1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090901HCC1016		9102	
3. Office Code	**4. Date of Accident** YR MO DAY	**5. Date Initiated** YR MO DAY	
810	2008 03 27	2009 09 30	

6. Synopsis of Accident or Complaint UPC

The two month old female was placed face up in the unknown model of crib on top of a sofa cushion with her head slightly elevated. Numerous other items and pillows were in the crib. The infant was found deceased the next morning by the father wedged between a pillow and the bumper pad.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	BRONSON	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1543 - Cribs	UNKNOWN	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
4050 - Pillows	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
202	2 - Female	8 - Death	65 - Anoxia
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
85 - ALL OF BODY	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ● No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
10/13/2009	9001	Dennis R. Blasius

27. Distribution	28. Source Document Number
Edwards, Patricia	0812049146

This investigation was initiated by a death certificate received by the U.S. Consumer Product Safety Commission. Contact with next of kin is not permitted in death certificate cases and further information was not pursued.

The information contained in this investigation was supplied by the following sources:

1. The Medical Examiner's Report,
2. The Sheriff's Report.
3. Photographs of the scene provided by the sheriff's department.

Victim – 2 month old female, 11 pounds, 23.5 inches tall

This incident occurred at the home of the victim on 3-27-2008 in Bronson, FL. The home was an older model single wide mobile home of unknown age and make. The sheriff's report indicates the home was "cluttered and dirty, and smelt of smoke," and had remnants of marijuana cigarettes in the home. "All of the adults in the residence smoked heavily and there were a lot of cigarette butts and ashes found throughout the residence."

The report indicates the victim was a full term infant however she had been suffering from a stuffy nose and was "taking Acithromycin." The M.E. Report indicates the victim had had a bacterial infection one month earlier.

The sheriff's report indicates the temperature in the home was 60 degrees approximately one hour after their arrival to the home. The sheriff report indicates the victim was wearing only a diaper when they arrived at the home while the father was performing CPR.

The grandmother placed the infant in the crib face up with her head toward the South and her head slightly elevated after feeding her a bottle of formula at approximately 2100 hours the night before the incident.

The report indicates the parents re-enacted the position of the victim but it was not photographed.

The sheriff's office received the emergency call at 0759 hours and arrived at 0805 hours.

The ME report indicates the father stated that he went to check on the victim in the morning and indicated that the victim usually awoke every two to three hours to be fed, which had not occurred that night. He found her lying prone on top of a sofa pillow that was in her crib and her face was wedged between the pillow and the bumper pad. She was cold to the touch. He had to go next door to call emergency services.

The father moved the infant to the kitchen counter to perform CPR and await arrival of emergency personnel.

The crib contents was described as having, "a crib pad, crib sheet, bumper pad, two adult sized pillows, a sofa cushion pillow, one pink blanket, toys, mobile and a jewelry box."

The infant was transported to the local hospital where she was declared at 0817 hours. The Medical Examiner's report indicates the probable cause of death as positional asphyxia with a contributing factor being chronic interstitial pneumonitis.

The crib make and model was not documented by the reports or by the photographs. The pillows and other items found in the crib were also not specifically identified and could not be further identified based on the sheriff's photographs.

Product Information:

Crib:
The unit was not described and no identifying information was in the provided photographs.

Two adult sized pillows, one sofa cushion pillow, crib pad, crib sheet, bumper pad, one pink blanket, toys and a jewelry box.
The items were not further identified.

Attachments:

Exhibit #1	Contacts
Exhibit #2	Medical Examiner's Report
Exhibit #3	Sheriff's Report
Exhibit #4	Photographs of the home and scene (10)

Contacts:

9-30-2009
Evidence Section
Levy County Sheriff's Office
Johnny M. Smith, Jr., Sheriff
PO Box 1719
Bronson, FL 32621
352-486-5111
352-486-5116 fax

District 8 Medical Examiner
William F. Hamilton, M.D.
606 SW 3rd Ave.
Gainesville, FL 32601
352-733-0340
352-371-3291 fax

OFFICE OF THE MEDICAL EXAMINER

606 SW 3rd Avenue
Gainesville, Florida 32601
Phone: 352-733-0340 FAX 352-371-3291

ME 08 – 162

REPORT OF INVESTIGATION

DECEDENT: [redacted] [redacted]

ADDRESS: [redacted] Levy

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

DATE OF BIRTH: 12-28-07 (Month Day Year)
AGE: 2 mo 28 days (If less than 2 years give months & days)

MARITAL STATUS:
- [ ] Married
- [x] Never Married
- [ ] Widowed
- [ ] Divorced
- [ ] Separated
- [ ] Unknown

RACE:
- [x] White
- [ ] Black
- [ ] American Indian
- [ ] Other

SEX:
- [ ] Male
- [x] Female
- [ ] Undetermined

HEAD-HAIR:
- [ ] None
- [ ] Partly Bald
- [ ] Blonde
- [x] Brown
- [ ] Red
- [ ] Black
- [ ] Grey
- [ ] White

OTHER HAIR:
- [ ] Mustache
- [ ] Beard

CLOTHING:
- [ ] Clothed
- [x] Partly Clothed (On Arabic Diapers)
- [ ] Unclothed

PUPILS: NA
R 2 L 2
Weight: 11 lbs.
Length: Crown Hegl: 23 1/2"

MISCELLANEOUS:
Irides Blue
Ac: 16"
CC: 14"

BODY TEMPERATURE:
- [ ] Warm
- [ ] Cool
- [ ] Cold

RIGOR: (Circle Degree)
- [ ] Neck: ± 1 2 3 +
- [ ] Legs: 1 2 3 +
- [ ] Arms: 1 2 3 +

LIVOR:
- [x] Anterior
- [x] Posterior
- [x] Lateral

No lividity on legs

BLOOD:
- [ ] Nose
- [ ] Mouth
- [ ] Ears
- [ ] Clothing

FROTH:
- [ ] Present
- [x] Absent

OTHER: (Dirt, Water, Etc.)
- [ ] Nose
- [ ] Mouth
- [ ] Ears

DECOMPOSITION:
- [ ] Early
- [ ] Advanced
- [x] None

OCCUPATION: (Please fill in both parts)
Type of Work:
(Example: Machinist, Typist, Foreman, Farmer, Salesman, Housemaker)
Industry:
(Example: Textiles, banking, fire department, farming, insurance, home.)

NO OCCUPATIONAL INFORMATION [ ]

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, Mainway, hospital, etc.)
Injury or onset of illness	3-26 3-27	2100 0755	[redacted]	Levy	ON THE JOB? [ ] YES [x] NO Home
Death	3-26 3-27	2100 0755	[redacted]	Levy	INSIDE CITY LIMITS? [ ] YES [x] NO Home
View of body	3-28	0830	Medical Examiner's Office [ ] NOT VIEWED	Alachua	Morgue
M.E. notified	3-27	0815	By Whom? Name & Address or Title [redacted]	Levy	L.C.S.O.
Last seen alive	3-26	2100	By Whom? Name & Address [redacted], (Grandmother) [redacted]		
Police notified	3-27	0759	By Whom? Name & Address [redacted]		
Found dead by	3-27	0755	By Whom? Name & Address [redacted] (Father) [redacted]		

Witness to injury or illness & death: Pronounced dead at 0820 hours on 3/27/08 by Paramedic Paul Leinas, medic 1, Levy Co. E.M.S.

BLOOD SAMPLE DRAWN: [ ] YES [ ] WHY NOT?

