

1. Task Number 120710CWE2037		2. Investigator's ID 2259		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 04 23	5. Date Initiated YR MO DAY 2012 07 10		
6. Synopsis of Accident or Complaint UPC A seven-month-old male was placed in a reclining infant sleeper with the cover and the harness missing. The reclining sleeper was also placed inside a full size crib with a bumper pad. The last time the victim was seen alive was approximately 4:00 a.m. At approximately 6:15 a.m. the victim's mother came in and found the victim unresponsive. The victim was in a prone position with his head entrapped between the top wall of the reclining sleeper and the crib wall and/or the top of the bumper pad. Cause of death listed as SIDS. Addendum added 11/15/2012.				
MFR/PRVLBR NOTIFIED				<i>Form is out of business</i>
COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>§ 28c, 7(d) per 2/13/13</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 1 - HOME		8. City AMERICAN FORK		9. State UT
10A. First Product 689 - BLANKETS, NOT SPECIFIC		10B. Trade/Brand Name [REDACTED]		10C. Model Number [REDACTED]
10D. Manufacturer Name and Address [REDACTED]				
11A. Second Product 1543 - CRIBS		11B. Trade/Brand Name UNKNOWN		11C. Model Number UNKNOWN
11D. Manufacturer Name and Address UNKNOWN				
12A. Hispanic or Latino 1 - Yes	12B. Race 1 - White Other:		12C. Race Source 1 - Respondent-Self/Fa	
13. Age of Victim 207	14. Sex 1 - Male	15. Disposition 8 - Death		16. Injury Diagnosis 71 - Other/NS/No inj
17. Body Part(s) Involved 87 - N.S./UNK	18. Respondent 1 - Victim/Complainant	19. Type of Investigation 1 - On-Site		20. Time Spent (Operational / Travel) 25.00 / 4.00
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 12 - MECAP		23. Sample Collection Number 12-840-8714
24. Permission to Disclose Name (Non NEISS Cases Only) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input checked="" type="radio"/> Written				
25. Review Date 07/23/2012	26. Reviewed By 9067		27. Regional Office Director Frank J. Nava	
28. Distribution Theresa D Nelson			29. Source Document Number 11270178A	

This case was initiated through a MECAP report indicating a victim was found deceased in a crib next to an infant sleeping cushion. Information for this report was obtained from a review of police and medical examiner reports, an interview at the victim's pharmacy and an on-site interview with the victim's mother which was completed on July 11, 2012.

The victim in this incident was a 7 months and 21 days old male infant who was approximately 2' 2" long and weighed approximately 15 pounds. The victim was born 6 weeks premature via an emergency C-section. At birth he was placed in a Neonatal Intensive Care Unit (NICU) due to an unspecified blood infection. While in the NICU at approximately one week of age, the victim suffered a collapsed lung and was placed on a ventilator. These issues were treated and the victim was released from the NICU to home on what would have been his birth date at full term.

The victim was the mother's third child. All of the siblings were single births and all were premature with NICU stays after birth.

While in the NICU, the victim had been diagnosed with gastro-esophageal reflux. NICU staff recommended to the victim's mother that a sleeping device be obtained for the victim that would allow him to sleep at an incline but no specific brand was recommended. The victim was also diagnosed with Torticollis but it is unknown if this is congenital or reactionary to head positioning on the part of the victim in an attempt to relieve the reflux symptoms.

After coming home from the hospital the victim developed RSV. This was treated and the victim was placed on a regimen of Synagis injections every 28 days as a precautionary measure to prevent recurrence. The victim had been considered healthy by family and physician for the prior several weeks leading up to the incident with the exception of the reflux. The victim was taking a prescription medication, [REDACTED] for treatment of the reflux. He was taking 12mg / day once daily. His last dose was approximately 12 hours before this incident.

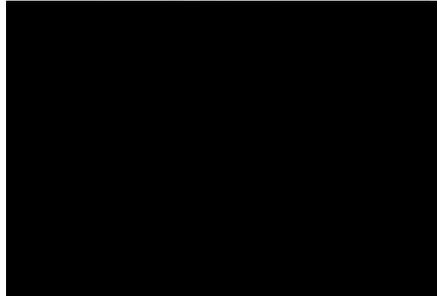
The victim's physical and mental developments were in line with normal standards. He had just begun to sit up within approximately a week of the incident but had not yet begun crawling. He was rolling over.

The victim had suffered no previous accidental injuries.

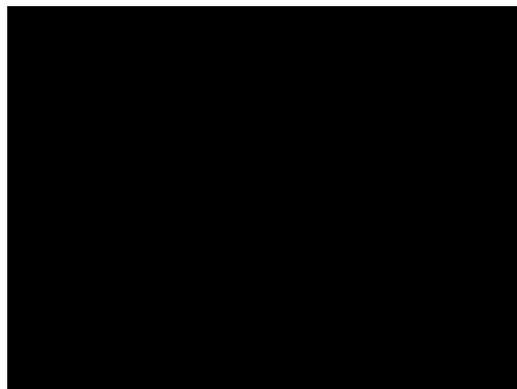
This incident occurred at the victim's home which is a split level single family residence built in 1997. There is a total of approximately 2200 Sq ft. The incident occurred in the victim's 10' X 10' bedroom which is on the upper level of the home and faces to the south. Outside temperatures at the time of the incident were in the low 40°F range and the home was closed up with central heat operating.

There are five occupants in the home: the victim, his mother and father, and two older male siblings who are 4 and 3 years old. The victim was the only one to use the bedroom where the incident occurred.

The product involved in this incident is a foam sleeping cushion designed to allow babies to sleep in a reclined position. (Stock Advertising Photo Below)



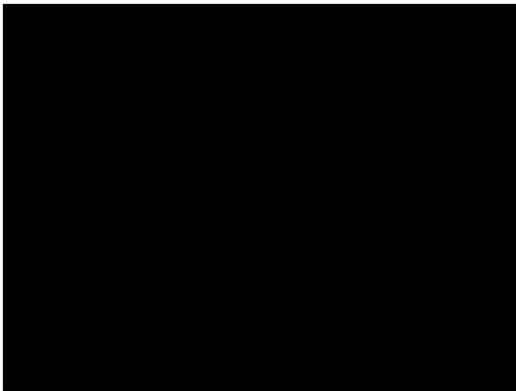
The product consist of three primary components: A foam cushion body, a fabric slip cover with zipper closure, and a harness piece which attaches to the cover with a hook and loop fastener. The cushion is manufactured from multiple pieces of foam which are joined together in such a way as to almost give the appearance of a single carved out rectangular piece of foam. The portion designed for the baby to sleep on is a sloped channel running the length of the foam on the top surface as if carved down into the block from the top. It is designed for the baby to sleep on their back with their buttocks in the lowest portion of the channel and their legs and torso sloped upward from there toward each end of the cushion. The longest sides of the foam structure provide side walls to maintain the baby laterally in the sleeping area. (Photo Below)



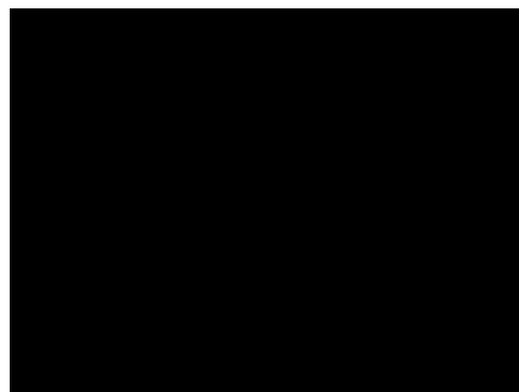
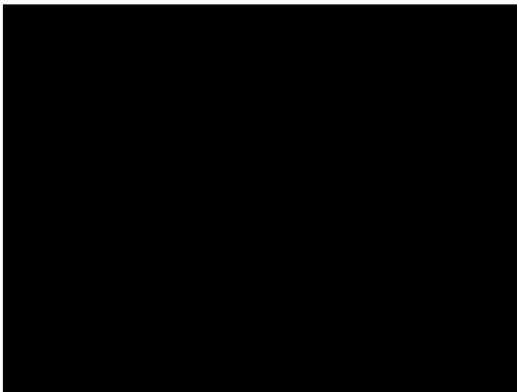
The base is rectangular and measures approximately 37" X 16 1/2." The tallest portion is approximately 10" tall. (Photos Below)



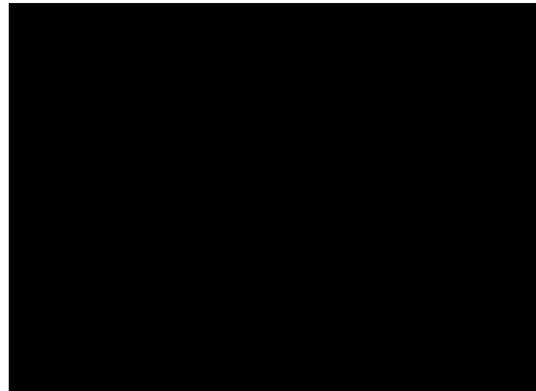
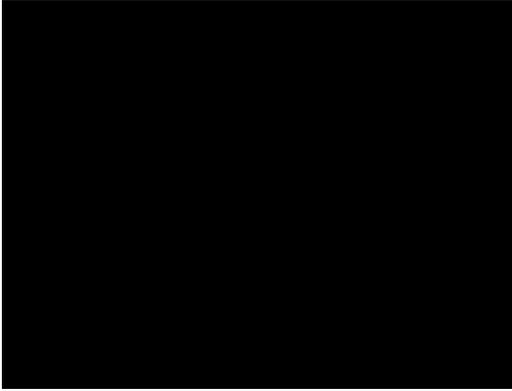
At the lowest portion where the buttocks rest, the sleeping surface is approximately 6 1/2" wide and the side walls rise up approximately 4 3/4" (Photos Below)



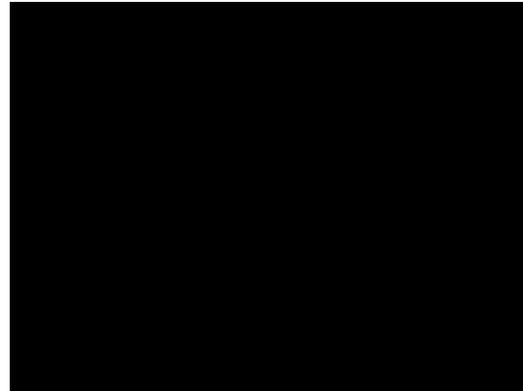
From this low point the face of the sleeping surface designed for the torso and head of the baby slopes upward for approximately 17" at approximately a 30° slope. It also widens as it rises with the width between the side walls increasing from 6 1/2" at the low point to 12 3/4" at the top and the side wall height decreasing to just 1 1/4" (Photos Below)



The face of the sleeping surface designed for the legs and feet slopes up the other direction for a distance of approximately 8 ½” at an approximate 40° angle and widens out to approximately 10 ¼” with a 1 ½” sidewall. (Photos Below)

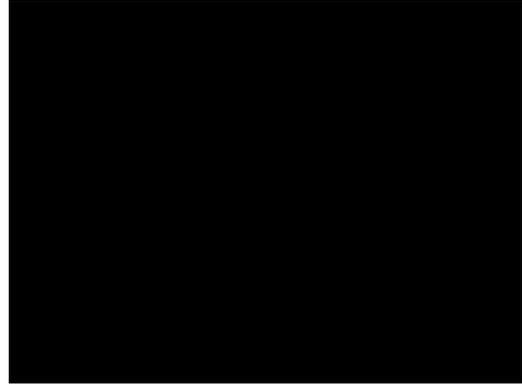
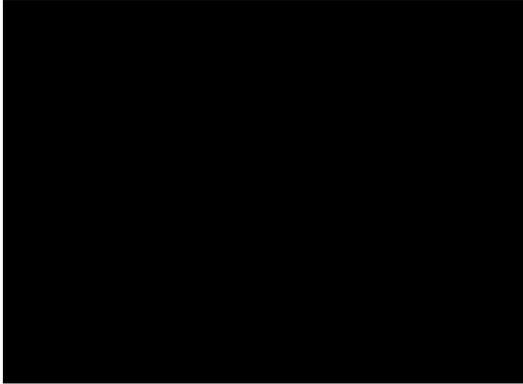


