

<b>1. CASE NUMBER</b> 950830CBB1943			<b>2. INVESTIGATOR'S ID</b> 8057			<b>3. OFFICE CODE</b> 800			<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>		
<b>4. INCIDENT DATE</b> YR MO DAY 95 08 21			<b>5. DATE IN INITIATED</b> YR MO DAY 95 09 06								

**6. SYNOPSIS OF INCIDENT OR COMPLAINT** A 6 month old male died of cerebral hypoxia (near drowning) involving a child's bath aid seat. The victim, who was alone in the bath of his parent's apartment, somehow exited the seat and was found several minutes later floating, face down in the tub, with his feet towards the faucet.

<b>7. LOCATION</b> Home		<b>8. CITY</b> Orlando		<b>9. STATE</b> FL	
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<b>10A. FIRST PRODUCT</b> bath seat (child's)		<u>1557</u> <del>4031</del> -----		<b>11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER &amp; ADDRESS</b> Gerry Gerry Baby Products Co. A Huffy Company PIN 029658015 (address unknown)	
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<b>10B. SECOND PRODUCT</b> hot water		<u>1934</u>		<b>11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER &amp; ADDRESS</b> unknown	
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<b>12. AGE OF VICTIM</b> <u>210</u>		<b>13. SEX</b> <u>1</u>		<b>14. DISPOSITION</b> fatality <u>08</u>		<b>15. INJURY DIAGNOSIS</b> submersion <u>69</u>	
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<b>16. BODY PART</b> all		<u>85</u>		<b>17. RESPONDENT(S)</b> sheriff's detective, medical investigator		<u>3</u>		<b>18. INVESTIGATION TYPE</b> <u>3</u>		<b>19. TIME SPENT</b> <u>18.0</u>	
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<b>20. ATTACHMENTS *</b> multiple		<u>9</u>		<b>21. CASE SOURCE</b> MEGAP		<u>12</u>		<b>22. REVIEWED BY</b> <u>8342</u>		<b>YR MO DAY</b> <u>95 10 05</u>	
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**23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)**  
 CPSC MAY DISCLOSE MY NAME  CPSC MAY NOT DISCLOSE MY NAME  XXX

<b>24. NARRATIVE (See Instructions on Page 2)</b>		<b>25. REGIONAL DIRECTOR REVIEW</b> DATE <u>RDS</u> <u>10/5/95</u>	
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MFR/PRV/WR NO. 2112  
 2/3/99  
 No Comments needed  
 Excisions/Revisions  
 Firm has not requested  
 further action

(USE ADDITIONAL SHEETS IF NECESSARY)

950830CBB1943

Note: Information for this report was obtained from the medical examiner, the medical examiner investigator, the sheriff's office detective, as the parents were still very upset at the incident, and at this time, did not desire to discuss the incident. The victim's father stated that at sometime in the future, he may be amicable to an interview.

The records, and the people interviewed, did not provide any information as to whether it would be a tipover, entrapment or an incident involving the victim climbing out of the product.

The records indicate that the device had been used approximately 5 times, when I personally examined the device at the medical's office, it appeared to be in excellent, like new condition.

The four suction cups appeared to be in new condition, please note that the victim's father told me during the telephone conversation that the suction cups were not working properly and did not securely attach the seat to the bathtub.

**PRE-ACCIDENT:**

The above information indicates that the victim's mother had placed the child in the bath seat, and then placed the bath seat within the bathtub. She then left the drain in the open position, and turned the water on to luke warm temperature. She then went from the bathroom area, into the living room area where she informed her husband that the child was within the bathtub, and she informed him that she was going to the apartment recreation area, along with her two other four and six year old children. The intention was that her husband would look in on the child within the next few minutes. The victim's mother, and the two siblings then departed the apartment.

The records indicate that the bath seat had been used approximately five times without incident. The victim's mother stated that usually she stays in the bathtub with the child when using the bath seat.

As the victim's parents declined an interview at this time, I was unable to determine pertinent information on the bathtub, however the sheriff's department technician did take photographs, recreating the scene, and copies of these photographs have been requested and will be appended to this report upon receipt.

The medical investigator report indicates that the victim was not taking any medications at the time of the incident, he had a case of thrush at two weeks old, he was full term and up to date with his shots. The child has been in the emergency room on two separate occasions for ear infections.

**INCIDENT;**

The victim had been left alone within the baby seat, within the bathtub, in the bathroom area with the luke warm water running, in the drain open. His mother, and his two siblings had left for the local recreation area of the apartment complex, while his father was in the adjoining living room.

The victim's father stated that a few minutes after his spouse had left, he looked in on the child, and the luke warm water was running, and the drain was open. The reports indicates that the victim's father left the bathroom area to return to the living room. Reports indicates that several minutes later the father returned to the bathroom area where he found the victim floating, face down, the water was still running and the drain pipe was up, the water was approximately six to eight inches deep.

**POST-INCIDENT:**

The victim's father shouted for someone to call 911 and he removed the child from the water, and began performing CPR following instructions relayed telephonically provided by the 911 operator.

The EMT arrived and followed up with the CPR, and transportation of the victim to a local hospital where he was pronounced dead shortly after arrival.

**PRODUCT IDENTIFICATION:**

Please see the attached photographs, Exhibit 1, that I photographed at the medical examiner's office where the device was being held. As can be seen in the photograph, the seat is entirely of plastic, with a tee bar device intended to restrain the user. The seat has four 2 1/2" diameter rubber suction cups on the bottom that are apparently designed to attach the seat firmly to the surface of the bathtub. The seat is approximately 12 inches wide, 13" deep and 11" tall. The only identification that I noticed on the device was on the rear of the backrest providing a name of, "Gerry/Gerry Baby Products Co./A.Huffy Company PIN 029658015\*\*\*". Other information noted on the seat include, "WARNING;/TO PREVENT DROWNING/NEVER LEAVE CHILD/UNATTENDED/INSURE T-BAR IS FULLY/LATCHED WHEN IN USE PUSH TO FOLD THIS PRODUCT IS ONLY FOR/USE WITH CHILDREN/ THAT ARE CAPABLE OF SITTING UPRIGHT UNATTENDED\*\*\*". As seen in the attached photographs, the Tee Bar is a restraint, and is possible for the Tee Bar to hinge forward so that it is in the same plane as the seat.

**INFORMATION REQUESTED IN APPENDIX 111 THAT MAY NOT HAVE BEEN COVERED IN THE MAIN BODY OF THIS REPORT:**

There was no indication as to the tip-over, entrapment or climbing out incident.

There does not appear to be a scalding problem as the water consistently has been noted as luke warm.

I was unable to test the suction action of the suction cups as the parents declined an interview at this time. In a brief interview with the victim's father, he stated that there was an obvious problem as the suction cups did not hold. He did not offer any other advice, and was still obviously distraught at this unfortunate incident. He did not mention any problem, if any, with the restraint system.

It's noted in the report, the victim was left unattended, but only for "two minutes" according to the victim's father. Although there are 2 other siblings, a 4 and 6 year old, they were not in the bathroom area at the time of the incident.

The parents declined an interview at this time, I was unable to determine from the sources available, the socio-economic stratum, the educational level or the total annual income level of this family.

The victim was 8 months old at the time of the incident. The attached medical examiner's report indicates that the child was male, 31" in height, weight of 6500 grams and was white.

Reports indicate that the victim was able to stand upright.

There are no indications that any bath salts or bath oils were used, they probably were not, because the drain was open, and the water was left on running.

The medical investigator's report indicates that the child was placed in the bathtub at approximately 6 PM, the sheriff's report indicates that the call was received at 1814 hours, dispatch was at 1815 hours and arrival time was 1816 hours. The sheriff report indicates that the fire department was pulling up at the time the sheriff deputy arrived. At that time, CPR was being administered by the victim's father, following telephonic advice from the 911 operator.

The medical investigator's report indicates the victim was pronounced dead in the emergency room approximately 6:54 PM.

The reports indicates that there was no evidence of child abuse.

**SAMPLES COLLECTED:**

The bath seat involved in this incident was being retained at the medical examiner's office, where I photographed the product. The medical examiner's office did not desire to relinquish custody of the bath seat involved.

**STANDARD:**

There currently is no CPSC standard for bath seats, and ASTM voluntary standard is under development.

**EXHIBITS:**

The following exhibits are attached to this report:

1. Photographs of the bath seat photographed at the medical examiner's office.
2. Copy of the sheriff office report.
3. Autopsy report.
4. Copy of the assignment, including a copy of the medical investigator's report.

EM/dbs



# ORANGE COUNTY SHERIFF'S OFFICE

251-2401  
 25020CRB/25  
 INCIDENT REPORT  
 2 1/4 Page-1

ZONE	25	Arrest Made	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	CASE NUMBER	95-204800			
UNIT	425	Juvenile Involved	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	(ORD)NUMBER	FL048			
SECTOR	II	Weapon Used	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Related-Other Agency	0000			
OFFENSES	NA	Police Officer Victim	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Case Number	-			
		Domestic Violence Involved	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Hate Crime Involved	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			
		Drugs Involved	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Gang Related	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			
		Alcohol Involved	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>					
		Tourist Related:	In-State Tourist <input type="checkbox"/>		Out-of-State Tourist <input type="checkbox"/> International Tourist <input type="checkbox"/>				
Time Received	1814	Time Dispatched	1815	Time Arrived	1816	Time In-Service	2058	Weather	RAIN/CCLOUDY
LOCATION OF OCCURRENCE						Name of Complex		THE OASIS CLUB APTS	
DATE-TIME OCCURRED	on or between	Month	Day	Year	Time	DATE REPORTED	Month	Day	Year
		08	21	95	1800		08	21	95
OFFENSE #1	DEATH INVESTIGATION				F.S.S.	Attempted <input type="checkbox"/> Committed <input type="checkbox"/>			
OFFENSE #2					F.S.S.	Attempted <input type="checkbox"/> Committed <input type="checkbox"/>			

Code:	NAME (Last, First, Middle)	BOSTON ROBERT EARL	Age	27	DOB	5/16/68	Race	W	Sex	M
R	ADDRESS Res.	[REDACTED]	Zip	32807	Phone	[REDACTED]				
	Bus.	SELF-EMPLOYED	Zip		Phone	414-5556				
Code:	NAME (Last, First, Middle)	BOSTON ANGELA LYNN	Age	35	DOB	11/6/70	Race	W	Sex	F
2	ADDRESS Res.	[REDACTED]	Zip	32807	Phone	[REDACTED]				
	Bus.	NONE	Zip	-	Phone	-				
Code:	NAME (Last, First, Middle)	BOSTON ROBERT BRADON	Age	8	DOB	12/7/94	Race	W	Sex	M
V	ADDRESS Res.	[REDACTED]	Zip	32807	Phone	385-3887				
	Bus.	N-A	Zip	-	Phone	-				

Height:	UNK	Weight:	UNK	Hair:	UNK	Eyes:	UNK	Complexion:	MED	Occupation:	
Shirt:	NONE	Pants:	NONE	Shoes:	-	Dress:	-	Oddities:	-		
VEHICLE:	Year	Make	Model-Style	Color (Top-Bottom)	Registered Owner:						
Victim <input type="checkbox"/>											
Damaged <input type="checkbox"/>	License No.	State	Date-Expires	VIN.#							
Stolen <input type="checkbox"/>	Entered NCIC-FCIC	yes <input type="checkbox"/> no <input type="checkbox"/>	Message No.	Bolo No.	Vehicle Stolen	Vehicle Recovered	Vehicle Damaged				
Burglarized <input type="checkbox"/>	Tow-Company			Date Recovered	\$	\$	\$				
Recovered <input type="checkbox"/>											
Towed <input type="checkbox"/>											
Suspect <input type="checkbox"/>											

Name	[REDACTED]								
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ATTACHMENTS 4-STATEMENTS 1-CONTAMINATION SHEET

I RESPONDED TO THE APARTMENT IN REFERENCE TO A DROWNING.

I swear or affirm the above statements are correct and true.	(Officer's Name (Print) / I.D. Number)	Swears to and subscribed before me, the undersigned Authority, this
(Officer's Signature) <i>P. McAffee</i>	P. McAFFEE 0004	day of _____, 1995 Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/>
DISPOSITION:	PAGE 01 OF 01	REFERRED TO:
E.C. <input type="checkbox"/> Pending <input checked="" type="checkbox"/> UNF <input type="checkbox"/> CBA <input type="checkbox"/> FSAO <input type="checkbox"/>		Robbery <input type="checkbox"/> Ranch <input type="checkbox"/> Economic <input type="checkbox"/>
Follow-up Required <input type="checkbox"/> INFO <input type="checkbox"/>		Other <input checked="" type="checkbox"/> Report/Review <input type="checkbox"/> AG <input type="checkbox"/> Sex Crimes <input type="checkbox"/>
		Persons/ Dom. Via. <input type="checkbox"/> Property <input type="checkbox"/> AT <input type="checkbox"/> VIN DIV <input type="checkbox"/>

Report Reviewed By: *[Signature]*

**ORANGE COUNTY SHERIFF'S OFFICE**

Supplemental Report  950P30CRB574  
 Initial Report Continued  2/4

ZONE	25	ARREST MADE	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	CASE NUMBER	95-284800		
UNIT	425	JUVENILE INVOLVED	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	(ORI) NUMBER FL048	0000		
SECTOR	II	Date of Initial Report		Related Case Number			
OFFENSE:				Other Agency Case Number			
Time Received		Time Dispatched		Time Arrived			
Code:	NAME (Last, First, Middle)	Age	DOB	Date:	8/21/95		
W	ADDRESS	19	12/17/75	Race	W		
	City	Zip	32732	Sex	M		
	Bus.	Zip		Phone			
Height	Weight	Hair	Eyes	Complexion	Occupation		
Shirt	Pants	Shoes	Dress	Oddities			
Quan	Brand Name	Description	Serial No.	Message No.	Value Stolen	Value Recovered	Value Damaged

THE P.O. ARRIVED AS I PULLED UP TO THE APARTMENT. I ENTERED THE APARTMENT VIA THE OPEN SLIDING GLASS DOOR THAT FACES THE PARKING LOT (SOUTH). THE VICTIM WAS ON THE FLOOR BESIDE THE COUCH IN THE LIVINGROOM. THE MOTHER (R#2) AND FATHER (R#1) WERE WORKING C.P.R. ON THE VICTIM. THERE WAS A TAN CHUNKY SUBSTANCE ON THE CARPET BESIDE THE VICTIM'S HEAD. IT APPEARED TO BE VOMIT. I STEPPED IN AND RELIEVED THE MOTHER AND FATHER. I DID CPR FOR ABOUT 2-3 SECONDS WHEN THE F.D. CAME IN AND TOOK OVER. THEY TOOK THE BABY AND TRANSPORTED HIM TO FL HOSPITAL EAST. I ASKED "WHERE DID THIS HAPPEN AT" AND THE MOTHER POINTED TO THE MASTER BEDROOM, TO THE WEST. I ENTERED THIS ROOM AND SAW THE BATHROOM TO THE NORTH. I HEARD THE DRAIN RUNNING ON THE TUB. I REACHED IN THE WATER AND PUT THE PLUG BACK IN. W#2 THEN CAME INTO THE BATHROOM AND TOLD ME THAT HE HAD LET THE PLUG OUT AFTER THEY FOUND THE VICTIM. IN THE TUB WAS A WHITE BABY SEAT, A BLUE PLASTIC CUP, A VEGGIE OIL PLASTIC CONTAINER AND A WHITE PUMP BOTTLE. THE WATER WAS LIKE WARM AND THE FAUCET WAS OFF. I CAME BACK OUT AND ASKED THE

I swear or affirm the above statements are correct and true.		Officer's Name (Print) / I.D. Number	Supervisor or - Sworn to and subscribed before me, the undersigned Authority, this
Officer's Signature: <i>P. McGehee</i> P. McGehee		P. McGehee 0004	Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/>
DISPOSITION:	PAGE 02 OF 01	REFERRED TO:	Robbery <input type="checkbox"/> Bank <input type="checkbox"/> Economic <input type="checkbox"/>
E.C. <input type="checkbox"/> Funding <input checked="" type="checkbox"/> UNP <input type="checkbox"/> CBA <input type="checkbox"/> FSAO <input type="checkbox"/> Follow-up Required <input type="checkbox"/> INFO <input type="checkbox"/>		Other <input checked="" type="checkbox"/> Person/Dom. V. <input type="checkbox"/>	Report/Review <input type="checkbox"/> AG <input type="checkbox"/> Sex Crimes <input type="checkbox"/> Property <input type="checkbox"/> AT <input type="checkbox"/> VEN DIV <input type="checkbox"/>

Report Reviewed By: *[Signature]*

# ORANGE COUNTY SHERIFF'S OFFICE

Supplemental Report  Initial Report Continued  95050CBB1942 3/4

ZONE	25	ARREST MADE	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	CASE NUMBER	95-284800
UNIT	425	JUVENILE INVOLVED	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	(ORI) NUMBER FL048	0000
SECTOR	#	Date of Initial Report	-	Related Case Number	-

OFFENSE:

Time Received	Time Dispatched	Time Arrived	Time In-Service	Date:	8/21/95
Code:	NAME (Last, First, Middle)	Age	DOB	Race	Sex
W2	[REDACTED]	31	10/2/73	W	M
	ADDRESS	Zip	Phone		
	[REDACTED]	2765	[REDACTED]		
	PHONE	Zip	Phone		
	[REDACTED]	-	-		

Height	Weight	Hair	Eyes	Complexion	Occupation		
Shirt	Pants	Shoes	Dress	Oddities			
Quan	Brand Name	Description	Serial No.	Message No.	Value Stolen	Value Recovered	Value Damaged

MOTHER WHAT HAD HAPPENED. SHE SAID SHE WENT TO THE GYM, AT THE COMPLEX, WITH HER TWO OTHER CHILDREN. SHE LEFT THE VICTIM WITH HIS FATHER AND W#1, W#2. WHEN SHE CAME WALKING BACK SHE SAW A COMMOTION AT THE APARTMENT. SHE FOUND R#1 AND W#2 GIVING C.P.R. TO THE VICTIM. SHE TOOK OVER FOR W#2.

