



Survival Factors Attachment

Pottawattamie County Coroner's Office

Investigation Reports

Oakland, Iowa

HWY18MH003

(15 pages)

Central Office Use Only

(Date of Receipt)

(DOD Code)

PRELIMINARY REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT: **DONALD** **Norman** **HENDRICKS**
(First Name) (Middle Name) (Last Name)

ADDRESS: **Carson, IA** **Pottawattamie**
(residence) (Number & Street or Route, Box No.) (City, State) (County) (County Assigned Case #)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

<p>AGE (If less than 2 yrs. give months & days) Age: 74 Date of Birth: [REDACTED]</p> <p>MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown</p> <p>RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other</p>	<p>SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined</p> <p>HEAD-HAIR <input type="checkbox"/> None <input checked="" type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> White</p> <p>OTHER HAIR <input checked="" type="checkbox"/> Mustache <input type="checkbox"/> Beard</p>	<p>CLOTHING <input checked="" type="checkbox"/> Clothed* <input type="checkbox"/> Partly Clothed* <input type="checkbox"/> Unclothed</p> <p>EYES-Color: _____ R: ___ mm/L: ___ mm</p> <p>WEIGHT: _____ lbs. LENGTH: _____ inches</p> <p>MISCELLANEOUS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Circumcised</p>	<p>BODY TEMPERATURE <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold If taken: _____ site: _____</p> <p>RIGOR <input type="checkbox"/> Neck: <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/> Arms: <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/> Legs: <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 "0" = absent, "3" = full</p> <p>LIVOR Color: _____ Fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral (R / L)</p>	<p>BLOOD <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input checked="" type="checkbox"/> None</p> <p>FROTH <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Color: _____</p> <p>OTHER (Dirt, water etc.) <input type="checkbox"/> Nose _____ <input type="checkbox"/> Mouth _____ <input type="checkbox"/> Ears _____ <input checked="" type="checkbox"/> None</p> <p>DECOMPOSITION <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input type="checkbox"/> None</p>	<p>OCCUPATION (Please fill in both parts) TYPE OF WORK: Bus Driver (Example: machinist, typist, fireman, farmer, salesman, homemaker)</p> <p>INDUSTRY: Transportation (Example: textile, banking, fire dept., farming, insurance, home)</p> <p><input type="checkbox"/> No Occupational Information</p> <p>HISTORY OF DOMESTIC VIOLENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME <small>[military]</small>	LOCATION	COUNTY	TYPE OF PREMISES <small>(Home, farm, highway, hospital, etc.)</small>
INJURY OR ONSET OF ILLNESS	12/12/17	06:59	17840 480 th St., Oakland, IA 51560	Pott	ON THE JOB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Road
LAST SEEN ALIVE	12/12/17	06:15	(By Whom / Location where Last Seen or Heard) Bernard Klindt, bus barn, Oakland, IA	Pott	Bus Barn
DEATH (PRONOUNCED)	12/12/17	07:39	(Name of Pronouncer / Address where Pronounced) Oakland Volunteer Fire Department	Pott	Road
FOUND DEAD BY	12/12/17	07:39	(By Whom / Address where Found)	Pott	Road
POLICE NOTIFIED	12/12/17	07:02	POLICE AGENCY: Pott County Sheriffs Office	OFFICER: Dep. Nick Amdor	
M.E. NOTIFIED	12/12/17	08:27	(By whom: Name and Address) Pott County Comm Center		
VIEW OF BODY					<input type="checkbox"/> NOT VIEWED
TO HOSPITAL				Iowa Donor Network Notified? 1-800-831-4131	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WITNESSES	(Name and Address) Natalie and Michelle Klindt, [REDACTED] [REDACTED] [REDACTED] Oakland, IA			BLOOD SAMPLE DRAWN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Why Not? <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous	

MANNER OF DEATH

NATURAL HOMICIDE ACCIDENT SUICIDE UNDETERMINED PENDING

M.E. AUTOPSY AUTHORIZED
 Yes No

PROBABLE CAUSE OF DEATH:

- Pending Autopsy**
 - Due to: _____
 - Due to: _____
- Contributing factor: _____

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with Chapter 331.801 and 802 and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

PATHOLOGIST

State Case #, if applicable
SME

TYPE/PRINT NAME: MEI Dahlheim

NON-M.E. AUTOPSY DONE
 Yes No

I.S.M.E. review: _____

(Signature of Medical Examiner/
 Medical Examiner Investigator)
 12/13/17 **Pottawattamie**
(Date Signed) (County of Appointment)

How Injury Occurred (44. of death certificate):

Send **original** to Iowa State Medical Examiner. Copies must be forwarded to County Attorney's office(s).

