

1. TASK NUMBER		2. INVESTIGATOR'S ID		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE	4. DATE OF ACCIDENT YR MO DAY	5. DATE INITIATED YR MO DAY		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT				UPC
7. LOCATION (Home, School, etc.)		8. CITY	9. STATE	
10A. FIRST PRODUCT	10B. TRADE/BRAND NAME		10C. MODEL NUMBER	
10D. MANUFACTURER NAME AND ADDRESS				
11A. SECOND PRODUCT		11B. TRADE/BRAND NAME	11C. MODEL NUMBER	
11D. MANUFACTURER NAME AND ADDRESS				
12. AGE OF VICTIM	13. SEX	14. DISPOSITION		15. INJURY DIAGNOSIS
16. BODY PART (S) INVOLVED	17. RESPONDENT	18. TYPE OF INVESTIGATION		19. TIME SPENT (OPERATIONAL HOURS)
20. ATTACHMENT(S)	21. CASE SOURCE		22. SAMPLE COLLECTION NUMBER	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)				
24. REVIEW DATE	25. REVIEWED BY		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O: EHDS CC:			28. Document Number	

001018HCC2040
BABY CRIB BUMPER PADS

DESCRIPTION OF RESPONDENTS:

The respondents in this case were the investigating police Department from the University of Texas System Police Department at Austin, Texas and the Medical Examiner's Office, Travis County, Texas. Limited information was also obtained from the victim's father during a brief telephone conversation.

PRE INCIDENT:

The victim in this incident was a four-month-old male. At the time the victim weighed 5950 grams (13 pounds 0 ounces) and was 32 ½ inches in overall length. The autopsy stated that the victim was normally developed and well nourished.

The police report states that on Sunday, February 13, 2000 the victim and his family went shopping at a local store between the hours of 2:00PM and 3:00PM, afterward they returned to their apartment. It was said the mother nursed the victim, after which she prepared dinner for the other family members while the victim sat in his stroller. The report states that a few hours later they ate. The report said that after the family finished their dinner they watched television until about 8:00PM. During this time the victim was put in his crib because he was asleep. It was said that the victim was placed lying on his stomach. The father informed the police-investigating officer that they always laid him on his stomach to sleep because he would cry when lying on his back.

The father informed the police-investigating officer that at approximately 8:00PM the victim's mother left their apartment to go upstairs to visit a friend and he stayed with the victim and his sister. He said he received a telephone call from a friend who is also a student at the University of Texas at Austin. He said after the telephone call he watched television until about 9:00PM when suddenly the victim started crying. He said the victim wouldn't stop crying so he picked him up and took him into the living room with him and his daughter. The father said he put the victim on his left shoulder and he quit crying but did not go back to sleep. He stated that he and his daughter played with the victim until about 9:00PM at which time the victim's mother returned to the apartment. On her return she nursed the victim again after which she held him or placed him back in his stroller. The father informed the investigating officer that he did not remember which. In the meantime the victim's sister had gone to her room, which she shares with the victim, to play. The father said he checked on her between the time of 10:00PM and 10:30PM. At around 10:30PM the mother nursed the victim again after which the father said he took the victim from his mother and placed him in his crib on his stomach because he was asleep. He said that approximately five minutes later the victim started crying again. The father said he went to him and picked him up. He said he placed him on his left shoulder while patting his bottom. Three to four minutes later the victim went back to sleep. He said he placed him back

001018HCC2040
BABY CRIB BUMPER PADS

in his crib on his stomach. A short time later the victim began crying for about one to two minutes and then he stopped. The father told the investigating police officer that he went into the room and checked on the victim and he was asleep. He said he knew the victim was asleep because he placed his hand on his back and he felt him breathing.

INCIDENT:

The father informed the police officer that on the morning of February 14, 2000, the alarm went off at approximately 6:20AM. He said he got up a short time later. He said he went and used the bathroom, washed his hands, then to the room to check on the victim and his sister. He said he pulled the covers up on his daughter and turned to check on the victim. He said the victim was lying on his stomach and his head was a little to one side facing to the left. The father said he placed his hand on the victim's back and did not feel any movement. He then moved him a little to see if he would move and he did not move. He said he turned him over and held him and he felt rigid. He also said that he noticed that the color around his mouth and nose was white and the rest of his face was red.

POST INCIDENT:

The father informed the officer that he removed the victim from his crib and carried him into their bedroom. He said he grabbed the phone and call 911. He informed the 911 operator that the victim was not breathing. He said the operator instructed him to lay the victim on the floor and to start CPR. He said a short time later the Austin Fire Department and EMS unit arrived. Neither the victim's father nor EMS medics could resuscitate the victim who was pronounced dead at 6:56Am by the doctor. The body was transported to the Office of the Medical Examiner of Travis County. An autopsy was performed. The medical examiners' report states that based on the anatomic findings at autopsy and the investigation information available at the time, the victim died as a result of an accidental suffocation event. It was said the cause of death was asphyxia by suffocation and manner of death was an accident.

PRODUCT IDENTIFICATION:

The product involved in this incident is the bumper pad that goes around the inside of an infant crib. The father said the bumper pad was given to them four years ago after the birth of their first child, their daughter. He said the crib was purchased four years ago from the Salvation Army Thrift Store. He said they used the same bumper pad and crib for her and following the birth of the victim the same items were used for him. The manufacture name and brand name are unknown. According to the police report and a telephone interview with an officer from the investigating police department, the bumper pad was in good condition. It was also said the crib was in good condition. No other product identification was available. It was also said that no toys

001018HCC2040
 BABY CRIB BUMPER PADS

or other objects were noted in the victim's crib. It was reported that there was an apparent indentation in the soft padding where the victim's face was.

STANDARD INFORMATION:

No standard information available as it relates to bumper pads for the baby cribs. Baby cribs are subject to 16 CFR Part 1508 Requirements for full size-baby cribs or 16 CFR Part 1509 Requirements for non-full size baby cribs. It is unknown, which one of the requirements the crib mentioned in this incident complies with.

SAMPLE COLLECTED:

None

ATTACHMENTS:

1. A copy of the police department report
2. Copies of photographs provided by the police department (the department did not put a caption with each photo- limited caption provided by CPSC Investigator).

CONTACT	REASON	RESULT
Police dept.	scenario/product id	same
Victim's father	product id	same

THE UNIVERSITY OF TEXAS SYSTEM POLICE

THE UNIVERSITY OF TEXAS at Austin

COPY

SUPPLEMENTARY REPORT

OFFENSE NO. 001087-I COMPLAINANT'S NAME _____

On 02-14-00, at 7:05A, I was notified, by UTPD Dispatch, of a deceased child at [REDACTED] Austin 911 contacted UTPD Dispatch at 7:03A. Austin 911 received the original call at 6:39A, dispatched at 6:41A and the first units arrived on scene at 6:47A. I responded to the scene with Lt. Stalder. We arrived at approx. 7:10A. Austin Fire Dept. and EMS had already cleared the scene. I made contact with APD Homicide Det. Gilchrest and APD Ofc. R.E. Everwijn. APD Forensics was also already on scene. Lt. Stalder requested APD Forensics to photograph the scene. Det. Gilchrest told me that the father of the deceased infant, [REDACTED] (UT Student), had called Austin 911 to report that his son was not breathing. 911 advised [REDACTED] to move the infant to the floor and begin CPR. Austin Fire Dept. and EMS subsequently arrived on scene. All attempts to revive the infant were unsuccessful. Dr. [REDACTED] made the death pronouncement at 6:56A via telephone.

