

1. Task Number 080702HCC1698		2. Investigator's ID 9052		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2007 10 01	5. Date Initiated YR MO DAY 2008 07 10		
6. Synopsis of Accident or Complaint UPC A two-month-old female died of suffocation when her face and body were pressed against the bumper pad inside the crib. Her arm was caught between the bumper pad and the side rails, so she could not push her self up to breath. There were several other items in the crib that may have contributed to the incident.				
7. Location (Home, School, etc) 1 - HOME		8. City POINCIANA		9. State FL
10A. First Product 1543 - Cribs		10B. Trade/Brand Name UNKNOWN		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 1542 - Baby Mattresses Or Pads		11B. Trade/Brand Name PRECIOUS MOMENTS		11C. Model Number UNKNOWN
11D. Manufacturer Name and Address NONE				
12. Age of Victim 202	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 65 - Anoxia	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 2 - Eyewitness	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 14 / 4	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 12 - MECAP		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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 08/14/2008	25. Reviewed By 9057		26. Regional Office Director Dennis R. Blasius	
27. Distribution Hackett, Patricia; Blasius, Dennis			28. Source Document Number X0860273A	

J. [Signature]
 [Illegible]
 [Illegible]
 [Illegible]
 [Illegible]
 [Illegible] 3250

Information contained within this report was obtained from a telephone conversation with the mother of the victim and from a telephone conversation with the detective who investigated this incident. Also, information was obtained from the Sheriff's Office report which is attached as Attachment 2.

The victim in this incident was a two-month-old female. According to the Medical Examiner's report, the victim weighed 11.8 pounds and was 21 inches tall. The report indicated the victim was well nourished and well developed.

The victim's mother related that she purchased the crib from a local store shortly before the victim was born in July 2007. She and her husband assembled the crib according to the instructions. She stated that she also purchased a new standard size crib mattress from the same store when she purchased the crib.

The victim's mother could not recall the brand, make or model of the crib. She has put the crib in storage and had no recollection of the name brand of the crib or the crib mattress.

She stated the crib had a bumper pad inside the crib that was placed along side the perimeter of the inside of the crib. The bumper pad was purchased from a local store. The only identification she could recall concerning the bumper pad was that it had a "Precious Moments" theme print on the material.

The victim went to sleep the night before the incident around 11:30 PM. The victim's mother put the victim to sleep in the crib.

The next morning, October 1, 2007, the victim's mother checked on the victim around 8:00 in the morning. The victim was still sleeping, so the mother moved the victim to the middle of the crib. The victim's mother went back to sleep until around 9:00 AM.

At 9:00 AM, the victim's mother went into the victim's room to check on her. She found the victim with her face pressed against the bumper pad and one of her arms was under the bumper pad and in between the bumper pad and the side railing. The victim was not breathing when the mother turned her over to check on her.

The victim's mother ran into another room of the house to tell the victim's father. The victim's father ran back into the victim's room and picked up the victim. He related to the detective that when he found the victim, she was not breathing. He put her on the floor and began CPR while the victim's mother called 911.

The victim was transported to a nearby hospital and then to a larger hospital in Orlando, FL. The victim was declared brain dead and life support was removed. She died on the morning of October 2, 2007.

The Medical Examiner's report showed the cause of death as "Sequeiae of Suffocation due to Entrapment". The manner of death was shown as "Accident".

The detective related that his investigation found that the victim suffocated when her arm was caught between the bumper pad and the side railing and her face and body were pressed against the bumper pad. He stated that he believed the victim was not able to push herself up to breath with her arm caught under the bumper pad. He added that there were several items in the crib that also may have contributed to the incident. He stated there was a baby blanket, a baby pillow, an adult pillow, a couple of boxes of baby wipes, a dirty diaper and a stack of clothes and socks in the corner of the inside of the crib. He closed his investigation and classified this case as an accidental death.

PRODUCT IDENTIFICATION:

The crib was a standard size crib. The make, manufacturer, model or brand name could not be determined. The crib was new and had been purchased from a local Target store in July 2007. The mattress was a standard size mattress crib that had also been purchased in July 2007 from a local Target store. The make, manufacturer, model or brand name could not be identified.

The bumper pad that was around the inside perimeter of the crib was a soft, padded bumper pad that had a "Precious Moments" print on the material. It was purchased in July 2007 from a local Wal-Mart store. No other identifying information was available.

ATTACHMENTS:

- Attachment 1 – Photos 1 – 4 provided by Sheriff's Office
- Attachment 2 – Copy of Sheriff's Office Report
- Attachment 3 – Identification of Contacts

0080702HCC1698

ATTACHMENT 1

PHOTOGRAPHS PROVIDE BY SHERIFF'S OFFICE

Photo 1 – View of the crib involved in this incident



0080702HCC1698

ATTACHMENT 1

PHOTOGRAPHS PROVIDE BY SHERIFF'S OFFICE

Photo 2 – Another view of the crib involved in this incident



0080702HCC1698

ATTACHMENT 1

PHOTOGRAPHS PROVIDE BY SHERIFF'S OFFICE

Photo 3 – View of bumper pad in surrounding the inside of the crib



0080702HCC1698

ATTACHMENT 1

PHOTOGRAPHS PROVIDE BY SHERIFF'S OFFICE

Photo 4 – View of the clothes, baby monitor, pillow and baby wipes found in the crib



OCT 30 2007

FORM #9001 - Revised 01/06/03

OFFENSE INCIDENT REPORT

Sheriff's Office
Polk County
Bartow, FL



INCIDENT NUMBER 2007-204904
RELATED INCIDENT NUMBER

Agency ORI Number
FL05300000

Administrative	CLEARANCE CODE 0 - OPEN 9 - CLOSED 1 - ARREST 2 - EXCEPTIONAL 3 - UNFOUNDED	EXCEPTION TYPE 1 - EXTRADITION DECLINED 2 - ARREST ON PRIMARY/SECONDARY 3 - DEATH OF OFFENDER	4 - V/W REFUSED TO COOPERATE 5 - PROSECUTION DECLINED 6 - JUVENILE/NO CUSTODY	IS THIS AN INTAKE REFERRAL? Y/N	IS THIS DOMESTIC VIOLENCE? Y/N	HATE CRIME 1. VERIFIED 2. UNVERIFIED 3. UNFOUNDED 4. N/A	# ARRESTED 4 00	
	ROUTE TO	ASSIGNED TO	EXTRA COPIES TO	DOES THIS CASE HAVE A SUSPECT? Y/N		DISTRICT/BUREAU	CRMNL INVEST	
Incident Data	REPORTING DEPUTY/AGENCY MEMBER DET. MATTHEW NEWBOLD	MEMBER # 5039	SUPERVISOR <i>Matt Amador</i>	MEMBER # 1192	REGION/DIVISION CRIMINAL INVEST	CRMNL INVEST		
	REPORT DAY/DATE THURSDAY 10/18/2007	DISPATCHED (MIL) 10:54	ARRIVED (MIL) 19:41	COMPLETED (MIL) 16:00	INCIDENT DAY/DATE FROM MONDAY 10/01/2007	TIME 09:00		
	INCIDENT TYPE 1. FELONY 2. TRAFFIC VIOLATION	3. MISDEMEANOR 4. TRAFFIC MISDEMEANOR	5. CHARGE 6. OTHER	7. UNOCCUPIED 8. N/A 9. OCCUPIED 10. ABANDONED	0	INCIDENT DAY/DATE TO TUESDAY 10/02/2007	TIME 16:00	
	OFFENSE TYPE 1	TYPE 9	OFFENSE DESCRIPTION DEATH INVESTIGATION		ATTEMPT/COMM N/A	STATE STATUTE NUMBER S-7	NCIC/UCR CODE	
	INCIDENT LOCATION (STREET, APT. #) POINCIANA		CITY POINCIANA		STATE FL	ZIP 34759	SECTOR 40	
	BUSINESS NAME (AREA IDENTIFIER) POINCIANA		CROSS STREET POINCIANA PARKWAY		FORCED ENTRY 0. N/A 1. YES 2. NO 3. UNKNOWN		0	
	LOCALITIES		01 LAUNDRY STORE 02 BAR/BOWLING CLUB 03 SUPERMARKET 04 DEPT STORE/DEPT STORE 05 SPECIALTY STORE 06 HOTEL/MOTEL 07 CONFERENCE CENTER 08 GAS STATION		09 FOOD STORE/RESTAURANT 10 BAR/BEVERAGE DISTRIBUTION 11 CIGARETTE/TOBACCO STORE 12 CONVENIENCE STORE 13 BAKERY/PAstry		14 COMMERCIAL OFFICE BUILDING 15 INDUSTRIAL/MANUFACTURE 16 STORAGE 17 GOVERNMENT/PUBLIC BUILDING 18 SCHOOL/UNIVERSITY 19 JAIL/PRISON	
	20 RELIGIOUS BUILDING 21 AIRPORT 22 BURIAL - MEMORIAL 23 CONSTRUCTION SITE 24 OTHER STRUCTURE 25 PARKING LOT/PARKING		26 HIGHWAY/ROADWAY 27 PARK/WOODLAND/WETLAND 28 LAKE/WATERWAY 29 MOTOR VEHICLE 30 OTHER VEHICLE 31 OTHER		32 OTHER		1	
	# OFFENSE(S) 00	# VICTIM(S) 01	# OFFENDER(S) 00	# PREM. ENT. 00	# VEH. STOLEN 00	TYPE WEAPON 00 N/A 01 HANDGUN 02 RIFLE 03 SHOTGUN 04 FIREARM 05 KNIFE/CUTTING INSTRUMENT 06 BLUNT OBJECT 07 HANDGUN AMMO 08 POISON 09 EXPLOSIVES 10 FIRE/INCENDIARY 11 UNIDENTIFIED WEAPON	12 BULLETTED WEAPON 13 OTHER 14 UNKNOWN 15 OTHER	
	MOTIVATION 1. RACE/COLOR 2. RELIGION 3. NATIONAL ORIGIN 4. SEXUAL ORIENTATION VIC. KNEW OFFENDER 0. N/A 1. YES 2. NO 3. UNKNOWN		RELIGION N. N/A C. CATHOLIC P. PROTESTANT J. JEWISH I. ISLAM H. HINDU O. OTHER	INDICATORS 1. WORDS 2. SYMBOLS 3. GESTURES 4. SERIES OF INCIDENTS 5. HOLIDAY/DATE 6. RECENT PUBLIC FOCUS 7. NEIGHBORHOOD CHANGE 9. OTHER	ACTED AS 1. INDIVIDUAL 2. GROUP MEMBER 8. UNKNOWN	ACTIVITIES 1. BREAK WINDOW 2. DESTROY LANDSCAPE 3. BURN CROSS 4. DAMAGE SYMBOL 5. PHONE THREAT 6. MAIL THREAT 7. VERBAL THREAT 8. ANIMAL PARTS 9. BRAND/TATTOO	10. BLOOD 11. SPIT 12. DEFECATE/URINATE 13. GRAFFITI 14. WEAR HOOD/SPECIAL CLOTHING 99. OTHER	SYMBOLS 1. COLORS/DIAGN SIGN 2. SWASTIKA 3. RITUALISTIC 4. OTHER RELIGIOUS 5. POLITICAL/SLOGAN 9. OTHER
Synopsis	THE VICTIM WAS TAKEN TO ARNOLD PALMER HOSPITAL IN ORLANDO, FL WHERE SHE LATER DIED. THE INVESTIGATION REVEALED NO SIGNS OF FOUL PLAY.							
Narrative	<p>SUBJECTS INVOLVED:</p> <p>W/F, DOB: 07/27/07, AGE: 2 MO. [REDACTED] 759 (DECEDENT)</p> <p>W/M, DOB: 05/02/83, AGE: 24 [REDACTED] C- (DECEDENT'S FATHER)</p> <p>W/F, DOB: 04/17/88, AGE: 19 [REDACTED] (DECEDENT'S MOTHER)</p> <p>INCIDENT SCENE:</p> <p>A YELLOW, SINGLE STORY, STUCCO RESIDENCE WITH WHITE TRIM. THE HOUSE NUMBER [REDACTED] IS DISPLAYED ABOVE THE EXTERIOR GARAGE DOOR. THE HOUSE FACES EAST FROM THE WEST SIDE OF MANATEE COURT. THE HOUSE HAS A WHITE FRONT DOOR.</p>							

DB

NARRATIVE
CONTINUATION
INSERT

Agency ORI Number
FL05300000

Sheriff's
Polk County



Office
Bartow, FL

FORM #9002A - Revised 01/08/03

INCIDENT NUMBER
2007-204904

RELATED INCIDENT NUMBER

A GREEN, SATURN, FOUR DOOR, BEARING FL TAG (F549KY) WAS PARKED IN THE DRIVEWAY. THE VEHICLE IS REGISTERED TO [REDACTED], THE DECEDENT'S FATHER.

INVESTIGATION:

10/02/07 1054 HOURS

I RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A DEATH INVESTIGATION PERTAINING TO THE DEATH OF AN INFANT. THE DECEDENT WAS IDENTIFIED AS [REDACTED], A TWO (2) MONTH OLD BABY GIRL. I WAS ADVISED THE ORANGE COUNTY MEDICAL EXAMINER'S OFFICE HAD CALLED THE SHERIFF'S OFFICE TO ASCERTAIN FURTHER INFORMATION SINCE LAW ENFORCEMENT WASN'T NOTIFIED YET.

