

Part 2 of  
accident investigation  
#930312CC3272



0291 066 025

2/14/91 Pt came in w lacerated finger. Referred  
to ER. OK to treat per SMD. R



PATIENT NUMBER 1858887-1

Hemet Valley Medical Center
1117 S. Devonshire Ave.
Hemet, CA 92343
(714) 652-2811

MEDICAL RECORDS NUMBER 206920

0291 Oct 02

REFERRAL/FAMILY NAME

TAX ID. NO. 94-0000000

Form with fields for NAME (MILLER, LON), DATE OF BIRTH (05/14/90), TIME (14:30), and various medical service checkboxes (X-RAY, LAB, EKG, OTHER).

Form with columns for ITEM, DOSE, AREA GIVEN, and TIME GIVEN.

HISTORY: This is a 9 month old female brought to the Emergency Room by paramedic ambulance in full arrest. The call came through at 1413 hours as a possible drowning. Fire Department was on scene and found the child in the den in the house. The story was that the child had drowned in the swimming pool or jacuzzi. Fire and paramedics were told that the patient was in the water for about 5 minutes.
PREHOSPITAL CARE: Paramedics arrived and found a 9-month old female in full arrest. She showed no life signs. On scene, station director, who was being assisted ventilation, as the paramedics were unable to intubate children in the field. IV was placed peripherally and the patient was ordered to receive Epinephrine and Atropine, although the paramedic was unsure as to whether his IV was patent at the time of arrival. The patient was transported with CPR and bag assisted ventilation. She arrived showing only an a-mal cardiac function without any discernible pulses.
PAST HISTORY: Patient was born in this facility a product of full term pregnancy. She was last seen in this facility on her only outpatient visit on 02/14/91 for lacerations sustained to the hand on a sharp edge of a stove, per family. She was seen by Dr. Williams Tahl in the office prior to the Emergency Room visit and was referred to Dr. Tahl by paramedic communication. Dr. Tahl stated that she felt that the injuries appeared to have been sustained by a sharp object such as a razor blade. The patient was treated in the Emergency Room by Dr. William Blawie by suturing lacerate and there was apparently no evidence of flexor tendon injury at that time.
PHYSICAL EXAMINATION: The patient presents as a well developed, white female in full arrest. She is pale and cool and her skin is mottled. Her pupils are dilated and fixed. She shows no life signs whatsoever. Patient was immediately intubated with a #4 curved tube which was inserted. Lung sounds were checked and found to be adequate bilaterally. An NG tube was passed, and the stomach was deflated or somewhat milky looking, gastric fluid. Of significant negative finding is the fact that there was no fluid noted in the hypopharynx or the trachea during intubation. The skin of the patient was dry, as was her hair, and she did not appear to have been washed or oiled previous to this arrest. There were no overt signs of trauma of the head and neck, chest, and abdomen. The extremities showed no signs of trauma. However, upon evaluation for vital temperature, she was found to have a markedly and severely traumatized nose. There was evidence of recent and old trauma. There appeared to be some healing of lacerations at the nostrils and there was inflammation. The Serratus anterior muscle was...

Form with checkboxes for WOUND CARE, HEAD INJURY, SPRAIN OR SEVERE BRUISE, CAST CARE, HOME, ADMIT, OTHER.

Form with fields for INSTRUCTIONS TO PATIENT, CONDITION OF PATIENT ON DISCHARGE, and REFERRED TO DR.

Q291 066 025

HEMET VALLEY MEDICAL CENTER  
EMERGENCY ROOM REPORT

PATIENT: [REDACTED]  
AC#: 1858887-1  
DATE: 03/07/91

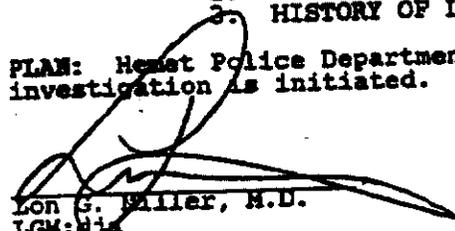
age 2

The introitus of the vagina appeared to be somewhat enlarged for her age but brief external examination showed that it appeared that the hymen may be intact. There was a watery discharge from the vagina. A Gram Stain and cultures were taken of both the vagina introitus as well as the rectum. This occurred subsequent to 45 minute cardiopulmonary resuscitation during which time an IV was initiated, immediately following intubation using a left external jugular, by physician. Patient was given Epinephrine in multiple doses, along with Atropine and even received calcium chloride once. An arterial blood gas was obtained by a respiratory therapist showing a pH of 6.7, and the patient was given sodium bicarbonate in an attempt to normalize this. After 45 minutes of CPR and during which period of time the patient showed no improvement and remained in an agonal ventricular rhythm, at approximately 30 minutes and finally deteriorated to a straight line, she was given direct cardiac shock at 20 Joules x2 without improvement. A chest x-ray, having been obtained, showed the ET tube to be at the ~~base~~ and this had been withdrawn early on in the course of resuscitation. Finally it was felt that further resuscitative efforts were no avail and the patient was pronounced dead and the code was stopped. Interesting finding is that the patient was febrile upon admission.

*given to HPA.*

- IMPRESSION:
1. CARDIOPULMONARY ARREST.
  2. POSSIBLE CHRONIC AND/OR RECENT SEXUAL MOLESTATION.
  3. HISTORY OF LACERATION TO HAND.

PLAN: Hemet Police Department and Coroner's office are notified. An investigation is initiated. Dr. Marianne Tahl is similarly notified.

  
Lon G. Miller, M.D.  
LGM:dia

ADDRESSOGRAPH

THIS REPORT MUST BE MADE WITHIN 36 HOURS

Q241 066 063

# MEDICAL REPORT OF SUSPECTED NONACCIDENTAL INJURY TO CHILDREN (CHILD ABUSE)

**INSTRUCTIONS:** (1) Professional medical personnel\* must report nonaccidental injuries to children by telephone to one of the designated agencies (see "C" below) within 36 hours.† (2) This form is to be filled out and signed by professional medical personnel and sent to the hospital chief executive officer. The chief executive officer (or his designee) must sign the form and send it to the agency which was contacted by telephone (see "C" below). This must be done within 36 hours of the time the abuse was suspected.‡

\*Professional medical personnel means a physician and surgeon, dentist, resident, intern, podiatrist, or chiropractor.  
†This reporting is required by Section 11161.5 of the California Penal Code. See Chapter 16 of the CHA Consent Manual.  
‡This reporting is required by Sections 11160 and 11161.5 of the California Penal Code.

(PLEASE PRINT OR TYPE)

A. Purpose:  Child abuse (physical or mental)  Neglect  Sexual assault

B. Medical Personnel Conducting Examination:

Name CON MILLER Date of Report 3-7-91  
Date, Time of Examination 1430 3-7-91

C. Designated Agency:  Police or Sheriff  County Welfare Department  County Health Department

Name of County RIVERSIDE

D. Patient Identification: [REDACTED] Date of Birth 5-14-90

Address [REDACTED] Hospital ID No. 206920

Present Where (if known) [REDACTED]

E. Patient's Statement Explaining Injuries: [REDACTED]

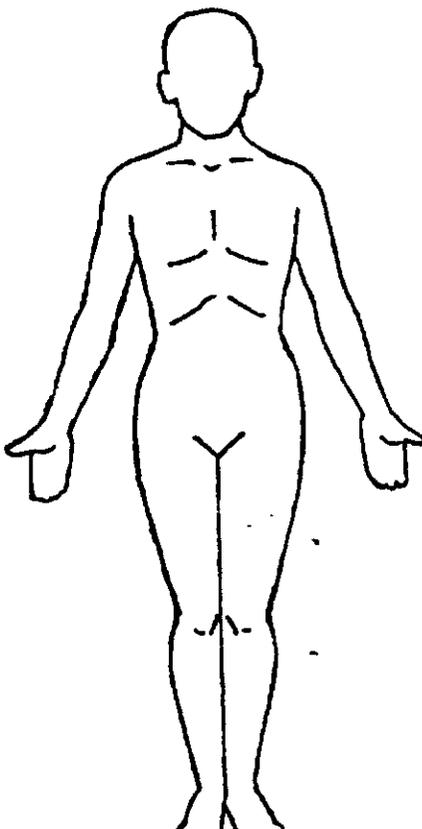
F. Name, Address and Relationship of Persons Accompanying Patient: [REDACTED]

How did they explain injuries? STATED TO PARAMEDICS PT DROPPED IN PLAYGROUNDS

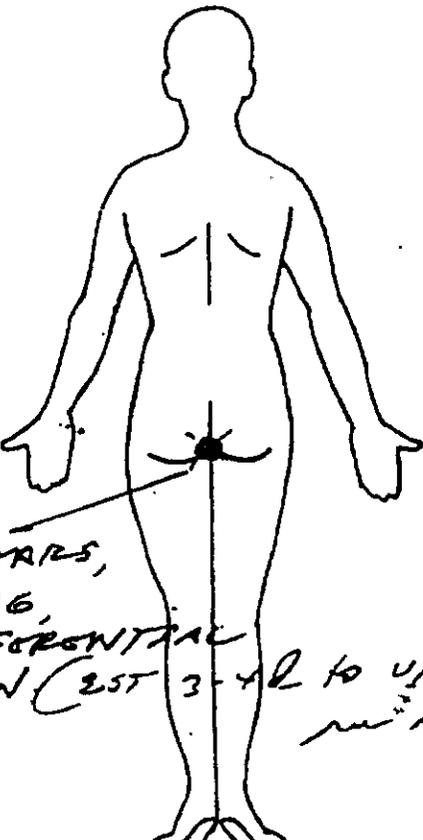
G. Name and Address of Parents (if not given in F): SAME

H. External Physical Findings: (indicate site and type of injuries on diagram.)

FRONT



BACK



ANAL TEARS,  
SCABBING,  
CIRCUMFERENTIAL  
CONTUSION (EST 3-4L to UP TO 2L  
RING)

I. Physical Examination: (The following may be relevant: Age and nature of fractures of skull; chest and long bone X-rays; other clinical or neurological data; interpretation of tourniquet or bleeding-coagulation tests; fundoscopic examination.)

No other signs known  
No signs (cont) of drowning

J. Summary and Conclusions: (Please include any previous history of child abuse; other reasons for suspecting child abuse.)

Drowned.  
Probable sexual molestation

Name of Hospital: HEMET VALLEY MEDICAL CENTER

Signature of Reporting Person: [Signature] Title: [Signature]

Signature of Chief Executive Officer or designee: \_\_\_\_\_ Title: \_\_\_\_\_

**HEMET POLICE DEPARTMENT**  
CA0330800

**SUPPLEMENTAL REPORT**

Date Prepared: 3-8-91

Original File No. <u>2291 006 025</u>	3. Off. ID <u>7684</u>	4. Dist.	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date/Time Occurred	9. Day
0 Date/Time Assigned	11. Date/Time Inv. Start <u>006 1530</u>	12. Date/Time Inv. Term. <u>006 1845</u>	13. Type Cr. <u>OPN</u>	14. Type Cont. <u>CA2</u>	15. Additional Adults Arr.	16. Additional Juv. Arr.	18. Type of Place
17. Address of Occurrence (Street No. - Name - City)							

For ID USE: V = Victim, I = Informant, W = Witness, O = Other

9. ID: <u>0</u>	20. Last Name - First - Middle (Firm Name if Business) <u>[REDACTED]</u>	21. Race - Sex <u>W-F</u>	22. DOB <u>12-7-40</u>
13. Residence Address <u>SP. # 578</u>	24. Business or School Address <u>1117 E. DEVONSHIRE AVE. HEMET</u>	25. Home Phone <u>602-0443</u>	26. Bus. Phone <u>602-2811</u> EXT. 636
17. ID: <u>0</u>	28. Last Name - First - Middle (Firm Name if Business) <u>[REDACTED]</u>	29. Race - Sex <u>W-F</u>	30. DOB <u>1-6-72</u>
31. Residence Address <u>#23</u>	32. Business or School Address <u>UNEMPLOYED</u>	33. Home Phone <u>#26</u>	34. Bus. Phone <u>N.A.</u>

35. Last Name - First - Middle	36. Race - Sex	37. Age	38. Ht.	39. Wt.	40. Hr.	41. Eyes	42. DOB or ID	43. Arrested Yes ( ) No ( )
44. Address - Clothing - Other Marks or Identifying Characteristics								

45. Juv: Other ( ) 2	Juv. Ct. Prob. ( ) 5	Within Dept. ( ) 6	Detained ( ) 1	Not Detained ( ) 2
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46. Last Name - First - Middle	47. Race - Sex	48. Age	49. Ht.	50. Wt.	51. Hr.	52. Eyes	53. DOB or ID	54. Arrested Yes ( ) No ( )
55. Address - Clothing - Other Marks or Identifying Characteristics								

56. Juv: Other ( ) 2	Juv. Ct. Prob. ( ) 5	Within Dept. ( ) 6	Detained ( ) 1	Not Detained ( ) 2
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ORIGINALLY REPORTED DOLLAR VALUES ARE CHANGED AS SHOWN BELOW

Cat.	A Currency Notes	B Jewelry Prec. Met.	C Clothing Furs	E Office Equip.	F T.V. Radio Cameras	G Firearms	H Household Goods	I Consum. Goods	J Livestock	K Misc.
PS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime) (1) <u>2541N DEATH REPORT</u>	61. Original Offenses Changed to (Code-Crime) (1)	58. Stolen Auto Value ASP: \$ _____
(2)	(2)	59. Recovered Auto Value (A2) \$ _____

62. Narrative of Supplemental Report

SEE FORM "C"

Reporting Off <u>CASKEY</u>
Reviewed By <u>[Signature]</u>
COPIES TO
<u>1-D.A.</u>
<u>1-DOJ.</u>
<u>1-D.P.S.</u>
VCLO ( )
ACTIONS
APB Sent
APB Cancld.
APR Sent
APR Cncld
DOJ-NCIC
Entered Cancld.
STATS APRK ANI

7/350

HEMET POLICE DEPARTMENT  
CA0330800

SUPPLEMENTAL REPORT

Date Prepared: 3-8-91

1. Original File No. 2291 0606 025	3. Off. ID 768A	4. Dist.	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date/Time Occurred	9. Day
10. Date/Time Assigned	11. Date/Time Inv. Start	12. Date/Time Inv. Term.	13. Type Clr.	14. Type Cont.	15. Additional Adults Arr.	16. Additional Juv. Arr.	
17. Address of Occurrence (Street No. - Name - City)						18. Type of Place	

For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19. ID: O	20. Last Name - First - Middle (Firm Name if Business) PENNEL	21. Race - Sex W.F	22. DOB 3-14-80
23. Residence Address 24511 N. ... HEMET	24. Business or School Address N.A	25. Home Phone	26. Bus. Phone N.A
27. ID: W	28. Last Name - First - Middle (Firm Name if Business) CRISTINE	29. Race - Sex W.F	30. DOB 12-2-80
31. Residence Address 2019 ... HEMET	32. Business or School Address N.A	33. Home Phone	34. Bus. Phone N.A

35. Suspect Name - First - Middle	36. Race - Sex	37. Age	38. Ht.	39. Wt.	40. Hr.	41. Eyes	42. DOB or ID	43. Arrested Yes ( ) No ( )
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44. Address - Clothing - Other Marks or Identifying Characteristics

45. Juv. Other ( ) 2	Juv. Ct. Prob. ( ) 5	Within Dept. ( ) 6	Detained ( ) 1	Not Detained ( ) 2
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46. Suspect Name - First - Middle	47. Race - Sex	48. Age	49. Ht.	50. Wt.	51. Hr.	52. Eyes	53. DOB or ID	54. Arrested Yes ( ) No ( )
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55. Address - Clothing - Other Marks or Identifying Characteristics

56. Juv. Other ( ) 2	Juv. Ct. Prob. ( ) 5	Within Dept. ( ) 6	Detained ( ) 1	Not Detained ( ) 2
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ORIGINALLY REPORTED DOLLAR VALUES ARE CHANGED AS SHOWN BELOW

Cat.	A Currency Notes	B Jewelry Prec. Met.	C Clothing Furs	E Office Equip.	F T.V.-Radio Cameras	G Firearms	H Household Goods	I Consum. Goods	J Livestock	K Misc.
PS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime)	61. Original Offenses Changed to (Code-Crime)	58. Stolen Auto Value ASP: \$
(1)	(1)	59. Recovered Auto Value A2: \$
(2)	(2)	

62. Narrative of Supplemental Report

SEE FORM 'C'

Reporting Off  
**CASKEY**  
Reviewed By

COPIES TO

VCLO ( )

ACTRONS

APB Sent

APB Cancld.

APR Sent

APR Cncld

DOJNCIC

Entered Cancld.

STATS AMB ANI



HEMET POLICE DEPARTMENT  
CA0330800

SUPPLEMENTAL REPORT

Date Prepared: 3-8-91

1. Original File No. 0291 066 025	3. Off. ID 7684	4. Dist.	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date/Time Occurred	9. Day
10. Date/Time Assigned	11. Date/Time Inv. Start	12. Date/Time Inv. Term.	13. Type Cir.	14. Type Cont.	15. Additional Adults Arr.	16. Additional Juv. Arr.	
17. Address of Occurrence (Street No. - Name - City)						18. Type of Place	

For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19. ID: W	20. Last Name - First - Middle (Firm Name if Business) LEWIS, MARGA	21. Race - Sex O-F	22. DOB 11-20-58
23. Residence Address 1093 LILAC ST. HEMET	24. Business or School Address -	25. Home Phone 766-7474	26. Bus. Phone -
27. ID: W	28. Last Name - First - Middle (Firm Name if Business) STROCK, CHARLEY	29. Race - Sex W-M	30. DOB 8-22-33
31. Residence Address 2054 CARNATION AVE. HEMET	32. Business or School Address RET.	33. Home Phone 766-7301	34. Bus. Phone N-A

35. Last Name - First - Middle	36. Race - Sex	37. Age	38. Ht.	39. Wt.	40. Hr.	41. Eyes	42. DOB or ID	43. Arrested Yes ( ) No ( )
44. Address - Clothing - Other Marks or Identifying Characteristics								

45. Juv: Other ( ) 2 Disc: Juris.	Juv. Ct. ( ) 5 Prob.	Within ( ) 6 Dept.	Detained ( ) 1	Not Detained ( ) 2
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46. Last Name - First - Middle	47. Race - Sex	48. Age	49. Ht.	50. Wt.	51. Hr.	52. Eyes	53. DOB or ID	54. Arrested Yes ( ) No ( )
55. Address - Clothing - Other Marks or Identifying Characteristics								

56. Juv: Other ( ) 2 Disc: Juris.	Juv. Ct. ( ) 5 Prob.	Within ( ) 6 Dept.	Detained ( ) 1	Not Detained ( ) 2
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ORIGINALLY REPORTED DOLLAR VALUES ARE CHANGED AS SHOWN BELOW

Cat.	A Currency Notes	B Jewelry Prec. Met.	C Clothing Furs	E Office Equip.	F T.V.-Radio Cameras	G Firearms	H Household Goods	I Consum. Goods	J Livestock	K Misc.
PS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime)	61. Original Offenses Changed to (Code-Crime)	58. Stolen Auto Value ASP: \$
(1)	(1)	59. Recovered Auto Value A2: \$
(2)	(2)	

62. Narrative of Supplemental Report

SEE NARRATIVE

Reviewed By  
DOES TO

VCLO ( )

ACTIONS

APB Sent  
APB Cncld.

APR Sent  
APR Cncld

DOJ-NCIC

Entered  
Cncld.

STATE ARK ANI

**SUPPLEMENTAL REPORT**

Date Prepared: 3-8-91

1. Original File No. <u>0291 Old 025</u>	3. Off. ID <u>71089</u>	4. Dist.	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date/Time Occurred	9. Day
10. Date/Time Assigned	11. Date/Time Inv. Start	12. Date/Time Inv. Term.	13. Type Chr.	14. Type Cont.	15. Additional Adults Arr.	16. Additional Juv. Arr.	
17. Address of Occurrence (Street No. - Name - City)						18. Type of Place	

For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19. <u>W</u>	20. Last Name - First - Middle (If Name of Business)	21. Race - Sex <u>W-M</u>	22. DOB <u>7-18-58</u>
23. <u>20</u>	24. Business or School Address <u>LAFD #29</u>	25. Home Phone <u>766 0908</u>	26. Bus. Phone <u>UNK.</u>
27. <u>W</u>	28. Last Name - First - Middle (If Name of Business)	29. Race - Sex <u>W-M</u>	30. DOB <u>3-15-44</u>
31. <u>2082</u>	32. Business or School Address <u>ZET.</u>	33. Home Phone <u>765-9269</u>	34. Bus. Phone <u>N.A</u>

S U S P E C T	35. Last Name - First - Middle	36. Race - Sex	37. Age	38. Ht.	39. Wt.	40. Hr.	41. Eyes	42. DOB or ID	43. Arrested Yes ( ) No ( )
	44. Address - Clothing - Other Marks or Identifying Characteristics								

45. Juv: Other ( ) 2 Disp: Juris.	Juv. Ct. Prob. ( ) 5	Within Dept. ( ) 6	Detained ( ) 1	Not Detained ( ) 2
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S U S P E C T	46. Last Name - First - Middle	47. Race - Sex	48. Age	49. Ht.	50. Wt.	51. Hr.	52. Eyes	53. DOB or ID	54. Arrested Yes ( ) No ( )
	55. Address - Clothing - Other Marks or Identifying Characteristics								

56. Juv: Other ( ) 2 Disp: Juris.	Juv. Ct. Prob. ( ) 5	Within Dept. ( ) 6	Detained ( ) 1	Not Detained ( ) 2
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PS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime)	61. Original Offenses Changed to (Code-Crime)	58. Stolen Auto Value ASP: \$
(1)	(1)	59. Recovered Auto Value A: \$
(2)	(2)	

62. Narrative of Supplemental Report

SEE NARRATIVE

Reporting Off  
**CASKEY**

Reviewed By  
**[Signature]**

COPIES TO

VCLD ( )

**ACTIONS**

APB Sent  
APB Cancld.

APR Sent  
APR Cancld

DOJ-NCIC  
Entered  
Cancld.

STATS  
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1 03-07-91, Thursday, at 1530 hours, I was advised by Lt. Montoya to  
2 respond to the Hemet Valley Hospital Emergency Room and meet with Hemet  
3 Police Officer Gardner in regards to a 9 month old drowning victim with  
4 suspicious circumstances. Initial information indicated that the child had  
5 been sexually molested. I was informed that the initial call came into  
6 the police station at 1400 hours on this date and the first Officer on the  
7 scene was Officer Gardner arriving at the location at 1404 hours according  
8 to the police dispatch log. I was further advised that the address of  
9 occurrence was 2019 Carnation Avenue, Hemet.

10 03-07-91, at 1548 hours, I arrived at the Hemet Valley Hospital  
11 Emergency Room and met with Officer Gardner. Shortly thereafter, Detective  
12 Max Beamesderfer of the Hemet Police Department also arrived for the  
13 purpose of this investigation. I was directed to one of the treatment room  
14 inside the emergency room where the victim was at now. I was informed that  
15 the victim had been pronounced dead on arrival. Efforts by emergency  
16 personnel to resuscitate the victim had met with negative results. I  
17 observed that the victim was a 9 month old female, caucasian, with blonde  
18 hair and had no signs of life present and was obviously deceased. I was  
19 told by Emergency Room Nurse Sandy McAdams that the victim's name was  
20 Taylor Diane Jensen. RN McAdams told when they had prepared to insert a  
21 rectal thermometer into the victim for a temperature reading they observed  
22 that the rectum was torn and discolored in what appeared to be an obvious  
23 sexual abuse injury. McAdams also indicated and showed me the victims  
24 vagina which appeared to be red, swollen and bruised in appearance also  
25 consistent with a sexual abuse injury. I observed the injury to the  
26 victims anus which appeared to be in the form of multiple tears or rips to  
27 the skin about the opening with dark discoloration about the opening,  
28 bruising, swelling, etc. No blood was apparent either at the anus or about

1 the vagina nor was there any apparent body fluid visible. Closer exam of  
2 the victim's body revealed no other apparent traumatic injury however, this  
3 was merely a preliminary and cursory overview and further examination will  
4 be required by the pathologist to determine if any other injuries are  
5 present. I noted the victim had a recent scar on the fingers of her left  
6 hand which were later determined were as a result of a cut she received  
7 while at home on 02-14-91, which she was subsequently treated for at the  
8 Hemet Hospital. The cut required sutures.

9 While completing the initial examination of the victim, RN. McAdams  
10 mentioned to me that the father of the child had said something to the  
11 affect of the child had drown in the Jacuzzi in the backyard of their  
12 house. She said that another child believed to be the victim's sister,  
13 said something to the affect of "the Jacuzzi is drained". McAdams stated  
14 the mother had said the drowning had occurred in the bathtub within the  
15 house.

16 McAdams told me that the paramedics had told her that the baby had  
17 been found upon their arrival in the dining room area on the floor where  
18 attempts to revive her were being made by firemen and persons in the house.  
19 I was informed by McAdams that the Riverside County Coroner's Office had  
20 been notified of the death and of the investigation and that a Coroner's  
21 Deputy was enroute from Riverside.

22 I took several color 35mm photographs of the victims body and  
23 specifically of the traumatic injuries to her vaginal area and to her anus.  
24 While completing the photographs of the victim, Lon Miller, M.D., came into  
25 the room and made another examination of the victim. (Miller was the  
26 Doctor that initially examined and treated the victim upon her arrival at  
27 the hospital). Miller examined the injury to the victims anus and stated  
28 "the injury appears to be chronic". It was also mentioned to me by RN

1 McAdams that the victim had a 101.1 degree body temperature upon arrival,  
2 which could have indicated a fever or possibly emersion in hot water. Both  
3 RN McAdams and Dr. Miller indicated that the victim was not wet when they  
4 initially made contact with her for treatment. They both indicated that  
5 this was unusual considering this was a reported drowning victim that had  
6 just been brought from the scene to the hospital for treatment.

7 03-07-91 at 1605 hours, I contacted Katherine Ann Pennel, dob/12-07-  
8 40, at the hospital emergency room waiting room. Mrs. Pennel, commonly  
9 referred to in the family as "Grandmother" is the victim's mother's mother.  
10 I interviewed Mrs. Pennel in the kitchen area of the Hemet Valley Hospital.  
11 Note that Mrs. Pennel is an employee at the Hemet Valley Hospital and works  
12 in the kitchen area. Mrs. Pennel was working at the time the victim was  
13 transported to the hospital emergency room and most of the information that  
14 she provided was in the form of background. Mrs. Pennel told me that she  
15 had heard via statements of others at the hospital that the 4 year old  
16 (Brittany) had been left alone in the bathtub with the victim Taylor  
17 Jensen. Mrs. Pennel had told me that she had learned that there was some  
18 confusion over where the victim had drown. She had heard that someone had  
19 said something about the victim had drown in the Jacuzzi and someone else  
20 had said the victim had drown in the bathtub. Pennel stated that this was  
21 a mistake. She does not know where the information about the Jacuzzi had  
22 come from, but the Jacuzzi had in fact been drained and has not had water  
23 in it for sometime and that she knows that the drowning would have had to  
24 have occurred in the bathtub.

25 Mrs. Pennel explained to me that the mother, Diane Meads, is not  
26 actually married but rather is living with the father, Dana Jensen, in what  
27 amounts to a common law, husband and wife situation. They have been living  
28 together in this fashion for approximately 2 1/2 to 3 years. She indicted

1 that the drowning victim, Taylor Jensen, was the child of both Jensen and  
2 Meads and had been conceived since their common law relationship together.  
3 She stated the other child, Brittany Meads, was also Diane's child by a  
4 previous marriage. Both of these children live at Diane's house at 2019  
5 Carnation in Hemet. Diane has a third child by the name of Ashley Pennel,  
6 who is 10 years old. Mrs. Pennel explained to me that Ashley does not live  
7 with her mother but rather lives with her (the Grandmother) and has  
8 essentially raised her as her own. She added that Ashley actually calls  
9 her mother by her first name rather than calling her mom. Mrs. Pennel  
0 could add little additional information about the drowning itself since she  
11 had not been there and most of which she heard was second or third hand  
12 from persons that were at the hospital already.

13 I told Mrs. Pennel that we were also investigating a sexual abuse  
14 situation involving the victim at which time she appeared very shocked and  
15 surprised. Mrs. Pennel told me that she was unaware of anything of this  
16 nature occurring within the family and did not know who could have done  
17 this.

18 03-07-91 at 1610 hours, I had Mrs. Pennel's daughter, Wilma "Lolly"  
19 LaVerne Pennel, 01-06-72, join us for the purpose of additional interview.  
20 Lolly, as she is called, was waiting at the emergency room along with the  
21 other family members. She had been notified by her mother of the  
22 circumstances and responded to hospital from home. Lolly told me that she  
23 last saw the victim at the victim's house yesterday at approximately 2030  
24 hours. She stated at that time there were several people at the house to  
25 include Buddy, Diane, Dana, Martin Groth, Jennifer Larkin, Brittany, and  
26 Carlin. Lolly told me at that time everything appeared normal and nothing  
27 seemed out of the ordinary. As with her mother, Lolly could add little  
28 detail as to what actually happened at the house in terms of the drowning

1 aside from what she had heard in terms of repeated information which was  
2 essentially the same as the information provided by her mother.

3 When I addressed the issue of the sexual abuse of the victim, Lolly  
4 became very emotional, began to cry and stated "I think it's Buddy". She  
5 went on to state that Buddy is apparently a friend of the mother and father  
6 and he has been doing work around their house on a room addition for the  
7 past several weeks. She described him as being "dirty and not a good  
8 person". I asked her why she felt it would have been Buddy. She just said  
9 that it was a feeling she had and then seemed to back away from the feeling  
10 as the questioning continued. She could provide no factual information or  
11 incidents that she witnessed or heard about to indicate that Buddy was  
12 sexually abusing the children or in particular Taylor Jensen. She told me  
13 that she knew that Buddy had been at their house yesterday and that Buddy  
14 had also been at the house working on the room addition today and had been  
15 there at the time of the drowning.

16 Lolly told me that she sometimes babysits for Taylor and often changes  
17 her diaper. I asked her how recently she had changed Taylor's diaper. She  
18 told me that she had changed it last Tuesday. She told me that she had to  
19 wipe Taylor's bottom several times, but had not noticed any sort of injury  
20 or any sort of sensitivity on the part of Taylor. She stated previous to  
21 Tuesday, the last day she had been with Taylor had been when she had  
22 babysat her last Saturday during the daytime.

23 Lolly added that Diana had contacted her recently and had been  
24 complaining that she had not been having a regular sexual relationship with  
25 her husband, Dana.

26 03-07-91 at 1630 hours, I had Lolly bring Ashley and Brittany to our  
27 location to interview them. Ashley could add little information about what  
28 had transpired at the scene aside from what she had heard second and third

1 hand from those at the hospital since she had been transported to the  
2 hospital by family members from her home once they had been informed of the  
3 circumstances.

4 Brittany who is 3 years old, had been in the bathtub with Taylor  
5 either at or prior to the drowning. I attempted to obtain a statement from  
6 Brittany through Ashley, however, the results were minimal due to  
7 Brittany's apparent shock and or fear over what she had witnessed and what  
8 had just occurred. Brittany was obviously very afraid and several times  
9 during the brief interview, hid her face on Ashley's shoulders and began to  
10 cry. When Ashley asked Brittany what had occurred, Brittany responded  
11 "Taylor drowned". "I got out and hide behind my bed". Brittany also  
12 indicated that her and Taylor had been playing in the bathtub prior to the  
13 drowning. That they had been laughing and screaming with each other.  
14 Brittany indicated that her mother and Buddy were outside "doing the  
15 grass". No additional information could be extracted from Brittany as she  
16 continued to cry and state "Taylor drown, Taylor is dead" etc. Better  
17 interview results could be expected in a follow-up interview after some  
18 time has elapsed.

19 03-07-91 at 1720 hours, I contacted Michael Eugene Richuisa, dob/08-  
20 07-73. Richuisa was at the hospital along with the other family members.  
21 I also interviewed him in the hospital dining room. Richuisa stated that  
22 he had not been at the scene and had not witnessed anything that occurred  
23 at the scene. He told me that Kathy is his aunt and he has no relationship  
24 to Dana. His cousin Diana is the mother of the victim. He said that he  
25 had been informed of the drowning by Kathy via telephone. He said he drove  
26 from his home in Mennifee to the hospital in regards to the drowning. He  
27 stated that he had not heard anything about the incident aside from the  
28 fact that the victim Taylor had drown in the bathtub at Diane and Dana's

1 house. Richuisa told me that he is seldom at the house in Hemet and has  
2 not seen the child in quite some time. He states that he never babysits  
3 the child and has no information at all about any sort of a sexual abuse,  
4 nor has he heard anything of that nature occurring in the past. Richuisa  
5 told me that he was informed of the drowning at approximately 1630 hours  
6 this evening.

7 While continuing my investigation at the hospital, I was contacted a second  
8 time by Lolly who indicated that the victim had been babysitted yesterday  
9 from approximately 1500 hours to 2230 hours by the babysitter, Bernice  
10 Simmons, who lives at 26560 Cornell in Hemet, home phone # 766-0402. To  
11 the best of her knowledge, the babysitter does not have anyone else living  
12 with her, male or female. She stated Simmons most likely would have at  
13 least changed the victims diaper sometime during the time she had her in  
14 her care.

15 03-07-91 at 1750 hours, Deputy Coroner Jim Camp of the Riverside  
16 County Coroner's Office arrived at the hospital in regards to this  
17 investigation. (See Riverside County Coroner's case #: 71994). I directed  
18 Deputy Camp to the victim at which time he completed a preliminary  
19 examination of the decedent after which he agreed that the trauma to the  
20 vagina and the anus appeared to be consistent with sexual abuse. Deputy  
21 Camp took several 35mm photographs of the decedent with his department  
22 camera. Deputy Camp examined the whites of the victims eyes and made a  
23 comment that it is normal in most drownings to have some sort of blood  
24 splotch or marks in the whites of the eyes from some sort of hemorrhage  
25 when a drowning occurs, which were in this case, were not apparent. Deputy  
26 Coroner Camp accompanied Detective Beamesderfer and myself for the  
27 remainder of the investigation. The victim's remains were subsequently  
28 released via the Coroner's Office for transport to Riverside for a pending

1 Coroner's autopsy. (Date of the autopsy is yet to be announced).  
2 03-07-91 at 1848 hours, Detective Beamesderfer, Deputy Camp, and  
3 myself arrived at the location of the drowning at 2019 Carnation in Hemet  
4 for further followup investigation. The scene had been secured by Officer  
5 Tavares of the Hemet Police Department. He remained at the scene with us  
6 to assist with maintaining interview integrity by separating the various  
7 witnesses that we spoke with after each one had been interviewed by  
8 investigators. All interviews were completed in the living room area of  
9 the residence. We were shown the bathroom in which the alleged drowning  
10 was to have occurred. I noted the bathtub was still wet and filled with  
11 numerous children's toys. There was also a blue plastic seat device for an  
12 infant which had rubber suction cups on the bottom which is intended to  
13 hold the seat in one place under the water and then hold a small infant  
14 within the seat while the infant was being bathed. This seat device was  
15 within the bathtub. I noted that the bathroom was in general disarray,  
16 apparently from efforts after the drowning incident. The seat was taken as  
17 evidence by Detective Beamesderfer. I was directed to the dining room  
18 area, where I noticed several wet towels which I was told had been used to  
19 dry the victim and supported the victim during the resuscitation efforts.  
20 I located in the rear patio area, the Jacuzzi in question. I examined the  
21 Jacuzzi and observed that it was in fact empty and dry and appeared to have  
22 been so for some time. I saw that there was sand, dirt and debris inside  
23 the Jacuzzi which had accumulated over time. I subsequently took  
24 photographs with the department 35mm camera of the bathroom area as we  
25 found it, also the living room area, the Jacuzzi in the back patio area as  
26 well as the children's bedroom. I noted the house was generally clean and  
27 well kept but the children's bedroom and also the parent's bedroom was in  
28 general disarray and cluttered.

1 All remaining interviews unless otherwise indicated were completed by  
2 Detective Beamesderfer. Deputy Coroner Camp and myself, sat in on these  
3 interviews and at times, added information in terms of questions and  
4 comments. However, for further details on these interviews, refer to  
5 Detective Beamesderfer's report. The first interview conducted at the  
6 residence was at 1900 hours with a Jessica Lozon. Lozon is Diana Meads'  
7 sister. Lozon told us that she had not been at the house at the time of  
8 the drowning and when she arrived at the residence the victim was being  
9 loaded into the ambulance for transport to the hospital. She further  
0 indicated that Diana had called her and had asked her to respond to the  
1 house as quickly as possible due to the drowning. Lozon also added that  
2 Buddy was at the house at the time of her arrival.

3 At 1918 hours, we conducted an interview with Diana Meads, the mother of  
4 the victim. For details of the interview, refer to Detective Beamesderfer  
5 report.

6 Also at the house at the time of our arrival, was Michelle C.  
7 Richuisa, (sister to Michael Eugene). I spoke to Michelle at approximately  
8 2010 hours. She indicated to me that she had arrived at the house long  
9 after the incident had occurred which would be in her estimate at  
0 approximately 6:15 p.m., this evening. She stated that she was there only  
1 for the purpose of family and moral support and could not add any further  
2 information as to what actually happened in regards to the drowning. She  
3 told me that she had heard from Dana and Diane that Taylor had drown in the  
4 bathtub but she had no further information. Michelle told me that she had  
5 not heard or had any indication at all that there had been a previous or  
6 existing sexual abuse problem at the residence involving any of the  
7 children.

8 The last person interviewed at the residence was Dana Jensen, the

1 victims father. This interview was conducted at 2015 hours. For details  
2 of the interview, statement from Dana, refer to Detective Beamesderfer's  
3 report. I personally noted that Dana seemed very unmoved by the entire  
4 incident and seemed to show no emotion whatsoever, over the death of his  
5 child. He did not indicate that he had any suspicions of anyone who may  
6 have molested Taylor. He did indicate that Diane had a habit of leaving  
7 Taylor in the bathtub alone too long and that she had placed too much trust  
8 in Brittany to watch over Taylor while in the bathtub and while doing other  
9 things out of sight of her. Dana indicated that he had changed Taylor's  
10 diaper two days ago and he had not noted any sensitivity or any apparent  
11 injury to Taylor's rectum or vaginal areas.

12 03-07-91 at 2045 hours, I left the residence on Carnation.

13 03-07-91 at approximately 2130 hours, I arrived at the Hemet Valley  
14 Hospital and contacted the family members who had been waiting there. I  
15 arranged with the family members to transport Brittany to the Riverside  
16 General Hospital for a precautionary sexual abuse examination. The reason  
17 for this was because Brittany had been the only other female child actually  
18 living in the residence where the victim had lived and considering the  
19 injuries and circumstances surrounding the victims death, I felt it prudent  
20 to have this examination completed to insure that she was not being  
21 sexually abused as well. Her mother, Diane agreed to this and willingly  
22 transported Brittany to the Riverside General Hospital.

23 03-07-91 at 2215 hours, I arrived at the Riverside General Hospital  
24 along with Brittany, her mother, Dana, Mrs. Pennel, Michael, Jessica Lozon  
25 and several other members of the family.

26 After a considerable wait, at approximately 0050 hours, Brittany was  
27 examined by Dr. Bauer, M.D., of the Riverside General Hospital Emergency  
28 Room staff. After the examination, Dr. Bauer spoke with me and indicated

1 that he had made a close examination of Brittany and had not observed any  
2 evidence whatsoever of sexual abuse of any sort. His preliminary report,  
3 which you can find attached to this supplemental report indicates his  
4 findings and his lack of finding any evidence of foul play. Dr. Bauer  
5 indicated that Brittany appeared to be a normal, healthy, well adjusted  
6 child with no apparent problems.

7 03-07-91 at approximately 0230 hours, I arrived back in the city and  
8 assisted Detective Beamesderfer and Detective Nevarez with the service of a  
9 300 WIC order for the purposes of securing Brittany in a safe home at least  
10 for the course of this investigation. For details, refer to the CPS  
11 investigators report and also to supplemental information by Detective  
12 Beamesderfer. Brittany was subsequently placed with her Grandmother, Mrs.  
13 Pennel, per the decision made by C.P.S.

14 03-08-91, I began a neighborhood canvas to check with neighbors who  
15 may be able to add additional information on this case. At 1215 hours, I  
16 made contact at 1093 Lilac Street, which is one house north of the address  
17 of occurrence. At that location, I contacted Myrna Lewis. Myrna  
18 indicated that she was aware of the drowning which occurred the day before.  
19 She was familiar with the 3 year old juvenile that lives at that  
20 house and knew her by her first name (Brittany). Lewis told me that it is  
21 common for the 3 year old to be seen wandering in the street unsupervised  
22 by any adults. Lewis told me that she had observed this as recently as  
23 last weekend. She said at that time she contacted the juvenile, Brittany,  
24 and asked her where her mother was. Brittany told her she was at work.  
25 Lewis said that she asked where her father was and Brittany responded her  
26 father had told her that it was ok to go out into the street as long as it  
27 was not raining. It was Lewis' opinion that there was little parental  
28 control over the 3 year old coming from the parents at 2019 Carnation.

1 Lewis told me that she had been living at this house for approximately 14  
2 months.

3 I also attempted contact at 1085 Lilac and 1077 Lilac. There was no  
4 answer at the door at 1085 Lilac and it appears that 1077 was a vacant  
5 residence. I made contact with a Mrs. Jensen at 1069 Lilac. She stated  
6 she lived at that residence since April and could add no information as to  
7 the occurrences at 2019 Carnation.

8 I made contact at 1061 Lilac with Mr. Clifford Holzauer. Mr.  
9 Holzauer could add no additional information for the investigation.

10 I attempted contact at 2040 Carnation, the house directly across the street  
11 from 2019, but there was no one at home at that location.

12 I contacted Mr. Strock (mentioned previously in other supplements) at  
13 2054 Carnation. Mr. Strock knew Brittany by her first name and  
14 corroborated the statement made by Lewis in regards to the fact that she  
15 commonly is seen running around in the streets of the neighborhood without  
16 parental control or supervision. Mr. Strock told me that a boy by the name  
17 of Martin lives at 2033 Carnation. (Refer to Detective Beamesderfer's  
18 report for contact with Martin).

19 I contacted Scott Robinson at 2068 Carnation. Robinson corroborated  
20 the information provided by Strock and Lewis also indicating Brittany  
21 (knowing her by her first name) was often seen running and walking and  
22 playing in the street of Carnation and Lilac without parental control or  
23 parental supervision.

24 I contacted Robert H. Paulson at 2082 Carnation. Mr. Paulson told me  
25 his daughter is Carly Paulson. (Refer to Detective Beamesderfer's report  
26 for the interview with Carly). Mr. Paulson told me that Carly had in the  
27 past babysat Taylor Jensen for Diane Meads. Mr. Paulson stated during  
28 those babysitting times, he never observed the diaper changing process of

1 Taylor but knows that his daughter did change the diaper on occasion. He  
2 had no information as to abuse, etc., occurring at 2019 Carnation. Mr.  
3 Paulson corroborated the information provided by the other neighbors  
4 indicating that he had seen Brittany (again, he knew Brittany by her first  
5 name) playing in the streets and running about the neighborhood without the  
6 benefit of parental control or any sort of adult supervision. He said this  
7 is a very common occurrence.

8 I attempted contact at the following neighbor's addresses with the  
9 following results:

10 2075 Carnation (no one home)

11 2089 Carnation (no one home)

12 2103 Carnation (no one home)

13 2110 Carnation (vacant house)

14 2096 Carnation (no one home)

15 2061 Carnation (no one home)

16 2047 Carnation (no one home)

17 2033 Carnation (no one home).

18 03-10-91 at 1100 hours, myself and Detective Beamesderfer responded to  
19 the Riverside County Coroner's Office for the purpose of viewing the  
20 autopsy of Taylor Jensen. The doctor on the case was Ditraglia M.D., a  
21 forensic pathologist for the Riverside County Coroner's Office. After Dr.  
22 Ditraglia made an initial examination of Taylor Jensen's remains and her  
23 injuries, he felt it prudent to call in an expert to examine the child  
24 prior to any further autopsy procedures. The autopsy date was rescheduled  
25 for the next day.

26 On 03-11-91 at 0830 hours, I received a call from Diane Meads. Diane  
27 was calling to check the current case status. While speaking with her on  
28 the phone she told me that Martin, Dana's best friend, had a home phone

1 number of 658-6015. She told me that he worked at the Stater Bros., on  
2 Stanford Street with Dana.

3 03-11-91 at 0840 hours, I called Martin at 658-6015. I identified  
4 myself to Martin and informed him of my investigation and asked for his  
5 full name, date of birth, etc. He told me that his name was Martin Michael  
6 Groth, dob/01-20-72. He told me that he lived at 1008 Dahlia Court and he  
7 confirmed that he worked at the Stater Bros., on Stanford with Dana Jensen.  
8 I did not initiate a detailed question answer session with Martin at this  
9 time and set up an appointment to speak with him at 0900 on 03-12-91.

10 03-11-91 at 0905 hours, I made phone contact with Bernice Harriett  
11 Simonsen, dob/09-19-40, at 766-0402. Simonsen told me on the phone that  
12 she was unaware of any investigation in regards to Taylor Jensen and made  
13 no indication that she was aware that Taylor had died. I asked if I could  
14 meet with her for an interview, however, she had an urgent appointment to  
15 meet with a relative who was in critical condition in a hospital. I spoke  
16 with her briefly on the phone. During the conversation she indicated that  
17 she lives alone at the house and that she has no husband or boyfriends that  
18 live there. She indicated that she had a son in his 20's but he does not  
19 live at that location. Simonsen told me that she thought she may have  
20 babysat for Taylor last Wednesday but she was not certain. She told me  
21 that she babysits four full-time children and two part-time children. She  
22 told me her son's name was James Mandel, dob/01-27-65. She also told me  
23 that her 13 year old daughter, Michelle Simonsen, lives at the same address  
24 with her. I initially set up an appointment to speak with Simonsen at her  
25 residence at 1900 hours on this date, however, the appointment had to be  
26 broken for reasons beyond my control.

27 03-11-91 at 1035 hours, Detective Beamesderfer and I went to 24511 N.  
28 State Street Space #578. At that location, we contacted Mrs. Kathy Ann

1 Pennel and asked permission to re-interview Brittany. Mrs. Pennel gave her  
2 permission and we subsequently interviewed Brittany in the dining room of  
3 their mobile home. Also present during the course of the interview was  
4 Lolly Pennel and Ashley Pennel. I was present for the entire interview and  
5 added questions and comments during the course of the interview and I also  
6 took notes. For details of the interview and the information obtained from  
7 it, refer to Detective Beamesderfer's report.

8 03-11-91 at 1300 hours, Detective Beamesderfer and myself arrived at  
9 the Riverside County Coroner's Office in Riverside for the purpose of the  
10 rescheduled autopsy on Taylor Jensen.

11 03-11-91 at 1305 hours, we met with Deputy District Attorney E.  
12 Michael Soccio of the Riverside County District Attorney's Office. Soccio  
13 informed us that he had been assigned to assist in the investigation of  
14 this case. We subsequently briefed him on the information we had up to  
15 this point and he subsequently participated and viewed the autopsy process.

16 03-11-91 at 1310 hours, Detective Beamesderfer and myself met with Dr.  
17 Clair Sheridan. Sheridan is an expert at child abuse injuries. We  
18 subsequently briefed Sheridan on the case circumstances and showed her the  
19 photographs we obtained at the hospital. Dr. Sheridan works at the Loma  
20 Linda Hospital and had been requested by Dr. Ditraglia to render an expert  
21 opinion on this case.

22 03-11-91 at 1330 hours, Dr. Sheridan with the assistance of Dr.  
23 Ditraglia, examined the remains of Taylor Jensen. For further details of  
24 the examination and the autopsy, refer to the coroner's protocol for the  
25 investigation and to Detective Beamesderfer's report. (Coroner's reports  
26 are not complete at this time and it is unknown when they will be  
27 available).

28 I was present for the entire autopsy process and took 33 photographs

1 of the procedure. Photos were taken with the department 35mm camera. 13  
2 of the photos were taken of the decedent prior to the autopsy and 20 of the  
3 photos were taken during and after the autopsy. Photos have been saved in  
4 the Hemet Police Department photo file. The autopsy itself was conducted  
5 by Dr. Ditraglia. His conclusion as to the cause of death was drowning.  
6 03-12-91 at 0900 hours, I contacted Martin Groth, at his home address at  
7 1008 Dahlia Court in Hemet. Martin told me that he has known Dana for  
8 approximately 7 months. He met him through work contacts at the Stater  
9 Bros., on Stanford in Hemet, at which both him and Dana both work at. He  
10 stated that he has known Diane for about 3 months. He stated that he has  
11 never babysat for Dana or Diane before. Martin told me that he had been at  
12 the residence on the date of the child's death. He said he had been there  
13 from approximately 8:00 in the morning until about 11:00 that morning. He  
14 stated that he last saw Taylor on that morning at approximately 0800 hours.  
15 He said that he did not note anything out of the ordinary at the house at  
16 that time either with the parents or with the children. Martin told me  
17 that he had heard about the death later in the day and had come by the  
18 Jensen residence at approximately 1900 hours that same evening for a brief  
19 time period and then left.

20 Martin described Dana and Diane as good parents and gave no negative  
21 indications as to their ability to take care of the children. He also  
22 indicated nothing in the negative in terms of prior care and prior  
23 parenting practices. He told me that since he had never done any  
24 babysitting for the parents, he had never changed Taylor's diapers nor had  
25 he ever given Taylor a bath. He stated that he had been present at the  
26 house when Diane had given Taylor a bath. He said normally baths were  
27 given to Taylor and Brittany while they were together in the bathtub in the  
28 hallway. He stated that she was always with them while they were bathing

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1 and would only step out for a moment if she had to answer a phone or  
2 something of that nature. I asked Martin if he has ever seen Brittany  
3 allowed to walk around outside or in the streets unescorted or  
4 unsupervised. Martin told me that he knows that occasionally Brittany is  
5 told that she can walk to Carly's house without any escort. (Carly lives  
6 about three houses away from the Jensen residence and on the opposite side  
7 of the street).

8 Martin told me that the mother and father shared equal duties in terms  
9 of caring for the children at the residence. He said that neither one of  
0 them seemed to have more responsibility for the children than the other  
1 did.

2 Martin told me that he is often at the residence and volunteers his  
3 own time to help Dana with the room addition and concrete work that is  
4 going on at the house at this time. He said that Dana does not compensate  
5 him in any way for this, that he does it just because Dana is his friend.

6 Martin told me that he generally comes and goes as he pleases at the house  
7 since he is such close friends with Dana. He said that the only time that  
8 he is alone with the children is when one of the parents steps out of the  
9 room and then that is only for a few moments. He told me that he is never  
0 left alone with the children for the purposes of watching them or  
1 babysitting them.

2 I have obtained a complete law enforcement computer contact print out  
3 on Martin Groth. The print out indicates no previous contacts of any type.  
4 Refer to the initial report for additional details.

5  
6

7 EVIDENCE: 22 photographs taken at the hospital, 15 photos taken at the  
8 scene of the drowning, and 33 photos taken at the autopsy. All photographs

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1 saved in the Hemet Police Department photograph evidence file.

2  
3 Medical reports on the examination of Brittany Meads, by Dr. Bauer (medical  
4 reports attached to the original of this report).

5  
6 CASE STATUS: Exceptional

ISSI MAR -7 PM 10:22

Q291 0000 001

EMERGENCY DEPARTMENT  
RIVERSIDE GENERAL HOSPITAL

TRAMA SYSTEM PT.

HOW ARRIVED: AMBULANCE  LAW ENFORCEMENT/PRISON TRANSPORT

CHRONIC ILLNESS: S

ALLERGIES: S

MEDS: S

PRIOR TREATMENT: W/STATION WHERE: C

VETERAN:

ARRIVED BY: RESPONSIVE  COMATOSE  LETHARGIC  LAST TET: UAT

WHEELCHAIR  STRETCHER

AGE: 4 1/2 || M  F  SMOKER: YES  NO

TIME: 7225-983 PULSE: 112 RESP: 20 WT. LB: 30-18

CHIEF COMPLAINT: alleged sexual assault

TR SCORE: 0 TREATMENT IN FIELD: 0

TRIAJE CAT: 2 R.M. SIGNATURE: [Signature]

PHYSICIAN REPORT

4 y/o brought in by police after younger sibling who died earlier today in accidental drowning (bathtub) was found

<input type="checkbox"/> CBC	
<input type="checkbox"/> SED RATE	lay carer to have signs of chronic sexual abuse
<input type="checkbox"/> CHEM 7	rectal trauma, tearing. No evidence exists yet
<input type="checkbox"/> CHEM 11	that implicates Brittany with being abused.
<input type="checkbox"/> CHEM 12	
<input type="checkbox"/> CHEM 16	
<input type="checkbox"/> CHEM 17	
<input type="checkbox"/> BA	
<input type="checkbox"/> PT. PTT.	Exam: VSS, alert quiet child does not appear
<input type="checkbox"/> PREG. CO.	withdrawn or hostile. She is cooperative
<input type="checkbox"/> TOX SCREEN, BLOOD/URINE	Words heavy down
<input type="checkbox"/> BLOOD CULTURES	Chest: lungs clear, heart rd
<input type="checkbox"/> TYPE + CROSS UNITS	Abd: soft, NT mass
<input type="checkbox"/> TYPE + SCREEN	Ext: wnlc
<input type="checkbox"/> UA	GU: normal vulvovaginal anatomy, no erythema,
<input type="checkbox"/> EKG	discharge, or laceration/abrasions.
<input type="checkbox"/> MONITOR	Rectal: appears to have normal tone
<input type="checkbox"/> O2	A sign of trauma
<input type="checkbox"/> ABG	
<input type="checkbox"/> MED-NEB Rx	
<input type="checkbox"/> POLEY	
<input type="checkbox"/> NG	Plan: Refer to
<input type="checkbox"/> RESTRAINTS/TYPE:	CAN team
<input type="checkbox"/> CXR	E/u by Homet PD
<input type="checkbox"/> PORT C-SPINE	
<input type="checkbox"/> OTHER:	

Dx: Alleged Sexual Assault Inspection Exam

DX CODE: \_\_\_\_\_

X-RAY: \_\_\_\_\_ OUT/RETURN: \_\_\_\_\_ LAB: \_\_\_\_\_ OUT/RETURN: \_\_\_\_\_

CONSULT: \_\_\_\_\_ TIME CALLED: \_\_\_\_\_ ARRIVED: \_\_\_\_\_

INSTRUCTIONS GIVEN:  HOME  ADMIT \_\_\_\_\_

CONDITION ON DISCHARGE: Same  RETURN TO INSTITUTION

ESTIMATE DISABLED: \_\_\_\_\_ DAYS - PERM: \_\_\_\_\_  YES  NO MODIFIED: \_\_\_\_\_ DAYS

ATTENDING'S SIGNATURE: J. O. [Signature] MR. [Signature]

ROOM CHARGE: LEVEL 1-7 00011  LEVEL 1 00010  LEVEL 2 00020  LEVEL 3 00030  LEVEL 4 00040  LEVEL 5 00050  CAST ROOM 00044  NBS OBS 00077

Investigation:

Q191066025

On 3-191, at approx. 1245 hrs, I went to Hemet Fire Dept Station #2, where I spoke with Capt. Leon Tudyk and F/F Bruce Lilly, who were two of the three fireman that treated Taylor Jensen. I asked Capt. Tudyk if he could tell me what had occurred when he first arrived and who he contacted, and he related the following information.

Tudyk said that the call initially came out as a child drowning in a swimming pool. Tudyk said that when they first arrived at the call, the mother met them outside and was telling them to hurry up, that it had been longer than five minutes, and to please hurry. Tudyk said that he ran into the house where he found the child lying on the floor in what he described as a breakfast nook, just off the kitchen, and the child was on her back. Tudyk said that there were a couple of towels lying on the floor crumpled up next to the baby's head, as if they had been dropped there. Tudyk said that he and Lilly started CPR immediately as Eng Gardner took down the patient history from the mother. Tudyk said that as they gave CPR to the baby, he noted the baby was totally unconscious, unresponsive to any stimuli, pupils fully blown and dilated, in asystole (no heart beat) and her body was slightly warm to the touch. I asked Tudyk if the two towels on the floor were wet, and he said that they were damp, and that he knew this because he used them when he was trying to get the water out of the baby.

Tudyk said that he also noticed while working on the baby, that the genitals were inflamed and larger than they should have been. I asked Tudyk which genitals he was talking about, and he said the front genitals, they were swollen and did not appear normal, puffy and red.

I asked Tudyk how long the baby had been down prior to the fire department's arrival, and he said that the mother kept saying only about five minutes, but the symptoms that the baby had as noted above would indicate about 20 minutes. Tudyk said that he estimates the down time from personal experience on prior drownings that he has responded to.

I also spoke with Lilly, and he related the same information as Tudyk. Lilly said that he does not really remember if the baby's hair was wet, as this was the first child drowning that he had been on and was concerned with doing the CPR and did not pay too much attention to anything else. Lilly did say that his pants were not wet, as he had held the baby's head up against his legs while doing CPR.

I attempted to contact Eng. Gardner at home, but he was not available, so he will be interviewed at a later time.

**SUPPLEMENTAL REPORT**

Date Prepared: 3-11-91

1. Original File No. <u>0191066025</u>	3. Off. ID <u>0251</u>	4. Dist.	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date/Time Occurred	9. Day
10. Date/Time Assigned	11. Date/Time Inv. Start <u>70 1245</u>	12. Date/Time Inv. Term. <u>70 1315</u>	13. Type Clr.	14. Type Cont.	15. Additional Adults Arr.	16. Additional Juv. Arr.	
17. Address of Occurrence (Street No. - Name - City)						18. Type of Place	

For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19. ID: <u>V</u>	20. Last Name - First - Middle (Firm Name if Business) <u>JENSEN, TAYLOR</u>	21. Race - Sex	22. DOB
23. Residence Address <u>AREA LISTED</u>	24. Business or School Address	25. Home Phone	26. Bus. Phone
27. ID:	28. Last Name - First - Middle (Firm Name if Business)	29. Race - Sex	30. DOB
31. Residence Address	32. Business or School Address	33. Home Phone	34. Bus. Phone

SUSPECT	35. Last Name - First - Middle	36. Race - Sex	37. Age	38. Ht.	39. Wt.	40. Hr.	41. Eyes	42. DOB or ID	43. Arrested Yes ( ) No ( )
	44. Address - Clothing - Other Marks or Identifying Characteristics								
45. Juv. Other ( ) 2 Disp: Juv. Prob.		Juv. Ct. ( ) 5		Within Dept. ( ) 6		Detained ( ) 1		Not Detained ( ) 2	

SUSPECT	46. Last Name - First - Middle	47. Race - Sex	48. Age	49. Ht.	50. Wt.	51. Hr.	52. Eyes	53. DOB or ID	54. Arrested Yes ( ) No ( )
	55. Address - Clothing - Other Marks or Identifying Characteristics								
56. Juv. Other ( ) 2 Disp: Juv. Prob.		Juv. Ct. ( ) 5		Within Dept. ( ) 6		Detained ( ) 1		Not Detained ( ) 2	

ORIGINALLY REPORTED DOLLAR VALUES ARE CHANGED AS SHOWN BELOW

Cat.	A Currency Notes	B Jewelry Prec. Met.	C Clothing Furs	E Office Equip.	F T.V.-Radio Cameras	G Firearms	H Household Goods	I Consum. Goods	J Livestock	K Misc.
PS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
57. PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime) (1) <u>DRAWING / 219a PC 1101F</u> (2)	61. Original Offenses Changed to (Code-Crime) (1) (2)	58. Stolen Auto Value AEP: \$ _____	59. Recovered Auto Value AZ: \$ _____
--	---	-------------------------------------	---------------------------------------

62. Narrative of Supplemental Report <u>SEE NARRATIVE</u>	Reporting Off
	Reviewed By <u>[Signature]</u>
	COPIES TO
	VCLO ( )
	ACTORS
	APB Sent
	APB Cancl.
	APR Sent
	APR Cancl.
	DOJ-NCIC
Entered Cancl.	
STATE AMBI ANI	
9136	

Investigation:

Q191066025

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I attempted to contact Eng. Gardner at home, but he was not available, so he will be interviewed at a later time.

HEMET POLICE DEPARTMENT  
CA0330800

**SUPPLEMENTAL REPORT**

Date Prepared: 3-11-91

1. Original File No. <u>G191066035</u>	3. Off. ID <u>D251</u>	4. Dist.	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date/Time Occurred	9. Day
10. Date/Time Assigned	11. Date/Time Inv. Start <u>70 1245</u>	12. Date/Time Inv. Term. <u>70 1315</u>	13. Type Cir.	14. Type Cont.	15. Additional Adults Arr.	16. Additional Juv. Arr.	
17. Address of Occurrence (Street No. - Name - City)						18. Type of Place	

For ID USE: V = Victim, I = Informant, W = Witness, O = Other

19. ID: <u>V</u>	20. Last Name - First - Middle (Firm Name if Business) <u>JENSEN, TAYLOR</u>	21. Race - Sex	22. DOB
23. Residence Address <u>PREV LISTED</u>	24. Business or School Address	25. Home Phone	26. Bus. Phone
27.	28. Last Name - First - Middle (Firm Name if Business)	29. Race - Sex	30. DOB
31. Residence Address	32. Business or School Address	33. Home Phone	34. Bus. Phone

SUSPECT	35. Last Name - First - Middle	36. Race - Sex	37. Age	38. Ht.	39. Wt.	40. Hr.	41. Eyes	42. DOB or ID	43. Arrested Yes ( ) No ( )
	44. Address - Clothing - Other Marks or Identifying Characteristics								

45. Juv: Other ( ) 2 Disq: Juris. ( ) 2	Juv. Ct. Prob. ( ) 5	Within Dept. ( ) 6	Detained ( ) 1	Not Detained ( ) 2
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SUSPECT	46. Last Name - First - Middle	47. Race - Sex	48. Age	49. Ht.	50. Wt.	51. Hr.	52. Eyes	53. DOB or ID	54. Arrested Yes ( ) No ( )
	55. Address - Clothing - Other Marks or Identifying Characteristics								

56. Juv: Other ( ) 2 Disq: Juris. ( ) 2	Juv. Ct. Prob. ( ) 5	Within Dept. ( ) 6	Detained ( ) 1	Not Detained ( ) 2
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ORIGINALLY REPORTED DOLLAR VALUES ARE CHANGED AS SHOWN BELOW

Dist.	A Currency Notes	B Jewelry Prec. Met.	C Clothing Furs	E Office Equip.	F T.V.-Radio Cameras	G Firearms	H Household Goods	I Consum. Goods	J Livestock	K Misc.
PS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

60. Originally Reported Offenses (Code - Crime)	61. Original Offenses Changed to (Code-Crime)	62. Stolen Auto Value ASP: \$
1) <u>DRAWING / 289 R 1101F</u>	(1)	62. Registered Auto Value A2: \$
2)	(2)	

63. Narrative of Supplemental Report  
SEE NARRATIVE

Reporting Off: NEPHER J  
Reviewed By: [Signature]

COPIES TO:

VCLD ( )

APB Sent  
APB Concd.

APR Sent  
APR Concd.

DOJ/CIC  
Entered Concd.

STATE / ARK / ANI

**MEDICAL REPORT—SUSPECTED CHILD SEXUAL ABUSE**

**Record examination findings:** Penal Code § 13823.5 requires every physician who conducts a medical examination for evidence of child sexual abuse to use this form to record findings. Complete each part of the form and if an item is inapplicable, write N/A.

**Child abuse reporting law:** Penal Code § 11166 requires all professional medical personnel to report suspected child abuse, defined by Penal Code § 11165, immediately by telephone and submit a written report (DOJ SS 8572) within 36 hours to the local law enforcement agency, county department of social services or probation department. Professional medical personnel means any physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

**Minors:** Civil Code § 34.9 permits minors, 12 years of age or older, to consent to medical examination, treatment, and evidence collection related to a sexual assault without parental consent. Physicians are required, however, to attempt to contact the parent or legal guardian and note in the treatment record the date and time the attempted contact was made including whether the attempt was successful or unsuccessful. This provision is not applicable if the physician reasonably believes the parent or guardian committed the sexual assault on the minor. If applicable, check here ( ) and note date and time attempt to contact parents was made in the treatment record.

**Liability and release of information:** No civil or criminal liability attaches to filling out this form. Confidentiality is not breached by releasing this form or other relevant information contained in the medical records to law enforcement or child protective agencies (Penal Code § 11167).

**A. AUTHORIZATION FOR EXAM REQUESTED BY PATIENT/PARENT/GUARDIAN** (Note: Parental consent for an evidential examination is not required in cases of known or suspected child abuse. Contact a law enforcement or child protective service agency.)

I hereby request a medical examination for evidence of sexual abuse and treatment for injuries. I understand that collection of evidence may include photographing injuries and these photographs may include the genital area. I further understand that hospitals and physicians are required to notify child protective authorities of known or suspected child abuse and if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.

*Kathryn Meads*  
Patient/Parent/Guardian (circle)

I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Board of Control for out-of-pocket medical expenses, loss of wages, and job retraining and rehabilitation. I further understand that counseling is also a reimbursable expense.

*Kathryn Meads*  
Patient/Parent/Guardian (circle)

**B. AUTHORIZATION FOR EVIDENTIAL EXAM REQUESTED BY CHILD PROTECTIVE AGENCY**

I request a medical examination and collection of evidence for suspected sexual abuse of the patient at public expense.

X *Ken T. Coby* *HPD* *07084* *3-79*  
Law enforcement officer or child protective services Agency ID number Date

**C. GENERAL INFORMATION**

Name of Hospital: *IVERSIAE GENERAL HOSPITAL*

1. Name of patient: *MEADS BRITTANY K* Patient ID number: *645408*

2. Address: *2019 CARNATION AVE* City: *HEMET* State: *CA* Phone: *(714) 925-1457*

3. Age: *4* DOB: *12/3/86* Sex: *F* Race: *W* Date/time of arrival: *3/7/91 2243* Date/time of exam: *3/7/91 0030* Date/time of discharge: *3/7/91 0050*

4. Name of: ( ) Mother ( ) Stepmother ( ) Guardian Address: *2019 CARNATION AVE* City: *HEMET* State: *CA* Phone: *(714) 925-1457*

5. Name of: ( ) Father ( ) Stepfather ( ) Guardian Address: City: County: State: Phone: ( ) ( ) ( )

6. Siblings: Name DOB Name DOB Name DOB

7. Phone report made to: ( ) Law enforcement agency Name Agency ID number Phone

( ) Child protective services Name Agency ID number Phone

X Responding officer: *Ken T. Coby* Agency: *HPD* ID number: *07084* Phone: *658-2202*

DISTRIBUTION OF OCJP 925 **IDENTIFICATION INFORMATION**

ORIGINAL TO CHILD PROTECTIVE AGENCY REQUESTING EXAM;  
PINK COPY TO CRIME LAB (SUBMIT WITH EVIDENCE);  
YELLOW COPY TO HOSPITAL RECORDS

0000-00-000 J 99/20/21  
12/02/86 5 000-00-0000  
K INVTI183 50Y3K  
80 45 89

**MEDICAL REPORT - SUSPECTED CHILD SEXUAL ABUSE**

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Patient/Parent/Guardian (circle)

**B. AUTHORIZATION FOR EVIDENTIAL EXAM REQUESTED BY CHILD PROTECTIVE AGENCY**

I request a medical examination and collection of evidence for suspected sexual abuse of the patient at public expense.

Law enforcement officer or child protective services

Agency

ID number

**C. GENERAL INFORMATION**

Name of Hospital:

1. Name of patient

Patient ID number

2. Address

City

County

State

Phone

3. Age

DOB

Sex

Race

Date/time of arrival

Date/time of exam

Date/time of admission

4. Name of: ( ) Mother ( ) Stepmother ( ) Guardian

Address

City

County

State

5. Name of: ( ) Father ( ) Stepfather ( ) Guardian

Address

City

County

State

6. Siblings: Name

DOB

Name

DOB

Name

7. Phone report made to: ( ) Law enforcement agency.

Name

Agency

ID number

Phone

( ) Child protective services.

Name

Agency

ID number

Phone

8. Responding officer

Agency

ID number

Phone

DISTRIBUTION OF OCJP 925

16 HOSPITAL IDENTIFICATION

ORIGINAL TO CHILD PROTECTIVE AGENCY REQUESTING EXAM  
PINK COPY TO CRIMINAL JUSTICE WITH EVIDENCE  
YELLOW COPY TO HOSPITAL RECORDS

0000-00-000 3 98720/27  
X INVITING 5033  
88 54 08

**D. OBTAIN PATIENT HISTORY. RECORDER SHOULD ALLOW PATIENT OR OTHER PERSON PROVIDING HISTORY TO DESCRIBE INCIDENT(S) TO THE EXTENT POSSIBLE AND RECORD THE ACTS AND SYMPTOMS DESCRIBED BELOW. DETERMINE AND USE TERMS FAMILIAR TO THE PATIENT. FOLLOW-UP QUESTIONS MAY BE NECESSARY TO ENSURE THAT ALL ITEMS ARE COVERED.**

1. Name of person providing history: Detective Caskey Relationship to child: to child Address: 210 N Juanita St, Hamlet, CT 92348 City: Hamlet County: CT State: CT Phone: (M) 714-65 230

2. Chief complaint(s) of person providing history: younger sibling drowned today (accidental, bathful) found by coroner to have evidence of sexual abuse

3. Chief complaint(s) in child's own words: 0

4.  Less than 72 hours since incident(s) took place Date/time/location: unknown  Over 72 hours since incident(s) took place Date(s) or time frame/location: unknown

5. Identity of alleged perpetrator(s), if known: unknown Age: Sex: Race: Relationship to child:

6. Acts described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Vaginal contact						
Peris						
Finger						
Foreign object						
Describe the object						
Anal contact						
Peris						
Finger						
Foreign object						
Describe the object						
Oral copulation of genitals of victim by assailant of assailant by victim						
Oral copulation of anus of victim by assailant of assailant by victim						
Masturbation of victim by assailant of assailant by victim other						
Did ejaculation occur outside a body orifice? If yes, describe the location on the body:						
Foam, jelly, or condom used (circle)						
Lubricant used						
Fondling, licking or kissing (circle) If yes, describe the location on the body:						
Other acts:						

8. Symptoms described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Physical symptoms						
Abdominal/pelvic pain						
Vulvar discomfort or pain						
Dysuria						
Urinary tract infections						
Enuresis (daytime or nighttime)						
Vaginal itching						
Vaginal discharge						
Describe color, odor and amount below.						
Vaginal bleeding						
Rectal pain						
Rectal bleeding						
Rectal discharge						
Constipation						
Incontinent of stool (daytime or nighttime)						
Lapse of consciousness						
Vomiting						
Physical injuries, pain, or tenderness. Describe below.						
Behavioral/emotional symptoms						
Sleep disturbances						
Eating disorders						
School						
Sexual acting out						
Fear						
Anger						
Depression						
Other symptoms						

Additional information:

7. Post-assault hygiene/activity ( ) Not applicable if over 72 hours

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Urinated						
Defecated						
Genital wipe/wash						
Bath/shower						
Douche						
Removed/inserted tampon						
Brushed teeth						
Oral gargle/swish						
Changed clothing						

HOSPITAL IDENTIFICATION INFORMATION  
 0000-00-000 J 99/20/21  
 12/02/86 J 000-00-0000  
 HEADS BRITAIN  
 80 45 69

2-21-88 65-2702

OBTAIN PATIENT HISTORY. RECORDER SHOULD ALLOW PATIENT OR OTHER PERSON PROVIDING HISTORY TO RECORD TO THE BEST OF HIS/HER ABILITY AND RECORD THE ACTS AND SYMPTOMS DESCRIBED BELOW. TERMS FAMILIAR TO THE PATIENT. FOLLOW-UP QUESTIONS MAY BE NECESSARY TO INSURE THAT ALL INFORMATION IS OBTAINED.

1. Name of person providing history: Detective Cassey Relationship to child: to child Address: 210 N Juanita St, Hewitt, CA 92342 City: Hewitt County: CA State: CA

2. Chief complaint(s) of person providing history: younger sibling drowned today (accidental, bathtub) found by coroner to have evidence of sexual abuse.

3. Chief complaint(s) in child's own words: 0

4.  Less than 72 hours since incident(s) took place Date/time/location: unknown  Over 72 hours since incident(s) took place Date(s) or time frame/location: unknown

5. Identity of alleged perpetrator(s), if known: unknown Age:  Sex:  Race:  Relationship to child:

6. Acts described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
<b>Vaginal contact</b>						
Penis						
Finger						
Foreign object						
Describe the object						
<b>Anal contact</b>						
Penis						
Finger						
Foreign object						
Describe the object						
<b>Oral copulation of genitals of victim by assailant</b>						
<b>Oral copulation of anus of victim by assailant</b>						
<b>Masturbation of victim by assailant</b>						
<b>Other acts</b>						
<b>Did ejaculation occur outside a body orifice?</b>						
<b>If yes, describe the location on the body:</b>						
<b>Foam, jelly, or condom used (circle)</b>						
<b>Lubricant used</b>						
<b>Fondling, licking or kissing (circle)</b>						
<b>If yes, describe the location on the body:</b>						
<b>Other acts:</b>						
<b>Was force used upon patient? If yes, describe:</b>						

7. Post-assault hygiene/activity ( ) Not applicable if over 72 hours

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Urinated						
Defecated						
Genital wipe/wash						
Bath/shower						
Douche						
Removed/inserted tampon						
Brushed teeth						
Oral gargle/swish						
Changed clothing						

8. Symptoms described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
<b>Physical symptoms</b>						
Abdominal/pelvic pain						
Vulvar discomfort or pain						
Dysuria						
Urinary tract infections						
Enuresis (daytime or nighttime)						
Vaginal itching						
Vaginal discharge						
Describe color, odor and amount below:						
Vaginal bleeding						
Rectal pain						
Rectal bleeding						
Rectal discharge						
Constipation						
Incontinent of stool (daytime or nighttime)						
Lapse of consciousness						
Vomiting						
Physical injuries, pain, or tenderness. Describe below:						
<b>Behavioral/emotional symptoms</b>						
Sleep disturbances						
Eating disorders						
School						
Sexual acting out						
Fear						
Anger						
Depression						
Other symptoms						
<b>Additional information:</b>						

HOSPITAL IDENTIFICATION NUMBER: 04054 65-2702

0000-00-000 3 98/20/

ANYLINE 80 15

**E. OBTAIN PERTINENT PAST MEDICAL HISTORY**

1. Menarche age ( <input checked="" type="checkbox"/> N/A)	Date of last menstrual period ( <input checked="" type="checkbox"/> N/A)	Use of tampons ( ) Yes ( ) No ( <input checked="" type="checkbox"/> N/A)	History of Vaginitis ( ) Yes ( <input checked="" type="checkbox"/> No) ( ) N/A
---	---	---	---

2. Note pre-existing physical injuries ( ) N/A *0*

3. Pertinent medical history of anal-genital injuries, surgeries, diagnostic procedures, or medical treatment? ( ) Yes ( No) If yes, describe

4. Previous history of child abuse? ( ) Yes ( No) ( ) Unknown. If known, describe

**F. CONDUCT A GENERAL PHYSICAL EXAM AND RECORD FINDINGS. COLLECT AND PRESERVE EVIDENCE FOR EVIDENTIAL EXAM.**

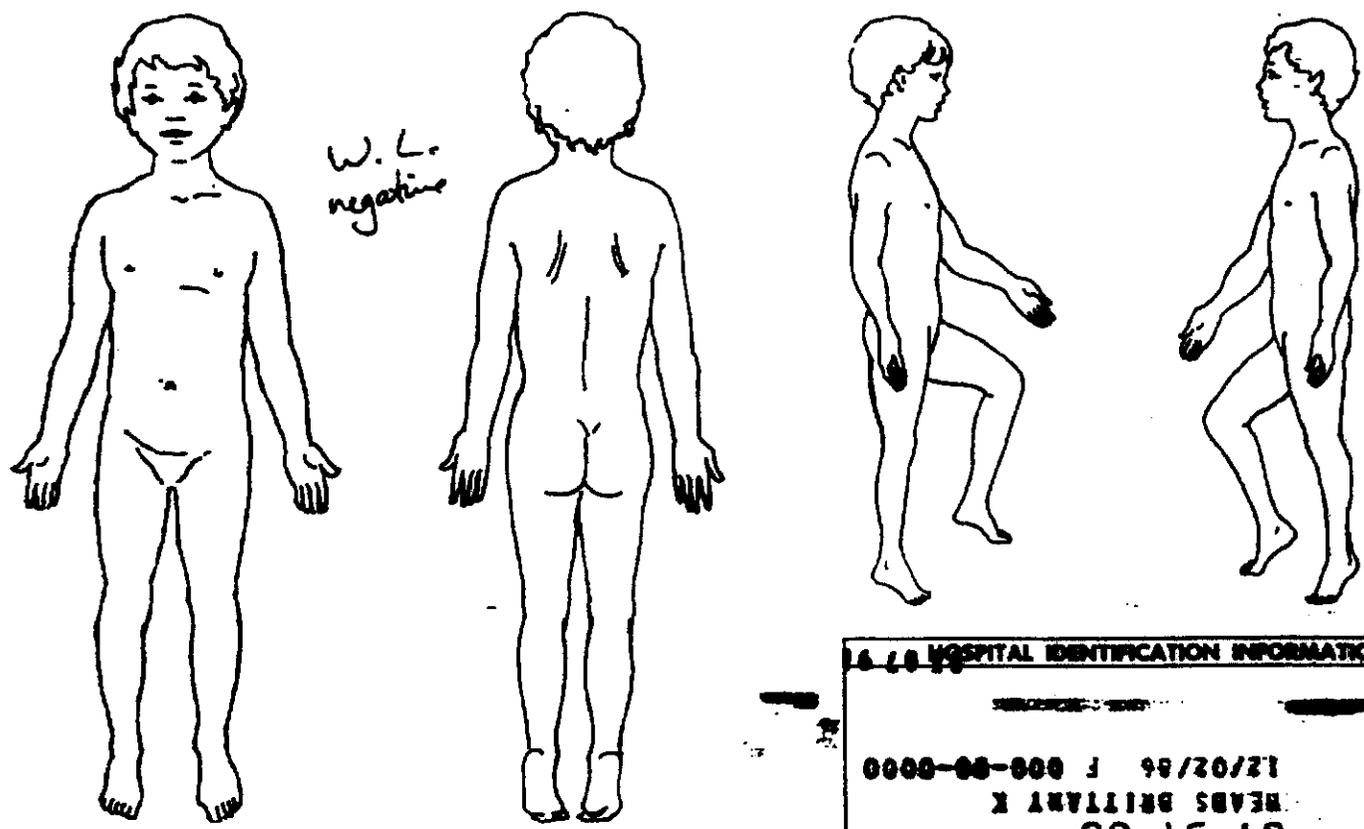
1. Blood pressure —	Pulse 112	Temperature 98.3	Respiration 20	Include percentiles for children under six Height Weight 32
------------------------	--------------	---------------------	-------------------	---

2. Record general physical condition noting any abnormality ( Within normal limits)

- Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, and burns.
- Record size and appearance of injuries. Note swelling and areas of tenderness.
- Examine for evidence of physical neglect.
- Take a GC culture from the oropharynx as a base line. Take other STD cultures as indicated. Provide prophylaxis.

**IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT(S):**

- Note condition of clothing upon arrival (rips, tears, or foreign materials) if applicable. Use space below to record observations.
- Collect outer and underclothing if worn during or immediately after the incident.
- If applicable, collect fingernail scrapings.
- Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp. Identify location on diagrams.
- Scan the entire body with a Wood's Lamp. Swab each suspicious substance or fluorescent area with a separate swab. Label Wood's Lamp findings "W.L."
- Examine the oral cavity for injury and the area around the mouth for seminal fluid. Note frenulum trauma. If indicated by history: Swab the area around the mouth. Collect 2 swabs from the oral cavity up to 6 hours post-assault for seminal fluid. Prepare two dry mount slides.
- Collect saliva and head hair reference samples at the time of the exam if required by crime lab and if there is a need to compare them to a suspect.
- Record specimens collected on Section 7.



<b>HOSPITAL IDENTIFICATION INFORMATION</b>	
0000-00-000 J	99/20/21
12/02/86 F 000-00-0000	HEARS BRITANY K
	80 54 08

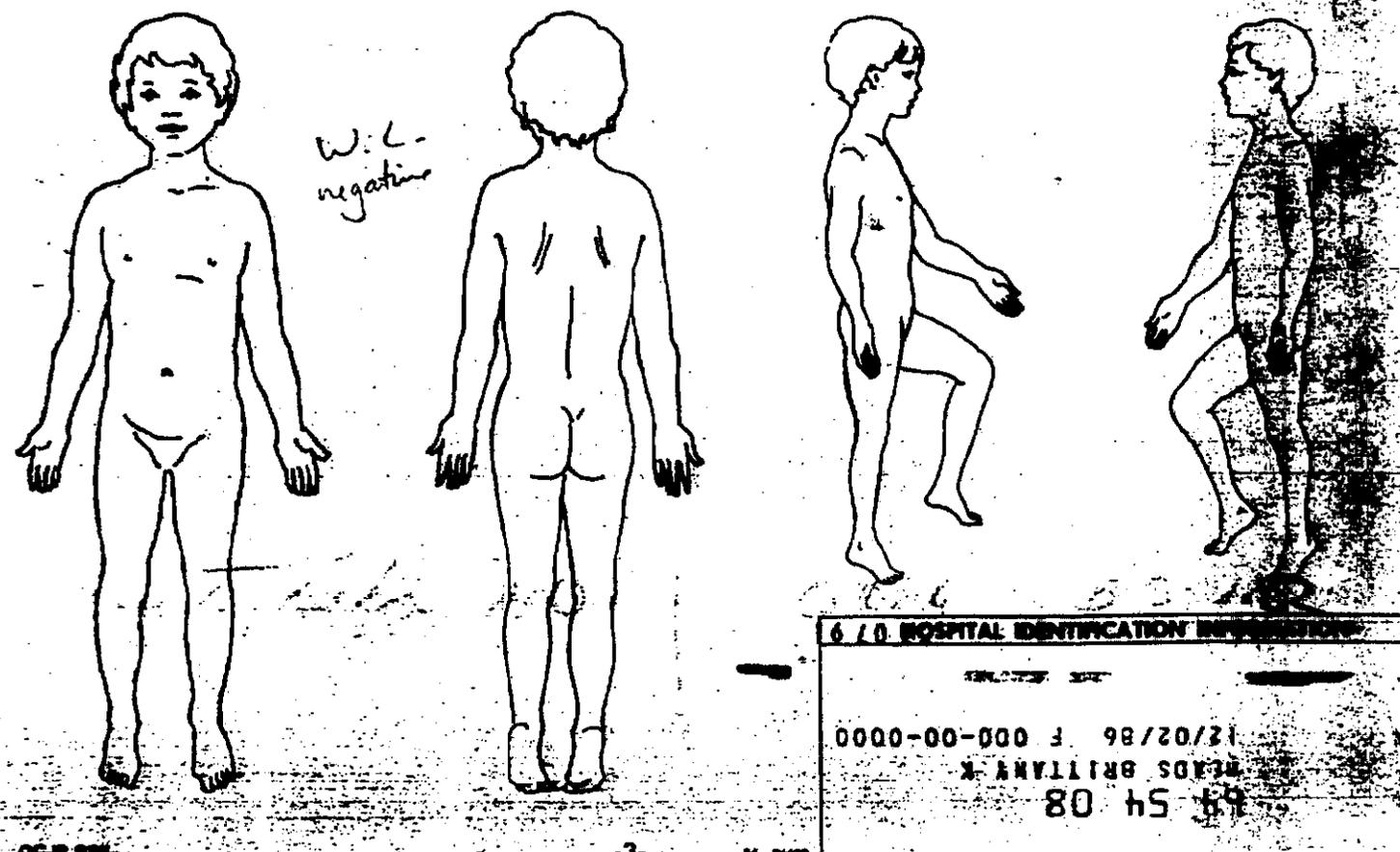
**E. OBTAIN PERTINENT PAST MEDICAL HISTORY**

1. Menstrual age ( <input checked="" type="checkbox"/> N/A)	Date of last menstrual period ( <input checked="" type="checkbox"/> N/A)	Use of tampons ( ) Yes ( ) No ( <input checked="" type="checkbox"/> N/A)	History of Vaginitis ( ) Yes ( <input checked="" type="checkbox"/> No) ( ) N/A
2. Note pre-existing physical injuries ( ) N/A			
3. Pertinent medical history of anal-genital injuries, surgeries, diagnostic procedures, or medical treatment? ( ) Yes ( <input checked="" type="checkbox"/> No... if yes, describe:			
4. Previous history of child abuse? ( ) Yes ( <input checked="" type="checkbox"/> ) No ( ) Unknown. If known, describe			

**F. CONDUCT A GENERAL PHYSICAL EXAM AND RECORD FINDINGS. COLLECT AND PRESERVE EVIDENCE FOR FORENSIC EXAM.**

1. Blood pressure	Pulse 712	Temperature 98.3	Respiration 20	Include percentiles for children under six Height	Weight 32
2. Record general physical condition noting any abnormality				( <input checked="" type="checkbox"/> ) Within normal limits	

- Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, and burns.
- Record size and appearance of injuries. Note swelling and areas of tenderness.
- Examine for evidence of physical neglect.
- Take a GC culture from the oropharynx as a base line. Take other STD cultures as indicated. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT(S):
- Note condition of clothing upon arrival (rips, tears, or foreign materials) if applicable. Use space below to record observations.
- Collect outer and underclothing if worn during or immediately after the incident.
- If applicable, collect fingernail scrapings.
- Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp. Identify location.
- Scan the entire body with a Wood's Lamp. Swab each suspicious substance or fluorescent area with a separate swab. Label Wood's Lamp findings "W.L."
- Examine the oral cavity for injury and the area around the mouth for seminal fluid. Note frenulum trauma. If indicated by history, swab the area around the mouth. Collect 2 swabs from the oral cavity up to 6 hours post-assault for seminal fluid. Prepare two dry swabs.
- Collect saliva and head hair reference samples at the time of the exam if required by crime lab and if there is a need to compare to a suspect.
- Record specimens collected on Section 7.



Optional: Take photographs of genitals before and after exam.

Record injuries and findings on genital diagrams: abrasions, erythema, bruises, tears/transitions, scars, distortions or other lesions. Draw genital chart on next page to record additional descriptive information.

3. External genitalia:

- Examine the external genitalia and perianal area including inner thighs for injury.
- For boys, take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
- Collect dried and moist secretions and foreign materials. Identify location on diagrams.
- Pubertal children: Cut matted pubic hair. Comb pubic hair to collect foreign materials. Collect pubic hair reference samples at time of exam if required by crime lab and if there is a need to compare them to a suspect.
- Scan area with Wood's Lamp. Swab each suspicious substance or fluorescent area. Label Wood's Lamp findings "W.L."
- For boys, collect 2 penile swabs if indicated. Collect one swab from the urethral meatus and one swab from the glans and shaft. Take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
- Record specimens collected on Section 7.

4. Vagina

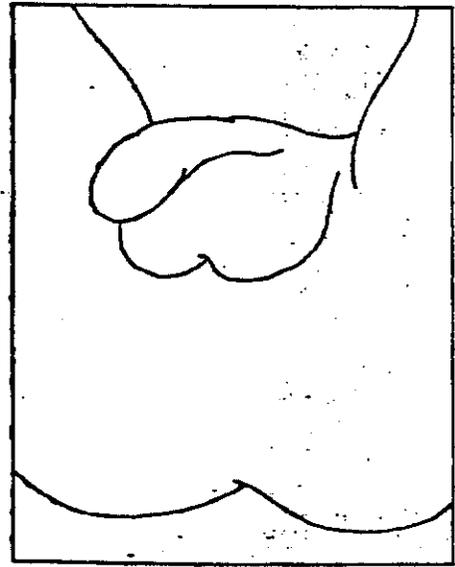
- Examine for injury and foreign materials.
- Pre-pubertal girls with intact hymen/normal vaginal orifice: No speculum exam necessary.
- Pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Only conduct a speculum exam if major trauma is suspected and use pediatric speculum.
- Take a GC culture from the vaginal introitus in pre-pubertal girls with intact hymen/normal vaginal orifice; from the vagina in pubertal girls with non-intact hymen and/or enlarged vaginal orifice; and, the endocervix in adolescents. Take other STD cultures as indicated. Provide prophylaxis.
- Obtain pregnancy test (blood or urine) from pubertal girls.
- IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
- Pre-pubertal girls with intact hymen/normal vaginal orifice: Collect 2 swabs from the vulva.
- Adolescents or pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Collect 3 swabs from vaginal introitus, 1 wet mount and 2 dry mount slides. Examine wet mount for sperm and trichomonas.
- Record specimens collected on Section 7.

5. Anus and rectum

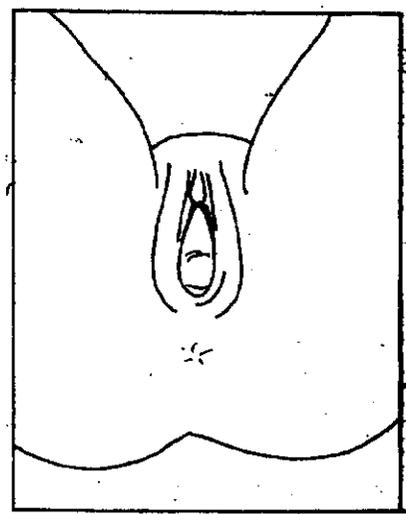
- Examine the buttocks, perianal skin, and anal folds for injury.
- Conduct an anoscopic or proctoscopic exam if rectal injury is suspected.
- Take a GC culture from the rectum. Take other STD cultures as indicated. Provide prophylaxis.
- Take blood for syphilis serology. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT:
- Collect dried and moist secretions and foreign materials. Foreign materials may include lubricants and fecal matter.
- If indicated by history and/or findings: Collect 2 rectal swabs and prepare 2 dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and relaxing the anus using the lateral or knee-chest position prior to insertion of swabs.
- Record specimens collected on Section 7.

DRAW SHAPE OF ANUS AND ANY LESIONS ON GENTALIA, PERINEUM, AND BUTTOCKS

DRAW SHAPE OF HYMEN AND ANUS AND ANY LESIONS ON GENTALIA, PERINEUM, OR BUTTOCKS



nl. size of interior



nl. size of interior  
vulva dis-  
charge  
or any  
lesions  
or other

HOSPITAL IDENTIFICATION INFORMATION

0000-00-000 1 98/20

LABORATORY

98

Optional: Take photographs of genitals before and after exam.

Record injuries and findings on anal-genital diagrams: abrasions, erythema, bruises, tears/transsections, scars, distortions or adhesions, etc. Use anal-genital chart on next page to record additional descriptive information.

### 3. External genitalia

- Examine the external genitalia and perianal area including inner thighs for injury.
  - For boys, take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
- Collect dried and moist secretions and foreign materials. Identify location on diagrams.
  - Pubertal children: Cut matted pubic hair. Comb pubic hair to collect foreign materials. Collect pubic hair reference samples at time of exam if required by crime lab and if there is a need to compare them to a suspect.
  - Scan area with Wood's Lamp. Swab each suspicious substance or fluorescent area. Label Wood's Lamp findings "W.L."
  - For boys, collect 2 penile swabs if indicated. Collect one swab from the urethral meatus and one swab from the glans and shaft. Take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
  - Record specimens collected on Section 7.

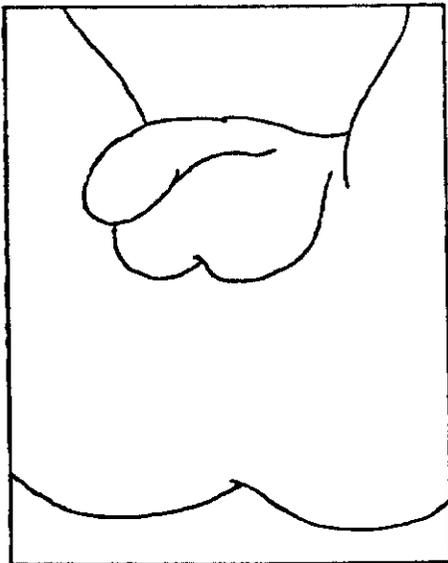
### 4. Vagina

- Examine for injury and foreign materials.
  - Pre-pubertal girls with intact hymen/normal vaginal orifice: No speculum exam necessary.
  - Pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Only conduct a speculum exam if major trauma is suspected and use pediatric speculum.
  - Take a GC culture from the vaginal introitus in pre-pubertal girls with intact hymen/normal vaginal orifice; from the vagina in pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice; and, the endocervix in adolescents. Take other STD cultures as indicated. Provide prophylaxis.
  - Obtain pregnancy test (blood or urine) from pubertal girls.
- IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
- Pre-pubertal girls with intact hymen/normal vaginal orifice: Collect 2 swabs from the vulva.
  - Adolescents or pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Collect 3 swabs from vaginal pool. Prepare 1 wet mount and 2 dry mount slides. Examine wet mount for sperm and trichomonas.
  - Record specimens collected on Section 7.

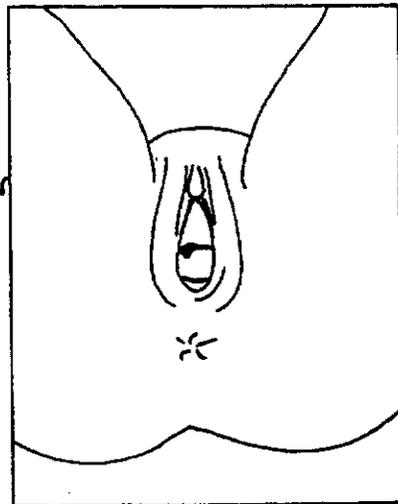
### 5. Anus and rectum

- Examine the buttocks, perianal skin, and anal folds for injury.
  - Conduct an anoscopic or proctoscopic exam if rectal injury is suspected.
  - Take a GC culture from the rectum. Take other STD cultures as indicated. Provide prophylaxis.
  - Take blood for syphilis serology. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT:
- Collect dried and moist secretions and foreign materials. Foreign materials may include lubricants and fecal matter.
  - If indicated by history and/or findings: Collect 2 rectal swabs and prepare 2 dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and relaxing the anus using the lateral or knee-chest position prior to insertion of swabs.
  - Record specimens collected on Section 7.

DRAW SHAPE OF ANUS AND ANY LESIONS ON GENITALIA, PERINEUM, AND BUTTOCKS



DRAW SHAPE OF HYMEN AND ANUS AND ANY LESIONS ON GENITALIA, PERINEUM, OR BUTTOCKS



nl size  
of introitus

no erythema  
no tears  
or abrasion  
no vag dis-  
charge  
no anal  
stretching  
or laceration

LABORATORY IDENTIFICATION INFORMATION

8000-00-000 J 12/02/81  
REDS EXITARY X  
80 45 49

6. Anal-genital chart

Female/Male General	WNL	ABN	Describe	Male	WNL	ABN	Describe
Tanner stage				Penis	<input type="checkbox"/>	<input type="checkbox"/>	
Breast 1 2 3 4 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Circumcised			
Genitals 1 2 3 4 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inguinal adenopathy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Urethral Meatus	<input type="checkbox"/>	<input type="checkbox"/>	
Medial aspect of thighs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Scrotum	<input type="checkbox"/>	<input type="checkbox"/>	
Perineum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Testes	<input type="checkbox"/>	<input type="checkbox"/>	

Female/Male Anus	WNL	ABN	Describe
Buttocks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Perianal skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Anal verge/folds/rugae	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Female	WNL	ABN	Describe
Labia majora	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clitoris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Labia minora	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Periurethral tissue/urethral meatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Perihymenal tissue (vestibule)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hymen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Record diameter of hymen and check measurement used:			
<input type="checkbox"/> Horizontal			1 cm
<input type="checkbox"/> Vertical			
Posterior fourchette	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fossa Navicularis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other			
Exam position used:			
<input checked="" type="checkbox"/> Supine			
<input type="checkbox"/> Knee chest			

Anal spasm	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Anal laxity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note presence of stool in rectal ampulla	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of exam for anal tone (discretion of examiner)	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> Digital exam
Exam position used:	<input checked="" type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Lateral recumbent
Anoscopic exam	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Proctoscopic exam	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Genital exam done with:	<input checked="" type="checkbox"/> Direct visualization <input type="checkbox"/> Colposcope <input type="checkbox"/> Hand held magnifier

HOSPITAL IDENTIFICATION INFORMATION  
 16282  
 0000-00-000 J 08/02/06 12/02/06  
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 84-54 08  
 80 45 49

**Anal-genital chart**

Female/Male General	WNL	ABN	Describe	Male	WNL	ABN	Describe
Tanner stage				Penis	<input type="checkbox"/>	<input type="checkbox"/>	
Breast 1 2 3 4 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Circumcised			
Genitals 1 2 3 4 5	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inguinal adenopathy	<input type="checkbox"/>	<input type="checkbox"/>		Urethral Meatus	<input type="checkbox"/>	<input type="checkbox"/>	
Medial aspect of thighs	<input type="checkbox"/>	<input type="checkbox"/>		Scrotum	<input type="checkbox"/>	<input type="checkbox"/>	
Perineum	<input type="checkbox"/>	<input type="checkbox"/>		Testes	<input type="checkbox"/>	<input type="checkbox"/>	
				<b>Female/Male Anus</b>	<b>WNL</b>	<b>ABN</b>	<b>Describe</b>
Vulvovaginal/urethral discharge	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	
Condylomata acuminata	<input type="checkbox"/>	<input type="checkbox"/>		Perianal skin	<input type="checkbox"/>	<input type="checkbox"/>	
				Anal verge/folds/rugae	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Female</b>	<b>WNL</b>	<b>ABN</b>	<b>Describe</b>	Tone	<input type="checkbox"/>	<input type="checkbox"/>	
Labia majora	<input type="checkbox"/>	<input type="checkbox"/>		Anal spasm			
Clitoris	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Labia minora	<input type="checkbox"/>	<input type="checkbox"/>		Anal laxity			
Periurethral tissue/urethral meatus	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Perilymphatic tissue (vestibule)	<input type="checkbox"/>	<input type="checkbox"/>		Note presence of stool in rectal ampulla			
Hymen	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Record diameter of hymen and check measurement used:				Method of exam for anal tone (discretion of examiner)			
<input type="checkbox"/> Horizontal				<input type="checkbox"/> Observation			
<input type="checkbox"/> Vertical				<input type="checkbox"/> Digital exam			
Posterior fourchette	<input type="checkbox"/>	<input type="checkbox"/>		Exam position used:			
Fossa Navicularis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Supine			
Vagina	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Prone			
Other				<input type="checkbox"/> Lateral recumbent			
Exam position used:				Anoscopic exam			
<input type="checkbox"/> Supine				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Prone				Proctoscopic exam:			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Genital exam done with:			
				Direct visualization	<input type="checkbox"/>		
				Colposcope	<input type="checkbox"/>		
				Hand held magnifier	<input type="checkbox"/>		

**HOSPITAL IDENTIFICATION INFORMATION:**

18 07 80

0000-00-000 J 98/20221

000-00-0000

1 ANVILLING SOUTH

80 55 08

7. Record evidential and specimens collected.

FOR EVIDENTIAL EXAMS CONDUCTED WITHIN 72 HOURS OF ALLEGED INCIDENT

ALL SWABS AND SLIDES MUST BE AIR DRIED PRIOR TO PACKAGING (PENAL CODE § 13823.11). AIR DRY UNDER A STREAM OF COOL AIR FOR 60 MINUTES. Swabs and slides must be individually labeled, coded to show which slides were prepared from which swabs, and time taken. All containers (tubes, bindles, envelopes) for individual items must be labeled with the name of the patient, contents, location of body where taken, and name of hospital. Package small containers in a larger envelope and record chain of custody. See the State of California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims published by the state Office of Criminal Justice Planning, 1130 K Street, Sacramento, California 95814 (916) 324-9100 for additional information.

SPECIMENS FOR PRESENCE OF SEMEN, SPERM MOTILITY, AND TYPING TO CRIME LAB

	Swabs	Dry Mount Slides	Yes No N/A			Taken by	Time
			Yes	No	N/A		
Oral				/			
Vaginal				/			
Rectal				/			
Vulvar				/			
Penile				/			

Vaginal wet mount slide examined for spermatozoa and trichomonas, dried, and submitted to crime lab

	Yes	No	N/A	Taken by	Time
Motile sperm observed		/			
Non-motile sperm observed		/			

OTHER EVIDENCE TO CRIME LAB

	Yes	No	N/A	Taken by
Clothing		/		
Fingernail scrapings		/		
Foreign materials on body		/		
Blood		/		
Dried secretions		/		
Fiber/loose hair		/		
Vegetation		/		
Dirt/gravel/glass		/		
Matted pubic hair cuttings		/		
Pubic hair combings		/		
Comb		/		
Swabs of bite marks		/		
Control swabs		/		
Photographs		/		
Area of body		/		
Type of camera		/		
Other		/		

REFERENCE SAMPLES AND TOXICOLOGY SCREENS TO CRIME LAB

Reference samples can be collected at the time of the exam or at a later date according to crime lab policies if there is a need to compare them to a suspect. Toxicology screens should be collected at the time of the exam upon the recommendation of the physical examiner, law enforcement officer, or child protective services.

	Yes	No	N/A	Taken by
Reference samples		/		
Blood typing (yellow top tube)		/		
Saliva		/		
Head hair		/		
Pubic hair		/		
Toxicology screens		/		
Blood/alcohol toxicology (gray top tube)		/		
Urine toxicology		/		

CLINICAL EVIDENCE TO HOSPITAL LAB

	Yes	No	N/A	Taken by
Syphilis serology (red top tube)		/		
STD culture		/		
Oral		/		
Vaginal		/		
Rectal		/		
Penile		/		
Pregnancy test		/		
Blood (red top tube) or urine		/		

PERSONNEL INVOLVED (print)

PHONE

History taken by:	M Bauer MD	358-7074
Physical examination performed by:	M Bauer MD	u
Specimens labeled and sealed by:	<i>[Signature]</i>	
Assisting nurse:		
Family assessment taken by: ( ) N/A ( ) Report attached		
Additional narrative prepared by physician: ( ) N/A ( ) Report attached		

FINDINGS AND FOLLOW-UP

Report of child sexual abuse, exam reveals:

- PHYSICAL FINDINGS  NO PHYSICAL FINDINGS
- Exam consistent with history  Exam consistent with history
- Exam inconsistent with history  Exam inconsistent with history

SUMMARY OF PHYSICAL FINDINGS:

- Oral trauma  Genital trauma
- Perineal trauma  Anal trauma
- Hymenal trauma
- Other findings consistent/inconsistent (circle one) with history as follows:

Follow-up arranged: ( ) Yes ( ) No  
 Child released to: Parents

PHYSICAL EXAMINER

Print name of examiner: Mark Bauer MD  
 Signature of examiner: *[Signature]*  
 License number of examiner: 661086

LAW ENFORCEMENT/CHILD PROTECTIVE SERVICES

I have received the indicated items of evidence and the original of this report.

Law enforcement officer or child protective services: [Signature]  
 Agency: [Signature] ID number: 00730721 Date: 06/20/21

HOSPITAL INVESTIGATION INFORMATION

80 65 49

0000-00-000-1 99/28/21

0000-00-000-1 99/28/21

7. Record evidential and specimens collected.

ALL SWABS AND SLIDES MUST BE AIR DRIED (UNDER A STREAM OF COOL AIR FOR 48 HOURS). Swabs and slides must be individually labeled, coded to show which slides were prepared from which swabs, and time taken. All containers (tubes, bins, envelopes) for individual items must be labeled with the name of the patient, contents, location of body where taken, and name of hospital. Package small containers in a larger envelope and record chain of custody. See the State of California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims published by the state Office of Criminal Justice Planning, 1130 K Street, Sacramento, California 95814 (916) 324-9100 for additional information.

SPECIMENS FOR PRESENCE OF SEMEN, SPERM MOTILITY, AND TYPING TO CRIME LAB

	Swabs	Dry Mount Slides	Yes	No	N/A	Taken by	Time
Oral							
Vaginal							
Rectal							
Vulvar							
Penile							

Vaginal wet mount slide examined for spermatozoa and trichomonads, dried, and submitted to crime lab

	Yes	No	N/A	Taken by	Time
Motile sperm observed					
Non-motile sperm observed					

OTHER EVIDENCE TO CRIME LAB

	Yes	No	N/A	Taken by
Clothing				
Fingernail scrapings				
Foreign materials on body				
Blood				
Dried secretions				
Fiber/loose hair				
Vegetation				
Dirt/gravel/glass				
Matted public hair cuttings				
Public hair combs				
Combs				
Swabs of bite marks				
Control swabs				
Photographs				
Area of body				
Type of camera				
Other				

REFERENCE SAMPLES AND TOXICOLOGY SCREENS TO CRIME LAB

Reference samples can be collected at the time of the exam or at a later date according to crime lab policies if there is a need to compare them to a suspect. Toxicologic screens should be collected at the time of the exam upon the recommendation of the physical examiner, law enforcement officer, or child protective services.

	Yes	No	N/A	Taken by
Reference samples				
Blood typing (yellow top tube)				
Saliva				
Head hair				
Pubic hair				

	Yes	No	N/A	Taken by
Toxicology screens				
Blood alcohol				

CLINICAL EVIDENCE TO HOSPITAL LAB

	Yes	No	Indeterminate
Specimens for culture (red top tube)			
Oral			
Vaginal			
Rectal			
Penile			
Pregnancy test Blood (red top tube) or urine			

PERSONNEL INVOLVED (print name) PHONE

History taken by:	M Bauer MD	358-707
Physical examination performed by:	M Bauer MD	11
Specimens labeled and sealed by:	J	
Assisting nurse:		
Family assessment taken by: ( ) N/A ( ) Report attached		
Additional narrative prepared by physician: ( ) N/A ( ) Report attached		

FINDINGS AND FOLLOW-UP

Report of child sexual abuse, exam reveals

PHYSICAL FINDINGS  NO PHYSICAL FINDINGS

Exam consistent with history  Exam inconsistent with history

Exam inconsistent with history  Exam inconsistent with history

SUMMARY OF PHYSICAL FINDINGS:

Oral trauma  Genital trauma

Perineal trauma  Anal trauma

Hygienal trauma

Other findings consistent/inconsistent (circle one) with history as follows:

Follow-up arranged: ( ) Yes ( ) No

Child released to: Parents

PHYSICAL EXAMINER

Print name of examiner: Mark Bauer MD

Signature of examiner: [Signature]

License number of examiner: 661086

LAW ENFORCEMENT/CHILD PROTECTIVE SERVICES

I have received the indicated items of evidence and reviewed a copy of this report.

Law enforcement officer or child protective services: [Signature]

Agency: [Signature] ID number: [Signature] Date: [Signature]

80

6-10-80

930312CCC3272

*Exhibit #4*

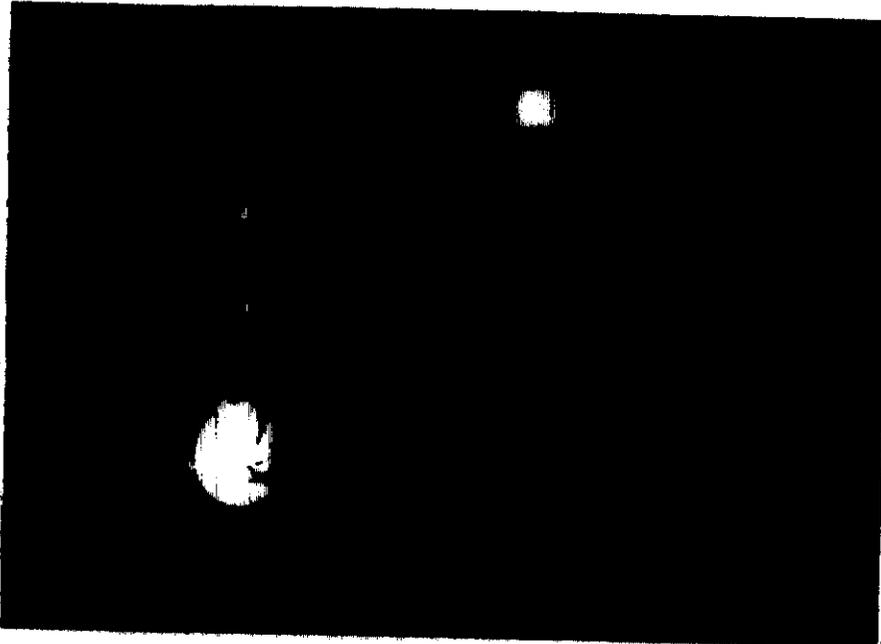


PHOTO #1 Bath Tub Seat

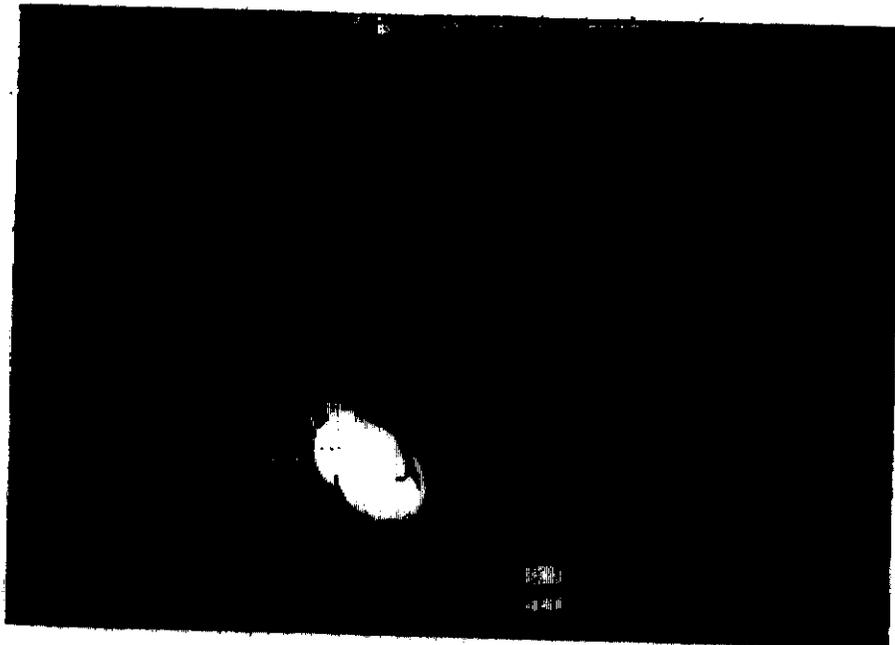


PHOTO #2 Bottom of seat

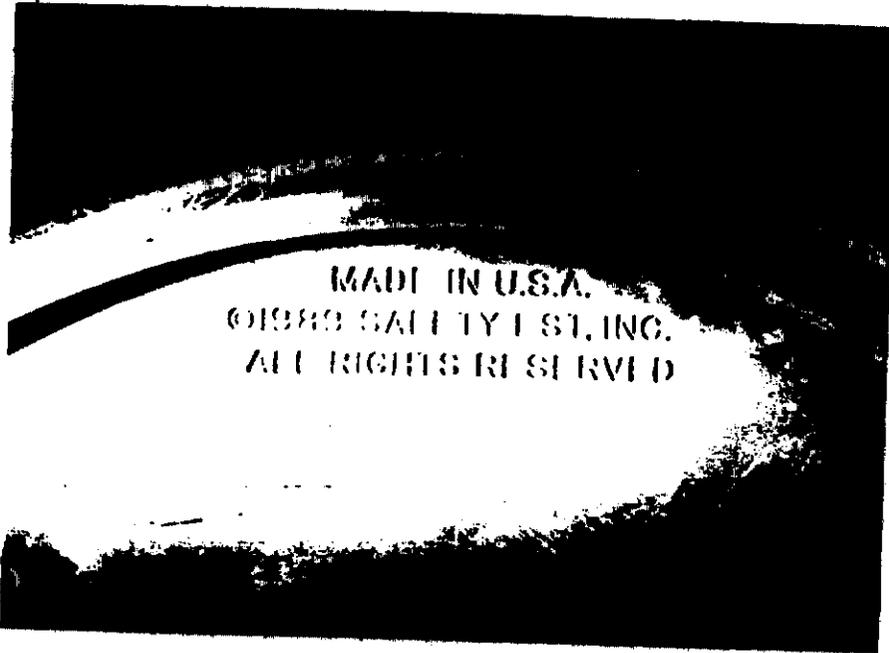


PHOTO #3 Label

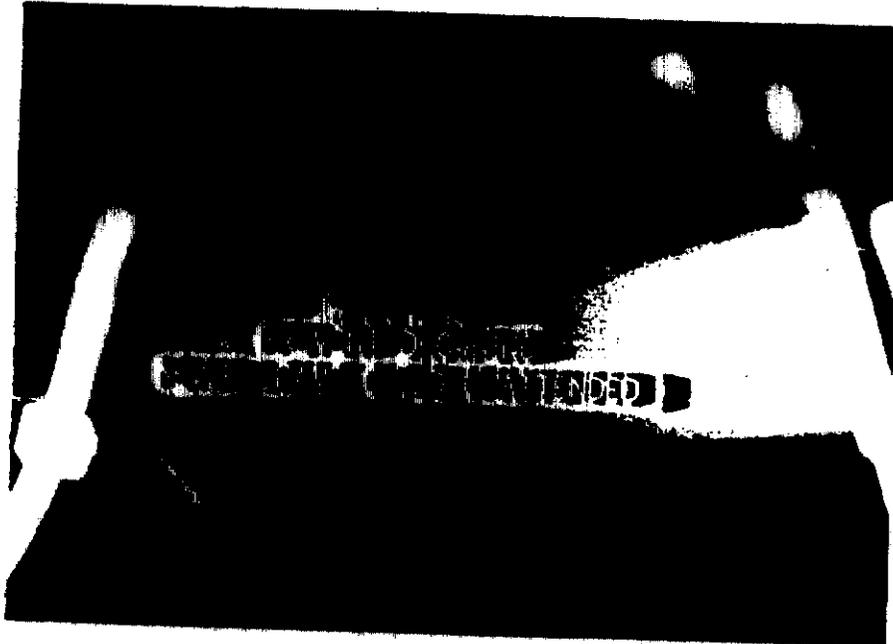


PHOTO #4 Label

930312CCC3272



PHOTO #5 Suction cups

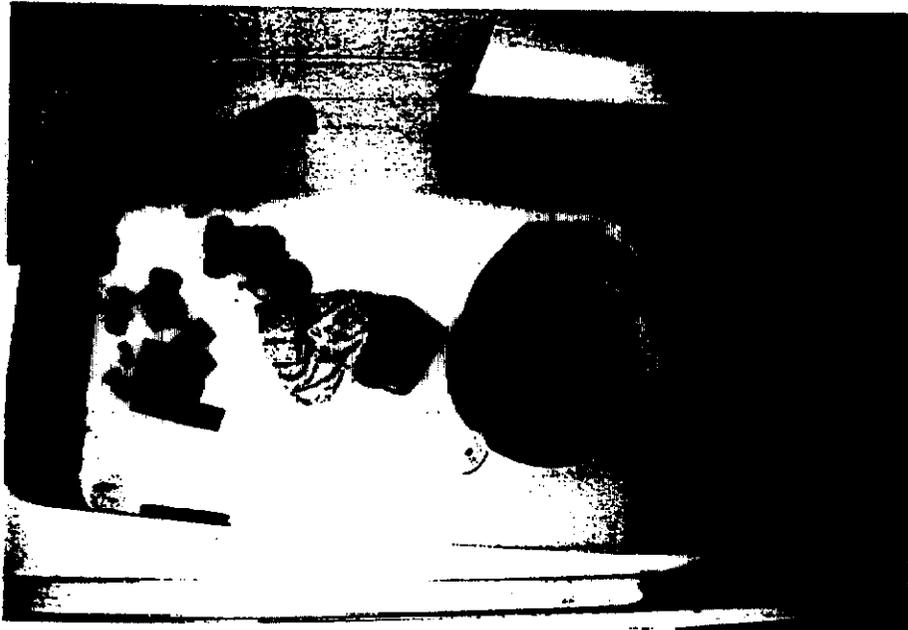


PHOTO #6 Seat in tub at  
scene of event

22 SEP 1997

EHDS

11  
9

1. CASE NO. 970717CBB2337		2. INVESTIGATOR'S ID [8][1][4][0]		3. OFFICE CODE [8][3][0]		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>	
4. DATE OF INCIDENT YR MO DAY 97 07 15		5. DATE INVESTIGATION INITIATED		YR MO DAY [9][7][0][7][1][8]			
6. SYNOPSIS OF INCIDENT OR COMPLAINT. A woman put her 8 month old girl into a bathtub seat in a bathtub. She ran water in the tub. A two year old boy was also put in the tub. The mother went to answer the telephone. When she returned, the tub seat and the baby were tipped on the side. Her head was under water. There was about eight inches of water in the tub. A neighbor tried CPR, and the unconscious baby was taken by ambulance to a hospital, where she died. The unit was not obtained as a sample.							
7. LOCATION (Home, school, etc.) Home [1][0]			8. CITY Cicero			9. STATE IL	
10A. FIRST PRODUCT bathtub seat [1][5][5][7]			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS First Years Inc. Avon, MA 02322, model 3124.				
10B. SECOND PRODUCT bathtub [0][6][1][1]			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown				
12. AGE OF VICTIM [2][0][8]		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [2] UNKNOWN - 3		14. DISPOSITION DOA [8]		15. INJURY DIAGNOSIS drowning [6][5]	
16. BODY PART all parts [8][5]		17. RESPONDENT(S) (Mother, Friend) Police Department, Med. Examiner [2]		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [3] OTHER - 3		19. TIME SPENT Hours [0][6].[0] Travel [2].[0]	
20. ATTACHMENTS [9] police, report, photos		21. CASE SOURCE [0][5] News reporter		2. REVIEWED BY YR MO DAY [8][3][1][1] [9][7][10][11][11] 970917			
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [ X ]							
24. NARRATIVE (See Instructions on Page 2)						25. REGIONAL OFFICE DIRECTOR REVIEW DATE	

25/2

MFR/RYLSE NOTIFIED

2/29/99

~~No Comments made~~

~~Comments attached~~

~~Excisions/Revisions~~

~~Firm has not requested further notice~~

IDI 970717CBB2337

PRE-ACCIDENT:

I contacted the Fire Investigator. He told me the local Police Department has an incident report and the bathtub seat. I visited the police station and took photos of the seat.

An 8 month old baby girl was put in a bathtub seat when water was being put in the tub. The seat's safety strap was buckled to keep her in place. The seat was near the bathtub faucets. The seat was in a slight leftward angle but facing away from the faucets. Her 2 year old brother was also in the tub. He was facing toward the victim. The water was only about three inches deep at the time the mother went to answer the phone.

ACCIDENT:

When the woman came back into the bath room she found the baby and the seat on its right side. The victim's feet were still in the seat. The baby was lying on its back, with its head facing up, but under water. According to the police detective, the mother unplugged the bathtub drain and took the baby out of the water.

The two year old boy was still in the bathtub playing with some toys. The water depth was about eight inches at this time.

POST-ACCIDENT:

The victim was unresponsive. The mother called to her neighbors in the building. One of them used CPR to try to revive the victim. An ambulance was called. The paramedics used oxygen and CPR. The victim was pronounced dead in the hospital emergency room.

The police were notified because they investigate all deaths involving children. The mother said "the baby was very energetic. She may have been reaching for a toy when the seat tipped over." Attempts to reach the victim's family were not successful. No new data was obtained from them.

PRODUCT IDENTIFICATION:

This product is a "First Years" brand bath tub seat for young children. It had the term "9041" on the underside of the base. The term "JA1602" was on the plastic belt buckle. It was made of rigid blue and white plastic. It had three large suction cups spaced around the bottom of the seat. There was a warning embossed on the top of the front restraining piece of the seat, but it was white on white. This made it hard to see and read. It said: "WARNING: Prevent drowning. Never leave child unattended."

IDI 970717CBB2337

There are three balls, (cherry, purple, yellow) on the top bar.

The bathtub seat restraining bar is in the shape of a circle with one edge flat. The top opening is 8.5" by 9.0". The base to top area is 9" high. The suction cups have a 2.5" diameter. The seat base outer dimensions are 15" long, 14" wide. The seat is 12" wide. The base is blue. The top is white. The seat states: "Made in Canada."

The shipping case on a new unit seen in a store had the labeling: "The First Years Inc. Avon, MA 02322. for 6-24 months. Adjustable bath seat model 3124. Not for use in bathtubs with non-slip strips or non-stick surfaces." The parent firm is Kidde Products Inc., 1 Kidde Dr., Avon, MA 02322.

STANDARDS:

This product's label does not state if it meets any type of safety standard.

ATTACHMENTS:

There is a police report, a coroner investigative report, and photos of the bathtub seat.

Photo #1. A look at the back of the empty bathtub seat.

#2. The name "The First Years" embossed on the front of the base of the unit.

#3. A view from the top of the seat. The area between the seat sides is 9 inches.

#4. A full view of the back of the seat and its base section.

#5. & #6. These attempt to show the hard to see white-on-white embossed warning on the top rear of the seat. It states: "WARNING; To prevent drowning never leave child unattended."

#7. Another embossed marking on the underside of the base. It states: "The First Years".

#8. This marking on the base underside is "Made in Canada."

#9. This marking on the base underside states "The first Years 904/1".

#10. This is a close up of the front suction cup, next to the adjustable support.

#11. This is a view of the seat on its side. The plastic seat belt connectors have "Jal602" on them.

920707 CBB2337

# CICERO POLICE DEPARTMENT GENERAL REPORT FORM

970717CBB2337

PAGE 1 OF 1

1. DATE/TIME OF REPORT: 7/15/97 0040 hrs. DISTRICT NUMBER 01

2. REPORT TYPE:  INITIAL REPORT  SUPPLEMENTARY

3a. COUNTY CODE: 016 3b. CITY CODE: 1085

4. INCIDENT STATUS:  UNFOUNDED  DEATH OF OFFENDER  
 REFER TO OTHER JURISDICTION  DENIED EXTRADITION  
 PENDING  REFUSED TO COOPERATE  
 CLEARED BY ARREST  PROSECUTION DECLINED  
 CLEARED BY JUVENILE  JUVENILE, NO CUSTODY  
 ADMINISTRATIVELY CLOSED  NOT APPLICABLE

5. COMPLAINANT: (Last, First, Middle) [REDACTED] (75/76) Mocher

6. ADDRESS: (Street, City, State) [REDACTED]

HOME TX: [REDACTED]  
WORK TX: [REDACTED]

7. LOCATION OF INCIDENT: (Address or Street No.) 1802 [REDACTED] bathrooom BUSINESS NAME: [REDACTED]

8. OFFENSE OR INCIDENT: 1. Death Investigation

9. UCR CODE: 1.

10. NATURE OF INCIDENT: 7/14/97 11. TIME(S) OF INCIDENT: 2302 hrs.

12. BIAS CODE:  RACIAL  ETHNIC  RELIGIOUS  SEXUAL

1. Drowning

2. [REDACTED]

3. [REDACTED]

OFFENSE

13. TYPE OF WEAPON/FORCE INVOLVED: (Check up to three)

01 UNARMED 17 CLUB/BLACKJACK 40 PERSONAL WEAPON  
02 FIREARM 18 HANDTOOL 80 EXPLOSIVES  
03 HANDGUN 30 BLUNT OBJECT 85 FIRE/INCENDIARY  
04 KNIFE 35 MOTOR VEHICLE [ ] OTHER

14. OFFENDER(S) SUSPECTED OF USING: CHECK ALL THAT APPLY  
A ALCOHOL O DRUGS C COMPUTER EQUIP  
N NOT APPLICABLE

15. FOR BURGLARY OR HOME INVASION ONLY: NUMBER OF PREMISES ENTERED: [REDACTED]  
FORCED ENTRY  YES  NO  N/A

16. LOCATION OF OFFENSE: (Check only one) Error Code # for Offense #2 #3

080 APARTMENT	190 DRUG STORE	250 MEDICAL OFFICE	291 RESIDENCE YARD
084 CONDOMINIUM	208 FACTORY	252 MOBILE HOME	293 RESTAURANT (Independent)
100 BANK	210 GARAGE (Residential)	258 VIDEO STORE	294 RESTAURANT (Chain)
103 BART/TAVERN	215 GARAGE (Auto Repair)	280 MOTEL/HOTEL	300 SCHOOL
111 OFFICE BUILDING	220 GAS/SERVICE STATION	288 PARK	304 STREET
144 CAR WASH	224 GROCERY	270 FOREST PRESERVE	307 SWIMMING POOL
162 CONVENIENCE STORE	242 POLICE STATION	277 PARKING LOT	327 WAREHOUSE
176 DRIVEWAY (Residential)	243 LIQUOR STORE	290 RESIDENCE (Private)	330 OTHER

17. TYPE OF CRIMINAL ACTIVITY: (Check up to three)  
B BUYING/RECEIVING  
C CULTIVATING/MANUFACTURING  
D DISTRIBUTING/SELLING  
E EXPLOITING CHILDREN  
O OPERATING/PROMOTING/ASSISTING  
P POSSESSING/CONCEALING  
T TRANSPORTING/TRANSMITTING/IMPORTING  
U USING/CONSUMING

18. VICTIM: (Last, First, Middle) [REDACTED]

19. ADDRESS: (Street, City, State) [REDACTED]

20. EMPLOYER: (Name, Address) [REDACTED]

21. BUSINESS:  BUSINESS  FINANCIAL INSTITUTION  GOVERNMENT

22. RACE: W WHITE B BLACK H HISPANIC

23. SEX: M MALE F FEMALE U UNKNOWN

24. AGE: 9 mo. 25. DOB: 10/28/96

26. RESIDENT:  YES  NO  UNKNOWN

VICTIM

28. CIRCUMSTANCES: (Crimes Against Persons, Check up to three)

01 ARGUMENT 08 LOVERS QUARREL  
02 ASSAULT ON LAW OFFICER 07 MERCY KILLING  
03 DRUG DEALING 09 OTHER FELONY INVOLVED  
04 GANGLAND 06 OTHER CIRCUMSTANCES  
05 JUVENILE GANG 10 UNKNOWN

29. INJURY TYPE: (Check up to three)  
K KILLED S SHOT  
N NONE M MINOR INJURY  
B BROKEN BONES O OTHER MAJOR INJURY  
I POSS. INT. INJURIES T LOSS OF TOOTH  
L SEVERE LACERATION U UNCONSCIOUSNESS

30. VICTIM CONNECTED TO OFFENDER NO.: 1 [REDACTED] 2 [REDACTED] 3 [REDACTED] NONE

31. EMPLOYMENT: Y EMPLOYED N UNEMPLOYED S SUBEMPLOYED M MILITARY U UNKNOWN

32. RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple relationships, enter Offender Number(s) in space)

SE SPOUSE	GP GRANDPARENT	SS STEPSIBLING	BE BABYSITTE (BABY)	EE EMPLOYEE
CS COMMON-LAW SPOUSE	GC GRANDCHILD	OF OTHER FAMILY	BG BOYFRIEND/GIRLFRIEND	ER EMPLOYER
PA PARENT	L IN-LAW	AO ACQUAINTANCE	CF CHILD OF BOYFRIEND	OK OTHERWISE UNKN
SB SIBLING	SP STEPPARENT	FE FRIEND	HR HOMOSEXUAL RELATIONSHIP	ST STRANGER
CH CHILD	SC STEPCCHILD	NG NEIGHBOR	XS EX-SPOUSE	RU RELATIONSHIP UNKN

33. MEDICAL PHYSICIAN: Dr. Ahmed 34. MEDICAL EXAM: [REDACTED] 35. ADDRESS: [REDACTED]

36. GANG CODE: H HATE GROUP S STREET GANG  
M MOTORCYCLE GANG O OTHER GANG  
U UNKNOWN DNA

37. LOCATION OF INJURY ON BODY: Drowning 38. TAKEN TO: Loreto/715

39. TYPE PROPERTY LOSS/ETC.	CODE	QUANTITY	40. PROPERTY DESCRIPTION (Include Make, Model, Size, Type, Serial # & Expiration Date, Etc.)	41. DOLLAR VALUE	42. DATE RECOVERED
0 LOST	6 SEIZED				
1 NONE	7 STOLEN				
2 BURNED	8 UNKNOWN				
3 COUNTERFEIT/FORGED	9 RECOVERED				
4 DAMAGED	10 OTHER				
5 DESTROYED					

PROPERTY

43. PROPERTY DESCRIPTION CODE TABLE: (Enter number in Code column above)

470 AUTO PART/ACCESSORIES	567 EXTERIOR OF BUILDING	673 JUNK FURNITURE	811 TREES, SHRUBS, FLOWERS
480 BICYCLE	568 ELECTRONIC EQUIPMENT	674 LICENSE PLATES	812 WINDSHIELD
489 CELLULAR PHONE	569 POOL	680 MOTOR	813 WHEELCOVER
490 CAMERA	572 GASOLINE, Gallons	682 RACAR DETECTOR	814 VIDEO EQUIPMENT
500 CIGARETTES/TOBACCO	510 HANDGUN	740 R. RES. WALLETS	820 WEAVING MACHINE
510 CLOTHING	520 RIFLE	741 PACIO	821 AUTOMOBILE
518 COIN-OP WASHING MACHINE	530 SHOTGUN	748 SNOW BLOWER	827 MOTORCYCLE
521 COMPUTER EQUIPMENT	541 OTHER FIREARMS	770 STEREO	831 TRUCK
541 CREDIT CARDS	542 INTERIOR OF BUILDING	792 TELEVISION	832 MOTOR HOME
550 CURRENCY (U.S.C.)	543 GRASS OR SOIL	794 TELEPHONE	833 OTHER VEHICLE
562 COOR	550 JEWELRY	800 TOOLS	834 MISCOW
567 DRIVER'S LICENSE	588 LAWN ORNAMENT	810 PEE	839 OTHER

44. LEADS: [REDACTED]

97-3795A

43. OFFENDER/SUSPECT NAME: (Last, First, Middle) 44. ADDRESS: (Street, City, State) 970717CRB2337

47. DOB: NONE 48. AGE: 49. SEX:  MALE  FEMALE 50. RACE:  WHITE  BLACK  HISPANIC  INDIAN  ASIAN  UNKNOWN HEIGHT: WEIGHT: HAIR: EYES: CLOTHING:

51. NUMBER OF OFFENDERS: 0 52. NUMBER OF ARRESTEES: 0

53. ARRESTEE: (Last, First, Middle) 54. ADDRESS: (Street, City, State) HOME TX: ( ) WORK TX: ( )

55. DOB: 56. AGE: 57. SEX:  MALE  FEMALE 58. RACE:  WHITE  BLACK  HISPANIC  INDIAN  ASIAN  UNKNOWN HEIGHT: WEIGHT: HAIR: EYES: SKIN: SCARS, DEFORMITIES, TATTOOS:

59. ARRESTEE ARMED WITH: 60. TYPE OF ARREST: 61. BOOKING NUMBER:

01 UNARMED 13 OTHER FIREARM 0 ON VIEW  
 02 HANDGUN 14 OTHER 1 SUMMONED/CTED (NO CUSTODY)  
 03 RIFLE 15 KNIFE, SWITCHBLADE, ETC. 2 TAKEN INTO CUSTODY (OUR WARRANT)  
 04 SHOTGUN 16 CLUB, BLACKJACK 3 WARRANT (OTHER AGENCY)  
 05 OTHER 17 OTHER

62. ARREST DATE/TIME: 63. UCR ARREST OFFENSE CODE: / /

64. DATE/TIME CHARGED: 65. SUSPECTED OF USING: 66. OFFENDER INJURED: 67. DRIVERS LICENSE NUMBER: 68. SOCIAL SECURITY NUMBER:

ALCOHOL  DRUGS  OTHER  YES  NO

69. EMPLOYMENT:  EMPLOYED  UNEMPLOYED  STUDENT  MILITARY  UNKNOWN

70. GANG CODE:  S STREET GANG  O OTHER GANG  
 H HATE GROUP  M MOTORCYCLE GANG  U UNKNOWN

71. DRUG OFFENSES: 1800 CALCULATED CANN. CONSPIRACY  2080 LICENSED OPERATIONS  
 1811 POSS. CANNABIS over 30 gm 1900 INTOXICATING COMPOUNDS  2070 DEL. TO PERSONS UNDER 18  
 1812 POSS. CANNABIS over 30 gm 2010 MFR. & DEL. CONTROLLED SUBST.  2090 FAILURE TO KEEP RECORDS  
 1821 DEL. CANNABIS over 30 gm 2020 POSS. OF CONTROLLED SUBST.  2120 FAILURE TO KEEP HYPO. ACOS.  
 1822 DEL. CANNABIS over 30 gm 2030 LOOKALIKE CONTROLLED SUBST.  3770 CONTRABAND IN PRISON  
 1830 CASUAL DELIVERY 2040 DEL. or POSS. W/INTENT TO DELIVER  
 1840 DEL. TO PERSONS UNDER 18 2050 CRIMINAL DRUG CONSPIRACY  
 1850 CANNABIS PLANT

73. NAME: (Last, First, Middle) ADDRESS: (Street, City, State) SEX/RACE: DOB: HOME TX: WORK TX: #4500

73.1 [REDACTED] M/H 1/5/71 ( ) [REDACTED]

73.2 [REDACTED] " " 5/26/95 ( ) [REDACTED]

73.3 [REDACTED] M/H 12/20/71 7Y [REDACTED]

73.4 LOZADA, Carmen 1807 S. 58th ave Apt 32 F/H 3/22/70 863-5216

74. NARRATIVE: Describe incident in logical order; include description of evidence or property found or property not otherwise listed; summarize statements of victims, complainants, or witnesses; set hospital victim taken to and when transported; where vehicle was impounded, etc.

In summary: R/D responded to a child d'woning victim at above location. Upon arrival found F15 treating victim inside ambulance. Victim transported to Loretto Hospital for treatment. Contacted M.E. INV. Brucci 61 who issued case number 268 JULY 1997. R/D recovered from the bathtub one blue and white child safety seat the first years with seat strap secure. Inv. Brucci related that he wanted the seat sent to M.E. Facilities with victim. Victim pronounced dead at 0048 hrs by Dr. Ahmed. Witnesses gathered and statements obtained see attached supplements. Victim transported to CCME Facilities by Ofc. Sedlacek and Cruz.

CONTINUED

75. OFFICER SIGNATURE: STAR #: DATE/TIME OF ARRIVAL: 76. SUPERVISOR SIGNATURE: STAR #/RANK:

Det. Dahlstrom 155 7/15/97

COMP. SIGNATURE:

REVENUE INFORMATION

NARRATIVE

**CICERO POLICE DEPARTMENT SUPPLEMENT REPORT FORM**

970717CBB2337

DATE			TIME		OFF. CODE				ZONE-GRID				CASE REPORT NO.	
7	19	97	2130 hrs.										97-37954	

Death Investigation (Drowning)

Reinterview

The following is a statement of [REDACTED] Apt 1 2/5/76 this statement is not in it's entirety nor is it verbatim.

In summary [REDACTED] relates that on 7/14/97 she gave victim [REDACTED] 10/28/96 a bath. she relates that she placed a childs safety seat (the first years) in the tub with the back facing toward the faucet and the front facing in a slight left angle toward the rear. She placed her daughter (victim ) in the seat and put on the seat belt. She placed her son in the tub toward the rear of the tub facing victim [REDACTED] relates that she began running the water in the tub until the water was approximately three inches in the tub then went to answer the phone. She relates that she is not sure how long she was on the phone but when she returned the tub was filled about eight inches and the chair was tipped on it's side to the right with the victim's legs still in the seat, and victim laying on it's back face up under water. The face just barely under the water. [REDACTED] relates that she unplugged the tub and ran with the victim to the front room and screamed for [REDACTED], and gave the victim to [REDACTED] and her friend Noel Morin who performed CPR. [REDACTED] then went to get her son out of the tub. [REDACTED] relates the victim was very energetic and may have been reaching for toys in the tub causing the chair to flip.

<b>CASE STATUS:</b> UNFOUNDED: <input type="checkbox"/> CLEARED BY ARREST: <input type="checkbox"/> CLEARED BY EXCEPTION: <input type="checkbox"/> NOT CLEARED: <input type="checkbox"/>	<b>REPORTING OFFICER STAR # 155/191</b> Det. Dahlstrom Det. Melone SUPERVISOR: 	<b>ATTACHMENTS</b> PROPERTY FORM: <input type="checkbox"/>	<b>REVIEW OFFICER</b>  REPORT TIME: <div style="border: 1px solid black; padding: 2px; width: 50px; margin-left: auto;">MIN.</div>
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# FORENSIC INSTITUTE

MEDICAL EXAMINER CASE REPORT COOK COUNTY

CASE NO. 268 JUL 97

DECEASED	AGE 8 mos	SEX F	RACE W	ADDRESS [REDACTED]ro, IL. 60804	PHONE [REDACTED]
D.O.B.: 28 OCT 1996 NATURAL _____ VIOLENT _____			Photos: 24755 247410	SCENE _____ TELEPHONE XXX F.H. _____ HOSP _____	
ADDRESS OF OCCURENCE [REDACTED] Illinois 60804			TYPE OF PREMISES WHERE FOUND Residence / Bathtub		
TIME/DATE FOUND 2310hrs. / 14 JULY 1997			POLICE AGENCY R.D.# 97-37954 Cicero Police		
PERSON DISCOVERING DECEASED [REDACTED]		RELATIONSHIP Mother	ADDRESS Cicero, IL. 1802 S. 58th Ave	PHONE 708-780-6561	
PERSON INTERVIEWED Officer Dahlstrom*155		Officer Assigned	Cicero Police	708-652-2130	
Jay Jaspers		D.C.F.S.	Springfield, IL.	1-800-25-ABUSE	
PRONOUNCEMENT: DATE: 15 JUL 97 TIME: 2310hrs.		E.R. Ahmed M.D.	PHYSICIAN:	HOSPITAL: Loretto Community Hospital	
POLICE NOTIFIED DATE: 14 JUL 97 TIME: 2310hrs.		INSTITUTE NOTIFIED DATE: 14 JUL 97 TIME: 2345hrs.	CARRIAGE: Assigned:	CLOSED: DATE: 15 JUL 97 TIME: 0300hrs.	

NARRATIVE DESCRIBE CIRCUMSTANCES SURROUNDING DEATH-PHYSICAL EVIDENCE, ETC.

TELEPHONE INVESTIGATION: DROWNING IN BATHTUB

On 14 JULY 1997, the subject's mother [REDACTED] placed the subject, [REDACTED] 8 mos/F/W, in the bathtub with the subject's two year-old brother, [REDACTED]. The subject was seated in a child bathtub seat. [REDACTED] left the subject and his brother unattended in the bathtub to answer the telephone. [REDACTED] informed police that she was only on the telephone for thirty seconds. When she returned, she discovered that the subject was lying face-up but submerged under water. The child bathtub seat was overturned and the subject was still "seated in the bathtub seat." [REDACTED] immediately removed the subject from the bathtub. A friend of the family who was outside of the residence at the time, attempted CPR. Cicero Fire Ambulance responded and transported the subject to Loretto Hospital. The subject expired in the emergency room at 0048hrs. Cicero Police noted that the bathtub contained about eight inches of water.

REPORTING INVESTIGATOR

*M. Davis*

PAGE 1 of 2

SUPERVISOR SIGNATURE

970717 CBB2337

OFFICE OF THE MEDICAL EXAMINER  
INVESTIGATION SECTION

REPORT CONTINUATION SHEET

PAGE 2 of 2

PAGE 2 M.E. CASE # 268 JUL 97 DECEASED [REDACTED]

As of this writing, police theorize that either the subject or her two year-old brother may have caused the child bathtub seat to overturn. No foul play is suspected but Cicero Police is pursuing the investigation.

R/I conferred with Jay Jaspers of D.C.F.S. There are no prior neglect charges on file but this incident was issued SCR#739-498-A.

\*\*\*\*Cicero Police have requested that the child bathtub seat be returned to them following the autopsy.

[REDACTED]

D.O.B.: 05 FEB 1976

Child bathtub seat:  
"THE FIRST YEARS"  
The seat has no serial number or telephone number of the company.

[Signature]  
INVESTIGATOR

[Signature]  
SUPERVISOR SIGNATURE

970717C B/B 2337 P. 4

COOK COUNTY MEDICAL EXAMINER'S OFFICE  
INVESTIGATIONS SECTION

Dr. Jones

Page 1

CCME# 288 JUL 97

Deceased [redacted] mo/W/F

R/I conducted a scene investigation at the stated address of occurrence on 07/15/97 at 10:00am. Present was [redacted] the subject's mother. In addition to the information in the initial report, she stated the following.

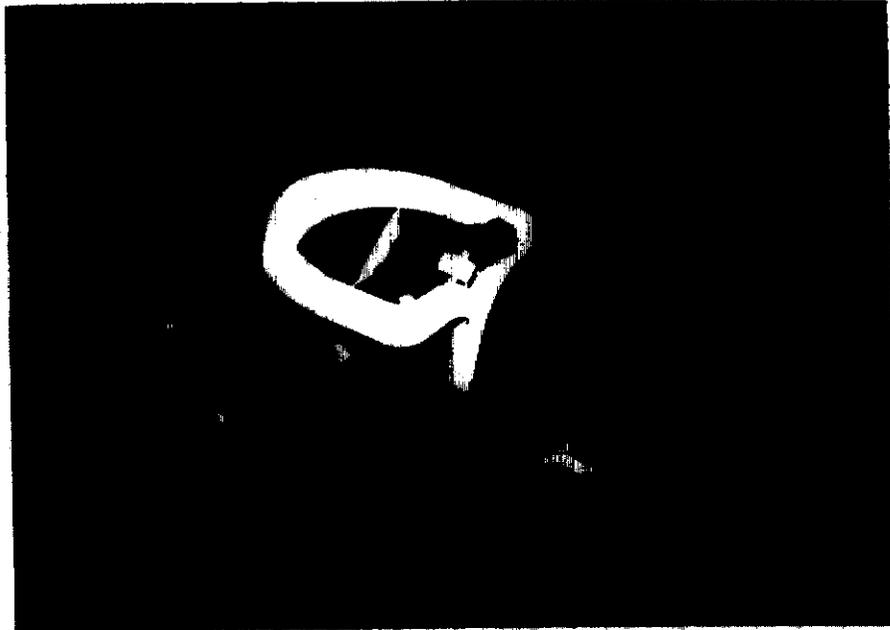
[redacted] stated that she put the subject and her brother in the bathtub. She began to run the water and placed the subject in the babyseat meant for bathtub use. The subject was left in the tub near the faucet. [redacted] stated that she then went into the living room and turned on the television set. She also stated that she believed she was gone from the bathroom about 30 seconds. However, when R/I ran the water to reach the [redacted] the water was at when she returned to the bathroom, the amount of time that had passed was closer to 2 1/2 - 3 minutes. She also stated that the subject was still in the seat but under water. She then pukled the subject out of water. The subject's color looked normal but she was not responsive. Ms. [redacted] called to her neighbor who came and attempted CPR while they waited for the ambulance. [redacted] said that she saw some water come out of the subject's nose but not her mouth. The subject did not respond to treatment but did have a pulse. The subject was taken to Loretto where she was pronounced.

The bathroom is located at the rear of the apartment and the television at the front but the space between the two is not more than 30 feet. The tub is an older model, deeper than more modern tubs. [redacted] stated that there was about eight inches of water (measured) in the tub when she returned to the bathroom.

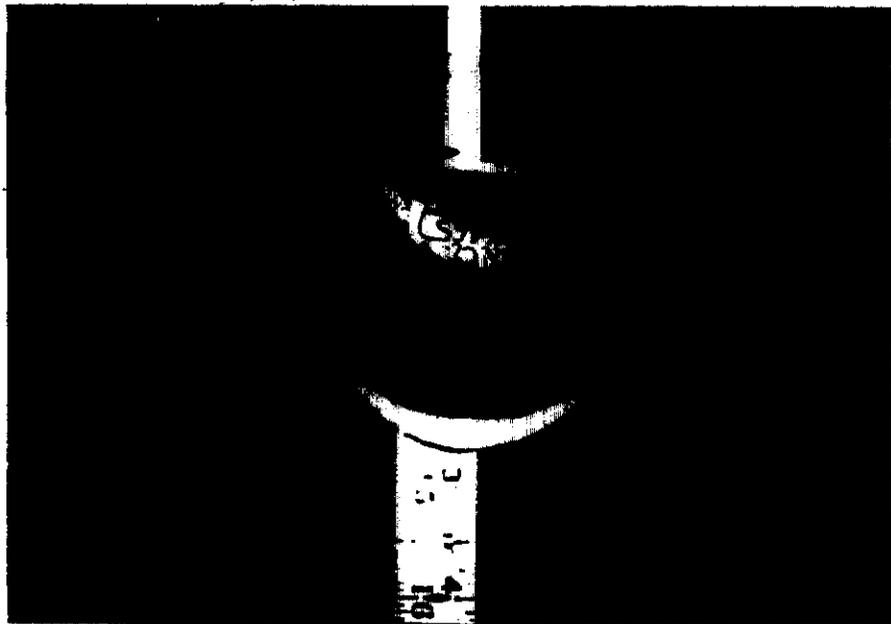
[redacted] her husband were cooperative and answered all questions. The apartment is located in a well kept neighborhood and is the first floor front of a brick two flat which has been made into multiple units. The apartment was clean, neat and well furnished. Both parents appeared to grieving appropriately and [redacted] began to cry very hard after the interview was over.

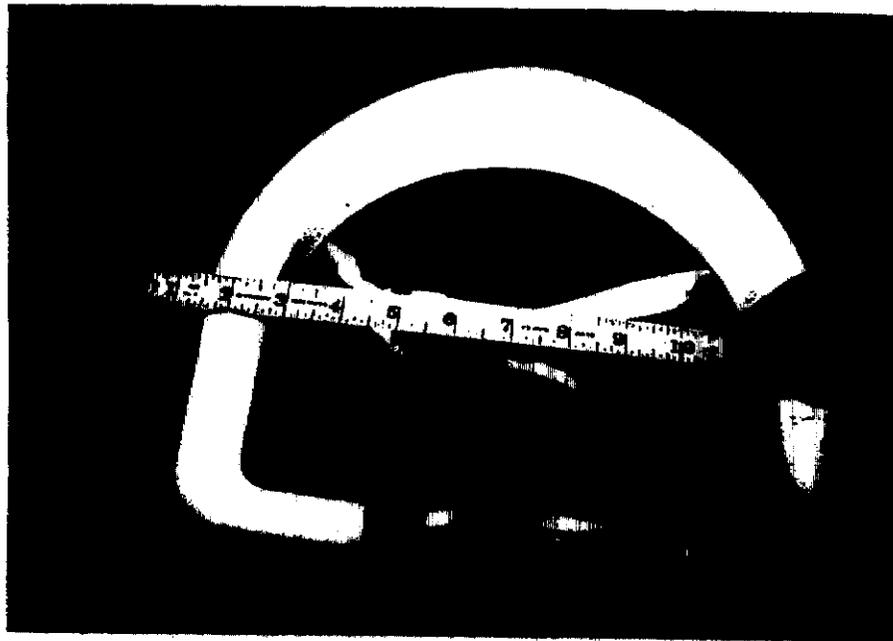
Sharon O'Connell 7-15-97  
Investigator Date

1. Alook at the front and top of the bath seat.



2. The name "The First Years " embossed on the seat front.





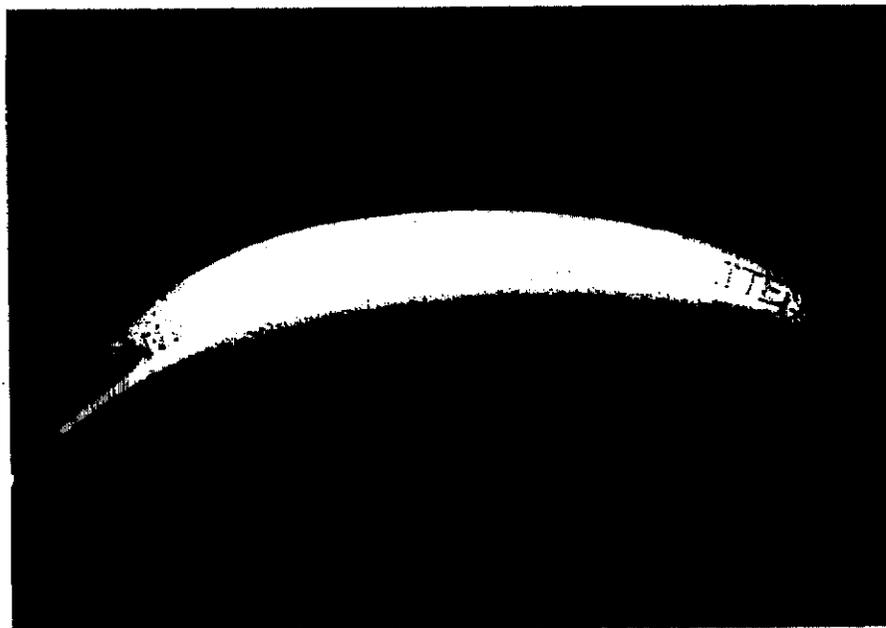
3. Looking down on top of the seat. The area between the sides is 9 inches wide.

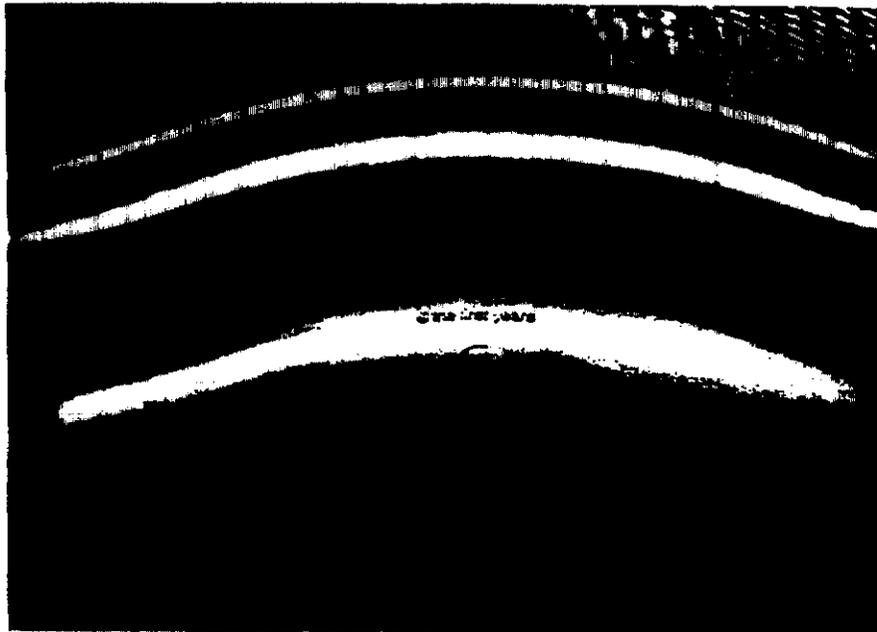
4. A full view of the rear of the seat.





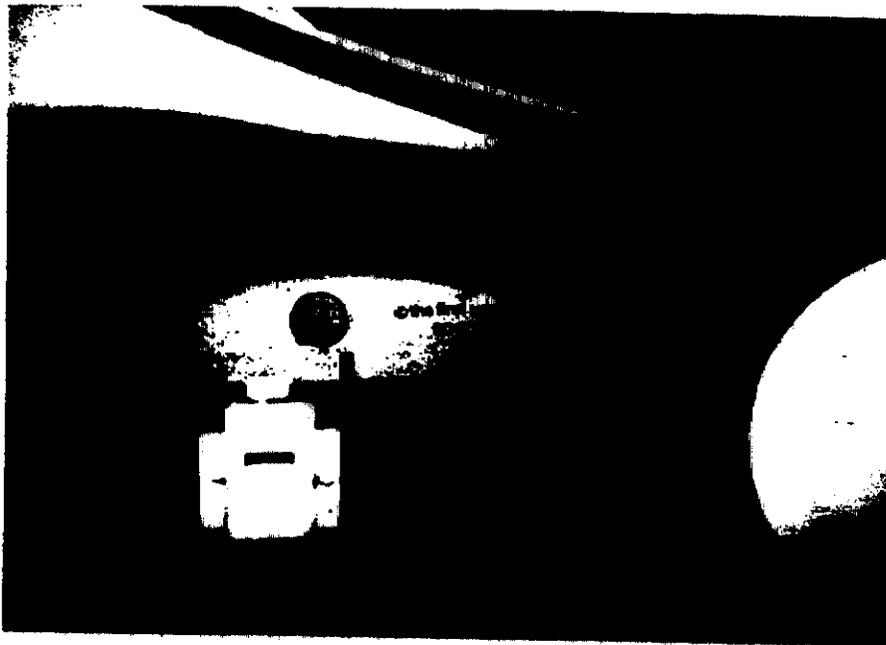
#5 & 6. These photos attempt to show the white-on-white embossed warning on the top rear of the seat. It states: "WARNING: To prevent drowning never leave child unattended."



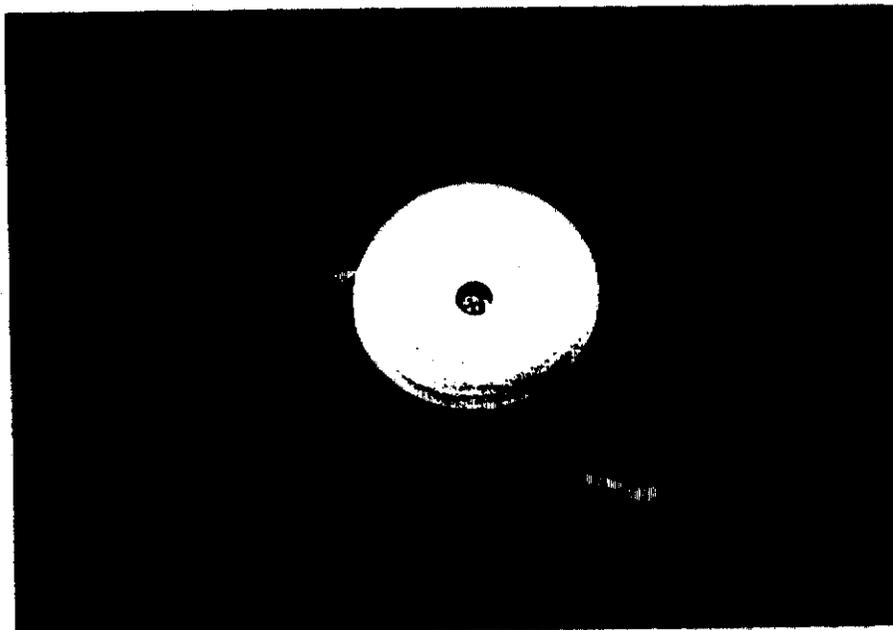


7. An embossed marking on the underside of the base. It states: "The First Years."
8. This marking on the underside states: "Made in Canada".

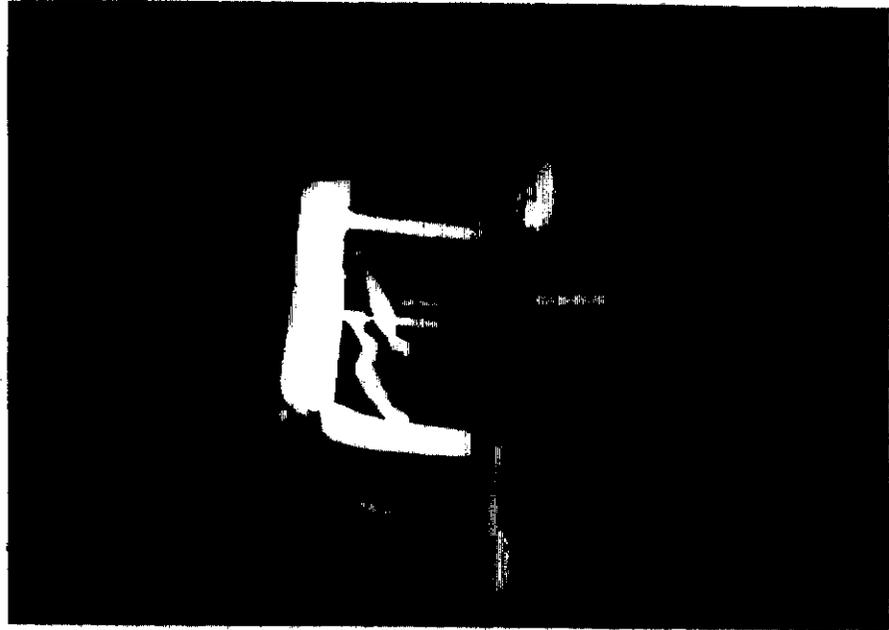




9. Another underside marking states: "The First Years 904/1".
10. This is the front suction cup's face. It is 2.5" wide.



11. A view of the seat on its side.



*U V V*

ACCIDENT INVESTIGATION REQUEST FORM

*666-0500*

DOCUMENT NUMBER: *X 977 2410 A*

DATE OF INCIDENT: *7/15/97* CATID: *SECT RR 1997*  
~~SECT 15 1365~~

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

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

HEADQUARTERS CONTACT: *Rena Rauchschwalbe 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: *Parent / Guardian Officials*

Guidelines: 110 Bathtub Incidents Involving Children <18 Months Old

Task Number: *970717 CBB 2337* Date: *7/17/97*

Assigned to: *CH10* Requested by: .

*added*

970-717 CBB 2337

~~LHA~~  
C.B.B

TC-10

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF PERSON OR COMPANY <i>[Redacted]</i>		2. TELEPHONE NO. (Home) (Work) <i>[Redacted]</i>	
3. STREET ADDRESS City News Bureau Chicago, IL		4. CITY STATE ZIP CODE Chicago IL	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) 5 mon. old Cicero girl was placed in a bath seat by mother in bath water. The phone rang and the mother went to answer the phone. Baby pronounced dead early Tuesday. She was with her 2 year old brother who was playing w/toys when baby was found underwater.			
6. DATE OF INCIDENT(S) 7/15/97	7. IF INJURY OR HEARABLE, OBTAIN AGE <u>5 mon</u> SEX <u>F</u> AND DESCRIBE INJURY <u>drowning</u>	8. IF VICTIM DIFFERENT FROM REPORTER, OBTAIN NAME <u>[Redacted]</u> RELATIONSHIP <u>1500 S. 55th St. Chicago IL</u>	
9. DESCRIPTION OF PRODUCT bath seat		10. BRAND NAME No relation First years	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE First years Canada		12. MODEL SERIAL NO.'S	
13. DEALER'S NAME, ADDRESS & PHONE		14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO _____ IF YES, BEFORE OR AFTER THE INCIDENT? <u>ukn</u> Describe _____	
15. PRODUCT PURCHASED NEW _____ USED _____ DATE PURCHASED _____ AGE _____ <u>ukn</u>		16. DOES PRODUCT HAVE WARNING LABEL? <u>ukn</u> IF SO, NOTE: _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO _____ IF NOT, ITS DISPOSITION <u>ukn</u>	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES _____ NO <input checked="" type="checkbox"/>			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 7/17/97	21. RECEIVED BY (Name & Organ) CCA R. Rauchschwallb.	22. DOCUMENT NO. X9772410	
23. FOLLOWUP ACTION		24. PRODUCT CODE(S)	
25. DISTRIBUTION Assigned		26. INCORPORATOR'S NAME & TITLE	