



This investigation was initiated from a death certificate. An infant was found deceased inside of a bassinet. She was lying on her stomach with her face pressed into a pillow. The police report and the medical examiner's report were requested and received. The majority of information contained in this report was obtained from these sources. Contact with next-of-kin is prohibited in the state in which this incident occurred.

The victim was a two month-old Caucasian/non-Hispanic female (DOB: [REDACTED]) At the time of her death, March 19, 2009, she weighed 12 pounds and had a crown-to-heel length of 23 ½ inches. The victim had limited medical history and was behind on her immunizations due to lack of parental health insurance. According to the victim's mother, the victim was jaundiced at birth. The victim's mother admitted to regularly drinking alcohol, smoking tobacco and marijuana, and taking prescription anxiety medication while she was pregnant with the victim. The mother said she tried to breast-feed the victim a few times but that it didn't "click". The victim was fed infant formula with a bottle.

The victim lived with her mother (age 19) and her father (age 19) in an apartment of an unknown size. An 18 year-old female friend was staying in the apartment as well as the victim's two year-old sister who was just visiting. The victim's mother and father did not have parental custody of the sister. According to reports, the apartment was dirty and cluttered. It smelled of marijuana, garbage, and dirty diapers.

The victim's parents and the 18 year-old friend went out to dinner and a movie on the evening of March 18, 2009, around 10:00pm. They left the victim and her sister in their apartment under the care of a 21 year-old neighbor. The neighbor said the older sister slept soundly in her bed but the victim kept waking up and fidgeting in the bassinet she was sleeping in. At one point the neighbor said the victim was drenched in sweat. She removed the blanket she was sleeping with but noticed the victim's legs felt cold so she covered her legs back up with a blanket. The victim was placed on her stomach to sleep, as is her usual sleeping position, according to the victim's mother. The police report states that in the bassinet had an "adult-size" pillow for padding on the floor of the bassinet. Also in the bassinet were bumper pads around the perimeter, two blankets and a stuffed animal.

The victim's parents returned to the apartment sometime after midnight, March 19, 2009. The victim's mother thinks she fed the victim some infant formula from a bottle sometime around 3-4am. No one checked on the victim again until 12:20pm that afternoon when the mother went to see if the victim was awake. She found the victim to be not breathing, rigid, and cold to the touch. She did not move the victim or try to provide any life-saving assistance. She began screaming, "My baby aint breathing! Call the cops!" The mother called 911 on her cell-phone and went to a neighbor's apartment with her two year-old daughter to wait for the police to arrive.

Reports state that when emergency help arrived, the victim was lying on her stomach with her face (nose and mouth) "stuck" to the pillow on the floor of the bassinet. She was deceased. An autopsy was conducted. The cause of death was determined to be asphyxia due to soft bedding. The incident was labeled an accidental death.

**PRODUCT IDENTIFICATION**

The products involved are bedding items placed within a bassinet. There is no identifying information about the bassinet known. A [REDACTED] adult-sized pillow, two blankets, padded bumper pads, and a stuffed animal were found inside of the bassinet with the victim.

The adult-sized pillow is manufactured by:



**ATTACHMENTS**

Exhibit "A" – Police Report, 50 pages

Exhibit "B" – Medical Examiner's Report, 12 pages

Exhibit "C" – Data Record Sheet – Infant Suffocation, 10 pages



### DEATH INVESTIGATION CHECK LIST—SECTION I

CASE # [REDACTED]

OFFICER ASSIGNED Loth

BADGE # 263

To be completed by the first officer at the scene of any death investigation, regardless of the apparent cause.

Victim: [REDACTED] Reported by: [REDACTED] (mother)

Date of Death 3-14-09 Time Notified 1224 How Notified 911

Where [REDACTED] Call received at 1256 Time of arrival on scene 1314

Weather Rain, overcast, cool Outside lighting conditions daylight Temperature 49°F

#### PERSON AT SCENE ON ARRIVAL

#### WITNESSES:

- 1. See general report Address \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Ambulance Drivers and Company \_\_\_\_\_

Hospital \_\_\_\_\_ Time of Death (if known) \_\_\_\_\_

Fire Dept. Personnel and Treatment TFD E

#### EXAMINATION OF BODY AND IMMEDIATE SCENE:

A. Position of Body (Prone, on back, side, etc.) Prone, head to right

B. Position of arms and legs angled to body of E

C. How were you able to determine the person was dead? No sign of life

D. Obvious Wounds: less Bruises on back and on side of torso

E. Clothing and its condition diaper, shirt

F. Odors, if any: Marijuana in living room

G. Proximity to other buildings or houses: apt to right, top floor

At this point, a decision should be made whether or not the death appears to be from natural causes. If it is, complete Section I. If other than a natural death, the final steps in Section I are NOT to be completed at this time. Continue the investigation following the outline steps in Section II.

