

WATERCRAFT INCIDENT CASUALTY REPORT

WC CASE # NBSAO-14-0038

REPORTING AGENCY ODNR Division of Watercraft		OTHER AGENCY CASE # 000201403596		USCG BARD #		INCIDENT # 140417002222	
DATE OF ACCIDENT 4/16/2014		TIME (MILITARY) UNKNOWN		BODY OF WATER Lake Erie		NEAREST TOWN Oak Harbor	
COUNTY Ottawa		STATE OH					
ZONE OF OPERATION <input checked="" type="checkbox"/> Open <input type="checkbox"/> No Wake <input type="checkbox"/> No Boats		CONGESTED WATERS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		# OF BOATS INVOLVED 1		LOCATION Latitude (DD°MM'SS") Longitude (DDD°MM'SS") 41° 38' 25" 82° 59' 36" Description: Last position of boat by GPS is East of the Tousaint Reef.	
ENVIRONMENTAL CONDITIONS (if not known, estimate) WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Other: UNKNOWN		VISIBILITY <input type="checkbox"/> Day Good <input type="checkbox"/> Day Fair <input type="checkbox"/> Day Poor UNKNOWN		MOON PHASE <input type="checkbox"/> None <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Full		TEMPERATURE AIR UNKNOWN WATER UNKNOWN WEATHER REPORTS CONSULTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
WATER CONDITIONS WAVES <input type="checkbox"/> Calm (<6") <input type="checkbox"/> Choppy (>6" - 2') <input type="checkbox"/> Rough (>2' - 6') <input type="checkbox"/> Very Rough (>6') UNKNOWN		STRONG CURRENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		STREAM GAUGE READING: UNKNOWN		WIND (___mph) None Light (1-12) Moderate (13-25) Strong (26-55) Storm (56+)	

WITNESS INFORMATION (Persons not onboard involved boats)					
NAME	PHONE	ALT. PHONE	DL# / ID#	DOB	STATEMENT
1 Vernon Meinke				5/15/1961	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS 430 Anchor Point		CITY/STATE/ZIP Curtice, Ohio 43412			
2 Marc A. Schulte				4/20/1988	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS 4490 Hazel Road		CITY/STATE/ZIP Perrysburg, Ohio 43551			
3 Ben DeWit				1/18/1980	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS 511 Catherine Drive		CITY/STATE/ZIP Liberty Center, Ohio 43532			
4 Jonathon A. Perry				6/9/1978	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS 3027 Oxbridge Drive		CITY/STATE/ZIP Toledo, Ohio 43614			

INITIAL OFFICER INFORMATION			
Injury/Fatality Report (DNR 8358) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
DATE/TIME NOTIFIED 04-17-2014 5:30 am	DATE/TIME ARRIVED 04-17-2014 6:30 am	DATE/TIME CLEARED 04-17-2014 8:30 pm	DATE/TIME <input checked="" type="checkbox"/> COMPLETED <input type="checkbox"/> TRANSFERRED 06-10-2014
NAME Jason Albanese	UNIT # 4202	SIGNATURE 	
INVESTIGATING AGENCY ODNR Division of Watercraft		ADDRESS 1407 Cleveland Road	
PHONE (419)621-1402		CITY/STATE/ZIP Sandusky, Ohio 44870	

CITATIONS							
VESSEL #	SECTION	DESCRIPTION	CITATION #	VESSEL #	SECTION	DESCRIPTION	CITATION #

REVIEW - OUTSIDE AGENCY USE ONLY			
NAME/RANK		UNIT #	SIGNATURE
REVIEWING OFFICE		PHONE	
AMENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE	

FOR DIVISION OF WATERCRAFT USE ONLY							
INVESTIGATOR REVIEW		AREA SUPERVISOR REVIEW		REGION MANAGER REVIEW			
AMENDED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
NAME Jason Albanese	UNIT # 4202	NAME Chad German	UNIT # 4230	NAME William Staiger	UNIT # 4200		
SIGNATURE 	DATE 6/10/14	SIGNATURE 	DATE 6/24/14	SIGNATURE 	DATE 7/1/14		
FOR INVESTIGATOR USE ONLY							
PRIMARY CAUSE Unknown		SECONDARY CAUSE		TERTIARY CAUSE			

VESSEL # 1		PROPERTY #		WC CASE # NBSAO-14-0038	
# OF PERSONS ON BOARD: 4		ALCOHOL ON BOARD VESSEL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		OPERATOR USING ALCOHOL PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
# OF DECEASED ASSOC. W/VESSEL: 4		DRUGS ON BOARD VESSEL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		OPERATOR USING DRUGS PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
# OF INJURED BEYOND FIRST AID ASSOC. W/VESSEL: 0					
VESSEL INFORMATION Rented? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
STATE OH	REGISTRATION / DOC # OH 0582 EX	EXPIRES 3/1/2015	HIN BUJ61358A606	INSURANCE COMPANY Boat US	INSURANCE COMPANY PHONE 1-800-804-2628
MANUFACTURER Tracker	YEAR 2006	MODEL Tundra 21	COLOR Dark gray	LENGTH 20' 10"	WIDTH 8' 1"
VESSEL NAME none		CAPACITY PLATE # OF PERSONS 7 / 1340 LBS. TOTAL LBS. 2540 MAX HP 275		TOTAL ENGINES 3	ENGINES USED 1
TYPE OF VESSEL <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Sail (Only) <input checked="" type="checkbox"/> Open Motorboat <input type="checkbox"/> Kayak <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Canoe <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Inflatable <input type="checkbox"/> Air Boat <input type="checkbox"/> Houseboat <input type="checkbox"/> Paddle Boat <input type="checkbox"/> PWC <input type="checkbox"/> Other _____		HULL MATERIAL <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Composite <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Other _____		PROPULSION AVAILABLE USED <input checked="" type="checkbox"/> Propeller <input checked="" type="checkbox"/> <input type="checkbox"/> Water Jet <input type="checkbox"/> <input type="checkbox"/> Air Thrust <input type="checkbox"/> <input type="checkbox"/> Manual <input type="checkbox"/> <input type="checkbox"/> Sail <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/>	
ENGINE TYPE AVAILABLE USED <input checked="" type="checkbox"/> Outboard <input checked="" type="checkbox"/> <input type="checkbox"/> Inboard <input type="checkbox"/> <input type="checkbox"/> Sterndrive (I/O) <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/>		FUEL TYPE AVAILABLE USED <input checked="" type="checkbox"/> Gasoline <input checked="" type="checkbox"/> <input type="checkbox"/> Diesel <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/>		MODIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Seats <input type="checkbox"/> Deck <input type="checkbox"/> Helm <input type="checkbox"/> Hull <input type="checkbox"/> Transom <input type="checkbox"/> Steering <input type="checkbox"/> Propulsion <input type="checkbox"/> Other _____	
ENGINE MANUFACTURER Mercury / Mercury / Motor Guide		ENGINE SERIAL # 1B289203 / 0R122185 / 9B821640			
DAMAGE ESTIMATE Vessel a Total Loss <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 16,000.00 Vessel \$ 1500.00 Property Describe Loss: 4 cell phones, Go Pro camera		Photos? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Impounded? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Location Meinke Marina Date 4/17/14 Towed By South Shore Towing Time 10:10am		SAFETY MEASURES Organizations that have conducted a Vessel Safety Check (VSC) on board the boat within the past year: <input type="checkbox"/> Federal Agency <input type="checkbox"/> Passed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> State Agency <input type="checkbox"/> VSC Decal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other Agency <input type="checkbox"/> VSC Decal? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> US Coast Guard Auxiliary <input type="checkbox"/> VSC Decal? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> VSC Decal? <input type="checkbox"/> YES <input type="checkbox"/> NO # Lifejackets on board: 6 # Fire extinguishers on board: 1 # Fire extinguishers used: 0 Type of fire extinguisher (e.g. A, B, C): B Amount of fire extinguisher used: 0 Additional information:	
OPERATOR INFORMATION Operator Using Safety Lanyard? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
EXPERIENCE UNKNOWN		EXPERIENCE THIS VESSEL UNKNOWN		HRS OF OP THIS DAY	
0 to 10 Hrs <input type="checkbox"/> >100-500 Hrs <input type="checkbox"/> >10-100 Hrs <input type="checkbox"/> Over 500 Hrs <input type="checkbox"/>		0 to 10 Hrs <input type="checkbox"/> >100-500 Hrs <input type="checkbox"/> >10-100 Hrs <input type="checkbox"/> Over 500 Hrs <input type="checkbox"/>		unknown	
BOATING COURSE UNKNOWN		State Course <input type="checkbox"/> USCGA <input type="checkbox"/> Internet <input type="checkbox"/> USPS <input type="checkbox"/> None <input checked="" type="checkbox"/> Other _____		REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO CERTIFICATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
OCCUPANTS / ASSOCIATED PERSONS					
1. OPERATOR: Unknown		GENDER	DL#/ID#	DOB	CONDITION
		<input type="checkbox"/> M <input type="checkbox"/> F			PFD WORN? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
ADDRESS		CITY/STATE/ZIP			
AGE	RACE	PHONE	ALT PHONE		COUNTY
2. Bryan J. Huff		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	8/8/1982		5
ADDRESS 8810 Mandell Road		CITY/STATE/ZIP Perrysburg, Ohio 43551			
AGE 31	RACE White	PHONE	ALT PHONE		COUNTY Wood
3. Andrew D. Rose		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	10/15/1980		5
ADDRESS 1925 Garden Ridge Drive		CITY/STATE/ZIP Toledo, Ohio 43614			
AGE 33	RACE White	PHONE	ALT PHONE		COUNTY Lucas
4. Amy R. Santus		<input type="checkbox"/> M <input checked="" type="checkbox"/> F	4/15/1981		5
ADDRESS 8810 Mandell Road		CITY/STATE/ZIP Perrysburg, Ohio 43551			
AGE 33	RACE White	PHONE	ALT PHONE		COUNTY Wood
5. Paige Erin Meric Widmer		<input type="checkbox"/> M <input checked="" type="checkbox"/> F	5/8/1997		5
ADDRESS 246 Rhoda Rish Road		CITY/STATE/ZIP Leesville, South Carolina 29070			
AGE 16	RACE White	PHONE	ALT PHONE		COUNTY Lexington
6.		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
ADDRESS		CITY/STATE/ZIP			
AGE	RACE	PHONE	ALT PHONE		COUNTY
7.		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
ADDRESS		CITY/STATE/ZIP			
AGE	RACE	PHONE	ALT PHONE		COUNTY
8.		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
ADDRESS		CITY/STATE/ZIP			
AGE	RACE	PHONE	ALT PHONE		COUNTY
CONDITION: 1-No Injury; 2-Injured; 3-Claimed Injury; 4-Obvious Injury; 5-Fatal (see last page); 6-Missing; 7-Condition not Observed PFD WHEN: B-Before Accident; A-After Accident PFD TYPE: 1, 2, 3, 4, or 5; Indicate Inflatables with an I (Example: 3-I)					
OWNER INFORMATION <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Occupant #2 <input type="checkbox"/> Not Present		DL#/OL#		DOB	PHONE
OWNER					ALT PHONE
ADDRESS		CITY/STATE/ZIP			

VESSEL #	PROPERTY #	WC CASE # NBSAO-14-0038
# OF PERSONS ON BOARD:		ALCOHOL ON BOARD VESSEL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
# OF DECEASED ASSOC. W/VESSEL:		OPERATOR USING ALCOHOL PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
# OF INJURED BEYOND FIRST AID ASSOC. W/VESSEL:		DRUGS ON BOARD VESSEL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
		OPERATOR USING DRUGS PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK

VESSEL INFORMATION										Rented? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE	REGISTRATION / DOC #	EXPIRES	HIN	INSURANCE COMPANY			INSURANCE COMPANY PHONE				
MANUFACTURER		YEAR	MODEL	COLOR	LENGTH	WIDTH	TRANSOM				
VESSEL NAME		CAPACITY PLATE # OF PERSONS / LBS. TOTAL LBS. MAX HP			TOTAL ENGINES	ENGINES USED	TOTAL HP	HP USED			
TYPE OF VESSEL <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Kayak <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Canoe <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Inflatable <input type="checkbox"/> Air Boat <input type="checkbox"/> Houseboat <input type="checkbox"/> Paddle Boat <input type="checkbox"/> PWC <input type="checkbox"/> Other _____		HULL MATERIAL <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Composite <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Other _____		PROPULSION AVAILABLE <input type="checkbox"/> Propeller <input type="checkbox"/> <input type="checkbox"/> Water Jet <input type="checkbox"/> <input type="checkbox"/> Air Thrust <input type="checkbox"/> <input type="checkbox"/> Manual <input type="checkbox"/> <input type="checkbox"/> Sail <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/>		ENGINE TYPE AVAILABLE <input type="checkbox"/> Outboard <input type="checkbox"/> <input type="checkbox"/> Inboard <input type="checkbox"/> <input type="checkbox"/> Sterndrive (I/O) <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/>		FUEL TYPE AVAILABLE <input type="checkbox"/> Gasoline <input type="checkbox"/> <input type="checkbox"/> Diesel <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/>		MODIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Seats <input type="checkbox"/> Deck <input type="checkbox"/> Helm <input type="checkbox"/> Hull <input type="checkbox"/> Transom <input type="checkbox"/> Steering <input type="checkbox"/> Propulsion <input type="checkbox"/> Other _____	
DAMAGE ESTIMATE Vessel a Total Loss <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Vessel \$ _____ Property Describe Loss: _____		Photos? <input type="checkbox"/> YES <input type="checkbox"/> NO Impounded? <input type="checkbox"/> YES <input type="checkbox"/> NO Location _____ Date _____ Towed By _____ Time _____		SAFETY MEASURES Organizations that have conducted a Vessel Safety Check (VSC) on board the boat within the past year: <input type="checkbox"/> Federal Agency _____ Passed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> State Agency _____ VSC Decal? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other Agency _____ VSC Decal? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> US Coast Guard Auxiliary VSC Decal? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> US Power Squadrons VSC Decal? <input type="checkbox"/> YES <input type="checkbox"/> NO				# Lifejackets on board: _____ # Fire extinguishers on board: _____ # Fire extinguishers used: _____ Type of fire extinguisher (e.g. A, B, C): _____ Amount of fire extinguisher used: _____ Additional information: _____			

OPERATOR INFORMATION										Operator Using Safety Lanyard? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPERIENCE		EXPERIENCE THIS VESSEL		HRS OF OP THIS DAY		BOATING COURSE		REQUIRED?		CERTIFICATE?	
<input type="checkbox"/> 0 to 10 Hrs <input type="checkbox"/> >100-500 Hrs <input type="checkbox"/> >10-100 Hrs <input type="checkbox"/> Over 500 Hrs		<input type="checkbox"/> 0 to 10 Hrs <input type="checkbox"/> >100-500 Hrs <input type="checkbox"/> >10-100 Hrs <input type="checkbox"/> Over 500 Hrs				<input type="checkbox"/> State Course <input type="checkbox"/> USCGA <input type="checkbox"/> Internet <input type="checkbox"/> USPS <input type="checkbox"/> None <input type="checkbox"/> Other _____		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	

OCCUPANTS / ASSOCIATED PERSONS	GENDER	DL#/ID#	DOB	CONDITION	PFD WORN?	WHEN	TYPE	STATEMENT
1. OPERATOR:	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A		<input type="checkbox"/> Y <input type="checkbox"/> N
ADDRESS								
AGE	RACE	PHONE	ALT PHONE	CITY/STATE/ZIP				
2.								
ADDRESS								
AGE	RACE	PHONE	ALT PHONE	CITY/STATE/ZIP				
3.								
ADDRESS								
AGE	RACE	PHONE	ALT PHONE	CITY/STATE/ZIP				
4.								
ADDRESS								
AGE	RACE	PHONE	ALT PHONE	CITY/STATE/ZIP				
5.								
ADDRESS								
AGE	RACE	PHONE	ALT PHONE	CITY/STATE/ZIP				
6.								
ADDRESS								
AGE	RACE	PHONE	ALT PHONE	CITY/STATE/ZIP				
7.								
ADDRESS								
AGE	RACE	PHONE	ALT PHONE	CITY/STATE/ZIP				
8.								
ADDRESS								
AGE	RACE	PHONE	ALT PHONE	CITY/STATE/ZIP				

CONDITION: 1-No Injury; 2-Injured; 3-Claimed Injury; 4-Obvious Injury; 5-Fatal (see last page); 6-Missing; 7-Condition not Observed
PFD WHEN: B-Before Accident; A-After Accident PFD TYPE: 1, 2, 3, 4, or 5; Indicate inflatables with an I (Example: 3-I)

OWNER INFORMATION		<input type="checkbox"/> Operator <input type="checkbox"/> Occupant # <input type="checkbox"/> Not Present		DL#/OL#	DOB	PHONE	ALT PHONE	STATEMENT
OWNER								<input type="checkbox"/> Y <input type="checkbox"/> N
ADDRESS				CITY/STATE/ZIP				

TYPE OF INCIDENT

Mark all that apply and number in order of occurrence.	VESSEL	
	# 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		
Hlt 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: <u>unknown</u>	1	

MOTION OF VESSEL

Mark all that apply. <u>UNKNOWN</u>	VESSEL	
	# 1	# _
None		
Drifting		
Idling		
Accelerating		
Decelerating		
Plowing		
Planing (on plane)		

ESTIMATED SPEED

<u>UNKNOWN</u>	VESSEL	
	# 1	# _
None		
≤ 10 MPH		
11 – 20 MPH		
21-40 MPH		
41 – 60 MPH		
61 – 80 MPH		
≥ 81 MPH		

KNOWN SPEED	VESSEL	
	# _	# _
<input type="checkbox"/> MPH or <input type="checkbox"/> RPMs		

CONTRIBUTING FACTORS

Mark all that apply and number in order of occurrence.	VESSEL	
	# 1	# _
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		
- Steering System		
- Throttle		
- Ventilation System		
- Other: _____		
Navigation Aid Missing		
Navigation Aid Not Performing Properly		
Off-Throttle Steering		
Operator Inattention		
Operator Inexperience		
Overloading		
Passenger Behavior		
Physical/Mental Disability		
Restricted Vision		
Rules of the Road Infraction		
Sharp Turn		
Sitting / Standing on Gunnels / Bow / Transom		
Skier Behavior		
Starting in Gear		
Wake		
Weather		
Other: <u>unknown</u>	1	

WC CASE # NBSAO-14-0038

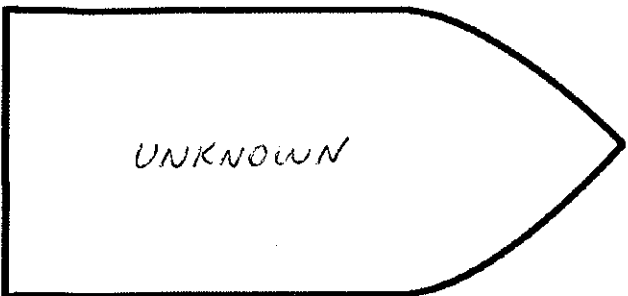
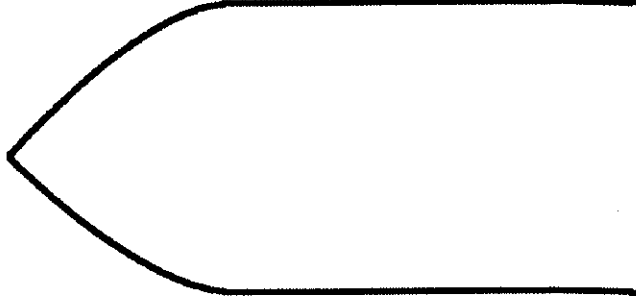
OPERATION AT TIME OF INCIDENT

Mark all that apply.	VESSEL	
	# 1	# _
At Anchor		
Being Towed		
Changing Direction		
Changing Speed		
Cruising		
Docking		
Leaving Dock		
Drifting		
Launching		
Retrieving		
Racing		
Rowing		
Paddling		
Sailing		
Tied to Dock		
Moored		
Towing		
Other: <u>unknown</u>	X	

ACTIVITY AT TIME OF INCIDENT

Mark all that apply.	VESSEL	
	# 1	# _
Commercial Activity		
Fishing	X	
Fueling		
Hunting		
Making Repairs		
Pleasure Boating		
Racing		
Scuba Diving		
Snorkeling		
Starting Engine		
Swimming		
Tournament		
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.

VESSEL # 1	VESSEL #																																																						
																																																							
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #f0f0f0;">Above Deck</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td style="background-color: #cccccc;">Below Deck</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td style="background-color: #d3d3d3;">Swim/Ski/Tube</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>	Above Deck	1	2	3	4	5	6	7	8	Below Deck	1	2	3	4	5	6	7	8	Swim/Ski/Tube	1	2	3	4	5	6	7	8	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #f0f0f0;">Above Deck</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td style="background-color: #cccccc;">Below Deck</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td style="background-color: #d3d3d3;">Swim/Ski/Tube</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>	Above Deck	1	2	3	4	5	6	7	8	Below Deck	1	2	3	4	5	6	7	8	Swim/Ski/Tube	1	2	3	4	5	6	7	8
Above Deck	1	2	3	4	5	6	7	8																																															
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Swim/Ski/Tube	1	2	3	4	5	6	7	8																																															
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Below Deck	1	2	3	4	5	6	7	8																																															
Swim/Ski/Tube	1	2	3	4	5	6	7	8																																															

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.

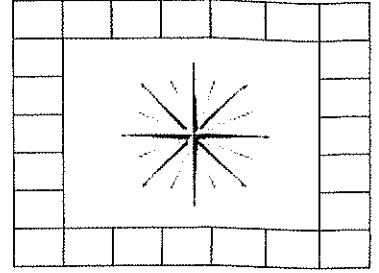
There was very minimal damage to the boat. The two stern motors were destroyed from the boat sitting bow up, on the bottom, in rough seas. The plastic cover to the trolling motor head was broke and the support arm had two cracks. This appeared to be from the prop end of the trolling motor being forcefully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

INCIDENT DIAGRAM

WC CASE # NBSAO-14-0038



9

32.0

mm

0.00

11
10/10/11
10/10/11

OHIO BOAT INCIDENT INJURY/FATALITY REPORT

Complete one form for each person injured or deceased

☒ Fatal ☐ Injured ☐ Missing

Case Number: NBSAO-14-0038

VICTIM									
LAST NAME, FIRST NAME, MIDDLE NAME Huff, Bryan J.									
ADDRESS 8810 Mandell Road					CITY / STATE / ZIP Perrysburg, Ohio 43551				
PHONE			ALTERNATE PHONE			COUNTY Wood			
DL#/ID# [REDACTED]	DOB 8/8/1982	AGE 31	GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE White	<input checked="" type="checkbox"/> Vessel # 1 <input checked="" type="checkbox"/> Occupant # 2 <input type="checkbox"/> No Boat				
PHYSICAL CONDITION <input type="checkbox"/> Blackout/epilepsy/seizure <input type="checkbox"/> Eyesight/defect <input type="checkbox"/> Fatigue/asleep <input type="checkbox"/> Hearing aids <input type="checkbox"/> Sick/ill <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental disability <input type="checkbox"/> Under the influence of Alcohol (BAC: _____) <input type="checkbox"/> Under the influence of drugs (Drug type: _____) <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____									
ACTIVITY AT TIME OF INJURY/FATALITY <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Skiing <input type="checkbox"/> Tubing <input type="checkbox"/> Swimming <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkeling <input checked="" type="checkbox"/> Fishing <input type="checkbox"/> Paddling <input type="checkbox"/> Hunting <input type="checkbox"/> Other: _____									
DESCRIPTION OF VICTIM'S ATTIRE Green rain bibs, camo jacket									
PFD WORN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U WHEN? <input type="checkbox"/> Before <input type="checkbox"/> After			PFD USED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U WHEN? <input type="checkbox"/> Before <input type="checkbox"/> After			PFD TYPE: _____			
PFD PERFORMANCE <input type="checkbox"/> Improper Wear/Use <input type="checkbox"/> Successful <input type="checkbox"/> Failed			SWIMMING ABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown						
TREATMENT STATUS <input type="checkbox"/> First Aid Only <input type="checkbox"/> Medical Treatment Beyond First Aid <input type="checkbox"/> Treated and Released <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Refused Treatment <input checked="" type="checkbox"/> Deceased									
TRANSPORTED TO Lucas County Coroner					TRANSPORTED BY Crosser Funeral Home				
CAUSE OF INJURIES (CHECK ALL THAT APPLY - SHOW TYPE AND LOCATION OF INJURIES ON REVERSE) <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Electric shock <input checked="" type="checkbox"/> Exposure to elements <input type="checkbox"/> Fire <input type="checkbox"/> Impact with object <input type="checkbox"/> Impact with vessel <input type="checkbox"/> Impact with water <input type="checkbox"/> Struck by propulsion system <input type="checkbox"/> Struck by vessel <input type="checkbox"/> Other: _____								WAS THIS A PROPELLER INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VICTIM RECOVERY (FATALITIES ONLY)				
RECOVERY DATE May 6, 2014	RECOVERY TIME 1816	CONDITION OF BODY Sever decomposition		
LOCATION Latitude (DD°MM'SS") Longitude (DDD°MM'SS") Description: 41° 36' 39" 83° 5' 51" Beach of 8611 Sand Beach Road, Oak Harbor, Ohio 43449				
DISTANCE FROM INCIDENT unknown	DISTANCE FROM SHORE 0 feet	WATER DEPTH 0 feet	AIR TEMPERATURE 87 degrees	WATER TEMPERATURE 47 degrees
DISCOVERED BY (LIST NAME, ADDRESS, CITY, STATE, ZIP, PHONE) Ted Behnken, 8661 West Sand Beach Road, Oak Harbor, Ohio 43449 419-346-4700				
BODY RECOVERED BY (LIST NAME, ADDRESS, CITY, STATE, ZIP, PHONE) Crosser Funeral Home 419-898-4455				
WAS THE VICTIM WEARING A PFD WHEN RECOVERED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		PFD TYPE: _____	APPROVAL NO.: 160. LOT NO.: _____	
PRONOUNCED DEAD BY: Daniel Cadigan - Ottawa County Coroner		CORONER'S REPORT ATTACHED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
CAUSE OF DEATH (CHECK ALL THAT APPLY - SHOW TYPE AND LOCATION OF INJURIES ON REVERSE) <input type="checkbox"/> Carbon Monoxide Poisoning <input checked="" type="checkbox"/> Drowning <input type="checkbox"/> Electrocution <input type="checkbox"/> Hypothermia <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____				
FUNERAL HOME (CONTACT NAME, PHONE) Sujkowski Funeral Home - 419-666-1566				

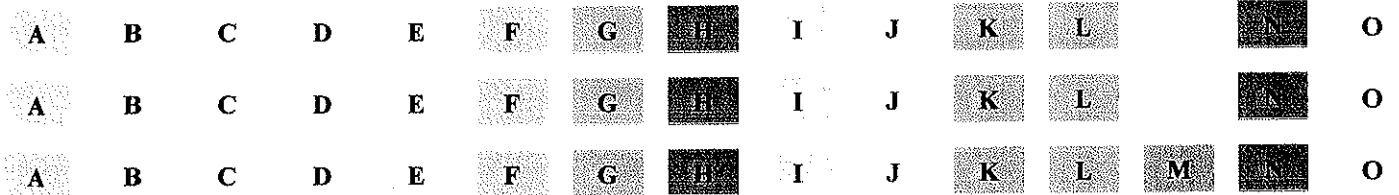
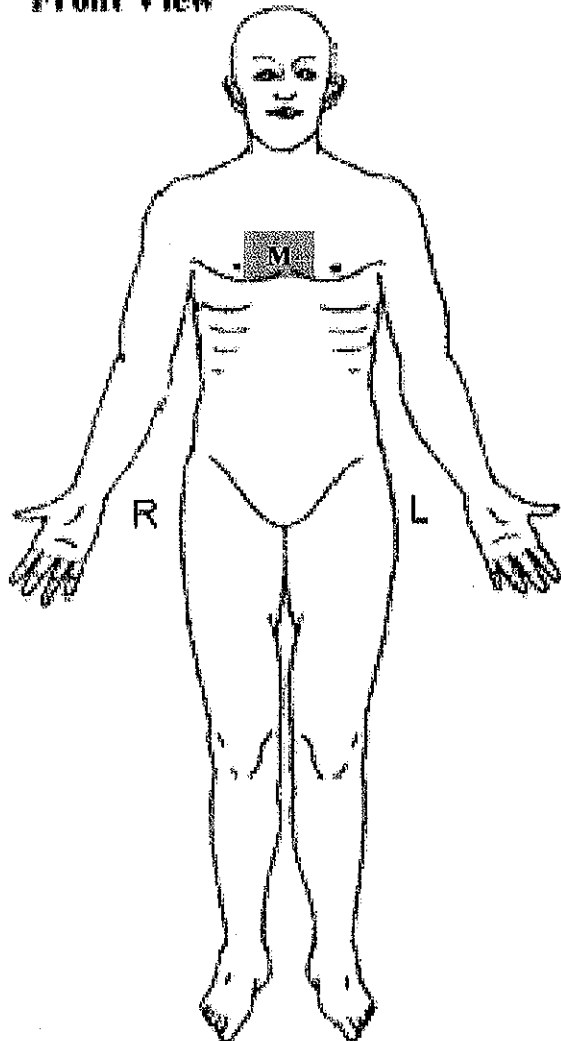
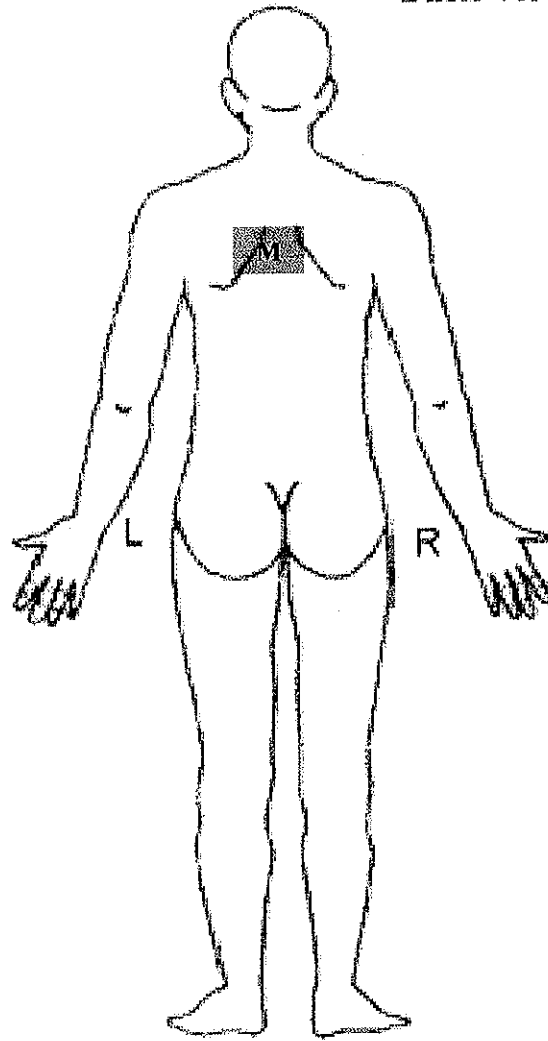
NEXT OF KIN				
LAST NAME, FIRST NAME, MIDDLE NAME Huff, Ralph J.				
ADDRESS 644 Glenwood Road			CITY / STATE / ZIP Rossford, Ohio 43460	
PHONE 419-376-3928		ALTERNATE PHONE		COUNTY Wood
RELATIONSHIP Father		NOTIFIED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	NOTIFICATION DATE May 6, 2014	NOTIFICATION TIME 8:30 pm
NOTIFIED BY Jason Albanese		NOTIFIER TITLE/AGENCY Investigator - ODNR Division of Watercraft		

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): _____	

**Front View****Back View**

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

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
HYPERINFLATION OF LUNGS
WATERY FLUID IN SPHENOID SINUS
BILATERAL PETROUS TEMPORAL BONE HEMORRHAGES
CONGESTION OF ALL VISCERA

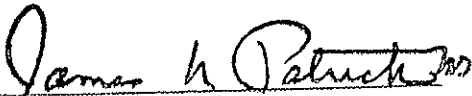
NO SKELETAL TRAUMA
POSTMORTEM IDENTIFICATION PER VISUAL AND TATTOO ID

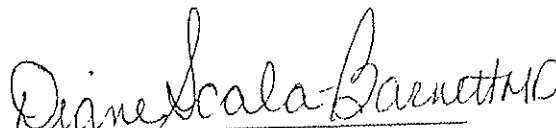
Summary of toxicology results:

Alcohol level: 0.02 %W/V
10 PANEL SCREEN: None Detected in Urine
Ethanol: 0.02 %W/V in Blood Femoral
GC-MS Screen: None Detected in Blood

Cause of death: DROWNING (MINUTES)
How injury occurred: 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.


JAMES R. PATRICK, MD
CORONER
5/23/14


Examination performed by:
DIANE SCALA-BARNETT, MD
DEPUTY CORONER
5/23/14

OHIO BOAT INCIDENT INJURY/FATALITY REPORT

Complete one form for each person injured or deceased

☒ Fatal ☐ Injured ☐ Missing

Case Number: NBSAO-14-0038

VICTIM									
LAST NAME, FIRST NAME, MIDDLE NAME Rose, Andrew D.									
ADDRESS 1925 Garden Ridge Drive					CITY / STATE / ZIP Toledo, Ohio 43614				
PHONE			ALTERNATE PHONE			COUNTY Lucas			
DL#ID# [REDACTED]	DOB 10/15/1980	AGE 33	GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE White	<input checked="" type="checkbox"/> Vessel # 1 <input checked="" type="checkbox"/> Occupant # 3 <input type="checkbox"/> No Boat				
PHYSICAL CONDITION <input type="checkbox"/> Blackout/epilepsy/seizure <input type="checkbox"/> Eyesight/defect <input type="checkbox"/> Fatigue/asleep <input type="checkbox"/> Hearing aids <input type="checkbox"/> Sick/ill <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental disability <input type="checkbox"/> Under the influence of Alcohol (BAC: _____) <input type="checkbox"/> Under the influence of drugs (Drug type: _____) <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____									
ACTIVITY AT TIME OF INJURY/FATALITY <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Skiing <input type="checkbox"/> Tubing <input type="checkbox"/> Swimming <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkeling <input checked="" type="checkbox"/> Fishing <input type="checkbox"/> Paddling <input type="checkbox"/> Hunting <input type="checkbox"/> Other: _____									
DESCRIPTION OF VICTIM'S ATTIRE Black rain bibs, camo sweat shirt									
PFD WORN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U WHEN? <input type="checkbox"/> Before <input type="checkbox"/> After			PFD USED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U WHEN? <input type="checkbox"/> Before <input type="checkbox"/> After			PFD TYPE: _____			
PFD PERFORMANCE <input type="checkbox"/> Improper Wear/Use <input type="checkbox"/> Successful <input type="checkbox"/> Failed			SWIMMING ABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown						
TREATMENT STATUS <input type="checkbox"/> First Aid Only <input type="checkbox"/> Medical Treatment Beyond First Aid <input type="checkbox"/> Treated and Released <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Refused Treatment <input checked="" type="checkbox"/> Deceased									
TRANSPORTED TO Lucas County Coroner					TRANSPORTED BY Mortuary Services of Northwest Ohio				
CAUSE OF INJURIES (CHECK ALL THAT APPLY - SHOW TYPE AND LOCATION OF INJURIES ON REVERSE) <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Electric shock <input checked="" type="checkbox"/> Exposure to elements <input type="checkbox"/> Fire <input type="checkbox"/> Impact with object <input type="checkbox"/> Impact with vessel <input type="checkbox"/> Impact with water <input type="checkbox"/> Struck by propulsion system <input type="checkbox"/> Struck by vessel <input type="checkbox"/> Other: _____								WAS THIS A PROPELLER INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VICTIM RECOVERY (FATALITIES ONLY)									
RECOVERY DATE May 8, 2014		RECOVERY TIME 1440		CONDITION OF BODY Sever decomposition					
LOCATION Latitude (DD°MM'SS") Longitude (DDD°MM'SS") Description: 41° 40' 10" 83° 6' 72" Crane Reef									
DISTANCE FROM INCIDENT Unknown		DISTANCE FROM SHORE 3 miles		WATER DEPTH 17 feet		AIR TEMPERATURE 84 degrees		WATER TEMPERATURE 48degrees	
DISCOVERED BY (LIST NAME, ADDRESS, CITY, STATE, ZIP, PHONE) Jeffrey A. Kurth, 4851 Westcliffe Court, Sylvania, Ohio 43560									
BODY RECOVERED BY (LIST NAME, ADDRESS, CITY, STATE, ZIP, PHONE) USCG Station Toledo									
WAS THE VICTIM WEARING A PFD WHEN RECOVERED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				PFD TYPE: _____		APPROVAL NO.: 160. LOT NO.:			
PRONOUNCED DEAD BY: Daniel Cadigan - Ottawa County Coroner				CORONER'S REPORT ATTACHED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
CAUSE OF DEATH (CHECK ALL THAT APPLY - SHOW TYPE AND LOCATION OF INJURIES ON REVERSE) <input type="checkbox"/> Carbon Monoxide Poisoning <input checked="" type="checkbox"/> Drowning <input type="checkbox"/> Electrocution <input type="checkbox"/> Hypothermia <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____									
FUNERAL HOME (CONTACT NAME, PHONE) Walter Funeral Home - 419-382-1700									

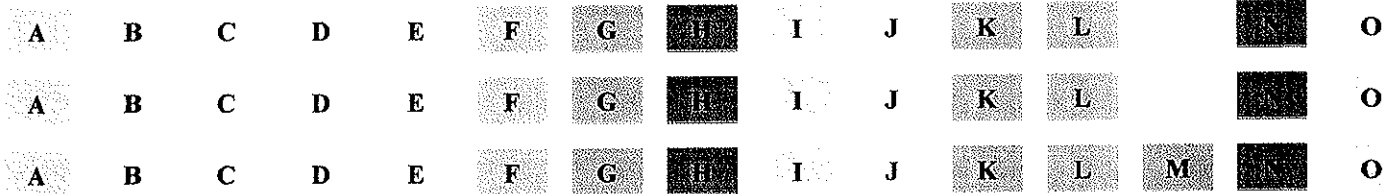
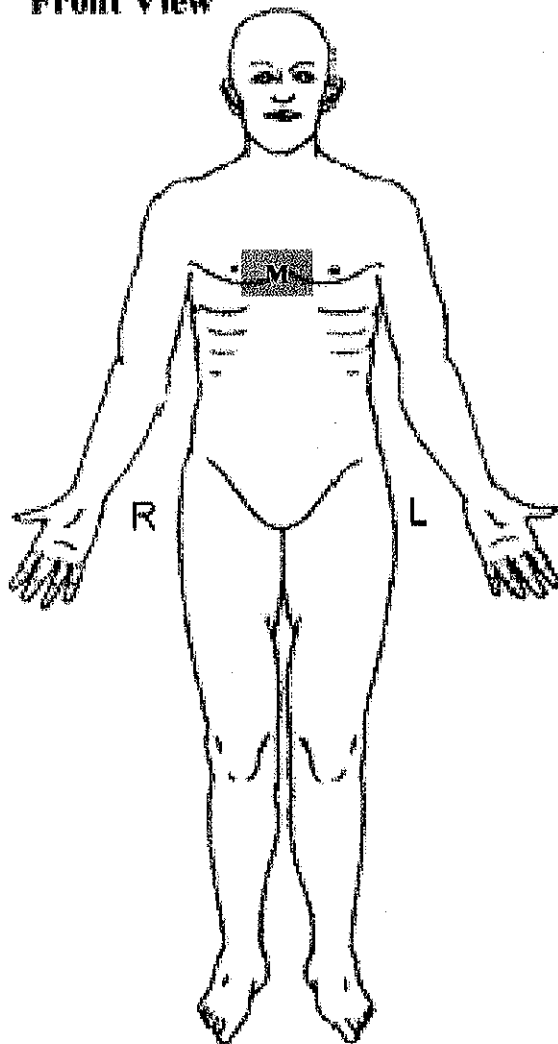
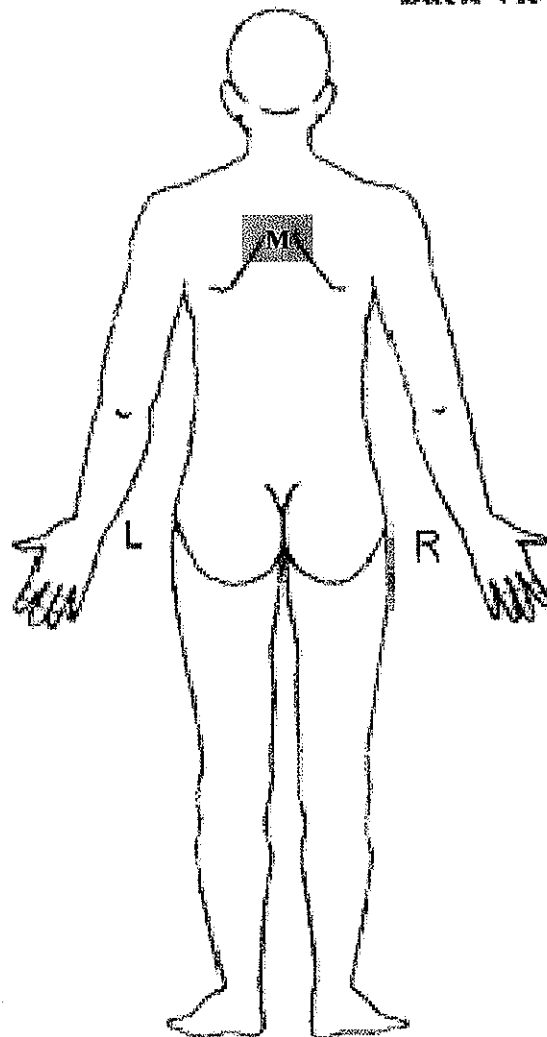
NEXT OF KIN									
LAST NAME, FIRST NAME, MIDDLE NAME Rose/Sprunk, Michelle									
ADDRESS 17435 Hillsbrough Boulevard					CITY / STATE / ZIP Port Charlotte, Florida 33954				
PHONE 419-351-4094			ALTERNATE PHONE			COUNTY Charlotte			
RELATIONSHIP Mother			NOTIFIED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NOTIFICATION DATE May 8, 2014		NOTIFICATION TIME 5:16 pm		
NOTIFIED BY Jason Albanese					NOTIFIER TITLE/AGENCY Investigator - ODNR Division of Watercraft				

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): _____	

**Front View****Back View**

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

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

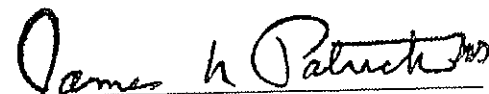
Ibuprofen: Detected in Blood

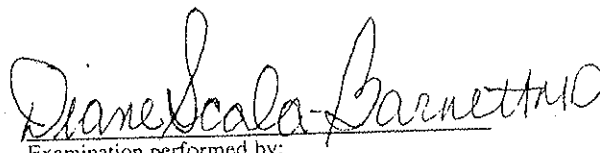
Cause of death: DROWNING (MINUTES)

How injury occurred: 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.


JAMES R. PATRICK, MD
CORONER
5/23/14


Examination performed by:
DIANE SCALA-BARNETT, MD
DEPUTY CORONER
5/23/14

OHIO BOAT INCIDENT INJURY/FATALITY REPORT

Complete one form for each person injured or deceased

☒ Fatal ☐ Injured ☐ Missing

Case Number: NBSAO-14-0038

VICTIM										
LAST NAME, FIRST NAME, MIDDLE NAME Santus, Amy R.										
ADDRESS 8810 Mandell Road					CITY / STATE / ZIP Perrysburg, Ohio 43551					
PHONE				ALTERNATE PHONE			COUNTY Wood			
DL#/ID# [REDACTED]	DOB 4/15/1981	AGE 33	GENDER <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE white	<input checked="" type="checkbox"/> Vessel # 1 <input checked="" type="checkbox"/> Occupant # 4 <input type="checkbox"/> No Boat					
PHYSICAL CONDITION <input type="checkbox"/> Blackout/epilepsy/seizure <input type="checkbox"/> Eyesight/defect <input type="checkbox"/> Fatigue/asleep <input type="checkbox"/> Hearing aids <input type="checkbox"/> Sick/ill <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental disability <input type="checkbox"/> Under the influence of Alcohol (BAC: _____) <input type="checkbox"/> Under the influence of drugs (Drug type: _____) <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____										
ACTIVITY AT TIME OF INJURY/FATALITY <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Skiing <input type="checkbox"/> Tubing <input type="checkbox"/> Swimming <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkeling <input checked="" type="checkbox"/> Fishing <input type="checkbox"/> Paddling <input type="checkbox"/> Hunting <input type="checkbox"/> Other: _____										
DESCRIPTION OF VICTIM'S ATTIRE red/black rain suite(bibs and coat) and brown leather boots										
PFD WORN? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U WHEN? <input type="checkbox"/> Before <input type="checkbox"/> After					PFD USED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U WHEN? <input type="checkbox"/> Before <input type="checkbox"/> After					PFD TYPE: 3
PFD PERFORMANCE <input type="checkbox"/> Improper Wear/Use <input checked="" type="checkbox"/> Successful <input type="checkbox"/> Failed					SWIMMING ABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
TREATMENT STATUS <input type="checkbox"/> First Aid Only <input type="checkbox"/> Medical Treatment Beyond First Aid <input type="checkbox"/> Treated and Released <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Refused Treatment <input checked="" type="checkbox"/> Deceased										
TRANSPORTED TO Lucas County Coroner					TRANSPORTED BY Crosser Funeral Home					
CAUSE OF INJURIES (CHECK ALL THAT APPLY - SHOW TYPE AND LOCATION OF INJURIES ON REVERSE) <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Electric shock <input checked="" type="checkbox"/> Exposure to elements <input type="checkbox"/> Fire <input type="checkbox"/> Impact with object <input type="checkbox"/> Impact with vessel <input type="checkbox"/> Impact with water <input type="checkbox"/> Struck by propulsion system <input type="checkbox"/> Struck by vessel <input type="checkbox"/> Other: _____									WAS THIS A PROPELLER INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

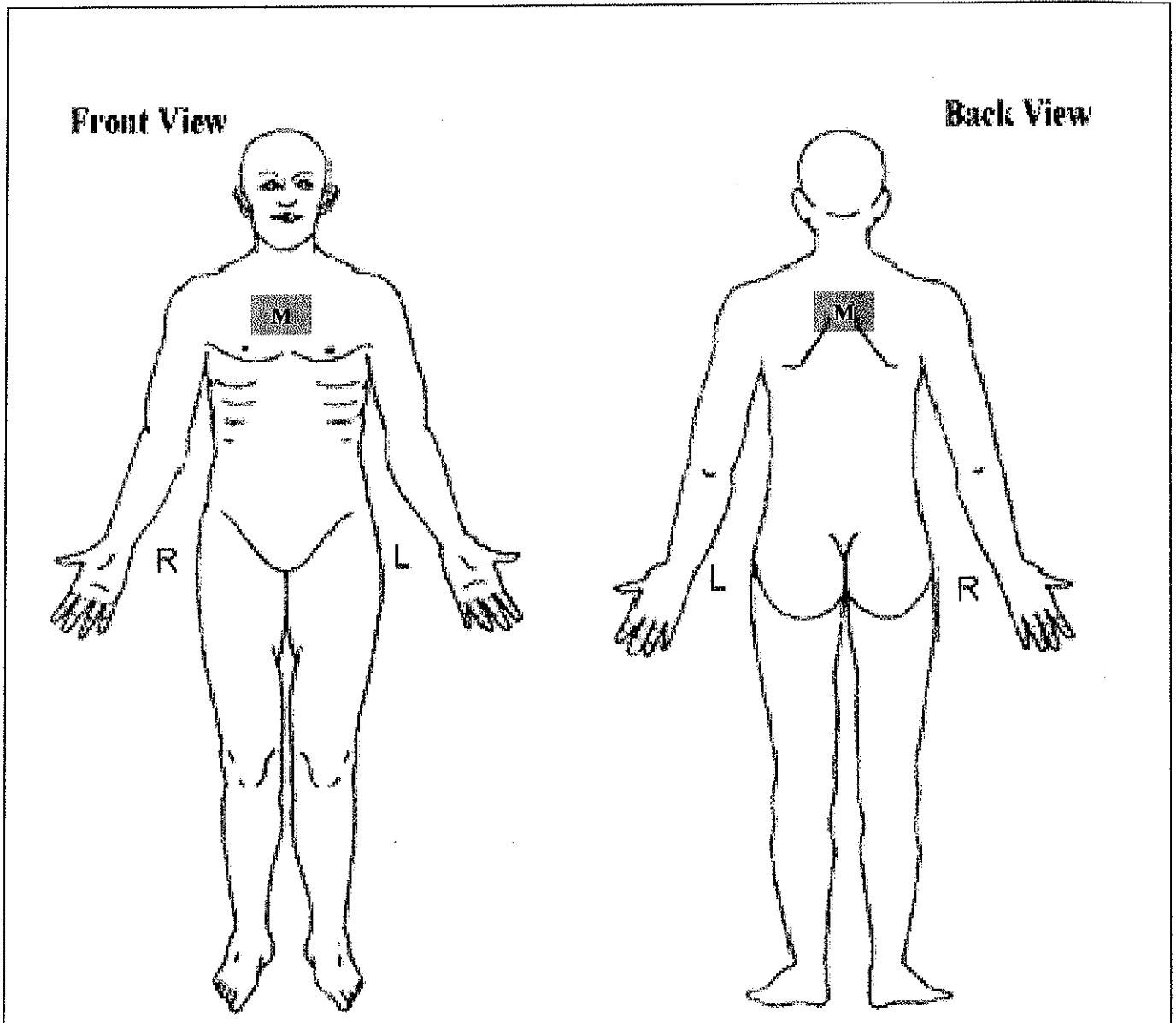
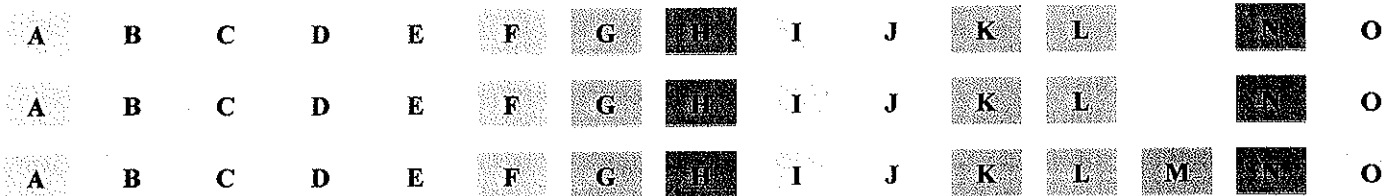
VICTIM RECOVERY (FATALITIES ONLY)					
RECOVERY DATE April 17, 2014		RECOVERY TIME 0930		CONDITION OF BODY Normal	
LOCATION Latitude (DD°MM'SS") Longitude (DDD°MM'SS") Description: 41° 39' 9" 83° 6' 7" Around "L" can					
DISTANCE FROM INCIDENT Unknown		DISTANCE FROM SHORE 2 miles		WATER DEPTH 16 feet	AIR TEMPERATURE 46 degrees
WATER TEMPERATURE 38 degrees					
DISCOVERED BY (LIST NAME, ADDRESS, CITY, STATE, ZIP, PHONE) Vessel MV Northwestern					
BODY RECOVERED BY (LIST NAME, ADDRESS, CITY, STATE, ZIP, PHONE) USCG Station Marblehead					
WAS THE VICTIM WEARING A PFD WHEN RECOVERED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				PFD TYPE: 3	APPROVAL NO.: 160.064.4455.0 LOT NO.: H122C0519
PRONOUNCED DEAD BY: Danial Cadigan - Ottawa Coutny Coroner				CORONER'S REPORT ATTACHED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
CAUSE OF DEATH (CHECK ALL THAT APPLY - SHOW TYPE AND LOCATION OF INJURIES ON REVERSE) <input type="checkbox"/> Carbon Monoxide Poisoning <input checked="" type="checkbox"/> Drowning <input type="checkbox"/> Electrocution <input type="checkbox"/> Hypothermia <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____					
FUNERAL HOME (CONTACT NAME, PHONE) Sujkowski Funeral Home - 419-666-1566					

NEXT OF KIN					
LAST NAME, FIRST NAME, MIDDLE NAME Santus, Albert J.					
ADDRESS 24530 Rocky Road				CITY / STATE / ZIP Perrysburg, Ohio 43551	
PHONE 419-837-2476		ALTERNATE PHONE 419-936-2924		COUNTY Wood	
RELATIONSHIP Father		NOTIFIED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NOTIFICATION DATE April 17, 2014	NOTIFICATION TIME 11:50 am
NOTIFIED BY Stephen J. Levorchick				NOTIFIER TITLE/AGENCY Sheriff - Ottawa County Sheriff Department	

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)	I Other(M): Drowning	
Contusions (D)	Lacerations (I)	Other(N): _____	
Dislocation (E)	Shock (J)	Other(O): _____	



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

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

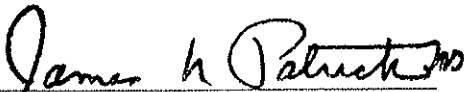
Anatomic Diagnoses:
SEVERE PULMONARY EDEMA; FOAM IN TRACHEA AND BRONCHI
LUNGS HYPERINFLATED
NO FLUID IN SPHENOID SINUSES

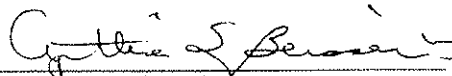
TOXICOLOGY NOT NEEDED, PER DR. CADIGAN

Summary of toxicology results:
Alcohol level: NOT DONE

Cause of death: DROWNING (MINUTES)
How injury occurred: 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.


JAMES R. PATRICK, MD
CORONER
4/18/14


Examination performed by:
CYNTHIA S. BEISSER, M.D.
DEPUTY CORONER
4/18/14

OHIO BOAT INCIDENT INJURY/FATALITY REPORT

Complete one form for each person injured or deceased

☒ Fatal ☐ Injured ☐ Missing

Case Number: NBSAO-14-0038

VICTIM							
LAST NAME, FIRST NAME, MIDDLE NAME Widmer, Paige Erin Meric							
ADDRESS 246 Rhoda Rish Road				CITY / STATE / ZIP Leesville, South Carolina 29070			
PHONE			ALTERNATE PHONE			COUNTY Lexington	
DL#/ID# [REDACTED]	DOB 5/8/1997	AGE 16	GENDER <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE White	<input checked="" type="checkbox"/> Vessel # 1 <input checked="" type="checkbox"/> Occupant # 5 <input type="checkbox"/> No Boat		
PHYSICAL CONDITION <input type="checkbox"/> Blackout/epilepsy/seizure <input type="checkbox"/> Eyesight/defect <input type="checkbox"/> Fatigue/asleep <input type="checkbox"/> Hearing aids <input type="checkbox"/> Sick/ill <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental disability <input type="checkbox"/> Under the influence of Alcohol (BAC: _____) <input type="checkbox"/> Under the influence of drugs (Drug type: _____) <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____							
ACTIVITY AT TIME OF INJURY/FATALITY <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Skiing <input type="checkbox"/> Tubing <input type="checkbox"/> Swimming <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkeling <input checked="" type="checkbox"/> Fishing <input type="checkbox"/> Paddling <input type="checkbox"/> Hunting <input type="checkbox"/> Other: _____							
DESCRIPTION OF VICTIM'S ATTIRE Black rain pants, camo rain jacket, orange hooded sweat shirt, rubber boots							
PFD WORN? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		WHEN? <input type="checkbox"/> Before <input type="checkbox"/> After		PFD USED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		WHEN? <input type="checkbox"/> Before <input type="checkbox"/> After	
PFD TYPE: 3							
PFD PERFORMANCE <input checked="" type="checkbox"/> Improper Wear/Use <input checked="" type="checkbox"/> Successful <input type="checkbox"/> Failed				SWIMMING ABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
TREATMENT STATUS <input type="checkbox"/> First Aid Only <input type="checkbox"/> Medical Treatment Beyond First Aid <input type="checkbox"/> Treated and Released <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Refused Treatment <input checked="" type="checkbox"/> Deceased							
TRANSPORTED TO Lucas County Coroner				TRANSPORTED BY Crosser Funeral Home			
CAUSE OF INJURIES (CHECK ALL THAT APPLY - SHOW TYPE AND LOCATION OF INJURIES ON REVERSE) <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Electric shock <input checked="" type="checkbox"/> Exposure to elements <input type="checkbox"/> Fire <input type="checkbox"/> Impact with object <input type="checkbox"/> Impact with vessel <input type="checkbox"/> Impact with water <input type="checkbox"/> Struck by propulsion system <input type="checkbox"/> Struck by vessel <input type="checkbox"/> Other: _____						WAS THIS A PROPELLER INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

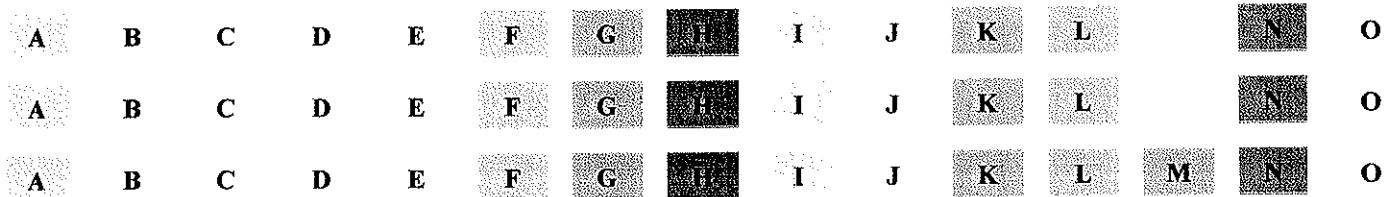
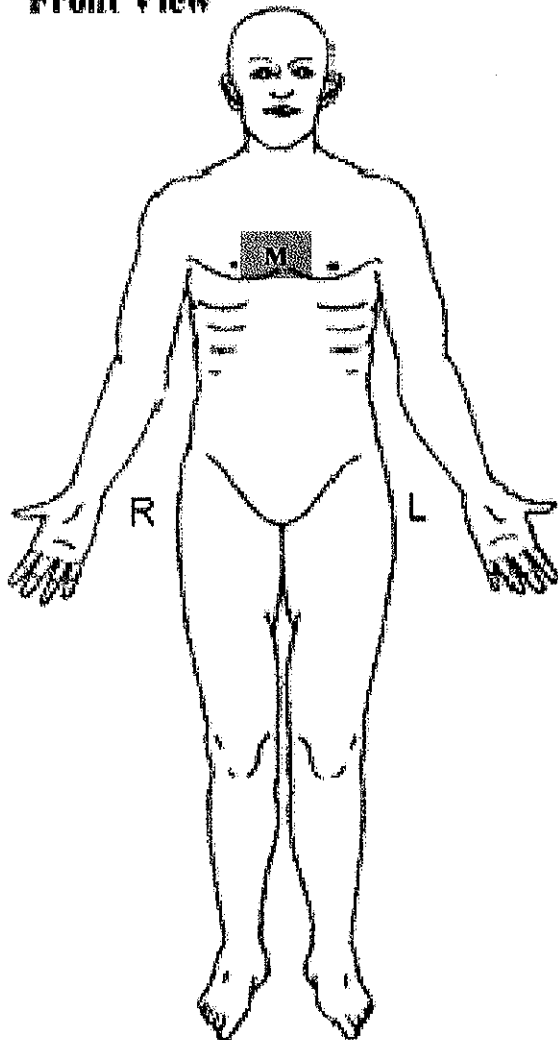
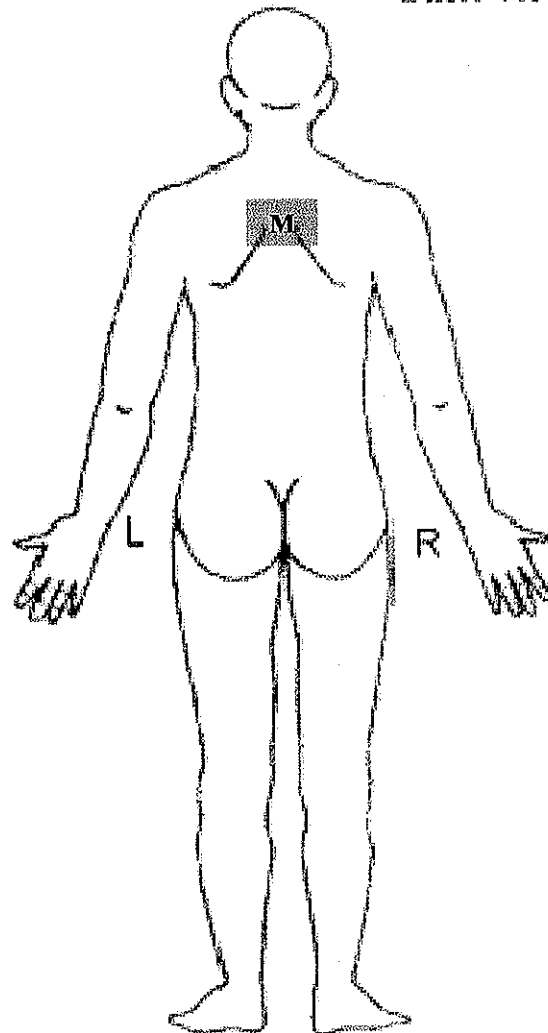
VICTIM RECOVERY (FATALITIES ONLY)					
RECOVERY DATE April 17, 2014		RECOVERY TIME 1100		CONDITION OF BODY Normal	
LOCATION Latitude (DD°MM'SS") Longitude (DDD°MM'SS") Description: 41° 40' 52" 83° 6' 29" Crane Reef					
DISTANCE FROM INCIDENT Unknown		DISTANCE FROM SHORE 3.5 miles		WATER DEPTH 21 feet	
AIR TEMPERATURE 53 degrees		WATER TEMPERATURE 38 degrees			
DISCOVERED BY (LIST NAME, ADDRESS, CITY, STATE, ZIP, PHONE) Ottawa County Sheriff Department					
BODY RECOVERED BY (LIST NAME, ADDRESS, CITY, STATE, ZIP, PHONE) Ottawa County Sheriff Department					
WAS THE VICTIM WEARING A PFD WHEN RECOVERED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			PFD TYPE: 3		APPROVAL NO.: 160.064.4455.0 LOT NO.: H122C0519
PRONOUNCED DEAD BY: Daniel Cadigan - Ottawa County Coroner			CORONER'S REPORT ATTACHED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
CAUSE OF DEATH (CHECK ALL THAT APPLY - SHOW TYPE AND LOCATION OF INJURIES ON REVERSE) <input type="checkbox"/> Carbon Monoxide Poisoning <input checked="" type="checkbox"/> Drowning <input type="checkbox"/> Electrocutation <input type="checkbox"/> Hypothermia <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____					
FUNERAL HOME (CONTACT NAME, PHONE) Sujkowski Funeral Home, 419-666-1566					

NEXT OF KIN					
LAST NAME, FIRST NAME, MIDDLE NAME Widmer, Troy D.					
ADDRESS 1072 Cherry Street				CITY / STATE / ZIP Perrysburg, Ohio 43551	
PHONE 419-466-7140			ALTERNATE PHONE		
RELATIONSHIP Father			COUNTY Wood		
NOTIFIED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			NOTIFICATION DATE April 17, 2014		NOTIFICATION TIME 11:50 am
NOTIFIED BY Stephen J. Levorchick			NOTIFIER TITLE/AGENCY Sheriff - Ottawa County Sheriff Department		

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)	I Other(M): <u>Drowning</u>	
Contusions (D)	Lacerations (I)	Other(N): _____	
Dislocation (E)	Shock (J)	Other(O): _____	

**Front View****Back View**

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

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

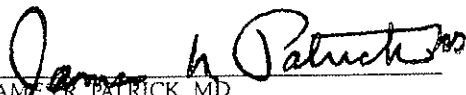
Anatomic Diagnoses:
SEVERE PULMONARY EDEMA; FOAM IN TRACHEA AND BRONCHI
LUNGS HYPERINFLATED
SMALL AMOUNT OF CLEAR FLUID IN SPHENOID SINUSES

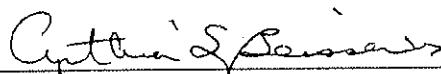
TOXICOLOGY NOT NEEDED, PER DR. CADIGAN

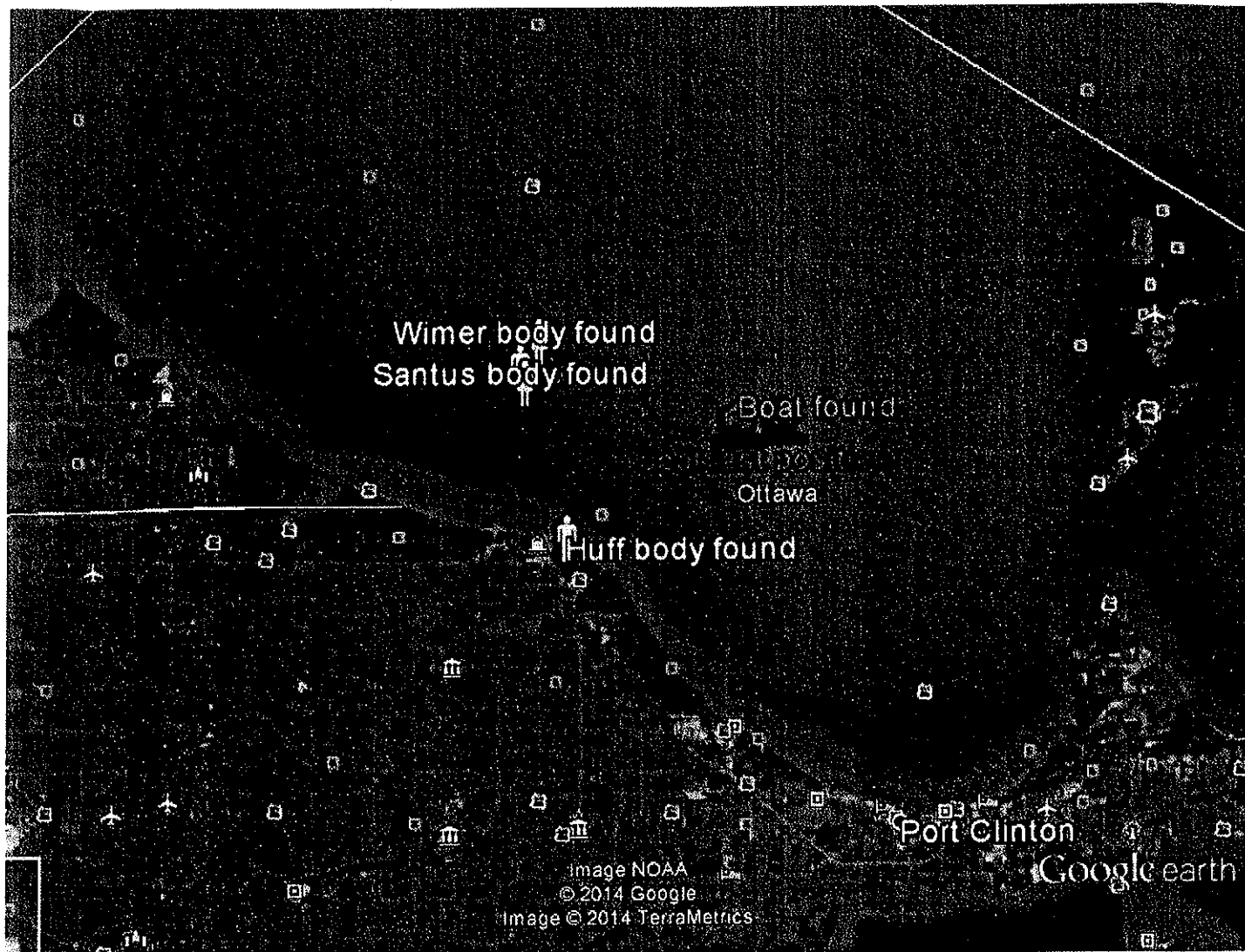
Summary of toxicology results:
Alcohol level: NOT DONE

Cause of death: DROWNING (MINUTES)
How injury occurred: 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.

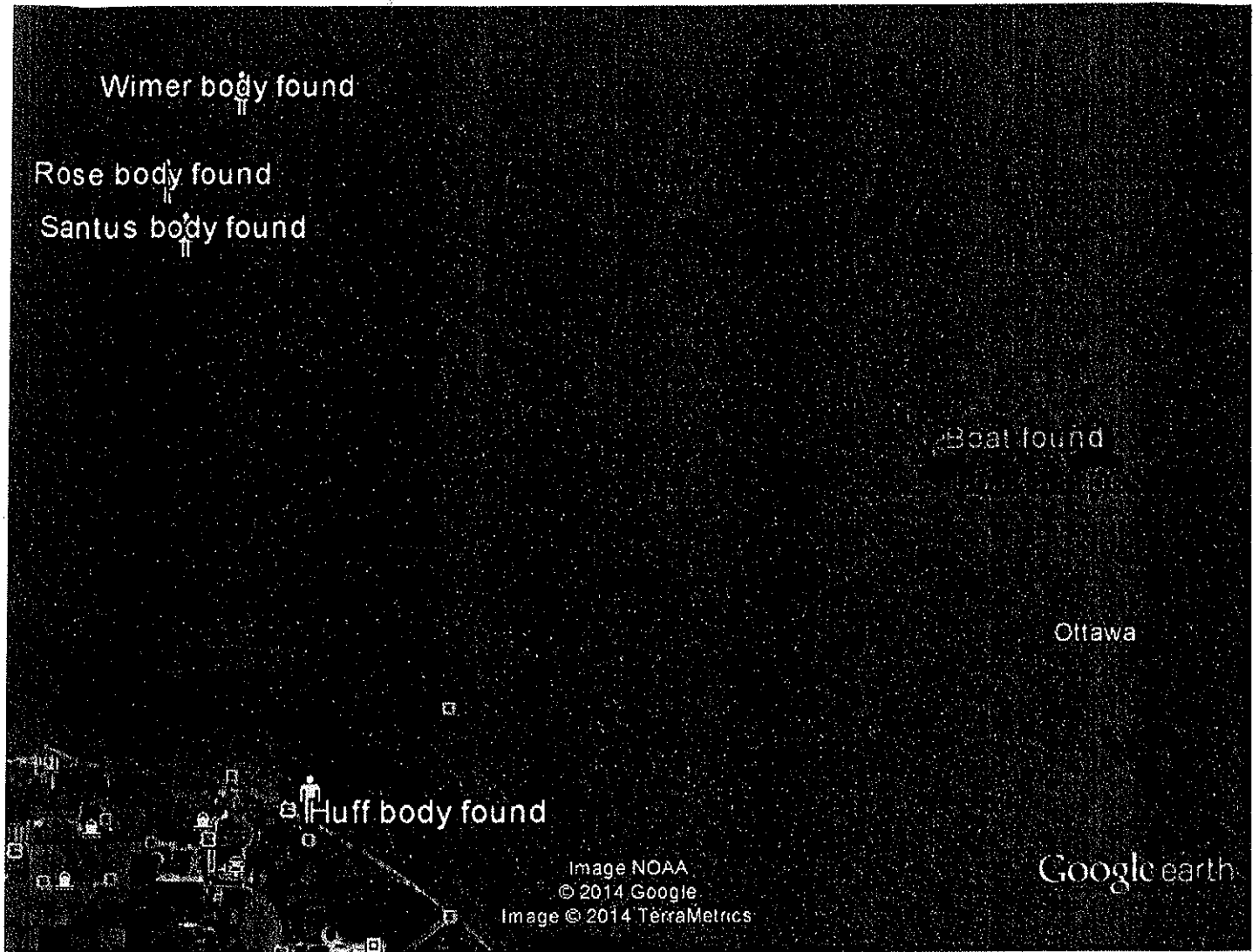

JAMES R. PATRICK, MD
CORONER
4/18/14


Examination performed by
CYNTHIA S. BEISSER, M.D.
DEPUTY CORONER
4/18/14



Google earth





Google earth

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