

1. TASK NUMBER 961213CCC5141		2. INVESTIGATOR'S ID 8189		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 800	4. DATE OF ACCIDENT YR MO DAY 96/10/16	5. DATE INITIATED YR MO DAY 96/01/06		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT UPC A nine month old female child was placed in a bathtub seat <i>in the tub</i> with her 2 year old sister. There was 2-3 inches of water in the bathtub. The mother left the children alone. The 2 year old alerted her mother that the victim was face down in the water. Death was from anoxic encephalopathy as a result of drowning.				
7. LOCATION (Home, School, etc.) Home 10		8. CITY Greensboro		9. STATE NC
10A. FIRST PRODUCT bathtub seats 1557		10B. TRADE/BRAND NAME unknown		10C. MODEL NUMBER unknown
10D. MANUFACTURER NAME AND ADDRESS unknown				
12A. SECOND PRODUCT Bathtub 0611		11B. TRADE/BRAND NAME unknown		11C. MODEL NUMBER unknown
11D. MANUFACTURER NAME AND ADDRESS unknown				
12. AGE OF VICTIM 209	13. SEX 2 Female	14. DISPOSITION Fatality 8	15. INJURY DIAGNOSIS Submersion 69	
16. BODY PART (S) INVOLVED APB 85	17. RESPONDENT Police 3 -	18. TYPE OF INVESTIGATION Other 3	19. TIME SPENT (OPERATIONAL HOURS) 11.0	
20. ATTACHMENT(S) Autopsy Report 2	21. CASE SOURCE Mecap 12		22. SAMPLE COLLECTION NUMBER None	
23. PERMISSION TO DISCLOSE NAMES (NON HEISS CASES ONLY) No				
24. REVIEW DATE 970409	25. REVIEWED BY 8342		26. REGIONAL OFFICE DIRECTOR RNS/AM	
27. DISTRIBUTION O:EHDS cc: CEGA				

MFR/REV NOTED 2/9/97
 239
 237

NOTE: The primary source of information in this investigation was the investigating officer with the police department. The mother was moving to her mother's residence when she was interviewed several days following the accident by the police. She did not respond to a letter sent to her mother's residence. The police took no photographs and the police and Dept of Social Services were not allowed to release their reports and the Dept. of Social Services could not discuss their investigation. I was allowed to read and take notes from the police report. The medical examiner's report incorrectly identifies the bath ring in use as an inflatable floatation ring. Neither the investigating officer or the social worker remembered the device as an inflatable ring.

PRE-ACCIDENT:

The victim in this accident was a 9 month old female child. Her date of birth was 01/01/96. She weighted approximately 16.5 pounds and was 25.5 inches in length. I was not able to obtain her motor skill development or how active she was. She had no known physical handicaps or health problems. The victim lived with her mother and 2 year old female sibling, DOB 12/02/93, in a public housing apartment. The victim was black.

At approximately 10:30 pm on 10/16/96 the mother put the two children in the bathtub together. The victim was in a bathtub seat. The height and weight of the victim's sibling was not available. The mother reported that the bathtub contained only 2-3 inches of water. The mother left the two children and went downstairs to get the children t-shirts for their nightwear.

ACCIDENT:

The two year old sibling came down about 7-10 minutes later and reported the victim was not moving and face down in the water. The mother ran upstairs and removed the infant from the water.

POST-ACCIDENT:

The exact chain of events was not known. EMS were called and CPR was initiated before they arrived. The victim was taken to a local hospital and then transferred. The child died on 10/17/96 at 2:25 pm from anoxic encephalopathy as a result of drowning.

The police were not immediately notified and it was several days following the accident when they conducted their investigation.

I could not determine if there was a tip over or the child was able to climb out of the bathtub seat.

The education of the victim's mother was not available and I could not determine her monthly income. It was thought that she did not work. There was no indication of abuse.

PRODUCT IDENTIFICATION:

No information was available about the bathtub. The victim was placed in a bathtub seat prior to the incident. The bathtub seat was described as plastic with a round base with suction cups. Three legs supported the top section, a ring. The legs of the infant go between the legs of the bathtub seat and one leg acts as a crotch strap would. The infant is in a sitting position. The bathtub seat did have a warning indicating that the child should not be left in the seat unattended. The exact wording was not in the police report. No one could identify the brand of the bathtub seat or the place of purchase.

There was no indication that the seat had any kind of strap.

ATTACHMENTS:

Attachment 1 - Autopsy Report

DEPARTMENT OF PATHOLOGY (CAP#:13958-01/CLIA#:34D0664386)
NORTH CAROLINA BAPTIST HOSPITAL - BOWMAN GRAY SCHOOL OF MEDICINE
Winston-Salem, NC 27157 Phone: 910-716-4311 FAX: 910-716-7595

NCBH Path #: **A96-01302**

Final Report Completed: 11/08/96

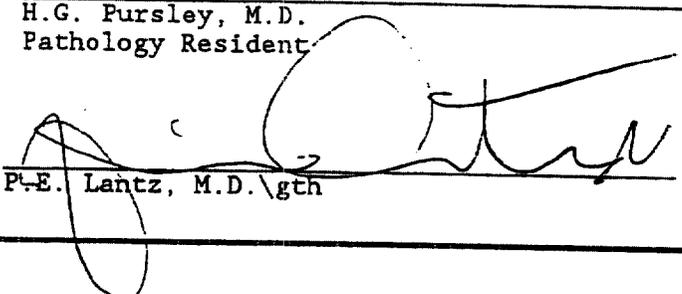
██████████ 000
NCBH Unit #: 1302808

FINAL AUTOPSY DIAGNOSES (continued):

Guilford County nor GSO-PD. DDSS had no open files-reports on this family. The medial examiner was unable to discuss the case with DSO detective or CPS until after the case was started with procurement of the heart. A skeletal survey was requested to rule out subtle prior trauma.

PT 12/3/96
OCME _____ DATE

H.G. Pursley, M.D.
Pathology Resident


P.E. Lantz, M.D. \gth

Additional Tissue Processing:

TOXICOLOGY:

T96-6436

Blood:

No test - held

Vitreous:

No test - held

Bile:

No test - held

RADIOGRAPHS:

No recent or remote fractures are evident in the skull, ribs, or extremities.

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NCBH Path #: **A96-01302**
Final Report Completed: 11/08/96

████████████████████ 000
NCBH Unit #: 1302808

GROSS DESCRIPTION:

An autopsy is performed on the body of Caprecia Ritter, at the NCBH/BGSM, State of North Carolina, on the 18th day of October, 1996. The postmortem examination is begun at 1:00 p.m. and completed at 2:30 p.m.

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished black female infant of stated age 9 months, who weighs 7535 grams (18th percentile), has a crown-heel length of 25.5 inches (less than 5th percentile), a crown-rump length of 46 cm, a head circumference of 44.5 cm (50th percentile), a chest circumference of 42 cm, and an abdominal circumference of 41 cm. The body is cool to touch. Rigor is fixed in all extremities and jaw. Partially fixed lividity involves the posterior dependent portions of the body, except in areas exposed to pressure.

The head is normally formed. Scalp hair is abundant, black, and curly. The hair growth pattern is normal. The anterior fontanelle is open and is soft, without depression or bulging. The posterior fontanelle is closed. The eyes are normally formed. The irides are brown. The cornea are cloudy; the conjunctivae are unremarkable. The ears are normally formed and placed, with the appropriate amount of cartilage. The nose and lips are unremarkable. The palate is intact and is neither high nor arched. The mouth is edentulous. The neck is symmetrical without abnormality.

~~The chest is symmetrical. Breast buds are palpable. The abdomen is not protuberant. The extremities are bilaterally symmetrical with all digits present. Palmar creases are unremarkable. The external genitalia are those of a normal infant female. The back and anus are unremarkable.~~

Identifying marks and scars consist of accompanying medical records, a green toe tag on the left great toe, a yellow metallic earring in the right earlobe, and an earring hole in the left earlobe.

Evidence of emergency resuscitation and/or medical therapy includes an endotracheal tube in place; a nasogastric tube in the left nostril; a femoral vascular access catheter in the right inguinal region and a femoral vascular access catheter in the left inguinal region; multiple venipuncture sites in the left antecubital fossa; multiple puncture sites on the left radial aspect of the wrist, and multiple puncture sites on the right radial aspect of the wrist; intraosseous puncture sites on both the right and left anterior tibial surfaces; and a puncture site, 0.1 x 0.1 cm, on the plantar surface of the right great toe. ~~A Foley catheter is in place.~~

Accompanying the body is a disposable diaper.

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EVIDENCE OF INJURY

HEAD AND NECK: Drowning

The cortical surface of the brain is edematous with flattening of the gyri and narrowing of the sulci diffusely. Leptomeninges at the base of the

FINAL AUTOPSY REPORT

████████████████████ 000
PAGE 3 (Continued on Next Page) A96-01302

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Final Report Completed: 11/08/96

~~XXXXXXXXXX~~ 000
NCBH Unit #: 1302808

GROSS DESCRIPTION (continued):

brain appear gelatinous. There is laryngeal edema involving the vocal cords bilaterally.

THORAX AND ABDOMEN: Drowning.

Petechial hemorrhages are on the pleural surfaces of the lungs bilaterally and on the thymus. The right middle lobe and the right upper lobe of the lungs have areas of pallor and opacification measuring 2 x 2 cm and 1 x 2 cm, respectively. Both lungs appear congested with diffuse areas of hemorrhage. The lungs together weigh 190 grams.

Areas of coagulated blood and hemorrhage are in the transverse and descending colon, 30 x 3 cm.

UPPER AND LOWER EXTREMITIES: None.

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INTERNAL EXAMINATION

BODY CAVITIES: No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in normal and anatomical position except for the absence of the heart secondary to procurement by the Organ Procurement Team. The subcutaneous fat layer of the abdominal wall is 0.4 cm thick.

HEAD (CENTRAL NERVOUS SYSTEM): The brain weighs 920 grams (normal, 810 grams). ~~The dura mater and falx cerebri are intact. The leptomeninges are~~ thin, delicate, and transparent except at the base of the brain. The cerebrospinal fluid is clear. Except as mentioned in Evidence of Injury, the external surface and configuration of the brain are not unusual. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. (See separate report by neuropathologist).

NECK: Except as mentioned in Evidence of Injury, examination of the soft tissues of the neck, including strap muscles, thyroid gland, and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: The heart was procured by the Organ Procurement Team for recovery of the valves. According to the recovery team, the heart appeared anatomically normal. The descending aorta follows the usual course and is widely patent. The inferior vena cava and its major tributaries are free of thrombi.

~~RESPIRATORY SYSTEM: The right and left lungs weigh 190 grams together~~ (normal, 105 grams). The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable except as mentioned in Evidence of Injury. As mentioned in Evidence of Injury, the pleural surfaces appear congested and hemorrhagic, with areas of opacification over the right middle lobe and right upper lobe. Except as mentioned in Evidence of Injury, the pulmonary parenchyma is red-tan to red, exuding slight to moderate amounts of blood and frothy fluid. The intraparenchymal pulmonary arteries are normally developed, patent, and without thrombus or embolus.