(over)

# SCANNED

Coroner called: Time 1255 By LEJA Arrived \_\_\_\_\_

Time body removed \_\_\_\_\_ Coroner's Name Anne M. Waischen

Description of body when moved or turned over.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body Temperature \_\_\_\_\_

Date and time investigation completed \_\_\_\_\_

Scene secured: Locked door How \_\_\_\_\_

Secured by: Z. Smalls P188

### DEATH INVESTIGATION CHECK LIST—SECTION II

To be completed by investigating officer when death is, for any reason, other than apparent natural causes:

\_\_\_\_\_ # \_\_\_\_\_ #  
 \_\_\_\_\_ # \_\_\_\_\_ #

Time of Arrival at scene: 1314

Persons at scene on arrival—if other than those listed in Section I.

A. Officers 1. 6 # \_\_\_\_\_ 2. \_\_\_\_\_ # \_\_\_\_\_  
 3. \_\_\_\_\_ # \_\_\_\_\_ 4. \_\_\_\_\_ # \_\_\_\_\_

B. Investigators 1. \_\_\_\_\_ # \_\_\_\_\_ 2. \_\_\_\_\_ # \_\_\_\_\_  
 3. \_\_\_\_\_ # \_\_\_\_\_ 4. \_\_\_\_\_ # \_\_\_\_\_

C. Others 1. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### SUSPECT INFORMATION:

1. Why suspected: \_\_\_\_\_
2. Demeanor and sobriety: \_\_\_\_\_
3. When actually placed under arrest and where: see general report \_\_\_\_\_
4. Advised of rights, time and by whom: \_\_\_\_\_
5. Statements and any admissions at scene: \_\_\_\_\_

#### PERSONS CONTACTED:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Why contacted: \_\_\_\_\_ Follow up required: \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Why contacted: \_\_\_\_\_ Follow up required: \_\_\_\_\_

#### Photographs

A. Taken by: \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

(over)

**SCANNED**

Evidence

A. Photographer: \_\_\_\_\_ # \_\_\_\_\_

B. Picked up by: \_\_\_\_\_ # \_\_\_\_\_

C. Marked by: \_\_\_\_\_ # \_\_\_\_\_

D. Packed by: \_\_\_\_\_ # \_\_\_\_\_

E. Transported by: \_\_\_\_\_ # \_\_\_\_\_

Investigators should stop and discuss the whole situation thoroughly, go over the evidence and attempt to re-construct the crime. There is no need to hurry at this time.

Coroner called: Time: \_\_\_\_\_ By: \_\_\_\_\_ Arrived: \_\_\_\_\_

Time body removed \_\_\_\_\_ Coroner's name \_\_\_\_\_

Description of body when moved, or turned over:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body Temperature \_\_\_\_\_

Date and time investigation completed: \_\_\_\_\_

Scene secured: \_\_\_\_\_ How: \_\_\_\_\_

Secured by: \_\_\_\_\_

Follow up tasks remaining:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pick up issued: Date: \_\_\_\_\_ Time: \_\_\_\_\_ NCIC \_\_\_\_\_

Pick up cancelled: \_\_\_\_\_

Prosecutor contacted when filed: \_\_\_\_\_

Summary written by whom: \_\_\_\_\_

INCIDENT #

# HANDWRITTEN STATEMENT FORM

## PIERCE COUNTY SHERIFF/TACOMA POLICE

My name is [redacted] Mar 15/09 Time 2:27  
I am 27 years of age.

I reside at [redacted] with [redacted]

I am employed at \_\_\_\_\_

I have been informed of my constitutional rights. \_\_\_\_\_

Narrative of facts: \_\_\_\_\_

Around 10pm myself and my girlfriend went upstairs to babysit for the neighbors upstairs they came back for a few minutes and left again around 11:30-12 and came home at 1-2 am I watched the kids for a few more minutes while she took a shower then I went home

My girlfriend went to bed around 12-1am

The above is a true and correct statement to the best of my knowledge. No threats or promises have been made to me nor any duress used against me.

[redacted signature]

Signature

WITNESSES:

M. Little, 263

—If you need additional space use other side—

INCIDENT #

# HANDWRITTEN STATEMENT FORM

PIERCE COUNTY SHERIFF/TACOMA POLICE

Date 3/19/09 1/13/1988 Time 1:51o

My name is \_\_\_\_\_ I am 21 years of age.

I reside at \_\_\_\_\_ with \_\_\_\_\_

I am employed at \_\_\_\_\_

I have been informed of my constitutional rights. \_\_\_\_\_

Narrative of facts: \_\_\_\_\_

I babysat \_\_\_\_\_ last night about 10 pm \_\_\_\_\_ were asleep at the time but \_\_\_\_\_ kept waking up periodically. She was drenched with sweat & was uncomfortable in her bed. I changed the blanket she was sleeping with & noticed her legs were cold so I covered her & tucked her in & she slept for the rest of the night just fine. I left about 7 in the morning for bed \_\_\_\_\_ stayed & watched over her til \_\_\_\_\_ got home

The above is a true and correct statement to the best of my knowledge. No threats or promises have been made to me nor any duress used against me.