APD Victim Services Counselor, [REDACTED] was on the scene and assisted in moving the parents and a sibling to an upstairs neighbor's apartment.

I videotaped the scene while waiting for the Travis Co. Medical Examiner. Bob Davis, Travis Co. Medical Examiner Investigator arrived at 8:22A and conducted his investigation. Upon completion of his investigation, Davis took possession of the infant's body and transported it to the Travis County Forensics Center to await an autopsy.

At approx. 9:25A all officers cleared the scene. APD Victim Services transported the parents, [REDACTED] to UPB to give written statements. Lt. Stalder interviewed the mother and Sgt. Menefee interviewed the father.

[REDACTED] (UT Staff), of the UT Dean of Students Office, arrived at UPB to assist APD Victim Services.

At approx. 10:00A Bob Davis telephoned and told Lt. Gabriel that the preliminary cause of death was positional asphyxiation.

I attended the autopsy at The Travis County Forensics Center at Approx. 1:00P. Dr. Peacock, Travis County Medical Examiner, ruled the death accidental, cause of death was due to positional asphyxiation.

TASK # 001018HCL2040

ATTACHMENT # 1

PRODUCT: Baby mattress & Pad

- 13. REPORT BY: Don E. Verett ID#: 792 TIME: 7:43A DATE: 02-15-00
- 14. APPROVED BY: Lt. Stalder ID#: _____ TIME: _____ DATE: _____
- 15. ASSIGNED TO: _____ ID#: _____ TIME: _____ DATE: _____

DS

THE UNIVERSITY OF TEXAS SYSTEM POLICE
THE UNIVERSITY OF TEXAS at Austin

TAC# 001018HCL 2046
ATTACHMENT# 1
PRODUCT: Baby Mattress + Pad

SUPPLEMENTARY REPORT

OFFENSE NO. 001087 COMPLAINANT'S NAME: _____

On Monday, 2-14-00 at 9:40AM this officer met with _____ at the University Police Building regarding the death of his son, _____ DOB: _____ Mr. _____ goes by _____ Mr. _____ gave a Written Voluntary Witness Statement regarding his son's death. Mr. _____ was further identified as:

H/M, DOB: 5-25-71, UT Graduate Student

_____, Austin, TX 78703

SSN: * _____

Mr. _____ stated he is a Mexican Citizen, from Tampico, Tamaulipas, Mexico. he identified members of his family as follows:

Wife - _____ Cantu, DOB: 8-15-74

Daughter - * _____

Son(Deceased) - _____ H/M, DOB: _____

On Sunday, 2-13-2000, Mr. _____ stated he and his family had gone shopping at Wal-Mart, Randall's, and City Market between 2:00PM and 5:30PM, at which time they returned to their apartment. _____ nursed their son, _____ then prepared dinner around 6:00PM. _____ sat in his stroller while dinner was prepared and they eat. They finished dinner around 7:00PM. They then watched television till about 8:00PM. During this time _____ was put in his crib. He was asleep and was placed lying on his stomach. Mr. _____ stated they always laid him on his stomach to sleep because he would cry when lying on his back.

At around 8:00PM, _____ went to see their neighbors who live upstairs, just above them. Their name is _____ and his wife _____ Mr. _____ stated they recently had a baby and _____ wanted to see the baby. Mr. _____ stayed at their apartment with their son and daughter. Mr. _____ received a call from a friend who is a student with him in Economics at UT at around 8:10PM He identified his friend as _____ but could not remember his last name. He stated he watched television till 9:00PM when _____ started crying. He stated _____ wouldn't stop crying so he picked him up and took him into the living room with him and his daughter. He put him on his left shoulder and he quit crying but did not go back to sleep. Him and his daughter played with _____ until 9:00PM at which time his wife returned to the apartment and nursed the baby. After nursing _____ Mr. _____ stated _____ either held him or placed him back in his stroller, he couldn't remember which. * _____ had gone to her room, which she shares with _____ to play. Sometime between 10:00PM and 10:30PM, Mr. _____ went to check on * _____ and found her asleep in her bed. He put a diaper on her and tucked her in bed.

At around 10:30PM, _____ nursed _____ again. At approximately 11:00PM, Mr. _____ took _____ from _____ and placed him in his crib, on his stomach. He was asleep at this time. Approximately five minutes later _____ started crying again and Mr. _____ went and picked him up, placed him on his left

DS

shoulder while patting his bottom. Three or four minutes past and [redacted] went back to sleep. He placed him back in his crib on his stomach. Short time later, [redacted] began crying again for about one or two minutes and then stopped. Mr. [redacted] stated he went into the room and checked on him and he was asleep. He stated he knew [redacted] was breathing because he placed his hand on his back and felt him breathing.

Mr. [redacted] and his wife stayed up watching television till around 12:30AM, then went to bed. [redacted] set the alarm to go off at 6:00AM and at 6:30AM, on Monday, 2-14-00.

At around 6:20AM, the alarm went off for the third time, Mr. [redacted] got up a short time later. He went and used the restroom, washed his hands, then went to check on the kids. He pulled the covers up on his daughter and turned to check his son. [redacted] was lying on his stomach and his head was a little to one side facing to the left. Mr. [redacted] stated he placed his hand on [redacted] back and didn't feel any movement. He moved him a little to see if he would move and he didn't move. He turned him over and held him and he felt rigid. Mr. [redacted] noticed that the color around his mouth and nose was white and the rest of his face was red. He took [redacted] into him and his wife's bedroom and grabbed the phone and called 911. The first time he called he somehow was disconnected. He called back the second time and told the operator his son wasn't breathing. He stated the operator instructed him to lay [redacted] on the floor and begin CPR. A short time later, the Austin Fire Department arrived, then the ambulance.

The statement by Mr. [redacted] was tagged as evidence and placed in Room 1.218 UPB by this officer.

13. REPORT BY: H. Menefee ID#: 89 TIME: 2:40PM DATE: 2-14-00
14. APPROVED BY: Lt. Stalder ID#: _____ TIME: _____ DATE: _____
15. ASSIGNED TO: _____ ID#: _____ TIME: _____ DATE: _____

TASK # 001018HLL2046
ATTACHMENT # 1
PRODUCT: Baby Mattress & Pad

THE UNIVERSITY OF TEXAS SYSTEM POLICE
THE UNIVERSITY OF TEXAS at Austin

SUPPLEMENTARY REPORT

OFFENSE NO. 001087 COMPLAINANT'S NAME _____

On Feb. 14, 2000 at 7:05am while in my officer I was informed of a 911 call received and relayed to are agency of a infant deceased of unknown causes at [REDACTED] Myself and Det. Verett resposed from UPB to the area. Once at the area I assigned patrol officers Cox and Fallon to protect the crime scene and Ofc. Fallon specifically to maintain the crime scene log into the apartment.

