

This investigation was initiated based upon the receipt of a MECAP report from the Cuyahoga County Coroner's Office in Cleveland, Ohio. Information contained in this report was obtained from interviews with local officials as well as police and coroner's reports. Efforts to interview the victim's parents were not successful.

The victim was a 4-month-old male who resided with his parents in a 1,932 square-foot single-family home in Cleveland, Ohio. The Father is 24-years-old while the Mother is 21-years-old. According to information found in the Cleveland EMS report, the pregnancy was normal vaginal delivery with no problems. The birth was full-term. The victim's immunization vaccinations were up to date. It is unknown whether the couple had any other children.

According to Cuyahoga County Coroner's Investigative report, on March 29, 2010, the family attended church, ate breakfast and then visited with relatives later that evening for dinner and a movie. They left the relative's house around 12:30 a.m., and arrived home shortly thereafter. Once home, they placed the victim in his crib but he started to cry. Around 1:00 a.m., the Father fed him about 8-ounces of baby formula and put him back in his crib. From scene photographs taken by the Coroner's Office, it appears the crib was a full-size crib, constructed of wood, with a crib bumper pad surrounding the crib sides and ends. Along with the bumper pad, a u-shaped nursing/feeding pillow was also placed inside the crib.

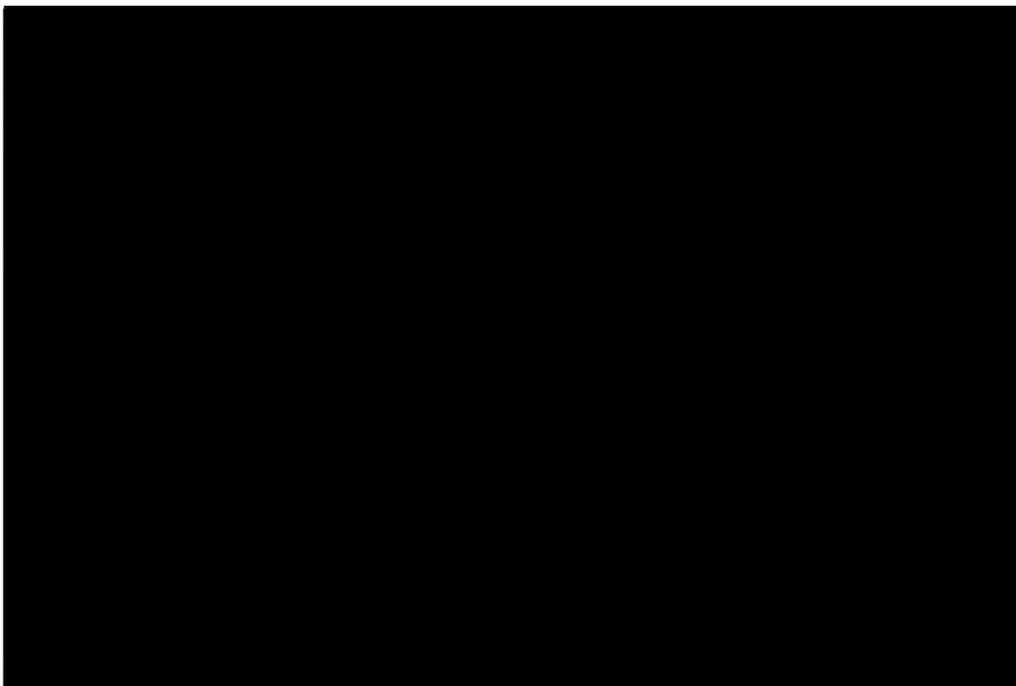


Photo 1- an overall view of the victim's bedroom.

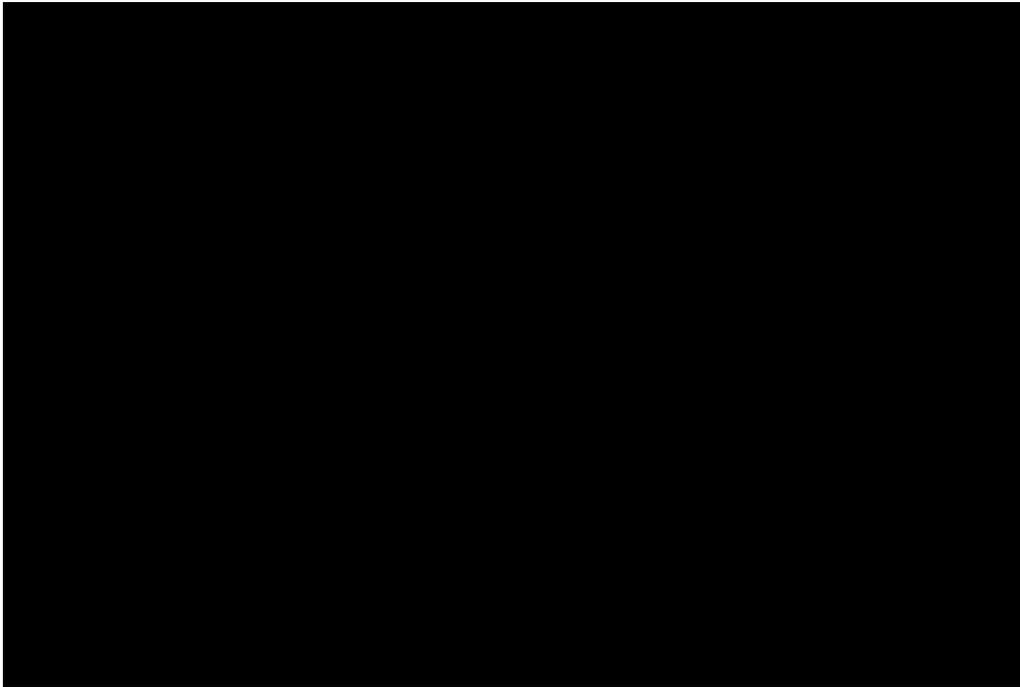
After feeding his son, the Father placed him in the crib, on his back, face up with his head and body resting on the nursing pillow. A baby blanket was underneath the pillow and a baby quilt was placed at his feet.

On August 30, 2010, at around 8:15 a.m., the Mother went into the victim's bedroom and found the victim face down with his head tilted to the left, wedged between the nursing/feeding pillow and the crib bumper pad. He was not breathing, was cold to the touch and his lips were purple. The Mother yelled for someone to call 911 and subsequently attempted CPR and was able to give him 2 breaths and 4 chest compressions. She removed him from the crib and carried him downstairs to await the arrival of Paramedics.

