WATERCRAFT INCIDEN CASUALTY REPORT WC CASE # NBSAO-14-0038 INCIDENT # OTHER AGENCY CASE # USCG BARD # 140417002222 ODNR Division of Watercraft 000201403596 COUNTY STATE DATE OF ACCIDENT NEAREST TOWN TIME (MILITARY) BODY OF WATER OHOttawa <u>UNX</u>NOWN Lake Erie 4/16/2014 Oak Harbor ZONE OF OPERATION CONGESTED WATERS? LOCATION # OF BOATS INVOLVED Latitude (DD'MM'SS') Longitude (DDD MM SS") Description: ☐ Channel ☐ Other ___ ☐ Yes 🔀 Open 10mph Last position of boat by 82' 59' 36" 41 38 25 No Wake ☐ Ski ⊠ No GPS is East of the Tousaint Reef. ☐ No Boats ☐ Speed WATER CONDITIONS WIND (_mph) ENVIRONMENTAL CONDITIONS (if not known, estimate) **TEMPERATURE** STRONG CURRENT? VISIBILITY WAVES ☐ None WEATHER MOON PHASE UNICF AIR □ Calm (<=6")</p> ☐ Yes ☒ No Light (1-12) WATER UNKEF ☐ Clear ☐ Raining ☐ Cloudy ☐ Snowing ☐ Foggy ☐ Hazy Day Good ☐ Night Good □ None ☐ Choppy (>6" - 2') ☐ Moderate (13-25) ☐ Day Fair ☐ Day Poor ☐ Partial ☐ Night Fair Rough (>2' - 6') Strong (26-55) WEATHER REPORTS ☐ Night Poor STREAM GAUGE READING: Very Rough (>6') ☐ Storm (56+) CONSULTED? ☐ Other ☐ YES ☐ NO 🖾 UNK UNKNOWN UNKNOWN UNXNOWN UNKNOWN WITNESS INFORMATION (Persons not onboard involved books) DOB A STATEMENT ALT PHON DL#/ID# S PHONE SECTION NAME ☑ YES ☐ NO 5/15/1961 ¹Vernon Meinke ADDRESS CITY/STATE/ZIP 430 Anchor Point Curtice, Ohio 43412 ☑ YES [] NO ²Marc A. Schulte ADDRESS CITY/STATE/ZIP Perrysburg, Ohio 43551 4490 Hazel Road ☑YES ☐ NO ³Ben DeWit ADDRESS CITY/STATE/ZIP Liberty Center, Ohio 43532 511 Catherine Drive M YES □ NO ⁴Jonathon A. Perry ADDRESS CITY/STATE/ZIP Toledo, Ohio 43614 3027 Oxbridge Drive Injury/Fatality Report (DNR 8358) attached? ⊠ Yes □ No INITIAL OFFICER INFORMATION DATE/TIME CLEARED DATE/TIME I COMPLETED TRANSFERRED DATE/TIME ARRIVED DATE/TIME NOTIFIED 04-17-2014 6:30 am 04-17-2014 8:30 pm 06-10-2014 O4-17-2014 5:30 am SIGNATURE UNIT # NAME 4202 Tason Albanese ADDRESS INVESTIGATING AGENCY 1407 Cieveland Road ODNR Division of Watercraft CITY/STATE/ZIP PHONE Sandusky, Ohio 44870 (419)621-1402 CITATIONS DESCRIPTION CITATION # SECTION CITATION # VESSEL# SECTION VESSEL# DESCRIPTION AMENDED? TYes TNo **REVIEW - OUTSIDE AGENCY USE ONLY** ☐ Preliminary ☐ Final UNIT# SIGNATURE DATE NAME/RANK PHONE REVIEWING OFFICE FOR DIVISION OF WATERCRAFT USE ONLY INVESTIGATOR REVIEW CIPFeliminary & Final (REGION MANAGER REVIEW AREA SUPERVISOR REVIEW AMENDED? ☐Yes ⊠No UNIT # NAME WAS SET TO A SET T 4200 Jason Albanese FOR INVESTIGATOR USE ONLY TERTIARY CAUSE PRIMARY CAUSE SECONDARY CAUSE Unknown

VESSEL# 1	·	PROPERT	Y#							_)		W	C CASE #	NBSA	0-14-0	038
# OF PERSON	NS ON BO	DARD: 4						ALCOHOL ON BOARD VESSEL? ☐ YES ☑ NO ☐ UNK OPERATOR USING ALCOHOL PRIOR TO ACCIDENT? ☐ YES ☐ NO ☑ UNK								
# OF DECEAS	ED ASS	OC. W/VESS	≞L: 4				***************************************	DRUGS ON							10 🔲 (
# OF INJURE	BEYON	D FIRST AID	ASSC	OC, W/VESSEL: 0				OPERATOR			R TO AC	CIDEN	T? OYE	s [] 1	10 🔯 (JNK
VESSEL INF	ORMATI	ON	Rente	d? ☐ YES 🖾 NO)											
	SISTRATI 0582 EX	ON / DOC #		3/1/2015	HIN BUJ61358A6	06		INSURANCE C Boat US	OMPAN'	·			INSURANCE COMPAN 1-800-804-2628			
MANUFACTU Tracker	RER			YEAR 2006	MODEL Tundra 21			COLOR Dark gray		LENGTH 20' 10"			WIDTH 1' 1"		TRANS 1'7"	OM
VESSEL NAM	E			CAPACITY PLAT	E	TAL LBS. 25	40 MAX HP 2	.75	TOTAL EN		ENG	INES USED		AL HP	HP USED	
TYPE OF VES	SEL			HULL MATERIAL	•		PROPULS	ION	ENGINE			UEL TY			MODIF	IED?
Open Moto Auxiliary Sa	Cabin Motorboat ☐ Sail (Only) ☐ Fiberglass ☐ Aluminum ☐ Vodo ☐ Steel ☐ Vodo ☐ Pention Boat ☐ Rowboat ☐ Rubber/Vinyl/Canvas ☐ Inflatable ☐ Air Boat ☐ Other ☐ United Departs ☐ United				ter					Sea	m Hull nsom ering pulsion					
E ANACE FOR				Mercury / Mercury				B289203 / 0R122	163 / 71362	21040	· ·					
\$ 16,000,00 Vessel \$ 1500,00 Property Describe Loss: 4 cell phones, Go Pro camera Towed By South Shore Towing 10:10am on board the Date Federal A; State Age Other Age US Coast						izations that I ard the boat v deral Agency ate Agency her Agency	have conducted vithin the past ye Past VSC VSC	ear: sed? Decal? Decal?	□YES □YES □YES	k (VSC)	# F # F Ty An	ifejackets on Fire extinguish Fire extinguish pe of fire extir rount of fire ex ditional inform	iers on iers use iguishe xtinguis	board; <u>1</u> :d: <u>0</u> r(e.g. A	., B, C): <u>B</u>	
OPERATOR I	NEODM	ATION		tor Using Safety	anvard2 []	VEC M	NO									
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EXPERIENCE UNKNOWN EXPERIENCE THIS VESSEL HRS OF OP THIS DAY BOATING COURSE UNKNOWN  O to 10 Hrs  >10-100-500 Hrs											FICATE?					
				O-1001113 [] O-10	600000000000000000000000000000000000000	ovalete.	Lagran	DOB	cc	MOITION	PFD W	NDM2	WHEN	TYF	FS	TATEMENT
OCCUPANTS.			ONS		GENDER	, <b>u</b>	L#/ID#	LUB.		Contract to the state of the		AND THE RESERVE	□B□A			
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AGE	RACE			PHONE			ALT P			lo	COUNTY	,				<del></del>
2. Bryan J. Huff	<u> </u>		1		⊠M ⊡F			8/8/1982		5 [	⊒Y ⊠N	□U.	□в□А			□Y⊠N
ADDRESS 881		Road						CITY/STATE	ZiP Perry	sburg, Ohio 4	3551	····				
AGE 31	RACE V	/hite	·	PHONE			ALT P	PHONE COUNTY					/ Wood			
3. Andrew D. Re	ose				⊠M □F	() () (		10/15/1980		5 [	⊒Y ØN	Ľυ	□в □а		. Q	□Y ⊠N
ADDRESS 192	5 Garden F	Ridge Drive			<del> </del>	·····		CITY/STATE	ZIP Tole	do, Ohio 4361	4					
AGE 33	RACE V	/hite		PHONE		~	ALT P	HONE		C	COUNT	Lucas		~		
4. Amy R. Santu	15				DM⊠F			4/15/1981		5 I	MY []N	□u	□В□А	3		□Y ⊠N
ADDRESS 881	0 Mandell	Road						CITY/STATE	ZIP Perry	····						*******
AGE 33	RACE W	/hite		PHONE	·		ALT P			~ <del></del>	COUNT			<del></del>		
5. Paige Erin Me					□M ⊠F∷	***		5/8/1997			MY UN		□В□А	3		□Y ⊠N
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7.					ым ыг			CITY/STATE	ZIP	<u> </u>	_, _,		see - built			
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AGE	RACE	· · · · · · · · · · · · · · · · · · ·		PHONE			ALT P			10	COUNT	7				
	ı. I-No injur	y; 2-injured; Accident; A-	3-Cla After A	imed Injury; 4-Ob	vious injury; PFD TYPE:	; 5-Fatal 1, 2, 3, 4,	(see last pag or 5; Indical	je); 6-Missing; i te inflatables w	7-Condit ith an i (i	ion not Obse Example: 3-l	erved )					
OWNER INFO	MATION	∏ ∩ner	ator 15	Occupant #2	Not Present			DL#/OL#	<u>-</u>	DOB	PHC	NE	ALT P	HONE	STA	ATEMENT
OWNER		Cpoi		apening L							+					Y 🗆 N
<u> </u>						Т	CITY/STATE			······································					L	
ADDRESS							~11 11 0 1 1C   P									أبكبيني