POLICE AGENCY: Levy County Sheriff's Office OFFICER: Inv. Mike Narayan

MANNER OF DEATH

[ ] NATURAL [ ] HOMICIDE [x] ACCIDENT [ ] SUICIDE [ ] UNDETERMINED [ ] PENDING

M.E. AUTOPSY AUTHORIZED: [x] YES [ ] NO

PATHOLOGIST: WH

NON-M.E. AUTOPSY DONE: [ ] YES [ ] NO

PROBABLE CAUSE OF DEATH:
1. POSITIONAL ASPHYXIA IN CRIB
2. Due to:

Contributing factor: CHRONIC INTERSTITIAL PNEUMONITIS

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Chapter 406 of the Florida Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief

[signature]
Signature of Medical Examiner

22 May 2008
Date Signed

Form Revised 041907

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION

(Check only one)

- ☐ Homicide
- ☐ Suicide
- ☐ Trauma
- ☐ Accident
- ☐ Disaster
- ☐ Violent
- ☐ Public Health
- ☐ Poisoning
- ☐ Unattended
- ☒ Unknown or Suspicious
- ☒ Sudden or Unexpected
- ☐ Surgical or Anesthesia
- ☐ Police Custody:
  - ☐ State
  - ☐ Local/Other

MEANS OF DEATH

(Agency or Object—If death other than natural)

IF MOTOR VEHICLE INVOLVED

- ☐ Driver
- ☐ Passenger
- ☐ Pedestrian
- ☐ Other
- ☐ Lap Belt Used
- ☐ Shoulder Belt Used
- ☐ Crash Helmet Worn
- ☐ Hit-Run
- ☐ Non-Highway
- ☐ Passenger Car
- ☐ Truck
- ☐ Motorcycle
- ☐ Motorbike
- ☐ Farm Vehicle
- ☐ SUV
- Other: _____

IF GUN INVOLVED

- ☐ Rifle-Cal _____
- ☐ Handgun-Cal _____
- ☐ Shotgun-Cal _____
- ☐ Unknown Type
- ☐ Stippling
- ☐ Smudging
- ☐ Abrasion Collar
- ☐ Round
- ☐ Oblong
- ☐ Stellate
- ☐ Surg Treated
- ☐ Other

LOCATION OF WOUNDS: (Of the Autopsy)

- ☐ Head
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Buttocks
- ☐ Thighs
- ☐ Lower Legs
- ☐ Feet
- ☐ Upper Arms
- ☐ Lower Arms
- ☐ Hands
- ☐ Other: _____

IF INSTRUMENT INVOLVED

- ☐ Blunt
- ☐ Sharp

What Kind: _____

☐ Unknown

TYPE AND LOCATION OF INJURIES: _____

IF DRUG, POISON OR CHEMICAL (Prescribed)

- ☐ Alcohol
- ☐ Other Drug
- ☐ Chemical or Poison (Specify)
- ☐ Unknown

REMARKS: _____

- ☐ Ingested
- ☐ Injected
- ☐ Inhaled
- ☐ Topical
- ☐ Unknown
- ☐ Other: _____

ALLEGED PERPETRATOR OF HOMICIDE:

- ☐ Spouse
- ☐ Sibling
- ☐ Child
- ☐ Parent
- ☐ Other Relative
- ☐ Friend
- ☐ Stranger
- ☐ Unknown
- ☐ Other: _____

MEDICAL HISTORY

- ☐ Alcoholism
- ☐ Cancer
- ☐ Diabetes
- ☐ Drug Abuse
- ☐ Fractures
- ☐ Heart Disease
- ☐ Seizure
- ☐ Other (Specify) _____

Doctor: _____

Where Treated: _____

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

(Add sheet if necessary)

According to Levy County Sheriff's Office, Lt. Tummond, the decedent infant was found dead in her crib by her father. The infant had been seen at Shands at UF and Branson Medical Center for a bacterial infection approximately one month ago.

According to Levy County Sheriff's Office Investigator Mike Narayan the infant's grandmother had placed her in her crib, on her back, in her own room at 2100 hours on 3/26/08 after feeding her a bottle of Good Start formula. The infant's father went into her room to check on her because she had not awakened during the night. This was unusual because she usually awoke every two to three hours to be fed. He found her lying prone on top of a sofa pillow that was in her crib and her face was wedged between the pillow and the bumper pad. She was cold to the touch. He had to go next door to call 911. When EMS personnel arrived he had

Form Revised 010806

Continued on Page 2

ME 08-162 Continued

the infant placed on the kitchen counter and was performing CPR. The infant was removed from the home and placed into the back of the ambulance. After all resuscitation efforts were exhausted she was pronounced dead. The infant's room had a lot of bags and items around the crib. All of the adults in the residence smoked heavily and there were a lot of cigarette butts and ashes found throughout the residence. There were also remnants of marijuana found in the ash trays. The crib had a crib pad, crib sheet, bumper pad, two adult sized pillows, a sofa cushion pillow, one pink blanket, toys, mobile and jewelry box inside of the crib with her. There were no signs of trauma or injury.

Catherine Weldon
Catherine Weldon
4/2/2008

28 MARCH 2008
0830 HRS

POSTMORTEM EXAMINATION
OF THE BODY OF
[redacted]

The body is that of a well-developed, well nourished, white female infant measuring 23.5 inches from crown to heel and having head and chest circumferences of 16 inches and 14 inches respectively. The body weight is 11 pounds. A manila identification label is attached to the great toe of the right foot.

There is evidence of therapeutic intervention including electrocardiographic leads appropriately positioned on anterior trunk and on proximal thighs. A disposable diaper is present on lower trunk. The garment is urine soaked. A small amount of stool is present.

No significant injuries are seen on front or back of body and the oral cavity is free of trauma or obstruction.

The eyes are blue with equal round 2 mm. pupils. No petechiae are seen on bulbar or palpebral conjunctivae.

Scalp, calvarium and skull base are intact. Brain weight is 692g. Dura and leptomeninges are unremarkable. Cerebral hemispheres are symmetrical and have the usual soft infantile consistency. Gyral patterns are normal. Arteries of the circle of Willis are normally distributed and free of notable congenital anomaly. There is no evidence of asymmetric displacement of brain structures. Multiple coronal cuts through brain and upper cervical spinal cord reveal no other abnormalities.

The oral cavity and the neck organ block are free of trauma or obstruction. The thyroid has symmetrical lobes of normal size.

The adiposus panniculus has a .25 inch thickness. Pleural, pericardial and peritoneal spaces are free of blood, exudate or adhesion. Thymus weighs 26g. The capsular surface is smooth and grey; sectioned surface is multilobular tan. A rare petechia is noted on anterior surface of thymus.

The heart weight is 42g. The epicardial surface is smooth and glistening with rare petechiae. The coronary circulation is normally distributed. Great vessels entering and leaving the heart are unremarkable. Myocardium is homogeneous red-brown. Valves and endocardial surfaces are unremarkable. There are no abnormal communications between cardiac chambers. The cardiac chambers are mildly distended with unclotted blood. Aorta is smooth and elastic.

The right and left lungs weigh 48g and 38g respectively. Posterior hypostasis is noted. Rare petechiae are noted on visceral pleural surfaces. Sectioned surfaces are congested. No diseases, injuries or congenital malformations are identified in either lung. Mediastinal lymph nodes are unremarkable.

The esophagus is intact. The stomach contains a light coating of sticky fluid. The intestinal canal has mildly autolyzed mucosa. The colon contains a small quantity of pasty green-brown stool. The liver weight is 198g. Capsular surface is smooth and glistening; sectioned surface is uniform red-brown. The hepatic parenchyma has a normal firm consistency. Gallbladder contains a trace of golden brown bile. Extrahepatic biliary tree is patent. Pancreas has the usual multilobular tan sectioned

surface. Right and left adrenal glands have a combined weight of 4g. Cortices are thin and golden yellow. Medullae are thin grey stripes.

Right and left kidneys have a combined weight of 28 gm. Cortical surfaces are smooth with incidental fetal lobulations. Cortices and medullae have normal thicknesses and are distinctly demarcated. Renal vessels, pelvocalyceal systems and ureters are unremarkable. The urinary bladder is contracted and free of urine. Internal genitalia are normal infantile female. Musculoskeletal system is intact.

Sections from right and left lungs reveal a marked cellular interstitial infiltrate primarily composed of lymphocytes and plasma cells.

Histologic examination of other organs and tissues reveals no additional significant findings.

AUTOPSY FINDINGS

1. CIRCUMFERENTIAL LIVIDITY OF TRUNK, ARMS AND HEAD WITH FOCAL AREAS OF BLANCHING
2. RARE PETECHIAE ON OUTER SURFACES OF THYMUS, HEART AND LUNGS
3. PULMONARY CONGESTION, MILD
4. CHRONIC INTERSTITIAL PNEUMONITIS

PROBABLE CAUSE OF DEATH: **POSITIONAL ASPHYXIA IN CRIB**

CONTRIBUTING FACTOR: **CHRONIC INTERSTITIAL PNEUMONITIS**

WILLIAM F. HAMILTON, M.D.