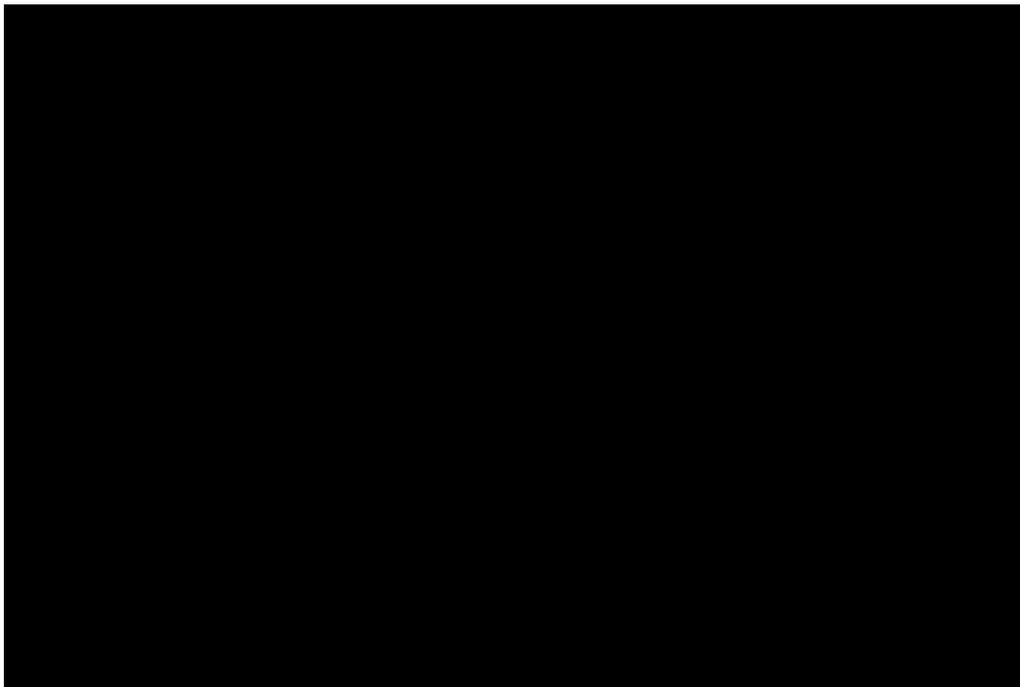
Officials with the Cleveland Police Department (CPD) and Cleveland Fire Department (CFD) arrived on scene and found the victim unresponsive with no pulse. Cleveland EMS officials were dispatched at 8:18 a.m., and arrived on scene at 8:31 a.m. Once on scene, they took over CPR and transported the victim via ambulance to a local hospital. The victim was admitted into the Emergency Room at 8:41 a.m., in full cardio-pulmonary arrest. Treatment and drug therapy was administered however he failed to respond and was pronounced dead at 9:10 a.m. Copies of the Cleveland EMS and PD reports are attached as Exhibits 1 & 2.

An autopsy was performed on the victim and there was no evidence of congenital abnormalities, trauma or foul play. The cause of death was determined to be positional asphyxia when he became wedged between the nursing pillow and crib bumper pad. The manner of death was ruled accidental. A copy of the Coroner's report is attached as Exhibit 3.

(NOTE: There is an unresolved discrepancy regarding the time the victim was last seen alive. According to the CPD report, the victim was last seen alive at 1:00 a.m., however according to Coroner's Investigative Report, the Mother said she placed him in the crib at around 3:15 a.m.) Below are photos of a re-enactment which depicts how the victim was placed and found in the crib.



Photos 2 & 3 – views of the re-enactment demonstrated for the Coroner’s Investigator which depicts how the victim was placed and found inside the crib. NOTE: Photo taken by Cuyahoga County Coroner’s office.



IDI# 110308CCC2350

Page 4

Below are photos of the victim's bedroom and crib taken by the Cuyahoga County Coroner's Office. It is noted in the Coroner's Investigative Report, the thermostat in the victim's home was set at 81 degrees. The temperature in the infant's room was in the mid-80's.



Photo 4 – a view of the involved crib. Note the nursing pillow at one end of the crib.
NOTE: Photo taken by the Cuyahoga County Coroner's Office.

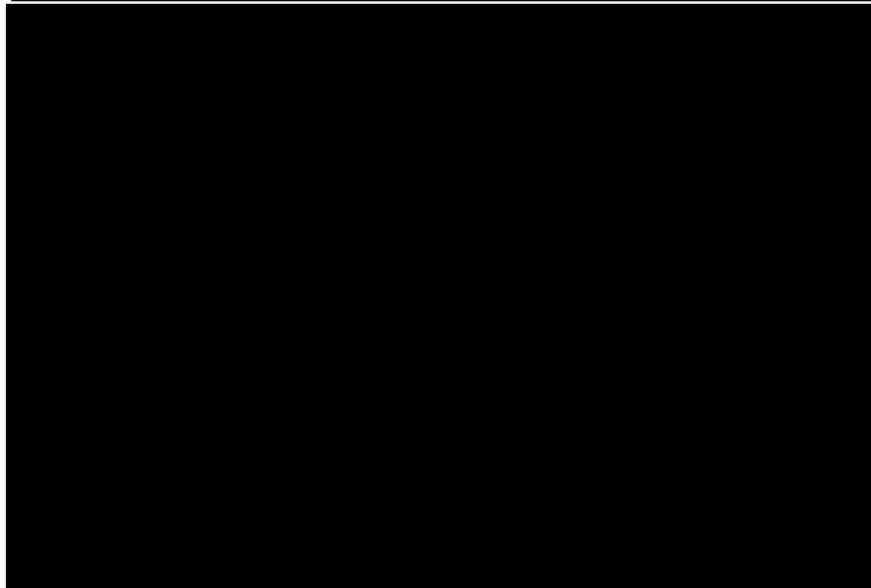


Photo 5 – are views of the crib, bumper pad and nursing pillow.

NOTE: Photo taken by Cuyahoga County Coroner's office.



Photo 6 – another view inside the victim’s crib which shows the placement of the nursing/feeding pillow. NOTE: Photo taken by Cuyahoga County Coroner’s office.

VICTIM IDENTIFICATION

Sex: Male
DOB: [REDACTED]
Weight: 18-pounds
Height: 24-inches

RETAIL VISIT

None.

PRODUCT IDENTIFICATION

Type: nursing/feeding pillow
Brand: unknown
Manufacturer: unknown

IDI# 110308CCC2350

Page 6

I was unable to obtain any product identification or labeling information regarding the involved nursing/feeding pillow, crib or bumper pad from all persons interviewed. Per the Coroner's office the involved nursing/feeding pillow was not confiscated.

In an effort to obtain product identification regarding the involved pillow, I conducted Internet research and while numerous websites were located which offered similar nursing/feeding pillows, none were found which matched the involved pillow and slip cover.

SAMPLE COLLECTED

None.

ADDITIONAL INFORMATION

Attempts to reach the parents via mail and telephone have not been unsuccessful.

The Cuyahoga County Child Death Review Board was also contacted however the contact person could not provide any further information regarding this incident.

The Data Record Sheet regarding infant suffocations is attached as Exhibit 4.

ATTACHMENTS

1. Cleveland EMS report (3 pages)
2. Cleveland PD report (2 pages)
3. Cuyahoga County Coroner's report (12 pages)
4. Data Record Sheet – suffocation (10 pages)
5. Identity of Respondents



 <p>EMS REPORT Cleveland EMS</p> <p>1701 Lakeside Ave Cleveland, Oh 44114 Phone (216) 664-2555</p>	<p>Run Number: [REDACTED] Patient Name: [REDACTED] Date of Service: 08/30/2010 Documented By: [REDACTED]</p>
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CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Shift: B-Nights Station: MED17 Unit Qual: ALS - Transport Unit ID: [REDACTED] Crew #1: [REDACTED] Crew #2: [REDACTED]	Nature of Call: Cardiac/Resp Arrest Location: [REDACTED] Cleveland, OH, USA <div style="border: 1px solid red; padding: 5px; color: red;"> 110308CCC2350 - Exhibit 1, Cleveland EMS report. page 1 of 3. </div> Resp With: Resp Delay: Start Mileage: 0.0 Base Mileage: 0.0	Outcome: Echo Medical Level Call Destination: Rainbow Babies and Children's Hospital 2074 Abington Ave Cleveland, OH, USA 44106- Hospital Reason: Patient request Pt. Transported: Cot- Head Elevated/Supine Capt. or Comm: Not on scene Transp Delay: At Scene Mileage: 20.0 Loaded Miles At Dest Mileage: 26.0 6.0	Dispatched: 08:18 Enroute: 08:18 AtScene: 08:31 At Patient: 08:32 Transport: 08:35 At Dest: 08:41 In Service: 10:06
			OTHER TIMES
			Injury Time: N/A Trauma Alt: N/A