THE FATHER, R#1, WAS VERY UPSET AND OBVIOUS HE SAID THAT HE PUT THE VICTIM IN THE TUB IN THE SEAT. HE LET THE WATER RUN WITH THE DRAIN OPEN. HE LEFT FOR ONLY 2 MINS. WHEN HE RETURNED HE FOUND THE VICTIM IN THE WATER AND THE PLUG WAS IN THE DRAIN. HE PULLED THE VICTIM OUT AND YELLED FOR SOMEONE TO CALL 911. HE ATTEMPTED C.P.R. WITH HIS BROTHER, W#2. HE KEPT REPEATING THAT IT WAS ONLY 2 MINS. THAT THE VICTIM WAS IN THE WATER.

THE MOTHER, FATHER AND W#2 WENT TO FC HOSPITAL EAST WITH A FAMILY FRIEND. W#1 WHO IS W#2'S GIRLFRIEND STAYED AT THE APARTMENT WITH THE OTHER TWO CHILDREN. W#1 GAVE ME A WRITTEN STATEMENT. SHE SAID THAT SHE, THE FATHER AND W#2 WERE SITTING IN THE LIVINGROOM. THE FATHER GOT UP TO CHECK ON THE VICTIM AND SCREAMED TO CALL 911. SHE NEVER

I swear or affirm the above statements are correct and true.		Officer's Name (Print / L.D. Number)	Supervisor or - Sworn to and subscribed before me, the undersigned Authority, this
P. McGehee		P. MSAFFEE 0004	day of _____ 1995 Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/>
DISPOSITION:	E.C. <input type="checkbox"/> Pending <input checked="" type="checkbox"/> UNP <input type="checkbox"/> CBA <input type="checkbox"/> PSAO <input type="checkbox"/>	PAGE 03 OF 04	REFERRED TO: Robbery <input type="checkbox"/> Ranch <input type="checkbox"/> Economic <input type="checkbox"/> Other <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Report/Review <input type="checkbox"/> AG <input type="checkbox"/> Sex Crimes <input type="checkbox"/> Personal Dem. <input type="checkbox"/> Property <input type="checkbox"/> AT <input type="checkbox"/> VIN DIV <input type="checkbox"/>

1004 (2/94) Report Reviewed By: [Signature]



# ORANGE COUNTY SHERIFF'S OFFICE

Supplemental Report   
Initial Report Continued

9508300RB 1942  
44

ZONE	25	ARREST MADE	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	CASE NUMBER	951284800
UNIT	425	JUVENILE INVOLVED	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	(ORI) NUMBER FL048	00001
SECTOR	II	Date of Initial Report	-	Related Case Number	-
OFFENSE:				Other Agency Case Number	-
Time Received		Time Dispatched		Time Arrived	
Code:	NAME (Last, First, Middle)	Age	DOB	Race	Sex
	ADDRESS Res.	Zip	Phone		
	Bus.	Zip	Phone		
Height	Weight	Hair	Eyes	Complexion	Occupation
Shirt	Pants	Shoes	Dress	Oddities	
Quan	Brand Name	Description	Serial No.	Message No.	Value Stolen
					Value Recovered
					Value Damaged

Date: 8/21/95

WENT INTO THE BATHROOM. SHE STAYED ON THE PHONE TO 911 WHERE THE VICTIM WAS BROUGHT TO THE LIVINGROOM FOR CPR. SHE GAVE INSTRUCTIONS FOR THE C.P.R. VIA THE 911 OPERATOR. SHE SAID THAT THE VICTIM WAS IN THE WATER UNATTENDED FOR ABOUT 5 MINS.

DIS J. TAYLOR RESPONDED TO THE HOSPITAL AND GOT WRITTEN STATEMENTS FROM THE MOTHER, FATHER AND WIFE.

CST CONFORTI RESPONDED FOR PHOTOS AND COLLECTION OF EVIDENCE. HE TOOK THE BABY SEAT INTO EVIDENCE. ON THE REAR OF THE SEAT (BACK PORTION) THERE WAS A LABEL THAT SAID - WARNING TO PREVENT DROWNING NEVER LEAVE CHILD UNATTENDED - ALSO LABEL THAT READ - INSURE T-BAR IS FULLY LATCHED WHEN IN USE -.

THERE WAS A CRIB IN THE MASTER BEDROOM THAT WAS NEAT AND CLEAN.

DET. JOHN ALLEN RESPONDED TO THE HOSPITAL AND ALSO TO THE SCENE.

VICTIM ADVOCATE WAS ALSO NOTIFIED AND REQUESTED

Date Property Recovered	Total	Total	Total

I swear or affirm the above statements are correct and true. (Officer's Name/Print) P. McAfee Cook (Officer's Name/Print) P. McAfee Cook (Supervisor or Sworn to and subscribed before me, the undersigned Authority, this day of 1995 Notary Public  Law Enforcement Officer

DISPOSITION: E.C.  Pending  UNP  CBA  FSAO  Follow-up Required  INFO

PAGE 04 OF 04

REFERRED TO: Other  Homicide  Person/ Dom. Via  Robbery  Report/Review  Property  Ranch  AG  AT  Economic  Sex Crimes  VIN DIV

Report Reviewed By: *[Signature]*

KASOCCBFYB  
GHIRIT 3  
1/7

OFFICE OF THE MEDICAL EXAMINER  
DISTRICT NINE  
1401 Lucerne Terrace  
Orlando, Florida 32806-2014

REPORT OF AUTOPSY

DECEDENT: [REDACTED]

CASE NUMBER: MEA-1009-95

MANNER OF DEATH: Accident

IDENTIFIED BY: [REDACTED]

AGE: 8 months  
SEX: Male  
RACE: White

HEIGHT: 31"  
WEIGHT: 6500 grams  
DATE OF DEATH: August 21, 1995

DATE/TIME OF AUTOPSY: August 22, 1995 @ 9:30 AM

PERFORMED BY: Julia V. Martin, M.D., Associate Medical Examiner

CAUSE OF DEATH: Cerebral hypoxia, due to  
near drowning

FINAL ANATOMIC DIAGNOSIS

- I. Clinical history of being found face down in the bathtub which had some water within it
- II. Severe bilateral pulmonary congestion and edema
- III. A few laryngeal mucosal petechiae
- IV. Marked cerebral edema with neuronal hypoxia
- V. Bilateral middle ear hemorrhage

TOXICOLOGY ANALYSIS

Toxicology studies on postmortem blood reveal a negative alcohol determination. Further toxicology studies on postmortem blood failed to reveal any other toxic substances.

The postmortem blood microbiologic culture is negative for organisms. The postmortem cerebrospinal fluid is positive for a few alpha streptococcus viridans.

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PAGE TWO

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The medicolegal examination of the body of Robert Boston was performed by Julia V. Martin, M.D., Associate Medical Examiner, Florida District Nine, at the Orange County Medical Examiner Facility, Orlando, Florida, on August 22, 1995 at 9:30 AM, pursuant to Florida Statutes Chapter 406 and 732.9185.

**IDENTIFICATION:** The body of Robert Boston is identified by his father Robert E. Boston of 7439 Apt. 209 Gatehouse Circle, Orlando, FL. The identification is made to hospital staff on August 21, 1995 at 6:30 PM at the Florida Hospital East emergency room.

**CLOTHING:** The subject is admitted without clothing articles, jewelry, personal items, money, or medications. Miscellaneous items consisting of a child care bathtub seat is present. This bathtub seat will be evaluated and returned to law enforcement.

**SCARS, TATTOOS & SPECIAL FEATURES:**

**SCARS:**

None.

**TATTOOS:** None.

**SPECIAL FEATURES:**

1. There is an endotracheal tube in place.
2. In the right antecubital fossa there are two intravenous sites.
3. In the left antecubital fossa there is an intravenous site.
4. On the anterior aspect of each lower leg there are intraosseous intravenous sites.
5. On the posterior aspect of the right hand there is an intravenous site.
6. On the dorsum of the right foot there is an intravenous site.

**GENERAL STATEMENT:** The body is that of an 8 month old, well developed, well nourished, white male, measuring 31" in length and weighing 6500 grams. The head circumference is 18½" (47 cm), chest circumference 16½" (42 cm), abdominal circumference 17" (43.5 cm), crown/rump length 19" (49.5 cm), and foot length 4½". There is generalized rigor mortis present and a purple

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PAGE THREE

posterior livor mortis observed. There are no congenital physical abnormalities.

#### EXTERNAL EXAMINATION

Examination of the external body surfaces reveals the head hair to be light brown, straight and averaging 2" in length. There is no evidence of abrasion, contusion or laceration of the scalp tissues. Inspection of the facial tissues reveals no evidence of soft tissue swelling or abnormality. There are no facial or periorbital petechiae and there are no petechial hemorrhages of the conjunctivae or sclerae present. The irides are brown/hazel and the pupils are equal measuring 4 mm. Inspection of the mouth reveals minor superficial abrasions at the midline of the upper lip, but no evidence of further blunt force traumatic injury of the mucous membrane surfaces of the lips, and the buccal surfaces of the cheeks reveals no evidence of traumatic injury. The few teeth present are natural with no evidence of trauma.

The skin of the neck reveals no evidence of abrasion or contusion patterns. There is no soft tissue swelling present. There is no malalignment of the cervical spine.

Examination of the anterior chest and abdomen reveals a superficial abrasion along the left costal margin measuring 0.2 cm. Examination of the back reveals no evidence of acute traumatic injury.

Examination of the upper extremities reveals no evidence of acute traumatic injury.

Examination of the lower extremities reveals no evidence of acute traumatic injury.

The external genitalia and rectum are normal with no evidence of acute traumatic injury. The penis does appear circumcised.

**SPECIAL PROCEDURES:** Body fluids consisting of blood, bile, and ocular fluid are obtained for typing and toxicology studies. A section of liver is obtained for possible toxicology studies. Nasal swabs are obtained. Sections of rib are retained. Blood and cerebrospinal fluid are obtained for microbiological cultures. Physical evidence consisting of pulled head hair and additional blood are obtained. A Polaroid identification photograph is taken. Full body x-rays are taken. There is no evidence of fracture, foreign body or other abnormality.

[REDACTED]  
MEA-1009-95

PAGE FOUR

INTERNAL EXAMINATION

The body is opened with the usual incision. There is no evidence of traumatic injury of the anterior rib cage. The rib cage is removed. There is no hemothorax or pleural effusion present. There is no evidence of acute or chronic pleural or pericardial disease. The mediastinal structures appear normal. The pericardial sac is opened. The normal amount of clear yellow fluid is present. The heart is not enlarged. The great vessels arise from the heart in a normal fashion. No abnormalities or evidence of traumatic injury of the thoracic aorta are present. Blood is withdrawn from the aorta for toxicology purposes. The pulmonary artery is opened and there is no evidence of thromboembolism. The heart is removed.

**HEART:** The heart weighs 50 grams. Sectioning of the coronary arteries at 2 mm intervals reveals widely patent coronary arteries and they are in the normal orientation. The heart is opened and inspection of the valves reveals a 0.5 cm patent foramen ovale, but no other acute or chronic valvular disease. The chordae tendineae and papillary muscles are normal. There is no endocardial fibrosis present. Sectioning of the myocardium reveals no evidence of pallor or acute myocardial injury. There is no myocardial fibrosis present. The left ventricle measures 0.6 cm in thickness and the septum 0.6 cm.

**TRACHEA AND LUNGS:** The trachea is opened. There is no evidence of obstructive material within the tracheobronchial tree. The right lung weighs 100 grams and the left lung weighs 100 grams. Sectioning reveals severe bilateral pulmonary congestion and edema, but no chronic pulmonary disease. There is no evidence of bronchopneumonia.

**DIAPHRAGMS:** The diaphragms are intact with no evidence of traumatic injury or other abnormality.

**ABDOMEN:** The abdominal cavity is opened. There is no evidence of hemoperitoneum or ascites present. The organs lie in their normal anatomical position.

**LIVER:** The liver weighs 100 grams. It has a brown/red smooth surface with no evidence of traumatic injury of the external capsule. Sectioning reveals a normal architecture with no evidence of fatty change. No vascular abnormalities are present. The gallbladder and biliary duct system are normal. The bile ducts are patent.

ME-1009-95

PAGE FIVE

**SPLEEN:** The spleen weighs 34.5 grams. The capsule is smooth and blue/grey in appearance. Sectioning of the spleen reveals no evidence of abnormality of the splenic parenchyma. There is no evidence of excessive fibrosis present.

**PANCREAS:** The pancreas weighs 17 grams. Inspection of the pancreas reveals a tan lobulated surface with no evidence of hemorrhage or inflammatory reaction. No fat necrosis is present. Sectioning reveals a normal lobulated pattern with no evidence of hemorrhage or abscess formation.

**ADRENALS:** The adrenals are of normal size and shape and on sectioning a normal cortical medullary relationship is seen. There is no evidence of hemorrhage.

**KIDNEYS:** The right kidney weighs 26 grams and the left kidney weighs 28 grams. The renal capsules strip with ease revealing a smooth cortical surface. Sectioning reveals the normal cortical medullary relationship with no loss of renal substance. There is no increase in parapelvic fat. The renal pelves and ureters are not dilated and reveal no abnormalities.

The urinary bladder reveals a normal mucosal surface with no evidence of acute or chronic inflammatory reaction. The prostate is not enlarged in size.

**REPRODUCTIVE SYSTEM:** Gross examination of the penis and testes reveals no gross abnormalities.

**GASTROINTESTINAL TRACT:** The gastrointestinal tract is opened and the stomach contains 10 cc of partially digested food including potatoes, but no obvious drug residual. Inspection reveals no evidence of esophageal, gastric or duodenal ulcerations. Inspection of the small intestine and colon reveals a normal mucosa with no evidence of ulceration, polypoid formation or tumor.

