

53

26 NOV 1997

55

|  |  |   |   |   |                  |  |  |
|--|--|---|---|---|------------------|--|--|
| 1. CASE NO.<br>970418CCC2121   |  | 2. INVESTIGATOR'S ID<br>[9][0][4][4]                                      |   | 3. OFFICE CODE<br>[8][3][0]   |                  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b>    |  |
| 4. DATE OF INCIDENT YR MO DAY<br>[9][5][1][0][2][7]  |  |   | 5. DATE INVESTIGATION YR MO DAY<br>INITIATED [9][7][1][0][0][3] |   |                  |  |  |
| 6. SYNOPSIS OF INCIDENT OR COMPLAINT. A 14 month old female was found by her mother face down in 5-6" of water in a bathtub. The mother had left her unattended in a bathtub seat for "a minute" while she went to get clothing in a nearby bedroom. She returned to find that the baby had fallen out of the bathtub seat. The child never regained consciousness and died 26 hours later, after several resuscitation efforts. |  |   |   |   |                  |  |  |
| 7. LOCATION (Home, school, etc.)<br>Home [1][0]  |  | 8. CITY<br>Des Moines   |   |   | 9. STATE<br>Iowa |  |  |
| 10A. FIRST PRODUCT<br>Baby Bathtub Seat [1][5][5][7]   |  |   |   | 11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>Unknown    |                  |  |  |
| 10B. SECOND PRODUCT<br>Bathtub [0][6][1][1]  |  |   |   | 11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>Unknown    |                  |  |  |
| 12. AGE OF VICTIM<br>[2][1][4]   |  | 13. SEX (USE NUMERICAL CODE)<br>MALE - 1<br>FEMALE - 2 [2]<br>UNKNOWN - 3 |   | 14. DISPOSITION<br>Fatality [8]   |                  | 15. INJURY DIAGNOSIS<br>Submersion [6][9]            |  |
| 16. BODY PART<br>All parts [8][5]  |  | 17. RESPONDENT(S) (Mother, Friend)<br>State Medical Examiner [3]          |   | 18. TYPE INVESTIGATION<br>ON SITE - 1<br>TELEPHONE - 2 [9]<br>OTHER - 3 2 |                  | 19. TIME SPENT<br>Hours [1][6].[0]<br>Travel [0].[0] |  |
| 20. ATTACHMENTS<br>Documents [2]   |  | 21. CASE SOURCE<br>NEISS [0][3]   |   | 22. REVIEWED BY YR MO DAY<br>[8][1][3][0] [9][7][1][1][1][9]              |                  |  |  |
| 23. PERMISSION TO DISCLOSE NAMES<br>(NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [X]   |  |   |   |   |                  |  |  |
| 24. NARRATIVE (NARRATIVE ATTACHED, Page 2)   |  |   |   | 25. REGIONAL OFFICE DIRECTOR REVIEW DATE                                  |                  |  |  |

NOTIFIED 2/3/97  
 No NFR  
 2/27/97  
 Comments attached  
 Equipment/Revisions  
 requested  
 former office

**PRE-INCIDENT:** The female victim was born on 08/11/94. She weighed 2 lbs, 4 oz. Her mother was 20 years old, had a 9th grade education, and was unmarried. This was her first child. The father is not listed on the Certificate of Live Birth (exhibit 3). The father is listed on the Death Certificate (exhibit 2). The victim was born premature and had a history of heart surgeries. She required a 2 1/2 months hospitalization during which she underwent heart surgery (for litigation of a patent ductus arteriosus) at 2 days old. At the time of the incident, the victim was 14 months old and her mother was unemployed.

**INCIDENT:** The mother reported (exhibit 6, page 4) she was giving her daughter a bath at around 2:30 pm on 10/27/95. She gave her daughter little toys to play with and stayed with her in the bathroom for a while. She then ~~went into her daughter's bedroom to get some clothes and she could hear her~~ daughter playing. She reportedly left her daughter in what she called a "safety seat" in the bathtub.

The next thing the mother reportedly noticed was that her daughter was quiet. She went into the bathroom and found her daughter laying face down in the tub, pulseless and without breathing. She picked her up, took her into a nearby bedroom and started CPR. Water reportedly came out of her nose and mouth. The mother called 911 and continued CPR until a Deputy arrived. The mother estimated the time her daughter was left alone in the bathtub to be less than 5 minutes.

At about 3:19 pm, an ambulance was called to respond to an incident involving the 14 month old victim. The ambulance arrived and found the victim pulseless. They restored her heartbeat and she was transported to the emergency room of a nearby hospital.

The bathtub was observed by the responding sheriff's department. The bathtub was reportedly found with at least six (6) inches of water and a "stand up in, with supports, baby type walker." It is unknown if this device, it was stated in their report (exhibit 6, page 3), is intended for water use. The bathtub also reportedly contained a small doll type figures and fecal matter from the child. Several toys were found outside the bathtub on the floor.

**POST INCIDENT:** When the victim arrived at the hospital, at 3:54 pm, she was pulseless. After about 20 minutes, they again restored her heartbeat. However, she was unresponsive and had no reaction to pain, light, etc. Her condition was guarded and critical. She was placed on ventilator support in Intensive Care.

Over the next 24 hours, the child continued to be hyperventilated. She was evaluated and believed to have severe brain damage. It was on the advise of a doctor to continue with ventilator support for at least a 24 hour period. During this time, it was reportedly extremely difficult to maintain the child's heart rate and blood pressure and there were multiple episodes of undergoing resuscitation for this child. At around 4:31 pm on 10/28/95, the child was evaluated and shown to have electrocerebral silence. The decision was made to withdraw all supportive therapy and the child was pronounced dead at 4:31 pm. This was 26 hours after the initial incident.

The mother of the victim was interrogated and given advice of her rights on 10/27/95 by the sheriff's department (exhibit 6, page 5). The sheriff's report (exhibit 6, page 6) states that all the signs are there of drowning and the death was classified as accidental from drowning. In addition, the report states there was some concern on the part of the investigators because the maternal grandmother of the victim had a male child drown also in a bathtub seat in a bathtub. However, this case was closed and no additional leads were identified.

The county medical examiner completed an autopsy and report on the victim (exhibit 7). The cause of death was determined to be "Anoxic encephalopathy 26 hours following fresh water immersion and near drowning." Other significant findings include "Metabolic acidosis and acute renal failure." Manner of death is listed as "Accident." The autopsy report (exhibit 7, page 6) states the child was well developed and well nourished consistent to her age of 14 months. Her face and cheeks, and her lip, tongue or gum had no evidence of injury. No scars were identified. There is no evidence of contusions, abrasions, injuries, petechiae or ligature marks. There is no evidence of significant external injuries. Postmortem toxicologic studies are negative for alcohol and other drugs.

A NEISS report was completed on this incident (exhibit 1).

A Certificate of Death for the victim is attached as exhibit 2. A Certificate of Live Birth is attached as exhibit 3.

On 04/10/97, another Investigator initially submitted the attached information on this death (exhibit 8). This report was completed as assigned (exhibit 9).

In addition to reviewing the attached exhibits, I conducted further investigation efforts to try to identify the product involved. I was able to gather some details about the product, but was not successful in gathering photographs of the product or any definitive information about the model and manufacturer.

In this effort, I contacted several governmental agencies that investigated this incident. These included the investigating Police Department and Medical Examiners Office. On 11/04/97, I interviewed an Investigator from the Medical Examiners Office. She had investigated this death and reported it initially had started as a suspicious death. She reported several observations about the mother of the victim including that she seemed immature and reportedly had inappropriate responses to the situation. The victim, she reported, had not been properly immunized, could not walk or crawl (at age 14 months), but had started to pull herself up. The mother had a 9th grade education. Reportedly, the mother had not been left alone with her child on a regular basis, but at the time of the incident she was alone in the home with her child.

This investigator reported the mother had stated she found her child in the water, out of the bathtub seat or ring with her legs toward the faucet. She reported the mother stated it was difficult to put the child into and take her out of this bathtub seat or ring and that she stated she did not know how her child could have climbed out of it by herself.

This investigator had not seen the bathtub seat or ring first hand, but was able to refer me to another investigator who had. On 11/14/97, I interviewed a social worker with the Iowa Department of Human Services, Child Protective Services, about this case. This social worker recalled the incident and reported she had collected the bathtub seat or ring from the location of the incident the same day of the incident. She reported she had to remove the product from the bathtub. She stated she had difficulty in lifting it from the bathtub because it had about 30 individual suction cups holding it in place. She believed it was still in the same position it had been in at the time of the incident, however, the water had been drained.

The social worker could not identify the model, brand name or manufacturer of this product. She had kept the product as evidence for almost two years but had recently destroyed it. She had also taken pictures of the product but had also recently destroyed them.

The social worker was able to describe the product from her memory of the incident. She stated it was bright blue and yellow in color and was made of plastic. The seat and base were bright blue and the ring was blue and yellow with some other yellow pieces. The base of the product had over 30 individual suction cups that were also bright blue. She stated it sat firmly in the bathtub and was difficult to remove. She confirmed this product was designed for bathtub use with children.

In addition to this information about the product, the social worker reported other information about this case. She stated she initially had concerns about what the mother had stated about the incident as being factual. The social worker confirmed the child did not tip over in the bathtub seat or ring, but rather had appeared to climb out of it and then ~~had fallen into the water. The social worker questioned if this could have~~ been possible since the victim was a large chubby baby who, in her opinion, would have possibly been too big to fit into the bathtub seat or ring. She stated, she believed the cause of the accident was not the bathtub seat, but rather a lack of supervision by the mother, who she reported was not well educated and lacked parenting skills. She was concerned that no further action was taken by the police in this case.

**PRODUCT INFORMATION:** Numerous reports submitted about this accident mention the victim had been left unsupervised in a bathtub seat or ring in 5-6 inches of water in a bathtub. A statement from the mother was recorded (exhibit 6, page 4) in which she admitted to placing her daughter in a "safety seat while in the tub." However, no record of the product model and manufacturer was provided.

The bathtub was observed by the responding sheriff's department. The bathtub was reportedly found with at least six (6) inches of water and a "stand up in, with supports, baby type walker." It is unknown if this device, it was stated in their report (exhibit 6, page 3), is intended for water use.

I located a social worker who had actually collected the product, the day of the incident. She had removed it from the bathtub, from the position she believed it had been at the time of the incident. The social worker had taken pictures of the product. The social worker had destroyed the pictures and the product several months ago and was not able to provide me with further information about the brand, model, or manufacturer of the product.

The social worker was able to describe the product from her memory of the incident. She stated it was bright blue and yellow in color and was made of plastic. The seat and base were blue and the ring was blue and yellow with some other yellow pieces. The base of the product had over 30 individual suction cups that were also bright blue. She stated it sat firmly in the bathtub and was difficult to remove. She confirmed this product was designed for bathtub use with children.

No other information about this bathtub seat or ring is available.

**ATTACHMENTS:**

- Exhibit 1 - NEISS Report
- Exhibit 2 - Certificate of Death
- Exhibit 3 - Certificate of Live Birth
- Exhibit 4 - Ambulance Report
- Exhibit 5 - Hospital Records
- Exhibit 6 - County Sheriff's Office Incident Report
- Exhibit 7 - County Medical Examiner's Report
- Exhibit 8 - Route Slip, 04/10/97
- Exhibit 9 - Assignment

ClearingHouse Format - With Manufacturer  
Reported Incidents  
U.S. Consumer Product Safety Commission  
National Injury Information ClearingHouse

7/29/97  
Page 1

Report Number: X9741439A Task Number: 970418CCC2121 Issue: 29  
Date Received: 04/16/97 Confirmed: Date Entered: 05/22/97  
City: DES MOINES State: IA Zip: 50313  
Source: 0 Type Of Contact: 43  
Prod: 611 BATHTUBS OR SHOWERS  
Prod: 1557 BABY BATHTUB SEATS FOR RINGS (NOT TOYS)  
Date Injured: 10/27/95 D Work Related: N  
Age: 214 Sex: 2 FEMALE  
Disposition: 8 8=FATALITIES, INCLUDI Haz Type: C DROWNING (SUBMERSION)  
Brand: MANUFACTURER UNKN Screened?:  
Model: 0

Narrative:

A 14 MONTH OLD FEMALE DIED AFTER SHE NEARLY DROWNED IN THE BATHTUB,  
WHEN BRIEFLY LEFT UNATTENDED IN A BATH SEAT.

101 #970418 CCC 2121  
EXHIBIT # 1

STATE OF IOWA 47741439/5 09-1888 611  
IOWA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH 114-  
155

IA-94-023458

|   |               |   |   |   |                              |   |                              |  |
|---|---------------|---|---|---|------------------------------|---|------------------------------|--|
| TYPE IN PERMANENT BLACK INK FOR NOTATIONS SEE BOOK  | BIRTH NUMBER  |   | DECEDENT'S NAME                                     |   |                              |   | DATE OF DEATH (Mo. Day, Yr.) |  |
|   | 1. [REDACTED] |   | FIRST   |   | MIDDLE                       |   | LAST                         |  |
| 5   | SEX           | AGE - LAST BIRTHDAY (Years)   | UNDER 1 YEAR  | UNDER 1 DAY   | DATE OF BIRTH (Mo. Day, Yr.) | COUNTY OF DEATH   |                              |  |
|   | 1. Female     | 4a. [REDACTED]  | 4b. 46  | 4c. 14  | 5. 08/11/94                  | 6a. Polk  |                              |  |
| FACILITY NAME (If not institution, give street and number)  |               |   |   |   |                              | CITY, TOWN OR LOCATION OF DEATH                               |                              | INSIDE CITY LIM (Specify yes or no)  |
| 6a. Mercy Medical Center  |               |   |   |   |                              | 6c. Des Moines  |                              | 6d. YES  |
| HOSPITAL  |               |   | 6e. PLACE OF DEATH (Check only one)                 |   |                              | OTHER   |                              |  |
| <input checked="" type="checkbox"/> Inpatient   |               |   | <input type="checkbox"/> ER/Outpatient              |   |                              | <input type="checkbox"/> DOA                                  |                              |  |
| <input type="checkbox"/> Nursing Home   |               |   | <input type="checkbox"/> Residence                  |   |                              | <input type="checkbox"/> Other (Specify)                      |                              |  |
| WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below)  |               |   | RACE - White, Black, American Indian, etc (Specify) |   |                              | DECEDENT'S EDUCATION (Specify only highest grade complete)    |                              |  |
| 7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:   |               |   | 8. White  |   |                              | 9. 0  |                              |  |
| BIRTHPLACE (City & State or Foreign Country)  |               | CITIZEN OF WHAT COUNTRY   |   | MARRIED, NEVER MARRIED, DIVORCED, OR WIDOWED (Specify)  |                              | SURVIVING SPOUSE (If any)                                     |                              |  |
| 10. Des Moines, IA  |               | 11. U.S.A.  |   | 12a. Never Married  |                              | 12b. [REDACTED] APR 16 1997                                   |                              |  |
| SOCIAL SECURITY NUMBER  |               | USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)                                   |   | KIND OF BUSINESS OR INDUSTRY  |                              | WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no) |                              |  |
| 13. [REDACTED]  |               | 14a. Infant   |   | 14b. Infant   |                              | 15. NO  |                              |  |
| STATE   |               | COUNTY  |   | CITY, TOWN, OR LOCATION   |                              | STREET AND NUMBER OF RESIDENCE                                |                              |  |
| 16a. [REDACTED]   |               | 18b. Polk   |   | [REDACTED]  |                              | 16c. [REDACTED]   |                              |  |
| FATHER'S NAME   |               | MOTHER'S NAME   |   | MOTHER'S MAIDEN NAME  |                              | INSIDE CITY LIM (Specify yes or no)                           |                              |  |
| 17. [REDACTED]  |               | 17. [REDACTED]  |   | 17. [REDACTED]  |                              | 18. NO  |                              |  |
| INFORMANT NAME  |               | MOTHER'S NAME   |   | MOTHER'S MAIDEN NAME  |                              | INSIDE CITY LIM (Specify yes or no)                           |                              |  |
| 19a. [REDACTED]   |               | 19a. [REDACTED]   |   | 19a. [REDACTED]   |                              | 19b. [REDACTED]   |                              |  |
| 20a. MET  |               | PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)  |   | LOCATION (City or Town State)   |                              | INSIDE CITY LIM (Specify yes or no)                           |                              |  |
| <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State   |               | 20b. Glendale Cemetery  |   | 20c. Des Moines, IA   |                              | 19b. [REDACTED]   |                              |  |
| FUNERAL DIRECTOR - SIGNATURE  |               | FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)                    |   | F.D. LICENSE #  |                              | 21b. 2358   |                              |  |
| 21a. [Signature]  |               | 21c. Dahlstrom Funeral Home, 7621 East 9th Street, Des Moines, IA 50309   |   | 21b. Timothy R. Grandon   |                              | 21c. 2358   |                              |  |
| REGISTRAR - SIGNATURE   |               | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  |   | HOUR OF DEATH   |                              | 25c. 4:31 PM  |                              |  |
| 22a. [Signature]  |               | 22b. 11-7-95  |   | 25b. 10-31-95   |                              | 25c. 4:31 PM  |                              |  |
| 23. MANNER OF DEATH   |               | DATE OF INJURY (Mo., Day, Yr.)  |   | HOUR OF INJURY  |                              | INJURY AT WORK? (Specify yes or no)                           |                              |  |
| <input type="checkbox"/> Natural <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide                                 |               | 24a. 10-27-95   |   | 24b. 2:30 PM  |                              | 24c. NO   |                              |  |
| <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined   |               | PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)   |   | LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)             |                              | 24d. Left unattended in bath tub                              |                              |  |
| <input type="checkbox"/> Other (Specify)  |               | 24b. home   |   | 24c. 4280 N.E. 6th St., Des Moines, IA  |                              | 24d. [REDACTED]   |                              |  |
| To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated  |               | 25a. (Signature and title)  |   | DATE SIGNED (Mo., Day, Yr.)   |                              | HOUR OF DEATH   |                              |  |
| 25a. [Signature]  |               | 25b. 10-31-95   |   | 25c. 4:31 PM  |                              | 25d. [REDACTED]   |                              |  |
| NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type: Print)   |               | NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type: Print)   |   | 27. Francis L. Garrity, M.D., Polk Co. Medical Examiner, 1907 Carpenter, Des Moines, IA 50314 |                              | 28. PART I  |                              |  |
| 26. Dr. James Binkard, 220 W. 1st St., Ankeny, Iowa   |               | 27. Francis L. Garrity, M.D., Polk Co. Medical Examiner, 1907 Carpenter, Des Moines, IA 50314                               |   | 28. PART I  |                              | 29. PART II   |                              |  |
| 28. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line |               | 29. PART II a Other significant conditions contributing to death but not resulting in the underlying causes given in Part I |   | b IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)                 |                              | AUTOPSY (Specify yes or no)                                   |                              | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no) |
| Final disease or condition resulting in death   |               | Metabolic Acidoses; Acute renal failure   |   | No  |                              | Yes   |                              | 29b. [REDACTED]  |
| IMMEDIATE CAUSE   |               | Anoxic Encephalopathy 26 hours following fresh water  |   | [REDACTED]  |                              | [REDACTED]  |                              | 29c. [REDACTED]  |
| DUE TO (OR AS A CONSEQUENCE OF)   |               | Immersion and near drowning   |   | [REDACTED]  |                              | [REDACTED]  |                              | 29d. [REDACTED]  |
| UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  |               | [REDACTED]  |   | [REDACTED]  |                              | [REDACTED]  |                              | 29e. [REDACTED]  |

