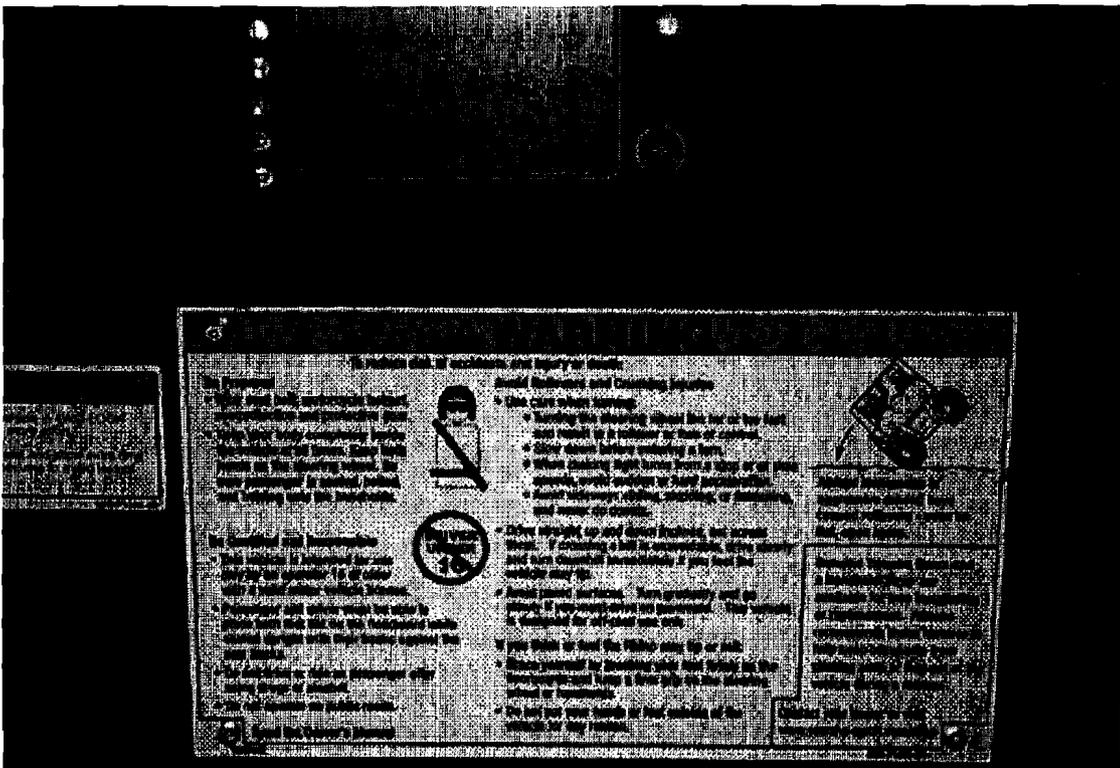


Photo # 14 – Warning label on the vehicle.



OFFICE OF THE MEDICAL EXAMINER  
701 W. Jefferson St.  
Phoenix, AZ 85007

REPORT OF AUTOPSY

DECEDENT: [REDACTED]

CASE: 08-03044

DATE OF EXAMINATION: 05/19/2008

TIME: 0741 Hours

---

PATHOLOGICAL DIAGNOSES

- I. Blunt impact to torso.
  - A. Laceration of heart and pericardium.
  - B. Hemothorax.
  - C. Cutaneous abrasions.
  - D. Blunt impact to extremities.
  - E. Cutaneous abrasions, contusion, and laceration.

---

CAUSE OF DEATH: Laceration of heart blunt impact to torso  
MANNER: Accident

*17 June 2008*  
Date Signed

*[Signature]*  
ROBERT E. LYON, DO  
MEDICAL EXAMINER

## CIRCUMSTANCES OF DEATH

This 15-year-old Caucasian male was a passenger on an ATV which rolled over on top of him. He was declared dead at a local hospital emergency room.

## EXTERNAL EXAMINATION

The body is received in a zippered body pouch secured by evidence seal #4307274.

## GENERAL EXTERNAL EXAMINATION

The body is that of a 132-pound, 64-inch, well-developed, well-nourished, adolescent male appearing the stated age of 15 years. Rigor mortis is developed. Lividity is posterior, rises to the posterior line, and is fixed. The torso is cool.

The scalp hair is 1 inch long, brown, and straight. The irides are blue. The conjunctivae have no petechiae. The teeth are natural and in good repair. The abdomen has   . The external genitalia are those of a normally developed, circumcised adolescent male. The anus is unremarkable. The left hand, posteriorly has the word math in large purple capitalized ink letters. The body has no lower extremity edema, scars, tattoos, or recent injuries except as indicated.

## THERAPEUTIC

1. The right nostril has a nasogastric tube with its terminal end in appropriate position within the stomach.
2. The mouth has an orotracheal tube with its terminal end appropriately positioned within the trachea.
3. The left leg, anteriorly has an intraosseous catheter.
4. The left ankle has a white identification-type bracelet bearing the name of the decedent and identification number.

## INJURIES

1. The right malar region of the face has a small red cutaneous contusion. The right angle of the jaw has a cluster of two small, one moderate, and one tiny red cutaneous abrasion. The left frontal region of the scalp has a small galeal purple contusion.
2. The torso, anteriorly has a large zone of individual, and confluent tan-orange cutaneous abrasions with oblique striations.
3. The right and left atria of the heart, and atrial septum have a large shredding full-thickness laceration forming communications among the right and left atria, and pericardial cavity. This laceration involves the heart valves. The pericardial cavity contains an estimated 50 mL of red liquid blood.

4. The left aspect of the pericardial sac has a moderate hemorrhagic full-thickness laceration forming a communication between the pericardial cavity and left chest cavity.
5. The left chest cavity contains an estimated 1800 mL of red liquid blood.
6. The right and left lungs have moderate to marked purple contusions.
7. The right middle ribs, posteriorly have costal vertebral sprain with hemorrhage into endothoracic fascia estimated to total a few milliliters.
8. The right pubic rami have complete vertical fractures with slight distraction, and hemorrhage into endopelvic fascia estimated to total 50 mL.
9. The left arm, medially has a moderate red cutaneous abrasion with oblique striations. The left cubital fossa has a roughly figure of 8 moderate black stain ring shape cutaneous abrasion with a tiny cutaneous laceration penetrating to subcutaneous tissue.
10. The left forearm, medially has a small cluster of three small red cutaneous abrasions.
11. The left thigh, anteriorly has a short horizontal tan cutaneous abrasion.
12. The left knee, laterally has a moderate ovoid red cutaneous abrasion with oblique striations. The left knee has a small red cutaneous abrasion.
13. The right knee has a small red cutaneous abrasion with oblique striations, and a small circular red cutaneous abrasion.
14. The left leg, posteriorly has a red cutaneous abrasion.
15. The right leg, anteriorly has a small red cutaneous contusion.

Having been described, the injuries will not be repeated.

## **INTERNAL EXAMINATION**

### **HEAD**

The scalp is remarkable only as indicated above. The skull has no fractures. There are no epidural or subdural blood accumulations. The brain weighs 1650 grams. The leptomeninges are thin. The cerebrospinal fluid is clear. The cranial nerves have no nodules. The cerebral arteries have no sclerosis. The external and cut surfaces of the brain are unremarkable.

### **NECK**

The cervical spine, the laryngeal cartilages, the hyoid bone, and the strap muscles of the neck have no injuries. The upper airways contain no foreign material. The tongue has no contusions or bite marks.

### **BODY CAVITIES**

The pericardial cavity and the left chest cavity are remarkable only as indicated above. The right chest cavity and abdominal cavity have no liquid accumulations. The

pneumothorax test is negative bilaterally. The organs are normally situated, have no congestion, and have no abnormal odors.

### **CARDIOVASCULAR**

The aorta is unremarkable. The venae cavae have no thrombi. The pulmonary trunk and arteries have no thromboemboli. The heart is remarkable as indicated above. The great vessels and the chambers of the heart are collapsed and contain a thin layer of red liquid blood. The heart weighs 300 grams. The epicardial surfaces are smooth and have a moderate quantity of fat. The coronary arteries arise from normally situated, normal size ostia, and distribute in a usual pattern. The main epicardial coronary artery has no atherosclerosis. The myocardial cut surfaces are red-brown with no gross evidence of fibrosis or necrosis. The tricuspid, pulmonary, mitral, and aortic valves are thin and unremarkable. The chambers have no dilatation. The endocardium is thin.

### **LUNGS**

The right and left lungs are remarkable as indicated above. The left lung weighs 350 grams; the right lung weighs 675 grams. The pleural membranes are thin and unremarkable. The cut surfaces are reddish-pink. The pulmonary arteries have no thromboemboli. The bronchial mucosa is reddish-pink and congested. No evidence of tumors, infarcts, emphysematous changes, or pulmonary edema are identified.

### **LIVER, GALLBLADDER AND PANCREAS**

The liver weighs 1250 grams. The capsule is thin. The cut surfaces are red-brown and firm. The gallbladder contains green liquid bile and has no stones. The pancreas has tan, lobulated parenchyma.

### **HEMIC AND LYMPHATIC**

The spleen weighs 150 grams. The capsule is thin. The cut surfaces are red. The lymph nodes are not enlarged. The thymus gland has pinkish-gray fleshy cut surfaces. The vertebral marrow is dark red.

### **GENITOURINARY**

The left kidney weighs 150 grams; the right kidney weighs 150 grams. The cortical surfaces are smooth. The cut surfaces are red-brown and have the usual corticomedullary pattern. The ureters have no dilatation. The urinary bladder is not distended and contains no residual urine. The prostate has a normal size and shape. The cut surfaces are white-tan and have no nodules. The seminal vesicles are unremarkable. The testes are descended and have tan, stringy cut surfaces.

**ENDOCRINE SYSTEM**

The pituitary, adrenal, and thyroid glands have no hyperplasia or nodules.

**DIGESTIVE**

The esophagus, stomach and duodenum have no chronic ulcers. The stomach contains an estimated 100 mL of thick tan liquid containing partially digested food solids. External examination of the small and large intestines, and appendix are unremarkable.

**MUSCULOSKELETAL**

The ribs and pelvis are remarkable only as indicated above. The clavicles, sternum, and spine have no recent fractures. The musculature is unremarkable.

**OPINION**

Based on all of the available information, Benjamin J. Colyar died from laceration of heart due to blunt impact to torso.

The manner of death is accident.

The classification of the Manner of death as "Accident" represents an accepted term in the science of forensic pathology and is not a determination or comment regarding criminal or civil responsibility of any other person for the death.

REL/hyf

D: 05/19/08

T: 05/23/08

MARICOPA COUNTY OFFICE OF THE MEDICAL EXAMINER

REPORT OF TOXICOLOGICAL EXAMINATION

Case Number: 08-03044  
Decedent: [REDACTED]  
Date Submitted: 05/19/2008  
Report Date: 06/26/2008

08-03044  
05/19/2008  
06/26/2008

Specimens Collected: VITREOUS, BLOT/FILTER PAPER, GASTRIC, PLEURAL BLOOD

Medical Examiner: ROBERT E. LYON, DO

**RESULTS\*:**

Vitreous: None detected for ethanol, methanol, isopropanol and acetone

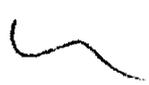
Pleural Blood: Positive for  
Atropine/Hyoscyamine  
None detected for ethanol, methanol, isopropanol, acetone, amphetamine, methamphetamine, phencyclidine, cocaine, benzoylecgonine, methadone, morphine, codeine, benzodiazepines, barbiturates, antihistamines, phenothiazines, tricyclic antidepressants, and fentanyl

Gastric: None detected for amphetamine, methamphetamine, phencyclidine, cocaine, methadone, codeine, antihistamines, phenothiazines, and tricyclic antidepressants

\*If results are not listed for any specimen(s), that/those specimen(s) is/are deemed to be on "HOLD"

  
Norman A. Wade  
Laboratory Director

Jurisdictional Agency: MCSO  
By:svp; Tox. 1/2000; DAWN:



CONTACT & IDENTIFICATION SHEET

Maricopa County Medical Examiner  
701 W. Jefferson  
Phoenix, AZ 85007

Maricopa County Sheriff  
102 W. Madison  
Phoenix, AZ 85004

NOTES:

This crash took place along a private driveway near Peoria, AZ

Victim: (b)(6), 15 years old  
DOB: 12-23-1992; Height – 64 inches ; Weight – 132 pounds

Victim's Friends:

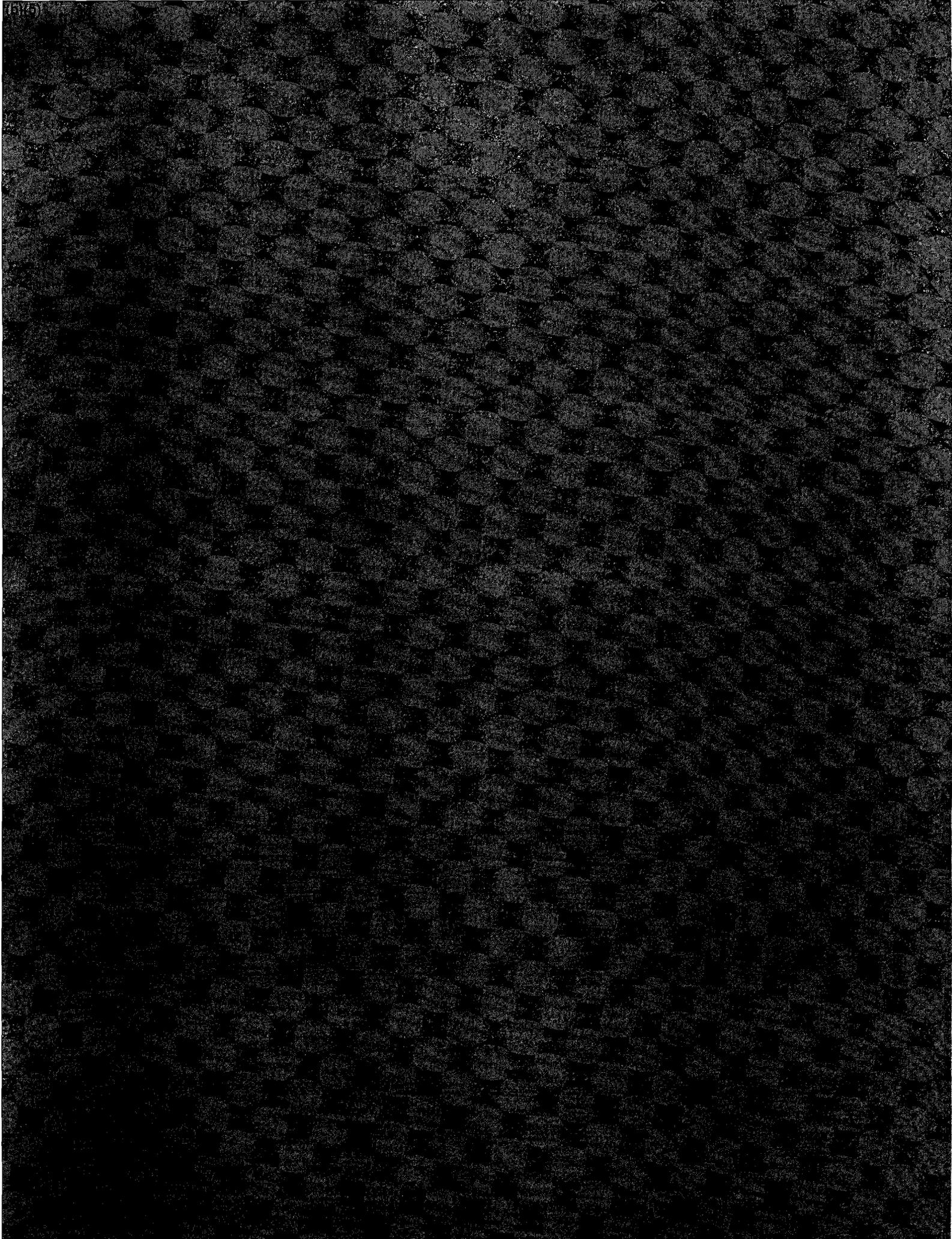
Driver – (b)(6) 15-years old  
Passenger - (b)(6), 14 years old (sitting on center console)  
Passenger - (b)(6) – 15 years old (sitting on front passenger seat)  
Passenger - (b)(6) – 15 years old (sitting in the pick-up bed)

ATV: Yamaha, 2005, Rhino VIN # (b)(6)

Medical Examiner – Robert E. Lyon, DO, Maricopa County

Sheriff's Personnel:

Jeff Eccles, # 739, Detective, Maricopa County Sheriff  
D. Gross, # 1425, Detective, Maricopa County Sheriff



MEDICAL EXAMINER'S/CORONER'S REPORTING FORM ISSUE 10

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT". Or, send by email to [dwierdak@cpsc.gov](mailto:dwierdak@cpsc.gov), or fax to 1-800-809-0924

Product/ model/ brand involved ATV

Date of accident 5-16-2008 Date of Death 5-16-2008

Victim's Name: (b)(6)

Victim's Age: 15 years Sex Male

Address: (b)(6)

Location of Accident: City Peoria State AZ

Medical Examiner's Office (county, city & state) Maricopa

Medical Examiner's Case No. 08-03044 Phone No.

Name of Medical Examiner: Lyon

Cause of Death: Blunt injuries

Police/Sheriff (who investigated this death): Maricopa Sheriff's

Police/Sheriff case number: 08-087437

Brief description of accident sequence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. Task Number 080917HWE7745		2. Investigator's ID 9087		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 02 23	5. Date Initiated YR MO DAY 2008 09 22		
6. Synopsis of Accident or Complaint <b>UPC</b> A 26 year old female victim died from chest injuries and blunt force trauma when the utility vehicle she was a passenger in rolled over. The top of the roll cage landed on the victim's upper body which was outside the roll cage while her lower body was still inside the vehicle and still wearing a seat restraint.  <b>MFR/PRVLBR NOTIFIED</b> COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED; ___ ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 254; 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY <i>An 5/18/09</i>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City GLAMIS	9. State CA	
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO	
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 26	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 12 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 12 - MECAP	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/28/2008	25. Reviewed By 9087		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N0890274A	

This incident occurred on 2/23/08, and involved a 26 year old female victim and a four-wheeled, off-road, utility-type vehicle being used recreationally in the open desert at the Imperial Sand Dunes Recreational Area in Glamis, CA (Imperial County). All of the information comes from reports from the responding police agency and the medical examiner's office. Their reports are appended as Exhibits 1 and 2, respectively.

On the day of the incident, the victim, age 26, and her spouse, age 30, had been riding in a four-wheeled, off-road, utility-type vehicle in the open desert. The victim was wearing a seat belt and her spouse was driving. There was no indication that she was helmeted. They were riding on the crest of an approximate 30 foot high sand dune at approximately 10 miles per hour when the driver attempted to turn the vehicle. The vehicle then rolled over its sides three times and came to rest. The victim was still wearing her seat belt but her upper body was outside the vehicle. She was face down in the sand and the vehicle's roll cage was on top of her neck. The victim was pronounced dead at the scene. There was no mention of injury to the victim's spouse.

#### PRODUCT

The product is a 2007 Yamaha Rhino (not further identified).

#### EXHIBITS

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

SPECIAL OCCASIONS FATAL		NUMBER OF VEHICLES INVOLVED 0	NUMBER OF PERSONS INJURED 0	CITY UNINCORPORATED	JUDICIAL DISTRICT BRADLEY	LOCAL REPORT NUMBER (S) (S) (S) (S) (S) (S) (S) (S)
COUNTY IMPERIAL		REPORTING AGENCY REPORTING AGENCY	DATE 2006	DAY SATURDAY	TIME 12:00 PM	TIME 12:00 PM
COLLISION OCCURRED ON GLAMIS SAND DUNES 4.15 MILES S/E OF SUZIE		NO. DAY YEAR 02/23/2006	TIME CLOCK 1243	AGENCY 9625	OFFICER 3118020	PHOTOGRAPHER BY NAME
MILEPOST INFORMATION		GPS COORDINATES LATITUDE 32.561024		LONGITUDE -115.040224		PHOTOGRAPHER BY NAME
LOCATION		AT INTERSECTION WITH PA 4.15 MILES EAST OF GECKO PARK RD.		STATE HIGHWAY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PARTY 1	DRIVER'S LICENSE NUMBER (S) (S) (S) (S) (S) (S) (S) (S)	STATE CA	CLASS C	AIR BRK P	SAFETY SEAT G	VEH. YEAR 2007
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]	OWNER'S NAME SAME AS DRIVER		LICENSE NUMBER (S) (S) (S) (S) (S) (S) (S) (S)		STATE CA
PLUGS	STREET ADDRESS (S) (S) (S) (S) (S) (S) (S) (S)	OWNER'S ADDRESS SAME AS DRIVER		CITY/STATE/ZIP [REDACTED]		
PARKED	CITY/STATE/ZIP YUCAIPA CA 92399	DISPOSITION OF VEHICLE ON CROSSING OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN FROM SCENE		
DRIVER'S	SEX MALE	HAIR BROWN	EYES BROWN	HEIGHT 5-02	WEIGHT 215	DATE OF BIRTH (S) (S) (S) (S) (S) (S) (S) (S)
OTHER	HOME PHONE (S) (S) (S) (S) (S) (S) (S) (S)	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
INSURANCE	CARRIER NONE	POLICY NUMBER		VEHICLE TYPE NONE		
DIR OF TRAVEL	ON STREET OR HIGHWAY S	SPEED LIMIT NA		VEHICLE DAMAGE NONE		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BRK	SAFETY SEAT	VEH. YEAR
DRIVER	NAME (FIRST, MIDDLE, LAST)	OWNER'S NAME SAME AS DRIVER		LICENSE NUMBER		STATE
PLUGS	STREET ADDRESS	OWNER'S ADDRESS SAME AS DRIVER		CITY/STATE/ZIP		
PARKED	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON CROSSING OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN FROM SCENE		
DRIVER'S	SEX	HAIR	EYES	HEIGHT	WEIGHT	DATE OF BIRTH
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
INSURANCE	CARRIER	POLICY NUMBER		VEHICLE TYPE		
DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		VEHICLE DAMAGE		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BRK	SAFETY SEAT	VEH. YEAR
DRIVER	NAME (FIRST, MIDDLE, LAST)	OWNER'S NAME SAME AS DRIVER		LICENSE NUMBER		STATE
PLUGS	STREET ADDRESS	OWNER'S ADDRESS SAME AS DRIVER		CITY/STATE/ZIP		
PARKED	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON CROSSING OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN FROM SCENE		
DRIVER'S	SEX	HAIR	EYES	HEIGHT	WEIGHT	DATE OF BIRTH
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER		
INSURANCE	CARRIER	POLICY NUMBER		VEHICLE TYPE		
DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		VEHICLE DAMAGE		

HDC  
 FARS  
 CALTRANS  
 COURT  
 CO. RD.  
 OWNER  
 MILITARY  
 P.D.  
 2  
 DATE RECEIVED  
 [Signature]

STATE OF CALIFORNIA  
**TRAFFIC COLLISION CODING**  
 CHP 553 CARS PAGE2 (REV. 11-08) OF 065

080917HWE7745  
 Exhibit 1  
 Page 2 of 25

DATE OF COLLISION (MO, DAY, YEAR) 12/23/2008	TIME (HH:MM) 1243	MOIC # 9625	OFFICER I.D. (IN CALIFORNIA ONLY) (00-00-00)	UNITS #
---	----------------------	----------------	---	---------

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

<b>SEATING POSITION</b> 	<b>OCCUPANTS</b> 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 I - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - CHILD RESTRAINT IN VEHICLE USED R - CHILD RESTRAINT IN VEHICLE NOT USED S - CHILD RESTRAINT IN VEHICLE USE UNKNOWN T - CHILD RESTRAINT IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	<b>MOTORCYCLE - HELMET</b> DRIVER: V - NO, X - YES PASSENGER: Y - NO, Z - YES	<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - EATING / CH E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
--	--	--	---	--

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

PRIMARY COLLISION FACTOR (LIST NUMBER #) OF FACTOR AT FAULT	TRAFFIC CONTROL DEVICES			SPECIAL INFORMATION			MOVEMENT PRECEDING COLLISION		
	1	2	3	1	2	3	1	2	3
1 A VC SECTION VIOLATED, CITED 32095 VC <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A CONTROLS FUNCTIONING			A HAZARDOUS MATERIAL			A STOPPED		
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*			B CELL PHONE HANDHELD IN USE			B PROCEEDING STRAIGHT		
C OTHER THAN DRIVER*	C CONTROLS OBSCURED			C CELL PHONE HANDSFREE IN USE			C RAN OFF ROAD		
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*			D CELL PHONE NOT IN USE			D MAKING RIGHT TURN		
	TYPE OF COLLISION			E SCHOOL BUS RELATED			E MAKING LEFT TURN		
	A HEAD-ON			F 75 FT MOTORTRUCK COMBO			F MAKING U TURN		
	B SIDE SWIPE			G 12 FT TRAILER COMBO			G BACKUP		
	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 MANUEVER		
B CLOUDY	G VEHICLE / PEDESTRIAN			L			L ENTERING TRAFFIC		
C RAINING	H OTHER*			M			M OTHER UNSAFE TURNING		
D SNOWING				N			N XING INTO OPPOSING LANE		
E FOG / VISIBILITY FT.				O			O PARKED		
F OTHER*	MOTOR VEHICLE INVOLVED WITH			P			P MERGING		
G WIND	X A NON-COLLISION			Q			Q TRAVELING WRONG WAY		
	B PEDESTRIAN			OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)					
X A DAYLIGHT	C OTHER MOTOR VEHICLE			A	NO MOTOR VEHICLE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	B	VEHICLE VIOLATED, CITED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE			C	VEHICLE VIOLATED, CITED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
D DARK - NO STREET LIGHTS	F TRAIN			D					
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE								
	H ANIMAL								
ROADWAY SURFACE	I FIXED OBJECT								
A DRY	J OTHER OBJECT*								
B WET									
C SNOWY - ICY									
X D SLIPPERY (MUDDY, OILY, ETC)									
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS								
A HOLES, DEEP RUT	X A NO PEDESTRIANS INVOLVED								
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION								
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK IN ROAD - INCLUDES SHOULDER								
E REDUCED ROADWAY WIDTH	E IN ROAD								
F FLOODED*	F NOT IN ROAD								
G OTHER*	G APPROACHING / LEAVING SCHOOL BUS								
X H NO UNUSUAL CONDITIONS									

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 5

INDICATE NORTH

MISCELLANEOUS

DATE OF COLLISION (MO, DAY, YEAR): 07/21/2008		TIME (HRS): 1243	PLATE #: 9025	OFFICER I.D. #: [REDACTED]	NUMBER: [REDACTED]												
WITNESS (INITIAL)	PASSENGER (INITIAL)	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					HAIRY BUMPER	SEAT BELT	AP. TAG	SAFETY EQUIP.	EJECTED
<input type="checkbox"/>	<input type="checkbox"/>	26	F	FATAL INJURY <input checked="" type="checkbox"/>	SEVERE INJURY <input type="checkbox"/>	ORBITAL VISION <input type="checkbox"/>	COMPLAINT OF PAIN <input type="checkbox"/>	BRUISE <input type="checkbox"/>	SCALD <input checked="" type="checkbox"/>	POUNCE <input type="checkbox"/>	OTHER <input type="checkbox"/>	1	3	1	6	2	

INJURED ONLY TRANSPORTED BY: IMPERIAL COUNTY (CPSA Sect 56.06)

TAKEN TO: PRYE-MORTUARY

DESCRIBE INJURIES: PRONOUNCED DECEASED AT 1:44 HOURS BY [REDACTED] SUSTAINED MAJOR HEAD AND NECK TRAUMA. CORONER CASE # [REDACTED]

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	28	M	<input type="checkbox"/>													
---------------------------------------	--------------------------	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME (D.O.B.) ADDRESS (CPSA Sect 56.06) TELEPHONE

INJURED ONLY TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	29	M	<input type="checkbox"/>													
---------------------------------------	--------------------------	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME (D.O.B.) ADDRESS (CPSA Sect 56.06) TELEPHONE

INJURED ONLY TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	29	F	<input type="checkbox"/>													
---------------------------------------	--------------------------	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME (D.O.B.) ADDRESS (CPSA Sect 56.06) TELEPHONE

INJURED ONLY TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	53	M	<input type="checkbox"/>													
---------------------------------------	--------------------------	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME (D.O.B.) ADDRESS (CPSA Sect 56.06) TELEPHONE