FINAL AUTOPSY REPORT

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PAGE 4(Continued on Next Page)

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DEPARTMENT OF PATHOLOGY (CAP#:13958-01/CLIA#:34D0664386)
NORTH CAROLINA BAPTIST HOSPITAL - BOWMAN GRAY SCHOOL OF MEDICINE
Winston-Salem, NC 27157 Phone: 910-716-4311 FAX: 910-716-7595

NCBH Path #: **A96-01302**

Final Report Completed: 11/08/96

██████████ 000
NCBH Unit #: 1302808

Microscopic Description:

TISSUE EXAMINED:

HEART -	UTERUS - 1	SPINAL CORD -
AORTA - 1	OVARY - 2	THYMUS - 1
LUNGS - 5	THYROID - 2	SEMINAL VESICLES -
SPLEEN - 1	PARATHYROID - 1	BREAST -
LIVER - 1	ESOPHAGUS -	GALLBLADDER - 1
PANCREAS - 1	STOMACH - 1	SKIN - 1
ADRENALS - 2	SMALL INTESTINE - 2	MUSCLE - 1
KIDNEY - 2	LARGE INTESTINE - 1	BONE MARROW - 1
BLADDER - 1	LYMPH NODES - 1	VERTEBRAL -
PROSTATE -	PITUITARY -	FEMORAL -
TESTES -	BRAIN -	COSTAL -
CORONARY ARTERIES -	TRACHEA - 1	STERNAL -
APPENDIX - 1	DIAPHRAGM - 1	
VOCAL CORDS - 2		
NERVE - 1		
FALLOPIAN TUBE - 1		

The left upper lobe, right upper lobe, right middle lobe, left lower lobe, and right lower lobe of the lung show patchy areas of pneumonia with intra-alveolar polymorphonuclear cells, extravasated red blood cells, fibrin deposition, and alveolar wall destruction. There are areas of bacterial overgrowth.

Intercollagenous edema and intercellular edema of the mucosa involves the vocal cords around the arytenoid cartilage.

The colon is hemorrhagic and has areas of glandular and mucosal necrosis, with bacterial overgrowth.

The thymus has loss of demarcation between the medulla and cortex.

With the exception of autolysis and/or hyperemia, the remaining tissues have no significant histopathologic abnormalities.

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FINAL AUTOPSY REPORT

██████████ 000

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NCBH Path #: **A96-01302**
Final Report Completed: 11/08/96


NCBH Unit #: 1302808

NEUROPATHOLOGY GROSS DESCRIPTION:

The specimen consists of the brain with no dura. The brain weighed 920 grams in the fresh state. The leptomeninges are normal for age. The cerebral hemispheres show flattening of the gyri and compression of the sulci, but are otherwise symmetric, well-formed, and exhibit normal developed of gyri and sulci for age. No focal encephalomalacia, or mass lesions are present. Examination of the base of the brain shows no herniation of the medial temporal lobes or the cerebellar tonsils. The arteries of the circle of Willis are in the usual anatomic configuration and are patent. The cranial nerve stumps are of normal caliber and color. The exterior surfaces of the brainstem and cerebellum are unremarkable. Coronal sections through the cerebral hemispheres show normal development of the cortex, white matter, and central gray nuclei for age. The periventricular white matter and region of the germinal matrix exhibit no abnormalities of texture or color. The lateral and third ventricles are compressed and are lined by smooth, glistening ependyma. Transverse sections through the brainstem show normal architecture of the gray and white matter. The cerebral aqueduct is patent and the fourth ventricle is unremarkable. Sections through the cerebellum show normal cortex, white matter and deep gray nuclei.

CAS
gth

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Final Report Completed: 11/08/96

CLIA 000
NCBH Unit #: 1302808

NEUROPATHOLOGY MICROSCOPIC DESCRIPTION:

Eleven sections are examined including sections of the medulla, pons, midbrain, cerebellum, bilateral basal ganglia, bilateral hippocampal formations, and bilateral cerebral hemispheres. These sections show evidence of global cerebral edema and acute ischemic necrosis of neurons consistent with global cerebral anoxia and the clinical history of drowning. The structures in the brain are well formed and show normal development for age. No intracerebral hemorrhage or evidence of inflammation is identified.

NEUROPATHOLOGY FINAL DIAGNOSIS:

1. Global cerebral edema and acute ischemic necrosis of neurons consistent with global cerebral anoxia.

CAS
gth

Attachment 1
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Allen Robbins

pl/hu

M312/23/46

ACCIDENT INVESTIGATION REQUEST FORM

97
I
JP

DOCUMENT NUMBER: X9600724A

DATE OF INCIDENT: 10/16/96 CATID: ~~SECT15-1996~~ SECT RR 1997

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

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

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

ASSIGNMENT MESSAGE: Please complete the investigation using the Investigation Guideline. It is very important to establish the detailed sequence of events in these incidents including the infant's position during the incident and the use of any bath rings, seats, or infant bathtubs. Exact age of infant (DOB and date of incident) needs verification and determine length of time between when child was last observed as fine until he/she was discovered submerged.

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

Person(s) to Contact: Officials
Next of Kin

1-06-97

Guidelines: 110 Bathtub Incidents Involving Children <18 Months Old

Task Number: Date: 961213

Assigned to: 961213 CCC5141
NYCO Requested by: J LANSING

A96-1302

BATHUB

FLOTATION RITE

REPORT OF INVESTIGATION DI MEDICAL INER

USE ONLY
 1374
 number
 10 1996
 received
 s NR

DECEDENT: [REDACTED] Middle Last Suffix
 RESIDENCE: [REDACTED] Greensboro, NC Guilford County
 AGE: 9 mo SEX: Male Female Unknown
 RACE: DOB 1/1/96 Black Native American Oriental White Unknown
 HISPANIC ORIGIN: Yes No Unknown X96 0724

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
OF INJURY NESS	10/16/96	2030	SAA	Guilford
	10/17/96	1425	NCBH BGSU W-5 NC	Guilford
OF BODY	10/18/96	0930	<input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other <input type="checkbox"/> Not viewed	
NOTIFIED	10/17/96	1400	LAW ENFORCEMENT AGENCY: <u>Greensboro PD</u> OFFICER: <u>Det Ledford</u> TELEPHONE: <u>373-2281</u>	
KNOWN TO LIVE	10/17/96	---	Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

OPSY: None M.E. Authorized Non-M.E. Autopsy facility: NCBH
 OD SAMPLE: Mailed Obtained by pathologist Reason not obtained:
 ANALICAL ALCOHOL DONE, RESULT: _____ By whom: _____

ABLE CAUSE OF DEATH: Pending
Anoxic encephalopathy
Drowning

ISSUE 11

DEC 11 1996

OCME REVIEW		SDC
1. _____ DUE TO	961213 C C C 5141	<input type="checkbox"/> None
2. _____ DUE TO		<input type="checkbox"/> AL
3. _____ DUE TO		<input type="checkbox"/> Dictated
4. _____ DUE TO		<input type="checkbox"/> COG
CONTRIBUTING CONDITIONS <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		
Reviewer: <u>[Signature]</u> Date: <u>12/3/96</u>		
Information in this block supersedes that contained in space at left.		

ONTRIBUTING CONDITIONS
 NNER OF DEATH:
 Natural Accident Homicide Suicide Pending

by certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance
 Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my
 vledge and belief.

10/18/96 [Signature] M34042

MEDICAL HISTORY

- Alcoholism, Diabetes, IV drug abuse, Ischemic heart disease, Smoking, Seizure disorder, Cancer, Hypertension, Depression, HIV/AIDS, Other, Attending Physician, City

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent: Passenger car, Pickup truck, Truck--more than 2 axles, Motorcycle, Bicycle, Farm vehicle, ATV, Moped, Other, Position: Driver, Passenger, Pedestrian, Unknown, Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown, Number of vehicles involved, GUN: Rifle--Caliber, Handgun--Caliber, Shotgun--Gauge, Unknown, INSTRUMENT: Blunt, Sharp, Description, TOXIC AGENT(S) SUSPECTED: Alcohol, Others, DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other, Life preserver: Yes, No, Unknown, Able to swim: Yes, No, Unknown, FIRE: Suspected cause, Smoke detector: Yes, No, Unknown, FALL: From to, Approximate distance feet

ACTIVITY OF DECEDENT AND PREMISES

- FATAL INJURY OR ILLNESS: Activity, Type of place SAA, Specific location, Fatal injury or illness occurred on a job: Yes, No, Unknown, If yes, was employment: Primary job, Secondary, Volunteer work, Unknown, Name of this employing firm or agency, Type of business or industry, Decedent's occupation, DEATH: Type of place SAA, Specific location, Examples: Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc. Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc. Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc. On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

- CONDITION: Intact, Decomposition, Skeletonized, Embalmed, Charred, Prolonged immersion, Exhumed, RIGOR: None, 1+, 2+, 3+, LIVOR: None, Anterior, Posterior, Lateral, HEIGHT: inches, Estimate, WEIGHT: pounds, Estimate, BODY TEMPERATURE: Warm, Cool, Cold, HAIR: Color, Beard, Mustache, EYES: Color, Abnormalities, TEETH: Upper, Lower, Natural, Dentures, Abnormalities, CLOTHING: Not clothed

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

9 mo BF who was placed in bathtub & 2 yo sibling
@ ~ 2030 on 10/16/46. Infant was wearing inflatable flotation
ring around waist. Mother went downstairs for about 7-10 min
Toddler (2 yo) came down stairs and said baby had stopped
moving. Mother found infant face down in water unresponsive
3 pulses. CPR started and EMS summoned. Found baby
in asystole. Bagged & 100% O₂ then intubated. Had agonial
resp. & heart rate. Supported @ Moses Cone Hospital then
transferred to NCBH PICU. Initial ABG: pH: 6.99, pCO₂ 154,
HCO₃⁻ 3; GCS - 3, ⊖ oculoccephalic response, ⊖ corneal reflex,
⊖ gag reflex. Condition further deteriorated & died @ 1925.
Case had not been reported to DSS - Guilford Co or GSO-PD.
DSS had no open files/reports on family.
Unable to discuss case w GSO det. or CPS until
after case started & procurement of heart. *John*
Skeletal survey requested to R/O ~~subtle~~ subtle prod
trauma.

John

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).

PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

Name:
Case Number : 96-07374
Date Of Report: 10-24-96

TOXICOLOGY REPORT
Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Tox Number: T96-06436

ORIGINAL REPORT
FOR CASE FOLDER

ME: Dr. Patrick E. Lantz

Path: Dr. Patrick E. Lantz

Other:

Cty: Forsyth

Signature: *Patrick E. Lantz*

ID: SPECIMEN: SOURCE: COND: FROM: ACC.DATE:
A Blood Aorta Postmort PA 10-23-96
DATE: ANALYTE: TEST RESULT:
00-00-00 No Test - Held

ID: SPECIMEN: SOURCE: COND: FROM: ACC.DATE:
B Vitreous Eye Postmort PA 10-23-96
DATE: ANALYTE: TEST RESULT:
00-00-00 No Test - Held

ID: SPECIMEN: SOURCE: COND: FROM: ACC.DATE:
C Bile Gall Bladder Postmort PA 10-23-96
DATE: ANALYTE: TEST RESULT:
00-00-00 No Test - Held

COMMENTS:

*** END OF REPORT ***

SECT. 15

COMPLETED

29 DEC 1999

3

1. CASE NUMBER 941104CBB1051		2. INVESTIGATOR'S ID 8 2 0 9		3. OFFICE CODE 8 0 0		EPIDEMIOLOGIC INVESTIGATION REPORT
4. INCIDENT DATE YR MO DAY 9 2 0 7 0 9		5. DATE IDI INITIATED 9 4 1 1 1 8				

6. SYNOPSIS OF INCIDENT OR COMPLAINT

A 5 month old male, sitting in a bath chair, was left unattended in the bathtub. The victim was discovered upright in the chair, but with his face in the water. He was pronounced dead two hours later.