MEANS OF DEATH (Agency or Object) - IF OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED	<input checked="" type="checkbox"/> Driver [if known] <input type="checkbox"/> Passenger [if known] <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Lap Belt Used <input checked="" type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> Crash Helmet Worn <input type="checkbox"/> Child Restraint	<input type="checkbox"/> Hit-Run <input type="checkbox"/> Non-Highway <input type="checkbox"/> Air Bag Deployed	<input type="checkbox"/> Passenger Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motorbike	<input type="checkbox"/> Farm Vehicle <input type="checkbox"/> Other: _____	
IF GUN	<input type="checkbox"/> Rifle - Cal. _____ <input type="checkbox"/> Handgun - Cal. _____ <input type="checkbox"/> Shotgun - Cal. _____ <input type="checkbox"/> Unknown Type	<input type="checkbox"/> Stippling <input type="checkbox"/> Smudging <input type="checkbox"/> Abrasion Collar <input type="checkbox"/> Round	<input type="checkbox"/> Oblong <input type="checkbox"/> Stellate <input type="checkbox"/> Surg. Treated <input type="checkbox"/> Other	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen	<input type="checkbox"/> Buttocks <input type="checkbox"/> Thighs <input type="checkbox"/> Lower Legs <input type="checkbox"/> Feet	<input type="checkbox"/> Upper Arms <input type="checkbox"/> Lower Arms <input type="checkbox"/> Hands <input type="checkbox"/> Other
IF INSTRUMENT: <input type="checkbox"/> Blunt / <input type="checkbox"/> Sharp	WHAT KIND:		TYPE & LOCATION OF INJURIES:			
IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Other Drug, Poison, or Chemical: <input type="checkbox"/> Unknown	REMARKS/SYMPTOMS:		<input type="checkbox"/> Ingested <input type="checkbox"/> Injected <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Unknown	<input type="checkbox"/> Other: _____	

MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Lung Disease	<input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure: <input checked="" type="checkbox"/> Other (specify): Degenerative Disc	FAMILY PHYSICIAN – DOCTOR: Jeffrey Johannes, PA ADDRESS: 1001 Risen Son Blvd., CB, IA PHONE #: 712-256-8600 MEDICATIONS: See body of report.	EMERGENCY MEDICAL HISTORY – DOCTOR: WHERE TREATED: MEDICATIONS:
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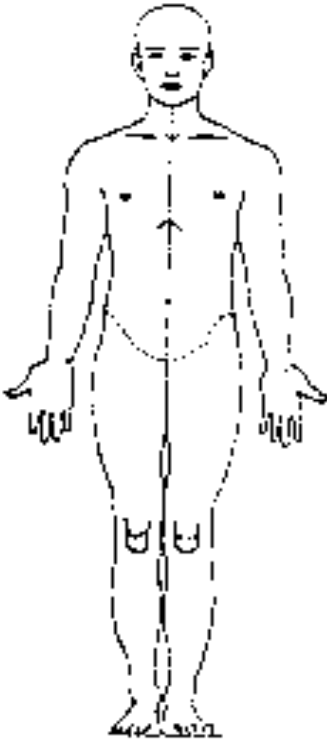
NEXT OF KIN - Address and Phone #:

Kathy Hendricks, [REDACTED], Carson, IA 51525, [REDACTED]

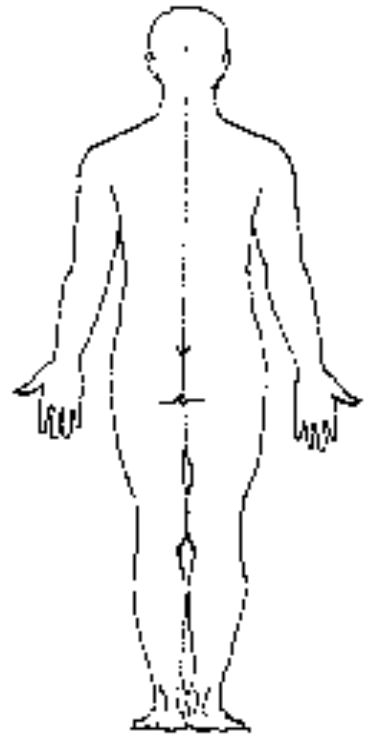
FUNERAL HOME – Address and Phone #

Rieken Vieth, 219 Oakland Ave., Oakland, IA 51560, (712) 782-6243

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):



