



Provo City Police Department  
Crime Report

Report Date: 11-04-01

Report #Id : 1090124.A153

DR# 2110601  
IN# 1090124

CODE	OFFENSE DESCRIPTION
0804	Accidental Injury

Weapon, Force or Means used-  
**OTHER**  
Apparent Motive-  
**OTHER**  
Location of Occurrence-  
PROVO CANYON GUN RANGE

OCC. ON:           Date                    Time  
OR BTWN:        11-04-01               15:32  
REPORTED:       11-04-01

Source: P    Phone

Connecting reports-

Investigative divisions, units, persons notified-

Case Clearance/Disposition: 5   Inactive

ADDITIONAL PEOPLE INVOLVED

CODES: S=Suspect, V=Victim, W=Witness, C=Complainant, F=Father, M=Mother

VI	Name: ZENGER, ERIC	DOB:	Age: 33
	Addr:	Sex: M   Race: U	Eth. U
	CSZ: OKEM, UT 84057	HP:	WP:
	AKA:	Testify:	
W1	Name: ZENGER, MIKE	DOB:	Age: 23
	Addr:	Sex: M   Race: U	Eth. U
	CSZ: OKEM, UT 84057	HP:	WP:
	AKA:	Testify:	

The Details of this report can be found in the consheet.  
Consheet Id is \CONSHEET\1090124A.153

Supervisor	P#	Reporting Officer(s)	P#	Assmt.	Rep. Off. Signature
		WOLKEN, BRIAN		P153 PATROL	
Assigned to: P#	Assmt.	Date/Time	Reproduced	Div/Clk	To Whom
<input type="checkbox"/>	Submit to C/A	<input type="checkbox"/>	Active	<input type="checkbox"/>	Other
<input type="checkbox"/>	Immediate F/U	<input type="checkbox"/>	Pending	<input type="checkbox"/>	Inactive

PROVO CITY POLICE DEPARTMENT  
Continuation Sheet

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PAGE: 1 ID#: 1090908.A153 DR#: 2110729  
OFFICER: Wolken DATE: 11-4-01  
SUBJECT: Accidental Injury

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On 11-04-01 at approximately 1532 hrs. I was dispatched to the Provo Canyon Gun range for a report of an accidental injury. Dispatch advised me that Orem City Fire & Rescue crews were responding to that location for an individual that had been injured by the backfire from a firearm.

As I drove up Squaw Peak Rd. Orem City Paramedics were driving to Timpanogas Hospital. One of Provo City Paramedics who was at the scene as well stated that V1/Eric Zenger was being transported to Timpanogas Hospital. They stated he had shrapnel from a gun in his cheek.

I responded to the gun range and contacted W1/Mike Zenger, who is the brother of V1/Eric Zenger. W1/Mike Zenger stated that at approximately 1530 hrs. he and his brother were shooting a Connecticut Valley Arms 50 calibre muzzle loader rifle, serial #61-13-013872-96. He stated they had shot approximately 9 rounds with the gun. They were hitting targets and W1/Mike Zenger stated he watched as each round hit the target through a pair of binoculars. He stated he is 100 percent positive that the round prior to the one that damaged the weapon did hit the target and did exit the gun. He stated that V1/Zenger loaded a Barnes 300 grain expander MZ bullet into the gun. He was using Pyrodex 50 grain preformed charges as well as CCI0300 caps. He stated when he attempted to shoot the gun, the gun backfired and shrapnel from the bolt and other pieces of the gun flew backwards striking V1/Eric Zenger.

I inspected the weapon and found no damage to the barrel or to the chamber area of the firearm. It appeared as though the bolt had disintegrated as it exploded backwards. It is unclear as exactly what happened with this. It did not appear as though there was anything obstructing the barrel or any part of the weapon. V1/Eric Zenger's injuries were not life threatening.

There is no further information at this time. This report is for information only. Dispo 5/PJ

# TAH EMS INCIDENT REPORT

Bureau of Emergency Medical Services, Utah Department of Health

EMERGENCY  
 EMS/400  
 No 423316

Service Number <b>250606</b>	District Code <b>R-3</b>	Unit Permit Number <b>250606</b>	Incident Number <b>01-41624</b>	Incident Date (MM/DD/YY) <b>11/04/01</b>	
Incident Street Location <b>SQUAW PEAK TRAIL GUN RANGE</b>	City <b>OREM</b>	State <b>UT</b>	Zip Code <b>84057</b>	Location Code <b>4</b>	
Dispatch Date <b>11/04/01</b>	Incident Reported Time <b>1524</b>	Dispatch Notified Time <b>1524</b>	Dispatched Time <b>1524</b>	Enroute Time <b>1524</b>	
Left Scene Time <b>1543</b>	Arrived Destination Time <b>1550</b>	Back In Service Time <b>1613</b>	PM/EMT Number <b>947511</b>	PM/EMT Number <b>781422</b>	
Response / Transport	Bodily Fluids Exposure	CPR Information	Safety Equipment Usage	Alcohol/Drug Usage	
To Scene: <input checked="" type="checkbox"/> Lights / Siren <input type="checkbox"/> Silent Run	Exposure: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Types: <b>BLOOD</b>	Was CPR initiated prior to EMS Arrival? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By Whom? <input type="checkbox"/> Citizen <input checked="" type="checkbox"/> 1st Responder	Safety equipment usage? (Seat belt, helmet, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Types:	Suspicion of alcohol/drug use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason:	Odometer Readings Beginning / At Scene / Ending / Billable Miles /