7. LOCATION Home 1 0		8. CITY Philadelphia		9. STATE P A	
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10A. FIRST PRODUCT Bath Chair 1 5 5 5		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown			
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10B. SECOND PRODUCT BATH TUB		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS			
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12. AGE OF VICTIM 2 0 5		13. SEX 1		14. DISPOSITION Fatality 8		15. INJURY DIAGNOSIS Drowning - 6 9-	
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16. BODY PART All 8 5		17. RESPONDENT(S) Coroner 3		18. INVESTIGATION TYPE 3		19. TIME SPENT 1 0. 0	
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20. ATTACHMENTS Coroner's Report 2		21. CASE SOURCE Coroner 1 2		22. REVIEWED BY 8 1 6 5		YR MO DAY 9 4 1 2 1 9	
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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 DIRECTOR REVIEW DATE	
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MFR/PRV/NOTIFIED
 No. [unclear] made
 Comments attached
 Excisions/Revisions
 Firm has not
 further [unclear]

2/1/99

(USE ADDITIONAL SHEETS IF NECESSARY)

Pre-Accident:

Information in this report was furnished by the Coroner.

The accident occurred on July 9, 1992.

The victim was identified as a 5 month old black male, height: 2'; weight: 18.5 lbs.

According to the Coroner, the victim was being bathed by his mother. The victim was sitting in a Baby Chair, approximately 9" high and 11" wide. Three white suction cups were located on the bottom on the chair. Also in the bathtub was a baby rattle which the victim was playing with by hitting it against the side of the tub.

Information obtained from the mother indicates that while bathing her son, she remembered that the central air was on and she did not want her son to get a chill. The mother decided to lay out the victim's clothes in order to have them ready when she removed him from the bathtub.

Around 2:15 p.m. on July 9, 1992, the mother left the victim unattended in the bathtub while she prepared his clothes.

Accident:

When left alone in a baby bath chair, a 5 month old male toppled over and fell in the bath water.

Post-Accident:

The mother stated that while in the bedroom, she suddenly noticed that she did not hear the victim banging his rattle against the side of the bathtub. She estimated that she had been gone from the bathroom for approximately two minutes.

When the mother returned to the bathroom, she discovered the victim, still sitting in the chair, but with his face in the water.

The mother yelled for her parents, who were also home at the time. The mother stated that she began CPR on the victim, while her parents called for an ambulance. The victim was unresponsive.

EMS attendants continued CPR on the victim until he arrived at the hospital. All attempts to resuscitate the baby were unsuccessful. The victim was officially pronounced dead at 4:05 p.m., that evening.

Post-Accident (Con't):

The autopsy on the victim revealed no trauma to his body and that he appeared to be a well developed infant. The cause of death was listed as "Drowning". Manner of death is noted as "Accident". The Toxicological Report was negative.

The Coroner's office no longer had the chair, nor were photographs taken by that office or by police, which did not file a report.

A copy of the Coroner's Report is attached as Exhibit #1.

Product Identification:

Product: Baby Bath Chair
Color: Blue
Height: 9"
Width: 11"
Manufacturer: Unknown
Model Nr: Unknown

Attachment:

Exhibit #1 - Coroner's Report

FINDINGS OF THE MEDICAL EXAMINER

CITY OF PHILADELPHIA
OFFICE OF THE MEDICAL EXAMINER
 DEPARTMENT OF PUBLIC HEALTH

HARESH G. MIRCHANDANI, M.D., MEDICAL EXAMINER

3034 7-9-92

SMOS. H B S U

IDENTIFYING WITNESS

NAME	ADDRESS	RELATIONSHIP
NEXT OF KIN - IF NOT IDENT. WITNESS		

MEDICAL DATA OF DECEDENT

APPARENT PLACE OF DEATH	HOSPITALIZATION <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATION <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ADMITTED	TIME	A.M. EST P.M. DST
PLACE OF PRONOUNCEMENT	PRONOUNCED BY	DATE PRONOUNCED	TIME	A.M. EST P.M. DST	
BODY BROUGHT TO OME <input type="checkbox"/> NO <input type="checkbox"/> YES, BY					<input type="checkbox"/> B.V.S.
POSTMORTEM EXAMINATION <input type="checkbox"/> OME by undersigned. <input type="checkbox"/> OME by Dr. _____ Hospital <input type="checkbox"/> None					

DATE OF POSTMORTEM EXAMINATION	TIME	A.M. P.M.	HEIGHT	WEIGHT
July 19, 1992	10:30		2 feet 0 in.	18.5 lbs. oz.

PART I	IMMEDIATE CAUSE (A) <i>DROWNING</i>
	DUE TO (B)
	DUE TO (C)

PART II	OTHER SIGNIFICANT CONDITIONS	AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---------	------------------------------	---

29 A. If Acc., Suicide, Hom., Undet. Or Pending Investigation (Specify) <i>Accident</i>	29 B. DATE OF INJURY (MO. DAY, YR.) <i>7/9/92</i>	29 C. HOUR OF INJURY <i>2:15 P.M.</i>	29 D. DESCRIBE INJURY OCCURRED <i>APPARENTLY FELL INTO BATH TUB</i>
--	--	--	--

29 E. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	29 F. PLACE OF INJURY (AT HOME, FARM, STREET, ETC.) <i>Residence</i>	LOCATION (STREET OR RFD NO.) (CITY, BORO, OR TWP.) (STATE) <i>802 E. UPSAL ST. PHILA, PA</i>
--	---	---

SIGNATURE <i>[Signature]</i>	M.D.	DATE SIGNED <i>7/9/92</i>
---------------------------------	------	------------------------------

COMMENTS

MEDICAL PHOTOGRAPHY <input type="checkbox"/> None <input checked="" type="checkbox"/> Ident. <input checked="" type="checkbox"/> External <input type="checkbox"/> Scene <input type="checkbox"/> Gross <input type="checkbox"/> Other <input type="checkbox"/> Internal	REQUIREMENTS <input type="checkbox"/> None <input type="checkbox"/> Hosp. Records <input type="checkbox"/> Toxicology <input type="checkbox"/> Histology <input type="checkbox"/> Circ. of Injury <input type="checkbox"/> Identification <input type="checkbox"/> Further Invest. by: <input type="checkbox"/> Homicide Unit <input type="checkbox"/> Detective Division
---	---

COPIES SENT TO	DATE
District Attorney	7/22/92

Ex #1
941104C BB1051

POSTMORTEM REPORT	CITY OF PHILADELPHIA OFFICE OF THE MEDICAL EXAMINER DEPARTMENT OF PUBLIC HEALTH	CASE NO. 3034-92
	NAME (S) [REDACTED] STREET [REDACTED]	

AGE 5 MOS.	SEX MALE	RACE BLACK	MARITAL STATUS SINGLE	DATE AND HOUR PRONOUNCED DEAD 7-9-92 - 4:07 P.M.
---------------	-------------	---------------	--------------------------	---

PLACE PRONOUNCED DEAD A.E.M.C.	DATE AND HOUR OF INJURY 7-9-92 - @2:15 PM	PLACE OF INJURY RESIDENCE
-----------------------------------	--	------------------------------

CIRCUMSTANCES OF INJURY
APPARENTLY FELL INTO BATHTUB

IDENTIFYING WITNESSES

NAME	ADDRESS	RELATIONSHIP
[REDACTED]	[REDACTED]	AUNT

HEIGHT ft. 2 0 ins.	WEIGHT 18.15s.	AUTOPSY <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AND HOUR OF POSTMORTEM EXAMINATION 7-10-92 - 10:30 A.M.
------------------------	-------------------	---	---

PATHOLOGIC DIAGNOSES

1. DROWNING

CAUSE OF DEATH
Ia. DROWNING

Ib.

Ic.
(contributory)

II

COMMENTS

MANNER OF DEATH _____ POSTMORTEM EXAMINATION BY *[Signature]*

INTRODUCTION

This is the case of a 5 months old black infant identified as [REDACTED] Jr. The subject according to available information, was left alone in a baby chair that was in a bathtub and drowned. An autopsy was performed on July 10, 1992 at 10:30 a.m.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished 5 month old black male measuring 2'0" and weighing 18.5 pounds. Crown rump length is 43 cm. The rump heel length is 24-1/2" cm. and the head circumference is 44 cm. The chest circumference is 41 cm. and the abdominal circumference is 44 cm. The hair is black/brown and curly and the eyes are of a dark brown color with white sclera. There was clear fluid exuding from the nose. There are 2 central incisors on the maxilla. The face is otherwise unremarkable. The chest is unremarkable. The abdomen appears round. The genitalia are that of a normal uncircumcised male with bilaterally descended testes. There is an intravenous line in the left antecubital fossa and recent puncture wounds of the right radial area. There is a femoral intravenous line with stitches present in the left groin. The back reveals a deep brown/blue colored mongolian spot on the buttocks and mild livor mortis. Rigor mortis is present.

INTERNAL EXAMINATION

The body is opened to reveal organs in the correct anatomic positions. The right and left pleural cavities contain physiologic amounts of fluid.

The right lung weighs 95 grams and the left lung weighs 76 grams. Both have slight petechial hemorrhages on the surface. The cut parenchyma is pink/red and unremarkable. The pericardial sac is incised to reveal physiologic amounts of food.

The heart is unremarkable weighing 42 grams. The heart has petechial hemorrhages on the surface.

The thymus is present and weighs 51.5 grams and reveals surface petechial hemorrhage. The peritoneal cavity is filled with 50 cc. of clear yellow peritoneal fluid.

The liver weighs 258 grams and is unremarkable.

POSTMORTEM REPORTCITY OF PHILADELPHIA
OFFICE OF THE MEDICAL EXAMINER
DEPARTMENT OF PUBLIC HEALTH

CASE NO.

3034-92

PAGE

3

The spleen weighs 28 grams and is of a dark red color.

The pancreas weighs 23 grams and reveals normal lobulation.

Both adrenals are present and unremarkable. The right kidney weighs 27.5 grams and the left kidney weighs 26.5 grams and both are unremarkable.

The stomach is incised to reveal 10 cc. of sludge-like gastric contents and unremarkable mucosa. The small and large bowel are unremarkable and appendix is present. The gallbladder is present.

The urinary bladder is present but contains no urine.

The brain weighs 1010 grams and is unremarkable.

CAUSE OF DEATH: Drowning

MANNER OF DEATH: Accident.