101 # 970418 CCC 2121  
EXHIBIT # 2

0108 1883

IA-95-021868 CERTIFICATE OF LIVE BIRTH

Child Name: ASHLEE DANIELLE LUND. Date of Birth: AUGUST 11, 1994. Facility Name: IOWA METHODIST MEDICAL CENTER. County of Birth: POLK.

Certifier: ERIC GARNER, M.D. Date Signed: 8-22-94. Address: 526 39TH ST. DES MOINES, IOWA 50312.

Attendee: DANIELLE LUND. Date Received by Registrar: SEP 1 1994.

Mother: BRANDI DAWN ROSTOKS. Date of Birth: SEPT 9, 1974. Residence: 430 S.W. WESTLAWN ANKENY IOWA.

Father: [Name Redacted]. Date of Birth: [Redacted]. Relation to Child: mother.

11. OF HISPANIC ORIGIN: No. 12. RACE: WHITE. 13. EDUCATION: 9TH.

14. PREGNANCY HISTORY: 17. BIRTH WEIGHT: 1021 GMS. 18. PLURALITY: SINGLE. 19. MONTH OF PREGNANCY BEGAN: JAN 1994. 20. TOTAL PRENATAL VISITS: 5. 21. CLINICAL ESTIMATE OF GESTATION: 31 WEEKS.

22. MEDICAL HISTORY FOR THIS PREGNANCY: 23. EVENTS OF LABOR AND/OR DELIVERY: 24. CONGENITAL ANOMALIES OF CHILD.

25. OTHER HISTORY FOR THIS PREGNANCY: 26. OBSTETRIC PROCEDURES: 27. METHOD OF DELIVERY: 28. ABNORMAL CONDITIONS OF THE NEWBORN.

29. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 30. OBSTETRIC PROCEDURES (continued): 31. METHOD OF DELIVERY (continued): 32. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

33. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 34. OBSTETRIC PROCEDURES (continued): 35. METHOD OF DELIVERY (continued): 36. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

37. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 38. OBSTETRIC PROCEDURES (continued): 39. METHOD OF DELIVERY (continued): 40. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

41. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 42. OBSTETRIC PROCEDURES (continued): 43. METHOD OF DELIVERY (continued): 44. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

45. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 46. OBSTETRIC PROCEDURES (continued): 47. METHOD OF DELIVERY (continued): 48. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

49. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 50. OBSTETRIC PROCEDURES (continued): 51. METHOD OF DELIVERY (continued): 52. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

53. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 54. OBSTETRIC PROCEDURES (continued): 55. METHOD OF DELIVERY (continued): 56. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

57. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 58. OBSTETRIC PROCEDURES (continued): 59. METHOD OF DELIVERY (continued): 60. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

61. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 62. OBSTETRIC PROCEDURES (continued): 63. METHOD OF DELIVERY (continued): 64. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

65. MEDICAL HISTORY FOR THIS PREGNANCY (continued): 66. OBSTETRIC PROCEDURES (continued): 67. METHOD OF DELIVERY (continued): 68. ABNORMAL CONDITIONS OF THE NEWBORN (continued).

EXHIBIT # 3  
101 # 970480002121



EMERGENCY MEDICAL ASSISTANCE  
(PLEASE TYPE-ACCURACY IS IMPORTANT)

4 Medical Record No. 56391

|  |                           |  |              |                                    |  |
|--|---------------------------|--|--------------|------------------------------------|--|
| 1 Patient Name (Last) (First) (Initial)  |                           | 2 Patient Identification No.<br>1779156 C  | 3 County No. | 5 Date of F<br>Mo. 10 Day 27 Yr.   |  |
| 6 Provider Telephone No.<br>15-244-4444  | 7 Provider No.<br>0189191 | 8 Pay To Provider No.<br>0189191   |              | 9 Patient's Other Resources        |  |
| Provider Name<br>Lifeline Ambulance, Inc.  |                           | Workman's Compensation   |              | Other Insurance                    |  |
| 11 Street Address<br>P. O. Box 636   |                           | Accident Related   |              | Automobile Related                 |  |
| 12 City, State, Zip<br>Des Moines IA 50303   |                           | Carrier Denied Coverage  |              | 13 Date of Accident<br>Mo. Day Yr. |  |
| 15. Location of Pick Up (Check one)  |                           | 16 Site of Pick Up (Name)<br>Private Residence<br>(Street Address)   |              |                                    |  |
| <input checked="" type="checkbox"/> Home<br><input type="checkbox"/> Site of Accident<br><input type="checkbox"/> Doctor's Office<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Other |                           | <input type="checkbox"/> Skilled Nursing Facility<br><input type="checkbox"/> Intermediate Care Facility<br><input type="checkbox"/> Intermediate Care/<br>Mental Retardation Facility<br><input type="checkbox"/> Other |              |                                    |  |
| 17 Destination (Check one)   |                           | 18 Destination Site (Name)<br>Des Moines IA 50313<br>Mercy Medical Center<br>(Street Address)<br>6th & University<br>(City, State, Zip)<br>Des Moines IA 50314   |              |                                    |  |
| <input type="checkbox"/> Home<br><input type="checkbox"/> Skilled Nursing Home<br><input type="checkbox"/> Intermediate Care Facility  |                           | <input type="checkbox"/> Intermediate Care/<br>Mental Retardation Facility<br><input checked="" type="checkbox"/> Hospital<br><input type="checkbox"/> Other   |              |                                    |  |
|  |                           | 19 Diagnosis   |              | 20 Code                            |  |
|  |                           | SEE DIAGNOSIS BELOW  |              |                                    |  |

21 STATEMENT OF SERVICES

| Line No. | PROCEDURE NUMBER | DESCRIPTION          | CHARGE         | LEAV BLAN. |
|----------|------------------|----------------------|----------------|------------|
|          | A0220            | Base Transportation  | \$ 300.00      |            |
| 02       | A0020            | Mileage              |                |            |
|          |                  | Miles 4              | Rate/Mile 7.50 |            |
| 03       |                  | Oxygen               | Units 30.00    |            |
| 04       |                  | Additional Attendant | Time           |            |
| 05       |                  | Waiting Time         | Time           |            |
| 06       |                  | Other (Describe)     |                |            |

|   |  |   |  |  |  |   |
|---|--|---|--|--|--|---|
| 22 Date of Pick Up<br>Mo. 10 Day 27 Yr. 1527  |  | 23 Type Trip (Check one)<br><input checked="" type="checkbox"/> One Way <input type="checkbox"/> Round Trip |  | 24 Method of Conveyance (Check one)<br><input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Other |  | 25 TOTAL CHARGE<br>\$ 330.00  |
| 29 Authorizing Physician  |  |   |  | 30 Provider No.  |  | 26 Less Third Party Payment   |
| 31 Address  |  |   |  | 32 City, State, Zip  |  | 27 NET CHARGE AMOUNT<br>\$ 330.00   |
| I certify that the statements on the reverse apply to this bill and are made a part hereof. |  |   |  | Signature of Authorized Representative<br>Lifeline Ambulance, Inc.<br>Sheila D. Ross<br>12-27-95<br>11-07-95<br>Date                                       |  | 28 Check box if recipient was pregnant at the time services were rendered. <input type="checkbox"/> |

Resent to HMO

CPB in Progress, patient poss drowning in bath tub. Patient found pulseless. ic. ET tube placed, Monitor & IV. Atrophine given via ET tube.

Lifeline Ambulance, Inc. Sheila D. Ross

S47486,  
M679R004  
AS OF 11/27/95

IOWA DEPARTMENT OF HUMAN SERVICES  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
REMITTANCE STATEMENT FOR

Page 2  
RUN DATE 11/22/95  
3684

LIFELINE AMBULANCE INC (PROVIDER NO 0189191)

CATEGORY OF SERVICE - AMBULANCE SERVICES

\*\*\*\*\*  
\* CLAIMS DENIED \*  
\*\*\*\*\*

| MEDICAL RCD NUMBER | RECIPIENT NAME | STATE ID | TRANSACTION CONTROL NUMBER | DATES OF SERVICE FROM TO | TOTAL CHARGES | DENIAL REASON               |
|--------------------|----------------|----------|----------------------------|--------------------------|---------------|-----------------------------|
| 55780              | ERWIN          | 14257880 | 95312-091-0000004-00       | 09/23/95 09/23/95        | \$247.50      | INVALID RECIPIENT ID NUMBER |
| 06115              | LUND           | 14590059 | 95312-091-0000014-00       | 10/11/95 10/11/95        | \$322.50      | INVALID RECIPIENT ID NUMBER |
| 04970              | WALTER         | 0257092G | 95312-091-0000015-00       | 08/17/95 08/17/95        | \$232.50      | INVALID DESTINATION         |
| 56391              | ASHLEY         | 1779156C | 95320-118-0000032-00       | 10/27/95 10/27/95        | \$330.00      | CLAIM DENIED HMO RECIPIENT  |
| 06271              | VANHOSEN       | 1019370F | 95312-091-0000006-00       | 10/20/95 10/20/95        | \$270.00      | MISSING MILEAGE RATE        |
| 56492              | WALLACE        | 0440706J | 95326-611-0010036-00       | 11/02/95 11/02/95        | \$43.02       | EXACT DUP OF PAID CLAIM     |
| 56454              | WATERS         | 0541418J | 95326-611-0007010-00       | 10/31/95 10/31/95        | \$42.11       | EXACT DUP OF PAID CLAIM     |

TOTAL CLAIMS DENIED - THIS PROVIDER / THIS CATEGORY OF SERVICE 7

101 # 9704180002121, EXHIBIT # 4, Page 30 of 7

RECEIVED  
DEC 26 1995

Patient Name [REDACTED] 30346

Dear ~~Medicare~~ Patient:

You were recently transported by Lifeline Ambulance, Inc. In order for Lifeline Ambulance to file a claim with ~~Medicare~~ ~~and/or other insurance~~, please provide us with the information requested and date and sign the authorization form below.

For many differing reasons, the service(s) rendered to you may not be considered by Medicare to be payable. By filing the claim for you, Lifeline Ambulance, Inc. makes no representation that the service(s) will be paid by Medicare.

Patient's full name [REDACTED]

Date of Birth 8-11-94 Medicare HIC# \_\_\_\_\_

Medicaid/Title XIX # 1779156C

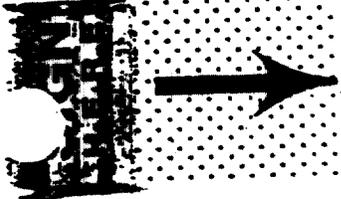
Other Insurance (Name of Company, Address) JOHN DE [REDACTED]

[REDACTED] STE 200

Other Insurance ID # 1779156C

-----  
AUTHORIZATION FORM

I request that payment of authorized ~~Medicare and/or~~ insurance benefits be made on my behalf to Lifeline Ambulance, Inc. for any services furnished me by that supplier. I authorize any holder of hospital or medical information about me to release to Lifeline Ambulance, Inc., the Health Care Financing Administration and/or my insurance carrier, and their agents, any information needed to determine benefits payable. I permit a copy of this authorization to be used in place of the original. I understand this authorization may be used by the supplier for all services in the future until such time as I revoke this authorization in writing.



Brandi Kistko Date 12-22-95

244-4444

101 # 970418CCC 2121

EXHIBIT # 4, Page 4 of 7

11/30

XIX denied claim. Got ins. info & sent signature form.

Heritage Natl

John Deere Claims

515-223-0307.

3800 23rd Ave Ste 200

Moline IL 61265

ID: 1779156C (same as XIX)

Benefits verified. Flu on sign form 12/8. 

JOHN DEERE HEALTH CARE,  
1515 5TH AVENUE, SUITE 20,  
MOLINE IL 61265-1368

PROVIDER ID : 421172176-01

ER NAME: LIFELINE AMBULANCE INC. PROVIDER NAME: LIFELINE AMBULANCE INC.  
 P.O. BOX 686 P.O. BOX 686  
 DES MOINES IA 50306 DES MOINES IA 50306

| ER ID                    | NAME         | PROCEDURE | BILLED CHARGES | PATIENT CONTRIBUTION | GOV  | ASHLEY LUND | AMOUNT PAID | REASON | PAID DISALLOW |
|--------------------------|--------------|-----------|----------------|----------------------|------|-------------|-------------|--------|---------------|
| 156C                     | ASHLEY LUND  |           | 300.00         | 0.00                 | 0.00 | 0.00        | 0.00        | 0.00   | 109.51        |
| 2795                     | 102795 A0220 |           | 30.00          | 0.00                 | 0.00 | 0.00        | 0.00        | 0.00   | 0.00          |
| 2795                     | 102795 A0020 |           | 30.00          | 0.00                 | 0.00 | 0.00        | 0.00        | 0.00   | 109.51        |
| L FOR CLARK 800918936-01 |              |           |                |                      |      |             |             |        |               |
| OTHER SUBTOTAL           |              |           | 330.00         | 0.00                 | 0.00 | 0.00        | 0.00        | 0.00   | 109.51        |
| TOTAL                    |              |           | 330.00         | 0.00                 | 0.00 | 0.00        | 0.00        | 0.00   | 109.51        |

ALLOE REASON: EXCEED MAXIMUM ALLOWANCE ON MEDICATED REIMBURSEMENT

CHECK AMOUNT 109.51

#1 Price 6 or 7

LIFELINE AMBULANCE, INC.  
P. O. BOX 636

DES MOINES, IA 50303  
(515)244-4444

CREDIT STATEMENT  
3/11/96

ACCOUNT # 30346

TELEPHONE # [REDACTED]

Des Moines IA 50313

PATIENT # [REDACTED]

CALL # 56391  
DATE 10/27/95

FLAG L  
CYCLE 6

LAST SERVICE DATE 10/27/95  
LAST PAYMENT DATE 3/ 8/96

| CREDIT DESCRIPTION    | RECEIPT | DATE     | AMOUNT   |
|-----------------------|---------|----------|----------|
| Public Aid Adjustment |         | 10/30/95 | \$212.13 |
| Insurance Payment     |         | 3/ 8/96  | \$109.51 |
| Public Aid Adjustment |         | 3/ 8/96  | \$8.36   |

|                        |         |          |
|------------------------|---------|----------|
| PRIOR CREDITS RECORDED |         | \$0.00   |
| TOTAL CREDITS AS OF    | 3/11/96 | \$330.00 |
| TOTAL CHARGES AS OF    | 3/11/96 | \$330.00 |
| CURRENT BALANCE        |         | \$0.00   |