Patient Last Name <b>ZENGER</b>	First Name <b>ERIK</b>	M.I. <b>M</b>	Responsible Party <b>SELF</b>	Telephone Number
Street Address	Street Address			
City <b>OREM</b>	State <b>UT</b>	Zip Code <b>84057</b>	City	State
Telephone Number	Social Security Number	Race Code	Primary Insurance Number	Group Insurance Number
Sex <b>M</b>	Date of Birth (MM/DD/YYYY)	Age <b>34</b>	Medicare Number	Medical Number

Chief Complaint <b>IMPAIRED OBJECT IN FACE</b>	Current Medications <b>UNK</b>	Transport
Past Medical History <b>NONE</b>	Allergies <b>NKA</b>	

**Narrative**  
 34 YOM WAS FIRING A BLACK POWDER RIFLE WHEN THE BOLT MECH. BLEW BACK IN TO HIS FACE - THE APPROX 3 1/2 INCH STEEL BOLT ENTERED JUST BELOW PTS (R) EYE AND WAS EMBEDDED UNDER HIS SKIN FROM THE POINT OF ENTRY TO PTS (R) EAR - THE SPRING FROM THE MECH. WAS EMBEDDED JUST ABOVE THE ENTRY OF THE BOLT AND PROTRUDED OUT APPROX 2 INCH - PT AT OX4 - NO LOSS OF CONSCIOUSNESS - MOTOR & NEURO OK - VITALS STABLE - EYES PEARL - LAC TO (R) THUMB - NO OTHER INJURY - O2 10L VIA MASK - IV NS 125cc/hr 18% (R) AL ENROUTE - TRANS TO TRH ER.

<b>REVISED TRAUMA SCORE</b>	<b>GLASGOW-COMA Scale</b>	<b>Vitals</b>	<b>Time</b>	<b>Pulse</b>	<b>Blood Pressure</b>	<b>Respiration</b>	<b>Temperature</b>
<b>RESPIRATORY RATE</b>	<input type="checkbox"/> 1 Eye Open <input type="checkbox"/> 2 None <input type="checkbox"/> 3 To Pain <input type="checkbox"/> 4 To Speech <input checked="" type="checkbox"/> 5 Spontaneously  <input type="checkbox"/> 1 Verbal Response <input type="checkbox"/> 2 None <input type="checkbox"/> 3 Incomprehensible <input type="checkbox"/> 4 Inappropriate <input type="checkbox"/> 5 Confused <input checked="" type="checkbox"/> 6 Oriented  <input type="checkbox"/> 1 Motor Response <input type="checkbox"/> 2 Flaccid <input type="checkbox"/> 3 Extends to Pain <input type="checkbox"/> 4 Flexes to Pain <input type="checkbox"/> 5 Withdraws <input checked="" type="checkbox"/> 6 Localizes Pain <input type="checkbox"/> 7 Obeys Commands	Initial	1535	97	133/85	24	97.8
NUMBER OF RESPIRATIONS IN 15 SECONDS MULTIPLY BY 4 10-29: 4 <input checked="" type="checkbox"/> 20-29: 3 <input type="checkbox"/> 6-9: 2 <input type="checkbox"/> 1-5: 1 <input type="checkbox"/> 0: 0 <input type="checkbox"/>	<b>GLASGOW TOTAL</b> <b>15</b> Enter Injury / Illness Codes (Most to Least Significant) 1 <b>D30</b> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> Enter Treatment Codes (Most to Least Significant) 1 <b>260</b> 2 <b>360</b> 3 <b>520</b> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/>	Repeat	1546	88	130/81	18	96.8
<b>SYSTOLIC-BP</b>		Repeat					
SYSTOLIC CUFF PRESSURE AUSCULTATE OR PALPATE >89: 4 <input checked="" type="checkbox"/> 76-89: 3 <input type="checkbox"/> 50-75: 2 <input type="checkbox"/> 1-49: 1 <input type="checkbox"/> No carotid pulse: 0 <input type="checkbox"/>		<b>ECG</b> Rhythm <b>NSR</b> Code <b>A</b> Initial Repeat Repeat Repeat Repeat	Skin Condition <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool Skin Color <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Red <input type="checkbox"/> Normal L Motor Function <input checked="" type="checkbox"/> Moves Arms <input checked="" type="checkbox"/> Moves Legs <input type="checkbox"/> Distal To Injury R. L. Pupils <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Unreactive <input type="checkbox"/> Dilated <input type="checkbox"/> Midrange <input type="checkbox"/> Constricted	Medications Given Time Dose Code			
<b>GLASGOW-COMA SCORE</b>		Medical Control Contact <input checked="" type="checkbox"/> At Scene <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Standing Order Medical Control Physician <b>ZANOLLI</b> Destination/Transferred To <b>TRH ER</b> Code <b>370</b> Medical Control Nurse <b>DAVE</b> Disposition <b>PMA ER</b> Code <b>40</b>	This is to certify that I am refusing treatment / transport. I have been informed of the risk(s) involved, and hereby release the ambulance service, its attendants, and its affiliates, from all responsibility which may result from this action.				
<b>TOTAL RTS SCORE</b> <b>12</b>		Patient Signature <b>Erin E. [Signature]</b> Date / Time <b>11/04/01</b> PM/EMT Completing Form Signature					

