

DP14-004

CHRYSLER

9/15/2014

Legals and Cust Complaints

PUBLIC











**Attachments:**

Contact Information Document of Victim and Witnesses.

Photographs of vehicle recovery.

Photograph Log of photos taken at the scene by Officer Carlson

Photographs of Items found in vehicle and released to family.

Official Oklahoma Traffic Collision Report.

Consent to Search (4 pages).

Marine Investigation Report.

Federal Energy Regulatory Commission Public Safety Database Form.

Stored Vehicle Report, with inventory of all items removed or left in vehicle.

Officer Cox Narrative.

Property Receipt / Release Form

Officer Carlson's Notes.

Victim:

[REDACTED] - white, male, 21 Months (4 days shy of)

[REDACTED]  
Pronounced deceased at 03:25 AM on 6-17-2011.

Mother - [REDACTED] - White Female 29 years old

[REDACTED]  
OK [REDACTED]

Soc [REDACTED]

Hor [REDACTED]

Add [REDACTED] Piedmont OK [REDACTED]

Not employed

Mother's Name and Phone number [REDACTED] Cell)

Father - [REDACTED] - White male 34 years old

[REDACTED]  
[REDACTED] Piedmont OK [REDACTED]

Employer - Owns - [REDACTED]

Witness - [REDACTED] White Male 30 years old

[REDACTED]  
[REDACTED] Yukon OK [REDACTED]

Witness - [REDACTED] White Female 29 years old

[REDACTED]  
[REDACTED] Yukon OK [REDACTED]



Witness [REDACTED] White Male 51 years old

[REDACTED]

Address - [REDACTED] Jenks OK [REDACTED]

[REDACTED] [REDACTED]  
Jenks, OK, [REDACTED]

DOB [REDACTED]

Arrived on scene @ 3 min after car went in

35 min. baby was underwater

Baby was still alive when he first went in; baby grabbed his arms

Broke window out; front window was down

Vehicle sunk after first contact with baby; The back end was still ~~not~~ above water before

\* Back door was unlocked

VIN 1J4BA6H1BL [REDACTED]

\* Both front windows were rolled down

## Inventory Left in Vehicle



- 1 Case Dasani Water
- 1 Large Container Apple Juice
- 1 Open Case Dr. Pepper Cans
- 1 Inflatable Raft
- 1 Glad Container With Cookies
- 1 Watermelon
- 1 Bag Ruffles Chips
- 1 Car Seat
- 1 Bag Cheetos Chips
- 1 Vehicle Key
- 1 Bag Miscellaneous Food Items
- 1 Tire Lug Socket

## Photo Log

Scribed by [REDACTED]  
Photographs by [REDACTED]  
Time 1515 hrs Date 6-17-2011

36° 33' 40" N 94° 50' 22" W

1. 18mm-53'NE
2. 18mm-73'E
3. 55mm-53'NE

36° 32' 33" N 94° 50' 44" W

4. 18mm-233'SW
5. 18mm-233'SW
6. 55mm-233'SW

36° 33' 40" N 94° 50' 22" W

7. 18mm-174'S
8. 55mm-174'S

36° 33' 40" N 94° 50' 22" W

9. 18mm-96'E
10. 18mm-96'E
11. 18mm-96'E
12. 55mm-96'E
13. 55mm-98'E
14. 55mm-69'E
15. 55mm-71'E
16. 55mm-71'E
17. 18mm-95'E

36° 33' 33" N 94° 50' 18" W

18. 18mm-92'E
19. 55mm-92'SE

36° 33' 40" N 94° 50' 22" W

20. 18mm-120'SE
21. 55mm-120'SE

- 22. 18mm-178`S
- 23. 18mm-335`NW

36` 33' 40" N 94' 50' 22" W

- 24. 18mm-325`NW
- 25. 55mm-356`N
- 26. 18mm-356`N

36` 33' 40" N 94' 50' 22" W

- 27. 18mm-356`N
- 28. 18mm-218`SW
- 29. 18mm-71`E

36` 33' 46" N 94' 50' 29" W

- 30. 18mm-307`NW
- 31. 18mm-52`NE
- 32. 18mm-184`S

36` 33' 50" N 94' 50' 10" W

- 33. 18mm-184`S
- 34. 55mm-184`S

36` 33' 40" N 94' 50' 10" W

- 35. 55mm-322`NW

DO NOT WRITE IN THIS SPACE

Incident Report

|                             |                                     |             |                                     |
|-----------------------------|-------------------------------------|-------------|-------------------------------------|
| Investigation Completed     | <input checked="" type="checkbox"/> | Revised     | <input checked="" type="checkbox"/> |
| Investigation Made at Scene | <input checked="" type="checkbox"/> | Fatality    | <input checked="" type="checkbox"/> |
| Photographs                 | <input checked="" type="checkbox"/> | Hit and Run | <input checked="" type="checkbox"/> |

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency: GRAND RIVER DAM AUTHORITY

(2) Date of Collision: 06/17/2011 Time: 0119 County: 21 DELAWARE Nearest City: GROVE

(3) Distance from Nearest City: 10 MI. N S E W

(4) Street, Road or Highway: [Redacted]

(5) Unit: 01 Occupants: 01 Type: D Last Name: [Redacted] Date of Birth: [Redacted] Sex: F

(6) Address: [Redacted] City: PIEDMONT State: OK Zip: [Redacted] Telephone: [Redacted]

(7) Driver License Number: 0 State: [Redacted] Class: [Redacted] Endorsement(s): [Redacted] Restriction(s): [Redacted] Inj. Sev.: 5 Type of Injury: 3 Drv./Ped. Cond.: 01 OP Use: 08

(8) Ejected: 1 Extricated: 1 Test: 0 (% BAC): 0 Transported by: GROVE EMS To Medical Facility: GROVE HOSPITAL License Plate Number: [Redacted] State: [Redacted] Month: [Redacted] Year: [Redacted]

(9) VIN: 1J4BA6H10B1 Vehicle Year: 2011 Color: BLK Make: JEEP Model: RUBI Veh. Conf.: 20 Extent of Damage: 4

(10) Insurance Company Name: LIBERTY MUTUAL Policy Number: [Redacted] Insurance Telephone: [Redacted]

(11) Vehicle Removed by: [Redacted] Owner's Last Name: [Redacted] First: [Redacted] Middle: [Redacted] Suffix: [Redacted]

(12) Owner's Address: [Redacted] City: PIEDMONT State: OK Zip: [Redacted] Oversized Load: 0 Towed Veh. Type: 00 Rollover: [Redacted] Phone present: [Redacted] Burned: [Redacted] Phone in use: [Redacted]

(13) Citation Number: [Redacted] Statute/Ordinance Number: [Redacted] Citation Number: [Redacted] Statute/Ordinance Number: [Redacted]

(14) Unit: [Redacted] Occupants: [Redacted] Type: [Redacted] Last Name: [Redacted] Date of Birth: [Redacted] Sex: [Redacted]

(15) Address: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Telephone: [Redacted]

(16) Driver License Number: [Redacted] State: [Redacted] Class: [Redacted] Endorsement(s): [Redacted] Restriction(s): [Redacted] Inj. Sev.: [Redacted] Type of Injury: [Redacted] Drv./Ped. Cond.: [Redacted] OP Use: [Redacted]

(17) Ejected: [Redacted] Extricated: [Redacted] Test: 0 (% BAC): [Redacted] Transported by: [Redacted] To Medical Facility: [Redacted] License Plate Number: [Redacted] State: [Redacted] Month: [Redacted] Year: [Redacted]

(18) VIN: [Redacted] Vehicle Year: [Redacted] Color: [Redacted] Make: [Redacted] Model: [Redacted] Veh. Conf.: [Redacted] Extent of Damage: [Redacted]

(19) Insurance Company Name: [Redacted] Policy Number: [Redacted] Insurance Telephone: [Redacted]

(20) Vehicle Removed by: [Redacted] Owner's Last Name: [Redacted] First: [Redacted] Middle: [Redacted] Suffix: [Redacted]

(21) Owner's Address: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Oversized Load: [Redacted] Towed Veh. Type: [Redacted] Rollover: [Redacted] Phone present: [Redacted] Burned: [Redacted] Phone in use: [Redacted]

(22) Citation Number: [Redacted] Statute/Ordinance Number: [Redacted] Citation Number: [Redacted] Statute/Ordinance Number: [Redacted]

(23) Investigating Officer: SHAWN ALLRED Badge Number: 139 Trp/Div. Assigned: [Redacted] Trp/Div. Location: [Redacted] Reviewer (Init.): CAR Reviewer Badge Number: 135 Date of Report: 06/18/2011

| Unit Type  | Injury Severity   | Type of Injury  | Driver/Pedestrian Condition   | Occupant Protection (OP) In Use  |
|--|---|---|---|--|
| 0 Not Applicable<br>1 Not Deployed<br>2 Deployed - Front<br>3 Deployed - Side<br>4 Deployed - Other (rear, air belt, etc.)<br>5 Deployed - Combination<br>6 Not Deployed<br>7 Train<br>8 Deployment Unknown<br>9 Unknown | 0 N/A<br>1 No Injury<br>2 Possible<br>3 Non-Incapacitating<br>4 Incapacitating<br>5 Fatal<br>6 Unknown              | 0 N/A<br>1 Head - Internal<br>2 Head - External<br>3 Trunk - Internal<br>4 Arms<br>5 Legs<br>6 Other<br>7 Blood/Breath<br>8 Unknown | 00 Not Applicable<br>01 Apparently Normal<br>02 Drinking - Ability Impaired<br>03 Odor of Alcohol/Beverage<br>04 Illegal Drugs<br>05 Under the Influence of<br>06 Medications<br>07 Drowsy<br>08 (Sick)<br>09 Dizzy/Faint<br>10 Emotional<br>11 Other<br>99 Unknown | 00 Not Applicable<br>01 None Used<br>02 Lap Belt Only<br>03 Shoulder Belt Only<br>04 Shoulder and Lap Belt<br>05 Child Restraint Type Unknown<br>06 Restraint Used - Type Unknown<br>07 Helmet<br>08 Child Restraint - Forward Facing<br>09 Child Restraint - Rear Facing<br>10 Booster Seat<br>11 Other<br>99 Unknown |
| Air Bag Deployed   | Ejected   | Extricated  | Chemical Test   | Extent of Damage   |
| 0 Not Applicable<br>1 Not Deployed<br>2 Deployed - Front<br>3 Deployed - Side<br>4 Deployed - Other (rear, air belt, etc.)<br>5 Deployed - Combination<br>6 Not Deployed<br>7 Train<br>8 Deployment Unknown<br>9 Unknown | 0 Not Applicable<br>1 Not Ejected<br>2 Ejected<br>3 Partially Ejected<br>4 Ejected - Totally<br>5 Ejected - Unknown | 0 N/A<br>1 No<br>2 Yes  | 0 N/A<br>1 Blood<br>2 Breath<br>3 Blood/Breath<br>4 Test Refused<br>5 None Given<br>6 Other   | 0 N/A<br>1 None<br>2 Minor<br>3 Functional<br>4 Disabling<br>5 Unknown   |
| Insurance Verification   | Owner's Last Name   | First   | Middle  | Suffix   |
| 0  | [Redacted]  | [Redacted]  | [Redacted]  | [Redacted]   |

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

(24) Unit: Injured Witness  Passenger Prop. Owner  Pos in Veh. 00 Last Name [REDACTED] First [REDACTED] MI [REDACTED] Suffix [REDACTED] Date of Birth (mm/dd/yyyy) [REDACTED] Sex M

(25) Address: [REDACTED] City: PIEDOMONT State: OK Zip: [REDACTED] Telephone (Use Area Code) [REDACTED]

(26) Injury Severity / Type [REDACTED] OP Use [REDACTED] Air Bag [REDACTED] Ejected [REDACTED] Extricated [REDACTED] Transported by [REDACTED] To Medical Facility [REDACTED] Property Type [REDACTED]

(27) Unit: Injured Witness  Passenger Prop. Owner  Pos in Veh. 00 Last Name [REDACTED] First [REDACTED] MI [REDACTED] Suffix [REDACTED] Date of Birth (mm/dd/yyyy) [REDACTED] Sex F

(28) Address: [REDACTED] City: PIEDOMONT State: OK Zip: [REDACTED] Telephone (Use Area Code) [REDACTED]

(29) Injury Severity / Type [REDACTED] OP Use [REDACTED] Air Bag [REDACTED] Ejected [REDACTED] Extricated [REDACTED] Transported by [REDACTED] To Medical Facility [REDACTED] Property Type [REDACTED]

(30) Unit: Injured Witness  Passenger Prop. Owner  Pos in Veh. 00 Last Name [REDACTED] First [REDACTED] MI [REDACTED] Suffix [REDACTED] Date of Birth (mm/dd/yyyy) [REDACTED] Sex M

(31) Address: [REDACTED] City: JENKS State: OK Zip: [REDACTED] Telephone (Use Area Code) [REDACTED]

(32) Injury Severity / Type [REDACTED] OP Use [REDACTED] Air Bag [REDACTED] Ejected [REDACTED] Extricated [REDACTED] Transported by [REDACTED] To Medical Facility [REDACTED] Property Type [REDACTED]

(33) Unit: Injured Witness  Passenger Prop. Owner  Pos in Veh. 00 Last Name [REDACTED] First [REDACTED] MI [REDACTED] Suffix [REDACTED] Date of Birth (mm/dd/yyyy) [REDACTED] Sex M

(34) Address: [REDACTED] City: YUKON State: OK Zip: [REDACTED] Telephone (Use Area Code) [REDACTED]

(35) Injury Severity / Type [REDACTED] OP Use [REDACTED] Air Bag [REDACTED] Ejected [REDACTED] Extricated [REDACTED] Transported by [REDACTED] To Medical Facility [REDACTED] Property Type [REDACTED]

**Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER**

(36) Unit: [REDACTED] Carrier Name [REDACTED] Address [REDACTED]

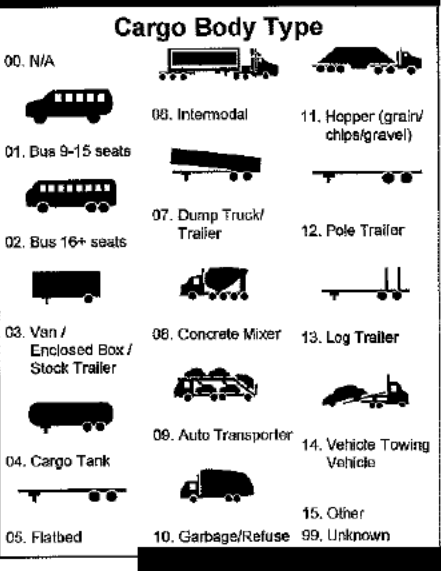
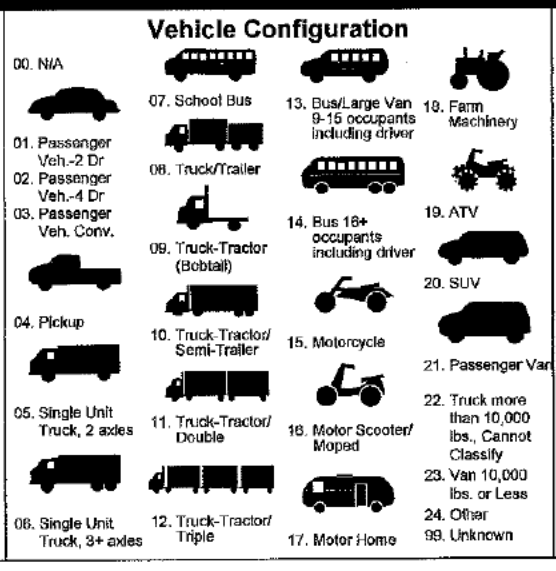
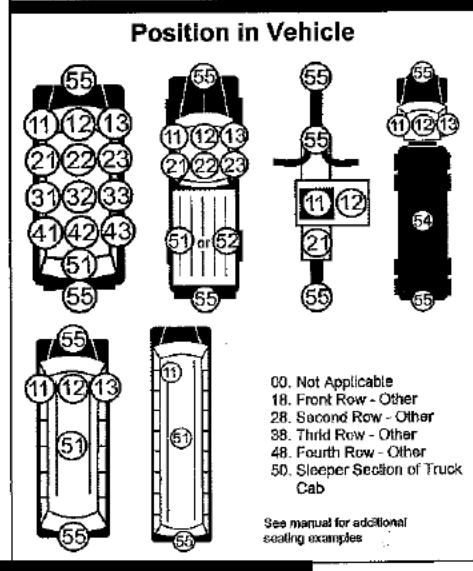
(37) City [REDACTED] State [REDACTED] Zip [REDACTED] GVWR  0-10K lbs.  10,001-20K lbs.  20K+ lbs. GCWR  0-10K lbs.  10,001-20K lbs.  20K+ lbs. Axle Qty. [REDACTED] Cargo Body [REDACTED] Vehicle Use: Interstate Commerce  Intrastate Commerce  Other Non-Commercial  Government

(38) U.S. DOT Number [REDACTED] NASI Report Number OK Placard Number [REDACTED] Haz. Mat. Class [REDACTED] Haz. Mat. Involved Yes  No  Haz. Mat. Release Yes  No

(39) Unit: [REDACTED] Carrier Name [REDACTED] Address [REDACTED]

(40) City [REDACTED] State [REDACTED] Zip [REDACTED] GVWR  0-10K lbs.  10,001-20K lbs.  20K+ lbs. GCWR  0-10K lbs.  10,001-20K lbs.  20K+ lbs. Axle Qty. [REDACTED] Cargo Body [REDACTED] Vehicle Use: Interstate Commerce  Intrastate Commerce  Other Non-Commercial  Government

(41) U.S. DOT Number [REDACTED] NASI Report Number OK Placard Number [REDACTED] Haz. Mat. Class [REDACTED] Haz. Mat. Involved Yes  No  Haz. Mat. Release Yes  No



(24) Unit Injured  Witness  Passenger  Prop. Owner  Pos in Veh. 00 Last Name [Redacted] First [Redacted] MI [Redacted] Suffix [Redacted] Date of Birth (mm/dd/yyyy) [Redacted] Sex F

(25) Address [Redacted] City YUKON State OK

(26) Injury Severity / Type [Redacted] OP Use [Redacted] Air Bag [Redacted] Ejected [Redacted] Extricated [Redacted] Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

(27) Unit Injured  Witness  Passenger  Prop. Owner  Pos in Veh. [Redacted] Last Name [Redacted] First [Redacted] MI [Redacted] Suffix [Redacted] Date of Birth (mm/dd/yyyy) [Redacted] Sex [Redacted]

(28) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(29) Injury Severity / Type [Redacted] OP Use [Redacted] Air Bag [Redacted] Ejected [Redacted] Extricated [Redacted] Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

(30) Unit Injured  Witness  Passenger  Prop. Owner  Pos in Veh. [Redacted] Last Name [Redacted] First [Redacted] MI [Redacted] Suffix [Redacted] Date of Birth (mm/dd/yyyy) [Redacted] Sex [Redacted]

(31) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(32) Injury Severity / Type [Redacted] OP Use [Redacted] Air Bag [Redacted] Ejected [Redacted] Extricated [Redacted] Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

(33) Unit Injured  Witness  Passenger  Prop. Owner  Pos in Veh. [Redacted] Last Name [Redacted] First [Redacted] MI [Redacted] Suffix [Redacted] Date of Birth (mm/dd/yyyy) [Redacted] Sex [Redacted]

(34) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(35) Injury Severity / Type [Redacted] OP Use [Redacted] Air Bag [Redacted] Ejected [Redacted] Extricated [Redacted] Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS. or has a HAZMAT PLACARD or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit Carrier Name [Redacted] Address [Redacted]

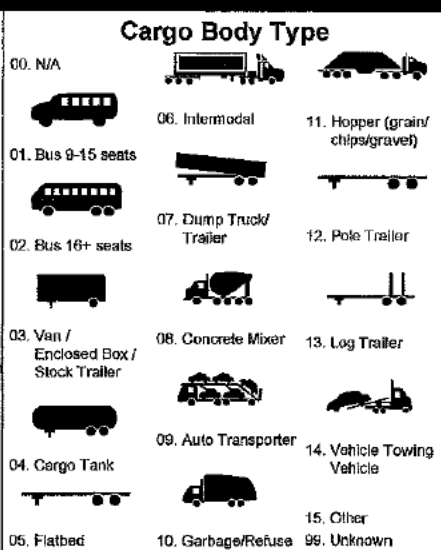
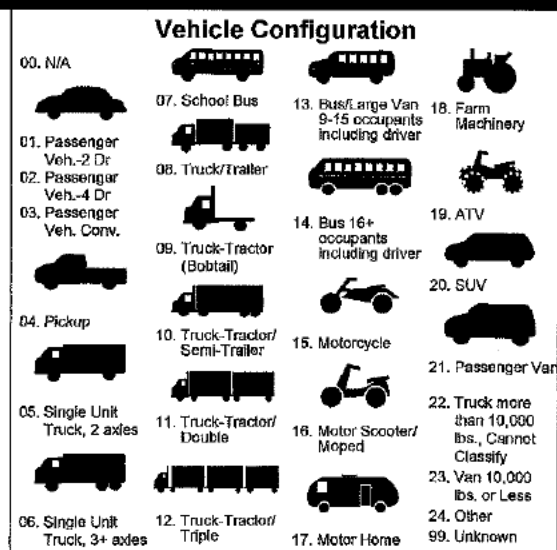
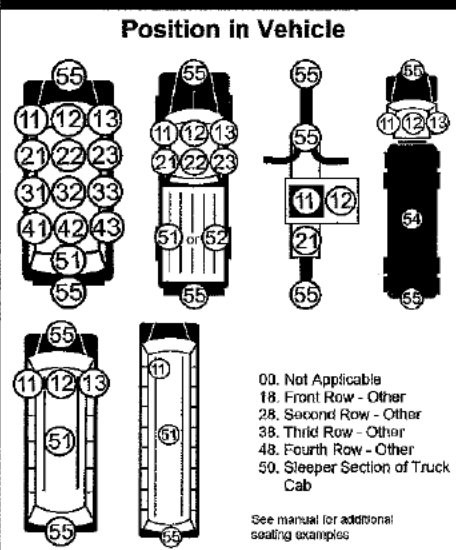
(37) City [Redacted] State [Redacted] Zip [Redacted] GVWR  0-10K lbs.  10,001-26K lbs.  26K+ lbs. Axle Qty. [Redacted] Cargo Body [Redacted] Vehicle Use Interstate Commerce  Intrastate Commerce  Other Non-Commercial  Government

(38) U.S. DOT Number [Redacted] NASI Report Number OK Placard Number [Redacted] Haz. Mat. Class [Redacted] Haz. Mat. Involved Yes  No  Haz. Mat. Release Yes  No

(39) Unit Carrier Name [Redacted] Address [Redacted]

(40) City [Redacted] State [Redacted] Zip [Redacted] GVWR  0-10K lbs.  10,001-26K lbs.  26K+ lbs. Axle Qty. [Redacted] Cargo Body [Redacted] Vehicle Use Interstate Commerce  Intrastate Commerce  Other Non-Commercial  Government

(41) U.S. DOT Number [Redacted] NASI Report Number OK Placard Number [Redacted] Haz. Mat. Class [Redacted] Haz. Mat. Involved Yes  No  Haz. Mat. Release Yes  No





Case Number

|      |                        |             |                                |                               |                                 |
|------|------------------------|-------------|--------------------------------|-------------------------------|---------------------------------|
| Unit | Total Lanes In Roadway | Legal Speed | Pedestrian / Pedalcyclist Only |                               |                                 |
| 01   | 00                     | 00          | Actions Prior to Collision     | Location at Time of Collision | Safety Equip.                   |
|      |                        |             |                                |                               | Unit Number of Vehicle Striking |

Was the collision in or near a construction, maintenance or utility work zone? (if yes, complete this section) Yes  No

Type of Work Zone

- Lane Closure
- Lane Shift/Crossover
- Work on Shoulder or Median
- Intermittent or Moving Work
- Unknown

Location of the Work Zone Collision

- Before the First Work Zone Warning Sign
- Advance Warning Area
- Transition Area
- Activity Area
- Termination Area
- Unknown

Workers Present Yes  No  Unknown

**Light** 2

- Daylight
- Dark-Not Lighted
- Dark-Lighted
- Dawn
- Dusk
- Dark-Unknown
- Lighting
- Other
- Unknown

**What Vehicle Was Going to Do**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 13     |        |

**Underride/Override**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
|        |        |

**Weather** 03

- Clear
- Fog/Smog/Smoke
- Cloudy
- Rain
- Snow
- Sheet/I hail (Freezing Rain/Drizzle)
- Severe Crosswind
- Blowing Snow
- Blowing Sand, Soil, Dirt
- Other
- Unknown

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 07     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Locality** 1

- Residential
- Business
- Industrial
- School
- Not Built-up
- Mixed Use
- Other
- Unknown

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 07     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Type of Intersection** 0

- Not an Intersection
- Y-Intersection
- T-Intersection
- Four-Way Intersection
- Five-Point or More
- Intersection as Part of Interchange
- Traffic Circle
- Roundabout
- Unknown

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 07     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Incident Type** 00

- Not an Incident
- Private Property
- Deliberate Intent
- Medical Condition
- Legal Intervention
- Suicide
- Drowning
- Other

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 07     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Location of First Harmful Event** 08

- On Roadway
- Shoulder
- Median
- Roadside
- Gore
- Separator
- Parking Lane/Zone
- Off Roadway, Location Unknown
- Outside Right-of-Way
- Other
- Unknown

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 07     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 07     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**What Vehicle Did**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Traffic Control**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

**Driver Distracted by**

- Not Applicable/None
- Electronic Communication Devices
- Other Electronic Device
- Other Inside Vehicle
- Other Outside Vehicle
- Unknown

**Road Surface Type**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 5      |        |

**Trafficway**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 0      |        |

**Unsafe / Unlawful Contributing Factors**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 88     |        |

- Not Applicable
- One Way
- Two-Way - Not Divided
- Two-Way - Divided
- Two-Way - Divided - Positive Median Barrier
- Turn Lane
- Ramp / Loop
- Driveway
- Alley / Parking Lot
- Unknown

- FAILED TO YIELD**
- From Stop Sign
  - From Yield Sign
  - Private Drive
  - County Road at Through Highway
  - From Signal Light
  - From Alley
  - To Pedestrian
  - To Vehicle on Right
  - To Vehicle in Intersection
  - To Emergency Vehicles
  - Other
- FOLLOWED TOO CLOSELY**
- Human Element
  - Traffic Condition
  - Weather Condition
- UNSAFE SPEED**
- Driver's Ability (Aged)
  - Inexperienced Driver - Young
  - Exceeding Legal Limit
  - For Traffic Conditions
  - For Type of Roadway (Gravel, Dirt, etc.)
  - For Ice or Snow on Roadway
  - Rain or Wet Roadway
  - Wind
  - Other Weather Conditions
  - Vehicle Condition
  - View Obstruction
  - On Curve/Turn
  - Impeding Traffic
  - Other
- IMPROPER TURN**
- From Wrong Lane
  - From Direct Course
  - Right
  - Left
  - Turn About/U-Turn
  - To Enter Private Drive
  - In Front of Oncoming Traffic
  - Other
- CHANGED LANES UNSAFELY**
- STOPPED IN TRAFFIC LANE
  - FAILED TO STOP
  - For Stop Sign
  - For Traffic Signal
  - For School Bus
  - For Railroad Gates/Signal
  - For Officer/Flagman
  - At Sidewalk/Stopline
  - Other
- UNSAFE VEHICLE**
- Brakes
  - Steering