101 # 970418 CCC 2121, EXHIBIT # 4, Page 7 of 7

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| PATIENT<br>[REDACTED] |  | ADDRESS<br>[REDACTED] |  |
| DES MOINES            |  | IA                    |  |

|                              |               |                |  |                |                             |
|------------------------------|---------------|----------------|--|----------------|-----------------------------|
| MED.REC.NO.<br>00-52-74-62-6 | PA. TYPE<br>E | HOS.SVC.<br>EM | TIME AND DATE ENTERED<br>10-27-95 1554 | SCH.INPAT.DATE | SCH.OUTPAT.DATE<br>10-27-95 |
|------------------------------|---------------|----------------|--|----------------|-----------------------------|

|                                   |  |  |  |  |                   |
|-----------------------------------|--|--|--|--|-------------------|
| ADMITTING PHYSICIAN<br>[REDACTED] |  |  |  |  | ROOM & BED #<br>5 |
|-----------------------------------|--|--|--|--|-------------------|

|                           |          |            |                     |         |               |  |
|---------------------------|----------|------------|---------------------|---------|---------------|--|
| DATE OF BIRTH<br>08/11/94 | SEX<br>F | AGE<br>14M | MARITAL STATUS<br>S | CD<br>5 | RELIGION<br>N | CHURCH CODE/NAME<br>NON05 NO INFORMATION GIVEN |
|---------------------------|----------|------------|---------------------|---------|---------------|--|

|                                       |                                       |               |  |
|---------------------------------------|---------------------------------------|---------------|--|
| PATIENT BILLING NO.<br>000606530-5300 | PATIENT'S SOC.SEC.NO.<br>000-60-6530G | RELIGION<br>N | CHURCH CODE/NAME<br>NON05 NO INFORMATION GIVEN |
|---------------------------------------|---------------------------------------|---------------|--|

|                            |                          |
|----------------------------|--------------------------|
| ADMITTING DIAGNOSIS<br>CPR | HOME PHONE<br>[REDACTED] |
|----------------------------|--------------------------|

INSURANCE

|  |                                   |                       |                                   |
|--|-----------------------------------|-----------------------|-----------------------------------|
| GUARANTOR NAME & ADDRESS<br>[REDACTED] | PLACE OF EMPLOYMENT<br>UNEMPLOYED | BIRTHDATE<br>09/09/74 | RELATIONSHIP TO PATIENT<br>MOTHER |
|--|-----------------------------------|-----------------------|-----------------------------------|

|   |   |
|---|---|
| PRIMARY INSURANCE & ADDRESS<br>HNH/MEDICAID<br>CUSTOMER SUPPORT DEPT<br>MOLINE IL 61265<br>POLICY HOLDER [REDACTED] DOB 08/11/94<br>RELATION PATIENT<br>PLACE OF EMPLOYMENT & ADDRESS<br>UNEMPLOYED, UNDER AGE 18 | SECONDARY INSURANCE & ADDRESS<br><br>POLICY HOLDER<br>RELATION<br>PLACE OF EMPLOYMENT & ADDRESS |
|---|---|

| INS CODE | INSURANCE COMPANY | POLICY NUMBER | GP NUMBER | NAME OF POLICY SUBSCRIBER |
|----------|-------------------|---------------|-----------|---------------------------|
| HXX      | HNH/MEDICAID      | 1779156C      |           | LUND, ASHLEE              |

|              |                    |                 |               |
|--------------|--------------------|-----------------|---------------|
| PRE-CERT.NO. | ADMIT CLERK<br>JAR | PRINTER<br>EME1 | TERM #<br>ER2 |
|--------------|--------------------|-----------------|---------------|

|                |                                  |
|----------------|----------------------------------|
| DATE OF INJURY | EMERGENCY NOTIFICATION           |
|                | NAME LUND, BRANDI<br>REL. MOTHER |

|   |                                       |  |
|---|---------------------------------------|--|
| REFERRING PHYSICIAN<br>NAME [REDACTED]<br>ADDRESS<br>MERCY HOSP EMERGENCY DEPT<br>DES MOINES IA 50314 | HOME PHONE 515-281-0326<br>WORK PHONE | REFERRING INSTITUTION<br>NAME<br>ADDRESS |
|---|---------------------------------------|--|

|  |
|--|
| DISTRIBUTION<br>E.D. PHYSICIAN<br>Y    |
| NOTES-COMMENTS<br>BROUGHT IN BY RESCUE |

181# 970418CCC 2121, EXHIBIT #5, Page 1 of 12



LUND, ASHLEE

PEDIATRIC/YOUNG ADULT PATIENT HISTORY 000101530-5300F

HR 005274626

BIOGRAPHICAL DATA TO BE COMPLETED BY PARENT/GUARDIAN DOUGLA 10/27/95

Patient's name [redacted] Age 14 months Sex Female

Parent's names [redacted] Home phone [redacted]

Contact person [redacted] Work phone [redacted]

Marital status [redacted] Siblings 0 Home phone [redacted]

Legal custody: Joint  Mother  Father  Guardian  Other  Work phone [redacted]

Comments restrooming by against biological Supportive documentation: On chart  Not on chart   
dad - Michael Lund

History of present illness: (Describe how and when your child became ill. What treatments were received?)

List all past surgeries and/or serious illnesses: Previous blood transfusions: Yes  No

1. premature
2. heart surgeries
- 3.

What medication is your child taking now? (Include all over-the-counter and prescription drugs.)

| Name | Dose/Amount | How Often |
|------|-------------|-----------|
| none |             |           |
|      |             |           |
|      |             |           |

Does anyone in the household smoke? Yes  No

Allergies (list all) none

Immunizations (up to date?) Yes  No  late for 1 year shots

Has your child been exposed to any illness in the last two weeks? YES - cold UR1 + ear infection

Past communicable diseases none

Where was medical care received? \_\_\_\_\_

Birth History (Please complete if child is one year of age or under.)

Birth weight 2lbs 4oz Full term: Yes  No  Date of birth 8-11-94

Complications at birth premature

Infants/Toddlers: Rolls  Sits  Crawls  Stands  Walks  Climbs  All

Toilet Training

Does your child have bladder and bowel control? Yes  No  Daytime  Night time

Eating Habits

Diet: Bottle fed  Breast fed  Special feeding techniques/problems none

Type of formula none Feeds self  Cup

When and how much 4 times a day Bottle temperature before bed - with milk in a bottle

Type of nipple: Nuk  Playtex  Regular  Premie

Schoolwork: Grade level \_\_\_\_\_ Problems with schoolwork \_\_\_\_\_

Parent/Guardian Signature [redacted] Date 10-27-95

6392-301-W-2a-5

101 # 077041000 2101 EXHIBIT # 5 Page 7 of 17

**PERTINENT HEALTH HISTORY DATA**

**General Systems Review:**

(Omit this section if 45 days or less has elapsed since previous admission and order old medical record.)

Head/Eyes/Ears/Throat: no infections - frequent  
 Respiratory: ϕ  
 Cardiovascular: PDA  
 Gastrointestinal: ϕ prob.  
 Genital/Urinary/Reproductive: ϕ  
 Muscular-Skeletal: ϕ  
 Neurological: grade I bleed at birth  
 Mental Status: Appropriate  Lethargic  Other comatose now  
 Skin: ϕ

Miscellaneous:  
 Development/Sensory Deficits (describe-ADD, etc.): developmentally appropriate per to  
 Current Support Systems: boyfriend

**DISCHARGE SCREENING TOOL**

|  | YES | NO | NOT APPLICABLE |
|--|-----|----|----------------|
| 1. Patient in need of caregiver and/or discharge related support services (i.e., transportation, housekeeping, respiratory care).  | ✓   |    |                |
| 2. Patient needs assistance with ADL (washing, feeding, walking, school, etc.).  | ✓   |    |                |
| 3. Patient has transferred from or in all likelihood will transfer to a skilled nursing facility, residential care facility, or specialty hospital.                                      | ✓   |    |                |
| 4. Patient has inadequate/questionable financial resources related to medical needs (i.e., no insurance, motor vehicle accident victim, question regarding health care insurance, etc.). | ✓   |    |                |

**ADMISSION PROCESS**

Transportation to room no. #2: Walked  Wheelchair  Cart  Carried   
 Accompanied by mother  
 Orientation (check if explained): Room  Meals  Visiting hours  Galley  Identification   
 Allergy band  Preop teaching  Side rails  Smoking  Playroom/Teen Room   
 Parental level of involvement: Bathe  Diaper changes  Feeding  Other   
 Learning needs identified by family: none  
 Discharge needs identified by family: home care  
 Learning needs identified by nurse: Information on diagnosis  Basic baby care  Medications   
 Discharge needs identified by nurse: Equipment  Visiting nurse  CPR  Monitor  Car restraint   
 Transportation  Assistive devices   
 Disposition of belongings (name): none  
 Disposition of patient medications (name): none  
 Identify valuables: none  
 Patient height 28cm Patient weight 10kg Head circumference (less than 18 months) \_\_\_\_\_  
 Physician aware of patient's arrival: yes Time \_\_\_\_\_  
 Collaboration:  
 The patient requires or may require the following support services: Dietary  Clergy  PT  OT  RT   
 ET  SS  Other \_\_\_\_\_

**Linkage/Validation/Review**

The R.N. assigned to this patient has initiated a care plan including protocols consistent with the patient history. The R.N. has seen the patient, validated the above information, and the plan of care has been reviewed with the patient/signification other.

R.N. Signature/Title: K. Ferguson Date 10-27-75 Time 2:00

Parent/Guardian reviewed initial plan of care and history: yes

# Consultation Report

To: Dr. Kelly (Ped. Neurology)

Consultation Requested Regarding: Near drowning

Requested by Dr. Salow

Date: 27 Oct 95

Consultant's Report: 14 mo. old girl. Face down in bath tub - pulseless & without breathing. CPR → intubation, intracranial infusions, heart beat restored. Still on ventilator. Unresponsive. No seizures yet. P.H. Premature. In NICU on vent. Small IVH but dec. d. family well prior to P.I. <sup>on adm.</sup> Very acidotic but pH coming back up.  $PO_2$  good. No urine production yet.

Exam - Infreq. diaphragmatic abd. shudder on contraction. No other spont. movements. No reaction to pain on deep suctioning. No OTRs. Pupils dilated. Non-reactive to light. A few retinal hemorrhages noted bilat. Subg. emphysema noted.

Imp: Hypoxic-ischemic encephalopathy.  
Rec: Cont. vent. support. For now no anticonvulsant meds. If starts having seizures R & E phenobarbital <sup>loading</sup> initial bolus 20 mg/kg. Can go higher if needed. Will cont. to follow for ev. of responsiveness. May have to do EEG or flow study if loses all evidence of clinical neuro. function.

Signed Thomas W. Kelly, M.D.  
(Consultant's Signature)

Date 27 Oct 95

Distribution: White - Patient Chart Yellow - Referring Physician Pink - Consultant

**CONSULTATION REPORT**

9540-008-3pk-3 9/95



000606530-5300F 1 E  
KR 005274626  
SELOVER, DOUGLA 10/27/95

# Consultation Report

To: Dr. Pediatric Cardiology P.C. (Chandrasekari)

Consultation Requested Regarding:

Central lines - Atrial & venous and evaluate.

5-2016-20/11

Requested by Dr. Salow

Date: 10/27/95

Consultant's Report: 14 mo old Phoenix who had PDA ligated in ICS here noted by mother to be under water in bath tub and not breathing.

Resuscitation for nearly 30 mins. Had no heart beats when she was initially evaluated. Had multiple doses of atropine & Epinephrine. Initial High P<sub>O2</sub> - however vent. 100% O<sub>2</sub> - SpO<sub>2</sub> by cuff started at 110 but dropping down now. (Atr. line 80/50)

- Pupils dilated not reacting. Pulses: equal, but feeble when distinctly seen. Cardiac tones bit distant - no S<sub>3</sub>/gallop nor any mur. Ax: = lungs aerating well.

Placed (1) femoral Atr. line (Arrow) by Dr. Salow

(2) femoral Triple lumen line by Dr. Salow

- ABG - Severe Metabolic acidosis pH < 7, P<sub>O2</sub> 87, 100% O<sub>2</sub>

- Have discussed w/ Dr. Salow. Given 30mg of NaHCO<sub>3</sub> and since K is low - (3) will give 8mg/kg of KCl over 10 min. Repeat labs & K to be done.

Dofamine 1 mc/kg to 6 Mcg/kg/min - would get ECG in 15 min. Infant is stable.

Signed Chandrasekari  
(Consultant's Signature)

Date 10/27/95

Distribution: White - Patient Chart Yellow - Referring Physician Pink - Consultant

CONSULTATION REPORT

101 # 9170418

Page 5 of 12

9540-008-3pt-3 9/95

PATIENT

ADDRESS 4200

DES MOINES

IA

ZIP 50313 CTY 077

|                                |               |                  |  |                              |                   |
|--------------------------------|---------------|------------------|--|------------------------------|-------------------|
| MED. REC. NO.<br>00-52-74-62-6 | PA. TYPE<br>I | HOS. SVC.<br>PED | TIME AND DATE B'FERED<br>10-27-95 1641 | SCH. INPAT. DATE<br>10-27-95 | SCH. OUTPAT. DATE |
|--------------------------------|---------------|------------------|--|------------------------------|-------------------|

|  |                           |
|--|---------------------------|
| ADMIT/ATTENDING/CONSULTING PHYSICIAN<br>SELOVER, DOUGLAS | ROOM & BED NO.<br>0376-02 |
|--|---------------------------|

|                           |          |            |                     |         |                                     |
|---------------------------|----------|------------|---------------------|---------|-------------------------------------|
| DATE OF BIRTH<br>08/11/94 | SEX<br>F | AGE<br>14M | MARITAL STATUS<br>S | CO<br>5 | ADVANCE DIRECTIVE DATE LAST REVISED |
|---------------------------|----------|------------|---------------------|---------|-------------------------------------|

|                                       |   |               |  |
|---------------------------------------|---|---------------|--|
| PATIENT BILLING NO.<br>000606530 5300 | PATIENT'S SOC. SEC. NO.<br>000-60-6530G | RELIGION<br>N | CHURCH CODE NAME<br>NON05 NO INFORMATION GIVEN |
|---------------------------------------|---|---------------|--|

|                            |                            |
|----------------------------|----------------------------|
| ADMITTING DIAGNOSIS<br>CPR | HOME PHONE<br>515-281-0326 |
|----------------------------|----------------------------|

|           |  |                                   |                       |                                   |
|-----------|--|-----------------------------------|-----------------------|-----------------------------------|
| INSURANCE | GUARANTOR NAME & ADDRESS<br>UNEMPLOYED | PLACE OF EMPLOYMENT<br>UNEMPLOYED | BIRTHDATE<br>09/09/74 | RELATIONSHIP TO PATIENT<br>MOTHER |
|-----------|--|-----------------------------------|-----------------------|-----------------------------------|

|   |   |
|---|---|
| PRIMARY INSURANCE & ADDRESS<br>HNH/MEDICAID<br>CUSTOMER SUPPORT DEPT<br>MOLINE IL 61265<br>POLICY HOLDER LUND, ASHLEE DOB 08/11/94<br>RELATION PATIENT SS# - -<br>PLACE OF EMPLOYMENT & ADDRESS<br>UNEMPLOYED, UNDER AGE 18 | SECONDARY INSURANCE & ADDRESS<br>POLICY HOLDER<br>RELATION<br>PLACE OF EMPLOYMENT & ADDRESS |
|---|---|

| INS CODE | INSURANCE COMPANY | POLICY NUMBER | GP NUMBER | NAME OF POLICY SUBSCRIBER |
|----------|-------------------|---------------|-----------|---------------------------|
| HXX      | HNH/MEDICAID      | 1779156C      |           | LUND, ASHLEE              |

|                           |                    |                 |                 |
|---------------------------|--------------------|-----------------|-----------------|
| PRE-CERT. NO.<br>AWAITING | ADMIT CLERK<br>SMS | PRINTER<br>AA5Q | TERM ID<br>ADAT |
|---------------------------|--------------------|-----------------|-----------------|

|  |             |
|--|-------------|
| DATE OF INJURY<br>EMERGENCY NOTIFICATION | REL. MOTHER |
|--|-------------|

|  |  |
|--|--|
| REFERRING PHYSICIAN<br>NAME<br>DES MOINES IA 50314 | REFERRING INSTITUTION<br>NAME<br>ADDRESS |
|--|--|

DISTRIBUTION

CHART FACE

|  |
|--|
| NOTES-COMMENTS<br>BROUGHT IN BY RESCUE<br>ER ADMIT |
|--|

Mary Lund - Grandmother OCT 28 1995  
 986-4504  
 Michael Lund - Father  
 11/1/95  
 C.B. - Dr. + ...