On 12/12/17, MEI Hutcheson received notification of a two person fatality related to a bus fire in Pottawattamie County. Per his conversation with State Fire Marshall John Ticer at 07:45, MEI Hutcheson confirmed the fatalities and general location of the incident outside of Oakland, IA. MEI Hutcheson contacted MEI Robinson to advise of the need for case assignment. MEI Dahlheim received a call at 08:00 from MEI Robinson advising of a two person fatality related to a school bus fire. At 08:27, MEI Dahlheim was contacted by Pottawattamie County Communication Center advising of the need to contact Sgt. Chris Weber in regards to a fatality. MEI Dahlheim contacted Sgt. Weber at 08:27, who advised of a two person fatality related to a bus fire at 17840 480th St., Oakland, IA 51560. MEI Dahlheim contacted ME Dr. Elliott at 08:47 en route to the scene, who advised at that time to send the decedents to the ISOME for autopsy. MEI Dahlheim, MEI Hutcheson, and MEI Nelson arrived on scene at 10:10. MEI's checked in with Deputy James Harvey at that time. Prior to MEI's arrivals, the following individuals/agencies arrived on scene: Deputy James Harvey, 07:18; Corp. Aaron Soucie and Deputy Jonathan Hilz, 07:23, Sgt. Marc Freeman, 07:24; Oakland Fire Department, 07:30, Lt. Rob Ambrose, 07:52; Sgt. Chris Weber, 08:05, CSI Katie Pattee, 08:22. Pottawattamie County Communications Center had received the 911 call at 07:02. Oakland Fire Department declared the two fatalities at 07:39 and cancelled Life Net at that time. Upon arriving on scene, MEI's observed a yellow school bus with the back end in the ditch, and the front end on 480th St., facing southwest. There was a white sheet covering the driver's side seat area and a blue tarp covering the floor area next to the driver seat of the bus. No windows remained intact on the bus. The back door of the bus was closed. The passenger side door at the front of the bus was no longer present. The interior of the bus was burned in entirety, as well as the engine compartment. The exterior of the bus had sections of paint color still visible, with areas charred white. The first decedent was sitting in the driver seat of the bus, partially out of the driver window and was preliminarily identified as the driver, 74 year old Donald Hendricks, date of birth [REDACTED]. The second decedent was lying posterior on the floor of the bus, next to the driver seat, her head eastward, and was preliminarily identified as the passenger, 16 year old [REDACTED], date of birth [REDACTED].



MEI Nelson obtained pictures of the scene prior, during, and after removal of the decedents. MEI Dahlheim, MEI Hutcheson, and CSI Pattee collaborated to remove the decedents from the bus (see attached supplement for detail).

bag

Decedent's were released to the custody of Vieken Reith Funeral Home representatives, who transported them to ISOME. ISOME was contacted by MEI Hutcheson at approximately 11:40 to advise of the cases being sent for autopsy. MEI Dahlheim and MEI Nelson went into the residence to speak with family members; mother, father, and sister. State Fire Marshall John Ticer was present and initially asked the family members if there was anything they could tell him about what happened. had told Hendricks to throw out of the driver's side window when she had gone outside and found the bus burning. He had hollered at her to get something to break the window's with. Ticer inquired if could see any grass on fire behind the bus in the ditch. She did not see any grass on fire behind the bus. observed the fire sporadic throughout the bus and fast moving and the windows were blown out. She could not see and when she tried to help Hendricks and touched his arm he was hot. had got on the bus at 10 til 7 and Hendricks never got out of his seat belt.

MEI Dahlheim then spoke with the family. usually got on the bus daily between 06:45 and 06:50, today it was 06:50 and was the first stop on the bus route. At approximately 06:59, received a phone call from brother, and a bus driver for the school district as well. Bernard had heard Hendricks on the radio moments prior saying there was a bus fire and they could not get out and that they were at the. Bernard had then called and told her to check for the bus outside. went outside to the front of the house and observed the bus with the rear end in the ditch and saw fire in the grass in the ditch behind the bus. Hendricks was hanging out of the driver side window and hollered at to find something to break windows with. told Hendricks to throw out of the window, but he did not. called 911 and yelled for her daughter, inside the house. They retrieved a hammer and attempted to break the window directly behind the driver seat and put a hole in it, which caused thick black smoke to come out. She then attempted to break the front window on the driver side and could not. She asked Hendricks where was and he said he could not find her. attempted to help Hendricks, but he was hot to the touch and she could not reach high enough to get him out of the window. had called her neighbor, Bob Wright, at 07:05, who arrived at the home when Nick Bates, the transportation director of the school arrived after hearing the call on the radio and not getting a response. Nick Bates inquired to who was on the bus and Michelle and then retreated. moved back away from the area for safety as a propane tank was nearby. Law enforcement began arriving on scene and took family members inside the home.

had not heard anything significant or different in regards to how the bus sounded that morning. Bernard had passed Hendricks when Hendricks was leaving the bus barn that morning and had not noticed anything out of the ordinary regarding the bus. Bernard stated that the transporation department had undergone a state inspection the week prior and there were no issues with the buses.