BENNETT G. PRESTON, M.D.
ASSISTANT MEDICAL EXAMINER

BGP:dl
7-22-92
per:dl 9-1-92

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH
(Coroner)

ONE 9 3034-92

TYPE/PRINT
IN
PERMANENT
BLACK INK

3

NAME OF DECEDENT

ALIAS USED

1. AGE (Last Birthday)		UNDER 1 YEAR	MONTHS	DAYS	UNDER 1 DAY	HOURS	MINUTES	DATE OF BIRTH	BIRTHPLACE (City and State or Foreign Country)	SEX	SOCIAL SECURITY NUMBER	DATE OF DEATH (Month, Day, Year)
2. COUNTY OF DEATH		PHILA		CITY, BORO, TWP OF DEATH		PHILA		FACILITY NAME (If not Institution, give street and number)		PLACE OF DEATH (Check only one - see instructions on other side)		4. JULY 10, 1992
3. DECEASED'S USUAL OCCUPATION		KIND OF BUSINESS/ACTIVITY		DECEASED'S EDUCATION		DECEASED'S EDUCATION		MARRIAGE STATUS		SURVIVING SPOUSE		
4. DECEASED'S MAILING ADDRESS (Street, City/Town, State, Zip Code)		DECEASED'S ACTUAL RESIDENCE (See instructions on other side)		17a. State		17b. County		17c. Yes, decedent lived in		17d. No, decedent lived		
5. DECEASED'S NAME (First, Middle, Last)		MOTHER'S NAME (First, Middle, Maiden Surname)		18. DECEASED'S NAME (First, Middle, Last)		19. MOTHER'S NAME (First, Middle, Maiden Surname)		20. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place		21. LICENSE NUMBER		
6. METHOD OF DISPOSITION		Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		DATE OF DISPOSITION (Month, Day, Year)		22. LICENSE NUMBER		23. NAME AND ADDRESS OF FACILITY		24. DATE SIGNED (Month, Day, Year)		
7. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		25. To the best of my knowledge, death occurred at the time, date and place stated.		26. TIME OF DEATH		27. DATE PRONOUNCED DEAD (Month, Day, Year)		28. LICENSE NUMBER		29. DATE SIGNED (Month, Day, Year)		
8. IMMEDIATE CAUSE (Final cause or condition leading to death)		30. IMMEDIATE CAUSE (Final cause or condition leading to death)		31. IMMEDIATE CAUSE (Final cause or condition leading to death)		32. IMMEDIATE CAUSE (Final cause or condition leading to death)		33. IMMEDIATE CAUSE (Final cause or condition leading to death)		34. IMMEDIATE CAUSE (Final cause or condition leading to death)		
9. MANNER OF DEATH		Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/>		Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		35. DATE OF INJURY (Month, Day, Year)		36. TIME OF INJURY		37. INJURY AT WORK?		
10. APPARENTLY FELT INTO		38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		39. RESIDENCE		40. LOCATION (Street, City/Town, State)		41. APPARENTLY FELT INTO		42. APPARENTLY FELT INTO		
11. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		43. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		44. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		45. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		46. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		47. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		
12. MEDICAL EXAMINER/COMMENTER		13. MEDICAL EXAMINER/COMMENTER		14. MEDICAL EXAMINER/COMMENTER		15. MEDICAL EXAMINER/COMMENTER		16. MEDICAL EXAMINER/COMMENTER		17. MEDICAL EXAMINER/COMMENTER		

28. TIME OF DEATH: 4:07 P.M. M. 29. DATE PRONOUNCED DEAD: JULY 10, 1992

30. IMMEDIATE CAUSE (Final cause or condition leading to death): PROMOTING

31. IMMEDIATE CAUSE (Final cause or condition leading to death): DUE TO (OR AS A CONSEQUENCE OF):

32. IMMEDIATE CAUSE (Final cause or condition leading to death): DUE TO (OR AS A CONSEQUENCE OF):

33. IMMEDIATE CAUSE (Final cause or condition leading to death): DUE TO (OR AS A CONSEQUENCE OF):

34. IMMEDIATE CAUSE (Final cause or condition leading to death): DUE TO (OR AS A CONSEQUENCE OF):

35. DATE OF INJURY: 7/9/92

36. TIME OF INJURY: 10:30 a.m.

37. INJURY AT WORK?

38. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)

39. RESIDENCE: 902 E. UPSAL ST. PHILA

40. LOCATION (Street, City/Town, State): PHILA

41. APPARENTLY FELT INTO: APPARENTLY FELT INTO

42. APPARENTLY FELT INTO: APPARENTLY FELT INTO

43. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: BENNETT G. PERRYON, M.D. 321 UNIVERSITY AVE. PHILA, PA.

44. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: BENNETT G. PERRYON, M.D. 321 UNIVERSITY AVE. PHILA, PA.

45. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: BENNETT G. PERRYON, M.D. 321 UNIVERSITY AVE. PHILA, PA.

46. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: BENNETT G. PERRYON, M.D. 321 UNIVERSITY AVE. PHILA, PA.

47. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: BENNETT G. PERRYON, M.D. 321 UNIVERSITY AVE. PHILA, PA.

15

TC-32

(4021)

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

X284656

Same = 45

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information noted below.

5mm Male

Date of accident 7/9/92 Date of death 7/9/92

Type of consumer product involved Infant bathing chair

Manufacturer, Model, Brand name, and Serial No. of product
Made by Safety First, Inc

Is product available for examination? yes no. If yes, where?
M.E.'s Office

Location of Accident: City Phil. State PA

Brief description of accident sequence: (PLEASE INCLUDE THE AGE AND SEX OF THE VICTIM(S))

Mother was giving the child a bath. She left the room to turn off air conditioning and lay out child's clothing. After about 2 min., she returned to find the child face down in water - still in chair. Child had drowned.

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident.

Phil Police - N.E. Detective Div. - Det Myers 315-686-3153

Medical Examiner's/Coroner's Case No. 3034-92 Telephone No. 315-823-7482

Reporter's Name Wm Gilbert Date Reported 7/23/92

Reporter's Off. (incl. city, county, and state) Phil. County

Medical Examiner's/Coroner's Name H.H. Mirchandani, M.D.

For processing at CPSC: Report rcvd. by: J. Jacobson

Chief Med. Exam. Rpt. () Copy for MECAP News ()
Regular MECAP () Document No. _____

DOB 5mm MC
\$20.50
- require
case #

M.E. office
619
824-4443

3-AUG 1992

16 JAN 1996 76

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO. 950926 CBB2034 <i>C 9590064</i>	2. INVESTIGATOR'S ID 8 1 6 9	3. OFFICE CODE 8 3 0
4. DATE OF ACCIDENT YR MO DAY 9 5 0 8 1 4	5. DATE INVESTIGATION INITIATED YR MO DAY 9 5 0 9 2 9	

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A nine month old boy drowned in the bathtub in his home. The victim was left in a bath seat in the bathtub with his 5 year old sister. When the baby sitter returned to the bathroom she found the victim lying on his back in the tub under water.

7. LOCATION (Home, school, etc.) Home	8. CITY Newport	9. STATE I N
--	--------------------	-----------------

10A. FIRST PRODUCT Child's Bath seat	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Safety 1st 210 Boylston St., Chestnut Hill, MA 02167
---	--

10B. SECOND PRODUCT Bathtub	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS UNKNOWN.
--------------------------------	---

12. AGE OF VICTIM 2 0 9	13. SEX (Use numerical code) MALE 1 FEMALE 2 UNKNOWN 3 1	14. DISPOSITION Fatality	15. INJURY DIAGNOSIS Submersion
----------------------------	--	-----------------------------	------------------------------------

16. BODY PART All	17. RESPONDENT(S) (Mother, Friend) Parents, police	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 1	19. TIME SPENT 0 8 0
----------------------	---	--	-------------------------

20. ATTACHMENTS Multiple	21. CASE SOURCE Newspaper	22. REVIEWED BY 8 1 3 0	YR MO DAY 9 6 0 1 0 9
-----------------------------	------------------------------	----------------------------	--------------------------

23. PERMISSION TO DISCLOSE NAMES (NON-HESS CASES ONLY)
 CPSC MAY DISCLOSE MY NAME CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

MFR/PRVLR NOTIFIED *Jan 4/24/98*
 No Comments made
 Comments attached
 Excisions/Revisions
 Firm has not requested further notice

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

16 JAN 1986 76

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO. 950926 CBB2034 C 9590064		2. INVESTIGATOR'S ID 8 1 6 9		3. OFFICE CODE 8 3 0	
4. DATE OF ACCIDENT YR MO DAY 9 5 0 8 1 4		5. DATE INVESTIGATION INITIATED YR MO DAY 9 5 0 9 2 9			

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A nine month old boy drowned in the bathtub in his home. The victim was left in a bath seat in the bathtub with his 5 year old sister. When the baby sitter returned to the bathroom she found the victim lying on his back in the tub under water.

7. LOCATION (Home, school, etc.) Home	8. CITY Newport	9. STATE I N
--	--------------------	-----------------

10A. FIRST PRODUCT Child's Bath seat	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Safety 1st 210 Boylston St., Chestnut Hill, MA 02167
---	--

10B. SECOND PRODUCT Bathtub	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS UNKNOWN.
--------------------------------	---

12. AGE OF VICTIM 2 0 9	13. SEX (Use numerical code) MALE - 1 FEMALE - 2 UNKNOWN - 3 1	14. DISPOSITION Fatality	15. INJURY DIAGNOSIS Submersion
----------------------------	--	-----------------------------	------------------------------------

16. BODY PART All	17. RESPONDENT(S) (Mother, Friend) Parents, police	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 1	19. TIME SPENT 0 8 0
----------------------	---	--	-------------------------

20. ATTACHMENTS Multiple	21. CASE SOURCE Newspaper	22. REVIEWED BY 8 1 3 0	YR MO DAY 9 6 0 1 0 9
-----------------------------	------------------------------	----------------------------	--------------------------

23. PERMISSION TO DISCLOSE NAMES (NON-NESS CASES ONLY)
 CPSMAY DISCLOSE MY NAME CPSMAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

MFR/PRVLR NOTIFIED Jan 4/24/86
 No Comments made
 Comments attached
 Excisions/Revisions
 Firm has not requested further notice

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

PRE-ACCIDENT:

According to the victim's mother, the victim was a normally healthy active nine month old child and that he was not chronically or acutely ill at the time of the accident. The mother said that the accident occurred at about 4:30 pm, a time at which the victim would have been normally awake and alert. The mother said that the victim and his sisters ages two years and five years had been left in the care of the 14 year old female baby sitter at about 12:30 pm on the day of the accident. The accident occurred at the victim's home. The victim's mother said that the baby sitter had cared for the children on one occasion prior to the time of the accident. The mother said that she had observed the baby sitter on the prior occasion and was convinced that the baby sitter was conscientious and cared well for the children. The mother said she did not specifically recall having given the baby sitter permission to bath the children but that neither had she specifically advised the baby sitter not to bath the children. The mother said that at some point during either the first or second time this baby sitter had been with the children she had shown the bathing seat to the baby sitter.

The mother said that the bathing seat had been purchased for the victim three or four months prior to the accident and since that time had been used almost daily in bathing the victim. She said that she had noticed that for a few weeks prior to the accident, that the victim was able to raise himself practically out of the bathing seat with his hands and feet. The mother said that she did not recall warning the baby sitter about the victim's ability to raise himself practically from the seat.

According to the baby sitter's statement, just prior to the accident the two year old child was asleep on the couch. The mother indicated that the couch was in the living room which was adjacent to the master bedroom. The mother said that the baby sitter had told her that the five year old asked to be bathed in the garden tub in the full bath of the master bedroom. The mother said that the baby sitter had carried the bathing seat from the common bathroom to the master bathroom and put it in the tub of the master bathroom and put in about six inches of water. The baby sitter's statement said that the victim and the five year old sister had been in the bath tub for about five minutes when the two year old on the couch started to wake up. The baby sitter's statement indicates that the baby sitter told the five year old to let the water out and that she (the baby sitter) would be right back. The baby sitter's statement indicates that she went to the two year old and that the two year old started to go back to the bathroom with her but that on the way decided to watch television instead. The baby sitter's statement indicates that she returned to the bathroom, apparently after turning on the television for the two year old child. The statement indicates that as she was going toward the bathroom she heard the five year old yelling " he's

blue, he's blue".

ACCIDENT:

The baby sitter's statement indicates that when she entered the bathroom she saw the victim lying face up under water. The statement indicates that the baby sitter picked up the victim and the child seat and carried it into the living room where she used the telephone to call for help.