1143 HOURS

I ARRIVED AT THE INCIDENT SCENE AND DETERMINED NO ONE WAS HOME. DETECTIVE AARON CAMPBELL I.D. #4467 RESPONDED TO THE ARNOLD PALMER CHILDREN'S HOSPITAL IN ORLANDO WHERE THE DECEDENT WAS HOSPITALIZED.

UPON MY ARRIVAL I SPOKE TO TERRY RHINEHART FROM DCF OVER THE TELEPHONE, WHO WAS ALREADY AWARE OF THE CASE INFORMATION. RHINEHART INFORMED ME THE VICTIM WAS NOT DECEASED AT THAT TIME, BUT ON LIFE SUPPORT. I RELAYED THAT INFORMATION TO SERGEANT GIAMPAVOLO I.D. #4471.

RHINEHART SAID SHE WAS DRIVING TO THE ARNOLD PALMER HOSPITAL TO MAKE CONTACT WITH THE FAMILY. I ADVISED RHINEHART THAT DETECTIVE CAMPBELL WAS THERE AND SHE SHOULD MAKE CONTACT WITH HIM.

I ADVISED DETECTIVE CAMPBELL TO EXPECT RHINEHART TO ARRIVE AT THE HOSPITAL. I ALSO ADVISED DETECTIVE CAMPBELL TO HAVE A FAMILY MEMBER, OR REPRESENTATIVE RESPOND TO THE RESIDENCE AFTER A CONSENT TO SEARCH WAS SIGNED.

1430 HOURS

I SPOKE TO RHINEHART AGAIN WHO TOLD ME INVESTIGATOR RICK CARDIN FROM DCT WAS RESPONDING TO THE RESIDENCE.

1450 HOURS

[REDACTED] (DECEDENT'S FATHER) ARRIVED AT THE RESIDENCE. I EXPLAINED THE INVESTIGATIVE PURPOSE AND PROCESS TO [REDACTED] WHO OPENED THE RESIDENCE AND ALLOWED SERGEANT GIAMPAVOLO, CRIME SCENE TECHNICIAN (CST) HAGGINS I.D. #6483, AND MYSELF INSIDE.

ONCE INSIDE, CST HAGGINS TOOK PHOTOGRAPHS. SEE CST HAGGINS' REPORT DETAILING HER INVOLVEMENT.

I INTERVIEWED [REDACTED] WHO SAID THE DECEDENT HAD BEEN SEEING DR. [REDACTED] ST. IN ORANGE COUNTY. [REDACTED] SAID THE ONLY PROBLEM HE COULD THINK OF WAS THE DECEDENT WAS MAKING AN ODD BREATHING NOISE WHILE SHE WAS FED BUT THE DOCTOR SAID NOTHING WAS UNUSUAL ABOUT IT. [REDACTED] SAID HIS WIFE, [REDACTED], WAS A STAY AT HOME MOM, THEREFORE SHE IS USUALLY HOME WITH THE DECEDENT. [REDACTED] SAID BOTH HE AND HIS WIFE SMOKE, BUT THEY ONLY SMOKE OUTSIDE. THERE WAS OBVIOUS EVIDENCE OF THAT AS I OBSERVED HUNDREDS OF CIGARETTE BUTTS (FILTERS) IN THE GRASS JUST OUTSIDE THE FRONT DOOR.

[REDACTED] SAID ON MONDAY MORNING, 10/01/07, AT APPROXIMATELY 0800 TO 0830 HOURS HIS WIFE WENT TO CHECK ON THE DECEDENT. [REDACTED] SAID SHE RAN BACK TO THE ROOM AND GOT HIM BECAUSE SOMETHING WAS WRONG. [REDACTED] SAID HE WENT INTO THE DECEDENT'S ROOM AND TOOK THE DECEDENT OUT OF THE CRIB, LAID THE DECEDENT ON THE FLOOR, AND BEGAN CPR AFTER HE

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CONTINUATION
INSERT

Agency ORI Number
FLO5300000

Sheriff's
Polk County



Office
Bartow, FL

FORM #9062A - Revised 01/08/03

INCIDENT NUMBER
2007-204904

RELATED INCIDENT NUMBER

NOTICED THE DECEDENT WAS NOT BREATHING. [REDACTED] SAID HE THINKS HIS WIFE MOVED THE DECEDENT PRIOR TO HIM COMING INTO THE ROOM SO HE DID NOT KNOW HOW THE DECEDENT WAS POSITIONED WHEN HIS WIFE FIRST CHECKED ON HER. [REDACTED] SAID HIS WIFE CALLED 9-1-1.

[REDACTED] SAID THE DECEDENT WAS VERY ACTIVE AND WAS ABLE TO MOVE HER HEAD AND FLIP HER BODY OVER.

1505 HOURS

RICK CARDIN FROM DCF ARRIVED AT THE RESIDENCE AND INTERVIEWED JOSEPH.

I ENTERED THE DECEDENT'S BEDROOM WHERE THE CRIB WAS LOCATED. THE BEDROOM IS SITUATED IN THE SE PORTION OF THE HOME. THE CRIB IS A LARGE DARK WOOD FRAMED CRIB. I OBSERVED CRIB SLATS AROUND THE CRIB. THERE WAS A CRIB BUMPER SITUATED IN INTERIOR PERIMETER OF THE CRIB BLOCKING ACCESS TO THE CRIB SLATS. A BABY MONITOR WAS IN THE CRIB ALONG WITH A BABY BLANKET, A BLACK ADULT PILLOW, A SMALL BABY PILLOW, TWO CONTAINERS OF BABY WIPES, A "CAREBEAR" STUFFED ANIMAL, AND AN APPARENT USED DIAPER. I ALSO OBSERVED SEVERAL PIECES OF BABY CLOTHES PILED IN THE NE CORNER OF THE CRIB AND SEVERAL OTHER PIECES OF BABY CLOTHES AND SOCKS SCATTERED IN THE CRIB.

I ENTERED THE NE BEDROOM THAT APPEARED TO BE A GAME ROOM AND OFFICE. I OBSERVED A CHAIR SITUATED IN FRONT OF THE TELEVISION. I OBSERVED ELEVEN (11) EMPTY BUD LIGHT BEER CANS, AND TWO (2) EMPTY YUENGLING LAGER BEER BOTTLES ON FLOOR NEXT TO THE CHAIR IN FRONT OF THE TELEVISION. I OBSERVED A PORNOGRAPHIC MOVIE (DVD) CASE ON TOP OF BOXES NEXT TO THE CHAIR.

I ENTERED THE NW BEDROOM, OTHERWISE KNOWN AS THE MASTER BEDROOM. THERE WAS A BABY MONITOR ON THE NIGHTSTAND. IT APPEARED THAT SOME OF THE CARPET HAD BEEN PULLED UP FROM THE FLOOR AS THERE WAS BARE CONCRETE EXPOSED IN THE ROOM. I NOTED A CHEMICAL BOTTLE, ABOUT HALF FULL, WAS ON THE FLOOR IN THE MASTER BATHROOM. THERE WAS NO LID ON THE BOTTLE AND IT CONTAINED A YELLOW-LIKE LIQUID.

I ENTERED THE KITCHEN AND CHECKED THE CUPBOARDS AND REFRIDGERATOR. I NOTICED THERE WAS PLENTY OF FOOD AND DRINKS. I ALSO NOTICED TWO (2) BOTTLES OF WINE IN THE REFRIDGERATOR AND TWO EMPTY WINE GLASSES IN THE SINK. JOSEPH SAID HIS WIFE DOES NOT DRINK AND THE WINE GLASSES WERE HIS.

I GAVE [REDACTED] MY CONTACT INFORMATION AND BUSINESS CARD. I EXPLAINED THE AUTOPSY PROCESS AND ADVISED HIM TO FIND A FUNERAL HOME FOR FUNERAL ARRANGEMENTS.

BASED ON MY OBSERVATIONS, AND INTERVIEW AT THE RESIDENCE, I DIDN'T DETECT ANY SIGNS OF FOUL PLAY AT THIS TIME.

I SPOKE TO DETECTIVE CAMPBELL VIA THE TELEPHONE WHO SAID DR. [REDACTED] REPORTED THE OFFICIAL TIME OF DECEDENT'S DEATH AT 1000 HOURS ON 10/02/07.

1600 HOURS

I LEFT THE SCENE.

10/03/07 0845 HOURS

I ATTENDED THE AUTOPSY CONDUCTD BY DR. VOLNIKH. M.E. TECHNICIANS ALEX MORALES AND ROBB RAGAN ASSISTED DR. VOLNIKH.

CST STONE I.D. #5267 WAS PRESENT, TOOK PHOTOGRAPHS AND TOOK ITEMS OF EVIDENTIARY VALUE. SEE CST STONE'S REPORT FOR DETAILS.

I OBSERVED THE DECEDENT WAS WEARING A DIAPER AND HAD A BANDAGE ON HER RIGHT ANKLE AND

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CONTINUATION
INSERT

Agency ORI Number
FL05300000

Sheriff's
Polk County



Office
Bartow, FL

FORM #9002A - Revised 01/08/03

INCIDENT NUMBER
2007-204904

RELATED INCIDENT NUMBER

LEFT SHIN. I OBSERVED MEDICAL PARAPHERNALIA ATTACHED TO THE DECEDENT'S NOSE, MOUTH, LEFT SHOULDER, LEFT FOOT, AND RIGHT FOOT.

I OBSERVED THE PRESENCE OF LIVIDITY ON THE LEFT SIDE OF THE DECEDENT'S FACE AND HEAD. THERE WAS AN APPARENT CONTUSION ON THE LEFT SIDE OF THE DECEDENT'S FOREHEAD THAT APPEARED SUPERFICIAL. THERE WAS AN ABRASION ON THE BACK, AND SLIGHTLY TO THE RIGHT OF THE DECEDENT'S HEAD. THAT ABRASION ALSO APPEARED TO BE SUPERFICIAL. THERE WAS A CONTUSION ON THE DECEDENT'S RIGHT ANKLE.

DURING THE AUTOPSY, DR. VOLNIKH TOLD ME THERE WERE NO SIGNS OF TRAUMA.

DR. VOLNIKH SAID SHE WANTED TO SEE PHOTOGRAPHS OF THE CRIB. I LATER BROUGHT DR. VOLNIKH A DISC CONTAINING PHOTOGRAPHS OF THE INCIDENT SCENE TO INCLUDE THE CRIB. DR. VOLNIKH ALSO REQUESTED ME TO ASK THE DECEDENT'S PARENT(S) ABOUT THE ABRASION ON THE BACK OF THE DECEDENT'S HEAD.

DR. VOLNIKH WAS PENDING THE CAUSE AND MANNER OF DEATH FOR TOX RESULTS.

1339 HOURS

I SPOKE TO [REDACTED] OVER THE TELEPHONE AND ASKED HIM ABOUT THE ABRASION ON THE BACK OF THE DECEDENT'S HEAD. [REDACTED] SAID HE DIDN'T KNOW HOW THE ABRASION GOT THERE, BUT SUGGESTED IT COULD HAVE BEEN FROM THE DECEDENT SCRATCHING HER HEAD OR WHEN HE TOOK HER OUT OF THE CRIB. [REDACTED] SAID THE DECEDENT LIKED TO SCRATCH HER HEAD.

I TOOK NO FURTHER ACTION AT THIS TIME.

CASE STATUS: PENDING/TOX.



Agency ORI Number
FL05300000

Victim Notification

Pursuant to Section 960.001(1)(b), F.S., in the case of homicide, sexual offenses, attempted murder, stalking, or domestic violence, as a victim of the crime or appropriate next of kin of a homicide victim, you have the right to be notified or designate a person to be notified, of the defendant's release from incarceration.

Victim's Name _____ Mailing Address _____

City _____ Zip Code _____ Phone: Home _____ Work _____

Alternate Telephone # _____ Victim wants to be notified if the defendant is released ___ Yes ___ No

Victim Confidentiality

Section 119.07(3)(s), F.S., states; Any information not otherwise held confidential or exempt from the provisions of Section 119.07(1) which reveals the home or employment telephone number, home or employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence is exempt from the provisions of the Public Records Laws upon written request by the victim, which must include official verification that an applicable crime has occurred. Such information shall cease to be exempt five years after the receipt of the written request.

I request the Polk County Sheriff's Office exempt from public inspection, any and all records revealing my home or employment telephone, home or employment address, or any personal assets. I understand these records will be confidential and exempt from public inspection for five years from the date on this request.

Defendant's Name (Print) _____

Intake Referral

I understand a sworn statement from me is necessary in order to prosecute this case. I must contact the number provided to me within three working days, excluding holidays, for an appointment. Failure to contact the Region Intake Detective indicates I am no longer interested in prosecution. Failure to cooperate will result in the case being cleared pursuant to office procedure.

_____ NORTHWEST DISTRICT - 815-6515 _____ NORTHEAST DISTRICT - 297-1100

_____ SOUTHWEST DISTRICT - 499-2400 _____ SOUTHEAST DISTRICT - 534-6291

Waiver

I hereby request the POLK COUNTY SHERIFF'S OFFICE not to prosecute _____ regarding my complaint. I am satisfied with the manner in which the investigation was conducted and release the Sheriff's Office of any responsibility regarding this complaint. I request no further investigation be pursued.

Certification

_____ Was the Victim's Right's Pamphlet given? ___ Yes ___ No

SIGNATURE OF VICTIM/WITNESS/NEXT OF KIN _____ Was the Domestic Violence Pamphlet given? ___ Yes ___ No

I swear or affirm this report is correct and true to the best of my knowledge and belief.

DET. [Signature] _____ Date 10/19/07

Signature of Deputy/Agency Member _____

Sworn before me this 19 day of Oct 2007

[Signature] _____
Notary Law Enforcement Officer

SUPPLEMENTAL
INSERTSheriff's
Polk CountyOffice **OCT 12 2007**
Bartow, FLINCIDENT NUMBER
2007-204904

RELATED INCIDENT NUMBER

Agency ORI Number FLO5300000		MEMBER # 6483		SPONSOR <i>Arriell Haggins</i>		MEMBER # 1596		REGION/DIVISION CRIMINAL INVEST		DISTRICT/BUREAU CRMNL INVEST		SECTOR 21	
CLEARANCE CODE 0 - OPEN 1 - ARREST 2 - EXCEPTIONAL 3 - UNFOUNDED 9 - CLOSED <input type="checkbox"/>		HATE CRIMES 1 - VERIFIED 2 - UNVERIFIED 3 - UNFOUNDED 4 - N/A <input type="checkbox"/>		EXCEPTION TYPE 1 - EXTRADITION DECLINED 2 - ARREST ON PRIMARY/SECONDARY OFFENSE WITHOUT PROSECUTION 3 - DEATH OF OFFENDER		4 - V/W REFUSED TO COOPERATE 5 - PROSECUTION DECLINED 6 - JUVENILE/NO CUSTODY <input type="checkbox"/>		ROUTE TO					
REPORTING DEPUTY/AGENCY MEMBER ARRIEL HAGGINS		MEMBER # 6483		SPONSOR <i>Arriell Haggins</i>		MEMBER # 1596		REGION/DIVISION CRIMINAL INVEST		DISTRICT/BUREAU CRMNL INVEST		SECTOR 21	
VICTIM'S COMPLETE NAME													
LAST DIMEO				FIRST BREANNA				MI		DATE/TIME OF REPORT 10/02/2007 / 16:00			
STATE STATUTE NUMBER				CHANGE TO				OFFENSE DESCRIPTION DEATH INVESTIGATION				CHANGE TO	
ADDITIONAL CHARGES:													
OFFENSE	TYPE	OFFENSE DESCRIPTION					ATTEMPT/COMM	STATE STATUTE NUMBER		NCIC/UCR CODE			

NARRATIVE:

ON SUNDAY, OCTOBER 2, 2007 AT APPROXIMATELY 1400 HOURS, I PROCEEDED TO [REDACTED], POINCIANA, POLK COUNTY, FLORIDA IN REFERENCE TO A DEATH INVESTIGATION.

UPON MY ARRIVAL AT APPROXIMATELY 1447 HOURS, I MADE CONTACT WITH DETECTIVE NEWBOLD #5039 AND WAS DIRECTED THROUGH THE SCENE.

I WAS ADVISED THAT THE MOTHER FOUND THE VICTIM, [REDACTED], W/F 7/27/07 IN THE CRIB AND SHE WAS NOT BREATHING. THE VICTIM WAS TAKEN TO THE HOSPITAL.

THE SCENE IS DESCRIBED AS AN SINGLE STORY ORANGE BRICK HOUSE ON THE WEST SIDE OF THE ROADWAY FACING EAST.

THE FOYER IS WEST OF THE FRONT DOOR.

THE LIVING ROOM IS WEST OF THE FOYER. A COFFEE TABLE IS IN THE CENTER OF LIVING ROOM. BOTTLE "B" IS ON THE COFFEE TABLE IN THE LIVING ROOM.

THE KITCHEN IS NORTHEAST OF THE LIVING ROOM. THE COUNTER IS ALONG THE WEST WALL OF THE KITCHEN. BOTTLE "C" AND "D" WERE ON THE SOUTH END OF THE KITCHEN COUNTERTOP. ENFAMIL LIPIL BABY FORMULA WAS SOUTH OF BOTTLE "C" AND "D".

THE MASTERBEDROOM IS NORTH OF THE LIVING ROOM. THE NIGHTSTAND IS ALONG THE NORTH WALL FACING SOUTH. BOTTLE "A" IS LOCATED ON TOP OF THE NIGHTSTAND. THE BABY MONITOR IS EAST OF BOTTLE "A".

BATHROOM #2 IS SOUTH OF LIVING ROOM.

BEDROOM #2 IS EAST OF BATHROOM. THE CRIB IS ALONG THE SOUTH WALL. THE FOLLOWING ITEMS WERE LOCATED INSIDE THE CRIB: BABY MONITOR, BUMPER PADS, FITTED SHEET, COMFORTER, PILLOW, WHITE PACIFIER, BABY CLOTHES, SOCKS, BABY PILLOW, CARE BEAR, BLANKET, BURP CLOTH, BABY WIPES, TOY, DIAPER, AND GREEN WINNIE-THE-POOH PACIFIER.

BEDROOM #3 WEST OF BATHROOM.

I OBTAINED PHOTOGRAPHS OF THE SCENE AS OBSERVED USING A DIGITAL CAMERA.

THE FOLLOWING ITEMS OF EVIDENCE WERE COLLECTED:

- BOTTLE "A", "B", "C", "D"
- ENFAMIL LIPIL BABY FORMULA
- (2) BABY MONITORS
- BUMPER PADS, FITTED SHEET, COMFORTER, PILLOW, WHITE PACIFIER, BABY CLOTHES, SOCKS, BABY PILLOW, CARE BEAR, BLANKET, BURP CLOTH, BABY WIPES, TOY, GREEN WINNIE-THE-POOH PACIFIER, DIAPER

NARRATIVE
CONTINUATION
INSERT

Sheriff's
Polk County



Office
Bartow, FL

INCIDENT NUMBER 2007-204904
RELATED INCIDENT NUMBER

Agency ORI Number
FL05300000

THE SCENE WAS CLEARED AT APPROXIMATELY 1600 HOURS.

THE COMPACT MEDIA FLASH CARD WAS FORWARDED TO THE PHOTO LAB, PCSO.

ON MONDAY, OCTOBER 8, 2007, AT THE CRIME SCENE OFFICE, LIQUID SAMPLE WERE OBTAINED FROM BOTTLE "A", "B", "C", "D".

ALL EVIDENCE, EXCEPT THE DIAPER, WAS FORWARDED TO THE PROPERTY ROOM, PCSO. THE DIAPER IS BEING HELD UNTIL A LATER DATE.

NO FURTHER ACTION HAS BEEN TAKEN ON THIS DATE.

INVESTIGATION COST: ONE CRIME SCENE TECHNICIAN CONDUCTING INVESTIGATION FOR APPROXIMATELY 10 HOURS.

Sheriff's Office



FORM #9005 - Revised 08/25/03

PROPERTY/EVIDENCE INSERT

INCIDENT NUMBER
07-204904
RELATED INCIDENT NUMBER

Agency ORI Number
FL 0530000

Polk County

Bartow, FL

Incident	OFFENSE DESCRIPTION Death Investigation	VIC #	NAME	SUAR #	NAME	
	STATE STATUTE #	OFFENSE DATE 10/2/07	VIC #	NAME	SUAR #	NAME
	PERSON/LOCATION OBTAINED					

Codes	PROPERTY TYPE A. AUTO ACCESSORY/PARTS H. HOUSEHOLD APPLIANCES/GOODS O. OFFICE EQUIPMENT V. CREDIT CARD/NON-NEGOTIABLE B. RECYCLE I. PLANT/CITRUS P. ART/COLLECTIBLES W. BOAT MOTOR C. CAMERA/PHOTO EQUIPMENT J. JEWELRY/PRECIOUS METALS Q. COMPUTER EQUIPMENT X. STRUCTURE D. DRUG K. CLOTHING/FUR R. RADIO/STEREO Y. FARM EQUIPMENT E. EQUIPMENT/TOOLS L. LIVESTOCK S. SPORTS EQUIPMENT Z. MISCELLANEOUS F. FOOD/LIQUOR/CONSUMABLES M. MUSICAL INSTRUMENT T. TV/VIDEO/VCR G. GUN N. CONSTRUCTION MACHINERY U. CURRENCY/NEGOTIABLE				STATUS CODE 2. RECOVERED 6. ABANDONED 3. STOLEN AND RECOVERED 7. SAFE KEEPING 4. RECOVERED FOR OTHER 8. EVIDENCE/SIZED 5. LOST/RECOVERED 9. PROPERTY RELEASE		RECOVERY CODE 1. STOLEN LOCAL/RECOVERED LOCAL 2. STOLEN LOCAL/RECOVERED OTHER 3. STOLEN OTHER/RECOVERED LOCAL
	DRUG ACTIVITY B. BUY K. DISPENSE/DISTRIBUTE S. SFTJ C. CONSPIRACY M. MANUFACTURE/PRODUCE/CULTIVATE T. TRAFFIC D. DELIVER P. POSSESS U. UNKNOWN E. USE R. SMUGGLE Z. OTHER		DRUG TYPE A. AMPHETAMINE E. HEROIN P. PARAPHERNALLA/EQUIPMENT B. BARBITURATE H. HALLUCINOGEN S. SYNTHETIC C. COCAINE M. MARIJUANA U. UNKNOWN D. CRACK O. OPIUM/DERIVATIVE Z. OTHER		UNIT OF MEASUREMENT 1. GRAM 4. OUNCE 7. LITER 2. MILLIGRAM 5. POUND 8. MILLILITER 3. KILOGRAM 6. TON 9. DOSE UNIT/ITEM		
	CURRENCY CODE: 1. CRIMINAL - EVIDENTIARY VALUE 2. CRIMINAL - NO EVIDENTIARY VALUE 3. SEIZURE/PORFEITURE 4. LOST/RECOVERED 5. SAFE KEEPING 6. OTHER DISPOSITION CODE: 1. HOLD FOR TRIAL 2. RETURN TO OWNER 3. DESTROY 4. PROCESS 5. OTHER						

Item	ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
	1	7			8		10/2/07	\$
	DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
	SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FC/NCIC	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION

DESCRIPTION: **Digital Compact Flash 096; scene**

Item	ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
								\$
	DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
	SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FC/NCIC	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION

DESCRIPTION: _____

Item	ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
								\$
	DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
	SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FC/NCIC	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION

DESCRIPTION: _____

Item	ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
								\$
	DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
	SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FC/NCIC	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION

DESCRIPTION: _____

Property Use	ITEM NUMBER(S)	RECEIVED FROM	RECOVERED BY (MEMBER SIGNATURE/NUMBER)	REGION/DISTRICT	DATE
			Haniel Hoggins 10483	CLWCS	10/2/07
	PROPERTY CLERK (SIGNATURE)	ITEM NUMBER(S)	DATE	LOCATION	
	WEAPONS LOG NUMBER	MONEY LOG NUMBER	NARCOTICS LOG NUMBER		LOCATION
	LOCATION	LOCATION	LOCATION		LOCATION

ADDITIONAL COMMENTS: **AT4522 10/3/07**

REPORTING DEPUTY/AGENCY MEMBER (PRINT)	MEMBER NUMBER
Haniel Hoggins	10483

Sheriff's Office



FORM #9005 - Revised 08/25/03

INCIDENT NUMBER
07-204904
RELATED INCIDENT NUMBER

PROPERTY/EVIDENCE INSERT

Agency ORI Number
FL 0530000

Polk County

Bartow, FL

OFFENSE DESCRIPTION Death Investigation	VIC #	[REDACTED]	SU/AR #	NAME
STATE STATUTE #	OFFENSE DATE 10/2/07	VIC #	NAME	SU/AR #
PERSON/LOCATION OBTAINED				

Codes	PROPERTY TYPE A. AUTO ACCESSORY/PARTS B. BICYCLE C. CAMERA/PHOTO EQUIPMENT D. DRUG E. EQUIPMENT/TOOLS F. FOOD/LIQUOR/CONSUMABLES G. GUN H. HOUSEHOLD APPLIANCES/GOODS I. PLANT/CITRUS J. JEWELRY/PRECIOUS METALS K. CLOTHING/FUR L. LIVESTOCK M. MUSICAL INSTRUMENT N. CONSTRUCTION MACHINERY O. OFFICE EQUIPMENT P. ART/COLLECTIBLES Q. COMPUTER EQUIPMENT R. RADIO/STEREO S. SPORTS EQUIPMENT T. TV/VCR/DVD/VCR U. CURRENCY/NEGOTIABLE V. CREDIT CARD/NOTE W. BOAT MOTOR X. STRUCTURE Y. FARM EQUIPMENT Z. MISCELLANEOUS	STATUS CODE 2. RECOVERED 3. STOLEN AND RECOVERED 4. RECOVERED FOR OTHER 5. LOST RECOVERED 6. ABANDONED 7. SAFE KEEPING 8. EVIDENCE/SEIZED 0. PROPERTY RELEASE	RECOVERY CODE 1. STOLEN LOCAL/RECOVERED LOCAL 2. STOLEN LOCAL/RECOVERED OTHER 3. STOLEN OTHER/RECOVERED LOCAL
	DRUG ACTIVITY B. BUY C. CONSPIRACY D. DELIVER R. USE K. DISPENSE/DISTRIBUTE M. MANUFACTURE/PRODUCE/CULTIVATE P. POSSESS R. SMUGGLE S. SELL T. TRAFFIC U. UNKNOWN Z. OTHER	DRUG TYPE A. AMPHETAMINE B. BARBITURATE C. COCAINE D. CRACK E. HEROIN H. HALLUCINOGEN M. MARIJUANA O. OPIUM/DERIVATIVE P. PARAPHERNALIA/EQUIPMENT S. SYNTHETIC U. UNKNOWN Z. OTHER	UNIT OF MEASUREMENT 1. GRAM 2. MILLIGRAM 3. KILOGRAM 4. OUNCE 5. POUND 6. TON 7. LITER 8. MILLILITER 9. DOSE UNIT/ITEM
	CURRENCY CODE: 1. CRIMINAL - EVIDENTIARY VALUE 2. CRIMINAL - NO EVIDENTIARY VALUE 3. SEIZURE/FORFEITURE 4. LOST/RECOVERED 5. SAFE KEEPING 6. OTHER		
	DISPOSITION CODE: 1. HOLD FOR TRIAL 2. RETURN TO OWNER 3. DESTROY 4. PROCESS 5. OTHER		

ITEM # 3	PROPERTY TYPE 2	VICTIM #	SUSPECT #	STATUS CODE 8	RECOVERY CODE	RECOVERY DATE 10/2/07	RECOVERY/STREET VALUE \$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION 01
DESCRIPTION: Baby Monitor; In Master bedroom on nightstand @ 1531							

ITEM # 4	PROPERTY TYPE 2	VICTIM #	SUSPECT #	STATUS CODE 8	RECOVERY CODE	RECOVERY DATE 10/2/07	RECOVERY/STREET VALUE \$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION 01
DESCRIPTION: Baby Monitor; Inside Crib @ 1533							

ITEM # 5	PROPERTY TYPE 2	VICTIM #	SUSPECT #	STATUS CODE 8	RECOVERY CODE	RECOVERY DATE 10/2/07	RECOVERY/STREET VALUE \$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION 01
DESCRIPTION: Bumper Peds, fitted sheet, comforter, pillow; Inside crib @ 1534							

ITEM # 6	PROPERTY TYPE 2	VICTIM #	SUSPECT #	STATUS CODE 8	RECOVERY CODE	RECOVERY DATE 10/2/07	RECOVERY/STREET VALUE \$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION 01
DESCRIPTION: Enfamil Lipi Baby Formula; On Kitchen Counter @ 1537							

ITEM NUMBER(S)	RECEIVED FROM	RECOVERED BY (MEMBER SIGNATURE/NUMBER)	REGION/DISTRICT	DATE
		Henril Thomas 6483		10/18/07

PROPERTY CLERK (SIGNATURE) W. Hackey 4040	ITEM NUMBER(S) 3-6	DATE 10/20/07 0816	LOCATION
WRAPONS LOG NUMBER	MONEY LOG NUMBER	NARCOTICS LOG NUMBER	
LOCATION	LOCATION	LOCATION	
ADDITIONAL COMMENTS			

REPORTING DEPUTY/AGENCY MEMBER (PRINT) Haniel Haggins	MEMBER NUMBER 60483
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Sheriff's Office



FORM #9005 - Revised 08/25/03

PROPERTY/EVIDENCE INSERT

INCIDENT NUMBER 07-204904
RELATED INCIDENT NUMBER

Agency ORI Number
FL 0530000

Polk County

Bartow, FL

OFFENSE DESCRIPTION Death Investigation 1	VIC #	[REDACTED]	SU/AR #	NAME
STATE STATUTE #	OFFENSE DATE 10/2/07	VIC #	NAME	SU/AR #
PERSON/LOCATION OBTAINED				

PROPERTY TYPE A. AUTO ACCESSORY/PARTS B. BICYCLE C. CAMERA/PHOTO EQUIPMENT D. DRUG E. EQUIPMENT/TOOLS F. FOOD/LIQUOR/CONSUMABLES G. GUN H. HOUSEHOLD APPLIANCES/GOODS I. PLANT/CITRUS J. JEWELRY/PRECIOUS METALS K. CLOTHING/PUR L. LIVESTOCK M. MUSICAL INSTRUMENT N. CONSTRUCTION MACHINERY O. OFFICE EQUIPMENT P. ART/COLLECTIBLES Q. COMPUTER EQUIPMENT R. RADIO/STERO S. SPORTS EQUIPMENT T. TV/VIDEO/VCR U. CURRENCY/NEGOTIABLE V. CREDIT CARD/NON-NEGOTIABLE W. BOAT MOTOR X. STRUCTURE Y. FARM EQUIPMENT Z. MISCELLANEOUS	STATUS CODE 1. RECOVERED 2. STOLEN AND RECOVERED 3. RECOVERED FOR OTHER 4. LOST/RECOVERED 5. ABANDONED 6. SAFE KEEPING 7. EVIDENCE/SEIZED 8. PROPERTY RELEASE	RECOVERY CODE 1. STOLEN LOCAL/RECOVERED LOCAL 2. STOLEN LOCAL/RECOVERED OTHER 3. STOLEN OTHER/RECOVERED LOCAL
DRUG ACTIVITY B. BUY C. CONSPIRACY D. DELIVER E. USE K. DISPENSE/DISTRIBUTE M. MANUFACTURE/PRODUCE/CULTIVATE P. POSSESS R. SMUGGLE S. SELL T. TRAFFIC U. UNKNOWN Z. OTHER	DRUG TYPE A. AMPHETAMINE B. BARBITURATE C. COCAINE D. CRACK E. HEROIN H. HALLUCINOGEN M. MARIJUANA O. OPIUM/DERIVATIVE P. PARAPHERNALIA/EQUIPMENT S. SYNTHETIC U. UNKNOWN Z. OTHER	UNIT OF MEASUREMENT 1. GRAM 2. MILLIGRAM 3. KILOGRAM 4. OUNCE 5. POUND 6. TON 7. LITER 8. MILLILITER 9. DOSE UNIT/ITEM
CURRENCY CODE: 1. CRIMINAL - EVIDENTIARY VALUE 2. CRIMINAL - NO EVIDENTIARY VALUE 3. SEIZURE/PERFECTION 4. LOST/RECOVERED 5. SAFE KEEPING 6. OTHER		
DISPOSITION CODE: 1. HOLD FOR TRIAL 2. RETURN TO OWNER 3. DESTROY 4. PROCESS 5. OTHER		

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
7	2			8		10/2/07	\$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FC/NC/IC	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION
DESCRIPTION: Porcelin - white; Inside the Crib @ 1537							LOCKER #

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
8	2			8		10/2/07	\$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FC/NC/IC	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION
DESCRIPTION: Baby Clothes & Socks; Inside Crib @ 1537							LOCKER #

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
9	2			8		10/2/07	\$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FC/NC/IC	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION
DESCRIPTION: Boys Pillow, Care Bear Blanket, Bud Cloth, Bds, Wds, too; Inside							LOCKER #

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
10	2			8		10/2/07	\$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FC/NC/IC	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION
DESCRIPTION: Green Winnie-the-Pooh Porcelin; Inside Crib @ 1537							LOCKER #

ITEM NUMBER(S)	RECEIVED FROM	RECOVERED BY (MEMBER SIGNATURE/NUMBER)	REGION/DISTRICT	DATE
		Harriet Haggins 483		10/18/07
PROPERTY CLERK SIGNATURE	ITEM NUMBER(S)	DATE	LOCATION	
77-Hackey 4040	7-10	10/20/07 0816		
WEAPONS LOG NUMBER	MONEY LOG NUMBER	NARCOTICS LOG NUMBER		
LOCATION	LOCATION	LOCATION		
ADDITIONAL COMMENTS				

REPORTING DEPUTY/AGENCY MEMBER (PRINT) Harriet Haggins	MEMBER NUMBER 6483
--	------------------------------

Sheriff's



Office

FORM #9005 - Revised 08/25/03

PROPERTY/EVIDENCE INSERT

INCIDENT NUMBER 07-204904
RELATED INCIDENT NUMBER

Agency ORI Number FL 0530000

Polk County

Bartow, FL

OFFENSE DESCRIPTION: Death Investigation 1
STATE STATUTE # OFFENSE DATE: 10/2/07
PERSON/LOCATION OBTAINED

PROPERTY TYPE, DRUG ACTIVITY, DRUG TYPE, STATUS CODE, RECOVERY CODE, CURRENCY CODE, DISPOSITION CODE

Item 11: PROPERTY TYPE 2, VICTIM #, SUSPECT #, STATUS CODE 8, RECOVERY CODE, RECOVERY DATE 10/2/07, DESCRIPTION: Bottle "A": Master bedroom on nightstand @ 1538

Item 12: PROPERTY TYPE 2, VICTIM #, SUSPECT #, STATUS CODE 8, RECOVERY CODE, RECOVERY DATE 10/2/07, DESCRIPTION: Liquid Sample: Bottle "A" @ 1538

Item 13: PROPERTY TYPE 2, VICTIM #, SUSPECT #, STATUS CODE 8, RECOVERY CODE, RECOVERY DATE 10/2/07, DESCRIPTION: Bottle "B": Coffee table in living room @ 1538

Item 14: PROPERTY TYPE 2, VICTIM #, SUSPECT #, STATUS CODE 8, RECOVERY CODE, RECOVERY DATE 10/2/07, DESCRIPTION: Liquid Sample: Bottle "B" @ 1538

PROPERTY CLERK (SIGNATURE) e. gaskin 5169, WEAPONS LOG NUMBER, MONEY LOG NUMBER, NARCOTICS LOG NUMBER, LOCATION, ADDITIONAL COMMENTS

REPORTING DEPUTY/AGENCY MEMBER (PRINT) Arriel Haggins, MEMBER NUMBER 1083



PROPERTY/EVIDENCE INSERT

INCIDENT NUMBER 07-204904
RELATED INCIDENT NUMBER

Agency ORI Number FL 0530000

Polk County

Bartow, FL

OFFENSE DESCRIPTION: Death Investigation 1
STATE STATUTE # OFFENSE DATE: 10/18/07
PERSON/LOCATION OBTAINED

PROPERTY TYPE: A. AUTO ACCESSORY/PARTS, B. BICYCLE, C. CAMERA/PHOTO EQUIPMENT, D. DRUG, E. EQUIPMENT/TOOLS, F. FOOD/BEVERAGE/CONSUMABLES, G. GUN, H. HOUSEHOLD APPLIANCES/GOODS, I. PLANT/CITRUS, J. JEWELRY/PRECIOUS METALS, K. CLOTHING/LE, L. LIVESTOCK, M. MUSICAL INSTRUMENT, N. CONSTRUCTION MACHINERY, O. OFFICE EQUIPMENT, P. ART/COLLECTIBLES, Q. COMPUTER EQUIPMENT, R. RADIO/STERO, S. SPORTS EQUIPMENT, T. TV/VIDEO/VCR, U. CURRENCY/NEGOTIABLE, V. CREDIT CARD/NON-NEGOTIABLE, W. BOAT/MOTOR, X. STRUCTURE, Y. FARM EQUIPMENT, Z. MISCELLANEOUS
STATUS CODE: 2. RECOVERED, 3. STOLEN AND RECOVERED, 4. RECOVERED FOR OTHER, 5. LOST/RECOVERED, 6. ABANDONED, 7. SAFE KEEPING, 8. EVIDENCE SEIZED, 0. PROPERTY RELEASE
RECOVERY CODE: 1. STOLEN LOCAL/RECOVERED LOCAL, 2. STOLEN LOCAL/RECOVERED OTHER, 3. STOLEN OTHER/RECOVERED LOCAL
DRUG ACTIVITY: B. BUY, C. CONSPIRACY, D. DELIVER, E. USE, K. DISPENSE/DISTRIBUTE, M. MANUFACTURE/PRODUCE/CULTIVATE, P. POSSESS, R. SMOOGLE, S. SELL, T. TRAFFIC, U. UNKNOWN, Z. OTHER
DRUG TYPE: A. AMPHETAMINE, B. BARBITURATE, C. COCAINE, D. CRACK, E. HEROIN, H. HALLUCINOGEN, M. MARIJUANA, O. OPIUM/DERIVATIVE, P. PARAPHERNALIA/EQUIPMENT, S. SYNTHETIC, U. UNKNOWN, Z. OTHER
UNIT OF MEASUREMENT: 1. GRAM, 2. MILLIGRAM, 3. KILOGRAM, 4. OUNCE, 5. POUND, 6. TON, 7. LITER, 8. MILLILITER, 9. DOSE UNIT/ITEM
CURRENCY CODE: 1. CRIMINAL EVIDENTIARY VALUE, 2. CRIMINAL - NO EVIDENTIARY VALUE, 3. SEIZURE/FORFEITURE, 4. LOST/RECOVERED, 5. SAFE KEEPING, 6. OTHER
DISPOSITION CODE: 1. HOLD FOR TRIAL, 2. RETURN TO OWNER, 3. DESTROY, 4. PROCESS, 5. OTHER

Item 15: PROPERTY TYPE 7, VICTIM #, SUSPECT #, STATUS CODE 8, RECOVERY CODE, RECOVERY DATE 10/18/07, RECOVERY/STREET VALUE \$, MODEL NUMBER, SERIAL NUMBER, OWNER APPLIED NUMBERS/MARKS, REMOVED FCIC/NCIC, OPERATOR NAME/NUMBER, CURRENCY CODE, DISPOSITION 01
DESCRIPTION: Bottle "C"; In kitchen on counter @ 1539

Item 16: PROPERTY TYPE 7, VICTIM #, SUSPECT #, STATUS CODE 8, RECOVERY CODE, RECOVERY DATE 10/18/07, RECOVERY/STREET VALUE \$, MODEL NUMBER, SERIAL NUMBER, OWNER APPLIED NUMBERS/MARKS, REMOVED FCIC/NCIC, OPERATOR NAME/NUMBER, CURRENCY CODE, DISPOSITION 01
DESCRIPTION: Liquid Sample; Bottle "C" @ 1539

Item 17: PROPERTY TYPE 7, VICTIM #, SUSPECT #, STATUS CODE 8, RECOVERY CODE, RECOVERY DATE 10/18/07, RECOVERY/STREET VALUE \$, MODEL NUMBER, SERIAL NUMBER, OWNER APPLIED NUMBERS/MARKS, REMOVED FCIC/NCIC, OPERATOR NAME/NUMBER, CURRENCY CODE, DISPOSITION 01
DESCRIPTION: Bottle "D"; In kitchen on counter @ 1540

Item 18: PROPERTY TYPE 7, VICTIM #, SUSPECT #, STATUS CODE 8, RECOVERY CODE, RECOVERY DATE 10/18/07, RECOVERY/STREET VALUE \$, MODEL NUMBER, SERIAL NUMBER, OWNER APPLIED NUMBERS/MARKS, REMOVED FCIC/NCIC, OPERATOR NAME/NUMBER, CURRENCY CODE, DISPOSITION 01
DESCRIPTION: Liquid Sample; Bottle "D" @ 1540

PROPERTY CLERK (SIGNATURE): [Signature] 5169, WEAPONS LOG NUMBER, MONEY LOG NUMBER, NARCOTICS LOG NUMBER, LOCATION, ADDITIONAL COMMENTS

REPORTING DEPUTY/AGENCY MEMBER (PRINT): Harniel Hoggins, MEMBER NUMBER: 10483

RIGHTS AND CERTIFICATION INSERT

Sheriff's Polk County



Office Bartow, FL

FORM #9009 - Revised 01/22/03

Agency ORI Number FL05300000

INCIDENT NUMBER 2007-204904

Victim Notification

Pursuant to Section 960.001(1)(b), F.S., in the case of homicide, sexual offenses, attempted murder, stalking, or domestic violence, as a victim of the crime or appropriate next of kin of a homicide victim, you have the right to be notified or designate a person to be notified, of the defendant's release from incarceration.

Victim's Name _____ Mailing Address _____

City _____ Zip Code _____ Phone: Home _____ Work _____

Alternate Telephone # _____ Victim wants to be notified if the defendant is released ___ Yes ___ No

Victim Confidentiality

Section 119.07(3)(s), F.S., states; Any information not otherwise held confidential or exempt from the provisions of Section 119.07(1) which reveals the home or employment telephone number, home or employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence is exempt from the provisions of the Public Records Laws upon written request by the victim, which must include official verification that an applicable crime has occurred. Such information shall cease to be exempt five years after the receipt of the written request.

I request the Polk County Sheriff's Office exempt from public inspection, any and all records revealing my home or employment telephone, home or employment address, or any personal assets. I understand these records will be confidential and exempt from public inspection for five years from the date on this request.

Defendant's Name (Print) _____

Intake Referral

I understand a sworn statement from me is necessary in order to prosecute this case. I must contact the number provided to me within three working days, excluding holidays, for an appointment. Failure to contact the Region Intake Detective indicates I am no longer interested in prosecution. Failure to cooperate will result in the case being cleared pursuant to office procedure.

_____ NORTHWEST DISTRICT - 815-6515 _____ NORTHEAST DISTRICT - 297-1100

_____ SOUTHWEST DISTRICT - 499-2400 _____ SOUTHEAST DISTRICT - 534-6291

Waiver

I hereby request the POLK COUNTY SHERIFF'S OFFICE not to prosecute _____ regarding my complaint. I am satisfied with the manner in which the investigation was conducted and release the Sheriff's Office of any responsibility regarding this complaint. I request no further investigation be pursued.

Certification

Was the Victim's Right's Pamphlet given? ___ Yes ___ No

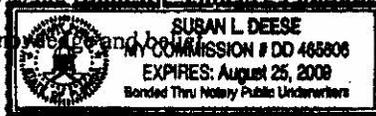
SIGNATURE OF VICTIM/WITNESS/NEXT OF KIN

Was the Domestic Violence Pamphlet given? ___ Yes ___ No

I swear or affirm this report is correct and true to the best of my knowledge and belief.

Amel Haggan 10483

Signature of Deputy/Agency Member



10/19/07

Date

Sworn before me this 9th day of Oct 20 07

Susan L. Deese
Notary/Law Enforcement Officer

SUPPLEMENTAL
INSERT

Sheriff's

Polk County

OCT 23 2007
Office
Bartow, FLINCIDENT NUMBER
2007-204904

RELATED INCIDENT NUMBER

Agency ORI Number
FL05300000
 CLEARANCE CODE
 0 - OPEN
 1 - ARREST
 2 - EXCEPTIONAL
 3 - UNFOUNDED
 9 - CLOSED

 HATE CRIMES
 1 VERIFIED
 2 UNVERIFIED
 3 UNFOUNDED
 4 N/A

 EXCEPTION TYPE
 1 - EXTRADITION DECLINED
 2 - ARREST ON PRIMARY/SECONDARY
 OFFENSE WITHOUT PROSECUTION
 3 - DEATH OF OFFENDER

 4 - V/W REFUSED TO COOPERATE
 5 - PROSECUTION DECLINED
 6 - JUVENILE/NO CUSTODY

ROUTE TO

DET. NEWBOLD
BCEREPORTING DEPUTY/AGENCY MEMBER
CIV TRACY STONEMEMBER #
5267

SUPERVISOR

[Signature]

REGION/DIVISION
CRIMINAL INVESTDISTRICT/BUREAU
CRMNL INVESTSECTOR
32

VICTIM'S COMPLETE NAME

LAST
DI-MEOFIRST
BREANNA

MI

DATE/TIME OF REPORT
10/03/2007 / 10:42

STATE STATUTE NUMBER

OFFENSE DESCRIPTION

DEATH INVESTIGATION

CHANGE TO

CHANGE TO

ADDITIONAL CHARGES:

OFFENSE	TYPE	OFFENSE DESCRIPTION	ATTEMPT/COMM	STATE STATUTE NUMBER	NCIC/UCR CODE

NARRATIVE:

ON WEDNESDAY, 03 OCTOBER 2007 AT APPROXIMATELY 0730 HOURS, I RESPONDED TO THE 10TH DISTRICT MEDICAL EXAMINER'S OFFICE LOCATED AT 1021 JIM KEENE BOULEVARD, WINTER HAVEN, POLK COUNTY, FLORIDA IN REFERENCE TO A DEATH INVESTIGATION.

UPON ARRIVING AT APPROXIMATELY 0740 HOURS, I ATTENDED AN AUTOPSY OF THE VICTIM [REDACTED] (W/F, 7/27/2007) PERFORMED BY ASSOCIATE MEDICAL EXAMINER, DR. VOLNIKH. ASSISTANT ROBERT RAGAN, ASSISTANT ALEX MORALES AND DETECTIVE NEWBOLD #5039 WERE ALSO PRESENT.

THE VICTIM IS WEARING A DIAPER (SOILED).

TUBING IS PRESENT WITHIN THE MOUTH, NOSE, TOP OF LEFT SHOULDER, TOP OF RIGHT HAND AND ON TOP OF THE LEFT AND RIGHT FEET. CATHETER TUBING IS ALSO PRESENT.

A BAND-AID IS ON THE RIGHT INNER ARM, RIGHT GROIN AND LEFT LOWER LEG.

OTHER HOSPITAL PARAPHERNALIA IS PRESENT ON THE LEFT AND RIGHT LOWER LEGS.

REDDISH ABRASIONS ARE PRESENT ON THE BACK OF THE HEAD (RIGHT SIDE) AND ON THE RIGHT LOWER LEG.

A BLUISH SKIN DISCOLORATION IS ON TOP OF THE LEFT HAND.

A REDDISH SKIN DISCOLORATION IS ON THE PALM OF THE RIGHT HAND AND RIGHT INNER LOWER ARM.

A REDDISH/PURPLISH SKIN DISCOLORATION IS ON THE LEFT LOWER LEG.

I OBTAINED DIGITAL PHOTOGRAPHS OF THE VICTIM AS OBSERVED. I ALSO OBTAINED PHOTOGRAPHS AT THE DIRECTION OF DR. VOLNIKH.

I COLLECTED THE FOLLOWING ITEMS AS EVIDENCE:

- PINK ONESIE (CUT)
- DIAPER (SOILED)
- TWO (2) TUBES (RED AND PURPLE TOP) OF THE VICTIM'S BLOOD
- INKED FEET IMPRESSIONS

THE AUTOPSY WAS COMPLETE AT APPROXIMATELY 1042 HOURS.

COMPACT FLASH CARD WAS FORWARDED TO CRIME SCENE LOCKER "K" AND LATER FORWARDED TO THE PCSO PHOTO LAB FOR PROCESSING.

FEET IMPRESSIONS WERE FORWARDED TO CRIME SCENE LOCKER "K" AND LATER FORWARDED TO THE PCSO IDENTIFICATION SECTION TO BE PLACED ON FILE IN THAT OFFICE.

NARRATIVE
CONTINUATION
INSERT

Sheriff's
Polk County



Office
Bartow, FL

INCIDENT NUMBER
2007-204904

RELATED INCIDENT NUMBER

Agency ORI Number
FL05300000

THE ONESIE AND TUBES OF BLOOD WERE FORWARDED TO THE PCSO PROPERTY/EVIDENCE SECTION.

THE DIAPER REMAINS IN CRIME SCENE LOCKER #13 UNTIL FURTHER DIRECTION PER DETECTIVE NEWBOLD #5039.

PLEASE REFER TO CST HAGGINS' #6483 SUPPLEMENTAL REPORT FOR FURTHER DETAILS REGARDING ORIGINAL INCIDENT.

I TOOK NO FURTHER ACTION REFERENCE THIS CASE.

INVESTIGATIVE COST: ONE CST, SEVEN HOURS.

Sheriff's



Office

FORM #9005 - Revised 08/25/03

**PROPERTY/EVIDENCE
INSERT**

INCIDENT NUMBER
2007-204901
RELATED INCIDENT NUMBER

Agency ORI Number
FL 0530000

Polk County

Bartow, FL

Incident	OFFENSE DESCRIPTION Death Inv.	VIC # 1	NAME [REDACTED]	SUI/AR #	NAME	
	STATE STATUTE #	OFFENSE DATE 10-03-07	VIC #	NAME	SUI/AR #	NAME
	PERSON/LOCATION OBTAINED					

Codes	PROPERTY TYPE	A. AUTO ACCESSORY/PARTS B. BICYCLE C. CAMERA/PHOTO EQUIPMENT D. DRUG E. EQUIPMENT/TOOLS F. FOOD/LIQUOR/CONSUMABLES G. GUN H. HOUSEHOLD APPLIANCE/GOODS I. PLANT/CITRUS J. JEWELRY/PRECIOUS METALS K. CLOTHING/IR/W L. LIVESTOCK M. MUSICAL INSTRUMENT N. CONSTRUCTION MACHINERY O. OFFICE EQUIPMENT P. ART/COLLECTIBLES Q. COMPUTER EQUIPMENT R. RADIO/STEREO S. SPORTS EQUIPMENT T. TV/VIDEO/VCR U. CURRENCY/NEGOTIABLE V. CREDIT CARD/NON-NEGOTIABLE W. BOAT MOTOR X. STRUCTURE Y. FARM EQUIPMENT Z. MISCELLANEOUS	STATUS CODE	2. RECOVERED 3. STOLEN AND RECOVERED 4. RECOVERED FOR OTHER 5. LOST RECOVERED	6. ABANDONED 7. SAFE KEEPING 8. EVIDENCE SEIZED 9. PROPERTY RELEASE	RECOVERY CODE	1. STOLEN LOCAL/RECOVERED LOCAL 2. STOLEN LOCAL/RECOVERED OTHER 3. STOLEN OTHER/RECOVERED LOCAL
	DRUG ACTIVITY	H. BUY I. CONSPIRACY J. DELIVER K. USE L. DISPENSE/DISTRIBUTE M. MANUFACTURE/PRODUCE/CULTIVATE N. POSSES O. SMUGGLE P. SELL Q. TRAFFIC R. UNKNOWN S. OTHER	DRUG TYPE	A. AMPHETAMINE B. BARBITURATE C. COCAINE D. CRACK E. HEROIN F. HALLOXOGEN G. MARIJUANA H. OPIUM/DERIVATIVE I. PARAPHERNALLIA/EQUIPMENT J. SYNTHETIC K. UNKNOWN L. OTHER	UNIT OF MEASUREMENT	1. GRAM 2. MILLIGRAM 3. KILOGRAM 4. OUNCE 5. POUND 6. TON 7. LITER 8. MILLILITER 9. DOSE UNIT/ITEM	
	CURRENCY CODE:	1. CRIMINAL - EVIDENTIARY VALUE 2. CRIMINAL - NO EVIDENTIARY VALUE 3. SEIZURE/FORFEITURE 4. LOST/RECOVERED 5. SAFE KEEPING 6. OTHER	DISPOSITION CODE:	1. HOLD FOR TRIAL 2. RETURN TO OWNER 3. DESTROY 4. PROCESS 5. OTHER			

Item	ITEM # 2	PROPERTY TYPE Z	VICTIM # 1	SUSPECT # -	STATUS CODE 8	RECOVERY CODE -	RECOVERY DATE 106307	RECOVERY/STREET VALUE \$
	DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
	SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS	REMOVED FCIC/NCIC ___ YES ___ NO	OPERATOR NAME/NUMBER	CURRENCY CODE	DISPOSITION	LOCKER #	
	DESCRIPTION 1 compact flash card (CS017)							

Item	ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
	DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
	SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS	REMOVED FCIC/NCIC ___ YES ___ NO	OPERATOR NAME/NUMBER	CURRENCY CODE	DISPOSITION	LOCKER #	
	DESCRIPTION							

Item	ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
	DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
	SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS	REMOVED FCIC/NCIC ___ YES ___ NO	OPERATOR NAME/NUMBER	CURRENCY CODE	DISPOSITION	LOCKER #	
	DESCRIPTION							

Item	ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
	DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
	SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS	REMOVED FCIC/NCIC ___ YES ___ NO	OPERATOR NAME/NUMBER	CURRENCY CODE	DISPOSITION	LOCKER #	
	DESCRIPTION							

Receipt	ITEM NUMBER(S)	RECEIVED FROM	RECOVERED BY (MEMBER SIGNATURE/NUMBER)	REGION/DISTRICT	DATE
			Tracy Stone 5267	CUICS	10-03-07

Property Use	PROPERTY CLERK (SIGNATURE)	ITEM NUMBER(S)	DATE	LOCATION
	WEAPONS LOG NUMBER	MONEY LOG NUMBER	NARCOTICS LOG NUMBER	
	LOCATION	LOCATION	LOCATION	
	ADDITIONAL COMMENTS AT4522 10/4/07			

REPORTING DEPUTY/AGENCY MEMBER (PRINT) Tracy Stone	MEMBER NUMBER 5267
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PROPERTY/EVIDENCE INSERT

INCIDENT NUMBER
2007-204904
RELATED INCIDENT NUMBER

Agency ORI Number FL 0530000 Polk County Bartow, FL

OFFENSE DESCRIPTION <i>Death Inv.</i>	VIC # 1	NAME [REDACTED]	SU/AR #	NAME
STATE STATUTE #	OFFENSE DATE 10-03-07	VIC #	NAME	SU/AR #
PERSON/LOCATION OBTAINED				

PROPERTY TYPE A. AUTO ACCESSORY/PARTS B. BICYCLE C. CAMERA/PHOTO EQUIPMENT D. DRUG E. EQUIPMENT/TOOLS F. FOOD/LIQUOR/CONSUMABLES G. GUN H. HOUSEHOLD APPLIANCES/GOODS I. PLANT/CITRUS J. JEWELRY/PRECIOUS METALS K. CLOTHING/FUR L. LIVESTOCK M. MUSICAL INSTRUMENT N. CONSTRUCTION MACHINERY O. OFFICE EQUIPMENT P. ART/COLLECTIBLES Q. COMPUTER EQUIPMENT R. RADIO/STEREO S. SPORTS EQUIPMENT T. TV/VIDEO/VCR U. CURRENCY/NEGOTIABLE V. CREDIT CARD/NON-NEGOTIABLE W. BOAT MOTOR X. STRUCTURE Y. FARM EQUIPMENT Z. MISCELLANEOUS	STATUS CODE 2. RECOVERED 3. STOLEN AND RECOVERED 4. RECOVERED FOR OTHER 5. LOST RECOVERED 6. ABANDONED 7. SAFE KEEPING 8. EVIDENCE SEIZED 9. PROPERTY RELEASE	RECOVERY CODE 1. STOLEN LOCAL/RECOVERED LOCAL 2. STOLEN LOCAL/RECOVERED OTHER 3. STOLEN OTHER/RECOVERED LOCAL
DRUG ACTIVITY B. BUY C. CONSPIRACY D. DELIVER E. USE K. DISPENSE/DISTRIBUTE M. MANUFACTURE/PRODUCE/CULTIVATE P. POSSESS R. SMUGGLE S. SELL T. TRAFFIC U. UNKNOWN Z. OTHER	DRUG TYPE A. AMPHETAMINE B. BARBITURATE C. COCAINE D. CRACK E. HEROIN H. HALLUCINOGEN M. MARIJUANA O. OPIUM/DERIVATIVE Z. OTHER P. PARAPHERNALIA/EQUIPMENT S. SYNTHETIC U. UNKNOWN Z. OTHER	UNIT OF MEASUREMENT 1. GRAM 2. MILLIGRAM 3. KILOGRAM 4. OUNCE 5. POUND 6. TON 7. LITER 8. MILLILITER 9. DOSE UNIT/ITEM
CURRENCY CODE: 1. CRIMINAL - EVIDENTIARY VALUE 2. CRIMINAL - NO EVIDENTIARY VALUE 3. SEIZURE/FORFEITURE 4. LOST/RECOVERED 5. SAFE KEEPING 6. OTHER		
DISPOSITION CODE: 1. HOLD FOR TRIAL 2. RETURN TO OWNER 3. DESTROY 4. PROCESS 5. OTHER		

ITEM # 19	PROPERTY TYPE Z	VICTIM #	SUSPECT #	STATUS CODE 8	RECOVERY CODE	RECOVERY DATE 10/03/07	RECOVERY/STREET VALUE
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC YES NO	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION
DESCRIPTION <i>victim's foot impressions / marque e 1032</i>							LOCKER #

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC YES NO	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION
DESCRIPTION							LOCKER #

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC YES NO	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION
DESCRIPTION							LOCKER #

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER	OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC YES NO	OPERATOR NAME/NUMBER		CURRENCY CODE	DISPOSITION
DESCRIPTION							LOCKER #

ITEM NUMBER(S)	RECEIVED FROM	RECOVERED BY (MEMBER SIGNATURE/NUMBER)	REGION/DISTRICT	DATE
		<i>Tracy Stone 5267</i>	<i>CW/CS</i>	<i>10-13-07</i>

PROPERTY CLERK (SIGNATURE)	ITEM NUMBER(S)	DATE	LOCATION
WEAPONS LOG NUMBER	MONEY LOG NUMBER	NARCOTICS LOG NUMBER	
LOCATION	LOCATION	LOCATION	
ADDITIONAL COMMENTS			

REPORTING DEPUTY/AGENCY MEMBER (PRINT) <i>Tracy Stone</i>	MEMBER NUMBER <i>5267</i>
--	------------------------------

10/15/07

Sheriff's



Office

FORM #9005 - Revised 08/25/03

**PROPERTY/EVIDENCE
INSERT**

INCIDENT NUMBER 2007-204904
RELATED INCIDENT NUMBER

Agency ORI Number **FL 0530000** Polk County Bartow, FL

Incident	OFFENSE DESCRIPTION Death Inv.	VIC #	NAME	SU/AR #	NAME
	STATE STATUTE #	OFFENSE DATE 10-03-07	VIC #	NAME	SU/AR #
	PERSON/LOCATION OBTAINED				

Codes	PROPERTY TYPE A. AUTO ACCESSORY/PARTS B. BICYCLE C. CAMERA/PHOTO EQUIPMENT D. DRUG E. EQUIPMENT/TOOLS F. FOOD/LIQUOR/CONSUMABLES G. GUN H. HOUSEHOLD APPLIANCES/GOODS I. PLANT/CITRUS J. JEWELRY/PRECIOUS METALS K. CLOTHING/FUR L. LIVESTOCK M. MUSICAL INSTRUMENT N. CONSTRUCTION MACHINERY O. OFFICE EQUIPMENT P. ART/COLLECTIBLES Q. COMPUTER EQUIPMENT R. RADIO/STEREO S. SPORTS EQUIPMENT T. TV/VIDEO/VCR U. CURRENCY/NEGOTIABLE V. CREDIT CARD/NON-NEGOTIABLE W. BOAT MOTOR X. STRUCTURE Y. FARM EQUIPMENT Z. MISCELLANEOUS	STATUS CODE 2. RECOVERED 3. STOLEN AND RECOVERED 4. RECOVERED FOR OTHER 5. LOST RECOVERED 6. ABANDONED 7. SAFE KEEPING 8. EVIDENCE/SEIZED 0. PROPERTY RELEASE	RECOVERY CODE 1. STOLEN LOCAL/RECOVERED LOCAL 2. STOLEN LOCAL/RECOVERED OTHER 3. STOLEN OTHER/RECOVERED LOCAL
	DRUG ACTIVITY B. BUY C. CONSPIRACY D. DELIVER E. USE K. DISPENSE/DISTRIBUTE M. MANUFACTURE/PRODUCE/CULTIVATE P. POSSESS R. SMUGGLE S. SELL T. TRAFFIC U. UNKNOWN Z. OTHER	DRUG TYPE A. AMPHETAMINE B. BARBITURATE C. COCAINE D. CRACK E. HEROIN H. HALLUCINOGEN M. MARIJUANA O. OPIUM/DERIVATIVE P. PARAPHERNALIA/EQUIPMENT S. SYNTHETIC U. UNKNOWN Z. OTHER	UNIT OF MEASUREMENT 1. GRAM 2. MILLIGRAM 3. KILOGRAM 4. OUNCE 5. POUND 6. TON 7. LITER 8. MILLILITER 9. DOSE UNIT/ITEM
	CURRENCY CODE: 1. CRIMINAL - EVIDENTIARY VALUE 2. CRIMINAL - NO EVIDENTIARY VALUE 3. SEIZURE/FORFEITURE 4. LOST/RECOVERED 5. SAFE KEEPING 6. OTHER		

DISPOSITION CODE: 1. HOLD FOR TRIAL 2. RETURN TO OWNER 3. DESTROY 4. PROCESS 5. OTHER							
ITEM # 20	PROPERTY TYPE K	VICTIM # 1	SUSPECT # -	STATUS CODE 8	RECOVERY CODE -	RECOVERY DATE 10/03/07	RECOVERY/STREET VALUE \$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER		OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC YES NO	OPERATOR NAME/NUMBER		CURRENCY CODE
DESCRIPTION Red oniesie (cut) / morgue e 0800							LOCKER #

ITEM # 21	PROPERTY TYPE E7	VICTIM # 1	SUSPECT # -	STATUS CODE 8	RECOVERY CODE -	RECOVERY DATE 10/03/07	RECOVERY/STREET VALUE \$
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER		OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC YES NO	OPERATOR NAME/NUMBER		CURRENCY CODE
DESCRIPTION 2 tubes (red & purple top) of victim's blood / morgue e 0952							LOCKER #

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER		OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC YES NO	OPERATOR NAME/NUMBER		CURRENCY CODE
DESCRIPTION							LOCKER #

ITEM #	PROPERTY TYPE	VICTIM #	SUSPECT #	STATUS CODE	RECOVERY CODE	RECOVERY DATE	RECOVERY/STREET VALUE
DRUG ACTIVITY	DRUG TYPE	QUANTITY	UNIT	COLOR	BRAND	MODEL NUMBER	
SERIAL NUMBER		OWNER APPLIED NUMBERS/MARKS		REMOVED FCIC/NCIC YES NO	OPERATOR NAME/NUMBER		CURRENCY CODE
DESCRIPTION							LOCKER #

ITEM NUMBER(S)	RECEIVED FROM	RECOVERED BY (MEMBER SIGNATURE/NUMBER)	REGION/DISTRICT	DATE
		<i>Tracy Stone 5267</i>	<i>culcs</i>	<i>10-12-07</i>

PROPERTY CLERK (SIGNATURE) <i>D. Barner 16108</i>	ITEM NUMBER(S) 20-21	DATE 10/15/07	LOCATION 815
WEAPONS LOG NUMBER	MONEY LOG NUMBER	NARCOTICS LOG NUMBER	
LOCATION	LOCATION	LOCATION	
ADDITIONAL COMMENTS			

REPORTING DEPUTY/AGENCY MEMBER (PRINT) <i>Tracy Stone</i>	MEMBER NUMBER 5267
---	------------------------------

RIGHTS AND CERTIFICATION INSERT

Sheriff's Polk County



Office Bartow, FL

FORM #9009 - Revised 01/22/03

Agency ORI Number FL05300000

INCIDENT NUMBER 2007-204904

Victim Notification

Pursuant to Section 960.001(1)(b), F.S., in the case of homicide, sexual offenses, attempted murder, stalking, or domestic violence, as a victim of the crime or appropriate next of kin of a homicide victim, you have the right to be notified or designate a person to be notified, of the defendant's release from incarceration.

Victim's Name _____ Mailing Address _____

City _____ Zip Code _____ Phone: Home _____ Work _____

Alternate Telephone # _____ Victim wants to be notified if the defendant is released ___ Yes ___ No

Victim Confidentiality

Section 119.07(3)(s), F.S., states; Any information not otherwise held confidential or exempt from the provisions of Section 119.07(1) which reveals the home or employment telephone number, home or employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence is exempt from the provisions of the Public Records Laws upon written request by the victim, which must include official verification that an applicable crime has occurred. Such information shall cease to be exempt five years after the receipt of the written request.

I request the Polk County Sheriff's Office exempt from public inspection, any and all records revealing my home or employment telephone, home or employment address, or any personal assets. I understand these records will be confidential and exempt from public inspection for five years from the date on this request.

Defendant's Name (Print) _____

Intake Referral

I understand a sworn statement from me is necessary in order to prosecute this case. I must contact the number provided to me within three working days, excluding holidays, for an appointment. Failure to contact the Region Intake Detective indicates I am no longer interested in prosecution. Failure to cooperate will result in the case being cleared pursuant to office procedure.

_____ NORTHWEST DISTRICT - 815-6515 _____ NORTHEAST DISTRICT - 297-1100

_____ SOUTHWEST DISTRICT - 499-2400 _____ SOUTHEAST DISTRICT - 534-6291

Waiver

I hereby request the POLK COUNTY SHERIFF'S OFFICE not to prosecute _____ regarding my complaint. I am satisfied with the manner in which the investigation was conducted and release the Sheriff's Office of any responsibility regarding this complaint. I request no further investigation be pursued.

Certification

Was the Victim's Right's Pamphlet given? ___ Yes ___ No

SIGNATURE OF VICTIM/WITNESS/NEXT OF KIN

Was the Domestic Violence Pamphlet given? ___ Yes ___ No

I swear or affirm this report is correct and true to the best of my knowledge and belief.

Signature of Deputy/Agency Member

10-13-07
Date

Sworn before me this 13 day of October 20 07

Notary/Law Enforcement Officer



MAY 08 2008

FORM #9002 - Revised 01/08/03

SUPPLEMENTAL
INSERT

Sheriff's
Polk County



Office
Bartow, FL

INCIDENT NUMBER 2007-204904
RELATED INCIDENT NUMBER ODCN 07-10-FA-466(M.E.)

Agency ORI Number FL05300000	CLEARANCE CODE 0 - OPEN 1 - ARREST 2 - EXCEPTIONAL 3 - UNFOUNDED 9 - CLOSED <input checked="" type="checkbox"/>	HATE CRIMES 1. VERIFIED 2. UNVERIFIED 3. UNFOUNDED 4. N/A	EXCEPTION TYPE 1 - EXTRADITION DECLINED 2 - ARREST ON PRIMARY/SECONDARY OFFENSE WITHOUT PROSECUTION 3 - DEATH OF OFFENDER	4 - V/W REFUSED TO COOPERATE 5 - PROSECUTION DECLINED 6 - JUVENILE/NO CUSTODY	ROUTE TO Records
---------------------------------	--	---	--	---	---------------------

REPORTING DEPUTY/AGENCY MEMBER DET. MATTHEW NEWBOLD	MEMBER # 5039	SUPERVISOR Sgt. S. Gammalolo (9/16/08)	MEMBER # 4471	REGION/DIVISION CRIMINAL INVEST	DISTRICT/BUREAU CRIMNL INVEST	SECTOR 40
--	------------------	--	------------------	------------------------------------	----------------------------------	--------------

VICTIM'S COMPLETE NAME

LAST DI MEO	FIRST BREANNA	MI GABRIEL	DATE/TIME OF REPORT 04/14/2008 / 14:36
----------------	------------------	---------------	---

STATE STATUTE NUMBER 8-7	OFFENSE DESCRIPTION DEATH INVESTIGATION
CHANGE TO	CHANGE TO

ADDITIONAL CHARGES:					
OFFENSE	TYPE	OFFENSE DESCRIPTION	ATTEMPT/COMD	STATE STATUTE NUMBER	NCIC/UCR CODE

NARRATIVE:

SUBJECTS INVOLVED:

W/F, DOB: 07/27/07, AGE: 2 MO.
[REDACTED]
(DECEDENT)

W/M, DOB: 05/02/83, AGE: 24
[REDACTED]
C- [REDACTED]
(DECEDENT'S FATHER)

W/F, DOB: 04/17/88, AGE: 19
[REDACTED]
(DECEDENT'S MOTHER)

INVESTIGATION:

I RECEIVED A COPY OF THE AUTOPSY PROTOCOL RELATED TO THIS CASE. THE PROTOCOL WAS COMPLETED BY DR. VERA VOLNIKH FROM THE MEDICAL EXAMINER'S OFFICE. I REVIEWED THE REPORT THAT INDICATED THE CAUSE OF THE DECEDENT'S DEATH WAS SEQUELAE OF SUFFOCATION, DUE TO ENTRAPMENT. THE MANNER OF DEATH WAS CLASSIFIED AS AN ACCIDENT.

CASE STATUS: CLOSED/ACCIDENT.

*Det Newbold
Mzyrusi*

OFFICE OF THE
DISTRICT MEDICAL EXAMINER

10TH JUDICIAL CIRCUIT OF FLORIDA
In & For Polk, Hardee and Highlands Counties



1021 JIM KEENE BOULEVARD
WINTER HAVEN, FLORIDA 33880-8010

(863) 298-4600
(863) 298-5264 FAX

AUTOPSY PROTOCOL

Name: [REDACTED]
Date/Time of Death: Tuesday, October 2, 2007
@ 10:00 AM
Date/Time of Autopsy: Wednesday, October 3, 2007
@ 9:00 AM

Case No.: 2007-10-FA-466
Age: 2m Sex: F Race: W
Law Enforcement Agency:
Polk County Sheriff's Office
(Case No. 07-204904)

AUTOPSY FINDINGS

1. Sequelae of Suffocation due to Entrapment
 - a. Anoxic/ischemic encephalopathy
 - b. Acute tubular necrosis
 - c. Acute myocardial necrosis
2. Well Developed and Well Nourished Female Infant

CAUSE OF DEATH: Sequelae of Suffocation
DUE TO: Entrapment
MANNER OF DEATH: Accident



Vera V. Volnikh, M.D.
Associate Medical Examiner

2/12

EXTERNAL EXAMINATION:

The body is that of a well nourished and well developed female infant. The body weight is 5350 grams and body length is 54 centimeters. The crown-to-rump length measures 40 centimeters. The chest circumference is 39 centimeters. The head circumference is 38.5 centimeters. The abdominal circumference is 39 centimeters. Lividity is posterior and unfixated. Rigor mortis is fully developed. The body is cool from refrigeration.

The scalp hair is brown and sparse. The left side of the forehead has a small pink contusion. The right occipital region of the scalp has a small 0.8 x 0.7 red-brown abrasion. The irides are gray. The conjunctivae have no petechiae. The ears and nose are unremarkable. The mouth is edentulous. The lips and the oral mucosa are atraumatic. The frenulae are intact. The neck is straight and free of external injuries.

The chest is symmetric. The abdomen is slightly protuberant and free of visible scars. The upper and lower extremities are normally developed and free of palpable fractures. The medial aspect of the right leg has small pink contusions. The superior aspect of the 5th left toe has pink pinpoint skin discoloration. The back is straight and free of external injuries. The genitalia are those of a normally developed female infant. The anus is unremarkable.

Therapy: A nasogastric tube is in the nose with its tip in the stomach. An orotracheal tube is in the mouth with its tip in the trachea. The left supraclavicular region has an intravascular catheter. The right antecubital fossa has needle marks. The posterior aspect of the right hand has an intravascular catheter. The posterior aspect of the left hand has needle marks surrounded by purple-blue contusion. The right and left inguinal regions have needle marks. The anterior aspects of the legs have intravascular catheters and needle marks. The left heel has needle marks. The urinary catheter is in the urethra with its tip in the bladder.

INTERNAL EXAMINATION:

Body Cavities: The body cavities have no liquid accumulations. The organs are normally situated, minimally congested and have no abnormal odors. The pneumothorax test is negative bilaterally.

Head: The scalp has no wounds except as indicated. The galea aponeurotica has no hemorrhages. The vault and the base of the skull have no fractures. The subdural, epidural and subarachnoid spaces are free of blood. The dura mater is intact. The brain weighs 460 grams and has symmetric cerebral and cerebellar hemispheres. The brain has evidence of anoxic/ischemic encephalopathy characterized by diffuse swelling, with flattening of the gyri and narrowing of the sulci. The brain parenchyma is diffusely softened and has diffuse ischemic changes characterized by dusky gray discoloration of the cerebral cortex with some areas of reperfusion. The cerebellar tonsils are herniated.

Medical Examiner Case No. 2007-10-FA-466

The midbrain is necrotic along the midline. The leptomeninges are thin. The cerebrospinal fluid is clear. The cerebral arteries and cranial nerves are unremarkable.

Neck: The cervical spine, the laryngeal cartilages, the hyoid bone, and the strap muscle of the neck have no injuries. The upper airways have no foreign material. The tongue has no contusions or nodules.

Cardiovascular: The aorta has no atherosclerosis. The venae cavae have no thrombi. The pulmonary trunk and arteries have no thromboemboli. The great vessels and the chambers of the heart are filled with dark red liquid and clotted blood. The heart weighs 30 grams. The epicardial surfaces are smooth and soft. The coronary arteries arise normally, distribute in a right dominant pattern and are patent. The valves are thin. The myocardial cut surfaces are dark red. The left ventricle and septum have patchy transmural hemorrhagic friable areas. The chambers of the heart are not dilated.

Pulmonary: The right lung weighs 55 grams and the left lung weighs 35 grams. The pleural membranes are thin. The cut surfaces are pink, crepitant and unremarkable. The bronchi and pulmonary arteries are patent.

Liver, Gallbladder and Pancreas: The liver weighs 200 grams. The capsule is thin. The cut surfaces are brown-red and have no cirrhosis. The gallbladder has liquid bile and no stones. The hepatoduodenal ligament has no fibrosis. The pancreas has tan lobulated parenchyma.

Hemic and Lymphatic: The spleen weighs 10 grams. The capsule is thin. The cut surfaces are dark red. The lymph nodes are not enlarged. The vertebral marrow is dark red. The palatine tonsils are small. The thymus has tan lobulated parenchyma. The thymus weighs 10 grams.

Genitourinary: The right kidney weighs 30 grams and the left kidney weighs 30 grams. The cortical surfaces are dark-red and smooth. The cut surfaces are maroon and have no grit. The ureters have no dilatation. The uterus, cervix, ovaries, fallopian tubes and vagina are unremarkable. The urinary bladder has a few milliliters of urine.

Endocrine: The pituitary, adrenal and thyroid glands have no nodules or hyperplasia.

Digestive: The esophagus, stomach and duodenum have no ulcers. The stomach has 1 milliliter of partially digested food. The small and large intestines are unremarkable.

Musculoskeletal: The ribs, sternum, spine, clavicle and pelvis have no recent fractures. The musculature is unremarkable. Full body radiograph showed no acute or healed fractures.

[REDACTED]
Medical Examiner Case No. 2007-10-FA-466

MICROSCOPIC EXAMINATION:

Heart: Acute ischemic changes characterized by necrotic myocytes surrounded by an interstitial hemorrhage.

Brain: Acute anoxic/ ischemic changes with moderate reperfusion.

Lungs: Denuded epithelium and cell debris.

Liver: Unremarkable.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal Glands: Unremarkable.

Thymus: Unremarkable.

Thyroid gland: Unremarkable.

Kidneys: Acute tubular necrosis.

Scalp: Unremarkable.

5/12

[REDACTED]
Medical Examiner Case No. 2007-10-FA-466

OPINION

The decedent was a well-developed and well-nourished 2-month-old female infant, who was found by her mother in the crib face down. The decedent's body and face were pressed against the padding of the crib and one arm was entrapped between the padding and the rail sides. Emergency medical personnel found her pulseless and apneic. She was resuscitated but developed anoxic/ischemic encephalopathy.

Autopsy reveals a well developed and well nourished female infant and confirmed anoxic/ischemic encephalopathy. Autopsy also reveals acute tubular necrosis and acute myocardial necrosis.

Antemortem serum toxicology is negative for volatiles. Postmortem blood toxicology is negative for volatiles and drugs. Postmortem bile toxicology is negative for volatiles.

Based on all information available to me at this time, it is my opinion that [REDACTED] died as a result of suffocation due to entrapment.

The manner of death is Accident.

6/12

- CONFIDENTIAL -

University of Florida Diagnostic Reference Laboratories
Department of Pathology and Laboratory Medicine
4800 SW 35th Drive
Gainesville, FL 32608
Phone: 352-265-9900 Fax: 352-265-9904

Page: 1 of 2

LAB NUMBER: R07-02356
NAME:
CASE NO: FA07-468
RECEIPT DATE: 10/09/2007

Forensic Toxicology Laboratory

SUBMITTER: Dr. Vera V. Volnikh, District 10 Medical Examiners Office (Polk), 1021 Jim Keene Blvd, Winter Haven, FL 33880-8010.

SPECIMENS RECEIVED:

- A. Blood - Postmortem
- B. Blood - Antemortem
- C. Serum - Antemortem, 10/1/07
- D. Urine - Antemortem, 10/1/07
- E. Bile
- F. Vitreous Humor
- G. Stomach Contents

RECEIVED

DEC 10 2007

DISTRICT 10
MEDICAL EXAMINER

	<u>Analyte</u>	<u>Qualitative Results</u>	<u>Quantitative Results</u>
--	----------------	----------------------------	-----------------------------

VOLATILES

A. Blood - Postmortem	None Detected
B. Blood - Antemortem	QNS
C. Serum - Antemortem	None Detected
D. Urine - Antemortem	QNS
E. Bile	None Detected

COMPREHENSIVE DRUG SCREEN

A. Blood - Postmortem	None Detected
B. Blood - Antemortem	QNS
C. Serum - Antemortem	QNS
D. Urine - Antemortem	QNS
E. Bile	See Note
	QNS

Note: Amphetamines, cocaine metabolite, opiates, cannabinoids and benzodiazepines - none detected (by immunoassay).

SPECIAL REQUESTS

F. Vitreous Humor	Glucose *	<8 mg/dL	*
	Urea Nitrogen *		36 mg/dL
	Creatinine *	<0.4 mg/dL	
	Sodium *		156 meq/L
	Potassium *		10.6 meq/L
	Chloride *		136 meq/L

* Test performed by Doctors Laboratory, Valdosta, GA

Report continued on page 2.

2/12

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Page: 2 of 2

LAB NUMBER: R07-02356
NAME:
CASE NO: FA07-466
RECEIPT DATE: 10/09/2007

Forensic Toxicology Laboratory

RESULT CERTIFICATION:

Results Certified by:

Bruce A. Goldberger
Bruce A. Goldberger, Ph.D., DABFT
Director of Toxicology & Professor
12/10/07 [0001, 0101]

R0702356 - 01/ BG
PRINTED: 12/10/07

RECEIVED
DEC 10 2007
DISTRICT 10
MEDICAL EXAMINE

2/12

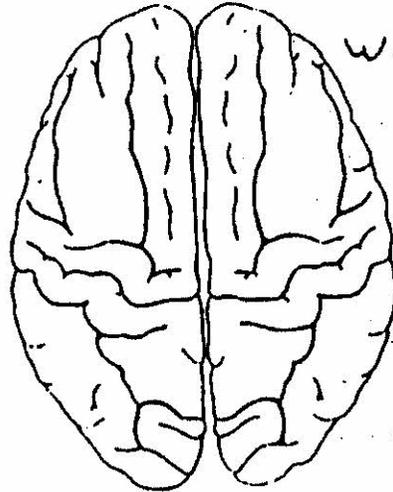
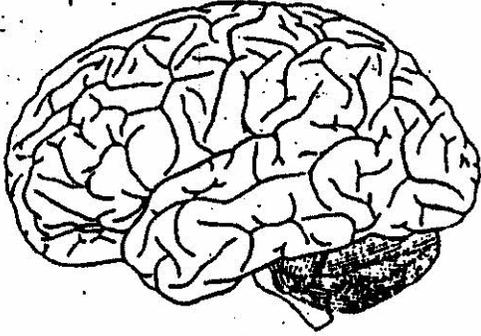
CASE NO. DZ-FA-466 NAME [REDACTED]

Spinal cord:
Left - compressed.

12/12/07

w - 460 gr.

12.5 mm

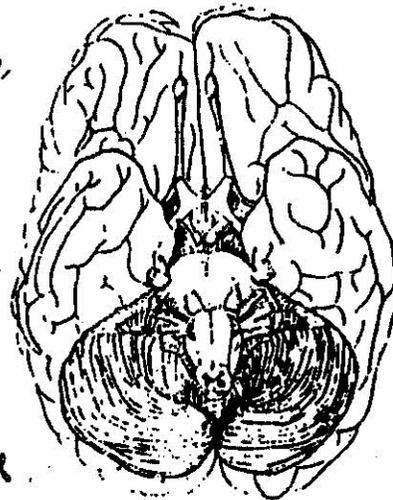
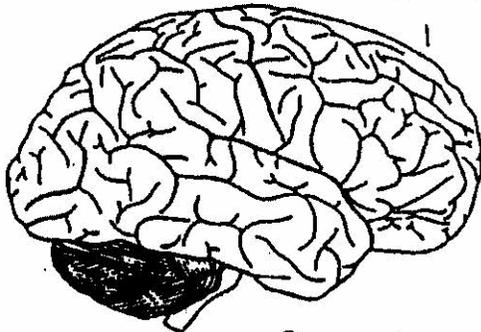


Necrosis of midbrain.

Brainstem infarct??

new
laminae
necrosis

Reperfusion injury; olives,
brainstem.



Post. cerebral artery infarct
w/ herniation.



FIGURE

9/12

PCSD. 07-204904
10/2/07 1000.

Infant, ventral, dorsal, and left and right lateral views

Name [REDACTED]

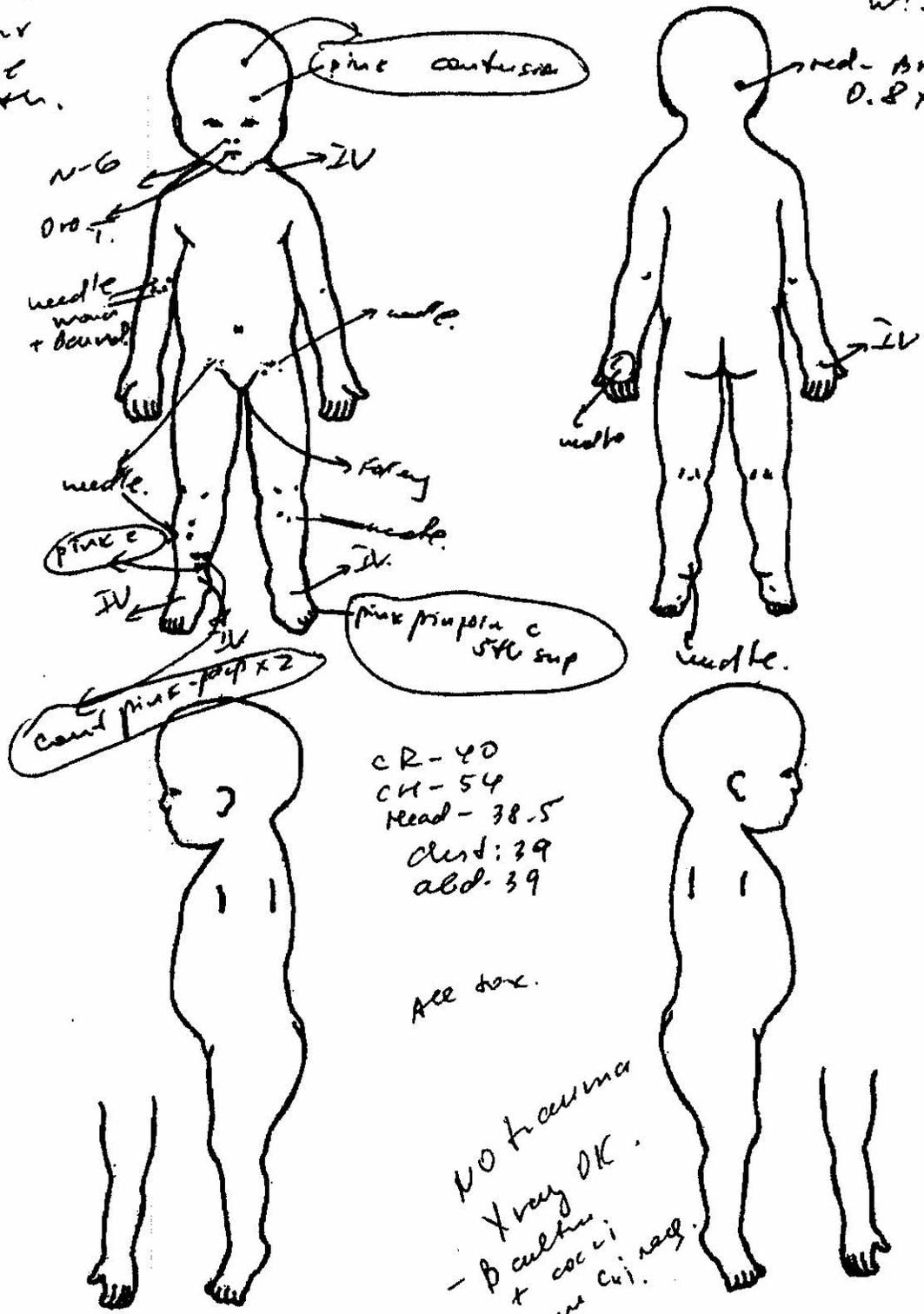
Autopsy No. 2007-10-FA-0486

Age 2 months Race Caucasian/White Sex Female
5 days

Date 10/03/07

Proneu lens
Gray eye
no teeth.

W: 5350



9⁰⁰ am.

CR-40
CH-54
Head-38.5
chest: 39
abd. 39

All dx.

NO trauma
Xray OK.
- P. culture + cocci
- urine cu.

10/12

INFANT AUTOPSY

NAME: [REDACTED] AUTOPSY # 2007-10-FA-0466

Age: 2 months Race: Caucasian/White Sex: Female DATE: 10/03/2007
5 days (13)

Wt: ~~4,450~~ 5350 Gm's Hair: brown
C.R. 40 Cm's Eye's: _____
C.H. 54 Cm's Teeth: _____
Head: 38.5 Cm's-Round
Chest: 39 Cm's-Round
Abd: 39 Cm's Round

Remarks

[Empty rectangular box for remarks]

u/12

RIGHTS AND CERTIFICATION INSERT

Sheriff's Polk County



Office Bartow, FL

FORM 0000 - Revised 01/23/03 INCIDENT NUMBER 2007-204904

Agency OBI Number FLO5300000

Victim Notification

Pursuant to Section 960.001(1)(b), F.S., in the case of homicide, sexual offenses, attempted murder, stalking, or domestic violence, as a victim of the crime or appropriate next of kin of a homicide victim, you have the right to be notified or designate a person to be notified, of the defendant's release from incarceration.

Victim's Name _____ Mailing Address _____

City _____ Zip Code _____ Phone: Home _____ Work _____

Alternate Telephone # _____ Victim wants to be notified if the defendant is released ___ Yes ___ No

Victim Confidentiality

Section 119.07(3)(s), F.S., states; Any information not otherwise held confidential or exempt from the provisions of Section 119.07(1) which reveals the home or employment telephone number, home or employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence is exempt from the provisions of the Public Records Laws upon written request by the victim, which must include official verification that an applicable crime has occurred. Such information shall cease to be exempt five years after the receipt of the written request.

I request the Polk County Sheriff's Office exempt from public inspection, any and all records revealing my home or employment telephone, home or employment address, or any personal assets. I understand these records will be confidential and exempt from public inspection for five years from the date on this request.

Defendant's Name (Print) _____

Intake Referral

I understand a sworn statement from me is necessary in order to prosecute this case. I must contact the number provided to me within three working days, excluding holidays, for an appointment. Failure to contact the Region Intake Detective indicates I am no longer interested in prosecution. Failure to cooperate will result in the case being cleared pursuant to office procedure.

___ NORTHWEST DISTRICT - 815-6515 ___ NORTHEAST DISTRICT - 297-1100
___ SOUTHWEST DISTRICT - 499-2400 ___ SOUTHEAST DISTRICT - 534-6291

Waiver

I hereby request the POLK COUNTY SHERIFF'S OFFICE not to prosecute _____ regarding my complaint. I am satisfied with the manner in which the investigation was conducted and release the Sheriff's Office of any responsibility regarding this complaint. I request no further investigation be pursued.

Certification

SIGNATURE OF VICTIM/WITNESS/NEXT OF KIN
I swear or affirm this report is correct and true to the best of my knowledge and belief.

Signature of Deputy Agency Member

Was the Victim's Right's Pamphlet given? ___ Yes ___ No

Was the Domestic Violence Pamphlet given? ___ Yes ___ No

4/14/08
Date

Sworn before me this 14 day of April 20 08

Deputy Law Enforcement Officer

IDENTIFICATION OF CONTACTS:

1. [REDACTED], victim's mother, [REDACTED] –
[REDACTED] 5 – contacted by telephone.
2. Detective Matthew Newbold, Polk County Sheriff's Office, 455 N. Broadway Avenue, Bartow, FL 33830 – (863) 534-6200.
3. Polk County Sheriff's Office, Records, 455 N. Broadway Avenue, Bartow, FL 33830 – contacted at Sheriff's Office.