PATIENT INFORMATION		
Name: [REDACTED] SSN: [REDACTED] DOB: [REDACTED] (4 M) Sex: M Weight: 14 lbs	Phone: [REDACTED] Home Address: [REDACTED] Mailing Address: [REDACTED]	Doctor: UNK
<u>Next of Kin</u>		
Name: [REDACTED] Relation: [REDACTED] Address: [REDACTED]		

BILLING INFORMATION		
Guarantor: [REDACTED]	Address: [REDACTED]	SSN: [REDACTED] Relation: Patient
Insured: Yes	Employed: No	Work Related: No
<u>Insurance:</u>		
Company: No Insurance	Phone: [REDACTED]	SSN#: [REDACTED]
Address: [REDACTED]		

INITIAL INFORMATION	
Relevant Past History:	Other Past Medical History - NON HIGH RISK, FULL TERM, VAG DELIVERY, NO GESTATIONALLY OR DELIVERY PROBLEMS. IMMUNIZATION UP TO DATE.
Medications:	None
Allergies:	NKDA

ASSESSMENTS			
08:33	By: [REDACTED]		
Body Area	Assessment	Body Area	Assessment
ABC, Airway	Obstructed by Tongue	ABC, Breathing	No Spontaneous Respirations
ABC, Circulation	Brachial Pulse Absent	Abdomen, Abdomen	Assessed with No Abnormalities
Back, Lower Back	Assessed with No Abnormalities	Back, Lumbar	Assessed with No Abnormalities



EMS REPORT
Cleveland EMS

1701 Lakeside Ave Cleveland, Oh 44114
Phone (216) 664-2555

Run Number: [REDACTED]
Patient Name: [REDACTED]
Date of Service: 08/30/2010
Documented By: [REDACTED]

ASSESSMENTS CONT.

110308CCC2350 - Exhibit 1, Cleveland EMS report. Page 2 of 3.

08:33 By [REDACTED]

<u>Body Area</u>	<u>Assessment</u>	<u>Body Area</u>	<u>Assessment</u>
Back , Thoracic	Assessed with No Abnormalities	Back , Upper Back	Assessed with No Abnormalities
Blood/Fluid Loss , Blood / Fluid Loss	None Noted	Cardio Vascular , Cardio Vascular	No Pulse
Central Nervous System , Central Nervous System	NOT Neuro Intact	Chest , Chest	Assessed with No Abnormalities
Eyes , Eyes	No Abnormality	Eyes , Pupils	Not Assessed
Head , Face	Assessed with No Abnormalities	Head , Head	Assessed with No Abnormalities
Head , Left Ear	Assessed with No Abnormalities	Head , Left Eye	Assessed with No Abnormalities
Head , Nose	Assessed with No Abnormalities	Head , Right Ear	Assessed with No Abnormalities
Head , Right Eye	Assessed with No Abnormalities	Head , Throat	Assessed with No Abnormalities
Lower Extremities , Left Ankle	Assessed with No Abnormalities	Lower Extremities , Left Foot	Assessed with No Abnormalities
Lower Extremities , Left Knee	Assessed with No Abnormalities	Lower Extremities , Left Leg	Assessed with No Abnormalities
Lower Extremities , Right Ankle	Assessed with No Abnormalities	Lower Extremities , Right Foot	Assessed with No Abnormalities
Lower Extremities , Right Knee	Assessed with No Abnormalities	Lower Extremities , Right Leg	Assessed with No Abnormalities
Neck , Neck	Assessed with No Abnormalities	Pelvis , Pelvis	Other-did not asses genialia.full diaper.
Upper Extremities , Left Arm	Assessed with No Abnormalities	Upper Extremities , Left Hand	Assessed with No Abnormalities
Upper Extremities , Left Shoulder	Assessed With No Abnormalities	Upper Extremities , Right Arm	Assessed with No Abnormalities
Upper Extremities , Right Hand	Assessed with No Abnormalities	Upper Extremities , Right Shoulder	Assessed with No Abnormalities

IMPRESSIONS

Primary Impression: Cardiac Arrest
Secondary Impression:

Vital Signs

<u>Time</u>	<u>BP</u>	<u>Pulse</u>	<u>SpO2</u>		<u>Cap Refill</u>	<u>GCS</u>	<u>Respiratory</u>			
			<u>Room Air</u>	<u>with O2</u>			<u>Effort</u>	<u>Rate</u>	<u>Left</u>	<u>Right</u>
08:20		0, Strong, Regular			Delayed	E1 M1 V1=3	Normal		Absent	Absent
SKIN TEMP: Normal SKIN COLOR: Normal SKIN MOISTURE: Normal ARM MOVEMENT: Left - Absent , Right - Absent LEG MOVEMENT: Left - Absent , Right - Absent PUPIL SIZE: Left - 3, Right - 3 PUPIL REACTS: Left - Reacts, Right - Reacts PUPIL DILATION: Left - Normal, Right - Normal LOC: Unresponsive Further Details - UNABLE TO OBTAIN SPO2,PUPILS NOT ASSESSED.										



EMS REPORT
Cleveland EMS

1701 Lakeside Ave Cleveland, Oh 44114
Phone (216) 664-2555

Run Number: [REDACTED]
Patient Name: [REDACTED]
Date of Service: 08/30/2010
Documented By: [REDACTED]

TREATMENT SUMMARY

Time	Treatment	Authorized By	Description
08:32	CPR	Protocol	Arrest to CPR: Unknown, Witnessed Arrest: No, Initial Rhythm: Asystole, Final Rhythm: Asystole, Who did CPR prior to arrival?: CFD 1st Responder, Was an AED Applied?: No, Who's AED was used?: Not Applicable, Was Shock Given by AED?: No, By [REDACTED]
08:33	Oxygen	Protocol	Device: Pediatric Bag Valve Mask, LPM: 15 LPM, Indication: Cardiac/Resp Arrest, Result: No Change, By [REDACTED]
08:34	Oral airway	Protocol	Size: 1, Indication: Pt unable to maintain airway, Successful: Successful, Attempts: 1, By [REDACTED]
08:35	Capnography	Protocol	Device Used: E.T. Filter Line, Initial Waveform: No Waveform Present, Pt At ER Waveform: No Waveform Present, By: [REDACTED] Further Details: no baseline on hook up,checked insertion at monitor and proper placement at pt.
08:36	EZ-IO	Protocol	EZ-IO Sites: Left Proximal Tibia, EZ-IO Size: Peds Size, EZ-IO Indications: Cardiac Arrest, EZ-IO Secured: Secured with Tape, Lidocaine Given: No, Tubing: N/A, Volume: N/A, Rate: N/A, EZ-IO Result: Unsuccessful, By:CFD 1st Responder
08:37	EZ-IO	Protocol	EZ-IO Sites: Right Proximal Tibia, EZ-IO Size: Peds Size, EZ-IO Indications: Cardiac Arrest, EZ-IO Secured: Secured with Tape, Lidocaine Given: No, Tubing: N/A, Volume: N/A, Rate: N/A, EZ-IO Result: Unsuccessful, By:CFD 1st Responder
08:38	EZ-IO	Protocol	EZ-IO Sites: Left Proximal Tibia, EZ-IO Size: Peds Size, EZ-IO Indications: Cardiac Arrest, EZ-IO Secured: Secured with Tape, Lidocaine Given: No, Tubing: 10 Drop Set, Volume: 1,000ML N.S. Bag, Rate: TKO, EZ-IO Result: Successful, By:CFD 1st Responder
08:39	Epinephrine 1:10,000	Protocol	Dosage: 0.5 mg, Route: IO, Indications: Asystole, Results: No Change By [REDACTED]
PTA	CPR	Protocol	Arrest to CPR: Unknown, Witnessed Arrest: No, Initial Rhythm: Asystole, Final Rhythm: Asystole, Who did CPR prior to arrival?: CFD 1st Responder, Was an AED Applied?: NO, Who's AED was used?: Not Applicable, Was Shock Given by AED?: NO, By:CFD 1st Responder
PTA	Oxygen	Protocol	Device: Pediatric Bag Valve Mask, LPM: 15 LPM, Indication: Cardiac/Resp Arrest, Result: No Change, By:CFD 1st Responder

