

1. Task Number 090904CNE0001		2. Investigator's ID 8919		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2009 08 20	5. Date Initiated YR MO DAY 2009 09 04		
6. Synopsis of Accident or Complaint UPC A 4 month old female was found unresponsive in her crib on her side with her forehead pressed against the bumper pad. The infant was sleeping on a mattress that was very soft and pliable. Coroner's report addendum added 4/27/10.				
7. Location (Home, School, etc) 1 - HOME		8. City HILLSIDE	9. State IL	
10A. First Product 1542 - Baby Mattresses Or Pads		10B. Trade/Brand Name [REDACTED]	10C. Model Number [REDACTED]	
10D. Manufacturer Name and Address [REDACTED]				
11A. Second Product 1543 - Cribs		11B. Trade/Brand Name [REDACTED]	11C. Model Number 4750-1	
11D. Manufacturer Name and Address [REDACTED]				
12. Age of Victim 204	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 65 - Anoxia	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 25 / 4	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 07 - Consumer Complaint	22. Sample Collection Number 09-810-8650	
23. Permission to Disclose Name (Non NEISS Cases Only) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/27/2009	25. Reviewed By 9001		26. Regional Office Director Dennis R. Blasius	
27. Distribution Edwards, Patricia; Nicholson, Dollie; Rauchschalbe, Renae; Blasius, Dennis			28. Source Document Number I0981399A	

CPSA (CNY) CLEARED for PUBLIC
 12/13/10
 [Handwritten initials and signatures]

The information in this report was obtained from interviews with the victim's mother on 9/3/2009 and 10/1/2009. Information was also obtained from the Hillside Police Department, the DuPage County Coroner's Office and SIDS of Illinois. This incident was reported to CPSC by SIDS Illinois.

NOTE: The coroner's report has not been finalized. The report will be submitted as an addendum when it is received.

The victim of this incident was a 4 month old female. The victim lived in a single family home with her 32 year old mother, 33 year old father and 10, 3 ½ and 2 year old brothers. I conducted an on-site investigation with the victim's mother on 10/1/2009.

According to the victim's mother the victim was born 6 weeks premature and weighed 5 pounds 1 ounce at birth. The victim's mother did not take any prescribed or over-the-counter medication during pregnancy. The victim's mother and father both smoke cigarettes. The victim's mother smokes about a pack of cigarettes a day. The victim's mother stated that she and her husband only smoke outdoors but the police officer I spoke to indicated that there was strong odor of cigarette smoke in the bedroom where the incident occurred. I also noted a strong odor of cigarette smoke while photographing the mattress and bedding at the police department.

The victim's mother stated that the victim had a hemangioma birthmark on the top of her head. The birthmark was flat when the victim was born but had risen a half inch above her scalp over time. On 7/21/2009 the victim's mother took the victim to a dermatologist where the hemangioma was injected with steroids to decrease its size. The victim's mother stated that the victim screamed for two days after she received the injection. The victim's mother took the victim to her pediatrician on 7/24/2009 and the pediatrician stated that victim was in good health and that the steroid injection should not have adversely affected the infant.

The victim's mother stated that the victim was in good health. She stated that she was not taking any medications and had never had a cold or sniffles. She said the infant was a happy, healthy child. She stated however that two days before the incident on 8/18/2009, she took the infant with her to a doctor's appointment. The victim's 10 year old brother played with the victim in the waiting room until the victim fell asleep. Her brother placed her in the car seat and the victim slept in the car seat from noon to 8:00 p.m. The victim's mother stated that the victim did not want to wake up that day for her usual feedings. The next day, 8/19/2009, the victim was alert and back to normal. The victim's mother also stated that the victim had severe diarrhea for two days preceding her death.

The victim's mother stated that she received a used wooden crib from her aunt in June 2009. She stated that she purchased a new crib mattress, bumper pad and sheets in June of 2009 after she received the crib. According to the mattress label, it measured 27 1/4" x 51 5/8" and weighed 4.8 pounds. (See photographs of the mattress in Exhibit 1.) I also examined the bumper pad that was inside the crib at the time of the incident. The bumper pad's front shell was made of 100% cotton and the shell back was made of 65% polyester/35% cotton. The filling was made of 100% polyester fiber batting. (Refer to photographs of the bumper pad in Exhibit 1.9.) The victim's mother stated that the mattress was very soft. She stated that she purchased a similar mattress for her 2 year old son's crib several months before the incident. She said the mattress fit snugly inside the crib when the mattress pad, sheets and bumper pad were installed in the crib.

On 8/19/2009 at approximately 11:30 p.m., the victim's mother fed the victim a 5 oz. bottle of 4 ounce breast milk mixed with one scoop of infant formula. The victim's father played with the baby for several minutes after she had been fed. The victim did not want to sleep in her crib so the victim's mother lay down with the infant in her bed. The victim's mother cuddled with the infant until 1:30 a.m. when it became clear that the child was not going to fall asleep. At that point the victim's mother got out of bed and placed the victim in her crib on her back. The victim's mother stated that she always placed the victim in

the middle of the crib with her head and feet facing the side rails of the crib (see photo 1.17). The victim's mother placed a receiving blanket over the victim and placed a pacifier in her mouth. The victim's mother then returned to her own bed and went to sleep.

The victim's mother stated that the victim cried for a while after she placed her inside her crib because she usually slept with her and her husband. She stated that eventually the baby stopped crying and fell asleep. The victim's mother stated that the victim did not wake up in the middle of the night and she did not check on her again until the later that morning.

At 7:40 a.m. the victim's father woke up and got ready for work. The victim's mother stated that her husband was running late for work so he quickly got ready and left the house between 8:00 and 8:05 a.m. The victim's mother stated that her husband heard the victim stir as he was leaving, so he turned around and glanced at her. He told the victim's mother that the baby had turned sideways inside the crib but was not near the side rail. He said she was fussing and let out a little cry and then became quiet. The victim's father then left the house and went to work.

The victim's mother stated that she got up an hour later at 9:17 a.m. She said that she looked at her daughter and noticed that she had rolled over onto her right side near the side rail and that her forehead was pressed against the bumper pad. The victim's mother stated that the victim liked to have something against her head and that she always ended up sleeping with her head against the side of the crib. The victim's mother stated that the victim's nose and mouth were lightly touching the bumper pad.

The victim's mother stated that she thought the victim was cold but she did not want to put a blanket over her and awaken her. The victim's mother stated that she left the room and made a cup of coffee. She stated that her other three children were still asleep at that time.

The victim's mother stated that by 10:30 a.m. her oldest son had gotten up and taken their dogs outside. When her son returned to the house she told him to get his sister because she had made her a bottle. The victim's mother stated that her 10 year old son went into the bedroom and tried to wake his sister. She stated that he picked her up and carried her from the bedroom to the living room. The victim's mother stated that when her son reached the living room she looked over and saw that the birthmark on her daughter's forehead was blue. The victim's mother said she grabbed the victim from her son and immediately started CPR while she dialed 911 from the house phone. The victim's mother stated that she also called her husband on her cell phone as she was performing CPR on her daughter.

The victim's mother stated that a police officer arrived at the house within 3-4 minutes of her call and she ran outside to meet the officer. The police officer then transferred the infant to paramedics who took her to a local hospital. The victim's mother stated that paramedics worked on the victim at the hospital. The victim's mother stated that she stayed home with her other children while her husband went to the hospital and stayed with the victim. The victim's mother stated that her husband called her at 11:30 a.m. and told her to come to the hospital. She stated that she did not realize until she arrived at the hospital that her daughter had died. NOTE: The exact time of death is not known as the coroner's report has not been finalized and the infant's cause of death has not been determined.

I purchased an exemplar sample of the mattress involved in the incident. The exemplar mattress is the same height and width as the incident mattress examined at the police department. I observed that the mattress was very soft and pliable. I also purchased an exemplar bumper pad. The bumper pad differed only in trim color from the one inside the crib at the time of the incident. Scene recreation photos were taken at the home during this on-site. Using a crib mattress the consumer had purchased for her 2 year old son of a similar model as the one involved in the incident.

The victim's mother arranged the crib mattress and bumper pads in the crib as at the time of the incident. The assignment document indicates that there was a gap between the mattress and the crib slats and that the gap was filled by the bumper pad and that the mattress was too small for the crib. (See photos of the bumper within the crib in Exhibits 1.13-1.16.) The assignment document also states that the child was found with her face, "into" the mattress. A telephone interview with the complainant indicated that she did not witness the position of the victim or the mother's recreation of the child's head/face position and that she only knew that the victim's forehead was pressed against the mattress pad, as the mother indicated to the police and to this investigator. There is no indication that the victim's face, mouth or nose were in contact with the mattress at the time of the incident.

Prior to conducting this on-site I asked the victim's mother to have her 10 year old son position the doll in the crib showing the victim's position at the time he discovered her. The victim's mother stated that based upon subsequent discussion with the police department, the victim had probably died before the mother awoke. She believed the daughter had not moved or changed positions between the time she saw her and the time her brother was sent to wake her up. She stated that having her son recreate the scene with a doll, "would not make any difference" as she believed her daughter had died shortly after her husband left for work. See photographs showing the position of the victim inside the crib at the time of the incident according to her mother in Exhibits 1.18-1.23.

NOTE: At the time of this on-site, the victim's crib was located in a corner of her parent's bedroom on the second floor. The police report, however, indicates that the victim had been sleeping in her parents' bedroom in the basement at the time of the incident. After the on-site I attempted to contact the victim's mother do clarify this discrepancy, however she could not be reached for further comment.

I interviewed the reporting police officer on 9/1/2009. He had taken possession of the crib mattress sheet, mattress pad, bumper pad and blanket, bottles, pacifier that were in

the crib at the time of the victim's death. He told me that the victim's mother said that she found the victim lying on her side with her forehead against the bumper pad. (Refer to photos showing the position of the victim according to the police officer in Exhibits 1-1.5).

The police report (Exhibit 2) states that the victim's mother was awakened by her cell phone at 9:17 a.m. She got up and went upstairs to the kitchen and started to surf the internet while drinking a cup of coffee. The report states that she did not check on the victim because she usually slept late. The report states that at approximately 10:45 a.m. she told her 10 year old son to go downstairs and bring the baby upstairs for a bottle.

The report states that the victim's 10 year old brother tried to wake the victim up but she would not move, so he picked her up and shook her a little to wake her up. The victim still did not wake up. At that point the victim's brother rushed her upstairs to the mother at 10:50 a.m. The report states that the victim's mother called 911 and reported that her daughter was not breathing. I requested copies of photos from the police department. If they are received they will be submitted as an addendum.