LUND, ASHLEE  
 00-52-74-62-6 10L



MERCY HOSP. MED. CENTER  
DIAGNOSIS AND PROCEDURE SHEET  
DATE 10/31/95

PAGE: 1

NAME: [REDACTED] ACCT 0006065305300 MED REC NO 005274626  
ADM/VST DATE 10/27/95 DIS/DEPART DATE 10/28/95 ROOM/BED 0376 02  
DATE OF BIRTH 08/11/94 AGE [REDACTED] SEX F LOS 001 DSCH DISP 9  
ATTENDING PHYSICIAN [REDACTED] ER, DOUGLAS

MDC 021 INJURIES, POISONINGS AND TOXIC EFFECTS OF DRUGS  
DRG 454 OTH INJURY, POISON&TOXIC EFFECT DX W CC  
OUTLIER STATUS CHARGES 5869.84 REIMB 3088.06

ADMITTING DIAGNOSIS  
994.1 DROWNING/NONFATAL SUBMER

PRINCIPAL DIAGNOSIS  
1. 994.1 DROWNING/NONFATAL SUBMER

- SECONDARY DIAGNOSES
- 2. 427.5 CARDIAC ARREST
  - 3. 276.2 METABOLIC ACIDOSIS
  - 4. 958.4 TRAUMATIC SHOCK
  - 5. 348.1 ANOXIC BRAIN DAMAGE
  - 6. 584.5 ACUTE TUBULAR NECROSIS
  - 7. 276.5 DEHYDRATION
  - 8. 578.9 GI BLEEDING
  - 9. 276.7 HYPERKALEMIA
  - 10. 348.8 BRAIN DEATH
  - 11. E910.4 DROWNING IN BATHTUB

| PROCEDURES                        | DATE    |
|-----------------------------------|---------|
| 1. 96.71 CONT MECH VENT-(96 HOURS | 10/27/9 |
| 2. 38.91 ARTERIAL CATHETERIZATION | 10/27/9 |
| 3. 38.93 VENOUS CATHETER NEC      | 10/27/9 |

*[Signature]*  
ATTENDING PHYSICIAN

11/23/95  
DATE

DISCHARGE SUMMARY

PATIENT: [REDACTED] BILLING #: 000606530-5300  
PHYSICIAN: [REDACTED] ADMISSION DATE: 10/27/1995  
MEDICAL RECORD #: 005274626 DISCHARGE DATE: 10/28/1995

ADMITTING DIAGNOSIS:

FINAL DIAGNOSIS: Fatal drowning episode.

~~SECONDARY DIAGNOSIS:~~ Cardiac arrest.  
Metabolic acidosis.  
Traumatic shock.  
Anoxic brain damage.  
Acute tubular necrosis.  
Dehydration.  
A gastrointestinal bleed.  
Hyperkalemia.  
Brain death.

OPERATIONS/PROCEDURES:

James Coggi, M.D.

DATE SIGNED

Continued ...

IDI # 970418CCC2121, DISCHARGE SUMMARY  
EXHIBIT # 5

Page 8 of 12







DISCHARGE SUMMARY

PATIENT [REDACTED] BILLING #: 000606530-5300  
PHYSICIAN [REDACTED] D. [REDACTED] ADMISSION DATE: 10/27/1995  
MEDICAL RECORD #: 005274626 DISCHARGE DATE: 10/28/1995

**PERTINENT FINDINGS:** Please see extensive written note completed by Dr. Selover on the day of admission. However, in brief, this was a 14 month old white female who was noted to be left unattended in the bathtub in the natural mother's care. The mother stated the child was in the bathtub in a ring and was left unattended for about a two minute periods. According to the mother, she stated the child was extremely quiet. She did not hear any more movement. She went back into the bathroom and found the child face down in the the tub, apneic and pulseless. Immediately, she began to do cardiopulmonary resuscitation and called 911. The child was immediately brought to the Emergency Room here at Mercy Hospital Medical Center. However, en route, the ENT intubated the child and gave epinephrine, as well as Atropine, per gastroscopy tube. Upon arrival in the Emergency Room, the child was pulseless, asystolic and multiple rounds of epinephrine, Atropine, as well as sodium bicarbonate were given via the gastrostomy tube, as well as interosseous route and after about a 20 minute period, heart rate was once again regained with a rate of 110 and blood pressure 130/Doppler. During the code, the child was noted to develop subcutaneous emphysema in the forehead region, along with the temporal area and lower half of the chest. The child was then brought to the Pediatric Intensive Care Unit in guarded and critical condition.

**HOSPITAL COURSE:** The intravenous fluids of D-5 0.5 normal saline at 0.25% with 20 mEq of sodium bicarbonate were started, in addition to an epinephrine drip running at a rate of 20 ccs per hour. The child was then placed on ventilator support with an FI02 of 100% assist control of 40 and tidal volume 100 and a PEEP of 4. Initial electrolytes showed white blood count 16 700, hemoglobin 12.2, hematocrit 36.8, differential was 4% bands, 27% neutrophils, 16% lymphocytes, 3% monocytes. Sodium was 113. PT 16.9, control 12, PTT elevated at 52. Glucose 250 on admission, sodium 143, potassium 3.7, chloride 98, CO2 7, BUN 17. Elevated liver enzymes with alkaline phosphatase of 335, SGOT 1085 and LDH of 2033. Protein and albumin were low.

Consultations for cardiology for placement of arterial and central line was made. Once a central line access was established, metabolic acidosis was noted with a pH 6.6, pCO2 31, pO2 100. The base excess was -35. Over the next 24 hours, the child continued to be hyperventilated. However, no urine output was noted after Lasix was given. The child was evaluated by Dr. Kelly of neurology who felt that there was severe brain damage. Pupils were noted to be fixed and dilated. Some neurologic reflexes were noted. It was on the advice of neurology to continue with the ventilator support for at least a 24 hour period and reassess the child after 24 hours. During

Continued...

101# 970418000 0101

DISCHARGE SUMMARY  
EV 40-#5

Page 10 of 12



DISCHARGE SUMMARY

|                   |            |                 |                |
|-------------------|------------|-----------------|----------------|
| PATIENT:          | [REDACTED] | BILLING #:      | 000606530-5300 |
| PHYSICIAN:        | [REDACTED] | ADMISSION DATE: | 10/27/1995     |
| MEDICAL RECORD #: | 005274626  | DISCHARGE DATE: | 10/28/1995     |

this time, it was extremely difficult to maintain the child's heart rate and blood pressure and, therefore, the child required both epinephrine drip and Dopamine drip.

Over the course of the next 24 hours, still no urine could be obtained despite multiple episodes of undergoing resuscitation for this child. Heart rate could not be stabilized without the assistance of a continuous epinephrine drip and Dopamine. During the course of 24 hours, the child was then developing hyperkalemia. A consult was made with nephrology who suggested that a bolus of insulin with calcium be given to stabilize the potassium. This was initiated. However, flow resolution was noted. A discussion was undergone with the parents in regard to the possibility of dialysis on the child. However, in lieu of the grave neurologic standpoint of the child, the parents requested we not undergo dialysis for correction of the serum potassium. Close care was given to this child over the course of 24 hours and around 16:31 on October 28, 1995, the child was re-evaluated by Dr. Kelley and electroencephalogram was obtained which showed electrocerebral silence. The parents decided to withdraw all supportive therapy and the child was pronounced dead at 16:31. Medical examiner was notified of this case and he did accept.

DIET:  
MEDICATION:  
PHYSICAL ACTIVITY  
FOLLOW UP CARE:

James Coggi, M.D.

12/20/95  
DATE SIGNED

JC:sm  
DD: 121395  
DT: 12/18/95  
COPY: Dr. Coggi

IDI# 970418 CCC 2121, EXHIBIT # 5

Page 12 of 12



Identifiable suspect (s) in this case?:  Yes  No

|  |   |   |  |   |        |        |        |  |      |
|--|---|---|--|---|--------|--------|--------|--|------|
| Check One<br><input type="checkbox"/> Offender<br><input type="checkbox"/> Suspect                             | Offender<br>Sequence #  | Name (Last, First, Middle)  | Nickname/Alias   | Address (Street, City, State, Zip)  |        |        |        |  |      |
| <input type="checkbox"/> W - White<br><input type="checkbox"/> B - Black<br><input type="checkbox"/> A - Asian | <input type="checkbox"/> I - Indian<br><input type="checkbox"/> U - Unknown | <input type="checkbox"/> H - Hispanic<br><input type="checkbox"/> N - Nonhispanic<br><input type="checkbox"/> U - Unknown | <input type="checkbox"/> F - Female<br><input type="checkbox"/> M - Male<br><input type="checkbox"/> U - Unknown | DOB/Age   | Phone: | Height | Weight | Eyes   | Hair |
| Glasses  | Hat   | Coat  | Shirt  | Scars, Marks, Tattoos   |        |        |        |  |      |
| Paras  | Shoes   | Gloves  | Other  |   |        |        |        |  |      |
| SOC/OLVOLS   | Relationship of<br>Victim #<br>to Offender                                  | Relationship of<br>Victim #<br>to Offender  | Arrest:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | Offender suspected of using<br>(check as many as apply)<br><input type="checkbox"/> D - drugs<br><input type="checkbox"/> C - computer equip<br><input type="checkbox"/> A - alcohol<br><input type="checkbox"/> N - not applicable |        |        |        | Offender<br>Present<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |

|       |      |      |       |                                 |  |  |  |  |  |
|-------|------|------|-------|---------------------------------|--|--|--|--|--|
| LC    | LIS  | LY   | LT    | VIN/Other identifiable features |  |  |  |  |  |
| Color | Year | Make | Model | Style                           |  |  |  |  |  |

|  |   |   |  |   |        |        |        |  |      |
|--|---|---|--|---|--------|--------|--------|--|------|
| Check One<br><input type="checkbox"/> Offender<br><input type="checkbox"/> Suspect                             | Offender<br>Sequence #  | Name (Last, First, Middle)  | Nickname/Alias   | Address (Street, City, State, Zip)  |        |        |        |  |      |
| <input type="checkbox"/> W - White<br><input type="checkbox"/> B - Black<br><input type="checkbox"/> A - Asian | <input type="checkbox"/> I - Indian<br><input type="checkbox"/> U - Unknown | <input type="checkbox"/> H - Hispanic<br><input type="checkbox"/> N - Nonhispanic<br><input type="checkbox"/> U - Unknown | <input type="checkbox"/> F - Female<br><input type="checkbox"/> M - Male<br><input type="checkbox"/> U - Unknown | DOB/Age   | Phone: | Height | Weight | Eyes   | Hair |
| Glasses  | Hat   | Coat  | Shirt  | Scars, Marks, Tattoos   |        |        |        |  |      |
| Paras  | Shoes   | Gloves  | Other  |   |        |        |        |  |      |
| SOC/OLVOLS   | Relationship of<br>Victim #<br>to Offender                                  | Relationship of<br>Victim #<br>to Offender  | Arrest:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | Offender suspected of using<br>(check as many as apply)<br><input type="checkbox"/> D - drugs<br><input type="checkbox"/> C - computer equip<br><input type="checkbox"/> A - alcohol<br><input type="checkbox"/> N - not applicable |        |        |        | Offender<br>Present<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |

Children:  U - Present/Unarmed  N - None present  H - Present/Harmed

ON 11-27-95 AT 1520 HRS. I WAS DISPATCHED TO 4250 N.W. 65<sup>TH</sup> ON A  
 POSSIBLE CHILD DROWNING.  
 UPON ARRIVAL AT 1523 HRS. THE MOTHER OF THE CHILD, BRANDI OPENED  
 THE DOOR FOR ME AND I OBSERVED HER TO BE HYSTERICAL. SHE ADVISED ME  
 THAT HER 10 MONTH OLD DAUGHTER ASHLEY WAS UPSTAIRS ON THE BEDROOM  
 FLOOR - NOT BREATHING.  
 I IMMEDIATELY RAN UPSTAIRS AND FOUND ASHLEY LYING SUPINE ON THE  
 FLOOR WITH A BLUE COLOR AROUND HER MOUTH AND HANDS. I CHECKED FOR  
 BREATHING AND A PULSE AND FOUND NOTHING. I STARTED CPR AND CONTINUED  
 IT UNTIL EMERGENCY SERVICES ARRIVED AND ASSISTED THEM. LIFELINE PHARMACEUTICALS  
 ARRIVED AND TOOK OVER CARE.  
 I LATER WENT TO HOSPITAL AND GOT A VOLUNTARY STATEMENT  
 FROM BRANDI.

Filing a false report with a law enforcement agency is a criminal offense. I hereby certify that the information contained in this report is accurate to the best of my knowledge and I will prosecute the offender if found.

|   |   |   |
|---|---|---|
| DATE: _____   | SIGNATURE: _____  | Reporting Deputy: <u>L. RITZMAN</u> ID#: <u>85070</u>       |
| <input checked="" type="checkbox"/> Active<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Arrest - Active<br><input type="checkbox"/> Cleared by arrest<br><input type="checkbox"/> Unfounded<br><input checked="" type="checkbox"/> Assigned to: | Exclusionary Clearance:<br><input type="checkbox"/> A - Suspect/offender dead<br><input type="checkbox"/> B - Prosecution declined<br><input type="checkbox"/> C - Extradition declined<br><input type="checkbox"/> D - Victim refused to cooperate<br><input type="checkbox"/> E - Juvenile - no custody | Supervisor: <u>Sgt. [Signature]</u> ID#: _____<br># / _____ |

POLK COUNTY SHERIFF'S DEPARTMENT  
MOINES, IOWA 50309

PRELIMINARY REPORT — CONTINUATION  
PAGE 1 OF 1

NAME: 1 INCIDENT: DROWNING CASE: 95-41327  
ADDRESS: [REDACTED] ST OCCURANCE DATE & TIME 10-27-95 1519  
REPORTING OFFICER: R. TOBEY T3719

NARRATIVE:

I ASSISTED AT 4230 NE 6<sup>th</sup> ST REFERENCE A DROWNING OF AN 18 MONTH  
OLD FEMALE. WHEN I ARRIVED THE BABY'S MEDICAL NEEDS WERE BEING  
ATTENDED TO BY MEDICAL PERSONNEL.

I OBSERVED THE BATHROOM WHERE THE CHILD DROWNED IN THE BATH TUB -  
THE BATH TUB CONTAINED WHAT APPEARED TO BE AT LEAST SIX INCHES OF  
WATER AND A STAND UP IN WITH SUPPORTS, BABY TYPE WALKER. IT IS UNKNOWN

IF THIS DEVICE IS INTENDED FOR WATER USE. THE TUB ALSO CONTAINED A SMALL  
DOLL TYPE FIGURE AND FINALLY IT HAD FECAL MATTER FROM THE CHILD.

OUTSIDE THE TUB ON THE FLOOR WERE DIFFERENT STYLE TOY MEN OBJECTS  
LIKE PEG MEN ABOUT 1/4 TO 1/2 INCH IN DIAMETER.

M  
O  
R

SEE PAGE ONE FOR SPECIFIC DETAILS OF THIS CASE #

DOI # 970418 CCC 2121, EXHIBIT # 6, Page 3 of 7

POLK COUNTY SHERIFF'S DEPARTMENT  
MOINES, IOWA 50309

PRELIMINARY REPORT — CONTINUATION  
PAGE 1 OF 7

NAME: [REDACTED] INCIDENT: DROWNING CASE: 95-41327

ADDRESS: [REDACTED] OCCURANCE DATE & TIME 10-27-95 1646

REPORTING OFFICER: L. RYAN P. 2070

NARRATIVE: I PUT ASHLEY IN THE BATH TUB AT AROUND 2:30 P.M. I GAVE HER ALL HER LITTLE TOYS TO PLAY WITH AND STAYED WITH HER FOR AWHILE. I THEN WENT INTO ASHLEY'S ROOM TO GET SOME CLOTHES AND I COULD HEAR HER PLAYING. I HAD HER IN A SAFETY SEAT WHILE IN THE TUB.

THE NEXT THING I NOTICED WAS ASHLEY WAS QUIET, SO I WENT INTO THE BATHROOM AND FOUND ASHLEY LYING FACE DOWN IN THE TUB. I INSTANTLY PICKED HER UP OUT OF THE TUB AND RUSHED HER INTO MY MOM'S BED ROOM AND STARTED BRING CPR. ALOT OF WATER WAS SEEN COME OUT OF HER NOSE AND MOUTH. I GRABBED THE PHONE AND CALLED 911 AND CONTINUED WITH CPR, UNTIL THE DEPUTY ARRIVED.

I ESTIMATE THE TIME THAT ASHLEY WAS ALONE IN THE TUB TO BE LESS THAN 5 MINUTES.

SEE PAGE ONE FOR SPECIFIC DETAILS OF THIS CASE #

101 # 970418 CCC 2121, EXHIBIT # 6, Page 4 of 7

INTERROGATION: ADVICE OF RIGHTS  
CRIMINAL INVESTIGATION DIVISION  
POLK CO. SHERIFF'S DEPARTMENT

Place Mercy Hospital  
Date 10-27-95  
Time 1646  
Case No. 95-41327

YOUR RIGHTS

Before we ask you any questions, you must understand your rights:

1. You have the right to remain silent.
2. Anything you say can be used against you in court.
3. You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.
4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.
5. If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Time: \_\_\_\_\_

SHERIFF'S OFFICE, POLK COUNTY, DES MOINES, IOWA

Case No: 95-41327

SUPPLEMENTAL REPORT

Offense: DEATH INVESTIGATION

Date and Time: 10-27-95

Name of Victim: [REDACTED] DES MOINES, IA

CLOSED

Case Recovery/Loss \$

Death Investigation

INVESTIGATION:

On 10-28-95, I was contacted by Polk County Dispatch and advised an autopsy was to be conducted on Ashley Danielle Lund, date of birth 8-11-94. Ashley Danielle Lund is Ashley Rostoks. The autopsy was scheduled for 8:00 a.m., on 10-29-95, at Broadlawns.