WFH/dh

- 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

LAB NUMBER: R08-00755
NAME: [redacted]
CASE NO: 08-162
RECEIPT DATE: 03/28/2008

Forensic Toxicology Laboratory

SUBMITTER: Dr. William Hamilton, District 8 Medical Examiners Office, 606 SW 3rd Avenue, Gainesville, FL 32601.

SPECIMENS RECEIVED:

A. Blood
B. Vitreous Humor
C. Serum
D. Heart

Analyte	Qualitative Results	Quantitative Results
VOLATILES		
A. Blood	None Detected	
COMPREHENSIVE DRUG SCREEN		
A. Blood	None Detected	

Reviewed 5-9-08 -WH

RESULT CERTIFICATION:

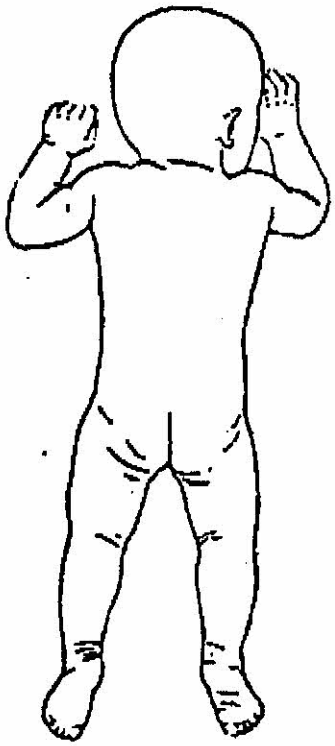
Results Certified by: [signature]
Bruce A. Goldberger, Ph.D., DABFT
Director of Toxicology & Professor

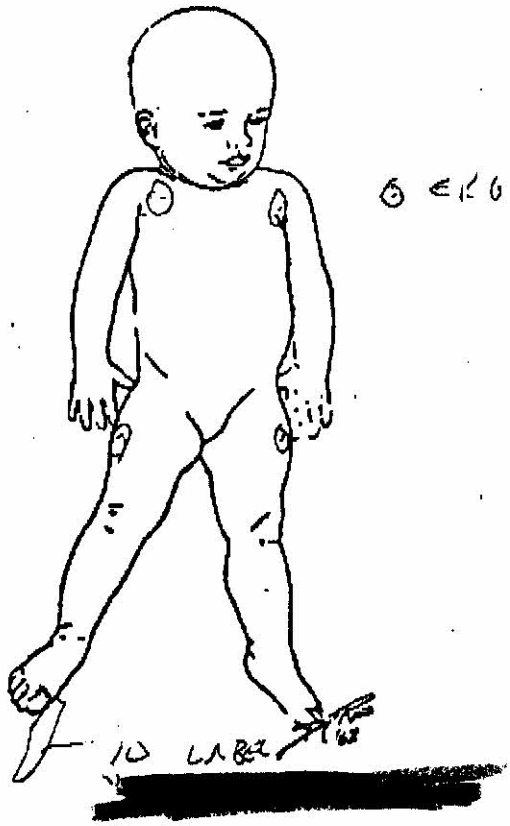
R0800755 - 01/ BG 04/21/08 [0001]
PRINTED: 04/21/08

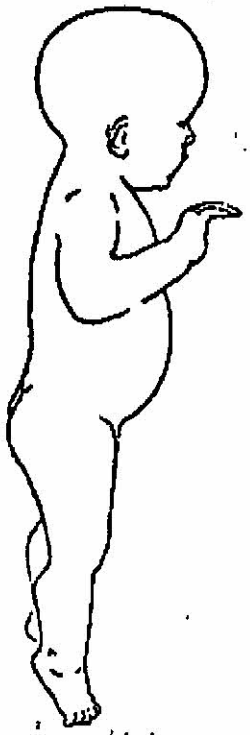
NO. ME08-162
NAME [redacted]
DATE 3-27-05

BABY DIAGRAM

HC 16
CC 14







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48/38
185/18
CW AOR 4.0
CW RIB 28
692

Examined By [signature] Date 28 MARCH 2008

LEVY COUNTY SHERIFFS OFFICE

Agency Report Number: 0803660

ADM

Date of Supplement:

Original Day Reported	Date	Time (mil)	Time Dispatched (mil)	Time Arrived (mil)	Time Completed (mil)
THU	03/27/2008	0759	0801	0805	0920

Incident Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other

Incident: Day	Date	Time (mil)	Day	Date	Time (mil)
From TUE	03/27/2007	0759	To TUE	03/27/2007	0920

OFF/INC	Type	Description	A-Attempted C-Committed	Statute Violation Number	NCIC/UCR Code
# 1	9	DEATH INVEST	C		0000
# 2					0000

EVENT DATA

Incident Location (Street, Apt. Number)	City	Zip	District	Grid	Area	Zone
[redacted]	BRONSON	32621				2

Business Name/Area Identifier: [redacted]

Forced Entry: 0. N/A 1. Yes 2. No.

Occupancy: 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned

Location Type:
01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 99. Other

# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen
01	01	00	00	00

Type of Weapon: 00. N/A 01. Handgun 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 99. Other

CODES

V/W Code: V-Victim W-Witness C-Reporting Person P-Proprietor Z-Other

Victim Type: 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 7. Other

Race: N-N/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown

Sex: N-N/A M-Male F-Female U-Unknown

Residence Type: 0. N/A 1. City 2. County 3. Florida 4. Out-of-State

Residence Status: 0. N/A 1. Full Year 2. Part Year 3. Non-Resident

Extent of Injur: 0. None 1. Minor 2. Serious 3. Fatal

Injury Type: 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other

Victim Relationship To Offender: 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Habitant 06. Parent 07. Brother/Sister 08. Child 09. Step-Parent 10. Step-Child 11. In-Law 12. Other Family 13. Student 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Te 23. Acquaintanc 99. Other Know

VICTIM/WITNESS

OFF/INC Indicator (1.#1 2.#2 3.Both)	V/W Code	#	V.Type	Name (Last, First, Middle or Business)	Residence Phone
1	C	01	3	[redacted]	[redacted]

Address (Street, Apt. Number)	City	State	Zip	Business Phone
[redacted]	BRONSON	FL		

Other Contact Info. (Time Available, Interpreter, ect.): Synopsis of Involvement:

If V/W Code (V, W or P)	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?
										Yes ◯ No ◯

VICTIM/WITNESS

OFF/INC Indicator (1.#1 2.#2 3.Both)	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1	O	01	3	[redacted]	

Address (Street, Apt. Number)	City	State	Zip	Business Phone
[redacted]	BRONSON	FL	32621	

Other Contact Info. (Time Available, Interpreter, etc.): Synopsis of Involvement:

If V/W Code (V, W or P)	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?
	W	M					00 00			Yes ◯ No ◯

SUSPECT

OFF/INC Indicator (1.#1 2.#2 3.Both)	Suspect Code (S-Suspect A-Arrestee E-Escapee Z-Other)	Code #	Juvenile	Name (Last, First, Middle)

Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone

Last Known Address (Street, Apt. Number)	City	State	Zip	Business Phone

Occupation	Employer/School	Address	Social Security Number

Driver's License State/Number	Immigration and Naturalization Number	Other I.D. Number	OBTS Number (Arrested)	FCIC/NCIC

Clothing (Describe): Scars/Marks/Tattoos (Location/Describe):

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style

Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers

NARRATIVE

SEE ATTACHED NARRATIVE

ADMINISTRATIVE

Person/Unit Notified	Time	Related Report Number(s)

Officer(s) Reporting	I.D. Number(s)/Locator Code	Unit
J SABBAG	P341	

Officer Reviewing (If Applicable)	I.D. Number	Routed To	Referred	Assigned To	By	Date
RUNNELS				NARAYAN	LH	

Case Status	Clearance Type (1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend.)	A-Adult J-Juvenile	Date Cleared	Jail Number	Number Arre
CO					

Exception Type	OBTS Number	Page
1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. V/W Refused to Cooperate 5. Prosecution Declined 6. Juvenile Custody		of

PERSON(S) REPORT
LEVY COUNTY SHERIFFS OFFICE

Juvenile in Report [ ] 1. Original 2. Supplement [X]

ADM

Date of Supplement	Agency report Number
	0803660

Original Date Reported	Primary Offense Description	Victim #1 Name
03/27/2008	DEATH INVEST	MONTAGUE, DEEDEE

