

1. Task Number 020912HCC2662		2. Investigator's ID 9057		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 830	4. Date of Accident YR MO DAY 2002 04 21	5. Date Initiated YR MO DAY 2002 09 16		
6. Synopsis of Accident or Complaint UPC A seven month old female was found unresponsive in her crib by her mother. The victim was placed on her back in the crib, which did not have a mattress. The make shift mattress consisted of a thick blanket wrapped in a sheet, several pillows and a crib bumper not secured to the crib. The victim was found with her face against the crib bumper and pillow. Cause of death was asphyxiation.				
CPSA 810(1) CLEARED for PUBLIC <input checked="" type="checkbox"/> NO MFRS/PRVTBLRS OR PRODUCTS IDENTIFIED EXCEPTED BY: PETITION/ RULEMAKING ADMIN. PRCDG WITH PORTIONS REMOVED: _____				<i>2/15/11</i> <i>31 25-16</i>
7. Location (Home, School, etc) 1 - HOME		8. City WARREN		9. State MI
10A. First Product 1542 - Baby Mattresses Or Pads		10B. Trade/Brand Name UNKNOWN		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 1543 - Cribs		11B. Trade/Brand Name UNKNOWN		11C. Model Number UNKNOWN
11D. Manufacturer Name and Address UNKNOWN				
12. Age of Victim 207	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 65 - Anoxia	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 7 / 2	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 09/25/2002	25. Reviewed By 8929		26. Regional Office Director Eric B. Ault	
27. Distribution McDonald, Joyce E.; Poole, Georgia F.			28. Source Document Number 0226024886	

SUMMARY:

A seven month old female was found unresponsive in her crib by her mother. The victim was placed on her back in the crib, which did not have a mattress. The make shift mattress consisted of a thick blanket wrapped in a sheet, several pillows and a crib bumper not secured to the crib. The victim was found with her face against the crib bumper and pillow. Cause of death was asphyxiation.

PRE- INCIDENT:

This in-depth investigation was assigned and initiated on 9/12/02. All of the information contained in this report was obtained from the Office of the Macomb County, MI, Medical Examiner, the Warren, MI, Fire Department, and the Warren, MI, Police Department. All three of these departments did complete incident reports but product information and identification was limited. PLEASE NOTE: The Macomb County, MI, Medical Examiner's Office and the Warren, MI, Police Department did take photographs of the location of the incident, the product and victim involved. These photographs ARE graphic in nature. The Macomb County, MI, Sheriffs Department was also contacted but did not have any reports of this incident in their possession. Attempts to locate the victim's parents by a letter and telephone have been unsuccessful. As of 9/23/02, a response has not been received.

On 9/16/02, this investigator visited the Warren, MI, Fire, and Police Department to request reports and all official reports were received on 9/23/02.

This incident involves a seven month old female. According to the victim's autopsy report, she was well nourished, well developed, and appeared to be the stated age. Officials did not document her height or weight.

The incident occurred on 04/21/02 in a single family, ranch style home located in Warren, MI. The house was occupied by the victim and her parents.

The products involved consist of a crib, a crib bumper and several large pillows. Officials reported that the crib did

not have a mattress but had a crib bumper that was not secured to the crib, several large pillows used as a mattress and pillows used for the headboard.

On 4/20/02 at approximately 11:30 PM, the victim's mother reported to officials she put the victim to sleep in a crib located in the family room of the home. She placed the victim on her back and at approximately 1:30 AM on 04/21/02, she checked on the victim who was still laying on her back asleep.

INCIDENT:

At approximately 7:30 AM, the victim's mother went to the victim's crib and attempted to pick her up when she noticed that the victim's face was against the crib bumper and a pillow. She pulled the victim out of the crib and began to scream to the victim's father for help.

POST-INCIDENT:

The victim's father placed the victim on the floor next to the crib in the family room and began to administer CPR. Officials were called and responded to the incident location at 7:46 AM. The victim was unresponsive, and livor mortis and rigor mortis was present therefore the medical examiner's office was called.

The medical examiner's office arrived at the location and reported no unusual signs of injury and the lividity markings were consistent with her lying on her back with her head extended backwards into the gap between the crib bumper and pillow. The victim was transported to a local hospital and pronounced dead due to asphyxiation.

Officials examined the crib and noted there was no mattress present. The make shift mattress consisted of a very thick blanket wrapped in a sheet which formed approximately a 10" gap between the blanket and the pillows. It appears the victim was placed on the thick blanket, with pillows and a crib bumper surrounding her.

Officials interviewed the victim's parents and asked if she had been sick. The victim's mother stated about three weeks ago the victim had been running a fever so they took her to a doctor. The doctor prescribed Tylenol and Motrin. The victim started to feel better but had a slight temperature the previous night that they believed was from teething. The night of the incident, the victim was given Tylenol before bed. The victim's mother also reported that the crib is always kept in the family room and the night of the incident, she slept in the family room as well.

PRODUCT IDENTIFICATION:

First Product: Crib bumper

Second Product: Crib

Officials did not document any product information or identification with regards to the crib bumper and crib involved in this incident.

Photographs of the crib bumper and the crib did not depict any product information, therefore the manufacturers, models, brands, age etc., are unknown.

Attempts to contact the victim's family by a letter and telephone calls to obtain additional incident and product information was unsuccessful.

WARNING LABELS:

It is unknown if the pillows and crib involved in this incident had any warning labels located on them or with, if any, accompanying paperwork and packaging.

Officials' photographs did not depict any warning label information nor did they document any in their incident report.

APPLICABLE STANDARDS:

None noted.

ATTACHMENTS:

Exhibit "A" - Contact List.

Exhibit "B" - Macomb County, MI, Medical Examiner's Photographs.

Exhibit "C" - Warren, MI, Police Department Photographs.

Exhibit "D" - Macomb County, MI, Medical Examiner's Autopsy Report and Toxicology Report.

Exhibit "E" - Warren, MI, Police Department Incident Report.

Exhibit "F" - Warren, MI, Fire Department Incident Report.

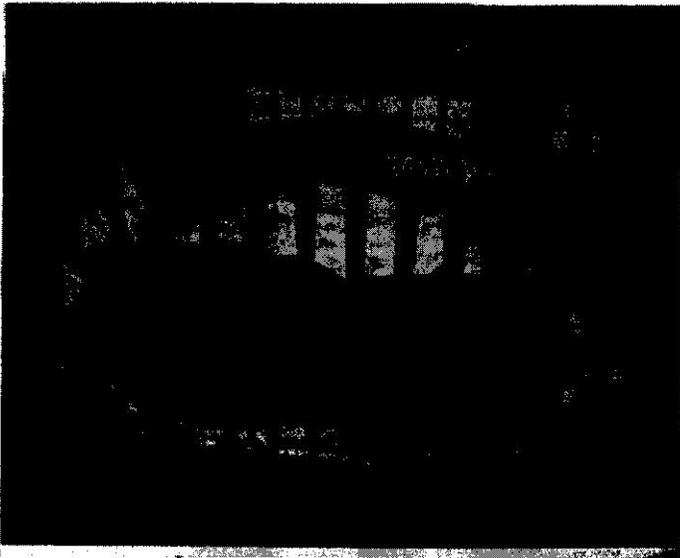
020912HCC2662- Exhibit "A"

CONTACT LIST

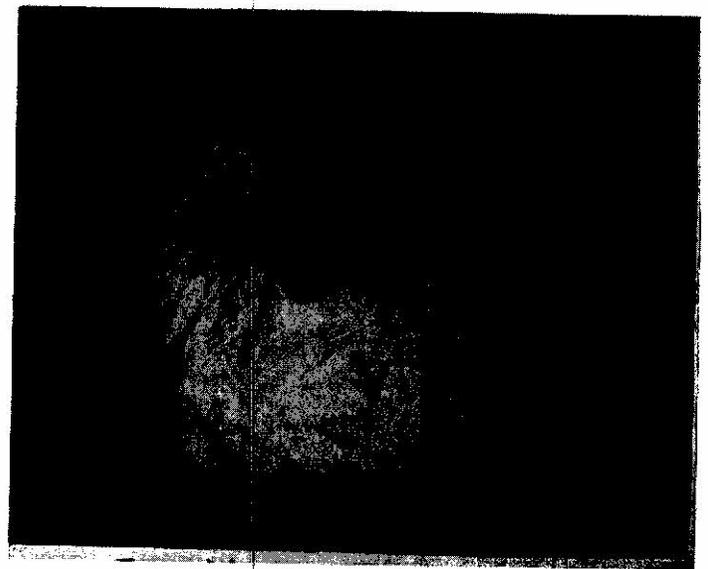
This in-depth investigation was initiated and assigned on 9/12/02. On 9/16/02, this investigator visited the Warren, MI, Fire and Police Department to request reports. Fire, police, and medical examiner reports were compiled and received on 9/23/02.

From 9/16/02 thru 9/23/02, a letter and several telephone calls were placed to the victim's family. As of 9/23/02, a response has not been received. It is believed the victim's family does not wish to participate in this CPSC investigation.

IDI 020912HCC2662. Exhibit B. Photo 1 of 1
Office of the Macomb County, MI, Medical
Examiner's photographs.



Tooth
02-514



Tooth
02-514



IDI 020912HCC2662. Exhibit C. Photo 1.
Warren, MI, Police Department photographs

Warren Police Department
I.D. Photograph

Complaint # 10 22304

Incident: 10

Date: 4.24.02

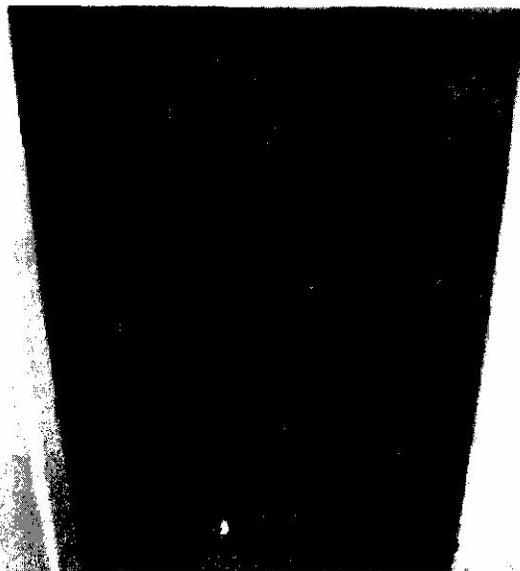
Location: MACOMB County #154646

Ev. Tech: EPPICH #155

Camera # 199794 Roll # 1



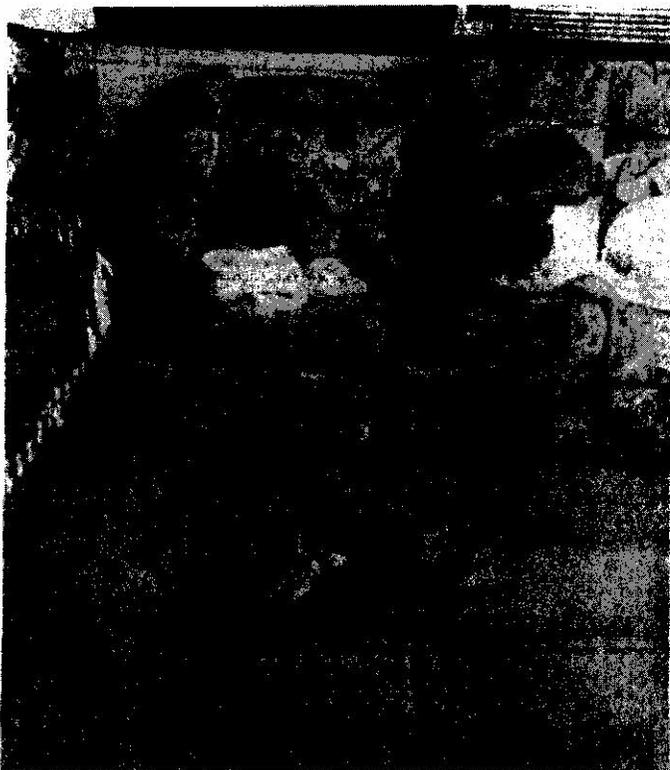
IDI 020912HCC2662. Exhibit C. Photo 2.
Warren, MI, Police Department photographs.



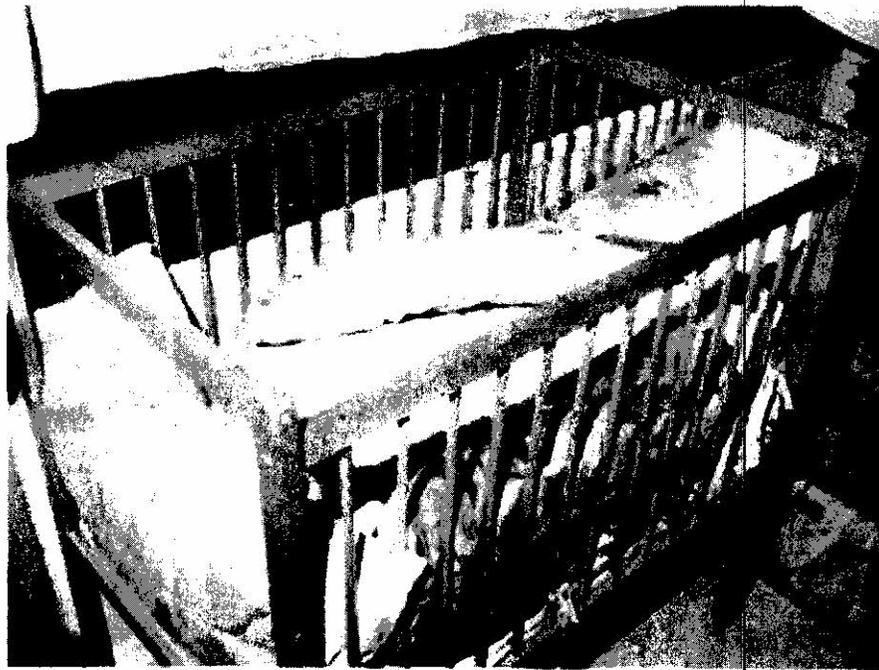
IDI 020912HCC2662. Exhibit C. Photo 3.
Warren, MI, Police Department photographs.



IDI 020912HCC2662. Exhibit C. Photo 4.
Warren, MI, Police Department photographs



IDI 020912HCC2662. Exhibit C. Photo 5.
Warren, MI, Police Department photograph



IDI 020912HCC2662. Exhibit C. Photo 6.
Warren, MI, Police Department photograph



MEDICAL EXAMINER DIVISION
Macomb County Health Department
43525 Elizabeth Road
Mount Clemens, Michigan 48043

020912 HCC 2662
Exhibit D

Case # 02/514

Age 8 Mos.
DOB 8-24-01

Name of Deceased _____

Address 7503 Orchard Warren

Race W Sex () Male (X) Female Marital Status No Phone No. 586 754-4198

Received call from Warren P.D. Time 758 (A.M.) P.M. (Circle one)
(Specify: Police Dept., Hospital, Funeral Home, etc.)

When body was examined: Date 4-21-02 Time 910 (A.M.) P.M. (Circle one)

Where body was examined above lying on floor, supine
(Address or Precise Location)

Date (Pronounced) 4-21-02 Time 752 (A.M.) P.M. (Circle one)

By Whom BeCo

Location or site of Death same
(If different from above)

Police Department Warren Officer in Charge _____

Complaint # 20308 Witnesses present during (b)(6)

Responsible next of kin Mother: (b)(6)
(Name and phone number)

Apparent Cause of Death unknown

Was death apparently? Suicide () Accident () Homicide () Natural () Pending Investigation (X)

Opinion based on: _____ Consultation with Personal Physician _____

_____ Physical evidence _____

(X) History (on back)

Work Related Yes () No (X) Organ Donor Yes () No (X)

Was Autopsy requested? Yes (X) No ()

Disposition of Body: _____ Sent to Macomb County Morgue by Petra
(Name of Transportation Service)

_____ Released to _____ Funeral Home

The Agency or person holding belongings is: _____

Signed Joice Dr. Savin Date 4-21-02
Medical Examiner Investigator/Deputy Medical Examiner

History:

Recent fever plus
Cold/flu symptoms

Deceased infant was fed
by mother and put to
bed at 11:30 pm 4-20-02

Infant checked at 1:30 am OK -

Deceased infant found to be
unresponsive by mother
at 7:45 am, lying prone
in crib -

CPR attempted ~~as~~ unsuccessful
by Grandfather -

911 called, WFD, WPD Respond
simultaneously to find
infant on floor in den
prone -

Infant in full regar -
Clothed - two layers of
clothing both one piece
snap cratch Dr. Dentone
infant with diaper on -
Spotty lividity on back
Entire face purplish/blue

Medications:

Color - some nasal
drainage -
Excessive, over stuffed bedding
within crib area -

WERNER U. SPITZ, M.D.
23001 Greater Mack
St. Clair Shores, Michigan 48080

020912HCC266
EXHIBIT D

Phone: (586) 776-2060 Fax: (586) 776-8722

Diane Lucke, B.S.
Office Manager

E-Mail: wuspitz@aol.com
wspitz@juno.com

(b)(3):CPSA Section
(b)(6)

REPORT OF AUTOPSY

The autopsy on the body of (b)(3):CPSA, white female, 8 months old, was performed on the 21st day of April, in the year 2002, at 4:00 p.m., at the Martha T. Berry Hospital in Mount Clemens, Michigan, in the presence of Mr. Scott Campau of the Macomb County Health Department.

The body is that of a well nourished, nude, well developed female child, appearing to be the stated age. Post mortem livor is noted on the back and face, however the nose is pale due to pressure. Rigidity is complete and equal in all joints.

No congenital or other abnormalities are noted on the external examination of the body.

The eyes are shut. The conjunctivae are congested, without hemorrhages. The sclerae are unremarkable.

The nose is without pathological changes or evidence of injury.

The ears are undamaged. The external auditory canals are without particulars of special note.

The mouth is shut. The lips are unremarkable. The oral mucosa is without pathological changes or evidence of injury. The tongue is intact. The gums are unremarkable.

The external examination of the neck is without particulars of special note. No diaper rash is noted. The anus is without special note. No foreign material is present within the anus.

The external examination of the extremities, as well as the chest and abdomen is without pathological changes or evidence of injury. The soles of the feet are dirty, from walking barefoot.

The back and buttocks are without special note.

INTERNAL EXAMINATION

HEAD:

The scalp is moderately congested, otherwise unremarkable. There are no fractures or other abnormalities about the skull. The dura mater is intact, including the falx cerebri. No epi- or subdural hemorrhage is identified. The leptomeninges are translucent and delicate without

particulars of special note. The cerebral hemispheres are symmetrical and reveal no abnormalities on naked eye examination. The structures of the brain are unremarkable, including the cranial nerves and major vessels. The brain stem, cerebellum and hippocampal gyri are without special note.

BODY CAVITIES:

The body is opened by anterior midline incision. The chest plate is removed. There are no adhesions or excess fluid in any of the body cavities. All organs are in their usual locations and present their regular relationships.

The rib cage and the pelvis are intact.

RESPIRATORY SYSTEM:

The upper airway is opened in situ. No debris or other foreign materials are noted in the airway lumen. The mucosa of the larynx, trachea and pharynx is grayish-pink and smooth, without abnormalities.

The bronchial tree is unremarkable.

The lungs are well developed with large confluent areas of atelectasis. The pleural surfaces are glistening in all areas. No indurations are palpable in the lungs. The cut surfaces ooze bloody froth and dark beefy red blood. The hilar lymph nodes are of usual size and architecture on the cut surfaces. Few scattered pinpoint hemorrhages are noted under the pleural surfaces of the lower lobes.

CARDIOVASCULAR SYSTEM:

The heart is of normal size, consistency and configuration. The heart muscle is firm and normally brown. The heart valves and those of the larger vessels at the base of the heart are without pathological changes. The coronary arteries are in their usual anatomical locations and distribution. The foramen ovale and the ductus arteriosus are shut. The aorta and its major tributaries are without special note. Scattered pinpoint hemorrhages are noted on the epicardial surface of the heart.

BILIARY SYSTEM:

The liver is of normal size and configuration. The parenchyma is congested. The architecture of the liver on cut surfaces is well preserved. The gallbladder is unremarkable. Three cc. of light green bile are noted within the gallbladder.

SPLEEN:

The spleen is situated in the left upper abdominal quadrant. It has a dull gray capsular surface. The cut surfaces are congested, without abnormalities.

GASTROINTESTINAL SYSTEM:

The esophagus is unremarkable. The stomach contains 5 ml of creamy gray liquid material. The gastric mucosa is without special note. The small and large intestine are unremarkable. No

congenital or other abnormalities are noted anywhere in the gastrointestinal tract.

GENITOURINARY SYSTEM:

The kidney capsules are without special note. The underlying renal surfaces are smooth with typical fetal lobulation. The cut surfaces reveals a uniform pattern of cortex and medulla. The calyces and pelves, as well as ureters are unremarkable. The perirenal fat is without pathological changes.

ENDOCRINE SYSTEM:

The pituitary gland, thyroid, adrenal and thymus are without pathological changes.

MUSCULO-SKELETAL SYSTEM:

Unremarkable.

THE MIDDLE EARS disclose serous right otitis. The left middle ear is unremarkable.

MICROSCOPIC EXAMINATION:

Sections of brain, heart, thymus, liver, spleen, kidneys, as well as lung, adrenal, thyroid gland and pancreas disclose no pathological changes, except as mentioned above.

OPINION:

This 8 months old white female, **KAYLA KUNATH**, died of asphyxiation caused by pressure against an overstuffed crib bumper during sleep. The manner of death is certified as accident.



WERNER U. SPITZ, M.D.

WUS:jsg

Draft typed: May 2, 2002
Final: May 3, 2002

020912 HCC 2662
Exhibit D

AIT Laboratories
5601 Fortune Circle, So., Suite C
Indianapolis, Indiana 46241
Telephone: 317-243-3894 Fax: 317-243-2789

TOXICOLOGY REPORT
May 8, 2002

Sherri Huntley
Macomb County Health Department
43525 Elizabeth Road
Mt Clemens MI 48043

Re: (b)(6)
Autopsy # 514-02
Date of Death
Lab # 050602-559
Date Received 5/6/02
Client No

SPECIMENS RECEIVED

AMOUNT	COLOR OF TOP	CONTAINER	TYPE
1	Orange	Tube	Blood
1	White	Tube	Blood

TEST PERFORMED: Autopsy Panel I

ANALYTICAL RESULTS:

1. Blood

Drug/Chemical

Carbon Monoxide
Alcohols
Drugs

Concentration

<5% of Total Hemoglobin
None Detected
Negative

Page No 2
Re: (b)(6)
Lab # 050602-559

020912HCC2662
Exhibit D

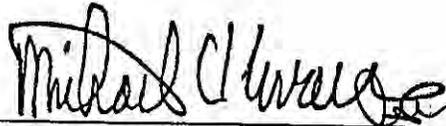
Reference Ranges :

Drug	Therapeutic	Toxic	Lethal
Carbon Monoxide	<12%	15-50%	>50%

DRUGS AND CHEMICALS INCLUDED IN ANALYSIS

The following drugs and chemicals were included in the analyses for the specimens in this case.

Acetone, ethanol, isopropanol, and methanol.
Analgesics, anticonvulsants, antidepressants, antihistamines, antipsychotics, cardiovascular, drugs of abuse, narcotic analgesics, sedative hypnotics, tranquilizers, and the following miscellaneous and/or over the counter drugs including:
Amantadine, antipyrine, atropine, benzotropine, benzquinamide, caffeine, cimetidine, cyclobenzaprine, dextromethorphan, diethylpropion, diphenhydramine, doxylamine, emetine, ephedrine, guaifenesin, hydrocortisone, isometheptene, ketamine, menthol, methocarbamol, methoxyphenamine, methylprednisolone, metoclopramide, nicotine, orphanadrine, papayerine, phendimetrazine, phenethylamine, phenylpropanolamine, prednisolone, pyrilamine, quinine, ranitidine, spironolactone, strychnine, thymol, triamterene, and trihexyphenidyl.



Michael A. Evans, Ph.D.
Director of Clinical and Forensic Operations

*** END OF REPORT***

ALL SPECIMENS IN THIS CASE WILL BE RETAINED FOR SIX MONTHS

WARREN POLICE DEPARTMENT
INCIDENT REPORT
02-20308

020912 HCC 2662
Exhibit E

Printed Time: 10:01

Spoke with above (b)(6) Father of (b)(6), who stated that (b)(6) mother, above (b)(6), had put (b)(6) in the crib about 2330hrs the night before and then went to get her up at about 0740hrs. When (b)(6) reached the crib she started screaming. When asked if she had been sick, (b)(6) stated that about three weeks ago (b)(6) had been running a fever so they took her to a doctor. The doctor had prescribed Tylenol and Motrin. (b)(6) had been feeling better but had a slight temperature the previous night that they felt was from teething. (b)(6) stated that (b)(6) was given some Tylenol before bed.

Spoke with (b)(6) who stated that she had given (b)(6) Tylenol at about 2100hrs then gave her a bottle of formula at 2330hrs and put her in her crib. When asked (b)(6) stated that she put (b)(6) on her back. At about 0740hrs (b)(6) went to check on (b)(6) and found her on her back but not breathing. (b)(6) stated that she slept in the living room that night.

Undersigned then looked at (b)(6) who had no immediately visible injuries or trauma. The crib was located in a family room near the back of the house.

Shortly after Undersigned arrival, D11, P.O. Schnur and P.O. Wolfe, K62, P.O. Miller and S1, Sgt. Schulz arrived on scene.

Medical Examiner Investigator Savin responded to the scene. M.E. number is 02-514. Savin then called for transport to the Macomb County Morgue.

ETU Follow up.

Scene:

(b)(6) A single family, ranch dwelling. Including family room located in the northeast corner of the house and the body of (b)(3):CPSA Secti W/F 08-24-2001.

Detail:

On Sunday 04-21-2002 at 0757hrs R/R to 7503 Orchard Re: DOA.

Work requested:

Photograph scene and collect any evidence therein.

Work performed:

Photographs were taken with a Polaroid camera, a Nikon F3 35mm camera using Kodak Max 400iso, 24 exposure color print film and a Sony MVC-FD92 Digital camera that stores images on a floppy disk.

A 473ml/1 pint bottle of Tylenol 160/5ml prescribed to (b)(3):CPSA I by Dr. (b)(6) on 03-27-2002 and a 200ml bottle of Motrin/Ibuprofen 100mg/5ml prescribed to (b)(3):CPSA by Dr. (b)(6) were placed on evidence tag #R08126.

A visual inspection of the crib was done. Officers noted that the crib was filled with large pillows. A large pillow, approximately 12 inches in depth acted as a mattress and three large pillows were placed on their sides at the head and both sides of the crib.

The Polaroid photographs were TOTed Det. Knobloch at the scene. The film, floppy disk and evidence were transported to the station. The film and Disks were TOTed ID bureau for further disposition. The evidence was stored in the ETU lab.

2 of 7

WARREN POLICE DEPARTMENT
INCIDENT REPORT
02-20308

020912 HCC 2662
Exhibit E

155 EPPICH JON 155 EPPICH JON

Review Status: PASS
Review Comment: Review Date: 04-21-2002 Reviewed by: 524 SCHULZ Last Name: SCHULZ First Name: ERIC

Division: 5
Division Assignment Comment: CRIMINAL INVESTIGATION DIVISION
Assigned Date: 04-21-2002 Assigned By: 524 SCHULZ Last Name: SCHULZ First Name: ERIC

Assigned to: 442 KNOBLAUCH
Officer Assignment Comment: Assigned Date: 04-21-2002 Assigned by: 592 LEUTZINGER Last Name: LEUTZINGER First Name: DARCY

3 of 7

WARREN POLICE DEPARTMENT INCIDENT REPORT 02-20308

020912HCC9662
Exhibit E

Printed Time: 10:01

DET002R

Original Supplemental Submit Final Disposition
POLICE PROCEDURES HAVE BEEN

Incident No: **02-20308** Report Date/Time: **04-21-2002 17:26** Occurred Start Date/Time: **04-21-2002 16:00** Occurred End Date/Time: **04-21-2002 16:50** DomAsst: Assist ORI Number: Location: **Government/Public Building**

Subclass: **99009** Crime or Incident: **General Noncriminal** Street No.: Street Name: **MACOMB COUNTY MI** Apt/Tri: City: **MT. CLEMENS** County: **MACOMB MI** State Area/Dist: **MI** # Prem Wpn:

Scene: Macomb County Morgue Mt. Clemens, Mi.

Detail:

On 04-21-2002 at 1600hrs R/R to Macomb County Morgue Re: Post mortem examination of Kayla Ann Toth W/F 08-24-2001.

Work performed:

Photographs were taken with a Nikon F3 35mm camera using Kodak Max 400iso, 12 exposure color print film and a Sony MVC-FD92 Digital camera that stores the images on a floppy disk. Dr. Spitz performed the examination and determined the death to be caused by asphyxiation from the head being between the pillow used as a mattress and the pillow that was at the headboard. The head was extended down below the shoulders. The film and floppy disk were transported to the station and TOTed ID bureau for further disposition. Form #27 was completed.

Reporting Badge: **155** Last Name: **EPPICH** First Name: **JON** Other Badge: Last Name: First Name: Recording Badge: **155** Last Name: **EPPICH** First Name: **JON**

Review Status: **PASS** Review Date: **04-21-2002** Reviewed by: **594 GALASSO** Last Name: **GALASSO** First Name: **LOUIS**

Review Comment:

Division: **5** Division Name: **CRIMINAL INVESTIGATION DIVISION** Assigned Date: **04-21-2002** Assigned By: **594 GALASSO** Last Name: **GALASSO** First Name: **LOUIS**

Division Assignment Comment:

Assigned to: **442** Last Name: **KNOBLAUCH** First Name: **JEFFREY** Assigned Date: Assigned by: Last Name: First Name:

Officer Assignment Comment:

4 of 7

WARREN POLICE DEPARTMENT
INCIDENT REPORT
02-20308

020912 HCC 2662 Page 2 of 3

Exhibit E

DET002R

Time: 10:02

See original incident report.

INVESTIGATION 4-21-2002

The undersigned responded to 7503 Orchard and viewed the deceased infant, (b)(3) CPSA S, (DOB 8-24-2001) on the floor next to the crib located in a north side room of the residence.

The undersigned spoke to (b)(6) (mother, W/F, DOB 11-18-1979, TX (b)(6)) who stated that she had put her daughter to bed at 23:30 hours on 4-20-2002 and had again checked on her daughter at 01:30 hours on 4-21-2002 when (b)(6) went to bed. (b)(6) stated that she had placed (b)(6) on her back inside of the crib with (b)(6) head facing south. (b)(6) stated that sometime around 07:30 hours on this date she had gone to pick up (b)(6) and noted that the infant's head was between the mattress and the pillow on the south side of the crib and stated that she had to pick (b)(6) up to pull her head out of this area.

The undersigned noted that the mattress on this crib consisted of a very thick blanket wrapped in a sheet and noted this to form approximately 10" padding on the bedding surface. The undersigned also noted that pillows were used around the entire interior of the crib. Photographs were taken of this crib and bedding by Evidence Technician Eppich who also photographed the area on the south side of the crib, which revealed a very deep gap (approximately 10") between the mattress surface and the side pillows.

(b)(6) stated that (b)(6) did have a habit of arching her back in order to move and believes that Kayla may have arched her back and pushed her head between the thick cushioned mattress and side pillows.

The undersigned learned that the police had been called at approximately 7:46 a.m. with Dr. Lindenmuth of Bi-County Hospital declaring (b)(6) dead at 7:52 a.m. (b)(6) also stated that her father, (b)(6), had attempted CPR on the floor next to the crib where (b)(6) is still positioned and that (b)(6) (father of the deceased) had called the police.

Jerrie Savin from the Macomb County Medical Examiner's Office responded to the scene at which time no unusual signs of injury were noted to (b)(6) with the lividity markings being consistent with her lying on her back with her head extended backwards into the gap between the mattress and pillow.

(b)(6) was transported to Martha T. Berry Hospital following the processing of the scene.

The undersigned subsequently spoke to Evidence Technician Eppich who stated that Medical Examiner Spitz had examined (b)(6) and determined the death to be caused by asphyxiation from the head being between the pillow used as a mattress and the pillow that was at the headboard.

REQUEST TO CLOSE 4-29-2002

Due to police procedures being completed, the undersigned respectfully requests to close this complaint.

Reporting Badge	Last Name	First Name	Other Badge	Last Name	First Name	Recording Badge	Last Name	First Name
2	KNOBLAUCH	JEFFREY	955	MCHAN	MARY	983	BAIR	FAMM

10 of 7

WARREN POLICE DEPARTMENT
INCIDENT REPORT
02-20308

DET002R

02091214 CC2662
Exhibit E

Review Status **PASS**
Review Comment
Review Date **05-07-2002** Reviewed by **667 MOUTERS** Last Name
First Name **KENNETH**

Division **5** Division Name **CRIMINAL INVESTIGATION DIVISIO**
Assigned Date Assigned By Last Name First Name

Assigned to **442** Last Name **KNOBLAUCH** First Name **JEFFREY**
Assigned Date Assigned by Last Name First Name
Officer Assignment Comment

7 08 7

020912HCC2662
Exhibit F

WARREN FIRE DEPARTMENT

23295 SCHOENHERR
WARREN, MI 48089-4263
PHONE: 586-756-2800
FAX: 586-774-2120

FACSIMILE TRANSMISSION COVER

Date: Sept, 17, 2002
Time: _____

PLEASE DELIVER THE FOLLOWING PAGES TO:

Michelle Grundy
RE: INCIDENT 7503 ORCHARD
WFD # 3158 4/21/02

MESSAGE:

THIS IS A COPY OF OUR NFIRS Report
Medical Report cannot be given out
under Freedom of Information Act
NEED TO HAVE SUBPOENA

Total Number of Pages (Including Cover): 3

IF ALL PAGES ARE NOT RECEIVED, PLEASE CONTACT:



FROM : 020912HCC246Z

PHONE NO. : Exhibit F

Sep. 17 2002 03:56PM P2

A **NFIRS - 1 Basic**

FDID State Incident Date Station Incident Number Exposure

B Location

Number/Address Prefix Street or Highway City State Zip Code

Census Tract

Apt./Suite/Room

Street Type Suffix

Cross street or directions, if applicable

C Incident Type

Incident Type

D Aid Given or Received

1 Mutual aid received
2 Automatic aid recv.
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N None

Their FDID Their State

Their Incident Number

E1 Dates & Times Midnight is 0000

Month Day Year Hour Min

Alarm

Arrival

Controlled

Last Unit Cleared

E2 Shifts & Alarms Local Option

Shift or Station Alarms District

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken

Primary Action Taken

Additional Action Taken

Additional Action Taken

G1 Resources

Apparatus Personnel

Suppression

EMS

Other

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES:

Property \$

Contents \$

PRE-INCIDENT VALUE:

Property \$

Contents \$

H1 Casualties

Deaths Injuries

Fire Service

Civilian

H2 Detector

Required for confined fires if the occupants were alerted

Detector alerted occupants

H3 Hazardous Materials Release

N None

1 Natural gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21 lb. tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling <55 gallons

9 Other: Special HazMat actions required or spill > 55 gal.

J Mixed Use Property

NN Not mixed

10 Assembly Use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Business & residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use Structures

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/tavern or nightclub

213 Elementary school or kindergart.

215 High school or junior high

241 College, adult ed.

311 Care facility for the aged

331 Hospital

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

341 Clinic, clinic type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1- or 2- family dwelling

429 Multi-family dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

936 Vacant lot

938 Graded/cared for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

539 Household goods, sales, repairs

579 Motor vehicle/boat sales/repairs

571 Gas or service station

599 Business office

615 Electric generating plant

629 Laboratory/science lab

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

981 Construction site

984 Industrial plant yard

Property Use

NFIRS-1 Revision 01/7/08

K1 Person/Entity Involved

Business name (if applicable) (b)(6)
 Area Code Phone Number

(b)(3):CPSA Section 25(c)

Mr., Ms., Mrs. First Name MI Last Name Suffix

07503 **ORCHARD**
 Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room **Warren**
 City

MI **48091**
 State Zip Code

K2 Owner

Business name (if applicable) Area Code Phone Number

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L **Remarks:**

INFANT. D.O.S E-1 FOUND BABY ON THE FLOOR. INFANT HAD RIGORMORTIS. COLD BODY TEMP. E-1 LEFT SCENE WITH S-3 AND WARREN P.D.

MOTHER: TERESA TOTH

*020912 HCC 2662
Exhibit F*

M Authorization

623000 <small>Officer in charge ID</small>	Tignanelli, Jerry E <small>Signature</small>	CPT <small>Position or rank</small>	E1 <small>Assignment</small>	04/21/02 <small>Month Day Year</small>
623000 <small>Member making report ID</small>	Tignanelli, Jerry E <small>Signature</small>	CPT <small>Position or rank</small>	E1 <small>Assignment</small>	04/21/02 <small>Month Day Year</small>