**Vehicle Removal**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 2      |        |

- Tires
- Suspension
- Headlights
- Tail Lights
- Stop Lights
- Wheel
- Exhaust System
- Windshield Wipers
- Other Mechanical Defects
- LEFT OF CENTER
- In Meeting
- No Passing Zone (Unmarked)
- Marked Zone
- Other
- IMPROPER OVERTAKING
- In Marked Zone
- On Hill/Curve
- At Intersection
- Without Sufficient Clearance
- Other
- IMPROPER PARKING
- On Roadway
- Where Prohibited
- Other
- INATTENTION
- Distracted by Passenger in Vehicle
- Other Distraction Inside Vehicle
- Distraction From Outside Vehicle
- Wind
- Other Weather Conditions
- On One Way
- On Exit Ramp
- On Entrance Ramp
- Other
- IMPROPER START FROM
- Parked Position
- Other
- ALCOHOL-DUI/DWI
- DRUG-DUI
- OTHER IMPROPER ACT/ MOVEMENT
- Failed to Signal
- Disregarded Warning Signal
- Improper Use of Lane
- Improper Backing
- Apparently Sleepy
- Failed to Secure Load
- Other/Unknown
- UNKN./NO IMPROPER ACT
- Deer in Roadway
- Animal in Roadway
- Domestic Animal in Rdwy
- Avoiding Other Vehicle
- Avoiding Pedestrian
- Object/Debris in Roadway
- Defect in Roadway
- Abnormal Traffic Control
- Improper Bicyclist Action
- NO IMPROPER ACTION BY DRIVER
- PEDESTRIAN ACTION

**Vehicle Condition**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 01     |        |

- Not Applicable
- Apparently Normal
- Brakes
- Headlights
- Steering
- Tail Lights
- Brake Lights
- Tires/Wheels
- Suspension
- Signal lights
- Windows
- Truck Coupling/Trailer Hitch/Safety Chains
- Mirrors
- Other
- Wipers
- Other
- Power Train

**Road Surface Conditions**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 05     |        |

- Dry
- Wet
- Ice/Frost
- Snow
- Mud, Dirt, Gravel
- Slush
- Water (standing, moving)
- Sand
- Oil
- Other
- Unknown

**Road Character**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 4      |        |

- Level
- Hillcrest
- Uphill
- Downhill
- Sag (bottom)

**Road Alignment**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 3      |        |

- Straight
- Curve - Left
- Curve - Right

**Road Surface Type**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 5      |        |

- Concrete
- Asphalt
- Gravel
- Dirt
- Brick
- Other
- Unknown

**Special Function of Vehicle**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 00     |        |

- Not Applicable
- School Bus
- Transit Bus
- Intercity Bus
- Charter Bus
- Other Bus
- Military
- OHP
- Other Police
- Other Law Enforcement
- Ambulance
- Fire Truck
- Public Owned Vehicle
- Highway Equipment
- Special Mobilized Machine
- Other
- Unknown

**Emergency Vehicle Responding to an Emergency**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 0      |        |

- N/A
- No
- Yes
- Unknown

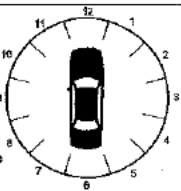
**Point of First Contact on Vehicle**

|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 12     |        |

**Most Damaged Area**

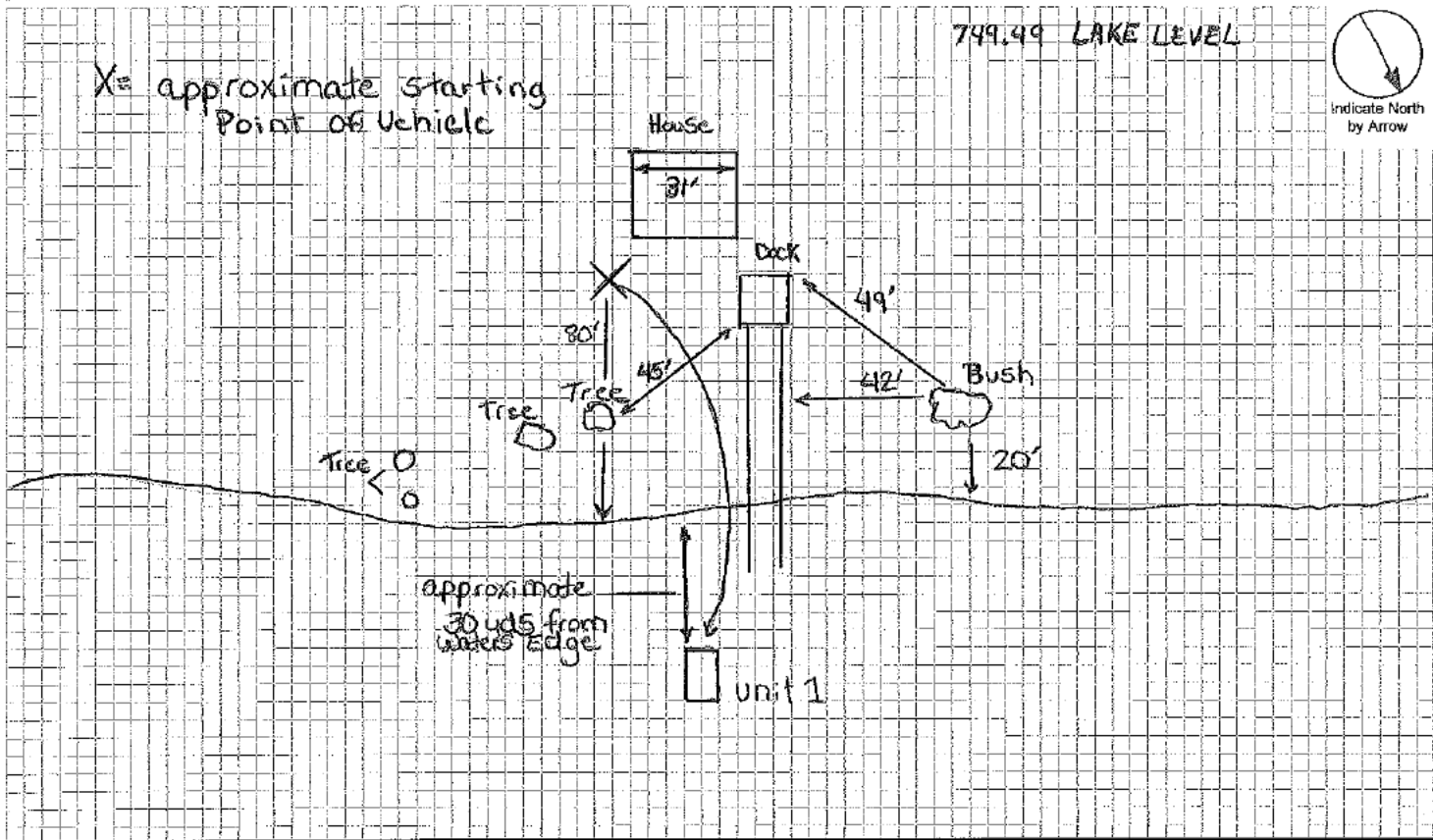
|        |        |
|--------|--------|
| Unit 1 | Unit 2 |
| 12     |        |

- Not Applicable
- Undercarriage
- Top
- Unknown



Case Number [REDACTED]

Latitude  Longitude  Railroad Crossing Number  Roadway Orientation Unit Number  NE  SW  Unit Number  NE  SW



**COLLISION EVENTS**

| Unit                 | First Event          | Second Event         | Third Event          | Fourth Event         | Most Harmful Event   | First Harmful Event for the Entire Collision |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| 01                   | 34                   | 12                   | 00                   | 00                   | 12                   | 12   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                         |

- 00 Not Applicable
- 10 Overturn/Rollover
- 11 Fire/Explosion
- 12 Immersion
- 13 Jackknife
- 14 Cargo/Equipment Loss or Shift
- 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
- 16 Separation of Units
- 17 Departed Road Right
- 18 Departed Road Left
- 19 Cross Median/Centerline
- 20 Downhill Runaway
- 21 Fell/Jumped From Motor Vehicle
- 22 Thrown Or Falling Object
- 23 Other Non-Collision
- PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:**
- 30 Pedestrian
- 31 Pedal Cycle
- 32 Railway Vehicle (train, engine)
- 33 Animal
- 34 Motor Vehicle in Transport
- 35 Parked Motor Vehicle
- 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
- 37 Work Zone/Maintenance Equipment
- 38 Other Non-Fixed Object
- FIXED OBJECT:**
- 40 Barrier (Cable)
- 41 Barrier (Concrete)
- 42 Barrier (Other)
- 43 Fence Pole
- 44 Fence
- 45 Traffic Signal Support
- 46 Traffic Sign Support
- 47 Utility Pole/Light Support
- 48 Other Post/Pole/Support
- 49 Guardrail/Guardrail Face
- 50 Guardrail End
- 51 Culvert
- 52 Curb
- 53 Island
- 54 Sand Barrels
- 55 Impact Attenuator/ Crash Cushion
- 56 Pavement Drop-Off
- 57 Ditch
- 58 Embankment
- 59 Tree (Standing)
- 60 Dividing Strip
- 61 Retaining Wall
- 62 Bridge Abutment
- 63 Bridge Pier or Support
- 64 Bridge Rail
- 65 Bridge Post
- 66 Bridge Curb
- 67 Bridge Super Structure (Beams)
- 68 Bridge Overhead Structure
- 69 Delineator
- 70 Mailbox
- 71 Other Fixed Object
- 72 Other Highway Structure
- 73 Ground
- 99 Unknown

Remarks

SEE ATTACHED NARRATIVE FROM [REDACTED]

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C. Scott Cox

GRDA Police # 105

918-261-5913

[sc Cox@grda.com](mailto:sc Cox@grda.com)

At approximately 01:19 A.M. on Friday June 17<sup>th</sup>, 2011 I, Scott Cox of the Grand River Dam Authority, was contacted by dispatch about an emergency call involving a vehicle in the water. The call involved a car that had rolled into the water somewhere near the mouth of Woodard hollow, and it had a young child still inside. I immediately started that way in my patrol boat from the Pensacola dam. While in route to the scene, dispatch again contacted me and advised that the RP had called back and stated that the vehicle was now completely submerged and the child was still inside. At approximately 01:37 A.M. I arrived at the scene. Monkey Island Fire Department arrived at the scene in their fire boat at the same time, it was occupied by three firemen. Two of the firemen entered the water where the mother of the child and an unknown person were attempting to retrieve the child from the submerged vehicle. The firemen asked me to find them a flashlight while they took turns diving down attempting to retrieve the child, and I could relieve them when I got back. I had an EMT toss me a waterproof flashlight from the shore. I then entered the water with the firemen. Several attempts were made by the firemen and myself to retrieve the child and untangle him from the straps and buckles of his car seat. In order to do this we had to hold our breath, dive down to the submerged vehicle, and enter through the window or door. This effort was hindered at first by the doors of the vehicle being locked, and then by the amount of items floating around in the car between our entry point and the child. After several attempts, I finally reached the child, untangled him from the shoulder straps of his car seat and pulled him from the vehicle and to the top of the water. At this time I handed him to one of the firemen in the water with me. He swam the child to the fire boat and started CPR. We then took the child to the shore where EMS and ambulance were waiting. They rushed the child to Grove General Hospital. I then got back in my boat and notified dispatch that the child had been retrieved from the vehicle. They stated that Officer Chris Carlson was in route

by land vehicle, I advised Officer Carlson to go straight to Grove General Hospital to make contact with the parents of the child and anyone else who was involved. At this time it was necessary for Officer Carlson to do so, since everyone followed the ambulance when it left. I then went back out to the vehicle and dove down to tie a marker buoy onto it for location purposes. Shortly after that Officer Shawn Allred and Director of Law Enforcement Jim Fraley showed up to assist me.

At approximately 04:28 A.M. I parked my patrol boat and got back into my patrol unit to go meet with Officer Carlson to get more information on the victim and the family.

**Grand River Dam Authority  
Police Department  
Narrative**



At approximately 02:00 AM on Friday June 17, 2011 I, Officer Chris Carlson of the Grand River Dam Authority, was contacted by the GRDA Director of Law Enforcement, Jim Fraley. Director Fraley advised me that a vehicle had gone into the water on Grand Lake near Woodward Hollow in Delaware County Oklahoma occupied by a 1 year old passenger. Director Fraley asked me if I was available for a Diving Operation, and I advised him that I was. Director Fraley advised me that he was on his way to the scene himself and would get me more details once I was on my way.

At about 02:15 AM I left my residence to respond to the scene. While in transit to Woodward Hollow by vehicle, I was directed to respond directly to the Emergency Room at the Grove Hospital to speak with the parents of the victim and gather contact information and statements.

I arrived at the Grove ER at approximately 03:00 AM, where I observed the ER staff giving medical attention to the 1 year old male victim. At 03:25 the ER doctor on duty, Dr. Glover, pronounced the child deceased. At approximately 03:30 AM I observed ER staff member, Jimmy D. (RN) contact the State Medical Examiner's Office and advise them of the death.

I was able to speak to the mother and father of the victim at approximately 04:00 AM accompanied by Chaplin Doug Rainbolt, who had been at the hospital and with the family since my arrival to the hospital. I was able to gather contact information on the victim, mother, Father and two witnesses, as well as an oral statement of the events surrounding the death. The victim, Lincoln Ogle, was 4 days shy of being 21 months old with a date of birth of [REDACTED]. [REDACTED] recounted the events leading to the death as summarized below.

