

1. Task Number 090611HCC2690		2. Investigator's ID 8156		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 09 09	5. Date Initiated YR MO DAY 2009 06 16		
6. Synopsis of Accident or Complaint UPC . A 10 week old male infant was placed in a full sized crib to take a nap. He was found lying with his face wedged against the bumper pad and mattress lying on his side. He was unresponsive. He was taken to the hospital and pronounced dead due to asphyxia due to obstruction of the nose and mouth				
7. Location (Home, School, etc) 1 - HOME		8. City INVER GROVE HEIGHTS		9. State MN
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 UNKNOWN		11C. Model Number UNKNOWN	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 202	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 65 - Anoxia	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 14 / 4	
20. Attachment(s) 9 - Multiple Attachments	21. Case Source 02 - City/County/State Health Dept.		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 07/09/2009	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Edwards, Patricia			28. Source Document Number 0827026623	

CPSC'S PUBLIC RECORDS FOR PUBLIC
 STATES, TERRITORIES OR
 PRODUCTS IDENTIFIED
 REPORTED BY: SECTION
 INVESTIGATING ADMINISTRATIVE
 WITH PORTION'S REMOVED: _____

12/3/10
 3/2/09

090611HCC2690

Information included within this report was obtained during discussions with the police department and the medical examiner's office. A letter was sent to the victim's parents asking them to contact me about this incident. No response was received.

SUMMARY

The home involved in this incident is a single family one story structure.

Police officials said they were called to the home on 9-9-2008 at 2:18PM with a report that a 10 week old boy was not breathing. When they arrived they found the father outside the home on the grass performing CPR. The police officer started helping the father while he was performing CPR on the child. The father felt the airway was obstructed and struck the child on the back. Mucus came out of the child's mouth.

The paramedics arrived and took over emergency care for the child. The child was rushed to St. Paul Children's Hospital for treatment. He never recovered and was pronounced dead at the hospital at 2:53PM.

The Ramsey County Medical Examiner's Office performed an autopsy on the child. The report listed that the 10 week old male infant was found unresponsive lying with his face wedged against the bumper pad in his crib and the mattress. They listed the probable cause of death as asphyxia due to obstruction of the nose and mouth. The autopsy report is attached.

The father said they bottle fed the infant at about 1:00PM. He then put the infant down to sleep at about 1:15PM. He was placed on his back in a "C" shaped pillow that he called a "Boppy" pillow. He described it as a pillow designed to assist the parent while nursing or feeding an infant.

Shortly after 2:00PM they decided to go to the store. They went into the bedroom to check on the infant boy and wake him up. When they arrived the father said that the victim must have flipped over, or crawled over the "C" shaped "Boppy" pillow as he was on his side with face wedged against the padded bumper pad and mattress. He was lying on top of the comforter inside the crib.

The victim wasn't breathing and they called 9-1-1. They then took the victim outside the house and began CPR. This is when police officials arrived at their home.

Police said there were numerous items inside the crib including the "C" shaped pillow, comforter, crib pads, sheet, mattress pad, book, clock, 2 bottles with liquid, pacifier and hanging comforter pad. Please see the attached photographs. These items were collected by police officials. They have been returned to the family.

PRODUCT IDENTIFICATION

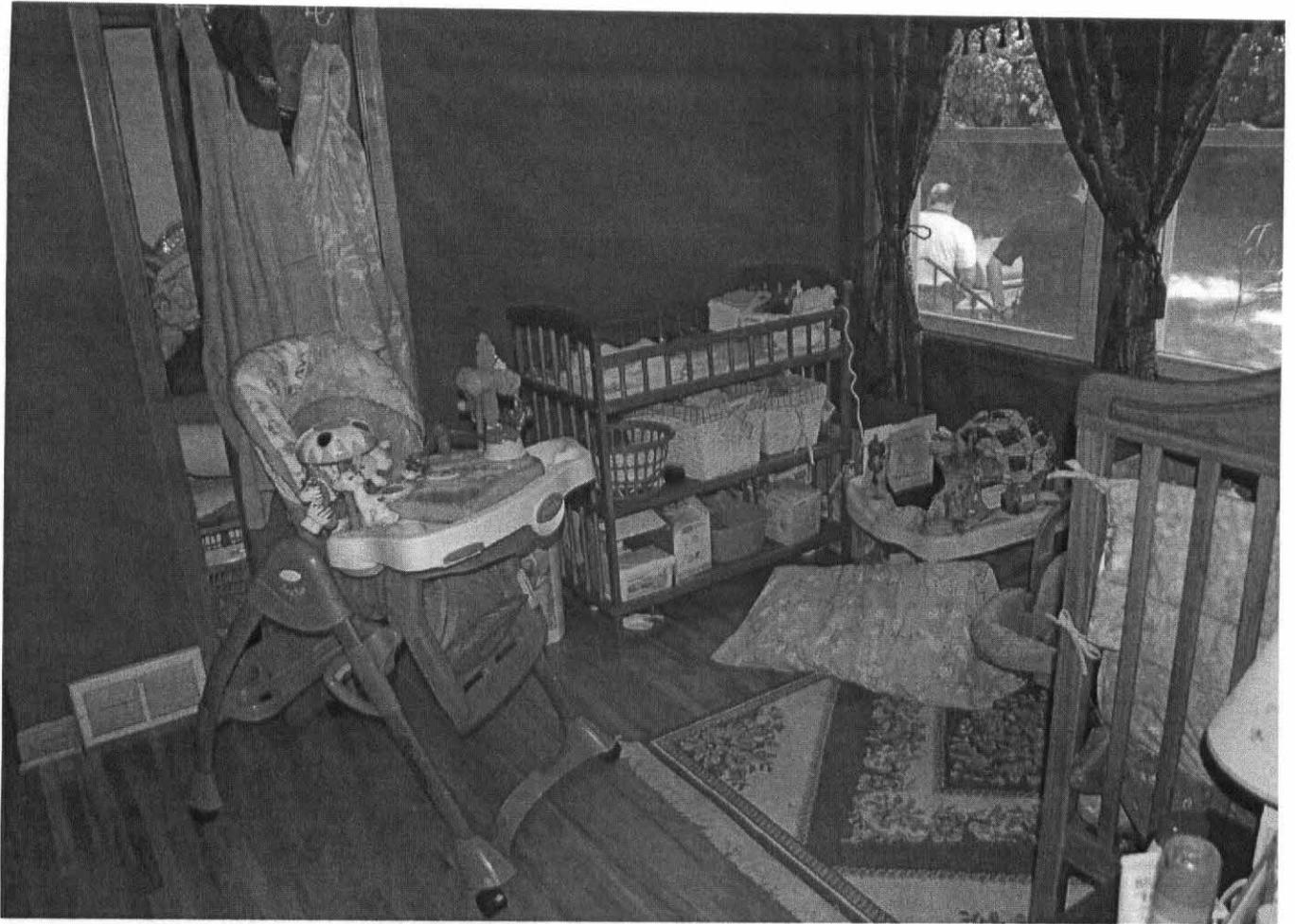
There was no identification collected on the full sized crib involved in this incident.

There also wasn't any identification collected on the bumper pad, "C" shaped "Bobby Pillow" or any other items found in the crib.