WITNESSES:  
LT. Stet

—If you need additional space use other side—

ACCIDENT #

# HANDWRITTEN STATEMENT FORM

PIERCE COUNTY SHERIFF/TACOMA POLICE

Date 03-19-09 Time 1:36

My name is [redacted] I am \_\_\_\_\_ years of age.

I reside at [redacted] with [redacted]

I am employed at none

I have been informed of my constitutional rights. \_\_\_\_\_

Narrative of facts: \_\_\_\_\_

Last night I went to bed early. I have been dealing with family problems. I slept all night the baby woke up earlier this morning [redacted] was feeding the baby. I fell back to sleep. I woke up to [redacted] screaming my baby aint breathing call the cops... she arked her cell and called the police. And we grabbed [redacted] and went down stairs to the neighbors house to wait for the police.

probably went to bed around 1:00pm

I looked at the baby and the baby was faced down with her face turned to the wall

Last night the neighbor came upstairs to watch the kids while [redacted] and [redacted] and me went to the movies and dinner... when we got home I took a shower had a cigarette and fell asleep

The above is a true and correct statement to the best of my knowledge. No threats or promises have been made to me nor any duress used against me.

[redacted signature]

Signature

WITNESSES:

[redacted]  
[redacted]

—If you need additional space use other side—

# HANDWRITTEN STATEMENT FORM

## PIERCE COUNTY SHERIFF/TACOMA POLICE

Date 3-19-09 Time 1330

My name is [redacted] I am 19 years of age.

I reside at [redacted] with my husband

I am employed at n/a

I have been informed of my constitutional rights. \_\_\_\_\_

Narrative of facts: \_\_\_\_\_

I wake up to feed [redacted] this morning can't give a time. I fed her and put her back to sleep and layed down. Then I got up to check on her again and found her white, cold, and not breathing. I think I feed her around 3 or 4.

The above is a true and correct statement to the best of my knowledge. No threats or promises have been made to me nor any duress used against me.

[redacted]

Signature

WITNESSES:

M. Loty, 263

—If you need additional space use other side—

INCIDENT #

# HANDWRITTEN STATEMENT FORM

## PIERCE COUNTY SHERIFF/TACOMA POLICE

Date 3-18-09 Time 1320

My name is [redacted] I am 19 years of age.

I reside at [redacted] with wife & children

I am employed at [redacted]

I have been informed of my constitutional rights. \_\_\_\_\_

Narrative of facts: \_\_\_\_\_

*was asleep most of the past few days due to surgery and medication last time I saw my little angel was last night also prior to seeing her me and my wife went out for a night on the town she was trying to make me feel better cause of my oral surgery*

The above is a true and correct statement to the best of my knowledge. No threats or promises have been made to me nor any duress used against me.

[redacted signature]

Signature

WITNESSES:

*M. L. [redacted]*

—If you need additional space use other side—

INCIDENT #

# HANDWRITTEN STATEMENT FORM

PIERCE COUNTY SHERIFF/TACOMA POLICE

Date 3/19/09 Time \_\_\_\_\_

My name is [redacted] I am 28 years of age.

I reside at [redacted] with [redacted]

I am employed at [redacted]

I have been informed of my constitutional rights. [redacted]

Narrative of facts: \_\_\_\_\_

[redacted] and [redacted] came into my office on March 16, 2009 and explained that they are not able to pay their MARCH rent because the Army has not paid [redacted] properly. I recall them saying that the money was sent to a bank account that had been closed. They are working with Finance & DFAS to get the money. Due to these circumstances I had offered them a stipulation to pay March and April's rent on April 3<sup>rd</sup>, 2009.

On March 17<sup>th</sup> I called [redacted] and reminded her that the stipulation is not valid without her and [redacted] signature. She told me that her baby was sick and [redacted] wasn't home. I offered to go to her apartment to get her signature and she agreed. During that conversation she said that [redacted] had the car and they had been arguing that his last minute dental appointment was more important to him than coming home to take his child to the doctor. She also said that the baby had been pale and clammy. When I went up to the apartment to get [redacted] signature ~~that~~ she said that once [redacted] got home they would be

The above is a true and correct statement to the best of my knowledge. No threats or promises have been made to me nor any duress used against me.

Signature

WITNESSES:

[Signature]  
Small 100

—If you need additional space use other side—

going to the doctor. I explained to her that although I understand that family health is important, it is imperative that he sign the stipulation or an eviction would take place. [REDACTED] said that she understood. While I was at the apartment I mentioned that the garbage on the front porch needed to be removed as well.

On March 19<sup>th</sup>, [REDACTED] came into the leasing office in tears with a female friend and said that her baby had died. She said that [REDACTED] was a wreck and he would not be in to sign their stipulation for a few days. I said that I understood.