CODES

V/W Code: V-Victim, W-Witness, C-Reporting Person, P-Proprietor, Z-Other

Victim Type: 0. N/A, 1. Juvenile, 2. L.E. Officer, 3. Adult, 4. Business, 5. Government, 6. Church, 9. Other

Race: N-N/A, W-White, B-Black, I-American Indian, O-Oriental/Asian, U-Unknown

Sex: N-N/A, M-Male, F-Female, U-Unknown

Residence Type: 0. N/A, 1. City, 2. County, 3. Florida, 4. Out-of-State

Residence Status: 0. N/A, 1. Full Year, 2. Part Year, 3. Non-Resident

Extent of Injury: 0. None, 1. Minor, 2. Serious, 3. Fatal

Injury Type: 00. N/A, 01. Gunshot, 02. Stabbed, 03. Laceration, 04. Unconscious, 05. Poss. Broken Bones, 06. Poss. Internal Injury, 07. Loss of Teeth, 08. Burns, 09. Abrasions/Bruises, 99. Other

Victim Relationship To Offender: 00. N/A, 01. Undetermined, 02. Stranger, 03. Spouse, 04. Ex-Spouse, 05. Co-Habitant, 06. Parent, 07. Brother/Sister, 08. Child, 09. Step-Parent, 10. Step-Child, 11. In-Law, 12. Other Family, 13. Student, 14. Teacher, 15. Child of Boy/Girl Friend, 16. Boy/Girl Friend, 17. Friend, 18. Neighbor, 19. Sitter/Day Care, 20. Employee, 21. Employer, 22. Landlord/Tenant, 23. Acquaintance, 99. Other Known

VICTIM/WITNESS

OFF/INC Indicator (1. #1 2. #2 3. Both)	V/W Code #	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1	O 02	3	[redacted]	[redacted]

Address (Street, Apt. Number)	City	State	Zip	Business Phone
[redacted]	BRONSON	FL	32621	

Other Contact Info. (Time Available, Interpreter, etc.)	Synopsis of Involvement

If Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges?
	W	F					00 00			Yes [ ] No [ ]

VICTIM/WITNESS

OFF/INC Indicator (1. #1 2. #2 3. Both)	V/W Code #	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1	O 03	3	[redacted]	

Address (Street, Apt. Number)	City	State	Zip	Business Phone
[redacted]	BRONSON	FL	32621	

Other Contact Info. (Time Available, Interpreter, etc.)	Synopsis of Involvement

If Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges?
	W	F	08/03/1969 39	2	1		00 00	01		Yes [ ] No [ ]

SUSPECT OR MISSING PERSON

OFF/INC Indicator (1. #1 2. #2 3. Both)	Suspect Code (S-Suspect, A-Arrestee, E-Escapee, M-Missing, R-Recovered, Missing, Z-other)	Code #	Juvenile	Name (Last, First, Middle)

Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone

Last Known Address (Street, Apt. Number)	City	State	Zip	Business Phone

Occupation	Employer/School	Address	Social Security Number

Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number	FCIC/NCIC

Clothing (Describe): Scars/Marks/Tattoos (Location/Describe):

Race	Sex	Date of Birth or Age	Height		Weight	Eye Color	Hair Color	Hair Length	Hair Style

Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers

SUSPECT OR MISSING PERSON

OFF/INC Indicator (1. #1 2. #2 3. Both)	Suspect Code (S-Suspect, A-Arrestee, E-Escapee, M-Missing, R-Recovered, Missing, Z-other)	Code #	Juvenile	Name (Last, First, Middle)

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Occupation	Employer/School	Address	Social Security Number

Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number	FCIC/NCIC

Clothing (Describe): Scars/Marks/Tattoos (Location/Describe):

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style

Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers

MISSING PERSON/RUNAWAY

Incident Type	Foul Play Suspected?	Missing Before?	Fingerprints Available?	Photo Available?	Dental Record Available?	MCIC Form Provided?
1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered 6. Disaster Victim 7. Voluntary Adult 8. Unknown	1. Yes 2. No	1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No

Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St)	Accompanied By

Mental/Physical Condition	Medication Required/Type	Doctor/Dentist (Name, Phone Number)

Property Carried	ID. Type/Number	ID. Type/Number

Probable Destination	Name/Address	Transportation Mode

Recovery Information: 0. N/A, 1. Voluntary, 2. Located-Not Returned, 3. Hospitalized, 4. HRS Custody, 5. Law Enforcement Custody, 6. Returned to Parent, 7. Deceased, 9. Other

ADMINISTRATIVE

Officer(s) Reporting	ID. Number(s)/Locator code	Unit	Date
J SABBAG	P341		03/28/2008

Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date
RUNNELS				NARAYAN	LH	

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PERSON(S) REPORT

LEVY COUNTY SHERIFFS OFFICE

In Report ☐ 2. Supplement ☒

ADM

Date of Supplement	Agency report Number
	0803660

Original Date Reported	Primary Offense Description	Victim #1 Name
03/27/2008	DEATH INVEST	MONTAGUE, EMILY

CODES

V/W Code	Victim Type	Race	Sex	Residence Type	Residence Status	Extent of Injury
V-Victim, W-Witness, C-Reporting Person, P-Proprietor, Z-Other	0. N/A, 1. Juvenile, 2. L.E. Officer, 3. Adult, 4. Business, 5 Government, 6. Church, 9. Other	N-N/A, I-American Indian, W-White, O-Oriental/Asian, B-Black, U-Unknown	N-N/A, M-Male, F-Female, U-Unknown	0. N/A, 1. City, 2. County, 3. Florida, 4 Out-of-State	0. N/A, 1. Full Year, 2. Part Year, 3. Non-Resident	0. None, 1 Minor, 2 Serious, 3. Fatal

Injury Type			Victim Relationship To Offender					
00. N/A	03. Laceration	07 Loss of Teeth	00. N/A	03. Spouse	06. Parent	10 Step-Child	14 Teacher	17. Friend	21 Employer
01 Gunshot	04 Unconscious	08. Burns	01. Undetermined	04 Ex-Spouse	07. Brother/Sister	11 In-Law	15 Child of Boy/Girl Friend	18. Neighbor	22. Landlord/Tenant
02. Stabbed	05 Poss. Broken Bones	09. Abrasions/Bruises	02. Stranger	05 Co-Habitant	08. Child	12. Other Family	16. Boy/Girl Friend	19. Sitter/Day Care	23. Acquaintance
	06. Poss. Internal Injury	99. Other			09. Step-Parent	13 Student		20. Employee	99. Other Known

VICTIM/WITNESS

OFF/INC Indicator	V/W Code #	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1. #1 3. Both 2. #2 1	V 01	1	[redacted]	

Address (Street, Apt, Number)	City	State	Zip	Business Phone
[redacted]	BRONSON	FL	32621	

Other Contact Info. (Time Available, Interpreter, etc.)	Synopsis of Involvement

If Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges ?
	W	F	12/28/2007 1	2	1		00 00	08		Yes ☐ No ☐

VICTIM/WITNESS

OFF/INC Indicator	V/W Code #	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1. #1 3 Both 2. #2				

Address (Street, Apt, Number)	City	State	Zip	Business Phone

Other Contact Info. (Time Available, Interpreter, etc.)	Synopsis of Involvement

If Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges ?
										Yes ☐ No ☐

SUSPECT OR MISSING PERSON

OFF/INC Indicator	Suspect Code	Code #	Juvenile	Name (Last, First, Middle)
1. #1 3. Both 2. #2	S-Suspect, E-Escapee, R-Recovered, A-Arrestee, M-Missing, Missing, Z-other			

Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone

Last Known Address (Street, Apt. Number)	City	State	Zip	Business Phone

Occupation	Employer/School	Address	Social Security Number

Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number	FCIC/NCIC

Clothing (Describe)	Scars/Marks/Tattoos (Location/Describe)

Race	Sex	Date of Birth or Age	Height		Weight	Eye Color	Hair Color	Hair Length	Hair Style

Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers

SUSPECT OR MISSING PERSON

OFF/INC Indicator	Suspect Code	Code #	Juvenile	Name (Last, First, Middle)
1. #1 3. Both 2. #2	S-Suspect, E-Escapee, R-Recovered, A-Arrestee, M-Missing, Missing, Z-other			

Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone

Last Known Address (Street, Apt. Number)	City	State	Zip	Business Phone

Occupation	Employer/School	Address	Social Security Number

Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number	FCIC/NCIC

Clothing (Describe)	Scars/Marks/Tattoos (Location/Describe)

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style

Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers

MISSING PERSON/RUNAWAY

Incident Type	Foul Play Suspected ?	Missing Before ?	Fingerprints Available ?	Photo Available ?	Dental Record Available ?	MCIC Form Provided ?
1. Runaway, 2. Parental, 3. Involuntary, 4. Disabled, 5. Endangered, 6. Disaster Victim, 7. Voluntary Adult, 8 Unknown	1. Yes 2. No	1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No 8. Unknown	1. Yes 2. No

Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St)	Accompanied By

Mental/Physical Condition	Medication Required/Type	Doctor/Dentist (Name, Phone Number)

Property Carried	ID. Type/Number	ID. Type/Number

Probable Destination	Name/Address	Transportation Mode

Recovery Information
0 N/A, 1 Voluntary, 2. Located-Not Returned, 3. Hospitalized, 4. HRS Custody, 5. Law Enforcement Custody, 6. Returned to Parent, 7 Deceased, 9. Other

ADMINISTRATIVE

Officer(s) Reporting	ID. Number(s)/Locator code	Unit	Date
J SABBAG	P341		03/28/2008

Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date
RUNNELS				NARAYAN	LH	

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DEATH INVESTIGATION
D/S JOSEPH SABBAG- P341
08-03660

03-27-08
AT APPROXIMATELY 0801 HOURS, I WAS DISPATCHED TO THE SINGLE WIDE MOBILE HOME, LOCATED AT 1[redacted], REFERENCE TO AN UNRESPONSIVE THREE MONTH OLD CHILD.

UPON MY ARRIVAL, I WAS WAVED DOWN NEXT DOOR, LOCATED AT [redacted]PLACE AND ADVISED THAT THE CHILD WAS INSIDE THIS RESIDENCE. ENTERING THE RESIDENCE, I OBSERVED A WHITE MALE, LATER IDENTIFIED AS [redacted], PERFORMING CPR ON AN INFANT CHILD. THE CHILD APPEARED TO HAVE BLUE LIPS AND WAS PALE, WEARING ONLY A DIAPER. THE RESIDENCE WAS CLUTTERED AND DIRTY, AND SMELT OF SMOKE.

DAVID RIENSTRA, BRONSON FIRE DEPARTMENT ENGINE 70, ARRIVED AND TOOK OVER PERFORMING CPR ON THE CHILD UNTIL LEVY COUNTY EMS ARRIVED. THE CHILD WAS TAKEN BY RIENSTRA TO THE AMBULANCE WHERE PARAMEDIC PAUL LEINAS ASSUMED EMERGENCY MEDICINE. THE CHILD WAS UNABLE TO BE REVIVED AND PRONOUNCED DECEASED AT 0817 HOURS.

I SECURED THE RESIDENCE FOR THE CRIMINAL INVESTIGATIONS DIVISION AT THIS TIME.

BRIEFLY LOOKING OVER THE RESIDENCE, I OBSERVED WHAT I BELIEVED TO BE MARIJUANA ROACHS ON THE MATTRESS LAYING IN THE LIVING ROOM. IN THE CHILDS ROOM, I OBSERVED THE CRIB WITH PILLOWS INSIDE THE CRIB AND CLUTTER IN ROOM.

INV. NARAYAN ARRIVED ON SCENE AND TOOK OVER THE REMAINDER OF THE INVESTIGATION. I COMPLETED THE MEDICO-LEGAL DEATH FACT SHEET. I TOOK NO FURTHER ACTION REGARDING THIS INVESTIGATION AT THIS TIME.

CASE PENDING.

0803660
Death Investigation
Cpl. Narayan
Supplement

On 03-27-2008 writer was dispatched to [redacted] Place reference a death investigation. Writer arrived on scene at approximately 0818 hours. Upon arrival writer observed an ambulance and patrol car at the scene. The scene is an older model single wide mobile home in a fenced yard. There is a second residence in the same yard. Writer made contact with Deputy Sabbag, he briefed writer on the details of his investigation as described in his original report. Deputy Sabbag said upon his arrival he entered the residence and observed [redacted] performing CPR on his daughter [redacted] 12/28/2007. He first responded David Rienstra arrived on scene and took over CPR; he said Rienstra was relieved by paramedics from Medical Unit 1 out of Bronson. Deputy Sabbag said paramedic Paul Leinas pronounced baby [redacted] at an approximately 0817 hours. Refer to Deputy Sabbag's report for further details on his investigation.

Writer spoke with Paramedic Paul Leinas; he repeated what Deputy Sabbag told writer about CPR and time pronounced. He said [redacted] body is in the ambulance and the ambulance/crew would remain on scene as long as writer needed them to do so.

Deputy Sabbag introduced writer to [redacted]'s parents [redacted] and [redacted] [redacted] Writer interviewed [redacted] and [redacted] with victim advocate Edith Brown present. Prior to the start of this interview writer tasked Lt. Tummond to assisted writer with examination of [redacted]'s body. Lt. Tummond also assisted crime scene technician Michelle Arnold with the process of the crime scene in addition to photo/video documentation of [redacted] body.

The majority of information writer ascertain from [redacted] and [redacted] was used to complete an 8 page reporting form titled SUIDI (Sudden Unexplained Infant Death Investigation). Refer to this form for details on the interview. The [redacted]'s said [redacted]'s grandmother [redacted] placed her in the crib on 03-26-08 at approximately 2100 hours. [redacted] said he found his daughter this morning shortly before 911 was called he found [redacted] face down in the crib. [redacted] said he moved his daughter to the kitchen counter top where he started CPR. [redacted] said she has had 4 miscarriages. She said [redacted] was born on time. She said within the past 72 hours [redacted] has had a stuffy nose and was taking Acithromycin. Refer to Sudden Unexplained Infant Death Investigation reporting form for further details of writer's interview with the [redacted].

Writer made contact with [redacted] said she placed [redacted] down to sleep at approximately 2100. She said she did place [redacted] to lie down on her back with her head towards the south.

Subsequent investigation writer spoke with Lt. Tummond, he briefed writer on the details of his investigation upon him examining [redacted] in the ambulance, and he said Crime Scene Technician Michelle Arnold took digital photographs and video of [redacted]

Writer, Lt. Tummond and Crime Scene Technician Michelle Arnold entered into the crime scene. Ms. Arnold documented the crime scene with digital and video photography. The temperature inside the residence was approximately 60 degrees; one hour after 911 was called. The house was in poor condition, it had cigarette smoke in the room, cigarette buttes, marijuana blunts were on the floor, kitchen garbage was on the floor in the kitchen, clothing was scattered on the ground and different items were scatted and cluttered around the house. Writer could not over emphasize the volume of cigarette smoke, cigarette butts on the floor and cigarette astray inside the residence. Refer to the crime scene video and photograph for visual, exact condition in which investigators found the scene. Also, Refer to crime scene video and photograph for details of the room where [redacted] was found decease.

Upon the request of Medical Examiner Investigator Weldon, [redacted] reenacted the position in which she placed [redacted] down to sleep using a doll. The crib is north-south, according to [redacted] she placed [redacted] down to sleep on her back, her head facing south and head slightly elevated. [redacted] reenacted the position in which he found his daughter, [redacted] according to his reenactment found his daughter with her head facing north partially wedged. Refer to Crime scene video documentation of the reenactments for complete details in [redacted] and [redacted]s own words.

Writer contacted Inv. Weldon with the medical examiner's office; writer briefed her on the details of his investigation. Inv. Weldon expressed concerned that a child of [redacted]'s age would be able to turn on her own for her head to go from a south to a north position. She requested that writer question [redacted] about the position in which she placed [redacted] to sleep. [redacted] said she had drank few beers prior to her placing [redacted] to sleep however she was not intoxicated and her statements were consistent throughout this investigation that she place [redacted] to sleep in her back with her head facing a south position.

Refer to Crime Scene Technician Michelle Arnold's report for further details of her investigation-involvement in this case.

Perryman's funeral transport took possession of [redacted] body and transported it to the Medical Examiner's office in Gainesville along with a copy of the Medico-Legal Death Investigation form. Writer returned to the Sheriff's Office

where he faxed a copy of the SUIDI form to the Medical Examiners office. Subsequent investigation after consultation with the medical examiner's office writer interviewed [redacted] who again repeated her statements given earlier.

