

photos

SECT 151994 - C

JUN 27 1994 jmg y

1. CASE NUMBER 940602CNE5147 N 9460077		2. INVESTIGATOR'S ID 8 2 5 1		3. OFFICE CODE 8 0 0		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. INCIDENT DATE YR MO DAY 9 4 0 5 0 7		5. DATE IDI INITIATED YR MO DAY 9 4 0 6 0 2					
6. SYNOPSIS OF INCIDENT OR COMPLAINT An 8 month old female, who was left unattended in a bathseat, with two suction cup legs missing which made it unstable, drowned in the 4 inches of water contained in the tub after the seat tipped over immersing her breathing passages under water. The cause of death was ruled as drowning.							
7. LOCATION Home		8. CITY 10 Miami		9. STATE FL			
10A. FIRST PRODUCT Baby Bathub Seat			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Safety 1st Bath Seat No. #160 Safety 1st, Inc., 210 Boylston Street Chestnut Hill, MA 02167				
10B. SECOND PRODUCT Bathub			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS 0 6 1 1 Unknown				
12. AGE OF VICTIM 2 0 8		13. SEX 2		14. DISPOSITION Died in Emergency Rm#		15. INJURY DIAGNOSIS Submersion 6 9	
16. BODY PART 8 5		17. RESPONDENT(S) Father		18. INVESTIGATION TYPE 2		19. TIME SPENT 1 2 2 0	
20. ATTACHMENTS Multi 9		21. CASE SOURCE Newspaper 0 5		22. REVIEWED BY YR MO DAY 8 1 6 5 9 4 0 6 2 1			
23. PERMISSION TO DISCLOSE NAMES (NON-NESS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input checked="" type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input type="checkbox"/>							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL DIRECTOR REVIEW DATE			
<p>MFR/PRVLR NOTIFIED</p> <p><input checked="" type="checkbox"/> No Comments made</p> <p><input type="checkbox"/> Comments attached</p> <p><input type="checkbox"/> Excisions/Revisions</p> <p><input type="checkbox"/> Firm has not requested further notice</p> <p>Jun 4/24/98</p>				<p>MFR/PRVLR NOTIFIED</p> <p><input checked="" type="checkbox"/> No comments made</p> <p><input type="checkbox"/> Comments attached</p> <p><input type="checkbox"/> Excisions/Revisions</p> <p><input type="checkbox"/> Firm has not requested further notice</p> <p>1-10-95 SA</p>			

(USE ADDITIONAL SHEETS IF NECESSARY)

PRE-INCIDENT

All the information contained in this report was obtained from the following sources:

1. Victim's Father.
2. Metro-Dade Police Department.
3. Office of the Medical Examiner, Dade County, FL.

According to information obtained from the infant's father during an on-site visit conducted on 6/6/94, the "Safety 1st" brand swivel bath seat was purchased during the later part of 1992 at a K-Mart retail outlet located on 106th Street & Biscayne Blvd., Miami, FL. The seat stayed packaged and unused until approximately November, 1993 when it was used for the couple's other daughter. The victim's mother and father do not live together with the victim living with the mother in her apartment while the father lives with his family in an apartment located approximately 1 block away in Miami, FL.

According to the victim's father, his daughter was approximately 21 lbs., and measured approximately 25 inches in length. Born on August 10, 1993, the victim was reportedly a severe asthma sufferer, who required an oxygen machine in the home which was supplied by the hospital.

The father informed me that the seat was first used for the victim in approximately March, 1994 when the victim was approximately 6 months of age.

According to information received, at approximately 0845 hours on May 9, 1994, the victim's mother filled the bathtub with approximately 4 inches of water and placed the plastic bath seat inside. The victim's father informed me that he believes two of the front suction cup legs were missing, and the seat was on a slight tilt. The victim's mother proceeded to place her daughter inside the tub located in the upstairs bedroom of the two story duplex apartment. She reportedly then went about gathering clothes for laundering, periodically checking on the infant. Reportedly during this time, the telephone rang and the victim's mother conversed for approximately 1 minute.

Environment or weather did not appear to play a role in this incident.

INCIDENT

The victim's father informed me that at this time, approximately 0855 hours, he walked into the house, and upon entering the bathroom he checked on his daughter, observed her lying pitched forward, still inside the toppled seat, with her breathing passages under water.

The infant's father immediately removed his daughter from the seat and initiated CPR as the infant's mother contacted fire rescue via 911.

POST-INCIDENT

Fire rescue arrived a few minutes after notification and observed the infant lying on the bed with CPR administered by the father in progress. IV and CPR were administered by rescue personnel, and the infant was transported to North Shore Medical Center.

The infant arrived in asystole rhythm and without any vital signs. CPR continued and medications were administered but to no avail until she was pronounced dead at 1007 hours on May 9, 1994.

Autopsy findings went as follows:

1. Pulmonary Congestion.
2. Conjunctival Petechiae.

The cause of death was listed as drowning.

The infant's father informed me that following the incident, in anger, he picked the seat up and smashed it to the floor, and is unaware of the location of the two remaining suction cup legs, which were reportedly present when the seat was put into the bathtub.

Laser photos supplied by the Office of the Medical Examiner, Dade County, FL were reviewed by this investigator. The seat is currently in evidence, at the Metro Dade Police Department facility. The photos provided show the approximate accident sequence and the product involved. The photographs provided (1-9) show that the seat appeared to be in a worn condition. It appears that the suction cups were contained inside 4 holes contained at the bottom of the product, and appear to be removable.

According to reports, the following seat measurements were given:

Chair: 11 1/2 inch circular bottom
Height: (Seat) 11 1/4 inches
Width: 11 1/2 inches

PRODUCT IDENTIFICATION

Based on information provided in a consultation report #94-1212 by the Medical Examiner with Detective Belyeu, Metro-Dade Police Department, the following ID information on the bath seat was obtained:

The seat consists of a blue plastic chair consisting of a round circular bottom without suction cups present. There are bar like supports where there is sufficient room for an infant to place their legs. No brand name was noted on the seat. A warning label on the top rim of the seat reads "Warning, Prevent Drowning, Never Leave Child Unattended". On the bottom of the seat there is molded in printing which reads as follows: "Made In USA - 1989 Safety 1st, Inc., All Right Reserved, USA Patent 5006057, UKRD1990, 2006813-Canada RD, 1990, Safety 1st, Inc., - Other Foreign Patents Pending". Based on my knowledge of the product, the manufacturer is Safety 1st, Inc., 210 Boylston Street, Chestnut Hill, MA 02167. As mentioned earlier in this report the product appeared to contain plastic suction cups that appeared removable due to design of the holes that they were contained in on the bottom of the seat.

According to the victim's father, the bath seat was purchased at a K-Mart retail outlet, located on 106th Street & Biscayne Blvd., Miami, FL in late 1992.

As a follow-up I visited a Service Merchandise retail outlet located on Grave Road, Boca Raton, FL. Inside the infant's section of the store I observed what appeared to be the product on shelf display. Upon examination of the bath seat, the US Patent Number 500657 as listed in the consultation report with Detective Belyeu of the Metro-Dade Police Department was not present on the seat (See Exhibit 4). Examination of the suction cups contained on the bottom of this seat revealed that they were readily removable. In addition, the display tag, contained in front of the seat apparently referred to a different model as one of the listed items were "3 Suction Cups With Quick Release Tabs" as compared to the one on display containing 4 suction cups (See Exhibit 6).

I proceeded to a Toys-R-Us retail outlet located on State Road 7, Boca Raton, FL and examined one of the "Safety 1st" brand swivel bath seats on the sales floor. This seat examined contained the following features:

1. Contoured back and bottom designed for baby's safety and comfort.
2. Colorful activity wings.
3. Textured non-slip bottom.
4. Safety lock contained on rear of seat to prevent seat from turning.
5. 4 suction cups to be secured to the bottom of the tub.

ID information contained on the shipping carton reads in part: "Safety 1st, Inc., 210 Boylston Street, Chestnut Hill, MA 02167 USA. Made In USA To Safety 1st Quality Specifications US Patent Nos. 5,010,606 and 5,158,460". (This number differs from the number supplied in the consultation report between the investigating detective and the medical examiner). Additional information contained on the bottom of the shipping carton shows the model number as "160P" (See Photographs 10-13). The examined seat contained (See Photograph 14) the following molded information: "Made In USA Copyright 1989 Safety 1st, Inc. All Rights Reserved US Patent 5,010,606 and 5,158,460***" (See Photograph 15). The seat examined contained a stick-on label on the rear bar reading: "Warning: Prevent Drowning Never Leave Child Unattended In The Tub" (See Photograph 16). An additional warning is contained on the side top bar reading: "Warning: Prevent Drowning Never Leave Child Unattended" (See Photograph 17). A swivel release lock is contained on the rear of the seat section (See Photograph 18). Examination of the 4 white colored plastic suction cups contained on the bottom of the seat revealed that they could not be removed by this investigator (as were the cups at the seat on display at Service Merchandise) and appeared to have an interlocking device preventing removal of these suction cups (See Photographs 19-22). (A later check by this investigator revealed that Service Merchandise had the new design containing interlocking cups in stock which differed from the seat on display).

EXHIBITS

- Exhibit 1 - Preliminary Police Death Investigation Report for the Medical Examiner, Metro-Dade Police Department.
- Exhibit 2 - Patient Information, North Shore Medical Center.
- Exhibit 3 - Investigation Report, Office of the Medical Examiner, Dade County, FL.
- Exhibit 4 - Consultation: Office of the Medical Examiner/Metro -Dade Police Department.
- Exhibit 5 - Autopsy Report, Office of the Medical Examiner, Dade County, Florida.
- Exhibit 6 - Product Tag (displayed at Service Merchandise).
- Exhibit 7 - Copy: Instruction Sheet included with bath seat.

PHOTOGRAPHS

1. Photograph shows frontal view of the bath seat involved in the incident (Supplied by Medical Examiner).

2. Photograph shows top view of the bath seat involved in the incident (Supplied by Medical Examiner).
3. Photograph shows close-up of warning label contained on side top bar of bath seat (Supplied by Medical Examiner).
4. Photograph shows recreation of deceased infant in her bath seat prior to tipping (Supplied by Medical Examiner).
5. Photograph shows recreation of incident following tipping of seat (Supplied by Medical Examiner).
6. Photograph shows recreation of incident (additional view) (Supplied by Medical Examiner).
7. Photograph shows recreation of incident (additional view) (Supplied by Medical Examiner).
8. Photograph shows bottom of the seat-absence of suction cups/no locking device on cups (Supplied by Medical Examiner).
9. Photograph shows close-up of hole where suction cup would be situated in (Supplied by Medical Examiner).
- 10 & 11. Photographs show the packaging contained with seat examined at retail outlet.
- 12 & 13. Photographs show ID information contained on the packaging carton containing the bath seat examined at the retail outlet.
14. Photograph shows a frontal view of the seat examined from the retail outlet.
15. Photograph shows close-up of ID information contained on the underside of the seat examined from the retail outlet.
- 16 & 17. Photographs show warnings contained on the bath seat examined from the retail outlet.
18. Photograph shows rear/top view of the bath seat showing swivel locking device.
- 19 & 20. Photographs show suction cups (unremovable) contained on the bath seat examined from retail outlet.
- 21 & 22. Photographs show the locking device contained on suction cups keeping them in place (retail examine).

STANDARDS

This investigation was conducted under the CPSA.

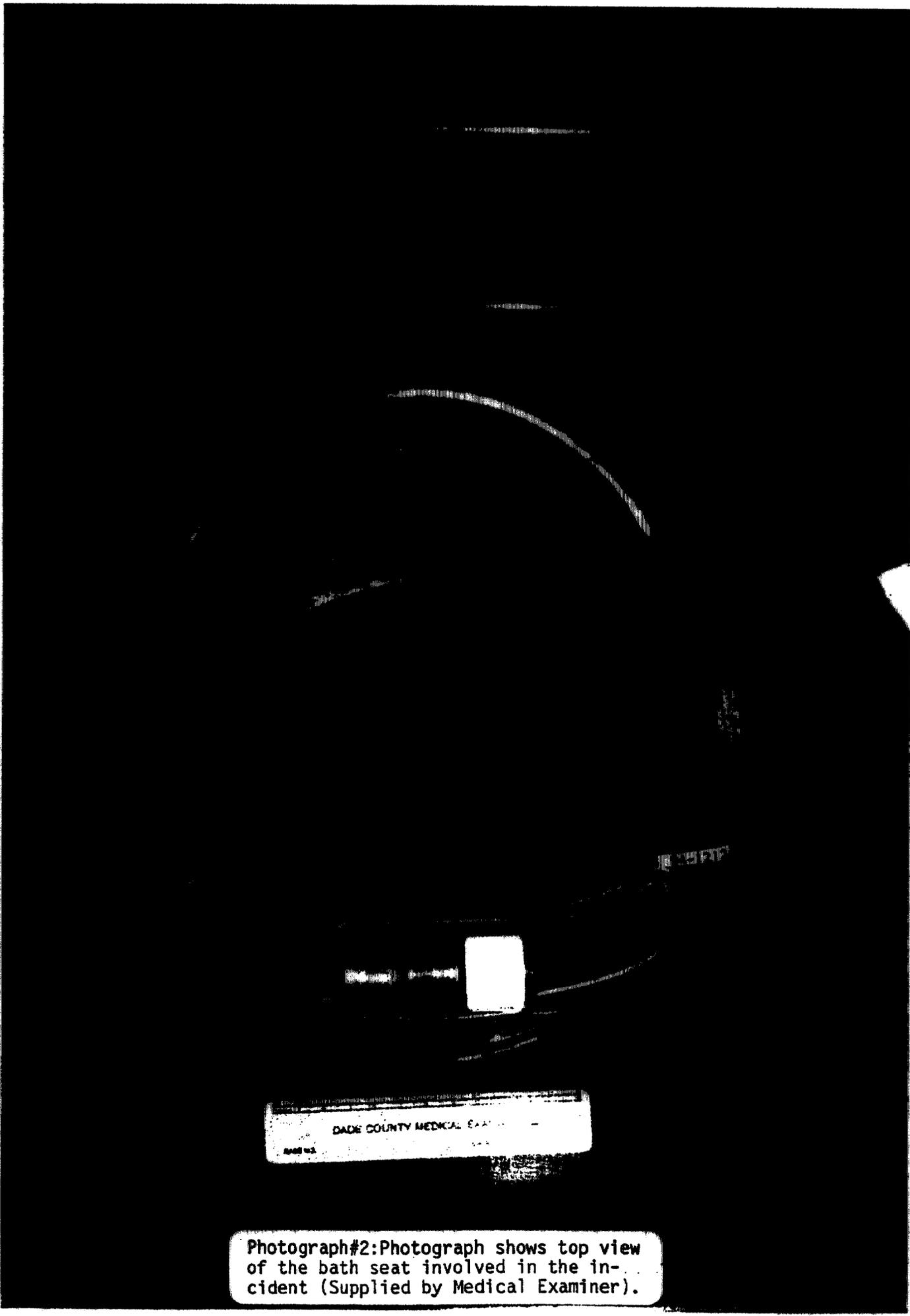
940603CNE5147

94-1917

DADR C... EXAMINER
CASE NO: ...

Photograph#1: Photograph shows frontal view of the bath seat involved in the incident. (Supplied by Medical Examiner)

940602 CNE 5147



Photograph#2: Photograph shows top view of the bath seat involved in the incident (Supplied by Medical Examiner).