INJURED ONLY TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> 5	<input type="checkbox"/>	06	[REDACTED]	<input type="checkbox"/>													
---------------------------------------	--------------------------	----	------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NAME (D.O.B.) ADDRESS (CPSA Sect 56.06) TELEPHONE

INJURED ONLY TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARE'S NAME [REDACTED] I.D. NUMBER [REDACTED] NO. DAY YEAR [REDACTED] REVIEWER'S NAME [REDACTED] MO. DAY YEAR [REDACTED]

DATE OF COLLISION (MO. DAY YEAR)		TIME (24H)	NO. 1	OFFICER I.D. NUMBER	OFFICER I.D. NUMBER												
02/23/2008		1243	9425														
WITNESSES ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	ELECTR.
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PEA.	BI-CYCLIST	OTHER					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	47	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE		
INJURED ONLY TRANSPORTED BY:															TAKEN TO:		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE		
INJURED ONLY TRANSPORTED BY:															TAKEN TO:		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE		
INJURED ONLY TRANSPORTED BY:															TAKEN TO:		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE		
INJURED ONLY TRANSPORTED BY:															TAKEN TO:		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE		
INJURED ONLY TRANSPORTED BY:															TAKEN TO:		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS															TELEPHONE		
INJURED ONLY TRANSPORTED BY:															TAKEN TO:		
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARED BY NAME		I.D. NUMBER		MO. DAY YEAR		REVIEWER'S NAME		NO. DAY YEAR									
				02/23/2008													

STATE OF CALIFORNIA

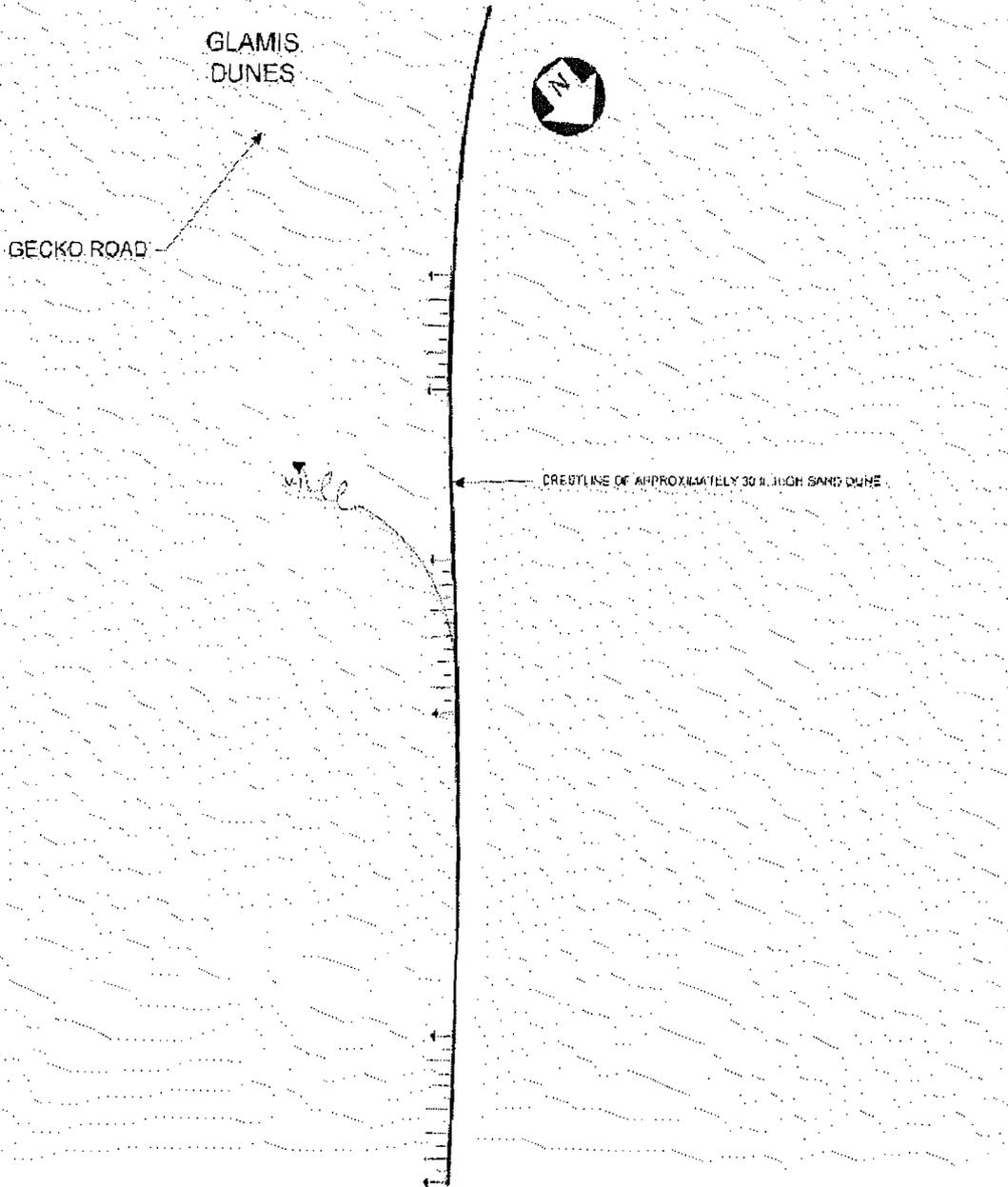
SKETCH DIAGRAM

CHP 553 Photo (Rev. 8-07) OP2042

PAGE 5 OF 16

DATE OF INCIDENT 02/23/2008	TIME 1243	NCIC NUMBER 9625	OFFICER I.D. (b) (3) CPUSA Section 25(a), (b) (6)	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )



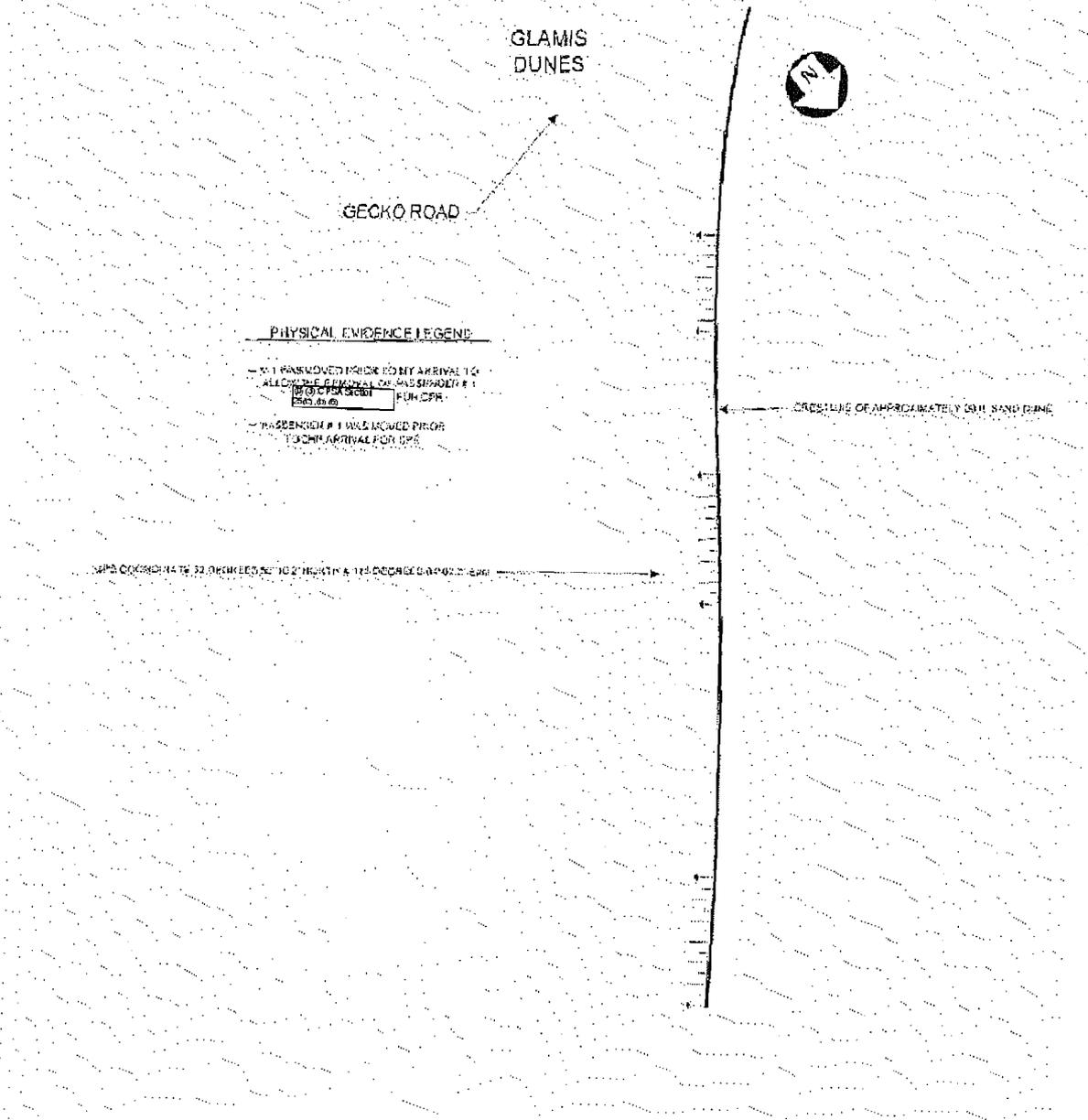
PREPARED BY (b)(6)	I.D. NUMBER	DATE 03/01/2008	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA  
 FACTUAL DIAGRAM

CHP 535 Page 4 Rev. 4-971 01/1/04

DATE OF INCIDENT 02/23/2008	TIME 1243	NCIC NUMBER 9625	OFFICER ID [REDACTED]	NUMBER [REDACTED]
--------------------------------	--------------	---------------------	--------------------------	----------------------

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



PREPARED BY [REDACTED]	I.D. NUMBER [REDACTED]	DATE 03/01/2008	REVIEWER'S NAME [REDACTED]	DATE [REDACTED]
---------------------------	---------------------------	--------------------	-------------------------------	--------------------

STATE OF CALIFORNIA  
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9625	<input type="text"/>

1 FACTS:

2

3 NOTIFICATION:

4

5 I was notified by CHP dispatch of an off road fatality at 1255 hours on 02-23-2008. I responded

6 from the El Centro CHP Area Office in Imperial, Ca. and arrived at the Bureau of Land

7 Management Ranger Station on Gecko Rd. at approximately 1423 hours. I was transported to the

8 scene of the accident, via Bureau of Land Management Dune Buggy, by volunteer  #

9

10

11 All times, speeds, and measurements are approximate. All measurements were made by Global

12 Positioning Satellite (GPS).

13

14 The following personnel were on scene:

15

16 California Highway Patrol El Centro Area:

17 2331 Hwy. 86

18 Imperial, Ca. 92251

19 (760)-482-2500

20 •

21

22 Imperial County Sheriff's Office

23 328 Applestill Rd.

24 El Centro, Ca. 92243

25 (760)-339-6311

26 •

27

28

PREPARED BY	IC NUMBER	DATE	REVIEWER'S NAME	DATE
<input type="text"/>	<input type="text"/>	03/01/2008	<input type="text"/>	<input type="text"/>

STATE OF CALIFORNIA  
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9625	[REDACTED]

1 NOTIFICATION CONTINUED:

2

3 Bureau of Land Management

4 1661 South 4<sup>th</sup> St.

5 El Centro, Ca. 92243

6 (760)-337-4471

7



8

9

10

11 SCENE:

12

13 This collision occurred in the Imperial Sand Dunes, an area known as Glamis. Glamis is a Federal  
14 Recreation Area that is monitored by the United States Department of the Interior Bureau of Land  
15 Management (BLM). The dunes are also known as the Algodones Dunes. This accident occurred  
16 in open desert, an area used for off highway vehicle recreation. There are several dunes that vary  
17 in height and angles of degree. This accident occurred south of State Route 78 between  
18 Oldsmobile Hill and the Union Pacific rail road tracks. Refer to factual sketch and diagram for  
19 further details of the area of this collision scene.

20

21 PARTIES:

22

23 Party # 1 [REDACTED] was located at the scene. He was sitting on top of a dune with his head  
24 resting on his knees. He was identified by his statement and witnesses statements. He was  
25 established as the driver of Vehicle # 1 (Yamaha) at the time of this collision by his statement of  
26 driving, the statements of witnesses, and he rented V-1 at approximately 1130 hours the day of  
27 the collision.

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	03/01/2008	[REDACTED]	[REDACTED]

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 9 OF 16

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9626	[Redacted]

**1 PARTIES CONTINUED:**

2

3 Vehicle # 1 (Yamaha) is a 2007, green, Yamaha Rhino, all-terrain vehicle. There was no visual  
 4 damage to the Rhino as a result of this collision. The ignition switch was in the on position,  
 5 however the Rhino's motor was not running. The Rhino had been flipped from its right side, back  
 6 onto its wheels by P-1 and witnesses to allow access to Passenger # 1 [Redacted] P-1  
 7 documented that the driver's side seat belt receptacle was "dirty/ sticking" prior to renting the  
 8 Rhino. He also noted that there was "slight damage" on the right side of the roll cage. I performed  
 9 a seat belt inspection on the driver and passenger side seat belts of V-1 and found no mechanical  
 10 defects. Both seat belts showed signs of stretching. For further details on the rental agreement  
 11 and vehicle check list see attached contract.