[REDACTED]

**Tacoma Police Department**  
**FORENSIC SPECIALIST REPORT**

Crime	DEATH INVESTIGATION	Case No	CB	187	District	23	
Dispatch Date	3/19/2009	Time	15:00	Arrived	15:31	Cleared	17:21
Call Location							
Victim				Address			

**Details**

Latent Search Made	No	Results		
Evidence Recovered	<input checked="" type="checkbox"/>	Property Form	<input checked="" type="checkbox"/>	Diagram <input checked="" type="checkbox"/>
Photos Taken	Color <input checked="" type="checkbox"/>	B & W <input type="checkbox"/>	Video <input type="checkbox"/>	
Prints Found On				
Showing	Photo slate; exterior of the apartment door, interior of the apartment to include a bassinet on the south wall of the living room with an infant laying facedown, the infant turned upward with marks on the right side of her torso, the bassinet after the bedding was removed, and a mark on the interior bottom of the bassinet; with and without scale.			
Narrative	I took the above listed photographs with Detectives L. Wade and S. Reopelle, Dr. E. Kiesel of the Medical Examiner's Office, and Medical Investigator A. Waisanen present. At the request of Detective L. Wade, I completed a crime scene sketch of the living room/kitchen, collected the bedding, and infant bottle.			

Date:	3/19/2009	Crime Scene Technician:	S. WILEY #203383 <i>SN</i>	Approval:	<i>ML</i>
Diatr Date:	3/24	By:	LCI	Microfilmed:	By:
Indexed:	3-24-09	By:	_____	Copy To:	

**Tacoma Police Department**

**FORENSIC SPECIALIST REPORT**

<b>Crime</b>	DEATH INVESTIGATION	<b>Case No</b>		<b>CB</b>	187	<b>District</b>	23
<b>Dispatch Date</b>	3/19/2009	<b>Time</b>	13:29	<b>Arrived</b>	13:54	<b>Cleared</b>	14:45
<b>Call Location</b>							
<b>Victim</b>				<b>Address</b>			

**Details**

<b>Latent Search Made</b>	<b>No</b>	<b>Results</b>		
<b>Evidence Recovered</b>	<input type="checkbox"/>	<b>Property Form</b>	<input type="checkbox"/>	<b>Diagram</b> <input type="checkbox"/>
<b>Photos Taken</b>	<b>Color</b> <input checked="" type="checkbox"/>	<b>B &amp; W</b> <input type="checkbox"/>	<b>Video</b> <input type="checkbox"/>	
<b>Prints Found On</b>				
<b>Showing</b>	Exterior of apartment building and apartment overall views of interior of the apartment to include living/dining room, kitchen, two bedrooms, hallway, and bathroom, overflowing garbage in kitchen with dirty diapers, dishes and food on kitchen counters including a highchair tray unclean with food(noodles), toys on floor in SE bedroom, bassinet against south wall of living/dining room, infant victim laying face down in bassinet with a blanket and a baby bottle, suspected injuries on victim's lower back and sides of torso			
<b>Narrative</b>	Detective L. Wade, Detective S. Reopelle, M.E. Investigator A. Waisanon, and others were present at the scene.			

<b>Date :</b>	3/19/2009	<b>Forensic Specialist :</b>	D. VELEZ #90000	<b>Approval :</b>	
<b>Distr Date :</b>		<b>By :</b>		<b>Microfilmed :</b>	
<b>Indexed :</b>		<b>By :</b>		<b>Copy To :</b>	