NARRATIVE

****RESPONDING FROM MMH****

ON ARRIVAL TO SCENE, SQUAD MET ON ROLL UP BY CFD CARRYING A 4MONTH OLD MALE REPORTED TO BE IN CARDIAC ARREST.PT WAS PLACED ON BACKBOARD WITH TOWEL UNDER SHOULDERS,VITALS VERIFIED AND CPR CONTINUED. ORAL AIRWAY SIZED AND PT BAGGED WITH GOOD COMPLIANCE.CFD PLACED IO WITH THREE ATTEMPTS LAST ATTEMPT CONNECTING IN RIGHT TIB.INTUBATION ATTEMPTED WITH + CONFIRMATION ON LUNG SOUNDS,CAPNOGRAPHY FAILURE,AND NO VISUAL CONFIRMATION.TUBE WAS D/C AND BAGGING CONTINUED WITH GOOD COMPLIANCE AND RATE.IO FLUSHED WELL, WITH DIFFICULT MED PUSH.UNSUCCESSFUL IV ATTEMPT IN RIGHT INNER WRIST.IV ATTEMPT IN LEFT FOOT WITH FAILURE DUE TO SQUAD MOTION .CPR CONTINUED WITH GOOD RATE AND COMPLIANCE UNTIL ARRIVE AT RB& C.RED CTR ADVISED HOSPITAL.PT CARE TRANSFERRED TO RB&C.

****DAD RODE ABOARD,CPD AND CFD ON SCENE PRIOR TO EMS ARRIVAL***
*****- OBVIOUS INJURIES,-BLEEDING OR BRUISING NOTED,CLOTHING FITTED AND CLEAN.
*****NO SIGNATURE OBTAINED.*****

110308CCC2350 - Exhibit 1,
Cleveland EMS report. Page 3 of 3.

CREW SIGNATURES

Start Date/Time: 19:21 Aug 29, 2010

Crew #	Crew 1 Name	Certification	Signature	Crew #	Crew 2 Name	Certification	Signature
257	[REDACTED]	PARAMEDIC	[REDACTED]	151	[REDACTED]	PARAMEDIC	[REDACTED]

CLEVELAND POLICE DEPARTMENT
OFFENSE/INCIDENT REPORT

Date: 04/27/2011

Page: 1

Case Description:
Dead Body

Case Number: [REDACTED]

Primary Victim: NONE

Date/Time Reported: 08/30/10 8:19 Hrs. Dispatch Incident Type:
Date/Time Occurred: 08/30/10 3:15 Hrs. *HELP P2
Date/Time Between : 08/30/10 8:24 Hrs.
Location Occurred : 3225 E 140 ST
Area: District 4 Section: Zone 46 Grid: Ward4

110308CCC2350 - Exhibit 2,
CPD report. Page 1 of 2.

Reporting Officer : A1003 ALLAN, BRIAN, P,
Primary Unit Assigned to Investigate: D4 Bureau
Officer In Charge
08/30/10 A1003 ALLAN, BRIAN, P,

Case Status: Open Disposition: Disp. Date:

No. of Offenses: 0 No. of Offenders: 0 No. of Victims: 1

SUBJECTS:

Complainant: Present Information
Primary [REDACTED]

Phone: [REDACTED]

Race : Black Sex: MALE D.O.B: [REDACTED] Age: 1
Hgt : 20" Wgt: 20 Hair: Black Eyes . . : Brown
Build: Complexion: Ethnicity: Non-Hispan
Dr Lic #: St:

Residence Type : Other/Unk Residence Status : Resident
Extent of Injury: Fatal Medical Treatment:
Hospital/Clinic : Rainbow Transported by . : EMS
Statement Type : None Related Offenses :

Reporting. : Present Information

Phone: [REDACTED]

Race : Black Sex: FEMALE D.O.B: [REDACTED] Age: 21
Hgt : 5'02" Wgt: 168 Hair: Brown Eyes . . : Brown
Build: Complexion: Ethnicity: Non-Hispan
Dr Lic #: [REDACTED] St: OH

Residence Type : Other/Unk Residence Status : Resident
Statement Type : Verbal Related Offenses :

ORIGINAL NARRATIVE (CASE)
DEAD BODY/PROBABLE NATURAL CHILD FATALITY

[REDACTED]

CLEVELAND POLICE DEPARTMENT
OFFENSE/INCIDENT REPORT

Date: 04/27/2011

Page: 2

Case Description:
Dead Body

Case Number: [REDACTED]

110308CCC2350 - Exhibit 2,
CPD report. Page 2 of 2.

SIR,

On August 30, 2010 we received a code 1 assignment for an infant-non responsive at [REDACTED]

When we arrived we met Cleveland-Fire #1, who were doing CPR on a 4 month male infant in the front foyer and doorway. They told me that the baby was in full arrest and not breathing.

On scene I spoke to [REDACTED] (mother), who stated that she put the baby to bed around 0315 A.M., [REDACTED] went to get the baby at around 0815 and stated the baby was blue and not breathing.

[REDACTED] lifted the baby from the crib and carried it down to the front room. She alerted family member, who called Fire/EMS.

While I was talking to [REDACTED] EMS #12 arrived and the baby was taken to Rainbow in company with Fire. Family members (father) were taken to hospital with EMS and [REDACTED] was taken by members 4B14.

Per Sgt. Allen S14 D13 went to Rainbow and phoned back that the baby [REDACTED] had been pronounced dead at 0910 A.M. by Dr. [REDACTED]

We secured the scene with S14 and were eventually met by Homicide car 8180 and Coroners Office Dr. [REDACTED] They conferred with family and we cleared with Homicide.

Location/01

.

[REDACTED] 8/30/10 @ 1600 hours



Frank P. Miller III, M.D.
Coroner

CUYAHOGA COUNTY CORONER

11001 Cedar Avenue
Cleveland, OH 44106
(216) 721-5610

110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's
report. Page 1 of 12.

Official Receipt from the Office of the Coroner of Cuyahoga County

Issue Date: 5/24/2011

Case Number: [REDACTED]

In Reference: [REDACTED]

Requestor Name: [REDACTED]

Agency Requestor: U.S. Consumer Product Safety Commission

Address: Cleveland Regional Office, PO Box 557, Newton Falls, Ohio 44444

Check Number:

Comment: Photographs: disk.

Issued By: [REDACTED]

Receipt Number: [REDACTED]

Miscellaneous items: Investigator Report.

Code	Report Name	Sub Fund	Amount	Quantity	Pages	Total Amount
APRO	Autopsy Protocol	01A001	\$0.00	1	1	\$0.00
VERD	Verdict Report	01A001	\$0.00	1	1	\$0.00
LABR	Laboratory Report	20A312	\$0.00	1	1	\$0.00
PHOT	Photographs	01A001	\$0.00	1	1	\$0.00
MISC	Miscellaneous Items	20A312	\$0.00	1	1	\$0.00
TOTAL			\$0.00	5	5	\$0.00

The attached documents are a true and certified copy of the original documents on file in the Cuyahoga County Coroner's Office, 11001 Cedar Avenue, Cleveland, Ohio 44106.

Frank P. Miller III M.D., Coroner



Frank P. Miller III, M.D.
Coroner

Cuyahoga County Coroner's Office

11001 Cedar Avenue
Cleveland, OH 44106
(216) 721-5610

Case Investigator Report

Case Number: [REDACTED]

Name: [REDACTED]

Investigator: Dardzinski, Aaron A.