On 10-29-95, I went to Broadlawns Hospital where I met with Dr. Garrity. Dr. Garrity advised that on 10-27-95 Ashley Lund was found by her mother floating face down in the bathtub where her mother had placed her five or ten minutes earlier in a child's seat for a bath. Mother got called away and returned to find the child floating face down. There was some concern on the part of investigators from CPI because the mother or grandmother of Ahsley Lund had a child drown also.

During the course of the autopsy, Dr. Garrity stated all the signs are there of drowning and he would classify the death as accidental from drowning.

ARRESTS:

None from this report.

PHYSICAL EVIDENCE:

None from this report.

WITNESS TESTIMONY:

Dr. Garrity and Detective Marshall to this report.

101 #970418 CC 2121, EXHIBIT #6, Page 6 of 7

Officer: Detective Marshall

Date: 1-22-96 Time: \_\_\_\_\_

SHERIFF'S OFFICE, POLK COUNTY, DES MOINES, IOWA

Case No: 95-41327

SUPPLEMENTAL REPORT

Offense: DEATH INVESTIGATION

Date and Time: 10-27-95

Name of Victim: [REDACTED] DES MOINES, IA

Case Recovery/Loss \$ \_\_\_\_\_

ADDITIONAL LEADS:

None, case closed.

ATTACHMENTS:

Medical Examiner's Report Case 95-0762-A.

101 # 970418 CCC 2121, EXHIBIT # 6, Page 7 of 7

Date Sent: October 29, 1996

Case # 95-0752-A

Francis L. Garity, M.D., Ph.D  
Polk County Medical Examiner  
1907 Carpenter Avenue - Des Moines, Iowa 50314  
Office (515) 286-3340 Digital Pager (515) 245-0673 FAX (515) 222-5543

Sent To:

✓ Lt. Dennis Marshall, Polk County Sheriff's Office  
(For Your Records)

Mary O'Brien, Coordinator, Infant Mortality Prevention Center  
(For Your Records)

Cause of Death

[Redacted] (14m WF) (DOB 08-11-94)  
Name of decedent (Last Middle First) A/R/S

[Redacted] Des Moines, IA  
Usual Address

Mercy Hospital Medical Center, Des Moines, IA (October 28, 1996 @ 4:31 p.m.)  
Pronounced Dead (Where) (Date/Time)

4280 N.E. 6th Street, Des Moines, IA (October 27, 1996 about 2:30 p.m.)  
Incident Occurred or (Where) (Date/Time)

Cause of Death Determined by Investigation and Autopsy:

Anoxic encephalopathy 28 hours following fresh water immersion and near  
drowning.

Other Significant Findings: Metabolic acidosis, acute renal failure

Manner of Death: Accident.

If Pending (Reason):

See enclosed list of PRELIMINARY findings.

Brand Dawn Restola  
Parent:

281-0328

Phone

*Francis L. Garity, M.D., Ph.D.*

101 #970418ccc2121, EXHIBIT #7,

Page 1 of 18

NAME: [REDACTED]  
PRONOUNCED: October 29, 1985  
4:31 p.m.

CASE NUMBER: 85-0762-A  
AUTOPSY: October 29, 1985  
7:55 a.m.

PRELIMINARY FINDINGS

- 1) Cerebral edema with hypoxic ischemic changes.
- 2) Pulmonary congestion and edema, moderate to marked.
- 3) Scattered petechiae, upper eyelids & adjacent skin.
- 4) No evidence of significant injury.
- 5) No evidence of significant natural disease.
- 6) Evidence of terminal medical attention.
  - a) Endotracheal and nasogastric tubes in place.
  - b) Intravenous lines (2), right groin.
  - c) Multiple needle puncture marks, anterior tibia.
- 7) Incidental findings.
  - a) Well healed thoracotomy scar, left side (a/p ligation of patent ductus).
  - b) Callous formation, conjoined left 4th & 5th ribs (in the area of previous thoracotomy).

SUMMARY: Ashley Danielle Lund, a 14 month old white female, died as the result of anoxic encephalopathy 26 hours following fresh water immersion and near drowning. Contributing to the death are associated metabolic acidosis and acute renal failure. The decedent was found face down in a bathtub containing 5 to 6 inches of water. The discovery was made by her mother at home about 2:30 p.m., October 27, 1985. Saylor Township Rescue responded to a "911" call. At 3:10 p.m. Lifeline Ambulance was summoned and transported to the Mercy Hospital Medical Center, arriving at 3:53 p.m. Prior to arrival the child was noted to be pulseless and without spontaneous respirations. Cardiac rhythm and blood pressure were reestablished following multiple administrations of atropine, epinephrine and sodium bicarbonate. The decedent was admitted directly to the Intensive Care Unit where a physical examination revealed a profoundly comatose child unresponsive to noxious stimuli. The short hospital course was significant for continued unresponsiveness complicated by a metabolic acidosis, acute renal tubular acidosis and progressive anoxic encephalopathy. Death occurred approximately 26 hours following the incident.

The medical history is significant for prematurity requiring a 2 1/2 month hospitalization during which she underwent ligation of a patent ductus arteriosus.

The mother admittedly left the child in a "bath chair" in the tub together with some small toys while she went to the child's room for clothes. The mother further stated that she heard her daughter playing in the tub for a time. Then, "...less than five minutes..." later, no sounds were heard from the bathroom.

According to the Nursing Staff at Mercy, the maternal grandmother admitted to losing a male infant - also a drowning victim (in a bathtub).

The incident was investigated by the Polk County Sheriff's Office.

OFFICE OF THE IOWA STATE MEDICAL EXAMINER  
Wallace State Office Bldg., (2nd Floor)  
Des Moines, Iowa 50319

Central Office Use Only

Date of Receipt FEB 13 86

DOD Code \_\_\_\_\_

COD Code \_\_\_\_\_

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT: [REDACTED]  
ADDRESS: [REDACTED]  
D.M. IA

ME Case Number: 95-762  
County: Mitchell

INFORMATION ABOUT OCCURENCE

|   | DATE     | TIME      | COUNTY                  | PREMISE           |
|---|----------|-----------|-------------------------|-------------------|
| INJURY OR ONSET OF ILLNESS:             | 10/27/95 | 02:30PM   | Polk                    | Home              |
|   |          | Location: | 4280 NE 6 ST., D.M., IA | On the Job? No    |
| LAST SEEN ALIVE:                        | 10/28/95 | 04:31PM   | Polk                    | Hospital          |
|   |          | By Whom:  | DR. COGGI               |                   |
| DEATH:                                  | 10/29/85 | 04:31PM   | Polk                    | Hospital          |
|   |          | Location: | 77                      |                   |
| FOUND DEAD BY:                          | 10/28/95 | 04:31PM   | Polk                    | Hospital          |
|   |          | By Whom:  | DR. COGGI               |                   |
| POLICE NOTIFIED:                        | / /      | : M       | Officer:                |                   |
|   |          | Agency:   |                         |                   |
| M.E. NOTIFIED:                          | 10/28/95 | 05:13PM   | POLK CO. DISPATCH       | - LONNIE PETERMAN |
| VIEW OF BODY:                           | 10/28/95 | 05:35PM   | MERCY HOSPITAL          |                   |
| WITNESS TO INJURY OR ILLNESS AND DEATH: |          | Name:     |                         |                   |
|   |          | Address:  |                         |                   |
| BLOOD SAMPLES DRAWN:                    |          | Blood     |                         |                   |

MANNER OF DEATH = Accident

M.E. AUTOPSY AUTHORIZED: Yes  
NON-M.E. AUTOPSY DONE: No  
M.E.: MARY JANE BLAIR, R.N.  
PATHOLOGIST: FRANCIS L. GARRITY, M.D.

PROBABLE CAUSE OF DEATH: 1. ANOXIC ENCEPHALOPATHY 26 HRS.  
Due to: 2. FOLLOWING FRESH WATER IMMERSION & NEAR DROWNING  
Contributing Factor: I.S.M.E.  
[Signature]

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquires regarding the cause of death in-accordance with Chapter 331 of the General Statutes of Iowa - 1983, and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Mary J. Blair RN, MEI 1-22-96 Polk 14  
Signature of Medical Examiner Date Signed County of Appointment M.E. Number

DECEDENT: [REDACTED]

ME Case Number: 95-762

-----  
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY  
-----

|                 |               |                   |                |
|-----------------|---------------|-------------------|----------------|
| AGE:            |               | SEX:              | Female         |
| Date of Birth:  | 08/11/1994    | HEAD HAIR-AMOUNT: | Full           |
| MARITAL STATUS: | Never Married | COLOR:            | Brown          |
| RACE:           | White         | OTHER HAIR:       | None           |
| CLOTHING:       | Unclothed     | BODY TEMPERATURE: | Cold           |
| EYES - COLOR:   | Blue          | RIGOR - NECK:     | 1              |
| SIZE:           | R 4 mm L 4 mm | ARMS:             | 1              |
| WEIGHT:         | 24.0          | LEGS:             | 1              |
| LENGTH:         | 30            | LIVOR - COLOR:    | REDDISH PURPLE |
| MISCELLANEOUS:  | None          | FIXED:            | Yes            |
|                 |               | POSITION:         | Posterior      |

|        |        |                    |      |
|--------|--------|--------------------|------|
| FROTH: | Absent | DECOMPOSITION:     | None |
| BLOOD: | None   | OTHER (Dirt, etc): | None |

OCCUPATION: No Occupation Information

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

MOTOR VEHICLE: NOT INVOLVED

N: NOT INVOLVED

INSTRUMENT: NOT INVOLVED

DRUG, POISON,  
CHEMICAL (Susp): NOT INVOLVED

-----  
MEDICAL HISTORY  
-----

|                 |                           |
|-----------------|---------------------------|
| CONDITION: None | DOCTOR: DR. JAMES BINKARD |
|                 | Where Treated:            |
|                 | Medications:              |

-----  
NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH  
-----

ASHLEE DANIELLE LUND, 14 MO. OLD WHITE FEMALE INFANT FOUND FACE DOWN IN 5-6" OF WATER IN BATHTUB ON 10/27/95. MOTHER HAD LEFT UNATTENDED & RETURNED TO FIND BABY HAD FALLEN OUT OF BATH CHAIR. SAYS SHE WAS OUT OF ROOM NO MORE THAN 5 MIN. MOTHER STARTED CPR & CALLED 911. STATES WATER CAME OUT OF BABY W/CPR & SHE ROLLED HER ONTO HER SIDE TO LET WATER FLOW OUT. BABY WAS BORN 2 1/2 MOS. PREMATURELY & HAD HEART SURGERY AT 2 DAYS OLD. AMOUNT OF TIME BABY LEFT UNATTENDED VARIES ACCORDING TO MOM'S STORIES. BABY WAS TAKEN TO MERCY & PRONOUNCED DEAD AT 4:31 P.M., 10/28/95.

NEXT OF KIN: Name: BRANDI DAWN ROSTOKS  
Address: 4280 NE 6 ST., D.M., IA

FUNERAL HOME: DAHLSTROM'S FUNERAL HOME

101 # 970418CCC2121, EXHIBIT #17,

Page 40 of 18

Date Sent: August 12, 1996

Case # 95-0762-A

Francis L. Garrity, M.D., Ph.D  
Polk County Medical Examiner  
1907 Carpenter Avenue - Des Moines, Iowa 50314  
Office (515) 286-3340 Digital Pager (515) 245-0673 FAX (515) 222-5943

RECEIVED  
AUG 13 1996  
IOWA DEPT. OF PUBLIC HEALTH  
Family & Community Health

Sent To:

Mary O'Brien, Coordinator, Infant Mortality Prevention Center  
(For Your Records)

|   |                             |
|---|-----------------------------|
| <u>Ballistics:</u>                        | <u>Toxicology: Attached</u> |
| <u>Drug I.D.:</u>                         | <u>Serology:</u>            |
| <u>Physical Evidence:</u>                 | <u>Bacteriology:</u>        |
| <u>Documents: Autopsy Report Attached</u> | <u>Photographs:</u>         |

Cause of Death

[Redacted] (14mWF) (DOB 08-11-94)  
Name of decedent (First Middle Last) A/R/S

[Redacted] Des Moines, IA  
Usual Address

Mercy Hospital Medical Center, Des Moines, IA (October 28, 1995 @ 4:31 p.m.)  
Pronounced Dead (Where) (Date/Time)

4280 N.E. 6th Street, Des Moines, IA (October 27, 1995 about 2:30 p.m.)  
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Cause of Death Determined by Investigation and Autopsy:

Anoxic encephalopathy 26 hours following fresh water immersion and near drowning.

Other Significant Findings: Metabolic acidosis, acute renal failure

Manner of Death: Accident.

*Francis L. Garrity M.D.*

*ID, # 970418CCC2121, EXHIBIT # 7,*

*Page 5 of 18*



POLK COUNTY DEPARTMENT OF HEALTH



OFFICE OF MEDICAL EXAMINER

1907 Carpenter Avenue
Des Moines, Iowa 50314
(515) 286-2102 Fax (515) 286-2033

AUTOPSY REPORT

NAME: [REDACTED]

CASE NUMBER: 95-0762-A

PRONOUNCED: October 28, 1995
4:31 p.m.

AUTOPSY: October 29, 1995
7:55 a.m.

EXTERNAL EXAMINATION:

The body appears to be that of a well developed well nourished, white female child, consistent with the stated age of 14 months. The body is clothed (two piece pajamas and slightly soiled hospital diaper), cold to the touch and preserved within normal limits.

MEASUREMENTS:

Percentile

Table with 3 columns: Measurement, Value, Percentile. Includes Head Circumference (46.3 cm), Chest Circumference (51.2 cm), Abdominal girth (46.1 cm), Crown/Rump (42.0 cm), Crown/heel (76.5 cm, 50%), Inner Canthus (3.1 cm), Outer Canthus (7.8 cm), Interpupillary (5.5 cm), Biparietal (12.5 cm), Occipito-fronto (14.9 cm), Suboccipito-mandibular (11.9 cm), Weight (27.0 lbs, >95%).

Rigor is mild and limited to the jaw. Livor is purple posterior, dependent and fixed. Scalp hair is brown, straight and 1 to 3 inches in length. The scalp, forehead and nose are intact. The fontanelles are closed. There is no evidence of head injury. There are no visible or palpable fractures. The nares are clean and dry without evidence of blood. There is no evidence of vomitus. The irides are blue, round regular and with a pupillary diameter of 0.5 cm. The sclera are white. The conjunctivae are pink and without evidence of congestion, edema or hemorrhages. A few, scattered petechial hemorrhages are noted on the upper eyelids and adjacent skin. The cornea are clear. There is no proptosis, periorbital ecchymosis or edema. No lid lacerations or abrasions are identified. The mandible is intact and without evidence of injury. No contusions, abrasions or lacerations are identified. The face and cheeks show no evidence of injury. No scars are identified. No facial hair is identified. The mouth is edentulous. There is no evidence of lip, tongue or gum injury. The salivary glands are normal in position size and consistency. The anterior neck is visibly

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Accredited by the National Association of Medical Examiners

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and palpably intact and in the midline. There is no evidence of contusions, abrasions, injuries, petechiae or ligature marks. The posterior neck is free of visible and palpable injury. There is no abnormal mobility. The ear canals are clean and dry.

The thorax is symmetrical. The anteroposterior diameter appears to be within normal limits. Evidence of resuscitative measures includes endotracheal and nasogastric tubes in place. intravenous lines in the right groin (2) and four needle puncture marks on that anterior tibial surfaces (3 right, 1 left). The nipples are everted. The breasts are flat. Nipples and breasts are normal in appearance. There is no adenopathy. There are no palpable rib fractures, contusions, abrasions or lacerations. There is a 4 inch well healed thoracotomy scar on the left side. The abdomen is mildly protuberant. There is no fluid wave, organomegaly or masses. The external genitalia are those of a normal infant female. There is no evidence of genital injury or abnormalities. The legs are well developed, symmetrical and stout. The skin is smooth. There are no visible scars, no edema and no fractures. The feet are normal in appearance. There is no evidence of deformation, edema, amputations or injuries. The plantar surfaces are clean. There is no residua of diaper rash. The arms are normal in appearance. There is no evidence of edema, amputations or injuries. The hands show no evidence of injuries or other anomalies. The palms are clean and white. The nails are clean and well groomed. The palmar creases are normal in distribution. The back is visibly and palpably intact. There is no evidence of injury or deformity. The anus is clean. No patulous changes are identified. There is no unusual odor about the body.