PRODUCT IDENTIFICATION:

Mattress: (Product Code 1542)
Brand: [REDACTED]
Model No.: [REDACTED]
MFR Date: 2/20/2009
Prototype ID: [REDACTED]
Size: 27 1/4" x 51 5/8"
Net Wt. Filling
Materials: 4.8 lbs.
Cost: \$59.99
Manufacturer: [REDACTED]

PRODUCT IDENTIFICATION CONT.:

Retailer:

[REDACTED]

Bumper Pad: (Product Code 4054)

Model No.:

[REDACTED]

Brand:

[REDACTED]

Size: 10" x 160"

Cost: \$19.99

Manufacturer:

[REDACTED]

Retailer:

[REDACTED]

Crib: (Product Code 1545)

Model No.:

[REDACTED]

Order No.:

[REDACTED]

Brand:

[REDACTED]

MFR Date: May 29, 2004

Manufacturer:

[REDACTED]

Retailer:

[REDACTED]

ATTACHMENTS:

- Exhibit 1 - Photographs
- Exhibit 2 - Police Report
- Exhibit 3 - Data Record Sheet for Suffocation Deaths
- Exhibit 4 - Sample Collection Report 09-810-5650/
exemplar mattress.
- Exhibit 5 - Sample Collection Report 10-810-5510/
exemplar bumper pad
- Exhibit 6 - Authorization for Release of Name Form
- Exhibit 7 - Status of Missing Document
- Exhibit 8 - Respondent List
- Exhibit 9 - Coroner's Report added as addendum 04/27/10 RB



Exhibit 1 - Photograph of the mattress and bumper pad involved in the incident.

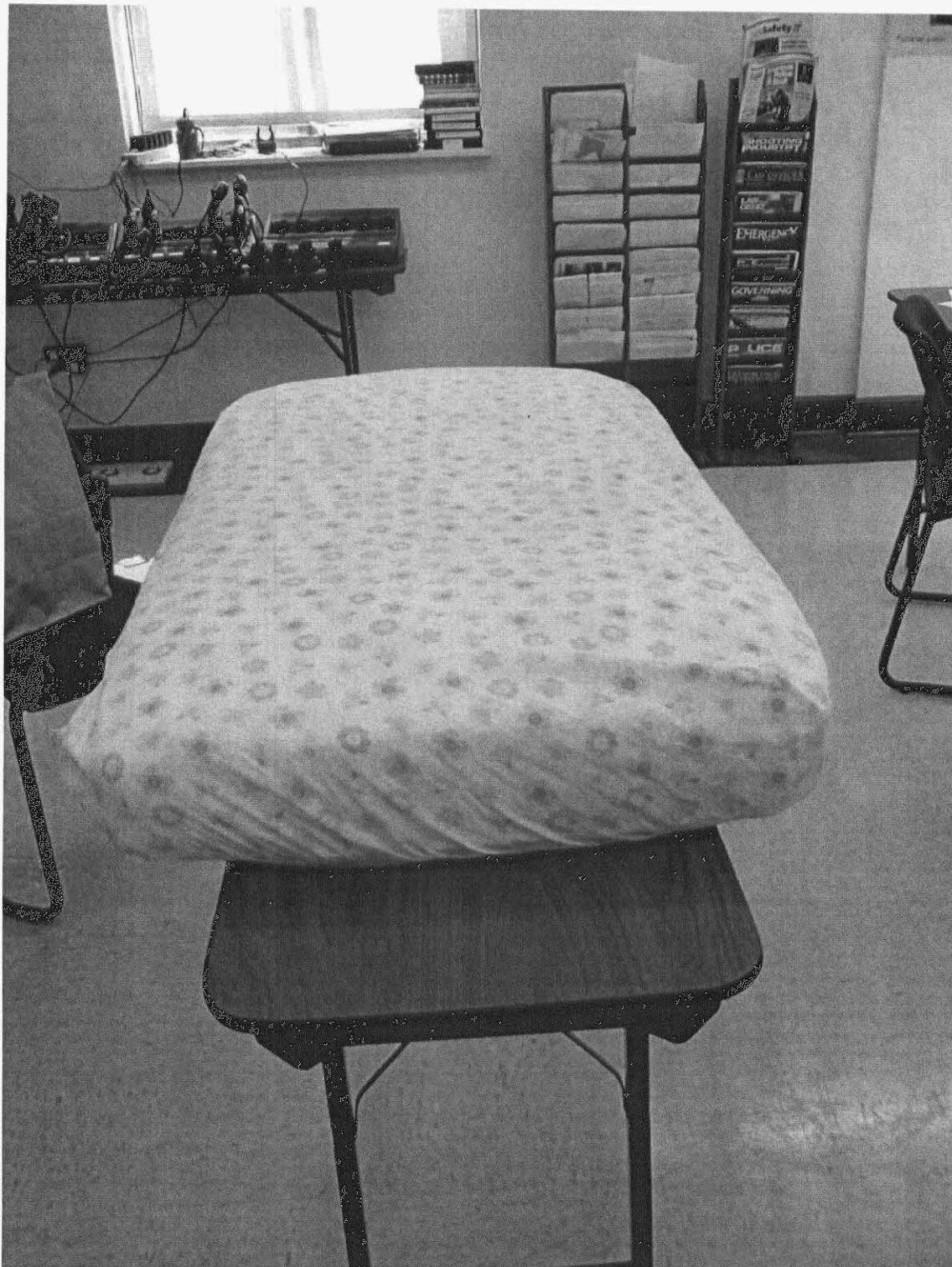


Exhibit 1.1 - Photograph of the sheet that was on the mattress at the time of the incident.



Exhibit 1.2 - Photograph taken at the Hillside Police Department showing the position the victim was found in, according to the mother, at the time of incident.



Exhibit 1.3 - Close up of the victim's approximate position at the time of the incident.



Exhibit 1.4 - Additional view of the victim's approximate position at the time of the incident.



Exhibit 1.5 - Additional view of the victim's approximate position at the time of the incident.

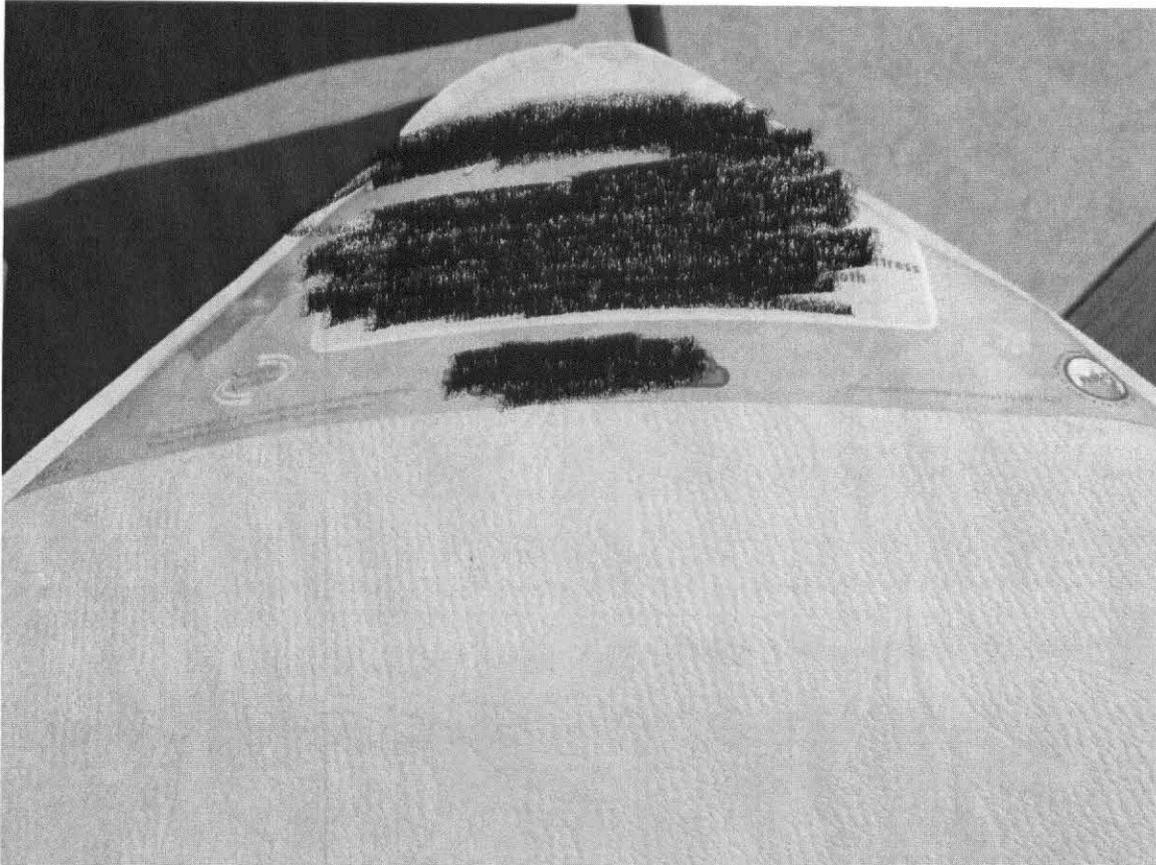


Exhibit 1.6 - Labeling on the mattress involved in the incident reads in part: "B [REDACTED] gauge steel innerspring coils for firm support [REDACTED] cover resists odors & Stains Two non-allergenic soft sleeping layers for additional comfort Vinyl binding ensures entire mattress wipes clean with a damp cloth This mattress also fits toddler bed frames [REDACTED] This crib mattress carries a 1 year warranty against workmanship and materials. Manufactured, distributed and warranted by [REDACTED] Meets flammability standard 16 [REDACTED]"