Address: [REDACTED]

Death Date and Time: 8/30/2010 9:10 AM

Gender: Male

Race: Black

Marital: Single

Age: 4 month(s) 24 day(s)

Date of Birth: [REDACTED]

SSN: [REDACTED]

Place of Death: in Emergency Room, University Hospitals Case Medical Center

Attending Doctor:

Attending Address:

Last Seen:

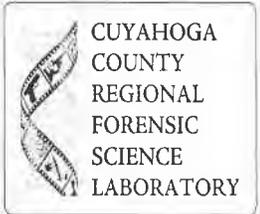
110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's
report. Page 2 of 12.

Investigator's Report:

[REDACTED] (mother) and [REDACTED] stated on 8-29-10 they, along with the infant, went to church and got out at approximately 1230 hrs. They stated that they then went to breakfast at a diner on [REDACTED]. While at the diner their car was apparently broken into. They stated they did file a police report and returned home [REDACTED] at approximately 1430 hrs. They stated that they went to a relative's house for dinner and a movie, arriving at approximately 1700 hrs and returned home at approximately 1230 hrs on 8-30-10. They stated that they put the infant in the crib and at approximately 0100 hrs he started to cry. [REDACTED] attended to the infant and fed him approximately 8 ounces of [REDACTED] baby formula. [REDACTED] stated he then placed the infant in the crib. To the best of [REDACTED] recollection, the infant was placed face up with his head and torso resting on a u-shaped pillow. Underneath the u-shaped pillow there was a baby blanket and a quilt that was covering the infant's feet. At approximately 0830 hrs [REDACTED] (mother) went into the infant's room and found that he was not breathing, cold to the touch and his lips were purple. To the best of her recollection the infant was found face down with his head tilted to the left, wedged between the u-shaped pillow and the bumper on the crib. She yelled for someone to call 911. The infant was transported to Rainbow Babies and Children's Hospital and was pronounced at 0910 hrs by Dr. [REDACTED]. [REDACTED] stated that she initiated CPR giving two (2) breaths and four (4) chest compressions. Cleveland EMS continued CPR while in route and upon arrival to the hospital, treatment was given. This Investigator was accompanied by Dr. [REDACTED] to the hospital. Upon arrival we were met by Cleveland Homicide. [REDACTED] and [REDACTED] were interviewed, photographs were taken and an examination was done on the infant. The infant was warm to the touch because of the treatment given to him, rigor was present in the jaw and slightly in the larger joints. Complete rigor was broken due to the infant being manipulated throughout the process of treatment. Lividity was present on the posterior and there was no apparent foul play or trauma. The noted address and bedroom of the incident seemed semi-cluttered. The thermostat read 81 degrees and the room was approximately in the mid to upper 80's.



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
 11001 Cedar Avenue, Cleveland, Ohio 44106



110308CCC2350 - Exhibit 3,
 Cuyahoga County Coroner's report.
 Page 3 of 12.

Case Number : [Redacted] **Report Date :** Wednesday, September 22, 2010
Name : [Redacted] **Accession Date :** Wednesday, September 01, 2010
Agency : Cuyahoga County (CCCO) **Pathologist :** EDOU - [Redacted] MD

Specimen Received

B1 - Blood E1 - Brain I1 - Bile K1 - Kidney
 L1 - Liver M1 - Muscle N1 - Lung O1 - Other
 O2 - Other S1 - Spleen V1 - Vitreous Humor

COMMENT : O1 = bone; O2 = thymus

B1: Heart Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Volatile Screen & Confirmation	None Detected		See Page 3, Group 1
Acid Neutrals by GC/MS	None Detected		See Page 3, Group 2
Opiate ELISA Screen	None Detected		See Page 3, Group 7
Basic Drugs by GC/MS	None Detected		See Page 3, Group 8
Acetaminophen Screen	None Detected		See Page 3, Group 9
Salicylate Screen	None Detected		See Page 3, Group 10
Amphetamine ELISA	None Detected		See Page 3, Group 7
Barbiturates ELISA Screen	None Detected		See Page 3, Group 7
Benzodiazepines ELISA Screen	None Detected		See Page 3, Group 7
Cannabinoids ELISA Screen	None Detected		See Page 3, Group 7
Carisoprodol ELISA Screen	None Detected		See Page 3, Group 7
Cocaine Mtb. ELISA Screen	None Detected		See Page 3, Group 7
Fentanyl ELISA Screen	None Detected		See Page 3, Group 7
Methamphetamine ELISA Screen	None Detected		See Page 3, Group 7
Oxycodone ELISA Screen	None Detected		See Page 3, Group 7
Phencyclidine ELISA Screen	None Detected		See Page 3, Group 7
Tricyclic Antidepressants ELISA Screen	None Detected		See Page 3, Group 7
Methadone ELISA Screen	None Detected		See Page 3, Group 7

E1: Brain Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	

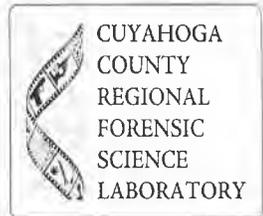
I 1: Bile Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	

K 1: Kidney Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	





Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
 11001 Cedar Avenue, Cleveland, Ohio 44106



110308CCC2350 - Exhibit 3,
 Cuyahoga County Coroner's report.
 Page 4 of 12.

Case Number : [REDACTED] Report Date : Wednesday, September 22, 2010
 Name : [REDACTED] Accession Date : Wednesday, September 01, 2010
 Agency : Cuyahoga County (CCCO) Pathologist : EDOU [REDACTED] MD

L 1: Liver Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	

M 1: Muscle Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	

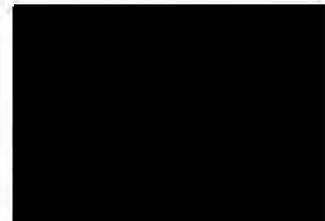
N 1: Lung Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	

O 1: Bone Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	

O 2: Other Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	

S 1: Spleen Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Tests Performed		--- ----	

V 1: Vitreous Humor Hospital Post Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Clinical Chemistry	Positive		See Page 3, Group 12
Sodium		128 mmol/L	
Potassium		15.0 mmol/L	
Chloride		126 mmol/L	
Total CO2		12 mmol/L	
Glucose		<50 mg/dL	
Urea Nitrogen		10 mg/dL	
Creatinine		0.8 mg/dL	