**SCANNED**

CASE NO. 090780595

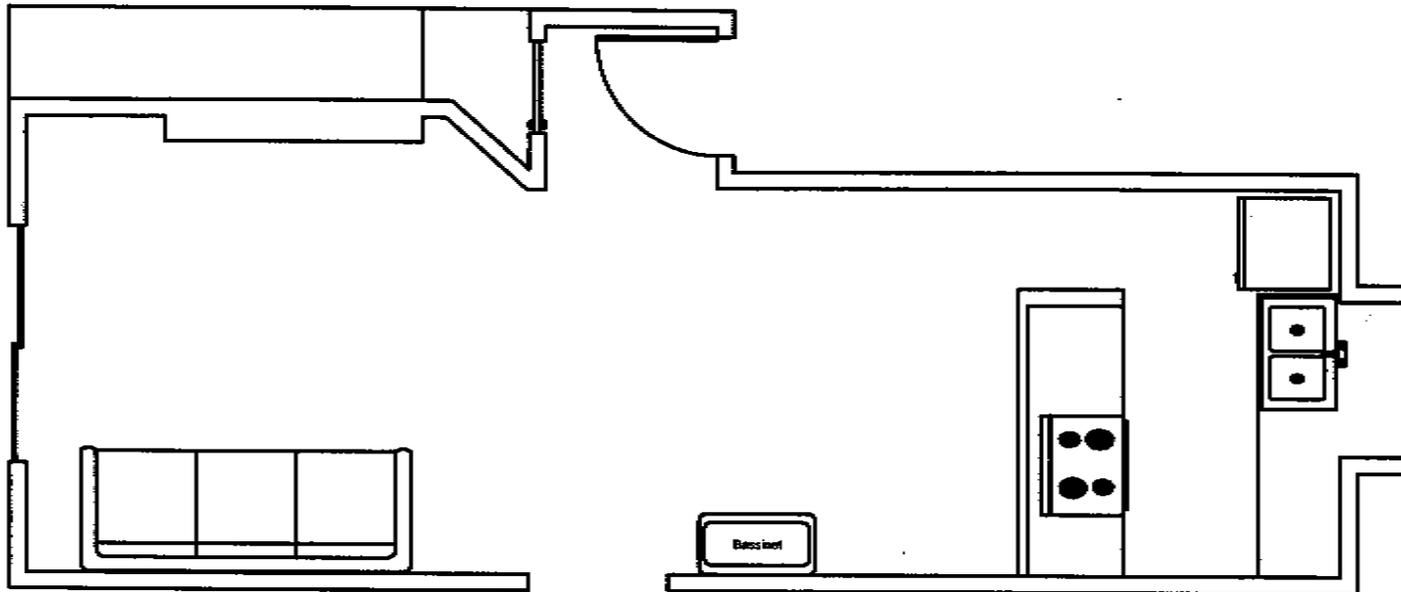
TITLE Death Investigation



Legend

- 1. Infant blanket
- 2. Pink "George" blanket
- 3. Mauve blanket
- 4. A "Hollander Live Comfortably" pillow
- 5. Infant bottle
- 6. "Burlington Basket Co" bassinet cover

( Above listed items were removed from the bassinet )



SCANNED

12/17/2010 08:15 FAX

DATE OF INCIDENT

MO 03 DAY 19 YR 2008

REFERENCE POINT

Measurements taken from the north, south, east, and west walls of the apartment.

DRAWN BY

S. Wiley 203383

LOCATION

FILE



National Police Association  
Public Access

044/050

12/17/2010 11:17AM (GMT-05:00)

[REDACTED]

**DATE, TIME, AND PLACE OF EXAMINATION:**

An autopsy is performed in the morgue of the Pierce County Medical Examiner's Office on Friday, March 20, 2009, beginning at 1100 hours.

**IDENTIFICATION:**

The body is identified by Pierce County Medical Examiner number [REDACTED], inscribed on a Medical Examiner identification bracelet. Photographs and x-rays are taken for identification purposes.

**PRESENTATION, CLOTHING, AND PERSONAL EFFECTS:**

The body is received supine within a white body bag. The body is clad in a blue and green tee shirt and a disposable diaper, extensively soiled by urine.

**RADIOGRAPHIC IMAGING:**

Three (3) x-rays of the body reveal no obvious skeletal defects.

**GENERAL DESCRIPTION:**

The body is that of a well-developed, well-nourished, Caucasian female infant with an appearance consistent with a reported age of 2 months. The body is well preserved and not embalmed. Postmortem lividity is violaceous and present over the anterior surfaces of the body with sparing over the left cheek, tip of nose, and left mouth. Postmortem rigidity is fully developed though easily broken. The body is cool to touch and has been refrigerated. The body weighs 12 pounds (5.49 kilograms). The crown-to-heel length is 23-1/2 inches (59.6 centimeters); the crown-to-rump length is 16-3/4 inches (42.6 centimeters); and the foot length is 3-1/4 inches (8.4 centimeters). Other significant measurements include the following circumferences: head, 16 inches (40.5 centimeters); chest, 15-1/4 inches (38.7 centimeters); and abdomen, 15-3/4 inches (40.0 centimeters).

The scalp is covered by 1-3/4 inch brown hair. The eyebrows are symmetrical. The body hair is consistent with age.

The scalp is atraumatic. The anterior fontanel is palpably nonfused. The ears are symmetrical and unremarkable. The eyes have brown-gray irides. The vessels of the sclerae and conjunctivae are clear. No petechial hemorrhages are identified. Intense lividity is noted over the right face, and involves the medial aspect of the left upper eyelid. The nose is midline and dried foam present in the nares. The mouth is edentulous. The mucosal surfaces of the mouth are unremarkable. The tongue and lips are likewise unremarkable. The neck has a midline trachea and no masses are palpable. There is no hypermobility or grating upon motion of the neck.

The chest is symmetrical and unremarkable. The abdomen is mildly protuberant. No masses are palpable. Faint patterned linear areas of lividity, are noted over the right abdomen and left flank. The patterned lividity has the appearance of small fingers.

The hands and arms are symmetrical and remarkable for hairs and fibers present in the palms of both hands. The legs and feet are symmetrical and unremarkable.

The genitalia are those of an unremarkable infant female. The back and anus are unremarkable.

### **INTERNAL EXAMINATION:**

#### **Head:**

Reflection of the scalp shows the usual scattered reflection petechiae. The anterior fontanel measures 2.3 x 1.8 centimeters. The calvarium is otherwise intact. Removal of the calvarium in the usual fashion shows the epidural space to be normal. Likewise, no collections of subdural blood are present. The brain is removed in the usual fashion and weighs 637 grams; the brainstem and cerebellum weigh 57 grams. The leptomeninges are mildly thickened over the inferior brain but smooth and glistening elsewhere. The gyri demonstrate the usual shape and configuration. The vessels at the base of the brain are normally disposed and no anomalies are identified. Serial sections of the brain show the cerebral cortical ribbon to be intact. There is the expected degree of myelination. The usual anatomical landmarks of the cerebrum, midbrain, cerebellum, pons, and medulla demonstrate no abnormalities. Removal of the dura from the base of the skull shows the usual anatomical features without abnormalities. The pituitary fossa is unremarkable. The foramen magnum shows the usual orientation and the first portion of the spinal cord as viewed through the foramen magnum is unremarkable.