VESSEL#		PROPERT	Υ#										V	VC CA	SE# N	BSAO	14-00	38
# OF PERSON	NS ON BC	ARD:									RD VESSEL? ALCOHOL PF	DIOB TO A	cein	<b>たい</b> てつ		S III NO		
# OF DECEAS	SED ASSO	C, W/VESS	EL:					$\dashv$	DRUGS ON			TION TO A	CCIL	74(X 1 7		S II NO		
# OF INJURE	D BEYON	D FIRST AID	ASSC	OC. W/VESSEL:							DRUGS PRIC	OR TO ACC	IDEN	NT?		S   NC		
VESSEL INF	ORMATI	ON	Rente	d? ☐ YES ☐ NO	)													
STATE REG	SISTRATIO	ON / DOC #		EXPIRES	HIN			INS	SURANCE C		IN	ISURAN	ICE CO	MPANY	PHON	E		
MANUFACTU	RER			YEAR	MODEL			co	DLOR LENGTH			WIDŢĦ			TRANSOM			
VESSEL NAM	IE			CAPACITY PLAT		LBS. 1	OTAL LBS		MAX HE	•	TOTAL ENG	NGINES ENGINES USED		ED	TOTAL H	Р	HP USED	
TYPE OF VES	SEL			HULL MATERIAL	_		PROPULS			ENGINE		FUE			HOED	MO	DIFIE	)?
Cabin Moto	rboat ail oat	Sail (Onl Kayak Canoe Rowboa Air Boat Paddle E Other	t Boat	Fiberglass				er et ist	Outboard Gasoline GYES [						Deck Hull m g sion			
DAMAGE EST	IMATE				ES 🗆 NO	SAFET	Y MEASUR	ES										
Vessel a Total \$ Vessel		YES 🗌 NO		mpounded? DY	ES 🗆 NO				conducted to		Safety Check	(VSC)		fejacket		ard: on boar	.d.	
\$ Proper Describe Loss:	rty		L	ocation	Date	☐ Fede	u me boat v eral Agency e Agency		Pass		□YES □YES		#Fi	ire extin	guishers			
			T	owed By	Time	Othe	er Agency	Au	VSC xiliary VSC	Decal?	☐YES ☐YES ☐YES	□ NO □	Am	ount of t	ire extin	guisher	used:	
OPERATOR INFORMATION Operator Using Safety Lanyard?																		
EXPERIENCE			T	RIENCE THIS VE		r	F OP THIS	DAY	BOATIN	G COUR	RSE				·····		***************************************	
0 to 10 Hrs				to 10 Hrs					State			☐ Internet ☐ Other			UIRED?			ICATE?
OCCUPANTS	/ ASSOCI	ATED PERS	ONS	<del></del>	GENDER	D	L#/ID#		DOB	C	CONDITION	PFD WOF	RN?	WH	EN	TYPE	ST	ATEMENT
1. OPERATOR	t:				□M□F								Ju	□в∣	]A			□Y □N
ADDRESS									CITY/STAT	E/ZiP								
AGE	RACE			PHONE	·····		ALT	PHC	ONE			COUNTY						
2.					□M □F	A		4										
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5.							<del></del>	_					Ju	ДВ	∐A			
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ADDRESS					<u> </u>	L		+	CITY/STAT	E/ZIP								
AGE	RACE		T	PHONE			ALT	PHC	ONE			COUNTY	***********					
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ADDRESS									CITY/STAT	E/ZIP	.,,			~~~~				
AGE	RACE			PHONE			ALT	PHC	ONE			COUNTY						
8.					□м□ғ			_	CITYCTAT	FGID	<u></u>		ΤΟ	В	LIA		l	
ADDRESS	RACE		— т	PHONE			ALT		CITY/STAT	EJ41P		COUNTY						
	i-No Injur		; 3-Cla	imed injury; 4-Ob	vłous injury PFD TYPE:	r; 5-Fatal 1, 2, 3, 4,	(see last pa	age)	; 6-Missing;	7-Cond with an i		erved			.,.			
OWNER INFORMATION							T	DL#/OL	#	DOB	PHON	E		ALT PH	ONE	STA	TEMENT	
OWNER		∪pci	-w L		- 110(1   000			$\dashv$				1						□N
ADDDECC							CITVISTAT		ID	I								1-1 17 

### TYPE OF INCIDENT

Mark all that apply and number in	VES	SSEL
order of occurrence.	#1	#
Capsizing		
Carbon Monoxide Exposure		
Collision w/ Fixed Object		
Collision w/ Floating Object		
Collision w/ Submerged Object		
Collision w/ Recreational Vessel		
Collision w/ Commercial Vessel		
Electrocution (Stray Current)		
Electrocution (Other)		
Fall in Boat		
Fall on a Vessel		
Fall Overboard		
Fire or Explosion (fuel)		
Fire or Explosion (other)		
Flooding / Swamping		
Grounding		
Hit and Run		
Person Struck by Boat		
Person Struck by Motor / Propeller		
Person Left Vessel		
Person Ejected from Vessel		
Pinned		
Sinking		
Skier Mishap		
Sudden Medical Condition		
Other: unknown	1	