There are three nylon straps with male buckle ends that are attached to the bottom of the foam block with a piece of flat rigid plastic. These straps pass through openings in the foam block and terminate in the sleeping area of the cushion. (Photos Below)

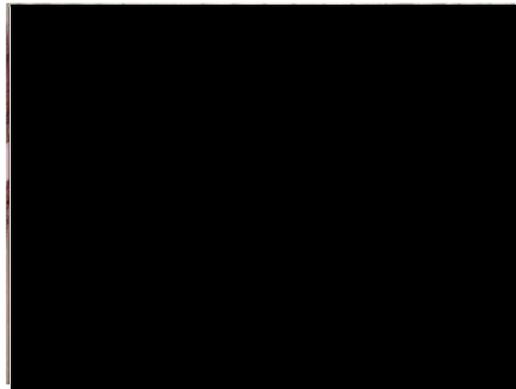
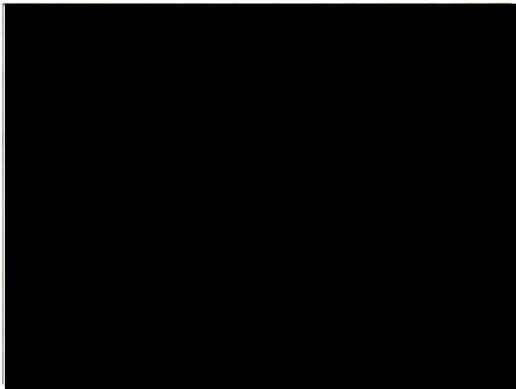


NOTE: The cover and harness shown in any photographs inside this report is one this investigator examined for research purposes for this investigation to determine normal function of this product. **IT IS NOT THE INVOLVED COVER AND HARNESS** and this investigator has no way to determine if the cover of the incident product had the same warning labeling as the one examined. The victim’s mother in this incident has not been able to find the cover or the harness for the involved cushion since the day of the incident.

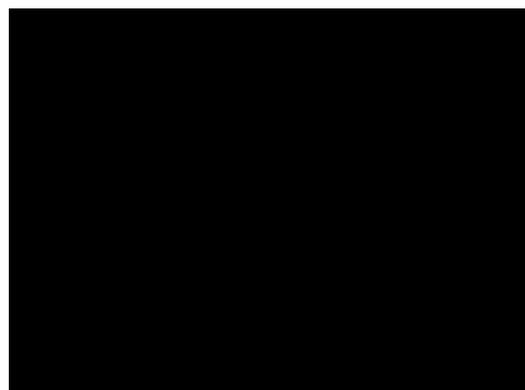
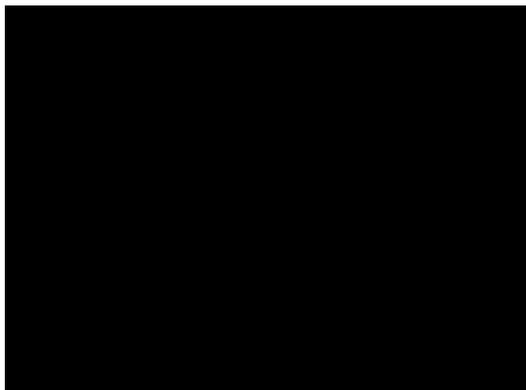
The cover is a multi-panel fabric cover with a zip closure that roughly conforms to the shape of the cushion. The one examined had face panels made of a microfiber fabric typically referred to as Minky. The bottom panel which rest on the floor appeared to be a light weight canvas material. The face has openings for the buckles which are attached to the cushion to pass through for use when the cover is on the cushion. (Photos Below)



The harness is three female buckle ends brought together in a T shape and covered with the Minky fabric. It attaches to the cover with a hook and loop fastener. (Photos Below)



The buckle ends in the harness receive the strap buckles attached to the cushion to facilitate the use of harness. The harness can be used with the cover on or off of the cushion. (Photos Below)



The manual which came with the involved product lists the following warnings along with others:

- Always use on floor
- Never use in a crib
- Always secure buckles and harness
- Never use with clothing or blankets that interfere with the use of the harness. Harness must always be snug against your child
- Never use with infant under 8 pounds
- When infant can sit up, do not use for sleep

This sleep cushion was purchased new on October 11, 2012 in response to the NICU Dr. recommendation that the victim sleep inclined. This was the day the victim was released from the hospital. It was used as the victim's sleeping surface from that time on.

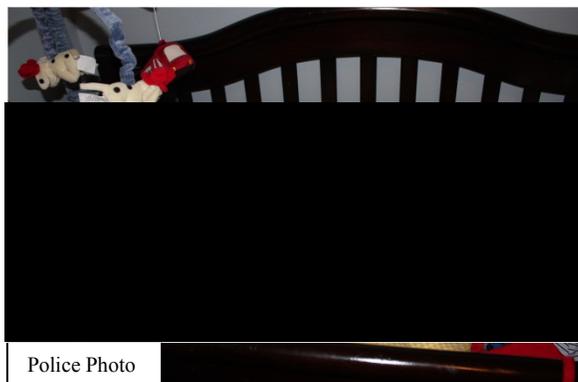
At first, the cushion was used inside a bassinet. The mother advised the cushion did fit snugly inside the bassinet and they never had any issues with the victim sleeping in there.

The cushion was moved from the bassinet to the involved crib approximately 1-2 weeks before the incident. The crib was a fixed side wooden crib. The crib mattress fit snugly in the crib with no gaps on the sides or ends and was covered with a single fitted sheet and a blanket. There was a fabric bumper pad installed around all sides of the crib. The cushion was set inside with one long side of the cushion pushed snugly up against one long side of the crib. The mother's thought on this positioning was the victim could not roll out of the cushion to one side because of the crib rail and if he rolled out of the other there was plenty of room for him to not be entrapped in anything. There were several items of clean clothing kept in the end of the crib opposite the involved cushion. (Photos below)



The mother stated she typically had the cover on the cushion and followed the direction to buckle the harness securely. She stated she was aware of the warning to do so because it was printed on the cushion's cover and she had read it there. She indicated she had not read the owner's guide and was not aware of the additional warnings listed above.

In the period of a week or so leading up to the incident the mother had begun not fastening the harness at times. She indicated that this was due to the victim's torticollis, other increased contortions in his sleep and a developing tendency for him to become turned and twisted in the harness and straps. Additionally, within 1-2 days before the incident the victim had a soiled diaper while in the cushion which leaked out onto the cushion cover creating a substantial mess. The mother removed the cushion to launder it and placed a blanket and then a small baby towel into the sleeping surface groove to act as a pad. The harness was not replaced. That is the way the bed and cushion were made up the evening of the incident. (Photo Below)



The evening of the incident the victim was dressed in elastic waistband pull on pants and a button up shirt with the top two buttons undone. The victim initially fell asleep in the parent's bed approximately 11:30 the prior evening. The mother moved the victim to the sleep cushion approximately 1:00 AM after bottle feeding the victim approximately 4 oz. of formula. The mother insists she ensured the cushion was flush against the crib side rail. The mother then went to sleep herself. She woke up approximately 3:00 AM when the victim awoke to be fed. She breast fed the victim and placed him back in the cushion with a pacifier in his mouth approximately 4:00 AM and she then returned to bed again. The father's work alarm sounded at 6:00 AM and this stirred the mother. She at some point after having her sleep disturbed by the alarm got up and went to check on the victim. The 911 call came in at 6:27 AM.

The mother entered the victim's bedroom and found the cushion pushed away from the crib rail and the victim face down between the cushion and the crib rail.

There are discrepancies in the descriptions of how the victim was found. The police detective's report states: "lying face down in the crib." The coroner's investigative report states: "facedown with his head and feet in the opposite direction when placed for sleep and between the [redacted] and the crib side..." While re-creating the incident the mother was visible [redacted] and said she couldn't remember which way the victim's feet and head were facing but she was consistently confident that the victim's face was downward and that it had not fallen all the way to the crib mattress surface. She said his head was up at the level of being near the top of the cushion, the crib rail, and/or the bumper pad. She had no memory of being even remotely aware of the bumper pad itself at the time of the incident. She could not say if the victim's face was into or away from

the bumper or the cushion either one or pointing straight down. She also could not say with confidence if the torso was over the side wall of the cushion or if it was in the gap between the two pieces. She said she was more inclined to say the victim's torso was still over the cushion but she did not want to say with 100% confidence. The three photos below show the positions she selected for re-creating the way she found the victim. The one on the left shows the legs and head reversed from the original sleeping direction the victim was placed in. The other two show the victim still oriented in the original sleeping position. She emphasized the torso and legs don't seem accurate in any pose. (Photos Below)



The mother said she immediately felt the victim was lifeless. She picked him up out of the crib, sat down with him in a chair in the room and completed one CPR breath into his mouth before carrying him into the master bedroom where her husband began CPR and they called 911. EMS arrived and the victim was transported to a nearby hospital. The victim was declared dead at 7:01 AM.

An autopsy was conducted on the victim. The autopsy report states:

“Summary and Comments: “found face down in bed, with his face into his bedding, suggesting possible asphyxia as a cause of death, but this is not conclusive. He had been placed ...in a ...inclined sleep device and was found next to it in his crib. It's role in his death is unknown.”

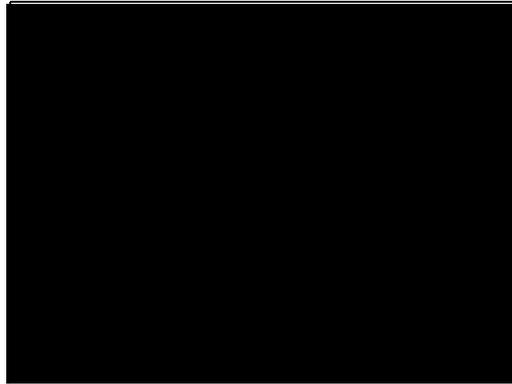
“Manner of Death: Could not be determined”

“Cause of Death: Sudden unexplained infant death”

This investigator conducted an on-site investigation and gathered photos (Exhibit #1) and sampled the involved cushion without the cover or harness (Exhibit #2). The original user's guide (Exhibit #3) was in the packaging collected as part of the sample as well. The non-involved cushion that was examined had additional labeling with its packaging that the involved sample did not have. These label panels were photographed. (Exhibit #1, Photo 26) A medical records disclosure form was obtained (Exhibit #4) and was used to obtain the information regarding the victim's gastro-esophageal medication from their pharmacy.

Additionally, police photos and reports (Exhibits #5&6) and medical examiner reports (exhibit #7) were obtained.

No measurements were obtained at the time of the initial police investigation. Using open source digital imaging software on a police photograph this investigator made the best estimate he could to determine the distance of the gap between the side of the cushion and the crib rail at the time of the incident assuming the cushion was not moved prior to police photos being taken. This estimate would be 5-5 ½". (Photo Below) (Exhibit #8)

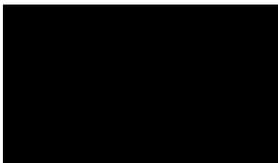


PRODUCT IDENTIFICATION:

1st Product:

The first product involved in this incident is [REDACTED] infant recliner.