**NECK:** The structures of the neck are dissected. There is no evidence of soft tissue injury evident. The thymus weighs 20 grams. Inspection of the thymus reveals no evidence of petechial hemorrhage. Sectioning of the thymus reveals a normal cortical medullary relationship without evidence of hemorrhage. The thyroid gland is normal with no evidence of parenchymal hemorrhage on sectioning. Inspection of the larynx and upper trachea reveals no petechial hemorrhages of the mucosa with no evidence of laryngeal ulcerations. The vocal cords are normal. Inspection reveals no evidence of traumatic injury of the thyroid or cricoid cartilages and no evidence of traumatic injury of the hyoid bone is present.

[REDACTED]  
MEX-1009-95

PAGE SIX

**BRAIN:** The scalp is reflected. There is no evidence of scalp contusion or hemorrhage present. No skull fracture is present. The skull is removed. The leptomeninges are smooth and glistening with no evidence of hemorrhage or inflammatory reaction although the brain is markedly edematous with loss of sulci. The brain is removed and it weighs 1100 grams. The vascular circle of Willis is intact with no evidence of congenital anomaly. Sectioning of the brain reveals no evidence of intracerebral hemorrhage, inflammatory reaction or tumor.

Stripping of the dura reveals no evidence of basilar skull fracture.

Inspection of the bilateral middle ears reveals evidence of hemorrhage.

**SKELETAL SYSTEM:** Inspection of the cervical, thoracic and lumbar spine and pelvis reveals no evidence of traumatic injury.

#### MICROSCOPIC EXAMINATION

**HEART:** Sections of heart reveal normal cardiac muscle fibers and nuclei. There is no evidence of myocardial fibrosis or inflammatory cell reaction. No evidence of acute or old myocardial infarction is seen.

**LUNGS:** Sections of lung reveal vascular and septal congestion. Intra-alveolar hemorrhage is noted. There is no evidence of chronic pulmonary disease. There is no evidence of acute bronchopneumonia.

**LIVER:** Sections of liver reveal an overall normal architecture with only acute sinusoidal congestion. The central veins are normal. The portal areas reveal a normal cellular component with no evidence of inflammatory reaction, hemorrhage or necrosis.

**SPLEEN:** Sections of spleen reveal the normal architecture of the organ.

**PANCREAS:** Sections of pancreas reveal a normal acinar structure with the islets of Langerhans' being normal in their distribution and cellular component. There is no evidence of inflammatory reaction, hemorrhage or necrosis.

**KIDNEYS:** Sections of kidney reveal a normal glomerular and tubular pattern with no evidence of inflammatory cell infiltration or fibrosis. There is no evidence of vascular occlusive disease. There is no evidence of cellular infiltration. The tubules appear normal.

**ADRENALS:** Sections of adrenal reveal a normal cortical and medullary architecture with no evidence of hemorrhage or inflammatory reaction. A normal glycogen content of the cortical cells is seen.

**THYROID:** Sections of thyroid reveal a normal follicular pattern with no evidence of inflammatory cell reaction, fibrosis or hyperplasia.

**THYMUS:** Sections of thymus reveal a normal cortical medullary relationship. The Hassel's corpuscles are normal in number and distribution.

**BRAIN:** Sections of brain reveal evidence of eosinophilic neurons within the Sommer's sector of the hippocampus. Otherwise sections of brain reveal a normal neuronal and axonal component. There is no evidence of further degenerative change, inflammatory reaction, hemorrhage, or tumor formation.

JVM/lmc

Ed Margento

as of 8/21/95  
950830CBB 1943  
CBB please

ACCIDENT INVESTIGATION REQUEST FORM

DISTRICT 4

1/5

Document Number X582566A

Date of Incident 8/21/95 Category I.D. SECTRR 1995

Follow-Up Requested \_\_\_\_\_ Hazard Analysis Section 15

Type Follow-Up Requested \_\_\_\_\_ Telephone Call On-Site

Headquarters Contact RRauschschwald

Assignment Message Use bathtub drowning guideline.

Specifically, regarding Gerry bath seat, determine if T-bar was still secured when child was found. Did seat's suction cups detach from seat or detach from tub. Determine tub surface - was it smooth, coated with a non-slip surface or did it have a pumice? Why did the father leave the child alone?

Person(s) to Contact 

64  
9/6/95

Guideline bathtub drowning

Requested By RR

Task Number 950830CBB 1943

Assigned to NYCO Date 8/21/95 AM

M.E. Case No. A-1009-95

LE Case No. 95-284-800

LEA O.C.S.O.



X5 82566

1401 Lucerne Terrace  
Orlando, Florida 32806-2014

AUG 24 1995 Date of Birth 12-17-94  
M W D Sep 9 mo 2 How Long?

### REPORT OF INVESTIGATIONS

Decedent [REDACTED] Age 9 mo Sex M Race W

Type of Decedent SWIMMING in Bath tub. If Motor Vehicle Fatality: Driver  Passenger  Pedestrian

Weapon: \_\_\_\_\_ Where Sealed: \_\_\_\_\_

Date	Time	Last Seen Alive	Injury/Illness	Death	LEA Notified	Where Sealed:		
						Inv	Notified	M.E.
						Inv	View of Body	M.E.

Notification By F.H.E. E.R. LEA Tech Conforti LEA Officer Allen

Injury or Cause of Death	Location	City/Country	Type Premises
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>ORL.</u>	<u>Residence Bath tub.</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>ORL.</u>	<u> Hosp. E.R.</u>
<u>[REDACTED]</u>	<u>"</u>	<u>"</u>	<u>"</u>

**DESCRIPTION OF BODY**

Clothed  Unclothed

EYES Color Brown Pupils FLD w/p

TEETH Natural  None

DENTURES Upper  Lower

Weight 21 Length 42 post.

Body Temperature WARM

I.V. Dantrolene

RIGOR: None  Early  Complete  Postrig  Rupte  Skeleton  Other Features \_\_\_\_\_

LIVOR: Color \_\_\_\_\_ Anterior  Posterior  Lateral  RR.  LL.

Name/Address	Diagnosis	Date
<u>DR. ROSSO</u>	<u>East Family Clinic</u>	<u>Good health.</u>

Name/Signature	Address/Phone
<u>DR. MCKEOWN</u>	<u>E.R.M.D. FHE</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>

EMS Unit Notified YES  NO  Tech voice mail Time 8:05 Accepted  Declined

Organ Donation YES  NO  Authorized by \_\_\_\_\_

Investigator Gene Conus Medical Examiner DR. Mackin Autopsy YES  NO

950830 CBB 1943

3/5

**AKA-1009-95**  
**9 MONTH OLD INFANT/WM**  
**INVESTIGATIVE REPORT: 8-21-95**

**CIRCUMSTANCES:** The following information was received from Det. John Allen, DC80, and also from the subject's parents,

Subject's mother stated that she put this subject in the bathtub at approx. 6 p.m. on 8-21-95. She put him in his bathtub seat that has suction cups on the bottom to stabilize the seat. She left the drain open and turned the water, which was lukewarm, on. She then left the bathroom, went in and told the subject's father she was going to take the other two children, ages 4 and 6, down to the swimming pool of the apartment complex. A few minutes later, the subject's father went in to the bathroom and saw that the water was still running and the subject was sitting in his seat and he was playing in the water. He then left the subject alone in the bathtub and went back in approx. five minutes later and found the subject floating face down in the head portion of the bathtub away from the faucet. The water was still running. He stated that the drain plug was up and the water was approx. 6-8 inches deep. He yelled for someone who was also in the residence to call 911, and himself and his brother started CPR.

Rescue arrived to the scene and transported the subject to FH East, arriving in ER. A code was worked in ER and he was pronounced at 6:54 p.m. on 8-21-95 by Dr. McKeown, the ER MD. At 7:15 p.m. our office was notified by FH East and this investigator and Dr. Martin responded to ER.

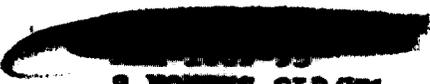
**MEDICAL HISTORY:** Subject is under the physician's care of Dr. Rosero at the East Colonial Family Clinic. Unknown when last seen at this office. More information to follow from this clinic on 8-22-95. Subject is not taking any medications at this time. He did have thrush at two weeks old. He was born at FH East and was full term. He is up to date with his shots. He has been in ER at FH East on two separate occasions for ear infections.

**SOCIAL HISTORY:** Subject lives with his mother and father who are married. He has two other siblings, ages 4 and 6, who are healthy. Subject is able to crawl on his own. He just stood up by himself for the first time on 8-20-95. Subject's mother stated she has used this bathtub seat approx. five times in the past. Mother stated that she normally stays in the bathtub with the subject.

Reported to  
admitted in ER  
Dr. McKeown

950830 CBB/943

4/5



9 MONTHS OLD/M  
INVESTIGATIVE REPORT: PAGE TWO

GO ER  
PLAYE  
to ER  
IN ER  
WEEKS  
WQ

**SCENE EXAM:** None by this office. Det. Allen to go out to the scene and get back with our office with any further information. Crime Scene Technician Conforti brought the baby's bathtub seat to ER and handed it over to our office. This was a Gerry Baby Products. On the sticker it stated a Huffy Company T/W 029658015. Conforti stated that while he was at the residence he put water in the bathtub, placed the seat which has suction cups on the bottom, on the bottom of the tub and stated the suction cups would come loose very easily and did not seem to be working in proper order.

**BODY EXAM:** Performed by Dr. Martin. This is found to be a 9 month old white male lying supine on the ER stretcher of FH East. He was unclothed. Brown hair, brownish colored eyes. Pupils fixed and dilated. No petachial hemorrhage noted. Teeth were natural. He was intubated orally. NG tube in place. Interoceous to the right tibia. Band-Aids to the right hand and left tibia. IV in the left antecubital space. Body temperature was warm on the back, cooling to the rest of his body. Rigor was none. Lividity was to the posterior. No fatal wounds noted. Further exam to be done at time of autopsy on 8-22-95.

**DISPOSITION:** Body was transported to O.C.M.E. Eye Bank was notified. ID was made at ER. Family to call our office with funeral home. Our office to call consumer products. Photographs to be performed by O.C.S.O. after autopsy.

GC/rh

Allen stated  
in the bath  
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O.C.M.E. E  
to call  
pr

950830 CBB 1943

**FINDINGS OF THE MEDICAL EXAMINER**

**DISTRICT NINE**  
1401 Lucerne Terrace  
Orlando, Florida 32806

DOCTOR RUBEN D  
A-1009-95 8-21-95  
9 MO W/M

950830 CBB 1943  
CHIT 5/5



DATE OF DEATH (Month - Day - Year) <u>8-21-95</u>	COUNTY OF DEATH <u>ORANGE</u>	CITY, TOWN OR LOCATION OF DEATH <u>Orlando</u>	INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
HOSPITAL OR OTHER INSTITUTION - NAME (if not either, give street & number) <u>FHE</u>			PRONOUNCED BY <u>Dr. McKernan</u>

HOSPITAL:  Inpatient  ER/Outpatient  DOA OTHER:  Nursing Home  Residence  Other

CAUSE OF DEATH BY CERTIFIER

PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Cerebral hypoxia</u> DUE TO (OR AS A CONSEQUENCE OF): <u>near drowning</u> DUE TO (OR AS A CONSEQUENCE OF): _____ DUE TO (OR AS A CONSEQUENCE OF): _____		Approximate Interval Between Death and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		27% WAS AN AUTOPSY PERFORMED (Yes or No) <input checked="" type="checkbox"/>
28% WERE AUTOPSY FINDINGS AVAILABLE FROM TO CORRELATION OF CAUSE OF DEATH (Yes or No) <input checked="" type="checkbox"/>		29% CASE REPORTED (Yes or No) <input checked="" type="checkbox"/>
30% IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	31% IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED	32% DATE OF SURGERY (Mo., Day, Year)
33% PROBABLE MANNER OF DEATH (Accident, suicide or homicide, or undetermined) <u>Acc</u>	34% DATE OF INJURY (Month, Day, Year) <u>8-21-95</u>	35% TIME OF INJURY <u>Approx 6:10 PM</u>
	36% INJURY (MORPH) <input checked="" type="checkbox"/>	37% DESCRIBE HOW INJURY OCCURRED <u>Apparent accidental drowning in bathtub</u>
	38% PLACE OF INJURY - At home, farm, school, factory, etc. (Specify) <u>Home</u>	39% LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>7437 Gate House Circle Apt 209</u>

Date Signed: 8-22-95 Hour Of Death: 6:54 PM Date/Time Pronounced: 8-21-95 @ 6 PM

**FOR VIOLENT DEATHS ONLY:**

DATE OF INSPECTION: 8-22-95 TIME: 9:30 am

AGE: 9 mo SEX: M RACE: W

HEIGHT: 31" WEIGHT: 6500 gm

NOURISHMENT:  Normal  Thin  Obese

LVOR: past

HAIR: gen

SCALP HAIR COLOR: light Brown

EYE COLOR: Brown Hazel

TEETH:  Natural  None  Dentures

ORGANIC DISEASES: None

Medical Examiner: [Signature]

I.D. BY: [Redacted]

ADDRESS: [Redacted]

RELATIONSHIP: Father

I.D. TO: F.R. STAFF

DATE: 8/21/95 TIME: 6:30 pm

PLACE: ER

EVIDENCE OBTAINED:  Yes  No

CLOTHING:  Yes  No

VALUABLES:  Yes  No

DISPOSITION: B-F

LEA: UCSO CASE NO. 95294800

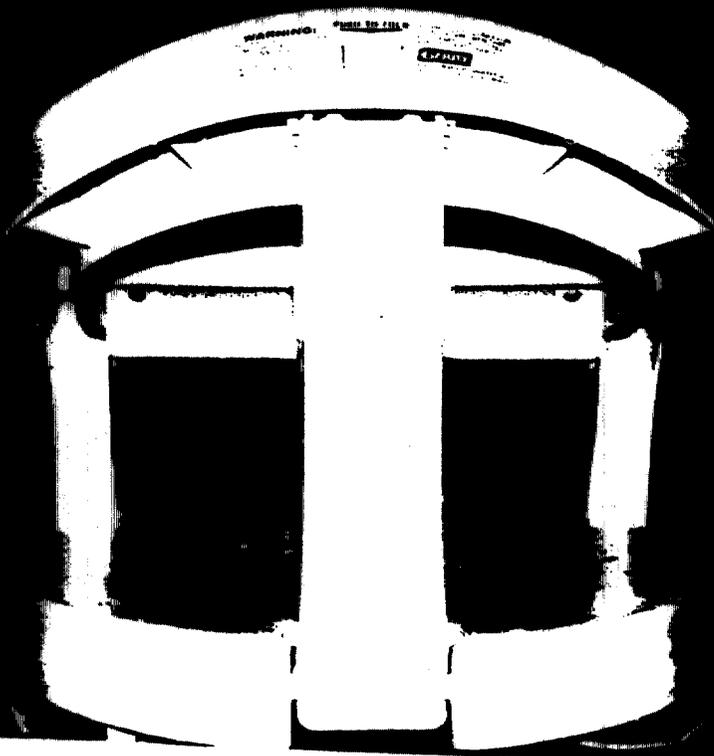
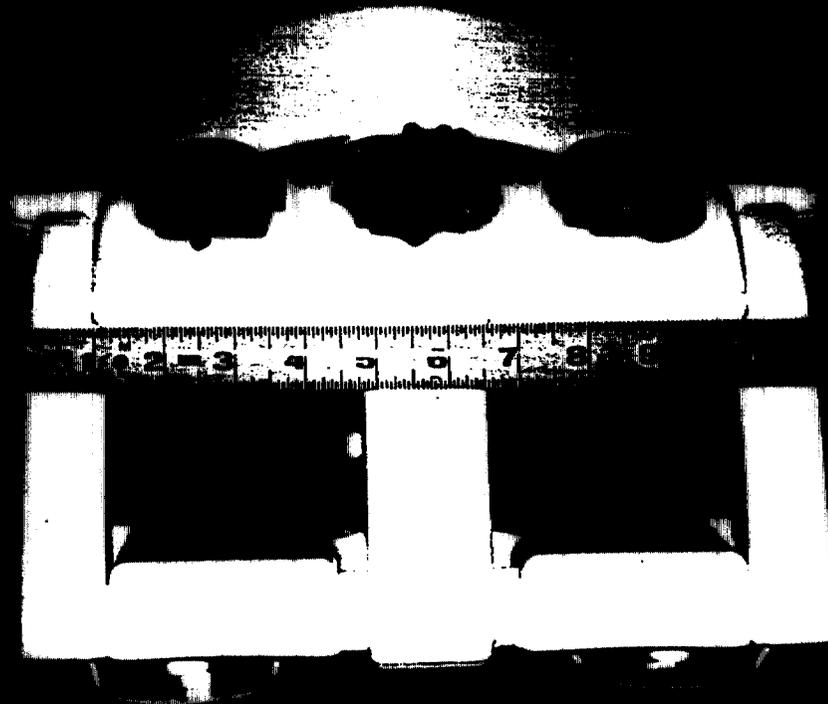
INVESTIGATOR: Allen