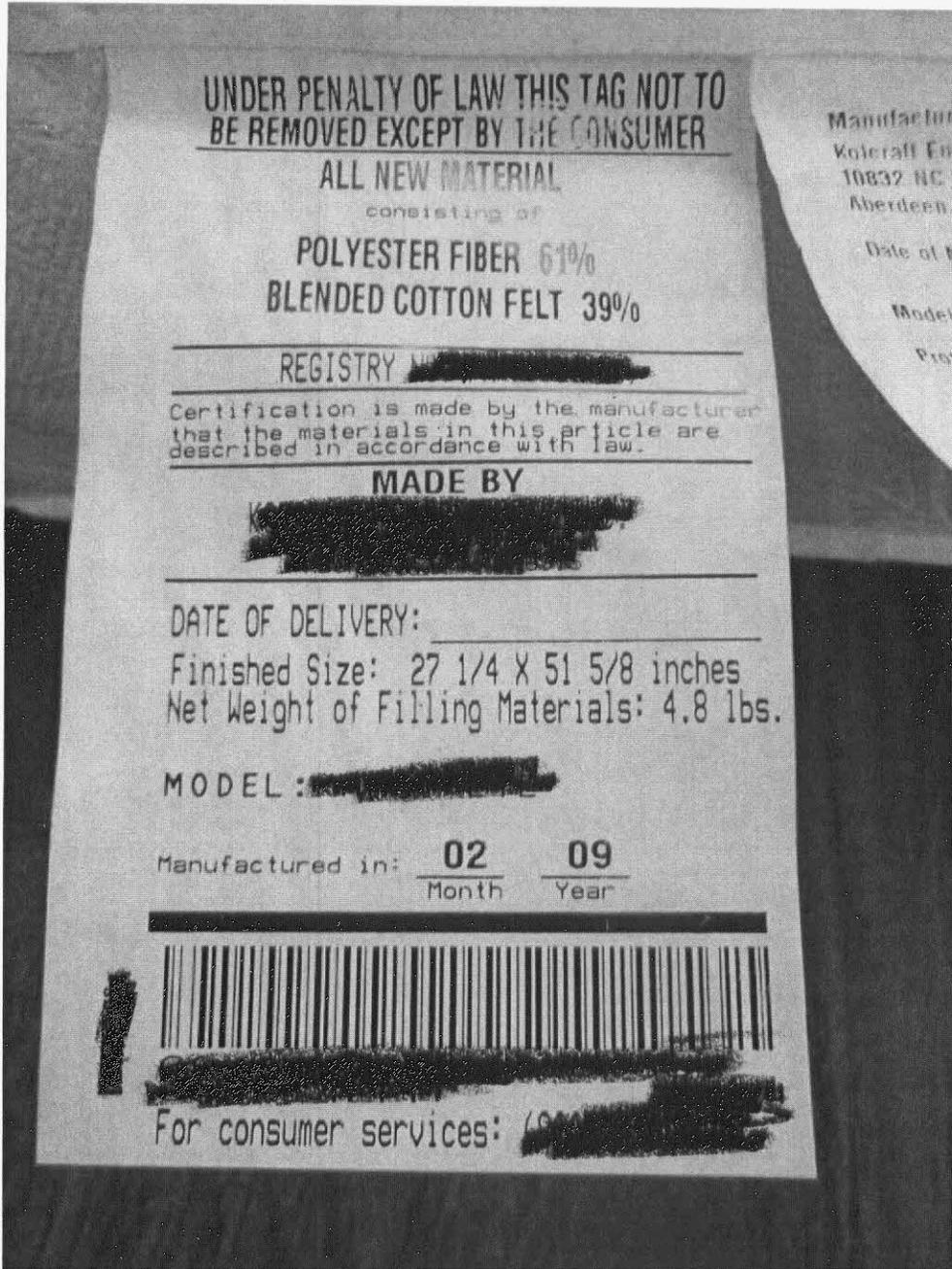


Exhibit 1.7 - Photograph of the law tag on the [REDACTED] crib mattress involved in the incident.

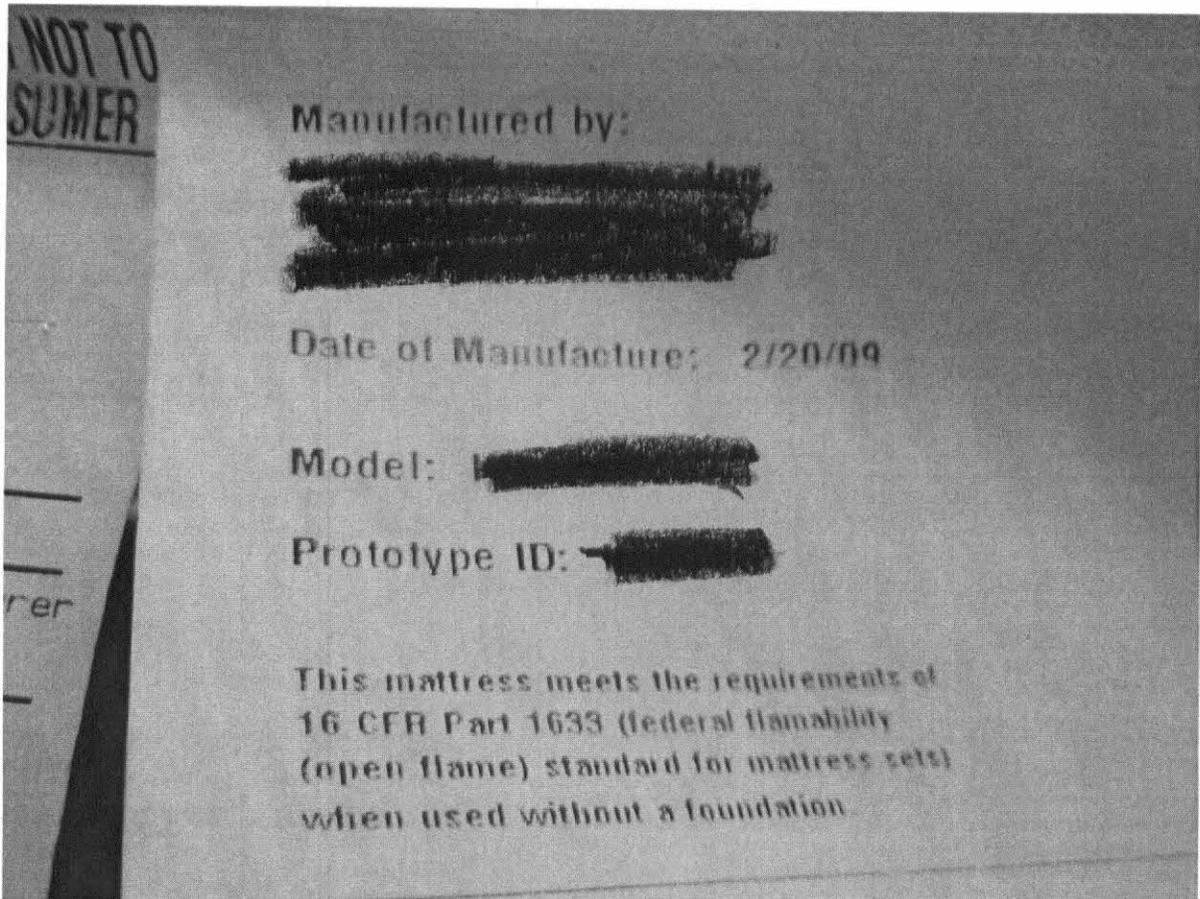


Exhibit 1.8 - Photograph of the 1633 tag on the incident mattress.

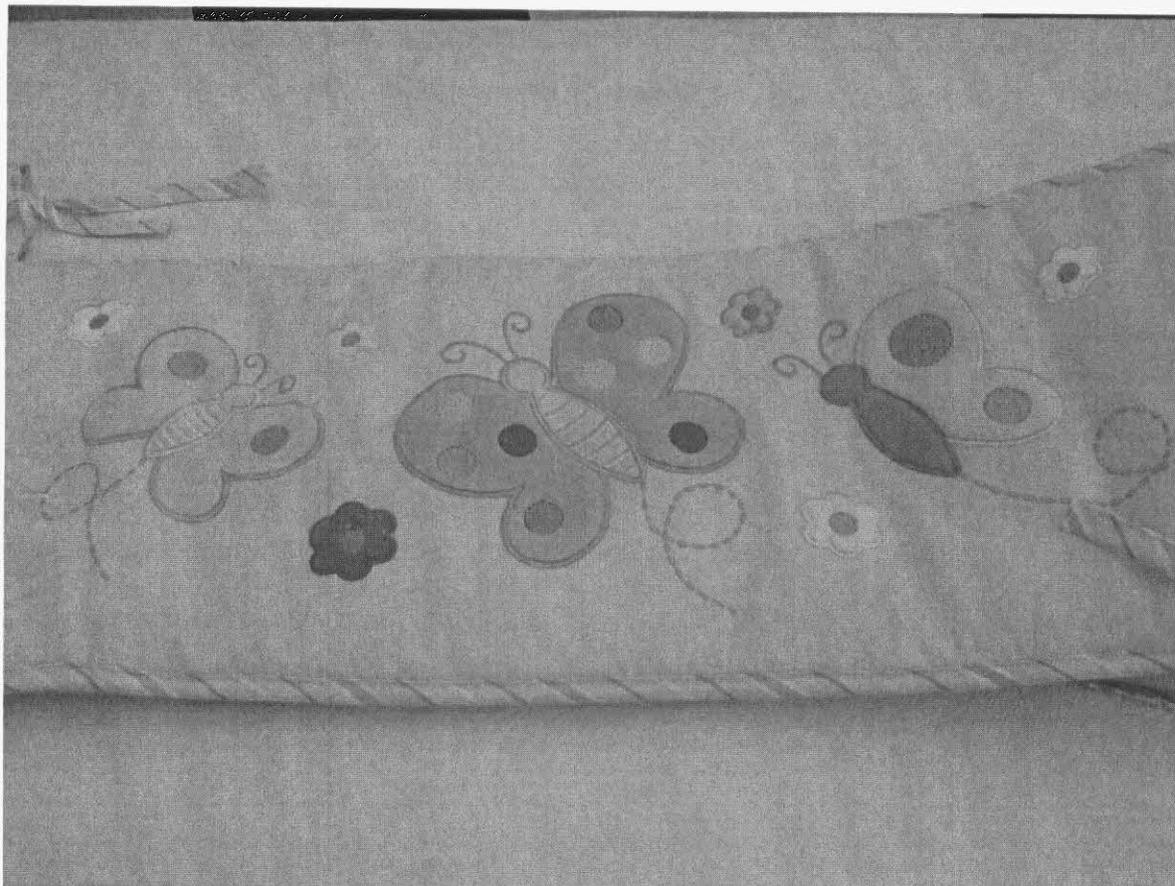


Exhibit 1.9 - Photograph of the bumper pad involved in the incident.



Exhibit 1.10 - Photograph of the brand label on the bumper pad.