**EXTERNAL EVIDENCE OF INJURY:** There is no evidence of significant external injuries.

**INTERNAL EXAMINATION:**

The body is opened with the usual Y-shaped incision revealing a white panniculus measuring 1/4 inch in thickness at the level of the umbilicus. The abdominal musculature is symmetrical and well developed. The appendix is present with a normal caliber and no evidence of fibrosis or adhesions. The peritoneum contains 100 cc of clear, straw colored fluid without adhesions or tumor. Mesenteric vessels and lymph nodes are normal. There is no retroperitoneal hemorrhage. The viscera are in their usual anatomic location. The bladder is empty. The spine and pelvis show no fractures, surrounding hemorrhages or anomalies. The diaphragm has no defects and is located at its usual intercostal level. Thoracic musculature is symmetrical and well developed for age. The breast plate is removed. The sternum is intact. There are no visible rib fractures. Callous formation is prominent on the conjoined left 4th and 5th ribs (posterior lateral - in the area of the previous thoracotomy). The thymus is gray, tan, bilobate and appears normal in position, size and shape. There are no intrathoracic petechiae. Neither are there petechiae on the thymus. Lymph nodes are normal in size and consistency. There are no pleural adhesions, defects or injuries. Pleural cavities are dry. The pericardium is intact without adhesions and contains a few cc of serous fluid. The heart is normal in position, size and configuration. The great vessels are intact and normal in orientation. The mediastinum is midline and without hemorrhage or tumor.

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## WEIGHTS OF ORGANS\*:

|               |              |                |               |
|---------------|--------------|----------------|---------------|
| Heart:        | 56.4 gm (45) | Spleen:        | 36 gm (26)    |
| Right Lung:   | 133 gm (66)  | Right Kidney:  | 25.4 gm (36)  |
| Left Lung:    | 104 gm (60)  | Left Kidney:   | 20.2 gm (35)  |
| Liver:        | 298 gm (304) | Brain:         | 1029 gm (944) |
| Thyroid:      | 2.7 gm       | Pancreas:      | 19.9 gm       |
| Left Adrenal: | 3.5 gm       | Right Adrenal: | 3.3 gm        |
| Thymus:       | 27.6 gm      |                |               |

\* Normal values ( ) modified after Coppoletta and Wolback.

**NECK:** The neck organs are examined after decompression of the cardiovascular system from above and below. Anterior strap muscles are dissected in a layer-wise fashion and there are no hemorrhages or injuries. The tongue has a normal configuration and normal mucosal surface. There is no hemorrhage into paravertebral muscles or palpable or visible spinal or ligamentous injury. The supraglottic mucosa is smooth and purple. Laryngeal bones and cartilages are pliable and show no fractures or surrounding hemorrhages. Epiglottic and laryngeal mucosa is smooth, tan and without edema, hemorrhage or ulceration. The lumen is patent. Lymph nodes are normal in size and consistency. Carotid sheaths are intact bilaterally. There is no evidence of hemorrhage. The thyroid is normal in position, size and shape and without evidence of nodularity, fibrosis or hemorrhage. Sectioning reveals a purple/brown parenchyma. Parathyroids are not identified.

**RESPIRATORY SYSTEM:** Both lungs are heavy, wet, well expanded and fill the pleural cavities. Tracheal and bronchial mucosa is smooth and pink/tan with clear lumina. Pleural arteries show no thromboemboli. Bronchial and hilar lymph nodes are normal in size and consistency. Cut surfaces of the lung reveals spongy pink/gray parenchyma with slight congestion and no evidence of consolidation, edema, infarction or abscess.

**CARDIOVASCULAR SYSTEM:** The epicardium is smooth and shiny with a normal amount of fat. There are no petechial hemorrhages on the heart. Coronary arteries are normal in origin and distribution over the epicardial surface. The circulation is right dominant. Coronary ostia are normally formed and are patent. The foramen ovale shows normal fibrous obliteration. A metal clip is in place on the ductus arteriosus. The pulmonary veins are easily probed from the right atrium. There are no septal defects. The left ventricle is arrested in systole and the heart contains clotted blood. The myocardium is serially sectioned and is generally firm and red-brown without fibrosis, thinning, softening, necrosis or hyperemia. Papillary muscles are firm and red/brown without central necrosis. Chordae tendineae are thin and delicate and insert normally. Endocardium shows no fibrosis and there are no mural thrombi within the chambers of the heart. All four valves have a normal configuration with thin delicate leaflets and cusps. Outflow tracts are normal in size and configuration. The ductus arteriosus is not patent. The aortic valve is pliable and normal in appearance. The vena cava and portal veins are patent.

**LIVER AND BILIARY SYSTEM:** The liver has a normal configuration and does not extend below the right costal margin. Lymph nodes within the porta hepatis are not enlarged. The capsular surface is smooth, shiny and brown and without adhesions. The free edge is sharp and well defined. Sectioning reveals normal consistency and normal lobular with no significant congestion. There is no evidence of fat, fibrosis, bile stasis or injury. The gall bladder is empty, thin-walled and normal in position and size. There are no stones. The biliary tract is patent from the ampulla of

Vater to the hepatic radicles.

**SPLEEN:** The spleen is normal in position, shape and size. The capsule is tense and slate gray in color. Sectioning reveals a normal trabecular pattern with no significant congestion. The Malpighian corpuscles are visible.

**PANCREAS:** The pancreas is normal in position, size and shape and shows a normal tan, lobular parenchyma. There is no evidence of fat necrosis, edema or hemorrhage. The splenic artery and vein are patent. The pancreatic duct is patent. The peripancreatic lymph nodes are inconspicuous.

**ADRENALS:** The adrenals show the typical lipidized yellow cortices and gray medullae. There is no hemorrhage, tumor or necrosis.

**GASTROINTESTINAL SYSTEM:** The esophagus shows normal gray-tan mucosa without focal lesions. The stomach contains a few cc of tan to brown mucous without identifiable food. The gastric mucosa is folded normally and without tumor, ulcers or hyperemia. The pylorus is patent and normally formed. There is no evidence of ulceration. The duodenal mucosa is tan and without ulcers or deformities. The small bowel contains yellow to green fluid contents. The large bowel contains soft green feces. There are no focal lesions or anomalies of the bowels.

**URINARY SYSTEM:** The renal capsules are thin and delicate and strip easily. Configuration is normal. The surface is smooth and pale gray/purple without granularity, scarring, tumors or cysts. The cut surfaces show generally pale gray/purple cortices of a normal thickness, normal corticomedullary demarcations and normal medullae and papillae without evidence of inflammation or tumor. The pelves and calyces show a normal amount of fat and intact urothelium. The ureters are normal in number, course and manner of entry into the bladder. There is no evidence of obstruction. Blood vessels are normal in number, origin and course. The bladder has a normal thickness and the lining is smooth and tan without focal lesions.

**GENITAL SYSTEM:** The vaginal mucous membrane is white without focal lesions. The fallopian tubes are normal in contour and without evidence of obstruction or tumor. There is no evidence of infection. The uterus has a normal pear-shaped form with a smooth, pink serosal surface. Sectioning of the myometrium reveals a wall thickness of 3/16 inch. There are no abnormalities. The endometrium is tan and normal in appearance. The cervical os is pinpoint and oval in shape. The cervical canal contains a slight amount of mucous without lesions. The ovaries are flat, 1/2 inch in greatest dimension and contain physiologic cysts on sections.

**MUSCULOSKELETAL SYSTEM:** There are no fractures. Muscles are generally well developed. The joints show no arthritis or deformities. The bone marrow has a normal red color with adequate bony spicules.

**CENTRAL NERVOUS SYSTEM:** The usual intermastoid incision is used to reflect the scalp. There are no subgaleal hemorrhages. There are no fractures of the vault or of the base of the skull and the dural sinuses are intact. The brain is moderately soft and does not hold its shape. The dura and leptomeninges show no hemorrhage or inflammation. The leptomeninges appear thin and transparent. The cerebral hemispheres appear symmetrical. The interhemispheric fissure is in the midline. The surface gyral pattern appears somewhat flattened and sulci narrowed. There is no evidence of uncal grooving or cerebellar herniation. The vessels at the base of the brain show no anomalies, aneurysms, atherosclerosis or hemorrhage. Vessels of the Circle of Willis appear normal.

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and the contours of the brainstem and external landmarks of the cerebellum are unremarkable. All cranial nerves are identified and are grossly unremarkable. The sphenoid sinus is moist.

Coronal sections of brain show preservation of the cortical ribbon throughout. There is no evidence of demyelination in the gyral or deep white matter. The lateral ventricles are not dilated. The basal ganglia and mammillary bodies are similarly normal and without hemorrhages, injuries or focal lesions. The third ventricle is not dilated. The ependymal surfaces are smooth. The hippocampi are normal. Cross sections of midbrain, pons, cerebellum and medullae show normal external contours and normal structures without hemorrhage or focal lesions. The nigral nuclei and pons are preserved. The lower sections of the medulla show no asymmetry, destruction or atrophy of the pyramidal tracts or olivary nuclei. Sections of the cerebellum show no alterations of the folia, white matter or root nuclei.

#### MICROSCOPIC EXAMINATION:

**HEART (3 H&E):** The epicardium and endocardium are uniformly thin. All sections show a uniformity of myocardial fibers. There is mild congestion of capillary vessels. There is no evidence of significant pathologic alteration.

**TRACHEA (1 H&E):** Surface epithelium is intact. There is no evidence of significant inflammation or other pathologic alteration.

**LUNGS (5 H&E):** There is marked congestion of alveolar capillaries occasional alveoli filled with a pink proteinaceous material. The pulmonary arteries appear normal in number size and distribution. A section of right upper lobe shows a focus of acute inflammation.

**EPIGLOTTIS (1 H&E):** Surface epithelium is intact. There is no evidence of significant edema or other significant pathologic process.

**SPLEEN (1 H&E):** The capsule is uniformly thin. The architecture of the white pulp is preserved and consists of numerous periarteriolar sheaths of lymphocytes without evidence of significant pathologic alteration.

**PANCREAS (1 H&E):** There is evidence of postmortem autolysis. The normal rhomboid distribution of acini within lobules is preserved. Acini are normal in size and consist of small cuboidal acinar cells. There is no evidence of inflammation or fibrosis.

**LIVER (2 H&E):** The normal lobular pattern is preserved. Sinusoids are not particularly congested. There is no bile stasis. Individual hepatocytes are normal. There is no extramedullary hematopoiesis. Mild triaditis is evident. There is no evidence of significant pathologic alteration.

**ADRENALS (1 H&E):** The cortical cells show normal lipid content. The zonae glomerulosa, fasciculata and reticularis appear normal with exception of moderate to marked congestion of medullary vessels.

**KIDNEYS (2 H&E):** The kidneys appear normal. Glomeruli are normal in number, size and distribution. There is no evidence of significant inflammation or fibrosis.

**THYROID (1 H&E):** The thyroid shows follicles of varying size and shape lined by flattened cuboidal

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NAME: [REDACTED]

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cells filled with colloid. There is no evidence of inflammation or other significant pathologic alteration.

**THYMUS (1 H&E):** There is evidence of mild involution which is normal for age. Lymphoid elements appear normal in number, size and architecture. No viral inclusions are seen and there is no evidence of significant inflammation.

**SUBMANDIBULAR GLAND (1 H&E):** Individual salivary glands appear normal. There is mild to moderate chronic inflammation.

**BRAIN (7 H&E):** Neuronal architecture within the motor and sensory cortex is altered by marked hypoxic ischemic changes. The mammillary bodies and paraventricular gray matter show no necrosis, hemorrhage or parenchymal loss. Blood vessels appear to be normal in number, size and shape. A section of basal ganglia and medulla are unremarkable. There is no loss of myelin and no significant gliosis.

\*Hematoxylin and Eosin

**SPECIMENS AND PROCEDURES:** The body is identified by accompanying papers. Antemortem blood is unavailable. Postmortem blood is submitted (10-30-95) to the Toxicology Laboratory, Division of Criminal Investigation (D.C.I.). A sample of vitreous is submitted to chemistry (Broadlawns Hospital) for electrolyte analysis. A toxicology report is received 12-27-96. No antemortem specimens are available. Clothing is examined and released to the funeral home. No personal effects accompany the body. No antemortem X-rays are available. Postmortem X-rays are taken. No other materials are retained. A copy of the medical record (Mercy Hospital Medical Center) is reviewed. A copy of the investigative report (Polk County Sheriff) is reviewed. A (Polaroid) photograph is taken prior to the autopsy (Dr. Garrity). Photographs are taken at the time of autopsy (Dr. Garrity). Assisting at the autopsy is Ms. Gayle Onnen. In attendance is Lt. Dennis Marshall of the Polk County Sheriff's Office.

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NAME: [REDACTED]

7.

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**FINDINGS:**

- 1) Cerebral edema with hypoxic ischemic changes.
- 2) Pulmonary congestion and edema, moderate to marked.
- 3) Scattered petechiae, upper eyelids & adjacent skin.
- 4) No evidence of significant injury.
- 5) No evidence of significant natural disease.
- 6) Evidence of terminal medical attention.
  - a) Endotracheal and nasogastric tubes in place.
  - b) Intravenous lines (2), right groin.
  - c) Multiple needle puncture marks, anterior tibia.
- 7) Incidental findings.
  - a) Well healed thoracotomy scar, left side (s/p ligation of patent ductus).
  - b) Callous formation, conjoined left 4th & 5th ribs (in the area of previous thoracotomy).

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NAME: [REDACTED]

8.

95-0762-A

**CONCLUSION:** It is my opinion that Ashley Danielle Lund, a 14 month old white female, died as the result of anoxic encephalopathy 26 hours following fresh water-immersion and near drowning. Contributing to the death are associated metabolic acidosis and acute renal failure. The decedent was found face down in a bathtub containing 5 to 6 inches of water. The discovery was made by her mother at home about 2:30 p.m., October 27, 1995. Saylor Township Rescue responded to a '911' call. At 3:19 p.m. Lifeline Ambulance was summoned and transported to the Mercy Hospital Medical Center, arriving at 3:53 p.m. Prior to arrival the child was noted to be pulseless and without spontaneous respirations. Cardiac rhythm and blood pressure were reestablished following multiple administrations of atropine, epinephrine and sodium bicarbonate. The decedent was admitted directly to the Intensive Care Unit where a physical examination revealed a profoundly comatose child unresponsive to noxious stimuli. The short hospital course was significant for continued unresponsiveness complicated by a metabolic acidosis, acute renal tubular acidosis and progressive anoxic encephalopathy. Death occurred approximately 26 hours following the incident.

The medical history is significant for prematurity requiring a 2 1/2 month hospitalization during which she underwent ligation of a patent ductus arteriosus.

The mother admittedly left the child in a "bath chair" in the tub together with some small toys while she went to the child's room for clothes. The mother further stated that she heard her daughter playing in the tub for a time. Then, "...less than five minutes..." later, no sounds were heard from the bathroom.

According to the Nursing Staff at Mercy, the maternal grandmother admitted to losing a male infant - also a drowning victim (in a bathtub).

The incident was investigated by the Polk County Sheriff's Office.

An autopsy reveals the body of a white female child, 14 months old by stated age and in greater than the 95th percentile by weight and 50th percentile by length. The findings at autopsy included marked cerebral hypoxic ischemic changes accompanied by pulmonary congestion and edema. A few, scattered petechial hemorrhages are noted on the upper eyelids and adjacent skin. There is no evidence of significant injury or significant natural disease. Incidental findings include a well healed thoracotomy scar on the left side (following ligation of a patent ductus) and callous formation at the conjoined left 4th and 5th ribs (in the area of previous thoracotomy). Postmortem toxicologic studies are negative for alcohol and other drugs. Postmortem vitreous chemistries reveal elevations in sodium and chloride.

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NAME: [REDACTED]

9.

95-0762-A

MANNER OF DEATH: Accident.

*Francis L. Garrity*  
Francis L. Garrity, M.D.  
Polk County Medical Examiner  
August 11, 1996

**TOXICOLOGY: (Iowa Division of Criminal Investigation Toxicology Laboratory  
unless specified otherwise)**

**Blood:** Alcohol - negative.  
Alkaloids - negative.  
Barbiturates - negative.  
Benzodiazapines - negative.  
Cannabinoids - negative.  
Propoxyphene - negative.  
Sympathomimetics - negative.  
Tricyclic antidepressants - negative.

**CHEMISTRY:**      **Vitreous:**      Glucose 10 mg/dl      Urea nitrogen 55 mg/dl  
Creatinine 0.8 mg/dl      Sodium 153 mEq/L  
Potassium 13.1 mEq/L      Chloride 129 mEq/L

**INFECTIOUS DISEASES:**      Limited testing for reportable diseases has been done.  
These results are maintained with the case file  
appropriate to State Law (Code of Iowa, Chapter 141 as  
amended).