950830 CBB 1943

Slings Photo 950030 CBB1943  
Supplemental



Shelf Photo 550P30CBB1343 Supplemental



*Steeff Photo Supplemental 950830CRB B43*

**WARNING:**  
TO PREVENT CHOKING,  
NEVER LEAVE CHILD  
UNATTENDED

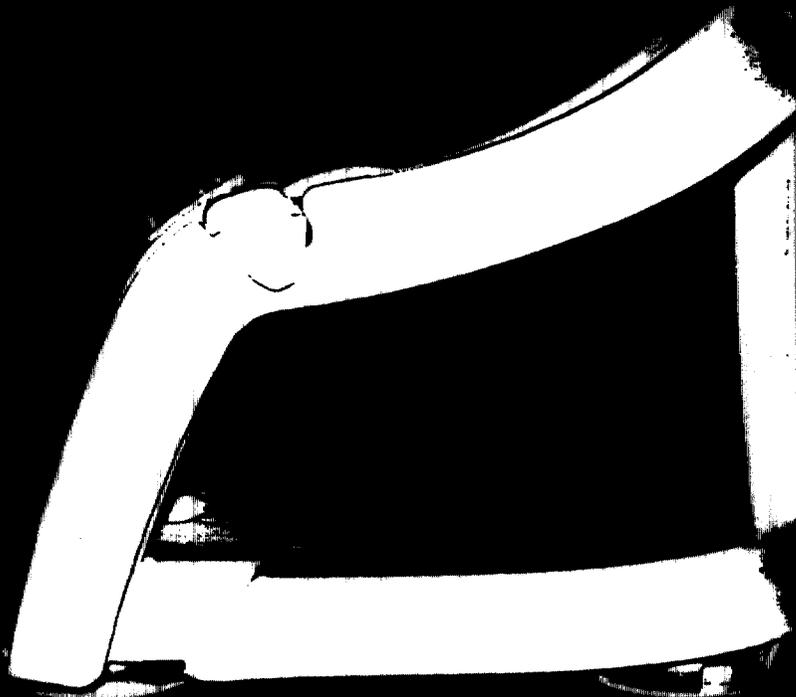
ENSURE BARS ARE  
LATCHED WHEN IN USE

**PUSH TO FOLD**

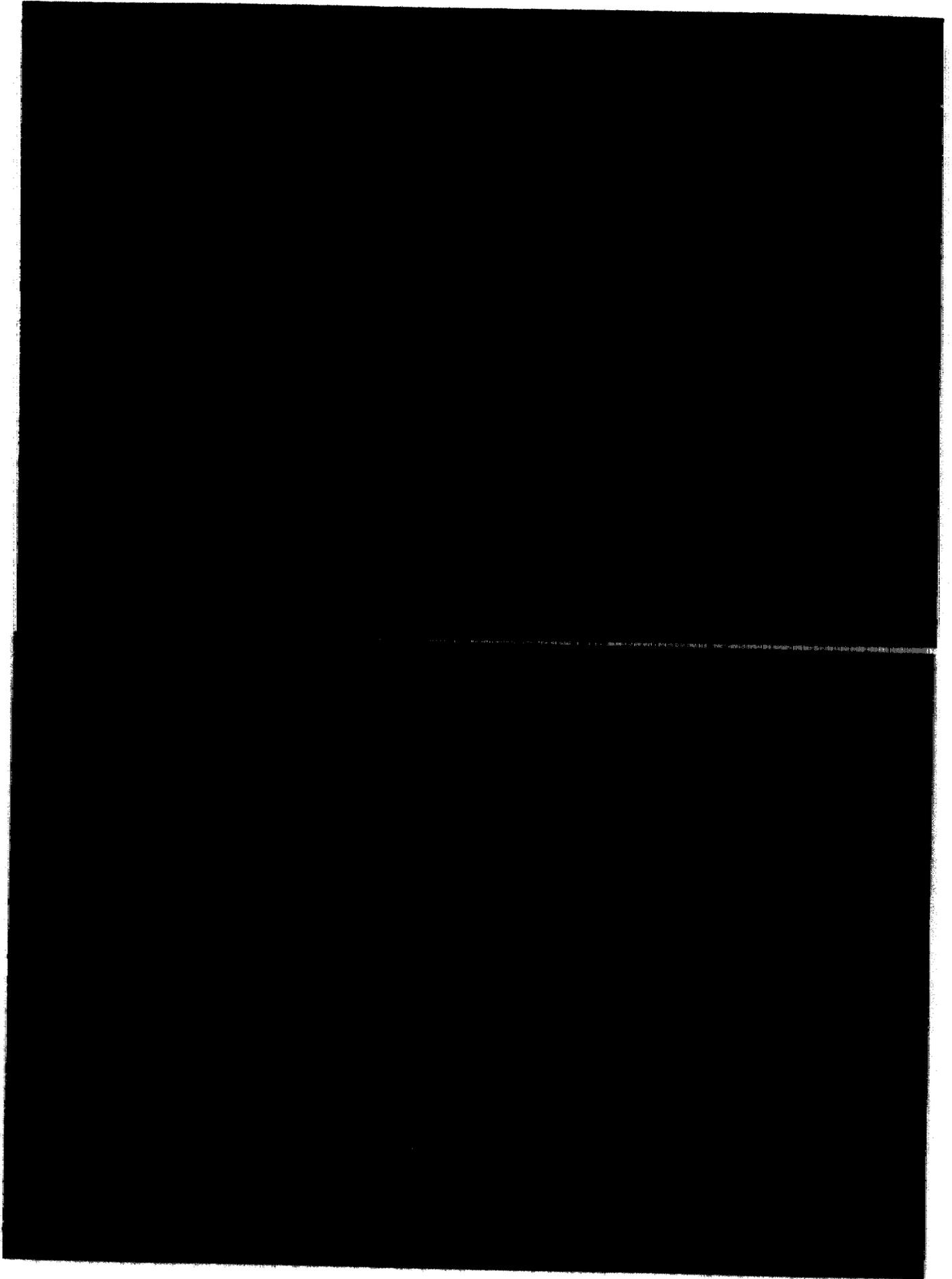
THIS PRODUCT IS ONLY FOR  
USE WITH CHILDREN THAT  
ARE CAPABLE OF SITTING  
UPRIGHT UNATTENDED

**GERRY**

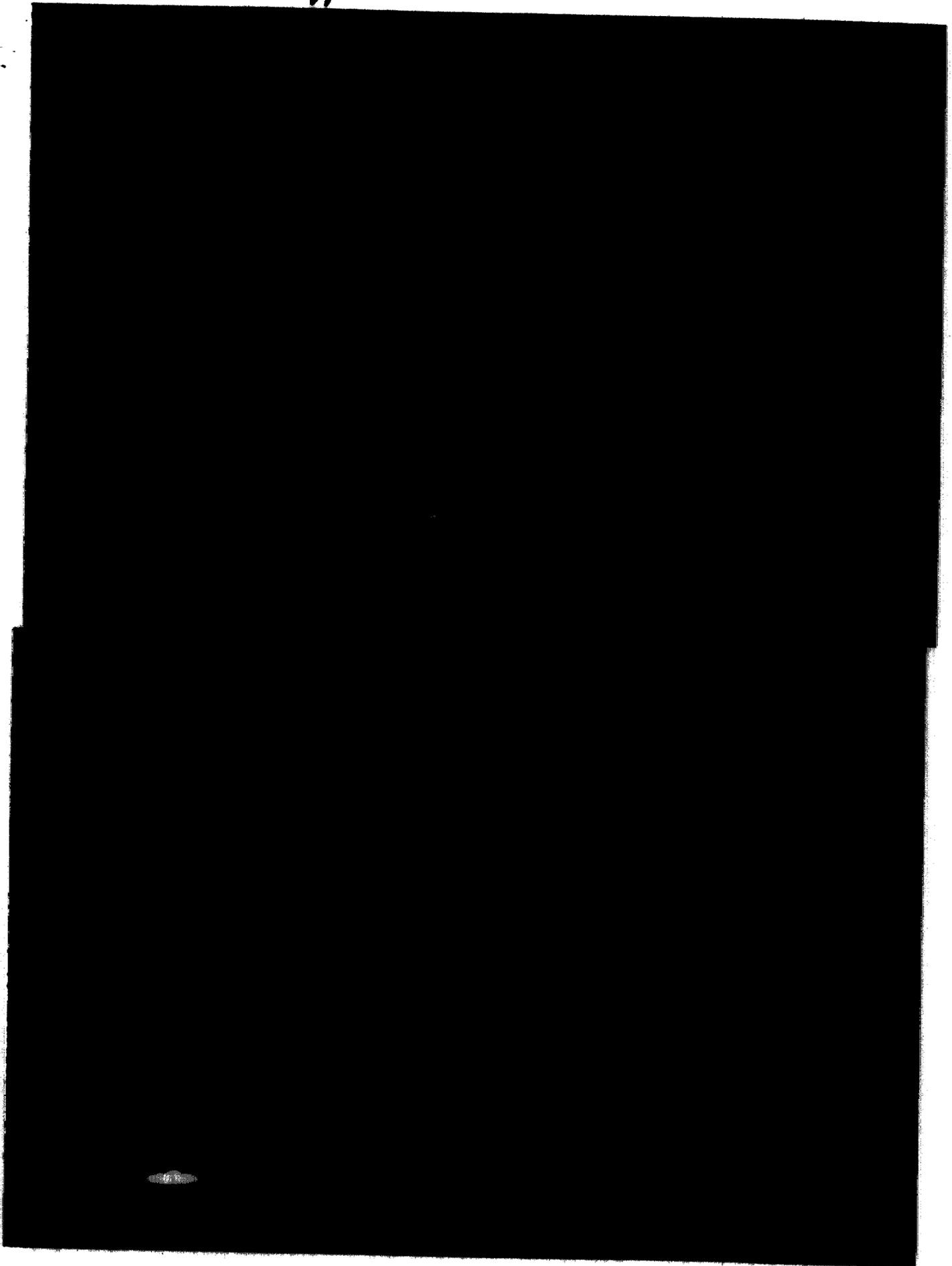
Gerry Baby Products Co.  
A Division of Gerry Industries



Sheff/WATO 950030CBB/1993 Supplement



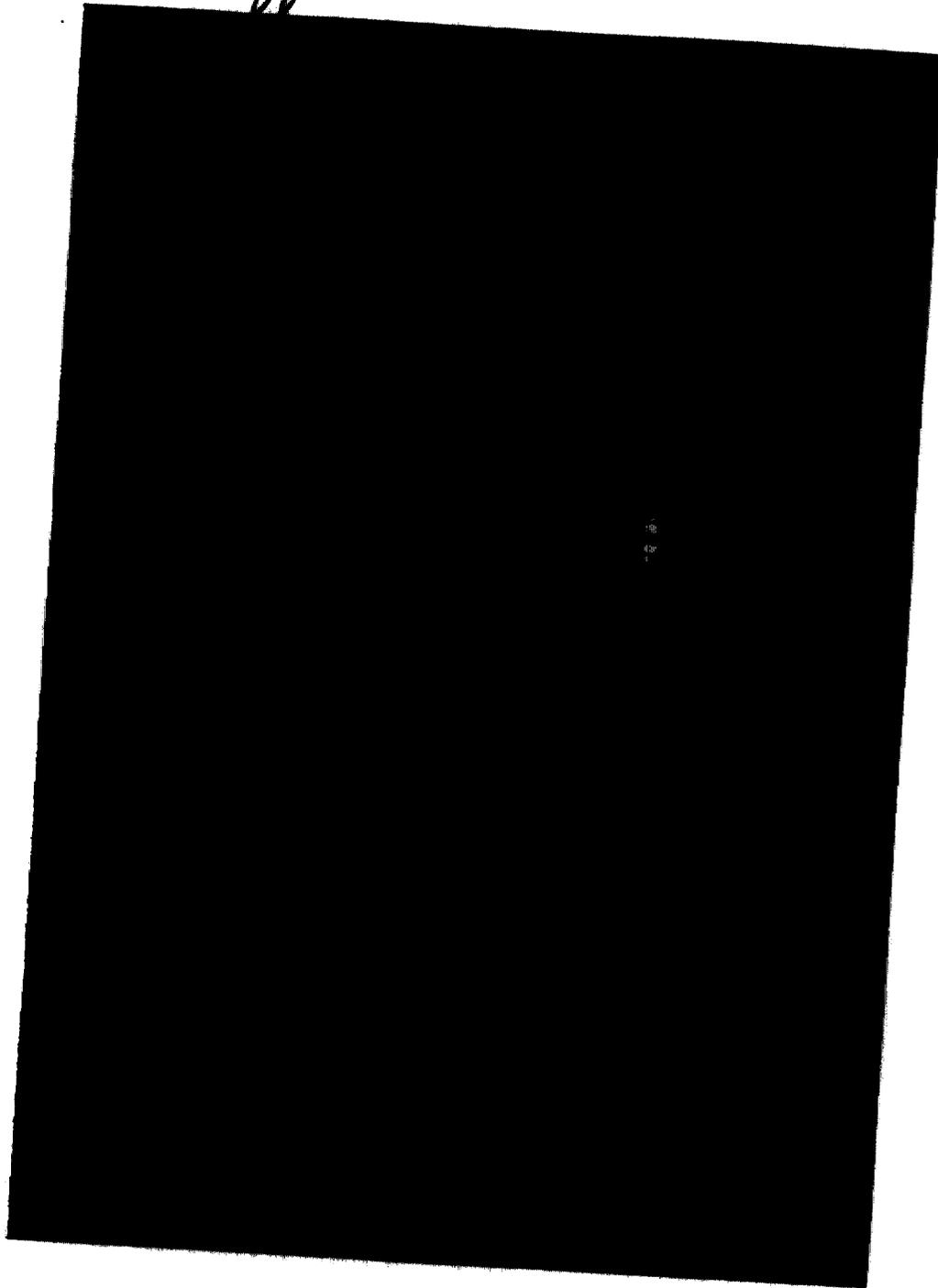
Steuffe Okato Supplemental 95 AF30CBA 1543