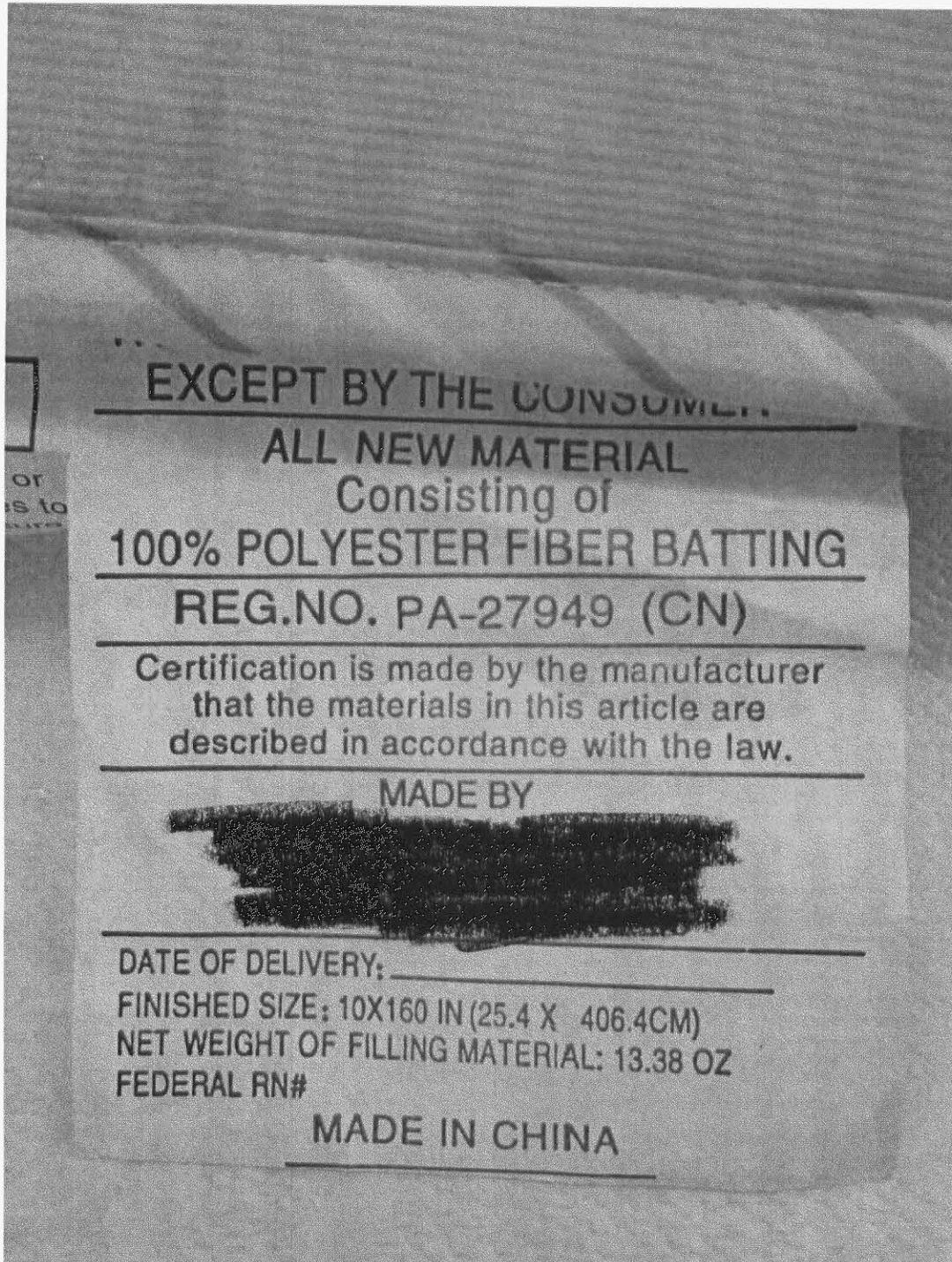


Exhibit 1.11 - Photograph of the law tag on the bumper pad.



Exhibit 1.12 - Photograph of the [REDACTED] Model [REDACTED] crib in which the victim was sleeping at the time of the incident and an exemplar bumper pad. NOTE: The bumper pad only covered the top 1/3rd of the crib side rail.



Exhibit 1.13 - Closer view of the bumper pad within the crib.



Exhibit 1.14 - Photo showing the approximate position of the bumper pad within the crib at the time of the incident.



Exhibit 1.15 - Additional photograph of the bumper inside the crib at the time of the incident.

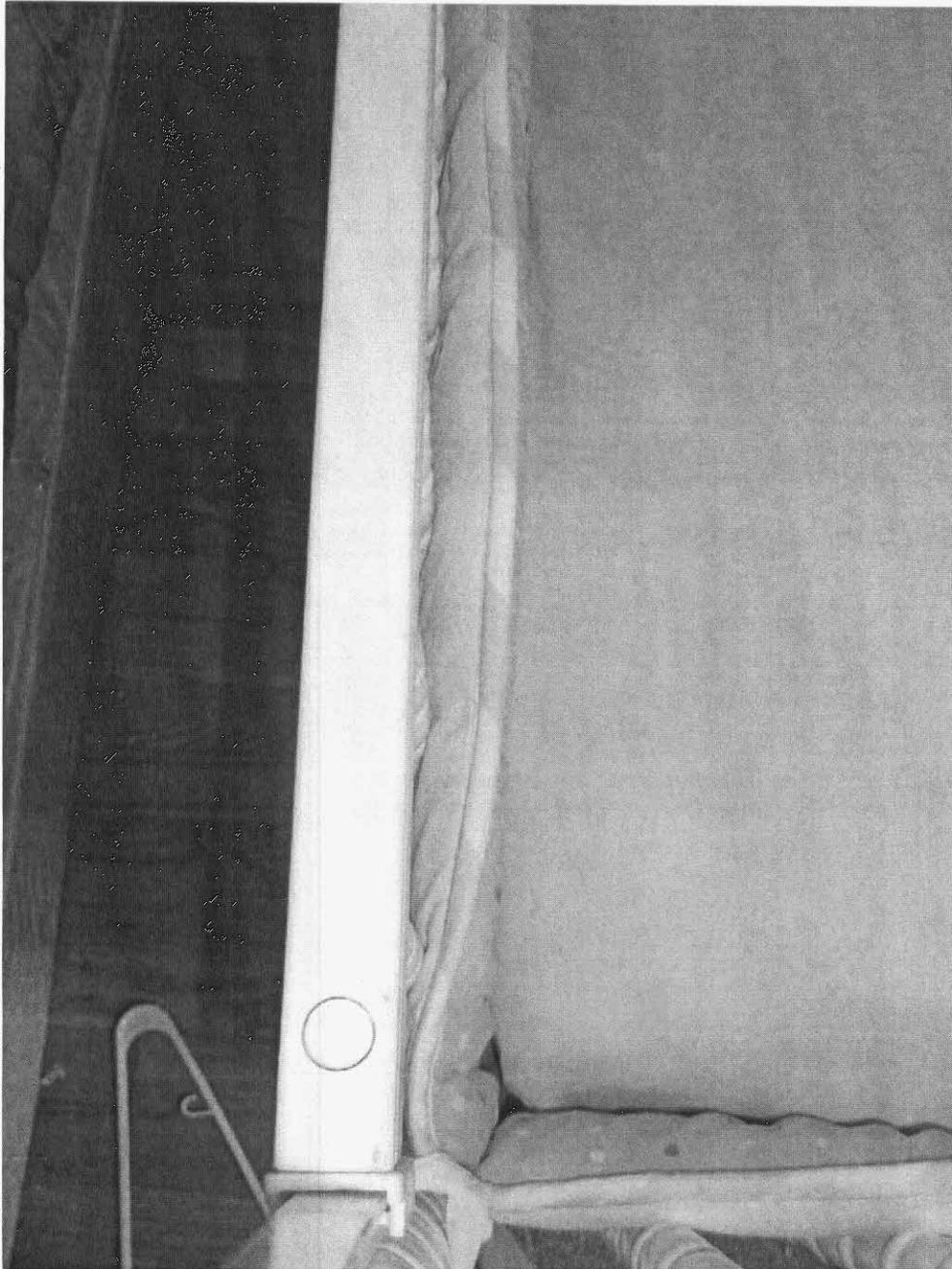


Exhibit 1.16 - Additional photograph showing how the bumper fit incident the incident crib.



Exhibit 1.17 - Photograph showing how the infant was placed in the crib to sleep on the day of the incident.



Exhibit 1.18 - Photograph showing the arrangement of the crib, bedding and canopy and the position of the victim in the crib, as discovered by the mother at the time of the incident.



Exhibit 1.19 - Closer view of the victim's position inside the crib at the time of the incident.



Exhibit 1.20 - Additional photograph showing the position the victim's mother found the victim in at the time of the incident.



Exhibit 1.21 - Closer view of the position of the victim as indicated by the mother.



Exhibit 1.22 - Additional view of the position of the victim as indicated by the mother.

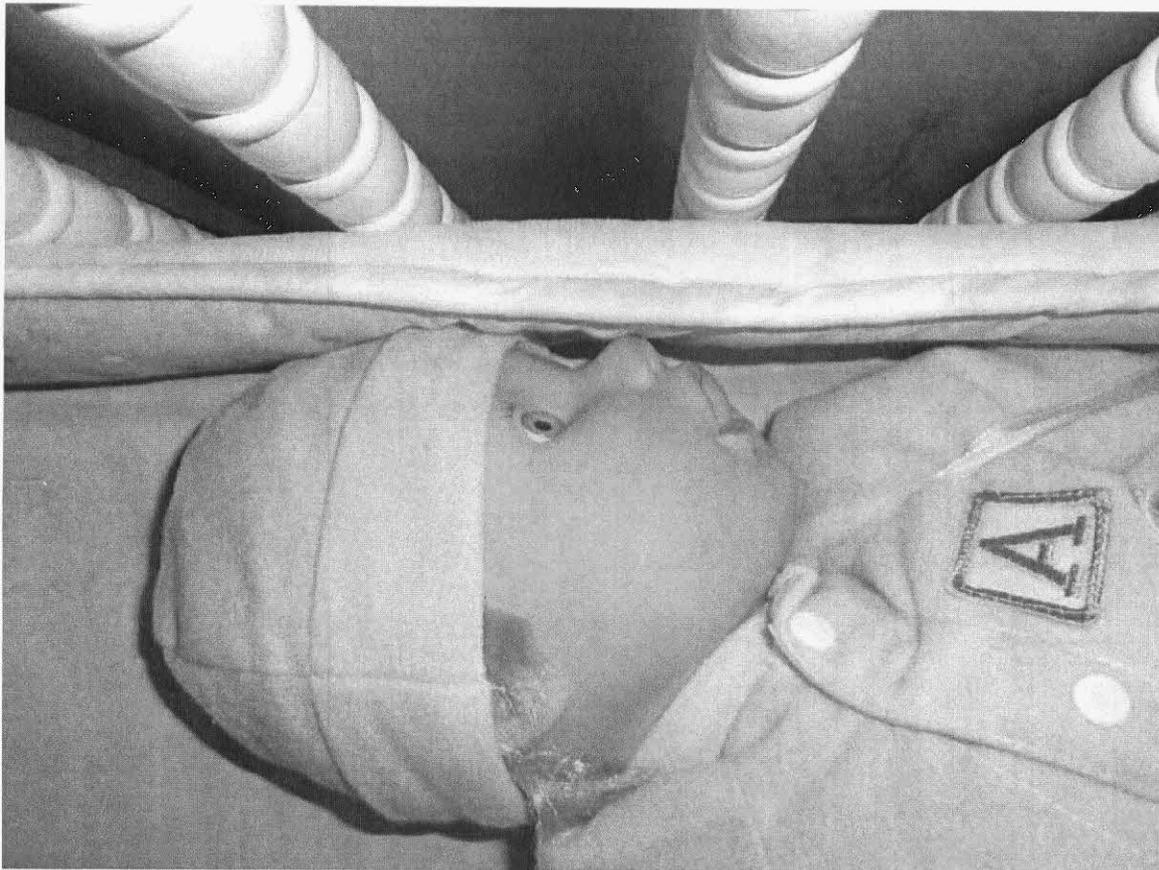


Exhibit 1.23 - Additional view of the position of the victim as indicated by the mother.



Exhibit 1.24 - Additional photograph of the [REDACTED] Model [REDACTED] crib the victim was in at the time of the incident.



Exhibit 1.25 - Photograph showing installation of the mattress platform for the [REDACTED] crib the victim was sleeping on at the time of the incident.

