

This investigation was initiated from a Certificate of Death from the State of Indiana. Contact with next of kin for the victim was not permitted.

The information contained in this investigative report was obtained from telephone interviews with the LaPorte County Coroner and the Chief of Detectives with the LaPorte County Sheriff's Office. Additional information was obtained from reports by the LaPorte County Coroner's Office, LaPorte County Sheriff's Office, and LaPorte County Emergency Medical Services.

At 7:38 a.m. on May 28, 2010 a 911 call was placed by the victim's mother reporting that the victim (2-month-old female) was found in her crib, and was cold to the touch and not breathing. The victim's mother attempted CPR on the victim to no avail.

Personnel from the LaPorte County Coroner's Office, LaPorte County Sheriff's Office, and LaPorte County Emergency Medical Services arrived at the scene in response to the 911 call. The victim was pronounced dead at the scene by the LaPorte County Coroner on May 28, 2010, with a time of death of 7:38 a.m. The coroner ruled that the manner of death was accidental and the cause of death was positional asphyxia.

According to the collected reports, the victim and her twin sister were placed in a crib at approximately 9:30 p.m. on May 27, 2010. The coroner states that the victim and her sister were placed face down by their mother because they slept better in that position.

A crib mattress, a mattress sheet, a cotton blanket and a crib bumper were used with the crib at the time of the incident. No toys or other bedding were in the crib at the time of the incident.

The coroner's report states that the victim's mother went to remove the two children from the crib on the morning of May 28, 2010 and found the victim face down, with one arm over the top of a crib bumper and between two slats on the crib side rail.

The coroner's and sheriff's reports state that the victim's face was against the crib bumper and that this caused the victim to die from positional asphyxiation. However, the coroner states that this is incorrect and that the victim died from positional asphyxiation due to her face being against the crib mattress. He states that positional asphyxiation was not due to the crib bumper, and that the crib bumper was not involved in any way other than the victim having her arm over top of it. The coroner also states that it did not appear that the victim's arm was trapped or impeded from removal while between the crib slats.

No identifying information was available for the crib bumper, mattress, crib, mattress sheet or cotton blanket involved in the incident.

Attachments:

- Exhibit-A: LaPorte County Coroner's Office report
- Exhibit-B: LaPorte County Sheriff's Office report
- Exhibit-C: LaPorte County Emergency Medical Services report
- Exhibit-D: Missing Document form
- Exhibit-E: Contact Information



LaPorte County Coroners Office Field Report

John P. Sullivan, M.D.I., Coroner
 LaPorte County, Indiana



Deceased (FIRST, MIDDLE, LAST)		Date of Death	Time of Death	Case Number
[REDACTED]		5-28-10	0738	[REDACTED]
Address [REDACTED]				
Social Security Number	Age	Sex	Race	[REDACTED]
[REDACTED]	3 months	F	C	[REDACTED]
Location where injury occurred		Date injury occurred	Time injury occurred	Place of injury
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
Injury at Work	Occupational Death	Death on a Farm	Body found by Whom	Time
Yes No <input checked="" type="checkbox"/>	Yes No <input checked="" type="checkbox"/>	Yes No <input checked="" type="checkbox"/>	[REDACTED] - mother	0738
Deceased last Seen (Date, Time)		Location		By Whom
5-27-10 @ 9:30pm		in crib sleeping		mother
Deceased Identified By (Person / Article)		Relationship to Deceased		Phone #
[REDACTED]		mother		[REDACTED]
Photographs Taken at Scene	By Whom	Agency	35 mm	Poloroids
Yes <input checked="" type="checkbox"/> No	Sullivan	Coroner	Yes <input checked="" type="checkbox"/> No	Yes No <input checked="" type="checkbox"/>
Investigating Officer	Law Enforcement Agency		Video Tape	
Marvin McCoy	LaPorte Co. Sheriff		Yes No <input checked="" type="checkbox"/>	
Deceased Removed from Scene By	Agency	Time		
John Sullivan	Coroner	1000		
Deceased under Physician Care	Physician	Address		
Yes No <input checked="" type="checkbox"/>	-	-		
Diagnosis				Pregnant
[REDACTED]				Yes No
Last seen by Physician (Date)	Reason	Relationship		By Whom
@ birth	Birth	mother		on scene @ death
Next of Kin Notified	Relationship	By Whom	Agency	Time
[REDACTED]	mother	[REDACTED]	[REDACTED]	0738
Blood Sample Taken	Urine Sample Taken	By Whom	Date	Time
Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Dr. [REDACTED]	5/28	1330
Autopsy Performed	By Whom	Date	Time	Location
Yes <input checked="" type="checkbox"/> No	Dr. [REDACTED], MD	5/28	1330	[REDACTED]
Photographs at Morgue	By Whom	Date	Time	35 mm
Yes <input checked="" type="checkbox"/> No	[REDACTED], MD	5/28	1330	Yes <input checked="" type="checkbox"/> No
List Persons Present at Autopsy		Poloroids		
Dr. [REDACTED], MD, Pathologist, Chief Deputy Coroner Mark Baker, MD		Yes No <input checked="" type="checkbox"/>		

MANNER OF DEATH:

Natural _____ Accident Homicide _____ Suicide _____ Undetermined _____ Pending Investigation _____

CAUSE OF DEATH:

- A) Positional Asphyxia
- B) _____
- C) _____

Autopsy finding Available Prior to Completion of Report YES NO _____
 Burial/Disposition (Funeral Home, include Address, Phone# if outside LaPorte Co.)
 [REDACTED] Funeral Home [REDACTED]

Clothing and personal Property (Disposition)
With body to autopsy

Coroners Office Notified/By (Agency)
LaPorte Co. 911 Dispatch Center Date 5-28-2010 Time 0759

Time of Arrival 0830 Date of Arrival 5-28-2010 Name John P Sullivan, MD Title County Coroner

LaPorte County Coroners Office
Investigation Summary

Re: [REDACTED] Case #: [REDACTED] Page: 1 of 1

On-call LaPorte Coroner paged to respond to [REDACTED] in [REDACTED] regarding the death of an infant @ that address. Upon arrival I was taken to the home by County Police & EMS units who introduced me to the mother of the infant, Mrs. [REDACTED], who discovered her daughter [REDACTED] dead in her crib, which she shared with twin [REDACTED]. The crib had a thin cotton sheet covering the mattress & a cotton blanket to cover the twins. The original position of the infant was prone with her @ arm sticking through slats of crib. The twins were put to sleep @ 2:30 hr on 5-27-10 on their stomachs by mother who stated they slept better in this position. When [REDACTED] woke up @ 07:38 hrs on 5-28-10 she went to the nursery, which is in an upstairs bedroom to check on the twins & discovered [REDACTED] dead. She called 911 & held the baby until EMS arrived. I interviewed mother, photographed scene & transported baby to Ft Wayne St Joe Pr a forensic autopsy. No gross anatomical findings were discovered, so death was ruled accidental positional asphyxia. Newborn FH chosen by family.

- NO smokers in home.
- Normal birth weight.
- Home & mother from hospital.
- Healthy since birth.

5-29-2010
Date of Report

John P. Sullivan MD
Signature

County Coroner LP Co.
Title

LAPORTE COUNTY SHERIFF'S OFFICE

CASE REPORT

IDI 110915CCCC2952
Exhibit B
Page 1 of 3

REVIEWED BY

[Signature]

ESTIMATE VALUE N/A		White, "Records Copy" - Yellow, "Detective"	
TYPE OF CASE OR OFFENSE DEATH (Natural)		DATE AND TIME OF OFFENSE 05/28/2010 at 0741hrs (Friday)	
WHO NOTIFIED POLICE DEPARTMENT [REDACTED]		PHONE [REDACTED]	
ACCUSED OR SUSPECT N/A	BY WHOM N/A	INSTRUMENT OR FORCE USED possible sudden infant death syndrome	
WITNESS TO OFFENSE N/A	PHONE (N/A) -	WITNESS TO OFFENSE N/A	PHONE (N/A) -
ADDRESS (STREET - CITY - STATE) N/A		ADDRESS (STREET - CITY - STATE) N/A	
VEHICLE INVOLVED N/A	LICENSE NUMBER N/A	STATE N/A	SERIAL OR MOTOR NUMBER N/A
VEHICLE TOWED TO N/A	BY N/A	VEHICLE CAN BE RELEASED WITHOUT FURTHER INVESTIGATION	YES NO AUTHORITY OF N/A
AMBULANCE No	HOSPITAL No	TREATED BY N/A	CONFINED RELEASED D.O.A. CORONER NOTIFIED BY LaPorte Co EMS
PHOTOS TAKEN BY (NAME OF PHOTOGRAPHER) John Sullivan		FROM WHAT AGENCY OR MEDIA LaPorte County Coroner's Office	

LIST COMPLETE DETAILS: (IF ADDITIONAL SPACE NEEDED ATTACH REPORT SUPPLEMENT FORM)

On 05/28/2010 at 0741hrs I was dispatched to [REDACTED] in LaPorte County Indiana. The reason for the call for service was a report of an infant that was not breathing. Due to the nature of the call LaPorte County EMS and Westville Volunteer Fire Department were also dispatched. While en route to the call I was advised that an off duty emergency medical technician (EMT) was now on the scene and confirmed that the infant was indeed deceased.

Upon arriving I met with two EMS officials that were outside the home while a third was inside. I received some initial information from the units and then continued on inside the home. Once inside I met with a female subject that identified herself as [REDACTED]. In speaking with [REDACTED] I learned the following. [REDACTED] was home with her three daughters and two dogs. I learned that the oldest daughter is 18 months old and the youngest are a set of female twins of nearly three months of age [REDACTED]. The deceased child was identified as [REDACTED] one of the twins. Upon my arrival [REDACTED] was in a crib in the twins' room on the home's upper level and the surviving twin, [REDACTED], was with [REDACTED] in the living room. The third child was still asleep in her room which is also upstairs. [REDACTED] husband, [REDACTED] was en route home from his place of employment in Whiting, Indiana.

In speaking with [REDACTED] I learned that the twins are generally put to bed between 2100-2130hrs every night and awoken between 0700-0730hrs. Prior to calling E-911 [REDACTED] went to the twins room to wake them. It was then that [REDACTED] discovered that while [REDACTED] was in a normal position and state [REDACTED] was face down with one arm positioned between the crib's bumper padding and mattress. Upon touching [REDACTED] it was discovered that she was cold to the touch and not breathing. [REDACTED] under the direction of E-911 operators, attempted CPR on [REDACTED] to no avail. Once on scene

REPORT MADE BY: Deputy Marvin McCoy #30		FOR DETECTIVE USE ONLY	
DISPATCH TIME 0741hrs	ARRIVAL TIME 0750hrs	CASE ASSIGNED TO: <i>[Signature]</i>	CLOSED <input checked="" type="checkbox"/>
INDEXED BY	DATE 6-1-10	ARREST MADE <input type="checkbox"/>	INACTIVE <input type="checkbox"/> 6-1-10
NAME (VICTIM OR BUSINESS) [REDACTED]	AGE N/A	BY <i>[Signature]</i>	DATE 6-1-10
PHONE NUMBER [REDACTED]	TYPE OF CASE OR OFFENSE DEATH (Natural)	DATE OF REPORT 05/28/2010	TIME OF REPORT 1400 P.M.
[REDACTED]		Case Number	File
[REDACTED]		Initials MM	

(CHECK ONE)

ARREST REPORT

CASE REPORT

LAPORTE COUNTY SHERIFF'S DEPARTMENT
REPORT SUPPLEMENT

IDI 110915CCC2952
Exhibit B
Page 2 of 3

STAPLE
HERE

REVIEWED BY

LIST ADDITIONAL DETAILS:

EMS officials called for a member of the coroner's office to respond. Later, LaPorte County Coroner John Sullivan arrived at the home. I accompanied Sullivan to the room of the deceased to conduct a brief investigation. Sullivan and I observed that the crib in question contained ONLY a bath towel and was clear of ANY additional toys, bedding, etc. It was also observed that the twin's room, as well as the entire home, was in excellent repair. Lastly, Sullivan and I observed NO signs of abuse or neglect about the late

Upon the authority of Coroner John Sullivan I left the home after offering my condolences. Sullivan advised that although a complete examination will be conducted at a local hospital, initial evidence suggests that the cause of death is positional asphyxiation. It was believed that with one arm found between the bumper padding and mattress that [REDACTED] may have simply been in a position that she couldn't get out of. Sullivan advised that should this change he will continue his investigation accordingly. status closed

REPORT MADE BY: Deputy Marvin McCoy #30

NAME (VICTIM OR BUSINESS)		DATE OF SUPPLEMENT	TIME OF SUPPLEMENT
[REDACTED]		05/28/2010	1400hrs
ADDRESS (STREET - CITY - STATE)		CASE NUMBER	FILE
[REDACTED]		[REDACTED]	Initials
PHONE NUMBER	TYPE OF CASE OR OFFENSE		
[REDACTED]	DEATH (Natural)		MM

LCPD FORM X-1

LAPORTE COUNTY SHERIFF'S OFFICE
REPORT SUPPLEMENT

IDI 110915CCC2952
Exhibit B
Page 3 of 3

STAPLE
HERE

(CHECK ONE)

ARREST REPORT

CASE REPORT

REVIEWED BY

[Handwritten initials]

LIST ADDITIONAL DETAILS:

On Tuesday, June 1, 2010 I received a copy of the Emergency Medical Services Care Report for this investigation. I also spoke with LaPorte County Coroner John Sullivan regarding this case. Coroner Sullivan advised that an autopsy had been performed on [REDACTED] and found that [REDACTED] had suffered from accidental asphyxia. It's believed that [REDACTED]'s face was pressed against one of the soft bed bumpers that surround the crib. It's believed that [REDACTED] accidentally suffocated herself while in the crib.

The results of the autopsy revealed no signs of trauma, foul play or any other evidence that would indicate [REDACTED] died of any thing other than accidental. There were no injuries of any type discovered during this examination either. The autopsy was performed in Fort Wayne, Indiana. Coroner Sullivan advised that a copy of the Coroners Report as well as a copy of the Autopsy Report would be forwarded to this Detective upon it's completion, so to be added to this case.

status: closed by investigation

REPORT MADE BY: Detective Mark W. Lachmund

[REDACTED]		DATE OF SUPPLEMENT	TIME OF SUPPLEMENT
ADDRESS (STREET, CITY, STATE)		REFER TO REPORT NUMBER	FILE
PHONE NUMBER	TYPE OF CASE OR OFFENSE		
[REDACTED]	Death Investigation / Accidental	[REDACTED]	initials

Service No [REDACTED]
 Inci# [REDACTED] Pt# [REDACTED]
 Medical Records # N/A

OUT OF HOSPITAL CARE REPORT
 LaPorte County Emergency Medical Services

Unit No. M6
 Alarm Date 05/28/2010

Incident No [REDACTED]	Onset Date / /	Onset Time	Location Type
Scene Address [REDACTED]		911 Used E911	Home/Residence
		Station 3 Shift A	Response Code to Scene
			Emergency
			Highest Experience Level at Scene
			EMT-PARAMEDIC
			Lights & Siren to Scene?
			Lights & Siren

IDI 110915CCC2952
 Exhibit C
 Page 1 of 2

Patient # [REDACTED] Name [REDACTED]	Times	Response Analysis
Address [REDACTED]	Dispatch Notified 07:38:00	Dispatch 00:00:00
City [REDACTED] Rm [REDACTED] Phone [REDACTED]	Unit Notified 07:38:00	En Route 00:02:00
State [REDACTED] Zip [REDACTED]	Unit Enroute 07:40:00	To Scene 00:10:00
Race White Gender F DOB [REDACTED] Age yrs 2 mos	Arrived Scene 07:50:00	To Pt/Vict 00:00:00
SSN [REDACTED] Primary Physician [REDACTED]	Arrived Pt/Vict 07:50:00	On Scene 00:34:00
Dispatched For INFANT NOT BREATHING, COLD & STIFF	Enroute to Dest 08:24:00	Transport
Type of Service Scene	Arrived Dest	Tot Resp Time 00:46:00
Chief Complaint DEAD AT SCENE	Cleared 08:24:00	Out of Srv 00:46:00
Provider Impression Other	Back in Service 08:24:00	ALS Response
Tx Authorization Protocol (Standing Orders)	ALS Arrival	Total Miles 21.00
Injury Sustained? N/A		Loaded Miles
Injury Intent Unknown		
Mechanism of Injury None		
Human Factors Affecting Care 5 Not Applicable		

<u>Patient Prior Medical History</u>	<u>Factors Affecting EMS Care</u>	<u>Prior EMS Care Given</u>	<u>Safety Equip Worn by Patient</u>
None	Not Applicable	Not Applicable	None

Injury/Illness Detail

Type	Area	Severity	Primary Symptom	Job Rel?
------	------	----------	-----------------	----------

Basic Vitals

Time	LOC	Airway	Resp Rythm-Effort/Qty	Pulse Rythm/Quality	Skin	Cap Refill	Bleeding	Pupils-L/R	Posture
07:50:00	N	Not Assessed	Absen-Absent	Absen-Absent	Decrease	N/A	Not Assess	N/A / N/A	Supine

Secondary Vitals

Time	Pulse	Resp	Temp	BP	SpO2	Skin Appearance	Eye/Mtr/Vrbl	GCS	RTS	Cardiac
07:50:00	0	0	N/A	N/A	N/A	Dry	1 1 1	3	99	Not Applicable

* Denotes Blood Pressure Reading by Palpation or Doppler

Procedures Performed

Time	Procedure	Notes	Staff Id	Atpts
------	-----------	-------	----------	-------

Exposure Precautions Taken

Staff Member	Precaution Type
[REDACTED]	Gloves
[REDACTED]	Gloves
[REDACTED]	Gloves

Medications Administered

Time	Medication	Staff Id	Dosage
------	------------	----------	--------

Disposition

Transported to	Dest Determined by Other
Mode of Transport None	Diverted To
Agency Tiered With	Patient Disposition Dead at Scene
Lights/Siren from Scene? No Lights or Siren	Pulse on Transfer Not Applicable

Patient Narrative

DISPATCHED FOR AN INFANT NOT BREATHING, STIFF & COLD. U/A MET BY EMT DAWN DAILY, WHO ARRIVED ON SCENE PRIOR TO OUR ARRIVAL, WHO HAD CONFIRMED THE INFANT WAS DECEASED WHEN SHE ARRIVED. PT IS LYING SUPINE, IS MOTTLED, COLD TO THE TOUCH, RIGOR MORTIS HAD BEGAN TO SET IN. PT'S MOTHER TOLD US THAT WHEN SHE WENT IN THE ROOM TO WAKE HER TWINS UP SHE HAD FOUND HER DEAD WHEN SHE PICKED THE INFANT UP. PT HAS NO PRIOR MEDICAL HX. MOTHER TOLD US THAT SHE WAS UP TO DATE ON HER SHOTS. MOTHER ALSO TOLD US THAT SHE HAS NOTICED THAT THE INFANT HAS BEEN MOVING AROUND MORE THAN HER TWIN, WHO ALSO SLEEPS IN THE SAME CRIB, & HAS FOUND HER BEFORE WITH HER ARMS HANGING OUT OF THE CRIB FROM BETWEEN THE RAILS. MOTHER

Service No [REDACTED]

OUT OF HOSPITAL CARE REPORT

Unit No. M5

Inci# [REDACTED]

Pt# [REDACTED]

LaPorte County Emergency Medical Services

Alarm Date 05/28/2010

Medical Records #

Patient Narrative

TOLD DAWN THAT SHE HAD ATTEMPTED CPR BUT KNEW THE CHILD WAS DEAD & PUT HER BACK INTO THE CRIB. CORONER'S OFFICE CONTACTED. PT CARE TURNED OVER TO CORONER JOHN SULLIVAN UPON HIS ARRIVAL ON SCENE.
05/28/2010 12:15:12 Mark Coulter

Member Making Report

IDI 110915CCC2952
Exhibit C
Page 2 of 2

Electronic Signature

Mark A Coulter

05/28/2010

Task No. 110915CCC2952

Date: 10-26-2011

STATUS OF MISSING DOCUMENT (S)

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

1. Photographs - LaPorte County Coroner's Office
2. _____
3. _____
4. _____
5. _____

Date: 10-26-2011 **Investigator No:** 9101

Regional office: CFIE 810 **Supervisor No:** 9071

PERSONS CONTACTED BY THIS INVESTIGATOR

Coroner: John Sullivan
La Porte County Coroner's Office



Telephone Number: [REDACTED]
Initial Contact: September 22, 2011

Sheriff: [REDACTED] Records Clerk
Capt. John Boyd, Chief of Detectives
La Porte County Sheriff's Office
809 State Street
La Porte, IN 46350

Telephone Number: [REDACTED]
Initial Contact: October 11, 2011