August, 2008 writer received a copy of the medical examiner's report. The report listed the following Autopsy Finding:

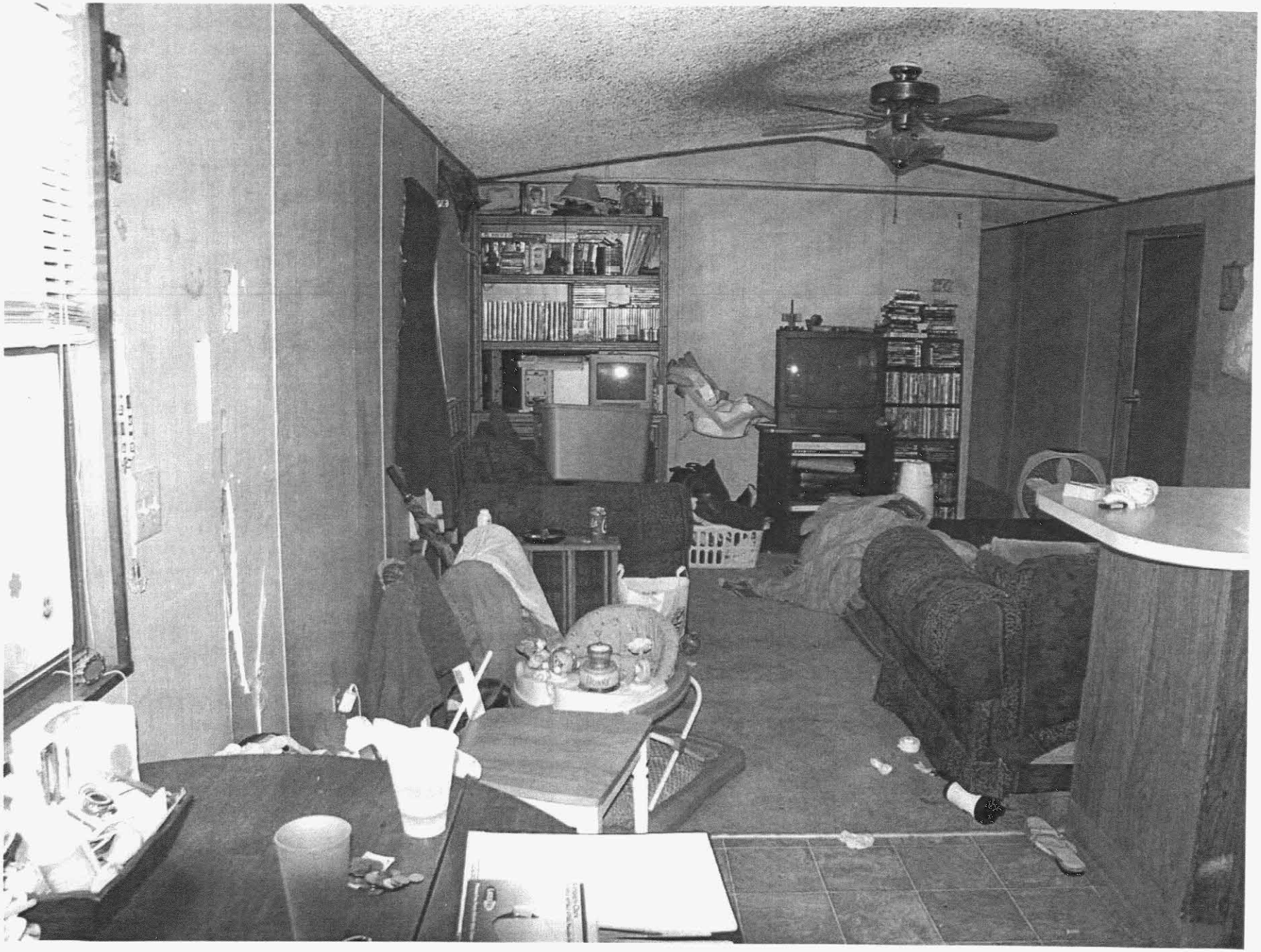
1. CIRSUMFERENTIAL LIVIDITY OF TRUNK, ARMS AND HEAD WITH FOCAL AREAS OF BLANCHING.
2. RARE PETECHIAE ON OUTER SURFACES OF THYMUS, HEART AND LUNGS.
3. PULMONARY CONGESTION, MILD
4. CHRONIC INTERSTITIAL PNEUMONITIS

The report listed the probable cause of death as positional asphyxia in crib with Contributing factor being chronic interstitial pneumonitis.

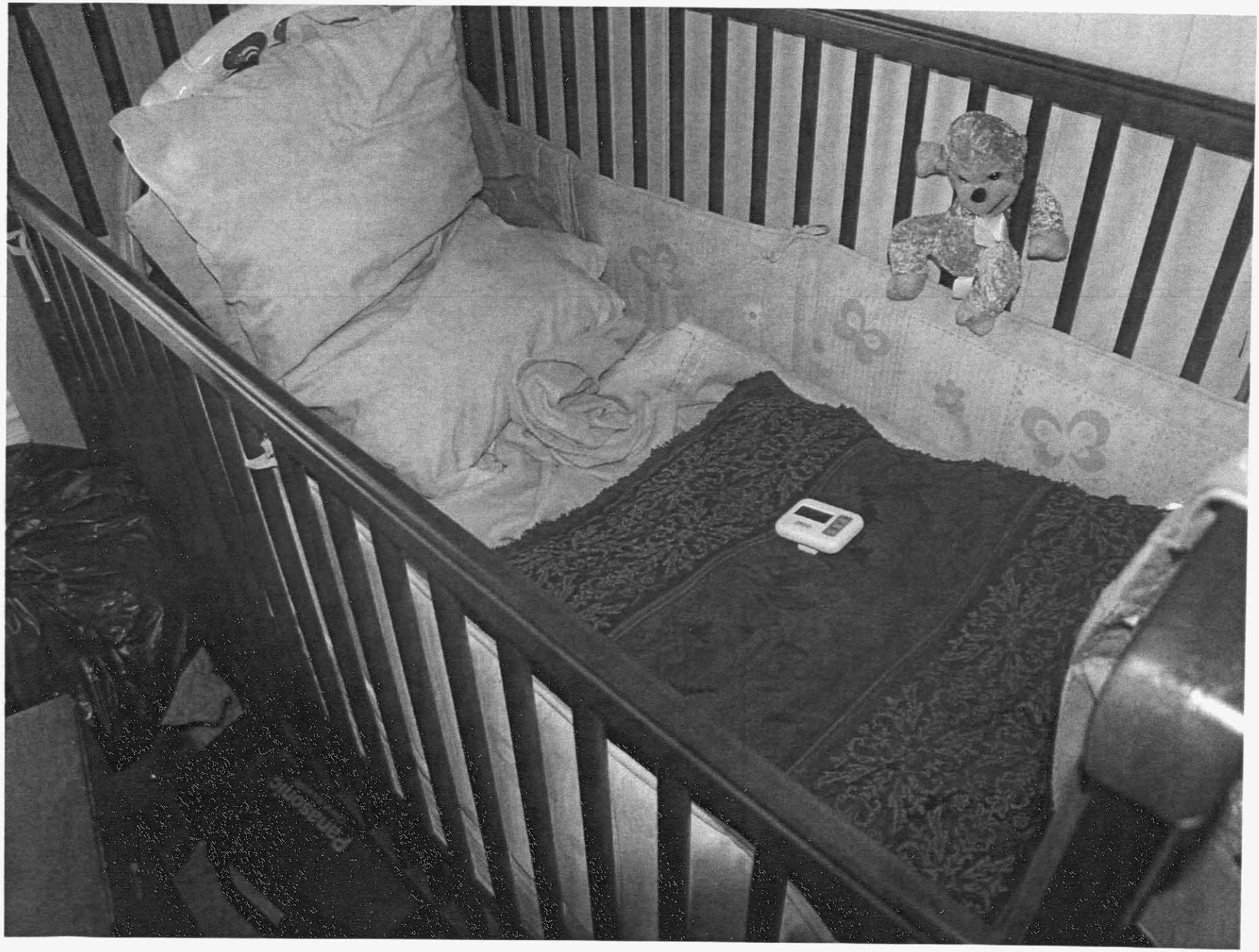
This case is cleared by officer no criminal activity.