12

**13 PHYSICAL EVIDENCE:**

14

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

16

**17 OTHER FACTUAL INFORMATION:**

18

19 Photos were taken by:

20

21

22

**23 STATEMENTS:**

24

25 Party # 1 [Redacted] was contacted at the scene. I later re-contacted him on 02-28-2008 at  
 26 approximately 1530 hours. He provided the following statement in essence: He said he arrived at  
 27 Glamis on Friday about 8:00 PM. He arrived with his wife [Redacted] (Passenger # 1). He  
 28 was camped near wash 13 which is south of SR-78 along the rail road tracks. He

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
[Redacted]	[Redacted]	03/01/2008	[Redacted]	[Redacted]

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 10 OF 16

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9625	[REDACTED]

1 STATEMENTS CONTINUED:

2

3 said that he, his wife, and several of their close friends left the camp that day around noon and  
4 began driving around the dunes. He was following his friends [REDACTED]  
5 (Witness # 1) [REDACTED] (Witness # 2), and [REDACTED] (Witness # 3), and [REDACTED]  
6 (Witness # 8). He said all four people ahead of him were riding four wheelers. He was being  
7 followed by [REDACTED] in his sand rail (Witness # 4) [REDACTED] (Witness # 5), [REDACTED]  
8 [REDACTED] (Witness # 6), and [REDACTED] (Witness # 7). He was driving V-1 on top of a sand hill  
9 at less than 10 miles per hour. He saw a transition in the sand dune ahead so he let off the gas  
10 and began applying the brakes. As the front tires of V-1 drove over the crest of the dune, he  
11 pushed the gas pedal. He felt the rear tires of V-1 come over the top of the dune and it felt like  
12 they were airborne. He immediately hit the brakes and V-1 began to slide sideways. He then felt  
13 the top of V-1 begin to roll to his right. V-1 then rolled over about three times. When V-1 stopped  
14 rolling, it landed on its right side. He looked to his right and saw the top of V-1's roll cage directly  
15 on top of his wife's neck. His wife was lying face down in the sand with her feet still inside the  
16 Rhino. He was still seat belted in the driver's seat of V-1 and began yelling to his friends to help  
17 flip the Rhino back over. He said several of his friends then flipped the Rhino right side up. He  
18 then removed his seat belt and ran over to where his wife was lying.

19

20 Passenger # 1 [REDACTED] died at the scene and did not provide a statement.

21

22 Witness # 1 [REDACTED] was contacted at the scene. He provided the following statement  
23 in essence: He arrived in Glamis on Friday around 8:00 PM. They left their camp at wash 13  
24 around noon that day. He was riding his four wheeler with [REDACTED] and [REDACTED]  
25 [REDACTED]. They were all ahead of [REDACTED] (Passenger # 1). He turned to the left and  
26 rode down the dune he was on.

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	03/01/2008	[REDACTED]	[REDACTED]

STATE OF CALIFORNIA  
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9625	[REDACTED]

1 **STATEMENTS CONTINUED:**

2

3 and kept riding westbound. He said that about one minute later, he looked back towards the dune  
 4 and saw the Rhino (V-1) lying on its right side. He turned around and rode back. He said  
 5 that when he got there, he saw [REDACTED] trapped under the Rhino. He helped lift the Rhino off  
 6 [REDACTED]. He noticed that [REDACTED] was hurt bad. He did not see [REDACTED] drive down the dune or  
 7 the Rhino rollover. He said that the last time he saw [REDACTED] they both had there  
 8 seatbelts on.

9

10 **Witness # 2** [REDACTED] was contacted at the scene. I re-contacted him on 02-28-2008, at  
 11 approximately 1500 hours. He provided the following statement in essence: He arrived in Glamis  
 12 on Friday with his friends. They left their camp around noon and went riding. He was riding ahead  
 13 of [REDACTED] on top of a dune with [REDACTED]. He rode down the dune  
 14 and followed [REDACTED] over another dune. He looked back and saw everyone in [REDACTED] trail running  
 15 down the dune towards the Rhino. He turned around and rode back to the Rhino. When he got  
 16 there, he saw [REDACTED] lying face down in the sand with the seatbelt rapped around her right  
 17 arm. He said that the roll cage was across [REDACTED] neck. He said that [REDACTED] was still seat  
 18 belted in the driver's seat and yelling to get the Rhino off of his wife. [REDACTED] was buried face  
 19 down in the sand and her left arm and shoulder were underneath the sand. As they began to flip  
 20 the Rhino right side up, he removed the tangled seat belt from [REDACTED] right arm. He helped  
 21 everyone flip the Rhino back on its wheels off of [REDACTED]. He was pretty sure that [REDACTED]  
 22 had her seat belt on prior to flipping over. He said that [REDACTED] was not driving recklessly and that  
 23 [REDACTED] is an experienced duner.

24

25 **Witness # 3** [REDACTED] was contacted at the scene. She provided the following statement in  
 26 essence: She was riding a four-wheeler ahead of her sister, [REDACTED] who were in the  
 27 Rhino. She looked back to the hill she had just rode down and saw the Rhino on its side. She  
 28 turned around and rode back to where the Rhino was. She said that they all flipped the Rhino

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	03/01/2008	[REDACTED]	[REDACTED]

STATE OF CALIFORNIA  
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9825	[REDACTED]

1 STATEMENTS CONTINUED:

2

3 back on its wheels and she saw her sister [REDACTED] lying face down in the sand. She saw

4 [REDACTED] with her seat belt on just before the crash.

5

6 Witness # 4 [REDACTED] was contacted at the scene. He provided the following statement in

7 essence: He was following [REDACTED] in his Sand Rail. [REDACTED] was driving a

8 Rhino that he rented earlier in the day. He was approximately 50 feet behind the Rhino. They

9 were going about 10 miles per hour and that he had his sand rail in first gear. He saw the Rhino

10 begin to turn to the left and go down the left side of the dune. He could only see the top of the

11 Rhino at that time. He saw the top of the Rhino begin to roll over. He stopped his sand rail on top

12 of the dune and got out. He then looked down the side of the dune and saw the Rhino on its right

13 side. He ran down to where the Rhino was and helped flip it right side up. He pulled the left front

14 side of the Rhino down to the ground and saw Paul Katin seat belted in the driver's seat of the

15 Rhino.

16

17 Witness # 5 [REDACTED] was contacted at the scene. I later re-contacted him on 02-28-2008

18 at approximately 1600 hours. He provided the following statement in essence: He was seated in

19 the right front passenger seat of his brother [REDACTED] sand rail. They were following [REDACTED]

20 [REDACTED] was driving the Rhino and [REDACTED] was in the right front seat.

21 They were about 50 feet behind the Rhino. They were going very slow. He saw the Rhino turn

22 down the dune they were on top of and then his brother told him that the Rhino had flipped. His

23 brother stopped on top of the dune by the Rhino and they both ran down to where it was. The

24 Rhino was on its right side and he ran to the right side of the Rhino. He said he saw [REDACTED]

25 lying face down with the roll cage on top of her neck. She was making very little noise and that

26 she was motionless. He helped flip the Rhino right side up. He said that when they flipped the

27 Rhino over, [REDACTED] was loose from any seat belt. He was not sure if [REDACTED] had her seat

28 belt on prior to the crash, but knows that it was off her when he flipped the Rhino over.

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	03/01/2008	[REDACTED]	[REDACTED]

STATE OF CALIFORNIA  
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9625	

1 STATEMENTS CONTINUED:

2

3 Witness # 6 [redacted] was contacted at the scene. She provided the following  
4 statement in essence: She was seated in the left rear passenger seat of her husband [redacted]  
5 [redacted] sand rail. She said [redacted] were riding in the Rhino ahead of  
6 them. She saw the Rhino go over the top of the dune they were on and immediately saw it go  
7 sideways. She then saw the top of the roll cage begin to flip over. She said her husband [redacted]  
8 [redacted] stopped the sand rail and they ran down to where the Rhino was. The Rhino was on its  
9 right side and that [redacted] was seat belted in the driver's seat. She saw [redacted] lying face  
10 down under the roll cage. She helped flip the Rhino right side up. She was unsure if [redacted]  
11 had her seat belt on prior to the crash.

12

13 Witness # 7 [redacted] was not contacted at the scene. When I attempted to make contact  
14 with her, her father, [redacted] stated that she was too distraught to provide any statement.  
15 He said that she was riding in the right rear passenger seat of his sand rail and that she did not  
16 see the crash happen. I did not obtain any statement from [redacted].

17

18 Witness # 8 [redacted] was contacted on 02-26-2008 at approximately 1615 hours. He  
19 provided the following statement in essence: He was riding his four-wheeler ahead of [redacted] and  
20 [redacted] was driving the Rhino and [redacted] was seated in the right front  
21 passenger seat. He rode down the sand dune and looked back. He saw the Rhino on its right  
22 side. He rode back to the Rhino and saw [redacted] lying face down in the sand. The Rhino's roll  
23 cage was across her neck and that she had the seat belt tangled around her right arm. He helped  
24 flip the Rhino right side up. I asked him if he saw [redacted] with her seat belt on earlier. He said  
25 that [redacted] sister [redacted] wrecked her quad about 5 minutes before the crash. He said that  
26 [redacted] had got out of the Rhino and checked over her sister. He said that he gave [redacted] a  
27 ride back up the dune her sister crashed on. He saw [redacted] put the seat belt on when she got  
28

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
[redacted]		03/01/2008		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 14 OF 16

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	0625	

1 **STATEMENTS CONTINUED:**

2

3 back into the Rhino. When [redacted] drove off, he saw [redacted] wearing the  
4 seat belt properly. He was not sure how the seat belt might have come undone.

5

6 **Witness # 9** [redacted] was contacted at Gilmore Off-Road, in Glamis, California after the  
7 collision. She identified herself as the person who rented P-1 [redacted] Vehicle # 1 (Yamaha  
8 Rhino). She provided the following statement in essence: At approximately 1100 hours that day,  
9 [redacted] contacted her and requested to rent a Rhino from Rhinos 4 Rent. She is contracted to  
10 rent Rhinos for Rhinos 4 Rent. She prepared the contract and [redacted] signed the contract. She  
11 said that he seemed very responsible because he was checking the Rhino for any damage or  
12 mechanical problems. She could not smell any alcoholic beverages on his breath and that [redacted]  
13 [redacted] did not appear drunk. [redacted] rented the Rhino at approximately 1130 hours and drove  
14 away in the Rhino. She said that she did not see [redacted] again.

15

16 **24 HOUR PROFILE:**

17

18 I contacted Party # 1 at the scene and again on 02-28-2008. He related that he arrived in Glaims  
19 on 02-22-2008, at approximately 2000 hours. He related that he went to bed Friday night at  
20 approximately 2300 hours. He woke up Saturday morning around 0900 hours and ate breakfast.  
21 At approximately 1130 hours he drove to Rhinos 4 Rent and rented a green Rhino. He had driven  
22 Rhinos three or four time prior to renting this Rhino. He considered himself an experienced and  
23 safe duner. He was in a good mood the morning of the accident. He further related that his  
24 relationship with his wife was great and that they were in good spirits the day of the accident. He  
25 related that he had been married only for a few months prior to the collision. He is a firefighter and  
26 had no medical conditions. He and [redacted] had no kids yet.

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[redacted]	[redacted]	03/01/2008		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 15 OF 16

DATE OF INCIDENT	TIME	NOIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9525	(b) (6) (CPSA Section 20517.9)

**1 OPINIONS AND CONCLUSIONS:**

2

**3 SUMMARY:**

4

5 Party # 1 (b) (6) was driving Vehicle # 1 (Yamaha Rhino) in "Glamis". P-1 was following  
6 Witness # 1 (b) (6) Witness # 2 (b) (6) Witness # 3 (b) (6) and  
7 Witness # 4 (b) (6) who were all riding four wheelers. He was being followed by Witness # 4  
8 (b) (6). P-1 drove V-1 up an approximately 20 foot sand dune and began traveling in a  
9 southerly direction, on top of the dune. P-1 then turned V-1 to the left and intended to drive down  
10 the east side of the dune. As V-1's front tires hit the side of the dune, V-1 began to slide sideways.  
11 P-1 was unable to maintain control of V-1 and V-1 continued to rotate in a counterclockwise  
12 direction and overturned several times on the east side of the dune. During the roll over,  
13 Passenger # 1 (b) (6) was partially ejected from the V-1. The right side of V-1's roll  
14 cage struck V-1's neck and face. Passenger # 1 sustained major head and neck trauma from the  
15 roll cage and was pronounce deceased at 1344 hours by (b) (6) of El Centro Regional  
16 Medical Center. V-1 came to rest partially on top of Passenger # 1 on its right side. V-1 was  
17 moved prior to my arrival to allow extrication of Passenger # 1. The summary was based on  
18 statements, physical evidence found at the scene, and injuries sustained by Passenger # 1  
19

**20 AREA OF IMPACT:**

21

22 The area of the accident was determined by Physical evidence. The area of the accident was  
23 located at GPS coordinates 32 degrees 56' 10.2" North and 115 degrees 04' 02.2" East. The area  
24 of impact was determined by GPS.

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
(b) (6)		03/01/2008		

STATE OF CALIFORNIA  
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02/23/2008	1243	9625	[REDACTED]

1 INTOXICATION NARRATIVE:

2

3 Party # 1 [REDACTED] stated at the scene that he had consumed two Coors Light brand beers  
 4 approximately 2 hours prior to the collision. I did not smell any odor of an alcoholic beverage on  
 5 his breath or his person. P-1 did not display any signs of alcohol intoxication at the scene after the  
 6 collision. P-1's eyes did not display any type of horizontal gaze nystagmus; therefore, I did not  
 7 administer any other Field Sobriety Tests to him at the scene.

8

9 CAUSE:

10

11 Party # 1 [REDACTED] caused this collision by driving Vehicle # 1 (Yamaha Rhino) in violation of  
 12 section 38305 VC, which states that no person shall drive an off-highway motor vehicle at a  
 13 speed greater than is reasonable or prudent and in no event at a speed which endangers the  
 14 safety of other persons or property. P-1 drove V-1 at a speed that he was unable to maintain  
 15 control of V-1 as it drove down an sand dune.