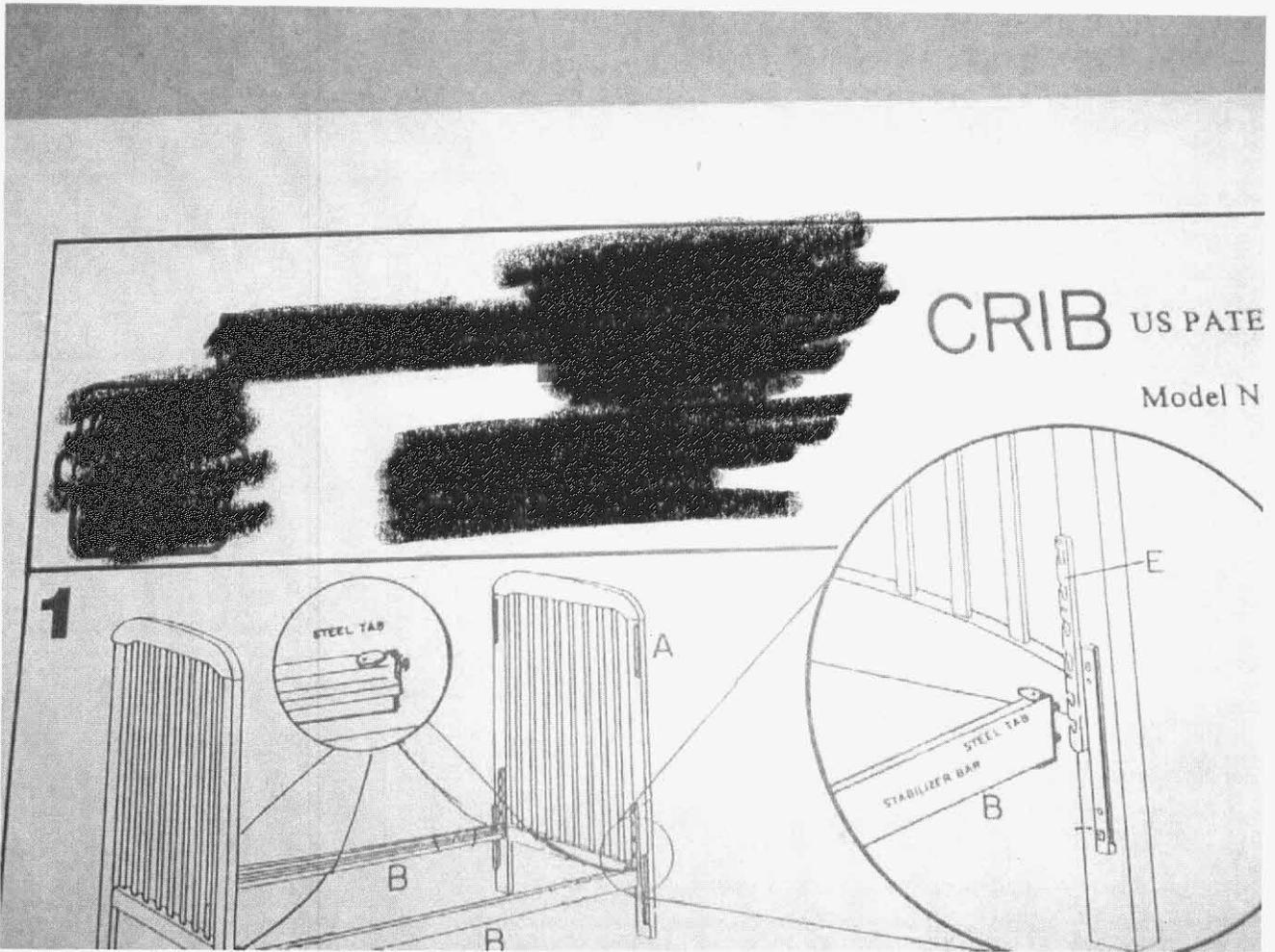


Exhibit 1.26 - Photograph of crib label manufacturer information.

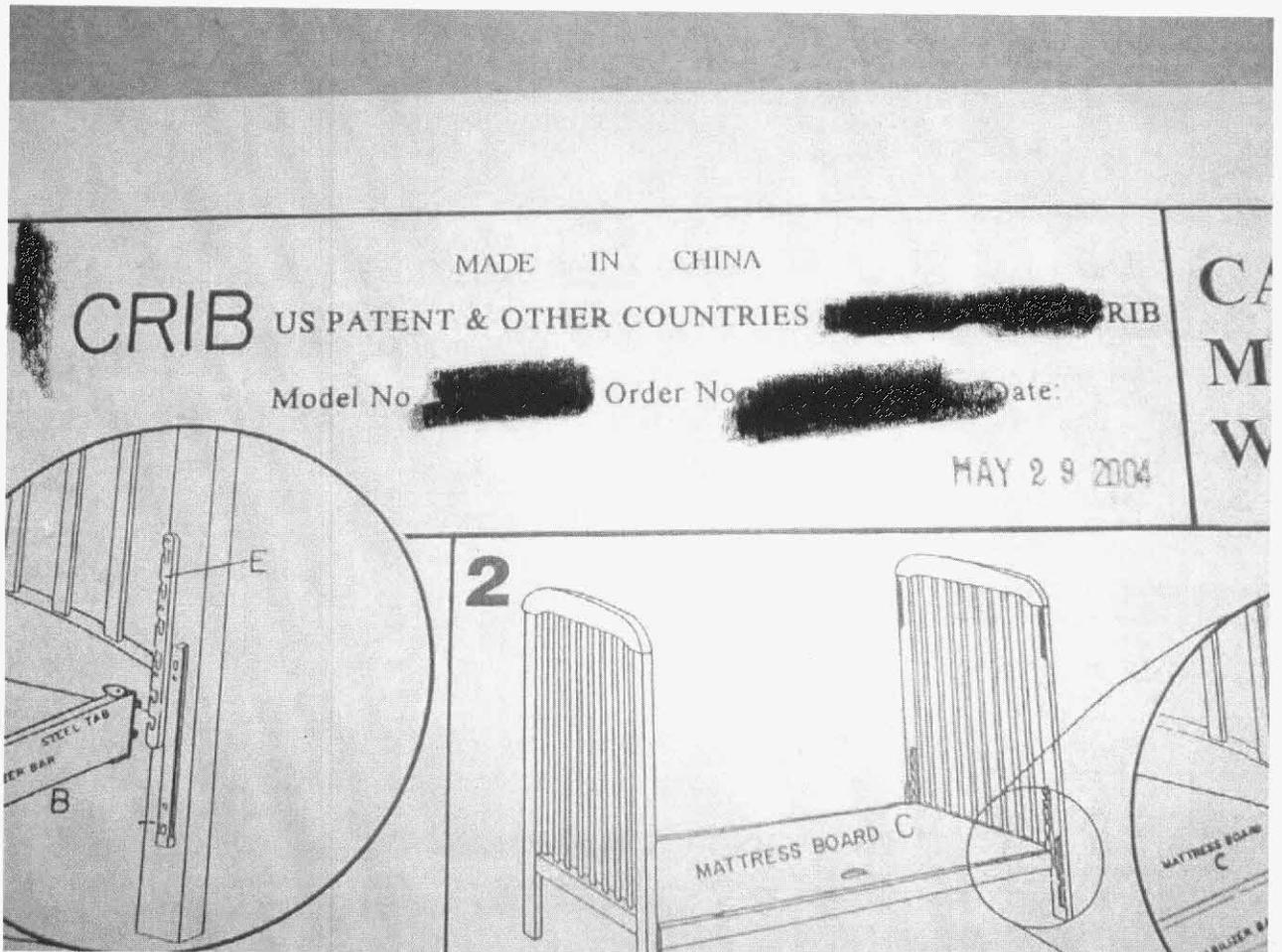


Exhibit 1.27 - Model Number and manufacturer date on crib.

ON 20 AUG. 09 AT 1057 HRS., I RESPONDED TO 42 N LIND AVE. TO ASSIST THE FIRE DEPT. WITH A FOUR MONTH OLD BABY NOT BREATHING. LT. KOSEVICH, AND CPL. VILLARREAL ASSISTING. UPON ARRIVAL I MET THE MOTHER, CARRIE M. WARD, F/W/DOB 01-31-77 AT THE SIDE DOOR HOLDING A BABY GIRL. MS. WARD WAS SCREAMING THAT HER LITTLE GIRL, [REDACTED] WAS NOT BREATHING. I TOOK THE BABY INTO MY ARMS. BABY WARD'S EYES WERE CLOSED SHUT, HER FACE AND LIPS WERE BLUE. SHE WAS COLD AND A LITTLE STIFF TO THE TOUCH. I USED MY FINGER TO OPEN UP HER MOUTH TO OBTAIN AN AIRWAY. I THEN STARTED C.P.R.

HILLSIDE F.D. ARRIVED ON SCENE SECONDS LATER. I THEN RUSHED BABY WARD INTO THE AMBULANCE AND TURNED OVER C.P.R. TO THE PARAMEDICS. ON SCENE THE F.D. WAS NOT ABLE TO OBTAIN A PULSE OR HEARTBEAT. BABY WARD WAS TRANSPORTED TO ELMHURST HOSPITAL.

DET. PEREDA WAS ADVISED OF THE SITUATION AND ARRIVED A SHORT TIME LATER AT THE WARDS RESIDENCE. AFTER ARRIVING ON SCENE DET. PEREDA CONTACTED OUR DET. DIVISION AND ALSO ADVISED THEM OF THE SITUATION. THEY EXPLAINED THAT THEY WERE ENROUTE.

MS. WARD EXPLAINED THE FOLLOWING IN SUMMARY. MS. WARD FED HER DAUGHTER AROUND 9010 HRS. ON 20 AUG 09. MS. WARD THEN PUT HER TO BED IN HER CRIB IN THE BASEMENT. MS. WARD PLACED BABY WARD ON HER BACK IN THE CRIB TO FALL ASLEEP. AT 0800 HRS. BABY WARD'S FATHER, DAMON J. WARD M/W/DOB 10-31-75 EXPLAINED THAT HE GAVE HIS DAUGHTER A KISS GOODBYE BEFORE HE LEFT FOR WORK. MR. WARD FURTHER EXPLAINED THAT HIS DAUGHTER COOED AFTER KISSING HER THEN WENT BACK TO SLEEP. MR. WARD THEN LEFT HIS RESIDENCE FOR WORK.

MS. WARD FURTHER EXPLAINED THAT HER CELL PHONE WOKE HER UP AT 0917 HRS. SHE THEN GOT UP WALKED TO THE KITCHEN AND STARTED TO SURF THE INTERNET ON HER LAPTOP COMPUTER WHILE DRINKING A CUP OF COFFEE. MS. WARD EXPLAINED THAT SHE DID NOT CHECK ON HER DAUGHTER BECAUSE SHE USUALLY SLEEPS LATE. AT AROUND 1045 HRS., ON TODAY'S DATE MS. WARD ASKED HER OLDEST SON, [REDACTED] TO GO DOWNSTAIRS AND WAKE UP AND BRING HIS SISTER UPSTAIRS.