Manufacturer:



Retailer:

Babies R Us
106 E. University Parkway
Orem, UT 84058
801-802-8200

The product was purchased new October 11, 2011 for approximately \$130.00.

The product consist of three primary components: A foam cushion body, a fabric slip cover with zipper closure, and a harness piece which attaches to the cover with a hook and loop fastener. The cushion is manufactured from multiple pieces of foam which are joined together in such a way as to almost give the appearance of a single carved out rectangular piece of foam. The portion designed for the baby to sleep on is a sloped channel running the length of the foam on the top surface as if carved down into the block from the top. It is designed for the baby to sleep on their back with their buttocks in the lowest portion of the channel and their legs and torso sloped upward from there toward each end of the cushion. The longest sides of the foam structure provide side walls to maintain the baby laterally in the sleeping area.

The base is rectangular and measures approximately 37" X 16 ½." The tallest portion is approximately 10" tall. At the lowest portion where the buttocks rest, the sleeping surface is approximately 6 ½" wide and the side walls rise up approximately 4 ¾" From this low point the face of the sleeping surface designed for the torso and head of the baby slopes upward for approximately 17" at approximately a 30° slope. It also widens as it rises with the width between the side walls increasing from 6 ½" at the low point to 12 ¾" at the top and the side wall height decreasing to just 1 ¼". The face of the sleeping surface designed for the legs and feet slopes up the other direction for a distance of approximately 8 ½" at an approximate 40° angle and widens out to approximately 10 ¼" with a 1 ½" sidewall.

There are three nylon straps with male buckle ends attached to the bottom of the foam block with a piece of flat rigid plastic. These straps pass through openings in the foam block and terminate in the sleeping area of the cushion.

The cover is a multi-panel fabric cover with a zip closure that roughly conforms to the shape of the cushion. The face has openings for the buckles which are attached to the cushion to pass through for use when the cover is on the cushion.

The harness is three female buckle ends brought together in a T shape and covered with fabric. It attaches to the cover with a hook and loop fastener.

The buckle ends in the harness receive the strap buckles attached to the cushion to facilitate the use of harness. The harness can be used with the cover on or off of the cushion.

The only discernible labeling on the cushion was what appeared to be a date code: 08032011.

2nd Product:

The second product involved in this incident is an unknown manufacturer fixed side wooden crib.

Manufacturer:

Unknown

Retailer:

Babies R Us
1122 E. Fort Union Boulevard
Midvale
(801) 352-1086

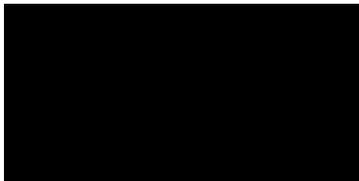
This crib is a fixed side wooden crib finished in a dark wood natural finish. It was purchased new approximately 3 ½ years prior to the incident for a previous child. It had been put away and brought back out after the victim was born.

There was no labeling or marks of identification on the crib except for a single warning label: “Infant can suffocate on soft bedding, never add a pillow, comforter, or padding.”

The exterior dimensions of the crib were 54 7/8” by 30 3/8”. The front of the crib stood 36 ½” tall and the back of the crib was 46 ¾” tall. The interior dimension were 51 ¾” X 27 3/8”.

Additional Product:

Additionally, there was bedding set used in the crib that included the bumper pad which was attached to the crib in the area where the victim was found. It is a [REDACTED] bedding set.

Manufacturer:**Retailer:**

Unknown

This is a multiple piece bedding collection which can be purchased in multiple piece sets and/or as individual components. The bumper itself is four separate pieces, one for each wall of the crib. The longer panels are 11” X 52” and the shorter ones are 11” X 27.”

Additional Product:

There was also a crib mattress installed in the crib which had no identifying labels on it. The mattress was 51 ¾" long X 27 ¼" wide and 5" thick. The mattress fit very snugly in the crib. It was purchased at the same time as the crib.

Manufacturer:

Unknown

Retailer:

Babies R Us
1122 E. Fort Union Boulevard
Midvale
(801) 352-1086

ATTACHMENTS:

- Exhibit #1: Photographs (30 Photos, 15 pages)
- Exhibit #2: Sample Collection Report
- Exhibit #3: User's Guide
- Exhibit #4: Medical Records Disclosure
- Exhibit #5: Police Report
- Exhibit #6: Police Photos (11 Photos 6 pages)
- Exhibit #7: Medical Examiner Reports
- Exhibit #8: Digital Measurement Image
- Exhibit #9: Authorization for Release of Name
- Exhibit #10: Missing Document Report