Shapiro Photo  
Supplement 95080CBB 1943



Sherry's Photo Supplement 50A30CRB1943



Q50P30CRB1943  
EXHIBIT 1

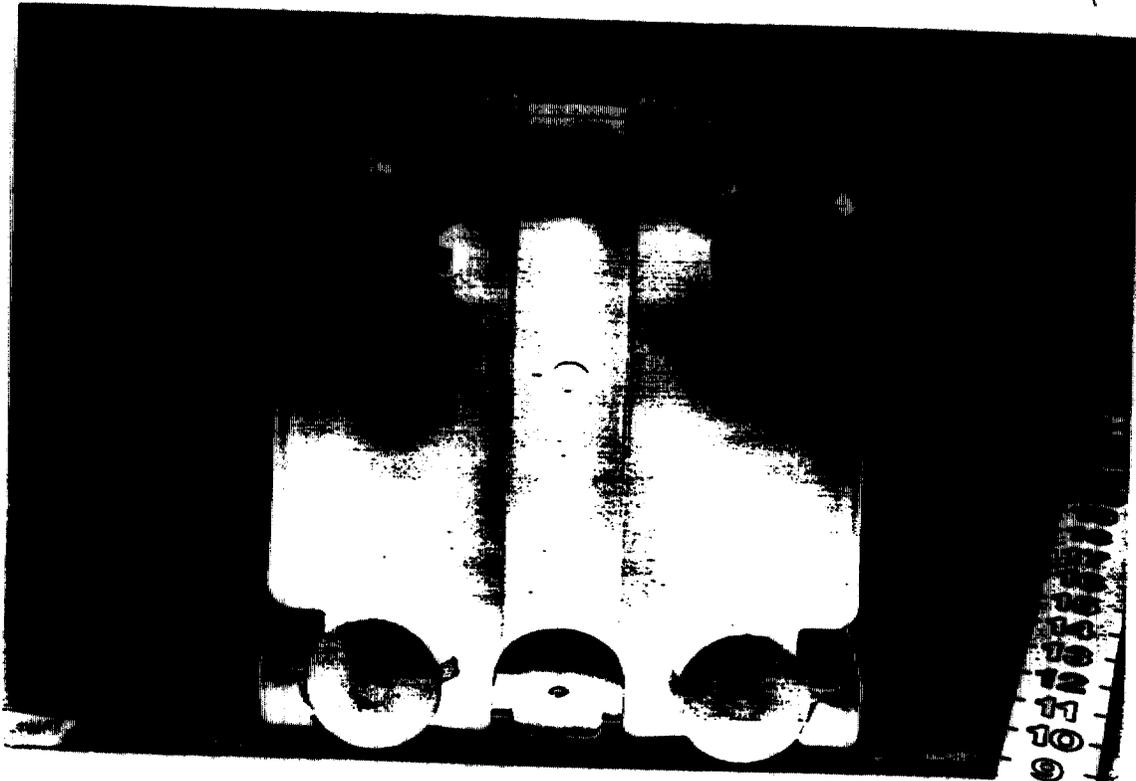
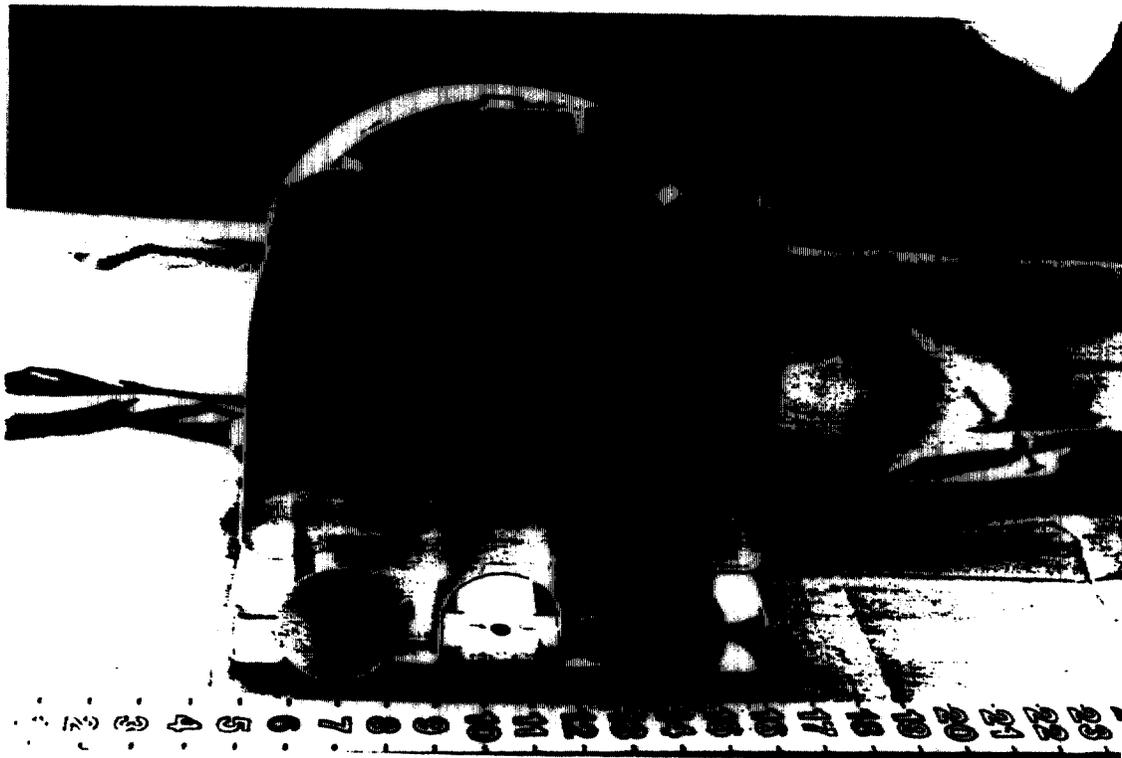


PHOTO 9 & 10 Bottom of seat. Suction cups are 2½" in diameter and seem to be firmly attached to the seat.



950f30CBR1943

SECRET 1

PHOTO 7 Extension piece let out.

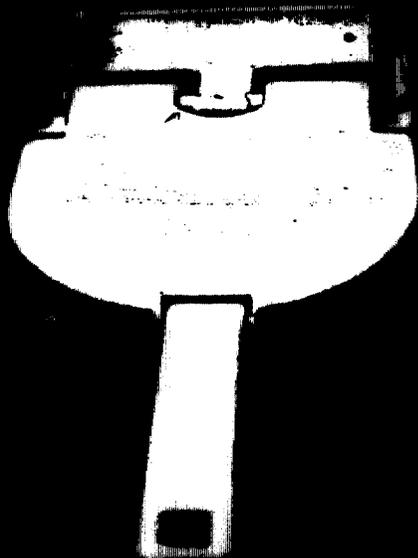


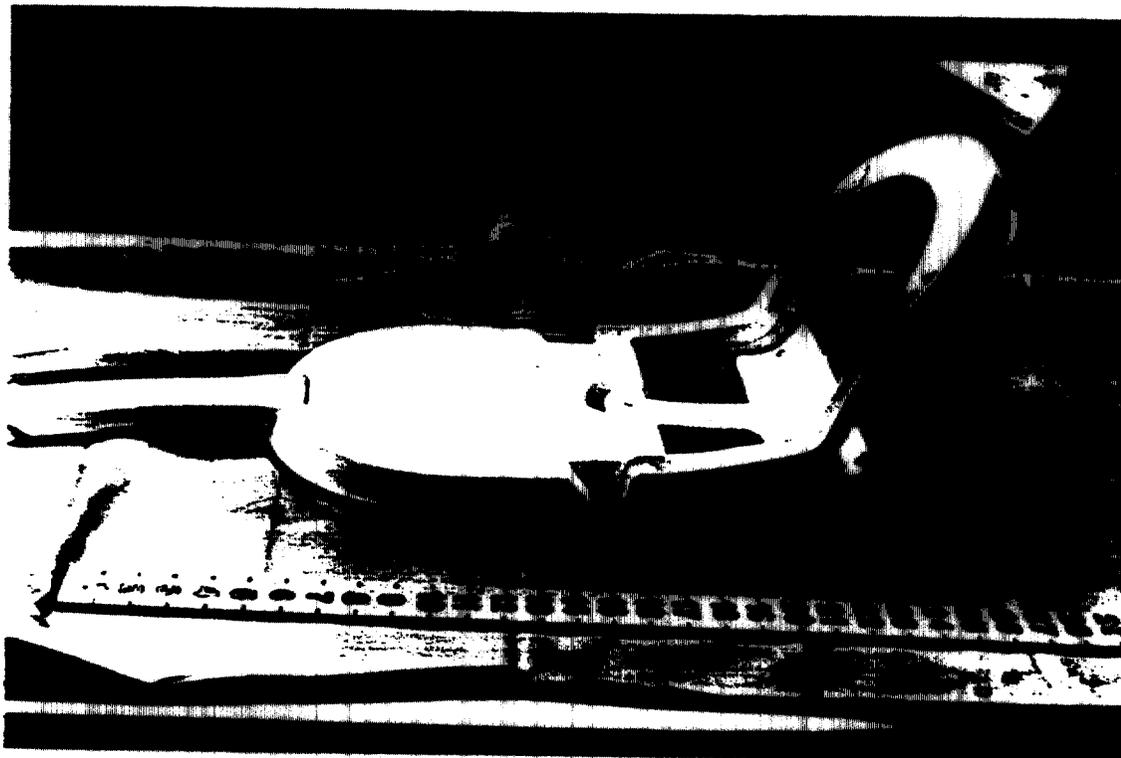
PHOTO 8 Warning label on back  
of seat (see photos 3 & 4)

950f30CRB 1343  
EXHIBIT 1



PHOTO 5 Tee bar extended

PHOTO 6 Extension piece extended



750 P30CRB 1943  
EXHIBIT 1



PHOTO 3 Side view with Tee bar in place

PHOTO 4 As above



950830CRB1943  
EXHIBIT 1

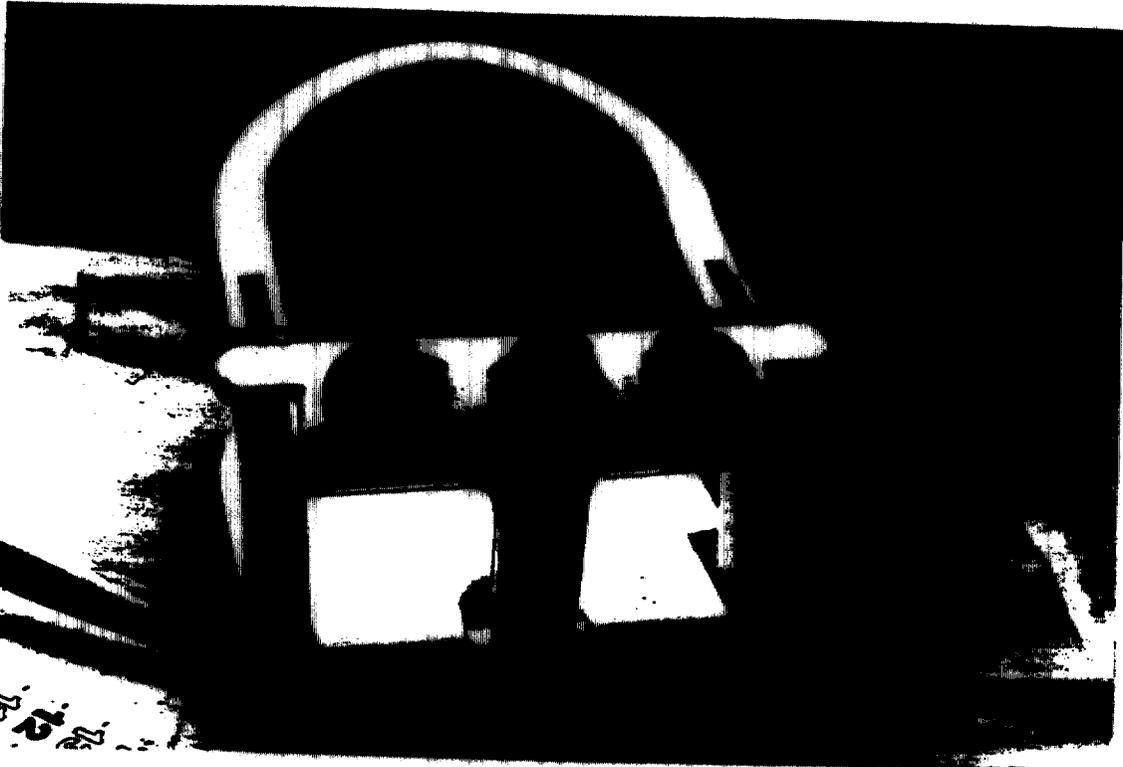
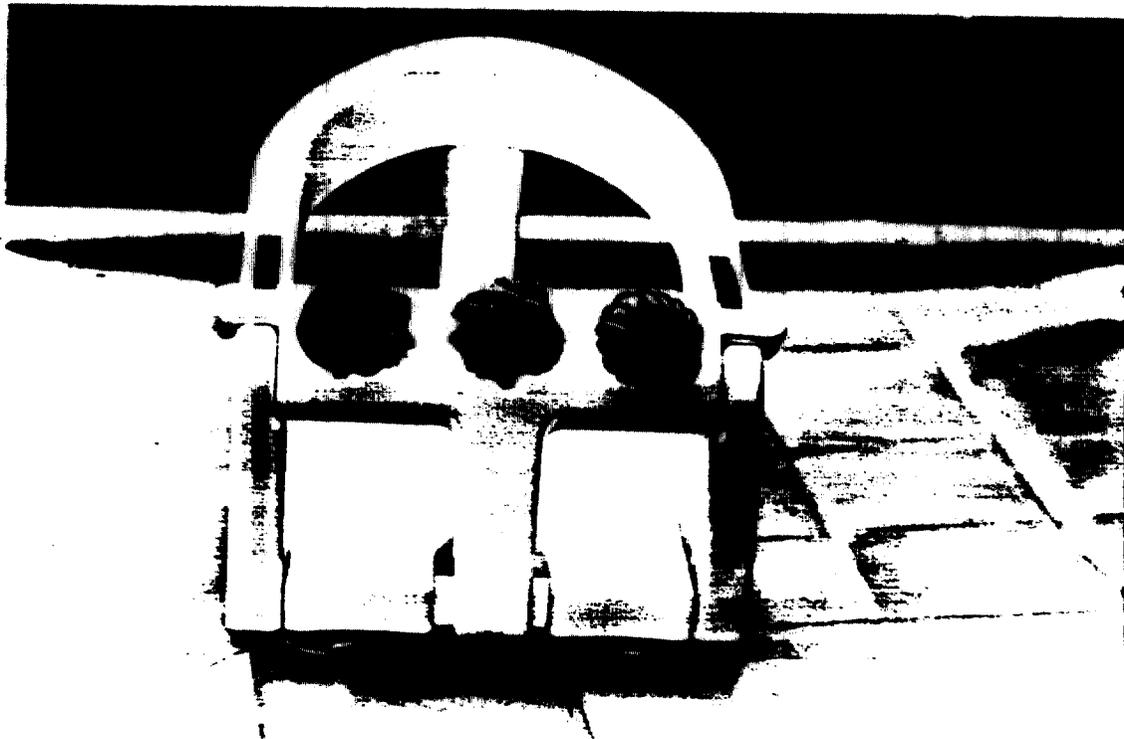


PHOTO 1 overview of the device as seen from the front. Seat is approx 12" wide, 13" deep and 11" tall. Shown here with the Tee bar in place.

PHOTO 2 As above



EPDS<sup>23</sup> J1

9 DEC 1994

EPIDEMIOLOGIC  
INVESTIGATION  
REPORT

1. CASE NO. 941104CAA2050	2. INVESTIGATOR'S ID 8 6 0 0	3. OFFICE CODE 8 3 0
4. DATE OF ACCIDENT YR MO DAY 9 3 1 0 0 3	5. DATE INVESTIGATION INITIATED YR MO DAY 9 4 1 1 1 7	

6. SYNOPSIS OF ACCIDENT OR COMPLAINT An eight-month-old male drowned in the bathtub in the bathroom of his home. The victim's mother was giving the victim and his 23-month-old sister a bath. The victim was in a bath seat. The mother left the bathroom to answer the phone. She said she was gone for one minute. When she returned she found the victim face down in about 6 3/4" of water. The boy was rushed to the emergency where, after treatment, he was declared dead.