I met with Ofc. R.E Everwin, APD Motors, and Homicide Detective Mark Gilchrest who had already entered and made a preliminary observation of the scene. Det. Gilchrest told me a 4 month old infant and been discovered not breathing by his father at approximately 6:35am that morning. The father had called 911 and was advised by 911 operators to move the baby and start CPR until medics arrived. Neither the father nor medics could resusitate the infant who was pronounced dead at 6:56am by Dr. Zenarosa

I assigned Det. Verett as the lead investigator and allowed APD forensics to photograph the crime scene as the were on site and offered their assistance.

Bob Davis, M.E. office, arrived and performed his duties.

At UTPD at 9:45am I took a written statement from [REDACTED] *utilizing myrtle meuchara as a translator*

At 10:00am preliminary reports from the ME's office indicated accidental asphyxiation on the infant.

Final autopsy performed at 2:00pm and attended by Det. Verett confirmed the preliminary report.

- 13. REPORT BY: Stalder ID#: 469 TIME: 8:39pm DATE: Jan., 28, 2000
- 14. APPROVED BY: _____ ID#: _____ TIME: _____ DATE: _____
- 15. ASSIGNED TO: _____ ID#: _____ TIME: _____ DATE: _____

TASK: 001018HCL2040
ATTACHMENT# 1
PRODUCT: Baby Mattress Pad

UNIVERSITY OF TEXAS SYSTEM POLICE
UNIVERSITY OF TEXAS AT AUSTIN
Offense/Incident Report

CASE NO. 001087

Time Spent On Call 2 1/2 hrs.

Location of occurrence and address				Location Detail			
[REDACTED]				APARTMENTS			
Crime	Crime Section	Crime Description	Class	FMV Loss	Damage	R'cvd	
DECEASED CHILD		DECEASED CHILD					
Date and Time (From)	Date and Time (To)	Date and Time Reported	Status		Status Change Date		
		9-14-00 7:08 AM					
Inv	Name: Last, First, Middle	Race	Sex	Age	DOB	Ht	Wt
R	[REDACTED]	W	M	28	05-25-71		
Further Physical Description:							
SS# or UT ID	Drivers Lic. No.	UT Status	Alias			Arrest Date	
*							
Address		Res. Phone	Permanent Address			Permanent Phone	
[REDACTED] AUSTIN, TX		[REDACTED]					
Business / Dept. Address				UT Mail Code	Bus. Phone		
Vehicle							
Inv	Name: Last, First, Middle	Race	Sex	Age	DOB	Ht	Wt
Further Physical Description:							
SS# or UT ID	Drivers Lic. No.	UT Status	Alias			Arrest Date	
Address		Res. Phone	Permanent Address			Permanent Phone	
Business / Dept. Address				UT Mail Code	Bus. Phone		
Vehicle							
Property	Serial	Value	R'cvd. Value				
Property	Serial	Value	R'cvd. Value				
Property	Serial	Value	R'cvd. Value				
Property	Serial	Value	R'cvd. Value				

Officer: B. Coff #102
 Approved by: [Signature] 531
 Assigned To: _____

Date: 9-14-00
 Date: 2-14-02
 Date: _____
 Suspende Date: _____

[Signature]

THE UNIVERSITY OF TEXAS SYSTEM POLICE

THE UNIVERSITY OF TEXAS at AUSTIN

SUPPLEMENTARY REPORT

TASK # 001018HCC 2040

ATTACHMENT 1

PRODUCT: Bob Matthews Pad

CONT.

OFFENSE NO. COMPLAINTS'S NAME

AUSTIN FIRE DEPARTMENT ARRIVED/LEFT BEFORE U.T.P.D. OFFICERS ARRIVED.

AUSTIN E.M.S. ARRIVED/LEFT BEFORE U.T.P.D. OFFICERS ARRIVED. THE 4 MONTH OLD CHILD WAS PRONOUNCED DEAD BY AN EMERGENCY ROOM (HOSPITAL UNKNOWN) DOCTOR OVER THE PHONE AFTER AN ATTEMPT TO REVIVE BY E.M.S. PARAMEDICS (UNKNOWN) WAS NEGATIVE.

THE FOLLOWING A.P.D. FORENSICS PERSONNEL WERE ON THE SCENE AND ASSISTED LT. STALDER.

PH.# [REDACTED]

U.T.P.D. D. VERETT VIDEO TAPED THE POSSIBLE CRIME SCENE FOR LT. STALDER.

THE POSSIBLE CRIME SCENE INVESTIGATION WAS COMPLETED AT 8:32AM. A.P.D. VICTIM SERVICES [REDACTED] ASSISTED. THE TRAVIS COUNTY MEDICAL EXAMINER,

BOB DAVIS PH.# 473-9803

ARRIVED AT 8:32AM AND CONDUCTED HIS INVESTIGATION. HE TOOK THE DECEASED CHILD AND LEFT AT 9:03AM.

THE DECEASED CHILD WAS IDENTIFIED AS FOLLOWS:

[REDACTED] 4 mo. OLD MALE

THE CHILD'S PARENTS ARE IDENTIFIED AS FOLLOWS:

[REDACTED] FATHER, 39 y.o. PH.# [REDACTED]

[REDACTED], WIFE, 25 y.o.

AUTHORITY OF LT. STALDER, I REMOVED THE YELLOW BARRIER TAPE AND CLEARED THE SCENE AT 9:24AM.

ATTACHMENTS: SUPPLEMENT REPORT BY OFFICER FALLON
CRIME SCENE LOG

13. REPORT BY: [Signature] ID# 109 TIME 10:00AM DATE 2-11-00

14. APPROVED BY: [Signature] ID# 531 TIME 1P DATE 2-11-00

15. ASSIGNED TO: ID# TIME DATE

16. STATUS: CLEARED BY: ARREST UNFOUNDED EXCEP. CLEARED

THE UNIVERSITY OF TEXAS SYSTEM POLICE

THE UNIVERSITY OF TEXAS at AUSTIN

SUPPLEMENTARY REPORT

OFFENSE NO. _____ COMPLAINTS'S NAME _____

In reference to the deceased infant that was discovered at [redacted] Apartments, I assisted Lt. Stalder & APD in the investigation by maintaining a Crime Scene log of all persons that entered/exited the area. I also assisted in protecting the ^{possible crime} scene by placing yellow Police barrier tape around the scene. AFD/EMS were not included on the log, as they had already responded and cleared the scene prior to my arrival. Crime Scene log is attached. Lt. Stalder & all personal cleared the scene at 9:05 AM, 02-14-2000.