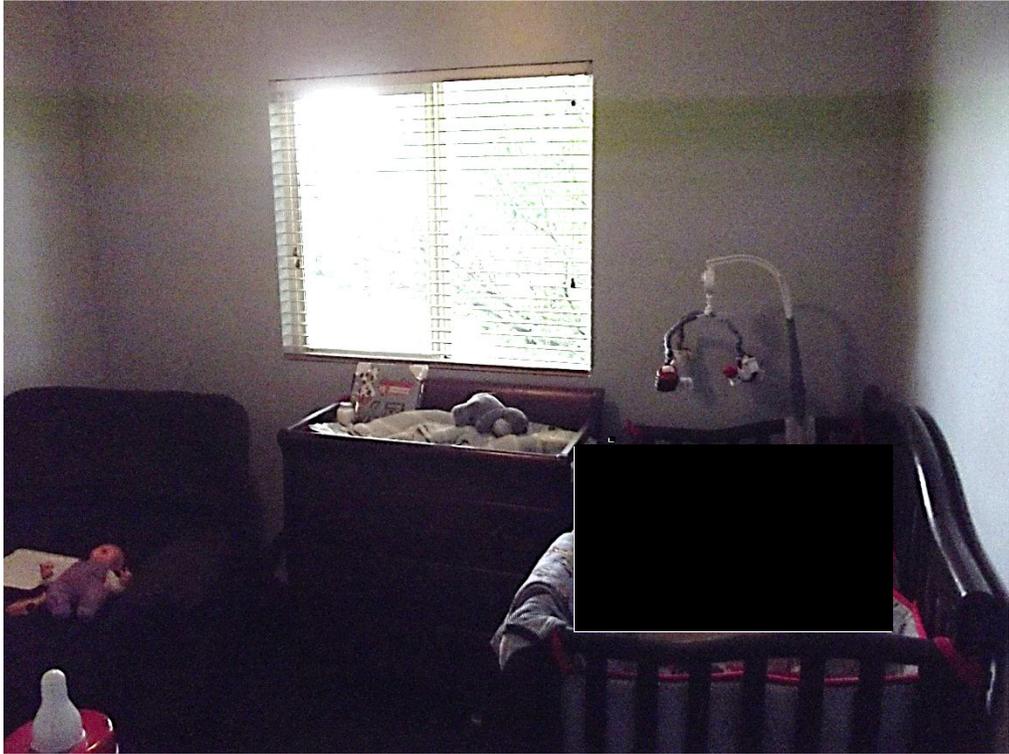


Photo 1: Room looking in from doorway



Photo 2: Involved crib, cushion, and bedding



Photo 3: Involved cushion, crib and bedding

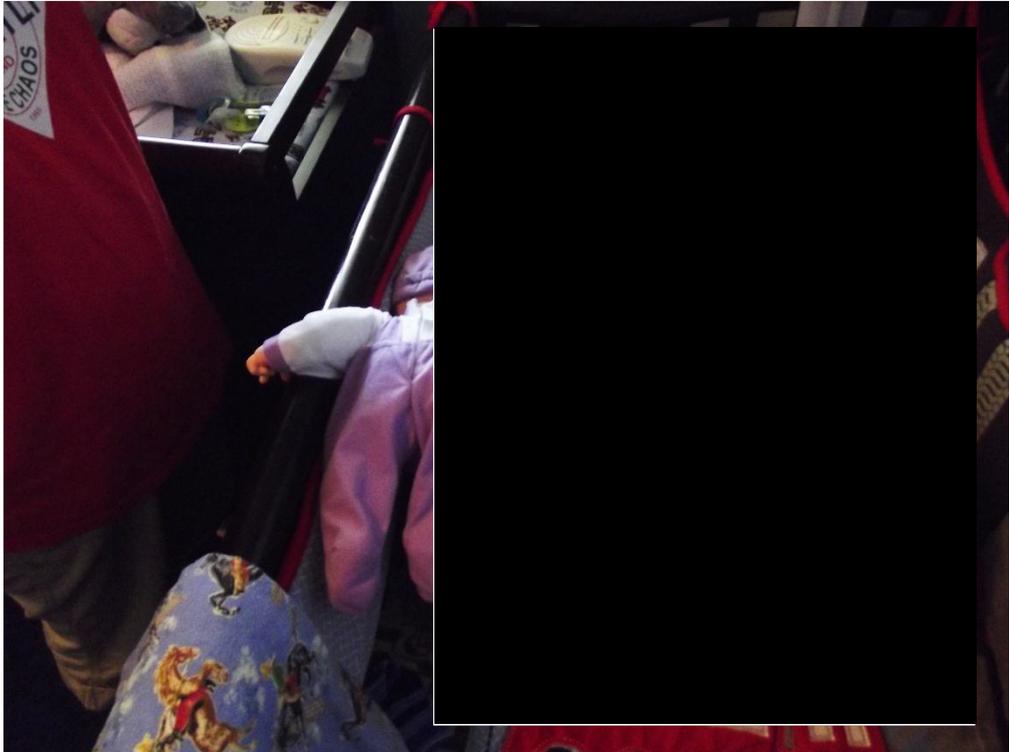


Photo 4: Victim location assuming direction reversed as stated in coroner report

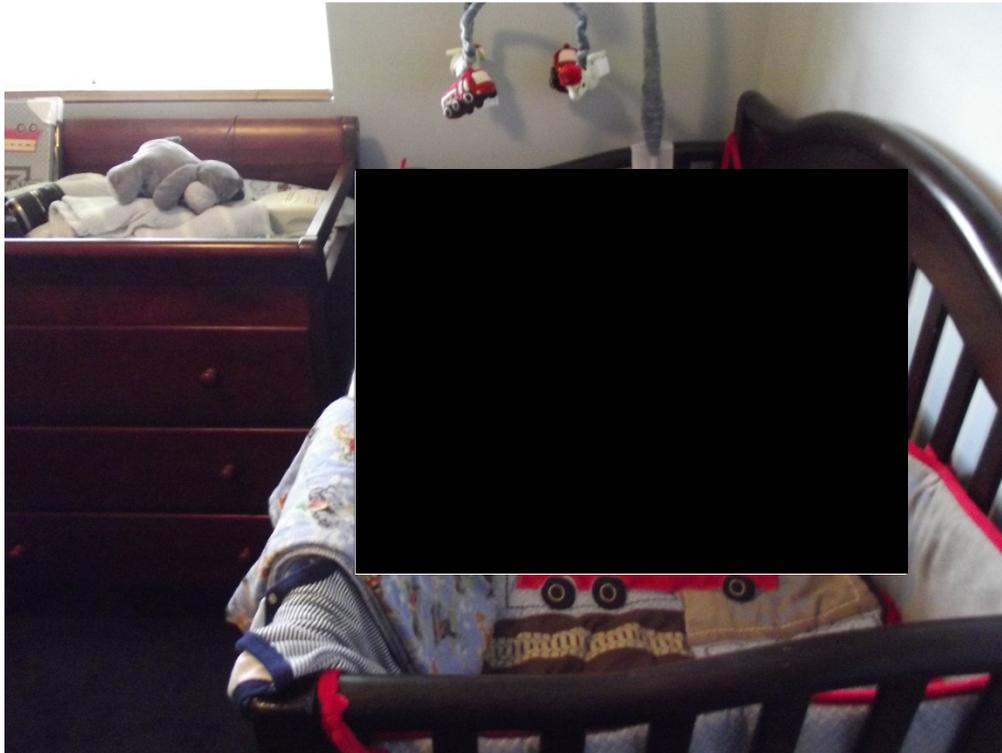


Photo 5: Victim location assuming no change in orientation to cushion

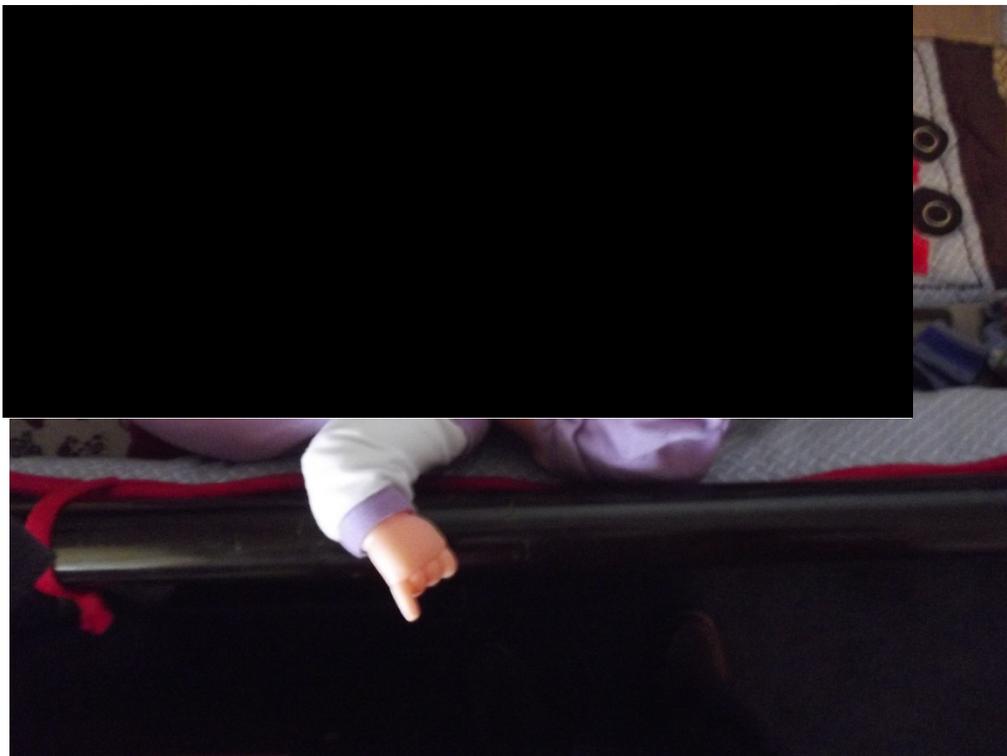


Photo 6: Downward view in relation cushion, crib wall and bedding

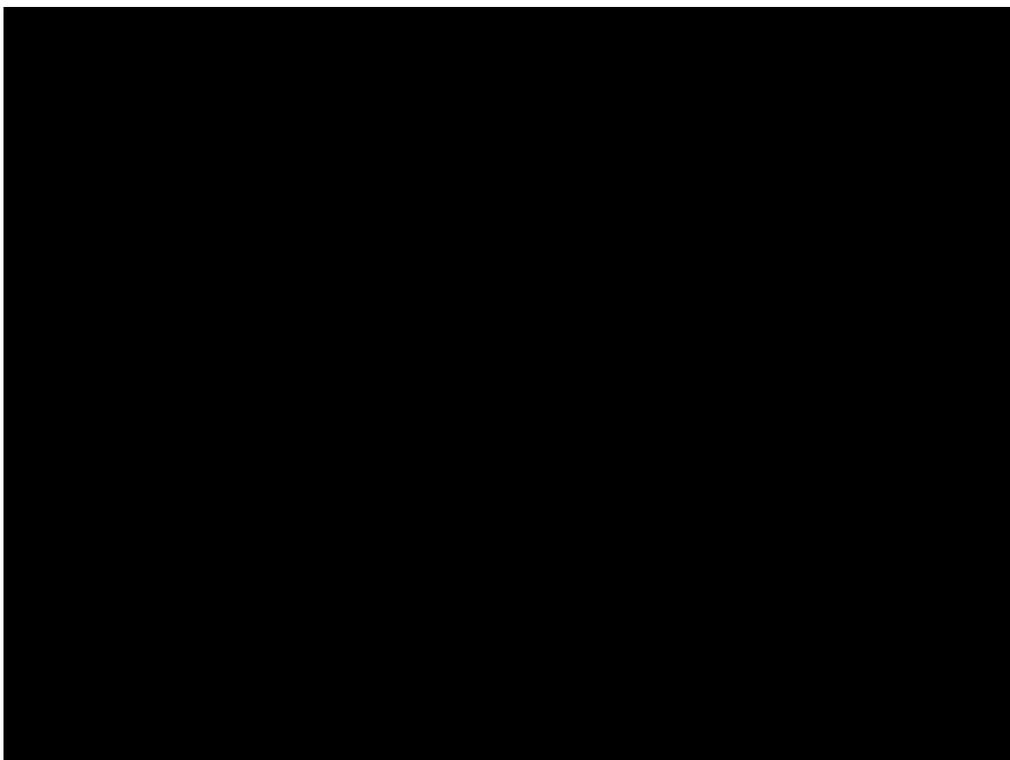


Photo 7: Sample as collected from consumer, cushion cover, harness, and some packaging material missing