Mr. and Mrs. [REDACTED] stated that they and another family had driven from the Oklahoma City area to a cabin near Woodward Hollow owned by their friend's mother. According to the

█████ they arrived at the cabin around 12:30 AM on Friday June 17, 2011. Mrs. █████ stated that upon their arrival their son, █████ was asleep in his car seat. Mrs. █████ stated that they left the vehicle running, but in Park, and let the child continue to sleep while both parents exited the vehicle and began to turn the electricity and water on inside the cabin, as it is not regularly inhabited. Mrs. █████ stated that she checked on her son after a couple of minutes and he was still asleep, so returned inside the cabin to continue making preparations for the weekend stay. Mrs. █████ advised me that she made a second return to the vehicle to check on her son, and found that he was still soundly asleep. Mrs. █████ once again returned to the Cabin to continue setting up bedding and what not for the family's stay. Mrs. █████ then stated that she returned to the vehicle a third time and noticed that the vehicle was not there. She then located her husband and asked him if he had moved the vehicle, and he responded that he had not. Mrs. █████ then informed me that they immediately saw the lights of the vehicle in water. Mrs. █████ and the adult male from the other family, █████, ran into the water and began to try to make entry into the vehicle as it was not fully submerged at this time. Mrs. █████ advised me that her husband could not swim. Mrs. █████ stated that the doors were locked so she and Mr. █████ attempted to break the windows of the vehicle to make entry and were unsuccessful. Mrs. █████ then advised me that she and Mr. █████ then came back out of the water to locate some type of object that would break the window. According to Mrs. █████ the two adults returned into the water and the vehicle had sunk further below the water. Mrs. █████ stated that they were again unsuccessful at breaking the glass to gain entry into the vehicle. Mrs. █████ stated that about this time a fire Fighter had arrived and began helping with the rescue attempts. Mrs. █████ advised me that the Firefighter told her that the driver's side window was down and he was making attempts to retrieve the child, but the child was still buckled in the child seat. After several attempts the child was recovered from the vehicle by a GRDA Officer, Scott Cox, who had arrived at about the same time as the Fire Fighter. █████ was taken from the scene by ambulance to the Grove Emergency Room, where he was ultimately pronounced deceased at 03:25.

Mr. █████ stated that the vehicle was a 2011 Jeep Rubicon that he had purchased just 3 days earlier. Mr. █████ informed me that the vehicle was a program vehicle and had about 4600 miles on it at the time of sale. Mr. █████ stated with absolute certainty that the vehicle was in park. Mr. █████ informed me that the vehicle was parked in a mostly parallel position in relation to the water line, and did not believe that the vehicle would have rolled forward and into the water as it had if the vehicle would have just slipped into neutral. Mr. █████ stated that he believed that the vehicle would have had to have been in drive to end up where it did based on the contour of the land in relation to the vehicle. Being a new vehicle to the █████, they were unable to have much of a vehicle history as to whether the vehicle had ever had any problems in the past. Mr. █████ advised me that the gear shift was in the middle section of the console

between the driver and passenger seat, but that it was an automatic transmission. Mr. [REDACTED] was unable to remember the name of the insurance company the vehicle was covered by.

I was able to gather the contact information of the husband and wife with the [REDACTED] [REDACTED] of Yukon were with the [REDACTED] at the cabin at the time of the incident, they had driven a separate vehicle to the cabin.

At approximately 1:00 PM I contacted the Delaware County District Attorney's office to discuss the need of a search warrant to process the Vehicle once it was recovered. I was able to speak with Jennifer Ellis who is an ADA for the Office and she advised me that the processing could be completed without an search warrant, but that she would be more comfortable with a consent to search signed by the owner of the vehicle. ADA Ellis further advised that she would like GRDA to contact OSBI and ask for their assistance with Interviews of the Parents and Witnesses as a covering of all bases due to the incident involving the death of a minor.

I then made contact with [REDACTED], as her cell phone number was given to me by the Parents of the victim as a point of contact because their cell phones were in the vehicle at the time of the incident. Mrs. [REDACTED] informed me that she and the [REDACTED] had already returned to the Oklahoma City area I explained to Mrs. [REDACTED] that I needed to have a consent to search waiver signed by Mr. or Mrs. [REDACTED] to recover and process the vehicle. I explained that I could email or fax the form to a specific place and that they could email or fax the signed form back to me if they agreed to the consent. Mrs. [REDACTED] advised me that she would find out from Mrs. [REDACTED] which would be easier and let me know. Mrs. [REDACTED] contacted me back within about 10 minutes with a fax number near Mrs. [REDACTED] I then faxed the consent for to the number provided at approximately 2:14 PM. I received the consent form back by fax at approximately 2:20 PM, signed by [REDACTED] and witnessed by [REDACTED] and [REDACTED]

At 3:15PM I arrived at the scene of the incident along with Director Fraley, Officers Allred and Sullivan, and Deerlick Wrecker Service out of Jay (918-253-6458) to recover the submerged vehicle and process the interior and exterior of the vehicle to document contents, condition of vehicle and possible cause of incident. I began taking photos of the area in general to provide an overview of the landscape in relation to the water and cabin. I was unable to determine a positive course of travel of the vehicle as it traveled into the water due to heavy foot and vehicle traffic from the rescue efforts at the time of the incident. Director Fraley and Allred completed a diving operation to secure the wrecker service's cable to the vehicle to allow the vehicle to be recovered from the water. Officer Sullivan completed a photo log complete with approximate lat/long and bearing readings from where the photos were being

taken from and orientation of view as well as zoom setting used for each photo taken at the scene.

Once the vehicle was completely removed from the water, I began processing the vehicle by taking photos of the condition the vehicle was recovered in. I was able to verify that the vehicle key was in the ignition and was turned to on or run position. I was also able to observe the gear shift lever was in the Drive location. I further noticed that the front driver's window and front passenger's window were rolled completely down. The rear driver's side window was broken out, and the windshield had multiple spider web type cracks consistent with someone trying to break the windshield out. I then began to inventory the items remaining inside the vehicle at the time of recovery along with Officer Allred, as Officer Sullivan completed the log of items recovered. Two logs were generated at this time. One log was completed for personal items not immediately related to the incident such as suitcases, shoes, cameras, etc that were intended to be returned to the owner. The second inventory log was generated to document the item that would be impounded along with the vehicle such as the vehicle key, car seat, misc food, trash, etc. I was able to locate an insurance verification form in the center console of the vehicle and seized it. I was able to make a copy of the form and attach the copy to the Stored Vehicle Report, and the original Insurance Card was returned along with the other personal items to the family.

While the efforts were under way to recover the vehicle a gentleman walked up to my location and introduced himself as [REDACTED]. Mr. [REDACTED] advised me that he was on scene approximately 3 minutes after the vehicle was noticed to be in the water and had helped in the rescue attempts. Mr. [REDACTED] stated that he was asleep in the residence near the cabin the families were going to stay at, when he heard a woman screaming. Mr. [REDACTED] stated that he got dressed as fast as he could and knew something was terribly wrong. Mr. [REDACTED] advised me that he used his personal truck to drive the water from his residence and called 911 while he was driving the 30 to 45 second drive from his residence to the water. Mr. [REDACTED] stated that upon his arrival he could clearly see the brake lights and most of the back end of the vehicle still afloat. Mr. [REDACTED] stated that he went into the water to the vehicle and was unable to open the doors. He then began to try to break out the windows. Mr. [REDACTED] stated that he was able to break one of the rear windows, but was unable to make entry into the vehicle because of a roll bar directly inside the vehicle behind the glass he had just broken. Mr. [REDACTED] informed me that he then went to the front of the vehicle and attempted to break the windshield, but was unable to get the windshield broken. Mr. [REDACTED] stated that he then noticed that the driver's side window was rolled down. Mr. [REDACTED] stated that he went under water and into the vehicle through the driver's window, located the child in the car seat in the back seat and attempted to unbuckle him. Mr. [REDACTED] informed me that he unbuckled the main buckle between the child's



legs but could not get the child free from the car seat. Mr. [REDACTED] stated that he was unfamiliar with how child seat buckles worked and therefore was unable to completely unbuckle the child. Mr. [REDACTED] further stated that he came to the surface for air and asked Mrs. [REDACTED] how the car seat worked. Mr. [REDACTED] stated that Mrs. [REDACTED] tried to explain, in a very frantic manner, that there were shoulder harnesses that needed to be unbuckled. Mr. [REDACTED] returned under water and into the driver's window and attempted to find latches on the harness near the shoulders of the child, but could not. Mr. [REDACTED] stated the he made several trips under the water and back up for air to rescue the child, but could not get the child free. Mr. [REDACTED] stated that he became fatigued and the vehicle was sinking deeper making his efforts shorter and shorter having to dive further down just to make entry into the vehicle. Mr. [REDACTED] stated that he told the Lake Patrolman who had arrived by boat that he could not go under anymore, so the Officer (Scott Cox) jumped in the water and dove down to the truck. Mr. [REDACTED] stated that the Officer was able to free the child and bring him to the surface, where medical and fire personnel attempted to resuscitate the child. I collected Mr. [REDACTED]'s contact information and have added his information to the supplemental contact information file as a witness.

While awaiting the vehicle to be loaded a neighbor walked up to my location and handed me a index card with an address written on it, and stated that someone earlier had asked him if he knew the address so he had found the address in his residence and wrote it on the index card to give to someone next time he saw them at the scene. The address on the card is [REDACTED].

The vehicle (VIN # 1J4BA6H10B1 [REDACTED]) was then released to the wrecker service to be transported to the Oklahoma Highway Patrol secure impound facility in Vinita Oklahoma. Items that were going to be released to the family were loaded into GRDA vehicles and transported to the GRDA Police Department in Langley OK for safe keeping until the family could take possession of the items. The family was contacted and arrangements were made for family members who live in the Tulsa area to come to Langley and take possession of the items the following day (Saturday 6-18-2011).

At approximately 11:05 AM on 6-18-2011, Cory Davis arrived at the Langley facility as a representative of the [REDACTED] to retrieve the personal items that were recovered from the vehicle. Mr. [REDACTED] signed a property Release form and the property was release to his custody.

Attachments:

Contact Information Document of Victim and Witnesses.

Photographs of vehicle recovery.

Photograph Log of photos taken at the scene by Officer Carlson

Photographs of Items found in vehicle and released to family.

Official Oklahoma Traffic Collision Report.

Consent to Search (4 pages).

Marine Investigation Report.

Federal Energy Regulatory Commission Public Safety Database Form.

Stored Vehicle Report, with inventory of all items removed or left in vehicle.

Officer Cox Narrative.

Property Receipt / Release Form

Officer Carlson's Notes.

FAX

TO: [REDACTED]

FAX NUMBER: [REDACTED]

FROM: C [REDACTED]

FAX NUMBER: [REDACTED]

DATE: 6/17/11

REGARDING:

TOTAL NUMBER OF PAGES INCLUDING COVER: 2

PHONE NUMBER FOR FOLLOW-UP: [REDACTED]

COMMENTS:

MARK OR [REDACTED]

PLEASE READ & SIGN IF YOU CONSENT TO GRDA SEARCHING YOUR VEHICLE, THE SEARCH SHALL INCLUDE: REMOVING VEHICLE FROM THE WATER, PHOTO GRAPHING THE VEHICLE INSIDE & OUTSIDE, REMOVING PERSONAL ITEMS TO RETURN TO YOUR FAMILY AS REQUESTED THIS MORNING, AND ANY OTHER PROCESSING THE VEHICLE TO HELP DETERMINE THE CAUSE OF THE INCIDENT.

THANK YOU,  
CMA  
CHRIS CARLSON  
GRDA POLICE  
#135

COMPANY NAME  
STREET ADDRESS, CITY, ST ZIP CODE  
PHONE | FAX | WEB ADDRESS

# GRAND RIVER DAM AUTHORITY

## PERMISSION TO SEARCH

I, \_\_\_\_\_, have been informed by

CHRIS CARLSON

~~and~~

who made proper identification as (an) authorized law enforcement officer(s) of the

GRAND RIVER DAM AUTHORITY POLICE DEPARTMENT

of my CONSTITUTIONAL RIGHT not to have a search made of the premises and property owned by me and/or under my care, custody and control, without a search warrant.

Knowing of my lawful right to refuse to consent to such a search, I willingly give my permission to the above named officer(s) to conduct a complete search of the premises and property, including all buildings and vehicles, both inside and outside of the property located at SEARCH OF 2011 JEEP RUBICON, SUBMERGED

IN GRAND LAKE BELONGING TO MARK & SONJA OGLE

The above said officer(s) further have my permission to take from my premises and property, any letters, papers, materials or any other property or things which they desire as evidence for criminal prosecution in the case or cases under investigation.

This written permission to search without a search warrant is given by me to the above officer(s) voluntarily and without any threats or promises of any kind, at \_\_\_\_\_ M.

on this \_\_\_\_\_ day of \_\_\_\_\_ <sup>20</sup>~~18~~, at \_\_\_\_\_.

Signed \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

\* \* \* Communication Result Report ( Jun. 17. 2011 2:14PM ) \* \* \*

3}

Date/Time: Jun. 17. 2011 2:13PM

| File No. Mode  | Destination           | Pg(s) | Result | Page Not Sent |
|----------------|-----------------------|-------|--------|---------------|
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Reason for error

- E. 1) Hang up or line fail
- E. 3) No answer
- E. 5) Exceeded max. E-mail size

- E. 2) Busy
- E. 4) No facsimile connection

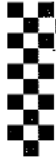
FAX



PLEASE READ & SIGN IF YOU CONSENT TO GRDA SEARCHING YOUR VEHICLE, THE SEARCH SHALL INCLUDE: REMOVING VEHICLE FROM THE WATER, PHOTO GRAPHING THE VEHICLE INSIDE & OUTSIDE, REMOVING PERSONAL ITEMS TO RETURN TO YOUR FAMILY AS REQUESTED THIS MORNING, AND ANY OTHER PROCEEDURE THE VEHICLE TO HELP DETERMINE THE CAUSE OF THE INCIDENT.