POST-ACCIDENT:

The baby sitter's statement indicated that she telephoned the telephone operator who connected her with local ambulance service. The baby sitter's statement indicates that she just kept pressing the victim's chest. The statement indicates that the five year old child was sent to a neighbor for help. The statement indicates that neighbor came before the ambulance arrived and that the neighbor "took over".

The victim was subsequently taken by ambulance to a local hospital where he was pronounced dead. Attached as Exhibit #3 is the witness statement of the first to arrive emergency medical technician.

PRODUCT IDENTIFICATION:

The accident occurred in an approximately four year old permanently installed manufactured home with two bathrooms, one a standard size bathroom located off a central hallway and the other a "garden" bath tub (see photo exhibits) in the master bedroom of the home.

The bathing seat involved in the accident was discarded by the victim's parents shortly subsequent to the accident, according to the victim's mother. The victim's mother said that the bathing seat had been purchased about three or four months prior to the accident at Wal-Mart, Terre Haute, IN. The victim's mother said that the seat involved in the accident was identical to one that was owned by a neighbor and is shown in the attached photo exhibits four through eight. The seat actually involved in the accident is shown in photos taken by the Vermillion County Sheriff's Department which will be forwarded when received.

The seat is approximately 7 1/2 inches high by 11 inches in diameter and has slots to attach four suction cups. The victim's mother said that the suction cups which came with the baby seat "came off" the baby seat very readily. She said that when the baby seat was pressed against the bottom of the bath tub and the baby seat then lifted out of the tub two or three of the suction cups would come off of the seat almost every time. She said that she thought that only one of the suction cups was on the baby's seat at the time of the accident.

The baby seat also has a locking feature which allows the seat to be held stationary or, when unlocked, to allow the base to remain stationary while the seat portion can be rotated by the child. The only labeling found on the baby seat which the mother provided is shown in photo Exhibit #7 & 8. Photo 8 indicates that the unit is manufactured by Safety 1 St. Inc.

ATTACHMENTS:

- Exhibit 1 Copy of Vermillion County Sheriff's Dept. Report.
- Exhibit 2 Copy of baby sitter's statement.
- Exhibit 3 Copy of statement of emergency medical technician.
- Exhibit 4 Photographs.

Vermillion County Sheriff's Department

Case Number: 95-1730

Case Report

Page: 1 Of:

Offense: ACCIDENTAL DROWNING

LC #:

Name: [REDACTED]

Telephone: [REDACTED]

Address: [REDACTED]

Sex: M Race: W DOB: 10/17/94 Age: SSN:

Place of Treatment: VERMILLION COUNTY HOSPITAL

Date and Time of Offense: 8/14/95 Date and Time Reported: 8/14/95 16:51

Reported By: OPERATOR Rp's Telephone:

RP's Address:

Location: [REDACTED]

City: NEWPORT Township: VERMILLION

IDACS Entry: NCIC Entry:

Vehicle Description Color: Year: Make: Model:

License Number: License Year: State: VIN:

Name of Owner: Address of Owner:

Suspect: Suspect DOB: Suspect SSN:

Suspect Address:

Instrument, Force, or Weapon:

Person(s) Arrested:

Scene Processing: PICTURES WERE TAKEN AT THE RESIDENCE, HOSPITAL AND AT THE AUTOPSY.

Evidence Collected: NONE AT TIME OF REPORT.

Motive: NONE

Method of Operation: SUJECT WAS PLACED IN INFANT SEAT IN BATH TUB. INFANT GOT OUT AN DROWNED.

Articles Taken, ID#, Value \$: N/A

Property Recovered, Value \$, Disposition: A EPORT WAS MADE AND AND AUTOPSY WAS PERFORMED.

Witnesses: [REDACTED] (14) [REDACTED] (SISTER) (5) IN THE BATH TUP WITH [REDACTED]

Summary: ON 8/14/95 AT 16:51 THE VERMILLION COUNTY SHERIFF'S DEPARTMENT RECEIVED A TELEPHONE CALL OF A POSSIBLE DROWNING IN NEWPORT, IN. THIS WOULD BE AT THE [REDACTED] AND [REDACTED] RESIDENCE ON BRICK ST. AN AMBULANCE WAS DISPATCHED, AS WELL AS THE OFFICER. UPON ARRIVAL IT WAS LEARNED THAT THAT [REDACTED] WAS FOUND IN THE BATH TUB OGF THE [REDACTED] RESIDENCE BY THE BABYSITTER [REDACTED] S D.O.B. IS 8/7/81.

THE BABY WAS TRANSPORTED TO THE VERMILLION COUNTY HOSPITAL BY VERMILLION COUNTY AMBULANCE. THE INFANT DIED AT 18:08. THE INVESTIGATION REVEALED THAT THE BABYYSITTER HAD PLACED THE BABY AND HIS 5 YEAR OLD SISTER [REDACTED], IN THE BATH-TUB. [REDACTED] WAS PLACED IN A CHILD'S SEAT. THE BABYSITTER LEFT THE ROOM TO GO CHECK ON ANOTHER CHILD THAT WAS WAKING UP IN THE LIVING ROOM FROM A NAP. WHEN THE BABYSITTER STARTED TO RETURN, SHE HEARD THE 5 YEAR OLD YELLING "HE'S BLUE" AND THE BABYSITTER THEN DISCOVERED THAT

950926 CBR 2034

Vermillion County Sheriff's Department Supplemental Case Report

Case Number: 95-1730

Page: 2 Of:

Supplement: _____

██████████ HAD BEEN ABLE TO GET OUT OF HIS CHILD'S SEAT AND WAS IN THE WATER.

THE BABYSITTER REMOVED THE BABY FROM THE BATHTUB AND CALLED THE OPERATOR FOR

ASSISTANCE. THE BABYSITTER TRIED TO REVIVE THE BABY AS WELL AS A NEIGHBOR

██████████ WHO LIVES ACROSS THE STREET THAT HEARD THE OLDSER CHILD YELLING FOR HELP.

THE BATHTUB WATER WAS FILLED TO THE BOTTOM OF THE U IN THE TUB.

THE BABYSITTER STARTED BABYSITTING AROUND 12:45 P.M.

THE BABY HAD NO ALLERGIES. THE LAST TIME HE WAS TO THE DOCTOR (DR. ██████████) WAS APPROXIMATELY 1 MONTH AGO FOR EARS AND THROAT. HE WAS TAKING NO MEDICATIONS.

THE BABYSITTER'S PARENTS ARE ██████████ AND ██████████

THIS IS ONLY THE SECOND TIME THE BABYSITTER HAS WATCHED THE CHILDREN.

D n 1 n

so

n - i

STATE OF INDIANA
VS.

CAUSE NUMBER _____

950926CBB2034

Ex #2

AFFIDAVIT FOR PROBABLE CAUSE

_____, having affirmed under the penalty of perjury

says that: I was babysitting for Mr. and Mrs. _____
_____ three kids on 8/14/95. The two year old
daughter (_____) had been asleep on the couch since
around 3:00. Around 4:25 _____ the 5 year old
asked me if she could take a bath. Then she
asked if the 10 month old baby (_____) could take
it with her. I said if he doesn't start crying
and you put him in his seat. She said alright
_____ liked it so I just stood in there and
cleaned up their mess. (clothes into the hamper
or laundry basket). Around five minutes later
_____ started to wake up. I told _____ to let
the water out and that I would be right
back. _____ started to go back to the restroom
with me and decided to watch television
instead. On my way back to the restroom
_____ starts yelling he's blue, his blue. I did
understand her at first. Then I saw him
_____ sore up and picked him up along with the seat

under the water. Signed this 15 day of August 19 95

Signature of Aff

I affirm under the penalties for perjury, that the foregoing representations are true.

Signature of Aff

950926C RB 2034

STATE OF INDIANA
COUNTY OF VERMILION

IN THE VERMILION CIRCUIT COURT

STATE OF INDIANA
VS.

CAUSE NUMBER _____

AFFIDAVIT FOR PROBABLE CAUSE

_____, having affirmed under the penalty of perjury

says that: I started to scream and ran for the phone in the living room. I told [redacted] to go get help and bring a neighbor over. I dialed 911 on the phone and the operator hooked me up with the ambulance. The neighbor came running before the ambulance answered and she took us over. I went out and waited for the ambulance till it came.

just
option
needing
is check

Signed this: 15 day of August 19 9

[redacted signature]

Signature of Aff:

I affirm under the penalties for perjury, that the foregoing representations are true.

[redacted signature]

Case No: 95-1730
 Investigating Agency: VERMILION CO SHERIFFS DEPT
 Investigating Officer(s): PAUL F. CURRY

WITNESS' STATEMENT

I. You are writing a statement which may be used in a criminal prosecution. Therefore, it is extremely important that you write an accurate, complete, and legible statement. It is also important that the police officer(s) and/or the Prosecutor's Office know where to contact you regarding the information in your statement. Please fill in the following information.

Name of Witness: [REDACTED]
 Present Address of Witness: [REDACTED]
 Age of Witness: 37
 Home Phone Number: [REDACTED]
 Work Phone Number: [REDACTED]
 Social Security Number: (Optional) [REDACTED]
 Date and Time of this Statement: Aug 16, 1995

II. As you write your statement, please be as accurate and precise as possible. For example, when you first refer to a person, please use both his/her first and last name, and if you know his/her address, list that information as well in your statement. Remember that you are attempting to give us information about who, what, where and when. If you have questions as you are writing your statement, please ask the officer in charge.

When I first arrived at approximately 5:00 pm
the infant was laying in the living room on its right side.
[REDACTED] who lives the next house north on Mason St had
one hand on his chest, the other on his back trying to compress his chest
to expel the water. The baby was ashen colored and had defecated
which indicated that his organs had failed. I asked the babysitter
how long had he been in the water and she responded that
she wasn't sure, maybe 5 or 6 minutes. I rolled him over on his
back and noticed that his stomach was distended approximately 6 to 8 inches
which indicated that he was full of water. I tried to give him
a couple of quick breaths and all I got was foam and water and it was
extremely hard to blow because all it was doing was compressing the water

already went 10-8 and should be there in 2 to 3 minutes and it
 wouldn't do any good anyway. Puffed the child back on his side
 and tried to expel more water, got a little more out and tried to breathe
 again but still wouldn't get any air to go to his lungs. Ambulance
 arrived within the next couple of minutes with [redacted] and
 [redacted] on board. Helen was first in the door and asked
 what they had and I told them a possible drowning. She took
 the baby and took over his care. I asked [redacted] if he had anything
 he needed or if he needed more and he said he thought he had
 enough for the moment. They kept working on him and got ready
 to leave and I got in line and help [redacted] and I continued
 breathing for him all the way to UCH.

(Use the back of this page if necessary.)

I affirm under penalties of perjury that the foregoing
 representations are true and accurate to the best of my
 knowledge.

[redacted]
 Signature of witness

bath seat

TC 20

15

Reed SEP 14 1995

INDIANA PRESSCLIP, INC.
P.O. BOX 784
BLOOMINGTON, IN 47402
(800) 276-8588

AUG 15 1995
CLINTONIAN
CLINTON
Circ:5,542
Party:Rep
Dist:M-F
County:VERMILLION
Pop:16,773.00

G 59-2064

Baby drowns in bathtub Monday

A nine-and-a-half-month old baby died after slipping into the water of a bathtub at his Newport home Monday.

and [redacted] infant son of [redacted] and [redacted] died shortly after 6 p.m. Tuesday in the emergency room at Vermillion County Hospital in Clinton. The child had been taken to the hospital after efforts to revive him at his home failed.