### MOTION OF VESSEL

* * - · · · · · · · · · · · · · · · · ·	VESSEL				
Mark all that apply. ひかくかいいい	# <u>1</u>	#			
None					
Drifting					
Idling					
Accelerating					
Decelerating					
Plowing					
Planing (on plane)					

### **ESTIMATED SPEED**

	VI	ESSEL
UNKNOWN	#1	#
None		
≤ 10 MPH		
11 – 20 MPH		
21-40 MPH		
41 ~ 60 MPH		
61 80 MPH		
≥ 81 MPH		

	VES	SEL
KNOWN SPEED	#	#
☐ MPH or ☐ RPMs		

Mark all that apply and number in	VES	SEL
order of occurrence.	# <u>1</u>	#
Alcohol Impaired		
Alcohol Use		
Careless / Reckless Operation		
Congested Waters		
Dam / Lock		
Drug Impaired		
Drug Use		
Equipment Failure (be specific)		
- Auxiliary		
- Communication		
- Fire Extinguisher		
- GPS/Onboard Navigation		
- Lack of / Improper Lights		
- Sail Dismasting		
- Seat Broke Loose		
- Sound Equipment		
- Visual Distress Signal		
- Other:		
Excessive Speed		
Hazardous Waters		
Hull Failure		
Ignition of Fuel / Vapor		
Improper Anchoring		
Improper Loading	*****	
Improper Lookout		
Improper Ventilation		
Improper Vessel for Conditions		
Language Barrier		
Machinery Failure (be specific)		
- Electrical System		
- Engine		
- Fuel System		
- Shift		<u> </u>
- Steering System		
- Throttle		
		<del>                                     </del>
- Ventilation System		<del> </del>
- Other:		
Navigation Aid Missing		
Navigation Aid Not Performing Properly		
Off-Throttle Steering		1
Operator Inattention		
Operator Inexperience		<del> </del>
Overloading		
Passenger Behavior		<del> </del>
Physical/Mental Disability		<del>                                     </del>
		<del>                                     </del>
Restricted Vision		<del> </del>
Rules of the Road Infraction		<del> </del>
Sharp Turn		<del> </del>
Sitting / Standing on Gunnels / Bow / Transom		
Skier Behavior		<del> </del>
		<del> </del>
Starting in Gear		<del> </del>
Wake		<b></b>
Weather		<del> </del>
Other: <u>unknown</u>	1	

#### WC CASE # NBSAO-14-0038

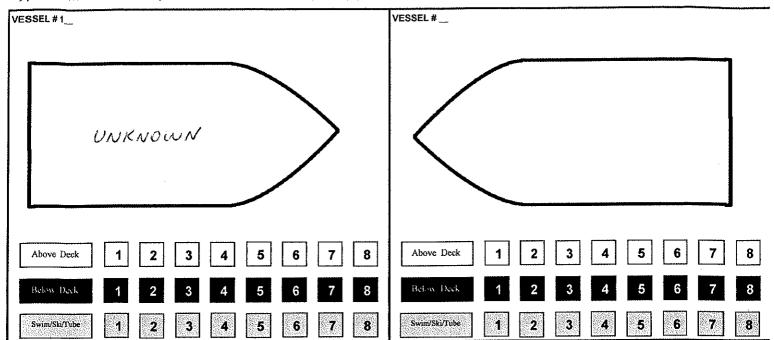
### **OPERATION AT TIME OF INCIDENT**

14-1-1114-1	VES	SSEL
Mark all that apply.	# <u>1</u>	#
At Anchor		
Being Towed		
Changing Direction		
Changing Speed		
Cruising		
Docking		
Leaving Dock		1
Drifting		}
Launching		
Retrieving		
Racing		
Rowing		
Paddling		
Sailing		
Tied to Dock		
Moored		
Towing		
Other: <u>unknown</u>	Х	

### ACTIVITY AT TIME OF INCIDENT

	VES	SEL
Mark all that apply.	#1	#
Commercial Activity		
Fishing	х	
Fueling		
Hunting		
Making Repairs		
Pleasure Boating		
Racing		
Scuba Diving		
Snorkeling		
Starting Engine		
Swimming		
Toumament		
Water Skiing	-	
Water Tubing		
Whitewater Sports		
Other:		

Key person's location in boat with Occupant / Associated Persons number from previous pages -- use click and drag icons beneath diagram.



#### INCIDENT DESCRIPTION

Due to the fact that everyone on board died and there were no witnesses to the accident, the circumstances surrounding this accident are unknown.

Contributing factors:

Alcohol was not a factor.

There was no trauma to any of the bodies.

The motor's black box was disabled. There were no maintenance issues with the motor.

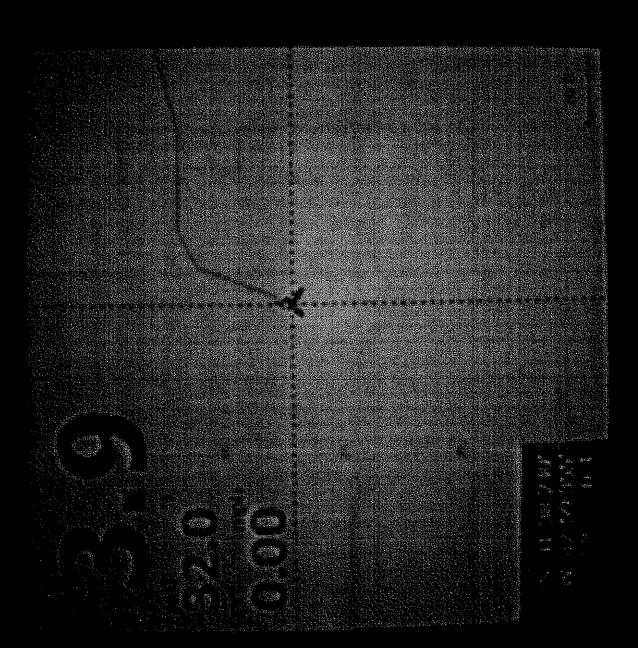
There were two GPS's on the boat. One was inoperable. The second would turn on, but the card reader was inoperable. From this I was able to get the last position (location description) of the boat which showed it was traveling west then took a ninety degree turn south for twenty four feet. This is the last position of the boat. The boat was recovered approximately ¾ of a mile west of this position. See picture of GPS.

There was very minimal damage to the boat. The two stern motors were destroyed from the boat sitting bow up, on the bottom, in rough seas. The plastic cover to the trolling motor head was broke and the support arm had two cracks. This appeared to be from the prop end of the tolling motor being forcefully pushed up from the deck.

The last contact with any of the passengers was with passenger #3 at 6:35 pm on April 16, 2014. The families of the passengers started reporting the vessel overdue around 9:00 pm April 16, 2014 according to Ottawa County Sheriffs Department.

The bodies of Passengers #4 and #5 were found floating with PFD's on. Passenger #4's PFD was being worn correctly. Passenger #5's PFD was not zipped.