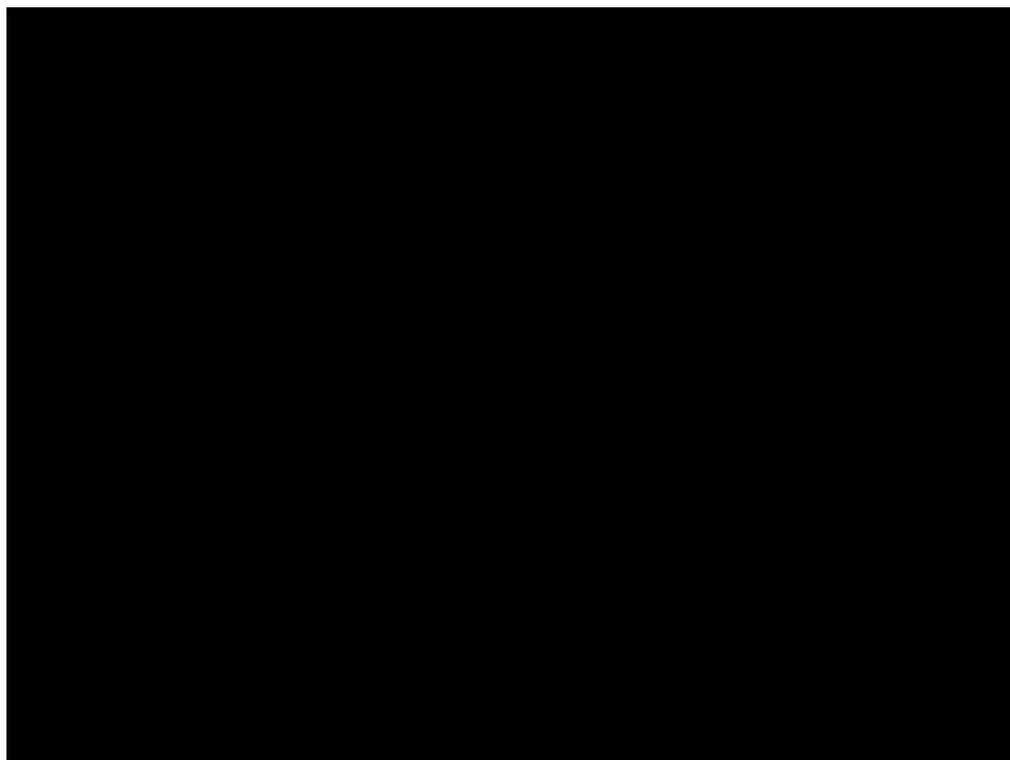


Photo 8: Involved Cushion



Photo 9: Length of foot and leg end of cushion



Photo 10: Length of head and torso end of cushion



Photo 11: Depth at bottom of sleeping area

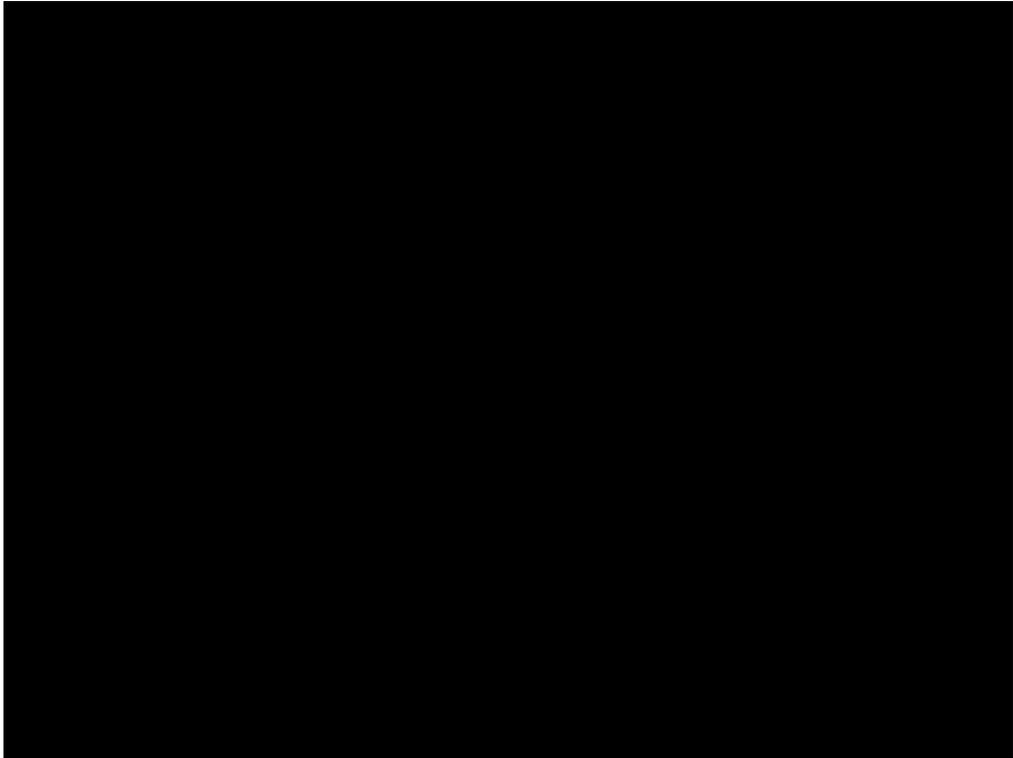


Photo 12: Tallest exterior depth

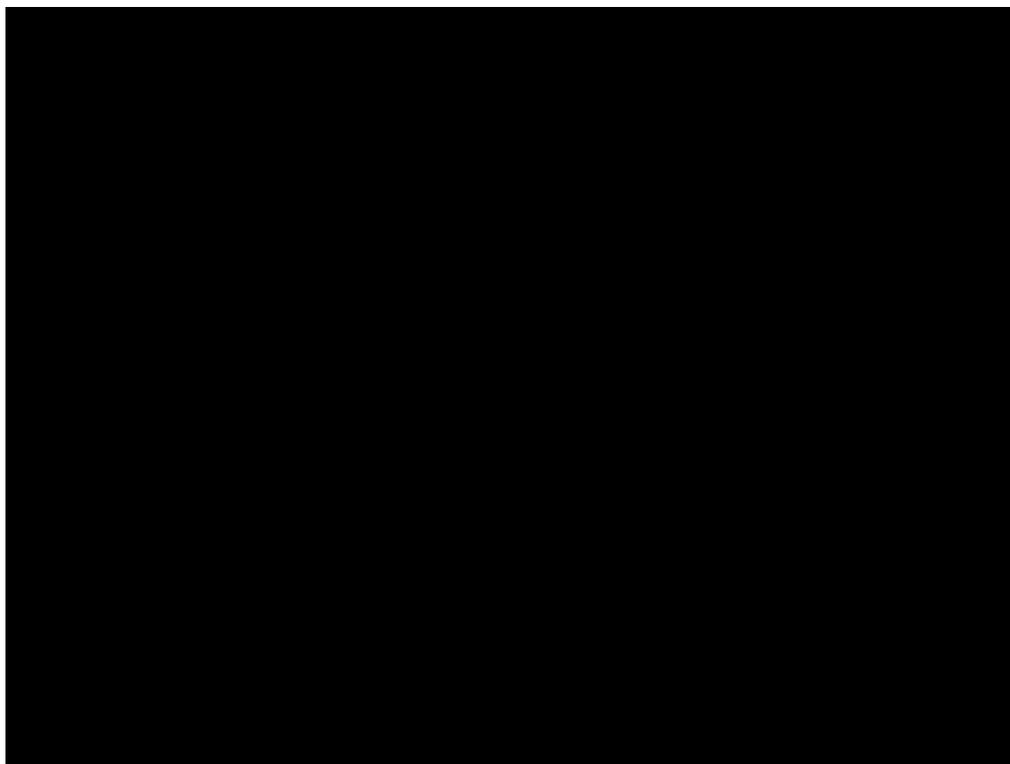


Photo 13: Length on base

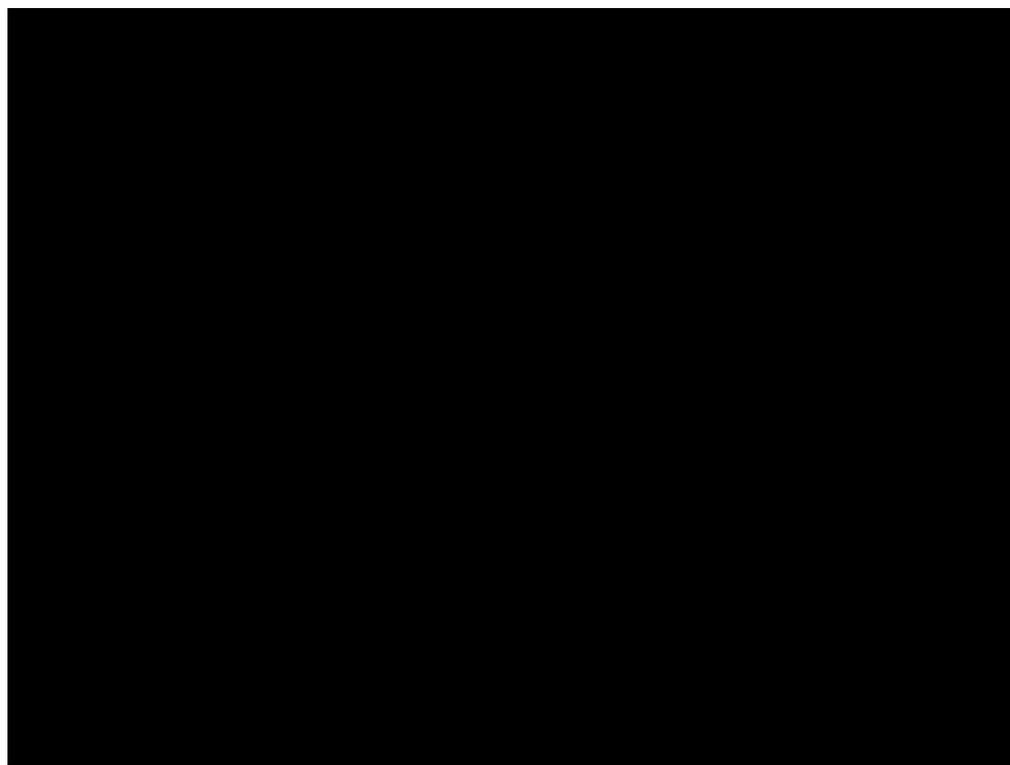


Photo 14: Width on base



Photo 15: Distance from bottom strap to cross straps



Photo 16: Width at cross straps

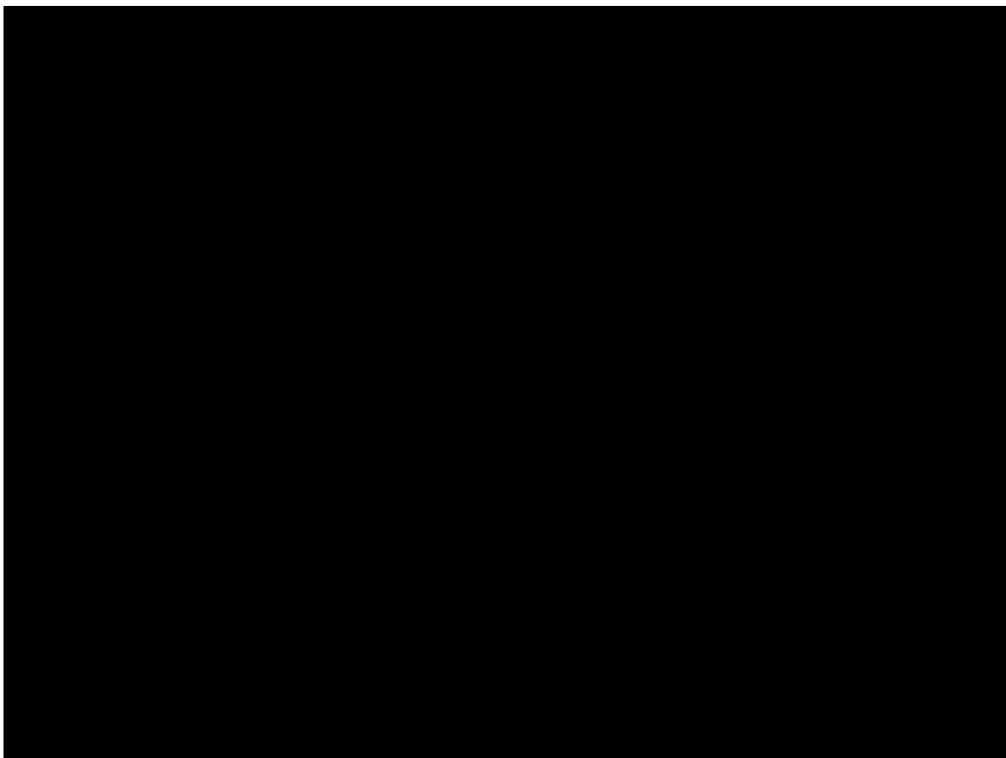


Photo 17: Width at foot end

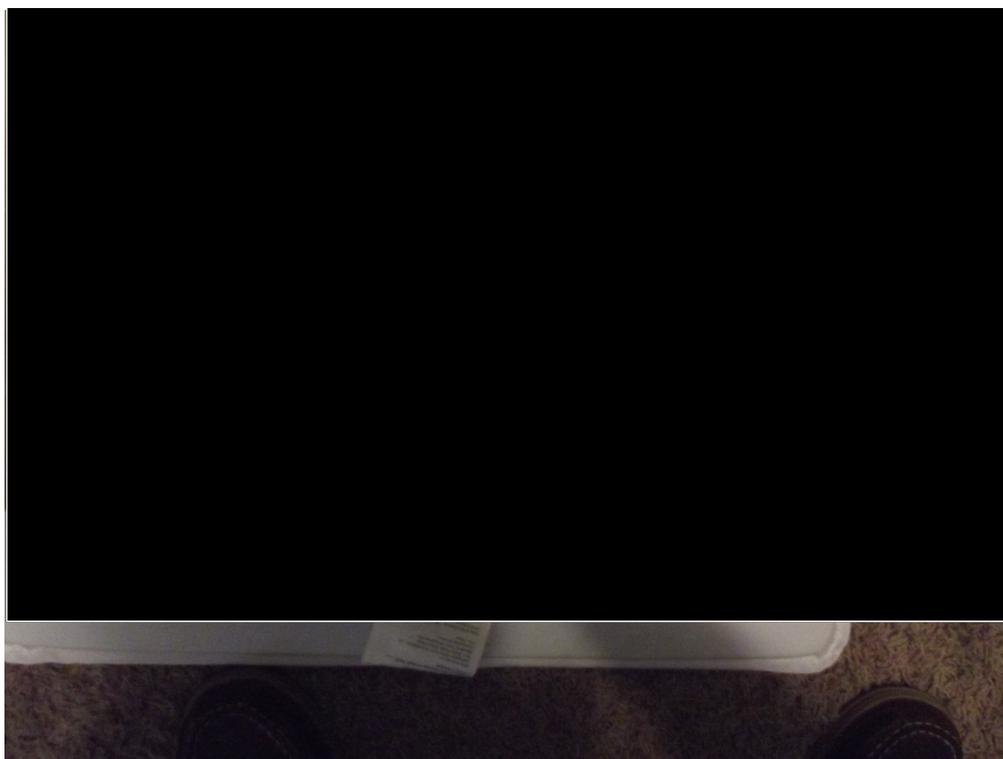


Photo 18: Width at head end



Photo 19: width at low spot

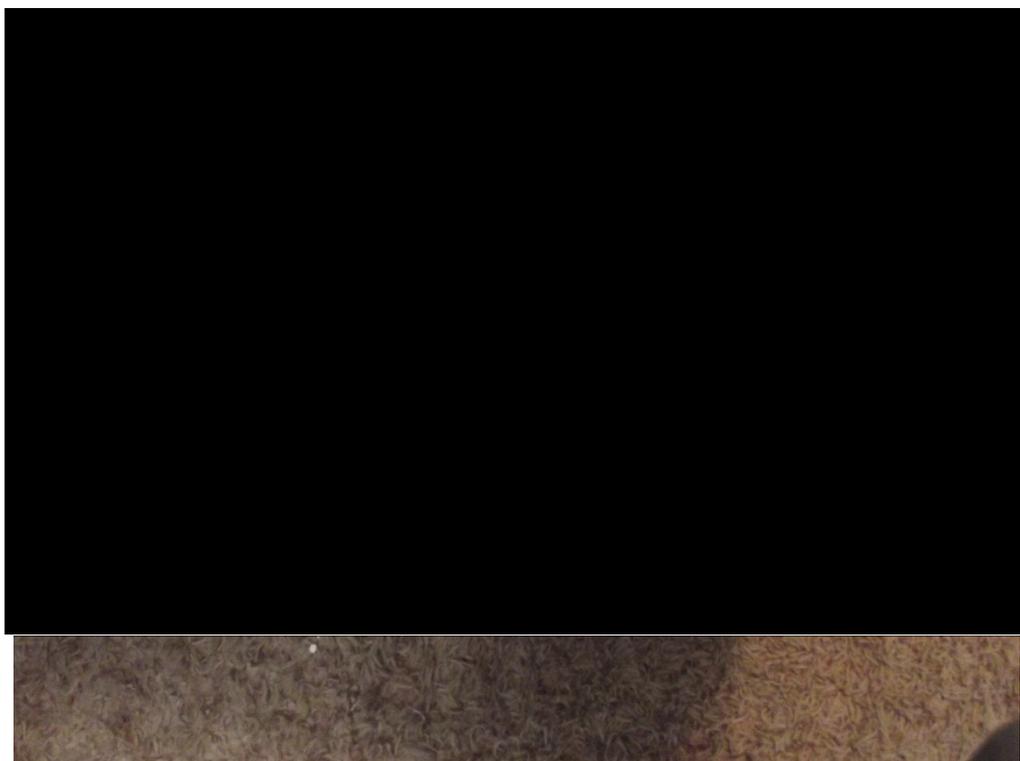


Photo 20: Cover on NON INVOLVED cushion

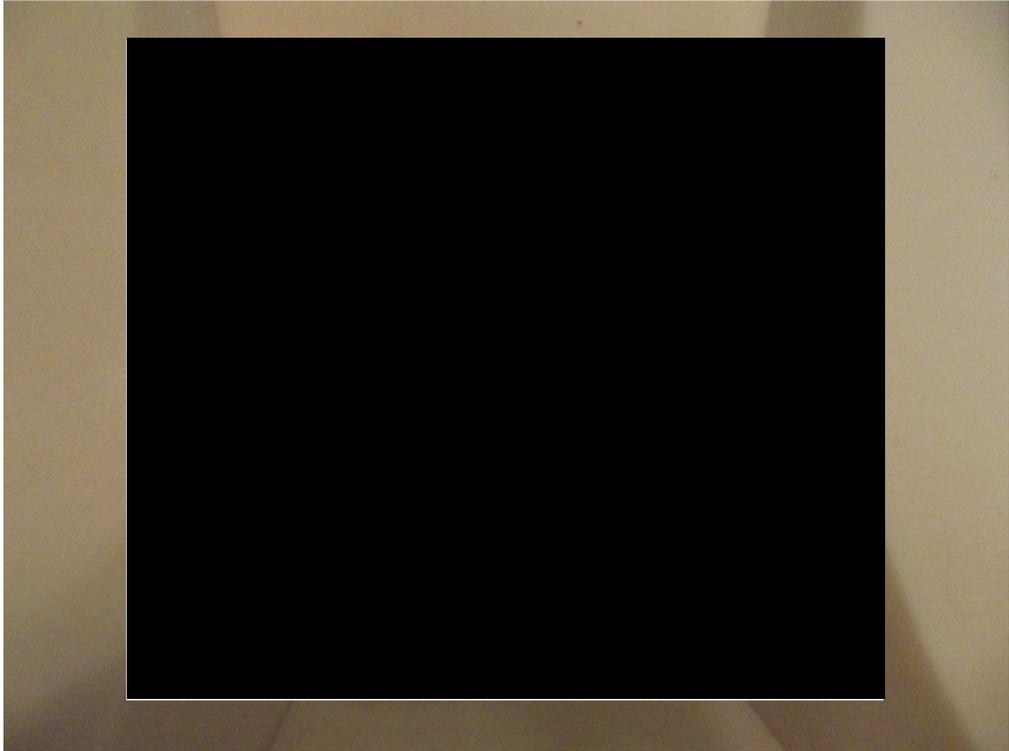


Photo 21: NON INVOLVED harness in use without cover



Photo 22: Straps from cushion through cover



Photo 23: NON INVOLVED Harness

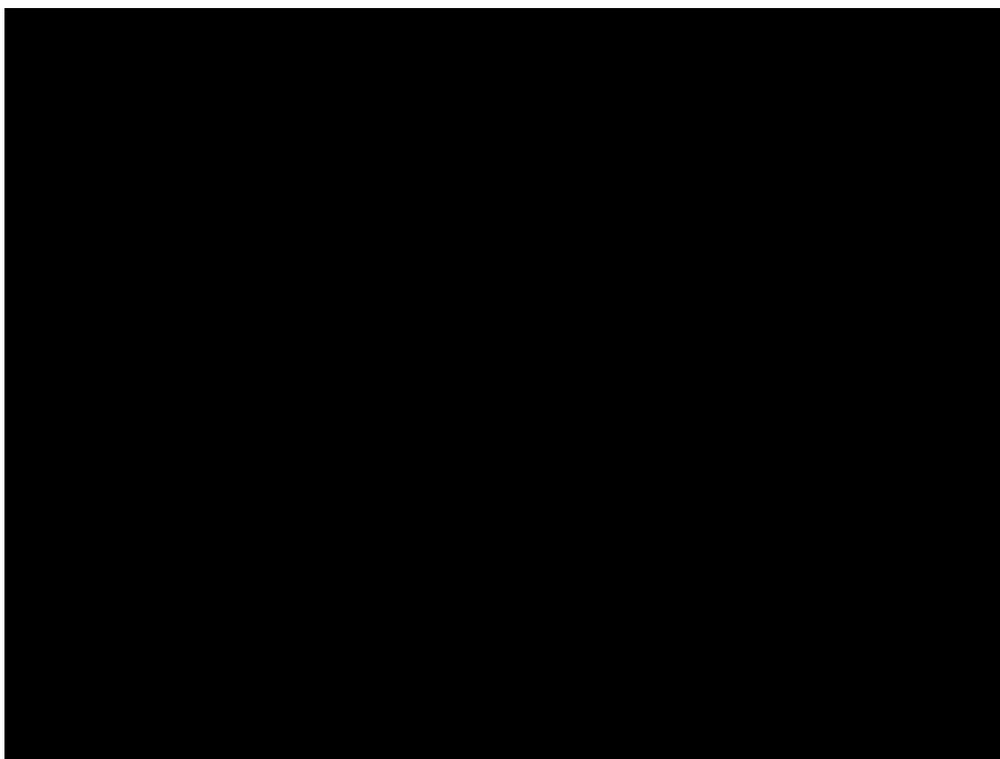


Photo 24: NON INVOLVED Harness with cover in place

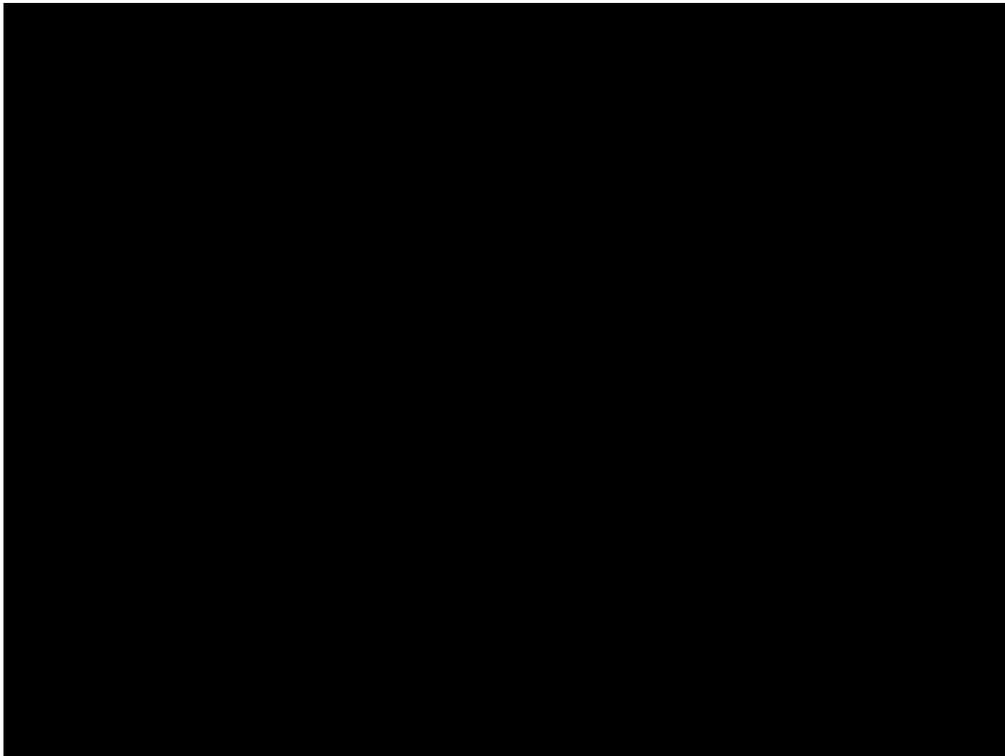


Photo 25: Hook and loop fasteners on NON INVOLVED Harness

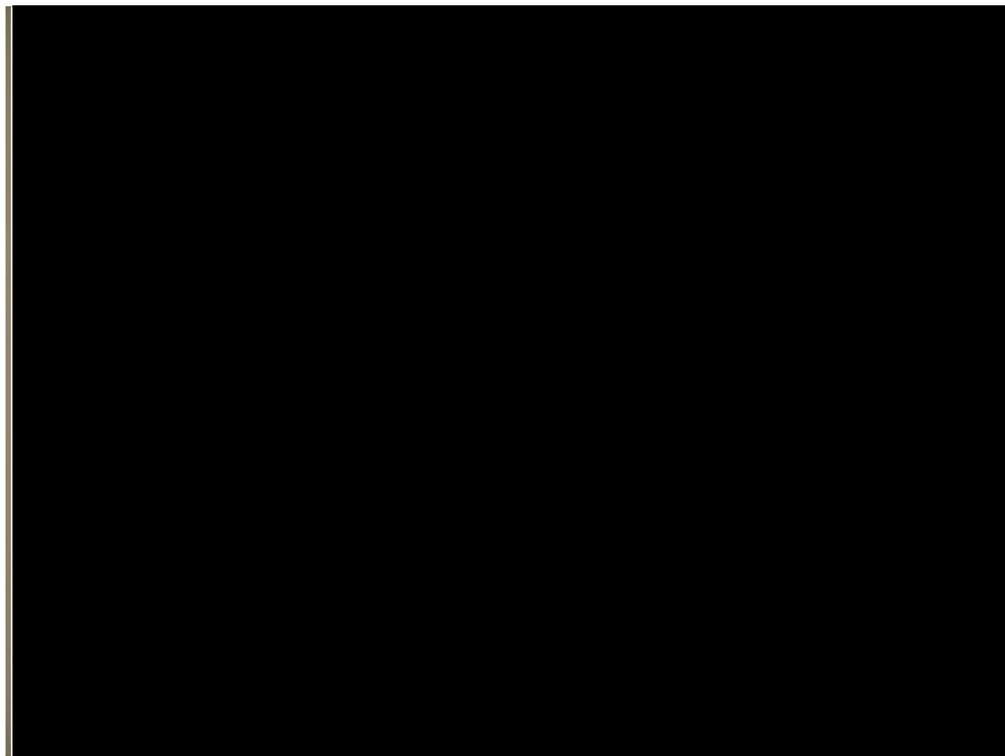


Photo 26: Labeling on NON INVOLVED packaging



Photo 27: Crib Mattress Support



Photo 28: Only labeling on crib



Photo 29: Mattress



Photo 30: Only labeling on mattress



CPSC Integrated Field System


[Help](#)

Version 1.16 - 07/14/2012 - Database - zircon-repl\nexitrepl

Logged in as: [REDACTED]
(INVESTI

Sample Collection Data

1. Sample Flag:	2. Date Collected: 07/17/2012	3. Sample Number and Type: [REDACTED] Physical Documentary	
4a. Product Name: [REDACTED]	4b. Model: [REDACTED]	4c. NEISS: 689	5. Assignment Number: 120710CWE2037
4d. UPC Code: 120710CWE2037			
6. For Import Samples			
Port of Entry: Country of Origin: Entry No. and Date: Customs Contact:			
7. MIS: 32202	8. Hours - Activity: 5.00 Travel: 1.00	9a. Home RO: CFIE	9b. Collecting RO: CFIW
10. Sample Cost: \$0.00	11. Invoice Value of Lot: \$0.00	12. Size of Lot: 0.00	Units: unt
13. Manufacturer/Importer: # [REDACTED]			
14. Shipper/Foreign Manufacturer:			