[REDACTED] EXPLAINED TO ME THAT HE TRIED TO WAKE UP HIS SISTER WHO WAS LAYING ON HER RIGHT SIDE WITH HER FACE AGAINST THE RAIL BEDDING DIRECTLY UNDERNEATH A MOBILE. TRYSTIAN WARD FURTHER EXPLAINED THAT HIS SISTER WAS NOT MOVING SO AFTER HE PICKED HER UP OUT OF THE BED HE SHOOK HER A LITTLE BIT TO TRY TO WAKE HER UP. SHE DID NOT WAKE UP SO HE RUSHED HER UPSTAIRS TO HIS MOTHER. AT 1050 HRS., MS. WARD DIALFD 911 TO REPORT THAT HER DAUGHTER WAS NOT BREATHING.

THE SCENE WAS TAPPED OFF. DET. MURPHY, VISCIONI AND MILAZZO ARRIVED ON SCENE A SHORT TIME LATER. L.T.S FROM WESTAFF ARRIVED ON SCENE TO PROCESS IT. DET. PEREDA WAS STILL AT ELMHURST HOSPITAL AT THE TIME OF THIS REPORT.

MR. WARD'S MOTHER, VICKIE VILLA F/W/DOB 09-10-53 TOOK ALL THREE OF HER GRANDCHILDREN, TRYSTIAN J. WARD M/W/DOB 11-13-98, BRAYDEN A. WARD M/W/DOB 01-24-06 AND COLLYN M. WARD 12-12-07 OUT TO LUNCH. DET. MURPHY WAS GOING TO CONTACT MR. WARD A LITTLE LATER. THE SCENE WAS THEN TURNED OVER TO THE DETECTIVES.

DATA RECORD SHEET

IDI 090904CNE0001
DATE WITNESS _____
INTERVIEWED 9/3/2009 & 10/1/2009

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 8/20/2009 time 8:00 A.M.

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?

Crib

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

Yes 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 _____
Don't Know _____ Refused _____

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

Face up _____ 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 ✓ Don't Know _____
Yes _____ Refused _____

If yes, how many individuals? _____

8. When was the infant last fed?

Time 11:00 Type of food (liquid or solid) Liquid - 6 oz
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 ✓ 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 8/20/2009 time 10:30 am

11. Were there any resuscitation attempts?

No _____ Don't Know _____
Yes ✓ Refused _____

If yes, by whom?

The victim's mother

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

On stomach _____
On infant's left side ✓
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) Right side up
Don't Know _____

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

No _____ 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 _____
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 _____ Refused _____
Yes, mouth _____
Yes, both mouth and nose _____

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).

Mouth and nose were lightly touching bumper pad. Bumper pad's inner shell is 65% polyester and 35% cotton. Mfrd by Circo

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 _____
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 _____
Yes _____

Don't Know _____
Refused _____

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

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

No _____
Yes _____

Don't Know _____
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 _____
Yes _____

Don't Know _____
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.
- Blue onesie and a diaper
- _____
- _____
- _____

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.

fitted sheet, mattress pad and mattress. Left side of victim's face was in contact with fitted sheet. Circo brand sheet.

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)
bumper pad, feeding blanket, two pacifiers, 6 oz. empty baby bottle and countered flat pillow.

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.

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.).

Wooden crib with soft crib mattress. 65%/35% poly/cotton. No broken/missing hardware or components.

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

Manufacturer Crib mfr. [REDACTED]
Size (if relevant) 27 1/4" x 51 5/8"
Brand/Model/Style [REDACTED]
How Obtained Purchased new
Where Obtained [REDACTED]
Age of Product 2 months
Surface material (e.g., fabric, vinyl, other, specify) and filling contents (e.g., batting, foam, other, specify) Vinyl

Any recommendations or warnings listed on label
None.

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 ✓ 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 _____
Yes _____

Don't Know _____
Refused _____

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

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

No _____
Yes _____

Don't Know _____
Refused _____

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

III. Description of the Infant

31. Birth Weight (lbs./oz.)

32. Was the infant breast-fed?

No _____
Yes _____

Don't Know _____
Refused _____

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

Full Term _____
Premature _____

Don't Know _____
Refused _____

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

No _____
Yes _____

Don't Know _____
Refused _____

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

Severe diarrhea for two days before the incident. No treatment.

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

No _____
Yes _____

Don't Know _____
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 _____
Yes ✓

Don't Know _____
Refused _____

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

No _____
Yes ✓

Don't Know _____
Refused _____

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

No ✓
Yes _____

Don't Know _____
Refused _____

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

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

None ever given _____
Refused _____

Don't Know _____

Indicate if the vaccine was given orally or in a shot.
7/6/2009 Polio and Hepatitis B. 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 _____
Yes ✓

Don't Know _____
Refused _____

If yes, describe

Slept for 8 straight hours two days before the incident. Had severe diarrhea for two days before the incident.

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

No ✓
Yes _____

Don't Know _____
Refused _____

If yes, specify

IV. Maternal History

43. Mother's Age 31

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

No

Yes _____

If yes, give type if known _____

Don't Know _____

Refused _____

45. Any maternal tobacco use during pregnancy?

No _____

Yes

If yes, give duration and amount _____

A pack a day. _____

Don't Know _____

Refused _____

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.

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

Total number of pipes smoked in home or other location per day 0

Total number of cigars smoked in home or other location per day 0

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 _____

Hot _____

Refused _____

Comfortable

Don't Know _____

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

Heating _____

Don't Know _____

Turned Off _____

Cooling

Refused _____

Can't Control _____

**U.S. Consumer Product Safety Commission
SAMPLE COLLECTION REPORT**

1. Sample Flag		2. Date Collected 9/3/09	3. Sample Type and Number: 09-810-8650 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4a. Product Name DASY MATTRESS		4b Model [REDACTED]	4c NEISS 1542	5. Assignment Number 090904CNE0001
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		7. MIS 32202	8. Hours Activity <u>4</u> Travel <u>0.5</u>	
10. Sample Cost \$59.99		11. Invoice Value of Lot \$59.99		12. Size of Lot 2 Units unt
13. Manufacturer/Importer # [REDACTED]		14. Shipper/Foreign Manufacturer [REDACTED]		15. Dealer/Import Broker # [REDACTED] #4459
16. Supporting documents attached: Invoice No. and Date: <u>NOT AVAILABLE</u> Shipping Record and Date: <u>PLAN SHIP REPORT</u> 9/1/09 Affidavit Signer's name, title and date: <u>OLU BALOGUN, MANAGER</u>				
17. Product Identification: The sample is a baby mattress. The mattress measures 27 1/4" w x 51 7/8" L. The mattress has a white vinyl cover with a leaf pattern and is packaged in a plastic bag. The mattress tags are labeled in part:				
18. Reason for collection/analysis needed: <input type="checkbox"/> FHSA <input checked="" type="checkbox"/> CPSA <input type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA A 4 MOF was found deceased on top of an identical mattress model.				
19. Summary of Field Screening: This exemplar mattress was compared to the incident mattress. The size, shape, softness and pliability of the exemplar unit is identical to the incident mattress.				
20. Sample size/Method of Collection: One (1) crib mattress was collected from the retailer's sales floor. Sample held in locked office until shipped. The sample was identified per item #21, sealed per item #22 in a box with Form 165 attached.				
21. Identification on sample: "09-810-8650 SUB 1 ESP 9/3/09"		22. Identification on seal and date: "09-810-8650 Elizabeth S. Phillips 10/14/09"		
23a. Sample delivered to: UPS 60516		23b Date 10/14/09	24. Report/Record Sent to: CFIE	
25. Laboratory/Office: LSE ___ LSM ___ CRC <input checked="" type="checkbox"/> SIU ___ LSC ___ LS ___ CLD ___ SSF ___ Other D. NICHOLSON				
26. Remarks: THIS IS AN EXEMPLAR SAMPLE. Attachments: (1) Photographs; (2) Notice of Inspection and Affidavit;				
27. Related Samples: 10 810-5510				
28a Collector's name/title: Elizabeth S. Phillips Product Safety Investigator		28b Collector's signature/date: <i>Elizabeth S. Phillips</i> 10/14/09		
29a Reviewer's name/title: Stephen V. Mele Supervisor		29b Reviewer's signature/date: <i>Stephen V. Mele</i> 10/14/09		

PRODUCT IDENTIFICATION

POLYESTER FIBER 61% BLENDED COTTON FELT 39%MADE BY [REDACTED]
[REDACTED] **Net
Weight of Filling Materials: 4.8 lbs. MODEL: [REDACTED] **Manufactured
in: 04 09** [REDACTED] 0053***Date of Manufacture:
4/23/09***Prototype ID: [REDACTED]***This mattress meets the requirements
of 16 CFR Part 1633 (federal flammability for open flame) standard for
mattress sets***THIS MATTRESS IS INTENDED TO BE USED WITHOUT A
FOUNDATION***."

METHOD OF COLLECTION

The sample was forwarded to Dollie Nicholson via the Sample Custodian.

REMARKS

(3) Shipping Documents; (4) Receipt for Sample.

NOTE: The barcode sticker was not available for this sample. The sample number has been handwritten on a white sticker and affixed to the sample and related documents.

**U.S. Consumer Product Safety Commission
SAMPLE COLLECTION REPORT**

1. Sample Flag		2. Date Collected 10/1/09	3. Sample Type and Number: 10-810-5510 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4a. Product Name BUMPER PAD		4b Model [REDACTED]	4c NEISS 4054	5. Assignment Number 090904CNE0001
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		7. MIS 32202	8. Hours Activity <u>2.5</u> Travel <u>1</u>	
		9a Home RO CFIW	9b Collecting RO CFIE	
10. Sample Cost \$19.99		11. Invoice Value of Lot		12. Size of Lot 4
				Units unt
13. Manufacturer/Importer # CIR027 [REDACTED]		14. Shipper/Foreign Manufacturer		15. Dealer/Import Broker # [REDACTED]
16. Supporting documents attached: Invoice No. and Date: <u>NOT AVAILABLE</u> Shipping Record and Date: <u>NOT AVAILABLE</u> Affidavit Signer's name, title and date: <u>JIM BECKER, GSTL</u>				
17. Product Identification: The sample is a bumper pad. The product measures approximately 10" w x 160" L and is pink and purple with polka dots and a butterfly emblem. The bumper pad is labeled in part: [REDACTED] MADE IN [REDACTED]				
18. Reason for collection/analysis needed: <input type="checkbox"/> FHSA <input checked="" type="checkbox"/> CPSA <input type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA A 4MOF was found deceased w/ her head against similar bumper pad.				
19. Summary of Field Screening: This exemplar bumper pad is identical to the bumper pad involved in the incident except for color.				
20. Sample size/Method of Collection: One (1) bumper pad purchased from the retailer's store shelf. The sample was held in locked office until shipped. The sample was identified per item #21, sealed per item #22 in a box with Form 165				
21. Identification on sample: 10-810-5510 SUB 1 ESP 10/1/09		22. Identification on seal and date: "10-810-5510 Elizabeth S. Phillips 10/14/09"		
23a. Sample delivered to: UPS 60516		23b Date 10/14/09	24. Report/Record Sent to: CFIW	
25. Laboratory/Office: LSE ___ LSM ___ CRC <input checked="" type="checkbox"/> SIU ___ Other D. NICHOLSON LSC ___ LS ___ CLD ___ SSF ___				
26. Remarks: THIS IS AN EXEMPLAR SAMPLE. Attachments: (1) Photographs; (2) Notices of Inspection and Affidavit				
27. Related Samples: 09-810-8650				
28a Collector's name/title: Elizabeth S. Phillips Product Safety Investigator		28b Collector's signature/date: <i>Elizabeth S. Phillips</i> 10/14/09		
29a Reviewer's name/title: Stephen V. Mele Supervisor		29b Reviewer's signature/date: <i>Stephen V. Mele</i> 10/14/09		

CONTINUATION OF NARRATIVES FOR SAMPLE #**10-810-5510****PRODUCT IDENTIFICATION**

CHINA***SHELL FRONT 100% cotton SHELL BACK 65% polyester/35% EXCLUSIVE
OF DECORATION FILL 100% POLYESTER*** [REDACTED]
F168806214***MADE FOR [REDACTED]
[REDACTED]". The package insert is labeled in part: "4
90300 21221 8***."