THANK YOU,  
 CMA LLC  
 CHRIS CALSON  
 GRDA POLICE  
 # 135

COMPANY NAME  
 STREET ADDRESS, CITY, ST ZIP CODE  
 PHONE | FAX | WEB ADDRESS



# GRAND RIVER DAM AUTHORITY

## PERMISSION TO SEARCH

I, [REDACTED], have been informed by

CHARIS CARLSON

who made proper identification as (an) authorized law enforcement officer(s) of the  
GRAND RIVER DAM AUTHORITY POLICE DEPARTMENT  
of my CONSTITUTIONAL RIGHT not to have a search made of the premises and property  
owned by me and/or under my care, custody and control, without a search warrant.

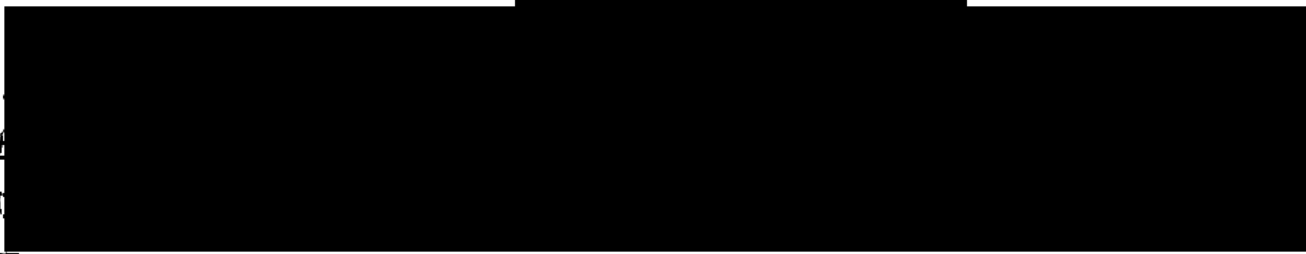
Knowing of my lawful right to refuse to consent to such a search, I willingly give my  
permission to the above named officer(s) to conduct a complete search of the premises  
and property, including all buildings and vehicles, both inside and outside of the property  
located at SEARCH OF 2011 JEEP RUBICON, SUBMERGED  
IN GRAND LAKE BELONGING TO MARK & SONSA DELE

The above said officer(s) further have my permission to take from my premises and  
property, any letters, papers, materials or any other property or things which they  
desire as evidence for criminal prosecution in the case or cases under investigation.

This written permission to search without a search warrant is given by me to the above  
officer(s) voluntarily and without any threats or promises of any kind, at 2:15 P.M.  
on this 17 day of JUNE, 20  
11, at \_\_\_\_\_

Signed [REDACTED]

Witness:  
Address:  
Phone (H):



**OKLAHOMA HIGHWAY PATROL  
STORED VEHICLE REPORT**

APPROXIMATE VALUE \$38,000

TROOP GRDA

REASON FOR IMPOUNDMENT:  ACCIDENT  DRIVING WHILE INTOX.  ABANDONED  STOLEN  OTHER EXPLAIN

|                        |   |      |   |                               |
|------------------------|---|------|---|-------------------------------|
| VEHICLE IDENTIFICATION | LICENSE PLATE NO.   | YEAR | LICENSE STATE   | VEHICLE IDENTIFICATION NUMBER |
|                        | [REDACTED]  | 11   | OKLAHOMA  | 154BAGH1034 [REDACTED]        |
|                        | YEAR  | MAKE | MODEL   | BODY TYPE                     |
|                        | 2011  | JEEP | RUBICON   | SUV                           |
| COLOR                  | KEYS IN CAR   |      | VEHICLE DRIVEABLE   |                               |
| BLACK                  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |      | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                               |

|                    |                      |             |
|--------------------|----------------------|-------------|
| STORED INFORMATION | WHERE STORED         | DATE STORED |
|                    | ADDRESS              | 6-17-11     |
|                    | CITY OR TOWN         |             |
|                    | UNKOWN               |             |
|                    | VINITA OK [REDACTED] |             |

NCIC CHECK  YES  NO DATE - -

|                    |  |      |               |              |
|--------------------|--|------|---------------|--------------|
| STOLEN INFORMATION | WHERE STOLEN   | DATE | TIME USED     | AUTHORITY    |
|                    | <del>NOT</del>   |      |               |              |
|                    | HAS REPORTING AGENCY BEEN NOTIFIED                       |      | DATE NOTIFIED | HOW NOTIFIED |
|                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |              |

LOCATION OF VEHICLE AT TIME OF IMPOUNDMENT:  
GRAND LAKE NEAR WOODWARD HOLLOW

CONTENTS OF VEHICLE AT TIME OF IMPOUNDMENT:  
SEE ATTACHED LISTS

OWNER OF VEHICLE (IF KNOWN):  
NAME: [REDACTED]  
ADDRESS: [REDACTED]  
PIEDMONT OK

CONDITION OF VEHICLE: SUBMERGED, BROKEN  
WINDSHIELD, BROKEN DRIVER'S SIDE  
REAR WINDOW -

APPREHENSIONS (IF ANY): INVESTIGATION IN  
PROGRESS SURROUNDING DEATH  
OF MENDR CHILD.

This report will be submitted on any vehicle which we have towed in or stored. If any apprehensions, list names, descriptions, addresses and disposition, together with any other relevant information. The above value is certified to my best knowledge, belief, experience and condition of vehicle.

DATE 6-17-11 UNIT 135 Reporting Officer UALL

**OKLAHOMA DEPARTMENT OF PUBLIC SAFETY**

**IMPOUND REPORT**

APPROXIMATE VALUE \_\_\_\_\_

TROOP \_\_\_\_\_

REASON FOR IMPOUNDMENT:  ACCIDENT  ALCOHOL/DRUGS  ABANDONED  STOLEN  INCARCERATED  OTHER EXPLAIN

|                        |                                     |            |                              |                      |                        |  |
|------------------------|-------------------------------------|------------|------------------------------|----------------------|------------------------|--|
| IMPOUND IDENTIFICATION | REGISTRATION NO.                    | REG. STATE | SERIAL OR IDENTIFICATION NO. |                      | DESCRIPTION OF IMPOUND |  |
|                        | YEAR                                | MAKE       | MODEL                        | VESSEL TYPE          | COLOR                  |  |
|                        | KEY(S) IN IGNITION (IF APPLICABLE)? |            |                              | IS IMPOUND OPERABLE? |                        |  |

|                    |              |  |  |     |             |  |
|--------------------|--------------|--|--|-----|-------------|--|
| STORED INFORMATION | WHERE STORED |  |  |     |             |  |
|                    | ADDRESS      |  |  |     |             |  |
|                    | CITY OR TOWN |  |  | ZIP | DATE STORED |  |

|                            |      |            |       |         |                     |                              |
|----------------------------|------|------------|-------|---------|---------------------|------------------------------|
| TRAILER INFORMATION        | MAKE | SERIAL NO. | COLOR | TAG NO. | TRAILER DESCRIPTION | N/A <input type="checkbox"/> |
| OUTBOARD MOTOR INFORMATION | MAKE | SERIAL NO. | COLOR | TAG NO. | HORSE POWER         | N/A <input type="checkbox"/> |

NCIC CHECK YES  NO  DATE \_\_\_\_\_

|                    |   |  |             |               |              |  |
|--------------------|---|--|-------------|---------------|--------------|--|
| STOLEN INFORMATION | WHERE STOLEN  |  |             |               |              |  |
|                    | DATE STOLEN   |  | TIME STOLEN |               | AUTHORITY    |  |
|                    | HAS REPORTING AGENCY BEEN NOTIFIED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |             | DATE NOTIFIED | HOW NOTIFIED |  |

LOCATION AT TIME OF IMPOUNDMENT \_\_\_\_\_

|                                 |                        |
|---------------------------------|------------------------|
| CONTENTS AT TIME OF IMPOUNDMENT | OWNER (IF KNOWN) NAME  |
|                                 | ADDRESS                |
|                                 | CONDITION OF IMPOUND   |
|                                 | APPREHENSIONS (IF ANY) |

*NOT USED*

This report will be submitted on any impound which we have towed in or stored. If any apprehensions, list names, descriptions, addresses and disposition, together with any other relevant information. The above value is certified to my best knowledge, belief, experience and condition of impound.

DATE \_\_\_\_\_ UNIT \_\_\_\_\_ REPORTING OFFICER \_\_\_\_\_





# Marine Investigation Report

Submit Report to: OHP Troop W, 3156 CR 2409, Barnsdall, OK 74002

USCG # \_\_\_\_\_  
Agency/UCR # \_\_\_\_\_

### Type of Report

|                             |   |   |  |  |   |                                  |
|-----------------------------|---|---|--|--|---|----------------------------------|
| <b>Accident Summary</b>     | <u>Vessel Related Accident</u>                    |   | <u>Non Vessel Related Event</u>                  |  | Investigation Complete<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | GPS<br>NAD 83                    |
|                             | <input type="checkbox"/> Fatality                 | <input checked="" type="checkbox"/> Drowning        | <input type="checkbox"/> Injury Beyond First-Aid | <input type="checkbox"/> Near-Drowning |   |                                  |
|                             | <input type="checkbox"/> Property Damage >\$2,000 | <input type="checkbox"/> Water-Related Death/Injury | <input type="checkbox"/> Boating Incident        | <input type="checkbox"/> Incident      | <input type="checkbox"/> Final  | Longitude                        |
|                             | Total # Vessels: <u>0</u>                         |   |  |  |   | <input type="checkbox"/> Revised |
| # of Fatalities: <u>1</u>   |   |   |  |  |   |                                  |
| # Injured:                  |   |   |  |  |   |                                  |
| Damage: \$ <u>37,000.00</u> |   |   |  |  |   |                                  |

Reporting Agency  OHP Troop W  
Grand River Dam Authority City Langley Agency Phone # (Area Code) 918-782-9594

General and Geographic Information  
 County Delaware County # 21 Lake # 37

Date of Accident 6-17-2011 Day of Week Friday Time of Accident 0119 hrs Date LEO Arrived 6-17-2011 Time LEO Arrived 0137 hrs  
 Property Ownership  
 Private  
 Municipal  
 State  
 Federal

Nearest City Grove, Oklahoma Body of Water Grand lake

Location Description mouth of woodward

|   |  |   |   |   |
|---|--|---|---|---|
| <b>Weather</b> (Check all that apply)                               | <b>Visibility</b>                        | <b>Light</b>                              | <b>Wind</b>   | <b>Water Conditions</b>                                       |
| <input type="checkbox"/> Clear <input type="checkbox"/> Rain        | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Dawn             | <input checked="" type="checkbox"/> Light (0-6 mph) | <input checked="" type="checkbox"/> Calm (Waves less than 6") |
| <input type="checkbox"/> Hazy <input type="checkbox"/> Thunderstorm | <input type="checkbox"/> Fair            | <input type="checkbox"/> Day              | <input type="checkbox"/> Moderate (7-14 mph)        | <input type="checkbox"/> Choppy (Waves 6" to 2')              |
| <input type="checkbox"/> Fog <input type="checkbox"/> Sleet/Snow    | <input type="checkbox"/> Poor            | <input type="checkbox"/> Dusk             | <input type="checkbox"/> Strong (15-25 mph)         | <input type="checkbox"/> Rough (Waves 2' to 6')               |
| <input checked="" type="checkbox"/> Cloudy                          |  | <input checked="" type="checkbox"/> Night | <input type="checkbox"/> Storm (over 25 mph)        | <input type="checkbox"/> Very Rough (Waves larger than 6')    |

Air Temperature 80 Degrees F Water Temperature 78 Degrees F  
 Did Event Occur in a Restricted Area?  
 Yes\*  No \*Describe in Narrative

Accident Type If applicable, enter a primary, secondary and tertiary accident type for each vessel (or each victim for non-vessel events) by placing a 1, 2 or 3 in the appropriate space. (V = "Vessel" or "Victim" based on Report Type - Fill in V# that corresponds to those listed in the report)

|  |  |  |
|--|--|--|
| V__ V__  | V__ V__  | V__ V__  |
| <input type="checkbox"/> Capsizing                       | <input type="checkbox"/> Falls Overboard           | <input type="checkbox"/> Skier Fall/Hit Object           |
| <input type="checkbox"/> Carbon Monoxide                 | <input type="checkbox"/> Fall on PWC               | <input type="checkbox"/> Person Struck by Boat           |
| <input type="checkbox"/> Collision with Fixed Object     | <input type="checkbox"/> Fire/Explosion (fuel)     | <input type="checkbox"/> Person Struck by Skieg or Prop  |
| <input type="checkbox"/> Collision with Floating Object  | <input type="checkbox"/> Fire/Explosion (non-fuel) | <input type="checkbox"/> Person Struck Underwater Object |
| <input type="checkbox"/> Collision with Other Vessel     | <input type="checkbox"/> Flooding or Swamping      | <input type="checkbox"/> Vessel Wake Damage              |
| <input type="checkbox"/> Collision with Submerged Object | <input type="checkbox"/> Grounding                 | <input type="checkbox"/> Wading or Swimming              |
| <input type="checkbox"/> Electrocution                   | <input type="checkbox"/> Hit and Run               | <input type="checkbox"/> Unknown                         |
| <input type="checkbox"/> Fall in Vessel                  | <input type="checkbox"/> Sinking                   | <input type="checkbox"/> Other _____                     |

Medical Examiner Notified  Yes  No Responded to Scene  Yes  No

Last Name Kelley First Name Brenda City Tulsa Phone # (Area Code) 918-585-1549

Investigative Time: Estimate total hours for each category listed below for person completing report & other LEO's assisting.

|           |          |           |           |               |           |             |          |           |   |
|-----------|----------|-----------|-----------|---------------|-----------|-------------|----------|-----------|---|
| Response  | SAR Land | SAR Water | SAR Air   | Investigation | Reporting | Supervisory | Admin    | Total Hrs | Case File Submitted   |
| <u>.5</u> | <u>0</u> |           | <u>.5</u> |               | <u>4</u>  | <u>1</u>    | <u>1</u> | <u>7</u>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Investigator's Signature & Badge # Shaun Allred Date Submitted 6-18-2011 Supervisor's Signature & Badge # CHALL Date Reviewed 6-18-2011

This Line Completed by Troop W HQ: Date Entered \_\_\_\_\_ Report Data Entered by (Initials) \_\_\_\_\_

# OKLAHOMA MARINE INVESTIGATION REPORT

|  |   |   |  |   |  |   |
|--|---|---|--|---|--|---|
| Date of Accident <u>6-17-2011</u>  |   | Body of Water <u>Grand lake</u>   |  |   | Case # <span style="background-color: black; color: black;">[REDACTED]</span>  |   |
| <b>Non-Vessel Fatality or Injured Person Information</b> (Submit Witness Statement if applicable)  |   |   |  |   |  |   |
| Victim #<br><u>1</u>   | <span style="background-color: black; color: black;">[REDACTED]</span>                        |   |  | MI  | Date of Birth <span style="background-color: black; color: black;">[REDACTED]</span>   | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female   |
| Status   |   |   |  | City<br><u>Piedmont</u>   | State<br><u>OK</u>   | Zip<br><span style="background-color: black; color: black;">[REDACTED]</span> |
| <input checked="" type="checkbox"/> Fatality<br><input type="checkbox"/> Injured<br><input type="checkbox"/> Missing*  | Home Phone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> | Cell Phone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> | PFD Worn<br><input type="checkbox"/>   | Can Swim<br><input type="checkbox"/>  | Witness<br><input type="checkbox"/>  | Jumped<br><input type="checkbox"/>  |
| Treatment  |   |   | Victim Condition   |   | Injury Caused By Impact With (list object)   |   |
| <input type="checkbox"/> Refused Treatment<br><input type="checkbox"/> Treated and Released<br><input checked="" type="checkbox"/> Admitted to Hospital<br><input type="checkbox"/> Unknown  |   |   | <input checked="" type="checkbox"/> Apparently Normal<br><input type="checkbox"/> Drinking - Odor Present<br><input type="checkbox"/> Drinking Ability Impaired<br><input type="checkbox"/> Drug Use Indicated |   | <input type="checkbox"/> Sleepy/ Very Tired<br><input type="checkbox"/> Sick<br><input type="checkbox"/> Physical Disability<br><input type="checkbox"/> Pre-existing Health Issue<br><input type="checkbox"/> Unknown |   |
| Victim Transported To:<br><u>Grove General Hospital</u>  |   |   | By:<br><u>Grove EMS</u>  |   |  |   |
| <b>Primary and Secondary Injury</b> (Select One Primary and One Secondary Injury Type if Applicable)   |   |   |  |   |  |   |
| <input type="checkbox"/> P<br><input type="checkbox"/> S   | <input type="checkbox"/> P<br><input type="checkbox"/> S                                      | <input type="checkbox"/> P<br><input type="checkbox"/> S                                      | <input type="checkbox"/> P<br><input type="checkbox"/> S   | <input type="checkbox"/> P<br><input type="checkbox"/> S                          | <input type="checkbox"/> P<br><input type="checkbox"/> S   | <input type="checkbox"/> P<br><input type="checkbox"/> S                      |
| <input type="checkbox"/> Amputation  | <input type="checkbox"/> Broken Bones   | <input type="checkbox"/> Dislocations   | <input type="checkbox"/> Internal Injuries   | <input type="checkbox"/> Shock  | <input type="checkbox"/> Teeth   |   |
| <input type="checkbox"/> Arm/Leg   | <input type="checkbox"/> Burns  | <input type="checkbox"/> Head Injury  | <input type="checkbox"/> Laceration  | <input type="checkbox"/> Spinal Injury  | <input type="checkbox"/> Trunk   |   |
| <input type="checkbox"/> Back Injury   | <input type="checkbox"/> Contusions   | <input type="checkbox"/> Hypothermia  | <input type="checkbox"/> Neck Injury   | <input type="checkbox"/> Sprain/Strain  |  |   |
| <b>Cause of Death</b> <input checked="" type="checkbox"/> Drowning <input type="checkbox"/> Homicide <input type="checkbox"/> Hypothermia <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ |   |   |  |   |  |   |
| <b>*Additional Information for Missing Victim</b> <input type="checkbox"/> This Section is Not Applicable to this Report.  |   |   |  |   |  |   |
| Height   | Weight<br><u>000</u>  | Hair Color  | Race   | Ate Last #hrs<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Alcohol  | Clothing and Other Identifiers Description                                    |
| Recovery Information   | Time<br><u>0150</u> hrs   | Date of Recovery<br><u>6-17-2011</u>  | Recovery Method: <input type="checkbox"/> Diver <input type="checkbox"/> Drag <input type="checkbox"/> Surfaced <input checked="" type="checkbox"/> Other (describe in narrative)                              |   |  |   |
| Side-scan Sonar Assisted: <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   | Aircraft Assisted: <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |   |
| Next of Kin Information  | Last Name<br><span style="background-color: black; color: black;">[REDACTED]</span>           | First Name<br><span style="background-color: black; color: black;">[REDACTED]</span>          | MI   | Relationship to Victim<br><u>father/mother</u>                                    |  |   |
| Street Address<br><span style="background-color: black; color: black;">[REDACTED]</span>   |   |   | City<br><u>Piedmont</u>  | State<br><u>OK</u>  | Zip<br><span style="background-color: black; color: black;">[REDACTED]</span>  |   |
| Home Phone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span>  | Cell Phone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> | Work Phone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> | Next of Kin Notified<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   | Date Notified<br><u>6-17-2011</u>  | Time Notified<br><u>0325</u> hrs  |
| <b>Narrative of Events for Non-Boating Incident - Describe Event and What Happened</b>   |   |   |  |   |  |   |
| <u>See attached narrative from Chris Carlson and Scott Cox</u>   |   |   |  |   |  |   |

# OKLAHOMA MARINE INVESTIGATION REPORT

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| Date of Accident <u>6-17-2011</u> | Body of Water <u>Grandlake</u> | Case # <span style="background-color: black; color: black;">[REDACTED]</span> |
|-----------------------------------|--------------------------------|---|

**VESSEL # INFORMATION** **Estimated Damage \$**

|                       |       |         |                            |   |       |       |       |
|-----------------------|-------|---------|----------------------------|---|-------|-------|-------|
| Registration or Doc # | State | Decal # | Hull Identification Number | Documented Vessel Name & Hailing Port (if applicable) |       |       |       |
| Model Year            | Make  | Model   |                            | Length  | Width | Depth | Color |

|                 |                   |                |                       |                    |           |
|-----------------|-------------------|----------------|-----------------------|--------------------|-----------|
| Person Capacity | # People on Board | # People Towed | # Fatalities on Board | # Injured on Board | # Ejected |
|-----------------|-------------------|----------------|-----------------------|--------------------|-----------|

|   |                                      |                                      |  |                                     |                                   |
|---|--------------------------------------|--------------------------------------|--|-------------------------------------|-----------------------------------|
| <b>Estimated Speed</b>                  |                                      |                                      | <b>Federal Definition of this Vessel</b> |                                     | <b>Vessel Was</b>                 |
| <input type="checkbox"/> None           | <input type="checkbox"/> 11 - 20 mph | <input type="checkbox"/> Over 40 mph | <input type="checkbox"/> Recreational    | <input type="checkbox"/> Commercial | <input type="checkbox"/> Rented   |
| <input type="checkbox"/> Idle to 10 mph | <input type="checkbox"/> 21 - 40 mph | <input type="checkbox"/> Unknown     | <input type="checkbox"/> Government      |                                     | <input type="checkbox"/> Borrowed |

|  |  |  |                                    |   |                               |                                   |   |
|--|--|--|------------------------------------|---|-------------------------------|-----------------------------------|---|
| <b>Vessel Type</b>                       |  | <b>Hull Material</b>                           |                                    | <b>Engine Type</b>                        |                               | <b>Fuel</b>                       | <b># of Engines</b>                                     |
| <input type="checkbox"/> Airboat         | <input type="checkbox"/> Personal Watercraft | <input type="checkbox"/> Aluminum              | <input type="checkbox"/> Rubber    | <input type="checkbox"/> Airboat          | <input type="checkbox"/> None | <input type="checkbox"/> Diesel   | <b>Total HP/CC</b>                                      |
| <input type="checkbox"/> Cabin Motorboat | <input type="checkbox"/> Pontoon Boat        | <input type="checkbox"/> Fiberglass            | <input type="checkbox"/> Steel     | <input type="checkbox"/> Inboard          |                               | <input type="checkbox"/> Electric |   |
| <input type="checkbox"/> Canoe           | <input type="checkbox"/> Raft                | <input type="checkbox"/> Plastic/Vinyl         | <input type="checkbox"/> Wood      | <input type="checkbox"/> Outboard         |                               | <input type="checkbox"/> Gas      | <input type="checkbox"/> HP <input type="checkbox"/> CC |
| <input type="checkbox"/> Houseboat       | <input type="checkbox"/> Rowboat (Jon)       | <input type="checkbox"/> Rigid Hull Inflatable | <input type="checkbox"/> Other     | <input type="checkbox"/> Inboard/Outdrive |                               | <input type="checkbox"/> Propane  |   |
| <input type="checkbox"/> Inflatable      | <input type="checkbox"/> Sail (aux. power)   | <b>Propulsion</b>                              |                                    | <b>Engine Make</b>                        |                               |                                   |   |
| <input type="checkbox"/> Kayak           | <input type="checkbox"/> Sail (only)         | <input type="checkbox"/> Air Thrust            | <input type="checkbox"/> Sail      | <b>O/B Engine Serial #</b>                |                               |                                   |   |
| <input type="checkbox"/> Open Motorboat  | <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Manual                | <input type="checkbox"/> Water Jet | <b>O/B Engine Serial #</b>                |                               |                                   |   |

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| <b>Safety Equipment</b>                                |   | <b>Activity at Time of Accident (3 Selections Maximum)</b> |   |  |   |
| <input type="checkbox"/> Required # of PFD's on board  | <input type="checkbox"/> Fire Ext. on Board | <input type="checkbox"/> Cruising                          | <input type="checkbox"/> Making Repairs   | <input type="checkbox"/> Skiing/Towing   | <input type="checkbox"/> Commercial Use |
| <input type="checkbox"/> PFD's Accessible              | <input type="checkbox"/> Fire Ext. Used     | <input type="checkbox"/> Fishing                           | <input type="checkbox"/> Racing           | <input type="checkbox"/> Starting Engine | <input type="checkbox"/> Unknown        |
| <input type="checkbox"/> Navigation Lights Operational | # Fire Ext. Used _____                      | <input type="checkbox"/> Fueling                           | <input type="checkbox"/> Sanctioned Event | <input type="checkbox"/> Swimming        |   |
| <input type="checkbox"/> Navigation Lights Turned On   |   | <input type="checkbox"/> Hunting                           | <input type="checkbox"/> Scuba Diving     | <input type="checkbox"/> Other _____     |   |

|   |  |  |  |  |                                  |
|---|--|--|--|--|----------------------------------|
| <b>Operation at Time of Accident (3 Selections Maximum)</b> |  |  |  |  |                                  |
| <input type="checkbox"/> At Anchor                          | <input type="checkbox"/> Changing Speed  | <input type="checkbox"/> Docking/Undocking | <input type="checkbox"/> Rowing/Paddling | <input type="checkbox"/> Towing Vessel | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Being Towed                        | <input type="checkbox"/> Cruising        | <input type="checkbox"/> Drifting          | <input type="checkbox"/> Sailing         | <input type="checkbox"/> Wake Jumping  |                                  |
| <input type="checkbox"/> Changing Direction                 | <input type="checkbox"/> Docked (Moored) | <input type="checkbox"/> Launching/Loading | <input type="checkbox"/> Towing Person   | <input type="checkbox"/> Other _____   |                                  |

|  |  |   |   |   |
|--|--|---|---|---|
| <b>What Contributed to the Accident (3 Selections Maximum)</b> |  |   | <b>Equipment Failure (Select Each Item that Failed)</b> |   |
| <input type="checkbox"/> Alcohol Use                           | <input type="checkbox"/> Improper Anchoring                          | <input type="checkbox"/> Started Engine while in Gear | <input type="checkbox"/> Auxiliary Equipment            | <input type="checkbox"/> Sail/Mast              |
| <input type="checkbox"/> Careless/Reckless                     | <input type="checkbox"/> Improper Lighting                           | <input type="checkbox"/> Violation of Navigation Rule | <input type="checkbox"/> Communications                 | <input type="checkbox"/> Seat Broke Loose       |
| <input type="checkbox"/> Congested Waters                      | <input type="checkbox"/> Improper Loading                            | <input type="checkbox"/> Vision Obstructed            | <input type="checkbox"/> Electronics                    | <input type="checkbox"/> Sound Producing Device |
| <input type="checkbox"/> Dam or Lock                           | <input type="checkbox"/> Machinery Failure                           | <input type="checkbox"/> Off Throttle Steering - Jet  | <input type="checkbox"/> Fire Extinguisher              | <input type="checkbox"/> Visual Distress        |
| <input type="checkbox"/> Drug Use                              | <input type="checkbox"/> No Proper Lookout                           | <input type="checkbox"/> Weather                      | <input type="checkbox"/> PFD's                          | <input type="checkbox"/> Unknown                |
| <input type="checkbox"/> Equipment Failure                     | <input type="checkbox"/> Overloading                                 | <input type="checkbox"/> Unknown                      | <b>Machinery Failure (Select Each Item that Failed)</b> |   |
| <input type="checkbox"/> Excessive Speed                       | <input type="checkbox"/> Operator Inattention                        | <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Electrical System              | <input type="checkbox"/> Steering System        |
| <input type="checkbox"/> Failure to Vent Fumes                 | <input type="checkbox"/> Operator Inexperience                       |   | <input type="checkbox"/> Engine Cut-off Switch          | <input type="checkbox"/> Throttle Failure       |
| <input type="checkbox"/> Hazardous Waters                      | <input type="checkbox"/> Sharp Turn                                  |   | <input type="checkbox"/> Engine Failure                 | <input type="checkbox"/> Ventilation System     |
| <input type="checkbox"/> Hull Failure                          | <input type="checkbox"/> Skier or Occupant Behavior                  |   | <input type="checkbox"/> Fuel System                    | <input type="checkbox"/> Unknown                |
| <input type="checkbox"/> Ignition of Fuel Vapor                | <input type="checkbox"/> Standing/Sitting on Gunwale, Bow or Transom |   | <input type="checkbox"/> Shift Failure                  | <input type="checkbox"/> Other _____            |

|  |           |
|--|-----------|
| Vessel Removed By:<br><input type="checkbox"/> Impounded | Taken To: |
|--|-----------|

# OKLAHOMA MARINE INVESTIGATION REPORT

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| Date of Accident   |   | Body of Water  |  | Case #  |  |
| <b>VESSEL # _____ OPERATOR INFORMATION</b>                                     |   |  |  |   |  |
| Last Name  |   | First Name   |  | MI  | Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Street Address   |   |  |  | Home Phone (Area Code)  |  |
| City   |   | State  | Zip  | Cell Phone (Area Code)  |  |
| Driver License or SSN  |   |  | State                                      | Operator Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Owner Information</b> <input type="checkbox"/> Same as Operator             |   |  |  |   |  |
| Last Name  |   | First Name   |  | MI  | Owner Was: <input type="checkbox"/> Being Towed <input type="checkbox"/> Passenger <input type="checkbox"/> Not On Board |
| Street Address   |   |  |  | Home Phone (Area Code)  |  |
| City   |   | State  | Zip  | Cell Phone (Area Code)  |  |
| <b>Vessel Insured</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |   | Name of Insurance Company  |  | Policy Number   | Insurance Phone (Area Code)  |
| <b>Operator Status</b>   |   | <b>Treatment</b>   |  | <b>Chemical Testing</b>   |  |
| <input type="checkbox"/> No Injury   |   | <input type="checkbox"/> Refused Treatment                               |  | <input type="checkbox"/> No Test <input type="checkbox"/> Refused         |  |
| <input type="checkbox"/> Injured   |   | <input type="checkbox"/> Treated and Released                            |  | <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs           |  |
| <input type="checkbox"/> Fatality  |   | <input type="checkbox"/> Admitted to Hospital                            |  | <input type="checkbox"/> Breath <input type="checkbox"/> Blood            |  |
| <input type="checkbox"/> Missing*  |   | <input type="checkbox"/> Unknown   |  | <b>BAC</b> 0. %   |  |
| <b>Operator Condition</b>  |   |  |  | <input type="checkbox"/> Sleepy/ Very Tired                               |  |
| <input type="checkbox"/> Apparently Normal                                     |   |  |  | <input type="checkbox"/> Sick   |  |
| <input type="checkbox"/> Drinking - Odor Present                               |   |  |  | <input type="checkbox"/> Physical Disability                              |  |
| <input type="checkbox"/> Drinking - Ability Impaired                           |   |  |  | <input type="checkbox"/> Pre-existing Health Issue                        |  |
| <input type="checkbox"/> Drug Use Indicated                                    |   |  |  | <input type="checkbox"/> Unknown  |  |
| Operator Injured Transported To:   |   |  |  | By:   |  |
| <b>Primary and Secondary Injury</b> (One Primary & One Secondary Max)          |   |  |  |   |  |
| <b>P S</b>   | <b>P S</b>  | <b>P S</b>   | <b>P S</b>                                 | <b>P S</b>  | <b>Cause of Death</b>  |
| <input type="checkbox"/> Amputation  | <input type="checkbox"/> Broken Bones               | <input type="checkbox"/> Dislocations                                    | <input type="checkbox"/> Internal Injuries | <input type="checkbox"/> Spinal Injury                                    | <input type="checkbox"/> Drowning  |
| <input type="checkbox"/> Arm/Leg   | <input type="checkbox"/> Burns                      | <input type="checkbox"/> Head Injury                                     | <input type="checkbox"/> Laceration        | <input type="checkbox"/> Sprain/Strain                                    | <input type="checkbox"/> Hypothermia   |
| <input type="checkbox"/> Back Injury   | <input type="checkbox"/> Contusions                 | <input type="checkbox"/> Hypothermia                                     | <input type="checkbox"/> Neck Injury       | <input type="checkbox"/> Teeth/Jaw  | <input type="checkbox"/> Trauma  |
|  |   |  | <input type="checkbox"/> Shock             | <input type="checkbox"/> Trunk  | <input type="checkbox"/> Other   |
| <b>Injury Caused By Impact With</b>  |   | <b>Operator Experience All Vessels</b>                                   |  | <b>NASBLA-Approved Education</b>  |  |
| <input type="checkbox"/> Fixed Object  | <input type="checkbox"/> Vessel # _____             | <input type="checkbox"/> None  | <input type="checkbox"/> 10 - 100 hrs      | <input type="checkbox"/> None   | <input type="checkbox"/> USPS <input type="checkbox"/> USCG Aux.   |
| <input type="checkbox"/> Floating Object                                       | <input type="checkbox"/> Water                      | <input type="checkbox"/> Less than 10 hrs                                | <input type="checkbox"/> Over 100 hrs      | <input type="checkbox"/> State Course (list state) _____                  |  |
| <input type="checkbox"/> Propeller or Skeg                                     | <input type="checkbox"/> Other _____                | <b>Operator Experience This Type Vessel</b>                              |  | <input type="checkbox"/> Internet Provider _____                          |  |
| <b>Operator PFD Data</b> (Check all that apply)                                |   | <input type="checkbox"/> None  | <input type="checkbox"/> 10 - 100 hrs      | <input type="checkbox"/> Other Education Not NASBLA approved              |  |
| <input type="checkbox"/> Inherently Buoyant                                    | <input type="checkbox"/> Inflatable                 | <input type="checkbox"/> Less than 10 hrs                                | <input type="checkbox"/> Over 100 hrs      | List Other _____  |  |
| <input type="checkbox"/> Type I  | <input type="checkbox"/> Worn Prior to Accident     | <b>Other Safety Measures Utilized by Operator</b> (Check all that apply) |  |   |  |
| <input type="checkbox"/> Type II   | <input type="checkbox"/> Worn as Result of Accident | <input type="checkbox"/> Engine Cut-off Switch worn                      |  | <input type="checkbox"/> Weather Report Obtained for Day of Accident      |  |
| <input type="checkbox"/> Type III  | <input type="checkbox"/> Not Worn Not Used          | <input type="checkbox"/> Lanyard-style                                   |  | <input type="checkbox"/> Was as Forecast                                  |  |
| <input type="checkbox"/> Type IV   | <input type="checkbox"/> Not Worn but Used          | <input type="checkbox"/> Wireless  |  | <input type="checkbox"/> Not as Forecast                                  |  |
| <input type="checkbox"/> Type V  | <input type="checkbox"/> PFD Use Unknown            | <input type="checkbox"/> Operator Can Swim                               |  |   |  |
| <input type="checkbox"/> Non-Approved PFD Used                                 |   |  |  |   |  |
| USCG PFD Approval # _____  |   |  |  |   |  |

# OKLAHOMA MARINE INVESTIGATION REPORT

|                                    |                                 |   |
|------------------------------------|---------------------------------|---|
| Date of Accident <u>11-17-2011</u> | Body of Water <u>Grand lake</u> | Case # <span style="background-color: black; color: black;">[REDACTED]</span> |
|------------------------------------|---------------------------------|---|

## Fatality Passenger or Injured Passenger Information (Complete "Information for Missing Victim" section if applicable)

|                                   |                        |                        |                          |                          |                                 |                          |                          |                          |
|-----------------------------------|------------------------|------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| Victim#                           | Last Name              | First Name             | MI                       | Date of Birth            | <input type="checkbox"/> Male   |                          |                          |                          |
| Vess #                            |                        |                        |                          |                          | <input type="checkbox"/> Female |                          |                          |                          |
| <b>Status</b>                     | Street Address         | City                   |                          | State                    | Zip                             |                          |                          |                          |
| <input type="checkbox"/> Fatality |                        |                        |                          |                          |                                 |                          |                          |                          |
| <input type="checkbox"/> Injured  | Home Phone (Area Code) | Cell Phone (Area Code) | Passenger                | Towed                    | Ejected                         | PFD Worn                 | Can Swim                 | Witness                  |
| <input type="checkbox"/> Missing* |                        |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |  |
|---|--|--|
| <b>Treatment</b>                              | <b>Victim Condition</b>                              | <b>Injury Caused By Impact With</b>        |
| <input type="checkbox"/> Refused Treatment    | <input type="checkbox"/> Apparently Normal           | <input type="checkbox"/> Fixed Object      |
| <input type="checkbox"/> Treated and Released | <input type="checkbox"/> Drinking - Odor Present     | <input type="checkbox"/> Floating Object   |
| <input type="checkbox"/> Admitted to Hospital | <input type="checkbox"/> Drinking - Ability Impaired | <input type="checkbox"/> Propeller or Skeg |
| <input type="checkbox"/> Unknown              | <input type="checkbox"/> Drug Use Indicated          | <input type="checkbox"/> Unknown Object    |
|   | <input type="checkbox"/> Sleepy/ Very Tired          | <input type="checkbox"/> Vessel # _____    |
|   | <input type="checkbox"/> Sick                        | <input type="checkbox"/> Water             |
|   | <input type="checkbox"/> Physical Disability         | <input type="checkbox"/> Other _____       |
|   | <input type="checkbox"/> Pre-existing health Issue   |  |
|   | <input type="checkbox"/> Unknown                     |  |

**Primary and Secondary Injury** (Select One Primary and One Secondary Injury Type if Applicable)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>P</b>                 | <b>S</b>                 | <b>P</b>                 | <b>S</b>                 | <b>P</b>                 | <b>S</b>                 | <b>P</b>                 | <b>S</b>                 | <b>P</b>                 | <b>S</b>                 |
| <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"/> |
| Amputation               | Broken Bones             | Dislocations             | Internal Injuries        | Shock                    | Teeth                    |                          |                          |                          |                          |
| Arm/Leg                  | Burns                    | Head Injury              | Laceration               | Spinal Injury            | Trunk                    |                          |                          |                          |                          |
| Back Injury              | Contusions               | Hypothermia              | Neck Injury              | Sprain/Strain            |                          |                          |                          |                          |                          |

**Cause of Death**     Drowning     Homicide     Hypothermia     Natural     Suicide     Trauma     Other \_\_\_\_\_

Victim Transported To: \_\_\_\_\_ By: \_\_\_\_\_

## Uninjured Passenger & Witness Information (Submit a Witness Statement if Witness box is marked)

|            |           |            |    |               |  |
|------------|-----------|------------|----|---------------|--|
| Vessel #   | Last Name | First Name | MI | Date of Birth | <input type="checkbox"/> Male              |
| Pass/Wit # |           |            |    |               | <input checked="" type="checkbox"/> Female |
|            |           |            |    |               | Towed                                      |
|            |           |            |    |               | <input checked="" type="checkbox"/>        |
| Vessel #   |           |            |    |               | <input checked="" type="checkbox"/> Male   |
| Pass/Wit # |           |            |    |               | Towed                                      |
|            |           |            |    |               | <input type="checkbox"/> Female            |
|            |           |            |    |               | <input checked="" type="checkbox"/>        |
| Vessel #   |           |            |    |               | <input checked="" type="checkbox"/> Male   |
| Pass/Wit # |           |            |    |               | Towed                                      |
|            |           |            |    |               | <input type="checkbox"/> Female            |
|            |           |            |    |               | <input checked="" type="checkbox"/>        |
| Vessel #   |           |            |    |               | <input checked="" type="checkbox"/> Male   |
| Pass/Wit # |           |            |    |               | Towed                                      |
|            |           |            |    |               | <input type="checkbox"/> Female            |
|            |           |            |    |               | <input checked="" type="checkbox"/>        |
| Vessel #   |           |            |    |               | <input checked="" type="checkbox"/> Male   |
| Pass/Wit # |           |            |    |               | Towed                                      |
|            |           |            |    |               | <input type="checkbox"/> Female            |
|            |           |            |    |               | <input checked="" type="checkbox"/>        |

# OKLAHOMA MARINE INVESTIGATION REPORT

|                                    |                                  |        |
|------------------------------------|----------------------------------|--------|
| Date of Accident: <u>6-17-2011</u> | Body of Water: <u>Grand lake</u> | Case # |
|------------------------------------|----------------------------------|--------|

|  |   |
|--|---|
| <b>Diagram Information</b> (Distances are Approximate)<br>Ref. Point 1 =<br>Distance <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from RP1 to POI =<br>Ref. Point 2 =<br>Distance <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from RP2 to POI =<br>Ref. Point 3 =<br>Distance <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from RP3 to POI =<br><b>Vessel Priority:</b> <input checked="" type="checkbox"/> Not Applicable<br>Stand On Vessel = Vessel # _____<br>Give Way Vessel = Vessel # _____ | <input checked="" type="checkbox"/> Supplemental Diagram Used<br>Indicate North<br><div style="text-align: center; font-size: 2em;">○</div> |
| <b>Additional Investigation Information</b><br>Investigation Made at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Photos Taken - Date: <u>6-17-2011</u> By: <u>Chris Carlson</u><br><input type="checkbox"/> Video Taken - Date: _____ By: _____  |   |