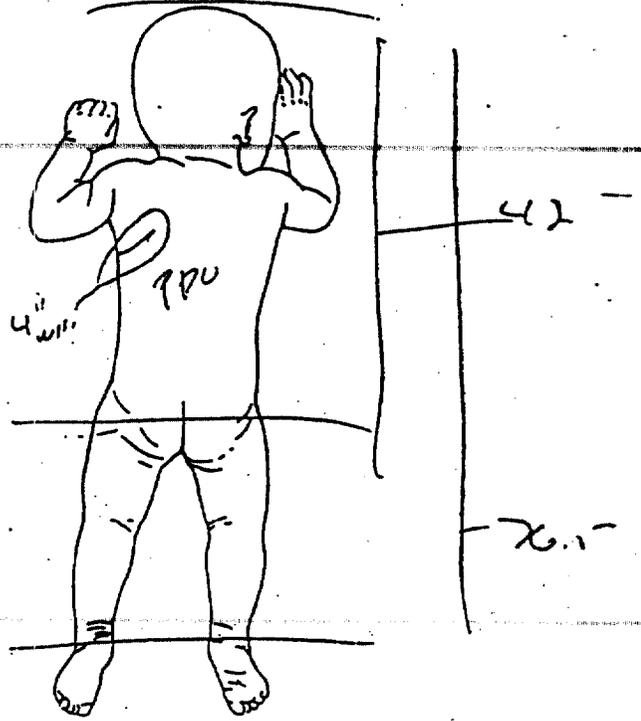
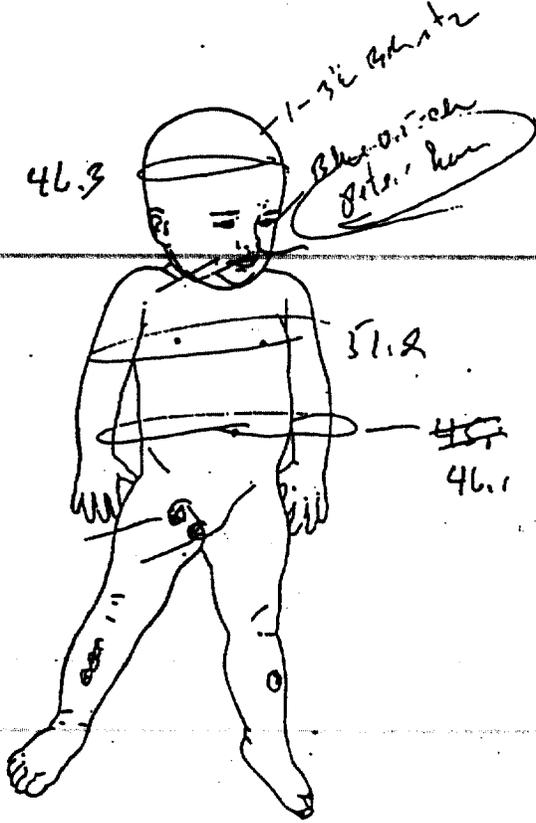
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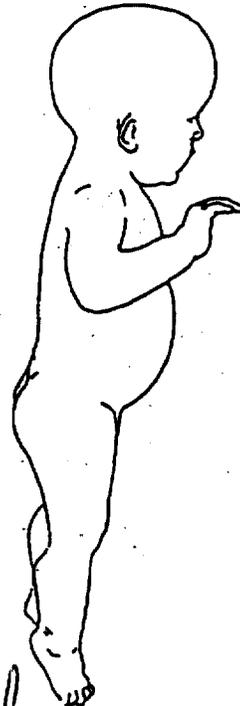
OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Name [REDACTED] Case No. 95-0762-1  
Age 14 M Sex M Race W Date 10-29-95 Time 7:55 am

IC 31  
OC 5578  
IP 55  
BP 12.5  
EO 4.9  
SO 11.9  
WT 27.0



art 56.4  
ngs 104-133  
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ain 1029  
d 20.2-25.4  
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near  
thoracotomy

DOI #970418000 212, EXHIBIT #4

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Signature

James Y. Gaudin, MD



Iowa Department of Public Safety  
 DCI Criminalistics Laboratory  
 Wallace Building  
 Des Moines, Iowa 50319  
 (515) 281-3666

LSP-12011  
 Laboratory Case No.  
 December 15, 1995  
 Date

See Code of Iowa Section 691.2 Presumption of Qualification of Employee.  
 All evidence mentioned in this report has been handled in conformity with the rules of the DCI Laboratory as cited in the Iowa Administrative Code  
 (661 - Chapters 7 and 12).

Case Type: DEATH INVESTIGATION  
 Suspect(s):  
 Victim(s):

|                                    |  |                              |                        |
|------------------------------------|--|------------------------------|------------------------|
| Laboratory Designation of Exhibits | Report of Laboratory Analyst   | Michael M. Tate, Criminalist | <i>Michael M. Tate</i> |
| A                                  | No alcohol, alkaloids, barbiturates benzodiazepines, cannabinoids, propoxyphene, sympathomimetics, or tricyclic anti-depressants were detected in the blood (Item A) recovered from the tube labeled LUND, A.<br><br>The submitted material will be destroyed 60 days after the date of this report if not picked up by your agency. |                              |                        |

*Rec'd  
 12-27-95  
 JLR*

DESCRIPTION OF EXHIBITS

| Received from: Francis Garity/person          |          | Agency Case No: 95-0762-A |                    |
|---|----------|---------------------------|--------------------|
| Agency: Polk County Medical Examiner's Office |          | Date: October 30, 1995    | Time: 10:30 a.m.   |
| Laboratory Designation                        | Quantity | Description               | Agency Designation |
| A   | 1        | Blood (Heart) (NaF).      |                    |

Received By: Marcia Morton, Evidence Technician  
 Reviewed By: *Stephen C. Eck*

Polk sc ID #9704180002121, EXHIBIT #7, Page 17 of 18

STATE OF IOWA  
DEPARTMENT OF PUBLIC SAFETY

CASE ASSIGNMENT RECORD

DATE ASSIGNED MO DAY YR 10 30 95  
 STATUS  OPEN  ASSIST  ADD INFO  TRANS  
 3. CASE NUMBER 77-09-4-M-1-95725111  
 COUNTY CLASS UNIT AUTH YEAR SEQ NO  
 SOCIAL SECURITY NO.  
 5. CASE TRANSFERRED FROM (Name of Office) SOCIAL SECURITY NO.  
 NAME  
 DATE ASSIGNED TO

1. Date of occurrence 10-28-95  
 2. CRIME Accident  
 3. VICTIM  
 4. DOB  
 5. ADDRESS 11-94  
 6. WEAPON  
 7. METHOD BROWN IN BATH TUB  
 8. WEAPON  
 ORIGINAL CASE #

7. Agency Name & Address:  
 Francis L. Garrity, M.D.  
 Polk County Medical Examiner's Office  
 1907 Carpenter Ave., Des Moines 50314 Zip Code  
 Agency Phone # Agency Case # 95-0762-B  
 How Rec'd:  
 3. PERSON  
 Returned:  
 4.

| DESCRIPTION OF INVESTIGATION: | ASSTING<br>9. UNITS | CLASS<br>7/4 | UNIT | OFFICIAL<br>USE ONLY  |
|-------------------------------|---------------------|--------------|------|---|
| VICTIMS: DOB: SUSPECTS: DOB:  |                     | 8/4          |      | RECORDED _____<br>PUNCHED _____<br>VERIFIED _____<br>ADJUSTED _____ |

Social Requests: RECEIVED BY *Maria Norton*  
 Received from Francis L. Garrity, M.D. *FLG*  
 Signature *Francis L. Garrity*  
 Francis L. Garrity, M.D.

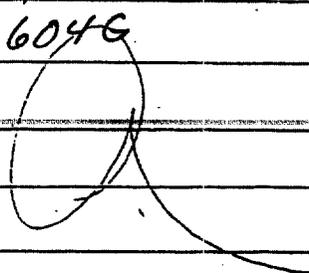
This material may be destroyed 120 days after completion of analysis

| Laboratory Designation | Quantity | Description of Evidence   | Agency Designation | Section Involved |
|------------------------|----------|---|--------------------|------------------|
| X                      | 6        | BLOOD (heart, cavity)   |                    |                  |
| A                      | 1        | BLOOD ( <del>External</del> ) (heart) (NaF) <i>Alit/ding series</i> |                    |                  |
| X                      | 6        | URINE   |                    |                  |
| X                      | 6        | VITREOUS  |                    |                  |
| X                      | 6        | BILE  |                    |                  |
| X                      | 6        | GASTRIC   |                    |                  |

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CONSUMER PRODUCT SAFETY COMMISSION  
ROUTE SLIP

TC 43

TO EHDS, DON Kendall  
604G  


- Take necessary action
- Approval or signature
- Comment
- Prepare reply
- Discuss with me
- For your information
- See remarks below

FROM Dennis Donath, MSO

DATE 4/10/97

REMARKS

The attached was sent to me by the office of the Iowa State Medical Examiner. It had been discussed by the Iowa Child Death Review Team before I joined it.  
I suspect we already have this one from some other source. If so, please destroy.  
Thanks

IDI #970418CCC2121, EXHIBIT # 8

Task Number : 970418CCC2121

Office : CHIO

Category Id : SECTRR1997

Document Number : X9741439A

IDI #970418CCC2121, EXHIBIT # 89

JUN 19 1995

|   |  |   |   |   |                     |   |  |
|---|--|---|---|---|---------------------|---|--|
| 1. CASE NO.<br>950412HEP9017  |  | 2. INVESTIGATOR'S ID<br>8 0 2 9                                   |   | 3. OFFICE CODE<br>8 3 0                                       |                     | EPIDEMIOLOGIC<br>INVESTIGATION<br>REPORT  |  |
| 4. DATE OF ACCIDENT<br>9 4 0 7 1 6  |  | 5. DATE INVESTIGATION INITIATED<br>9 5 0 5 0 5                    |   | YR MO DAY   |                     |   |  |
| 6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 7-1/2 month old female drown while sitting in a bath seat in the bath tub. She was bathing with her 2 year old sister. The father reportedly was bathing the infants and left the bathroom to answer the phone. When he returned he found the 7-1/2 month old face down in the water still sitting in her bath seat. |  |   |   |   |                     |   |  |
| 7. LOCATION(Home, school, etc.)<br>apartment (bathroom)   |  |   | 8. CITY<br>Ft. Benning                  |   | 9. STATE<br>Georgia |   |  |
| 10A. FIRST PRODUCT<br>bath tub  |  |   | 11a. TRADE/BRAND NAME, MODEL<br>unknown |   |                     |   |  |
| 10B. SECOND PRODUCT<br>bath seat  |  |   | 11B. TRADE/BRAND NAME, MODEL<br>unknown |   |                     |   |  |
| 12. AGE OF VICTIM<br>2 0 7  |  | 13. SEX(Numerical code)<br>Male -1<br>Female -2<br>Unknown-3<br>2 |   | 14. DISPOSITION<br>expired in hospital<br>3                   |                     | 15. INJURY DIAGNOSIS<br>submersion<br>6 9 |  |
| 16. BODY PART<br>all parts  |  | 17. RESPONDENT(S)<br>mother of victim                             |   | 18. TYPE INVESTIGATION<br>On Site 1<br>Telephone 2<br>Other 3 |                     | 19. TIME SPENT<br>1 0 0                   |  |
| 20. ATTACHMENTS<br>multiple   |  | 21. CASE SOURCE<br>NEISS  |   | 22. REVIEWED BY<br>8 0 0 7                                    |                     | YR MO DAY<br>9 5 0 6 1 4                  |  |
| 23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only)<br>CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>   |  |   |   |   |                     |   |  |
| 24. NARRATIVE(See Instructions on Other Side)   |  |   |   | 25. REGIONAL OFFICE DIRECTOR REVIEW DATE                      |                     |   |  |

APPROVED BY: [Signature] 2/4/99  
 (c) X  
 IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL

(Use Other Side and Additional Sheets If Necessary)

An on-site was not conducted at an apartment which is part of post housing at a military base in Fort Benning, Georgia. Information in this report was provided by the mother of the victim. Information was also obtained from the attached Exhibit 2, Military Police Report provided by the sergeant with the Fort Benning Military Police Department. Attempts have been made to obtain photographs which were taken at the scene (copy of request attached as Exhibit 3). If received at a later date, they will be added as an addendum. Attempts have also been made to obtain a copy of the autopsy report conducted on the victim who died in the incident. If received, it will be added as an addendum.

PRE-ACCIDENT:

The mother of a 7-1/2 month old female and a 2 year, 3 month old female, states that at approximately 6:30 p.m. on 7/16/94, the father of the 2 children was in the process of bathing the girls in the bath tub at the post housing apartment. She stated she was at work at the time. She stated he put the children in the bath tub together and the 7-1/2 month old child was in a bath seat which had 3 suction cups on the bottom but there was no belt on the seat. She stated the oldest child (as best as she could remember) was on one end of the tub and the younger child was sitting in the bath seat in the middle of the tub. She stated the tub was a very old tub and the bottom was not flat. The mother described the 2 year, 3 month old child as being approximately 38 inches in height weighing 26 pounds and the 7-1/2 month old child as being approximately 2-1/2 feet in height weighing between 18 to 20 pounds.

According to the mother there were no unusual circumstances occurring and no one was under the influence of drugs or alcohol. She stated the 7-1/2 month old child was relatively active for her age and she was able to sit in the bath seat without assistance since she had been sitting alone since she was 4 months old.

The mother stated as her husband was bathing the children the phone rang and he went downstairs to answer the phone. The attached Exhibit 2 report page 4 describes the apartment as being a "two story multi-family dwelling combined with several other apartments which make up the building. The crime scene was identified as the second story bathroom of the quarters. The bathroom has an entry/exit way on the west wall which opens inward... The bathtub was noted to be approximately 5/6 full of water. The faucet was dripping water which could not be shut off...was clear enough to observe several toys...and a child seat inside. The water was warm to the touch and no unusual odors... noted. The drain level was positioned to stop up the bathtub to

retain water...Nothing unusual was noted at the scene...The temperature inside the bathroom was approximately 77 degrees Fahrenheit..."

The mother of the 2 children stated that while her husband was downstairs answering the phone he heard a cry. She stated that he went to the bathroom and saw that the 7-1/2 month old was face down in the water. She stated the child was still in the bath seat. She also stated there was no bath oil in the tub at the time.

The mother estimated the household income to be approximately \$1,500 per month. She stated her husband has 2 years of college and she is a high school graduate.

#### ACCIDENT:

On 7/16/94, at approximately 6:30 p.m. a 7-1/2 month-old female who was sitting in a bath seat in a bath tub drowned at the apartment where she lived in post housing at Fort Benning, Georgia. The victim was in the bath tub with her 2 year, 3 month old sister. The father who was bathing the children went downstairs to answer the phone and when he returned he reportedly found the 7-1/2 month old female face down in the water still sitting in her bath seat. The attached Exhibit 2 report received from the Military Police of Fort Benning, Georgia, indicates in part "...return he found...floating in the bath tub and began administering CPR until arrival of EMS..." According to the attached Exhibit 2 report the victim was pronounced dead at 0719 on July 17, 1994, at the hospital.

#### POST ACCIDENT:

The mother of the victim indicated when the victim's father found her face down he got her out of the water and called a neighbor and then 911 was called. She indicated efforts were tried to revive the victim and she was taken to the hospital. The mother stated since she was at work she met the father and the victim at the hospital. She stated the victim was taken to the hospital and then transported to another hospital where she died due to asphyxiation. She stated the victim did have an autopsy performed. Efforts have been made to obtain a copy of the autopsy report. If received, it will be added as an addendum to this report. The attached Exhibit 2 report states in part "...began administering CPR until arrival of EMS...was transported "...Hospital where she was treated and stabilized by Dr... She was later transported to the...where she was placed on life support systems. At 0719 on 17 Jul 94, the life support system was disconnected and...was pronounced dead..."

PRODUCT INFORMATION:

The product involved is a bath tub which was described by the sergeant with the Military Police as being a bath tub which was installed in the post housing project at the military base sometime during the 1930's. He had no manufacturing information to report on the tub.

The second product involved was described by the mother of the victim as being a "safety first swivel bath seat" which she stated was blue in color. She stated that she purchased the bath seat approximately 1-1/2 years prior to the time of the accident. She stated it was purchased at the PX on the base for \$12.99. She stated the bath seat had 3 suction cups on the bottom but it had no belt in the seat. She stated the bath seat was destroyed after the incident occurred. The attached Exhibit 2 report received from the Military Police indicates in part "At 2100 16 Jul 94...collected the bathtub child's seat...from the water in the bathtub, which was recorded on a DA form 4137..." Attempts have been made to obtain photographs of the bath seat from the Military Police. If these photographs are provided at a later date, they will be added as an addendum to this report.

ATTACHMENTS:

- Exhibit 1 - ACCIDENT INVESTIGATION REQUEST form with INDEPTH CATEGORY QUESTIONNAIRE attached.
- 2 - 6/7/95 letter from CPSC to Military Police requesting copies of investigation report, along with investigation report No. 02748-94 received in the ATL-SO from the Military Police.
- 3 - 6/13/95 letter to Criminal Investigation Division requesting photographs.

CAHO

950412HEP9017

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: NEISS

DATE OF INCIDENT: 940716 CATID: TYN14 1995  
(NON-FATAL NEISS/NON-NEISS INCIDENT)

FOLLOW-UP REQUESTED HAZARD ANALYSIS (X) SECT 15 ( )

TYPE FOLLOW-UP TELEPHONE ( ) ON-SITE (X)

HEADQUARTERS CONTACT: Renae Rauchschalbe, CECA 504-0608  
Leonard Schachter, EPHA, 504-0470

ASSIGNMENT MESSAGE:

Please complete the investigation using Investigation Guidelines. It is very important to establish the detailed sequence of events in these incidents including the infant's position during the incident and the use of any bath rings, seats, or infant bathtubs.