7. LOCATION (Home, school, etc.) Home	8. CITY 1 0 East Cleveland	9. STATE Ohio 0 H
--	-------------------------------	----------------------

10A. FIRST PRODUCT Baby bath seat. 1 5 5 7	11A. TRADE/BRAND NAME MANUFACTURER & ADDRESS Model unknown. <u>Safety 1st, Chestnut Hill, MA</u>
10B. SECOND PRODUCT None 0 0 0 0	11B. TRADE/BRAND NAME MANUFACTURER & ADDRESS <u>02167</u>

12. AGE OF VICTIM 2 0 8	13. SEX (Use numerical code) MALE : 1 FEMALE : 2 UNKNOWN : 3 1	14. DISPOSITION Died in ER 8	15. INJURY DIAGNOSIS Drowning 6 9
----------------------------	--	---------------------------------	--------------------------------------

16. BODY PART All Parts of body 8 5	17. RESPONDENT(S) (Mother, Friend) Coroner's Office 3	18. TYPE INVESTIGATION ON SITE : 1 TELEPHONE : 2 OTHER : 3 3	19. TIME SPENT 8 0 1 hr.
--	--	--	-----------------------------

20. ATTACHMENTS Multi 9	21. CASE SOURCE MECAP 1 2	22. REVIEWED BY 8 3 1 1 1	YR MO DAY 9 4 1 2 0 5
----------------------------	------------------------------	------------------------------	--------------------------

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

SEE ATTACHED REPORT

MFR/PRVLR NOTIFIED

No Comments made

Comments attached

Excisions/Revisions

Firm has not requested further notice

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

**SUMMARY OF FINDINGS**

On the morning of 10/3/93 the victim, an eight-month-old male, was being given a bath by his mother in the bathroom of their home. Also in the tub with the victim was his 23-month-old sister. The victim was sitting in a bath ring which was attached to the floor of the bathtub with four suction cups. There was 6 3/4" of water in the tub. The tub measured approximately 25" wide by 75" long.

The phone rang and the mother left the bathroom to answer it. The mother stated that she was gone for about one minute. When she returned to the bathroom, she found the victim face down in the water. The rescue squad took the victim to the emergency room where he was treated. The victim did not respond to the treatment and he was pronounced dead at 11:55 A.M.

The police report (I was allowed to read the report, but not photocopy it.) said that police investigators examined the accident scene and observed the following: "Found inside the bathtub was one blue Safety 1st child safety seat securely fastened to the bottom of the bathtub with four suction cups." The police took the bath seat to the Coroner's Office.

The Coroner's Office still has the bath seat and pictures of the seat are attached to this report as Exhibit #4. Labeling embossed on the bath seat includes "WARNING: PREVENT DROWNING NEVER LEAVE CHILD UNATTENDED" and "MADE IN USA 1991 SAFETY 1ST ALL RIGHTS RESERVED." The bottom of the bath seat is similar to a lazy susan in that it rotates.

The Coroner ruled the death an accidental drowning.

**ATTACHMENTS**

1. Assignment
2. Coroner's Verdict
3. Autopsy Protocol
4. Photos

CORONER'S VERDICT

CASE NO. 217098

THE STATE OF OHIO,  
SS.  
CUYAHOGA COUNTY

Be it Remembered, That on the 3rd day of October A.D., 19 93 information was given to me, ELIZABETH K. BALRAJ, M.D., Coroner of said County, that the dead body of an infant boy supposed to have come to his death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found in Emergency Room, Meridia Huron Hospital in the City of East Cleveland Cuyahoga County, on the 3rd day of October, 1993.

I viewed or caused to be viewed the said body at the Coroner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: Police Report

I also carefully examined or caused to be examined the said dead body at 7:45 A.M. on the 4th day of October, 19 93 and I find as follows: to wit:

I, ELIZABETH K. BALRAJ, M.D., Coroner of said county having diligently inquired, do true presentment make in what manner Brett Grady

whose body was at the Coroner's Office on the 4th day of October, 19 93 came to his death; the said Brett Grady was single, about 8 months 1 day of age, a resident of East Cleveland, Ohio and a native of America had Brown eyes, Black hair, -- beard, -- mustache, Black race, brown complexion, and was about 26 inches in height, weighed 21 pounds and was an infant by occupation, with the following marks and wounds upon his body:

No evidence of recent injury.  
Evidence of recent therapy.

Upon full inquiry based on all the known facts, I find that the said Brett Grady came to his death officially on the 3rd day of October 19 93

in Emergency Room, Meridia Huron Hospital and was officially pronounced dead at 11:55 A.M., by Dr. Spaner. There is history that on October 3rd, 1993 at about 11:07 A.M., the said Brett Grady was found apparently unresponsive, submerged in the bathtub, by his mother, Gwendolyn Robinson, at their home at 14709 Alder Avenue. This infant was removed from the bathtub, cardiopulmonary resuscitation was instituted, and the East Cleveland Police and Rescue Squad were called. On arrival, treatment was continued and investigation at the scene revealed that Gwendolyn Grady had placed the said Brett Grady on a safety seat in the bathtub, in the company of a sibling, in about 6 3/4 inches of water. At this time, Ms. Robinson momentarily left the room to answer the telephone and, on her return, found this infant unresponsive, face down in the water. Investigation determined this incident to be

Brett Grady  
(Name of Deceased)

Elizabeth K. Balraj M.D.  
Coroner

CORONER'S VERDICT

CASE NO. 217098

THE STATE OF OHIO,  
SS.  
CUYAHOGA COUNTY

Brett Grady

accidental. The said Brett Grady was then transported to Meridia Huron Hospital where he was admitted to the Emergency Room at 11:27 A.M., in full cardiopulmonary arrest. Advanced cardiac life support protocol and drug therapy were instituted, however this infant failed to respond and was pronounced dead at the aforementioned time and date. The County Coroner's Office was notified and the Cuyahoga Ambulance Company was dispatched. The said Brett Grady was then transported to the Coroner's Office where an autopsy was performed. That death in this case was the end result of drowning, sustained in the aforementioned circumstance, and was accidental in nature.

CAUSE OF DEATH : DROWNING.  
ACCIDENTAL.

Brett Grady  
(Name of Deceased)

*Elyse K. Belf* M.D.  
Coroner

CORONER'S OFFICE, CUYAHOGA COUNTY, OHIO

## Autopsy Protocol

NAME Brett Grady

CASE NO. 217098

AUTOPSY NO. M-64751

DATE October 4, 1993

ELIZABETH K. BALRAJ, M.D.  
CORONER

IDI 941104CAA2050 EXHIBIT #3

OFFICE OF CORONER, CUYAHOGA COUNTY, OHIO \* 2121 Adelbert Road, Cleveland, Ohio 44106

THE STATE OF OHIO ss. REPORT OF AUTOPSY OF: Brett Grady  
CUYAHOGA COUNTY.

CASE No. 217098 AUTOPSY No. M-64751

I, ELIZABETH K. BALRAJ, M.D., Coroner of Cuyahoga County, Ohio, Certify that on the 4th  
day of October, 19 93 at 9:45 AM in accordance with Section 313.13 of the  
Revised Code, of the State of Ohio, an autopsy was performed on the body of:

NAME Brett Grady STREET 14709 Alder Avenue  
CITY East Cleveland COUNTY Cuyahoga STATE Ohio  
Occupation Infant Nativity American Marital Status: Single

and the following is the report of autopsy to the best of my knowledge and belief:

Sex Male Age 8 months, 1 day Color Black  
Complexion Brown Eyes Brown Hair Black  
Teeth None Weight 21 lbs Height 26 inches

**MARKS AND WOUNDS:**

No evidence of recent injury.  
Evidence of recent therapy.

**ANATOMIC DIAGNOSES:**

1. Drowning.
  - a) Hemorrhagic pulmonary edema.
2. Therapeutic procedures.
  - a) Venipunctures.

**CAUSE OF DEATH :** DROWNING.  
ACCIDENTAL.

The neck musculature shows no hemorrhage and appears grossly normal.

**CARDIOVASCULAR:** The heart is normal in configuration.

The coronary arteries are thin walled and have normal anatomic distribution.

The epicardium is smooth and glistening with little subepicardial fat. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The foramen ovale and ductus arteriosus are both closed. The septa are intact, and no congenital cardiac abnormalities are seen. The myocardium is of normal consistency and appearance. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve dimensions appear within normal limits. The coronary ostia occupy their usual anatomical sites.

**Aorta and its major branches:** The aorta and its principal branches are patent throughout. No significant narrowing is noted.

**Venae cavae and their major tributaries:** The superior and inferior venae cavae and their major tributaries are patent throughout.

**RESPIRATORY:** The bronchial tree is of normal caliber and configuration without evidence of obstruction and contains a small amount of yellowish, frothy fluid. The pulmonary arteries are patent and free of lesions. The right and left lungs have normal lobar configuration and the visceral pleura is smooth and glistening. The lung parenchyma is congested, airless and moderately edematous.

**HEMIC AND LYMPHATIC:** The spleen has normal configuration with smooth and glistening capsule and normal consistency and appearance.

No abnormal lymph nodes are encountered.

**DIGESTIVE:** The esophagus is free of lesions. It contains a small amount of regurgitated gastric contents. No tracheo-esophageal fistula is identified. The stomach has a normal configuration with shining serosal surface and normal mucosal rugal pattern without ulceration or any other lesions. The pylorus is of normal caliber and appearance. The stomach contains 3 1/2 ounces of watery fluid and clotted milk. The duodenum is free of ulceration and the remainder of the small bowel, the colon and the rectum are normal in appearance. The appendix is present and unremarkable.

**LIVER:** The hepatic capsule is smooth and glistening and the parenchyma is unremarkable.

The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains 7 cc of bile and is lined by velvety green mucosa. No calculi are identified.

**PANCREAS:** The pancreas has the usual tan, lobulated appearance without focal lesions.

**GENITOURINARY SYSTEM:**

**Kidneys:** The capsules of both kidneys strip with ease to reveal a few remaining fetal lobulations in otherwise smooth surfaces. On section the renal cortices are of normal thickness and the medullary region is unremarkable. The pelvo-calyceal systems and ureters are of normal size and configuration bilaterally. The bladder mucosa is smooth and tan. No urine is recovered. The prostate shows no abnormalities. The testes are present in the scrotal sac bilaterally and on section show no focal lesions.

**ENDOCRINE SYSTEM:** No abnormalities are observed in the pituitary, thyroid, or adrenal glands.

**MUSCULOSKELETAL:** No significant abnormalities are observed in the axial or appendicular skeleton.

**HEAD/BRAIN:** The scalp shows no contusions or subgaleal hemorrhage. The anterior fontanel is virtually closed measuring 3/4 x 3/4". The posterior fontanel is closed. The dura is smooth and glistening and the venous sinuses are patent. The skull is intact and there is no hemorrhage in the petrous pyramids. The remainder of the brain will be described after fixation.

**BRAIN AFTER FIXATION:** The dura shows no lesions and the venous sinuses are patent. The leptomeninges are thin and transparent throughout and show no subarachnoid hemorrhage or exudate. The cerebral hemispheres are symmetrical with grossly normal convolutional pattern. There is no evidence of subfalcial, uncal or cerebellar tonsillar herniation. The major cerebral arteries are thin and transparent and appear to be patent throughout. No congenital vascular abnormalities are seen. Serial coronal sections through the cerebral hemispheres show normal cortical ribbon and underlying white matter. The posterior portion and splenium of the corpus callosum appear somewhat thinned. The basal ganglia and diencephalon are grossly normal. Serial cross sections through the brain stem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is of normal size and configuration.

#### MICROSCOPIC DESCRIPTION

HEART:	No pathologic findings.
LUNGS:	Hemorrhagic pulmonary edema.
LIVER:	No pathologic findings.
PANCREAS:	No pathologic findings.
SPLEEN:	No pathologic findings.
THYMUS:	No pathologic findings.
KIDNEYS:	No pathologic findings.
ADRENALS:	No pathologic findings.
THYROID AND TRACHEA:	No pathologic findings.
TESTIS AND EPIDIDYMPH:	No pathologic findings.
BRAIN:	No pathologic diagnosis.

*ms*  
(MS)

CORONER'S OFFICE, CUYAHOGA COUNTY, OHIO PG- 1

2121 Adelbert Road, Cleveland Ohio 44106

REPORT OF TOXICOLOGY LABORATORY FINDINGS

THE STATE OF OHIO ss  
 CUYAHOGA COUNTY

NAME : BRETT GRADY

CASE NUMBER : 00217098

AUTOPSY NUMBER : 0064751

DATE RECEIVED : 04-Oct-93

DATE REPORTED : 26-Oct-93

CONCENTRATIONS IN mg/dL UNLESS OTHERWISE NOTED

SAMPLES ----->	BLOOD 1	BILE 1	VITR 1	GASTRIC 1
DATES ----->	10/04/93	10/04/93	10/04/93	10/04/93
-01-VOLATILES	ND	ND	ND	NTDN
-01-ETHANOL-G/DL	ND	ND	ND	NTDN
-07-ACID / NEUTRALS	ND			
-08-SALICYLATE	ND			
-09-ETHCHLORVYNOL	ND			
-10-ACETAMINOPHEN	ND			
-14-BENZODIAZEPINES	ND			
-27-QUALITATIVE OPIATES		ND		
-30-BLOOD AMPHETAMINES	ND			
-31-URINE/GASTRIC BASES				ND
-32-BLOOD BASES	ND			

ND - NONE DETECTED    NTDN=NOT DONE    POS=ANALYTE(S) DETECTED  
 QNS= QUANTITY NOT SUFFICIENT    UNS =UNSATISFACTORY SAMPLE

*Craig A. [Signature]* Ph.D.  
 CHIEF TOXICOLOGIST

*Elizabeth K. [Signature]* Ph.D.  
 CORONER

- REFER TO REVERSE SIDE FOR ANALYTE LEGEND -

2121 Adelbert Road, Cleveland Ohio 44106

## REPORT OF TOXICOLOGY LABORATORY FINDINGS

THE STATE OF OHIO SS  
CUYAHOGA COUNTYNAME : BRETT GRADY  
DATE RECEIVED : 04-Oct-93

CASE NUMBER : 00217098

AUTOPSY NUMBER : 0064751  
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DATES	10/04/93	10/04/93	10/04/93	10/04/93
-01-VOLATILES	ND	ND	ND	NTDN
-01-ETHANOL-G/DL	ND	ND	ND	NTDN
-07-ACID / NEUTRALS	ND			
-08-SALICYLATE	ND			
-09-ETHCHLORVYNOL	ND			
-10-ACETAMINOPHEN	ND			
-14-BENZODIAZEPINES	ND			
-27-QUALITATIVE OPIATES		ND		
-30-BLOOD AMPHETAMINES	ND			
-31-URINE/GASTRIC BASES				ND
-32-BLOOD BASES	ND			

ND = NONE DETECTED    NTDN=NOT DONE    POS=ANALYTE(S) DETECTED  
 QNS= QUANTITY NOT SUFFICIENT    UNS =UNSATISFACTORY SAMPLE

*Craig A. Williams, Ph.D.*  
 CHIEF TOXICOLOGIST

*Elizabeth K. Balguy, M.D.*  
 CORONER

- REFER TO REVERSE SIDE FOR ANALYTE LEGEND -

Expired in Emergency Room at Meridia Huron Hospital at 11:55 A.M., 10/3/93.

#### GROSS ANATOMIC DESCRIPTION

**EXTERNAL EXAMINATION:** The body is that of a normally developing, well nourished, black male infant who appears larger than recorded age of \*8 months. The height is 28 inches and the weight 21 pounds. The head circumference is 17 7/8", the chest circumference is 18 1/4", and the abdominal girth is 18 1/2". Rigor mortis is fully developed and fixed dependent lividity is noted. The body is cold. \*Correct age is 8 months, 1 day.

The hair is black, fine, and normal in distribution. The irides are brown and the pupils are round, regular and equal. The conjunctivae show no petechial hemorrhages and the corneas are unremarkable. The nose and ears are grossly normal. No nasal or oral discharges are noted. The lips show early drying but are otherwise unremarkable. The oral mucosa is free of lesions and the frenula are intact. Other than the middle incisors, the teeth have not erupted yet. The neck shows no external lesions or palpable masses. The chest, back, abdomen and extremities show no abnormalities. The genitalia are of a normal uncircumcised infant male. Both testicles are descended. The anus is unremarkable. The perineal region shows mild diaper rash. No scars or tattoos are observed.

#### EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:

Venipunctures are noted in the right antecubital fossa and right femoral region.

#### EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:

No injuries are noted.

**INTERNAL EXAMINATION:** The body is opened by means of the usual "Y" and biparietal incisions. The abdominal and thoracic viscera occupy their normal anatomical sites. The serous surfaces are smooth and glistening and there is no significant accumulation of fluid within the body cavities. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

Heart-46 grams,  
Right lung-96 grams,  
Left lung-66 grams,  
Spleen-47 grams,  
Liver-436 grams,  
Right kidney-35 grams,  
Left kidney-36 grams,  
Brain-955 grams,  
Thymus-42 grams.

**NECK:** The neck organs are removed en bloc. The thymus is of normal shape and position demonstrating the usual lobulated tan tissue. No petechial hemorrhages are observed. The larynx, hypopharynx and trachea are of normal configuration and free of obstruction. The lining mucosa is pink and glistening. The hyoid bone and thyroid cornua are intact.

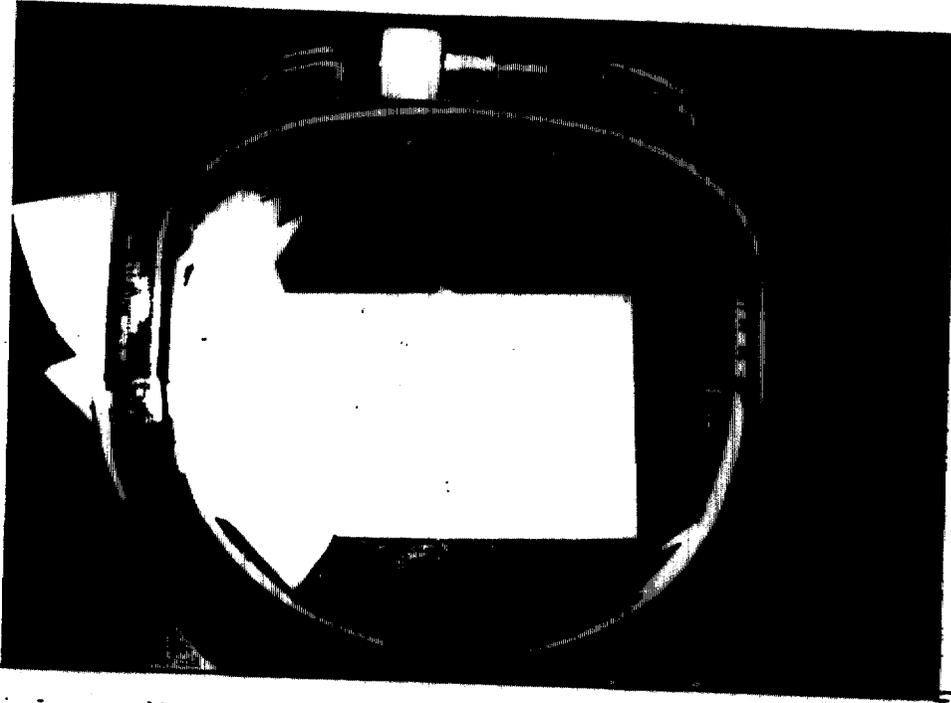
941104CAA2050



Overall views of the bath seat  
being held by the Cuyahoga County Coroner's  
Office.



941104CAA2050



Additional views of bath seat.



941104CAA2050



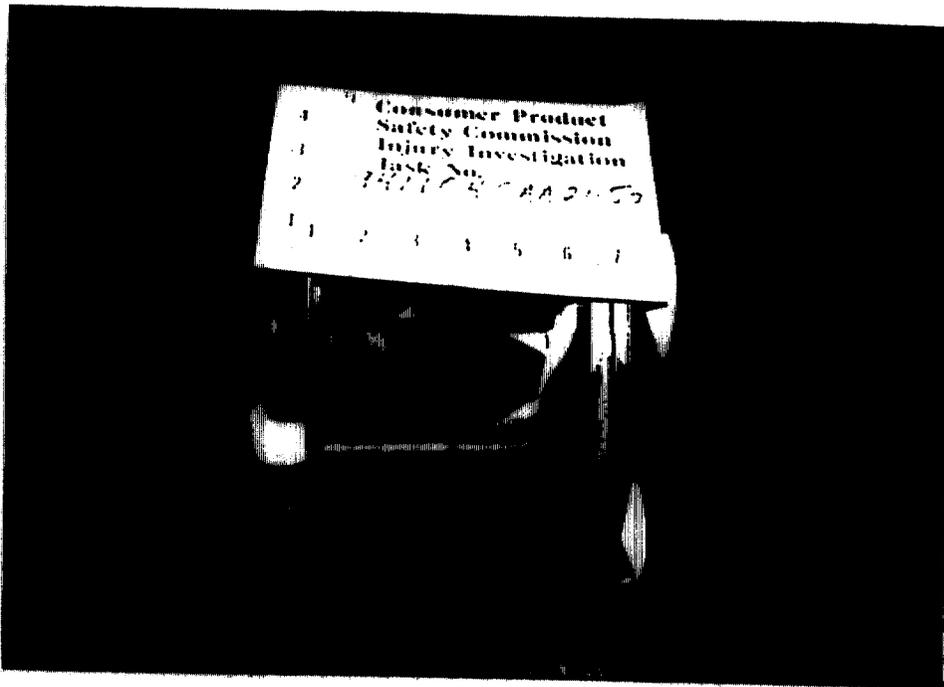
Cautionary labeling saying that children should not be left unattended.



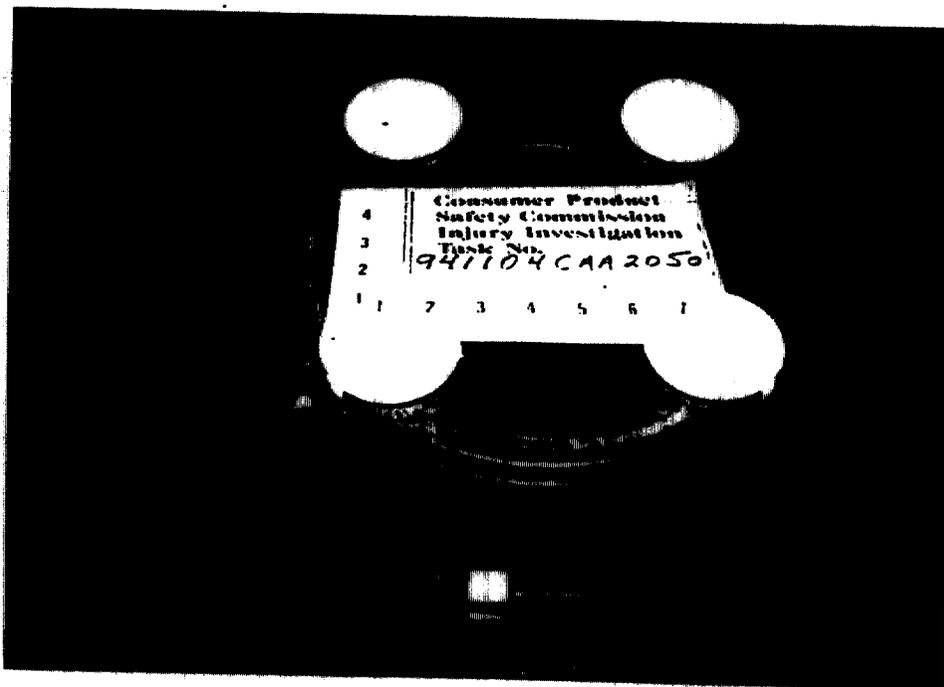
## Consumer Product Safety Commission

Manufacturer identification. Bath seat  
was manufactured by Baby 1st.

941104CAA2050



Side view of bath seat.



Bottom view of bath seat. Suction cups are all securely attached to bath seat with (I am guessing) glue. Bottom of bath seat is similar to a lazy susan in that it rotates.

ACCIDENT INVESTIGATION REQUEST FORM

Document Number ~~0110-11111111~~ X3B1077A1  
 Date of Incident 10/3/93 Category I.D. 3007151995  
 Follow-Up Requested Hazard Analysis Section 15  
 Type Follow-Up Requested Telephone Call On-Site  
 Headquarters Contact R. Rauchschwalle

Assignment Message Telephone interview very scanty. Please do an on site at coroner and at victim's parents house (if possible). Verify mfg (Safety 1st?) and photograph product - especially where suction cups are inserted on seat. Were all suction cups on seat at time of incident? Determine cause of problem of sibling in tub, type of home (apt, house) depth of history product history, warnings on product position child found during incident (position of bath seat, bath tub surface, time of day, time left alone, time for paramedics to arrive, whether CPR was given.

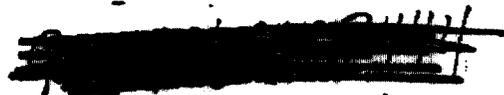
- Person(s) to Contact
- ① Anna Chang - Cuyahoga Cty Coroner's Office
  - ② Officer Lu Carelli
  - ③ Gwendolyn Robinson

Guideline

Requested By RR  
 Task Number 941104CAA-2050  
 Assigned to CAIO Date 11/4/94

EXHIBIT #1

1-(216) 721-5610



T-22 (611)

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

NOV 23 1993

X3 B1077

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.

Date of accident October 3, 1993 Date of death October 3, 1993

Type of consumer product involved Bathub Ring

Manufacturer, Model, Brand name, and Serial No. of product \_\_\_\_\_

Is product available for examination? yes  no  If yes, where? \_\_\_\_\_

Location of Accident: City East Cleveland State Ohio

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

BM 8 Months 1 day - Drowned in bathtub  
at: 14709 Alder Avenue  
East Cleveland, Ohio

Cause of Death: Drowning  
Accidental

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

East Cleveland Police Department, Investigating officer: Joseph Succarillo

Medical Examiner's/Coroner's Case No. 217098 Telephone No. \_\_\_\_\_

Reporter's Name ANNA CHANG Date Reported Nov. 12, 1993

Reporter's Off. (incl. city, county, and state) CUYAHOGA COUNTY CORONER'S OFFICE  
CLEVELAND, OHIO

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

For processing at CPSC: Report rec'd. by: \_\_\_\_\_

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

X3B1077A1  
COYAHOQA County

1st 10/27/92  
lined

INFANT DROWNING DEATHS IN BATHTUBS

1st safety seat.

2 children

SIDING

Questions:

Was an infant bath ring involved in this death?

If so, please describe the circumstances, including the following:

How old was the infant? 8 mo - 1 day 2/2/93

Was the infant left alone for any length of time? For about how long? 1 min. phone

Description of bath ring 1st safety seat

Warning labels present on product or packaging? Content? unk

Age of product, where obtained?

Manufacturer?

How frequently was the bath ring used?

found lying face down in bath tub water hot

If not, please describe the circumstances, including the following:

How old was the infant? ~~8 months + day~~

Was the infant left alone for any length of time? For ~~1 min~~ about how long? ~~auto phone~~

Was a bath ring ever used? - unk

E

504-0038 Fax

no info can be released over phone

# EAST CLEVELAND POLICE DEPARTMENT

## Uniform Incident / Offense Report

INCIDENT NUMBER  
**EC9331047**

ADMINISTRATION

In Progress <b>NO</b>	Method Received <b>IN PERSON</b>	Time Received <b>11:07AM</b>	Time Dispatched <b>11:07AM</b>	Time Arrived <b>11:10AM</b>	Time Cleared <b>11:50AM</b>	Other Time	Total Time
Report Date / Time Month: <b>10</b> Day: <b>03</b> Year: <b>93</b> Time: <b>11:10AM</b>		Incident Occurred From Month: <b>10</b> Day: <b>03</b> Year: <b>93</b> Time: <b>11:07AM</b>		Incident Occurred To Month: _____ Day: _____ Year: _____ Time: _____			
LOCATION OF THE INCIDENT (Street, City, State, Zip) <b>14709 ALDER EAST CLEVELAND, OHIO</b>						REFER TO OCA:	REFER TO TOW:
Location Type <b>RESIDENTIAL HOME</b>		Zone <b>EA2</b>	Hwy / Mile <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
<b>UNITS ASSIGNED</b>							
Primary Unit <b>3123</b>		Secondary Unit		Additional Unit 1		Additional Unit 2	
Badge 1 <b>0099</b>	Badge 2	Badge 1	Badge 2	Badge 1	Badge 2	Badge 1	Badge 2

OFFENSE

Incident	POG Code	Type of Criminal Activity
<b>1 SUDDEN ILLNESS</b>	<b>7096</b>	
2		
3		
4		
5		
6		
7		
8		
9		
10		

MO SECTION: WEAPONS  
1. NO WEAPON USED      2. OTHER METHODS      ENTRY ENTRY UNKNOWN      TRADEMARKS 1. TRADEMARK NOT KNOWN

IF POG - '00' OR '10' SERIES CIRCUMSTANCES:      IF POG - '0000' JUSTIFIABLE HOMICIDE CODES:

VICTIM / COMPLAINANT

RELATIONSHIP <b>COMPLAINANT</b>	NAME (Last, First, Middle) <b>ROBINSON, GWENDOLYN</b>	RACE <b>B</b>	SEX <b>F</b>	D.O.B. <b>06/16/56</b>
ADDRESS (Street, Apt.#, City, State, Zip) <b>14709 ALDER E CLEVELAND, OH</b>		HEIGHT	WEIGHT	HAIR
BUSINESS ADDRESS (Street, Apt.#, City, State, Zip)		PHONE	HOME (216) 851-1414 WORK	
SSN <b>290-54-7330</b>	RESIDENT STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	VICTIM TYPE INDIVIDUAL (I) <input type="checkbox"/> FINANCIAL INSTITUTION (F) <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) (P) <input type="checkbox"/> SOCIETY/PUBLIC (S) <input type="checkbox"/> BUSINESS (B) <input type="checkbox"/> GOVERNMENT (G) <input type="checkbox"/> RELIGIOUS ORGANIZATION (R) <input type="checkbox"/> UNKNOWN (U) <input type="checkbox"/>		
VICTIM INJURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED DESCRIBE INJURES 1. _____ 2. _____			
POG-1 <b>7096</b>	POG-2	POG-3	MO-1 <b>99/22/99</b>	MO-2
VICTIM / OFFENDER RELATIONSHIP		VICTIM LINKED TO OFFENSE NO.(S)		VICTIM LINKED TO OFFENDER NO.(S)
				VICTIM COMPENSATION NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N
This report and all statements filed with the <b>EAST CLEVELAND</b> Police Department by me are true to the best of my knowledge.				
REPORTING OFFICER <b>PTL LUCARELLI, JOSEPH</b>			BADGE NO. <b>0099</b>	
APPROVING OFFICER			BADGE NO.	
FOLLOW-UP <input type="checkbox"/> Y <input type="checkbox"/> N    If yes, Follow-up Assignment:				
Clearance Reason		MONTH	CLEARANCE DATE DAY	YEAR
		Cleared by Officer		

INCIDENT NUMBER  
**EC9331047**

VEHICLE

CHECK CATEGORIES:  STOLEN  RECEIVED  SUSPECT'S VEHICLE  VICTIM'S VEHICLE  UNAUTHORIZED USE  
 ABANDONED  TOWED  OTHER

LIC: \_\_\_\_\_ LIS: \_\_\_\_\_ LTY: \_\_\_\_\_ LIT: \_\_\_\_\_ VIN OR OAN: \_\_\_\_\_

VYR: \_\_\_\_\_ VMA: \_\_\_\_\_ VMO: \_\_\_\_\_ VST: \_\_\_\_\_ VCO TOP: \_\_\_\_\_ ADDITIONAL DESCRIPTION (MS): \_\_\_\_\_  
 BOTTOM: \_\_\_\_\_

STOLEN MOTOR VEHICLE ONLY OWNERSHIP VERIFIED BY: TAG RECEIPT  BILL OF SALE  TITLE  OTHER  EXPLAIN: \_\_\_\_\_

AUTO INSURER NAME (Company): \_\_\_\_\_ ADDRESS (Street, Street, Apt.#, City, State, Zip): \_\_\_\_\_

COMPUTER ENTRY BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ NIC: \_\_\_\_\_ COMPUTER CLEARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY

CODE	QUANTITY	TYPE	SERIAL #	BRAND	MODEL	OAN	VALUE	FOR DEPT. USE ONLY

COMPUTER ENTRY BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ NIC: \_\_\_\_\_ COMPUTER CLEARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

WITNESS

NO. \_\_\_\_\_ NAME (Last, First, Middle) \_\_\_\_\_

ADDRESS (Street, Street, Apt.#, City, State, Zip) \_\_\_\_\_ PHONE: \_\_\_\_\_

D.O.B. \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ SEN \_\_\_\_\_ MISC. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS (Street, Street, Apt.#, City, State, Zip) \_\_\_\_\_

FOR DEPT. USE ONLY \_\_\_\_\_ PHONE: \_\_\_\_\_

NARRATIVE

ON THE DATE, TIME AND LOCATION LISTED THE VICTIM LISTED WAS FOUND LYING FACE DOWN IN A BATHTUB OF WATER WITH NO APPARENT SIGNS OF LIFE.