WC CASE # NBSAO-14-0038



		i⊠i ⊢ata		injure		issing	Case Nun	nber: NBSAO-14-0038		
VICTIM		11/16/14			20 1 (A 80 A)	S. (2), 82.				
LAST NAME, FIRST NAM	NE, MIDDLE NAME									
Huff, Bryan J.					TY / STATE	7710				
ADDRESS					rrysburg, Ob					
8810 Mandell Road	····		ALTERN	ATE DH	INF	110 40001	COUNTY			
PHONE			ALILINI	M15-111	10.1L		Wood			
DL#/ID#	DOB	AGE	GENDER	t R/	ACE	I⊠ Ve	essel#1	] Occupant # 2 ☐ No Bo		
	8/8/1982	31	$\boxtimes$ M $\square$	F W	hite					
PHYSICAL CONDITION						Ciakait	Dhyeica	Edicability T Mental disah		
☐ Blackout/epilepsy/seiz	ure L Eyesight/dete	ct ∐ ⊦a	tigue/asiee	p ∐ F	drugs (Drug	type.	LI Hysica	I disability   Mental disab		
Under the influence of	Alcohol (BAC:)  Unknown		Oth <b>er</b> :	ence or	uluga (Diug	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
Normal  ACTIVITY AT TIME OF I		<u>, , , , , , , , , , , , , , , , , , , </u>		<del></del>						
☐ Operator ☐ Passen		Tubing	☐ Swirmr	ning	Scuba Di	ving 🔲 S	norkeling 🛭	☑ Fishing ☐ Paddling		
☐ Hunting ☐ Other:								······································		
DESCRIPTION OF VICTI										
Green rain bibs, camo jack	cet									
•										
PFD WORN? □Y ⊠N	THE WHEN? TRAF	re □ Δf	ter PFF	USFD	? []Y ⊠N	□U WHE	N? ∐Before	After PFD TYPE:		
			cessful [			MING ABIL		es 🗆 No 🖾 Unknown		
PFD PERFORMANCE [					L					
TREATMENT STATUS	al Treatment Revend	First Aid	Treated	and Re	leased FIA	dmitted to F	łospital ⊟Re	efused Treatment 🛛 Decea		
TRANSPORTED TO	ar rieaunem beyond	i not Aid	Lineaud	T	RANSPORT	ED BY	1			
Lucas County Coroner					rosser Funer					
CAUSE OF INJURIES (C	UECK ALL TUAT AD	DIV CL	IOW TYPE	ANDL	OCATION O	F INJURIE	S ON REVER	(SE) WAS THIS A		
Carbon Monoxide Pois	oning C Flectric shor	r∟i on k ⊠Exo	osure to e	lements	l IFire	limpact w	n objeci	IN ILIPY2		
Impact with vessel	Impact with water	Struck b	y propulsion	on syste	m Struc	k by vesse	l ∐Öther:_	— ∏Yes ⊠No		
C) milhact man record.			<del></del>							
VICTIM:RECOVERY!(FA	TANKTES ON M						100			
	COVERY TIME C	ONDITIO	N OF BOD	<b>≥</b> 056245518 } <b>Y</b>	AND THE PROPERTY OF THE PROPER	aparameter and consequence				
May 6, 2014 18	i	ver decor								
LOCATION	***************************************									
	Longitude (DDD'MM'S	s") D	escription:			. 1. 77	DL:. 42440			
<u>41° 36′ 39</u> ″	<u>83° 5</u> ' <u>51</u> "	Bea	ch of 8611 :	Sand Be	ach Road, Oa	ik Harbor,	JB10 43443			
DISTANCE FROM INCID	ENT DISTANCE	EDON S	HORE	WATE	R DEPTH	AIR TEM	PERATURE	WATER TEMPERATURE		
UISTANCE FROM INCID	0 feet	i itom o	11011	0 feet		87 degrees		47 degrees		
DISCOVERED BY (LIST	NAME, ADDRESS, C	ITY, STA	TE, ZIP, P	HONE)		W				
Ted Rehnken, 8661 West S	and Beach Road, Oak	Harbor, (	Ohio 43449	419-34	6-4700					
<b>BODY RECOVERED BY</b>	(LIST NAME, ADDRE	SS, CITY	Y, STATE,	ZIP, PH	IONE)					
Crosser Funeral Home 419	9-898-4455				·	ADDDO	OVAL NO.: 1	60.		
WAS THE VICTIM WEAF	RING A PFD WHEN R	ECOVER	RED7	PFD T	YPE:	LOT N		100.		
□Y⊠N		<del></del>								
PRONOUNCED DEAD B	Y:			CORC	NER'S REP	ORT ATTA	CHED? ⊠Y	∐N		
Daniel Cadigan - Ottawa C CAUSE OF DEATH (CH	ECK ALL THAT APP	Y - SHO	W TYPE A	ND LO	CATION OF	INJURIES	ON REVERS	iE)		
☐Carbon Monoxide Pois	oning Drowning	TElect	rocution	⊟Нурс	othermia [	Impact/Tr	auma 🔲Ui	nknown		
FUNERAL HOME (CONT	ACT NAME, PHONE			F						
Sujkowski Funeral Home	- 419-666-1566									
			S. C. S.							
NEXT OF KIN								APPARATE AND A SECOND AND A SECOND ASSESSMENT		
LAST NAME, FIRST NAI	ME, MIDDLE NAME									
Huff, Ralph J.					CITY / ST/	ATE / 7IP				
ADDRESS					Rossford, (					
644 Glenwood Road PHONE		ALTE	RNATE P	HONE	1 2202201 49 1		COUNTY			
419-376-3928							Wood			
RELATIONSHIP		NOTI	FIED?	/ 🗌 N	NOTIFICATION DATE			NOTIFICATION TIME		
Father					May 6, 201	4		8:30 pm		
NOTIFIED BY					NOTIFIER	TITLE/AG	ENCY	tararaft		
Jason Albanese					Investigato	r - ODNR I	Division of Wa	reletan		

Case Number: NBSAO-14-0038_

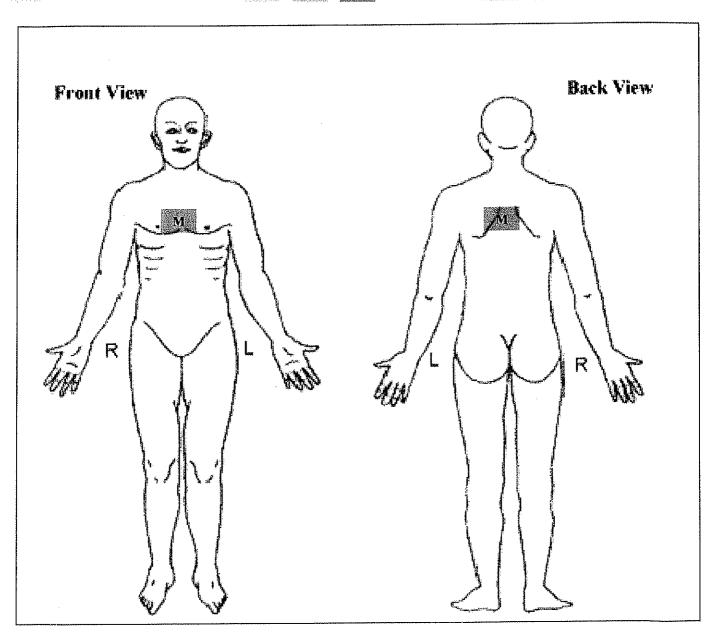
Last Name, First Name, Middle Name: Huff, Bryan J.

### INJURIES

Drop and drag the associated icons below to indicate the location of the injury. Note injuries in order of severity.

