

This abbreviated investigation was initiated as a result of a death certificate report. The report stated an infant girl died as a result of being wedged in between a mattress and a crib. Information contained within this report was obtained from a telephone conversation with the county coroner and from the official report. The coroner advised that there was no autopsy conducted in this case. Efforts to talk to a family member were unsuccessful.

The victim in this incident was a two month old female. There was no other information available concerning the victim.

According to the official report (Attachment 1), the incident occurred on May 6, 2009. The victim was found unresponsive wedged between her baby bed and the baby bumper on the bed. There is a slight discrepancy concerning where the victim was found. The death certificate indicates the victim was wedged between the mattress and crib and does not note a bumper pad was involved.

The victim was rushed to the local emergency room where her circulation reportedly returned. A short time later, the victim was transferred to a larger hospital. She was treated at this hospital on life support until May 22, 2009. On May 22, 2009, her family decided to remove the victim from life support. She was pronounced dead shortly after she was removed from life support.

The medical examiner's report related that the cause of death was determined to be cerebral edema from asphyxia and the manner of death was ruled accidental. The death certificate shows the cause of death as cardiorespiratory failure due to severe brain injury from asphyxiation.

The coroner related that there was no investigation conducted because of the length of time from when the incident occurred until the victim's death. Therefore, there was no official investigation report or photographs taken of the scene or of the products involved by any agency.

Note – there was a discrepancy concerning the victim's race between the official medical examiner's report and the source document of the death certificate. The victim's race shown on the medical examiner's report was used on the form 182.

PRODUCT IDENTIFICATION:

There was no identification of the crib, mattress or the baby bumper pad.

ATTACHMENTS:

Attachment 1 – Georgia Bureau of Investigation Official Report
Attachment 2 – Identification of Contacts
Attachment 3 – Infant Suffocation Data Record Sheet

Official Report

AUTHORIZED COPY



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters
DOFS Case #: [REDACTED]
Report Date: 05/26/2009

George Herrin, Jr., Ph.D. * NAME Accredited *
Deputy Director



Requested Service: Consultation
Agency: Muscogee Co. Coroner
Agency Ref#:
Requested by: Pamela Smith

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ATTACHMENT 1
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Case Individuals:
Victim (Juv.) [REDACTED]

Evidence:
001 DECEDENT

Results and Conclusions:
Evidence Submission: 001
This case has been reviewed by the medical examiner.

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and fire debris extracts will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

Technical notes and data supporting the conclusions and findings in this report are maintained within the laboratory case records.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.

[REDACTED]

[REDACTED]
Chief Medical Examiner
[REDACTED]

Related Agencies:
GBI-Medical Examiner-HQ DOFS
Child Abuse Protocol Committee-Muscogee Co.
Child Fatality Review Board

ACN [REDACTED]

End of Official Report

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GBI - Open Records

CASE [REDACTED]

STATE OF GEORGIA

GEORGIA BUREAU OF INVESTIGATION

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RECORD OF MEDICAL EXAMINER

CITY COLUMBUS		COUNTY MUSCOGEE			
NAME OF DECEASED [REDACTED]					
RESIDENCE OF DECEASED [REDACTED]					
AGE/DOB 2 MONTHS [REDACTED]		SEX F	RACE B		
MANNER OF DEATH	NATURAL	HOMICIDE	SUICIDE	ACCIDENTAL	UNDETERMINED
CAUSE OF DEATH			SIGNOUT		

PRONOUNCED DATE: 5/22/2009	HOUR: 11:26	PLACE: CHILDREN'S HEALTHCARE OF ATLANTA AT EGLESTON	
NOTIFIED BY PAM SMITH	DATE 5/22/2009	HOUR 13:17	
BODY IDENTIFIED BY FAMILY	PHOTOGRAPHS BY		
INVEST. OFFICER PAMELA SMITH			
EMPLOYED BY MUSCOGEE CO. CORONER - (#)			
CASE AGENCIES: Muscogee Co. Coroner Child Abuse Protocol Committee-Muscogee Co. Child Fatality Review Board GBI-Medical Examiner-HQ DOFS [REDACTED]			
OTHER AGENCY Child Review Committee			
DATE IN	TIME IN		
ME INV.: ELIZABETH ANDREWS	FUNERAL HOME		
PROC: CONSULTATION	DATE:	TIME:	BY: [REDACTED] MD

DATE _____

SIGNED _____

MEDICAL EXAMINER

ON 5/22/2009 AT 1317, PAM SMITH OF MUSCOGEE COUNTY CORONER'S OFFICE NOTIFIED THIS INVESTIGATOR OF THE DEATH OF A 12 WO BF.

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GBI - Open Records

REPORTEDLY, ON 5/6/2009, THE DECEDENT WAS FOUND WEDGED BETWEEN HER BABY BED AND THE BABY BUMPER OF THE BED. THE CHILD WAS TRANSPORTED TO THE LOCAL EMERGENCY ROOM, WHERE HER CIRCULATION REPORTEDLY RETURNED. SHE WAS THEN LIFE-FLIGHTED TO CHILDREN'S HEALTHCARE OF ATLANTA WHERE SHE WAS ADMITTED WITH DIFFUSED HYPOXIC INJURY OF THE BRAIN. THE DECEDENT HAD BEEN ON LIFE SUPPORT SINCE THE INCIDENT. MS. SMITH ADVISED THAT THE FAMILY DECIDED TO REMOVE THE DECEDENT FROM LIFE SUPPORT ON 5/22/2009. THE DECEDENT WAS PRONOUNCED AT 1126 ON 5/22/2009 BY DR. [REDACTED] AT EGGLESTON HOSPITAL.

THIS INVESTIGATOR SPOKE WITH DR. [REDACTED] WHO ADVISED THAT THE CHOA CHILD ABUSE ADVOCACY TEAM WAS INVOLVED IN THIS CASE. THE ADVOCACY TEAM REPORTEDLY DETERMINED THAT THE PATTERN OF INJURY ON THE CHILD'S HEAD WAS CONSISTENT WITH AN ACCIDENTAL DEATH. THE CHILD ABUSE ADVOCACY TEAM FOUND NO REASON TO SUSPECT FOUL PLAY IN THIS CASE. DR. [REDACTED] ADVISED THAT THERE WERE NO RETINAL HEMORRHAGES NOTED. DR. [REDACTED] ADVISED THAT SHE WILL SIGN THE DEATH CERTIFICATE AS: ACCIDENTAL WITH "CEREBRAL EDEMA FROM ASPHYXIA" AS THE CAUSE OF DEATH.

THIS INVESTIGATOR CONSULTED WITH DR. [REDACTED] AND DR. [REDACTED] WHO ADVISED THAT AN AUTOPSY BY THIS OFFICE IS NOT NECESSARY.

ELIZABETH ANDREWS

The factual correctness of this investigative report may change contingent upon the receipt of additional investigative information or the findings of the medical examiner.

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IDENTIFICATION OF CONTACTS

1. Columbus Police Department, 510 10th Street, Columbus, GA 31901 – (706) 653-3205 – contacted by telephone – no record.
2. Georgia Bureau of Investigation, 3121 Panthersville Road, Decatur, GA 30034 – contacted by email.
3. Muscogee County Coroner's Office, Columbus, GA 31902 – Coroner Bill Thrower – [REDACTED] – contacted by telephone.

DATA RECORD SHEET

IDI 120302CCC2408
DATE WITNESSED _____
INTERVIEWED 4/12/2012

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 5/22/2009 time 1125

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?

in crib prior to 5/6/2009 incident

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).
Victim died 16 days after the incident.

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 5/6/2009 time unknown

11. Were there any resuscitation attempts?

No _____ Don't Know _____
Yes Refused _____

If yes, by whom?

local emergency room

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.
unknown
-
-
-

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.).

Scene of incident was never examined by coroner or law enforcement official.

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

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

Any recommendations or warnings listed on label _____

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

III. Description of the Infant

31. Birth Weight (lbs./oz.)

32. Was the infant breast-fed?

No _____ Don't Know _____
Yes _____ Refused _____

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

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

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

No _____ Don't Know ✓
Yes _____ Refused _____

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

No _____ Don't Know ✓
Yes _____ Refused _____

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

No _____ Don't Know ✓
Yes _____ Refused _____

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

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

None ever given _____ Don't Know ✓
Refused _____

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

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

No _____ Don't Know ✓
Yes _____ Refused _____

If yes, describe

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

No _____ Don't Know ✓
Yes _____ Refused _____

If yes, specify

IV. Maternal History

43. Mother's Age unknown
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 unknown
- Total number of pipes smoked in home or other location per day unknown
- Total number of cigars smoked in home or other location per day unknown
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 _____
natural gas _____
LP gas (propane) _____
don't know _____ ✓
refused _____
none _____
other (specify) _____

fuel oil _____
kerosene _____
wood/coal _____