940603CNE5147

94-1212/

ALPHABETIC
SERIAL PROGRAM
JAN 1970

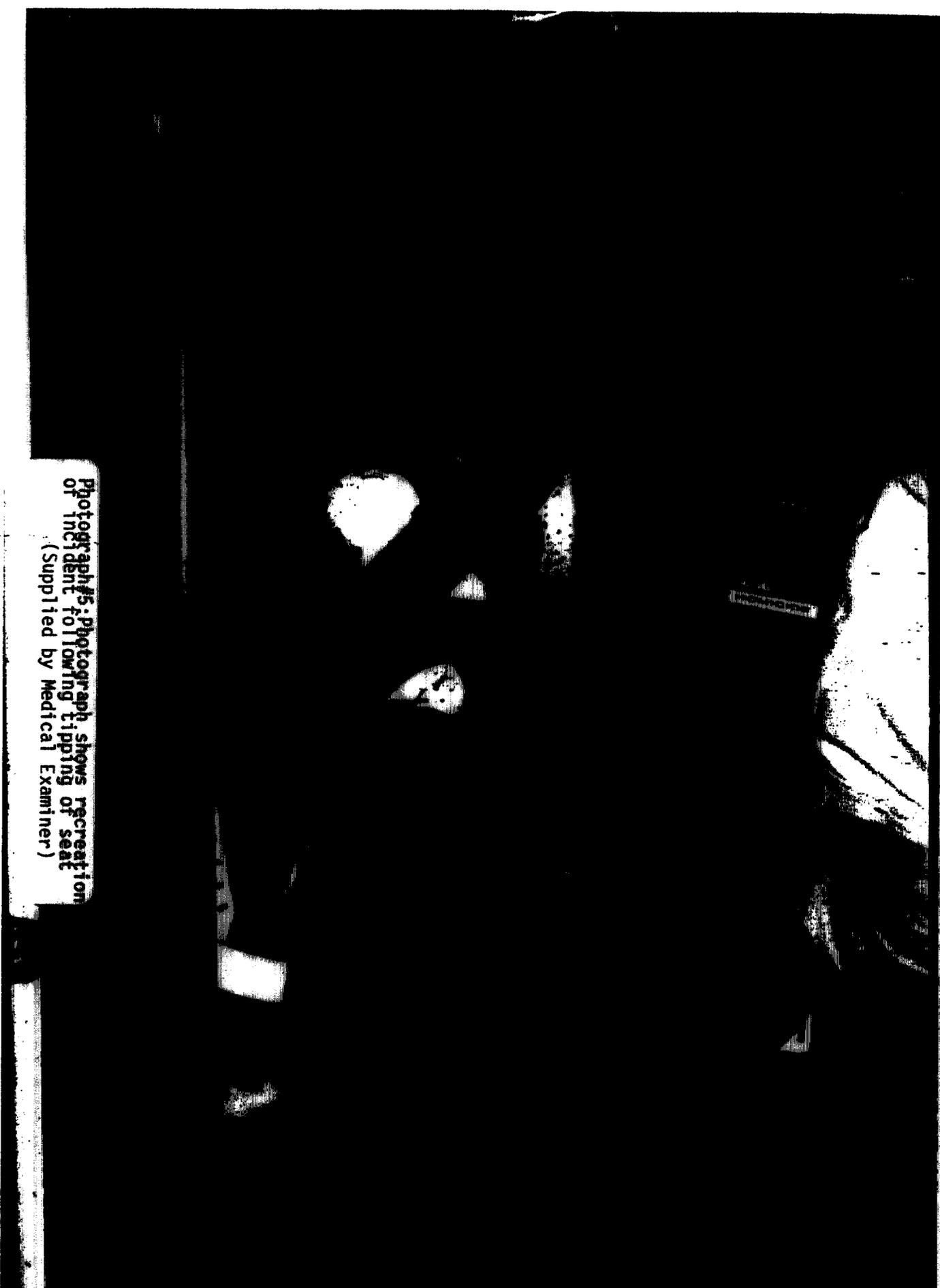
Photograph #3: Photograph shows close-up of washing label contained on side top bar of bath seat
(Supplied by Medical Examiner)

940603CNE5147



Photograph#4: Photograph shows recreation
of deceased infant in her bath seat
prior to tipping.
(Supplied by Medical Examiner)

940602 CNE5147



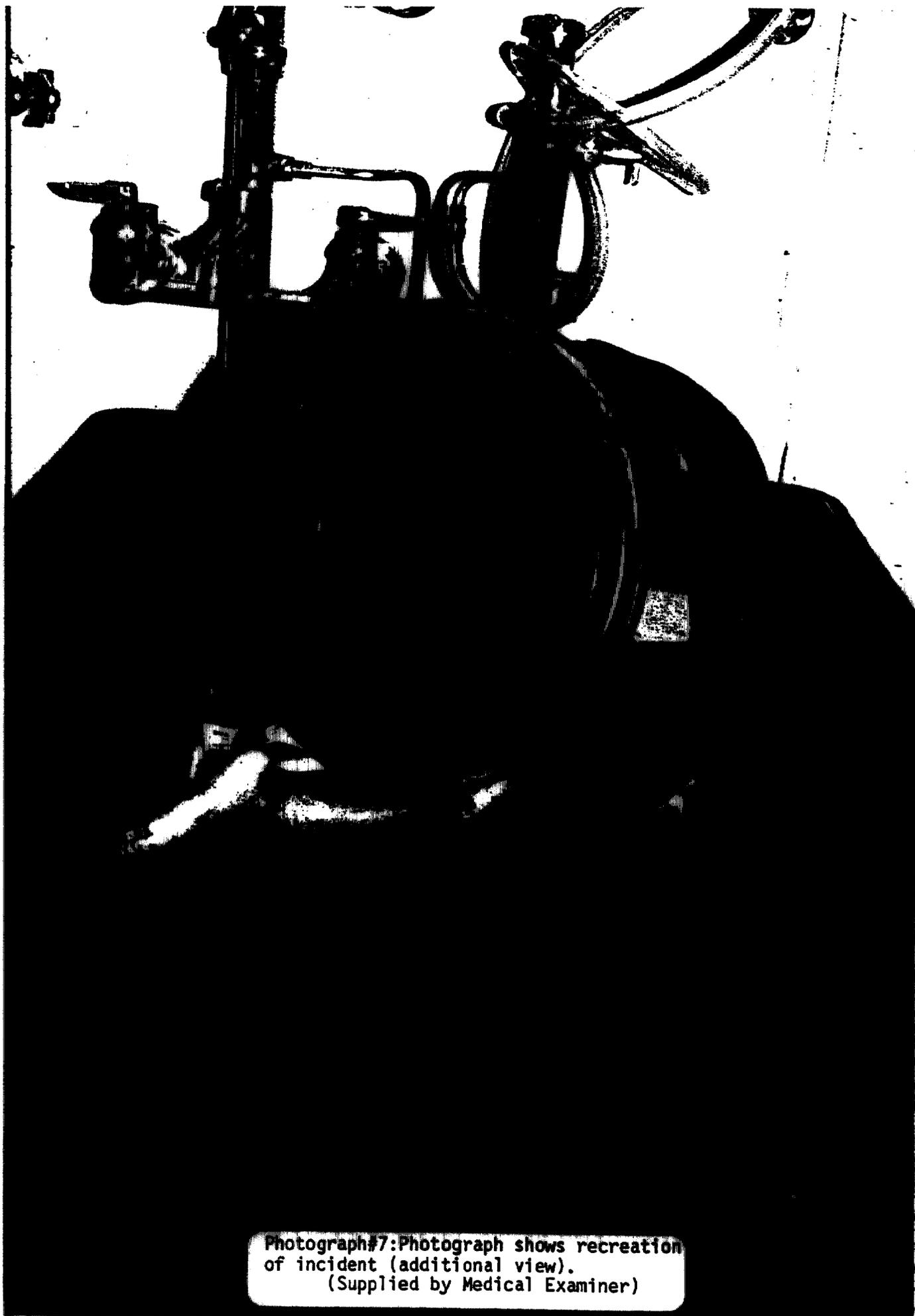
Photographs: Photograph shows recreation
of incident following tipping of seat
(Supplied by Medical Examiner)

940603CNE5147



Photograph#6: Photograph shows recreation of incident (additional view).
(Supplied by Medical Examiner)

940603CNE5147



Photograph#7:Photograph shows recreation
of incident (additional view).
(Supplied by Medical Examiner)

940603CME5147



Photograph #8: Photograph Shows bottom of the seat/absence of suction cups/no locking device on cups
(Supplied by Medical Examiner)

Photograph#9: Photograph shows close-up of hole where suction cup would be situated in (Supplied by Medical Examiner)

940603CNE5147



INVESTIGATION REPORT

Police Agency Alamo Dade
Police Case Number 236075-P

Name of Deceased CARTER, JAMMICA First Middle
Age 3 months Sex F D.O.B. 08/10/83 Social Security -
Address 405 NW 84 ST Race B Occupation N/A Employer N/A

Place of Death (Hospital, House Address, Etc.): 405 NW 84 ST
Place of Injury (Address, Location): 405 NW 84 ST
Injury Occurred: 5/9/84 M D Y Time M
TIME OF DEATH:
Occurred: 5/9/84 M D Y Time M 8:55 AM
Found: 5/9/84 M D Y Time M
Pronounced: 5/9/84 M D Y Time M
Identified By: DOROTHY CARTER
Address: 405 NW 84 ST
Phone: 751 7895 (MOTHER)

Next of Kin Notified: Yes No
Name: HENRY ISAAC
Relationship: FATHER
Address: 452 NW 84 ST
Name: Miami, FL
Telephone: 258 2940

Name and Telephone of Doctors and/or Hospitals That Attended Deceased During Life: SUNBELT OR GRADEN NORTHSHORE HOSPITAL 940602CNE5147
Physical Examination of the Body (Position/Location of Body):
Lividities: No Yes
Trauma: No Yes
Describe Trauma: N/A
Medication to M.E.: No Yes
Possible Contagious Disease: Unknown No Yes
Type of Disease: N/A
Viewed by Investigator: 5/9/84 M D Y Time 1:15 P.M.
Disposition of Valuables: N/A
Disposition of Clothing: N/A
Special Instructions: Rape Kit Do not wash Do not alter/print Take body Temp
Other: Do not undress
Investigator: [Signature] 6/16/84

METROPOLITAN DADE COUNTY
PRELIMINARY POLICE DEATH INVESTIGATION REPORT
FOR THE MEDICAL EXAMINER
 Continuation Sheet

Medical Examiner at Scene? No Yes Name 2/A Body Removal Requested 1:15 P M
 Time Medical Examiner Requested 2/A M Body Removal Transport Arrived _____ M
 Time Medical Examiner Arrived _____ M Telephone Number 471-2400
 The Lead Investigator is L.A. Babefco Investigator to be present at Autopsy? No Yes

This report prepared by _____

HISTORY (What happened just prior to death?)
 Initial reports indicate that the victims Mother, Dorothy Carter, placed the victim in an infant bathtub seat in approx four inches of water in upstairs bathroom. Ms Carter went about gathering clothes to launder periodically checking on the victim as she passed in the hallway. Ms Carter advised a telephone call was on the telephone for approx one minute when the victim's father, Henry Isaac, observed the baby face down in the bathtub in the water. The infant seat was turned over on its side with the victim's mouth close under the water. Mr Isaac immediately initiated CPR as Ms Carter called 911.

990602CNE5197
 CONSUME MEDICAL EXAMINER
 BATH 1/19
 1

94-1212

WORTH SHORE MEDICAL CENTER

PATIENT INFORMATION

ADM#: 1354641 D/T: 05/09/94 09:44
NAME: CARTER, JAMMICIA
ADDR: 405 NW 84TH ST.
MIAMI, FL 33150
TEL#: 305 751-7895
AGE: 0 SEX: F
DOB: 08/10/93 M/S: S
SS#: 594-35-0162 RELG: OTH
LAST ADMIT DATE: 04/06/94

ADMISSION INFORMATION

PHYS: 72 BROWN, FREDERICK, M.D.
P/T: EMERGENCY RO A/T: ER-EMERGENC
FC: MEDICAID
MODE: AUTO MEDICAL RECORD NO./URN
RM#: *****
BY: A-D *
REF PHYS: 0 * 436887 *
PRE ADM#: 2311 *

PATIENT EMPLOYMENT

EMPLOYER:
ADDRFSS :
TEL# : 0
OCCUP. :

NEXT OF KIN

NAME: CARTER DOROTHY
ADDR: 405 NW 84TH ST.
MIAMI, FL 33150
TEL#: 305 751-7895 REL: MO

GUARANTOR INFORMATION

NAME: CARTER DOROTHY SS#: 262-59-2503 TEL: 305 751-7895
ADDR: 405 NW 84TH ST. MIAMI, FL 33150 REL: MO
EMPL: NONE OCCUP: NONE
ADDR: TEL: 0

INSURANCE INFORMATION

INS: MEDICAID/CONSULTEC O/P&E/R GR#: POL#: 7504915246
ADDR: P.O. BOX 7072 TALLAHASSEE, FL 32314-7072800 289-7779
SUBS: CARTER JAMMICIA GRN: REL: SA

ADM DX: DROWNING
2ND DX:

940602 GNE5147
John
CONSUMER PROTECT
SAFETY COMMISSION

OPIUM
 TRUSTE
 OPN
 BDA
 BETA
 BILUMINAL
 OTI
 CRIC
 TRACH

S₆ O₂
 OTHER
 METHOD
 NC
 BVM
 VENTIC
 NRBM

DRESSING
 SPLINTING
 OXYGEN
 VENTURI
 MOUTH
 NEBULIZER
 MASK

CARDIOVERT
 DEFIB
 IV
 LR
 D₅W
 TKO

COMPRESSIONS
 OTHER

VENTILATOR
 EXT TUBING
 BANDAGE/DRESSING
 OTHER

BACKBOARD
 BLADDER CATH
 BLOOD DRAW
 BURN SHEET

GID
 IRRIGATION
 KED
 OB/DELIVERY
 OTHER

MANUAL IMMOB
 NG TUBE
 RESTRAINTS
 SPLINT/TRACT

ATROPINE
 D50
 EPI 1:1000
 EPI 1:10000
 LIDOCAINE

HALORONE
 NITROGLYCERIN
 NARCOTIC PAIN
 PUL AEROSOL
 OTHER CARDIAC

SODIUM BICARB
 SVT Ca BLOCKER
 THROMBOLYTIC
 OTHER

0	0	0	0	ASystole	EPI	0.1 mg	
0	0	0	0	ASystole	ATROPINE	0.2 mg	
0	0	0	0	11-Fib	EPI	0.1 mg	DEPIO X3 2203 11/5:15
0	0	0	0	ASystole	EPI	0.1 mg	

ASTHMA PSYCH CANCER SEIZURES CARDIAC SICKLE CELL COPD SUBSTANCE ABUSE DIABETIC TB HIV OTHER MSV TBP NONE UNKNOWN NONE KNOWN

PHYSICIAN CONTACTED **DR BROWN**
 RESP / CARDIAC ARREST (CALL RECEIVED AS A DROWNING / UNKNOWN)

FOUND - Pt ON bed in ENRIVE 30 DORMING CPR - EUM. PER ENGINE 30 PT ON bed fully covered in blood. LIVE MOTIS IN SACRAL AREA, ONLY PERSON IN HOUSE WAS THE SUPERINTENDANT.

EXAM: RESP, 0 PULSE, ECG ASYSTOLE, 0 OBVIOUS WOUNDS, 0 SUSPECTED FX, SKIN WARM-PAK - 0 SOME CYANOSIS.

TX - CPR - EUM, O₂ 15 LPM, ET TUBE 4.0 X3 LAST SUCCESSFUL SUCTION AIRWAY, IV 1000CC LR KVO - IO (R) LEG (L) LEG DISCONTINUED WHILE PACKAGING. Pt DEFIB X3, TRANSPORTED IN ALS mode to NORTHSTORE ER.

NARRATIVE 1 OF 1
 LEAD CREW SIGNATURE *[Signature]* LEAD CREW PRINT NAME **H. C. FABAL** REVIEWER SIGNATURE
 OXYGEN ADMINISTERED MILEAGE **2**

PATIENT AUTHORIZATION
 I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, or any private insurance company any information needed for this or a related medical claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to the party who accepts assignment. I personally guarantee payment of any charges not covered by health care benefits.
 Signature **UNABLE**

PATIENT REFUSAL OF SERVICE (SIGNATURE REQUIRED)

(patient or guardian) have been informed of the reason I should go to a hospital for further medical care, and have been informed of the evaluation and/or treatment that will/may occur when I get to the hospital, and have been informed of the potential consequences and/or complications that may result from my (or my guardian's) refusal to go to the closest hospital for further emergency care; and as a competent adult, fully understand all of the above and am capable of determining a rational decision on my behalf; and have been advised that emergency medical care is necessary, and that refusal of recommended care and transport to a hospital may result in death or impair my/the patient's health by increasing the opportunity for morbidity. Nevertheless, and understanding all of the above, I (or my guardian), refuse to accept emergency medical care or transport to the closest hospital facility, assume all risks and consequences resulting from my (or my guardian's) decision, and release this service from any and all liability resulting from my (or my guardian's) refusal.