MEI's left the scene at approximately 14:15. MEI Dahlheim contacted Iowa Donor Network at 15:04.

MEI Dahlheim contacted Deputy J. Hilz on 12/13/13 in order to obtain contact information for Hendricks' next of kin. Hilz referred to Deputy Harvey, who did not have either. MEI Dahlheim contacted Marty Rieken at Rieken Vieth Funeral Home who provided decedent's wife, Kathy Hendricks, information as next of kin. MEI Dahlheim contacted Mrs. Hendricks at 13:23 and she agreed to speak with MEI Dahlheim at her residence at 16:30. MEI Dahlheim arrived at said time and spoke with Kathy Hendricks regarding decedent, with her daughter, Jackie Moore, decedent's step-daughter, present. Date of birth was verified. Hendricks was a 74 year old semi-retired bus driver

who had worked for Oakland School District for approximately 20 years, initially in food service, but he had transferred to transportation at least 18 years prior. He had not mentioned any mechanical problems or concerns regarding the bus he drove or any issues in the department. Hendricks has in good health except ongoing back problems with degenerative disc disease. He had had back surgery January 2017 and was scheduled for a back surgery

[REDACTED]

Hendricks was not a smoker for over 20 years and has not used alcohol for that time either. He did not use drugs, but only prescribed medications and vitamins.

[REDACTED]

On the morning of 12/12/17, Hendricks's back hurt, but he felt fine otherwise and his back pain was not atypical of what he experienced. He was wearing

[REDACTED] He left for work at 06:20 and she did not have contact with him after.

MEI Dahlheim took photos of two pictures of Hendricks that Kathy provided, one from 2008 and one from 2017. MEI Dahlheim provided Kathy with pamphlets for the ISOME and Pott. County ME offices. MEI Dahlheim left at 17:15.

Report completed by MEI Dahlheim.

IDENTIFICATION OF BODY

<input checked="" type="checkbox"/> Preliminary	<input type="checkbox"/> Positive	Method: Pending Autopsy
If by viewing, viewed by: MEI Dahlheim, MEI Hutcheson, MEI Nelson		
Address: 227 S. 6 th St., Council Bluffs, IA		
Relationship: Investigator	Telephone #: 712-328-5837	



Iowa Office of the State Medical Examiner

Department of Public Health

2250 S. Ankeny Blvd.

Ankeny, IA 50023-9093

Phone: 515-725-1400 FAX: 515-725-1414

SUPPLEMENTAL ME-1

Date: 13DEC2017

To: Iowa Office of the State Medical Examiner

PLEASE RECORD THE FOLLOWING CHANGE/S TO THE ORIGINAL ME-1 FOR THE BELOW INDIVIDUAL (Required Information as Reported on Original ME-1)

Name: Donald Norman HENDRICKS

Date of Death: 12DEC2017

County: Pottawattamie

County Case ID: XXXXXXXXXX

Please check the box/es where supplemental or additional information is being reported. Fill in ONLY the fields that you want changed or added to the original ME-1 submitted.

DECEDENT/ADDRESS/COUNTY

- Name _____
- Address/County _____/_____
- County Assigned Case Number _____

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

- Date of Birth _____
- Marital Status Married Never Married Widowed Divorced Separated Unknown
- Race White Black Hispanic Asian Other
- Sex Male Female Undetermined
- Other _____

INFORMATION ABOUT OCCURRENCE

- Injury or Onset of Illness _____
- Last Seen Alive _____
- Found Dead _____
- Witnesses _____
- Type of Premises _____
- On the Job? Yes No _____
- Other _____

MEANS OF DEATH (Agency or Object) – IF OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Driver [if known] | <input type="checkbox"/> Lap Belt Used | <input type="checkbox"/> Hit-Run | <input type="checkbox"/> Passenger Car |
| <input type="checkbox"/> Passenger [if known] | <input type="checkbox"/> Shoulder Belt Used | <input type="checkbox"/> Non-Highway _____ | <input type="checkbox"/> Truck |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Crash Helmet Worn | | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Child Restraint | | <input type="checkbox"/> Motorbike |
| | <input type="checkbox"/> Air Bag Deployed | | <input type="checkbox"/> Farm Vehicle |
| | | | <input type="checkbox"/> Other _____ |