#### **Neck Organs:**

The neck organs are removed en bloc with the tongue. No evidence of infection or inflammation is noted within the laryngeal tissues. No hemorrhages are noted. The hyoid bone, thyroid, and cricoid cartilages are unremarkable.

#### **Body Cavities:**

The body cavities are opened in the usual fashion. There are rare petechial hemorrhages involving the thymus, epicardium, and pleural surfaces. The retroperitoneum and peritoneal surfaces are unremarkable. The leaves of the diaphragm are intact and the organs are anatomically disposed.

#### **Cardiovascular System:**

The heart weighs 29 grams. The epicardium is smooth and glistening. The chambers of the heart show the usual shape and configuration without gross hypertrophy. The coronary arteries are normally disposed. Cut surfaces of the myocardium show a normal color. No thickening of

the ventricular walls is identified. The valves are intact and the atria are remarkable for probe patent foramen ovale. The ductus arteriosum is stenosed. The aorta follows its usual course and the origins of the major arteries are normally disposed. The venae cavae are likewise unremarkable.

### **Respiratory Tract System:**

The larynx and trachea are continuous in the usual fashion with the primary bronchi. The pleural surfaces are smooth and glistening. The right lung weighs 78 grams, and the left lung weighs 64 grams. Cut surfaces show a deep red to pink crepitant parenchyma. No consolidation or enlargement of airspaces is identified. Examination of the pulmonary vessels shows no evidence of emboli.

### **Hepatobiliary System:**

The liver weighs 236 grams with a smooth, glistening capsule and an unremarkable red-brown parenchyma. The gallbladder contains 0.8 milliliters of bile. The biliary tree is patent and normally disposed.

### **Lymphoreticular System:**

The spleen weighs 13 grams with a smooth, glistening capsule and an unremarkable red-purple parenchyma. The thymus weighs 29 grams with rare petechial hemorrhages, as noted above. The lymph nodes, where noted, show benign reactive changes.

### **Genitourinary Tract System:**

The right kidney weighs 26 grams and the left kidney weighs 27 grams. There is good corticomedullary differentiation. The pelves show the usual relationships and are continuous into normal appearing ureters which insert into an unremarkable bladder that is devoid of urine.

The uterus and adnexa are infantile and unremarkable.

### **Gastrointestinal Tract:**

The pharynx and esophagus are unremarkable. The stomach lies in a normal position and contains a trace amount of yellow mucoid material. The mucosal lining of the stomach is intact and continuous into the duodenum. The serosa of the small and large bowel is unremarkable. The appendix is present.

### **Endocrine System:**

The pituitary fossa is unremarkable. The thyroid and pancreas show no evidence of natural disease or injury. The adrenal glands measure less than 1 gram on the left and 1 gram on the right. There is no evidence natural disease or injury within the adrenal glands.

**Musculoskeletal System:**

No fractures are identified. The skeletal musculature shows a normal color. The bone marrow, where visualized, is unremarkable.

**Miscellaneous:**

Abdominal fat measures approximately 1.3 millimeters in maximal thickness. Careful reflection of the skin of the anterior and posterior torso from the musculature, shows no evidence of contusion associated with the lividity marks of the right abdomen and left flank.

**OTHER PROCEDURES:**

1. Blood, vitreous, bile, gastric, liver, a genetic metabolic screen card, and an air-dried blood spot card are collected.
2. Blood is submitted to the State Toxicology Laboratory for toxicological analysis.
3. Cultures of the spleen and cerebrospinal fluid are submitted for microbiological studies.
4. Routine tissue sections are submitted in 9 cassettes to be processed to slides.
5. Clothing and examined organs are released with the body.

**MICROSCOPIC EXAMINATION:**

Brain: Hypoxic neuronal changes in hippocampus and Purkinje cells of cerebellum.  
Mild thickening of leptomeninges without evidence of active inflammation.

Sections of heart, lungs, liver, kidney, thymus, pancreas, spleen, adrenal, skeletal muscle, costochondral junction, stomach, small and large bowel, appendix, diaphragm, and cross-section of trachea with thyroid and esophagus show no significant diagnostic alterations.

E.I.K./cw

Dictated: 3/20/09  
Transcribed: 3/27/09  
Finalized: 4/22/09

**RETENTION:**

Blood, body fluids, tissues, and physical/trace materials that may be collected (the exact samples vary by case) during the examination are routinely held for a two year period prior to biohazard disposal, unless transferred to a laboratory or other agency by the Medical Examiner's Office, or otherwise released by special arrangement.