Request ERP: <input type="checkbox"/> yes <input type="checkbox"/> no	Pvt. M.D. _____ On Staff: <input type="checkbox"/> yes <input type="checkbox"/> no	Times: (Approx) Arrival: _____ Triage: _____ Into Dept.: _____	Approved for ER Visit: Agency: _____ By Whom: _____	#: M.D.: _____ Time: _____
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Name: _____ Pt. #: _____	Initial V.S.: T _____ P <u>0</u> R <u>0</u> BP <u>0</u> / <u>0</u> LMP _____
Allergies: <u>unk.</u> Last T. Tox.: _____	Age: <u>9 mo</u> Weight: _____ V.A.: OD _____ OS _____
Medications & Dosages: <u>unk.</u>	Nursing Assessment: _____
Chief Complaint: <u>Drowning.</u>	

Time seen by M.D. _____
 History and Physical: 9 mo old ♀ B/D FR in cardiac arrest p drowning in bath tub. Pt had been intubated c #4 ET tube + Ct was in progress. An I-O line was present in Rt tibia but non-functional.
On arrival pt was in asystole. meds were given via ET tube until an I-O line could be secured, in L. femoral v ACCS was continued for ~ 30 minutes p arrival, c-sinead dose of Epi + Atropine given via I-O line Pt remained in asystole throughout, and efforts were D/C'd at 1007. Mother extremely distraught, was notified of pt's death.

Treatment, Orders and Results:	Procedures:
--------------------------------	-------------

Resp: Tx # 1: _____ Time: _____ Result: _____ Tx # 2: _____ Time: _____ Result: _____ Tx # 3: _____ Time: _____ Result: _____	Monitor Interpretation (Rhythm Strip)
<input type="checkbox"/> CBC: WBC _____ H/H _____ Other: _____ <input type="checkbox"/> PT _____ <input type="checkbox"/> PTT _____ <input type="checkbox"/> SMA6: Na _____ K _____ Cl _____ HCO ₃ _____ Glu _____ BUN _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Creat _____ <input type="checkbox"/> Amylase _____ HCG <input type="checkbox"/> Qual. _____ <input type="checkbox"/> Quant. _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Radiology: <input type="checkbox"/> STAT <input type="checkbox"/> CXR _____ <input type="checkbox"/> FUA _____
UIA: <input type="checkbox"/> Reg <input type="checkbox"/> CC <input type="checkbox"/> Cath-Results: _____ C&S: <input type="checkbox"/> Urine <input type="checkbox"/> Throat <input type="checkbox"/> Wound <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Stool <input type="checkbox"/> Blood X _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Gram Stain: _____ Result: _____ <input type="checkbox"/> Strep Screen: _____ Fluid Analysis: <input type="checkbox"/> CSF <input type="checkbox"/> Synovial: Cell Count _____ Glu _____ Prot _____ Gram Stain: _____ Latex Agglut: _____ <input type="checkbox"/> C&S _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> EKG <input type="checkbox"/> STAT
<input type="checkbox"/> ABG #1: F ₁ O ₂ _____ pH _____ PCO ₂ _____ PO ₂ _____ HCO ₃ _____ Interp.: _____ <input type="checkbox"/> ABG #2: F ₁ O ₂ _____ pH _____ PCO ₂ _____ PO ₂ _____ HCO ₃ _____ Interp.: _____	

LAB • STAT

I have received and understand the instructions concerning the following medical conditions and medications:	and the following specific instructions
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METROPOLITAN DADE COUNTY
MEDICAL EXAMINER DEPARTMENT
NUMBER 1 ON BOB HOPE RD MIAMI, FLORIDA 33136 (305) 545-2400
INVESTIGATION REPORT

M.E. CASE NO. 94-1212 A
DATE MAY/09/94
CATEGORY: 01

CARTER, JAMMICA
8MTH BLACK FEMALE DOB AUG/10/93
405 N.W. 84TH STREET, MIAMI, FLA.

PLACE OF DEATH: NORTH SHORE MEDICAL CENTER, E.R.
TIME OF DEATH: OCCURRED 10:07AM MAY/09/94

INVESTIGATING AGENCY: METRO #236075-P/BELYEU

INCIDENT LOCATION: 405 N.W. 84TH STREET, MIAMI, FLA.
MAY/09/94 8:55AM SCENE M.E.

HISTORY:

ADU

ACCORDING TO INITIAL POLICE INVESTIGATION, ON MAY 9, 1994 DECEASED MOTHER PLACED HER IN AN INFANT BATHTUB SEAT IN ABOUT 4 INCHES OF WATER IN THE UPSTAIRS BATHROOM. SHE THEN WENT GATHERING CLOTHES FOR LAUNDERING - PERIODICALLY CHECKING ON DECEASED. DURING THIS TIME, THE TELEPHONE RANG AND DECEASED MOTHER TALKED FOR ABT. ONE MINUTE WHEN DECEASED FATHER OBSERVED HER FACEDOWN IN THE BATHTUB. THE INFANT'S SEAT WAS TURNED OVER ON ITS SIDE AND SHE WAS LYING WITH HER MOUTH AND NOSE UNDERNEATH THE WATER. FIRE RESCUE WAS SUMMONED AND FOUND HER LYING ON THE BED WITH CPR IN PROGRESS. I.V.'S WERE CONTINUED AND SHE WAS TRANSPORTED TO NORTHSORE MEDICAL CENTER.

SHE ARRIVED IN ASYSTOLE RHYTHM AND WITHOUT ANY VITAL SIGNS. CPR CONTI- AND MEDICATIONS ADMINISTERED BUT TO NO AVAIL, SHE REMAINED IN ASYSTOLE RHYTHM AND WAS PRONOUNCED DEAD AT 10:07 A.M.

940602CNES47 LABOR 3
FILE _____ DATE 6/4/94
[Signature]
CONSUMER PROTECTION
STATE COMMISSION

CAUSE OF DEATH: DROWNING

MANNER: ACCIDENT DATE AUTOPSY MAY/10/94 BY ROGER E. MITTLEMAN MD

MORTUARY: STEPHERSON, THOMPSON

ADU

THIS REPORT MAY CONTAIN NON-VERIFIED INFORMATION AND IS SUBJECT TO CHANGE

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name...CARTER, Jammicia.....May.10,1994....8:30.am.....CaseNo. 94-1212

CONSULTATION 94-1212

With Detective Larry Belyeu, Metro Dade Police Department

Detective Belyeu informs me that the father encountered the child in the bathtub. The infant was still in the child's seat at the time but was now lying on its side with its legs in the child's seat with its head on its right side. Measurement of the estimated water depth (5 inches) would indicate that the child's airways would be completely underwater. Near the drain there were toys which the child may have been reaching for, thereby overturning the child's seat. The father took the infant out of the seat and is not certain whether or not suction cups were present on the seat's bottom. The mother had left the child seated in the bathtub while she had a short conversation on the telephone. Detective Wilcox has no suspicion of foul play.

Inspection of the child's seat reveals it to be a blue plastic chair consisting of a round, 11-1/2 inch circular bottom without suction cups present. The bottom of this seat is severely scratched where it would have contact with a surface. The seat is 11-1/4 inches high and measures 11-3/4 inches from the low back to the front and 11-1/2 inches in width. There are bar-like supports where there is ample room for the child to place her legs. No brand name is noted on the seat which is in police custody at all times during this examination. There is a warning label on the top rim of the seat in plain view reading "Warning, prevent drowning, never leave child unattended". On the bottom of the seat there is the following "Made in USA-1989 Safety 1ST, Inc., All rights reserved, USA patent 5006057, UKRD 1990, 2006813-Canada RD, 1990, Safety 1st, Inc - other foreign patents pending."

R. Mittleman 5/25/94
Roger E. Mittleman, M.D.
Associate Medical Examiner

REM:rf

940602CNE5147 4
FILE DATE 6/6/94
INSPECTOR
CONSUMER PRODUCT
SAFETY COMMISSION

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name...CARTER, Jammicia.....May.10,1994....8:30.am.....CaseNo. 94-1212

CAUSE OF DEATH:

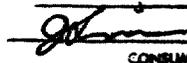
Drowning



Roger E. Mittleman, M.D.
Associate Medical Examiner

Date 5/23/94

REM:rf

940602 CNE5147 EX-100 5
FILE 5/23/94

CONSUMER PRODUCT
SAFETY COMMISSION

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name...CARTER,,Jammicia.....May.10,1994....8:30.am.....CaseNo. 94-1212

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished black female infant weighing 21 pounds and measuring 25 inches in length. The appearance of the deceased is consistent with the stated age of 8 months. The scalp hair is brown and curly. The irides are brown and the conjunctivae are unremarkable except for scattered palpebral petechiae along the lower eyelids, most prominent on the right side. The mouth is edentulous. There is no evidence of tonsillar hypertrophy. The frenula are intact. The external genitalia and anus are unremarkable. There are partially confluent hypopigmented round areas of skin measuring a few centimeters in diameter which are flat in the genital region and also along the buttocks. There is no external evidence of trauma. Mongolian spots are noted on the buttocks. There is no underlying trauma. Total body radiographs fail to reveal evidence of lesions.

EVIDENCE OF MEDICAL INTERVENTION:

There is an endotracheal tube in the mouth which is subsequently noted to be properly inserted above the carina. The stomach and intestinal tract are distended with air. Three electrocardiogram patches are on the anterior aspect of the trunk. There are a few needle puncture marks in the antecubital fossae and also in the right femoral region. There is an intravascular catheter in the left femoral region attached to a bag of 3/4 full, 0.9 percent sodium chloride (500 milliliters). There is an intraosseous catheter in the right tibia. The catheter is attached to a full bag of Ringer's lactate (1000 milliliters). There is a name tag on the left ankle bearing the number 1354641.

INTERNAL EXAMINATION:

There is no internal evidence of injury. No unusual odors are noted. The chest cavities contain about 50 milliliters of clear fluid on each side. A similar amount is noted in the pericardial sac. The peritoneal cavity is free of fluid.

The 48.21 gram heart is of the usual size and shape. The myocardium is red-brown and without scarring. the cardiac valves are not remarkable. The coronary arteries follow the usual distribution. The ostia from the aorta are patent and in the usual positions. The aorta is unremarkable. The ductus arteriosus and foramen ovale are closed. The great arteries of the neck are in their usual positions. The pulmonary venous return is normal.

The right and left lungs weigh 54.9 and 93.6 grams respectively. The edges of the pulmonary lobes are sharp. The pleural surfaces are smooth and glistening. The lung tissue is red and moist. There is no evidence of consolidation. The medial edges of the pulmonary lobes do not meet or overlap in the midline. The upper air passages are patent.

The 360 gram liver is brown and of the usual consistency. The gallbladder is not remarkable. The 37.1 gram spleen is intact and the parenchyma is dark red with prominent white pulp. There is no evidence of axillary, para-aortic, or parahilar lymphadenopathy.

940602-CNES147 5
FILE _____ DATE 5/6/94
INVESTIGATOR _____

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name...CARTER, Jammicia.....May.10,1994....8:30.am.....CaseNo. 94-1212

The right and left kidneys weigh 35.7 and 33.1 grams respectively. The cortical surfaces are smooth and with the usual fetal lobulations. The corticomedullary junctions are distinct. The parenchyma is brown. The renal pelves, ureters, and urinary bladder are not remarkable.

The right and left adrenals weigh 2.5 and 2.4 grams respectively. They are unremarkable. The thyroid gland and pancreas are unremarkable.

The 34.9 gram thymus gland is unremarkable. It is of the usual size, shape, and consistency. Its coloration is pink.

The tracheobronchial tree and pulmonary arteries are unremarkable. There is no evidence of neck bruising. The thyroid cartilage is intact.

The gastrointestinal tract is unremarkable except for the distention previously mentioned. The stomach contains less than 1 milliliter of tan, creamy, formula-like material.

The ovaries, fallopian tubes, and uterus are not remarkable.

The galeal and subgaleal tissues are free of trauma. The skull is without fracture. The brain is symmetrically swollen and weighs an estimated 800 grams. The cerebral vasculature is not remarkable. There is no evidence of epidural, subdural, or subarachnoid blood extravasation. Coronal examination of the cerebral hemispheres, brain stem and cerebellum fails to reveal abnormalities. The base of the skull is unremarkable. The petrous bones are not remarkable.

AUTOPSY FINDINGS:

1. Pulmonary congestion
2. Conjunctival petechiae



Roger E. Mittleman, M.D.
Associate Medical Examiner

REM:rf

940602 CNES197 LABORATORY 5
DATE 6/6/94
INVESTIGATOR
CONSUMER PRODUCT
INQUIRY COMMISSION

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name.....CARTER, Jamicia.....CaseNo. 94-1212

MICROSCOPIC EXAMINATION

HEART: No specific pathologic change.
LIVER: No specific pathologic change.
LUNG: Congestion/intra-alveolar blood.
KIDNEY: Congestion.
SPLEEN: Congestion.
THYMUS: Congestion.

Roger E. Mittleman
Roger E. Mittleman, M.D.
Associate Medical Examiner

Date: May 18, 1994

5/24/94

REM:cm

940602CNE5197 EXHIBIT 5
DATE 6/6/94
[Signature]
CONSUMER PROTECTION
DEPT. OF HEALTH

H 48.2

94 ~~1154~~
1212

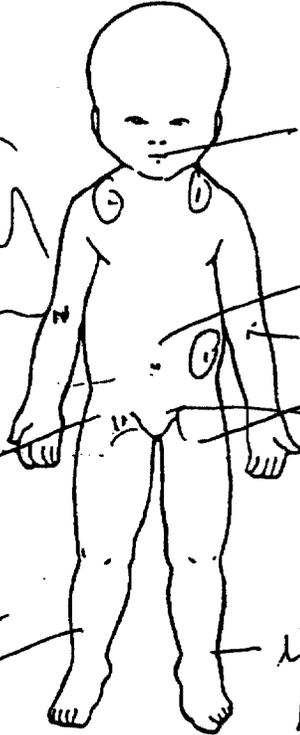
METROPOLITAN DADE COUNTY MEDICAL EXAMINER DEPARTMENT
- NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133
Telephone (305) 545-2400 FAX (305) 545-2418

37.19

54.9 LL
93.6

Infant, ventral, dorsal, and left and right lateral views

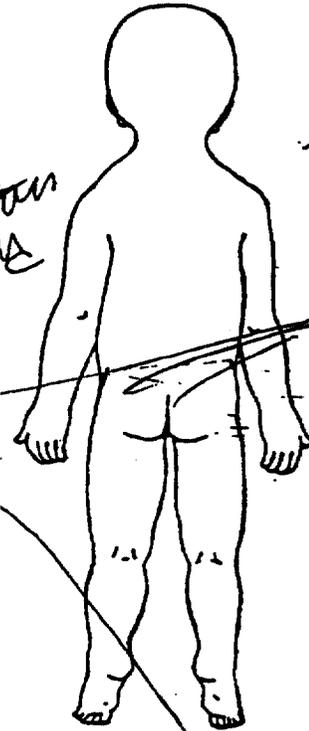
300
34.9 Thy
48.6 H
RA 25 gm
LA 2.4 gm
25 mm
RK 23.1
LK 23.1
Intra
op
apex



ET

NT

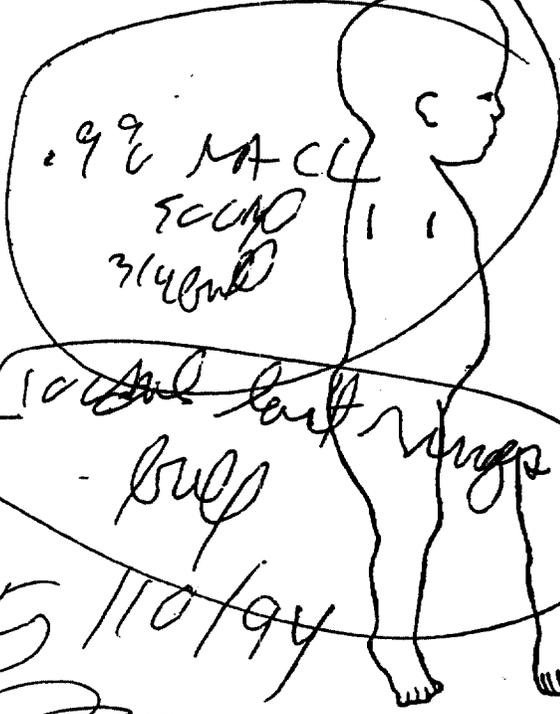
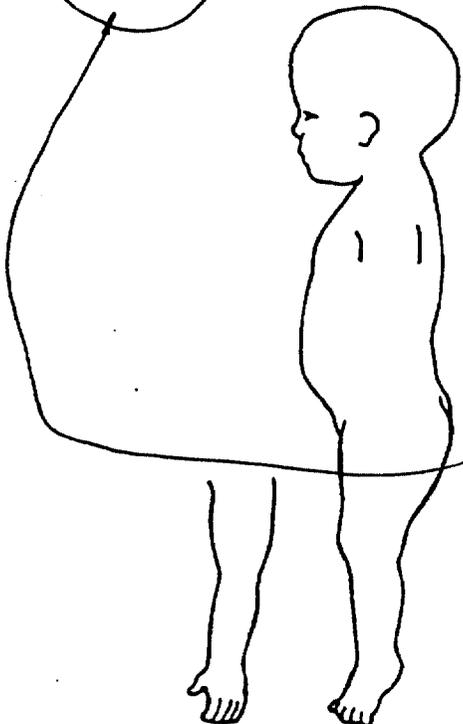
135 4641



~~Fibrous~~

ganglion
IV

wt 11.1
brown
curly
brown eyes
~~eyes~~
edent
hypopig
spots
blat low
lat pale
R 7h



9% MACC
5000
3/4 bone

100% last rings
- sup

5/10/94
Dm

11 1/2
11 3/4
11 1/2
mud
top
11 1/2 draw

your price

\$12.83

catlg
no. **160ATY**

FALL CATALOG PAGE 517, ITEM 27
REFERENCE PRICE \$14.95

SAFETY 1ST BATH SEAT
***MAKES BATHTIME EASIER**
FOR PARENTS
***ACTION SPINNER TOY**
KEEPS BABY BUSY
***3 SUCTION CUPS WITH**
QUICK RELEASE TABS
***PUSH BUTTON SAFETY**
LOCK
***MADE IN USA**

371 633
PC23125 13
200 COO13 JUL22



990602CNE5147 EXHIBIT 6
FILE _____ DATE 5/6/94
John
CONSUMER PRODUCT
SAFETY COMMISSION

SWIVEL BATH SEAT

PLEASE READ THESE INSTRUCTIONS CAREFULLY

1. Place your new Swivel Bath Seat in tub so child can not reach faucets and spout.
2. Push down firmly so that all four suction cups adhere to bottom of tub. Lift gently to test - Swivel Bath Seat should not move. See Figure A
3. Lift Safety Lock and pivot seat to face away from tub knobs and spout. See Figure B
4. Re-lock by firmly pushing down Safety Lock. See Figure C. Carefully slide child into your Swivel Bath Seat. To reposition, simply release lock, swivel and re-lock.
5. After bathing, lift child out of your Swivel Bath Seat, and re-removing seat from the tub.

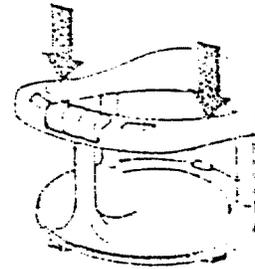


Figure A



Figure B

NEVER LIE SEAT WITH BABY IN PLACE

6. TO REMOVE SEAT, LIFT TABS ON SUCTION CUPS ONE AT A TIME WHILE GENTLY LIFTING SEAT BY CONVENIENT HAND FOR HANDLE. See Figure C



Figure C

WARNING:
 NEVER ALLOW CHILD
 TO REACH CHILD
 OR TO CLIMB INTO TUB

© 1994 Safety 1st Inc. All rights reserved. See also Safety 1st No. 160 for details.

940602CHES197-7
 DATE 6/6/94
 INVESTIGATOR
 J. Smith
 SAFETY 1ST INC.
 100 N. BROADWAY

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

You are hereby authorized to disclose my name and address with the information collected on this case.

My identity is to remain confidential.

Henry J. Isaac
(Signature)

6-6-94
(Date)

940602 CNE 5147

N46-0077

N46-0077A

*FLL-HP
Suzanne
Plo. do
CIB
6/6/94
Previously
alleged dead
phone*

THE HERALD, TUESDAY, MAY 24, 1994 ERO

Klami, FL

Unattended toddler drowns in tub

By PATRICIA M. WITTE
Herald Staff Writer

A momentary distraction — a ringing phone — led to tragedy Monday when an 8-month-old girl, left unattended in a bathtub by her mother, drowned in four inches of water. Metro-Dade police said.

Dorothy Carter, 33, had placed her daughter Jamaica in a baby bath seat — a small, blue plastic device anchored to the bottom of the tub by four suction cups — when the phone rang. Carter went to answer it, leaving the baby alone.

The bath seat tipped over, police said, dumping the baby

face down in the water.

That's how Isaac James, 24, Carter's boyfriend and Jamaica's father, found the child when he came home just before 9 a.m. He had taken the couple's other children, including Jamaica's twin sister, to child care.

"I heard him punching out the bedroom windows and saw the glass flying," said Burke Bell, a neighbor in Larchmont Gardens, who witnessed the father's grief from her apartment next door. "He kept screaming, 'This is for Daddy's baby, Daddy's doing this for you.' He was jumping and hollering and screaming and came out running through the

front door with a gun in his hand and bleeding."

Bell said James cursed his girlfriend and shot into the air twice. But police did not find a gun in the public housing apartment at 405 NW 84th St.

"They are good parents, they are really good parents," said Bell, who would sometimes baby-sit the couple's children.

Audrea Rarabana, nursing clinical educator at Jackson Memorial Hospital, had some advice on how to avoid this type of tragedy:

"Put it in capital letters: Babies should not be unattended any-

way, but in water — never, never, never," Rarabana said. "A lot of people get fooled because they think it's just a little bit of water, but babies can drown in just two inches of water."

A big mistake, Rarabana said, is to be unprepared before bathing the baby. Parents should have everything needed — the washcloth, towel, change of clothes — in the bathroom before the baby is placed in the tub. The phone, a common distraction, should be taken off the hook.

"You can run to get it or whatever and come back and have a dead baby," Rarabana said. "It happens that quickly."

6/11/94

SECTION 02

23 SEP 1994

0611

ADDENDUM

Upon request of Renae Rauchschalbe, CECA, a sample of a display Model#160P, Infant Bath Seat, Manufactured by Safety 1st, Incorporated, 210 Boylston Street, Chestnut Hill, Mass.02167, was collected at Service Merchandise Co., Inc., 8210 Glades Rd., Boca Raton, Florida 33433. The unit collected contained two missing suction cups on the underside.

Exhibits

1. CR#S-800-2123 (COPY)
2. Notice of Inspection (Copy)
3. Receipt for Sample (Copy)

U. S. CONSUMER PRODUCT SAFETY COMMISSION
SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected		3. Sample type & number	
Attn:Renaе Rauchschalbe		9/13/94		<input checked="" type="checkbox"/> Physical S-800-2123 <input type="checkbox"/> Documentary	
4a. Product name		4b. Model		4c. Code	
Baby Bathtub Seat		160P		1557	
5. Assignment ref.		940602CNE5147			
6. Complete for import samples			7. MIS:		
Port of Entry			32721		
Entry # & date			8. Hours 4		
Country of Origin			Activity 3		
HSUSA code			Travel 1		
Customs Contact			9a. Home RO		
			FOER		
			9b. Collecting RO		
			FLL-RP/FOER		
10. Sample Cost		11. Invoice value of lot		12. Size of lot	
\$12.65 CASH		Unavailable-see remarks		Unavailable-see remarks	
13. Manufacturer/Importer		14. Shipper/Foreign Mfr.		15. Dealer/Import Broker	
Safety 1st, Incorporated		Unavailable-see remarks		Service Merchandise Co., Inc.	
210 Boylston Street				8210 Glades Rd.	
Chestnut Hill, Mass.02167				Boca raton, Florida 33433	
ID #		ID#		ID#	
16. Supporting documents attached:					
Invoice # & date: Info Unavailable-see remarks Date shipped: _____					
Shipping record # & date: Info Unavailable-see remarks					
Affidavid signer's name, title & date: Refusal					
17. Product Identification: The product is a blue colored plastic constructed infant bath seat. The unit contains only 2 of an original 4 suction cups on its underside and was used as a loose product store display. Molded lettering contained on the underside of the unit reads: "Made In U.S.A. (c) 1989 Safety 1st. Inc. All Rights Reserved Patent Pending". The unit has 3 donut shaped spinning objects on the front frame, green, red, and yellow in color.					
18. Reason for collection & analysis needed PHS <input type="checkbox"/> CPSA <input checked="" type="checkbox"/> FPA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA <input type="checkbox"/>					
Request:CECA, Check possible removal of suction cups; instability.					
19. Summary of Field Screening:					
None					
20. Sample Size, Method of Collection: 1 unit of the item, used as a store display, was collected (Item collected does not represent models in stock with non-removable suction cups). The unit was transported to the FLL-RP, where it was identified as in Box#21, and officially sealed as in box#22 in a brown cardboard carton.					
21. Identification on sample:			22. Identification on seal:		
"S-800-2123 JAS 9/13/94"			"S-800-2123 9/14/94 Jeffrey A. Simon"		
23a. Sample delivered to:			23b. Date:		24. Orig. report/records sent to
United Parcel Service, Ft. Laud, Fl.			9/14/94		FOER
25. Laboratory/Office:			26. Remarks:		
ESEL <input type="checkbox"/> HSHL <input type="checkbox"/> CERM <input type="checkbox"/> CECA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			Sample kept under lock and key from day of collection to day of submission. Continued from Boxes#14, #16, #11, #12: No documentation could be provided as item was a display model, with no shipping carton, and was an old design of product.		
Attachments: Receipt for Sample, Notice of Inspection, store receipt.					
27. Related Samples: None					
28a. Collector's name & title:			28b. Collector's signature & date:		
Jeffrey A. Simon, PSI			<i>Jeffrey A. Simon</i> 9/14/94		
29a. Reviewer's name & title:			29b. Reviewer's signature & date:		
Raymond Benson, SPSI					
Revised 9/91 Orig <input checked="" type="checkbox"/> Lab <input type="checkbox"/> Fiscal <input type="checkbox"/> Data <input type="checkbox"/> Hdqtrs <input type="checkbox"/>					

U.S. CONSUMER PRODUCT SAFETY COMMISSION
NOTICE OF INSPECTION

1. DATE <u>9/13/94</u>		3. FROM (Area Office and Address)
2. TIME _____ A.M. <u>12:30</u> P.M.		
4. TO	A. NAME AND TITLE OF INDIVIDUAL <u>Robert J. Lyons, Store Manager</u>	
	B. FIRM NAME <u>Service Merchandise</u>	
	C. NUMBER AND STREET ADDRESS <u>8210 Glades Rd.</u>	
	D. CITY, STATE AND ZIP CODE <u>Boca Raton, Florida 33343</u>	

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

notice shall not be required for each entry made during the period covered with reasonable promptness.

The functions of the Federal Trade Commission in the administration and enforcement of the Flammable Fabrics Act were transferred to the Consumer Product Safety Commission pursuant to Section 30(b) of the Consumer Product Safety Act (15 U.S.C. 2079b(1)).

Pursuant to Section 30(d) of the Consumer Product Safety Act, as amended (15 U.S.C. 2079(d)), the Commission by rule (16 CFR 1405.11(d)) supplemented the authority granted to it under the Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*) and the Federal Trade Commission Act (15 U.S.C. 41 *et seq.*) by making Sections 16 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065 and 2076) applicable to products regulated under the Flammable Fabrics Act.

The term "Secretary" in the Federal Hazardous Substances Act section and in the Federal Food, Drug, and Cosmetic Act section should be substituted by the term "Consumer Product Safety Commission".

management of any person, partnership, or corporation engaged in or whose business affects commerce, excepting banks and common carriers subject to the Act to regulate commerce, and its relation to other persons, partnerships, and corporations.

Section 9 of the Federal Trade Commission Act, (15 U.S.C. 49):

That for the purposes of this Act, the Commission, or its duly authorized agent or agents, shall at all reasonable times have access to, for the purpose of examination, and the right to copy any documentary evidence of any person, partnership, or corporation being investigated or proceeded against.

Sections 16(a) and (b) of the Consumer Product Safety Act (15 U.S.C. 2065(a) and (b)):

(a) For purposes of implementing this Act, or rules or orders prescribed under this Act, officers or employees duly designated by the Commission, upon presenting appropriate credentials and a written notice from the Commission to the owner, operator, or agent in charge, are authorized Commission to the owner, operator, or agent in charge, are authorized

U.S. CONSUMER PRODUCT SAFETY COMMISSION

1. AREA OFFICE ADDRESS

2. NAME OF INDIVIDUAL

Robert Lynn

3. TITLE OF INDIVIDUAL

Store Manager

4. DATE

9/13/94

5. FIRM NAME

Service Merchandise

6. SAMPLE NUMBER

7. NUMBER AND STREET

8213 Glades Rd.

8. CITY AND STATE (Include Zip Code)

Boon Raton, Florida 33433

9. SAMPLES COLLECTED (Describe fully. List lot, serial, model numbers and other positive identification)

The following samples were collected by the Consumer Product Safety Commission pursuant to Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f) and/or Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b) and/or Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d) and/or Section 704(c) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(c)). [Authority for sample collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)], and receipt for said samples is hereby acknowledged. Sections cited are quoted on the reverse side of this form.

1 unit Baby Bathtub Seat
(Display Model)
(Safety 1ST, Incorporated)
(2 Suction Cups Missing)

Total
11.93
72 Tax
12.65

We did have more new boxes in our stockroom in good condition, but Mr. Simon choose to take the floor sample w/ the missing suction cups --

PLy

10. SAMPLES

a. AMOUNT RECEIVED FOR SAMPLE

12.65 (cash)

b. SIGNATURE (Person from whom sample received)

[Signature]

11. SAMPLES WERE

PURCHASED

BORROWED (To be returned)