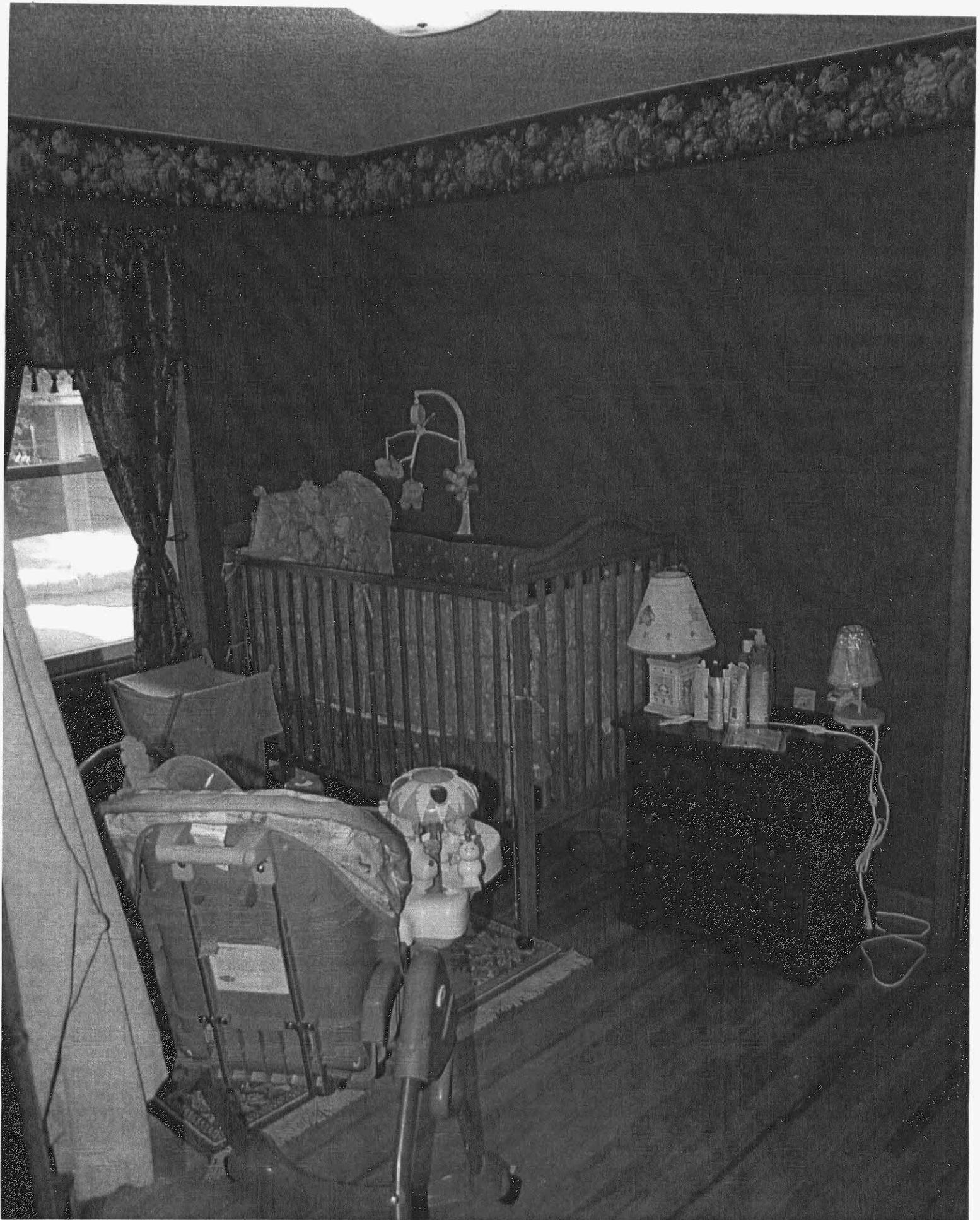
ATTACHMENTS

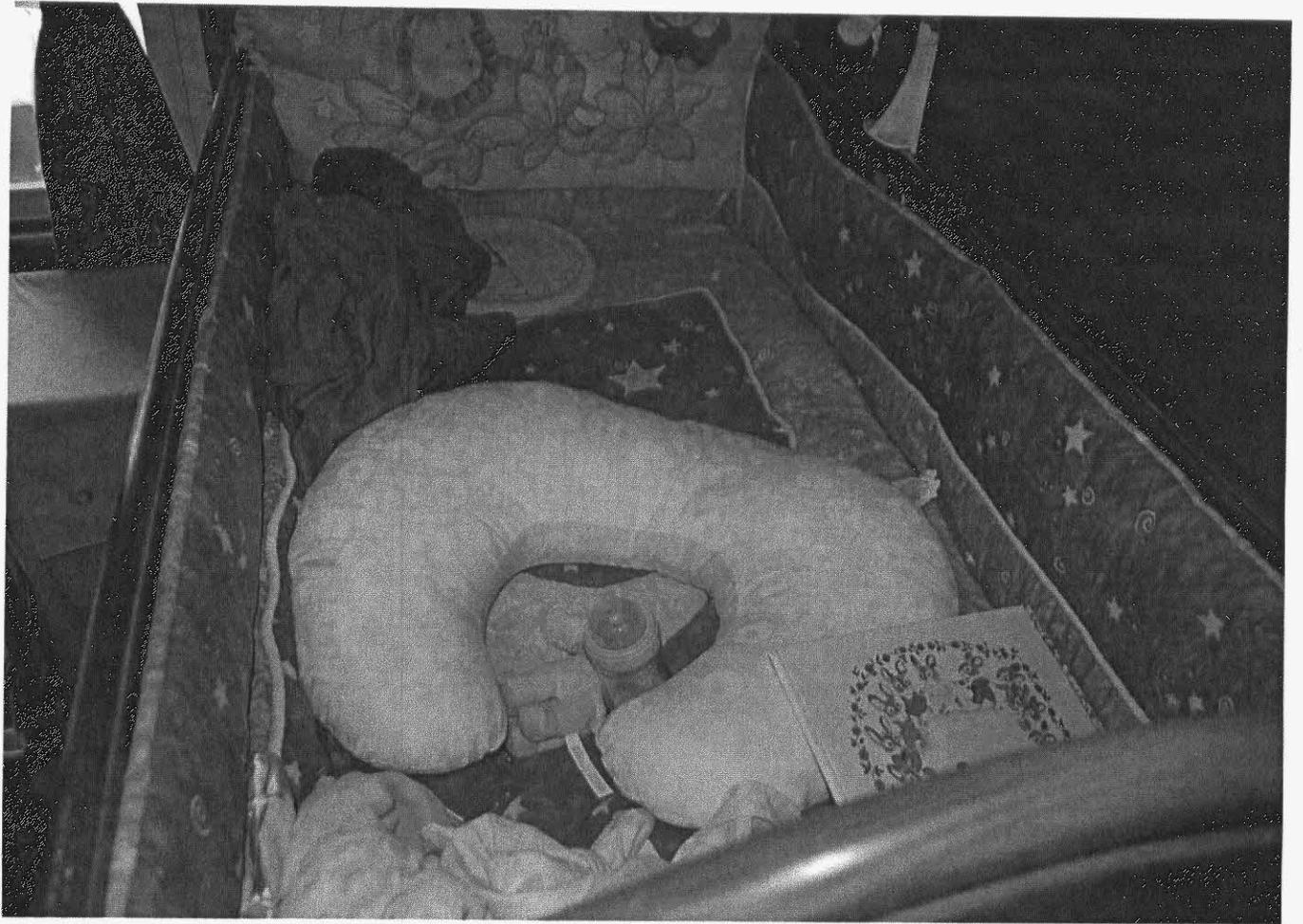
1. Photographs taken by the Police Department
2. Police Report (Including Minnesota Infant Death Investigation Form)
3. Ramsey County ME Report
4. Data Sheet for Infant Suffocations
5. Contact List



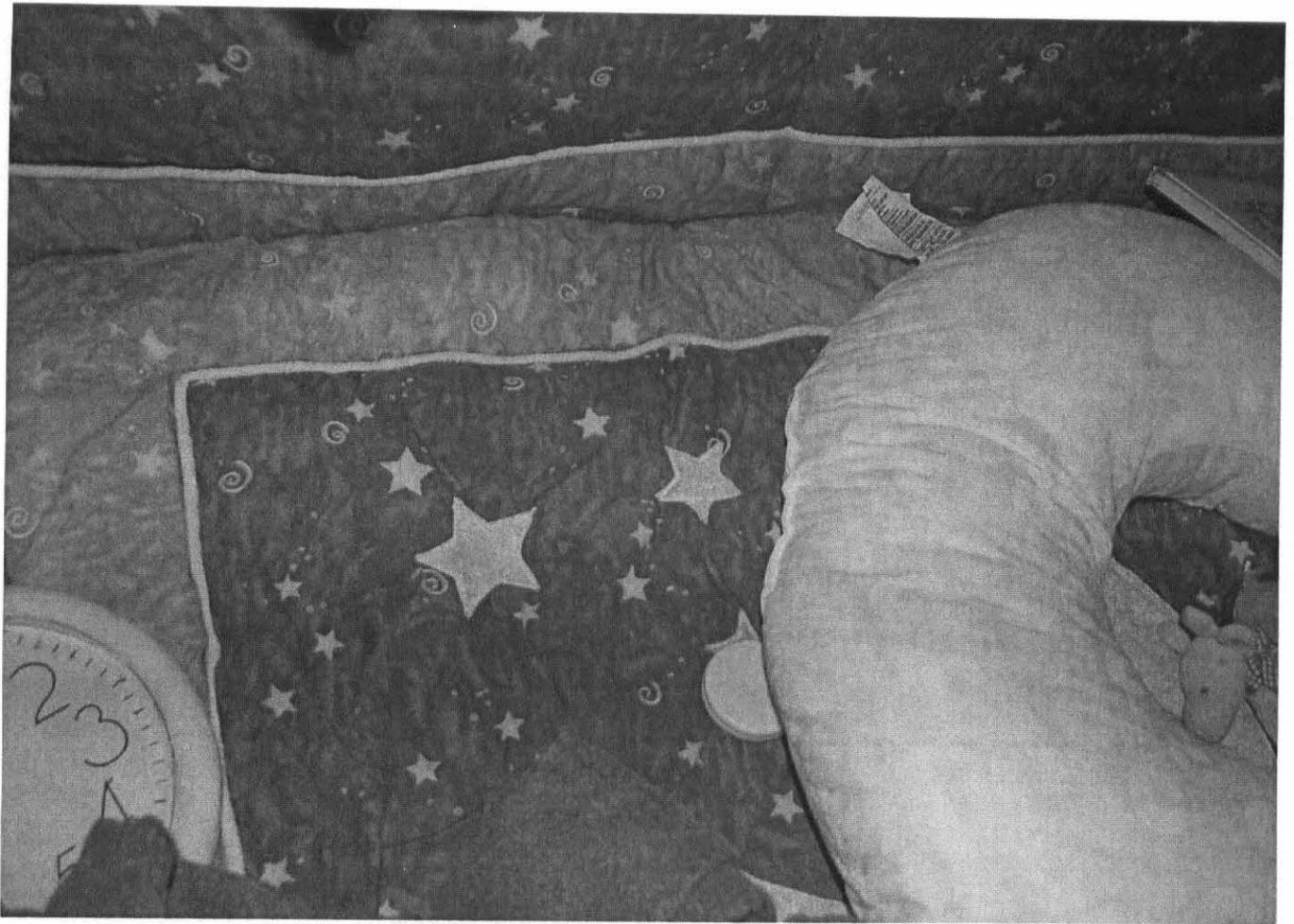














100

Inver Grove Heights
How Initiated: Dispatch
Investigation Needed: Yes

INCIDENT

Case Number: 08003302
Title: DEATH INVESTIGATION
Disposition: Active/Pending

08003302

OFFICER INFORMATION

Name	Badge	Type
Patrick J Sloan	3622	Primary
Gregory Olson	3606	Supervisor
Allison Bina	3620	Investigator
Corey Thomas	3628	Investigator
Terry Kelley	3623	Investigator
Paul Schnepf	3634	Assisting
Justin Parranto	3638	Assisting

EVENT DATES

Event Type	Date/Time
Reported	2008-09-09 14:11
On Scene	2008-09-09 14:11
Cleared	2008-09-09 14:53

INCIDENT DETAILS

Address: [REDACTED]
 Location Type: RESIDENCE/HOME
 Location Description: PRIVATE RESIDENCE
 Start Date: 2008-09-09 14:11 End Date: 2008-09-09 14:53

Parties Involved

PERSON 001

Role(s): Victim
 Last: [REDACTED] First: [REDACTED] Middle: [REDACTED] Suffix:
 Date of Birth: 2008-06-29 Age: 0 Is Juvenile: Yes
 Residence: [REDACTED]
 Residence Type: RESIDENCE/HOME
 Residence Description: PRIVATE RESIDENCE
 Home Phone: [REDACTED] Description:
 Sex: Male Height: Weight: Hair: Eyes:

PERSON 002

Incident Report

Joh 3/2/09

Kelley

9/11/08

Inver Grove Heights
How Initiated: Dispatch
Investigation Needed: Yes

INCIDENT

Case Number: 08003302
Title: DEATH INVESTIGATION
Disposition: Active/Pending

08003302

Role(s): ReportingPerson

Last: [REDACTED] First: [REDACTED] Middle: [REDACTED] Suffix:

Date of Birth: 1965-09-27 Age: 42 Is Juvenile: No

Residence: [REDACTED]

Residence Type: RESIDENCE/HOME

Residence Description: PRIVATE RESIDENCE

Home Phone: [REDACTED] Description:

Cell Phone: [REDACTED] Description:

Sex: Male Height: Weight: Hair: Eyes:

PERSON 003

Role(s): ReportingPerson

Last: [REDACTED] First: [REDACTED] Middle: [REDACTED] Suffix:

Date of Birth: 1986-02-11 Age: 22 Is Juvenile: No

Residence: ; Inver Grove Heights, MN 55077 US

Sex: Female Height: Weight: Hair: Eyes:

Race: Asian Ethnicity: Build: Complexion:

NARRATIVE

I was dispatched [REDACTED] on an infant not breathing. I had just cleared a walk thru at Walgreens on [REDACTED] when the call came out over dispatch.

Upon my arrival, I found [REDACTED] administering CPR to a 3 month old male. The male was pale and there was mucus coming from the infants mouth. The infant was dressed in a white onesy and a diaper. I assisted [REDACTED] in giving the male compressions while he gave breaths. [REDACTED] stated he believed the infant's airway was obstructed. [REDACTED] administered back blows to the infant and more mucus came out of the infant's mouth. I continued administering compressions to the infant as I instructed [REDACTED] to administer mouth to mouth breathing as [REDACTED] stated he was the father of the infant later identified by [REDACTED] as [REDACTED], date of birth, 6-29-2008.

Health East Medics and IGH FD Rescue arrived and took over the emergency care for [REDACTED] and the mother, who identified herself as [REDACTED] began talking to Daniel Bernardy from IGHFD Rescue. From his conversation with the couple, I over heard the couple stating that Curtis had no previous medical problems.

I walked into the infant's room where I found the crib. [REDACTED] told me he works overnights and [REDACTED] was sleeping on a "Boppy Pillow". A "Boppy Pillow" is a pillow that is curved in a "C" shape that women use to assist in nursing an infant. He, [REDACTED] and their other 4 year old son, were going to go to the grocery store when they went to wake up [REDACTED] found that he had flipped over, crawled up over the "Boppy Pillow" and his face was against the padded bumpers and the

Incident Report

Inver Grove Heights
How Initiated: Dispatch
Investigation Needed: Yes

INCIDENT

Case Number: 08003302
Title: DEATH INVESTIGATION
Disposition: Active/Pending

08003302

mattress that were in the crib. [REDACTED] stated [REDACTED] was not breathing and they were going to transport him to the hospital themselves, but then called 911 and started CPR in the back yard where I found them when I arrived.

Investigators, Kelley, Thomas, and Bina arrived on the scene. Thoms photographed the scene. [REDACTED] asked [REDACTED] if he cared if we took the bedding from the crib and [REDACTED] said, "Take what you need".

Healtheast transported the infant and the family followed in their car.

The Investigators took the bedding as evidence left a receipt, and locked up the house.

As of the time of this report, the status of the infant [REDACTED] was unknown.

Incident Report

Inver Grove Heights
How Initiated: Dispatch
Investigation Needed: Yes

SUPPLEMENT

Case Number: 08003302
Title: Death Investigation
Disposition: Active/Pending

08003302

OFFICER INFORMATION

Name	Badge	Type
Terry Kelley	3623	Investigator

EVENT DATES

Event Type	Date/Time
Reported	2008-09-09 14:18
On Scene	2008-09-09 14:18
Cleared	2008-09-09 14:53

INCIDENT DETAILS

Address: [REDACTED]
Location Type: RESIDENCE/HOME
Location Description: PRIVATE RESIDENCE
Start Date: 2008-09-09 14:11 End Date: 2008-09-09 14:53

PROPERTY INFORMATION

ID: 23-1 Associated with:
Description: blue crib bumper
Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-2 Associated with:
Description: blue comforter
Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-3 Associated with:
Description: U shaped pillow
Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-4 Associated with:
Description: blue crib sheet

Sgt Olsen
9.9.08

Supplement Report

Inver Grove Heights
How Initiated: Dispatch
Investigation Needed: Yes

SUPPLEMENT

Case Number: 08003302
Title: Death Investigation
Disposition: Active/Pending

08003302

Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-5 Associated with:

Description: white mattress pad

Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-6 Associated with:

Description: book

Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-7 Associated with:

Description: clock

Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-8 Associated with:

Description: blue baby bottle and liquid contents

Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-9 Associated with:

Description: purple baby bottle and liquid contents

Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:
Serial Number: Owner Applied Number:

ID: 23-10 Associated with:

Description: large picture bumper

Quantity: Unit Price: Value: Seized: No Forfeiture: No
Brand Name: Model: Code: evidence Color:

Supplement Report

Inver Grove Heights
How Initiated: Dispatch
Investigation Needed: Yes

SUPPLEMENT

Case Number: 08003302
Title: Death Investigation
Disposition: Active/Pending

08003302

Serial Number: _____ Owner Applied Number: _____

ID: 23-11 Associated with:

Description: small white blanket

Quantity: Unit Price: Value: Seized: No Forfeiture: No

Brand Name: Model: Code: evidence Color:

Serial Number: _____ Owner Applied Number: _____

ID: 23-12 Associated with:

Description: green and white blanket

Quantity: Unit Price: Value: Seized: No Forfeiture: No

Brand Name: Model: Code: evidence Color:

Serial Number: _____ Owner Applied Number: _____

ID: 23-13 Associated with:

Description: yellow giraffe

Quantity: Unit Price: Value: Seized: No Forfeiture: No

Brand Name: Model: Code: evidence Color:

Serial Number: _____ Owner Applied Number: _____

ID: 23-14 Associated with:

Description: white and blue onesie

Quantity: Unit Price: Value: Seized: No Forfeiture: No

Brand Name: Model: Code: evidence Color:

Serial Number: _____ Owner Applied Number: _____

ID: 23-15 Associated with:

Description: blue blanket

Quantity: Unit Price: Value: Seized: No Forfeiture: No

Brand Name: Model: Code: evidence Color:

Serial Number: _____ Owner Applied Number: _____

ID: 23-16 Associated with:

Description: gray robe

Quantity: Unit Price: Value: Seized: No Forfeiture: No

Brand Name: Model: Code: evidence Color:

Serial Number: _____ Owner Applied Number: _____

Supplement Report

Inver Grove Heights
How Initiated: Dispatch
Investigation Needed: Yes

SUPPLEMENT

Case Number: 08003302
Title: Death Investigation
Disposition: Active/Pending

08003302

ID: 23-17 **Associated with:**
Description: pacifier
Quantity: **Unit Price:** **Value:** **Seized:** No **Forfeiture:** No
Brand Name: **Model:** **Code:** evidence **Color:**
Serial Number: **Owner Applied Number:**

ID: 23-18 **Associated with:**
Description: rattle
Quantity: **Unit Price:** **Value:** **Seized:** No **Forfeiture:** No
Brand Name: **Model:** **Code:** evidence **Color:**
Serial Number: **Owner Applied Number:**

NARRATIVE

I responded to a medical. Officer Sloan had aird information that the victim was an infant who was not breathing. I arrived with Investigator Thomas. Officers Sloan, Schnepf, and Parranto were already on scene. Healtheast Ambulance and IGH Fire Rescue were also on scene providing medical care to the victim. IGH Fire Bernardy was speaking to the mom and dad of the victim. I later found out from him that the parents told him they had fed the baby a bottle at approximately 1300 hours and put it down in it's crib for a nap at approximately 1315.

Officer Schnepf showed me the crib where the parents said the baby had been sleeping. He advised that the parents said they found the baby on its side with its mouth up against the bumper almost wedged between the mattress and the bumper. Investigator Thomas began taking pictures while I went outside to check on the ongoing medical treatment. When I went back in, Investigator Thomas told me that he had been given permission to take the bedding from the crib by the victims father.

I brought in bags from my car and bagged up the items. After the ambulance left for the hospital, the parents were going to leave as well. The father of the victim asked how long we were going to be there (at the house). I told him we would be leaving shortly after we collect the contents of the crib. He said okay and left.

I transported the bags containing the crib contents back to the IGHPD. I labeled them and gave them to Investigator Thomas who placed them directly into the evidence room.

This case is pending the results of the child's medical disposition or if applicable, the autopsy.

Supplement Report

STATE OF MINNESOTA, COUNTY OF Dakota COURT

RECEIPT, INVENTORY AND RETURN

I, _____, ~~received the attached search warrant~~
issued by the Honorable _____, on _____, _____, and have
executed it as follows:

Pursuant to said warrant, on _____, _____, at _____ o'clock __ m., I
~~searched the (premises) (motor vehicle) (person) described in said warrant, and left a true and correct copy of said~~
~~warrant~~
~~(with) (in) (at)~~

I took into custody the property and things listed below: (attach and identify additional sheet if necessary)

- ① comforter
- ② crib bumpers
- ③ U shaped pillow
- ④ crib sheet
- ⑤ mattress pad
- ⑥ books
- ⑦ clock
- ⑧ 2 bottles w/liquid
- ⑨ pacifier
- ⑩ hanging comforter pad

0800 3302

Items taken

Investigator Kelley 3623

Strike when appropriate:

- I left a receipt for the property and things listed above with a copy of the warrant.
- None of the items set forth in the search warrant were found.
- I shall (retain) or (deliver) custody of said property as directed by Court Order.

I, _____, being first duly sworn, upon oath,
depose and say that I have read the foregoing receipt, inventory and return and the matters stated
are true and correct, except as to such matters stated therein on information and belief, and as to
those, I believe them to be true.

Subscribed and sworn to before me this _____ day of _____,

Notary Public _____ County, Minn.

My commission expires _____

Signature

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # CPCC 3302

YOUR NAME (print) P.J. Sloan Title: POLICE OFFICER

Agency: INNER GROVE HTS POLICE County: DAKOTA Phone #: (651) 412-2525

Signature: [Signature] Date: 9-9-08

NAME OF INFANT: [Redacted] Age: 3 mo Gender: MALE

MOTHER/FEMALE GUARDIAN: [Redacted] (2-11-86)

FATHER/MALE GUARDIAN: [Redacted] (9-27-65)

OTHER CARETAKER(S): N/A Relationship: N/A

HOME ADDRESS (address, facility, city & county): [Redacted]

PHONE: [Redacted]

GUARDIAN(S) PREFERRED LANGUAGE: ENGLISH

(If needed) INTERPRETER NAME: N/A

INTERPRETER'S TELEPHONE NUMBER: (N/A)

SCENE:

1. Geographic setting of dwelling/location where the body was found (as compared to other dwellings nearby):
SINGLE FAMILY RAMBLER STYLE HOUSE - BACKYARD

2. Location of the body when first seen by EMS (crib, bed, car seat, floor or sofa **and** in which room):
ON THE GRASS, BEING ADMINISTERED CPR

3. Position of the body when first seen by EMS (on left/right side, stomach, back **and** facing up, down, side):
ON THE BACK BEING ADMINISTERED CPR

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

EMERGENCY MEDICAL SERVICES

Case # CF-3302

4. Condition of the body when first seen by EMS:

Temperature: cold to touch _____ warmer than room temperature X

Flexibility: rigid/stiff _____ flexible X

Discoloration: No _____ Yes X If yes, color and where located: _____

PALE IN COLOR

Is discoloration consistent with position of body when first seen by EMS? _____

N/A-

Other, Describe: _____

Injuries, Describe: (location, size, color) UNKNOWN!

5. Activity of infant when first seen by EMS:

Breathing? No X Yes _____

Conscious? No X Yes _____

Moving? No X Yes _____ (describe) _____

6. Presence of any of the following where the body was found (either dried or fresh):

Blood: No X Yes _____

Vomit: No _____ Yes X

Urine: No X Yes _____

Feces: No X Yes _____

7. Presence of any of the following on the body?

Frothy discharge from nose or mouth: No X Yes _____

Clear or bloody discharge from ear(s): No X Yes _____

Other body secretions, Describe: _____

8. Condition, surface and contents of the bed, crib, sofa, car seat, bathtub, or other place where body was found: [Include and retain anything that could have been in contact with infant or obstructed the nose or mouth (crib, plastic bag, curtain, tissues, pillow, blanket, feeding bottle, pacifier, stuffed animal, other toys).]

"BOPPY" PILLLOW IN CRIB, BLANKET, "BUMPER" ALONG SIDES OF THE CRIB, COMFORTER,

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

EMERGENCY MEDICAL SERVICES

IMMEDIATE HISTORY:

1. Who has been in contact with the child in last 48 hours?

Name:	Relationship:	Day/Date/Time:
MOTHER + FATHER		9-9-08 - 1200
4 YEAR OLD SIBLING (UNKNOWN NAME)		

2. Last seen alive:

By whom? Name: [REDACTED] Relationship: FATHER Day/Date/Time: _____
Location & Position: IN THE CREEP AGAINST BLUNDER
How body looked: UNK
What was infant doing when found? SLEEPING.
Source of information: FATHER Phone: () _____

3. Actions taken by any caretaker or other person (not by a first responder) when found: [Include if infant was picked up, shaken, pinched, if CPR or another form of resuscitation was attempted, if anything was added to or removed from the body or scene, if any articles of clothing were removed.]

By whom? Name: [REDACTED] Relationship: FATHER Day/Date/Time: 9-9-08
Action(s) taken: CPR.
Reason(s) given: NOT BREATHING.
Source of information: _____ Phone: () _____

4. Other significant circumstances or information related to the scene, body, or history: [Include anything unusual or that might need to be followed-up by the investigator, coroner/medical examiner such as; prescription or over the counter medications taken, alcohol or drugs used by caregiver, excessive fatigue of caregiver etc...]

UNKNOWN

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

5. Action(s) taken by EMS at the scene: CPR - MEDICS / RESCUE ON SCENE.

6. Pronounced: No Yes
If yes, by whom? _____ Phone #: (____) _____

7. Transported: No Yes
If yes, to which hospital or urgent care center? St. Paul Childrens
ER/urgent care personnel: UNK. Phone #: (____) _____

8. Action(s) taken by EMS during transportation: UNK

When completed, copy form (& all attachments) for your agency files. Forward the original to M.E./Coroner.

Law Enforcement & Medical Examiner/Coroner Investigator Checklist

At the Scene

- Make death scene as big as it needs to be.
- Document everything; color photos of the complete scene are recommended. Videotaping may be useful for documentation.
- Retain all significant items (see #11 on the third page of the attached form). **These items may hold emotional significance to the family, so return when no longer needed.**
- If law enforcement must leave the scene, for example to accompany or assist emergency personnel, direct adults at the scene not to remove any furniture or bedding from the scene, do not wash bedding or clothing related to the child's death.
- A retrospective visit to the scene will be needed if the infant was transported. Obtain consent or search warrant if necessary.

Witnesses

- The sources for information should come from those with first-hand knowledge of the events surrounding the incident. If language or culture are barriers, make sure you are assisted by a trained and experienced interpreter.
- Interview all adults, care-givers, and older children at the scene and/or in the household.
- Obtain signed medical release if possible. (See Appendix 3 for suggested medical release form.)

Attachments to the Minnesota Infant Death Form or Department Procedures

- Document everything, including all correspondence, verbal or written with any other agency.
- Complete departmental standard investigation form used by your agency. Complete all demographic, technical, historical and disposition information on the investigation form.
- Obtain copies of 911 tapes, ambulance run sheets, law enforcement reports, and emergency room reports.

In General

- Complete infant death scene investigation form in **ink**. Send copy to medical examiner or coroner.
- Have a resource list at your disposal, including the BCA, county attorney, medical examiner/coroner, grief support organizations and other relevant agencies.

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # 05-3302

YOUR NAME (print) D.J. Sloan Title: POLICE OFFICER
Agency: Inver Grove Heights Police County: DAKOTA Phone #: (651) 452-2525
Signature: [Signature] Date: 9-9-08

NAME OF INFANT: [REDACTED] Date of Death: _____
Place of Death (address, facility, city & county): _____
Gender: Male: X Female: _____ Age: Months: 3 Days: _____ Date of Birth: 6-29-2008
Place of Birth (address, facility, city & county): _____

NAME OF MOTHER/FEMALE GUARDIAN: [REDACTED]
Relationship: MOTHER Age: _____ Date of Birth: 2-11-1986
Phone #: Evenings: (____) _____ Days: [REDACTED] Pager/Cellular #: (____) _____
Current Address: [REDACTED]
Length of Time at This Address: Years: _____ Months: _____ Date Moved: _____
Last Address: _____
Length of Time at This Address: Years: _____ Months: _____ Date Moved: _____
Current Employer: _____ Employer Address: _____

NAME OF FATHER/MALE GUARDIAN: [REDACTED]
Relationship: FATHER Age: 42 Date of Birth: 9-27-65
Phone #: Evenings: (____) _____ Days: (____) _____ Pager/Cellular #: [REDACTED]
Current Address: [REDACTED]
Length of Time at This Address: Years: _____ Months: _____ Date Moved: _____
Last Address: _____
Length of Time at This Address: Years: _____ Months: _____ Date Moved: _____
Current Employer: _____ Employer Address: _____

Name of all caregivers, i.e., live-in partners, babysitters, etc., for the past 30 days: _____

GUARDIAN(S) PREFERRED LANGUAGE: _____
(If needed) INTERPRETER NAME: _____
INTERPRETER TELEPHONE NUMBER: (____) _____

SCENE:

1. Geographic setting of dwelling/location where the body was found (as compared to other dwellings nearby):
SINGLE FAMILY HOME

LAW ENFORCEMENT & M.E. / CORONER INVESTIGATOR

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

2. Location of the body when first seen by officer (crib, bed, car seat, floor or sofa and in which room): _____

OUTSIDE ON THE GRASS

3. Position of the body when first seen by officer (on left/right side, stomach, back and facing up, down, side): _____

ON BACK

4. Condition of the body when first seen by officer:

Temperature: cold to touch _____ warmer than room temperature X

Flexibility: rigid/stiff _____ flexible X

Discoloration: No _____ Yes X If yes, color and where located: FACE -

Is discoloration consistent with position of body when first seen by investigator? _____

Other, Describe: _____

5. Activity of infant when first seen by Law Enforcement:

Breathing? No X Yes _____

Conscious? No X Yes _____

Moving? No X Yes _____ (describe) _____

6. Baby Diagram

If present, indicate the following on the diagram.

If not present, enter "None."

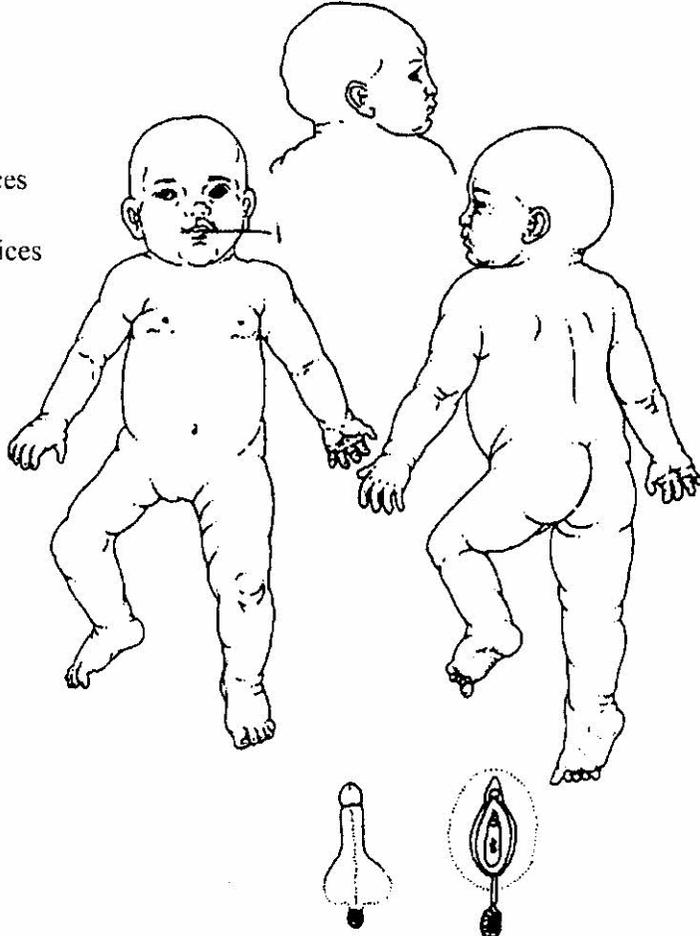
None Drainage or discharge from body or orifices

None Marks or bruises

None Location of diagnostic or therapeutic devices

None Pale pressure mark areas

None Predominate areas of lividity



LAW ENFORCEMENT & M.E. / CORONER INVESTIGATOR

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

7. Type and condition of clothing worn by infant: (including wet, dry, torn, food particles or stains, etc.)

WHITE COLORED ONESIE

Note: Send clothing with body to medical examiner/coroner.

8. Condition of diaper/underpants: (soiled, wet, dry) UNKNOWN AT SCENE

Note: Send diaper/underpants with body to medical examiner/coroner.

9. Presence of any of the following where the body was found (either dried or fresh):

Blood: No [X] Yes _____

Vomit: No _____ Yes [X]

Urine: No [X] Yes _____

Feces: No [X] Yes _____

Other: (describe) _____

10. Presence of any of the following where the death occurred if different than where found.

Blood: No [X] Yes _____

Vomit: No [X] Yes _____

Urine: No [X] Yes _____

Feces: No [X] Yes _____

Other: (describe) _____

11. Condition, surface and contents of the bed, crib, sofa, car seat, bathtub, or other place where body was found: [Include and retain anything that could have been in contact with infant or obstructed the nose or mouth: crib, plastic bag, curtain, tissues, pillow, blanket, feeding bottle, pacifier, stuffed animal, other toys.]

SEE PHOTOS

12. For infant deaths involving bathtub or other water situations:

Depth of water: N/A

Temperature of water: N/A

Type of container holding water: (ceramic, plastic, metal, etc.) _____

Location of hot and cold water sources near infant: _____

13. Was infant sleeping with another child or an adult? No [X] Yes _____

If Yes, Name: _____

Relationship: _____ Age: _____ Date of Birth: _____

Any significant physical, emotional, or other characteristics (overweight, sleepy, drunk, sick):

LAW ENFORCEMENT & M.E. / CORONER INVESTIGATOR

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

14. Presence of potentially harmful medicines, toxins (fumigants, pesticides, mold), tobacco, alcohol, or illegal drugs:

No
(Retain any significant items.)

15. Types, amounts, and apparent adequacy of the food available for the infant: _____

Normal
(Retain any significant items.)

16. Temperature Conditions: UNKNOWN

Outdoors/temperature: _____ Date/Time noted: _____

Indoors/temperature: _____ Date/Time noted: _____

Thermostat reading: _____ Date/Time noted: _____

Thermostat setting: _____ Date/Time noted: _____

Method of heating or cooling used (eg. gas, electric, wood, propane, forced air, radiator, electric baseboard, fans, air conditioners): _____

17. Presence of a functioning carbon monoxide monitor? ^{UNKNOWN} No: _____ Yes: _____

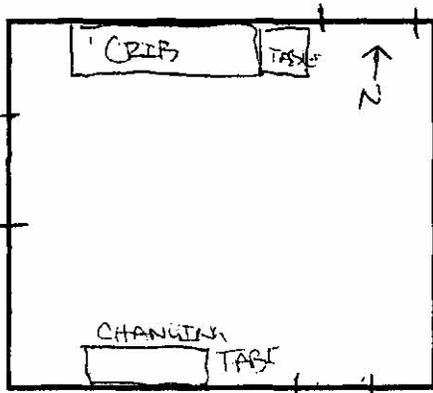
18. Evidence of alteration of the body or scene: INFANT WAS MOVED OUTSIDE
AND CPR WAS STARTED

19. Scene Diagram

Use figure at right for a rectangular room, and use figure below for a square room. Use a supplementary page to draw an unusually shaped room.

Indicate the following on the diagram (check when done):

- North direction
- Windows and doors
- Wall lengths
- Ceiling height: 8
- Location of furniture
- Location of crib or bed
- Body location when found
- Location of other objects in room
- Location of heating and cooling supplies and returns



Make additional notes or drawings in available spaces as needed.

LAW ENFORCEMENT & M.E. / CORONER INVESTIGATOR

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

IMMEDIATE HISTORY:

1. Who has been in contact with child in last 48 hours: UNC

Name:	Relationship:	Day/Date/Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Last seen alive:
By whom? Name: [REDACTED] Relationship: MOTHER Day/Date/Time: 9-9-08/12:02
Location & Position: IN CRIB ON BACK IN A "BOPPY" BELLOW
How infant "seemed": FINE
Source of information: FATHER Phone: (____) _____

3. Last feeding:
By whom? Name: _____ Relationship: _____ Day/Date/Time: _____
Contents of last feeding: _____
Amount eaten & appetite: _____
Source of information: _____ Phone: (____) _____
(Retain feeding bottles, cups, bowls, etc., containing the remains of last feeding.)

4. When found:
By whom? Name: [REDACTED] Relationship: FATHER Day/Date/Time: 9-9-08 (unk)
Location & Position: FACE DOWN BETWEEN BOPPY BELLOW / CRIB BOPPER / MATTRESS
How body looked: "STILL WARM"
Source of information: _____ Phone: (____) _____

5. Actions taken by any caretaker or other person (not by a first responder) when found:
[Include if infant was picked up, shaken, pinched, if CPR or another form of resuscitation was attempted, if anything was added to or removed from the body or scene, if any articles of clothing were removed.]
By whom? Name: [REDACTED] Relationship: FATHER Day/Date/Time: _____
Action(s) taken: CPR
Reason(s) given: NOT BREATHING / NO HEART BEAT
Source of information: _____ Phone: (____) _____
(Retain any articles of clothing removed.)

LAW ENFORCEMENT & M.E. / CORONER INVESTIGATOR

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

6. **Other significant circumstances or information related to the scene, body, or history:**
[Include anything unusual or that might need to be followed-up by the investigator, coroner/medical examiner such as: prescription or over-the-counter medications taken, alcohol or drugs used by caregiver, excessive fatigue of caregiver, etc.]

7. **All first responder(s) at the scene:**
[Include EMS, fire & rescue, law enforcement, coroner/M.E., police chaplain, and others (not yourself)].

Agency/Service:	Name:	Phone #:
IGHFD	P.J. Sloan	() _____
NORTHEAST MEDICS		() _____
IGHFD	DAN BERNARDY	() _____

8. **Any actions taken by a first responder (including yourself):** CPR- _____

9. **Pronounced:** No _____ Yes _____
If yes, by whom? _____ Phone #: () _____

10. **Transported:** No _____ Yes X _____
If yes, to which hospital or urgent care center? ST. PAUL CHILDRENS
ER/urgent care personnel: _____ Phone #: () _____

LAW ENFORCEMENT & M.E. / CORONER INVESTIGATOR

When completed, copy form (& all attachments) for your agency files. Forward the original to M.E./Coroner.

Medical Examiner / Coroner Checklist

(To be completed by, or at the request of, the medical examiner/coroner.)

- Document, in writing and photographically (when applicable) everything regarding the death including any and all contacts with co-investigating agencies.
- Note the possible need for an interpreter and/or use of translated materials.
- When gathering information remember to obtain the full names of parents/children/caregivers, inclusive of maiden names, dates of births as well as all addresses of their residences.
- Confirm all information obtained with objective sources (medical records, health care professionals, etc).
- Obtain and review all medical records associated with the decedent including prenatal records of the mother.
- Obtain birth certificate of deceased including Medical Supplement section.
- Obtain birth/death records as appropriate on other deaths within the family/caregiver structure.
- Gather all information requested on the "Social and Medical History for Medical Examiners/ Coroners" form. Follow up if any discrepancies are noted.
- Obtain a full forensic autopsy – including radiographs, toxicology, metabolic screens and associated studies.
- Contact caregiver near and at the time of death and obtain information as to details of the arrest/ near arrest situation.
- Reenact the death scene with the person finding the decedent in arrest.
- Consult other professionals for insight (resources – law enforcement, other medical examiners'/ coroners' offices and the BCA).
- Contact family to discuss results.

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

YOUR NAME (print) _____ Title: _____

Agency: _____ County: _____ Phone #: (____) _____

Signature: _____ Date: _____

NAME OF INFANT: _____ Age: _____ Gender: _____

HOUSEHOLD / FAMILY MEMBERS:

[Complete all information for biological parents *and* guardians if infant was not living with biological parents(s).]

Source of information: _____ Phone #: (____) _____

Biological Mother

Name: _____

Other names used: _____

Address: _____

Age: _____ DOB: _____

Education: _____

Occupation: _____

Employer: _____

Marital status: _____

If not in household, address: _____

If deceased, DOD: _____ Circumstances: _____

Female Guardian (if not biological mother)

Name: _____

Address: _____

Age: _____ DOB: _____

Education: _____

Occupation: _____

Employer: _____

Marital status: _____

Biological Father

Name: _____

Other names used: _____

Address: _____

Age: _____ DOB: _____

Education: _____

Occupation: _____

MEDICAL EXAMINER / CORONER

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

Employer: _____

Marital status: _____

If not in household, address: _____

If deceased, DOD: _____ Circumstances: _____

Male Guardian (if not biological father)

Name: _____

Address: _____

Age: _____ DOB: _____

Education: _____

Occupation: _____

Employer: _____

Marital status: _____

Other Household Members:

<u>Name</u>	<u>Relationship to Infant</u>	<u>Age</u>	<u>DOB</u>	<u>Where Born</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Family Member(s) NOT living in the household:

<u>Name</u>	<u>Relationship to Infant</u>	<u>Age</u>	<u>DOB</u>	<u>Where Born</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Circumstances – Where living and with whom?: _____

Any social, cultural, religious, economic, or other factors that may have affected the circumstances of this death. [sleeping arrangements, beliefs or practices, availability of medical care, change in employment, mental or physical illness, smoking, drinking, or illegal substance use, or periods in which the infant may have been inadequately supervised.] _____

GUARDIAN(S) PREFERRED LANGUAGE: _____

(If needed) INTERPRETER NAME: _____

INTERPRETER TELEPHONE NUMBER: (____) _____

MEDICAL EXAMINER / CORONER

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

PRIOR CONTACTS WITH STATE OR COUNTY SERVICES:

Source of information: _____ Phone #: (____) _____

PUBLIC HEALTH NURSING:

1. Agency: _____ Primary Contact: _____ Phone #: (____) _____
Address (city, county, state): _____
Reason: _____
Period of contact: _____ Confirmed by: _____ Date: _____
Any discrepancies/additional information: _____

2. Agency: _____ Primary Contact: _____ Phone #: (____) _____
Address (city, county, state): _____
Reason: _____
Period of contact: _____ Confirmed by: _____ Date: _____
Any discrepancies/additional information: _____

PRIVATE AND/OR PUBLIC SOCIAL/HUMAN SERVICES:

1. Agency: _____ Primary Contact: _____ Phone #: (____) _____
Address (city, county, state): _____
Reason: _____
Period of contact: _____ Confirmed by: _____ Date: _____
Any discrepancies/additional information: _____

2. Agency: _____ Primary Contact: _____ Phone #: (____) _____
Address (city, county, state): _____
Reason: _____
Period of contact: _____ Confirmed by: _____ Date: _____
Any discrepancies/additional information: _____

CHILD PROTECTION:

1. Agency: _____ Primary Contact: _____ Phone #: (____) _____
Address (city, county, state): _____
Reason: _____
Period of contact: _____ Confirmed by: _____ Date: _____
Any discrepancies/additional information: _____

MEDICAL EXAMINER / CORONER

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

2. Agency: _____ Primary Contact: _____ Phone #: (____) _____
Address (city, county, state): _____
Reason: _____
Period of contact: _____ Confirmed by: _____ Date: _____
Any discrepancies/additional information: _____

LAW ENFORCEMENT:

1. Agency: _____ Primary Contact: _____ Phone #: (____) _____
Address (city, county, state): _____
Reason: _____
Period of contact: _____ Confirmed by: _____ Date: _____
Any discrepancies/additional information: _____

2. Agency: _____ Primary Contact: _____ Phone #: (____) _____
Address (city, county, state): _____
Reason: _____
Period of contact: _____ Confirmed by: _____ Date: _____
Any discrepancies/additional information: _____

Other Services?: Use end of form for any additional public or private, health or social service agencies involved with family/household.

MEDICAL HISTORY:

Source of information: _____ Phone #: (____) _____

Known family disease(s) (biological parents, siblings, grandparents, etc):

1. Disease: _____ Who is affected: _____ Relationship: _____
2. Disease: _____ Who is affected: _____ Relationship: _____

Recent illness(es) in the household/family:

1. Illness: _____ Who is affected: _____ Relationship: _____
Extent of exposure: _____
2. Illness: _____ Who is affected: _____ Relationship: _____
Extent of exposure: _____

Recent illness(es) in any other person in contact with the infant (at child care facility, at church, etc.):

1. Illness: _____ Who is affected: _____ Relationship: _____
Extent of exposure: _____

MEDICAL EXAMINER / CORONER

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

2. *Illness:* _____ Who is affected: _____ Relationship: _____
 Extent of exposure: _____

Previous serious injury(ies) in the household family or caregiver:

1. *Cause of injury:* _____ DO Injury: _____
 Name: _____ Relationship: _____ Age: _____ DOB: _____
 Where injured (include county): _____
 Circumstances: _____

2. *Cause of injury:* _____ DO Injury: _____
 Name: _____ Relationship: _____ Age: _____ DOB: _____
 Where injured (include county): _____
 Circumstances: _____

Previous infant/child death(s) or near death(s) in the household family or caregiver:

1. *Cause of injury:* _____ DO Injury: _____
 Name: _____ Relationship: _____ Age: _____ DOB: _____
 Where injured (include county): _____
 Circumstances: _____

2. *Cause of injury:* _____ DO Injury: _____
 Name: _____ Relationship: _____ Age: _____ DOB: _____
 Where injured (include county): _____
 Circumstances: _____

INFANT'S BIRTH:

Source of information: _____ Phone #: (____) _____

Prenatal period: [List providers]

<u>Name</u>	<u>Title</u>	<u>Facility</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____

MEDICAL EXAMINER / CORONER

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

Labor and delivery: [List hospital(s)]

Name	Title	Facility	Address	Phone
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____

Early post-partum period: [List maternal & infant transfers to ICU/NICU]

Name	Title	Facility	Address	Phone
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____

INFANT'S HEALTH:

Source of information: _____ Phone #: (____) _____

Usual health status and/or chronic medical/health conditions: _____

Last clinic visit: Date: _____ Facility: _____ Physician/nurse: _____ Phone #: (____) _____

Reason: _____

Any significant findings: _____

Any hospitalization(s)/ER/urgent care visit(s):

1. **Diagnosis:** _____ **Duration:** _____ **Dates:** _____
Facility: _____ **Physician/Nurse:** _____ **Phone #:** (____) _____

2. **Diagnosis:** _____ **Duration:** _____ **Dates:** _____
Facility: _____ **Physician/Nurse:** _____ **Phone #:** (____) _____

Other medical and health providers: [List all providers: family physician, pediatrician, specialist, PHN, home care nurse, etc]

Name	Title	Facility	Address	Phone
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____

MEDICAL EXAMINER / CORONER

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

Recent fall(s) or injury(ies) (that did NOT result in hospitalization/ER/urgent care):

1. **Type of Fall/Injury:** _____ **Date:** _____

Where occurred: _____ Caretaker at the time: _____ Phone #: (____) _____

2. **Type of Fall/Injury:** _____ **Date:** _____

Where occurred: _____ Caretaker at the time: _____ Phone #: (____) _____

Recent illness(es) or health concern(s) (that did NOT result in a clinic visit):

1. **Respiratory:** _____ **Dates:** _____

Care given: _____ By Whom: _____ Phone #: (____) _____

2. **Gastrointestinal:** _____ **Dates:** _____

Care given: _____ By Whom: _____ Phone #: (____) _____

3. **Other:** _____ **Dates:** _____

Care given: _____ By Whom: _____ Phone #: (____) _____

4. **Other:** _____ **Dates:** _____

Care given: _____ By Whom: _____ Phone #: (____) _____

Recently prescribed, over-the-counter (OTC) medication(s), herbs or folk remedies given:

*Retain medications, herbs etc.

1. **Medication:** _____ **Date began:** _____

Condition: _____ Last dose amount: _____ Date/time given: _____

OTC or prescribed by: _____ Phone #: (____) _____

Administered by: _____

2. **Medication:** _____ **Date began:** _____

Condition: _____ Last dose amount: _____ Date/time given: _____

OTC or prescribed by: _____ Phone #: (____) _____

Administered by: _____

GROWTH & DEVELOPMENT:

[NOTE: "Usual" means within the last two weeks.]

Source of information: _____ **Phone #:** (____) _____

MEDICAL EXAMINER / CORONER

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

Eating: Usual types of foods eaten: _____

Usual number of feedings/meals each day: _____

Usual appetite (amount of food eaten at each feeding/meal): _____

Any recent changes (within the last two weeks): _____

Sleeping: Usual pattern (number, times, and lengths of periods of sleep each day): _____

How usually laid to sleep (on back, left/right side, stomach with face down, to side, or up, or no usual position used): _____

Where does infant usually sleep (in own crib, in bed with parents, etc.): _____

How usually lying when wakes up (as above): _____

Any recent changes (within the last two weeks): _____

Temperament: Usual temperament and activity level: _____

Any recent changes (within the last two weeks): _____

Physical growth & development: Appropriate for age? _____

Concerns: _____

HOSPITAL / CLINIC RECORDS / BIRTH CERTIFICATE INFORMATION:

Mother's pregnancy history (NOT including this deceased infant):

Mother's age at first pregnancy: _____ Date of most recent birth or termination: _____

Total number of pregnancies: _____ Total live births: _____

Total infant deaths (<2 years): _____

Total fetal deaths (>20 weeks): _____

Total miscarriages (<20 weeks): _____

Complications of previous pregnancy(ies): _____

Prenatal care and labor & delivery (this pregnancy only):

Trimester prenatal care began: _____ Total number of prenatal visits: _____

Maternal pre-pregnancy chronic health conditions: _____

Maternal weight gain during this pregnancy: _____ (lbs.)

Maternal tobacco use: No _____ Yes _____ Usage: _____ Treatment/stopped? _____

alcohol use: No _____ Yes _____ Usage: _____ Treatment/stopped? _____

other drug use: No _____ Yes _____ Usage: _____ Treatment/stopped? _____

Any other medical/social risk factors: _____

Complications of this pregnancy: _____

Type of delivery: Vaginal _____ Cesarean _____ Forceps _____ Vacuum suction _____

MEDICAL EXAMINER / CORONER

Minnesota Infant Death Investigation Form (0 to 24 Months Old)

Case # _____

Complications of labor & delivery: _____

Number of days before discharged: Mother _____ Infant: _____

Weeks gestation: _____ Birth weight (lbs/ozs or grms): _____

Apgars: 1 min: _____ 5 min: _____ 10 min. _____ 15 min. _____

Summary of significant medical & social history: _____

Development milestones: [Obtain relevant information and compare to Appendix 6 Developmental Milestones.]

Any evidence of delay in reaching normal milestones? No _____ Yes _____ If yes, explain: _____

Weight & height: [Obtain height, weight & head circumference measurements (birth to most recent) and plot on Appendix 6 graphs.]

Any evidence of growth problem or failure-to-thrive? No _____ Yes _____ If yes, explain: _____

Immunization Status: [Obtain immunization records and compare to Appendix 6 recommended immunization schedule.]

Are immunizations up to date? No _____ Yes _____ If no, explain: _____

Medical History confirmed with: _____ **Date:** _____ **Phone #:** (_____) _____

Any discrepancies/addition information: _____

MEDICAL EXAMINER / CORONER



**MEDICAL INFORMATION
RELEASE FORM**



I, _____, hereby authorize, (Doctor, Hospital, Clinic, etc.) _____

to release and/or exchange information on file regarding myself and/or my dependents, namely: _____

The above referenced information is in reference to: (Specific Incident): _____

for the time period _____

This information can be either oral or written and may be in reference to any or all available information.

I am signing this release under the following conditions:

- A. My judgment is not impaired by any chemicals, promise of rewards or threats of negative consequences to me.
- B. I may withdraw this authorization by written notice or oral communication at any time.
- C. This authorization will expire 120 days from the date of signing.
- D. Unless otherwise provided by law, neither here-in named party/agency, etc. will further disclose the information without my consent.

SIGNED

DATE

WITNESS

DATE

Inver Grove Heights
How Initiated: Dispatch
Investigation Needed: Yes

SUPPLEMENT

Case Number: 08003302
Title: Death Investigation
Disposition: Exception Cleared

08003302

OFFICER INFORMATION

Name	Badge	Type
Terry Kelley	3623	Investigator

EVENT DATES

Event Type	Date/Time
Reported	2008-10-10 12:58
On Scene	2008-10-10 12:58
Cleared	2008-10-10 12:58

INCIDENT DETAILS

Address: [REDACTED]
Location Type: RESIDENCE/HOME
Location Description: PRIVATE RESIDENCE
Start Date: 2008-09-09 14:11 End Date: 2008-09-09 14:53

NARRATIVE

I received the attached autopsy results from the Ramsey County Medical Examiners Office.
The cause of death was ruled as probable asphyxia due to obstruction of the nose and mouth.
There is no further investigation needed. This case is closed.

Supplement Report



Office of the Medical Examiner

300 E. University Avenue
St. Paul, MN 55101-4320
Telephone: 651-266-1700
Office Fax: 651-266-1720
Investigator Fax: 651-266-1730

M.B. McGee, M.D., Medical Examiner
K.M. Mills, M.D., Asst. Medical Examiner
V.V. Froloff, M.D., Asst. Medical Examiner

FINAL AUTOPSY PROTOCOL

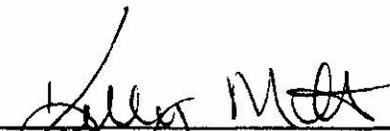
ME 2008-1600

CASE TITLE: Probable asphyxia due to obstruction of the nose and mouth.

Name [REDACTED] Age 10 week Sex M Race White
Date of Death 9/9/08 Time 1453 Date of Exam 9/10/08 Time 1205
Place of Death Children's Hospital, St Paul (Ramsey Co), MN
Pathologist Kelly Mills, M.D., Principal Assistant Medical Examiner
Place of Exam Ramsey County Medical Examiner's Office
Report Sent to file

Curtis Thompson, a 10 week old white male infant, was found unresponsive lying with his face wedged against the bumper of his crib and the mattress. There was no known medical history. The body was transported to the Ramsey County Medical Examiner's Office for an examination. The findings of the examination were as follows:

- I. Probable asphyxia due to obstruction of the nose and mouth.
- II. Laboratory results
 - A. Toxicology
 1. Blood ethanol – negative.
 2. Blood drug screen- negative for acetaminophen, amphetamine, barbiturate, benzodiazepine, cocaine metabolite, methadone, opiate, oxycodone, and propoxyphene. Chromatography- no basic or neutral drugs found (HCMC).
 - B. Microbiology
 1. Left lung swab- many 4 or more bacterial morphologies, culture discontinued. Gram stain- few PMNs and moderate Gram positive cocci in chains.
 2. Spleen swab-rare Bacillus species, not anthracis. Gram stain- few PMNs and no organisms.
 - C. Metabolic screen-within normal limits (still need).



Kelly Mills, M.D.
Principal Assistant Medical Examiner



Michael B. McGee, M.D.
Medical Examiner

INTRODUCTION

A full autopsy examination is performed on the body identified as [REDACTED] at the office of the Ramsey County Medical Examiner in St. Paul, MN on September 10, 2008. The time of reported death is 1453 hours on September 9, 2008. The autopsy commences at 1205 hours, approximately 20 hours after death. Identity of the decedent is based on visual identification performed by the decedent's father, [REDACTED].

Specimens collected at the time of the postmortem examination are detailed in the following autopsy protocol.

Photographs taken at the time of the autopsy are by Kelly Mills, M.D., Principal Assistant Medical Examiner.

CLOTHING

A purple hospital gown and a dry diaper with dried blood accompany the body.

EXTERNAL EXAMINATION

The body is that of a 10 week old white male infant. The infant weighs 6550 grams (90 percentile: range- 3100 to 8500 grams) and appears well nourished. The anterior fontanel is patent with no evidence of either bulging or sinking and the posterior fontanel is closed. The body has the following measurements: head circumference 39.8 cm (between 25th and 50th percentiles); chest circumference 39.2 cm; abdominal circumference 40 cm; crown-rump length 44.5 cm; and crown-heel length 60.5 cm (between 50th and 75th percentiles; range- 50.8 to 68.4 cm). The infant has short, black hair. The eyes are brown and the pupils are dilated. The sclerae are white. No petechial hemorrhages are identified on the upper or lower eyelids. The nose shows a small amount of bloody mucous. The lips are show air drying and the mucous membranes are moist. There are no oral mucosal petechial hemorrhages. The upper and lower frenula show no lacerations or fissures. Teeth are absent. The chest is symmetrical. There is no palpable lymphadenopathy. The abdomen is soft, protuberant and without bruising or discoloration. The genitalia are those of a normal infantile circumcised male and show no signs of trauma. The anus is patent and also shows no signs of trauma. The skin is without rashes and atraumatic. The extremities show no abnormal bruising, asymmetry, or malformations. The hands and fingernails show cyanosis.

POSTMORTEM CHANGES:

Postmortem changes consist of rigor mortis and fixed posterior lividity.

IDENTIFYING MARKS

Old scars are not present.

EVIDENCE OF INJURY

None.

EVIDENCE OF MEDICAL TREATMENT

Orogastric and endotracheal tubes are in place. An intraosseous intravenous line is in place on the front of the right lower leg. Recent puncture wounds are noted in the right inguinal region.

INTERNAL EXAMINATION

The body is opened in the usual fashion with a "Y" shaped incision to reveal smooth glistening surfaces of the peritoneal, pleural, and pericardial cavities. No abnormal fluid collections are present. The diaphragm is intact. The internal organs are in their normal anatomical positions and maintain their normal in situ relations to one another.

NECK

The symmetrical neck muscles display no petechial hemorrhages or contusions. The thymus is pink, glistening, and weighs 86.4 grams (range: 2 to 50 grams). Its surface is smooth, tan, and glistening and the cut surface is unremarkable. The 2.5 gram thyroid gland and the larynx show no gross abnormalities. The larynx is lined by smooth, white-tan mucosa and is devoid of food particles, or other foreign objects. The hyoid bone and thyroid cartilage are intact. The soft palate, lymphoid tissue and salivary glands are pale pink, and without swelling or other signs of infection.

RESPIRATORY SYSTEM

The pleural surfaces are smooth, pink, and glistening. There are pleural petechial hemorrhages. The lungs occupy all of their respective pleural cavities. Each lung has the normal number of lobes. The trachea is lined by smooth tan continuous mucosa and shows a normal configuration. It contains a mild amount of frothy edema fluid in its lumen. The pleural vessels appear normal in caliber and distribution and are unobstructed. The right lung weighs 74.0 grams and the left lung weighs 60.9 grams (normal – right 67 grams and left 58 grams; range: right-36 to 112 grams and left- 30 to 100 grams). The cut surfaces of the lungs show the preservation of the usual lacy pulmonary architecture. There are no focal areas of consolidation, hemorrhage, fibrosis, cyst formation or other abnormalities.

CARDIOVASCULAR SYSTEM

The pericardial surface is smooth and glistening. The pericardial sac is free of

adhesions and contains 2 ml of clear yellow fluid. The heart weighs 37.4 grams (normal is 33 grams: range- 20 to 88 grams) and has a normal anatomic shape. The epicardial surface shows petechial hemorrhages. The vascular connections, namely the take off of the aortic root and the pulmonary arteries and veins, all originate and terminate in the usual fashion. The ductus arteriosus is closed. Both atria are of proportionate capacity, and are functionally intact. The foramen ovale has a membranous covering, but remains probe patent with a 0.5 cm slit-like opening along the edge. The right and left ventricles are also of proportionate capacity. The right ventricle has a free wall thickness of 4 mm and the left ventricle concentrically measures 8 mm. There are no atrial or ventricular septal defects. The myocardium is dark red-brown and shows no fibrosis or discoloration. The mural and valvular endocardium is smooth and tan-brown. The valves are of normal configuration and are thin and filamentous, without vegetations. The coronary ostia are normal. The thoracic and abdominal aorta shows no coarctation, intimal abnormality, or arteriosclerosis and branches normally.

GASTROINTESTINAL SYSTEM

The tongue shows no swelling or hemorrhage. The esophagus shows continuous tan mucosa and its lumen is empty. The stomach shows a finely wrinkled white-tan mucosa and has 10 ml white mucoid contents. The pylorus is intact and not hypertrophic. The appendix is present and unremarkable. The small intestine has a thin tan mucosa and contains abundant yellow-green mucoid contents. The large intestine shows more greenish digestive products and no formed stool. Its mucosa is finely peppered with minute, 1 mm circular projections, presumably lymphoid nodules. The cut surfaces of the lymph nodes are fleshy and white. The rectum has a normal pink tan mucosa and is atraumatic.

HEPATOBIILIARY SYSTEM

The liver weighs 232.6 grams (normal is 213 grams: range- 120 to 370 grams). The capsule is shiny and intact. On cut surface, the parenchyma is congested and shows no focal lesions or masses. The olive green bile is freely expressed from the cystic duct. The 12.7 gram pancreas is tan and coarsely lobulated. Cut sections are unremarkable.

ENDOCRINE SYSTEM

The adrenal glands are of normal size and configuration and have unremarkable cut surfaces. The combined adrenal gland weight is 4.0 grams.

RETICULOENDOTHELIAL SYSTEM

The spleen weighs 19.5 grams (normal is 19 grams; range- 6 to 68 grams). The capsule is smooth, intact and purple.

GENITOURINARY SYSTEM

The morphologically normal appearing right kidney weighs 27.5 grams, and the left 27.7 grams (normal is 21 and 21 grams, respectively; range- right- 10 to 36 grams and left- 6 to 34 grams). The capsule is easily stripped from the smooth, lobulated surface. The mucosa of the bladder is white-tan and finely wrinkled. The ureters can be traced into the bladder at the trigone and show no stenosis or dilatation. The genitalia are those of a normal circumcised male. The prostate gland is present.

HEAD

The soft tissues of the scalp are reflected to show no contusions or hemorrhages. The dura mater is normal in appearance. There is no epidural, subdural, or subarachnoid hemorrhage or exudate. The leptomeninges are thin and translucent. The convolutions and sulci are normal. The brain weighs 585 grams (normal- 606 grams; range- 460 to 1000 grams). Coronal sections of the brain reveal no gross abnormalities or malformations.

MUSCULOSKELETAL SYSTEM

The bones and extremities display no abnormalities.

RADIOGRAPHIC EXAMINATION

X-rays: Do not reveal either acute or remote injuries.

MICROSCOPIC EXAMINATION

Blocks: 1-15.

Cassettes 1-3: heart

Cassette 4: right upper lobe of the lung, thyroid gland, and trachea

Cassette 5: right middle lobe of the lung and liver

Cassette 6: right lower lobe of the lung and pancreas

Cassette 7: left upper lobe of the lung and spleen

Cassette 8: left lower lobe of the lung and thymus gland

Cassette 9: right kidney and right adrenal gland

Cassette 10: left kidney and left adrenal gland

Cassettes 11-13: cerebrum

Cassette 14: brainstem

Cassette 15: cerebellum

Heart: Sections show a focus of hemorrhage and mild inflammation within the epicardial fat, but are otherwise unremarkable for postmortem specimens.

Lungs: Sections show intraalveolar hemorrhage, congestion, and areas of pulmonary edema. There is perivascular hemorrhage noted in one slide.

DATA RECORD SHEET

IDI 090611HCC2690
DATE WITNESS _____
INTERVIEWED 6-14-09

DEATH SCENE INVESTIGATION OF INFANTS LESS THAN 12 MONTHS OF AGE DYING SUDDENLY AND UNEXPECTEDLY

I. Description of the Product/Infant Interaction

Pre-Death

1. What is the date and time infant was last seen alive (use 24 hour clock)?

date 6-9-08 time 1:15 PM

2. Immediately (within one hour) prior to death, had the infant been in a car seat/carrier for any length of time?

No _____ Refused _____
Yes _____ (approximate time) Don't Know _____

If yes, give manufacturer, brand, and size.

3. At the time the infant was last seen alive, on what type of product (e.g., sofa, crib, bassinet, adult bed, etc.) had the infant been placed?

Full sized crib

4. At the time of death, was this the usual resting place (usual location and product) of the infant?

Yes X Refused _____
No _____ Don't Know _____

If no, specify usual place (location and product).

5. What was the infant's body position when last seen alive?

On stomach _____ Other (specify) _____
On infant's side _____ On back X _____
Don't Know _____ Refused _____

6. What was the infant's face position when last seen alive?

Face up X Other (specify) _____
Face "straight" down _____ Don't Know _____
Face to infant's side _____ Refused _____

7. Were there any other individuals resting or sleeping on the same unit as the infant?

No X Don't Know _____
Yes _____ Refused _____

If yes, how many individuals? _____

8. When was the infant last fed?

Time 1:00 Pm Type of food (liquid or solid) Bottle formula
Don't Know _____
Refused _____

9. Is the type of food listed in question number 8 the infant's regular diet?

No _____ Don't Know _____
Yes X Refused _____
Not applicable (food not known) _____

Death

10. What is the date and time infant was found dead or unconscious (use 24 hour clock)?

date a.a-08 time 2:00 Pm

11. Were there any resuscitation attempts?

No _____ Don't Know _____
Yes X Refused _____

If yes, by whom?
Family, Police, Paramedics

12. What was the infant's body position when found?

On stomach _____
On infant's ~~left~~ side X
On infant's right side _____
On back _____
Other (specify) _____
Don't Know _____
Refused _____

13. What was the infant's face position when found?

Face up _____
Face to infant's right side _____
Face down _____
Refused _____
Other (specify) wedged between mattress + Bumper Pad
Don't Know _____

14. Was the infant's head pressed forward towards the chest?

No X _____ Don't Know _____
Yes _____ Refused _____

15. Were there any marks, creases, or impressions from bedding or other materials present on the infant's face or head?

No _____ Don't Know X _____
Yes _____ Refused _____

If yes, describe location and approximate size.

16. When found, was the infant's nose and/or mouth in contact with any item?

No _____ Don't Know _____
Yes, nose X _____ Refused _____
Yes, mouth X _____
Yes, both mouth and nose X _____

If yes, describe location of contact and item. Include any label information on manufacturer, brand, and fiber/material contents (in the absence of label information, describe material).

wedged against mattress + bumper pad

17. If the infant's nose and/or mouth was covered or in contact with any item, did a pocket or cup form around its face?

No _____ Don't Know X _____
Yes _____ Refused _____
Not Applicable _____

If yes, describe item, give dimensions of pocket.

18. When found, was there any substance (e.g., blood or other fluid) on the infant's face, especially around the nose or mouth?

No _____ Don't Know _____
Yes X Refused _____

If yes, specify location and whether substance is foamy, mucus, bloody, colored, etc.

mucus coming from mouth

19. Were there any fluids from the infant on clothing, pillow, mattress, blanket, sheet, or other items when found?

No _____ Don't Know X
Yes _____ Refused _____

If yes, describe (specify item and whether substance is blood or other fluid).

20. If yes to question number 19, was the infant's face in contact with the wet items described in question 19?

No _____ Don't Know _____
Yes _____ Not Applicable
(no wet items) _____

If yes, describe

21. List all articles of clothing including jewelry, and other accessories on infant when found (e.g., plastic diaper, cloth diaper with plastic diaper pants, diaper pins, hats, pierced earrings). Indicate any damage to clothing (e.g., broken zipper, loose pieces, tears, holes) or any missing items on clothing or accessories.

wearing a diaper and white "onesie"

22. List any items under the infant when found (e.g., sheet, mattress pad, rug).

None _____ Don't Know _____
Refused _____

Describe (from closest to furthest from infant) and specify if the infant's face was in contact with this item. Include any label information on manufacturer, brand, and material/fiber contents. In the absence of label information, describe material.

sheet, comforter

23. List any items (e.g., blanket, quilt) over the infant when found.

None Don't Know _____
Refused _____

Describe (from closest to furthest from infant) and specify if item was on the infant's head. Include any label information on manufacturer, brand, and material/fiber contents. In the absence of label information, describe material.

24. List any other items (e.g., bottles, pacifiers, toys, pillows, bumper pads, blankets, quilts, etc.) in close proximity to the infant's face.

None _____ Don't Know _____
Refused _____

Describe (from closest to furthest from infant)

"C" shaped pillow, blankets, cloth, bottle,

25. Was there any vinyl or other plastic product present that the infant may have come in contact with?

None _____ Don't Know _____
Yes

If yes, specify product and describe.

Bottle

II. Description of the Products

26. Describe sleeping site (e.g., crib, crib mattress, adult mattress, etc.) and other products involved (e.g., blankets, quilts) where infant was found, include information on product dimensions and materials of construction of sleeping surface/site, etc.

- Note any visible damage to sleeping surface or accessories (e.g., ripped seams, exposed stuffing, loose trim, etc.).
- Note any failures or defects of sleeping/resting unit (structural failure, broken or missing hardware, etc.).

crib lying against "C" shaped pillow

27. Provide the following information for the above item(s) listed in question 26: *unknown*

Manufacturer _____
Size (if relevant) _____
Brand/Model/Style _____
How Obtained _____
Where Obtained _____
Age of Product _____
Surface material (e.g., fabric, vinyl, other, specify) and filling contents (e.g., batting, foam, other, specify) _____

Any recommendations or warnings listed on label

28. If the infant was found in a crib, were all four mattress support hangers attached to the corner posts and resting properly in the hooks at the time of death?

No _____ Don't Know _____
Yes X Refused _____

N/A _____
(not found on a mattress/crib)
If no, describe

29. Did the sleeping surface have a visible depression (sag, indent, or pocket) when no object was on it in any area?

No _____ Don't Know X
Yes _____ Refused _____

If yes, indicate area(s) and approximate width, depth, and length.

30. Was the infant resting/sleeping on a tilted surface?

No _____ Don't Know _____
Yes X Refused _____

If yes, describe where the infant's head was in relation to the tilt.

lying against "c" shaped pillow

III. Description of the Infant

31. Birth Weight (lbs./oz.) unknown

32. Was the infant breast-fed?

No _____ Don't Know X
Yes _____ Refused _____

33. Was the infant carried to full term or was birth premature?

Full Term _____ Don't Know X
Premature _____ Refused _____

34. Had the infant been ill within the past two weeks?

No X Don't Know
Yes _____ Refused _____

If yes, describe illness, medical treatment received, and give date of occurrence.

35. Has the infant had any injury or major illness since birth?

No X Don't Know _____
Yes _____ Refused _____

If yes, list all injuries and/or major illnesses and date of occurrence.

36. Give a description of the infant's typical sleeping position(s) including body and face position (photograph of doll depicting infant or diagram).

37. Was the infant able to lift his/her head?

No _____ Don't Know X
Yes _____ Refused _____

38. Was the infant able to roll from back to stomach and stomach to back?

No _____ Don't Know _____
Yes X Refused _____

39. Had the infant received any medication (prescribed, over-the-counter, or home remedy) within the last 24 hours prior to death?

No _____ Don't Know X
Yes _____ Refused _____

If yes, give type, date, and time last given.

40. When was the infant's most recent vaccination?

None ever given _____ Don't Know X
Refused _____

Indicate if the vaccine was given orally or in a shot.

41. Had any changes occurred in the infant's behavior (e.g., irritable, fussy) or functioning (e.g., ate little, slept more/less, sweaty, diarrhea, etc.) within the past 48 hours?

No _____ Don't Know X
Yes _____ Refused _____

If yes, describe

42. Are there any other incidents of sudden infant death in the family (other siblings)?

No _____ Don't Know X
Yes _____ Refused _____

If yes, specify

IV. Maternal History

43. Mother's Age 22

44. Did mother take prescribed or over the counter medication, or any other drugs during pregnancy?

No _____

Don't Know X

Yes _____

Refused _____

If yes, give type if known

45. Any maternal tobacco use during pregnancy?

No _____

Don't Know X

Yes _____

Refused _____

If yes, give duration and amount

V. Description of Environmental Factors

46. Indicate number of individuals who smoke cigarettes, pipes, or cigars in the home or other location where infant spends most of his/her time. unknown

Total number of cigarettes smoked in home or other location per day _____

Total number of pipes smoked in home or other location per day _____

Total number of cigars smoked in home or other location per day _____

47. According to the parent's or care giver's perception, was the room in which the infant was found at the time of death:

Cold _____

Comfortable X

Hot _____

Don't Know _____

Refused _____

48. Heating or cooling unit was set at what temperature (Fahrenheit) at the time of death?

Heating _____

Cooling _____

Don't Know X

Refused _____

Turned Off _____

Can't Control _____

49. Energy source(s) in use at the time of death:

electric	_____	fuel oil	_____
natural gas	<input checked="" type="checkbox"/> _____	kerosene	_____
LP gas (propane)	_____	wood/coal	_____
don't know	_____		
refused	_____		
none	_____		
other (specify)	_____		

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Contact List

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