METHOD OF COLLECTION

attached. The sample was forwarded to D. Nicholson, CRC, via the
Sample Custodian.

REMARKS

(3) Receipt for Sample,

Task No. 090904CNE0001

Date: 10/22/2009

STATUS OF MISSING DOCUMENT (S)

The official records were requested for this investigation report but could not be obtained.

1. Coroner's Report

2. Police Department Photographs

3. _____

4. _____

5. _____

Date: 10/22/2009 Investigator No: 8919

Regional office: CFIE Supervisor No: 9001



0900904CNE0001
Exhibit 8

Carrie Ward
42 N. Lind Ave
Hillside, IL 60162
(630) 379-4247

Initially contacted on 9/3/2009.

Detective Daniel J. Murphy
Hillside Police Department
425 Hillside Ave
Hillside, IL 60162
(708) 202-3478

Initially contacted on 9/1/2009.

James Gabinski, Deputy Coroner
DuPage County Coroner's Office
414 N. County Farm Rd.
Wheaton, IL 60187

Nancy Maruyama
SIDS Illinois
710 E. Ogden Ave
Naperville, IL 60503
(630) 661-6759

Initially contacted on 10/22/2009

STATE OF ILLINOIS CERTIFICATE OF DEATH WORKSHEET

REGISTRATION DISTRICT NO. 04300
LOCAL FILE NUMBER

MEDICAL EXAMINER'S CASE NUMBER 082409PH6

STATE FILE NUMBER 20090061046

To be Completed/Verified by
FUNERAL DIRECTOR

To be Completed/Verified by
MEDICAL CERTIFIER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) NATALYA CAROL-LYNN WARD				2. SEX FEMALE		3. DATE OF DEATH (Month/Day/Year) (Spell Month) AUGUST 20, 2009				
4. COUNTY OF DEATH DU PAGE		5a. AGE AT LAST BIRTHDAY (Years) 3 MONTHS, 14 DAYS		5b. UNDER 1 YEAR Months: 3 Days: 14		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Month/Day/Year) MAY 6, 2009		
7a. CITY OR TOWN ELMHURST				7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) ELMHURST MEMORIAL HOSPITAL						
7c. PLACE OF DEATH (Check only one: see instructions)										
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input checked="" type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____						
8. BIRTHPLACE (City and State or Foreign Country) WINFIELD, IL		9. SOCIAL SECURITY NUMBER ██████████		10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13a. RESIDENCE (Street and Number) 42 N LIND			13b. APT. NO.		13c. CITY OR TOWN HILLSIDE		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY COOK		13f. STATE IL	13g. ZIP CODE 60162		14. FATHER'S NAME (First, Middle, Last) DAMON J WARD			15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) CARRIE M WHITE		
16a. INFORMANT'S NAME CARRIE M WARD				16b. RELATIONSHIP MOTHER		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 42 N LIND, HILLSIDE, IL, 60162				
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____			18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) MAPLE LAKES CREMATORY			19. LOCATION - CITY, TOWN AND STATE JUSTICE, IL		20. DATE OF DISPOSITION (Month/Day/Year) AUGUST 25, 2009		
21a. FUNERAL HOME NAME HURSEN FUNERAL HOME			STREET AND NUMBER 4001 W. ROOSEVELT ROAD			CITY OR TOWN HILLSIDE		STATE IL		ZIP 60162
21b. FUNERAL DIRECTOR'S SIGNATURE WILLIAM GEORGE PIERSON						21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011788				
22. LOCAL REGISTRAR'S SIGNATURE MAUREEN T MCHUGH						23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)				

CAUSE OF DEATH (See instructions and examples)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
24. PART I. Enter the <i>chain of events</i> - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		IMMEDIATE	
a. SUDDEN INFANT DEATH SYNDROME (SIDS)			
IMMEDIATE CAUSE (final disease or condition resulting in death) Due to (or as a consequence of):			
Sequentially list conditions, if any, leading to the cause listed on line a. b.			
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c.			
Due to (or as a consequence of):			

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				25. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State Zip Code				33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. DESCRIBE HOW INJURY OCCURRED:				36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) AUGUST 20, 2009	
40. TIME OF DEATH 11:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) PETER A SIEKMANN, 414 N. COUNTY FARM ROAD, WHEATON, IL, 60187				43. PHYSICIAN'S LICENSE NUMBER	
44. TITLE OF CERTIFIER MEDICAL EXAMINER/CORONER		45. DATE CERTIFIED (Month/Day/Year) APRIL 21, 2010		46. SIGNATURE OF CERTIFIER 	

To be Completed/Verified by
FUNERAL DIRECTOR

47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death

8th grade or less
 9th - 12th grade, no diploma
 High school graduate or GED completed
 Some college credit, but no degree
 Associate Degree (e.g., AA, AS)
 Bachelor's Degree (e.g., BA, AB, BS)
 Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
 Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
 Unknown

48. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.

No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino
 (Specify) _____

49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be.

White Black or African American
 American Indian or Alaskan Native
 (Name of the enrolled or principle tribe) _____
 Asian Indian Chinese Filipino Japanese Korean
 Vietnamese Other Asian (Specify) _____
 Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander (Specify) _____
 Other (Specify) _____

50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).
 NEVER WORKED/NONE

51. BUSINESS/INDUSTRY (Enter type of business or industry. NOT COMPANY NAME)
 NEVER WORKED



Peter A. Siekmann
DuPage County Coroner



POSTMORTEM EXAMINATION

Natalya Ward

09-079

RECEIVED

APR 20 2010

DUPAGE COUNTY CORONER

On August 21, 2009, an autopsy was performed on the body of Natalya Ward, a white female infant appearing about the recorded age of 3 months. The following account of the events leading up to this death was taken from the DuPage County Deputy Coroner's Investigative Report, the records of the Hillside Fire Department, and the records of the Emergency Room of Elmhurst Memorial Hospital.

Prior to her death, Natalya had lived with her parents in their home in Hillside, Illinois. At approximately 36 weeks of gestation, "Natalya was born premature but after a short hospital stay, was released to home and had reportedly been developing normally". No perinatal complications were reported.

It was reported that Natalya was "put to bed at approximately 12:30 a.m. on August 20, 2009. At that time she was placed in her crib on her back. Mr. Ward looked in on Natalya as he left for work at approximately 8:00 a.m. At approximately 9:15 a.m. Mrs. Ward apparently looked in on the baby and noted her to be lying partially on her left side facing the bumper pad present within the perimeter of the crib. At approximately 10:50 a.m., Mrs. Ward asked her 10-year-old son to get the baby". As the son approached Mrs. Ward with the baby, "She noted that the baby appeared discolored. Mrs. Ward took the baby and noted that Natalya was not breathing. Mrs. Ward initiated CPR and placed a 911 call.

The paramedics' record indicated that they were dispatched at 10:53 a.m. and arrived at the patient's side at the residence at 10:55 a.m. Upon their arrival, a police officer was already on the scene and was performing CPR. The paramedics further reported that the "patient was found cyanotic, cold and triple-zero. No signs of trauma, lividity, or rigidity. CPR and ventilation via BVM started immediately. Intubation. . . successful and confirmed". Chemical resuscitation was given but was without effect. The paramedics transported the infant to Hinsdale Hospital, arriving there at 11:18 a.m.. The hospital's Code Blue record began at 11:15 a.m. and noted that at 11:22 a.m. the infant was re-intubated by the emergency room physician. Further lifesaving efforts were unsuccessful and Natalya was pronounced dead in the emergency room at 11:30 a.m. on August 20, 2009.

F.H.

Natalya Ward

It was reported that Natalya had a medical history of Hemoglobin D Trait and possible spina bifida trait. Natalya had no other reported medical history, however the deputy coroner reported that she was taking the prescription medication *Axid* (Nizatidine; for treatment of gastro-esophageal reflux disease and duodenal ulcer disease).

The body was received unclothed except for a dry, disposable diaper. The lining of the diaper had a slight yellow stain and the diaper contained no stool. No clothing was received. The body measured 23 ¼ inches in length, weighed 11 pounds 0 ounces (4.985 kg), and had the following measured circumferences: Head 15 ¾ inches, Chest 14 ½ inches, Abdomen 14 ½ inches. The head was somewhat elongated in the anterior-posterior dimension. The baby appeared clean, well nourished, well developed, and well hydrated.

EVIDENCE OF TREATMENT:

An endotracheal tube entered the mouth and the postmortem x-ray films showed the tip of the tube to be deviated to the left in the upper chest. In the right tibia there was an intraosseous needle for the delivery of intravenous fluids.

EVIDENCE OF INJURY:

There were no visible injuries. Total body x-ray films showed no radiological evidence of injuries.

EXTERNAL EXAMINATION:

The body was cool and rigor mortis was not present. Lividity was present posteriorly on the body and was weak or faint. In the midline of the front of the scalp there was a raised purple nevus measuring 2.0 cm by 1.5 cm by 0.3 cm. On the chest, superolateral to the left nipple, there was a raised purple nevus measuring 1.6 cm by 1.2 cm by 0.4 cm.

In the small of the back, just to the left of the spine, there was a raised purple nevus measuring 2.6 cm by 1.5 cm by 0.3 cm. Inferolateral to this nevus but still in the waistline area of the left side of the back there was a raised purple nevus measuring 1.0 cm by 0.5 cm by 0.2 cm. On the front of the left knee there was a slightly raised pink nevus measuring 1.7 cm by 1.5 cm by 0.2 cm. On the left side of the back of the neck there were several flat purple-red ('port-wine color') birthmarks.

The scalp hair was blond. The ears were normally set. The nares were patent and not crusted. The eyes had white sclerae, clear conjunctivae, and dark gray-blue irides. There were no petechiae. There were no erupted teeth, no oral injuries, and the tongue was not tongue-tied. There was no micrognathia. The neck and the thorax were otherwise unremarkable.