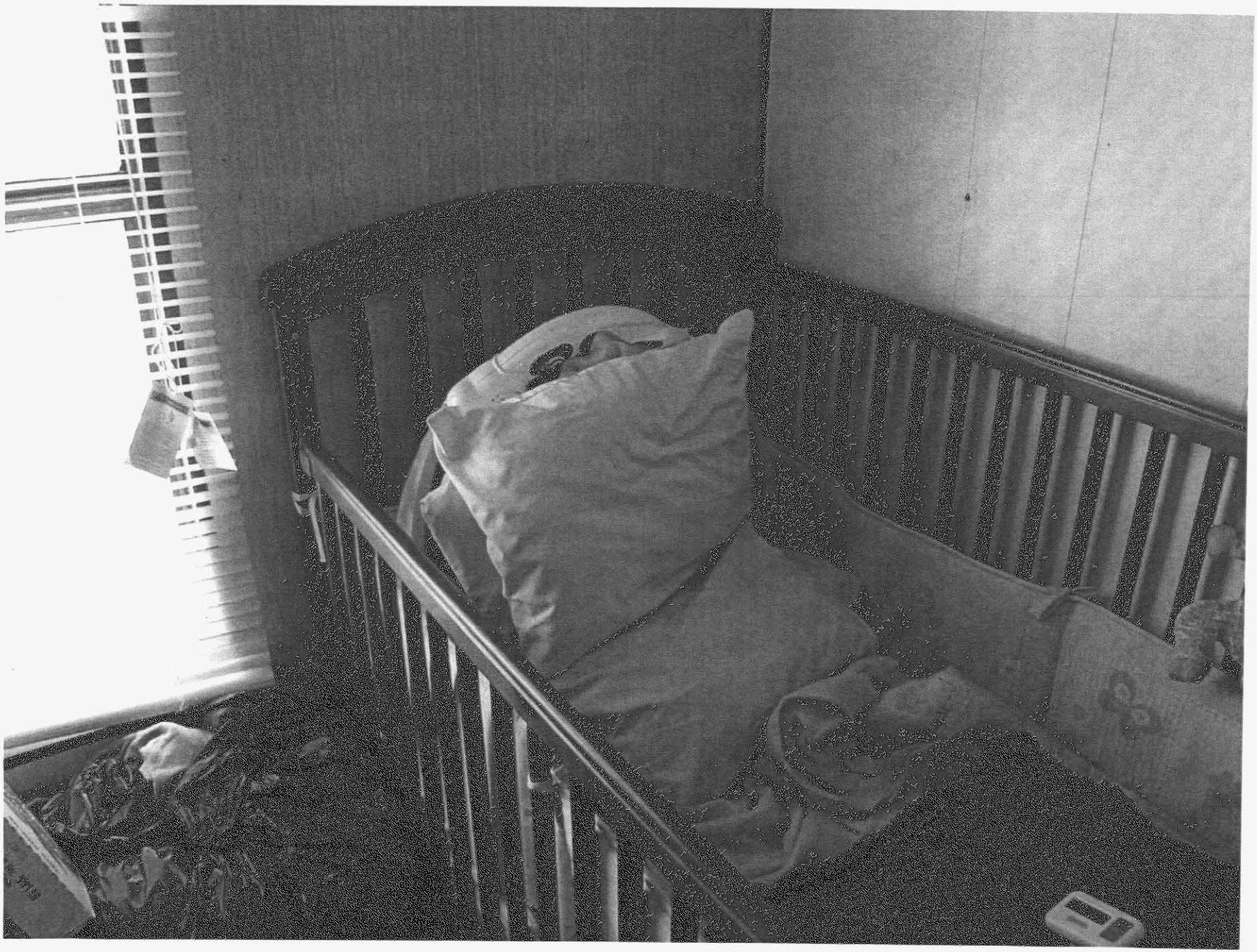
CAD Narrative Information for Case Number 0803660:

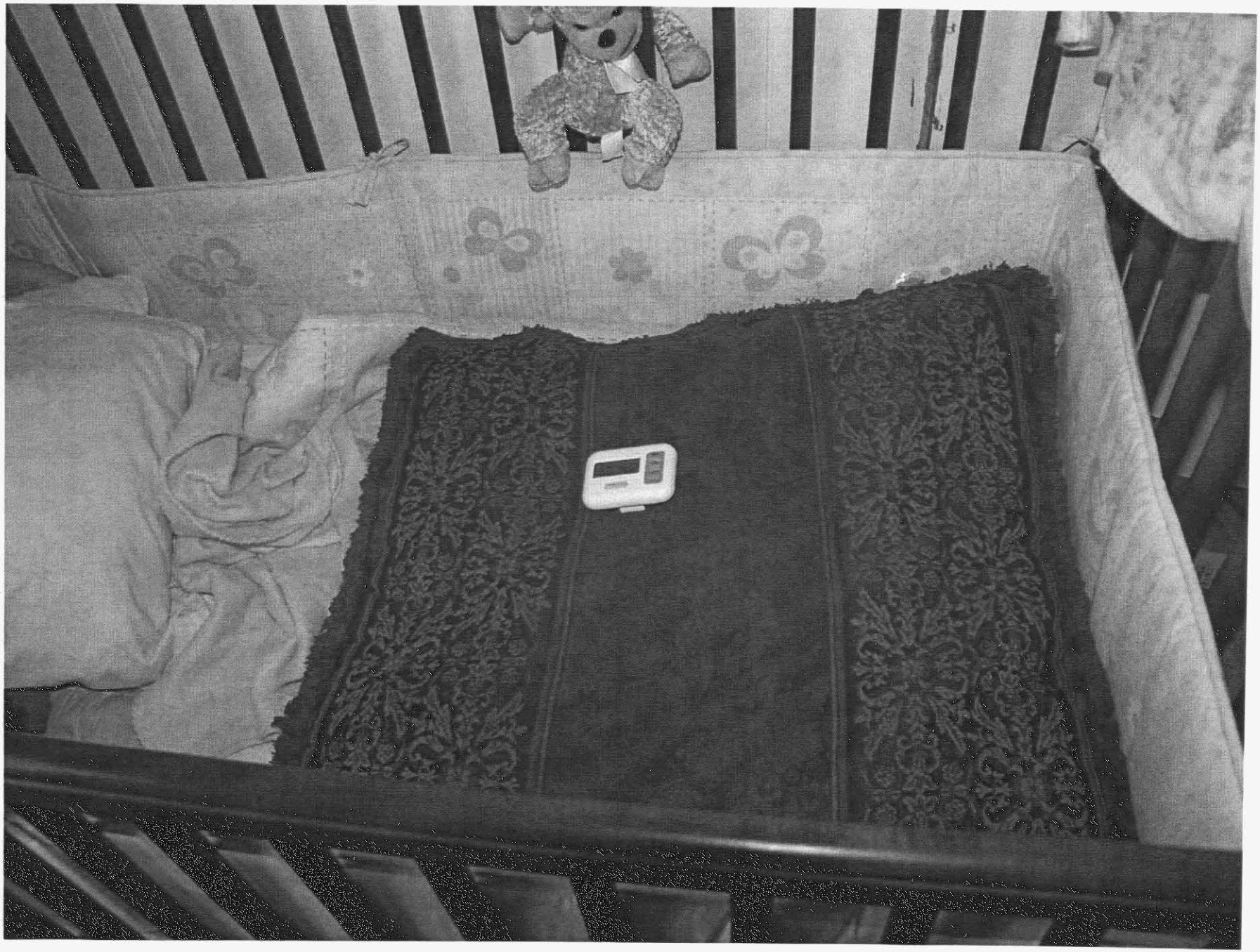
Date	Time	Disp	Narrative
03/27/2008	080134	C312	HAS BEEN SICK WITH BACTERIA IN HER BLOOD
03/27/2008	080249	C312	COMP ADV IS AUNT THE FATHER IS GIVING CPR FOR
03/27/2008	080255	C312	2 MINS
03/27/2008	080403	C312	LAST SEEN LAST NIGHT 10 PM /
03/27/2008	080517	C312	FOUND FACE DOWN IN CRIB / COLD TO THE TOUCH
03/27/2008	080740	C312	S07 PER 341 / HOUSE JUST E OF THE ABOVE RES
03/27/2008	080903	C312	1039 CID / EMS 802
03/27/2008	081354	C312	1039 KATHY WELDON / PER 14
03/27/2008	081952	C312	1039 39 1 2 13
03/27/2008	082136	C312	3 M WF
03/27/2008	082731	C312	MED1 ADV S07 0817 PAUL LEINAS PARA
03/27/2008	092044	C324	DEPUTY WRITES