16

17 RECOMMENDATIONS:

18

19 I recommend a copy of this report be submitted to the Imperial County District Attorney's Office for  
 20 review, charging P-1 [REDACTED] with a violation of section 192 (c) 2 PC- Vehicular Manslaughter.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
[REDACTED]	[REDACTED]	03/01/2008		





Rules, Restrictions and Acknowledgements

1. Only adult riders who have read and signed the Rental Agreement and Waiver of Liability ("Agreement"), or a donor whose parent or guardian has signed the agreement on their behalf, shall operate any ATV.  
 [Redacted Signature]
2. Drive safely at all times while operating an ATV. Additionally, wearing gloves, goggles, long pants, long sleeve shirt or jacket and protective foot wear will reduce risk of injury.
3. Do not operate an ATV in any manner other than with both hands on the steering wheel, both feet inside vehicle and sitting on the seat with safety belt properly fastened.
4. Obey posted signs & do not ride faster than posted speed limit. Stay out of closed areas.
5. Do not carry persons other than originally intended on vehicle (2 persons maximum).
6. Do not participate in any race or other contest.
7. EMERGENCY Instructions - Contact Gibson's Offroad at 951-214-9430
8. No alcohol consumption before or during use of ATV.
9. Watch out for drifts and sand berms. They vary from one to 80 feet. Be Careful!
10. ENGINE HOURS - 3 hours of engine time will be allowed per rental day. Any additional engine time will be charged at \$35.00 per hour (the dash has a meter).  
 [Redacted Signature]
11. Rules of proper RIDING at night!  
 Do not park and leave vehicle unattended.  
 [Redacted Signature]
12. Anytime not following the rules of the State, park car and will be escorted back to RhinosRent and their riding time will be forfeited.
13. There are no refunds for early returns.
14. There are no refunds for rain or inclement weather.
15. Credit Card charges/Deposit - it takes 7-10 working days for charges to post and for the "authorized amount" to fall off your account.
16. FUEL - All rental units must be returned with a full tank of gas. Failure to do so will result in a \$9.00 charge. Fuel is available at Glamis Dunes Storage across the highway.  
 [Redacted Signature]
17. RETURN/Check-in - All Vehicles must be returned between 8:30 AM and 9:00 AM on the date they book. In the event of a late return there will be a charge assessed in the amount of \$35.00 per hour of late return (before 11:00 AM). **DRIVE OFF YOUR LEASE AT ALL MORE OFFROAD** next door.  
 [Redacted Signature]
18. Iron on inspection/ Damages - All Vehicles will be inspected for damage when returned by Gibson's Off Road next door. RhinosRent will notify customer within 3-7 days of the total damage to the vehicle. (This will allow our technician the opportunity to go for a complete inspection) Damages will be paid from the renter's credit card authorization. Labor is calculated at \$75.00 per hour and all parts costs are determined by Yamaha dealer. Insurance - If you are not insured, you will be required to get a copy of any damage will emailed (be sure your email address is on front page)

INITIAL HERE

SIGN HERE

Email Address Required:

**Pre-Ride Checklist:**

- (1) **TIRES:** Always maintain proper pressure in the tires and be sure all tires are inflated to the same pressure. If the pressure in a tire is not the same as the one opposite it, the ATV may be difficult to maneuver. ATVs have low pressure tires (usually 8 psi) and require a low pressure tire gauge, an automotive gauge will not work. Also check tires for cuts or gorges that could leak or cause a blowout.
- (2) **WHEELS:** Lug nuts should also be tight and none should be missing.
- (3) **BRAKES:** Always make sure all brakes are working properly before driving.
- (4) **THROTTLE:** The throttle should operate smoothly and snap back to the idle position when released. If it has any issues please contact Rhinos-Rent.com immediately for service.
- (5) **LOOSE NUTS OR BOLTS:** Driving on rough terrain may cause nuts and bolts to loosen. While the engine is off, check for loose nuts or bolts.
- (6) **LIGHTS AND SWITCHES:** The ignition switch should be functioning properly before driving. All lights must be working when riding at night, but they also make riding during the day safer.
- (7) **OIL AND OIL LEVEL:** There is an oil light on the dash that will light up if the oil level becomes dangerously low. The engine must be stopped immediately to prevent damage and Rhinos-Rent.com must be made aware of the problem as soon as possible. An engine cannot operate for long without oil. Always check oil level before starting a long ride. Make sure that there are no fuel or oil leaks.
- (8) **TOOL KIT:** The ATV is equipped with complete tool kit, supplied by the manufacturer.

I have read and understand the Rhino safety checklist

(b) (3) CP SA section 23(a), (b) (6)  
[Signature box]

SIGN HERE

**Rhinos4Rent.com** 

**Pre-Ride Checklist:**

- (1) **TIRES:** Always maintain proper pressure in the tires and be sure all tires are inflated to the same pressure. If the pressure in a tire is not the same as the tire opposite it, the ATV may be difficult to maneuver. ATVs have low pressure tires (usually 8 psi) and require a low pressure tire gauge; an automotive gauge will not work. Also check tires for studs or gouges that could leak or cause a blowout.
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- (8) **FUEL KIT:** The ATV is equipped with complete fuel kit, supplied by the manufacturer.

**I have read and understand the Rhino safety checklist**

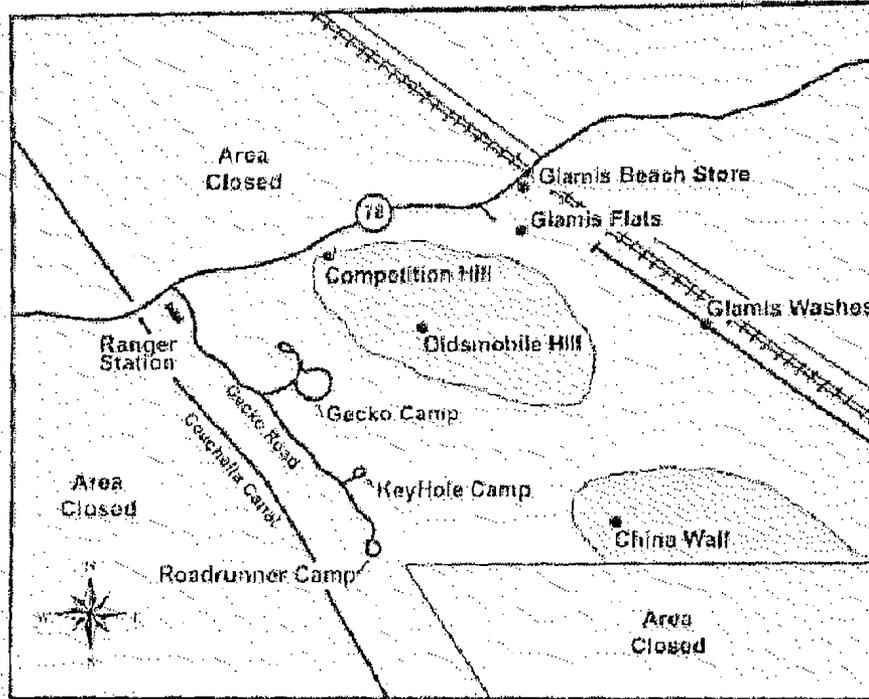
**SIGN HERE**

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**Rhinos4Rent.com** 

08 02 43

## Driving Area Exclusions and Closure Map



**DRIVING IN THE SHADED AREAS AS WELL AS THE AREAS THAT HAVE BEEN MARKED "CLOSED" IS PROHIBITED AND MAY RESULT IN A LOSS OF DEPOSIT AS WELL AS A FINE.**

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

SIGN HERE

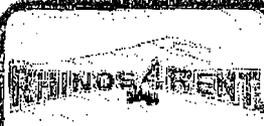
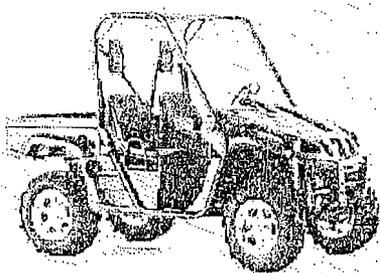
[Redacted Signature Area]

Date

\_\_\_\_\_

08 02 43

2-23-08

	NAME _____ DATE / / This Rhino was in the following condition when Rented on the date above
Rhino Number: <u>11</u>	
	
<p><b>Please make note of any damage or blemishes prior to rental.</b> <b>Mark N/A if there is no damage.</b></p>	
<p>SIGN HERE</p> 	<p>(b)(3), CPUSA Section 25(c), (b)(6)</p>

08 02 43

Rhinos 4 Rent Check in Sheet

Rhino # 11  
 DATE 2-23-08

Customer:

(b)(3):CPSA Section 25(c),(b)(7)(A)

	Check Out	Check In	Damaged	Description
HOURS	72.7			
FUEL LEVEL	Full			
L SEAT				
L SEAT BELT			✓	
L CAGE				
LF WHEEL/TIRE				
LF FENDER				
L SPINDLE				
L TIE ROD END				
LF CV JOINTS				
STEERING RACK				
HOOD				
F BUMPER				
RF WHEEL/TIRE				
RF FENDER				
R SPINDLE				
R TIE ROD END				
RF CV JOINTS				
RADIATOR FLUID				
R CAGE			✓	scratches
R SEAT				
R SEAT BELT				
RR WHEEL/TIRE				
RR CV JOINTS				
R QUARTER PANEL				
TAILGATE				
LR WHEEL/TIRE				
LR CV JOINTS				
L QUARTER PANEL				

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

Customer:

08 02 43

Incident Worksheet

Date: 2/27/08

Time: 1242

Reported By:

CHP

3CSO

Walk-in

RP

Other

SB

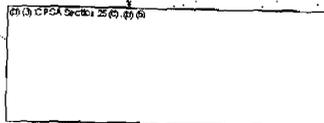
Location:

WASH 20

The Wash

Q 56 10.2

15 04 02.2



Units Responding:

~~450/1241~~

Rescue # 1

Time on scene:

Rescue Buggy:

yes

no Driver

614082000 Rescue #12

Time on scene:

Ambulance called:

yes

no Time called:

ETA:

Time on scene:

2650 Cold Cross

Helicopter called:

yes

no Time called:

ETA:

Time on scene:

No. of injured subjects:

1

Type of incident/injuries:

Possible Broken Neck CPR in Progress

For 45 mins

Stage ambulance at:

Road Runner

Time clear of incident:



# Imperial County Coroner's Office

328 Applestill Rd., El Centro, CA 92243

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



CONFIDENTIAL  
DO NOT DISSEMINATE TO ANYONE  
OUTSIDE THE CRIMINAL JUSTICE SYSTEM

COPY

**Stephanie Ann Kadin**

Coroner Case Number: 08-031

<b>CLASSIFICATION</b>	Manner of Death <b>Accident (Vehicle)</b>		Sub-Manner of Death			Deputy Coroner <b>Henry Proo</b>	
	Type of Medical Examination, Autopsy		Time Departed 1410	Time Arrival 1520	Date of Death 02/22/2008	Time of Death 1344	
<b>DECEDENT PERSONAL DATA</b>	Name-First [REDACTED]		Middle [REDACTED]	Last [REDACTED]		Marital Status Married	
	Age 26	Date of Birth 02/05/1982	Place of Birth United States	Height 5' 08"	Weight 160	Hair Brown	Eyes Brown
	Sex F	Tooth Natural	Race White	SSN [REDACTED]			
	Scars, Marks, Tattoos						
<b>RESIDENCE</b>	Address [REDACTED]			City Yucipa	State California	Zip	
<b>PLACE OF DEATH</b>	Place Open Desert-Glamis					County Imperial	
	Address [REDACTED]			City Glamis	State CA		
<b>REPORTING INFORMATION</b>	Death Reported By [REDACTED]		Agency [REDACTED]		Date 02/23/2008	Time 1350	Removed From Scene To Coroner's Facility
	Address [REDACTED]			City	State	Zip	
<b>CAUSE OF DEATH</b>	Immediate Cause <b>Chest Injuries</b>		The foregoing instrument is a correct copy of the original on file in this office. Attest: <i>[Signature]</i> Sheriff-Coroner County of Imperial, State of California By: <i>[Signature]</i> Deputy				
	Due to: <b>Blunt Force Trauma</b>						
	Due to:						
<b>OTHER SIGNIFICANT CONDITIONS</b>	None						
<b>INJURY INFORMATION</b>	Place of Injury open desert-Glamis		Injury at Work? No	Date of Injury 2/23/2008	Time 1230	Estimated	
	Address of Injury [REDACTED]		City Glamis	County Imperial	State CA		
	Injury Description Decedent was front seat restrained passenger in Rhino ATV, vehicle was travelling downhill and it rolled several						
<b>IDENTIFICATION</b>	Identification Method Visually			Identified By Husband			
<b>NOTIFIED</b>	Name [REDACTED]		Relationship Spouse		Mailing Address [REDACTED]		
	Notified By paramedics on scene		How Notified In Person		Date 02/23/2008	Time 1344	
<b>ADDITIONAL INFORMATION</b>	Physician		Other Investigation CHP EC		Funeral Home Fryc Chapel & Mortuary		

Raymond Loera, Sheriff-Coroner

*[Signature]*  
Henry Proo Deputy Coroner

*[Signature]*  
Charles R. Lucas Supervising Deputy Coroner

08- 031

2

**DEPUTY CORONER:**

I, Henry J. Proo, Deputy Coroner Investigator, conducted this investigation for the Imperial County Coroner's Office.

**RECEIPT OF CALL:**

On Saturday, February 23, 2008, at approximately 1350 hours, I received a telephone call at home from the Imperial County Sheriff's Office Communication Center, advising me of a coroner case involving a deceased person located in Glamis. I immediately responded to that location.

**ARRIVAL AT SCENE:**

On Saturday, February 23, 2008, at approximately 1520 hours, I arrived at the scene and met with California Highway Patrol Officer Gilbert Caldera, who directed me to the decedent's location.

**DESCRIPTION OF SCENE / GPS:**

The scene is that of very remote sand dunes in an area locally known as Lizards Ridge. This is an area several miles from flat ground and is accessible only by specialized vehicles made for travel in this type of terrain.

The G.P.S. for the decedent's location is [REDACTED]

**VIEWING OF DECEDENT:**

Upon my arrival I see that the decedent is lying supine on the sand partially covered by a yellow emergency blanket. Upon removal of the blanket, I see that the decedent has suffered injuries consistent with a small vehicle rollover in the soft sand of the desert.

08-031

(b)(7)

COPY

3

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

3 The decedent is a white female adult, 25 years of age, 5'8" tall, weighing  
4 approximately 160 lbs, with brown hair and brown eyes. I further noted the  
5 decedent was wearing black M/C boots, black and red M/C pants, black and  
6 silver M/C shirt, white socks, white panties and a white bra.

7 **PROPERTY:**

8 While at the scene I initiated an Imperial County Coroner's Office property  
9 receipt with number 1816, to reflect that the following property was retained by  
10 the Imperial County Coroner's Office and is as follows:

- 11 1) 2 white metal watches
- 12 2) A pair of white metal earrings
- 13 3) Eye liner
- 14 4) Bic lighter

15 On Tuesday, February 26, 2008, at approximately 0933 hours, I released  
16 the decedent's property to Frye Chapel.

17 **REMOVAL / TRANSPORTATION:**

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

21 **IDENTIFICATION:**

22 The decedent's husband identified her as [REDACTED] with a  
23 date of birth of February 5, 1983.

08- 031

[REDACTED]

COPY 4

1 **NOTIFICATION:**

2 BLM paramedics made notification to the decedent's husband, [REDACTED]  
3 on Saturday, February 23, 2008, at approximately 1344 hours.