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, Ohio 44106

Page 3 of 3

Analytes included in Drug Groups / Class

- 1) **VOLATILES:** Acetaldehyde, Acetone (LRL= 5 mg/dL), Acetonitrile*, Butane, Chloroform*, Dichloromethane*, Ethanol (LRL= 0.01 g/dL), Ethyl Acetate*, Formaldehyde, Isopropanol (LRL= 20 mg/dL), Methane, Methanol (LRL= 20 mg/dL), Paraldehyde*, Propane, Toluene*.
ETHANOL, ACETONE, ISOPROPANOL, and METHANOL confirmation by alternative GC column and/or alternative specimens.
METHANOL is differentiated from **FORMALDEHYDE** by Colorimetry (Qualitative).
 - 2) **Sedatives, Hypnotics, Anti-Epileptic and Other Acidic/Neutral Drugs**
Amobarbital, Butalbital, Caffeine, Carbamazepine, Carisoprodol, Glutethimide, Ibuprofen, Levetiracetam, Mephenytoin, Meprobamate, Metaxalone, Naproxen, Pentobarbital, Pentoxifylline, Phenobarbital, Phenytoin, Primidone, Secobarbital, Theophylline, Topiramate; **ACID NEUTRAL** Confirmation by GC/MS
 - 3) **Carbon Monoxide***(Carboxyhemoglobin) by Co-Oximetry: Carbon Monoxide (LRL= 5% saturation), Methemoglobin, Hemoglobin; **CARBON MONOXIDE** confirmation by **Spectrophotometry** and/or **Microdiffusion**.
 - 4) **Glycols*:** Ethylene Glycol, Propylene Glycol screened and quantified by GC and confirmed by GC/MS.
 - 5) **Cyanide*:** Screened and quantified by GC and confirmed by GC/MS.
 - 6) **EMIT®: SYMPATHOMIMETIC AMINES** (target = d-Amphetamine, LRL= 300 ng/mL); **BENZODIAZEPINES** (Target = Alprazolam, LRL= 20 ng/mL); **COCAINE** (Target= Benzoylecgonine (a cocaine metabolite), LRL=300 ng/mL); **CANNABINOIDS** (Target= 11-nor- Δ -9-THC-COOH (a marijuana metabolite), LRL= 50 ng/mL); **OPIATES** (Target= Morphine, LRL= 300 ng/mL); **PHENCYCLIDINE** (Target= Phencyclidine, LRL = 25 ng/mL).
 - 7) **ELISA (Enzyme-Linked Immunosorbent Assay) Screen:** **SMAs** (Target = d-Amphetamine, LRL = 50 ng/mL); **Barbiturates** (Target = Pentobarbital, LRL = 250 ng/mL); **Benzodiazepines** (Target = Alprazolam, LRL= 20 ng/mL); **Cannabinoids** (Target = 11-nor- Δ -9-THC-COOH (a marijuana metabolite), LRL = 40 ng/mL); **Carisoprodol** (Target = Carisoprodol, LRL= 200 ng/mL); **Cocaine Metabolite** (Target = Benzoylecgonine, LRL= 20 ng/mL); **Fentanyl** (Target = Fentanyl, LRL= 1 ng/mL); **Methamphetamine** (Target = d-Methamphetamine, LRL= 50 ng/mL); **Oxycodone** (Target = Oxycodone, LRL= 100 ng/mL); **Phencyclidine** (Target = Phencyclidine, LRL= 10 ng/mL); **Tricyclic Antidepressants** (Target = Nortriptyline, LRL = 100 ng/mL); **Methadone** (Target = Methadone, LRL = 50 ng/mL); **Opiates** (Target = Morphine, LRL = 20 ng/mL).
 - 8) **BASIC DRUGS by GC/MS (Quantitation and Confirmation)** Amantadine, Amitriptyline, Amoxapine, Amphetamine, Atropine, Benzpropine, Brompheniramine, Bupivacaine, Bupropion, Bupropion Metabolites (LRL = 0.1 mg/L), Buspirone, Caffeine, Carbinoxamine, Chlorpheniramine, Chlorpromazine, Chlorpromazine, Citalopram, Clomipramine, Clozapine, Cocaethylene, Cocaine, Codeine (LRL = 0.2 mg/L), Cocaine and metabolites, Cotinine, Cyclizine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyl Chlordiazepoxide, Desmethyl Clomipramine, Desmethyl Clozapine, Desmethylsertraline, Desmethylvenlafaxine (LRL = 0.5 mg/L), Dextromethorphan, Diazepam, Diethylpropion, Diphenhydramine, Disopyramide, Diltiazem, Doxepin, Doxylamine, Ecgonine methyl ester, Ephedrine/Pseudoephedrine, Fenfluramine, Fentanyl (\geq 10 ng/mL), Fluoxetine, Fluvoxamine, Guaifenesin, Haloperidol, Hydrocodone, Hydroxyzine, Imipramine, Ketamine, Laudanosine, Lidocaine, Lidocaine mb (MEGX), Loxapine, Maprotiline, Meclizine, Meperidine, Mephentermine, Mesoridazine, Methadone, Methadone primary mb (EDDP), Methadone secondary mb (EMDP), Methamphetamine, Methylene-dioxyamphetamine (MDA), Methylenedioxyamphetamine (MDMA), Methylphenidate, Metoprolol (LRL = 0.2 mg/L), Mexiletine, Midazolam (LRL = 0.02 mg/L), Mirtazapine, Nefazodone, Nicotine, Nordiazepam, Nordoxepin, Norfluoxetine, Normeperidine, Norpropoxyphene (LRL = 0.1 mg/L), Nortriptyline, Norverapamil, Olanzapine, Orphenadrine, Oxycodone, Papaverine, Paroxetine, Pentazocine, Pentoxifylline, Perphenazine, Phencyclidine, beta-Phenethylamine, Pheniramine, Phendimetrazine, Phenmetrazine, Phentermine, Phenylpropanolamine, Phenyltoloxamine, Procaine, Promethazine (LRL = 0.2 mg/L), Propoxyphene, Propranolol, Protriptyline, Pseudoephedrine, Pyrilamine, Quetiapine, Quinidine, Quinine (LRL = 0.2 mg/L), Sertraline, Thioridazine, Tramadol, Tranylcypromine, Trazodone, Trihexyphenidyl, Trimipramine, Tripropylamine, Venlafaxine, Verapamil, Zolpidem. LRL = 0.10 mg/L except as noted.
 - 9) **ACETAMINOPHEN SCREEN:** Acetaminophen by Colorimetry (Qualitative).
 - 10) **SALICYLATE SCREEN:** Salicylate (Aspirin) by Colorimetry (Qualitative), **SALICYLATE CONFIRMATION** by Gas Chromatography.
 - 11) **XANTHINES by HPLC:** Acetaminophen, Caffeine, Theophylline.
 - 12) **Clinical Chemistries:** Ketones, pH, Specific Gravity, and Electrolytes (Sodium, Potassium, Chloride, TCO₂, Glucose, Urea, Creatinine).
 - 13) **CANNABINOIDS GC/MS:** Cannabinoids (ng/mL; mcg/L): D⁹-THC, 11-OH-D⁹-THC (a marijuana metabolite), 11-nor- D⁹-THC-COOH (a marijuana metabolite), TOTAL 11-nor- D⁹-THC-COOH (a marijuana metabolite).
 - 14) **OPIATES by GC/MS (ng/mL):** Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Norcodeine*, Oxycodone; **TOTAL OPIATES** by GC/MS-Hydrolysis followed by **OPIATES** by GC/MS
 - 15) **BENZODIAZEPINE Confirmation by GC/MS:** Alprazolam/ metabolite, Diazepam/ metabolites, Clonazepam, Lorazepam, Midazolam/metabolite, Triazolam.
 - 16) **GHB by GC/MS (mg/L):** Gamma-hydroxybutyric acid (gamma hydroxybutyrate).
 - 17) **Fentanyl by GC/MS (ng/mL):** Fentanyl, sufentanil, alfentanil
 - 18) **SEND OUT TO REFERENCE LAB:** Epinephrine, 7-amino Flunitrazepam, Flunitrazepam, IgE, Insulin, LSD, Nefedipine, C-Peptide, Psilocin, Risperidone, Tryptase, Warfarin, Valproic Acid, **HEAVY METAL SCREEN:** (Antimony, Arsenic, Lead, Barium, Cadmium, Bismuth, Mercury, Selenium)
- *BY REQUEST ONLY; ABBREVIATIONS:** POS=Positive; NEG=Negative; UNS=Specimen unsuitable for testing; QNS=Quantity insufficient for analysis; NTDN=Not Done; CHEM7=Clinical chemistry; < =less than; > =greater than; LRL= lower reporting limit. **UNITS FOR VOLATILES:** 100 mg/dL ° 0.100 g/dL ° 0.100 g/%. **UNITS:** 1 mg/L = 1000 µg/L = 1000 ng/mL

110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's report.
Page 5 of 12.

I certify that the specimen identified by this case, number IN2010-01604 have been handled and analyzed in accordance with all applicable requirements. The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information.

Chief Forensic Toxicologist

PhD

[REDACTED] PhD
Laboratory Director

PerkinElmer Genetics, Inc.
PO Box 219
Bridgeville, PA 15017

Date of Report
09/08/2010

(412) 220-0784 Fax

Page 1 of 1

Initial Release: 09/08/2010 11:58

Date Collected: 08/31/2010 Date Recvd: 09/07/2010 Birth Date: [REDACTED]
Submittor: Cuyahoga County Coroner's Office Cond. of Spec: S
Filter Paper: [REDACTED] Patient's Name: [REDACTED] Sex: M
PS ID: [REDACTED] AKA Name: [REDACTED]
Accession No: [REDACTED] Med. Rec. No: [REDACTED]
Mother's Name: [REDACTED] Physician: [REDACTED]

Autopsy Specimen Report

Screening Test	Outcome
Acylcarnitine Profile	Negative
CAH 17-OHP	Negative
Congenital Hypothyroidism-TSH	Negative
Galactose- (Gal and Gal-1-P)	Negative

110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's report.
Page 6 of 12.

OUTCOME DEFINITIONS

NEGATIVE - The analyte detected does not exceed the concentration usually found in such analyses. Interpretation should be in conjunction with other findings.

SELECTED REFERENCE RANGE

17 OH P

Cutoff values for 17 hydroxyprogesterone are age dependent. For infants less than 91 days of age, abnormal is defined as a value > 44 ng/mL; for infants 91 days to 1 year of age, abnormal is > 12.0 ng/mL; for age > 1 year, abnormal is >10.0 ng/mL.

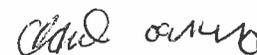
TSH

Cutoff values for TSH are age dependent. For infants < 7 days of age, abnormal is defined as a TSH value >50 uIU/mL; for infants 7 days or older, abnormal is > 30 uIU/mL.

GAL

Abnormal is defined for all infant ages as a total galactose > 20 mg/dL.

Comments:



The results of PerkinElmer Genetics post-mortem testing are analytically accurate within the limits of the test technology used. Factors including specimen source, quality of specimen and patient variables will affect results. Limited information on reference ranges is available. Interpretation of results should be in conjunction with additional clinical or laboratory evidence to help support or disprove the presence of a specific disorder.



Cuyahoga County Coroner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
XRAY REPORT

Frank P. Miller III, M.D.
Coroner

110308CCC2350 - Exhibit 3, Cuyahoga County Coroner's report. Page 7 of 12.

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER: [REDACTED]
NAME: [REDACTED]

Date of X-RAY: 08/31/2010

History: 4 month old male, previously healthy found unresponsive in bed.

ED

Report: AP and lateral view of the skull is normal.

AP view of the chest demonstrates total consolidation of both lung fields consistent with severe pneumonia or congestive heart failure. The density of the infiltrate is so great, the margins of the cardiac silhouette cannot be seen.

Abdomen shows some increased air in the gastrointestinal track, perhaps secondary to some shortness of breath and gasping.

Upper and lower extremities are normal.

No evidence of trauma, acute or remote.

Impression: Dense bilateral infiltrates, see above report.

[REDACTED]

Dr. [REDACTED]

FILE WITH CASE



Cuyahoga County Coroner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
CORONER'S VERDICT

Frank P. Miller III, M.D.
Coroner

110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's report.
Page 8 of 12.

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER [REDACTED]

Be it Remembered, That on the 30th day of August, 2010 information was given to me, **Frank P. Miller III M.D.**, Coroner of said County, that the dead body of **an infant** supposed to have come to **his** death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found **in Emergency Room, University Hospitals Case Medical Center** in **Cleveland** of Cuyahoga County, on the 30th day of August, 2010.

I viewed or caused to be viewed the said body at the Coroner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: [REDACTED] I also carefully examined or caused to be examined the said dead body at 8:36AM on the 31st day of August, 2010 and I find as follows: to wit:

I, **Frank P. Miller III M.D.**, Coroner of said county, having diligently inquired, do true presentment make in what manner [REDACTED], whose body was at the Coroner's Office on the 31st day of August, 2010 came to **his** death. The said [REDACTED] was single, 4 month(s) 24 day(s) of age, a resident of Cleveland, Cuyahoga County, Ohio, and a native of Cleveland, Ohio; was of the **Black** race, and had brown eyes, brown hair, -- beard, -- mustache, was 24 inches in height, and weighed 18 pounds.

Upon full inquiry based on all the known facts, I find that the said [REDACTED] came to **his** death officially on the 30th day of August, 2010 in Emergency Room, University Hospitals Case Medical Center and was officially pronounced dead at 9:10 A.M., by Dr. [REDACTED]. There is history that on August 30th, 2010 at about 8:15 A.M., the said [REDACTED] was found apparently unresponsive, in his crib, by his mother, [REDACTED] while at their home at [REDACTED]. Resuscitative measures were instituted and the Cleveland Police and Paramedics were called. On arrival, treatment was continued and this infant boy was transported to University Hospitals Case Medical Center where he was admitted to the Emergency Room at 8:41 A.M., in full cardiopulmonary arrest. Treatment and drug therapy were administered, however, the said [REDACTED] failed to respond and was pronounced dead at the aforementioned time and date. The County Coroner's Office was notified and [REDACTED] Mortuary Services was dispatched. This infant boy was then transported to the Coroner's Office where an autopsy was performed which revealed: positional asphyxia. It was determined that on August 30th, 2010 at about 8:15 A.M., the said [REDACTED] sustained positional asphyxia when he became wedged between crib pads and pillow, at his home at the aforementioned address, collapsed and subsequently expired. That death in this case was the end result of positional asphyxia (wedging), and was accidental in nature.

Cause of Death: Positional asphyxia (wedging).
ACCIDENTAL.



Cuyahoga County Coroner's Office

11001 Cedar Avenue, Cleveland, Ohio 44106

REPORT OF AUTOPSY

110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's report.
Page 9 of 12.

Frank P. Miller III, M.D.
Coroner

**THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY**

CASE NUMBER: [REDACTED]

REPORT OF AUTOPSY OF [REDACTED]
ADDRESS: [REDACTED]

I, **Frank P. Miller III M.D.**, Coroner of Cuyahoga County, Ohio, Certify that on the **31st** day of **August, 2010** at **9:00 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of [REDACTED]

The following is the report of autopsy to the best of my knowledge and belief: This person was a **male, single**, aged **4 month(s) 24 day(s)**, of the **Black** race; had **brown** eyes, **brown** hair, **edentulous** teeth, was **24 inches** in height, weighing **18 pounds**; a native of **Cleveland, Ohio**.

ANATOMIC DIAGNOSES:

- I. Positional asphyxia (wedging)
 - A. Infant found with face between pillow and crib bumper
 - B. Thymic petechiae
 - C. Pulmonary edema
- II. Evidence of therapeutic interventions
 - a. Intraosseous catheter

Cause of Death: Positional asphyxia (wedging).
ACCIDENTAL.

Case: [REDACTED]
Name: [REDACTED]

County: Cuyahoga

Expired in Emergency Room, University Hospitals Case Medical Center and pronounced dead at 9:10 A.M., on August 30, 2010.

110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's
report. Page 10 of 12.

GROSS ANATOMIC DESCRIPTION

EXTERNAL EXAMINATION: The body is that of a normally developed, adequately nourished black male, whose appearance is consistent with the reported age of 4 month(s) 24 day(s). The body weighs 18 pounds and measures 26.24 inches from crown to heel. The head circumference at the parietal bone measures 16 inches, the chest circumference at the level of the nipples is 17 inches and the abdominal circumference at the level of the umbilicus is 17 ½ inches. The right foot measures 4 inches (10 cm).

The scalp hair is short, curly, and brown with a normal distribution. The conjunctivae are congested, the corneas are glazed, and the irides are brown. The pupils are unremarkable. The ears, nose, and mouth show no abnormalities. There are no teeth. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal male configuration, and there are no palpable masses. The abdomen is protuberant. The external genitalia are of normal male circumcised conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. All digits are present. The skin is of normal pliability and texture and presents no significant lesions. There is no icterus.

SCARS AND IDENTIFYING MARKS: None.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:

1. Three linear red abrasions below the lower lip measuring 1/16", 1/8" and 1/8" in greatest dimension.
2. Intraosseous catheter, right distal lower extremity.
3. Puncture wound of the left distal lower extremity.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:

1. ¼" linear abrasion of the left distal lower extremity.

INTERNAL EXAMINATION: The body is opened by means of the usual "Y" and biparietal incisions. The viscera of the thoracic and abdominal cavities occupy their normal sites. The serous surfaces are smooth and glistening. No fluids are present within the pericardial sac, right or left pleural cavities, or abdominal cavity. There are no abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationship to their costal margins. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

Heart - 43.2 grams
Right lung - 79.8 grams
Left lung - 74 grams
Spleen - 34 grams
Liver - 289.3 grams
Right kidney - 33.6 grams
Left kidney - 35.7 grams
Brain - 740 grams

Case:
Name:



110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's report.
Page 11 of 12.

County: Cuyahoga

configuration. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left and right ventricles are 0.6 cm and 0.1 cm thick, respectively. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve circumferences are as follows: tricuspid valve = 6 cm, pulmonic valve = 3.5 cm, mitral valve = 5 cm, and aortic valve = 3 cm. The foramen ovale is closed, and the ductus arteriosus is closed.

Aorta and its major branches: The aorta and its principal branches are patent throughout.

Venae cavae and their major tributaries: The superior and inferior venae cavae and their major tributaries are patent throughout. No areas of extrinsic or intrinsic stenosis are present.

RESPIRATORY: The major bronchi have a normal caliber and are free of obstruction. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and glistening. There are no subpleural emphysematous bullae. The pulmonary arteries are free of emboli and thrombi. The lungs have decreased crepitation throughout. The parenchyma is unremarkable.

RETICULOENDOTHELIAL: The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening. On section, the splenic pulp is of normal consistency and appearance. No abnormal lymph nodes are encountered.

DIGESTIVE: The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach contains a scant amount of tan pasty material. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

HEPATOBIILIARY:

Liver: The capsule is smooth and glistening. The liver configuration is normal. Multiple cross sections through the liver reveal a normal lobular pattern.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains approximately 1 cc of bile. No calculi are present.

PANCREAS: The pancreas is soft and normally lobulated. Multiple cross sections through the pancreas reveal normal tan-pink parenchyma without intrinsic lesions.

GENITOURINARY SYSTEM:

Kidneys: The right and left kidneys are similar. The capsules strip with ease to reveal smooth subcapsular surfaces. The renal arteries and veins are patent and free of stenosing lesions. On section, the renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains no urine.

Prostate and seminal vesicles: Multiple cross sections through the prostate reveal a small, rubbery, firm, gray-white parenchyma, free of lesions.

Case: [REDACTED]
Name: [REDACTED]

County: Cuyahoga

normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show no significant atherosclerosis or congenital anomalies. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

SPINAL CORD: Serial cross sections through a small portion of the cervical spinal cord show no gross abnormalities.

MICROSCOPIC DESCRIPTION

LUNGS: Amorphous pale eosinophilic material within alveoli, consistent with pulmonary edema

HEART, LIVER,
SPLEEN, PANCREAS,
INTESTINE,
ADRENAL GLANDS,
INNER EARS, KIDNEYS,
SPLEEN and CENTRAL
NERVOUS SYSTEM: No pathological changes

110308CCC2350 - Exhibit 3,
Cuyahoga County Coroner's report.
Page 12 of 12.

THYMUS: Perivascular extravasation of blood

[REDACTED] M.D. MD January 12, 2011
Date

DATA RECORD SHEET

110308CCC2350 - Exhibit 4, Data
Record Sheet - infant suffocations.
Page 1 of 10.

IDI _____
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 _____ time _____

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?

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 _____ Type of food (liquid or solid) _____
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 _____ time _____

11. Were there any resuscitation attempts?

No _____ Don't Know _____
Yes _____ Refused _____

If yes, by whom?

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) _____
Don't Know _____

110308CCC2350 - Exhibit 4,
Data Record Sheet - infant
suffocations. Page 3 of 10.

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).

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 _____ Don't Know _____
Yes _____ 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 _____ Don't Know _____
Yes _____ Refused _____

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

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

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

If yes, describe

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

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.

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)

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.).

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

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

Any recommendations or warnings listed on label

28. If the infant was found in a crib, were all four mattress support hangers attached to the corner posts and resting properly in the hooks at the time of death?
No _____ Don't Know _____
Yes _____ Refused _____
N/A _____
(not found on a mattress/crib)
If no, describe

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

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

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

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

No _____ 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 _____
Yes _____ Refused _____

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

No _____ Don't Know _____
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 _____ 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 _____
Refused _____

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

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

No _____ Don't Know _____
Yes _____ Refused _____

If yes, describe

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

No _____ Don't Know _____
Yes _____ Refused _____

If yes, specify

IV. Maternal History

110308CCC2350 - Exhibit 4,
Data Record Sheet - infant
suffocations. Page 9 of 10.

43. Mother's Age _____

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

No _____ Don't Know _____
Yes _____ Refused _____
If yes, give type if known _____

45. Any maternal tobacco use during pregnancy?

No _____ Don't Know _____
Yes _____ Refused _____
If yes, give duration and amount _____

V. Description of Environmental Factors

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

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

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

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

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

Cold _____ Comfortable _____
Hot _____ Don't Know _____
Refused _____

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

Temp set at 81
Heating _____ Cooling _____
Don't Know _____ Refused _____
Turned Off _____ Can't Control _____

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

electric _____

natural gas _____

LP gas (propane) _____

don't know _____

refused _____

none _____

other(specify)_____

fuel oil _____

kerosene _____

wood/coal _____

110308CCC2350 - Exhibit 4,
Data Record Sheet - infant
suffocations. Page 1 of 10.

IDENTITY OF RESPONDENTS

1. Larry Thacker, Investigator, Cuyahoga County Coroner's Office, 11001 Cedar Avenue, Cleveland, OH 44106; interviewed via telephone on 5/31/11 [REDACTED]
[REDACTED] NOTE: The Coroner Investigator at the scene, Aaron Dardzinski, works midnight shift; therefore I spoke to Investigator, Larry Thacker who answered my questions by reviewing the case file. All information obtained is all that is known.)
2. [REDACTED] Cuyahoga County Board of Health, Child Death Review Board; initially contacted 5/31/11 via telephone [REDACTED]
3. Records Department, Cleveland Police Department, 1300 Ontario Street, Cleveland, OH; records obtained onsite on 4/27/11
4. [REDACTED] General Office (Records) Cuyahoga County Coroner's Office, 11001 Cedar Avenue, Cleveland, OH 44106; initially contacted via fax on 4/26/11; records picked-up onsite on 5/24/11
5. [REDACTED] Records Librarian, Cleveland EMS, 1701 Lakeside Avenue, Cleveland, OH 44114; initially contacted via fax on 5/31/11
6. [REDACTED] and [REDACTED] – victim's parents; did not respond to contact letter and last known telephone numbers were no longer in service; a telephone number found for Mother of victim was called, but I was unable to leave a message

CONSUMER CONTACT WITH RETAILER

None.