For non-fatal incidents, please interview any parents or caregivers for the detailed sequence of events to the extent possible. Please collect all official documentation including paramedics reports, police investigation, social worker's reports, and any medical treatment records. Determine type of treatment administered and patient disposition following the emergency room treatment.

Person(s) to Contact: [REDACTED] 31905

Guidelines: 110 Bathtub 6 months Old

Task Number: 950412HEP9017 Date: 4/27/95

Assigned to: CAHO Requested by: G. Jackson

EX. 1

\*\*\*\*\*  
\*See Special questionnaire or Linda Smith  
INDEPTH ASSIGNMENT MESSAGE \*\*\*\*\*

95-0412HEP9017

TASK NUMBER : 950412HEP9017  
OFFICE : CENQ  
CATEGORY : TYSN141995  
HOSPITAL : 3A831022 MARTIN ARMY, FT. BENNING, GA  
TREATMENT DATE : 940716  
COLLECTION DATE: 940719  
RECORD NUMBER : 23982677  
AGE : 207 7 MONTHS  
SEX : 2 FEMALE  
DIAGNOSIS : 69 SUBMERSION  
BODY PART : 85 ALL PARTS OF BODY  
DISPOSITION : 2 TRANSFERRED  
FIRST PRODUCT : 0611 BATHUBS OR SHOWERS  
SECOND PRODUCT : 0000 NO SECOND PRODUCT INVOLVEMENT  
THIRD PRODUCT : 0 CLOSURE TYPE UNKNOWN OR N.A. & 3RD PROD NOT INVOLVED  
LOCALE : 1 HOME  
F/M VEHICLE : 0 NO MOTOR VEHICLE; NO FIRE INVOLVEMENT  
OCCUPATIONAL : 2 INJURY NOT OCCUPATIONAL OR WORK-RELATED

\*\*\*\*\* NEISS COMMENT \*\*\*\*\*  
PARENT WALKED OUT OF BATHROOM WHILE CHILD WAS IN TUB AND WHEN HE RETURN  
ED CHILD WAS UNDER WATER AND NOT BREATHING

PAGE: 2  
PAGE: 3  
PAGE: 4  
PAGE: 5  
PAGE: 6

EX-1

[REDACTED]

Ft Benning, GA 31905

[REDACTED]

Died later in  
hospital

E

950412HEP9017

EX. 1

\*\*\*\*\*  
1 CASE NO. 950412HEP9017  
\*\*\*\*\*

\*\*\*\*\*  
2 INVESTIGATOR'S ID  
\*\*\*\*\*

\*\*\*\*\*  
3 OFFICE CODE  
\*\*\*\*\*

\*\*\*\*\*  
4 DATE OF ACCIDENT Y M D 940716  
\*\*\*\*\*

\*\*\*\*\*  
5 DATE INVESTIGATION INITIATED  
\*\*\*\*\*

\*\*\*\*\*  
6 SYNOPSIS OF ACCIDENT OR COMPLAINT  
\*\*\*\*\*

\*\*\*\*\*  
7 LOCATION (HOME, SCHOOL, ETC.) \* 8 CITY \* 9 STATE  
\*\*\*\*\*

\*\*\*\*\*  
10 FIRST PRODUCT \* 11 TRADE/BRAND NAME  
\*\*\*\*\*

\*\*\*\*\*  
12 AGE OF VICTIM \* 13 SEX (1-M, 2-F, 3-UNK) \* 14 DISPOSITION \* 15 INJURY DIAGNOSIS  
\*\*\*\*\*

\*\*\*\*\*  
16 BODY PART \* 17 RESPONDENT(S) (MOTHER, FRIEND) \* 18 TYPE INVESTIGATION \* 19 TIME SPENT  
\*\*\*\*\*

\*\*\*\*\*  
20 ATTACHMENTS \* 21 CASE SOURCE \* 22 REVIEWED BY: \* DATE(YMD) :  
\*\*\*\*\*

\*\*\*\*\*  
23 NARRATIVE (MORE DETAIL MAY BE INCLUDED ON SEPARATE PAGES)  
\*\*\*\*\*

\*\*\*\*\*  
APPROVED FOR USE THROUGH 5/31/97 OMB NO. 3041-0029  
\*\*\*\*\*

CATEGORY ID: TYSN141995

TASK NUMBER: 950412HEP9017

PAGE: 1

U. S. CONSUMER PRODUCT  
SAFETY COMMISSION  
ATLANTA SATELLITE OFFICE  
401 WEST PEACHTREE STREET, N.W.,  
SUITE 1600  
ATLANTA, GEORGIA 30308  
(404) 730-2870  
(404) 730-2878 FAX



950412HEP9017

TO: Sgt. Cosby, Ft. Benning, Ga.

FAX #: 706-545-7455

FROM: Jamie Barlett, ATL-SU

DATE: 6/7/95

RE: request for investigation report for Sierra Thompson

PAGES: 1, + cover sheet

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EX.2



950412HEP 9017

June 7, 1995

Sgt. Eddie Cosby  
Military Police  
Building 215  
Ft. Benning, Georgia 31905

Dear Sgt. Cosby:

The U.S. Consumer Product Safety Commission is involved in the study of injuries, accidents and complaints involving many consumer products. Information gathered from fire departments, medical examiners, gas companies, electric companies, insurance companies and coroners helps make us aware of product hazards, and aids us in preventing product-related accidents and injuries.

We would appreciate your office providing the undersigned a copy of the following report:

|                  |                            |        |
|------------------|----------------------------|--------|
|                  | Investigation              | Report |
| Victim/Occupant: | [REDACTED]                 |        |
| Address:         | [REDACTED]                 |        |
|                  | Ft. Benning, Georgia 31905 |        |
|                  | _____                      |        |
|                  | _____                      |        |

Date of Incident : 7/16/94

Product Involved : bathtub

Any additional information that your office could provide will be appreciated. If there are any questions, please call me at (404)730-2870. The fax number is (404)730-2878.

Sincerely,  
*Jimmie L. Barrett*  
Jimmie L. Barrett  
Product Safety Investigator

**U.S. CONSUMER PRODUCT SAFETY COMMISSION**

401 West Peachtree St. N.W., Suite 1600 ■ Atlanta, Georgia 30308  
(404)730-2870 ■ (404)730-2878 fax

*EX-2*

950412 AEP 9017

# DATAFAX HEADER SHEET

DATE 950607

NO. OF PAGES  
(Including header sheet) 5

HEADQUARTERS  
MILITARY POLICE ACTIVITY  
(ATZB-MP)  
FORT BENNING, GEORGIA 31905

|                      | NAME                 | OFFICE SYMBOL | OFFICE PHONE  | DATAFAX PHONE                              |
|----------------------|----------------------|---------------|---------------|--|
| T<br>O               | Jimmie L.<br>BARRETT |               | 404(730-2870) | 404(730-2878)                              |
| F<br>R<br>O<br>M     | SFC Eddie<br>COSBY   |               | 906(545-4376) | DSN 835-7445<br>835-7455<br>(706) 845-7445 |
| CONFIRMATION NUMBER: |                      |               |               |  |

REMARKS:

This is this information requested Ref: Sierra Thompson.

UNCLASSIFIED DATA ONLY

EX. 2

02748-94

950412 HEP9017  
(CID)

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>MILITARY POLICE REPORT</b><br>For use of this form, see DA Form 100-101<br>the component agency is OCCC000-8   |  | <b>MILITARY POLICE REPORT NUMBER</b><br>2273-94  |  | <b>DATE</b><br>940716  |  | <b>USACRC CONTROL NUMBER</b>   |  |
| <b>THRU:</b>  |  | <b>TO:</b>   |  | <b>FROM:</b>   |  |  |  |
| 1. <b>REPORT TYPE/STATUS:</b> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Commander's Action (DA Form 4833) <input type="checkbox"/> Supplemental <input type="checkbox"/> Complaint   |  | 2. <b>EVALUATION:</b> <input checked="" type="checkbox"/> Criminal Offense <input type="checkbox"/> Military Offense <input type="checkbox"/> Traffic Offense <input type="checkbox"/> Founded <input type="checkbox"/> Unfounded <input type="checkbox"/> Information |  | 3. <b>COMPLAINT/OFFENSE/INCIDENT (See Reverse/Attached for Summary)</b><br>NEGLIGENT HOMICIDE<br>ART 119 UCMJ      |  | 4. <b>LOCATION (Address)</b> <input checked="" type="checkbox"/> On Post <input type="checkbox"/> Off Post<br>Fort Benning, Ga 31905 |  |
| 7. <b>OFFENSE CODES</b><br>5H9  |  | 8. <b>COMPLAINT RECEIVED BY</b><br>DESK/SGT PETERMAN   |  | 5. <b>TIME OF OFFENSE</b><br>1910  |  | 6. <b>DATE OF OFFENSE</b><br>940716  |  |
| 11. <b>MP ACTION REFERRED TO:</b> <input checked="" type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)<br>IRV LANE / SA HILL 1910 |  | 9. <b>DATE RECEIVED</b><br>1900  |  | 10. <b>DATE RECEIVED</b><br>940716   |  | 12. <b>NAME OF SUBJECT</b><br>THOMPSON, PAUL W.  |  |
| 13. <b>NAME OF SUBJECT</b><br>THOMPSON, PAUL W.   |  | 14. <b>GRADE</b><br>SPC  |  | 15. <b>ORGANIZATION (include address and telephone number)</b><br>HHC 3/75th Ranger Regt<br>Fort Benning, Ga 31905 |  |  |  |
| 16. <b>DATE OF BIRTH</b><br>691126  |  | 17. <b>PLACE OF BIRTH</b><br>Decatur, AI   |  | 18. <b>DATE REFERRED</b><br>940716   |  |  |  |
| 19. <b>CAT (1)</b><br>A   |  | 20. <b>COLOR HAIR</b><br>BRN   |  | 21. <b>COLOR EYES</b><br>BLU   |  | 22. <b>WEIGHT</b><br>145lbs  |  |
| 23. <b>HEIGHT</b><br>71"  |  | 24. <b>AGE</b><br>24   |  | 25. <b>JUVENILE</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |  | 26. <b>SEX</b><br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female   |  |
| 27. <b>COMPLEXION</b><br>FAIR   |  | 28. <b>RACE (S)</b><br>C   |  | 29. <b>INVOLVEMENT</b><br><input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs                          |  | 30. <b>DRESS</b><br><input type="checkbox"/> Uniform <input checked="" type="checkbox"/> Civilian                                    |  |
| 31. <b>COOPERATIVE</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | 32. <b>IDENTIFYING MARKS</b><br>NONE VISIBLE   |  |  |  |  |  |
| 17. <b>PERSONS RELATED TO REPORT (Place Additional Entries on Reverse/Attached)</b>   |  |  |  |  |  |  |  |
| a. NAME   |  | b. GRADE   |  | c. SSN   |  | d. ORGANIZATION/ADDRESS/TELEPHONE NO   |  |
| H/C/24  |  | SGT  |  | [REDACTED]   |  | B Company 1/18th<br>Fort Benning, Ga 31905   |  |
| F/C/1   |  | FM/D   |  | [REDACTED]   |  | Fort Benning, Ga 31905   |  |
| F/C/21  |  | FM/W   |  | [REDACTED]   |  | Fort Benning, Ga 31905   |  |
| F/C/21  |  | FM/W   |  | [REDACTED]   |  | Fort Benning, Ga 31905   |  |
| F/C/21  |  | FM/W   |  | [REDACTED]   |  | Fort Benning, Ga 31905   |  |
| F/C/21  |  | FM/W   |  | [REDACTED]   |  | Fort Benning, Ga 31905   |  |
| M/C/32  |  | INV  |  | [REDACTED]   |  | MPA, IRRACO, 3D COMPANY<br>Fort Benning, Ga 31905  |  |
| 9 Sept 69   |  | 27 Nov 93  |  | 2 Aug 69   |  | 10 Dec 60  |  |
| 24 Dec 61   |  |  |  |  |  |  |  |
| 18. <b>PROPERTY DATA</b>  |  |  |  | 19. <b>DISPOSITION OF</b>  |  |  |  |
| a. DATE   |  | b. (4)   |  | c. (5)   |  | d. AMOUNT  |  |
|   |  |  |  |  |  |  |  |
| a. <b>OFFENDER</b>  |  |  |  | b. <b>EVIDENCE</b>   |  |  |  |
|   |  |  |  | NONE TAKEN   |  |  |  |
| ENCLOSURES  |  |  |  | DISTRIBUTION   |  |  |  |
|   |  |  |  | FOR THE COMMANDER (Strike out if not applicable)   |  |  |  |
|   |  |  |  | TYPED NAME, RANK AND TITLE OF REPORTING OFFICER  |  |  |  |
|   |  |  |  | SIGNATURE  |  |  |  |
| (1) <b>CATEGORY</b>   |  | (2) <b>RACE</b>  |  | (3) <b>STATUS</b>  |  | (4) <b>PROPERTY TYPE</b>   |  |
| A-Army<br>B-Other Service<br>C-Family Member<br>D-DA Citizen<br>E-Civilian  |  | F-Contractor<br>G-Other Govt<br>H-PGN Natl Empl<br>I-Other PGN Natl<br>J-Other   |  | R-Red<br>M-Yellow<br>N-Black<br>C-White<br>H-Hispanic<br>X-Other   |  | A-Not Used<br>B-Witness<br>C-Victim<br>D-Complainant   |  |
|   |  |  |  | E-Military Police<br>F-Civil Authorities<br>G-Sponsor  |  | A-Govt Prop/Funds<br>B-Govt Vehicle<br>C-NAF Prop/Funds<br>D-NAF Vehicle<br>E-Private Property                                       |  |
|   |  |  |  |  |  | F-Private Vehicle<br>G-Most Govt Prop/Funds<br>H-Most Govt Vehicle   |  |
|   |  |  |  |  |  | A-Lost<br>B-Struck<br>C-Recovered<br>D-Damaged   |  |

CA. 2



950412-HEP9017

the children in the car, on a hot day, while she unloaded the groceries from the car, and would put them away in the cupboards before she would assist them in getting out of the car.

### 3. INTERVIEW OF SUSPECTS:

3.1 SPC THOMPSON: At 0925, 17 Jul 94, SA HILL advised SPC THOMPSON of his rights, which he waived, and rendered a sworn written statement (Exhibit 8), admitting that he left his two daughters in the bathtub alone to answer his telephone.

4. CRIME SCENE EXAMINATION: At 2041, 16 Jul 94, SA HILL conducted an examination of US Government quarters 939-G, Kilgore Street, Fort Benning, GA 31905.

4.1 Characteristics of Scene: Quarters 939-G is a two story multi-family dwelling combined with several other apartments which make up the building. The crime scene was identified as the second story bathroom of the quarters. The bathroom has an entry/exit way on the west wall which opens inward. At the southeast corner is the toilet. North of the toilet is the bathroom sink. Flush with the north wall is the bathtub, extending from the east wall to the west wall. The bathtub was noted to be approximately 5/6th full of water. The faucet was dripping water which could not be shut off.

EX. 2

0516-94-CID013 - 33846

950412-HER9017

... was clear enough to observe several toys, shoes, hair ribbon and a child's seat inside. The curtain was also hanging inside the tub from the shower. The water was warm to the touch, and no unusual odors were noted. The bathroom was reasonably lit. The drain lever was positioned to stop up the bathtub to retain water.

4.2 Condition of Scene: Nothing unusual was noted at the scene.

4.3 Environmental Conditions: The temperature inside the bathroom was approximately 77 degrees Fahrenheit.

4.4 Factors Pertinent to Entry/Exit: Entry to and exit from the crime scene was apparently through the bathroom doorway, which was unsecured and open at the time of the examination.

4.5 Scene Documentation: A crime scene sketch (Exhibit 1) was prepared by SA HILL. Photographs of the scene were exposed by SA HILL utilizing a Canon AE-1 35mm camera, Scotch 100 ASA color film, 50mm macro lens and a flash attachment. The photographs depict the area in the living room where the child was resuscitated and the bathroom where the child allegedly drowned.

AGENT'S COMMENT: Photographs of the scene did not depict anything of evidential value, therefore, were not processed.

4.6 Collection of Crime Scene Evidence: At 2100, 16 Jul 94, SA HILL collected the bathtub child's seat (Exhibit 10), from the water in the bathtub, which was recorded on a DA Form 4137, Evidence/Property Custody Document, Document No. 416/94 (Exhibit 9).

4.7 Search for Latent Impressions: Based on the nature of the offense, and circumstances surrounding it, a search for latent impressions was not conducted.

#### 5. OTHER COORDINATION:

5.1 At 0415, 17 Jul 94, SA HILL was notified by DOD PETERMAN that Mrs Barbara CHANCELLOR, Coroner, Chattahoochee County, Columbus, GA, advised that Miss S. THOMPSON was currently on life support at the Columbus Medical Center, Columbus, GA, and that medical authorities were preparing to discontinue the life support.

5.2 At 0736, 17 Jul 94, SA HILL coordinated with Ms CHANCELLOR, who advised that the child had been disconnected from life support and was pronounced dead at 0719, 17 Jul 94, by Dr Sundari RAJU, Medical Center, Columbus, GA.

#### 6. OTHER INTERVIEWS:

EX. 2