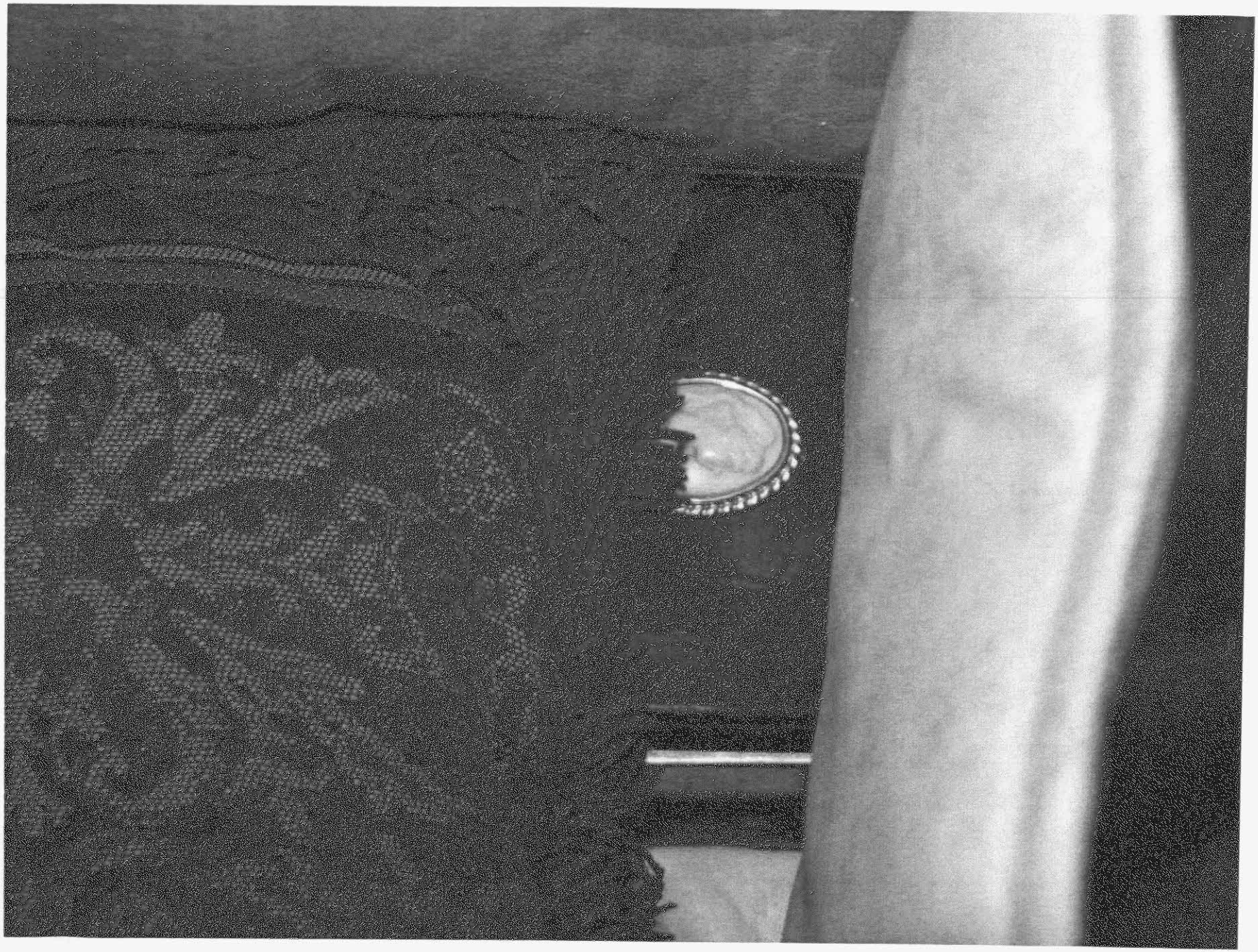


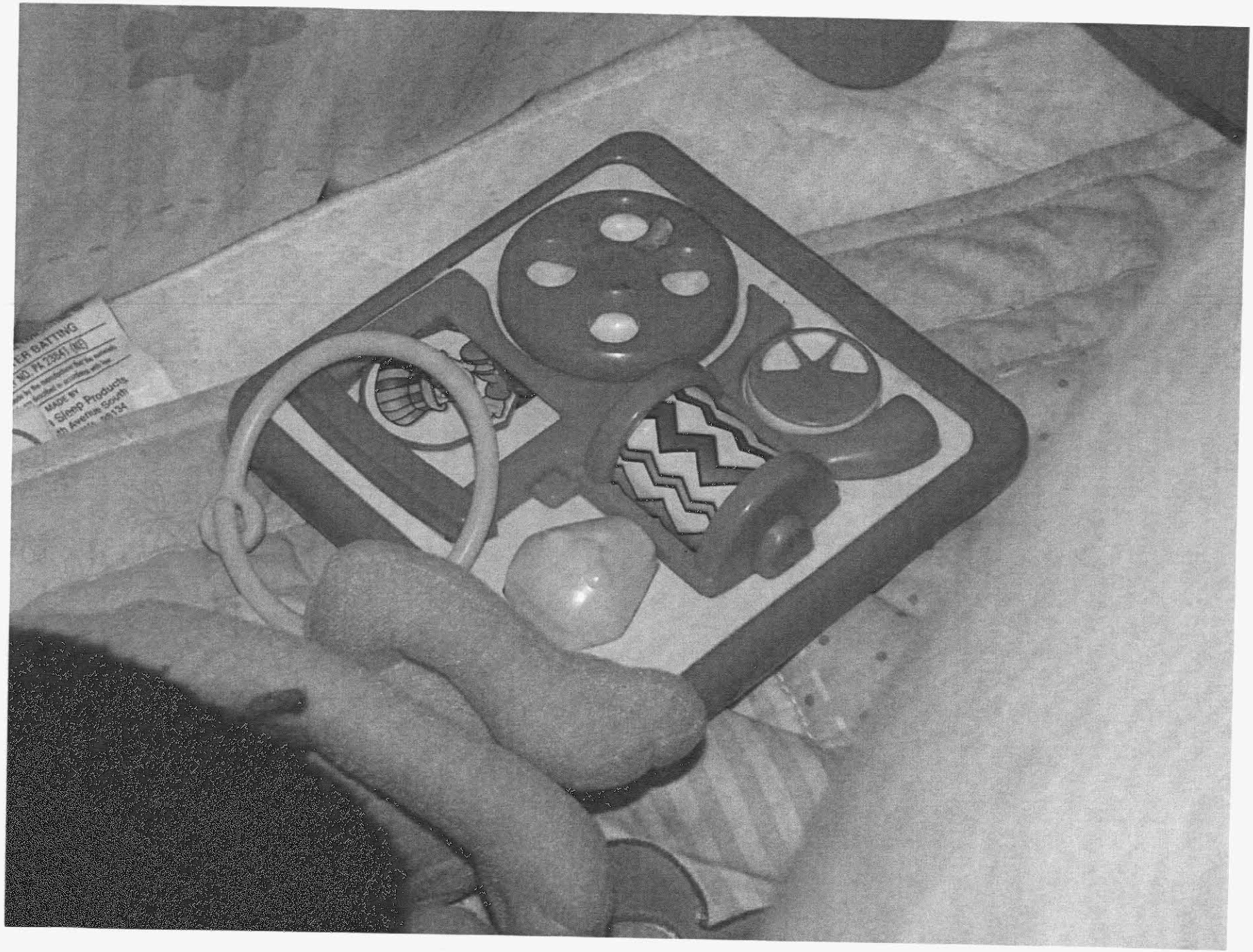
10001
PLASTIC BOTTLES
HEAVY DUTY
OIL STABILIZER
LUCAS
OIL PRODUCTS
INC.
"KEEP THAT ENGINE ALIVE"







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