Amputation/Severed (A) Concussion/Brain Injury (F)			Spinal Injury (K)	Additional Notes/Comments:			
Broken Bone(s) (B)	Hypothermia (G)		Sprain / Strain (L)				
Burn (C)	Internal Injuries (H)	1	Other(M): Drowning				
Contusions (D)	Lacerations (I)		Other(N):				
Dislocation (E)	Shock (J)		Other(O):				

A	В	C	D	E	F	G	181	1	J	K	Ĺ		N	O
A	В	C	D	E	F	G	11	I	J	K	L			O
A	В	C	D	E	F	G	1	1	J	K	L	M		o





### CASE SUMMARY ON THE DEATH OF BRYAN HUFF

Autopsy: 363- Date of examination: 00/00/00 Age: 33 years Sex: MALE Race: WHITE Date of birth: 00/00/00 Home address: ?

Date of death: 5/6/14 Time of death: 7:00 PM Place of death: Lakeshore - 8625 SAND BEACH RD., Carroll Twp, OH (OTTAWA County)

Date of injury: Time of injury: Place of injury: Lake - LAKE ERIE, OH (OTTAWA County)

Anatomic Diagnoses:

DROWNING
POSTMORTEM DECOMPOSITION
HY PERINFLATION OF LUNGS
WATERY FUID IN SPHENOID SINUS BILATERAL PETROUS TEMPORAL BONE HEMORRHAGES CONGESTION OF ALL VISCERA

NO SKELETAL TRAUMA POSTMORIEM IDENTIFICATION PER VISUAL AND TATTOO ID

Summary of toxicology results: Alcohol level: 0.02 % W/V 10 PANEL SCREEN: None Detected in Urinc Ethanol: 0.02 %W/V in Blood Femoral GC-MS Screen: None Detected in Blood

Cause of death: DROWNING (MINUTES)

How injury occured: DROWNED IN LAKE AFTER BOAT CAPSIZED

Manner of death: Accident

Opinion: It is my opinion that BRYAN HUFF died of DROWNING. Manner of death: Accident - DROWNED IN LAKE AFTER BOAT CAPSIZED, the death certificate is to be signed by the OTTAWA County Coroner.

Examination performed by: DIANE SCALA-BARNETT, MD

DEPUTY CORONER

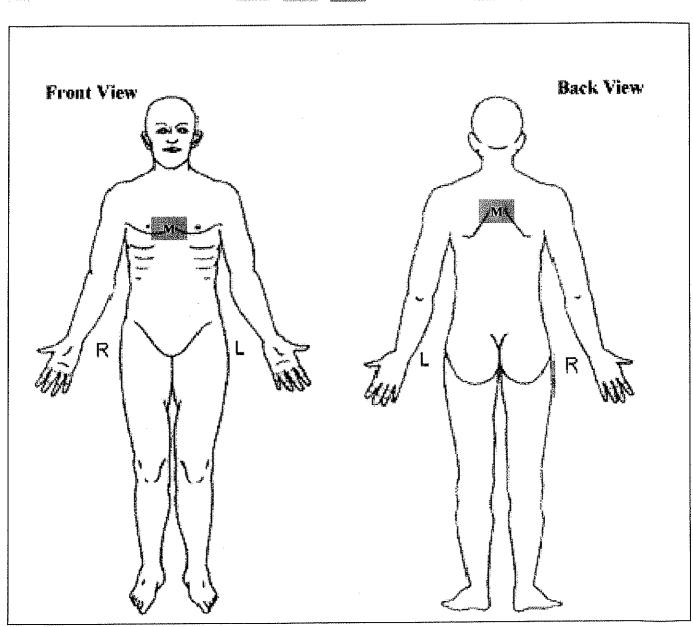
5/23/14

		🔀 Fata	al [	🔲 Injur	red	☐ Mis	ssing		Ca	eo Mii	mber: N	JRSAO	<b>14.00</b>	38
VICTIM		Aver draised		38,417 A 35	2876124713		0.020	MV-54154	8 5 5 T		12.50(2)			
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Rose, Andrew D.	, , , , , , , , , , , , , , , , , , ,													
ADDRESS				С	ITY /	STATE /	ZIP							
1925 Garden Ridge Drive				T	oledo,	Ohio 436	614							
PHONE			ALTERN	ATE PI	HONE				COL	JNTY				
					•				Luc	AS				
DL#/ID#	DOB 10/15/1980	AGE 33	GENDER ⊠ M □	- 1	RACE Vhite			⊠ Ve	ssel#	1 [	☑ Occu	pant #	<u>3</u> [	] № Boat
PHYSICAL CONDITION  Blackout/epilepsy/seizu Under the influence of Normal  ACTIVITY AT TIME OF IN	Alcohol (BAC: Unknown IJURY/FATALITY	) [] Und	er the influe Other:	ence of	f drugs	s (Drug ty	ype: .		)				] Ment	
☐ Operator ☐ Passen☐ Hunting ☐ Other:	ger 🗌 Skiing 📗	] Tubing	Swimn	ning	LI Sc	uba Divid	ng	\$	norkel	ing	⊠ Fish	ing L	Paul	ainig
DESCRIPTION OF VICTI Black rain bibs, camo swea														
PFD WORN? □Y ⊠N □	U WHEN? Be	fore 🗌 Aff	ter PFD	USED	)? 🔲	Y 🖾 N 🗀	JU	WHE	N? 🗌	Before	☐ Aft	er P	FD TY	'PE:
PFD PERFORMANCE	] Improper Wear/Us	e 🗌 Suc	cessful [	] Faile	∍d	SWIMM	IING	ABIL	TY?	<u> </u>	Yes □	No 2	Unkn	own
TREATMENT STATUS  First Aid Only Medica  TRANSPORTED TO  Lucas County Coroner	al Treatment Beyond	I First Aid	Treated	T	TRANS	ed □Adr SPORTE ary Service	D B	<b>Y</b>			efused '	Treatn	nent 🛭	Deceased
CAUSE OF INJURIES (CI Carbon Monoxide Poiso Impact with vessel	oning     Electric sho	xck ⊠Exp	osure to el	AND L	OCA	TION OF	INJ!	URIES act wi	S ON F	REVE		PR	S THIS OPELL URY? (es	
MOTHER COMMENCERS		The second second	****											
	COVERY TIME		N OF BOD	Υ										
RECOVERY DATE REMAINS 8, 2014 144	COVERY TIME	CONDITION Sever decon		Y										
RECOVERY DATE REMAY 8, 2014 144 LOCATION	COVERY TIME	Sever decon		Y										
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RECOVERY DATE REMAY 8, 2014 144 LOCATION Latitude (DD'MM'SS") L 41° 40′ 10″  DISTANCE FROM INCIDE Unknown	COVERY TIME 0 S  congitude (DDD'MM'S  83' 6' 72"  ENT DISTANCE  3 miles	Sever decon SS") De Crai	escription: ne Reef	WATE	t			T <b>EM</b> F		TURE	1		EMPE	RATURE
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Case Number: NBSAO-14-0038
Last Name, First Name, Middle Name: Rosc, Andrew D.

INJURIES Drop and drag the associated icons below to indicate the location of the injury. Note injuries in order of severity. Additional Notes/Comments: Spinal Injury (K) Amputation/Severed (A) Concussion/Brain Injury (F) Broken Bone(s) (B) Hypothermia (G) Sprain / Strain (L) Other(M): Internal Injuries (H) Burn (C) Drowning Other(N): Contusions (D) Lacerations (I) Other(O): Dislocation (E) Shock (J)

A	В	C	D	E	F	G		1	J	K	L			O
A	В	C	D	E	F	G	15	1	J	K	L		100	O
A	В	C	D	E	F	G	16	I	J	K	L	M		O





### CASE SUMMARY ON THE DEATH OF ANDREW ROSE

Autopsy: 368-14 Date of examination: 5/9/14
Age: 33 years Sex: MALE Race: WHITE Date of birth: 10/15/80
Home address: 1925 GARDEN RIDGE DR., TOLEDO, OH 43614 (Lucas County)

Date of death: 5/8/14 Time of death: 12:00 AM

Place of death: LAKE ERIE - TOUSSAINT REEF, LAKE ERIE, OH (OTTAWA County)

Date of injury: 4/16/14 Time of injury: 8:14 PM Place of injury: LAKE ERIE - TOUSSAINT REEF, LAKE ERIE, OH 432452 (OTTAWA County)

Anatomic Diagnoses: DECOMPOSITION IDENTIFIED BY TATTOOS AND PERSONAL CARDS IN THE WALLET OF THE DECEASED STILL ON HIS PERSON 4 CHAMBER DILATATION OF THE HEART HYPERINFLATION OF THE LUNGS WATERY FLUID IN SPHENOID FOSSAE PETROUS TEMPORAL BONES HEMORRHAGES

#### NO SKELETAL TRAUMA

Summary of toxicology results: Alcohol level: 0.02 %W/V

10 PANEL SCREEN: None Detected in Urine Ethanol: 0.02 %W/V in Blood Femoral

Ibuprofen: Detected in Blood

Cause of death: DROWNING (MINUTES)

How injury occured: DROWNED IN LAKE AFTER BOAT CAPSIZED

Manner of death: Accident

Opinion: It is my opinion that ANDREW ROSE died of DROWNING. Manner of death: Accident - DROWNED IN LAKE AFTER BOAT CAPSIZED, the death certificate is to be signed by the OTTAWA County Coroner.

Examination performed by: DIANE SCALA-BARNETT, MD

DEPUTY CORONER

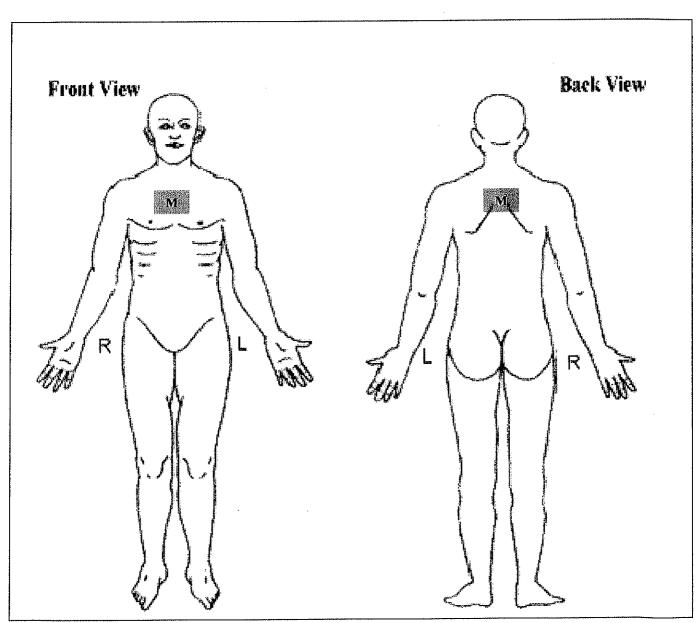
5/23/14

		⊠ Fata	al C	] Injure	ed 🗆 M	lissing		Number	: NBSAO-14	<b>1</b> -0038		
VICTIM			Secretaria de la	11000000	74.4 Sec. 8.36			7.5.0 Mg (1975)				
LAST NAME, FIRST NAM	IE, MIDDLE NAME	124.00 -11/250 / 18 - 2 -										
Santus, Amy R.												
ADDRESS					TY / STATE							
8810 Mandell Road					rrysburg, Ol	hio 435		<del></del>	·····			
PHONE			ALTERNA	TE PH	IONE		COUN Wood	1 Y		· · · · · · · · · · · · · · · · · · ·		
DL#/ID#	DOB 4/15/1981	AGE 33	GENDER □ M 🖾 I		ACE hite		☑ Vessel # 1	⊠ Oc	cupant # 4	☐ No Boat		
PHYSICAL CONDITION  ☐ Blackout/epilepsy/seizu ☐ Under the influence of ☐ Normal	Alcohol (BAC: Unknown	) <u>[ ] Un</u> de	tigue/asleep er the influe Other:	nce of	learing aids drugs (Drug	type:	Sick/ill Ph	ysical disa	ability 🗌 N	Mental disability		
ACTIVITY AT TIME OF IN  Operator Passen  Hunting Other	NJURY/FATALITY iger ☐ Skiing ☐	] Tubing	Swimm	ing	☐ Scuba Di	ving	☐ Snorkeling	j ⊠Fi	shing 🔲 F	Paddling		
☐ Hunting ☐ Other:  DESCRIPTION OF VICTIM'S ATTIRE  red/black rain suite(bibs and coat) and brown leather boots												
PFD WORN? ⊠Y □N [	□U WHEN? □Bef	ore Aft	er PFD	USED	? ⊠Y □N	Πu	WHEN? Be	fore 🔲	After PFC	) TYPE: <u>3</u>		
PFD PERFORMANCE				] Faile	d SWIM	MING	ABILITY?	□Yes	□No ⊠U	nknown		
TREATMENT STATUS						dmitte	d to Hospital	□Refuse	d Treatmen	nt ⊠ Deceased		
TRANSPORTED TO	ar riodanoni Boyona			T	RANSPORT	FDB	Y .					
Lucas County Coroner								VEDSE)	WAS	THIS A		
CAUSE OF INJURIES (C Carbon Monoxide Poise Impact with vessel	oning 🗀 Electric sho	ck KiExo	osure to ele	ements	∟⊩ire		act with objec	,	PROP INJUR — □Yes			
				nearth many		ASSESSED.		european de la company				
	COVERY TIME   C		N OF BOD	7								
April 17, 2014 093	50   r	lormal			<del> </del>		<u></u>	<u></u>				
Latitude (DD'MM'SS") L 41 39' 9"	_ongitude (DDD*MM'S <u>83*_6'</u>	SS") De Aroun	escription: d "L" can									
DISTANCE FROM INCID	ENT DISTANCE	FROM SI		WATE	R DEPTH		TEMPERATU		ATER TEM degrees	PERATURE		
Unknown DISCOVERED BY (LIST	NAME, ADDRESS, (	CITY, STA				1.00	25.000	1	G			
Vessel MV Northwestern										-		
BODY RECOVERED BY USCG Station Marblehead		ESS, CITY	, STATE, 2	IP, PH	IONE)							
WAS THE VICTIM WEAR	RING A PFD WHEN F	RECOVER	ED?	PFD T	YPE: <u>3</u>			PROVAL NO.: 160. 064.4455.0 T NO.: H122C0519				
N □N □N □N □ PRONOUNCED DEAD B				CORC	CORONER'S REPORT ATTACHED? MY IN							
Danial Cadigan - Ottawa C CAUSE OF DEATH (CHI	Coutny Coroner ECK ALL THAT APP	LY - SHO	1		CATION OF	INJU	RIES ON REV	ERSE)				
☐Carbon Monoxide Poise FUNERAL HOME (CONT	oning Drowning 'ACT NAME, PHONE	∐Electr	rocution	<u> Нур</u> с	othermia [	_]Impa	act/Trauma	Unkno	wn □Otł	ner:		
Sujkowski Funeral Home -	- 419-666-1566											
NEXT OF KING										The state of the s		
LAST NAME, FIRST NAME	ME, MIDDLE NAME		· . ———————————————————————————————————									
Santus, Albert J. ADDRESS					CITY / ST/	ATE /	ZIP					
24530 Rocky Road					Perrysburg		43551					
PHONE		ALTE	RNATE PH	ONE			COU					
419-837-2476			36-2924				Wood					
RELATIONSHIP		NOTIF	FIED? XY	□N	NOTIFICA		DATE	1	TIFICATION	TIME		
Father					April 17, 2	014	m(1.0=1.0.*	11:5	0 am			
NOTIFIED BY					NOTIFIER	TITL	E/AGENCY	Tan	ant			
Stephen J. Levorchick					∟Sheriff - O	etawa	County Sheriff	Departm	ent			

Case Number: NBSAO-14-0038 Last Name, First Name, Middle Name: <u>Santus, Amy R.</u>

O,	URIES o and drag the associated icons e injuries in order of severity.	below to indicate the location of the	ne inju	ury.	
	Amputation/Severed (A)	Concussion/Brain Injury (F)		Spinal Injury (K)	Additional Notes/Comments:
	Broken Bone(s) (B)	Hypothermia (G)		Sprain / Strain (L)	]
	Burn (C)	Internal Injuries (H)	1	Other(M): <u>Drowning</u>	
	Contusions (D)	Lacerations (I)		Other(N):	
********	Dislocation (E)	Shock (J)		Other(O):	

A	В	C	Ð	E	F	G	1 6. C.	1	J	K	L			O
À	В	C	D	E	F	G	3.8	1	J	K	L		4,	o
À	В	C	D	E	F	G	J. S.	I	J	K	Ĺ	M	N. Vi	O



### LUCAS COUNTY CORONER'S O. FICE **TOLEDO, OH 43614** 2595 ARLINGTON AVE

### CASE SUMMARY ON THE DEATH OF AMY SANTUS

Autopsy: 305-14 Date of examination: 4/18/14
Age: 33 years Sex: FEMALE Race: WHITE Date of birth: 4/15/81
Home address: 123 UNKNOWN, PORT CLINTON, OH 43532 (OTTAWA County)
Date of death: 4/17/14 Time of death: 11:30 AM
Place of death: LAKE ERIE - BRUNKHURST MARINA RUSSELL ROAD, PORT CLINTON, OH 43532 (OTTAWA County)

Unknown @ Estimated time of injury: 1600 4/16/14 TO 1100 4/17/14

Place of injury: LAKE ERIE - BRUNKHURST MARINA RUSSELL ROAD, PORT CLINTON, OH 43532 (OTTAWA County)

Comment: Out of county

Anatomic Diagnoses: SEVERE PULMONARY EDEMA; FOAM IN TRACHEA AND BRONCHI LUNGS HYPERINFLATED NO FLUID IN SPHENOID SINUSES

TOXICOLOGY NOT NEEDED, PER DR. CADIGAN

Summary of toxicology results: Alcohol level: NOT DONE

Cause of death: DROWNING (MINUTES)

How injury occured: UNWITNESSED BOAT INCIDENT IN LAKE ERIE

Manner of death: Undetermined

Opinion: It is my opinion that AMY SANTUS died of DROWNING. Manner of death: Undetermined - UNWITNESSED BOAT INCIDENT IN LAKE ERIE. The death certificate is to be signed by the OTTAWA County Coroner.

ES R. PATRICK, MD

CORONER 4/18/14

Examination performed by: CYNTHIA S. BEISSER, M.D. **DEPUTY CORONER** 

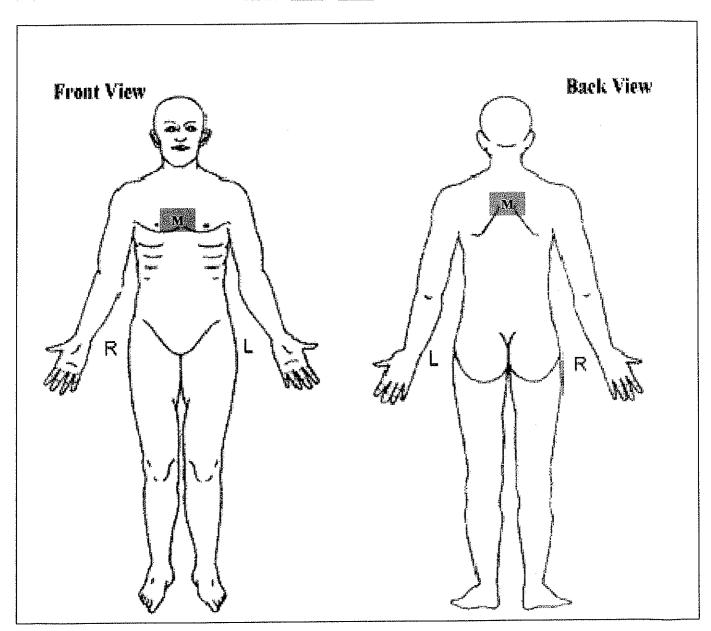
4/18/14

				Injured 🗌 Missi	ng Case Nu	mber: NBSAO-14-0038					
VICTIM		Entrie wassi									
LAST NAME, FIRST NAM	E. MIDDLE NAME	the coeff to the property of a vi	er ossitet ere er fatte fan de fan de fa								
Widmer, Paige Erin Meric											
ADDRESS				CITY / STATE / ZI							
246 Rhoda Rish Road				Leesville, South Ca	rolina 29070						
PHONE		'	ALTERNAT	E PHONE	COUNTY Lexington						
DL#/ID#	DOB 5/8/1997		SENDER □M⊠F	RACE White	⊠ Vessel#1	☑ Occupant # 5 ☐ No Boat					
PHYSICAL CONDITION  Blackout/epilepsy/seizure Eyesight/defect Fatigue/asleep Hearing aids Sick/ill Physical disability  Under the influence of Alcohol (BAC:) Under the influence of drugs (Drug type:)  Normal Unknown Other:											
☐ Operator ☐ Passenger ☐ Skiing ☐ Tubing ☐ Swimming ☐ Scuba Diving ☐ Snorkeling ☑ Fishing ☐ Paddling ☐ Hunting ☐ Other:											
DESCRIPTION OF VICTIM'S ATTIRE Black rain pants, camo rain jacket, orange hooded sweat shirt, rubber boots											
PFD WORN? ⊠Y □N □	U WHEN? ☐Bef	ore 🗌 After	PFD U	SED? ⊠Y □N □L							
PFD PERFORMANCE	Improper Wear/Use	Succe	essful 🔲 l	Failed SWIMMIN	G ABILITY?	Yes □No ⊠Unknown					
TREATMENT STATUS	al Treatment Beyond	First Aid	Treated an	d Released	tted to Hospital ☐F	tefused Treatment 🔯 Deceased					
TRANSPORTED TO			<u> </u>	TRANSPORTED	BY	•					
Lucas County Coroner	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Crosser Funeral H		WAS THIS A					
CAUSE OF INJURIES (CH Carbon Monoxide Poiso Impact with vessel	nina 🗍 Electric sho	ck 🖾 Expos	sure to elem	ents ∐Fire ∐!r	npact with object	IN ILIDV2					
VICTIM RECOVERY (FAT	Control of the state of the sta										
April 17, 2014 110		ONDITION ormal	OF BODY			· · · · · · · · · · · · · · · · · · ·					
LOCATION Latitude (DD'MM'SS") L	ongitude (DDD'MM'S	S") Des	cription:	•							
<u>41* 40'_52"</u>	<u>83° 6' 29"</u>	Crane	Reef								
DISTANCE FROM INCIDE		FROM SHO			R TEMPERATURE						
Unknown DISCOVERED BY (LIST N	3.5 miles	ITY STATE			degrees	38 degrees					
Ottawa County Sheriff Dep		, 017472	., <b>.</b> , 1 170	·····							
BODY RECOVERED BY ( Ottawa County Sheriff Dep	LIST NAME, ADDRI	SS, CITY,	STATE, ZIF	P, PHONE)							
WAS THE VICTIM WEAR	NG A PFD WHEN R	ECOVERE	D? P	EN TVDE: 2	APPROVAL NO.:						
⊠Y □N PRONOUNCED DEAD BY	· · · · · · · · · · · · · · · · · · ·				LOT NO.: H122C05						
Daniel Cadican - Ottawa Co	ounty Coroner		0	ORONER'S REPOR	I ATTACHED ( M)						
CAUSE OF DEATH (CHE					LIDIES ON DEVED	or\					
FUNERAL HOME (CONTA	CK ALL THAT APP	LY - SHOW	TYPE AND	LOCATION OF INJ	URIES ON REVER	SE) Inknown ☐Other:					
	ning ⊠Drowning ACT NAME, PHONE	☐ Electrod	TYPE AND	D LOCATION OF INJ Hypothermia ☐Im	URIES ON REVER pact/Trauma □U	SE) Inknown Dother:					
Sujkowski Funeral Home, 4	ning ⊠Drowning ACT NAME, PHONE	☐ Electrod	TYPE AND	DIOCATION OF INJ Hypothermia	URIES ON REVER pact/Trauma	SE) Inknown □Other:					
NEXT OF KIN	ning ⊠Drowning ACT NAME, PHONE 19-666-1566	☐ Electrod	TYPE AND	D LOCATION OF INJ Hypothermia	URIES ON REVER pact/Trauma DL	SE) Inknown					
NEXT OF KIN	ning ⊠Drowning ACT NAME, PHONE 19-666-1566	☐ Electrod	TYPE AND	D LOCATION OF INJ Hypothermia	IURIES ON REVER pact/Trauma ☐U	SE) Inknown □Other:					
NEXT OF KIN LAST NAME, FIRST NAME Widmer, Troy D. ADDRESS	ning ⊠Drowning ACT NAME, PHONE 19-666-1566	☐ Electrod	TYPE AND	Hypothermia	pact/TraumaIL	SE) Inknown Other:					
NEXT OF KIN	ning ⊠Drowning ACT NAME, PHONE 19-666-1566	☐Electroc	TYPE AND Cution	CITY / STATE Perrysburg, Ol	/ ZIP nio 43551 COUNTY	Inknown LiOther:					
NEXT OF KIN LAST NAME, FIRST NAM Widmer, Troy D. ADDRESS 1072 Cherry Street PHONE 419-466-7140	ning ⊠Drowning ACT NAME, PHONE 19-666-1566	Electroc	NATE PHO	CITY / STATE Perrysburg, Of	/ ZIP nio 43551  COUNTY Wood	Inknown LiOther:					
NEXT OF KIN  LAST NAME, FIRST NAM Widmer, Troy D. ADDRESS 1072 Cherry Street PHONE 419-466-7140 RELATIONSHIP	ning ⊠Drowning ACT NAME, PHONE 19-666-1566	Electroc	cution [	CITY/STATE Perrysburg, OI	/ ZIP nio 43551  COUNTY Wood	NOTIFICATION TIME					
NEXT OF KINW  LAST NAME, FIRST NAM Widmer, Troy D. ADDRESS 1072 Cherry Street PHONE 419-466-7140 RELATIONSHIP Father	ning ⊠Drowning ACT NAME, PHONE 19-666-1566	Electroc	NATE PHO	CITY / STATE Perrysburg, Ol NE NOTIFICATIO April 17, 2014	/ ZIP nio 43551 COUNTY Wood N DATE	Inknown LiOther:					
NEXT OF KIN  LAST NAME, FIRST NAM Widmer, Troy D. ADDRESS 1072 Cherry Street PHONE 419-466-7140 RELATIONSHIP	ning ⊠Drowning ACT NAME, PHONE 19-666-1566	Electroc	NATE PHO	CITY / STATE Perrysburg, Ol NE NOTIFICATIO April 17, 2014 NOTIFIER TIT	/ ZIP nio 43551 COUNTY Wood N DATE	NOTIFICATION TIME 11:50 am					

Case Number: NBSAO-14-0038_ Last Name, First Name, Middle Name: Widmer, Paige Erin Meric

JURIES  op and drag the associated icons te injuries in order of severity.	below to indicate the location of th	e inju	ry.	
Amputation/Severed (A)	Concussion/Brain Injury (F)		Spinal Injury (K)	Additional Notes/Comments:
Broken Bone(s) (B)	Hypothermia (G)		Sprain / Strain (L)	
Burn (C)	Internal Injuries (H)	1	Other(M): Drowning	
Contusions (D)	Lacerations (I)		Other(N):	·
Dislocation (E)	Shock (J)		Other(O):	]

A	В	C	D	E	F	G		1	J	K	L		N.	O
A	В	C	D	Æ	F	G	14	1	J	K	L		N	0
Α	В	C	D	E	F	G	16	<b>T</b>	J	<b>K</b> '	L	M	N	o



### LUCAS COUNTY CORONER'S OFFICE **TOLEDO, OH 43614** 2595 ARLINGTON AVE

### CASE SUMMARY ON THE DEATH OF PAIGE WIDMER

Autopsy: 304-14 Date of examination: 4/18/14
Age: 16 years Sex: FEMALE Race: WHITE Date of birth: 5/8/97
Home address: 123 UNKNOWN, PORT CLINTON, OH 43532 (OTTAWA County)

Date of death: 4/17/14 Time of death: 11:30 AM

Place of death: LAKE ERIE - BRUNKHURST MARINA RUSSEL RD., Carroll Twp, OH 43452 (OTTAWA County)
Unknown @ Estimated time of injury: 1600 4/16/14 TO 1100 4/17/14

Place of injury: LAKE ERIE - BRUNKHURST MARINA RUSSEL RD., Carroll Twp, OH 43532 (OTTAWA County)

Comment: Out of county

Anatomic Diagnoses: SEVERE PULMONARY EDEMA; FOAM IN TRACHEA AND BRONCHI LUNGS HYPERINFLATED SMALL AMOUNT OF CLEAR FLUID IN SPHENOID SINUSES

TOXICOLOGY NOT NEEDED, PER DR. CADIGAN

Summary of toxicology results: Alcohol level: NOT DONE

Cause of death: DROWNING (MINUTES)

How injury occured: UNWITNESSED BOAT INCIDENT IN LAKE ERIE

Manner of death: Undetermined

Opinion: It is my opinion that PAIGE WIDMER died of DROWNING. Manner of death: Undetermined - UNWITNESSED BOAT INCIDENT IN LAKE ERIE. The death certificate is to be signed by the OTTAWA County Coroner.

MARICK, MD Patrick

Examination performed by CYNTHIA S. BEISSER, M.D.

**DEPUTY CORONER** 

4/18/14