IF GUN

- Rifle – Caliber _____
- Handgun – Caliber _____
- Shotgun – Gauge _____
- Unknown Type

ADDITIONAL FAMILY / NEXT-OF-KIN INFORMATION

ADDITIONAL LAW ENFORCEMENT / INVESTIGATING AGENCY INFORMATION

ADDITIONAL MEDICAL HISTORY

**ADDITIONAL INFORMATION REGARDING
CIRCUMSTANCES OR IDENTIFICATION OF DECEDENT**

MEIs DAHLHEIM, HUTCHESON and NELSON arrived on scene and HUTCHESON met face-to-face with Iowa State Fire Marshal's Special Agent J. TICER, with whom he had spoken earlier. Agent TICER directed HUTCHESON to Pottawattamie County Sheriff's SGT. M. FREEMAN. FREEMAN provided a quick report and asked the three MEIs to check in with Deputy HARVEY which they did.

HUTCHESON performed a quick 360 degree survey of the scene, including an interior survey of the bus. [REDACTED] HUTCHESON directed MEI NELSON to be the photographer for the incident and DAHLHEIM to be the recorder/notetaker.

HUTCHESON assessed the location of the two decedents, met with FREEMAN, TICER and CSI PATTEE and laid out a plan for removal of the decedents. HUTCHESON clarified with FREEMAN regarding transportation arrangements for the decedents to the Iowa Office of the State Medical Examiner for autopsy. Once transportation arrangements were confirmed HUTCHESON briefed all parties on the removal plan.

A clean light-colored sheet was laid on the ground at the base of the bus step. The plan was to remove [REDACTED] HENDRICKS.

HUTCHESON entered the bus and began the process of recovering [REDACTED].

[REDACTED] HUTCHESON, PATTEE and DAHLHEIM [REDACTED]

HUTCHESON then reassessed the remaining decedent. [REDACTED]

[REDACTED] From there we would proceed as previously done. A [REDACTED]

HUTCHESON [REDACTED]

[REDACTED] while PATTEE and DAHLHEIM [REDACTED]

[REDACTED] PATTEE and DAHLHEIM. [REDACTED]

Final photos were taken of the interior of the bus [REDACTED]

HUTCHESON contacted the IOSME to advise them the bodies were enroute to their facility and advised that additional information would be provided as soon as the interviews were completed. HUTCHESON then remained outside with law enforcement officers while DAHLHEIM and NELSON conducted interviews as indicated on the ME-1.

This supplement prepared by HUTCHESON.

Name (please print or type) MEI J. HUTCHESON

Signature _____

Date _____

Central Office Use Only

(Date of Receipt)

(DOD Code)

PRELIMINARY REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT: _____ (First Name) _____ (Middle Name) _____ (Last Name) (COD Code) _____
ADDRESS: _____ (residence) _____ (Number & Street or Route, Box No.) **Oakland, IA** **Pottawattamie** _____ (County Assigned Case #)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

<p>AGE (If less than 2 yrs. give months & days) Age: 16 Date of Birth: 1 _____</p> <p>MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown</p> <p>RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other</p>	<p>SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Undetermined</p> <p>HEAD-HAIR <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input checked="" type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> White</p> <p>OTHER HAIR <input type="checkbox"/> Mustache <input type="checkbox"/> Beard</p>	<p>CLOTHING <input checked="" type="checkbox"/> Clothed* <input type="checkbox"/> Partly Clothed* <input type="checkbox"/> Unclothed</p> <p>EYES-Color: _____ R: ___ mm/L: ___ mm</p> <p>WEIGHT: _____ lbs. LENGTH: _____ inches</p> <p>MISCELLANEOUS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Circumcised</p>	<p>BODY TEMPERATURE <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold If taken: _____ site: _____</p> <p>RIGOR <input type="checkbox"/> Neck: <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/> Arms: <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/> Legs: <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 "0" = absent, "3" = full</p> <p>LIVOR Color: _____ Fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral (R / L)</p>	<p>BLOOD <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input checked="" type="checkbox"/> None</p> <p>FROTH <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Color: _____</p> <p>OTHER (Dirt, water etc.) <input type="checkbox"/> Nose _____ <input type="checkbox"/> Mouth _____ <input type="checkbox"/> Ears _____ <input checked="" type="checkbox"/> None</p> <p>DECOMPOSITION <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input type="checkbox"/> None</p>	<p>OCCUPATION (Please fill in both parts) TYPE OF WORK: N/A (Example: machinist, typist, fireman, farmer, salesman, homemaker)</p> <p>INDUSTRY: N/A (Example: textile, banking, fire dept., farming, insurance, home)</p> <p><input type="checkbox"/> No Occupational Information</p> <p>HISTORY OF DOMESTIC VIOLENCE <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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INFORMATION ABOUT OCCURRENCE