# VICTIM / WITNESS SUPPLEMENT

PAGE \_\_\_\_ OF \_\_\_\_

INCIDENT NUMBER  
EC9331047

RELATIONSHIP

RELATIONSHIP <b>VICTIM</b>	NAME (Last, First, Middle) <b>GRADY, BRETT A</b>	RACE <b>B</b>	SEX <b>M</b>	D.O.B. <b>02/02/93</b>
ADDRESS (Street, Street, Apt. #, City, State, Zip) <b>14709 ALDER E CLEVELAND, OH</b>		HEIGHT	WEIGHT	HAIR
BUSINESS ADDRESS (Street, Street, Apt. #, City, State, Zip)		PHONE	HOME (216)851-1414 WORK	
SSN <b>274-96-6350</b>	RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	VICTIM TYPE INDIVIDUAL (I) <input checked="" type="checkbox"/> BUSINESS (B) <input type="checkbox"/> FINANCIAL INSTITUTION (F) <input type="checkbox"/> GOVERNMENT (G) <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) (P) <input type="checkbox"/> RELIGIOUS ORGANIZATION (R) <input type="checkbox"/> SOCIETY/PUBLIC (S) <input type="checkbox"/> UNKNOWN (U) <input type="checkbox"/>		
VICTIM INJURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED DESCRIBE INJURIES 1. 2. 3. 4. 5.	VICTIM / OFFENDER RELATIONSHIP VICTIM LINKED TO OFFENSE NO.(S) MO-1 <b>99/22/99</b> MO-2		

RELATIONSHIP

RELATIONSHIP	NAME (Last, First, Middle)	RACE	SEX	D.O.B.
ADDRESS (Street, Street, Apt. #, City, State, Zip)		HEIGHT	WEIGHT	HAIR
BUSINESS ADDRESS (Street, Street, Apt. #, City, State, Zip)		PHONE	HOME WORK	
SSN	RESIDENT STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	VICTIM TYPE INDIVIDUAL (I) <input type="checkbox"/> BUSINESS (B) <input type="checkbox"/> FINANCIAL INSTITUTION (F) <input type="checkbox"/> GOVERNMENT (G) <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) (P) <input type="checkbox"/> RELIGIOUS ORGANIZATION (R) <input type="checkbox"/> SOCIETY/PUBLIC (S) <input type="checkbox"/> UNKNOWN (U) <input type="checkbox"/>		
VICTIM INJURED <input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED DESCRIBE INJURIES 1. 2. 3. 4. 5.	VICTIM / OFFENDER RELATIONSHIP VICTIM LINKED TO OFFENSE NO.(S) MO-1 MO-2		

WITNESS

NO.	NAME (Last, First, Middle)	PHONE
ADDRESS (Street, Street, Apt. #, City, State, Zip)		PHONE
D.O.B.	RACE	SEX
HEIGHT	WEIGHT	HAIR
EYES	SSN	MISC.
EMPLOYER	ADDRESS (Street, Street, Apt. #, City, State, Zip)	
FOR DEPT. USE ONLY	PHONE	

WITNESS

NO.	NAME (Last, First, Middle)	PHONE
ADDRESS (Street, Street, Apt. #, City, State, Zip)		PHONE
D.O.B.	RACE	SEX
HEIGHT	WEIGHT	HAIR
EYES	SSN	MISC.
EMPLOYER	ADDRESS (Street, Street, Apt. #, City, State, Zip)	
FOR DEPT. USE ONLY	PHONE	

WITNESS

NO.	NAME (Last, First, Middle)	PHONE
ADDRESS (Street, Street, Apt. #, City, State, Zip)		PHONE
D.O.B.	RACE	SEX
HEIGHT	WEIGHT	HAIR
EYES	SSN	MISC.
EMPLOYER	ADDRESS (Street, Street, Apt. #, City, State, Zip)	
FOR DEPT. USE ONLY	PHONE	

she  
Dr. Balraj

x38

Who was attending? Mother  
Why did they leave? Went to ans couple minutes  
Had they left on other occasions?  
How long was he/she gone?  
Did she know CPR?  
Is there a police report?  
Did paramedics take baby to hosp?  
Did baby regain consciousness?  
How long did baby live?

Was it a Safety 1st baby seat?

- Safety 1st restraint - Child restraint seat  
Is there a police report?

Joseph Lucharelli # 119  
216-681-2366

10/3/93

11:00pm - until 7 A.M.

\$5

EC 9331047

9:45 A.M.

Dena Mays  
East Clev

Pol D  
Reco 600

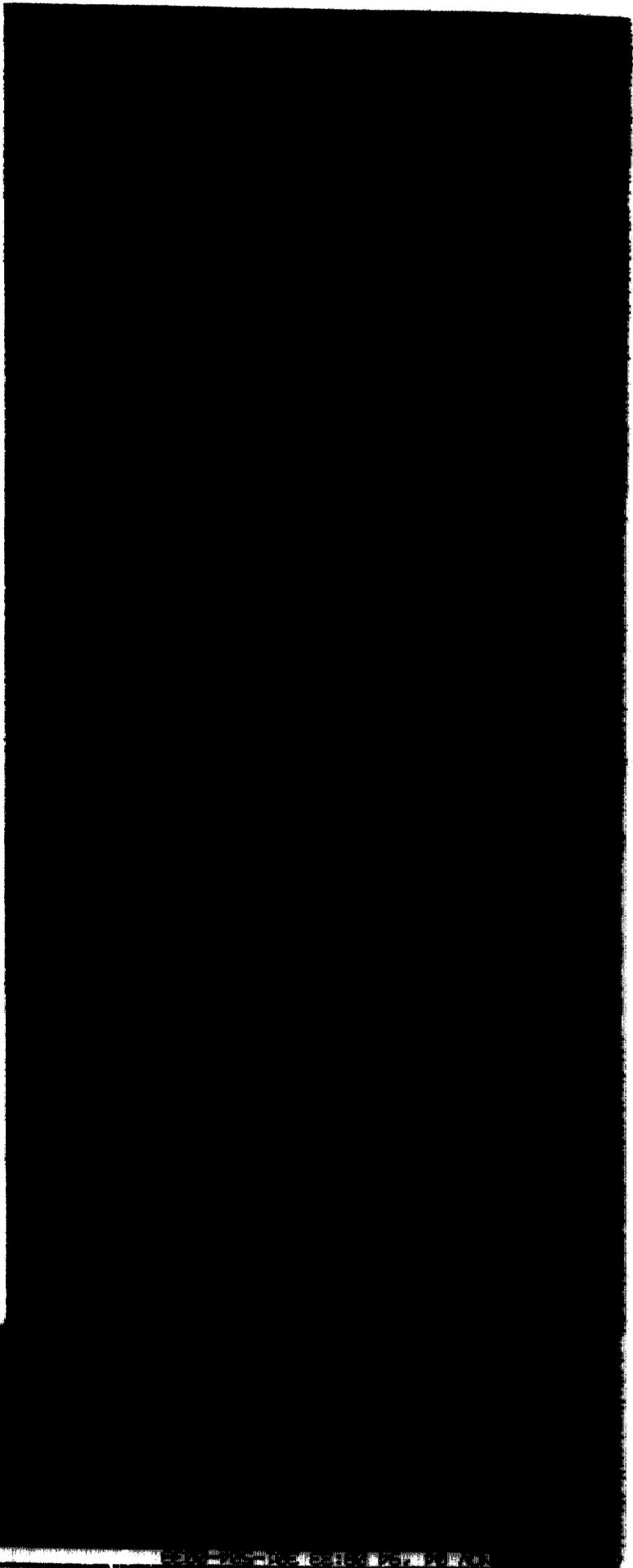
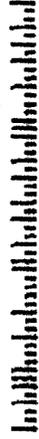
14340  
Euclid OH  
E. Clev 44112

EAST CLEVELAND POLICE DEPARTMENT  
14348 Euclid Avenue • East Cleveland, Ohio 44112



RENNE RAUCHSCHWABE  
DIVISION OF CORRECTIVE  
ACTIONS ROOM 613  
U.S. CONSUMER PRODUCT SAFETY COMMISSION  
48361 EAST WINEST HIGHWAY  
BETHESDA, MD. 20814-4408

20814-4408



17 JUN 1997

1. TASK NUMBER 970418CCC3103		2. INVESTIGATOR'S ID 8009		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 860	4. DATE OF ACCIDENT YR MO DAY 961112	5. DATE INITIATED YR MO DAY 970519		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A nine month old female was placed in a baby bath seat in a regular bathtub by her mother. The mother, who was drunk, turned the water on in the bathtub and left the victim for at least one hour. The water overflowed the bathtub. The victim drowned. The mother is charged with involuntary manslaughter.				
7. LOCATION (Home, School, etc.) home 10		8. CITY Leesville		9. STATE LA
10A. FIRST PRODUCT baby bath seat 1557		10B. TRADE/BRAND NAME Gerry Splash Seat		10C. MODEL NUMBER Model 455
10D. MANUFACTURER NAME AND ADDRESS Gerry Baby Products Co. 12520 Grant Drive Denver, CO 80241				
11A. 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	14. DISPOSITION Fatality 8	15. INJURY DIAGNOSIS Drowning 69	
16. BODY PART (S) INVOLVED All parts 85	17. RESPONDENT Army Captain	18. TYPE OF INVESTIGATION telephone 2	19. TIME SPENT (OPERATIONAL HOURS) 14.0	
20. ATTACHMENT(S) documents 2	21. CASE SOURCE Death Certificate (9622039489) 12		22. SAMPLE COLLECTION NUMBER none	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) no				
24. REVIEW DATE 970708	25. REVIEWED BY 8257		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC: DSD				

CPSC FORM 182 (REVISED 10/93)

OMB NO. 3041-0029

MFR/PRVLD NOTIFIED 12/29/99  
 No Comments made  
 Comments attached  
 Excisions/Revisions  
 Firm has not requested  
 further notice

970418CCC3103

these. He said the mother's first words when she called 911 was "I killed my baby".

The Captain furnished the name and address of the baby seat manufacturer and its model number. He said the bathtub was a normal size tub but neither this nor the baby seat had any bearing because the water was left on and the tub overflowed.

**STANDARDS INFORMATION**

None

**PRODUCT IDENTIFICATION**

The baby seat present was identified as a Gerry Splash Seat, Model 455, manufactured by Gerry Baby Products Co., 12520 Grant Drive, Denver, CO 80241.

**SAMPLES COLLECTED**

None

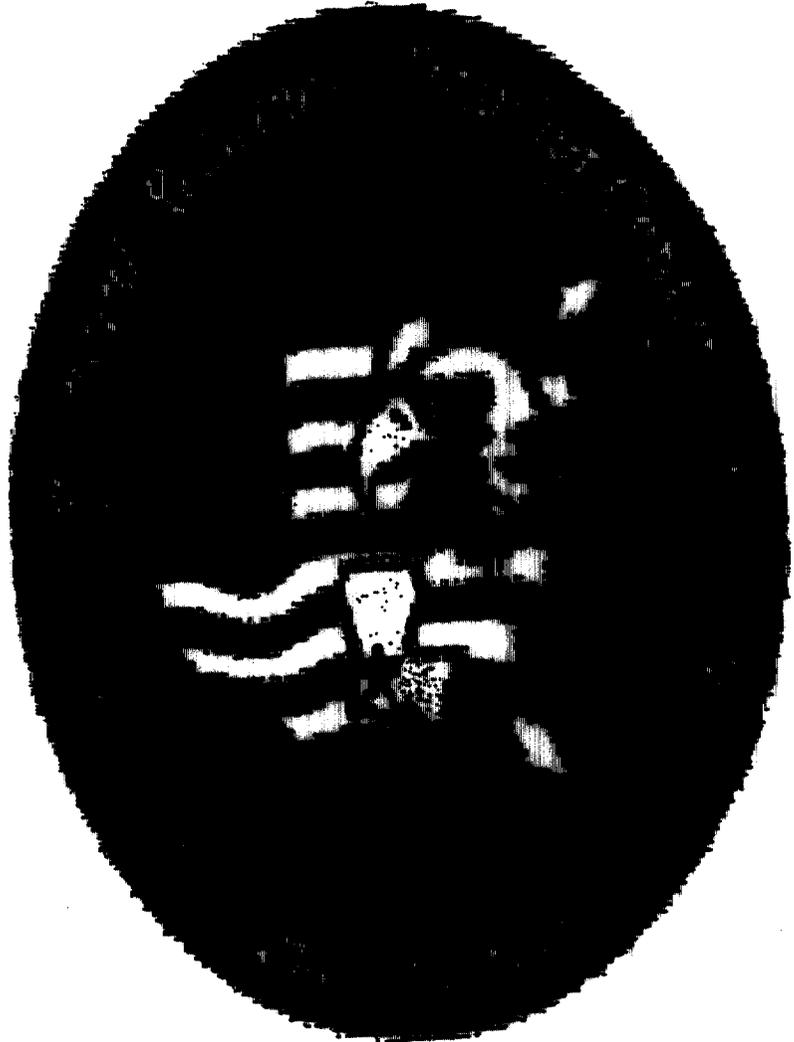
**ATTACHMENTS**

- 1) FAX received from Captain re manufacturer information
- 2 Copy Accident Investigation Request Form with copy of Death Certificate (9622039489)

EXH. NO. 1 P. 01  
9704180003103

This fax is from:  
**THE OFFICE OF THE STAFF JUDGE ADVOCATE  
JRTC & FORT POLK**

FROM: [REDACTED]	
OFFICE SYMBOL: AFZX-JA-M)	
TEL#: (318) 531-0977	
FAX: 9420	
TO: Mr. Sonny Sturdivant	
OFFICE SYMBOL: CPSC	
TEL#: (504) 567-	
FAX#: 8922	
DATE:	
# of pages plus cover	SECURITY CLASSIFICATION
1	(U) FOUO



REMARKS: Mr. Sturdivant: [REDACTED] daughter [REDACTED] was in a Gerry Splash Seat Model 455 when she drowned. Maker is Gerry Baby Products Co., 12520 Grant Drive, Denver, CO 80241. Please fax me if you have adverse info. re: this product. JFM.

**CONFIDENTIALITY NOTICE:**  
This facsimile transmission and all documents which accompany it contain information from the U.S. Army intended for the exclusive use of the addressee. This message may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee, its use is prohibited. If you have received this message erroneously, please call to arrange for its destruction or return.

EXH. NO 2  
970418CCC3103

*SET*

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: *97022 039489*

DATE OF INCIDENT: *11/12/99* 10:23 AM - 11:48  
CATID: *SECT PR 19967* ~~SECT15-1996~~

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

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

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

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

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

Person(s) to Contact: *Officials Only*

*Do not contact next of kin*

**Guidelines: 110 Bathtub Incidents Involving Children <18 Months Old**

Task Number: *970418CCC3103* Date:

Assigned to: *SFOD* Requested by:

