



**Report Identification Number: SY-16-018**

**Prepared by: Syracuse Regional Office**

**Issue Date: 12/9/2016**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



## Abbreviations

### Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

### Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

### Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

### Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

**Report Type:** Child Deceased  
**Age:** 14 year(s)

**Jurisdiction:** Madison  
**Gender:** Male

**Date of Death:** 05/05/2016  
**Initial Date OCFS Notified:** 05/06/2016

## Presenting Information

On 5/5/16, the SC (age 14) was riding a 4-wheeler without proper safety equipment, including a helmet, and he was involved in a fatal accident. The 4-wheeler flipped over onto the SC's body, thereby crushing him. The SC sustained cervical fractures, chest bleeding, and his chest was crushed. BF discovered the SC in this condition between 7:30pm - 7:45pm yesterday. BF was the primary care provider for the SC and the incident occurred on his property, therefore he was named the alleged subject. BM had no role.

## Executive Summary

This review concerns the death of a 14-year old male child residing in Madison County, which was caused by an accident on his family's farm in Chenango County. On 5/5/16 sometime after 4pm, SC rode an all-terrain vehicle (ATV) around the property in search of a calf that had escaped from its enclosure. SC frequently assisted his BF with farm chores of this nature. BF reported that approximately fifteen minutes after SC rode off, BF became concerned and went to look for him. BF's partner arrived home and joined the search at approximately 6:45pm. BF's partner located the SC behind a barn with the ATV on top of his chest. BF's partner called 911 while a farm worker's mother came and performed CPR on the SC. Law enforcement and EMS responded within minutes and the SC was taken to a nearby hospital and pronounced deceased at approximately 8:30pm.

The CPS and law enforcement investigations determined that the SC had been operating the ATV without a helmet, however this would not have prevented the SC's death as the ATV landed on his chest, effectively crushing/suffocating him. The investigations further determined that the SC was operating the ATV at a slow speed next to an embankment, which caused a wheel to catch on a pipe. The ATV then rolled over, pinning the SC underneath it. The law enforcement investigation concluded that no criminal activity was present and no charges were filed. MCDSS documented the laws pertaining to ATV operation by minors, which stated that children of SC's age are permitted to operate ATVs without adult supervision on privately owned land. MCDSS obtained a preliminary autopsy report which listed "marked pulmonary congestion, edema and hemorrhage, with bilateral serosanguinous effusions, secondary to asphyxiation by chest compression (ATV rollover)" as a provisional anatomic diagnosis. The SC's urine screen was negative for drugs/alcohol. ATV safety was discussed with the BF during the investigation. MCDSS interviewed all appropriate collaterals and obtained sufficient documentation during the investigation. The SC had resided with BF, BF's girlfriend, and her four children (unrelated to SC). MCDSS determined those children to be safe in the household. MCDSS unsubstantiated the allegations of DOA/Fatality, IG, II, and FRAC against the BF. The report was unfounded and closed on 7/8/16. The family was referred to community services prior to the closure of the investigation.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on



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the:

- Approved Initial Safety Assessment? Yes
- Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

### Explain:

Investigation closing activities were conducted appropriately.

## Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)?  Yes  No

<b>Issue:</b>	Preliminary assessment of safety must be completed and documented within 7 days.
<b>Summary:</b>	The 7-Day Safety Assessment was due on 5/13/16 but was not completed/approved until 5/18/16.
<b>Legal Reference:</b>	18 NYCRR 432.1 (aa)
<b>Action:</b>	MCDSS will develop a plan that addresses the requirement that all 7-Day Safety Assessments be completed and approved in a timely fashion.

<b>Issue:</b>	Review of CPS History
<b>Summary:</b>	There is no documentation in the case record that prior CPS history was reviewed.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	MCDSS will develop a plan that addresses the requirement to review and document all CPS history per regulation.

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 05/05/2016

Time of Death: Unknown



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Time of fatal incident, if different than time of death: 07:30 PM

County where fatality incident occurred: CHENANGO

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Operating ATV

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Father's Partner	No Role	Female	31 Year(s)
Deceased Child's Household	Other Child	No Role	Female	11 Year(s)
Deceased Child's Household	Other Child	No Role	Female	4 Year(s)
Deceased Child's Household	Other Child	No Role	Female	10 Year(s)
Deceased Child's Household	Other Child	No Role	Female	13 Year(s)

### LDSS Response

MCDSS initiated their investigation in a timely manner by first contacting the source of their report and confirming the allegations. MCDSS made collateral contact with law enforcement and medical personnel to coordinate the investigation and gather further information. MCDSS gathered sufficient information to determine 24 hour and 7 day safety of the four surviving children in the household. All family members and appropriate collaterals were interviewed regarding the allegations. MCDSS researched and documented the laws pertaining to ATV operation by children and determined that SC was permitted to do this on privately owned land without adult supervision. MCDSS also obtained information from law enforcement and medical personnel which indicated that the SC was operating the ATV in a cautious manner and that the incident was an accident that would not have been prevented by wearing a helmet, as SC died as a result of the ATV rolling onto his chest and crushing/suffocating him. MCDSS interviewed the BF and other family members who reported that the BF was generally very cautious and had taught the SC about ATV safety, although it was unclear whether the BF



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knew if the SC was wearing a helmet on the day of the fatality. MCDSS appropriately assessed safety and risk to the surviving children and offered bereavement and other community services to support the family. MCDSS unsubstantiated the allegations of DOA/Fatality, II, IG, and FRAC against the BF. The report was unfounded and closed on 7/8/16.

## Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** Madison County holds a quarterly CFRT meeting in which all Section 20 child fatality cases are reviewed.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
031832 - Deceased Child, Male, 14 Yrs	032009 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
031832 - Deceased Child, Male, 14 Yrs	032009 - Father, Male, 32 Year(s)	Fractures	Unsubstantiated
031832 - Deceased Child, Male, 14 Yrs	032009 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
031832 - Deceased Child, Male, 14 Yrs	032009 - Father, Male, 32 Year(s)	Internal Injuries	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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**Additional information, if necessary:**  
 Family made their own funeral arrangements without the assistance of DSS. Family was referred for counseling; no other service needs were identified during the course of the investigation.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/26/2014	11672 - Other Child - Child in Household, Female, 12 Years	11671 - Other Adult - Children in Household's Mother, Female, 30 Years	Other	Far-Closed	No
	11674 - Other Child - Child in Household, Female, 8 Years	11671 - Other Adult - Children in Household's Mother, Female, 30 Years	Other	Far-Closed	
	11673 - Other Child - Child in Household, Female, 10 Years	11671 - Other Adult - Children in Household's Mother, Female, 30 Years	Other	Far-Closed	
	11672 - Other Child - Child in Household, Female, 12 Years	11675 - Other Adult - BF to Other Children, Male, 32 Years	Other	Far-Closed	
	11673 - Other Child - Child in Household, Female, 10 Years	11675 - Other Adult - BF to Other Children, Male, 32 Years	Other	Far-Closed	
	11674 - Other Child - Child in Household, Female, 8 Years	11675 - Other Adult - BF to Other Children, Male, 32 Years	Other	Far-Closed	

**Report Summary:**



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Tompkins County Family Court judge issued a 1034 investigation. No further allegations in report narrative.

**OCFS Review Results:**

OCFS review found that the case was handled appropriately. Safety and risk were adequately assessed.

**Are there Required Actions related to the compliance issue(s)?** Yes No

**CPS - Investigative History More Than Three Years Prior to the Fatality**

8/12/08- UNF IG against other adult's then boyfriend regarding other children in household.  
11/23/09 – FAR case w/concerns of drug use by BF of other children in household.  
8/15/12 – FAR case resulting from 1034 investigation ordered by Tompkins Co. FC. FSS 8/29-11/19 regarding other children in household.  
3/14/13 – FAR case involving other child in household and her BF alleging DV/PDRG.

**Known CPS History Outside of NYS**

There is no known CPS history outside of NYS.

**Required Action(s)**

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes No

**Preventive Services History**

11/23/09 FAR case progressed to FSS 11/25-12/29 (family cooperated and drug treatment referral was completed; other children safe)

3/14/13 FAR case progressed to FSS 4/2/13. Case closed 5/6/13.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?** Yes No

**Are there any recommended prevention activities resulting from the review?** Yes No