RUN DATE: 2/28/02  
DPS0141624

CITY OF OREM PUBLIC SAFETY DEPART.  
OFFENSE REPORT

PAGE: 1

OFFENSE # DPS0141624 NATURE: AMBULANCE - CODE 3  
STATUS:

REPORT DATE: 11/04/2001 TIMES: RECV 15:24 DISP 15:24 ARIV 15:33 CLEA16:13  
OFFENSE DATE: 11/04/2001 TO: 11/04/2001 TIMES FROM: 15:24 TO: 15:24

LOCATION: PROVO CANYON RD APT: PREMISE: OTHER

2ND ST: RANGE AREA: SUB-DIVISION: QUAD: 99

OFFICER: RESCUE 3 911  
DESCRIBE OFFENSE: GUN EXPLODED... BLK POWDER - INTO HIS HEAD  
BREATHING. 33 YOA

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RESPONDING OFFICER(S) INITIAL FINDINGS: PATIENT TRANSPORTED  
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\*\*\*\*\* PERSONS / BUSINESS INFORMATION \*\*\*\*\*

PERSON # 001 REPORTING PERSON  
LAST NAME: GOLDING CHRIS  
ADDRESS: TELEPHONE: 000-  
CITY: PL GROVE STATE: AGE: DATE OF BI 0/00/0000  
RACE: SEX: HGT WGT HAIR  
FACIAL HAIR: EYES: COMP: BUILD  
DRIVERS LIC. STATE. #: AD  
EMPLOYMENT:

PERSON # 002 PATIENT/ADULT  
LAST NAME: ZENGER ERIK  
ADDRESS: TELEPHONE: 000-000-0000  
CITY: OREM STATE: UT AGE: 34 DATE OF BI  
RACE: WHITE SEX: MALE HGT WGT HAIR  
FACIAL HAIR: EYES: COMP: BUILD  
DRIVERS LIC. STATE. #: AD  
EMPLOYMENT:

ORIGINAL INPUT BY: OPSREYOUNG

CASE NUMBER: DPS0141624

APPROVING SUPERVISOR \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

C: Traumatic injury to face.

H: 34 yom was firing a black powder rifle when the bolt mechanism blew back into his face, no other pert. med hx.

A: Pt had a penetrating wound aprox 1 inch below his right eye where a 3 1/2 inch by aprox 1/2 inch diameter steel rifle bolt entered his right cheek and embedded under the skin from the point of entry to his right ear, a spring aprox 1/4 inch in diameter was impaled just above the bolt entry and was protruding out aprox 2 inches, on exam pt was A&OX4, no loss of cons, Motor and Neuro ok, Eyes PEARL, Vitals stable, lac to Right Thumb, no pain to palp of Head or Neck, pain only elicited at points of penetration, pt had blood coming from Right Ear, pt stated that He could Hear ok from the Right Ear, Lungs clear in all quads, pt had a patent airway with no diff. breathing.

T: Obtained and Monitored Vitals, Obtained History, IV NS 125cc/hr 18g Right AC (JT), O2 10l via Mask, Contacted and Transported to TRH ER Dr. Zanolli, Bleeding controlled enroute, pt remained stable.

On follow up with RN Dave at TRH ER - Pt had a CT scan and had the objects removed, no major damage was found, pt was released to go home later in the evening. Pt did take along the rifle bolt and spring only this time it was in a plastic bag.

Rescue 3 responded code 3 from 1200 N State.

EMS# 423316

R-3= Young, Tills. E-3= Allred, Rawlings.

R-3 was also assisted by Provo Fire Department.