12. COLLECTOR

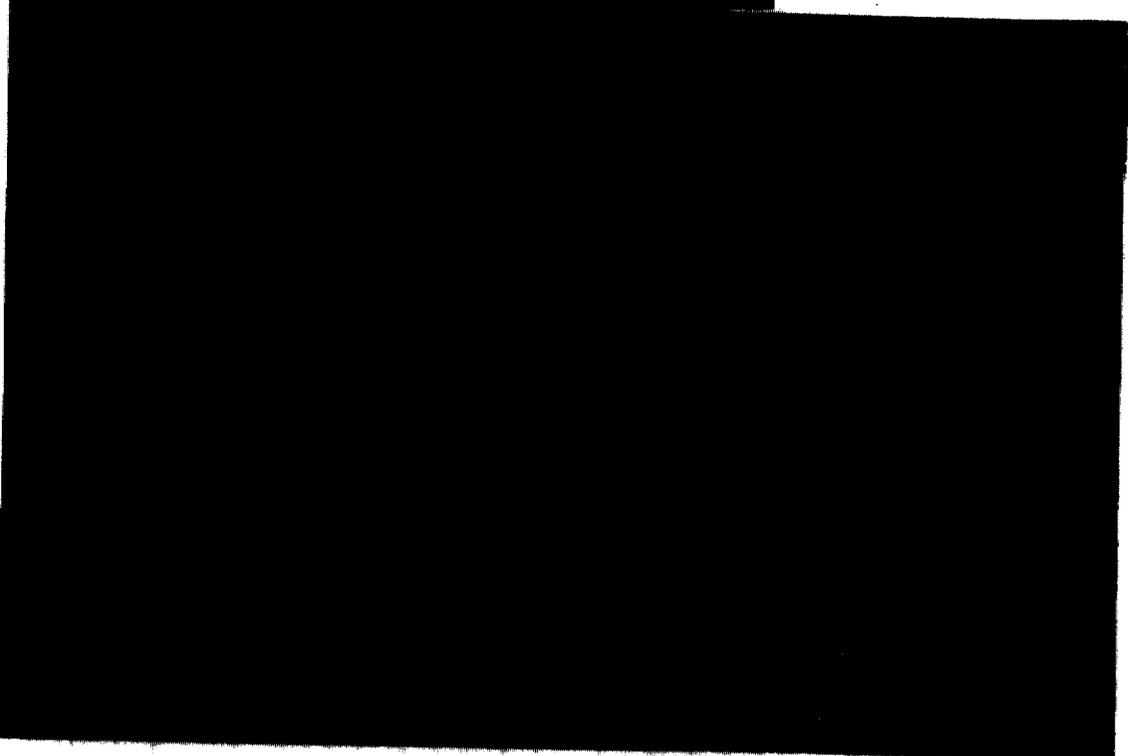
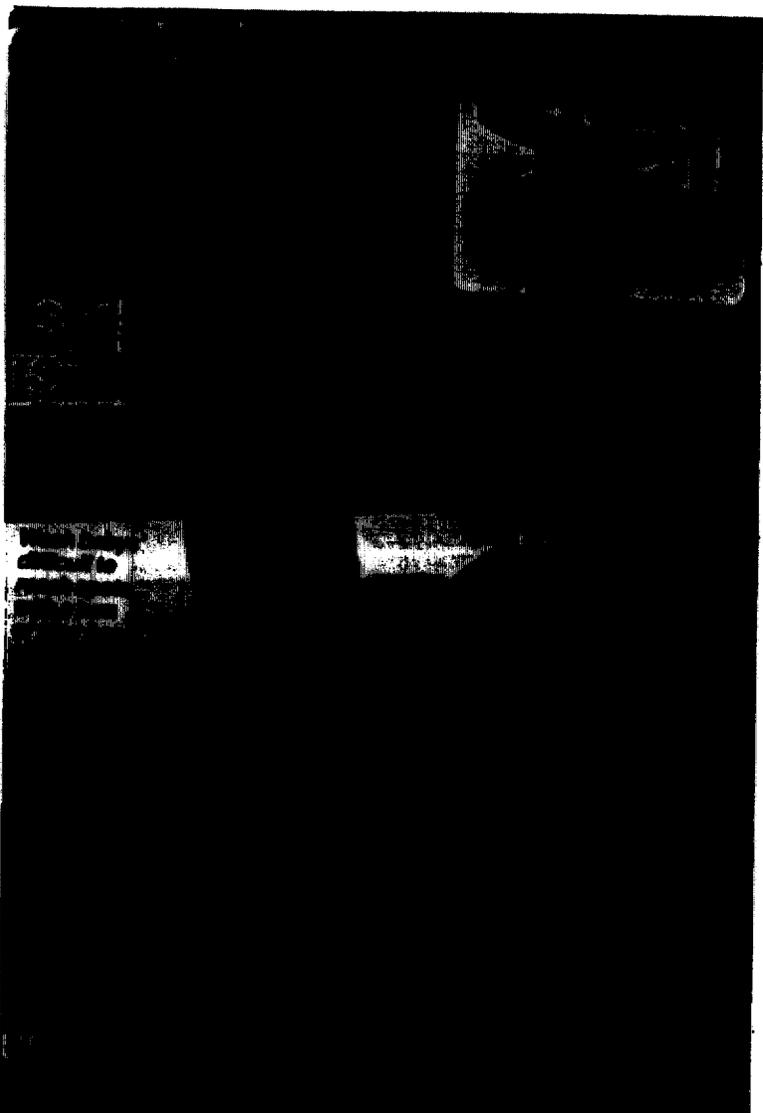
a. NAME (Print or type)

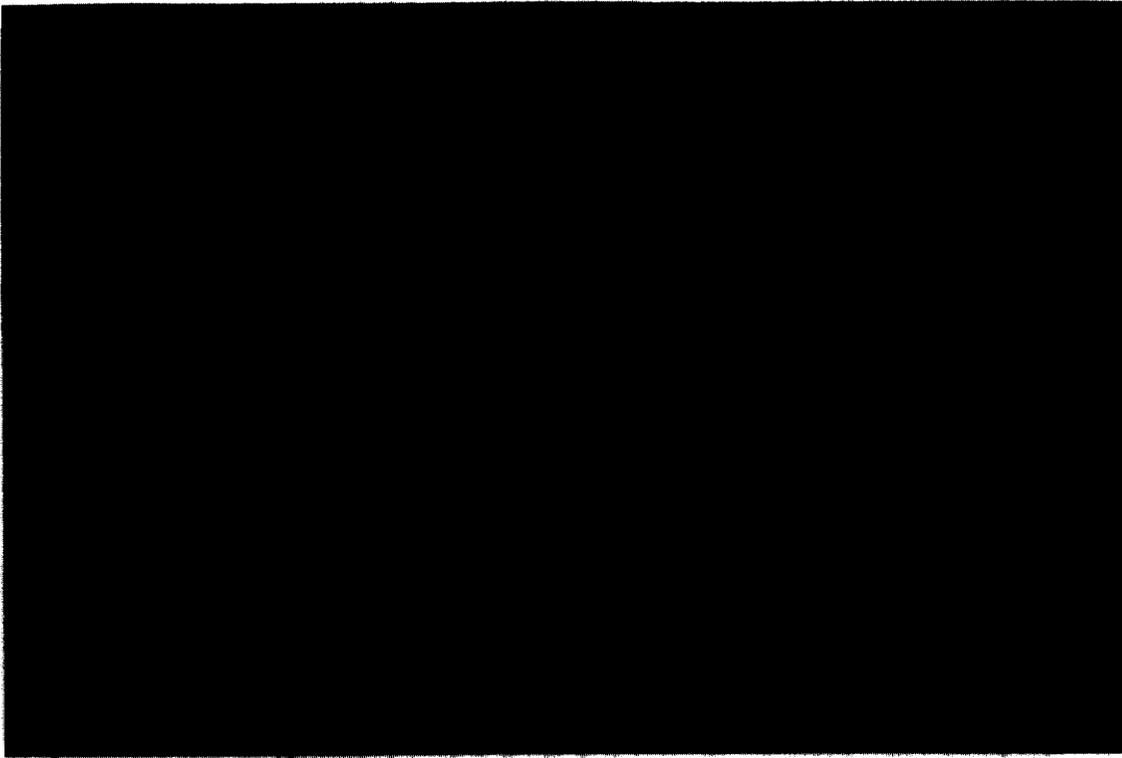
Jeffrey A. Simon

b. SIGNATURE

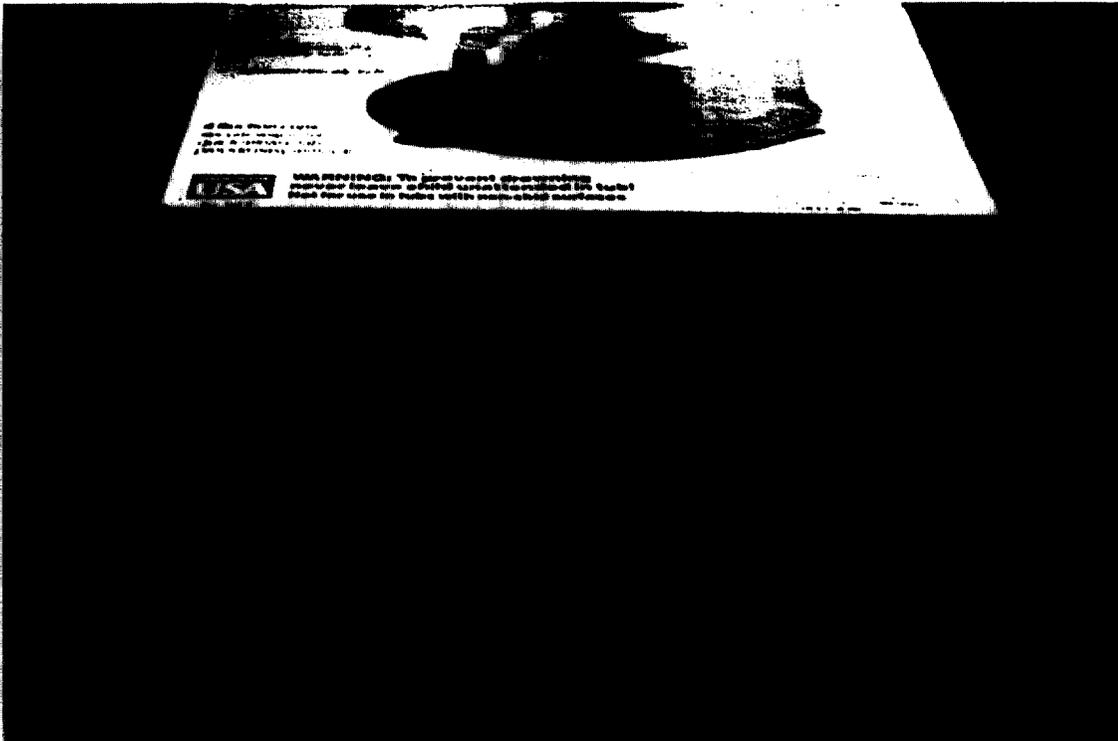
[Signature]

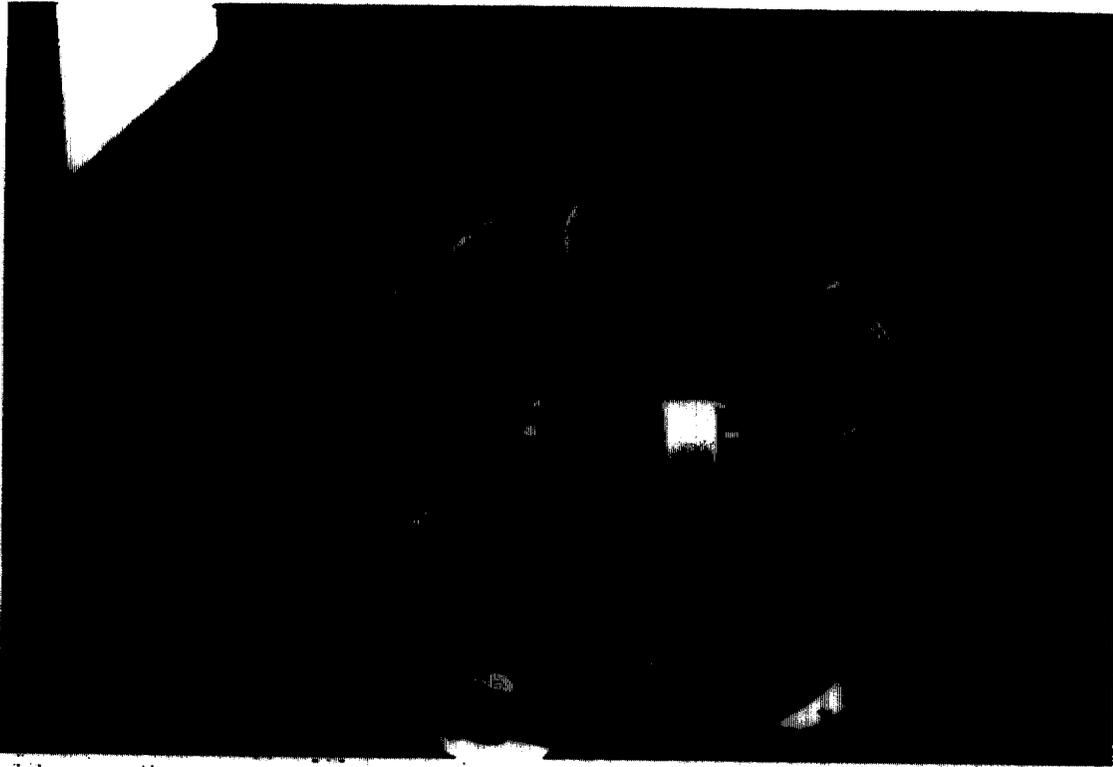
Photographs#10/#11: The photographs on the left and below show the packaging contained with seat examined at retail outlet.





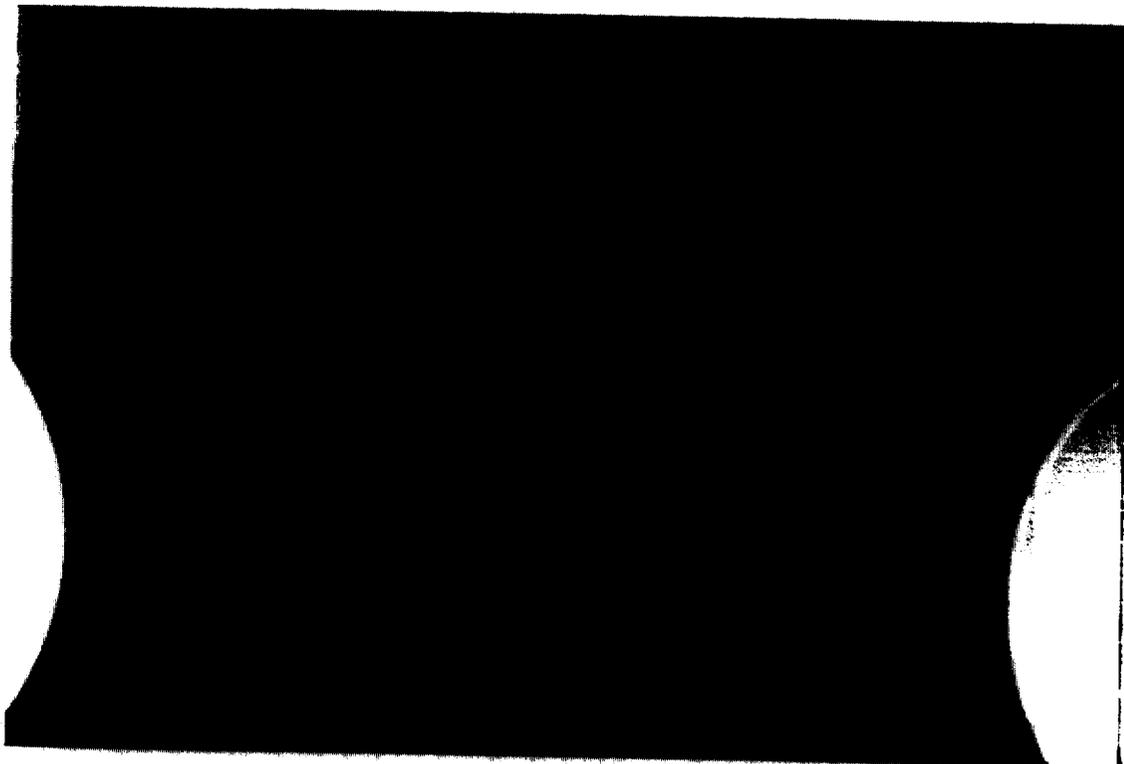
Photographs#12/#13: The photographs above and below show ID info contained on the packaging carton containing the bath seat examined at the retail outlet.





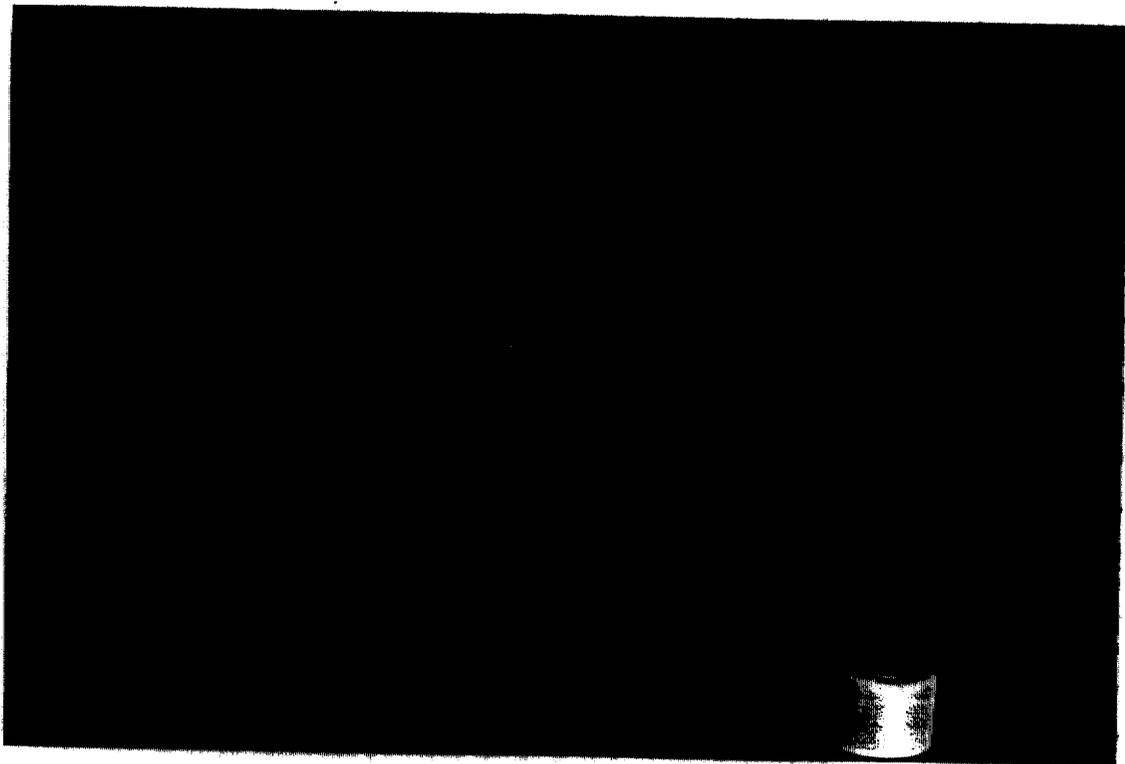
Photograph#14:The above photograph shows a frontal view of the seat examined from the retail outlet.

Photograph #15:The photograph below shows close-up of ID. info contained on the underside of the seat examined from the retail outlet.

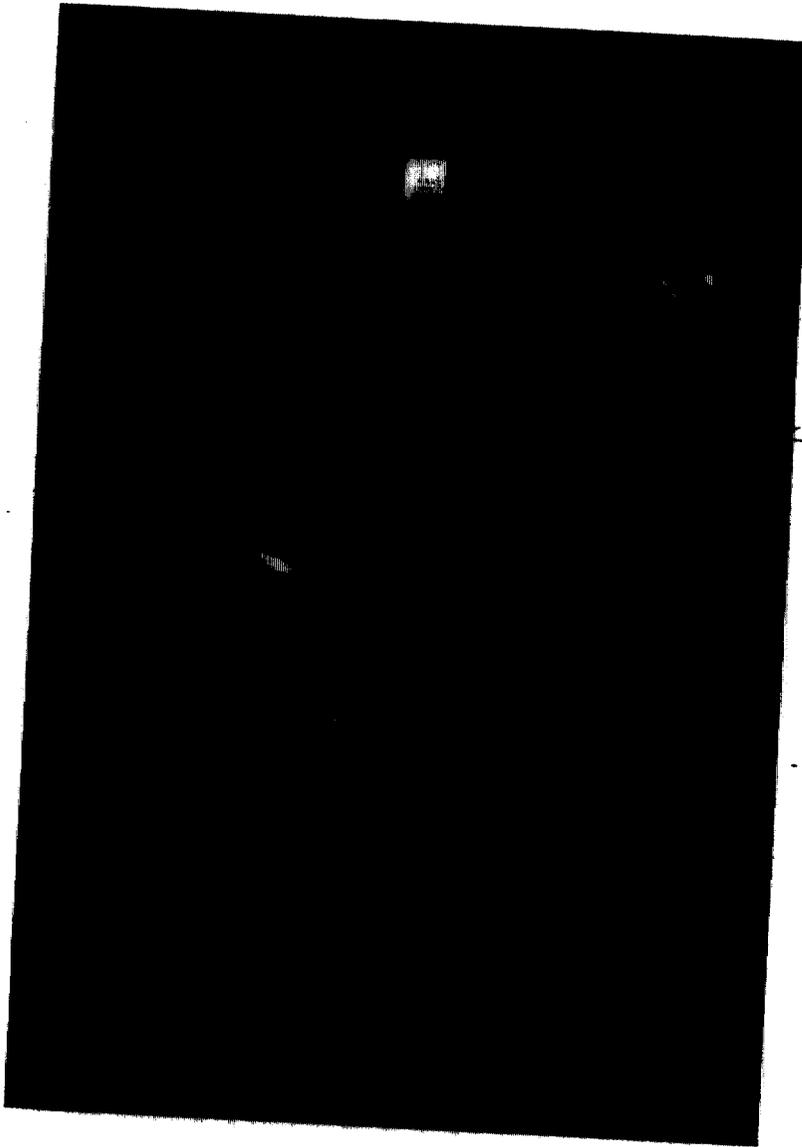




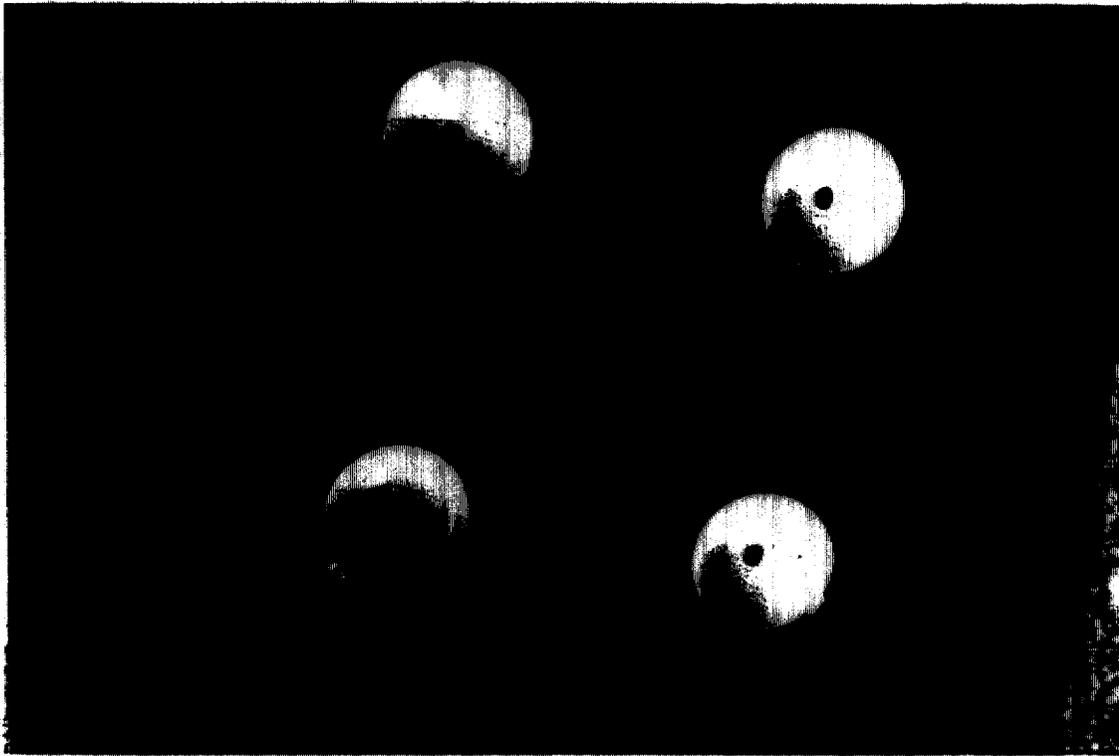
Photographs#16/#17:Photographs above and below show warnings contained on the bath seat examined from the retail outlet.



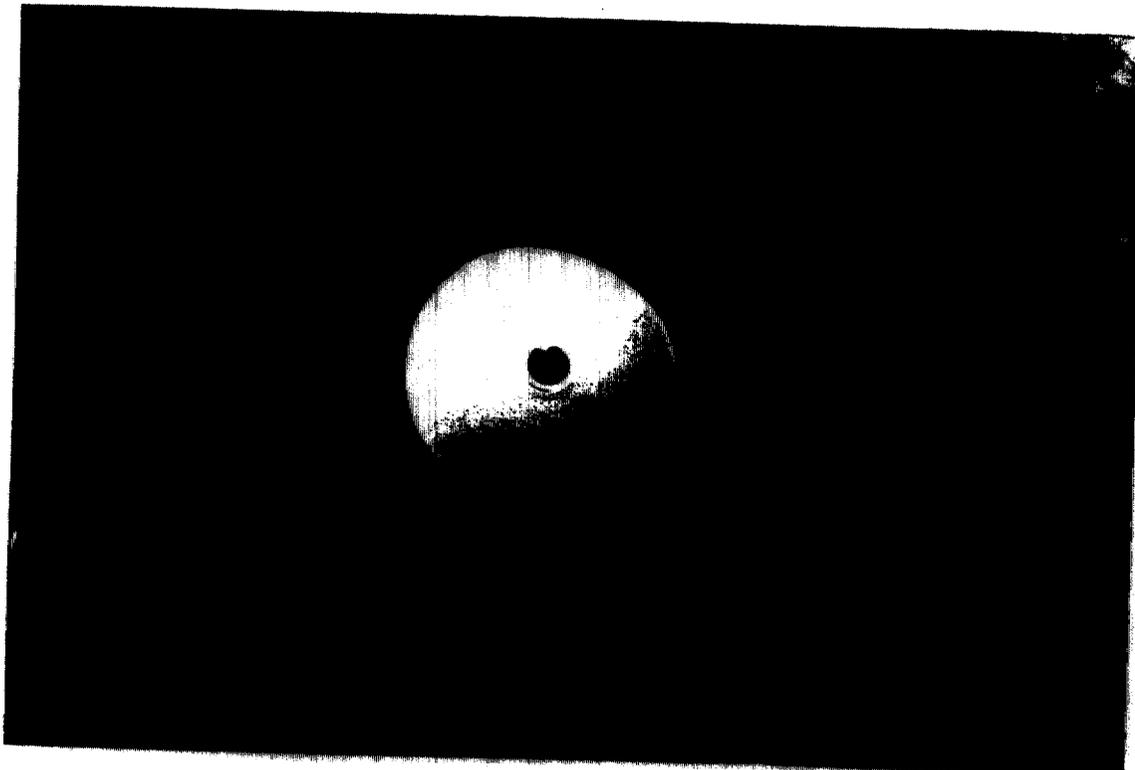
940603CNE5147



Photograph#18: The above photograph show rear/top view of the bath seat showing swival locking device.



Photographs#19/#20:Photographs above and below show suction cups (Unremovable) contained on the bath seat examined from retail outlet.



7 NOV 1996

EHDS

1. TASK NUMBER 960910CCC5610		2. INVESTIGATOR'S ID 0585		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. OFFICE CODE 896	4. DATE OF ACCIDENT YR MO DAY 01-29-95	5. DATE INITIATED YR MO DAY 10-08-96			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A six-month old male, who was left sitting in a bath seat in a tub with approximately 6-8 inches of water, drowned when left unattended by his mother. The amount of time that he was unattended was not determined.					
7. LOCATION (Home, School, etc.) Home 10		8. CITY Mitchell		9. STATE Indiana	
10A. FIRST PRODUCT Bath seat 1557		10B. TRADE/BRAND NAME Unknown		10C. MODEL NUMBER	
10D. MANUFACTURER NAME AND ADDRESS					
11A. SECOND PRODUCT None 0000		11B. TRADE/BRAND NAME 2500 X		11C. MODEL NUMBER	
11D. MANUFACTURER NAME AND ADDRESS					
12. AGE OF VICTIM 206		13. SEX 1		14. DISPOSITION DOA 8	
15. INJURY DIAGNOSIS Drowning 69		16. BODY PART (S) INVOLVED All parts 85		17. RESPONDENT Sheriff's Department	
18. TYPE OF INVESTIGATION On-site 1		19. TIME SPENT (OPERATIONAL HOURS) 8 hours, 8 hours travel		20. ATTACHMENT (S) Investigation, Autopsy 9	
21. CASE SOURCE Death Certificate Coroner		22. SAMPLE COLLECTION NUMBER			
23. PERMISSION TO DISCLOSE NAMES (NON REISS CASES ONLY) No					
24. REVIEW DATE 961104 11-4-96		25. REVIEWED BY 8311		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:					

CPSC FORM 182 (REVISED 10/93)

OMB NO. 3041-0029

960910CCC5610

1

SUMMARY:

A six month old male, who was left sitting in a bath seat in a tub with approximately 6-8 inches of water, drowned when left unattended by his mother. The amount of time that he was unattended was not determined.

PRE-INCIDENT:

The child was a white, six-month old male, and was 25" in length and weighed approximately 25 pounds. He was apparently in good health except for a history of breathing problems that was being treated with medication. The autopsy stated that the child was a "large size for age". The incident happened at the child's home, a single family home. Socio-economic information cannot be determined.

On the evening of the incident, the child's mother had gone out to dinner with her boyfriend before picking up the child at her ex-husband's home. She had, according to reports, approximately three beers, two during dinner, and one at a friend's house. After picking the child up at her ex-husband's home, she took the child to her home, fed him, gave him his medication for breathing problems, and proceeded to give him a bath. She placed the child in a bath seat. There was approximately 6-8 inches of water in the tub. According to her statement to the Sheriff's Department, she believed she left him to go and get his "Nebulizer", a machine used in his breathing treatments.

INCIDENT:

When the mother of the child returned to the bathroom (length of time the child was left alone is unknown) she found the child face down in the bathtub.

POST INCIDENT:

She removed him from the water, took him into his bedroom, laid him on the floor, and tried to revive him with CPR. She yelled for her boyfriend, who was asleep in another room, to come into the bedroom. He then took over and gave CPR to the child. The mother of the child called 911, and met the ambulance outside of the home. The ambulance attendants attempted to revive the child, but stated that the child appeared to have been in the water for a long time, and the child's mother stated several times that she had "passed out" and did not remember how long the child had been left alone. The child was taken to the hospital, and after further attempts were made to revive the child, he was pronounced dead. The time CPR was given by the parent and the time from the incident until emergency room treatment was administered was not determined.

In other statements given to the Sheriff's Department, the mother's father stated that his daughter was very disoriented after the incident, and had told him that she went to change her clothes and start to do the laundry. He noticed that a suction cup was missing from the bath seat, and asked his daughter about it. She said that it had been missing for some time, which indicated that the bath seat had been used before. Place of purchase was not determined.

There was an investigation concerning child abuse by the mother, but, according to autopsy findings and statements from others, no charges were filed, and the incident was ruled as an accident.

DESCRIPTION OF PRODUCT:

The incident happened in a regular bathtub. Length, width, depth, and surface of the tub could not be determined since it was not noted in the report by the Sheriff's office. The bath seat used was blue in color, and had three suction cups attached to the bottom. The fourth suction cup was missing.

NOTE: Photographs of the bath seat have been requested from the Sheriff's department. The investigating officer went on vacation before he had time to have the photographs developed. He contacted me by phone on 10-28-96, and said he would get the prints developed and forward them to me. When they are received, I will forward them to be attached to this investigation. He believes he may have a photograph that will determine the manufacturer of this product.

PERSONS CONTACTED:

Investigating Officers, Sheriff's Department

ATTACHMENTS:

Investigation done by Sheriff's Department

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LAWRENCE COUNTY POLICE DEPARTMENT

1420 "I" STREET BEDFORD, IN 47421 (812) 275-3316

Case# 47C95-069

Date: Feb 6th, 1995

CASE REPORT

SUBJECT: Death Investigation.

DATE & TIME: January 28th 1995, approx 1130 hrs.

DATE & TIME REPORTED: January 29th, 1995, at approx 0145 hrs.

LOCATION: Incident occurred, at the Grow residence, Addt off of Woodsville road, 1st rd rt, off SR 37 So. last house on left.

VICTIM: [REDACTED] 6 mths of age, white male DOB 7-23-94
[REDACTED] bell Ind. 47446

INJURIES: Death, by Drowning.

ACCUSED: Review for possible charges of Neglect on victims mother
[REDACTED] 29 YOA white female. DOB 3-17-65
[REDACTED]
Mitchell In 47446 Tx 849-6863

VEHICLE: None used, in incident.

DAMAGES: None occurred.

WITNESSES: [REDACTED], mother of victim
[REDACTED]
Mitchell Mitchell In 47446 Tx 849-6863
[REDACTED], father of the victim.
[REDACTED]
Mitchell Ind. 47446 Tx 849-6817

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LAWRENCE COUNTY POLICE DEPARTMENT

1420 "I" STREET BEDFORD, IN 47421 (812) 275-3316

Case# 47C95-069

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SUPPLEMENTARY REPORT

WITNESSES CON, T:

[REDACTED], Family Physician
2520B Q st Bedford Ind.
Tx 279-0021 Office

Dr. James Jacobi, Pathologist.
Dunn Memorial Hospital,
Bedford Ind 47421
Tx 275-3331

Dr. L. E. Benham, Coroner.
Dunn Memorial Hospital
Bedford In 47421
Tx 275-3331

ATTACHMENTS:

- Statement, from **[REDACTED]**, EMT who responded to 911 call.
- Statement, from **[REDACTED]**, EMT who responded to 911 call.
- Statement, from **[REDACTED]**, who was at the scene when the incident occurred.
- Statement, from **[REDACTED]**, mother of the victim who was also at the scene.
- Consent form, signed by Denise Grow, for a Blood sample, taken at Dunn ER
- Copy of News paper artical, printed by the Times mail concerning Infents Death.

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LAWRENCE COUNTY POLICE DEPARTMENT

1420 "I" STREET BEDFORD, IN 47421 (812) 275-3316

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Case# _____

SUPPLEMENTARY REPORT

WITNESSES CON, T:

[REDACTED] Cassidy, EMT Dunn Hospital

613 [REDACTED]
Mitchell Ind 47446

Tx [REDACTED]

[REDACTED], EMT Dunn Hospital

415 [REDACTED] St
Mitchell In 47446

Tx 849-6425

[REDACTED], Boyfriend to mother.

[REDACTED]
Bedford Ind 47421

Tx 849-5388

[REDACTED], ER Physicians who obtained blood sample

[REDACTED] Dunn Memorial Hospital

Bedford Ind. 47421

Tx 275-3331

[REDACTED] father of victims mother

[REDACTED]
Indianapolis Ind. 46234

[REDACTED]

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LAWRENCE COUNTY POLICE DEPARTMENT

1420 "I" STREET BEDFORD, IN 47421 (812) 275-3316

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SUPPLEMENTARY REPORT

ATTACHMENTS CON, T:

Copy of Receipt for Certified mail
reference Blood sample sent to State lab.
Statement, from victims father, [REDACTED]
information on victims mother.
Copy, of Medical records release form, on the
Victim, and signed by victims father.
Statement, from Victims Grandfather, [REDACTED]
[REDACTED] Concerning what he had observed at
the scene, after incident occurred.
Copy of the Autopsy report, submitted by
Dr. James Jacobi.

OFFICERS REQUEST:

That a copy of this report, be reviewed by the
Office: of the Prosecutor, for any possible
Charges of Neglect.

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LAWRENCE COUNTY POLICE DEPARTMENT

1420 "I" STREET BEDFORD, IN 47421 (812) 275-3316

Case# 47C95-069

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SUPPLEMENTARY REPORT

SUMMARY:

On January, the 29, at 0149, the undersigned was dispatched to Dunn Hospital at the request of Lawrence County Coroner, Dr L. E. Benham. Upon arriving at the E.R., the undersigned talked with Dr. Michael Schulz. Dr. Schulz, who was the attending physician at the E.R., reported that the victim had been brought to the ER by ambulance, as a reported Drowning victim. further advised, that attempts were made to revive this child, but were unable to do so. After all attempts were made, the Hospital then contact Dr Benham, to report this death. That Dr Benham, due to the childs age of 6 mths, requested that the police be informed and an investigation done. It should be noted, that Dr Schulz, is the victim,s physician, and could testify to the child health history.

After talking with the above, the undersigned then interviewed the responding medical personal, with Dunn ambulance sevice.

The first subject interviewed, was a Ms Sherry Hansome. Ms Hansome, is currently employed with Dunn Ambulance sevice as an EMT. The witness related, how they had recieved a call, at approx midnight of the 28th, that there was a child not breathing. Upon arrivin they were met by a female subject who identified herself as the victims mother. This subject, who was later found to be Denise Grow, told them (the medical personal) that her baby was not breathing. She was asked how long it had been, but she could not answer the question. She stated that she did not know. Ms Grow was asked, what had happen, and she talk that she didn,t know, that the baby was in the bathtub, and she had

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LAWRENCE COUNTY POLICE DEPARTMENT

1420 "I" STREET BEDFORD, IN 47421 (812) 275-3316

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SUPPLEMENTARY REPORT

SUMMARY CON,T: passed out. Ms Hansome, then asked her, when she had put him in the bathtub. [REDACTED] again stated, that she did not know. She had put the baby in the tub, and had passed out. When she had awoke, the baby was not breathing. During this time, the Medical personal were taken to the location of the victim. This would be a bedroom, in the victims home. They noted, there was a man there, that was giving the victim CPR. This subject was later identified, as [REDACTED], the boyfriend of [REDACTED]. Ms Hasome, advised, that when she examined the baby, it appeared to her, that the child had been in the water for some time. That his skin, appeared to be wrinkled, and his body was cold to the touch. They also noted, that his arms and chest area was blue in color. They, the medical personal, attempted to revive the child, and transported him to Dunn Hospital, where he was pronounced dead, by Dr Schulz. This witness, advised, that she knew they could not help the child, due to his condition, that he was extremely cold to touch, his lungs were full of water and his stomach was extended, due to the water he has asperated. This witness, advised, that [REDACTED] had repeat that she had passed out a number of times. S written statement was obtained, from this witness and is attached for review.

The second witness interviewed, was Mr Fred Cassidy. Mr Cassidy, is also employed by Dunn ambulance service, and was on duty the night this incident occurred. During this interview, it was learned, that Mr Cassidy had responded on this call as well. It was further learned, that he had witness, the answers Ms Grow gave Ms Hanson, on their arrival. This witness, further observed the victim

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LAWRENCE COUNTY POLICE DEPARTMENT

1420 "I" STREET BEDFORD, IN 47421 (812) 275-3316

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SUPPLEMENTARY REPORT

SUMMARY CON,T: Body and observed the same conditions as the first witness. The witness, further advised, that when they had transported the victim to Dunn Hospital, that the mother rode in the front with him. That while she was there, that he noticed, what he believed to be the odor of a alcoholic beverage on her breath. This witness, will also testify, if neede, that he had heard the victims mother [REDACTED] state that she had passed out. That he had heard this stated, a number of times. A copy of this witnesses statement, is attached to this report for review.

While the undersigned, interviewed the above listed witnesses, Det Phil Wigley, spoke with a Mr Greg Inman. Mr Inman, who is the boyfriend of [REDACTED] was at the victims home, at the time the incident occured. A copy, of the statement, that Det Wigley had obtained is attached to this report for review. Mr Inman, was stayinf over night and reported to be sleeping, when the incident occured. He was awaken, by Ms Grow, and attempted to give CPR, to the victim.

The next interview, was with the mother of the victim [REDACTED]. Detective Wigley, was preasent during this interview [REDACTED] who was in an exam romm at Dunn, was extremely upset and difficult to interview. She had related, how she had went to Bloomington, to eat out, with [REDACTED]. She reported, that they had a few drinks (beer) with their diner. She further related, that they had went to a friend of [REDACTED] home afterwards. She told, th she had drank one beer, while she was there. After leaving there, she went to the home of her ex-hu [REDACTED] and picked up her son Blake. From this location, they then went to her home. When they had

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LAWRENCE COUNTY POLICE DEPARTMENT

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SUPPLEMENTARY REPORT

SUMMARY CON, T: reached her home, she then fed [redacted] and gave him his medication. (victim has a history of breathing problems) [redacted], then gave the victim a bath. She advised, that she had placed him, in a seat that went into the bathtub. She related, that there was no more water, than 6 to 8 inches, in the tub. The witness, [redacted] advised, that she then left the room. She thought, that she had left, to get his Nebulizer. This is a machine, the victim recieves breathing treatments with. The witness, then returned, to find the victim face down in the bathtub. She could not remember, how long he was in the tub. The witness, could not remember much of anything, prior to finding the victim. After she had found the victim, She removed him from the water, and took him to his bedroom, where she attempted to revive him with CPR. She had yelled for Mr Mr Inman, who then took over and gave CPR. The witness, advised, that she got dressed and flagged down the Ambulance down. As stated earlier, The witness advised, that she could not remember the events prior to finding the victim.

After talking with this witness, the undersigned obtained a consent to give a blood sample. A copy of the consent form is attached to this report, and signed [redacted]. At the time of this report, the sample has been sent to the Indiana Department of Toxicology, and the undersigned is awaiting its results.

An Autopsy, was done that same morning, a Dunn Hospital. The undersigned, along with Detective Phjil Wigley, attended this. During this Autopsy, the undersigned noted, that the victim appeared to be a health child. This child, seem to be well developed

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LAWRENCE COUNTY POLICE DEPARTMENT

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SUPPLEMENTARY REPORT

SUPPLEMENT CON.T: Child. The undersigned, could not see any signs of injuries or any recent injuries on the body. The child had no clothing on, or with the body. Photographs, were taken, during the Autopsy, by Detective Wigley, and are in his custody, at the time of this report. A copy of the Autopsy report, prepared by Dr. James Jacobi, is attached to this report for review.

After the Autopsy, both the undersigned and Detective Wigley went to the victims home to examine the scene. Upon entering the home, we were met by the victims babysetter. She, a Ms Karan Cassidy, told us that the bothroom and bedroom had been clean up. She stated, that the victims grandfather had came there, and cleaned both rooms. We were then shown the location of the bathroom and the victims bedroom. Both the undersigned, and Detective Wigley, noticed there was what appeared to be a baby seat, used to hold a child in a bathtub. There was suction cups on the bottom of this seat, and there appeared to be one missing. Photographs, were taken of this seat, the bathroom, and victims bedroom. Also obtained, is a video, of the location as well. Both sets of film, are in the custody, of Detective, Phil Wigley. As the photographs will show, the victim lived in a well kept home. The undersigned, noted, that the home was clean and that there was plenty of food in the icebox and cabinets.

It should be noted, that there was a news article printed in the Times mail, that went into detail about this investigation. No information, was released by this department, to the press at any time. A copy of this article, has been attached for review as well.

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LAWRENCE COUNTY POLICE DEPARTMENT

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SUPPLEMENTARY REPORT

SUMMARY CON, T:

The next interview, given, was with the ex-husband of [REDACTED] who is the victims father. During this interview, it was learned, that [REDACTED] had picked the victim up at his home on the night the incident occurred. That she had come to his home, at approx 10:00 pm that Saturday night. That he had observed [REDACTED] and that she did not seem drunk, that she appeared normal to him. He did state, that one of the kids had noted beer on her breath, and that she said she had some with her diner. This witness, further stated, that [REDACTED] had always been a good mother to the children. See attached statement for details of his knowledge.

The last person, to be interviewed, was Mr. [REDACTED]. This witness, is the father of [REDACTED] and Grandfather to the victim, [REDACTED]. [REDACTED] advised, he had cleaned the bathroom, on the night the incident occurred. He had done so, because he did not want her to have to see where the EMT,s had worked with the victim. He advised, that he did learn from [REDACTED] that she had went down stairs, to change her cloths and started to do laundry, when the incident occurred. He further advised, that she would then withdraw and could no longer talk about the matter. He further advised, that when he was at the home, he had noticed, that it appeared as if someone had been doing the laundry at the time. This witness, had also noticed the suction cup was missing from the babyseat, and had asked [REDACTED] about it. She had advised, that it had been missing for some time. A written statement was obtained from this witness, and is attached to this report for review..

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LAWRENCE COUNTY POLICE DEPARTMENT

1420 "I" STREET BEDFORD, IN 47421 (812) 275-3316 GROW/DEATH CASE
Case# 47C95-069

Page: 1 of 1

SUPPLEMENTARY REPORT

1-29-95 RESPONDED TO DUNN HOSPITAL E.R. ON A REPORT OF THE DROWNING OF 6 MONTH OLD GROW. DET. GERALD MCGEE ALSO RESPONDED TO THIS CALL. UPON MY ARRIVAL MCGEE AND I WERE BRIEFED BY AMBULANCE PERSONNEL. I TOOK A STATEMENT FROM GREG INMAN, BOYFRIEND OF [REDACTED], WHO WAS AT THE RESIDENCE IN BED AT THE TIME THE INCIDENT TOOK PLACE. (SEE STATEMENT OF GREG INMAN.)

1-29-95 MCGEE AND I WENT TO THE AUTOPSY OF THE VICTIM [REDACTED] PERFORMED BY DR. JAMES JACOBI M.D. UPON OUR EXAMINATION OF THE VICTIM I NEVER SAW ANY PHYSICAL INJURY TO THE BODY OF THE VICTIM, NO BRUISES, ECT. APPEARED TO BE A WELL NOURISHED 6 MONTH OLD BABY. I TOOK A NUMBER OF 35MM COLOR PHOTOS OF THE VICTIM DURING THE AUTOPSY. PHOTOS WILL BE AVAILABLE UPON REQUEST. 1-29-95 MCGEE AND I WENT TO THE [REDACTED] RESIDENCE LOCATED ON R.R.#3 BOX 320 MITCHELL WHERE WE ALLOWED TO ENTER THE GROW RESIDENCE BY KAREN CASSIDY, BABYSITTER OF THE [REDACTED] FAMILY. MCGEE AND I ENTERED THE RESIDENCE, MRS. CASSIDY TOOK US TO THE AREA OF THE BATHROOM LOCATED ON THE 2ND FLOOR OF THE RESIDENCE WHERE I NOTICED A PLASTIC TYPE SEAT IN THE BATHROOM WITH ONE OF THE SUCTION CUPS MISSING FROM THE BOTTOM. NO WATER WAS IN THE BATHTUB AT THE TIME WE WERE AT THE RESIDENCE. MRS. CASSIDY INDICATED THE FATHER OF DENISE GROW HAD ALREADY BEEN TO THE RESIDENCE AND CLEANED UP THE VICTIM. THIS WAS APPARENTLY THE AREA WHERE THE AMBULANCE PERSONNEL HAD WORKED WITH THE VICTIM THE INSIDE OF THE GROW RESIDENCE APPEARED TO ME TO BE VERY WELL KEPT AND WAS IMMACULATELY CLEAN. WHILE AT THE [REDACTED] RESIDENCE I TOOK A NUMBER OF 35MM COLOR PHOTOGRAPHS OF THE RESIDENCE AND VIDEO TAPED THE AREA OF THE RESIDENCE ALSO. PHOTOS AND VIDEO TAPE WILL BE AVAILABLE UPON REQUEST.

STATUS: FILING A COPY OF THIS SUPPLEMENT WITH CASE REPORT
REQUEST: PROSECUTOR REVIEW THIS CASE AND TAKE WHATEVER MEASURES HE DEEMS NECESSARY IN THIS CASE.
NOTES: [REDACTED] MOTHER OF THE VICTIM IS STILL IN BLOOMINGTON [REDACTED] FOR TREATMENT. THE UNDERSIGNED OFFICER WAS ALSO PRESENT WHEN [REDACTED] GAVE CONSENT TO OBTAIN A BLOOD AND URINE SAMPLE TO DET. MCGEE. I ALSO WITNESSED DENISE GROW GIVE DET. MCGEE A WRITTEN STATEMENT OF THIS INCIDENT. [REDACTED] APPEARED TO BE VERY UPSET AT THE TIME OF THE STATEMENT. THE STATEMENT WAS OBTAINED IN THE E.R. OF DUNN MEMORIAL HOSPITAL.

Phil Wigley
REPORT BY: DET. PHIL WIGLEY 47-3 L.C.P.D.

ATTACHMENTS:
STATEMENT OF GREG INMAN

AC95-2

NAME: [REDACTED]

DATE OF DEATH:

TIME OF DEATH:

PHYSICIAN:

MEDICAL RECORD #:

AGE: 6 months

DATE OF AUTOPSY: 1-29-95

TIME OF AUTOPSY: 9:30 a.m.

AUTOPSY AUTHORIZED BY:

L.E. Benham, M.D., Coroner

PLACE: Dunn Hospital

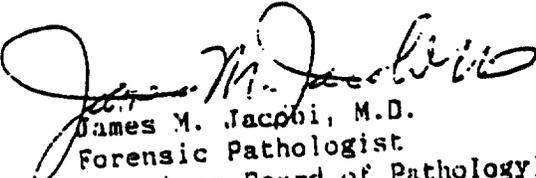
RESTRICTIONS: None

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FINAL PATHOLOGICAL DIAGNOSIS:

1. No anatomic cause of death.
2. History of bathtub drowning.
3. Focal aspiration of foreign material.
4. Mild chronic bronchiolitis.
5. Absence of traumatic abnormalities.
6. Normal development (large size for age).
7. Status post cardiopulmonary resuscitation.

OPINION: Death in this 6 month old male infant is consistent with the history of bathtub drowning.


James M. Jacobi, M.D.
Forensic Pathologist
(American Board of Pathology)

2/1/95

JMJ/la

D/T: 2-1-95

GENERAL DESCRIPTION: The body is that of a well developed, well nourished white male infant who appears older than the stated age of 6 months. The length is measured at 25 inches, and the weight is estimated at 25 lbs. The scalp hair is light brown. The ears, eyes, and nares are normally developed. The teeth have not erupted. There is no foreign material in the mouth. The neck is unremarkable. The chest and abdomen are symmetric, and free of scars and masses. The penis appears uncircumcised, and both testes are palpable in the scrotum. There is no edema or deformity of the extremities. The anus is unremarkable.

The body is received unclothed.

EVIDENCE OF MEDICAL TREATMENT: An endotracheal tube is in place.

EVIDENCE OF INJURY: None.

INTERIOR OF THE BODY: The body is opened with the usual Y-shaped incision through well developed abdominal musculature. The thickness of the abdominal panniculus is 0.4 cm. Both lungs are well aerated. The heart appears of normal size. There are no pleural, pericardial, or peritoneal effusions or hemorrhages. Inspection of the abdomen reveals the presence of the vermiform appendix. The urinary bladder is empty.

CARDIOVASCULAR SYSTEM: The weight of the heart is 40 grams. The epicardial surface is smooth, glistening and unremarkable. The coronary arteries are normally placed. No abnormalities are noted. Both ventricles are of normal thickness. There are no atrial or ventricular septal defects. Serial sections through the myocardium reveal the usual red-brown color and consistency. There are no focal lesions. The aorta is of normal caliber.

RESPIRATORY SYSTEM: The larynx and trachea are of normal caliber. No hemorrhages or lesions are noted. There is no foreign material in the trachea.

The weight of each lung is estimated at 30 grams. The pleural surfaces are glistening. No abnormalities are noted in the major arteries or bronchi. On section, the parenchyma is well aerated throughout all lobes. There are no focal lesions. Scattered petechial hemorrhages are noted on the pleural surface. There are no abnormalities of the parenchyma.

DIGESTIVE SYSTEM: The esophagus is of normal caliber. The stomach is distended with air, but is free of contents. No mucosal lesions are noted. The jejunum, ileum, cecum, vermiform appendix and colon are unremarkable.

The weight of the liver is estimated at 400 grams. The capsular surface is smooth and glistening. On section, the usual brown parenchyma is noted. There are no focal lesions. The gallbladder is free of stones. The pancreas is of normal size, and displays the usual parenchyma on section.

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AC95-2

GENITO-URINARY SYSTEM: The combined weight of the kidneys is estimated at 60 grams. The capsules strip with ease to reveal a smooth subcapsular surface. On section, the cortex is of normal thickness, and can easily be differentiated from the medulla. There are no abnormalities of the pelvis. The urinary bladder is empty.

The penis is uncircumcised. Both testes are palpable in the scrotum.

LYMPHATIC SYSTEM: The weight of the spleen is 30 grams. The capsule is intact. On section, the usual red-black parenchyma is noted. There are no focal lesions. No abnormalities are noted in the major lymphatic chains.

The weight of the thymus is 20 grams. The capsular surface contains scattered petechiae. On section, the usual lobulated grey-tan parenchyma is present.

ENDOCRINE SYSTEM: The thyroid gland is of normal size. On serial section, no cysts or nodules can be identified. Both adrenal glands are of normal size, and free of hemorrhage. The pituitary gland appears of normal size.

HEAD: The head is normocephalic. There are no hemorrhages or lesions involving the eyes, or mouth, including the frenulum. Upon reflection of the scalp, the calvarium is intact. There are no scalp, epidural, subdural, or subarachnoid hemorrhages. The weight of the brain is 880 grams.

Serial sections through the cerebrum reveal unremarkable cortex, deep white matter, ventricles, basal ganglia, and thalamus. Serial sections through the brain stem and cerebellum are likewise unremarkable. The white matter appears completely myelinated.

Examination of the skull following removal of the brain and dura fails to reveal skull fractures.

MUSCULO-SKELETAL SYSTEM: The extremities are normally developed and symmetric. The bony thorax and sternum are intact.

SKIN: No skin lesions can be identified. There is no diaper rash.

TOXICOLOGY: A sample of heart blood is retained for possible studies.

PHOTOGRAPHY: Autopsy photography is provided by Lawrence County Police Department Captain Phillip Wigley, assisted by Gerald McGee.

SCENE INVESTIGATION: According to Dunn Memorial Hospital Emergency Department record, the infant was brought by ambulance at 12:20 a.m. 1-29-95. The infant was found in the bathtub, cold, clammy, and without respirations or heart sounds. Resuscitation was in progress. Epinephrine was given through the endotracheal tube x2. No response was obtained after 20 minutes. Death was pronounced at 12:40 a.m.

10041 (812) 275-3331
 30 13RD ST, BEDFORD, INDIANA 47421

DUNN HOSPITAL

EMERGENCY ROOM PHYSICIAN: **K. A. AR**
 FAMILY PHYSICIAN: **M. Schulz**
 FAMILY PHYSICIAN NOTIFIED: YES NO

ADMISSION DATE: **1/29/95** AMISSION TIME: **0020** AM **PM**
 BIRTH DATE: **1/1/65** AGE: **30** SEX: **M** RACE: **C** MAR. ST.: **S** TELEPHONE: **849-66**

LAST NAME: **G** FIRST NAME: **R** MIDDLE: **A** MAIDEN: **S**
 NEAREST RELATIVE: **Denise Grow** RELATIONSHIP: **mother** TELEPHONE: **849-66**

ADDRESS: **R** SOCIAL SECURITY NUMBER: **unknown**
 BROUGHT BY: SELF POLICE OTHER

OF EMPLOYER AND ADDRESS: _____ ADDRESS OF PARTY RESPONSIBLE FOR BILL: _____ POLICY NO.: **960910CC540**

RESPONSIBLE FOR BILL: _____ POLICY HOLDER: _____

OF INSURANCE COMPANY: _____

PATIENT ASSESSMENT

ALLERGIES: _____

MEDICATIONS: _____

TRAUM. MEDICA: _____

SIERRA LIF: _____

MONITOR: _____

IV ESTABLISHED: Field ER

AMBULANCE VITALS: _____

BLOOD PRESS: _____

TEMP: **96.0**

INS **0020** **code 99**
Drowning pt found in father's arms CPR in progress
pt found in father's arms CPR in progress

Signature: *[Handwritten Signature]* See Nurses Notes

- EMERGENCY ROOM (38000014)
- SUPPLIES - CS (38000017)
- SUTURE KIT(S) (38000027)
- CODE 99 (38000011)
- CARDIAC MONITOR (3800104)
- B/P MONITOR (3800103)
- IVAC # 37502368
- O₂ O₂ Sat. Senc
- 38500013
- PHARMACY

D. ASSESSMENT

Abn | Norm

INT: Abn

ENT: Norm

ST: Norm

PRO: Norm

VITALS: Norm

IC: Norm

tal: Norm

Approximately drowned in bath tub - O/E baby's pale, cold and clammy. No heart sounds. C/V in progress. Monitor shows flat line. Resp. bilateral crackles. BS ↓ @ white. Pupils - dilated, fixed. Intubated and attached to resp. C/V continued. Epi given thru ESTube #2. C/V continued for 20 mins. He had no response. No heart sounds, no resp. He has been pronounced at 12:40 AM.

DIAGNOSTIC ORDERS

THERAPEUTIC ORDERS

GNOSIS **Drowning - Cardiopulmonary arrest**

CONDITIONS ON DISCHARGE

INPT ADM OPC ADM TRANSFER RSD DCA

SEEN BY PHYSICIAN: **0020** AMISSION TIME: **0020** AM **PM** DEPOSITION TIME: **0130** AM **PM** DEPOSITION: HOME

PERMISSION FOR TREATMENT AND FOR RELEASE OF INFORMATION AND FINANCIAL ARRANGEMENTS

I hereby authorize the release of information necessary to substantiate any insurance claim. This does not include the release of information to news media.

In consideration of services rendered, or to be rendered, I agree to pay all accumulated charges not covered by insurance. In the event of default on said payment, I hereby specify that reasonable attorney's fees for the collection of the above amount may be added.

INSTRUCTIONS TO PATIENT

_____ TELEPHONE PERMISSION BY _____

X _____ PATIENT OR RESPONSIBLE PARTY

X _____ WITNESS SIGNATURE

Belar 1/29/95

AC95-2

Investigating officers Wigley and McGee report that the mother was giving the infant a bath. It was believed she passed out for an unknown length of time.

960910CC5610

GROSS PATHOLOGICAL DIAGNOSIS:

1. Consistent with bathtub drowning.
2. Absence of traumatic abnormalities.
3. Normal development (large size for age).
4. Status post cardiopulmonary resuscitation.

MICROSCOPIC:

HEART (4 SECTIONS): The myocardial fibers are intact, and display the usual cross striations. No inflammation, necrosis, or hemorrhages are present.

LUNG (4 SECTIONS): The alveoli are normally expanded. The bronchioles contain significant amounts of mucous and neutrophils. A vegetable fiber is present in one of the bronchioles. The bronchioles feature inflammatory cell infiltrates composed chiefly of lymphocytes, but contain scattered plasma cells and eosinophils. A bronchiole contains refractile material which appear to represent clot fibers. No acute inflammatory cell infiltrates are present in the alveoli. Scattered hemorrhage and proteinaceous fluid are noted in the alveoli.

LIVER: The hepatic architecture is normally preserved. There are no abnormalities of the portal tracts or central veins. No steatosis is present. Extra medullary hematopoiesis is not a feature.

SPLEEN: The lymphoid follicles are prominent, and contain active germinal centers. The sinusoids are somewhat congested.

THYMUS: The cortex is of normal thickness. Hassal's corpuscles are easily identified. There is no fatty infiltration.

KIDNEY: The glomeruli and tubules are normally developed. Acute congestion is noted.

THYROID: The usual colloid filled follicles are present. No inflammation or fibrosis is evident. The attached portion of parathyroid gland is unremarkable.

BRAIN: The cortical neurons are well preserved. Mild congestion is noted. No hemorrhages or additional features are noted.

CENQ

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: 9518001675

DATE OF INCIDENT: 1/29/96

CATID: SECT15 1996

FOLLOW-UP REQUESTED

HAZARD ANALYSIS () SECT 15 (X)

TYPE FOLLOW-UP

TELEPHONE () ON-SITE (X)

HEADQUARTERS CONTACT: Renae Rauchschalbe 504-0608 x1362
Marc Schoem 504-0608 x1365

ASSIGNMENT MESSAGE: Please complete the investigation using the Investigation Guideline. 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. Exact age of infant (DOB and date of incident) needs verification and determine length of time between when child was last observed as fine until he/she was discovered submerged.

For fatal incidents, please interview any parents or caregivers for the detailed sequence of events to the extent possible. If the state does not allow contact with the next-of-kin in a fatal incident, collect all official documentation including coroners or medical examiners reports, paramedics report, police investigation, social worker's report, and any medical treatment records.

Person(s) to Contact: SEE ATTACHED (P)

Guidelines: 110 Bathtub Incidents Involving Children <18 Months Old

Task Number: 960910CCC5610

Date: 9/10/96

Assigned to: CHIO

Requested by:

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

18
95-001675

State No.

Local No. 33

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) [REDACTED]		2. SEX Male	3a. TIME OF DEATH 12:40 A.M.	3b. DATE OF DEATH (Month, Day, Yr) January 29, 1995
4. IDENTIFICATION NUMBER 310 15 4880		5a. AGE—Last Birthday (Years) 6 6	5b. UNDER 1 YEAR Months 6 Days 6	5c. UNDER 1 DAY Hours Minutes
6a. WAS DECEDENT A U.S. VETERAN? NO		6. DATE OF BIRTH (Mo., Day, Yr) July 23, 1994		7. BIRTHPLACE (City and State or Foreign Country) Bedford, Indiana
8a. YEAR LAST SERVED IN U.S. ARMED FORCES? NO		8b. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		9. COUNTY OF DEATH Lawrence
9a. FACILITY NAME (If not institution, give street and number) Dunn Memorial Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Bedford		9d. COUNTY OF DEATH Lawrence
10. MARITAL STATUS (Specify) Never Married		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) N/A
12b. KIND OF BUSINESS/INDUSTRY N/A		13a. RESIDENCE—STATE Indiana		13b. COUNTY Lawrence
13c. CITY, TOWN, OR LOCATION Mitchell		13d. STREET AND NUMBER Route 3 Box 320		14. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <input type="checkbox"/> College (1-4 or 5+) 0
15. ZIP CODE 47446		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <input type="checkbox"/> College (1-4 or 5+) 0
18. FATHER'S NAME (First, Middle, Last) [REDACTED]		19. MOTHER'S NAME (First, Middle, Maiden Surname) [REDACTED]		20. Relationship Father
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 31, 1995 Lawrenceport Cemetery		21c. LOCATION—City or Town, State Lawrence Co., IN Lawrenceport, Indiana
22a. EMBALMERS NAME Gary Pruett		22b. EMBALMERS LICENSE NO. FDE 01010583		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR [Signature]		24b. LICENSE NUMBER (of Licensee) FDE 01013840		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chastain Funeral Home FH 88604698 705 West Warren Street, Mitchell, Indiana
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Wrown - bath tub</u> b. _____ c. _____ d. _____ Conditions, if any, which give rise to the immediate cause, stating the underlying cause last		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) YES
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) YES		29. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <u>9609100005610</u>		Approximate Interval Between Chest and Day
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated		29b. SIGNATURE AND TITLE OF CERTIFIER [Signature] M.D., Coroner		29c. MEDICAL LICENSE NO. 15701
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Lawrence E. Benham, M.D., 2424 Q Street, Bedford, Indiana 47421		29d. DATE SIGNED (Month, Day, Yr) January 30, 1995		
31. HEALTH OFFICER'S SIGNATURE [Signature]		32. DATE FILED (Month, Day, Yr) FEB 03 1995		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. DESCRIBE HOW INJURY OCCURRED		
35. MANNER OF DEATH (Month, Day, Year)		36. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

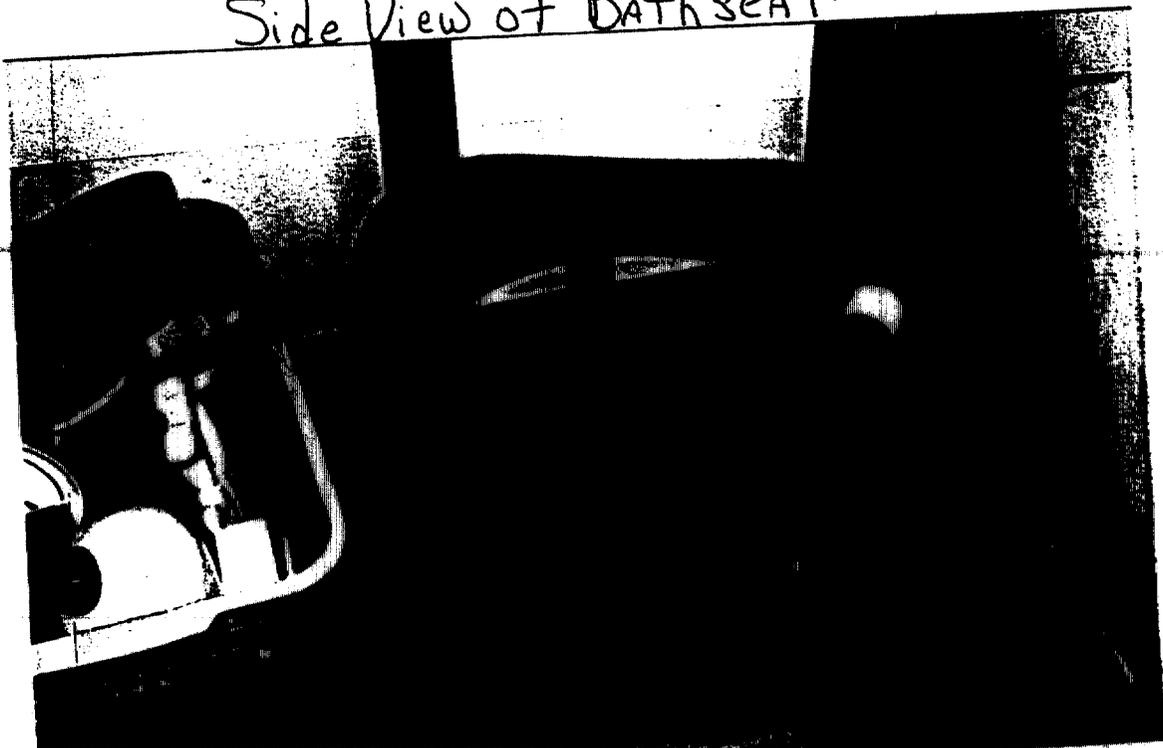
960910 CCC 5610

27 NOV 1958

Front of Bath Seat



Side View of Bath seat.



960910CCC5610

Bottom of Bathseat - Missing Suctions Cup