Natalya Ward

The abdomen was rounded. There were no traces of stool in the perianal and perineum regions. The external genitalia were those of a normal female infant. There were no vaginal or anal injuries. The digits, the nails and the palmar creases were normal. The extremities and back had no significant deformities or other abnormalities.

INTERNAL EXAMINATION:

The autopsy was performed utilizing a Y-shaped thoraco-abdominal incision and a posterior coronal scalp incision. The positions of the lungs in the chest matched the images on the x-ray films in that the right lung was large and pushed the tip of the endotracheal tube to the left of the midline. The pleural, pericardial, and peritoneal cavities had smooth serosal surfaces and normal amounts of clear serous fluid. All of the viscera were cool and were in their normal anatomical positions. The internal systems were as follows:

Head:

No abnormality was noted in the reflected scalp, dura, or meninges. The anterior fontanelle was flat to concave. The cranial cavity measured 12.5 cm in the anterior-posterior dimension and 9.1 cm in the biparietal plane. The posterior cranial fossa appeared smaller than usual but the opening of the foramen magnum was normal in size. The 562 gm brain had a soft consistency, typical of and appropriate for the child's developmental stage. The brain was free of neoplastic lesions and of hemorrhages. The cerebrovascular system was unremarkable.

Neck:

No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

Cardiovascular System:

The 30.2 gm heart had a normal configuration and an unremarkable epicardial surface with a scant amount of epicardial fat. The coronary arteries had normal origins, pursued their usual courses, and had no evidence of disease. The myocardium, papillary muscles, chordae tendineae, endocardium and heart valves were unremarkable. There were no atrial septal defects and no ventricular septal defects.

The ductus arteriosus was not patent. The lining of the aorta had no evidence of atherosclerosis. The major arteries and great veins had normal distributions.

Respiratory System:

The larynx and trachea were unremarkable. The right lung had the usual three lobes and weighed 73.7 gm. The left lung had the usual two lobes and weighed 56.4 gm. The lungs had posterior (dependent) lividity. The lung parenchyma was unremarkable. No pulmonary emboli were present.

The diaphragm was intact and had no petechial hemorrhages.

Natalya Ward

Hepatobiliary System:

The 227 gm liver had firm red-brown surfaces and an unremarkable parenchymal pattern. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:

The 20.8 gm spleen had smooth surfaces and dark purple firm pulp. The 11.6 gm thymus was unremarkable. There was no significant lymphadenopathy.

Alimentary System:

The mucosal lining of the esophagus, stomach, small bowel, and colon was unremarkable. The postmortem x-ray films showed much gas in the digestive tract. The internal examination showed that there was no food in the stomach or in the small intestine, and there was only a trace of yellow-green stool in the colon. The appendix was present and was unremarkable.

Pancreas:

The pancreas had a normal configuration and an unremarkable tan lobulated pattern.

Endocrine System:

The thyroid gland had a normal bilobate configuration. The right and left adrenal glands weighed 2.1 gm and 3.1 gm, respectively, and each gland was unremarkable.

Genitourinary System:

The right and left kidneys weighed 16.6 gm and 19.4 gm, respectively. Each kidney had the usual fetal lobulations, otherwise smooth cortical surfaces, and normal cortico-medullary regions. There were no changes in the calyceal systems, pelves, ureters or bladder. The bladder contained no urine. The uterus, fallopian tubes and ovaries were normal infantile.

Musculoskeletal System:

All the muscles and axial skeleton were free of any significant abnormalities.

MICROSCOPIC EXAMINATION:

Representative sections of tissues were selected and placed into numbered cassettes. These tissues were then processed and prepared as glass slides. Microscopic examination of sections of the brain, heart (right ventricle, left ventricle, and interventricular septum), lungs, liver, pancreas, spleen, kidney, thymus, adrenal gland, parathyroid gland, trachea and intestines were unremarkable and added no new diagnoses.

TOXICOLOGIC ANALYSIS:

Toxicologic screening of the blood was negative for drugs of abuse. No alcohols were detected in the blood or in the vitreous fluid.

Natalya Ward

LABORATORY ANALYSES:

A sample of blood was obtained from the heart and aorta and was inoculated into an aerobic bottle and an anaerobic bottle for blood cultures. The final blood culture results were reported as "No Growth After 5 Days".

ADDITIONAL MEDICAL HISTORY:

Birth records and pediatric records

The birth records and pediatrician's records were requested but were never obtained. Therefore neither the basis for the diagnosis of Hemoglobin D Trait nor for the diagnosis of 'possible spina bifida trait' was known to this death investigation. Nor was it learned what sign or symptom or test had led to the medication *Axid* being indicated for this infant.

Dermatology

Several weeks after this death, a deputy coroner added the following addendum to the text of this Investigative Report:

"On September 15, 2009, mother Carrie Ward called—She informed me that she had observed a rash on her daughter (Natalya) several days prior to her death and that during the time her daughter had the rash she was sleeping much more than usual. She informed me that recently her (surviving) son had an identical rash and that she took him to the E.R. where he was diagnosed with a *Staph* infection. She believes maybe her daughter had a *Staph* infection around the time of her death".

It was learned that at two months of age, Natalya had been evaluated for hemangiomas. Some hemangiomas had been noted at the time of the external examination of the body, however no rash had been noted at that time. In order to confirm that all of the skin discolorations on the body were truly hemangiomas and that none of them was a rash, the medical records were requested but these records were not immediately forthcoming. Eventually the dermatology records, from Children's Memorial Hospital in Chicago, arrived by fax on March 17, 2010.

It was hoped that the dermatologist had taken notes or photographs to indicate the number, precise locations, and dimensions of the hemangiomas so that these data could be compared with the information that was documented at the time of the autopsy. Unfortunately, the dermatologist's complete description of the lesions was "Hemangioma(s) – multiple. Head, back, chest, knee". Follow-up inquiries were made by this coroner's office but were met with assurances from the doctor's office that no other notes or photographs had been made. The limited information that was obtained from these dermatology notes was not sufficient to change my initial impression that no rash was present on the body at the time of death.

POLICE INVESTIGATION:

The written police report was not made available to this death investigation.

Natalya Ward

DISCUSSION:

Hemangiomas are extremely common tumors of infancy and childhood. They are composed of blood vessels that resemble capillaries and they usually occur in the skin, subcutaneous tissues and oral mucosa. At any age they may also occur internally in the liver, spleen and kidneys. In the young, the skin lesions tend to grow rapidly during the first few months of life, start to fade by age one to three, and regress by age five. Such was the prognosis regarding the hemangiomas in this infant, Natalya Ward.

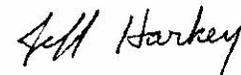
There is a rare condition known as Sturge-Weber syndrome (encephalotrigeminal syndrome) in which the externally visible sign of a capillary or cavernous hemangioma in the cutaneous distribution of the trigeminal nerve is associated with a predominately venous hemangioma of the ipsilateral leptomeninges. (That is, a 'port-wine' stain on the skin of the face or forehead is associated with a vascular lesion on the coverings of the brain on the same side of the head). The syndrome can manifest as seizures very early in life, and there can be mental retardation and hemiparesis.

During the external examination of this infant, Natalya Ward, it was noted that there was a raised purple hemangioma on the infant's forehead. This cutaneous site is within the distribution of the ophthalmic division of the trigeminal nerve. It had also been reported that Natalya was taking *Axid*, a medication for the treatment of gastro-esophageal reflux disease. It is noted that infants can react to the pain of gastro-esophageal reflux by exhibiting a posturing that may be difficult to distinguish from a mild form of seizure activity.

It is noted again that it was not made known to this death investigation exactly what had led to *Axid* being prescribed, and so there is no reason to doubt that it was for reflux disease. It is also noted that the skin lesion of Sturge-Weber syndrome in a 3-month-old infant tends to be flat and pink rather than raised and purple. Therefore, there was little to suggest that a lesion of the leptomeninges would be found. Nevertheless, the leptomeninges were examined carefully. There was no co-existing hemangioma on the coverings of the brain, and so there is no basis for a diagnosis of Sturge-Weber syndrome or for a conclusion that a seizure disorder was the cause of this death.

CONCLUDING OPINION:

There were no anatomic, microscopic, metabolic, or toxicologic findings that could account for this death. When no cause of death can be found in an infant less than 12 months old, the diagnosis of SIDS is given. Therefore, it is my opinion that Natalya Ward, a 3 month old white female infant, died of sudden infant death syndrome (SIDS).



Jeff Harkey, M.D.
Chief Forensic Pathologist
April 20, 2010



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LABORATORY CASE NUMBER: 1001533	Subject's Name: WARD, NATALYA
Client Account: 10049 / DUCC01 Physician: Report To: DUPAGE COUNTY CORONER-IL ATTN: Pete Siekman 414 North County Farm Rd Wheaton, IL 60187 Fx: 1-630-407-2601-503	Agency Case#: M09-213 Date of Death: 08/20/2009 Test Reason: Death Investigation Investigator: Date Received: 08/25/2009 Date Reported: 08/31/2009, 17:37:25

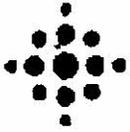
Laboratory Specimen No: 40138486	Date Collected: 08/21/2009
Container(s) : 01: Red Top Bottle Blood, AUTOPSY	Test(s) : 70510 Comprehensive Drug Panel (550B) 44060 Carbon Monoxide (1660COR)

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
Carbon Monoxide-Conway	Negative				
COHb saturation was determined to be less than 5.7%.					
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
ALCOHOLS	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				
ANALGESICS	Negative				
ANESTHETICS	Negative				
ANTIBIOTICS	Negative				
ANTIEPILEPTICS	Negative				
ANTIDEPRESSANTS	Negative				
ANTIHISTAMINES	Negative				
ANTIPSYCHOTICS	Negative				
CARDIOVASCULAR AGENTS	Negative				
ENDOCRINE AGENTS	Negative				
GASTROENTEROLOGY AGENTS	Negative				

WARD, NATALYA

Laboratory Case #: 1001533

Print Date/Time: 08/31/2009, 17:37:25


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Laboratory Specimen No: 40138486
Continued...

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
NARCOTICS	Negative				
NEUROLOGY AGENTS	Negative				
SEDATIVES/HYPNOTICS	Negative				
STIMULANTS	Negative				
UROLOGY AGENTS	Negative				

Specimens will be kept for one year from the date received.

WARD, NATALYA

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Laboratory Specimen No: 40138487	Date Collected: 08/21/2009
Container(s) : 01: Vitreous Vitreous, EYE	Test(s) : 70570 Autopsy Panel, Volatiles (550V1)

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
ALCOHOLS	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				

The Specimen identified by this Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

WARD, NATALYA

Laboratory Case #: 1001533

Print Date/Time: 08/31/2009, 17:37:25

M. Scott Kriger, Ph.D.

Kruger, Scott

Signature of Certifying Scientist

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