15. Dealer/Importer Broker: [REDACTED]			
16. Supporting documents attached:			
Invoice No. and Date : Shipping Record and Date: Affidavit Signer's Name, Title and Date:			
17. Product Identification:			
<p>This sample is a foam cushion designed for allowing infants to sleep in an inclined position. It was collected in a plastic bag that was a portion of the original packaging. There was a user guide in a pocket of the plastic package. The cushion is manufactured from multiple pieces of foam which are joined together in such a way as to almost give the appearance of a single carved out rectangular piece of foam. The portion designed for the baby to sleep on is a sloped channel running the length of the foam on the top surface as if carved down into the block from the top. It is designed for the baby to sleep on their back with their buttocks in the lowest portion of the channel and their legs and torso sloped upward from there toward each end of the cushion. The longest sides of the foam structure provide side walls to maintain the baby laterally in the sleeping area. The base is rectangular and</p>			

measures approximately 37" X 16 1/2." The tallest portion is approximately 10" tall. At the lowest portion where the buttocks rest, the sleeping surface is approximately 6 1/2" wide and the side walls rise up approximately 4 3/4". From this low point the face of the sleeping surface designed for the torso and head of the baby slopes upward for approximately 17" at approximately a 30° slope. It also widens as it rises with the width between the side walls increasing from 6 1/2" at the low point to 12 3/4" at the top and the side wall height decreasing to just 1 1/4" The face of the sleeping surface designed for the legs and feet slopes up the other direction for a distance of approximately 8 1/2" at an approximate 40° angle and widens out to approximately 10 1/4" with a 1 1/2" sidewall. There are three nylon straps with male buckle ends that are attached to the bottom of the foam block with a piece of flat rigid plastic. These straps pass through openings in the foam block and terminate in the sleeping area of the cushion.

18. Reason Collection Analysis Needed:

FHSA CPSA FFA PPPA RSA VGBA CGBP

INFANT FOUND DECEASED BETWEEN PRODUCT AND CRIB WALL W/ BUMPER

19. Summary of Field Screening:

20. Sample size/Method of Collection:

Sample was collected from the victim's mother at the incident locaiton. It was transported back to the Salt Lake City Field Office where it was photographed and measured and identified with a CPSC bar code. It was then placed in a large opaque zipper bag which was sealed with a CPSC seal. This was then placed in a cardboard box for delivery to UPS to be shipped to the SSF.

21. Identification on Sample: [redacted] sub 1 [redacted] 07/17/2012

22. Identification on Seal and Date [redacted] 07/21/2012

23. Sample Delivered To: UPS 84003 **23b. Date:**

24. Report/Record Sent To:

25. Laboratory/Office:

LSE LSM CRC SIU LSC LS CLD SSF

Other

26. Remarks:

Attachments: Receipt for Sample, Photos, Images of User guide.

27. Related Samples:

28a. Investigator's Name/Title/Date:

[redacted] - Investigator - 07/21/2012



29a. Supervisor's Name/Title/Date:

CERTIFIER INFORMATION:

Certificate Available? Yes No **How Available?** Electronic Paper

Lot Number:

If electronic, provide web address/location:

Type of Certificate:

Test Facility:

Sticker / AQSIQ Number:

Comment:

--



Photo 1: Entry way of home into kitchen, steps on left



Photo 2: Parent's bedroom



Photo 3: Parent's bedroom

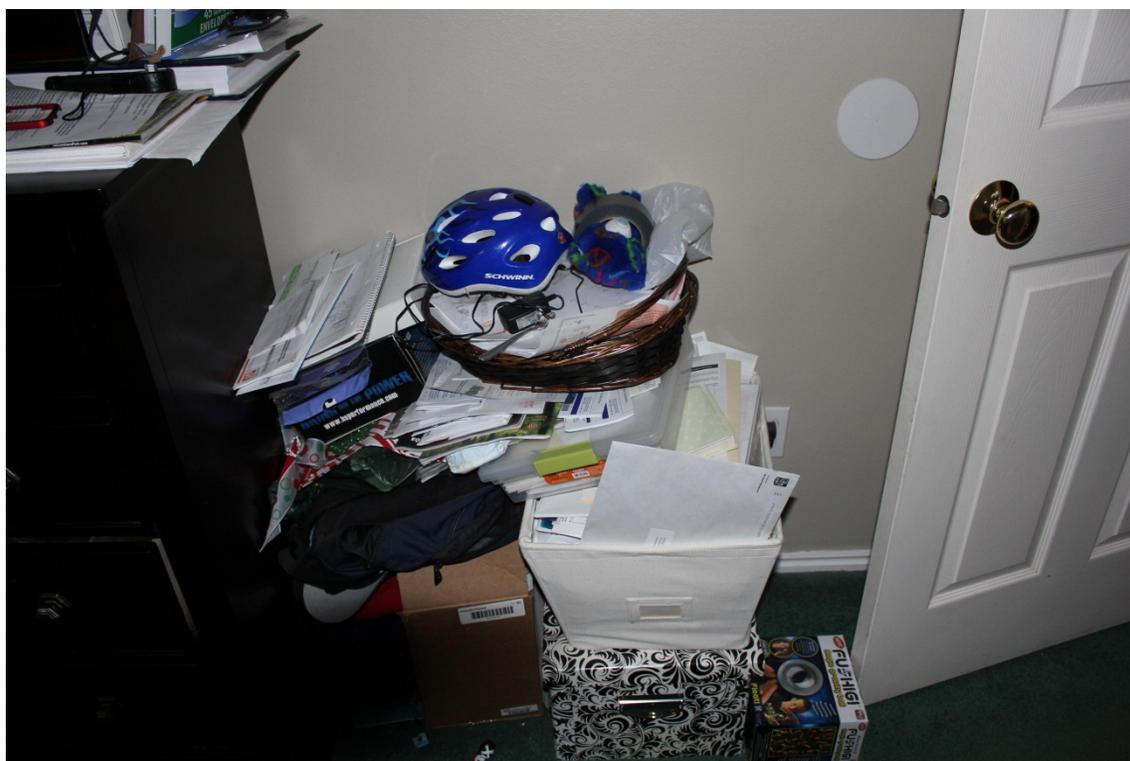


Photo 4: Parent's Room



Photo 5 [redacted] with blankets removed

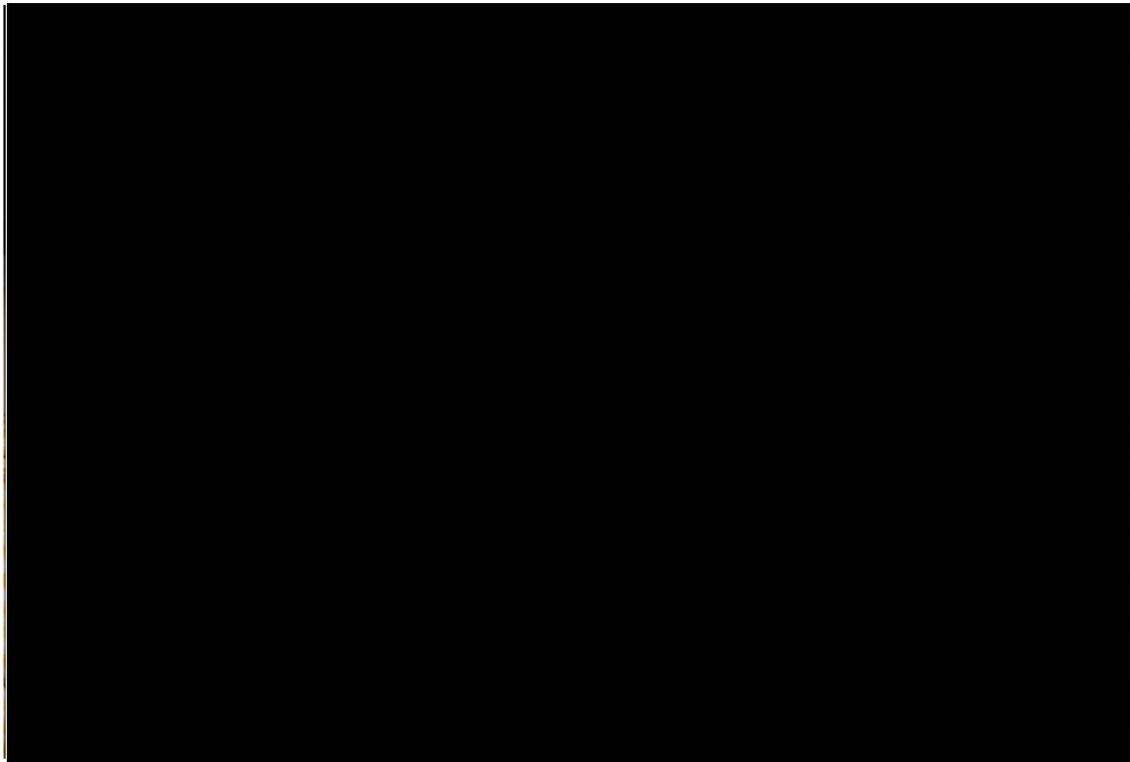


Photo 6: Close up blankets on [redacted]