TASK# 001018ACC 2040
ATTACHMENT# 1
PRODUCT: Bola, Mattress & Pad

13. REPORT BY: Michael H. Fallon ID# 560 TIME 10:00 AM DATE 02-14-00
14. APPROVED BY: [Signature] ID# 531 TIME 10 DATE 02-14-00
15. ASSIGNED TO: _____ ID# _____ TIME _____ DATE _____
16. STATUS: CLEARED BY: _____ ARREST _____ UNFOUNDED _____ EXCEP. CLEARED _____

Log Maintained by Ofc M. Fallon #560

CRIME SCENE LOG

DATE 02-14-2000

OFFENSE NUMBER _____

LOCATION 16246 Gateway

TIME IN	TIME OUT	NAME	AGENCY
7:15AM	7:36 AM	[REDACTED]	APD/Motor
7:15AM	7:34 AM	[REDACTED]	APD/Detective
7:15AM	7:34 AM	[REDACTED]	APD/Motor
7:15AM	8:32 AM	[REDACTED]	APD Forensics
7:20AM	9:05 AM	Ofc. Billy Cox	UTPD
7:20AM	9:05AM	Ofc. Mike Fallon	UTPD
7:20AM	9:05AM	Sgt Gary Peoples	UTPD
7:20AM	9:05 AM	Lt. Ron Stalder	UTPD
7:20AM	9:05 AM	Ofc. Don Verett	UTPD
7:26AM	8:32 AM	[REDACTED]	APD/Forensics Ph [REDACTED]
8:22AM	9:05 AM	Bob Davis	Medical Examiner Ph 473-9803
8:32 AM	9:05 AM	Capt. Silas Grigg	UTPD
8:32 AM	9:05 AM	Sgt. Hilda Menefee	UTPD
9:02AM	9:05 AM	[REDACTED]	Friend of Family
		TASK# <u>001018HCL3040</u>	
		ATTACHMENT# <u>1</u>	
		PRODUCT: <u>Bob, Mattes + Pad</u>	

EVENT DESCRIPTION			
TYPE (check one) <input checked="" type="checkbox"/> OFFENSE REPORT <input type="checkbox"/> INFORMATION REPORT	EVENT ID NUMBER: 000450294	AGENCY (AP) 001	REPORTED: 02,14,00 at 06:39 OCCURRED BETWEEN: 02,14,00 at 02:00 AND: 02,14,00 at 06:39
EVENT ORIGIN (check one) <input checked="" type="checkbox"/> CAD <input type="checkbox"/> OFFICER INITIATED <input type="checkbox"/> TELESERVE <input type="checkbox"/> WALK-IN	SOLVABILITY <input type="checkbox"/> SUSPECT IN CUSTODY <input type="checkbox"/> SUSPECT/VEHICLE KNOWN <input type="checkbox"/> EVIDENCE OR PARTIAL DESCRIPTION <input type="checkbox"/> NOT ENOUGH EVIDENCE OR DESCRIPTION		
EVENT STATUS (check one) <input type="checkbox"/> CLEARED ADMINISTRATIVELY <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CLEARED EXCEPTIONALLY <input type="checkbox"/> FIELD RELEASE CITATION		EXCEPTIONAL CLEARANCE (check ONLY if cleared by exception) <input type="checkbox"/> OPEN <input type="checkbox"/> SUSPENDED(not cleared) <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> VICTIM REFUSED TO COOPERATE <input type="checkbox"/> JUVENILE/NO CUSTODY ARREST <input type="checkbox"/> NOT APPLICABLE	

HOUSE/BLOCK # / FRACTION STREET / INTERSECTION	DIRECTION	TYPE	APT. / SUITE #
EVENT LOCATION CITY: (AUSTIN) COUNTY STATE ZIP CODE PREMISE TYPE: APARTMENTS # of ROOMS			

EVENT GROUPS			
<input type="checkbox"/> FAMILY VIOLENCE	<input type="checkbox"/> JUVENILE CRIME	<input type="checkbox"/> DRIVE-BY SHOOTING	NUMBER OF OFFICERS ASSAULTED
<input type="checkbox"/> STALKING	<input type="checkbox"/> HATE CRIME	<input type="checkbox"/> GANG-RELATED	
<input type="checkbox"/> CARJACKING	<input type="checkbox"/> GRAFFITI	<input type="checkbox"/> NEIGHBORHOOD OFFICER REQUESTED	

EVENT TITLE CODE DESCRIPTION			
TITLE CODE 1:	EVENT TITLE: ASSIST OTHER AGENCY	OFFENDER SUSPECTED OF USING:	00 FEB 15 AM 7:55
		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS/NARCOTICS <input type="checkbox"/> COMPUTER EQUIPMENT	
TITLE CODE 2:	EVENT TITLE:	OFFENDER SUSPECTED OF USING:	
		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS/NARCOTICS <input type="checkbox"/> COMPUTER EQUIPMENT	
TITLE CODE 3:	EVENT TITLE:	OFFENDER SUSPECTED OF USING:	
		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS/NARCOTICS <input type="checkbox"/> COMPUTER EQUIPMENT	
TITLE CODE 4:	EVENT TITLE:	OFFENDER SUSPECTED OF USING:	
		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS/NARCOTICS <input type="checkbox"/> COMPUTER EQUIPMENT	

BUSINESS DESCRIPTION			
INVOLVEMENT	TYPE OF BUSINESS (if Victim)	BUSINESS NAME	
ADDRESS (if different than Event Location)			CITY: (AUSTIN) STATE: (TX)
ZIP CODE	COUNTRY: (USA)	PHONE	AREA CODE: (512) PREMISE TYPE

ORIGINAL/PUBLIC INFORMATION NARRATIVE

INFORMATION IN THIS SECTION IS PUBLIC INFORMATION AND WILL BE RELEASED TO THE PUBLIC AND PRESS
 THIS SECTION SHOULD CONTAIN A BRIEF DESCRIPTION OF THE INCIDENT, BUT SHOULD NOT CONTAIN
 CONFIDENTIAL, SENSITIVE, OR INVESTIGATIVE INFORMATION

Called to AN ASSIST EMS call at [redacted]

TASK # 001018 ACC 2010
 ATTACHMENT # 1
 PRODUCT: Baby Matthew Pad

REPORTING OFFICER EVERETT W. F.	EMP # 2642	APPROVED BY	EMP #	PD-001 (rev. 3/2/95)
------------------------------------	---------------	-------------	-------	----------------------

TYPE (check one) <input checked="" type="checkbox"/> OFFENSE INFORMATION	(check one) <input checked="" type="checkbox"/> NEW ENTRY UPDATE	EVENT ID NUMBER 000450294	AGENCY (AP) 001	DATE/TIME REPORTED: 02.14.00 at 06:39	PAGE 2 of 4
---	---	------------------------------	--------------------	--	-------------

PERSONS INVOLVED DESCRIPTION (Detailed) PAGE 1 OF 2

PERSON # 1	INVOLVEMENT (check one) <input type="checkbox"/> ARRESTED SUSPECT <input checked="" type="checkbox"/> VICTIM / DECEASED <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE	<input type="checkbox"/> WITNESS (optional, may be used instead of BASIC form) <input type="checkbox"/> COMPLAINANT (optional, may be used instead of BASIC form) <input type="checkbox"/> OBSERVED (optional, may be used instead of BASIC form)
---------------	---	---

NAME (Last)	FIRST	MIDDLE	SUFFIX JR	PREFIX
-------------	-------	--------	--------------	--------

HOME ADDRESS	DIRECTION	TYPE ST	CITY (AUSTIN)	STATE (TX)	ZIP CODE	COUNTRY	HOME PHONE (512)
--------------	-----------	------------	---------------	------------	----------	---------	------------------

EMPLOYER / BUSINESS N/A	OCCUPATION
----------------------------	------------

EMPLOYER ADDRESS	DIRECTION	TYPE	SUITE #	CITY (AUSTIN)	STATE (TX)	ZIP CODE	COUNTRY	BUS. PHONE (512)
------------------	-----------	------	---------	---------------	------------	----------	---------	------------------