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DEATH (PRONOUNCED)	12/12/17	07:39	(Name of Pronouncer / Address where Pronounced) Oakland Volunteer Fire Department	Pott	Road
FOUND DEAD BY	12/12/17	07:39	(By Whom / Address where Found)	Pott	Road
POLICE NOTIFIED	12/12/17	07:02	POLICE AGENCY: Pott. County Sheriffs Office	OFFICER: Dep. Nick Amdor	
M.E. NOTIFIED	12/12/17	08:27	(By whom: Name and Address) Pott County Comm Center		
VIEW OF BODY					<input type="checkbox"/> NOT VIEWED
TO HOSPITAL				Iowa Donor Network Notified? 1-800-831-4131	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
WITNESSES	(Name and Address) _____ Oakland, IA			BLOOD SAMPLE DRAWN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Why Not? <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous	

MANNER OF DEATH

NATURAL HOMICIDE ACCIDENT SUICIDE UNDETERMINED PENDING

M.E. AUTOPSY AUTHORIZED
 Yes No

PROBABLE CAUSE OF DEATH:

- Pending Autopsy**
 - Due to: _____
 - Due to: _____
- Contributing factor: _____

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with Chapter 331.801 and 802 and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

PATHOLOGIST

State Case #, if applicable
SME

TYPE/PRINT NAME: MEI Dahlheim

NON-M.E. AUTOPSY DONE
 Yes No

I.S.M.E. review: _____

(Signature of Medical Examiner/
 Medical Examiner Investigator)
 12/12/17 **Pottawattamie**
 (Date Signed) (County of Appointment)

How Injury Occurred (44. of death certificate):

Send **original** to Iowa State Medical Examiner. Copies must be forwarded to County Attorney's office(s).

MEANS OF DEATH (Agency or Object) - IF OTHER THAN NATURAL

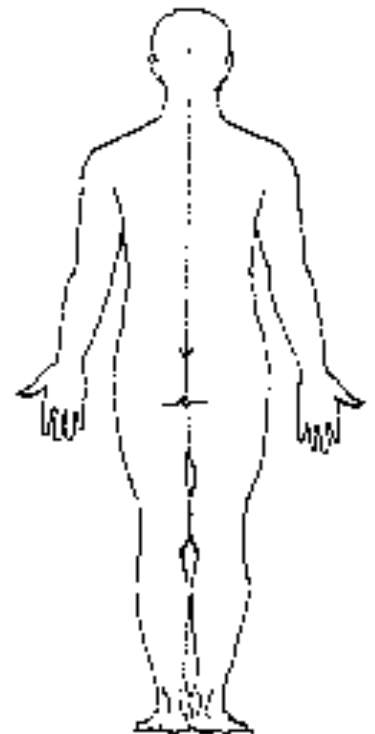
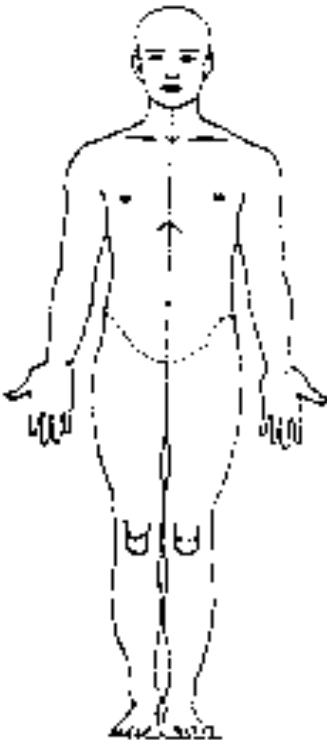
IF MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver [if known] <input checked="" type="checkbox"/> Passenger [if known] <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	<input type="checkbox"/> Lap Belt Used <input type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> Crash Helmet Worn <input type="checkbox"/> Child Restraint	<input type="checkbox"/> Hit-Run <input type="checkbox"/> Non-Highway <input type="checkbox"/> Air Bag Deployed	<input type="checkbox"/> Passenger Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motorbike	<input type="checkbox"/> Farm Vehicle <input checked="" type="checkbox"/> Other: <u>School Bus</u>
IF GUN	<input type="checkbox"/> Rifle - Cal. ____ <input type="checkbox"/> Handgun - Cal. ____ <input type="checkbox"/> Shotgun - Cal. ____ <input type="checkbox"/> Unknown Type	<input type="checkbox"/> Stippling <input type="checkbox"/> Smudging <input type="checkbox"/> Abrasion Collar <input type="checkbox"/> Round	<input type="checkbox"/> Oblong <input type="checkbox"/> Stellate <input type="checkbox"/> Surg. Treated <input type="checkbox"/> Other	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen	<input type="checkbox"/> Buttocks <input type="checkbox"/> Thighs <input type="checkbox"/> Lower Legs <input type="checkbox"/> Feet
IF INSTRUMENT: <input type="checkbox"/> Blunt / <input type="checkbox"/> Sharp	WHAT KIND:		TYPE & LOCATION OF INJURIES:		
IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Other Drug, Poison, or Chemical: <input type="checkbox"/> Unknown	REMARKS/SYMPTOMS:		<input type="checkbox"/> Ingested <input type="checkbox"/> Injected <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Unknown	<input type="checkbox"/> Other:

MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Lung Disease	<input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure: <input type="checkbox"/> Other (specify):	FAMILY PHYSICIAN – DOCTOR: Dr. Charles Pigneri ADDRESS: 110 Main St., Oakland, IA PHONE #: 712-482-6484 MEDICATIONS: Unk.	EMERGENCY MEDICAL HISTORY – DOCTOR: WHERE TREATED: MEDICATIONS:
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NEXT OF KIN - Address and Phone #:	██████████, Oakland, IA, 51560, ██████████
FUNERAL HOME – Address and Phone #	Rieken Vieth, 219 Oakland Ave., Oakland, IA 51560, (712) 482-6243

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):



On 12/12/17, MEI Hutcheson received notification of a two person fatality related to a bus fire in Pottawattamie County. Per his conversation with State Fire Marshall John Ticer at 07:45, MEI Hutcheson confirmed the fatalities and general location of the incident outside of Oakland, IA. MEI Hutcheson contacted MEI Robinson to advise of the need for case assignment. MEI Dahlheim received a call at 08:00 from MEI Robinson advising of a two person fatality related to a school bus fire. At 08:27, MEI Dahlheim was contacted by Pottawattamie County Communication Center advising of the need to contact Sgt. Chris Weber in regards to a fatality. MEI Dahlheim contacted Sgt. Weber at 08:27, who advised of a two person fatality related to a bus fire at 17840 480th St., Oakland, IA 51560. MEI Dahlheim contacted ME Dr. Elliott at 08:47 en route to the scene, who advised at that time to send the decedents to the ISOME for autopsy. MEI Dahlheim, MEI Hutcheson, and MEI Nelson arrived on scene at 10:10. MEI's checked in with Deputy James Harvey at that time. Prior to MEI's arrivals, the following individuals/agencies arrived on scene: Deputy James Harvey, 07:18; Corp. Aaron Soucie and Deputy Jonathan Hilz, 07:23, Sgt. Marc Freeman, 07:24; Oakland Fire Department, 07:30, Lt. Rob Ambrose, 07:52; Sgt. Chris Weber, 08:05, CSI Katie Pattee, 08:22. Pottawattamie County Communications Center had received the 911 call at 07:02. Oakland Fire Department declared the two fatalities at 07:39 and cancelled Life Net at that time. Upon arriving on scene, MEI's observed a yellow school bus with the back end in the ditch, and the front end on 480th St., facing southwest. There was a white sheet covering the driver's side seat area and a blue tarp covering the floor area next to the driver seat of the bus. No windows remained intact on the bus. The back door of the bus was closed. The passenger side door at the front of the bus was no longer present. The interior of the bus was burned in entirety, as well as the engine compartment. The exterior of the bus had sections of paint color still visible, with areas charred white. The first decedent was sitting in the driver seat of the bus, partially out of the driver window and was preliminarily identified as the driver, 74 year old Donald Hendricks, date of birth ██████████. The second decedent was lying posterior on the floor of the bus, next to the driver seat, her head eastward, and was preliminarily identified as the passenger, 16 year old ██████████, date of birth 1 ██████████. ██████████ features or clothing; however, a ██████████ MEI Nelson obtained pictures of the

then retreated. [REDACTED] moved [REDACTED] back away from the area for safety as a propane tank was nearby. Law enforcement began arriving on scene and took family members inside the home.

[REDACTED] had not heard anything significant or different in regards to how the bus sounded that morning. Bernard had passed Hendricks when Hendricks was leaving the bus barn that morning and had not noticed anything out of the ordinary regarding the bus. Bernard stated that the transportation department had undergone a state inspection the week prior and there were no issues with the buses. [REDACTED] stated that he had complained to his brother, Bernard, regarding Hendricks as he would run stop signs and had backed into an electrical pole with the bus on someone's property recently. MEI Dahlheim provided family with information regarding the county and state medical examiner offices. MEI's left the scene at approximately 14:15. [REDACTED]

[REDACTED] Report completed by MEI Dahlheim.

IDENTIFICATION OF BODY

<input checked="" type="checkbox"/> Preliminary	<input type="checkbox"/> Positive	Method: Pending Autopsy
If by viewing, viewed by: MEI Dahlheim, MEI Hutcheson, MEI Nelson		
Address: 227S. 6 th St., Council Bluffs, IA		
Relationship: Investigator		Telephone #: 712-328-5837



Iowa Office of the State Medical Examiner

Department of Public Health
2250 S. Ankeny Blvd.
Ankeny, IA 50023-9093

Phone: 515-725-1400 FAX: 515-725-1414

SUPPLEMENTAL ME-1

Date: 13DEC2017

To: Iowa Office of the State Medical Examiner

PLEASE RECORD THE FOLLOWING CHANGE/S TO THE ORIGINAL ME-1 FOR THE BELOW INDIVIDUAL (Required Information as Reported on Original ME-1)

Name: [Redacted]

Date of Death: 12DEC2017

County: Pottawattamie

County Case ID: [Redacted]

Please check the box/es where supplemental or additional information is being reported. Fill in ONLY the fields that you want changed or added to the original ME-1 submitted.

DECEDENT/ADDRESS/COUNTY

- Name
Address/County
County Assigned Case Number

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

- Date of Birth
Marital Status
Race
Sex
Other
Married, Never Married, Widowed, Divorced, Separated, Unknown
White, Black, Hispanic, Asian, Other
Male, Female, Undetermined

INFORMATION ABOUT OCCURRENCE

- Injury or Onset of Illness
Last Seen Alive
Found Dead
Witnesses
Type of Premises
On the Job?
Other

MEANS OF DEATH (Agency or Object) – IF OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED

- Driver [if known], Passenger [if known], Pedestrian, Other
Lap Belt Used, Shoulder Belt Used, Crash Helmet Worn, Child Restraint, Air Bag Deployed
Hit-Run, Non-Highway
Passenger Car, Truck, Motorcycle, Motorbike, Farm Vehicle, Other

IF GUN

- Rifle – Caliber
Handgun – Caliber
Shotgun – Gauge
Unknown Type

ADDITIONAL FAMILY / NEXT-OF-KIN INFORMATION

ADDITIONAL LAW ENFORCEMENT / INVESTIGATING AGENCY INFORMATION

ADDITIONAL MEDICAL HISTORY

**ADDITIONAL INFORMATION REGARDING
CIRCUMSTANCES OR IDENTIFICATION OF DECEDENT**

MEIs DAHLHEIM, HUTCHESON and NELSON arrived on scene and HUTCHESON met face-to-face with Iowa State Fire Marshal's Special Agent J. TICER, with whom he had spoken earlier. Agent TICER directed HUTCHESON to Pottawattamie County Sheriff's SGT. M. FREEMAN. FREEMAN provided a quick report and asked the three MEIs to check in with Deputy HARVEY which they did.

HUTCHESON performed a quick 360 degree survey of the scene, including an interior survey of the bus. [REDACTED] HUTCHESON directed MEI NELSON to be the photographer for the incident and DAHLHEIM to be the recorder/notetaker.

HUTCHESON assessed the location of the two decedents, met with FREEMAN, TICER and CSI PATTEE and laid out a plan for removal of the decedents. HUTCHESON clarified with FREEMAN regarding transportation arrangements for the decedents to the Iowa Office of the State Medical Examiner for autopsy. Once transportation arrangements were confirmed HUTCHESON briefed all parties on the removal plan.

[REDACTED] The plan was to remove [REDACTED] first as she was closer to the front exit and was partially blocking access to HENDRICKS. HUTCHESON entered the bus and began the process of recovering [REDACTED]. [REDACTED]

HUTCHESON then reassessed the remaining decedent. [REDACTED]
[REDACTED] From there we would proceed as previously done. [REDACTED]
[REDACTED] and HUTCHESON entered the bus to assist PATTEE and DAHLHEIM. [REDACTED]

Final photos were taken of the interior of the bus [REDACTED]

HUTCHESON contacted the IOSME to advise them the bodies were enroute to their facility and advised that additional information would be provided as soon as the interviews were completed. HUTCHESON then remained outside with law enforcement officers while DAHLHEIM and NELSON conducted interviews as indicated on the ME-1.

This supplement prepared by HUTCHESON.

Name (please print or type) MEI J. HUTCHESON

Signature _____

Date _____