**WASHINGTON STATE TOXICOLOGY LABORATORY**  
 FORENSIC LABORATORY SERVICES BUREAU  
 WASHINGTON STATE PATROL  
 2203 AIRPORT WAY S, SUITE 360  
 SEATTLE WA 98134-2027  
 PHONE (206) 262-6100 FAX (206) 262-6145

**Death Investigation Toxicology Report**

agency case #: [REDACTED]

attn: Dr. [REDACTED]  
 agency: **Pierce Co. Medical Examiner**  
**3619 Pacific Avenue**  
**Tacoma WA 98418-7929**

date received: **3-24-2009**  
 date completed: **4-7-2009**

Last name	First name	Middle initial
[REDACTED]	[REDACTED]	

sample blood - central  
 container vg  
 labeled Y

**BLOOD ETHANOL neg**

**BLOOD ANALYSES**

**no drugs detected**

**URINE TEST RESULTS**

**not performed**

RECEIVED  
 APR 15 2009  
 RW

**Christie Mitchell** certifies under penalty of perjury that I performed the test on the blood or other tissues listed above. The document on which this certificate appears is a true and complete copy of my official report and the test was administered according to WAC 448-14-010 and 020. Such document is a report of the results of tests completed by the undersigned whose qualifications and experience are listed below their name in compliance with WAC 448-14-030. The person from whom the sample(s) was received is:

**COMMENTS**

Kokko, Hanna

First Class Mail (USPS)

Note: "nd" indicates drug not detected, "pos" indicates positive.

[REDACTED]  
 \_\_\_\_\_  
 , Analyst

[REDACTED]  
 \_\_\_\_\_  
 Reviewer

Masters of Forensic Science 2007  
 Blood Analyst Permit since 2007

012  
07-03-10  
ELK  
ELK  
24 MAR 09

LABORATORIES Northwest  
Tacoma, WA 98415

NAME: [REDACTED]  
MR#: [REDACTED]  
PHONE#: [REDACTED]

AGE: 73D [REDACTED]  
SEX: F

Final Report  
LOC: PCCO

PHYSICIAN COPY FOR DR: Pierce County Medical Examiner

----- FLDS, WOUNDS, MISC SPECIMENS -----

03/20/09 Culture/Gram Stain Final 03/23/2009  
Coll Time ACC. NO.: [REDACTED]

R2248 Specimen Description: Cerebrospinal fluid  
Special Requests: Return unsued CSF to the M.E, fax  
results to 253 798 4724

- Gram stain:
1. Few white blood cells
  2. Few red blood cells
  3. No organisms seen

Culture Results: 1. No growth 3 days (ET: 9 HOURS)

03/20/09 Culture/Gram Stain Final 03/23/2009  
Coll Time ACC. NO.: [REDACTED]

R2247 Specimen Description: Tissue SPLEEN  
Special Requests: ID pathogens, no susceptibility, fax  
results 253 798 4724

- Gram stain:
1. Moderate number of white blood cells
  2. Few red blood cells
  3. No organisms seen

Culture Results: 1. No growth 3 days (ET: 9 HOURS)

Client Services  
(253) 403-1187  
(800) 784-5854

END OF REPORT  
PRINTED: 03/23/2009  
10:00

[REDACTED]  
DR: [REDACTED] County Medical Examiner  
PAGE: 1

**DATA RECORD SHEET**

IDI 101110HCC3164  
DATE                      WITNESS                       
INTERVIEWED                     

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 3-19-2009 time 3-4 AM

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?

Bassinet w/ adult pillow in it.

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 X Refused \_\_\_\_\_
7. Were there any other individuals resting or sleeping on the same unit as the infant?
- No X Don't Know \_\_\_\_\_  
 Yes \_\_\_\_\_ Refused \_\_\_\_\_
- If yes, how many individuals? \_\_\_\_\_
8. When was the infant last fed?
- Time 3-4 Am Type of food (liquid or solid) liquid in bottle  
 Don't Know \_\_\_\_\_  
 Refused \_\_\_\_\_
9. Is the type of food listed in question number 8 the infant's regular diet?
- No \_\_\_\_\_ Don't Know \_\_\_\_\_  
 Yes X Refused \_\_\_\_\_  
 Not applicable (food not known) \_\_\_\_\_

Death

10. What is the date and time infant was found dead or unconscious (use 24 hour clock)?
- date 3-19-2009 time About 12:15 pm
11. Were there any resuscitation attempts?
- No X Don't Know \_\_\_\_\_  
 Yes \_\_\_\_\_ Refused \_\_\_\_\_
- If yes, by whom?  
 \_\_\_\_\_
12. What was the infant's body position when found?
- On stomach X  
 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 X \_\_\_\_\_  
Refused \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
Don't Know \_\_\_\_\_

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

No \_\_\_\_\_ Don't Know X \_\_\_\_\_  
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 X \_\_\_\_\_ Refused \_\_\_\_\_

If yes, describe location and approximate size.  
Face embedded into the adult pillow.

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 X \_\_\_\_\_

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

adult-sized pillow

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

No \_\_\_\_\_ Don't Know X \_\_\_\_\_  
Yes \_\_\_\_\_ Refused \_\_\_\_\_  
Not Applicable \_\_\_\_\_

If yes, describe item, give dimensions of pocket.

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

No \_\_\_\_\_  
Yes X

Don't Know \_\_\_\_\_  
Refused \_\_\_\_\_

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

Foamy

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

No \_\_\_\_\_  
Yes X

Don't Know \_\_\_\_\_  
Refused \_\_\_\_\_

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

Sweat

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

No \_\_\_\_\_  
Yes X

Don't Know \_\_\_\_\_  
Not Applicable  
(no wet items) \_\_\_\_\_

If yes, describe

Sweat and foam on pillow

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.

Disposable Diapers - Tie-Dyed Colored on side.

- 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.

~~on floor of bassinet or padding.  
 Bumper pads around inside of bassinet. Multiple blankets and stuffed animals in the bassinet.~~

- 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.

~~Blanket covering infant  
 Pink infant blanket - Satin trim  
 Mauve colored blanket.~~

- 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)

~~Bottle w/ suspected infant formula  
 Teddy bear - stuffed.~~

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

None \_\_\_\_\_ Don't Know X  
 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.).

Bassinet w/ adult pillow on floor for padding - additional bumper pads. 2 blankets

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

Manufacturer [REDACTED]  
 Size (if relevant) adult size  
 Brand/Model/Style [REDACTED] Sleep Comfortably  
 How Obtained Unknown  
 Where Obtained Unknown  
 Age of Product Unknown  
 Surface material (e.g., fabric, vinyl, other, specify) and filling contents (e.g., batting, foam, other, specify) \_\_\_\_\_

Any recommendations or warnings listed on label  
Unknown

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 X  
 (not found on a mattress/crib)  
 If no, describe \_\_\_\_\_

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

No \_\_\_\_\_ Don't Know X  
Yes \_\_\_\_\_ Refused \_\_\_\_\_

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

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

No \_\_\_\_\_ Don't Know X  
Yes \_\_\_\_\_ 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.) Unknown

32. Was the infant breast-fed?

No \_\_\_\_\_ Don't Know \_\_\_\_\_  
Yes X Briefly Refused \_\_\_\_\_

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

Full Term \_\_\_\_\_ Don't Know X  
Premature \_\_\_\_\_ Refused \_\_\_\_\_

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

No \_\_\_\_\_ Don't Know \_\_\_\_\_  
Yes X Refused \_\_\_\_\_

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

Hard time breathing - Sweaty Jaundice at birth

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

No X Don't Know \_\_\_\_\_  
Yes \_\_\_\_\_ Refused \_\_\_\_\_

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

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

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

No \_\_\_\_\_ Don't Know X  
Yes \_\_\_\_\_ Refused \_\_\_\_\_

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

No \_\_\_\_\_ Don't Know X  
Yes \_\_\_\_\_ Refused \_\_\_\_\_

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

No X Don't Know \_\_\_\_\_  
Yes \_\_\_\_\_ Refused \_\_\_\_\_

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

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

None ever given \_\_\_\_\_ Don't Know X  
Refused \_\_\_\_\_

Indicate if the vaccine was given orally or in a shot.  
Behind on Vaccinations - No medical insurance.

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

No \_\_\_\_\_ Don't Know \_\_\_\_\_  
Yes X Refused \_\_\_\_\_

If yes, describe  
Sweaty in last day before death.

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

No \_\_\_\_\_ Don't Know X  
Yes \_\_\_\_\_ Refused \_\_\_\_\_

If yes, specify

**IV. Maternal History**

43. Mother's Age 19

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

No \_\_\_\_\_ Don't Know \_\_\_\_\_  
Yes X Refused \_\_\_\_\_

If yes, give type if known

45. Any maternal tobacco use during pregnancy?  
Valium - 10 a day, Smoked marijuana and tobacco, drank beer

No \_\_\_\_\_ Don't Know \_\_\_\_\_  
Yes X Refused \_\_\_\_\_

If yes, give duration and amount

1/2 pack a day

**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. 3 individuals

Total number of cigarettes smoked in home or other location per day at least 3 packs

Total number of pipes smoked in home or other location per day None

Total number of cigars smoked in home or other location per day None

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

Cold \_\_\_\_\_ Comfortable \_\_\_\_\_  
Hot \_\_\_\_\_ Don't Know X  
Refused \_\_\_\_\_

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

Heating \_\_\_\_\_ Cooling \_\_\_\_\_  
Don't Know X Refused \_\_\_\_\_  
Turned Off \_\_\_\_\_ Can't Control \_\_\_\_\_

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

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

101110HCC3164

**CONTACTS**

Law Enforcement Support Agency (LESA)  
930 Tacoma Avenue South, Room 239  
Tacoma, WA 98402

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Pierce County Medical Examiner  
3619 Pacific Avenue  
Tacoma, WA 98418