

This investigation was initiated based upon a death certificate (source document) that indicated a two-month old male (victim) died as a result of suffocation due to being asphyxiated in a crib. This investigation was initiated on April 13, 2011.

According to the sheriff's report (see Exhibit B), emergency personnel responded to a two-story, single-family residential structure for a report of a three-month old infant not breathing on September 2, 2009, at approximately 22:50 hrs. Upon the arrival of law enforcement personnel, the mother (29-year old) of the victim was performing CPR with the assistance of EMS Dispatch giving instructions over the telephone. Law enforcement personnel assisted the father (27-year old) of the victim with CPR until fire department and EMS personnel arrived. The victim was pronounced deceased at 23:11 hrs.

This investigator picked up the medical examiner's (ME) report (see Exhibit C) and photographs for this incident. According to the ME report, the victim was born at 39 weeks gestation and the mother was induced due to size. The birth was a vaginal delivery without complications and the victim's birth weight was eight pounds five ounces; there were no post natal complications. During the mother's pregnancy with the victim, the mother had complete pre-natal care and no maternal or fetal complications.

The victim's mother has a personal medical history that includes epilepsy, but she was not taking prescription anti-seizure medication and she has been seizure free for over four years. The mother was not taking any prescription medications and did not use tobacco. The father of the victim did use tobacco, but not in the house and not around the victim. The victim's family has no history of sudden, unexpected infant deaths.

The ME report indicates that the mother fed the victim [REDACTED] Soy Formula (recommended by pediatrician) instead of breast feeding due to the victim having gas problems. The victim had been recently gassy and constipated, so his father administered over-the-counter liquid [REDACTED] (exact dose filled to the first line on the dropper) on the evening of September 1, 2009. The victim has had no major medical problems and has never had to take any chronic prescribed medications. The victim was current on his vaccinations and his last well baby visit was on August 11, 2009; the results were all normal.

The sheriff's report indicates that the incident occurred on the second floor of the two-story residence that the family has resided in for the past year. The victim shared a bedroom (see Exhibit A-1) with his older brother (19-month old). The mother placed the victim in a crib (see Exhibit A-2) on his stomach to sleep at approximately 20:00 hrs. The victim was placed on his stomach because he could not sleep on his back and the mother covered him to mid-back with a baby blanket (see Exhibit A-8).

The victim was fed (exact amount unknown) soy formula right before being placed down to sleep.

According to the ME report, around 22:55 hrs the father went to wake the decedent for his evening feeding (normal routine), but he was unable to wake the victim. The father could not recall the exact position of the victim when found, but indicated the victim was in a prone position against the side of the crib. The father was not sure if the victim's nose or mouth was obstructed, but his head/face was against a cloth bumper (see Exhibit A-3) that was inside the crib. The mother noted that prior to beginning CPR, the victim appeared to have a mucous type discharge in his nares.

The ME report indicates that the victim was wearing a onesie outfit and a diaper at the time of the incident. There was a fan (see Exhibit A-2) that was turned to the "on" and "high" position and the room was described as "cool" with a temperature of 75 degrees. The sheriff's report indicates that the fan was loud and that it produced a strong breeze, but it was not pointed at the crib.

The ME described the contents of the crib to include a mattress (no product information), a green-colored fitted sheet, a baby blanket (approximately 1/8 inch thick), and a patterned bumper that covered the wood rails around the diameter of the crib. The inside of the crib was unremarkable except for a moderate sized wet spot with a reddish colored stain on the fitted sheet. The stain was located near where the bumper and the mattress intersect on the side of the crib. The bumper also appeared to be wet, but difficult to determine if stained. The mattress was described as springy, not plush. There was no pocket or depression noted where the victim was sleeping. The blanket was dry and free of stains.

This investigator attempted to contact next-of-kin with the information provided by the sheriff's report, ME report, and an online research system. At the time of this report, there was no response by next-of-kin from the contact letter or phone messages.

VICTIM IDENTIFICATION:

Age: Two-month 21-days
Gender: Male
Height: 24 inches
Weight: 13.14 pounds

PRODUCT #1 IDENTIFICATION:

Type: Crib
Brand: [REDACTED]
Model: Unknown
Retailer: Unknown
Manufacturer: [REDACTED]

Description:

Crib measurements (sheriff's report):
Width (inside): 2 feet 5 inches
Length: 4 feet 4.75 inches
Height: 3 feet 8 inches
Top of mattress to top of crib: 1 foot 2.5 inches
Mattress thickness: 6 inches

The medical examiner's measurements have an inside length of 4 feet 4 inches and a measurement from the top of mattress to the top of crib as 1 foot .75 inches. The medical examiner described the crib as a standard sized crib with wood rails and there was not an appreciable gap between the mattress and the side of the crib.

PRODUCT #2 IDENTIFICATION:

Type: Crib Bumper
Brand: Unknown
Model: Unknown
Retailer: Unknown
Manufacturer: Unknown

Description:

Photographs (see Exhibit A) indicate that the crib bumper is a [REDACTED] themed crib bumper with no specific product information available.

ATTACHMENTS:

- Exhibit A - Photos (9)
- Exhibit B - Police Report
- Exhibit C - Medical Examiner Report
- Exhibit D - Infant Suffocation Data Record Sheet
- Exhibit E - List of Respondents

A-1



ME photo - Overview of bedroom

A-2



Sheriff photo - View of incident crib

A-3



ME photo - View of incident crib

A-4



Sheriff photo - View of wet area

A-5



Sheriff photo - View of wet area

A-6



Sheriff photo - View of wet area

A-7



Sheriff photo - View of blanket

A-8



ME photo - View of blanket

A-9



ME photo - View of fitted sheet pulled back

County Sheriff's Office



Supplement No
ORIG



P.O. BOX 1748
AUSTIN, TEXAS 78767
 Nature of Call
3500

Reported Date
09/02/2009



(512) 854-9770

Administrative Information

Agency Travis County Sheriff's Office		Report No [REDACTED]	Supplement No ORIG	Reported Date 09/02/2009	Reported Time 22:56
CAD Incident # [REDACTED]	Status Report to follow	Nature of Call DECEASED PERSON			
Location [REDACTED]		City [REDACTED]	ZIP Code [REDACTED]	Rep Dist B10	
Sector BAKR	From Date 09/02/2009	From Time 20:00	To Date 09/02/2009	To Time 22:55	
Officer [REDACTED]		2nd Officer SALO, PAUL E	Entered by S3442	RMS Transfer Successful	
Prop Trans Stat Successful	Approving Officer S1101	Approval Date 09/04/2009	Approval Time 00:18:37		

Person Summary

Invl	Invl No	Type	Name	MNI	Race	Sex	DOB
DEC	1	I	[REDACTED]	[REDACTED]	W	M	[REDACTED]
INV	1	I	[REDACTED]	[REDACTED]	W	M	[REDACTED]
PAR	1	I	[REDACTED]	[REDACTED]	W	F	[REDACTED]
PAR	2	I	[REDACTED]	[REDACTED]	W	M	[REDACTED]

Summary Narrative

On 9/2/09, I, Deputy [REDACTED] responded to an Assist EMS at [REDACTED] (B10). The call was later changed to a Deceased Person (3500).

County Sheriff's Office

Deceased Person 1:

Involvement	Seq	Type	Name	MNI
Deceased Person	1	Individual	[REDACTED]	[REDACTED]
Race	Sex	DOB	Age	Juvenile?
White	Male	[REDACTED]	0	Yes
Type	Address	City	State	ZIP Code
Home	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Date	09/02/2009			

INVOLVED PERSON 1:

Involvement	Seq	Type	Name	MNI
INVOLVED PERSON	1	Individual	[REDACTED]	[REDACTED]
Race	Sex	DOB	Age	Juvenile?
White	Male	[REDACTED]	1	Yes
Type	Address	City	State	ZIP Code
Home	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Date	09/02/2009			

Parent 1:

Involvement	Seq	Type	Name	MNI	Race	Sex
Parent	1	Individual	[REDACTED]	[REDACTED]	White	Female
DOB	Age	Juvenile?	Height	Weight	Hair Color	Eye Color
[REDACTED]	29	No	5'02"	110#	Brown	Brown
Type	Address	City	State	ZIP Code	Date	
Home	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/02/2009	

Operator License

Type	ID No	St
Operator License	[REDACTED]	[REDACTED]
Phone Type	Phone No	Date
Cell	[REDACTED]	09/02/2009

Parent 2:

Involvement	Seq	Type	Name	MNI	Race	Sex
Parent	2	Individual	[REDACTED]	[REDACTED]	White	Male
DOB	Age	Juvenile?	Height	Weight	Hair Color	Eye Color
[REDACTED]	27	No	6'00"	175#	Blond or Strawberry	Blue
Type	Address	City	State	ZIP Code	Date	
Home	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/02/2009	

Operator License

Type	ID No	St
Operator License	[REDACTED]	[REDACTED]
Phone Type	Phone No	Date
Cell	[REDACTED]	09/02/2009

Modus Operandi

Crime Code(s)
Homicide

Narrative

On 9/2/09, I, Deputy [REDACTED] responded to an Assist EMS at [REDACTED] (B10). The call was later changed to a Deceased Person (3500).

Dispatch advised that EMS was responding to a three month old infant that was not breathing. Per the notes on the card, EMS was giving CPR instructions and noted that CPR was in progress.

The residence is a two story structure, made primarily out of white brick. The front of the residence faces towards the east.

When I knocked on the front door of the residence, I was met by:

[REDACTED]
W/M [REDACTED]

[REDACTED] was visibly upset and told me "this way, please help". [REDACTED] turned and went up the stairs to the second floor. The stairs are located immediately inside the residence's front door. I could hear a female, later identified



Narrative

as:

W/F

counting out loud and crying. I followed [redacted] upstairs to the small landing at the top. [redacted] was at the top of the stairs performing CPR on:

W/M

[redacted] was laying with his back on the floor. [redacted] head was pointed east towards the stairs. [redacted] was cold to the touch and his skin was of a purple tone. I observed [redacted] mouth to be partially opened and could not see or detect any obstructions to the airway. [redacted] was wearing a blue "onesies" and a diaper. I could not see any trauma to [redacted] person. There was a [redacted] phone laying on the right side of [redacted] head, I could hear EMS Dispatch giving CPR instructions over the speaker.

[redacted] was kneeling on the ground in front of [redacted] was performing chest compressions with I believe her right hand. [redacted] went and kneeled next to [redacted] and [redacted]

I assisted with CPR and began to give rescue breaths. I could not detect any obstructions in the airway, but the breaths were slow to enter. When [redacted] began to become overcome with crying, [redacted] continued the chest compressions. After three or four cycles of compressions, I paused [redacted] and again gave rescue breaths. I then proceeded to give chest compressions. It was at this time that Fire (Engine #241) arrived on scene. I was relieved by Fire of CPR so they could attach AED pads to [redacted] Fire personnel continued with CPR and did so until Medic #29 arrived on scene. Medic #29 pronounced [redacted] deceased at 2311 hours per Dr. [redacted]

I moved [redacted] and [redacted] downstairs away from [redacted]

Detective P. Salo and Crime Lab C. Hughes were called to respond to the scene. A. Sharp VA #111 responded to the scene to meet with the family.

I spoke with [redacted] and [redacted] downstairs. They told me the following:

They laid [redacted] down for bed around 2000 hours. At around 2250 hours, just prior to the 911 call, [redacted] went to wake [redacted] up to eat. [redacted] normally eats around this time, so feeding was a normal routine. [redacted] went into the bedroom that [redacted] shares with his brother:

W/M

[redacted] found [redacted] in his crib, but could not recall [redacted] position in the crib. [redacted] was unable to wake up [redacted] and realized he was cold to the touch. [redacted] got [redacted] and they called 911. [redacted] did not remember if he picked up [redacted] before or after 911 told them to move [redacted] to the floor. They moved [redacted] to the top of the stairs and followed the CPR instructions. Shortly later, I arrived to help. Neither [redacted] nor [redacted] have observed any abnormalities in [redacted] behavior. [redacted] stated that she had a natural birth with no complications at St. David's Round Rock Hospital. [redacted] was induced a week early due to [redacted] being in discomfort. [redacted] recently had his first Well Checkup on 8/11, with Dr. [redacted] at the Austin Regional Clinic - Round Rock [redacted]. [redacted] stated that Dr. [redacted] did not advise of any issues or concerns. [redacted] noticed that [redacted] was becoming gassy and changed his formula from a meal based to a soy based. This seemed to be helping with [redacted] stomach discomfort. They advised that [redacted] was uncomfortable, they assumed by gas, on 9/1/09. [redacted] have [redacted] the lowest dose of Infant's [redacted] [redacted] stated the first measure line of 0.04. This made [redacted] more comfortable and no further medication has been administered.

[redacted] stays at home with [redacted] stated that [redacted] has not had any trauma, I.E. falling off couch or bed.

Detective Salo arrived and took control of the scene. See Salo's supplement report for further information.

ME #7 responded to the scene.

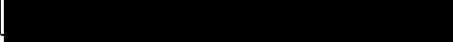
Deputy B. Harthausen #3611 started and maintained the crime log. The crime log was turned over to me and later given to Det. Salo for the case jacket.



Narrative

I stayed on scene to assist until relieved by Det. Salo.

EOR



County Sheriff's Office

Supplement No
0001



P.O. BOX 1748
AUSTIN, TEXAS 78767
Nature of Call
3500

Reported Date
09/03/2009

Officer
HUGHES, DAVID B

(512) 854-9770

Administrative Information

Agency Travis County Sheriff's Office		Report No [REDACTED]	Supplement No 0001	Reported Date 09/03/2009	Reported Time 14:22
CAD Incident # [REDACTED]	Status Report to follow	Nature of Call DECEASED PERSON			
Location [REDACTED]			City [REDACTED]	ZIP Code [REDACTED]	Rep Dist B10
Sector BAKR	From Date 09/02/2009	From Time 20:00	To Date 09/02/2009	To Time 22:55	
Officer S1303/HUGHES, DAVID B		2nd Officer SALO, PAUL E	Entered by S1303	RMS Transfer Successful	
Prop Trans Stat Successful	Approving Officer S1303	Approval Date 09/03/2009	Approval Time 14:58:11		

Property Item 1 Details

Item 1	Agency Travis County Sheriff's Office	Report No [REDACTED]	Original Incident [REDACTED]	Original supplement 0001	Involvement Evidence
Invl Date 09/02/2009	In Custody? Yes	Security No	Tag No [REDACTED]	Item No 1	# Pieces 1
Description GREEN FITTED SHEET FOR CRIB MATTRESS					Typ A
Cat Other Category (none of the above)			Article Linens Evidence (BED/KITCHEN/BATH)		
Entered Date 09/03/2009	Entered Time 14:22	RMS Transfer Successful	Control [REDACTED]		

Modus Operandi

Crime Code(s)
Homicide

Narrative

Date: 9-03-09
Case: 09-24591
Prepared by: D. Hughes #1303

On 9-2-09 at appx. 23:23 hours, I was dispatched to :

[REDACTED]
in reference to a deceased infant. Upon arrival I met with Det. P. Salo, and advised of the situation. I photographed the scene, and the decedent identified as:

[REDACTED] W/M

The infant had been moved from the infants bedroom, to the hallway between the upstairs bedroom, prior to our arrival, for CPR. I photographed the infants bedroom and the cribs in the bedroom. There was a wet area , with some slight coloration, showing on the fitted sheet on the mattress, of [REDACTED] crib. I took several photographs of the sheet and the wet area, and collected the sheet for evidence.

- 1 green fitted mattress sheet , from crib

I measured the deminsions of the crib. The measurements were:

- Crib Width = 2'. 5"
- Crib Length = 4'. 4 3/4"
- Crib Height = 3'. 8"
- Top of Mattress to Top of Crib = 1'. 2 1/2"
- Mattress thickness = 6"

Upon completion, I transported the evidence to the East Sub Evidence Warehouse.



Narrative

Date: 9-3-09

On 9-3-09 at appx. 08:27 hours, I was notified by Det. Salo to respond to the Travis Co. Forensic Cntr. in reference to the Autopsy of the decedent. I met with Det. Salo at the Forensic Center. I took overall photographs of the infant at the Morgue, and stood by to photograph any remarkable areas as directed by the Medical Examiner:

Dr.

No trauma, injuries, or remarkable areas were observed. Upon completion, I returned to the T.C.S.O. East Sub Station Crime Lab, and downloaded all the photographs onto the Crime Lab R-Drive.

Travis County Sheriff's Office



Supplement No
0002



P.O. BOX 1748

AUSTIN, TEXAS 78767
Nature of Call
3504

Reported Date
09/08/2009

Officer
SALO, PAUL E

(512) 854-9770

Administrative Information

Agency Travis County Sheriff's Office		Report No. [REDACTED]	Supplement No 0002	Reported Date 09/08/2009	Reported Time 07:18
CAD Incident # [REDACTED]	Status Report to follow	Nature of Call ACC DEATH			
Location [REDACTED]			City [REDACTED]	ZIP Code [REDACTED]	Rep Dist B10
Sector BAKR	From Date 09/02/2009	From Time 20:00	To Date 09/02/2009	To Time 22:55	
Officer S3012/SALO, PAUL E		2nd Officer SALO, PAUL E	Entered by S3012	RMS Transfer Successful	
Prop Trans Stat Successful	Approving Officer S3012	Approval Date 09/22/2009	Approval Time 10:36:48		

Summary Narrative

On Wednesday 09-02-09 at 2323 hours I, Detective P. Salo # 3012 was advised to respond to a deceased person call at [REDACTED] I was informed that a 3 month old infant was deceased.

TCME case [REDACTED]

Modus Operandi

Crime Code(s)
Homicide

Narrative

Supplement generated by Detective P. Salo # 3012 Major Crimes Unit

I responded to the location at 2345 hours and arrived at 0005 hours. I observed this was a light colored brick two story residence with tan wooden trim on the west side of the roadway. The front door faced east. I was met outside the residence by Deputy [REDACTED] and Deputy B. Harthausen # 3671. Deputy Harthausen was maintaining the scene log. I was advised Victim Services was also onscene. Deputy [REDACTED] informed me that the deceased was identified as

[REDACTED]
W/M [REDACTED]

and that his parents were identified as

[REDACTED]
W/M [REDACTED]

and

[REDACTED]
W/F [REDACTED]

[REDACTED] and [REDACTED] also had another child

[REDACTED]
W/M [REDACTED]

who shared a bedroom with [REDACTED]

[REDACTED] advised that [REDACTED] was put down for bed around 2000 hours this date. [REDACTED] went in to [REDACTED]

Narrative

bedroom to get him up for feeding and observed that [redacted] was not breathing. [redacted] then moved [redacted] from his crib onto the floor and attempted CPR. Fire and Austin Travis County EMS responded. [redacted] was pronounced at 2311 hours by Dr. [redacted] via EMS. [redacted] said that [redacted] was born at St. David's hospital in Round Rock and [redacted] was induced 1 week early. [redacted] had no medical issues, other than he had gas. Yesterday he was given a small dose of infant [redacted] for discomfort associated with gas. [redacted] took me inside the residence and I introduced myself to [redacted] and [redacted]. I noticed that upon entering the front door of the residence, there was a stairway that led up to the second floor, or if one went to the left upon entering the front door, there was a large open living room. [redacted] and [redacted] were seated on the couch (downstairs living room) and were huddled together. Both were very visibly distraught. I explained to them the purpose for being there. [redacted] cried almost uncontrollably and it was difficult to understand all of what she was saying. Deputy [redacted] accompanied me upstairs and explained to me that when he arrived onscene [redacted] was lying on his back on the floor at the top of the stairs and [redacted] was performing CPR. [redacted] could hear the CPR instructions being given over the speaker phone and [redacted] took a position next to them. [redacted] also performed CPR and then [redacted] did until arrival of the Fire Department. [redacted] had been dressed only in a blue onesie and diaper. [redacted] explained to me that after [redacted] was pronounced, the Fire Department retrieved a small blue blanket (unknown from where) and placed [redacted] on top of the changing table, which was only a few feet west up against the wall. There was left over medical apparatus from EMS in front of the changing table.

I then noted on the second floor was the master bedroom (north side), a small bathroom (north west side), an adult's bedroom (west side), and then the children's bedroom (south side). I was informed by [redacted] that an adult relative of [redacted] and [redacted] also resided with them, but was out of town. I entered the children's bedroom and observed a crib on the south and east sides of the bedroom. There was a large circular fan on the floor of the north side of the room blowing westward. It was very loud and the breeze was quite strong. The room also had a television and DVD player on top of a dresser (north side). Inside the closet (west wall) were children's clothes hung up, as well as a large box of [redacted] diapers on the shelf. [redacted] informed me that the crib against the south wall was [redacted]. It had a light green colored fitted sheet on top of the mattress. There was a white blanket draped over the railing on the left side. There was a bumper pad in place on the inside of the crib all around it. There was a comforter bunched up against the the inside of the crib. I observed a large wet area toward the middle back section of the fitted sheet. Inside this wet section was a purple/brown area that appeared to be either blood and/ or vomit. There was a mobile attached to the left side of the crib and it hung over the crib. On the floor on the left side of the crib was a blue bean bag chair and a large clear box filled with infant toys. The other crib had a sleeping child inside it and to the left of this crib was a glider rocking chair with blue and white afghan draped over the back. The room was clean and orderly and was a very comfortable temperature.

Crime Lab Deputy D. Hughes # 1303 arrived onscene at 0040 hours. I asked him to photograph and sketch the scene. I asked that he wait to take any photos of [redacted] until the Medical Examiner Investigator arrived.

I went back downstairs and asked to speak with [redacted]. We sat at the kitchen table and he advised that they have lived in the house for the last year. He was still very visibly upset, but could speak clearly and calmly. [redacted] said on Wednesdays, his normal work schedule is from 8:30 AM to 9:00 PM. It usually takes him about 15 minutes to get home and it took him about the same amount of time tonight. He arrived home and immediately went in to take a shower. He believed he got done with his shower around 9:40 PM and then he talked with [redacted] for about 15 minutes. [redacted] advised the normal evening routine for [redacted] was that he goes to sleep between 7:30 and 8:00 PM. They wake him up sometime between 11:00 PM and 12:00 AM to feed and change him. [redacted] normally sleeps in a onesie with the comforter in his crib. [redacted] went in to the room to get [redacted] and he could not wake him up. [redacted] was also cold. he called out to [redacted] who was brushing her teeth at the time. He called 911 and they put him on the floor, per the instructions from EMS. According to [redacted] had his well check on 08-11-09 and the only issue they had with him was that he had gas. The doctor recently advised them to switch to soy formula for [redacted] he was not on medication except they would give him infant [redacted] to help with gas discomfort. They gave him a small dose of infant [redacted] yesterday evening around 8:00 PM.

I also asked to speak with [redacted] who was very visibly upset and was crying. I asked her if she could tell me how they spent the day today and she advised that [redacted] was up around 7:00 AM. He was not upset and he was calm, and she could tell he was hungry. [redacted] got up around 7:30 AM and sometime later in the morning their neighbor dropped off their toddler named [redacted] usually watches [redacted] during the day. [redacted]



Narrative

described the day as uneventful and said that [redacted] and [redacted] had a difficult time during the day because they were teething. [redacted] was a very easy child today, but had been fussy lately due to his gas. [redacted] put [redacted] down for nap around 8:00 AM and he slept until about 12:00 PM. Everyone was fed around 1:00 PM and [redacted] went back down to sleep from about 1:30 PM to about 3:30 PM. [redacted] was picked up around 5:00 PM and [redacted] was awake at that time. [redacted] was fed and put down to bed around 8:00 PM and he slept while [redacted] bathed [redacted]. [redacted] recalled that she put [redacted] down to sleep on his stomach, as he could not sleep on his back. He watched the mobile as he went to sleep.

Medical Examiner Investigator Kimberly Powell # 7 arrived onscene at 0131 hours and I briefed her as to what I had learned. I took her inside the residence and introduced her to [redacted] and [redacted] parents were also onscene by this point.

Deputy Hughes, Kimberly, and I then went back upstairs and Kimberly examined and photographed the scene. I assisted Hughes in taking measurements in the crib. [redacted] was then uncovered and I observed lividity in his face, right hand, back of his head, back of his neck, and on his back. I directed Hughes to collect the green fitted sheet. I observed no marks or injuries on [redacted]. When we were finished, I accompanied Kimberly downstairs to meet with [redacted] and [redacted]. Kimberly asked a few questions and then asked [redacted] if she would participate in the re-enactment of her placing [redacted] in the bed with the cloth doll. [redacted] got extremely upset and advised she would not be able to do it. Kimberly also asked [redacted] to re-enact with the doll how he found [redacted] and he advised it would be too upsetting for him to do this.

Kimberly and I then went back upstairs and retrieved [redacted] and [redacted] were allowed to hold him. They were both very emotional and were reluctant to allow [redacted] to go back to Kimberly. When [redacted] was given back to Kimberly, [redacted] and [redacted] were so emotional that they went upstairs to the master bedroom. I accompanied Kimberly to her vehicle with [redacted]. I went back inside the residence and I could hear [redacted] and [redacted] crying upstairs. I gave my business card to [redacted] mother and asked for them to call if they had any questions. I advised I would be in touch tomorrow after the examination was done by the Medical Examiner.

We all departed the scene at 0236 hours. I took possession of the scene log from Deputy [redacted].

09-03-09 I attended the autopsy performed on [redacted] and was informed by the Medical Examiner that he could not immediately determine [redacted] cause of death, as there were no injuries seen. The results would be pending toxicology and further microscopic analysis.

I called [redacted] and informed him of this. He inquired as to when further results would be available and I advised I would keep him informed. I also gave him the phone number for the ME's office and advised that when he was ready, he should contact them regarding their choice for funeral home.

I sent a request to TCSO Communications Operator S. Williford # 3282 asking for a copy of the 911 call for this incident. He sent a copy of the recording back to me. I listened to the recording which started out with a frantic-sounding male who advised "I think my son's dead, I don't know". The call was then sent to EMS. I heard a female who was very excited in the background. The male gave his complete address very quickly and distinctly, and he was breathing heavily. The male further said that he went to feed his son and he is purple and not moving. The female in the background now sounded hysterical. The male advised the dispatcher that he was with his son and gives his age as 3 months. He says that he is purple and cold. The dispatcher begins giving CPR instructions and the male said that he is in his mother's arms. The dispatcher advised him to lay the baby down flat and he repeats what the dispatcher said. He then says "I've got you on speaker". The female then asks "How many compressions?" She says the breaths went in. The dispatcher then gives compression instructions and the female counts the compressions aloud. The female can be heard going through the cycles of breaths and chest compressions. She then said she could see a little bit of color in his left arm. The dispatcher told the male to go open the door. The female then keeps counting the compressions and I could hear that Deputy [redacted] was onscene. I then heard the male continue the compressions and counting. The female could be heard in the background very distraught. Deputy [redacted] then advised that Fire was onscene and the dispatcher said "Thank you" and disconnected. I recorded the call onto a CD.

09-04-09 I received a call from [redacted] who sounded very upset and asked if I had heard anything from the Medical Examiner. I told her that I had not, but that I would check. I called the ME's Office and was advised that



Narrative

the results were still pending. I informed [redacted] of this.

09-22-09 I received a copy of the Medical Examiner's report on [redacted]. There was no evidence of injury on him at all noted in the report. The findings were listed as follows

Hemorrhagic atelectasis, petechiae of thymus gland and visceral pleura of the lungs, pulmonary edema/congestion (right lung 80 grams, left lung 64 grams), and facial lividity. The Medical Examiner concluded that [redacted] died as a result of suffocation, Manner: accident.

In addition, the toxicology report indicated there were no drugs of an kind detected in [redacted] system.

I changed the pin code of this incident to an accidental death (3504). I prepared the case jacket, which included the following items

- Scene log (2 pages)
- Property sheet (1 page)
- CD copy of 911 call
- 911 certification information from S. Williford (1page)
- Medical Examiner's report (6 pages)
- Incident detail report (7 pages).

I sent the case jacket to Central Records for filing.

I called [redacted] and informed him of the findings of the Medical Examiner. I asked how he was doing and he advised that they were taking it day by day. He said he had no other questions. I advised him to contact me if he had any further questions or if he needed any further assistance.

This case is closed unfounded.

County Sheriff's Office

Supplement No
0003



P.O. BOX 1748

AUSTIN, TEXAS 78767

Nature of Call
3500

(512) 854-9770

Reported Date
09/09/2009

Officer
BARRON, KELLY A

Administrative Information

Agency Travis County Sheriff's Office		Report No 09-24591	Supplement No 0003	Reported Date 09/09/2009	Reported Time 07:10
CAD Incident #	Status Report to follow	Nature of Call DECEASED PERSON			
Location		City	ZIP Code	Rep Dist B10	
Sector BAKR	From Date 09/02/2009	From Time 20:00	To Date 09/02/2009	To Time 22:55	
Officer S3064/BARRON, KELLY A		2nd Officer SALO, PAUL E	Entered by S3064	RMS Transfer Successful	
Prop Trans Stat Successful	Approving Officer S3064	Approval Date 09/09/2009	Approval Time 07:12:28		

Summary Narrative

See narrative

Modus Operandi

Crime Code(s)
Homicide

Narrative

Report prepared by Angie Sharp VA 111, Entered by K Barron #3064, VA15

I responded to a page of a '3-month old CPR in progress'. When I arrived, the infant [REDACTED] had already been pronounced dead - the EMT's were departing the scene. The parents were visibly upset. They were sitting and holding each other. I was introduced to them by Deputy Harthausen. I informed them that I was there to provide information and be their advocate. I had little opportunity to go into any of the grief counseling/information. The parents were very supportive of one another. I basically just ran questions from the parents to the deputy, detective and ME. Parents also have another 19-month old son - [REDACTED]. He remained asleep during the resuscitation efforts as well as the ME and forensic investigation. The parents later moved [REDACTED] into the master bedroom.

For the few brief minutes I had alone with the mother - [REDACTED] - she told me she was worried that she could not provide her husband enough emotional support - she was feeling very 'selfish' in her grief and could not see how she could help him.

I did manage to leave my information and TCVS telephone numbers with [REDACTED] step-mother. I did not get the step-mother's information. As well as tell her to watch out for depression and to give us a call for referral and/or grief counseling information.

The ME let the parents hold the baby before transporting. The mother's sister and her family arrived just as the ME was about to leave.

Although the father was very upset, he was very calm and attentive to his wife. He showed a bit of frustration with the delays but was very reasonable throughout. [REDACTED] was going in and out of extreme bursts of emotions and was having a difficult time accepting the finality and reality of the situation.

Again, I had little opportunity to mention grief counseling, etc. to the parents. I will also note that this was my first infant death call.

The deputy was unable to get a hold of [REDACTED] mother --

County Sheriff's Office



Supplement No
0004



P.O. BOX 1748

AUSTIN, TEXAS 78767
Nature of Call
3500

Reported Date
09/25/2009

Officer
VILLARREAL, SONYA E

(512) 854-9770

Administrative Information

Agency Travis County Sheriff's Office		Report No. [REDACTED]	Supplement No 0004	Reported Date 09/25/2009	Reported Time 14:54
CAD Incident # [REDACTED]	Status Report to follow	Nature of Call DECEASED PERSON			
From Date 09/02/2009	From Time 20:00	To Date 09/02/2009	To Time 22:55	City [REDACTED]	ZIP Code [REDACTED]
Officer S3600/VILLARREAL, SONYA E	2nd Officer SALO, PAUL E	Entered by S3600	RMS Transfer Successful		
Prop Trans Stat Successful	Approving Officer S3600	Approval Date 09/25/2009	Approval Time 15:04:14		

Summary Narrative

See narrative

Modus Operandi

Crime Code(s)
Homicide

Narrative

September 22, 2009

I attempted to contact [REDACTED] via telephone, but was unable to reach her. The number that I called did not have voice mail or an answering machine, so I was unable to leave a message. I will make another attempt to reach either [REDACTED] or [REDACTED].

September 25, 2009

I spoke with [REDACTED] via telephone, who advised that she and [REDACTED] were seeking counseling (referred to her by her doctor). [REDACTED] stated that they were dealing with things, one day at a time, but were okay for the most part. I asked if there was anything else that we could do for her, to which she stated that they were fine for now. I provided [REDACTED] with my contact information, and encouraged her to call if needed.



TRAVIS COUNTY
OFFICE OF THE MEDICAL EXAMINER

1213 Sabine Street
PO Box 1748
Austin, TX 78767
Tel: (512) 854-9599
Fax: (512) 854-9044

██████████ MD
Diplomate of American Board of Pathology
CHIEF MEDICAL EXAMINER

██████████ RN, JD
CHIEF ADMINISTRATIVE OFFICER

MEDICAL EXAMINER REPORT

████████████████████

████████████████

The postmortem examination was performed by ██████████ M.D., Chief Medical Examiner, beginning at 10:15 a.m. on 9/3/2009, at the Travis County Forensic Center, Austin, Texas.

EXTERNAL EXAMINATION:

The body is identified by tags. Photographs, prints, and full body x-rays are taken. Rigidity is diffuse. Lividity is posterior and is increased on the right side of the head and on the face. The body is cool. The body is received wearing a cut onesie, which is released, and a diaper. The diaper is discarded. The body is received on two small blankets.

The body is that of a 24 inch 13.14 pound normally developed well-nourished white male infant who appears about the reported age of 2 months, 21 days old. He has fine medium length blond scalp hair. The anterior fontanel is soft. No calvarial or facial fractures are palpated. The scalp and face are atraumatic. The irides are blue, the sclerae are white, and there are no conjunctival petechiae. There is no dentition. The frenulae and the rest of the oral mucosa is atraumatic. The neck and hands are atraumatic. The chest, abdomen, back, and extremities are atraumatic. The penis is circumcised and the testicles are scrotal. The anus is atraumatic. An identification band with the name ██████████ and ██████████ ██████████ is around the right ankle.

IDENTIFYING MARKS AND SCARS:

There are no scars or other identifying lesions.

EVIDENCE OF THERAPY:

Defibrillation pads are on the chest and back.

EVIDENCE OF INJURY:

None.

**INTERNAL EXAMINATION:
ORGAN WEIGHTS:**

Brain	700 grams	Liver	220 grams
Heart	37 grams	Spleen	10 grams
Right Lung	80 grams	Right Kidney	21 grams
Left Lung	64 grams	Left Kidney	22 grams
Thymus	34 grams		

BODY CAVITIES:

The organs are normally developed and are in their normal locations. The diaphragms are intact. There is no fluid accumulation in the pleural cavities or the pericardial sac. There is no fluid accumulation in the peritoneal cavity. There are no pleural adhesions or abdominal adhesions.

HEAD:

There is no subscalp blood extravasation. The calvarium is intact. The dura is intact. There is no epidural or subdural blood. The dura lining the calvarium and the base of the skull is stripped and fails to reveal any skull fractures. The leptomeninges are thin and transparent and have no blood or exudate. The cerebral hemispheres have a normal gyral pattern. The brainstem and cerebellum are normally formed. There is no herniation. The cranial nerves and cerebral arteries are normally developed and are unremarkable.

On coronal sections, the cortical ribbon is tan, of normal thickness and has no recent or remote contusions. The gray/white matter junction is distinct. The deep nuclei, hippocampi and mamillary bodies are unremarkable. The ventricles contain no blood. The midbrain, pons, medulla, upper cervical spinal cord, and cerebellar hemispheres are unremarkable.

NECK:

The anterior cervical strap muscles are dissected in a step-by-step layer-wise fashion and fail to reveal any areas of blood extravasation. There is no blood extravasation in the pharyngeal tissues, tongue, or prevertebral fascia. The hyoid bone, thyroid cartilage, and cricoid cartilage are intact. The larynx and trachea are lined with tan mucosa and are unobstructed. The esophagus is lined with pink mucosa and has no tears. No neck fractures are detected.

CARDIOVASCULAR SYSTEM:

The right dominant heart has normally located coronary artery ostiae and a normal coronary artery distribution. The coronary arteries are patent. The myocardium is brown and has no areas of fibrosis or blood extravasation. There are no septal defects. The left ventricular free wall is 1.0 cm thick. The cardiac valves, chordae tendinae, and papillary muscles are unremarkable. The aorta has a normal distribution without tears or aneurysm.

RESPIRATORY SYSTEM:

The lungs are inflated and have normal lobation. The visceral pleura is pink-red and has no adhesions. Scattered petechiae are on the parietal pleura. There is bilateral hemorrhagic atelectasis. The pulmonary parenchyma is soft, pink-red, crepitant, and has no focal areas of consolidation and no tumors or granulomas. The pulmonary arteries, pulmonary veins and bronchi are unremarkable. There are no thromboemboli.

HEPATOBIILIARY SYSTEM:

The liver has a smooth intact brown surface and brown parenchyma that is of normal consistency. There are no nodules, tumors or granulomas. The gallbladder is lined with olive mucosa and contains a small amount of bile. There are no gallstones.

LYMPHORETICULAR SYSTEM:

The spleen has an intact maroon capsule and soft maroon parenchyma that is of normal consistency. There are no nodules, tumors or granulomas. There is no lymphadenopathy. The thymus gland has pink lobulated parenchyma without nodules or cysts. Scattered petechiae are on the surface of the thymus gland and within the parenchyma of the thymus gland.

GENITOURINARY SYSTEM:

The kidneys have smooth intact maroon-red cortical surfaces without nodules or cysts. The corticomedullary junction is distinct. The medullae are maroon. There is no hydropelvis or hydroureter. The urinary bladder is lined with tan mucosa and contains no urine. The prostate gland has soft tan parenchyma. The testicles have soft tan parenchyma.

GASTROINTESTINAL SYSTEM:

The stomach is lined with tan mucosa thrown into normal rugal folds. The stomach contains an estimated 10 ml of liquid tan food. There are no ulcers, tumors or any other lesions. The duodenum is lined with tan mucosa and is unremarkable. The small and large intestine is unremarkable. The appendix is identified and is unremarkable.

ENDOCRINE SYSTEM:

The thyroid gland has brown parenchyma without nodules or cysts. The pancreas has tan lobulated parenchyma without nodules or cysts. The adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

No fractures of the clavicles, sternum, ribs, vertebrae, pelvis or extremities are detected. The skeletal muscle is red and of normal consistency. The parietal pleura is stripped and fails to reveal any recent or remote rib fractures.

MICROSCOPIC EXAM:

Sections of the heart, liver, kidneys, adrenal gland, small intestine, large intestine, trachea, thyroid gland, pancreas, thymus gland, and spleen have no significant pathology.

Lungs: Congestion, alveolar blood. Mild edema.

Brain: Multiple sections have no significant pathology.

FINDINGS:

I. Suffocation.

A. Hemorrhagic atelectasis.

B. Petechiae of thymus gland and visceral pleura of lungs.

C. Pulmonary edema/congestion (right lung 80 grams, left lung 64 grams).

D. Facial lividity.

II. History that the decedent was found unresponsive, prone in his crib against/near a soft fabric bumper.

CONCLUSION:

Based upon the history and autopsy findings, it is my opinion that [REDACTED] died as the result of suffocation.

MANNER:

Accident.

[REDACTED]
[REDACTED] M.D.
Chief Medical Examiner

DATE SIGNED: 9/18/09

DD:sb



Office of the Medical Examiner
Travis County
Toxicology Report

[Redacted] MD
Diplomate of American Board of Pathology
CHIEF MEDICAL EXAMINER
[Redacted] RN, JD
CHIEF ADMINISTRATIVE OFFICER

[Redacted]
Pathologist : Dr. [Redacted]
Date Completed : 9/16/2009

<u>Assay/Specimen</u>	<u>Substance</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>
ACID/NEUTRAL DRUGS				
Blood, heart		ND		GC/MS
ALKALINE DRUGS				
Blood, heart		ND		GC/MS
ETHANOL/VOLATILES				
Blood, heart		ND		Headspace GC/FID
IMMUNOASSAY				
Blood, heart	Amphetamine	ND		ELISA
Blood, heart	Barbiturate	ND		ELISA
Blood, heart	Benzodiazepine	ND		ELISA
Blood, heart	Cocaine Metabolite	ND		ELISA
Blood, heart	Fentanyl	ND		ELISA
Blood, heart	Opiate	ND		ELISA
Blood, heart	Oxycodone	ND		ELISA
Blood, heart	Cannabinoid	ND		ELISA

ND = None Detected UFA = Unsuitable for Analysis

Comment:

[Redacted]

[Redacted] Ph.D., DABFT, Chief Forensic Toxicologist

[Redacted]

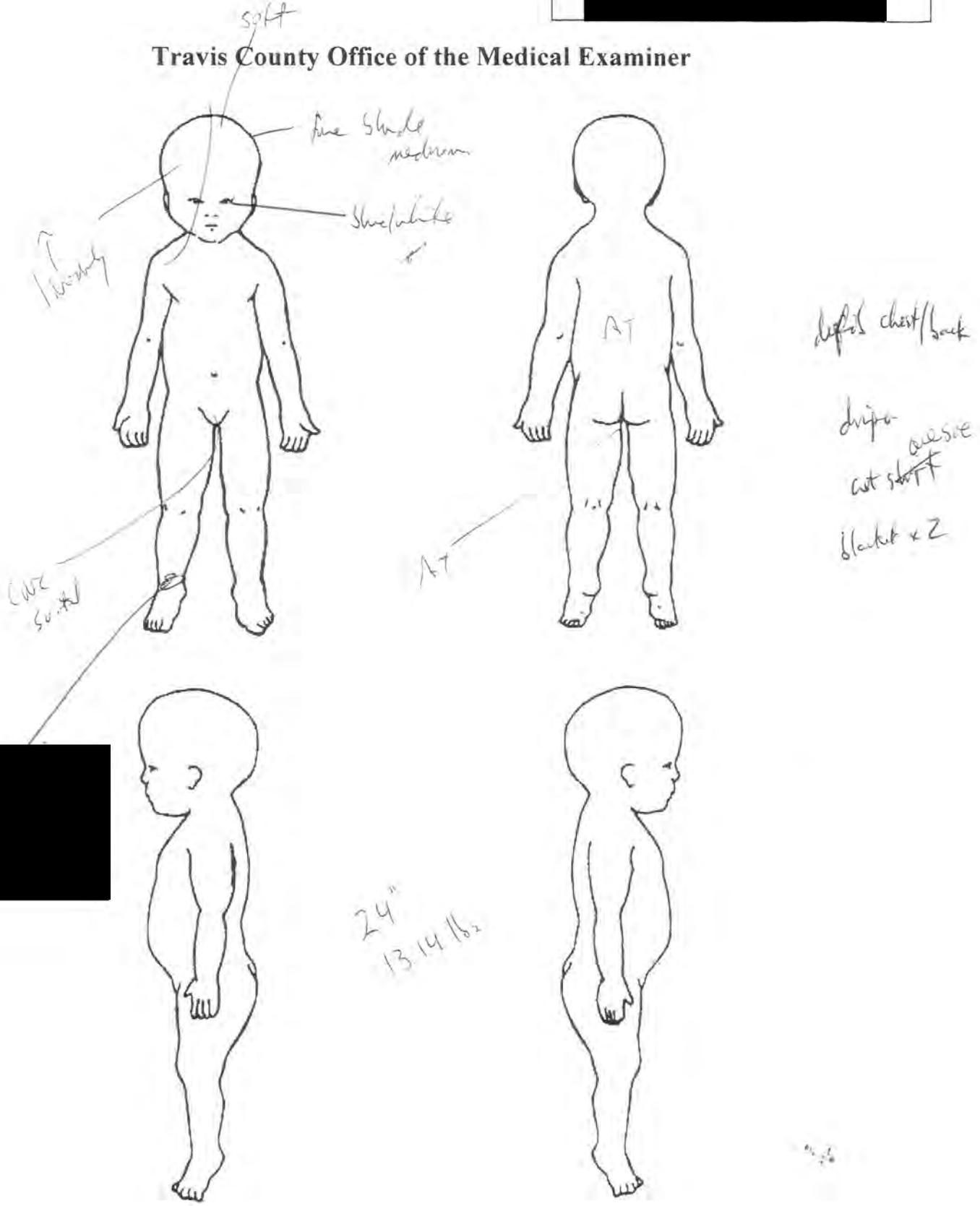
Medical Examiner

9/18/09



TCME CASE NO: [REDACTED]
NAME: [REDACTED]
DATE: [REDACTED]

Travis County Office of the Medical Examiner





CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE)		SUFFIX	AKA	CASE NUMBER	
	[REDACTED]				[REDACTED]	
	INVESTIGATOR	REPORTED BY	REPORTING AGENCY		AGENCY NUMBER	
	Kimberly Powell	Amanda Porter/Dispat	Travis County Sheriff's Office		(512) 974-0830	
	CALL DATE AND TIME	ARRIVAL DATE AND TIME		DEPARTURE DATE AND TIME		
	9/2/2009 23:21	9/3/2009 1:10		9/3/2009 2:50		
DECEDENT	DATE AND TIME OF DEATH	DATE OF BIRTH	AGE	GENDER	RACE	
	9/2/2009 23:11	06/11/2009	2 Months 21 Days	Male	Caucasian	
	RESIDENCE (STREET, CITY, STATE, ZIP)			COUNTY	TELEPHONE NO.	
	[REDACTED]			Travis	[REDACTED]	
	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. AND STATE	OCCUPATION			
	[REDACTED]	None NA	None			
	MARITAL STATUS	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
	Single	24"	13.14 lbs.			
DEATH	LOCATION OF DEATH AT RESIDENCE <input checked="" type="checkbox"/>					
	Home					
	ADDRESS (STREET, CITY, STATE, ZIP)			COUNTY		
[REDACTED]			Travis			
	PRONOUNCED BY	DATE/TIME	AGENCY	FOUND BY	DATE/TIME	
	Dr [REDACTED]	9/2/2009 23:11	Austin-Travis County E			
NOTIFICATION	LEGAL NEXT OF KIN			RELATIONSHIP		
	[REDACTED]			Parents		
	ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE NO.		
	[REDACTED]			[REDACTED]		
	NOTIFIED BY		METHOD	DATE AND TIME		
	Present		In Person	9/2/2009 23:11		
NAME OF PERSON NOTIFIED			RELATIONSHIP			
[REDACTED]			[REDACTED]			
ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE NO.			
[REDACTED]			[REDACTED]			
IDENTIFIED BY		METHOD	DATE AND TIME			
[REDACTED]		Visual	9/2/2009 23:11			
DISP	TRANSPORTED TO MORGUE BY		TRANSPORTED TO MORTUARY BY			
	[REDACTED]		[REDACTED]			
	FUNERAL HOME	PROPERTY	TYPE OF EXAM			
	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Autopsy			
INCIDENT	LOCATION OF INCIDENT At Work <input type="checkbox"/>					
	Home					
	ADDRESS (STREET, CITY, STATE, ZIP)			COUNTY		
[REDACTED]			Travis			
DATE AND TIME OF INCIDENT		INVESTIGATING AGENCY		OFFICERS		
9/2/2009 20:00		Travis County Sheriff's Office		Detective Paul Salo		



MEDICAL HISTORY/MEDS

Birth History: The decedent was born at St. David's Hospital Round Rock on [REDACTED] at 39 weeks gestation. The decedent's mother was induced (due to size) birth was a vaginal delivery without complications. The decedent's birth weight: 8lbs, 5ounces and there were no post natal complications.

According to [REDACTED] the decedent was fed [REDACTED] soy formula vs. being breast fed due to the decedent having "gas problems". This formula was recommended by the pediatrician. The decedent was not recently sick. The decedent had been recently gassy and constipated, so his father, [REDACTED] administered OTC liquid [REDACTED] (exact dose, filled to the first line on the dropper) on 09/01/09 in the evening. The decedent has had no major medical problems and has never had to take any chronic prescribed medications. The decedent was current on his vaccinations and his last well baby visit was on 08/11/09 at the ARC. According to [REDACTED] the well baby visit results were all normal. Pediatrician is Dr. [REDACTED]

The decedent's mother [REDACTED] had a PMH including Epilepsy but was not taking prescription anti-seizure medication and had been seizure free for over 4 years. [REDACTED] was also currently not taking any prescription medications and she had no history of tobacco or ETOH use. The decedent's father does not have any previous medical history and does not take prescription medication. The decedent's father does smoke tobacco but not inside the residence and not around the decedent. The decedent's family had no history of sudden, unexpected infant deaths but there is a history of IUFD on the maternal side ([REDACTED] aunt had triplets, two of which were stillborn).

During her pregnancy with the decedent [REDACTED] had complete PNC and no maternal or fetal complications. OBGYN care and PNC was received through her OBGYN, Dr. [REDACTED] at the Oakwood Women's Center. The decedent has one 19 month old sibling and that sibling is reportedly current on their immunizations and in excellent health, without any recent illnesses. There are no indoor pets. There is no reported CPS involvement.

CIRCUMSTANCES OF DEATH

Suspected positional asphyxia

Per Detective Paul Salo, the decedent is a 2 month, 21 day-old Caucasian male that was last seen responsive on this date, 09/02/09, around 2000hrs by his mother, [REDACTED] as she placed the decedent down in his crib to sleep. [REDACTED] reportedly fed (exact amount unknown) the decedent soy formula between 1930hrs and 2000hrs and then placed the decedent in his crib. [REDACTED] reportedly placed the decedent in a prone position with his head orientated to the left in the center of the crib and covered him to mid-back with a baby blanket. She then turned on the mobile at the end of his crib (near his feet) and the decedent further turned his head toward the mobile and was watching the lights when [REDACTED] left the room. Around 2255hrs, the decedent's father [REDACTED] went into the bedroom to wake the decedent for his evening feeding per their usual routine. [REDACTED] did not turn on the lights because their 19 month-old child sleeps in a separate crib in the same room but left his bedroom door slightly cracked so he could see enough to safely walk into the room. [REDACTED] attempted to wake the decedent to no avail and removed him from the crib. The details of the exact found position was not very clear as [REDACTED] was not wearing his glasses but he stated found the decedent in a prone position against the side of the crib. He was not sure if the decedent's nose of mouth was obstructed but his head/face was against a cloth bumper that is inside the crib. 911 was called and operators instructed [REDACTED] and [REDACTED] to begin conducting CPR, which they did. EMS arrived on scene around 2311hrs and pronounced the decedent obvious DOS.

Upon my arrival to the scene, the decedent was lying supine on a changing table in the hallway between the bedroom and the parent's bedroom with limited EMS equipment in place. The decedent was wrapped in two baby blankets and clad in a onesie that had been cut by EMS prior to my arrival and disposable infant diaper. Both the blankets and onesie appeared to be unremarkable. The decedent's face, chest and arms were a mottled reddish color, which was consistent with the placed/found position but there were no signs of trauma noted to the decedent in this position. The decedent's body felt cool to the touch and he exhibited moderate rigor mortis. The decedent's eyes were clear and there were no signs of petechial hemorrhaging to the decedent's eyes. The decedent's nose and mouth were also clear of secretions and the oral frenula were intact. The diaper was opened and was dry and unremarkable. The decedent was rolled onto his right side and unfixed red/purple lividity was noted to his back, which was consistent with his current position. There were no apparent signs of trauma to the posterior aspect of the decedent. The crib where the decedent was found unresponsive was located along a wall in the bedroom he shared with a sibling. Inside the room it was cool due to a ceiling fan, which was turned on and a oscillating fan, which was turned on but not pointed toward either crib. The inside of the crib was bare except for a bumper



around the sides of the crib (against the wood frame), a fitted sheet over the mattress and one baby blanket (approximately 1/8" thick). On the fitted sheet, along the left side of the bed where the bumper intersects with the mattress, was a moderate sized wet area with bloody emesis in the center of the wet spot. This is reportedly the area where the decedent's head was located when he was found. The bumper also appeared to be slightly wet but it was difficult to tell if there were any stains because it was patterned. The mattress the decedent was sleeping on was approximately 6 inches thick and was springy not plush. There was no pocket or depression noted where the decedent was sleeping. The baby blanket that was also inside the crib was dry and free of stains.

After conducting the scene examination, I spoke with both of the decedent's parents regarding the timeline of events of the evening and regarding a doll reenactment. The decedent's mother was very opposed to the idea of doing a doll reenactment and refused to do one. The decedent's father kept repeating he did not know and could not do one and also declined. Both parents were willing to verbally walk through the series of events for the evening but neither wanted to use the doll. I also spoke with them regarding resuscitative measures they conducted and apparently the decedent's mother had been trained in infant CPR in the past but could not remember the breaths to compression ratio and needed instruction from EMS. After finding the decedent unresponsive, [REDACTED] called for [REDACTED] and they called 911. They placed the decedent on the hallway floor and EMS instructed them to give 2 rescue breaths and then 30 chest compressions using two fingers, which they did. [REDACTED] noted that prior to beginning CPR, the decedent appeared to have a mucous type discharge in his nares. They continued CPR until EMS arrived on scene. Travis County Sheriff's Office is investigating the incident and will attend the autopsy. Please contact Detective Salo in the AM.

County of Travis
Office of the
Medical Examiner

Case Number: [REDACTED]
Investigator : [REDACTED]
Date : 9/2/2009

Case Narrative Report

Page 1 of 5

Decedent: [REDACTED]

Circumstances

Suspected positional asphyxia

Per Detective Paul Salo, the decedent is a 2 month, 21 day-old Caucasian male that was last seen responsive on this date, 09/02/09, around 2000hrs by his mother, [REDACTED] as she placed the decedent down in his crib to sleep. [REDACTED] reportedly fed (exact amount unknown) the decedent soy formula between 1930hrs and 2000hrs and then placed the decedent in his crib. [REDACTED] reportedly placed the decedent in a prone position with his head orientated to the left in the center of the crib and covered him to mid-back with a baby blanket. She then turned on the mobile at the end of his crib (near his feet) and the decedent further turned his head toward the mobile and was watching the lights when [REDACTED] left the room. Around 2255hrs, the decedent's father, [REDACTED] went into the bedroom to wake the decedent for his evening feeding per their usual routine. [REDACTED] did not turn on the lights because their 19 month-old child sleeps in a separate crib in the same room but left his bedroom door slightly cracked so he could see enough to safely walk into the room. [REDACTED] attempted to wake the decedent to no avail and removed him from the crib. The details of the exact found position was not very clear as [REDACTED] was not wearing his glasses but he stated found the decedent in a prone position against the side of the crib. He was not sure if the decedent's nose or mouth was obstructed but his head/face was against a cloth bumper that is inside the crib. 911 was called and operators instructed [REDACTED] and [REDACTED] to begin conducting CPR, which they did. EMS arrived on scene around 2311hrs and pronounced the decedent obvious DOS.

Upon my arrival to the scene, the decedent was lying supine on a changing table in the hallway between the bedroom and the parent's bedroom with limited EMS equipment in place. The decedent was wrapped in two baby blankets and clad in a onesie that had been cut by EMS prior to my arrival and disposable infant diaper. Both the blankets and onesie appeared to be unremarkable. The decedent's face, chest and arms were a mottled reddish color, which was consistent with the placed/found position but there were no signs of trauma noted to the decedent in this position. The decedent's body felt cool to the touch and he exhibited moderate rigor mortis. The decedent's eyes were clear and there were no signs of petechial hemorrhaging to the decedent's eyes. The decedent's nose and mouth were also clear of secretions and the oral frenula were intact. The diaper was opened and was dry and unremarkable. The decedent was rolled onto his right side and unfixed red/purple lividity was noted to his back, which was consistent with his current position. There were no apparent signs of trauma to the posterior aspect of the decedent. The crib where the decedent was found unresponsive was located along a wall in the bedroom he shared with a sibling. Inside the room it was cool due to a ceiling fan, which was turned on and a oscillating fan, which was turned on but not pointed toward either crib. The inside of the crib was bare except for a bumper around the sides of the crib (against the wood frame), a fitted sheet over the mattress and one baby blanket (approximately 1/8" thick). On the fitted sheet, along the left side of the bed where the bumper intersects with the mattress, was a moderate sized wet area with bloody emesis in the center of the wet spot. This is reportedly the area where the decedent's head was located when he was found. The

Case Narrative Report

Page 2 of 5

Decedent:

bumper also appeared to be slightly wet but it was difficult to tell if there were any stains because it was patterned. The mattress the decedent was sleeping on was approximately 6 inches thick and was springy not plush. There was no pocket or depression noted where the decedent was sleeping. The baby blanket that was also inside the crib was dry and free of stains.

After conducting the scene examination, I spoke with both of the decedent's parents regarding the timeline of events of the evening and regarding a doll reenactment. The decedent's mother was very opposed to the idea of doing a doll reenactment and refused to do one. The decedent's father kept repeating he did not know and could not do one and also declined. Both parents were willing to verbally walk through the series of events for the evening but neither wanted to use the doll. I also spoke with them regarding resuscitative measures they conducted and apparently the decedent's mother had been trained in infant CPR in the past but could not remember the breaths to compression ratio and needed instruction from EMS. After finding the decedent unresponsive, [REDACTED] called for [REDACTED] and they called 911. They placed the decedent on the hallway floor and EMS instructed them to give 2 rescue breaths and then 30 chest compressions using two fingers, which they did. [REDACTED] noted that prior to beginning CPR, the decedent appeared to have a mucous type discharge in his nares. They continued CPR until EMS arrived on scene. Travis County Sheriff's Office is investigating the incident and will attend the autopsy. Please contact Detective Salo in the AM.

Additional Medical History

Birth History: The decedent was born at St. David's Hospital Round Rock on [REDACTED] at 39 weeks gestation. The decedent's mother was induced (due to size) birth was a vaginal delivery without complications. The decedent's birth weight: 8lbs, 5ounces and there were no post natal complications.

According to [REDACTED] the decedent was fed [REDACTED] soy formula vs. being breast fed due to the decedent having "gas problems". This formula was recommended by the pediatrician. The decedent was not recently sick. The decedent had been recently gassy and constipated, so his father [REDACTED] administered OTC liquid [REDACTED] (exact dose, filled to the first line on the dropper) on 09/01/09 in the evening. The decedent has had no major medical problems and has never had to take any chronic prescribed medications. The decedent was current on his vaccinations and his last well baby visit was on 08/11/09 at the ARC. According to [REDACTED], the well baby visit results were all normal. Pediatrician is Dr. [REDACTED]

The decedent's mother, [REDACTED] had a PMH including Epilepsy but was not taking prescription anti-seizure medication and had been seizure free for over 4 years. [REDACTED] was also currently not taking any prescription medications and she had no history of tobacco or ETOH use. The decedent's father does not have any previous medical history and does not take prescription medication. The decedent's father does smoke tobacco but not inside the residence and not around the decedent. The decedent's family had no history of sudden, unexpected infant deaths but there is a history of IUFD on the maternal side ([REDACTED] aunt had triplets, two of which were stillborn).

During her pregnancy with the decedent [REDACTED] had complete PNC and no maternal or fetal

Case Narrative Report

Decedent: [REDACTED]

complications. OBGYN care and PNC was received through her OBGYN, Dr. [REDACTED] at the Oakwood Women's Center. The decedent has one 19 month old sibling and that sibling is reportedly current on their immunizations and in excellent health, without any recent illnesses. There are no indoor pets. There is no reported CPS involvement.

Birth records indicated the following:

The decedent was born on [REDACTED] at 1800hrs to a 29-year-old G2 P2 with a gestational age of 39 weeks. No complications during pregnancy or delivery. The decedent's APGAR scores were recorded as 8/9, he weighed 8lbs, 5oz. Medical records noted the mother's history of seizure disorder but stated she was seizure free since 2005. No indication of ETOH or illicit drug use during pregnancy.

Pediatric Records indicated the following:

The decedent presented for his 2-week well baby visit on 6/25/09. Mother was concerned the decedent was congested for 2 weeks and had a hard time breathing due to the congestion. Examination results were all within normal limits. Newborn Screening Report documented all normal results.

The decedent presented to the clinic on 7/11/09 for his first well baby visit. Mother had no concerns and stated that the decedent was doing well. Hep B vaccine was administered in the hospital on 6/11/09. Examination results were all within normal limits. At his time the decedent weighed 11lbs.

The decedent presented for a 2-month well baby visit on 08/11/09. Mother had no concerns. Examination results were all within normal limits.

Observations at Scene

Scene Examination:

The scene location was the decedent's residence which was located at [REDACTED] in [REDACTED]. I arrived on scene at 0110hrs and was met outside the residence by Travis County Major Crimes Detective Paul Salo, #3012. The decedent's residence was a two story single family dwelling located along the west curb line of [REDACTED]. I entered the residence through the front door from the east and observed a set of stairs straight ahead (slightly offset to the right/north) and a living area in the south end of the residence. The living area contained the typical furnishings and was tidy, clean and unremarkable. The west end of the living area led to the dining area and to the north of the dining area was the kitchen. Both areas were also neat, clean and unremarkable. The staircase to the directly in front of the door led to the second story of the residence where there were three bedrooms and two bathrooms. Upon ascending the staircase, there was a small hallway type area and all three bedroom doors and one bathroom door are located off of this area. The decedent's parents bedroom was located to the right (north) side of this hallway and was not searched due to a sleeping 19 month old sibling that was in the room. A bathroom was located straight ahead, to the west, and was neat and unremarkable. There was another bedroom in the south end that was unremarkable and the decedent's bedroom was located in the center of the house, to the east, of all other rooms. Along the south wall of this open area there was a wooden changing table against the wall.

Case Narrative Report

Decedent: [REDACTED]

The decedent was lying atop on a changing table in the hallway between the bedroom and the parent's bedroom and was covered by a light blue colored blanket. I removed the blanket and noted the decedent was wrapped in a patterned baby blanket and was clad in a onesie that had been cut by EMS prior to my arrival and disposable infant diaper. Both the blankets and onesie appeared to be unremarkable. The decedent was lying in a supine position, with his head directed to the north and his feet directed to the south and had limited EMS equipment in place, which consisted of two defibrillator pads. One defibrillator pad was attached to the decedent's chest and the other was attached to his back. The decedent's arms were slightly flexed and abducted and were resting atop the baby blanket. Both of the decedent's hands were clenched in fists and after examination, both were noted to be free of anything remarkable. The decedent's legs were straight and slightly abducted, and both legs were resting atop the blanket. The decedent's face, chest and arms were a mottled reddish color, which was consistent with the placed/found position but there were no signs of trauma noted to the decedent in this position. The decedent's body felt cool to the touch and he exhibited moderate rigor mortis. The decedent's eyes were clear and there were no signs of petechial hemorrhaging. The decedent's ears were also clear and unremarkable. The decedent's nose and mouth were clear of secretions and the oral frenula were intact. The decedent's chest, abdomen and extremities were atraumatic and unremarkable. I opened the decedent's diaper which was clean and dry and then rolled the decedent onto his right side. Unfixed red/purple lividity was noted to his back, which was consistent with his current position and there were no apparent signs of trauma to the posterior aspect of the decedent.

The bedroom where the decedent was found unresponsive was located to the left of the changing table in the center of the residence. The door to the bedroom opened to the north and inside the room there was a crib against the east wall, a bookshelf at the junction of the east and south walls, another crib along the south wall, a closet along the west wall and a dresser and miscellaneous personal effects along the north wall. The bedroom ceiling fan was turned to the on position and there was also an oscillating fan in the west end of the room that was turned to the "on" and "high" position. This fan was pointed toward the closet. The room was cool and was approximately seventy five degrees. The decedent's crib was located along the south wall of the bedroom and was a standard sized crib with wood rails. The overall height of the crib was three feet eight inches and the inside diameter of the crib was two feet five inches wide and four feet 4 inches long. From the top of the mattress to the top of the crib measured one foot and three fourths inches and there was not an appreciable gap between the mattress and the side of the crib. Inside the crib, there was a mattress, a green colored fitted sheet and a baby blanket and around the diameter of the crib was a patterned bumper that covered the wood rails and attached to the head of the crib was a mobile. The inside of the crib was unremarkable except for a moderate sized wet spot with a reddish colored stain on the fitted sheet. The stain was located near where the bumper and the mattress intersect on the side of the crib that was against the south wall. The bumper also appeared to be wet but it was difficult to tell if it was stained due to the pattern on the bumper. The mattress the decedent was sleeping on was approximately 6 inches thick and was springy not plush. There was no pocket or depression noted where the decedent was sleeping. The baby blanket that was also inside the crib was dry and free of stains.

Case Narrative Report

Page 5 of 5

Decedent: [REDACTED]

An ankle tag containing the decedent's demographic information was placed around the decedent's right ankle and the decedent was swaddled and removed from the scene. I departed the scene at 0250hrs.

Injuries

None apparent.

Clothing

I removed the blanket and noted the decedent was wrapped in a patterned baby blanket and was clad in a onesie that had been cut by EMS prior to my arrival and disposable infant diaper. The blanket, clothing and diaper were not soiled.

Weapon:

None apparent.

County of Travis
 Office of the
 Medical Examiner

Case Number [REDACTED]
 Investigator :Kimberly Powell
 Date :09/18/2009

Investigative Addendum

Decedent: [REDACTED]

Date	Time	By Whom	Comments
09/03/09	0430hrs	K. Powell	Please request birth records (St. David's RR- mom [REDACTED] 4/15/1980) and records from the decedent's Pediatrician, Dr. [REDACTED]. Demographics confirmed on scene. Also, please obtain a home phone number from Detective Salo in the AM- I forgot to get it at the scene.
09/03/09	0755	D. Jackson	Faxed MR request to St. David's. RR and to ARC (Pedi) at fax # [REDACTED]
09/03/09	0958	D. Jackson	MR from St. Dave RR received. Copy made for K. Powell other put in case file.
09/03/09	1352	D. Jackson	I received a call from Dr. [REDACTED]. She said they would fax over medical records ASAP. She wanted to speak with Dr. D who is in a meeting currently, so I transferred her to his VM.
9/3/09	1450	[REDACTED]	I returned a call to Dr [REDACTED] and discussed the case. She said he was a healthy baby-no medical problems. On July 17, he was 11 lbs, on August 11, he was 12 lb, 11 oz. Could be an asphyxial death, pending tox and investigation, micros, etc...
9/4/09	1134hrs	R. Dwyer	It appears that medical records were received from the Pediatrician yesterday. I called the medical record department and they were faxed to our office at 1400hrs and are also documented in the narrative. Dr. [REDACTED] received the records.
9/8/09	1410	[REDACTED]	I returned a call to [REDACTED] decedent's mother at [REDACTED] and discussed the case. I told her that I did not see a heart defect, etc... that she should be concerned that could have affected a sibling also. Still waiting on more information before COD can be ruled. It will be at least 3 weeks or so. I did mention that babies can work there way into situations in which they cannot breathe real well. Overall, he looked normally developed/healthy. A friend of hers is a NICU nurse that told her that most SIDS cases are determined to be congenital heart disease. I did not comment on that statement. She was tearful and appropriately distressed

during our conversation.

TCM CASE NO: [REDACTED]
 NAME: [REDACTED]
 DATE: [REDACTED]

Travis County Office of the Medical Examiner

INTERNAL EXAMINATION

Brain 700 g
 Heart 37 g
 R. Lung 80 g
 L. Lung 64 g
 Liver 220 g
 Spleen 10 g
 R. Kidney 21 g
 L. Kidney 22 g
 Thymus 34
 R. Chest / ml
 L. Chest / ml
 Pericardial / ml
 Peritoneal / ml
 Stomach ~10 ml
few food
 Bladder ✓ ml
 Gallbladder small ml
 Body wall fat _____ in
 Appendix present absent

Slides (#) _____

Tox: Volatiles EIA Acid/ Neutral
 CO Other

ORGAN SYSTEMS

HEAD/ NERVOUS SYSTEM
 /
 NECK
 /
 Cardiovascular
 /
 RESPIRATORY
 /
 HEPATOBILIARY
 /
 LYMPHORETICULAR
 /
 GENITO-URINARY
 /
 GASTROINTESTINAL
 /
 ENDOCRINE
 /
 MUSCULOSKELETAL
 /

Special Notes
 /
 (4)

CAUSE OF DEATH: _____

MANNER OF DEATH: Natural Accident
 Homicide Suicide Pending Undetermined

DATA RECORD SHEET

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 _____

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 [REDACTED]
Size (if relevant) _____
Brand/Model/Style [REDACTED]
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, _____ 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

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?

Heating _____ Cooling _____
Don't Know _____ 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 _____	
refused _____	
none _____	
other (specify) _____	

LIST OF RESPONDENTS:

Travis County Sheriff's Office
-Records
5555 Airport Blvd.
Austin, TX 78751
Ph: (512) 854-9770
Fax: (512) 854-9722

Travis County
-Office of the Medical Examiner
1213 Sabine St.
Austin, TX 78701
Ph: (512) 854-9599
Fax: (512) 854-9044