RACE (check one) <input checked="" type="checkbox"/> AMER. INDIAN <input type="checkbox"/> BLACK <input checked="" type="checkbox"/> HISPANIC <input type="checkbox"/> ORIENTAL/ASIAN	MIDDLE EASTERN PACIFIC ISLANDER <input type="checkbox"/> WHITE	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH MONTH 10 DAY 17 YEAR 99 OR AGE	HAIR COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> BLONDE <input type="checkbox"/> BROWN <input type="checkbox"/> DARK BROWN <input type="checkbox"/> LIGHT BROWN <input type="checkbox"/> FROSTED <input type="checkbox"/> GRAY	<input type="checkbox"/> WHITE <input type="checkbox"/> MULTI COLORED <input type="checkbox"/> RED <input type="checkbox"/> OTHER	EYE COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GOLD <input type="checkbox"/> GRAY	<input type="checkbox"/> HAZEL <input type="checkbox"/> MULTI COLORED <input type="checkbox"/> PINK <input type="checkbox"/> OTHER
---	---	--	--	---	--	--	---

HEIGHT FT ____ IN.	WEIGHT LBS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	RESIDENT STATUS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> ILLEGAL ALIEN	ID TYPE <input type="checkbox"/> D.L. ID TASK # 00012345678 NUMBER ATTACHMENT # 1 STATE (TX) PRODUCT: Baby's First Aid	OTHER ID D.L. ID NUMBER
-----------------------	---------------	--	--	--	-------------------------------

ADULT DISPOSITION (check one, ONLY if applicable) <input type="checkbox"/> CHARGED IN ANOTHER OFFENSE <input type="checkbox"/> FILED IN JP COURT <input type="checkbox"/> FILED IN FEDERAL COURT <input type="checkbox"/> RELEASED TO ANOTHER AGENCY <input type="checkbox"/> RELEASED - NO CHARGES FILED	<input type="checkbox"/> FILED IN COUNTY COURT <input type="checkbox"/> FILED IN DISTRICT COURT <input type="checkbox"/> FILED IN MUNICIPAL COURT <input type="checkbox"/> CITATION ISSUED	JUVENILE DISPOSITION (check one, ONLY if applicable) <input type="checkbox"/> REFERRED - CRIMINAL/ADULT COURT <input type="checkbox"/> REFERRED - OTHER POLICE AGENCY <input type="checkbox"/> RELEASED TO PARENTS/GUARDIAN <input type="checkbox"/> CITATION ISSUED	<input type="checkbox"/> REFERRED - JUV COURT / PROBATION <input type="checkbox"/> REFERRED WELFARE AGENCY <input type="checkbox"/> REFERRED - MUNICIPAL COURT
--	---	--	--

PHYSICAL DESCRIPTION

BUILD SIZE <input type="checkbox"/> FAT <input type="checkbox"/> HEAVY <input type="checkbox"/> MEDIUM <input type="checkbox"/> MUSCULAR <input type="checkbox"/> THIN	LENGTH <input type="checkbox"/> BALD <input type="checkbox"/> BELOW SHOULDERS <input type="checkbox"/> COLLAR LENGTH <input type="checkbox"/> TOP OF EAR <input type="checkbox"/> SHOULDER LENGTH <input type="checkbox"/> SHORT	STYLE <input type="checkbox"/> BRAIDED <input type="checkbox"/> BUSHY <input type="checkbox"/> CORN ROW <input type="checkbox"/> CREW CUT <input type="checkbox"/> CURLY <input type="checkbox"/> DREADLOCKS	HAIR WIG COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> BLONDE <input type="checkbox"/> BROWN <input type="checkbox"/> DARK BROWN <input type="checkbox"/> LIGHT BROWN <input type="checkbox"/> FROSTED <input type="checkbox"/> GRAY	<input type="checkbox"/> WHITE <input type="checkbox"/> MULTI COLORED <input type="checkbox"/> RED <input type="checkbox"/> OTHER	RECEDING? <input type="checkbox"/> YES
---	---	---	---	--	---

EYEWEAR <input type="checkbox"/> CONTACT(S) <input type="checkbox"/> EYE PATCH <input type="checkbox"/> GLASS EYE <input type="checkbox"/> GLASSES <input type="checkbox"/> GOGGLES <input type="checkbox"/> SUNGLASSES	ATTRIBUTES <input type="checkbox"/> FLAT CHESTED <input type="checkbox"/> LARGE BREASTS <input type="checkbox"/> POT BELLY	ATTRIBUTES <input type="checkbox"/> BULGING <input type="checkbox"/> CLOSE-SET <input type="checkbox"/> DEEP-SET <input type="checkbox"/> NARROW <input type="checkbox"/> SLANTED <input type="checkbox"/> WIDE-SET	DEFECTS <input type="checkbox"/> BLIND <input type="checkbox"/> BLINKING <input type="checkbox"/> CATARACTS <input type="checkbox"/> CROSSED EYES <input type="checkbox"/> MISSING EYE <input type="checkbox"/> SQUINTS <input type="checkbox"/> BLIND IN ONE EYE	NOSE SIZE <input type="checkbox"/> BROAD <input type="checkbox"/> LARGE <input type="checkbox"/> LONG <input type="checkbox"/> SMALL <input type="checkbox"/> THIN	SHAPE <input type="checkbox"/> CROOKED/BROKEN <input type="checkbox"/> FLAT <input type="checkbox"/> HOOK <input type="checkbox"/> PUG	EARS SIZE <input type="checkbox"/> LARGE <input type="checkbox"/> SMALL	ATTRIBUTES <input type="checkbox"/> CAULIFLOWER <input type="checkbox"/> CLOSE TO HEAD <input type="checkbox"/> PROTRUDING	HEARING IMPAIRED? <input type="checkbox"/> YES	HEARING AID? <input type="checkbox"/> YES
--	--	--	---	---	---	---	--	---	--

BEARD TYPE <input type="checkbox"/> FULL <input type="checkbox"/> GOATEE <input type="checkbox"/> MUTTON CHOPS <input type="checkbox"/> UNSHAVEN <input type="checkbox"/> VANDYKE	FACE SHAPE <input type="checkbox"/> BROAD <input type="checkbox"/> HEART SHAPED <input type="checkbox"/> LONG <input type="checkbox"/> ROUND <input type="checkbox"/> SQUARE <input type="checkbox"/> THIN	MUSTACHE <input type="checkbox"/> FU-MAN-CHU <input type="checkbox"/> HANDLEBAR <input type="checkbox"/> STANDARD <input type="checkbox"/> FAINT	COMPLEXION <input type="checkbox"/> ALBINO <input type="checkbox"/> DARK <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM	<input type="checkbox"/> OLIVE <input type="checkbox"/> RUDDY <input type="checkbox"/> SALLOW <input type="checkbox"/> YELLOW	SIDEBURNS ? <input type="checkbox"/> YES	FACIAL BLEMISHES <input type="checkbox"/> ACNE <input type="checkbox"/> FRECKLES <input type="checkbox"/> POCKMARKS	FACIAL FEATURES <input type="checkbox"/> NOTICEABLE EYEBROWS <input type="checkbox"/> NOTICEABLE CHIN <input type="checkbox"/> DIMPLES <input type="checkbox"/> NOTICEABLE EYELIDS <input type="checkbox"/> NOTICEABLE LIPS
---	---	---	--	--	--	---	---