4 **X-RAYS:**

5 No x rays were taken of the decedent.

6 **POST MORTEM EXAMINATION:**

7 On Tuesday, February 26, 2008, at approximately 0935 hours, a post  
8 mortem examination was conducted under the direction of Darryl J. Garber,  
9 M.D., Forensic Pathologist. Present at the post mortem examination was  
10 Autopsy Assistant Victor Solorio and I.

11 At the conclusion of the post mortem examination at approximately 1016  
12 hours, Dr. Garber listed the cause of death as:

13 (A) Chest Injuries

14 (B) Blunt Force Trauma

15 **FINGERPRINTS / PHOTOGRAPHS:**

16 I took fingerprints of the decedent during the post mortem examination.  
17 I took photographs of the scene and I also took photographs during the  
18 post mortem examination.

19 **INVESTIGATION:**

20 Subsequent investigation revealed that the decedent and her husband  
21 had rented a Rhino off-road ATV and were with a group of friends and family  
22 driving through an area deep in the Glamis Sand Dunes Recreation Area. They  
23 had been driving along a ridge top when the husband turned downhill to follow a

08-031

[REDACTED]

COPY

5

1 different trail. As the Rhino was going down the hill, it began to roll over. The  
2 decedent was somehow caught under the ATV during one of its rollovers and  
3 received fatal crushing chest injuries and died at the scene. It is reported that the  
4 decedent was wearing her seatbelt at the time of the accident.

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

8 **TOXICOLOGY TESTS:**

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

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

15 **WITNESSES:**

- 16 1. Darryl J. Garber, M.D., Forensic Pathologist, Rancho Mirage, CA  
17 2. Victor Solorio, Autopsy Assistant, Imperial County Coroner's Facility,  
18 Brawley, CA  
19 3. Henry J. Proo, Deputy Coroner Investigator, Coroner's Office, Imperial  
20 County Sheriff's Office, El Centro, CA  
21 4. Gilbert Caldera, Highway Patrol Officer, California Highway Patrol, El  
22 Centro, Ca  
23

08-031

0816

COPY 6

**REFERENCE NOTES:**

- 1. Death certificate as filed with the Imperial County Health Department in file
- 2. Autopsy protocol as per Dr. Garber in file
- 3. Imperial County Coroner's property receipt numbered 1816 in file
- 4. Digital photos in file on disk
- 5. Fingerprints in file
- 6. California Highway Patrol Report, Police Department Report with a number of 08 02 43, as completed by Officer Caldera in file

Raymond Loera  
 Sheriff-Coroner  
 Imperial County, CA

BY: *Henry J. Proo*  
 Henry J. Proo  
 Deputy Coroner

RL/HJP



RAYMOND LOERA  
Sheriff-Coroner-Marshal

# CORONER'S OFFICE COUNTY OF IMPERIAL



DARRYL J. GARDER, M.D.  
Chief Forensic Pathologist

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

## AUTOPSY PROTOCOL

NAME OF DECEDENT: [REDACTED] CORONER'S CASE: #08-031

### ANATOMIC SUMMARY:

- I. Blunt force trauma
  - A. Chest injuries
    - 1. Multiple rupture/lacerations, bilateral lungs
    - 2. Transected main stem bronchus of upper lobe, right lung
    - 3. Transected pulmonary vein of upper lobe, right lung
    - 4. Bilateral hemothoraces (950 cc right, 1,140 cc left)
    - 5. Ruptured liver
  - B. Multiple abrasions and contusions, face and torso

### CONCLUSION: (Cause of Death)

- A) Chest injuries
- B) Blunt force trauma

The foregoing instrument is a correct  
Copy Of The Original On File In This Office.

Attest: [Signature]  
Sheriff-Coroner

County Of Imperial, State of California

By [Signature] Deputy

OTHER SIGNIFICANT CONDITIONS: None

DATE AND TIME OF AUTOPSY: February 26, 2008 @ 9:35 am to 10:16 a.m.

COPY

NAME OF DECEDENT: [REDACTED] CORONER'S CASE: #08-031  
PAGE TWO

EXTERNAL EXAMINATION: The body is that of a well-developed and well-nourished young white woman which appears to be about the stated age of 25 years old, weighing approximately 160 pounds and measuring approximately 68" in height. The body is in rigor mortis. There are no significant scars over the body. There are multiple tattoos over the central lower back, right lateral ankle and right ventral wrist as shown in the accompanying wrist. No tracks or needle marks are noted. There are multiple injuries over the body which will be separately described. The hair is brown. The head is not remarkable except for the injuries to be described. The eyes are brown. The eyes and ears show no abnormality. The nose and mouth are normal. The chest and abdomen show no abnormality except for some injuries to be described. Genitalia are those of a normal adult female. The extremities show no injuries.

DESCRIPTION OF INTERNAL INJURIES: There are multiple 3 to 6 cm red and purple facial abrasions and contusions involving the forehead, cheeks, nose, mouth and below the left ear with diffuse facial swelling. There are multiple 1 to 4 x 6 cm yellow-orange abrasions over the precordium of the anterior chest and periumbilical region of the abdomen. There is a 4 x 6 cm red abrasion over the left upper back and an 8 x 15 cm red abrasion over the central lower back.

DESCRIPTION OF INTERNAL INJURIES: Examination of the chest reveals 950 cc of liquid and clotted blood in the right pleural cavity, 1140 cc of liquid and clotted blood in the left pleural cavity. The lungs show bilateral atelectasis. There is an 11.1 cm vertical rupture/laceration of the lower lobe of the left lung. There is a 6.9 cm rupture/laceration of the lower lobe of the right lung. Complete transection of the main stem bronchus and pulmonary vein to and from the upper lobe of the right lung are evident respectively.

Examination of the abdomen reveals a 6.3 cm subcapsular rupture/laceration of the dome of the liver between the right and left lobes.

OPINION: These are fatal chest injuries in association with blunt force trauma leading to the rapid demise of this 25-year-old white woman.

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

CARDIOVASCULAR SYSTEM: The heart weighs 220 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size. The great veins are collapsed and empty.

COPY

NAME OF DECEDENT: [REDACTED] CORONER'S CASE: #08-031  
PAGE THREE

RESPIRATORY SYSTEM: The right lung weighs 340 gm, the left 250 gm. The lungs show bilateral atelectasis. The visceral pleurae are smooth and glistening and there are the previously described rupture/lacerations of the bilateral lower lobes. The cut surfaces are very pale. The larynx, trachea and major bronchi are lined by smooth glistening mucosa and there is the previously described transection of the main stem bronchus to the right upper lobe as well as the pulmonary vein from the right upper lobe.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains 120 cc of partly digested food. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

HEPATOBIILIARY SYSTEM: The liver weighs 1,140 gm. The surface is smooth and glistening. The parenchyma is soft and focally hemorrhagic in association with the previously described subcapsular rupture/laceration. The gallbladder is normally developed and contains 7 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 110 gm. The surface is smooth. The parenchyma is soft and pale. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The right kidney weighs 90 gm, the left 100 gm. The surfaces are smooth. The cortices are well demarcated from the medulla. The renal pelvis, ureters and urinary bladder are normally developed. The bladder is empty. The uterus, tubes and ovaries are normally developed.

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

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and intact.

CENTRAL NERVOUS SYSTEM: The brain weighs 1,750 gm. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges are clear and glistening. The cortex is well demarcated from the white matter. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brain stem and circle of Willis are normally developed.

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

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

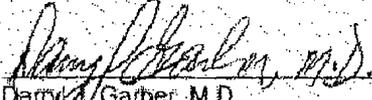
COPY

NAME OF DECEDENT: [REDACTED] CORONER'S CASE: #08-031  
PAGE FOUR

TOXICOLOGY: Chest blood is retained in the event that toxicology becomes necessary.

HISTOLOGY: Tissue is retained in the hold jar.

OPINION: On the basis of the autopsy findings, it is evident that this 25-year-old white woman suffered from chest injuries due to blunt force trauma which resulted in her rapid demise.

  
\_\_\_\_\_  
Darryl A. Garber, M.D.  
Forensic Pathologist

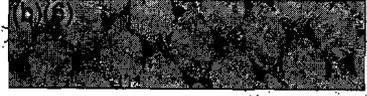
5/30/08  
\_\_\_\_\_  
Date



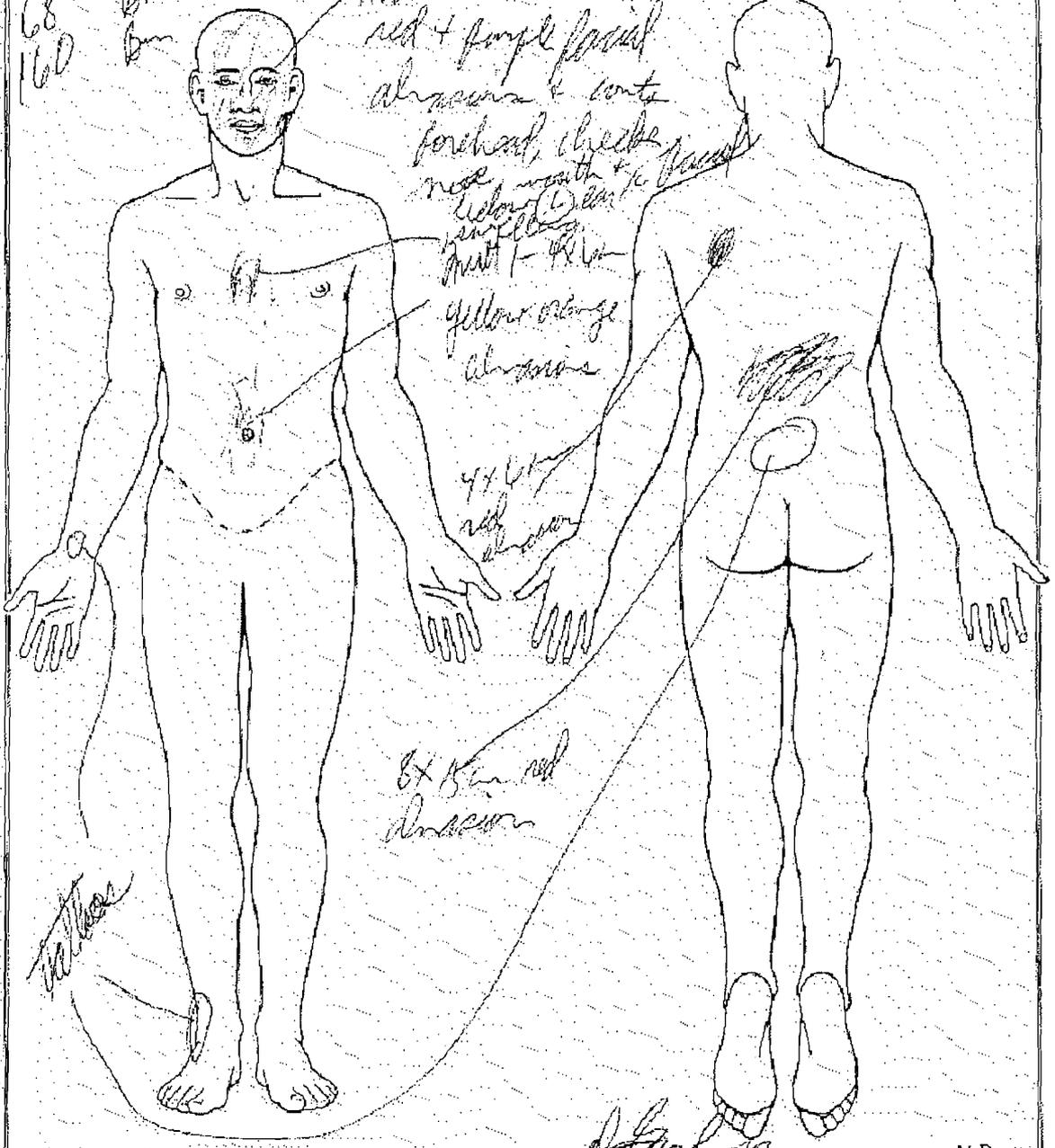
20

COPY

08-031



68"  
160  
br  
br



Mult. - Col  
red + purple facial  
abrasions + cont  
forehead, cheeks  
nose, mouth +  
yellow orange  
abrasions

4x4  
red  
abrasion

6x6  
red  
abrasion

teeth

*[Signature]*

Deputy Medical Examiner M.D.



# Imperial County Coroner's Office

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



## AUTOPSY MEMO

COPY

NAME	[REDACTED]	SEX	F	HEIGHT	6'8"
Death DATE	02/22/2008	AGE	25	WEIGHT	160
TIME	1344	RACE	White	HAIR	Blk
PLACE	Open Desert-Glanns	COMPLX		EYES	Brown

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

### SUMMARY OF CASE:

Decedent is front seat restrained passenger in Rhino ATV. Vehicle rolls as it is going downhill. Decedent's head is struck by rollbar causing fatal injuries at the scene.

LAB TESTS:  Traffic  Coroner  Comprehensive  Other

*No toxicology*  
**AUTOPSY REPORT**

DATE 02/26/2008 TIME \_\_\_\_\_  NATURAL  ACCIDENT  HOMICIDE  
 PATHOLOGIST Darryl J. Garber  SUICIDE  PENDING  UNDETERMINED  
 TECHNICIAN \_\_\_\_\_ SPECIMENS RETAINED:  BLOOD  BILE  URINE  TISSUE  
 X-RAYS TAKEN # \_\_\_\_\_  JAWS TAKEN  LIVER  VIT.  CSF

CAUSE OF DEATH: (A) Head injury - Blunt  
 (B) Blunt force trauma - Blunt  
 (C) \_\_\_\_\_  
 (D) \_\_\_\_\_

OTHER CONDITIONS: None

Decedent: [REDACTED]  
 Case Number: 08-031

Deputy Coroner: Henry Proo, Deputy Coroner  
 Date: 02/26/2008



# Imperial County Coroner's Office

328 Appleshill Rd. El Centro, CA 92243

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



## AUTOPSY INFORMATION SHEET

COPY

Autopsy Date: 02/26/2008 Time Start: 0935 Time End: 1016 Seal Cut:

<b>Coroner at Post:</b> Henry Proo, Deputy Coroner <input type="checkbox"/>	<b>Pathologist:</b> Daryl J. Garber <input type="checkbox"/>	<b>Autopsy Assistant:</b> Victor Solonio <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>I.D. Division:</b> <input type="checkbox"/>	<b>Witnesses:</b>
<input type="checkbox"/>	Name Agency
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

### NOTES:

Central Blood (time): 0937	By: DG	Chest Blood (time):	By:
Peripheral Blood (time):	By:	Vitreous Humor:	By:
Urine Taken: 0959	By: -	Liver for Tox:	By:
		Kid:	By:

**Body Organ Weights (Grams):**

Right Kidney: 90	Right Lung: 340	Brain: 1250
Left Kidney: 100	Left Lung: 250	Stomach:
Liver: 1190	Heart: 220	Uterus:
Spleen: 110	Pancreas:	Other:

6501160 BARTON  
 FBI RUPT RIGHT & LEFT LUNG, RUPT LIVER  
 FBI APPENDIX

Decedent:

Case Number: 08-031

Deputy Coroner: Henry Proo, Deputy Coroner  
 Date: 02/26/2008

# Source Identification Sheet

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

## **LIST OF CONTACTS**

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

<b>1. Task Number</b> 081028CCC3069		<b>2. Investigator's ID</b> 9105		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 840	<b>4. Date of Accident</b> YR MO DAY 2007 04 14	<b>5. Date Initiated</b> YR MO DAY 2008 11 06		
<b>6. Synopsis of Accident or Complaint</b> <b>UPC</b>  The victim is a 20-year-old female who was driving an off-road utility vehicle at a sand dune recreation area with a passenger. The victim made a sharp turn, causing one of the front wheels to sink into the sand, and lost control of the vehicle. The victim was ejected from the vehicle and it rolled over and on top of her. She suffered fatal blunt force trauma injuries to her head. She was reported to have not been wearing a helmet nor using the vehicles safety restraints. The victim was airlifted to hospital and pronounced dead. The female passenger in this incident suffered broken bones, but survived.  <b>MFR/PRVLBR NOTIFIED</b>  COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>29; 6</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>5/18/09</i>				
<b>7. Location (Home, School, etc)</b> 5 - OTHER PUBLIC PROPERTY		<b>8. City</b> BRAWLEY		<b>9. State</b> CA
<b>10A. First Product</b> 5044 - Utility Vehicles		<b>10B. Trade/Brand Name</b> YAMAHA		<b>10C. Model Number</b> RHINO
<b>10D. Manufacturer Name and Address</b> YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
<b>11A. Second Product</b> 0		<b>11B. Trade/Brand Name</b> NONE		<b>11C. Model Number</b> NONE
<b>11D. Manufacturer Name and Address</b> NONE				
<b>12. Age of Victim</b> 20	<b>13. Sex</b> 2 - Female	<b>14. Disposition</b> 8 - Death	<b>15. Injury Diagnosis</b> 54 - Crushing	
<b>16. Body Part(s) Involved</b> 75 - HEAD	<b>17. Respondent</b> 3 - 2nd Hand Info Only	<b>18. Type of Investigation</b> 2 - Telephone	<b>19. Time Spent (Operational / Travel)</b> 8 / 0	
<b>20. Attachment(s)</b> 2 - Documents		<b>21. Case Source</b> 02 - City/County/State Health Dept.		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
<b>24. Review Date</b> 12/02/2008	<b>25. Reviewed By</b> 9087		<b>26. Regional Office Director</b> Frank J. Nava	
<b>27. Distribution</b> Streeter, Robin			<b>28. Source Document Number</b> X08A0307A	

081028CCC3069

This investigation was based on a State Health Departments notification of a fatal accident involving an off road utility vehicle. The information in this report was obtained from the responsible Medical Examiners Office. The Law Enforcement Agencies Report was not available.

The Medical Examiners Report indicated that Victim was a 20 year old female weighing 133 pounds and 66 inches in height. The Report indicated that Victim had no significant medical history and she was reported to not use alcohol, tobacco, or illegal substances.

The scene where this fatal accident occurred was only described as a sand dunes recreation area.

The Medical Examiners Report reflected that on the morning of 04/14/2007 Victim was driving the off road utility vehicle and lost control of it in the sand. The vehicle was reported to have rolled over and ejected Victim. It was further detailed that Victim was the driver of the off road utility vehicle and there was another female passenger in the vehicle with her. It was reported that Victim turned the vehicle sharply, causing one of the front wheels to sink into the sand. Victim was ejected and the utility vehicle rolled over on top of her. The Report indicated the passenger was treated at a local hospital for broken bones. Victim was airlifted to a hospital located in an adjacent state. Death was attributed to Blunt Force Head Injuries and pronounced at the hospital at 01:35 pm.

The Report stated that a Law Enforcement Officer was dispatched to the scene at 11:02 am and arrived at 11:22 am. The Report showed that Victims Husband said Victim was experienced in riding four wheel All Terrain Vehicles but had only learned to drive the off road utility vehicle the previous evening. The Medical Examiners Report further indicated Victim was not wearing a helmet nor using the vehicles safety restraints.

### **PRODUCT IDENTIFICATION**

The Off Road Utility Vehicle involved in this incident was only described as a Yamaha two passenger Rhino Off Road Vehicle. It was reported to have side by side seating in the passenger compartment. No other information about the vehicle was in the Report.

081028CCC3069

**ATTACHMENTS**

1. Medical Examiners Report (11 pages)
2. Missing Documents Form (1 page)



081028CCC3069 page 1/11  
Attachment #1

# County of San Diego

GLENN H. WAGNER, D.O.  
CHIEF MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER  
5555 OVERLAND AVE., SUITE 1411, SAN DIEGO, CALIFORNIA 92123-1249  
TEL. (619) 694-2895 FAX (619) 495-5956

CHRISTINA STANLEY, M.D.  
CHIEF DEPUTY MEDICAL EXAMINER

## INVESTIGATIVE REPORT

4/27/2007

CALL INFO	NAME OF DECEASED (LAST, FIRST, MIDDLE):		SSN	HIO	CASE NUMBER	
	INVESTIGATOR		REPORTED BY	REPORTING AGENCY	PREVIOUS WORK #	
	UCSD Medical Center					
DECEDENT	CALL DATE AND TIME		ARRIVAL DATE AND TIME		RETURN DATE AND TIME	
	04/14/2007 1400		04/14/2007 1450		04/14/2007 1639	
	DATE AND TIME OF DEATH	DATE OF BIRTH	AGE	GENDER	RACE	
04/14/2007 1335		20 Years	Female	White		
RESIDENCE (STREET, CITY, STATE, ZIP)				CITY		
SOCIAL SECURITY NO.				CITIZENSHIP	OCCUPATION	
USA				Waitress	PAD ADJUST	
DEATH	LOCATION OF DEATH			TYPE OF PLACE		
	UCSD Medical Center			Other		
	ADDRESS (STREET, CITY, STATE, ZIP)					
	200 W. Arbor Drive San Diego, CA 92103					
	FINDING		BY	AGENCY		
Pronounced			UCSD Medical Center			
SUMMARY						
<p>a married 20 year-old White female, lived with her family in Wabash, Indiana. On the morning of 4/14/2007, the decedent was driving a Rhino off-road vehicle near Gordon's Wells in the Imperial Sand Dunes Recreation area. She lost control of the vehicle in the sand, it rolled over, and was ejected. She was airlifted to UCSD Medical Center. Despite life saving efforts by medical staff, the decedent was pronounced dead at 1335 hours by [redacted].</p> <p>Medical Examiner's jurisdiction invoked according to the California Government Code 27491: Deaths due to known or suspected as resulting in whole or in part from or related to accident or injury, either old or recent.</p>						
INCIDENT	LOCATION OF INCIDENT			INCIDENT PLACE TYPE		
	Desert area			AT WORK <input type="checkbox"/> AT RESIDENCE <input type="checkbox"/>		
	ADDRESS (STREET, CITY, STATE, ZIP)					
	Gordons Wells Desert Recreational Park Brawley, CA 92227 Imperial					
NOTIFICATION	DATE AND TIME OF INCIDENT		INVESTIGATING AGENCY		OFFICER	
	4/14/2007 1400					
	DECEDENT WAS:		BELTED	HELPMED	POSITION	ON PRIVATE PROPERTY
	Driver		No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver	<input type="checkbox"/> Yes <input type="checkbox"/> No
VEHICLE					LICENSE NUMBER	
Rhino Off-Road Vehicle						
IDENTIFIED BY		METHOD		DATE AND TIME		
		Visual		04/14/2007 1315		
FUNERAL HOME			PROPERTY		PUBLIC ADMINISTRATION	
Azlan Funeraria			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME OF NOK OR OTHER			RELATIONSHIP		DATE NOTIFIED	
			Husband		4/14/2004	
					NOTIFIED BY	
					Family	

San Diego Medical Examiner  
 5755 Overland Avenue, Ste 1411  
 San Diego, CA 92123  
 (858) 694-2895

Case Number [REDACTED]  
 Investigator [REDACTED]  
 Date of Death 04/14/2007  
 Date Today 05/02/2007

## INVESTIGATIVE NARRATIVE

Decedent: [REDACTED]

### Antemortem Events:

[REDACTED] the decedent's friend, provided the following information on 04/14/2007 at approximately 1615 hours in a personal interview at UCSD Medical Center: On the morning of 04/14/2007, the decedent was the driver of a two passenger Rhino off-road recreational vehicle. Her cousin, [REDACTED] was riding as a passenger. The decedent turned the Rhino sharply causing one of the front wheels to sink in the sand. The decedent was ejected from the Rhino. The Rhino overturned on top of the decedent. The decedent was airlifted to UCSD Medical Center. [REDACTED] was transported to a hospital in Yuma, Arizona via ambulance for treatment of broken bones.

Medical Examiner Investigator [REDACTED] obtained the following information from Deputy [REDACTED] of Bureau of Land Management in a telephonic interview on 04/16/2007 at approximately 1600 hours. [REDACTED] was dispatched to accident at approximately 1102 hours on 04/14/2007. He arrived at the scene at approximately 1122 hours. When he arrived, the Rhino was upright. The decedent was out of the vehicle. He was unable to determine if the Rhino had rolled over on top of the decedent.

[REDACTED] the decedent's husband, provided the following information on 04/14/2007: The decedent was not wearing a helmet nor was she wearing the Rhino's safety restraints. The Rhino's passenger compartment is side-by-side seating. She was experienced in operating quad all terrain vehicles, but had learned how to drive the Rhino the previous evening.

### Past Medical History and Surgery:

[REDACTED] the decedent's husband, provided the following information on 04/14/2007 at approximately 1615 hours in a personal interview: The decedent had no significant medical history and was not taking any medication. He denied that the decedent used tobacco products, alcohol, or illegal substances.

### Medical Intervention and Hospitalization:

The following information was obtained on 4/14/2007 in review of the decedent's UCSD Medical Center medical records: The decedent was asystole at the scene. Cardiopulmonary resuscitation (CPR) was started. Mercy Air crew administered atropine, epinephrine, and dopamine. The decedent was intubated and transported to UCSD Medical Center. She arrived and was admitted at approximately 1315 hours. Blood was noted flowing from her mouth. Her right ear was avulsed. She had a hematoma on the right side of her head. She had no movement. No deformities were noted in her extremities. She was in asystole and was pulseless. CPR was in progress. Medical staff transported the decedent to the trauma room and continued advanced cardiac life support measures. Bilateral chest tubes were placed. Despite their efforts, [REDACTED] pronounced the decedent dead at 1335 hours.

### Body and Scene Description:

The incident occurred in an area called Patton Valley. Patton Valley is part of the Imperial Sand Dunes Recreation area and is located in the southern portion of Glamis, near the U.S.-Mexican border. The GPS coordinates are N32°46'59" W114°56'43". I did not view the location.

The decedent was originally viewed in the UCSD Medical Center trauma room. She was transferred to UCSD Medical Center Intensive Care Unit Room 4 for further examination. She was covered head-to-toe in white

blankets and sheets. Upon removal of the items, she was nude. Cut clothes and a back board were underneath the decedent. Blood and sand covered the board. Evidence of medical intervention included an intravenous line in right arm, oximeter on right finger, EKG pads, blood pressure cuff on left arm, cervical collar, needle thoracostomy, endotracheal tube and tube tamer, and bilateral chest tubes. The tube tamer was noted to be off center.

The body was warm to the touch and flaccid. Some blanching lividity was noted on the posterior aspect. The scalp felt boggy. Abrasions and hematoma were noted on the head above the right temple. The top of the right ear was torn resulting in an open wound. Right periorbital ecchymosis was noted. Dark periorbital discoloration was noted on the left eye. Possible fractures were noted upon palpation of the chest. No deformities were noted in the extremities. Dried blood and apparent abrasions were noted on the left hand and elbow. Dried blood was on the left bicep underneath the pressure cuff. Blood was noted on the right anterior wrist. Abrasions and contusion were noted on the right shoulder. Contusions were on both legs. An apparent abrasion ran on the lateral left leg between the hip and knee. Apparent abrasions were noted on the right ankle and right hip. Blood was noted on the back.

HS&B Transportation personnel <sup>(b)(6)</sup> placed the body in a new white pouch with help from medical staff and myself. A blue ankle identification band with her name and case number was attached to her right ankle. The bag was secured with green tamper-evident seal 0104819 at approximately 1624 hours on 04/14/2007.

**Special Requests:**

None.

**Identification:**

Several family members and friends visually identified the decedent on 04/14/2007.

**Tissue Donation:**

Information was provided to Life Sharing.

**Antemortem Blood:**

According to UCSD medical staff, no Antemortem blood was available. They provided copies of laboratory tests on admitting samples.

**Public Administrator:**

No referral was made. The decedent and her family were visiting from out-of-state.

**Other Important Factors:**

None.

Signed: <sup>(b)(6)</sup>

Date Signed: 5/2/2007

Approved by: <sup>(b)(6)</sup>



# County of San Diego

\_\_\_\_\_  
CHIEF MEDICAL EXAMINER

\_\_\_\_\_  
CHIEF DEPUTY MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER  
5565 OVERLAND AVE., SUITE 1411, SAN DIEGO, CALIFORNIA 92123-1245  
TEL: (619) 694-2895 FAX: (619) 495-5856

## AUTOPSY REPORT

Name: \_\_\_\_\_  
Place of death: UCSD Medical Center  
San Diego, CA 92103  
Date of death: April 14, 2007; 1335 Hours  
Date of autopsy: April 15, 2007; 1015 Hours

ME#: 07-0840  
Age: 20 Years  
Sex: Female

CAUSE OF DEATH: BLUNT FORCE HEAD INJURIES

MANNER OF DEATH: ACCIDENT

### AUTOPSY SUMMARY:

- I. Blunt force injuries (consistent with ATV accident).
  - A. Laceration of right ear and scalp.
  - B. Multiple scalp hemorrhages.
  - C. Extensive basal skull fractures.
  - D. Very small left subdural hemorrhage.
  - E. Thin subarachnoid hemorrhages.
  - F. Laceration of brain.
  - G. Multiple petechial hemorrhages of brain and brain stem.
  - H. Miscellaneous abrasions and contusions of skin.
  - I. General pallor of organ and tissues.
- II. Medical therapeutic intervention (terminal).

AUTOPSY REPORT

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**OPINION:** According to the Investigative Report, this 20 year old woman was driving an ATV in sand dunes in Imperial County when she lost control and the vehicle rolled on top of her. She was unresponsive at the scene, transported to a hospital in Yuma and then to San Diego where she died shortly thereafter. Her medical history was unremarkable.

The autopsy findings were consistent with the history. In particular, she had devastating blunt force head injuries accounting for her rapid death. No alcohol or drugs of abuse were detected on postmortem toxicologic studies.

Based on the findings and the history and circumstances of the death as currently known, it is classified as an accident.

[Redacted Signature Box]

Date signed: 5/15/07

## AUTOPSY REPORT

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**IDENTIFICATION:** The body is identified by a Medical Examiner's band on the right ankle bearing the decedent's name and case number.

**WITNESSES:** There are no outside witnesses.

**CLOTHING:** The body is unclad when initially viewed. There is a separate bag of clothing not examined at this time.

**EVIDENCE OF MEDICAL INTERVENTION:** The mouth contains an endotracheal intubation tube at the 21.0 cm mark. There is a cervical support around the neck and an EKG pad is on the anterior left shoulder. There are small punctures in either side of the upper chest. Chest tubes on each side of the chest exit small incisions. A blood pressure cuff is around the left upper arm. Intravenous catheters are in the right antecubital fossa and dorsal right forearm. The right wrist contains a hospital identification band with the name [REDACTED] NMN. There are multiple needle punctures in the inguinal regions.

**EXTERNAL DESCRIPTION**

**GENERAL:** The body is that of a well developed, well nourished, nonembalmed Caucasian female appearing the listed age of 20 years, measuring 66 inches in length and weighing 133 pounds as received.

**HEAD AND NECK:** The head hair is mixed brown and blond measuring up to about 10 inches in length. It is gathered in the back by an elastic band. The sclerae are white with hemorrhage on the lateral right side. The irides are blue-gray, and the pupils are dilated. No petechiae are noted. The nose and ears are normally formed. The earlobes are pierced several times. The right ear is lacerated and partially absent. There is blood in the ear canals. The mouth shows the natural teeth to be intact. There is a superficial contusion of the gum on the lower right side. The neck is straight and symmetrical.

**TORSO:** The thorax and back are symmetrical. The abdomen is flat and soft. There is a piercing through the upper umbilicus. The pubic hair is shaved. The external genitalia and breasts are those of an adult female. There are no palpable masses.

**EXTREMITIES:** The extremities have no edema, deformities or amputations. The fingernails and toenails are trim and have polish. The fingernails are long and artificial.

**BODY MARKINGS:** No surgical scars, wrist scars, needle tracks marks or tattoos are noted.

**POSTMORTEM CHANGES:** Rigor mortis is well developed. Lividity is posterior, unfixed and very sparse.

**EXTERNAL EVIDENCE OF INJURY****HEAD:**

Through the right ear is an irregular curved horizontal 2 inch laceration. The upper part of the ear is fragmented and partially amputated. The laceration extends to the fascia and undermines anteriorly. There are surrounding dark red abrasions.

Extending from the right side of the forehead to behind the ear is a 7 by up to 2 inch band of dark pink-purple contusion. This is a linear pattern near the lower edge and at the medial end is a pattern of multiple tiny aligned dark red abrasions, which are about 1/16 inch in diameter and slightly greater than 1/16 inch apart.

There is blue-purple ecchymosis of the right lower eyelid.

Along and just below the left side of the jaw is a very faint 1-1/4 inch linear red-purple ecchymosis.

**TORSO:**

On the mid chest are a couple of dark tan abrasions measuring 3/8 inch in maximum dimension. These may be related to efforts of cardiopulmonary resuscitation.

On the lateral right lower hip are several irregular superficial red-orange abrasions that individually measure up to 1-1/2 inches in maximum dimension.

**ARMS:**

On the lateral right upper arm is a 3 x 2 inch irregular faint blue-purple contusion. At the upper edge of this is a transverse 1-1/8 x 1/8 inch abrasion.

On the dorsal left forearm is a faint 3/8 inch purple contusion.

**LEGS:**

On the lateral distal right thigh is an irregular, approximately 2-1/4 inch area of red-purple contusion. A small superficial abrasion is superimposed on this, and there is similar adjacent contusion.

On the anterolateral right lower leg is a faint 1-1/2 x 1 inch contusion.

On the medial left thigh is a faint diagonal 3 x 3/4 inch discontinuous contusion. A similar faint 2 x 3/4 inch contusion is on the anteromedial lower leg just below the knee. On the medial left lower calf is a rounded 2-1/4 x 1-1/2 inch dark purple contusion.

On the lateral left ankle extending to the foot is an ill-defined 3 x 2-1/2 inch blue-purple contusion. There is extension to the foot and a couple of small superimposed abrasions.

**INTERNAL EXAMINATION**

**BODY CAVITIES:** The right chest tube enters the lateral 7th intercostal space and the left the 6th. The tubes are loose within the pleural cavities. There is a minimal amount of bloody fluid on each side and no adhesions. The pericardial sac is intact, free of adhesions and contains a moderate amount of clear yellow-tan fluid. The diaphragm is intact. The peritoneal cavity contains a small amount of watery bloody fluid. The organs are in their normal anatomical positions and are very pale. The abdominal subcutaneous fat measures 2.0 cm in thickness. The thoracic and abdominal cavities have no evidence of significant recent trauma.

**CARDIOVASCULAR SYSTEM:** The heart weighs 280 grams and is not enlarged. The epicardium is smooth. There is no ventricular hypertrophy or dilatation. The right ventricular wall measures 0.3 cm in thickness, and the left, 1.2 cm. The ventricular septum is slightly thicker, but has no gross defects. The myocardium is pink-brown, firm and uniform. There is thin endocardial hemorrhage on the left ventricular side of the septum. There is also a small subendocardial hemorrhage of the right atrium adjacent to the tricuspid valve. The endocardium is smooth. The valves all have a normal caliber with pliable intact leaflets. There are no vegetations or calcifications.

The coronary arteries have a normal branching pattern and are all widely patent. The aorta and other major arteries are essentially free of atherosclerosis and have no aneurysms or thromboses.

**RESPIRATORY SYSTEM:** The right lung weighs 490 grams, and the left 390 grams. The lungs are partly expanded, and the pleural surfaces are smooth. The subpleural parenchyma is dark purple posteriorly and in the left lower lobe. The anterior edges are light pink. There is minimal anthracotic pigment. The bronchial tree and pulmonary arteries are unobstructed. The bronchi contain dark tan gastric-type material with similar staining of the mucosa. Sections through the lungs are variably pink to dark maroon and moist. There are no consolidations, tumors, abscesses or infarcts.

**HEPATOBIILIARY SYSTEM:** The 1130 gram liver is not enlarged. The capsule is smooth and thin. The parenchyma is light brown, firm and uniform. There is no gross fibrosis, tumor or hemorrhage. The gallbladder is intact with a moderate amount of bile and no stones. The gallbladder wall is thin and uniform.

The pancreas has a normal size and shape. Sections are light tan, firm, uniform and have the usual lobular structure.

**HEMOLYMPHATIC SYSTEM:** The 200 gram spleen is not enlarged, but is lobated. There is a superficial 2.0 cm laceration on one side. The parenchyma is maroon, firm, moist and uniform.

No lymphadenopathy is noted. The thymus gland is very pale, but uniform and of expected size for the decedent's age. The intravascular blood is watery and sparse.

**GASTROINTESTINAL SYSTEM:** The esophagus is patent. The stomach contains about 60 ml of opaque dark green-brown liquid with a few tiny food particles. There are no pills or pill residue. The gastric mucosa is intact. The small and large intestines are patent and unremarkable to inspection and palpation. There is no evidence of gastrointestinal hemorrhage. The appendix is intact and normally located.

**UROGENITAL SYSTEM:** The kidneys weigh 120 grams each. The surfaces are smooth. The kidneys are pale and have a normal corticomedullary structure. Both kidneys have double ureters. There are no tumors or cysts. The pelves and ureters are not dilated or thickened.

The bladder contains about 150 ml of clear yellow-tan urine. The mucosa is smooth and intact. The bladder wall is not hypertrophied.

The uterus, tubes and ovaries are intact and have smooth serosal surfaces. The ovaries have small cysts, but are otherwise unremarkable. The myometrium is uniform. The endometrial cavity is mildly dilated, and the endometrium is red-tan and soft. The cervix is patent.

**ENDOCRINE SYSTEM:** The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is light tan, firm, glossy and uniform. The adrenals are small with thin uniform yellow-tan cortices. The medullae are gray without hemorrhage or tumor. The pituitary is grossly unremarkable.

**MUSCULOSKELETAL SYSTEM:** The musculoskeletal system is well developed. There is a slight kyphotic curvature of the upper spine. The ribs are not brittle. The only fractures are those of the skull described under the heading HEAD below. The skeletal muscle has a normal color.

**NECK:** The tongue, anterior neck muscles and adjacent soft tissues are free of hemorrhages or tumors. The hyoid bone, thyroid, cricoid and tracheal cartilages are intact and free of fracture. The larynx and trachea are patent and have a smooth moist intact mucosa. There is no evidence of airway obstruction. The endotracheal tube is in its proper place. The cervical vertebrae have no hypermobility or crepitation.

**HEAD:** There is diffuse scalp hemorrhage on the lateral right side involving the temporal and frontal regions, which measures up to 10.0 cm in width. There is a large hemorrhage in the right temporalis muscle. There is a 9.0 x 7.0 cm scalp hemorrhage in the posterior left parietal region, which is primarily subgaleal. There is similar hemorrhage on the lateral right side behind the ear. There are smaller hemorrhages in the upper left frontal

## AUTOPSY REPORT

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[REDACTED]

scalp. The skull has a basal hinge-type fracture that courses through the posterior portions of both middle fossae and the dorsum sella. A branch of the fracture extends anterior to the sella turcica. There is small fracture of the lateral left orbital roof. There are fractures through the lateral portions of the temporal bones on both sides and a fracture through the right sphenoid bone. There is no epidural hemorrhage. There is a small diffuse left-sided subdural hemorrhage coating the brain, which has no significant thickness or volume.

**CENTRAL NERVOUS SYSTEM:** The unfixed brain weighs 1260 grams. There is mild flattening of the gyri without apparent herniation. There appears to be a normal gyral pattern. There is thin diffuse subarachnoid hemorrhage of the hemispheres, which is greater on the left. There is also thin diffuse subarachnoid hemorrhage over the brain stem and cerebellum. The leptomeninges are otherwise thin and clear. The cerebral arteries are free of atherosclerosis.

Sections through the cerebral hemispheres show a uniform cortical ribbon. There is a laceration through the right basal ganglia extending into the left side to this just above the optic nerves. There are adjacent small, mostly petechial hemorrhages. There are similar small hemorrhages in the medial temporal lobes. There are a few other petechial-like hemorrhages scattered throughout the white matter. The ventricles are not enlarged, but contain blood throughout. No tumors, abscesses or infarcts are noted. There are numerous small hemorrhages within the mid brain and pons. The anterior portion of the basis pontis is softened and discolored. Sections through the cerebellum reveal a few petechial hemorrhages.

**SPECIMENS**

**TOXICOLOGY:** Samples of central blood, a small amount of peripheral blood, bloody abdominal fluid, urine and vitreous are saved.

**HISTOLOGY:** Representative sections of organs and tissues are retained. No sections are submitted for microscopic examination at the time of autopsy.

**PHOTOGRAPHS:** Multiple external body photographs are taken. Photographs are also taken of the skull.

**X-RAYS:** None.

[REDACTED]

D: 4/15/07 T: 4/17/07

Rev. 5/15/07 [REDACTED]



# County of San Diego

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CHIEF MEDICAL EXAMINER

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## TOXICOLOGY REPORT

Name: \_\_\_\_\_  
Medical Examiner Number: \_\_\_\_\_

Date of Death: 04/14/2007

Pathologist: \_\_\_\_\_

SH

Specimens Received: Abdominal Blood, Central Blood, Peripheral Blood, Urine, Vitreous.

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC)</u>	Peripheral Blood	
Alcohol (Ethanol)		Not Detected
Acetone, Methanol, Isopropanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Central Blood	
Cocaine metabolites		Not Detected
Opiates		Not Detected
Amphetamines		Not Detected
Benzodiazepines		Not Detected
Fentanyl	Not Detected	
Cannabinoids	Not Detected	

End Results

Approved and Signed:  
04/23/2006

\_\_\_\_\_  
(All Inquiries/Correspondence)

Reviewed

\_\_\_\_\_  
Toxicologist III

**Task Number:** 081028CCC3069

**Attachment #:** 2

**Date:** 12/02/2008

### **Status of Missing Document(s)**

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

1. California Highway Patrol, 2331 Highway 86, Imperial, CA 92251

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**DATE:** 12/02/2008

**INVESTIGATOR NO:** (b)(6)

**REGIONAL OFFICE:** \_\_\_\_\_

**SUPERVISOR NO:** \_\_\_\_\_

081028CCC3069

**REPORT IDENTIFIERS**

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

Medical Examiners Office- 5556 Overland Ave., Suite 1411, San Diego, CA 92123

Law Enforcement Agency- California Highway Patrol, 2331 Highway 86, Imperial, CA 92251

(b)(5)