**Narrative:**  
See attached narrative  
from  
Chris Carlson and Scott Cox

|                               |                          |                     |
|-------------------------------|--------------------------|---------------------|
| <b>Other Property Damaged</b> | Property Description     | Estimated Damage    |
|                               | <u>2011 Jeep Rubicon</u> | <u>\$ 37,000 \$</u> |
| Property Owner Last Name      | First Name               | MI                  |
| _____                         | _____                    | _____               |
| Street Address                | City                     | Zip                 |
| _____                         | <u>Piedmont, OK</u>      | _____               |

| Citations Issued |   |           |                 |
|------------------|---|-----------|-----------------|
| Vessel #         | Violator's Name (Check box if operator) | Statute # | Uniform Wording |
|                  | <input type="checkbox"/>                |           |                 |
|                  | <input type="checkbox"/>                |           |                 |
|                  | <input type="checkbox"/>                |           |                 |
|                  | <input type="checkbox"/>                |           |                 |
|                  | <input type="checkbox"/>                |           |                 |



OKLAHOMA MARINE INVESTIGATION REPORT

Date of Accident 6-17-2011

Body of Water Grand lake

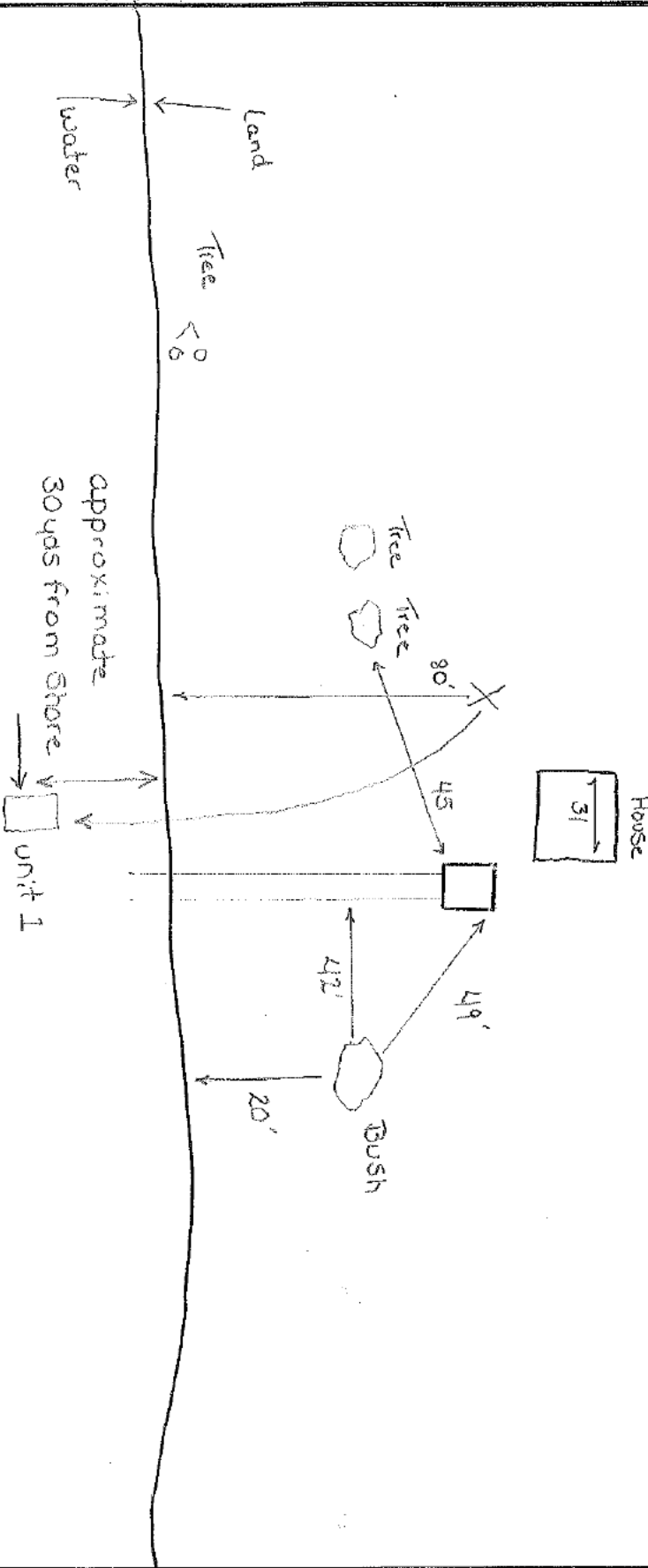
Case # [REDACTED]

Supplemental Diagram

Indicate North



LAKE LEVEL  
Grandlake  
[REDACTED]





**GRAND RIVER DAM AUTHORITY  
LAKE PATROL  
PROPERTY RECEIPT**

STORED 6-17-2011

AR# \_\_\_\_\_

ARREST # \_\_\_\_\_

REF. REPT.# \_\_\_\_\_

TYPE:    EVIDENCE    FOUND  SAFE KEEPING    LOST

SEIZED OR RECEIVED FROM \_\_\_\_\_ ADD. \_\_\_\_\_

PH.# ( ) \_\_\_\_\_

LOCATION FOUND OR SEIZED 2011 Jeep Rubicon

PROPERTY OWNER [REDACTED] ADD. \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_

DEFENDANT: 1 \_\_\_\_\_  
LAST FIRST M R/S DOB IPD NO.

#2 \_\_\_\_\_

#3 \_\_\_\_\_

CHARGE \_\_\_\_\_

LAB TEST    YES    ITEMS WHICH MAY PHOTOGRAPH  YES  
REQUIRED  NO    BE RELEASED REQUIRED    NO  
BEFORE RELEASE

ITEMS REQUIRED \_\_\_\_\_

FINAL DISPOSITION OF PROPERTY: Released DATE 6-18-11 OFFICER Allred 139

DISPOSITION OF CASE: Pending DATE 6-17-11 OFFICER Allred 139

| ITEM # | QUANTITY | DESCRIPTION       | HOW MARKED |
|--------|----------|-------------------|------------|
|        |          | See attached list |            |
|        |          |                   |            |
|        |          |                   |            |
|        |          |                   |            |
|        |          |                   |            |
|        |          |                   |            |
|        |          |                   |            |
|        |          |                   |            |
|        |          |                   |            |
|        |          |                   |            |

RECOVERED  
SEIZED BY OFFICER: CAPLSON, CHRIS BADGE # 135 DATE 6-17-11 TIME 15:45

RECEIVED BY PROPERTY OFFICER \_\_\_\_\_



Vehicle Inventory of Items to be Returned to Family

Ogle Drowning 06/17/2011

- 1 Pike Pass ID [REDACTED]
- 1 iPhone Charger with AC Plug
- 1 OU Animal Bed
- 1 iPhone with Pink Case
- 1 Camera Bag Containing Cannon Power Shot Camera Model 55X20IS Inside // Serial Number 9023115101
- 1 iPod with Input Jack Adapter
- 1 Key Ring with 5 Keys (House and Padlock)
- 1 Playtex Childs Cup Green in Color
- 1 Cardboard Box Containing 12 DVD'S (DVD Case "Longest Yard" is Empty)
- 1 Agreement Contract
- 1 Graco Diaper Bag (Contents as Follows)
  - 1 Woman's Wallet containing [REDACTED] Drivers License, Miscellaneous Membership Cards, Credit Cards, Photos
  - Diapers
  - Changing pad
  - 1 \$5 (five) Dollar Bill ID Number – IB03772994A
  - 1 \$5 (five) Dollar Bill ID Number – IF48379077C
  - 1 \$1 (one) Dollar Bill ID Number – K36548694D
  - 1 \$1 (one) Dollar Bill ID Number – K92363385A
  - 1 \$1 (one) Dollar Bill ID Number - K81261861B
  - 1 \$1 (one) Dollar Bill ID Number – E41743864E
  - 1 Olympus Camera Stylus 300 Digital 16mb SD Card
  - 1 Black Bag Containing Miscellaneous Medicines and Feminine Products
- 1 Pair Aviator Style Sunglasses

1 Pair Faded Glory Sandals

1 Childs Stuffed Dog Toy

1 Small Bag with Contact and Eyeglass Products

1 Beach Bag with 2 (two) Towels and Sunscreen

1 Oklahoma Security Verification Form

1 Bag Containing Pet Food and Pet Supplies

1 Red Suitcase (contents as follows)

Puff Paint

Diapers

2 Pacifiers

Miscellaneous Baby Products

1 Baby Monitor

1 Infant Life Jacket

Miscellaneous Clothes and Toys

1 Red Suitcase (contents as follows)

1 Pair Sunglasses

1 Bag of Toiletries

Make-Up

1 Bag Containing Feminine Products

Miscellaneous Female Clothing

1 Empty Helzberg Earring Case

1 Earring Back

1 Pet Crate

1 Insignia Portable DVD Player

1 Portable Playpen

1 Igloo Ice Chest Containing Beer and Miscellaneous Food Items

1 Plastic Tub Containing Miscellaneous Food Items

1 Childs Flip Flop Shoe Blue in Color

1 Pair Childs Flip Flop Shoes Black in Color

1 Pair Women's Sunglasses

OKLAHOMA SECURITY VERIFICATION FORM

Address of sales office:



COMPANY CODE NUMBER

LIBERTY MUTUAL FIRE INSURANCE CO.

NAIC NUMBER



An authorized OKLAHOMA insurer has issued an Owners Liability Policy pursuant to the Compulsory Insurance Law of OKLAHOMA to:

NAME OF INSURED



Name and address of office issuing this card:  
LIBERTY MUTUAL GROUP  
2375 BROWNS BRIDGE ROAD PO BOX 2375  
GAINESVILLE GA 30503

POLICY EFFECTIVE DATE  
04/25/10

POLICY EXPIRATION DATE  
04/25/11

CARD EFFECTIVE DATE  
04/25/10

CARD EXPIRATION DATE  
04/25/11

Applicable with respect to the following vehicle:

2009 GMC SIERRA  
YEAR MAKE MODEL

3GTEC23009-  
VEHICLE IDENTIFICATION NUMBER

PRESENT THIS FORM TO THE MOTOR VEHICLE DEPARTMENT AT REGISTRATION

0825  
PMKT 528 01 08

SEE IMPORTANT MESSAGE ON REVERSE SIDE

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

THIS COPY MUST BE CARRIED IN THE MOTOR VEHICLE AT ALL TIMES AND PRODUCED BY ANY DRIVER OF THE VEHICLE UPON REQUEST FOR INSPECTION BY ANY PEACE OFFICER OR REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC SAFETY. IN CASE OF A COLLISION, THIS COPY SHALL BE SHOWN UPON REQUEST OF ANY PERSON AFFECTED BY THE COLLISION. A COPY OF THE VERIFICATION FORM MUST BE SURRENDERED TO THE MOTOR LICENSE AGENT OR OTHER REGISTERING AGENCY UPON APPLICATION OR RENEWAL FOR A MOTOR VEHICLE LICENSE PLATE.

**WARNING:** Any person who issues or produces this form to show that there is in force a policy of insurance as indicated herein, that is in fact not in effect, is liable to a heavy fine and/or imprisonment and his license and/or registration may be suspended or revoked.

Report all accidents promptly, telephone the nearest Liberty Mutual Office if the accident involves another vehicle (even though no injuries claimed), a pedestrian, or any personal injury or property damage.

\*Oklahoma law requires one (1) copy of the verification form/ID cards be surrendered upon registration and one (1) copy be carried in the vehicle.

EXCLUDED DRIVER(S):

DR - GILVER

RD - JENNY D

CONTACTED M.E. @ 0330

VICTIM NAME [REDACTED]

AGE 21 MONTH ON 21<sup>ST</sup>

DOB [REDACTED]

PROBABLE 0325

YUKON [REDACTED]

MOTHER NAME [REDACTED]

AGE 29

DOB [REDACTED]

PHONE [REDACTED]

SOC [REDACTED]

ADDRESS [REDACTED]

PEEDMONT 724 [REDACTED]

NO EMPLOYMENT

11000 [REDACTED]

FATHER NAME [REDACTED]

AGE 34

DOB [REDACTED]

PHONE [REDACTED]

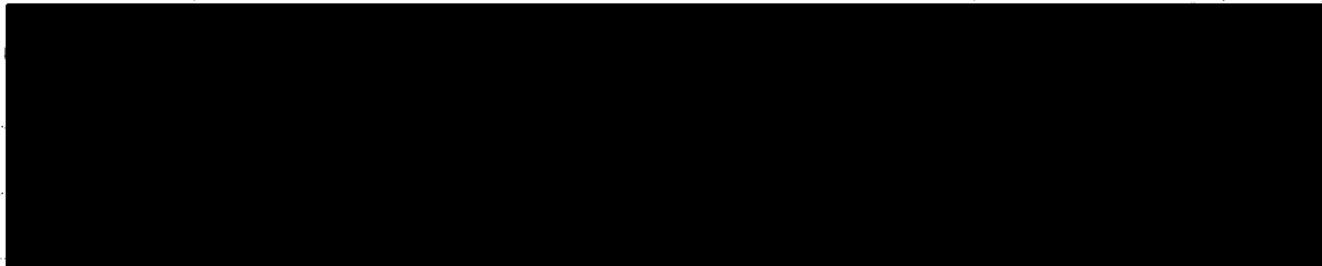
SOC [REDACTED]

ADDRESS SAME

WORK COUNCIL STAINLESS STEEL O.K.C



3 DAYS AGO JEEP RUBICON 2011 PROGRAM  
VEHICLE "PARK" NO EMERGENCY 4600 MILES  
@ SALE



ARRIVED @ ABOUT 12:30



BROUGHT BY AMBULANCE

ROLLED FORWARD NOT BACKWARDS

WOULD HAVE HAD BE IN DRIVE NOT NEUTRAL

INSURANCE : CANT REMEMBER.

CHAS PATTERSON

KEEVA

4/22/81

10-11-81

OK D.L.