CONDITION <input type="checkbox"/> CHIPPED/BORKEN <input type="checkbox"/> CROOKED <input type="checkbox"/> DECAYED <input type="checkbox"/> DISCOLORED	GAPS <input type="checkbox"/> GAPS <input type="checkbox"/> MISSING <input type="checkbox"/> NO TEETH <input type="checkbox"/> PROTRUDING	HARDWARE <input type="checkbox"/> BRACES <input type="checkbox"/> BRIDGES <input type="checkbox"/> DESIGN <input type="checkbox"/> DIAMOND	<input type="checkbox"/> FALSE/DENTURES <input type="checkbox"/> GOLD CAP <input type="checkbox"/> RETAINER <input type="checkbox"/> SILVER CAP <input type="checkbox"/> WHITE CAP	ACCENT <input type="checkbox"/> BLACK <input type="checkbox"/> NORTHERN <input type="checkbox"/> SOUTHERN <input type="checkbox"/> SPANISH <input type="checkbox"/> FOREIGN	QUALITY <input type="checkbox"/> DEEP / RASPY <input type="checkbox"/> HIGH / EFFEMINATE <input type="checkbox"/> LOW / SOFT	DEFECTS <input type="checkbox"/> LISPS <input type="checkbox"/> MUTE <input type="checkbox"/> STUTTERS
--	--	---	--	---	--	--

REPORTING OFFICER EUGENIA W. E	EMP # 2642	APPROVED BY	EMP #	PC0002B (1 of 2) (rev. 2/23/95)
-----------------------------------	---------------	-------------	-------	------------------------------------

PERSONS INVOLVED DESCRIPTION (Basic)

PERSON # 2 INVOLVEMENT (check one) COMPLAINANT (NOT the same as the VICTIM) WITNESS DRIVER PASSENGER PEDESTRIAN OBSERVED INTOXILIZER OPERATOR

NAME (Real) LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED] SUFFIX SR PREFIX [REDACTED]

AKA [REDACTED]

HOME ADDRESS [REDACTED] DIRECTION ST TYPE [REDACTED] APT # [REDACTED] CITY (AUSTIN) [REDACTED] STATE (TX) [REDACTED] ZIP CODE [REDACTED] COUNTRY HOME PHONE (612) [REDACTED]

EMPLOYER / BUSINESS [REDACTED] OCCUPATION [REDACTED]

EMPLOYER ADDRESS HOUSE # / FRACTION [REDACTED] STREET [REDACTED] DIRECTION [REDACTED] TYPE [REDACTED] SUITE # [REDACTED] CITY (AUSTIN) [REDACTED] STATE (TX) [REDACTED] ZIP CODE [REDACTED] COUNTRY BUS. PHONE (612) [REDACTED]

RACE (check one) AMER. INDIAN MIDDLE EASTERN PACIFIC ISLANDER BLACK HISPANIC ORIENTAL/ ASIAN SEX MALE FEMALE DATE OF BIRTH MONTH [REDACTED] DAY [REDACTED] YEAR [REDACTED] OR AGE [REDACTED] ID TYPE D.L. ID ID NUMBER [REDACTED] STATE (TX) [REDACTED] DL CLASS [REDACTED] OTHER ID D.L. ID ID NUMBER [REDACTED] STATE (TX) [REDACTED] DL CLASS [REDACTED]

PERSON # [REDACTED] INVOLVEMENT (check one) COMPLAINANT (NOT the same as the VICTIM) WITNESS DRIVER PASSENGER PEDESTRIAN OBSERVED INTOXILIZER OPERATOR

TASK # 00018 HCC 2040 ATTACHMENT # [REDACTED] PRODUCT: Baby Mattress + Pad

NAME (Real) LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED] SUFFIX [REDACTED] PREFIX [REDACTED]

AKA [REDACTED]

HOME ADDRESS [REDACTED] DIRECTION [REDACTED] TYPE [REDACTED] APT # [REDACTED] CITY (AUSTIN) [REDACTED] STATE (TX) [REDACTED] ZIP CODE [REDACTED] COUNTRY HOME PHONE (612) [REDACTED]

EMPLOYER / BUSINESS [REDACTED] OCCUPATION [REDACTED]

EMPLOYER ADDRESS HOUSE # / FRACTION [REDACTED] STREET [REDACTED] DIRECTION [REDACTED] TYPE [REDACTED] SUITE # [REDACTED] CITY (AUSTIN) [REDACTED] STATE (TX) [REDACTED] ZIP CODE [REDACTED] COUNTRY BUS. PHONE (612) [REDACTED]

RACE (check one) AMER. INDIAN MIDDLE EASTERN PACIFIC ISLANDER BLACK HISPANIC ORIENTAL/ ASIAN SEX MALE FEMALE DATE OF BIRTH MONTH [REDACTED] DAY [REDACTED] YEAR [REDACTED] OR AGE [REDACTED] ID TYPE D.L. ID ID NUMBER [REDACTED] STATE (TX) [REDACTED] DL CLASS [REDACTED] OTHER ID D.L. ID ID NUMBER [REDACTED] STATE (TX) [REDACTED] DL CLASS [REDACTED]

PERSON # [REDACTED] INVOLVEMENT (check one) COMPLAINANT (NOT the same as the VICTIM) WITNESS DRIVER PASSENGER PEDESTRIAN OBSERVED INTOXILIZER OPERATOR

NAME (Real) LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED] SUFFIX [REDACTED] PREFIX [REDACTED]

AKA [REDACTED]

HOME ADDRESS [REDACTED] DIRECTION [REDACTED] TYPE [REDACTED] APT # [REDACTED] CITY (AUSTIN) [REDACTED] STATE (TX) [REDACTED] ZIP CODE [REDACTED] COUNTRY HOME PHONE (612) [REDACTED]

EMPLOYER / BUSINESS [REDACTED] OCCUPATION [REDACTED]

EMPLOYER ADDRESS HOUSE # / FRACTION [REDACTED] STREET [REDACTED] DIRECTION [REDACTED] TYPE [REDACTED] SUITE # [REDACTED] CITY (AUSTIN) [REDACTED] STATE (TX) [REDACTED] ZIP CODE [REDACTED] COUNTRY BUS. PHONE (612) [REDACTED]

RACE (check one) AMER. INDIAN MIDDLE EASTERN PACIFIC ISLANDER BLACK HISPANIC ORIENTAL/ ASIAN SEX MALE FEMALE DATE OF BIRTH MONTH [REDACTED] DAY [REDACTED] YEAR [REDACTED] OR AGE [REDACTED] ID TYPE D.L. ID ID NUMBER [REDACTED] STATE (TX) [REDACTED] DL CLASS [REDACTED] OTHER ID D.L. ID ID NUMBER [REDACTED] STATE (TX) [REDACTED] DL CLASS [REDACTED]

INVESTIGATIVE NARRATIVE

ON ARRIVAL, TOGETHER WITH EMS, I FOUND AFD WORKING ON THE VICTIM, [REDACTED], IN THE BACK LEFT BEDROOM ON THE FLOOR. THIS WAS THE PARENTS BEDROOM. I ASKED THE FATHER OF THE VICTIM, [REDACTED] WHAT HAPPENED. HE SAID THAT THEY (MRS. [REDACTED]) SAW THE BABY ALIVE LAST AT ABOUT 0200 AM ON 02/14/00. MR. [REDACTED] FOUND THE BABY AT ABOUT 0639 ON HIS STOMACH IN HIS CRIB WITH HIS ARMS UP AND HIS FACE INTO THE SOFT PADDING SURROUNDING THE INSIDE OF THE CRIB. THE BABY WAS NOT BREATHING AND HE CALLED 911. THEIR 4 YOA DAUGHTER SHARES THE BACK RIGHT BEDROOM WITH THE BABY BUT THEY SLEPT IN SEPARATE BEDS. THE BABY IN THE CRIB, THE GIRL ON A MATTRESS ON THE FLOOR. NO TOYS OR OR-SIMILATIONS WERE NOTED IN THE BED AND THERE WAS AN APPARANT INDENTATION IN THE SOFT PADDING WHERE THE BABY'S FACE WAS.

EMS CALLED MR. (ZINAROSA?) AND HE PRONOUNCED @ 0656 AM ON 02/14/00.

AFD SAID THE BABY HAD BEEN DEAD FOR A WHILE. UTPD TOOK OVER THE SCENE BUT APD CSU TOOK PHOTO'S. DET GILCREST ALSO MADE THE SCENE. NOT.

TASK # 001018HEC2040
ATTACHMENT # 1
PRODUCT: Baby Mattress Pad



a view of the pad



a view of the pad



another view of the pad

TAKE # 001018 Acc 2000
 ATTACHMENT # 2
 PRODUCT: Baby mattress pad



Same previous photo - a view of the pad



TASK # 001018HCCJ040
ATTACHMENT # 2
PRODUCT: Baby Mattress Pad



Same as previous photos

TASK # 00101PHEL2040

ATTACHMENT # 2

PRODUCT: Baby Mattress Pad

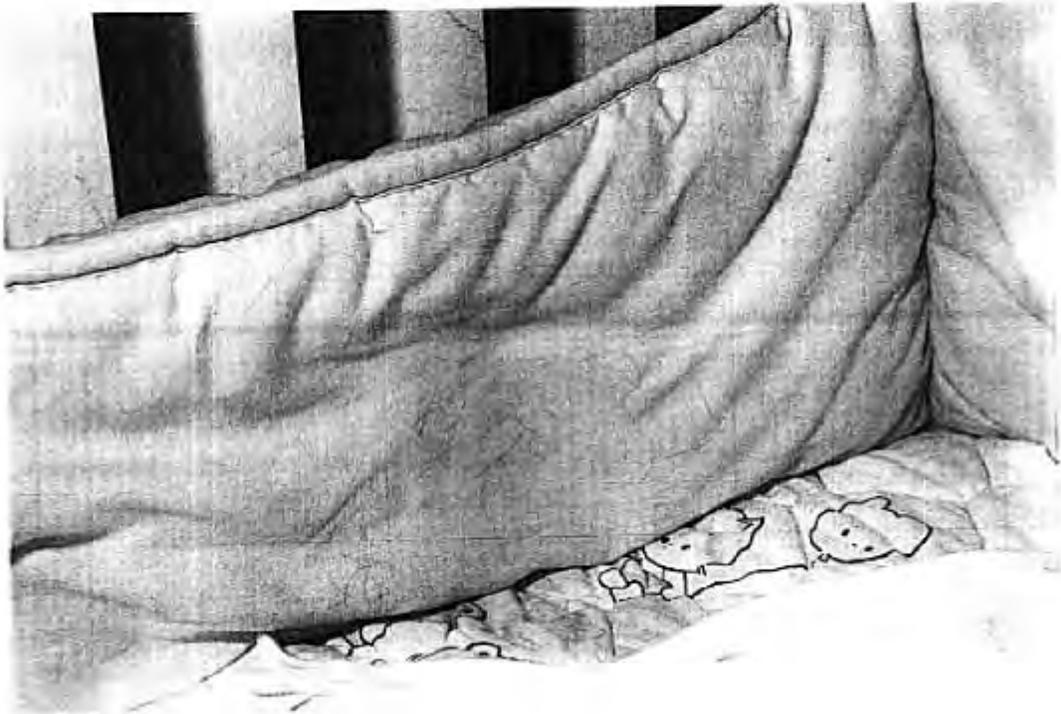


Same as previous photos

TASK # 00101P4C2040

ATTACHMENT # 2

PRODUCT: Baby Mattress Pad



Pad inside of the Crib

001018 HCC 2040
ATTACHMENT# 2
PRODUCT: Baby Mattress Pad



Same as previous photos

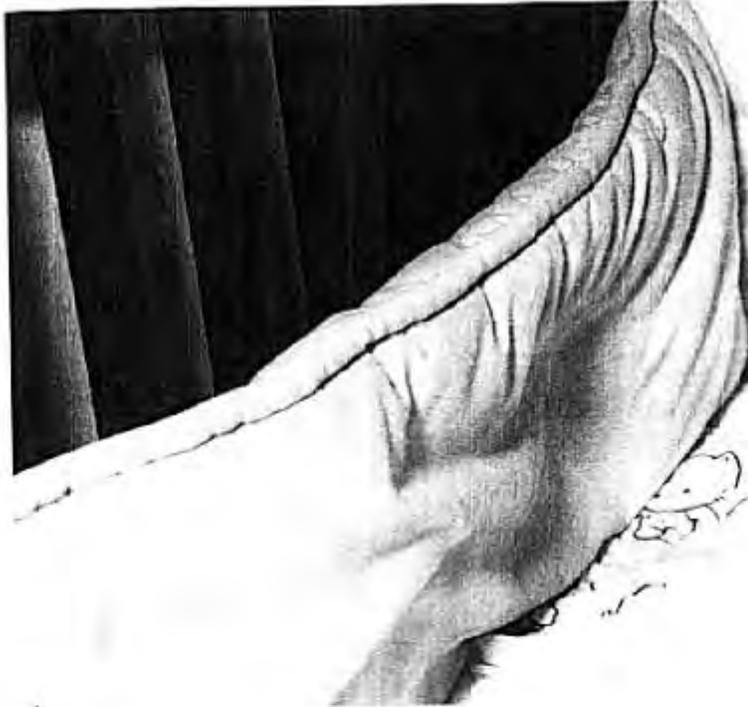


TASK # 001018HCC2040
ATTACHMENT# 2
PRODUCT: Baby mattress Pad



A view of the crib

INCR# 001018HCCJ060
ATTACHMENTS 2
PRODUCT: Baby Mattress Pad



Jane

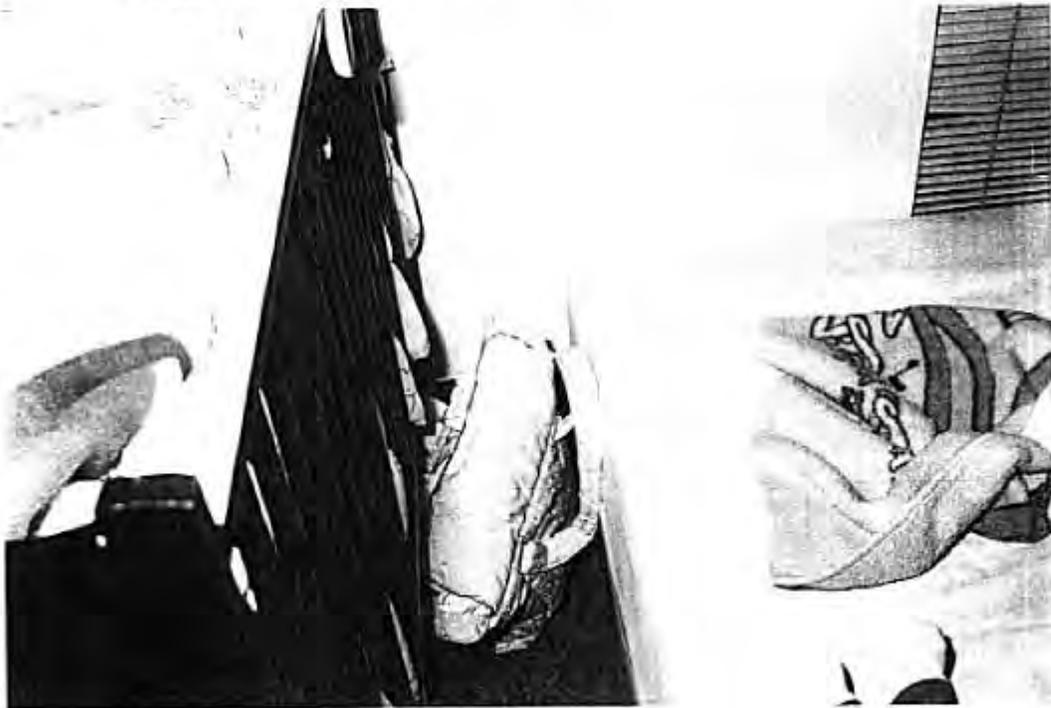


Jane

TASK # 001018HCC2040
ATTACHMENT# 2
PRODUCT: Baby Mattress Pad

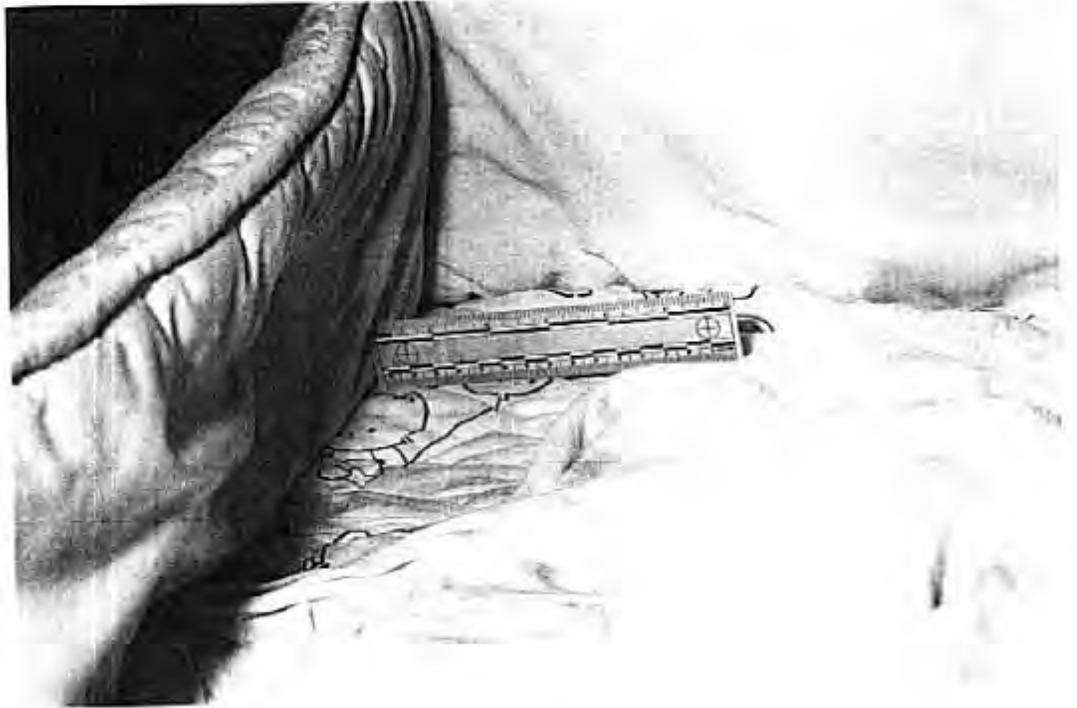
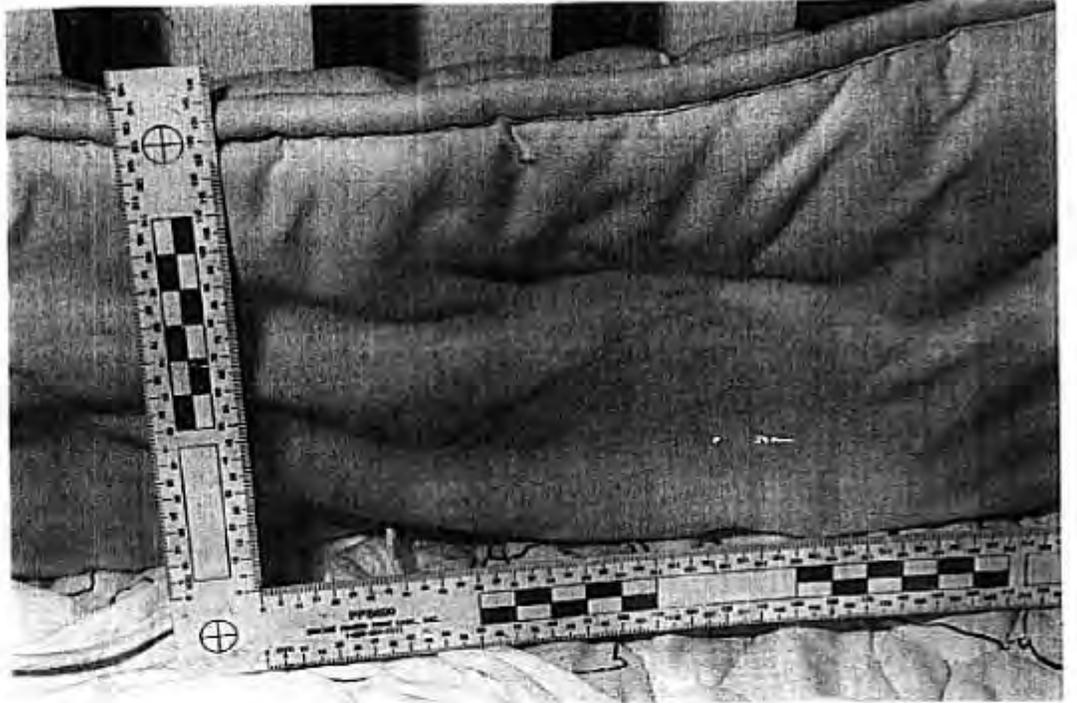


June



June

TASK # 07027810100
ATTACHMENT# 2
PRODUCT: Baby Mattress + Pad



Same as previous photos

TASK # 001018 HCC 2040
ATTACHMENT # 2
PRODUCT: Baby mattress pad



Same as previous photos



TASK # 001018 HCC 2040
ATTACHMENT # 2
PRODUCT: Baby Mother + Pcs