Shortly before 5 p.m. Monday, the Vermillion County Sheriff's Department sent an ambulance to the [redacted] residence after receiving a telephone call about a "possible" drowning there.

Sheriff Paul Curry said when he arrived at the home, he learned that a babysitter had placed the child in a child's seat in the bathtub with his five-year-old sister. Curry said the babysitter left the

room to attend the children's two-year-old sister, [redacted], who was waking from a nap in the living room and was returning to the bathroom when she heard the five-year-old yelling, "he's blue." Somehow, the baby had been able to slip from his seat and was lying in the bath water.

After grabbing the baby from the bathtub and calling a telephone operator for help, the 14-year-old babysitter attempted to revive the child. Her efforts, as well as those of ambulance technicians and a neighbor who heard the oldest child's cries for help, were unsuccessful.

An autopsy conducted later by Vermillion County Coroner Rick Giovanni confirmed the child's death was due to drowning.

Funeral services for [redacted] are pending at DeVerter Brothers Funeral Home in Cayuga.



950924 CBB 2034

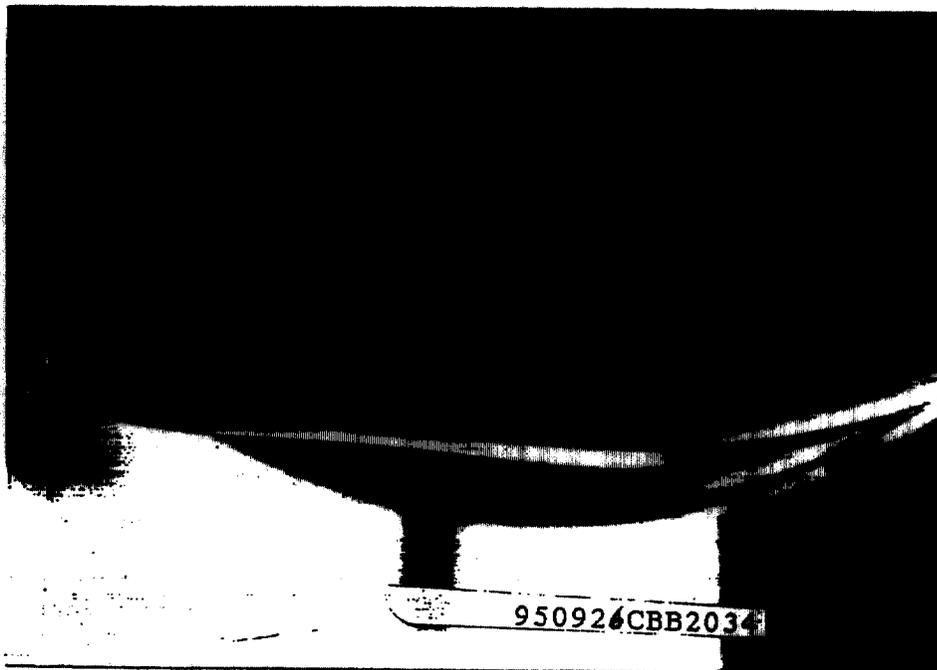


Photo #7 Bath seat
labeling

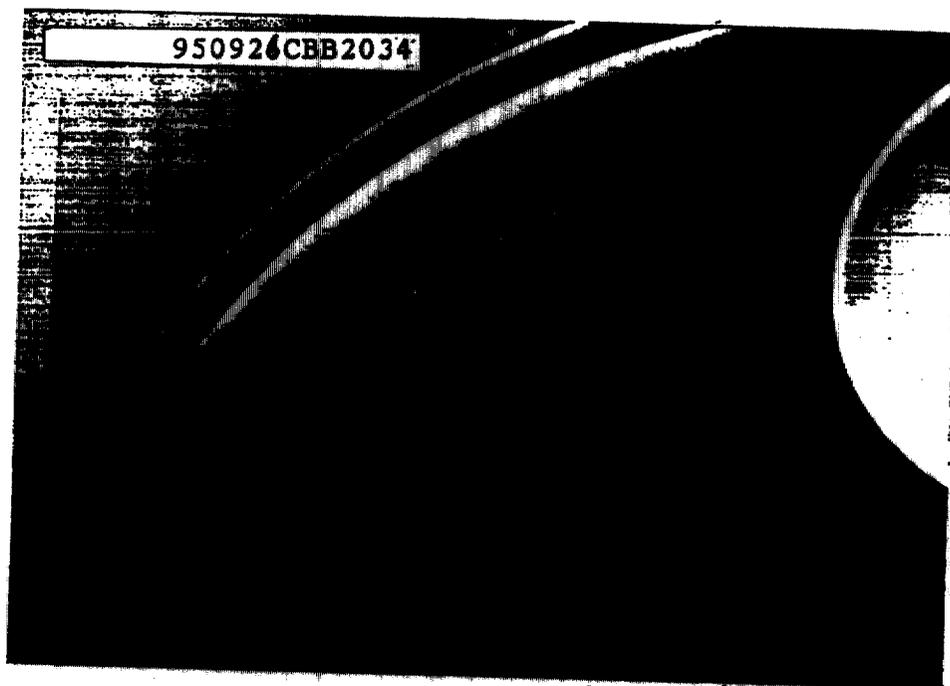


Photo #8 Bath seat
labeling



Photo #5 Bath seat parent
ident. as identical to one
child was using

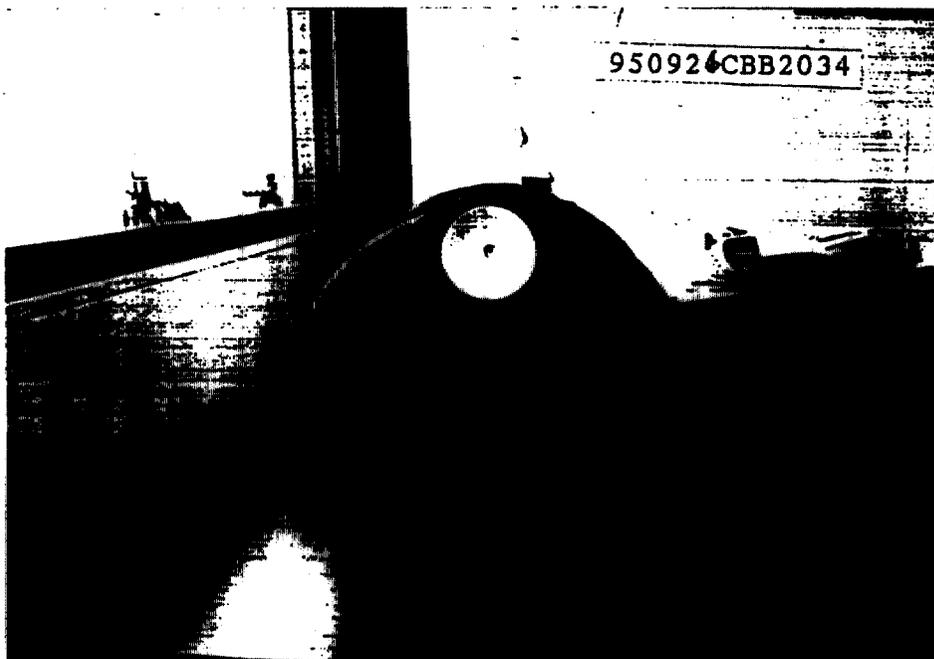


Photo #6 Bath seat with
one of four suction cups
and slots for missing cups

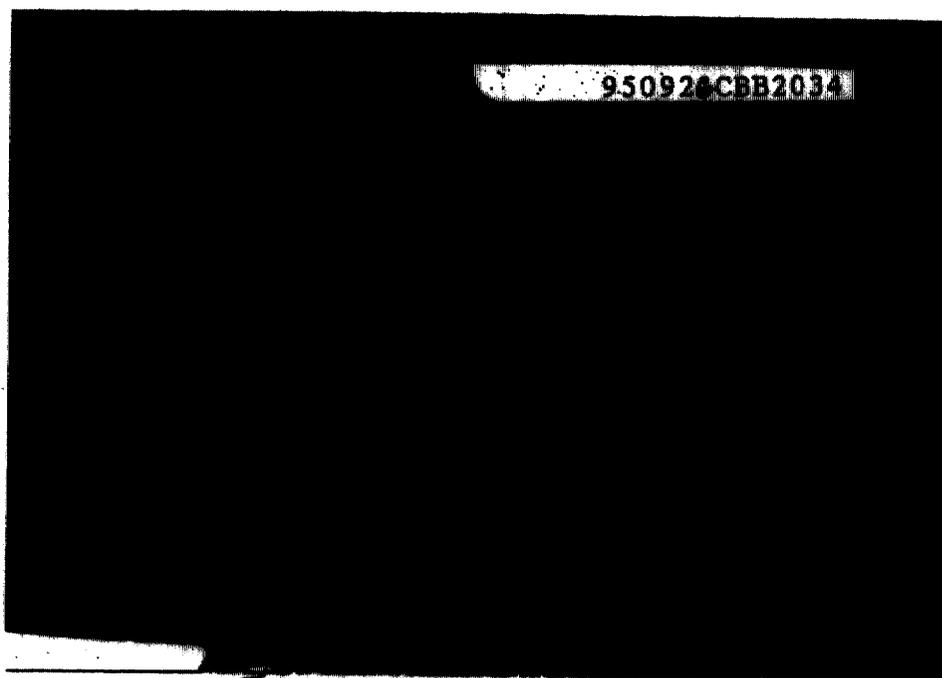


Photo #3 View of bathtub

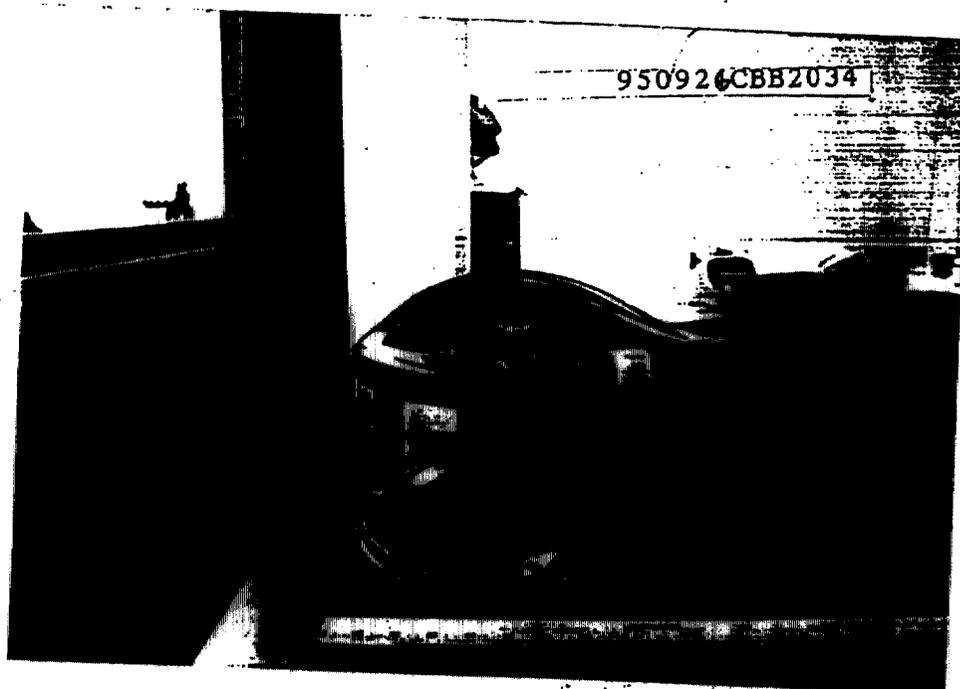
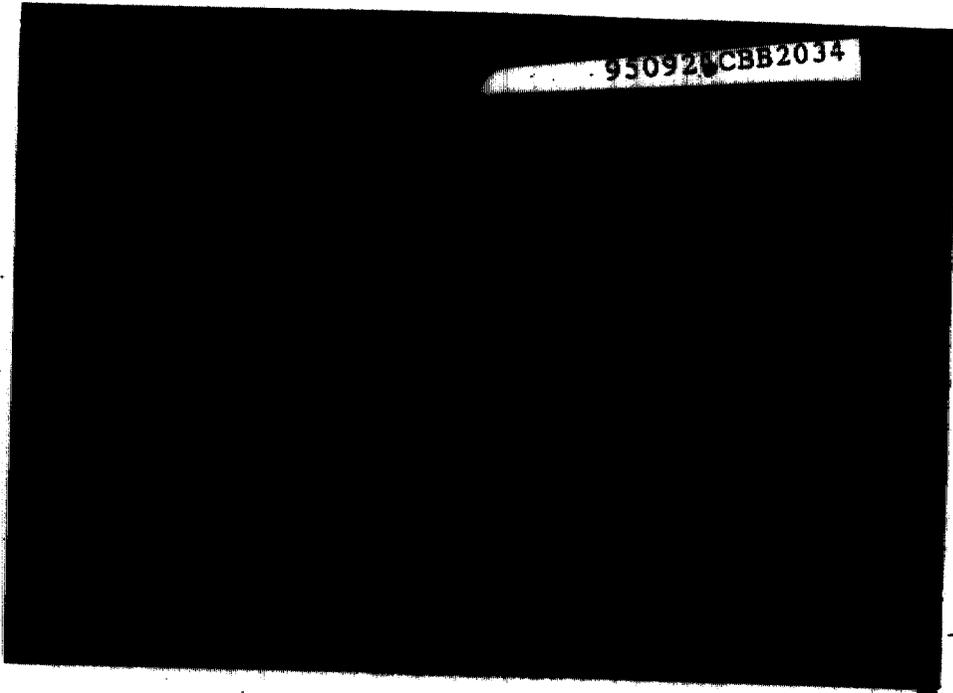


Photo #4 Bath seat parent
ident. as identical to one
child was using



950926CBB2034

Photo #1 View of bathtub

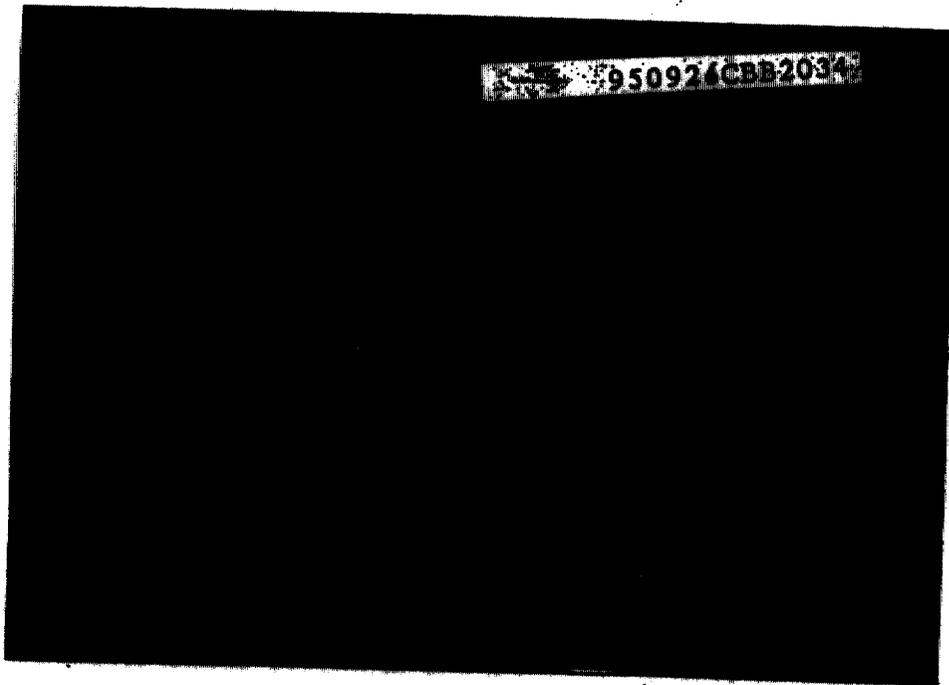


Photo #2 View of bathtub

28 MAR 1997

1. CASE NO. 970131CCC5287	2. INVESTIGATOR'S ID 8 4 4 4	3. OFFICE CODE 8 3 0	EPIDEMIOLOGIC INVESTIGATION REPORT
4. DATE OF ACCIDENT 9 5 1 2 0 7	5. DATE INVESTIGATION INITIATED 9 7 0 2 1 2	YR MO DAY	

6. SYNOPSIS OF ACCIDENT OR COMPLAINT According to investigating officials, a 9 month old female infant was found in the bathtub of her home, face down and unconscious by her babysitter. The victim was pronounced dead at the local hospital, due to accidental drowning.

7. LOCATION(Home, school, etc.) home - bathtub	8. CITY Moultrie	9. STATE Georgia
---	---------------------	---------------------

10A. FIRST PRODUCT bathtub	11A. TRADE/BRAND NAME, MODEL: unknown
10B. SECOND PRODUCT bath seat	11B. TRADE/BRAND NAME, MODEL: unknown

12. AGE OF VICTIM 2 0 9	13. SEX(Numerical code) Male -1 Female -2 Unknown-3 2	14. DISPOSITION fatality 8	15. INJURY DIAGNOSIS submersion 6 9
----------------------------	---	-------------------------------	--

16. BODY PART all parts	17. RESPONDENT(S) babysitter	18. TYPE INVESTIGATION On Site 1 Telephone 2 Other 3	19. TIME SPENT 0 4 0
----------------------------	---------------------------------	---	-------------------------

20. ATTACHMENTS multiple	21. CASE SOURCE MECAP	22. REVIEWED BY 8 0 0 7	YR MO DAY 9 7 0 3 2 0
-----------------------------	--------------------------	----------------------------	--------------------------

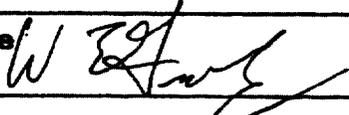
23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only)
 CPSC MAY DISCLOSE MY NAME CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE(See Instructions on Other Side) 25. REGIONAL OFFICE DIRECTOR REVIEW DATE

Handwritten: 2/3/99
 REVIEWED BY [Signature]
 DATE [Signature]
 COMMENTS [Signature]

(Use Other Side and Additional Sheets If Necessary)

FIELD ACTIVITY COVERSHEET

1 Region/State FOCR/ATL-SO		2 Operation (Check one) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment visit <input type="checkbox"/> Telephone contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other _____		3 Date 10/16/96	
				4 Number 970131CCC5287	
5 Establishment Name <u>unknown</u> Address _____ City _____ State _____ Zip _____ Telephone _____					
6 Related firm <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other Name _____ City _____ State _____					
7 Products covered <u>bathtub</u>			8 Other consumer products _____		
9 Establishment Type <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own label distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other _____			10 Annual production Product covered \$ _____ units _____ Other products \$ _____ units _____		
11 IS business unknown % received _____ % shipped _____		12 Samples collected none	13 MIS code 32626	14 Hours Activity <u>4</u> Travel <u>0</u>	
15 Reason for activity In accordance with assignment request 970131CCC5287, received and initiated 02/12/97.					
16 Announced <input type="checkbox"/> (Rationale for announced inspection) Unannounced <input type="checkbox"/>					
17 Employee's Name Linda C. Rogers		Title Product Safety Investigator	Signature date		
18 <input type="checkbox"/> Endorsement <input type="checkbox"/> Remarks <input type="checkbox"/> Summary <input type="checkbox"/> Other _____ A 9 month old female drowned after her babysitter left her unattended in a bathtub to answer the phone. The sitter had placed the victim in a bath seat and left only because she thought it would keep the infant upright while she was gone. No product ident. was available on the bath seat.					
F/U: None - Refer to CCA (RR)					
19 Reviewer's Name William E. Gentry		Title Supervisory Investigator		Signature 	
20 Review Date 03/20/97		21 Distribution O: EPDS, C: FOCR(IDI), CCA (RR), CS: BG, RF, LCR			

PRE-ACCIDENT:

970131CCC5287

NOTE: According to the family's former babysitter, the family has moved from Moultrie, GA. She stated they felt they had to move due to harrassment, and gossip following the victim's death. Investigating officials had not been in contact with the family since the incident. This report is limited to the information obtain from the babysitter, police and coroner.

The babysitter was identified in the incident report and was contacted. She stated she only wanted to speak briefly about the incident, but reported the following.

The respondent stated that she regularly babysat the 9 month old female infant for the victim's family; and she would visit the family's home to babysit. She stated on the day of the accident, the victim's mother was getting ready to go to a funeral. She stated the victim's mother left the home to take care of an errand.

She stated, at the time, she had prepared the victim's bath. She stated she placed the victim's bath seat inside the bathtub. She stated she plugged the tub with a "wash rag" (she stated the family used a wash rag, since the plug was missing). She ran water in the bath tub until there was about 6" of water; then placed the victim inside the seat.

She stated the victim played and splashed in the water about 10 minutes, until the phone rang. She temporarily left the bathroom to answer the phone. The victim's mother called and asked her to remove clothes from the dryer, which she stated she did. She stated she was gone about five minutes.

ACCIDENT:

The respondent stated when she returned to the bathroom, the victim was face down and unconscious. She stated she immediately removed the victim.

POST- ACCIDENT:

The respondent attempted to resuscitate the victim, then she stated she called "911". She stated she worked on the victim trying to revive her, but she never responded. She stated she loved the victim very much and that she is still haunted by the incident. She stated she believes that when she left to get the phone, the victim reached forward in an attempt to pull on the wash rag used to plug the tub.

POST-ACCIDENT (cont'd):

970131CCC5287

She stated she could not remember any product identification about the bath seat or bath ring, but had removed it from the box, where the family stored it. She stated it had been used several times by the family and she had used it when she babysat the victim for about 5 or 6 times.

She stated she wanted me to report that the bath seat gave a "false sense of security". She stated the suction cups adhered to the tub, and she felt the victim would be safe. When asked if she had experienced any problem with the bath seat in the past, she responded "no", but that it would sometimes come apart when you attempted to remove it from the tub. The suction cups would be difficult to remove. She stated the family had not reported a problem with the seat.

She stated that even though the police ruled the incident to be accidental, the family was harrassed so much in their neighborhood. She stated she was maligned as well, following the accident. She stated she misses the victim and loved her like she was her own. She stated she did not know where the victim's family had moved.

According to the police investigator, the victim was found in a bath tub, face down and unconscious by the victim's babysitter. He stated his report was very limited, and he did not record the product identification for the bath seat. He stated the death was an accidental drowning. The medical examiner reported the victim died due to accidental drowning.

PRODUCT IDENTIFICATION:

1st Product: Bathtub.

NOTE: No additional information available.

2nd Product: Bath seat or bath ring (babysitter not certain of official name).

NOTE: No additional information available.

ATTACHMENTS:

- 1) Incident Report;
- 2) Medical Examiner's Report;
- 3) Copy of Certificate of Death.

Attachment 1
9701310005287

ORI : 0350000
AGENCY : COLQUITT S.O.

INCIDENT REPORT

PAGE: 1
CASE NO: 95-12-144

I N C I D E N T	INC TYPE: INFANT DEATH INVESTIGATION	CNT: 1	PREMISE:
	INC DATE: 12/07/95 TO DATE: 12/07/95 TIME: 1220 TIME: 1330	STRANGER TO STRANGER: N WEAPON TYPE :	
	INC LOC : [REDACTED]	LOC CODE:	

C O M P	COMP NAME: [REDACTED]	SOC
	CTY/ST/ZIP: MOULTON GA 31768	HOME PH: [REDACTED]

V I C T I M	VICT NAME: [REDACTED]	SOC :
	CTY/ST/ZIP: MOULTON GA 31768	HOME PH: [REDACTED]
	EMP/OCC: INFANT	WORK PH: [REDACTED]
		RACE: W SEX: F AGE:

O F F E N D E R	OFFD NAME: [REDACTED]	SOC :
	CTY/ST/ZIP: [REDACTED]	HGHT: [REDACTED]
	TYPE: [REDACTED]	HAIR: [REDACTED]
	OLN: [REDACTED]	WGHT: [REDACTED]
		EYES: [REDACTED]

RACE: W SEX: F AGE: [REDACTED]

CHARGE: [REDACTED]

CNT: [REDACTED] OFF LOC: [REDACTED] ARR LOC: [REDACTED]

I N F O	WANTED: [REDACTED]	WARRANT: [REDACTED]	ARREST: [REDACTED]	TOT ARR: [REDACTED]	AT/NEAR: [REDACTED]	OFF DATE: [REDACTED]
	VEH TAG: [REDACTED]	ST: GA YR: [REDACTED]	VIN: [REDACTED]	VALUE: [REDACTED]		
	STOLEN: [REDACTED]	YEAR: [REDACTED]	TRANS: [REDACTED]	PLATE: [REDACTED]		
	RECOVD: [REDACTED]	MAKE: [REDACTED]	COLOR: [REDACTED]			
	SUSPCT: [REDACTED]	MODL: [REDACTED]	MOTOR: [REDACTED]			
		ST: [REDACTED]	INS BY: [REDACTED]			

W I T	1: WITNESS NAME	WITNESS ADDRESS	PHONE
	2: [REDACTED]	[REDACTED]	[REDACTED]

P R O P E R T Y	STOLEN : VEHICLE CURRENCY JEWELRY FURS	TOTAL STOLEN: RECOVD:
	RECOVD :	
	STOLEN : CLOTHING OFFICE E. TV, RADIO HOUSEHOLD	
	RECOVD :	
	STOLEN : FIREARMS CONSUM G. LIVESTOCK OTHER	
	RECOVD :	

Attachment 1
970131005282

ORI : 0350000
AGENCY : COLQUITT S.O.

INCIDENT REPORT

PAGE: 2
CASE NO: 95-12-144

ADMIN	WAR:	MISS PER:	VEH:	ARTCL:	BOAT:	SEC:
	DRUG RELATED:					
	CLEAR BY ARREST:	EXCEPTIONAL:		UNFOUNDED:		
	REPORT DATE:	CLEARED DATE:		ADULT:	JUVENILE:	
	REP OFFICER: 69C2	HECTOR RODRIGUEZ				
APP OFFICER: 669C	LT. HAL SUBER					

NARRATIVE:

ON THURSDAY, DECEMBER 7, 1995, COLQUITT COUNTY SHERIFF'S DEPARTMENT INVESTIGATOR HECTOR RODRIGUEZ CONTACTED COLQUITT COUNTY CORONER RODNEY BRYANT AT THE COLQUITT REGIONAL MEDICAL CENTER EMERGENCY ROOM IN MOUNTAIN, GEORGIA. RODNEY REPORTED THAT [REDACTED] BROUGHT HER 9 MONTH OLD DAUGHTER TO THE EMERGENCY ROOM FOR TREATMENT. [REDACTED] WAS FOUND IN THE BATH TUB FACE DOWN AND UNCONSCIOUS BY [REDACTED] CHILD'S BABYSITTER. THE INITIAL INVESTIGATION OF THE DEATH IS ACCIDENTAL DROWNING. AN AUTOPSY WILL BE PERFORMED ON THE INFANT AT THE GEORGIA STATE CRIME LAB. FOR FURTHER INFORMATION SEE CASE REPORT #35-0397-01-95.

CC

Attachment 2
940131 CCC 5284

STATE OF GEORGIA
GEORGIA BUREAU OF INVESTIGATION
DIVISION OF FORENSIC SCIENCES
RECORD OF MEDICAL EXAMINER

CITY: Moultrie		COUNTY: Colquitt		CASE NO. M95-6391		
NAME OF DECEDENT: [REDACTED]						
RESIDENCE OF DECEDENT: [REDACTED] Moultrie, GA						
AGE/DOB: 02-27-95 (9M)		SEX: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		RACE: White	HT. 69.8 cm.	WT. 10.0 kg.
MANNER OF DEATH: NATURAL <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		SUICIDE <input type="checkbox"/>	ACCIDENT <input checked="" type="checkbox"/>	
UNDETERMINED <input type="checkbox"/>		OTHER <input type="checkbox"/>				
CAUSE OF DEATH: Drowning.						
LAST SEEN: DATE: 12-07-95		HOUR: 1230~		PLACE: Bathtub of Residence		
FOUND: DATE: 12-07-95		HOUR: 1250~		PLACE: Bathtub of Residence		
INJURY: DATE:		HOUR:		PLACE:		
PRONOUNCED: DATE: 12-07-95		HOUR: 1338		PLACE: Colquitt Reg. Med. Center		
NOTIFIED BY: Rodney Bryan, Coroner			DATE: 12-07-95		HOUR: 1550	
BODY IDENTIFIED BY: Family				PHOTOGRAPHS: DOFS		
AUTOPSY AUTHORIZED BY: Coroner				CORONER NOTIFIED: Yes		
PRESENT AT AUTOPSY: Rodney Bryan						
INVESTIGATING OFFICER(S): Inv. Hector Rodriguez						
EMPLOYED BY: Colquitt County S.O.						
SUSPECT:						
NAME OF MORGUE: Moultrie DOFS		DATE RECEIVED: 12-07-95		HOUR: 1612		
BODY REMOVED FROM: Colquitt Reg. Med. Center			TRANSPORTED BY: Colquitt Co. EMS			
AUTOPSY <input checked="" type="checkbox"/>		LIMITED DISSECTION <input type="checkbox"/>		EXTERNAL EXAM <input type="checkbox"/>	HISTORY REVIEW <input type="checkbox"/>	

State of Georgia

GBI - DIVISION OF FORENSIC SCIENCES
P.O. BOX 370806 Decatur, Ga. 30037-0806

NOTIFICATION DATE 12/17/95
 NOTIFICATION TIME 1340 hrs.
 NOTIFIER'S NAME Paul York
 NOTIFIER'S TITLE/AGENCY/PHONE RN-ER-890 340 0

CITY WHERE INCIDENT OCCURRED Moultrie
 COUNTY WHERE INCIDENT OCCURRED County
 INVESTIGATING OFFICER & AGENCY H. Rodriguez CC50

795-6341

CONCERNING THE DECEDENT:
 FIRST, MIDDLE, LAST NAME ~~XXXXXXXXXXXXXXXXXXXX~~
 AGE, RACE, AND SEX 4 months white female
 HOME ADDRESS, CITY, STATE, ZIP 1713 Tallahassee St. Moultrie, GA. 31768
 DOB + SOCIAL SECURITY # 2/27/95 - 260/91/5439

WHO PRONOUNCED DEATH Erik St. Pierre
 WHERE PRONOUNCED DEAD CRMC-ER
 DATE + TIME PRONOUNCED 12/17/95 1339 hrs

TYPE OF DEATH DEATH WITNESSED PERSON FOUND DEAD

ADDRESS WHERE ABOVE OCCURED ~~XXXXXXXXXXXXXXXXXXXX~~
 DATE + TIME OF ABOVE 12/17/95 - between 1230 - 1245 hrs

DESCRIPTION OF CIRCUMSTANCES Infant was put in tub in a bath stool in about 6" of water, she either went back to check on infant and infant was on floor face to side in bottom of tub.

PERSONAL DOCTOR'S NAME/PHONE Dr. McCoy in Tifton

KNOWN MEDICATIONS None

KNOWN ILLNESSES, COMPLAINTS None

WHO WILL SIGN DEATH CERTIFICATE Coroner
 CAUSE OF DEATH LISTED ON DIC Pending
 MANNER OF DEATH LISTED ON DIC Pending

DATE + TIME OF INJURY 12/17/95 - between 1230 - 1245 hrs.
 ADDRESS OF INJURY 1713 Tallahassee St. Moultrie, Ga.
 HOW INJURY OCCURRED found on stomach in bottom of tub.

FINDER'S NAME, ADDRESS, PHONE Carolyn Boyan - 713 525 St. S.E. 92891 3200
 DATE + TIME LAST KNOWN ALIVE 12/17/95 1215 hrs
 WHERE + HOW LAST KNOWN ALIVE In Tub for bath and to play
 WITNESS'S NAME, ADDRESS, PHONE

WAS CORONER ON SCENE? No - at E.R.
 BODY IDENTIFIED BY WHOM Parents
 FINGERPRINTED BY N/A
 PHOTOGRAPHS BY Crime Lab
 TRANSPORT BY EMS
 MEDICAL EXAMINER NAME Anthony Clark

COMPLETE IF CORONER ACCEPTS JURISDICTION

[Signature] 12/18/95
 CORONER'S SIGNATURE AND DATE

DATE + TIME ME NOTIFIED 12/18/95 0915 hrs.
 EXAM TYPE NONE AUTOPSY EXTERNAL ONLY TOX
 EXAM PLACE + DATE + TIME Moultrie Lab 12/18/95 1015-1030 hrs
 NEXT OF KIN NAME AND ADDRESS Sharon and John Robertson - as above
 PERSONAL EFFECTS RELEASED TO N/A
 PERSONAL EFFECTS RELEASED BY N/A
 DATE + TIME OF RELEASE
 BODY RELEASED TO Cobb Animal Hm 985 3704
 BODY RELEASED BY Crime Lab
 DATE + TIME OF RELEASE 12/18/95

DIVISION OF FORENSIC SCIENCES USE ONLY

[Signature]
 DATE: 1-12-96

COMMENTS

Attachment 2 - 970131005287

CAHO

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: *9513054194*

DATE OF INCIDENT: *12/7/95* CATID: ~~SECT 15-1996~~ *SECT RR 19967*

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

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

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

ASSIGNMENT MESSAGE: Please complete the investigation using the Investigation Guideline. It is very important to establish the detailed sequence of events in these incidents including the infant's position during the incident and the use of any bath rings, seats, or infant bathtubs. Exact age of infant (DOB and date of incident) needs verification and determine length of time between when child was last observed as fine until he/she was discovered submerged.

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

Person(s) to Contact: *Officials*
~~*Next of Kin*~~

Guidelines: 110 Bathtub Incidents Involving Children <18 Months Old

Task Number: *9701310005287* Date: *1/31/97*
Assigned to: *CAHO* Requested by: