

SUMMARY:

A four month old female was found unresponsive by her parents in a full size crib at her home. The victim's parents received the crib from a family member who purchased it from a second hand store. The crib was missing the mattress support so the family went to a local hardware store and had five pieces of wood cut. When they returned home, they realized the pieces of wood were an inch too long and put them on an angle allowing the corner of the mattress to depress. The crib contained a bumper pad, toys, a quilt and a blanket. The victim was found face down in an area that was depressed. The victim's cause of death is pending.

PRE-INCIDENT:

This in-depth investigation was assigned and initiated on 8/27/04. All of the information contained in this report was obtained from the victim's parents during an on-site visit conducted at their home on 9/23/04 and from the Wayne County, MI, Medical Examiner's Office. PLEASE NOTE: The Wayne County, MI, Medical Examiner's Office informed this investigator that it would be at least five to six months before the actual autopsy report would be completed. An addendum will be completed and sent when the report(s) is received.

The victim in this incident is a four month old female. Date of Birth: April 3, 2004. At the time of the incident, the victim's height and weight are unknown. The victim was a full term baby with a vaginal delivery. The victim was born healthy and had jaundice after birth but recovered after seeing a doctor. The victim was born with extra fingers and was healthy prior to the incident.

The victim's mother is 21 years old and the victim's father is 22 years old. This was their first child. They are not married but reside in the home together. The victim's mother is a stay at home wife and baby-sits for various family members and friends for monies.

The victim's mother reported that when the victim was born she did not have a crib, so the victim slept in a Graco, portable crib without any problems.

Date unknown, one of the victim's family members bought a full size crib from a second hand store (thrift store), name, location and price unknown.

On August 22, 2004, the victim's parents assembled the crib and notice that the mattress support was missing. After they went to a mattress store and purchased a mattress, they visited a local hardware store. While at the hardware store, the victim's parents asked a store employee to cut five pieces of wood, approximately 2 inches wide and 27 inches long. When they returned home they noticed that the wood pieces were too long and could not be set straight across to support the mattress. The angle allowed the left corner of the mattress to depress, but the victim's parents decided to leave the wood slats on an angle.

Inside the crib, the mother placed a bumper pad, some toys, a quilt and a blanket. On the night of August 22, 2004, the victim was put to sleep on her stomach, face down on top of the quilt and covered with a blanket from the waist down. On the morning of August 23, 2004, the victim woke up and was fine.

INCIDENT:

On the night of August 23, 2004, time unknown, the victim's father put the baby to sleep in the crib. He laid her face down on the crib and covered her with a blanket from the waist down. Time unknown, the victim's mother went to check on her and was unaware of any risks and went to bed. On the morning of August 24, 2004, the victim's mother went into her room and found the victim face down in the corner where the mattress had no support. There were no covers on the victim but the victim was face down on the quilt in the crib. The victim's parents transported the victim to the emergency room by their private automobile.

POST - INCIDENT:

The victim was pronounced dead at the hospital. Police officials did not conduct an investigation since the baby was transported to the emergency room by her parents and the victim didn't stay in the home after the incident. Officials did meet the victim's family at the hospital but no reports were completed.

The Wayne County, MI, Medical Examiner's Office reported they did conduct an autopsy and toxicology but the office is behind approximately five months worth of cases and the victim's medical reports will be completed in five to six months. As of today's date, the victim's cause of death is PENDING.

The victim's parents stated to this investigator during the on-site visit conducted at their home on 9/23/04 that shortly after the incident, they returned the crib mattress to a store called Shopper's World in Detroit, MI, and received a full refund. They disposed of the bumper pads, the quilt and the blanket that was in the crib at the time of the incident. The victim's parents stated they were unaware that these items in the crib posed any risk to the child.

PRODUCT IDENTIFICATION:

First Product: Crib

The crib involved in this incident is a full size crib. It is constructed of wood and is white in color. The mattress support, which probably contained product information, was not sold with the crib when purchased at the thrift store. The only product information located on the actual crib states "L (heart) V". The wording is located on each of the four plastic brackets.

No other product information is available therefore manufacturer, model, dealer, age, price etc., is unknown.

Second Product: Blanket, Quilt

The victim's mother disposed of the blanket, quilt and bumper pad that was placed inside of the crib prior to this

investigator's on site visit therefore product information is unknown.

WARNING LABELS:

First Product: Crib

There were no warning labels located on the actual crib. The mattress support was not sold with the crib therefore it is unknown if there were any warnings present. Also, because the victim's parents did not receive the owner's manual it is unknown if there were any warnings present.

Second Product: Blanket, Quilt

The victim's parents disposed of the blanket and quilt that were placed in the crib therefore it is unknown if there were any warnings present.

SAMPLES:

Sample 04-830-5715 consists of the full size, wooden white crib involved in the incident along with the five wooden make shift mattress supports. As instructed by Headquarters Compliance, the consumer was reimbursed \$150.00 for the sample because the victim's mother made comments that she baby-sits several children and needed the crib. She stated she did not have any money to purchase another one so she was reimbursed for the price of a new crib. The sample will be destroyed on 9/30/04.

ATTACHMENTS:

Exhibit "A" - Contact List

Exhibit "B" - Wayne County, MI, Medical Examiner's Office Photographs

Exhibit "C" - Photographs of Sample 04-830-5715

Exhibit "D" - Authorization for Release of Name Form

Exhibit "E" - Receipt for Samples, 04-830-5715

040827CCN0935

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Exhibit "F" -Sample Collection Report, 04-830-5715

Exhibit "G" - Death Certificate

040827CCN0935- Exhibit "A"

Contact List

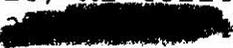
This in-depth was assigned and initiated on 8/27/04. All of the information contained in this report was obtained from the Wayne County, MI, Medical Examiner's Office and the victim's mother. On 9/23/04, an on-site visit was conducted at the victim's home. Also during the on-site visit, the full size crib was collected under Sample 04-830-5715. Per Headquarters' Compliance, the sample was collected and destroyed. The Detroit, MI, Fire and Police Department was also contacted but they did not have any reports in their possession and did not conduct an investigation.

Note: The Wayne County, MI, Medical Examiner's Office reported the victim's autopsy and medical reports will not be available for at least five to six months.

Officials: (visited on 9/22/04)

Wayne County Medical Examiner's Office
1300 E. Warren
Detroit, MI 48207

Victim's next of kin (Mother): (visited on 9/23/04)


Detroit, MI 48214
Tel: 



040827CCN0935. Exhibit B. Photo 1.
Medical Examiner Photographs
Sample 04-830-5715
Full view of crib involved in the incident



040827CCN0935. Exhibit B. Photo 2.
Medical Examiner's Photographs
Sample 04-830-5715
Re-enactment of the victim at the time of death



040827CCN0935. Exhibit B. Photo 3.

Medical Examiner's Photographs

Sample 04-830-5715

Re-enactment of incident. The victim was placed on a quilt and blanket. The mattress is depressed in the left corner where the victim's head is. That area where the mattress is depressed is where there was no mattress support.



040827CCN0935. Exhibit B. Photo 4.
Medical Examiner's Photographs
Sample 04-830-5715
Full view of wooden, white, used crib.



040827CCN0935. Exhibit B. Photo 5.

Medical Examiner's Photographs

The victim visited a local hardware store and had wood cut for a mattress support. When he returned home, he noticed the wood pieces were too long so he placed them on a slant. The arrow points to where the victim was found.



040827CCN0935. Exhibit C. Photo 1.

Sample 04-830-5715

Full size crib involved in the incident. The victim's parents returned the mattress and removed the quilts and blankets

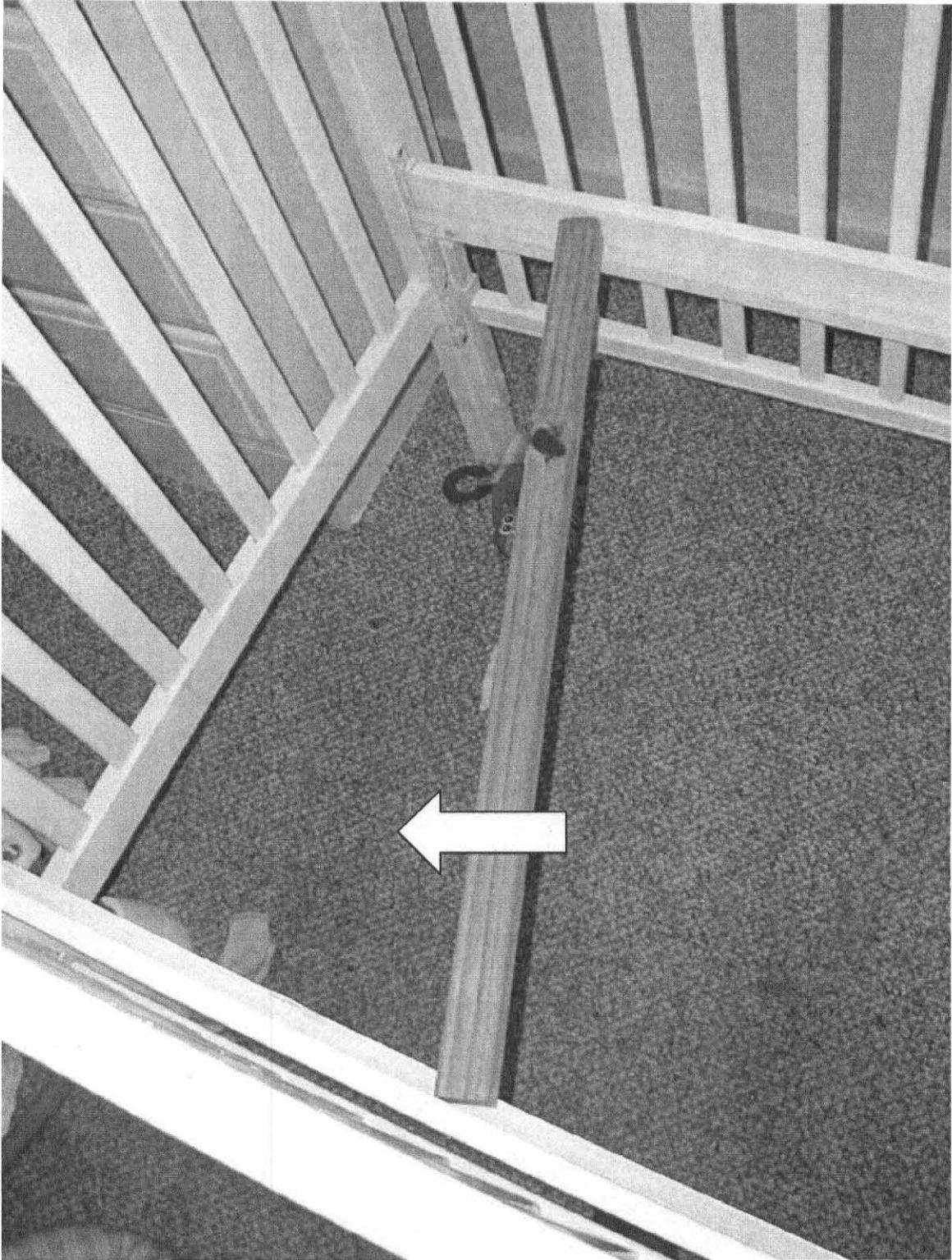
Only product information located on the actual crib states "L (heart) V" on the four plastic brackets



040827CCN0935. Exhibit C. Photo 2.
Sample 04-830-5715
Close up view of crib head/foot board



040827CCN0935. Exhibit C. Photo 3.
Sample 04-830-5715
View of crib's head/foot board



040827CCN0935. Exhibit C. Photo 4.

Sample 04-830-5715

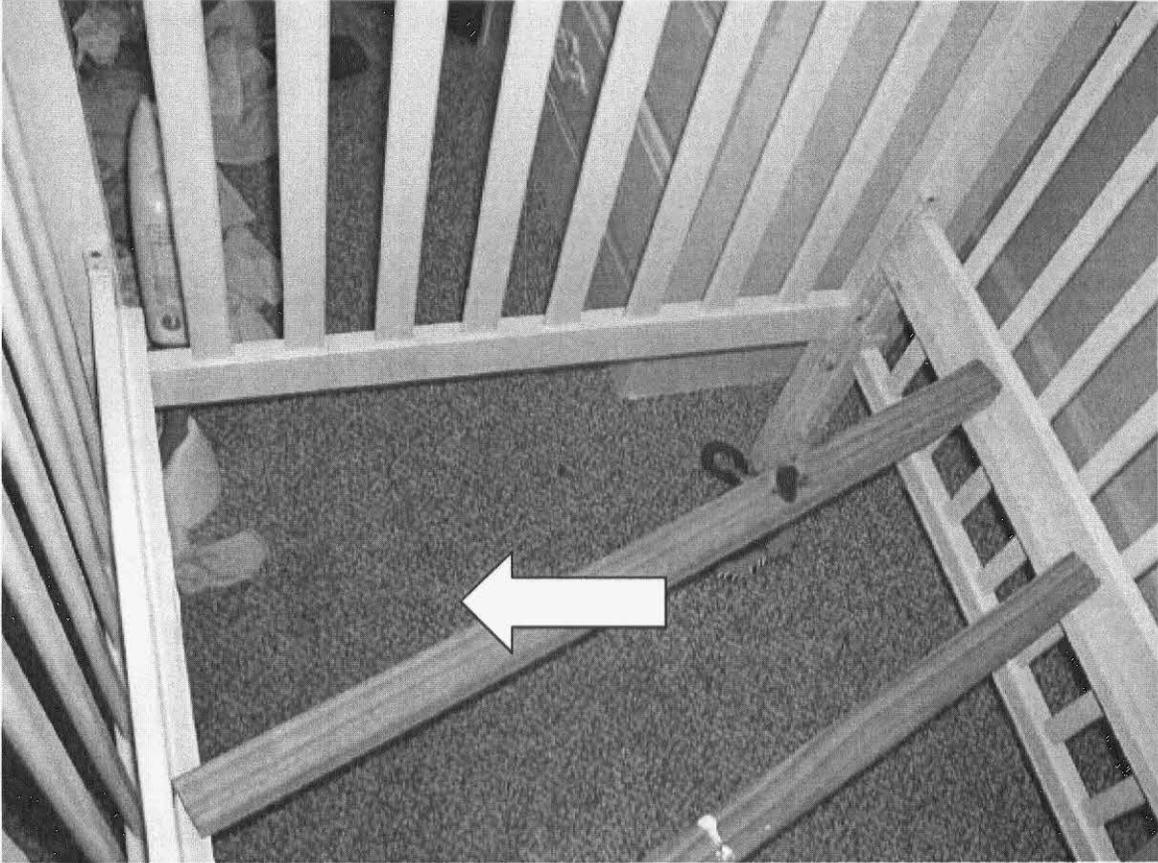
Re-enactment of the make shift wood support and area where the victim was found



040827CCN0935. Exhibit C. Photo 5.

Sample 04-830-5715

Re-enactment of the pieces of cut wood used for a mattress support



040827CCN0935. Exhibit C. Photo 6.

Sample 04-830-5715

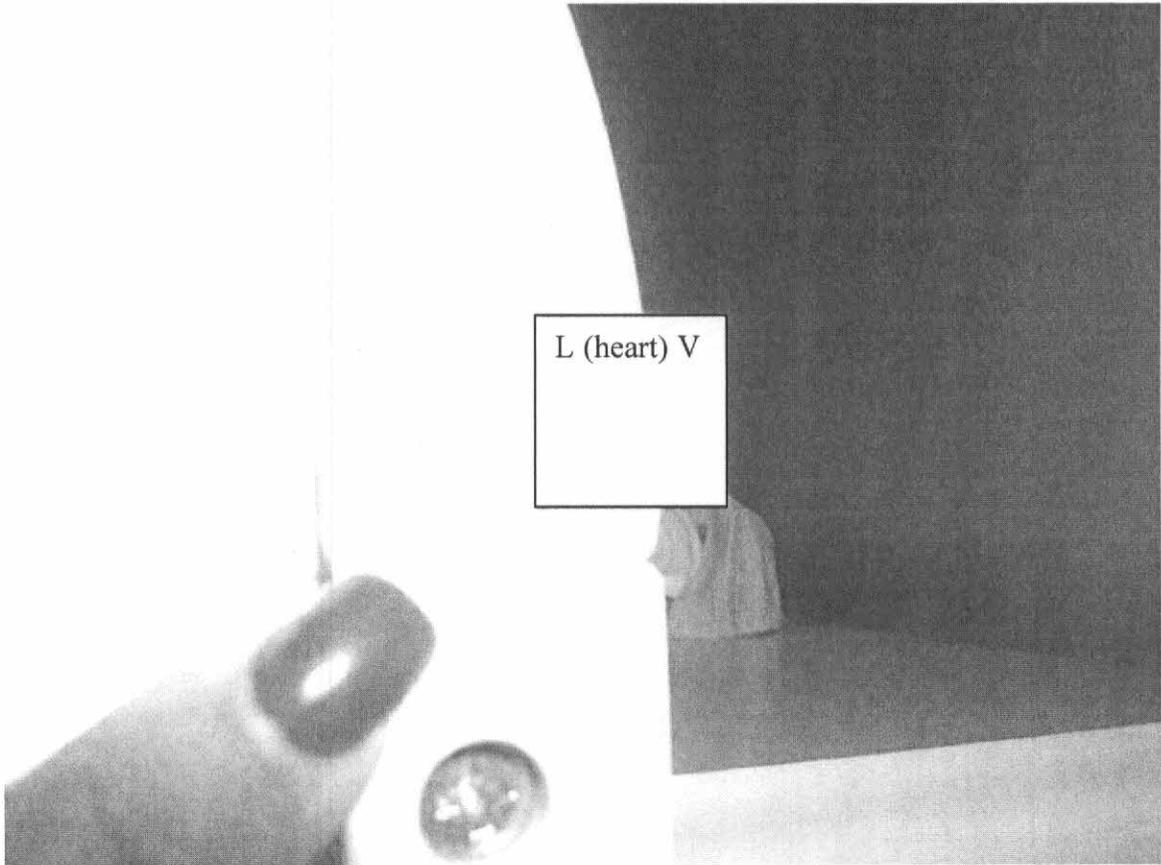
Area where the victim was found face down on a quilt, blanket and mattress



040827CCN0935. Exhibit C. Photo 7.

Sample 04-830-5715

Full view of crib and pieces of wood used for the mattress support



040827CCN0935. Exhibit C. Photo 8.
Sample 04-830-5715

Located on each of the four crib brackets embossed in the plastic states, "L (heart) V"



040827CCN0935. Exhibit C. Photo 9.

Sample 04-830-5715

Portable Crib the victim slept in prior to sleeping the crib



040827CCN0935
Exhibited

U. S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The U. S. Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and distributors to inform them of the involvement of their product in an incident situation. We also give the information to others requesting information about specific products or hazards. Manufacturers may need the individual's name so that they can obtain additional information on the product or incident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

YES

NO



(Signature)

9/23/84
(Date)

1 of 1

U.S. CONSUMER PRODUCT SAFETY COMMISSION		1. AREA OFFICE ADDRESS U.S. CPSC 19186 Fort Street, Suite 313 Riverview, MI 48192	
		2. NAME OF INDIVIDUAL [REDACTED]	3. TITLE OF INDIVIDUAL Consumer
5. FIRM NAME N/A		6. SAMPLE NUMBER 04-830-5715	
7. NUMBER AND STREET [REDACTED]		8. CITY AND STATE (Include Zip Code) [REDACTED]	
9. SAMPLES COLLECTED (Describe fully. List lot, serial, model numbers and other positive identification)			
<p>The following samples were collected by the Consumer Product Safety Commission pursuant to Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f) and/or Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b) and/or Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d) and/or Section 704(c) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(c)) [Authority for sample collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)], and receipt for said samples is hereby acknowledged. Sections cited are quoted on the reverse side of this form.</p> <p>1 (one) unit involved in IDI 040827CCN0935</p> <p>Full size crib. Constructed of wood White in color.</p> <p>"L♡V" located on crib. No other product information located on crib. Mattress support is missing, mattress returned to dealer.</p> <p style="text-align: right;">040827CCN0935 Exhibit E</p> <p style="text-align: center;">1081</p>			
10. SAMPLES		11. SAMPLES WERE	
a. AMOUNT RECEIVED FOR SAMPLE \$150.00		<input checked="" type="checkbox"/> PURCHASED	
b. SIGNATURE (Person whom receipt is to be returned to) [REDACTED]		<input type="checkbox"/> BORROWED (To be returned)	
		12. COLLECTOR	
		a. NAME (Print or type) Michelle Grundy	
		b. SIGNATURE Michelle Grundy	

PRODUCT IDENTIFICATION

the exception of the letters "L (heart) V" located on each of the four plastic brackets. The make shift (five) pieces of wood used by the victim's parents to make a mattress support was also collected.

METHOD OF COLLECTION

\$150.00. The victim's mother baby-sits children and made a comment that she was going to continue to use the crib because she did not have the monies available to purchase another one. The sample was placed in my locked automobile until I delivered it to my telecommuting office. The crib will then be destroyed on 9/30/04 by placing pieces of the broken down crib in various garbage dumpsters.

040827CC70935
Exhibit F

AN PERMANENT BLACK INK

LF CF

006163



DEPARTMENT OF COMMUNITY HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 2407814

WILSON, Tracyah

NAME OF DECEDENT For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

1. DECEDENT'S NAME (Print or Type)		2. DATE OF BIRTH (Month, Day, Year)		3. SEX		4. DATE OF DEATH (Month, Day, Year)	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include all if used)		6a. AGE - Last Birthday (Years)		6b. UNDER 1 YEAR		6c. UNDER 1 DAY	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c)		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH		7c. COUNTY OF DEATH			
8a. CURRENT RESIDENCE - STATE		8b. COUNTY		8c. LOCALITY (check that best describes the location)		8d. STREET AND NUMBER (Include apt. No. if applicable)	
9. ZIP CODE		10. BIRTHPLACE (City and State or Country)		11. SOCIAL SECURITY NUMBER		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?	
12. RACE - American Indian, White, Black, etc. (If more than one race, give number in order, give ethnic and number and zip code)		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply if American Indian race, enter principal race)		13b. HISPANIC ORIGIN (Yes or No)		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No)	
15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		16. KIND OF BUSINESS OR INDUSTRY		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify)		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)	
19. FATHER'S NAME (Print, Middle, Last)		20. MOTHER'S NAME (Print, Middle, Last)		21a. INFORMANT'S NAME (Type or Print)			
21b. RELATIONSHIP TO DECEDENT		21c. MAILING ADDRESS (Street and Number or Rural Route, Number, City or Village, State, Zip Code)					
22. METHOD OF DISPOSITION (Burial, Cremation, Donation, Organ, Coroner, Storage (Specify))		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other facility)		23b. LOCATION - City or Village, State			
24. SIGNATURE OF MORTUARY LICENSEE		25. LICENSE NUMBER (If Licensed)		26. NAME AND ADDRESS OF FUNERAL FACILITY			
27a. CERTIFYING PHYSICIAN - To the best of my knowledge, death occurred due to the (cause and manner stated)		27b. DATE SIGNED (Mo. Day, Yr)		27c. LICENSE NUMBER		28. ACTUAL OR PRESUMED TIME OF DEATH (Mo., Day, Yr.)	
27d. SIGNATURE AND TITLE		29. MEDICAL EXAMINER CONTACTED? (Yes or No)		30. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospital, Ambulance) (Specify)		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DCA (Specify)	
32. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)		32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. NAME AND ADDRESS OF REGISTRAR'S SIGNATURE		35. DATE FILED (Month, Day, Year)					
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT omit terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:			
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)		40a. WAS AN AUTOPSY PERFORMED? (Yes or No)		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		41. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/>	
41a. DATE OF INJURY (Mo., Day, Yr)		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No., City, Village or Twp., State	

DCH-0483 (04/03)

040827CCM0935 Exhibit G

1 of 1

Memorandum

To: Robin Ross, SPSI, FOCR
From: Michelle Grundy, PSI, FOCR
Date: 10/25/2004
Re: Addendum to IDI 040827CCN0935

On October 25, 2004, I received the victim's Post Mortem Report from the Wayne County, MI, Medical Examiner's Office.

The victim's cause of death was ruled as "Positional Asphyxia".

Please attached this addendum to IDI 040827CCN0935. This investigation is complete.



OFFICE of the WAYNE COUNTY MEDICAL EXAMINER
 1300 East Warren Avenue
 Detroit, Michigan 48207
POSTMORTEM REPORT

240827CCN0935
 Addendum

M. E. CASE NO. 04-07712
COUNTY OF DEATH Wayne
TOWN OF DEATH Detroit
DATE PRONOUNCED DEAD 24 Aug 2004

THIS IS TO CERTIFY THAT Cheryl Loewe, M.D., Deputy Chief Medical Examiner	PERFORMED A POSTMORTEM EXAMINATION ON THE BODY [REDACTED]
AT Wayne County Medical Examiner's Office	BEGINNING AT [REDACTED] ON 25 Aug 2004
IN THE PRESENCE OF	

AND SAID POSTMORTEM REVEALED

SUMMARY & OPINION

The cause of death of [REDACTED] a four (4) month old black female infant is positional asphyxia.

According to scene investigation, the corners of the crib mattress were unsupported due to ill fitted wood slats. The infant was found in a corner of the crib with its face buried in a quilt and bumper pads.

The autopsy, including microscopic examination and toxicology was negative. No trauma was present. The manner of death was accidental.

Cheryl Loewe
 Cheryl Loewe, M.D.
 Deputy Chief Medical Examiner
 09/23/2004

CYL/jfb

(report continues on next page)

OFFICE of the WAYNE COUNTY MEDICAL EXAMINER
1300 East Warren Avenue
Detroit, Michigan 48207
POSTMORTEM REPORT

M. E. CASE NO. 04-07712
NAME [REDACTED]
[REDACTED]
Page 2

CAUSE OF DEATH:

positional asphyxia
Amended 09-23-2004

040827CCN0935
Addendum

MANNER OF DEATH: Pending

FINAL MANNER OF DEATH: ACCIDENT

NARRATIVE SUMMARY:

POSTMORTEM EXAMINATION:

Case Number: 04-07712 ([REDACTED])

EXTERNAL EXAMINATION

The body was that of a 4 month old black female infant, who is dressed in a pink "pooh" jumper, pink "Pooh" shirt and a wet diaper and hospital blankets. Rigidity is fully developed. Fixed lividity is posterior. The body appeared well-developed and well-nourished, weighs 6650 gms, measures 64 cm in crown-heel length and appears compatible with the stated age of 4 months. The head circumference measured 42 cm, the chest circumference measures 39.5, and the abdominal circumference measures 39 cm. The scalp hair is curly black. The irides are brown. The corneas and conjunctivae are clear. The nose and nasal bones are intact. The ears and external auditory canals are clear. The mouth, tongue and oral mucosa are unremarkable. The gums were clean. External examination of the neck revealed no evidence of injury or other abnormalities. External examination of the chest and abdomen revealed no findings of special note. The external genitalia are those of a normal female, infantile-type. The remainder of the external examination is without further note. There is asymetry of the head noted. A Mongolian spot is noted on the lower back. A 0.2 cm x 0.2 cm raised nodule is on the 5th phalanx, bilaterally. The ears are pierced. Intraossous IV is in the right leg.

INTERNAL EXAMINATION

The body is opened through the usual anterior thoracoabdominal Y-shaped incision and the chest plate is removed. There are no adhesions or abnormal collections of fluid in any of the body cavities. The organs of the body are present in their normal anatomical position.

(report continues on next page)

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OFFICE of the WAYNE COUNTY MEDICAL EXAMINER
1300 East Warren Avenue
Detroit, Michigan 48207
POSTMORTEM REPORT

M. E. CASE NO. 04-07712
NAME [REDACTED]
[REDACTED]
Page 3

Narrative Summary of Postmortem Examination: (continued)

040827CCN0935
~~Exhibit~~ Oddendum

NECK ORGANS:

Examination of the soft tissues of the neck, including the strap muscles, thyroid gland and large vessels, revealed no evidence of injury or other abnormalities.

THYMUS:

The thymus weighed 50 grams. It had a thin translucent capsule. Petechial hemorrhages are noted on the external surface. The cut surface consisted of pale grey lobulated parenchyma.

CARDIOVASCULAR SYSTEM:

The heart weighs 50 grams. and is of normal size and shape for the age. All vessels enter and leave the heart anatomically. Petechial hemorrhages are noted on the epicardium. Otherwise, the epicardial surface is smooth and glistening as is the endocardium. The myocardium is uniformly reddish-brown and firm. The valves are anatomical and free of abnormalities. The coronary arteries originated from their proper sinuses. The foramen ovale is valve-like and closed. The aorta and great vessels are anatomical and free of lesions.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and other foreign material. The mucosa of the pharynx, larynx and trachea is grey-white and smooth. The bronchial tree is unremarkable. The right and left lungs weigh 75 and 62.5 grams respectively. The visceral pleura is smooth and glistening. Scattered petechial hemorrhages are noted. The lung parenchyma is dark red, subcrepitant and with scattered foci of atelectasis.

DIGESTIVE SYSTEM:

The esophagus is unremarkable. The stomach is devoid of contents. The gastric mucosa is grey-white and smooth with normal rugal folds. The pylorus and duodenum are unremarkable. The small and large intestines are unremarkable. No congenital
(report continues on next page)

040827ccn0935
Addendum

OFFICE of the WAYNE COUNTY MEDICAL EXAMINER
1300 East Warren Avenue
Detroit, Michigan 48207
POSTMORTEM REPORT

M. E. CASE NO.	04-07712
NAME	[REDACTED]
	[REDACTED]

Page 4

Narrative Summary of Postmortem Examination: (continued)

abnormalities are noted. The pancreas had a uniform grey-white lobular appearance, and no focal abnormalities are noted.

LIVER AND BILIARY SYSTEM:

The liver weighed 250 grams and has a smooth, glistening capsular surface. The cut surface is red-brown, soft and uniform throughout. The biliary tree is unremarkable. No focal abnormalities are noted.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 25 and 37.5 grams respectively. They are covered by a thin, translucent capsule which stripes easily, revealing a smooth, external, red-brown cortical surface. The cortex is well-demarcated from the medulla. The calyces, pelves, ureters and urinary bladder are unremarkable. The uterus, fallopian tubes and ovaries are of normal infantile shape and appearance.

SKELETAL SYSTEM:

The skeleton, including the vertebral column, exhibits no evidence of injury or other abnormalities.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

SPLEEN:

The spleen weighs 50 grams. The capsular surface is dark grey and smooth. The cut surface is reddish-blue with delicate Malpighian corpuscles visible. No focal abnormalities are noted.

LYMPHATIC SYSTEM:

The lymph nodes are discrete.

CENTRAL NERVOUS SYSTEM:

(report continues on next page)

Am 9

OFFICE of the WAYNE COUNTY MEDICAL EXAMINER
1300 East Warren Avenue
Detroit, Michigan 48207
POSTMORTEM REPORT

M. E. CASE NO.
04-07712

NAME

Page 5

Narrative Summary of Postmortem Examination: (continued)

040827CCN0935
addendum

The scalp was reflected. The anterior and posterior fontanelles are open, soft and pliable. The skull is examined for fractures, none of which are identified. The calvarium of the skull is then partially removed. The dura mater and falx cerebri are intact. No epidural or subdural hemorrhages are present. The leptomeninges are thin and delicate. The brain weighs 700 grams. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including the cranial nerves and blood vessels, are intact. Examination of the brain stem and cerebellum reveals no evidence of any abnormalities. Serial sections of the brain in the coronal plane revealed no lesions or anatomic defects on any of the sections. The spinal cord is intact.

MICROSCOPIC EXAMINATION:

Blocks 1-9

Sections of heart, lungs, kidney, spleen, liver, pancreas, thymus, brain and skeletal muscle were unremarkable.

(End of Report)

040827CCN0935
~~Exhibit~~ Addendum
DR. Loewe

Chantel



OFFICE OF THE WAYNE COUNTY MEDICAL EXAMINER
1300 East Warren Avenue
Detroit, Michigan 48207
Postmortem Report

Name: [REDACTED] Case No. 04-07712 Autopsy Date: 8/25/2004
DOB: 4/03/2004 Age: 4 months Race: Black Sex: Female Date of Death: 8/24/2004 @ 11:04am
Medical Examiner: Dr. C. Loewe Police Officer: Sykes
Height: 64 cm Weight: 6650 gm Rigor: Fully developed Lividity: Posterior / Fixed
Eyes: D. Brown Teeth: unerrupted Hair: Black / curly
Clothing: Pink "Classic PooH" one piece jumper and a pink "classic PooH" shirt one wet diaper, one dry, unsoiled diaper 3 hospital blankets
pink floral design.

Crown-rump: 41 cm
Crown-heel: 64 cm
Head circumference: 42 cm
Chest circumference: 39.5 cm
Abdominal circumference: 39 cm
Foot Length: 9 cm
Abnormal Creases: NONE

Heart: 50 gm
Right Lung: 75 gm
Left Lung: 62.5 gm
Liver: 250 gm
Spleen: 56 gm
Right Kidney: 25 gm
Left Kidney: 37.5 gm
Thymus: 50 gm
Brain: 700 gm
Pancreas: 25 gm
Stomach contents: NONE

Micro/Histo cassettes:
heart (LV) 8 - Brain (frontal lobe)
Lung 9 - Psoas muscle
kidney