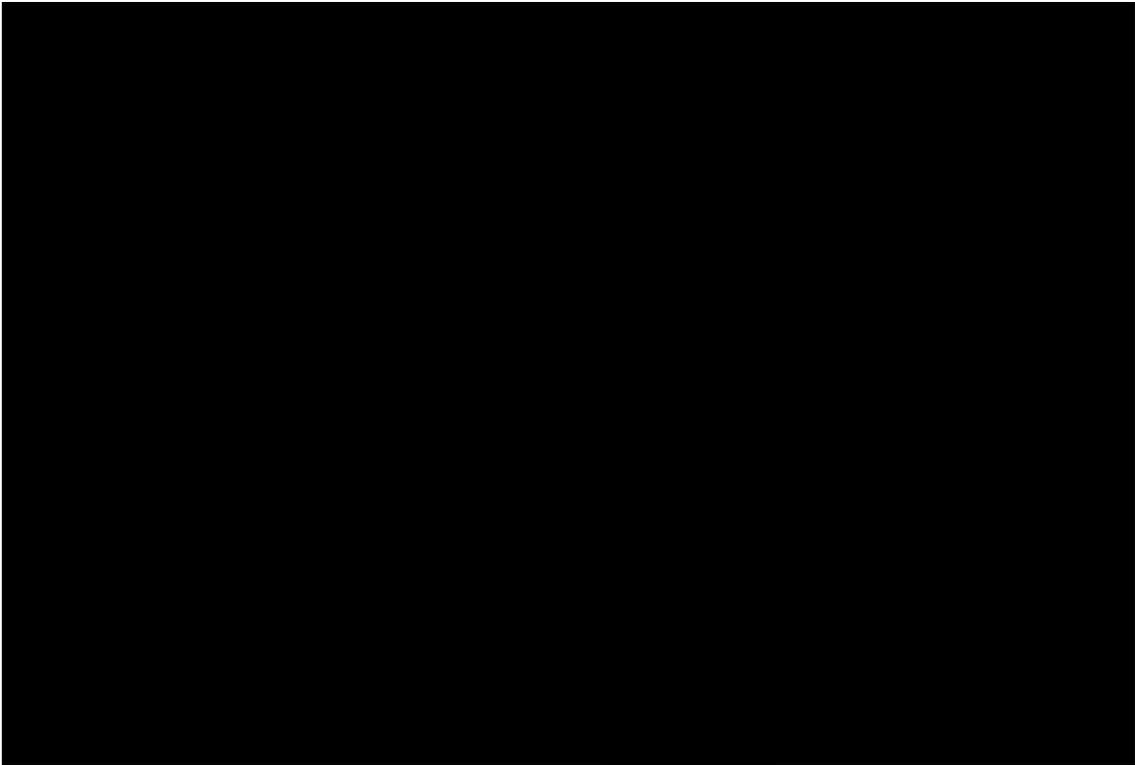


Photo 7: Blankets i



Photo 8: Closet in Victim's room



Photo 9

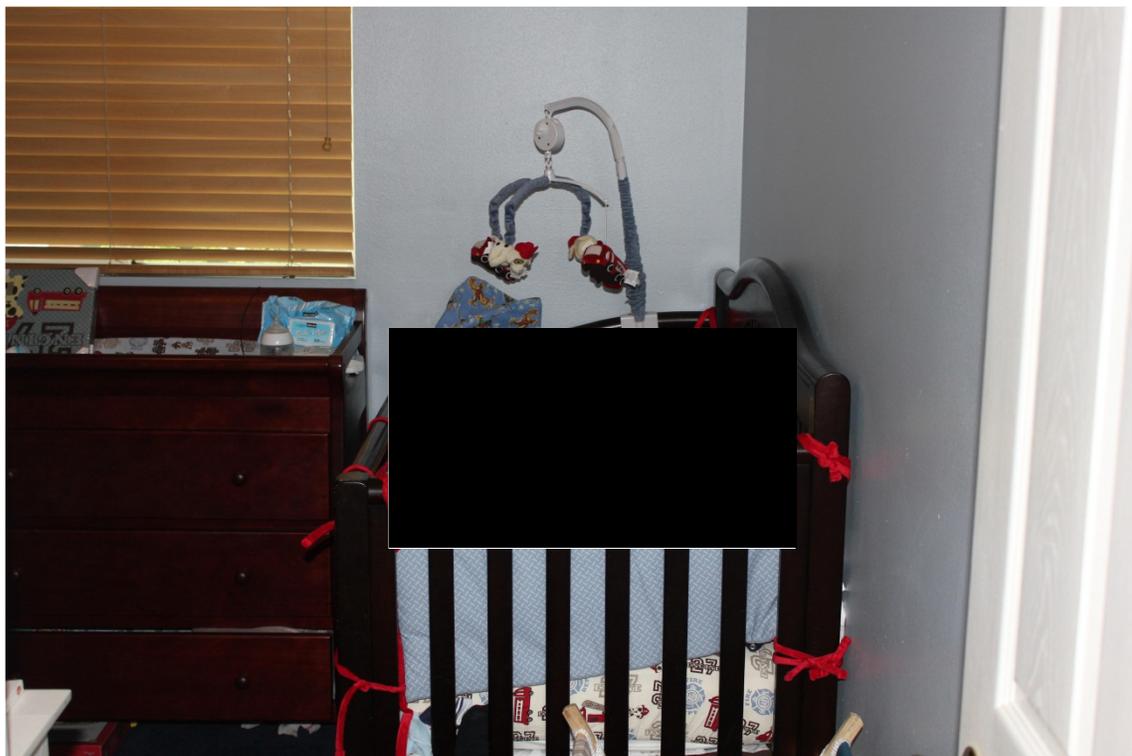


Photo 10: Overview of crib with



Photo 11: View into victim's room from hallway



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Office of the Medical Examiner

Todd C. Grey, M.D., Chief Medical Examiner
Edward A. Leis, M.D., Deputy Chief Medical Examiner

Page 1 of 12
Erik D. Christensen, M.D.
Pamela S. Ulmer, D.O.
Julie A. Adams, D.O.
Joseph K. White, D.O.
Assistant Medical Examiners

Keith Stephens
Chief Investigator

REPORT OF EXAMINATION

Name: [REDACTED] Case # [REDACTED]
Age: 7 Months 21 Days Race: Caucasian Sex: Male
Date/Time of Death: 04/23/2012 - found at 07:01 Date/Time of Examination: 04/23/2012 - 14:55
Examination By: [REDACTED] M.D. Investigating Agency: American Fork P.D.

History

The deceased was found face down in his crib between an inclined sleeping device and the edge of the crib. This space was approximately the width of the child. He had last been seen alive approximately 2 hours prior to his death.

Clinical Procedures

Emergency treatment including nasogastric and endotracheal intubation, and intravenous and intraosseous fluid resuscitation.

Findings and Diagnoses

1. Anatomically normal male infant, size consistent with age.
2. Found face down in crib next to [REDACTED] device.
3. History of gastroesophageal reflux disease.
4. History of premature birth at 34 weeks gestation.
5. Minor linear abrasion of right occipital scalp.
6. Postmortem toxicology is negative.
7. Postmortem metabolic screen is negative.
8. Postmortem vitreous chemistries are within normal limits.
9. Postmortem radiographs reveal no congenital anomalies or traumatic injury.
10. Postmortem bacterial cultures:
 - A. Blood: No growth.
 - B. Cerebrospinal fluid: Streptococcus species, alpha hemolytic (not S. pneumoniae).
11. Postmortem respiratory viral cultures are negative.

Manner of Death: Could not be determined

Cause of Death: Sudden unexplained infant death

[REDACTED]

M.D.

Assistant Medical Examiner

Date Signed: 7/9/2012

EDC/kp

Name [REDACTED]

Case No. [REDACTED]

HISTORICAL SUMMARY

This 7 month 21 day old former 34 week premature Caucasian male infant was found face down in his crib between the edge of the crib and an inclined sleeping device which he was using for help with gastroesophageal reflux disease. He had been placed down at approximately 4:00 a.m. in the incline device and was subsequently found between the device and the edge of the bed. He was face down into the bed. Resuscitative efforts were unsuccessful.

EXAMINATION TYPE, DATE, TIME, PLACE, ASSISTANTS, ATTENDEES

Under the provisions of the Utah Medical Examiner Act, a complete autopsy is performed at the Office of the Medical Examiner on Monday, April 23, 2012 beginning at 2:55 p.m. with the assistance of [REDACTED]. Also in attendance are Cameron Paul, Zach Robinson, and Jennifer Nakai from the American Fork Police Department.

PRESENTATION, CLOTHING, PERSONAL EFFECTS, ASSOCIATED ITEMS

The body is received in a pair of flannel blankets. The body is unclad. No personal effects are received with the body.

EVIDENCE OF MEDICAL INTERVENTION

A nasogastric tube is present in the right nostril. An endotracheal tube is present in the mouth and is secured to the face with tape. An intravenous line is present in the right antecubital fossa and an intraosseous catheter is present in the proximal right tibia. Multiple pretibial punctures are present bilaterally.

POSTMORTEM CHANGES

Rigor mortis is generalized and well-developed. Livor mortis is well-developed, the usual red-purple color, present over the anterior surface of the body and does not blanch with pressure. The corneas are clear.

POSTMORTEM IMAGING STUDIES

Postmortem radiographs of the infant reveal no congenital anomalies or traumatic injury.

FEATURES OF IDENTIFICATION

A toe tag on the left great toe bears the decedent's name and OME case number. The body is that of a normally developed, well-nourished Caucasian male infant who appears compatible with the stated age of 7 months 21 days. The body weighs 6.725 kg (below the 5th percentile for age), has a crown-heel length of 66.4 cm (between the 10th and 25th percentile for age), a crown-rump length of 45.5 cm, a head circumference of 44.4 cm (at the 50th percentile for age), a chest circumference of 41.0 cm and an abdominal circumference of 43.0 cm. The head hair is brown and measures about 8 cm in length. The irides are also brown. The mouth is edentulous. Scars are not readily apparent. The penis is uncircumcised. No other distinctive external markings are noted.

EXTERNAL EXAMINATION**GENERAL**

The skin is pale white. There is no evidence of malnutrition or dehydration. No unusual odors or color changes are noted. There is no visible or palpable lymphadenopathy.

HEAD

The head is normocephalic. The face shows no evidence of trauma. The scalp and soft tissues of the head are remarkable only for a small linear abrasion oriented obliquely on the right occipital scalp measuring 1.1 cm in length. The anterior and posterior fontanelles are open and flat. The nasal and facial bones are without palpable fracture. The conjunctival vessels are mildly congested, and there are no ocular or facial petechiae. The nose is normal. The lips, gums, teeth, tongue and buccal mucosa are normal and free of injury. The palate is normal and complete. The ears are normally positioned. The ear canals are patent.

NECK

The neck is normal with a midline trachea and shows no indication of abrasion, contusion, swelling, asymmetry or other abnormality.

Name - [REDACTED]

Case No. - [REDACTED]

29
79

TORSO

The torso is free of injury and is symmetrical. The nipples are appropriately spaced. No subcutaneous emphysema or cutaneous lesions are noted. The abdomen is rounded. The liver is palpable below the costal margin. The spleen is not palpable. The umbilicus is normal. The external genitalia are normal for a boy. The urinary meatus is patent. The anus is patent. The inguinal regions and buttocks are normal.

UPPER EXTREMITIES

The upper extremities are symmetrical and normally developed. The digits and palmar creases are normal.

LOWER EXTREMITIES

The lower extremities are well developed and symmetrical.

EVIDENCE OF INJURY

There is only a small linear abrasion on the right occipital scalp.

SUMMARY

External examination shows a well-developed Caucasian male infant with no significant findings except the minor scalp abrasion.

INTERNAL EXAMINATION

TORSO

Evisceration Method. The thoracic and abdominal organs are removed using the *en bloc* technique.

Chest and Abdomen Wall and Cavities. The skin of the chest and abdomen is reflected using the usual Y-shaped incision. Subcutaneous fat and musculature are normal and free of injury. There are no abnormal fluid collections in the chest or abdomen. The serosal surfaces are glistening and intact. The ribs and sternum are intact and without fracture. No unusual odors or color changes are identified. Examination of the organs in situ shows normal organ morphology and relationships. The thymus is grossly normal. The viscera are congested. The diaphragm is normal.

Organ Weights.

Heart: 36.0 grams.
Right lung: 83.9 grams.
Left lung: 68.4 grams.
Liver: 275.2 grams.
Spleen: 52.7 grams.
Right kidney: 24.9 grams.
Left kidney: 21.4 grams.
Thymus: 43.9 grams.
Adrenal glands (combined): 2.6 grams.
Pancreas: 8.6 grams.

Cardiovascular System. The heart is present in its usual position with the apex pointing to the left. The coronary arteries arise normally and follow the usual distribution over the surface of the heart. The epicardium, valves, chordae and endocardium appear normal. The myocardium is red-brown throughout and no focal myocardial lesions are observed. The great vessels are normally related to one another. The atrial and ventricular septae are intact without a patent foramen ovale. The ductus arteriosus is closed.

Respiratory System. The larynx is normal. The trachea is of normal caliber and the bronchi are grossly normal. The hilar lymph nodes and structures are normal. The major pulmonary vessels are normally distributed and without abnormality. The lungs contain the usual lobes and fissures, and each lung is congested and moderately edematous, with minimal exudate on sectioning. No consolidation is observed. The visceral and parietal pleura are smooth and glistening.

Name - [REDACTED]

Case No. [REDACTED]

Digestive System. The esophagus courses normally to enter the stomach. The serosa, wall and mucosa of the stomach and proximal duodenum are grossly normal. The pylorus is patent. The stomach contains scant mucous. The small bowel is grossly normal. The cecum and appendix are fixed in the right lower quadrant and have the usual configuration. The rectum is patent. The mesentery is normal throughout.

Hepatobiliary System and Pancreas. The liver has a smooth and glistening surface. No focal intrahepatic lesions are noted. The gallbladder is present. The extrahepatic biliary ducts are patent into the duodenum. The pancreas shows the usual lobular architecture, mild autolysis, and is otherwise normal.

Reticuloendothelial System. The solitary spleen has a normal gross appearance with a smooth intact capsule. The red and white pulp are normal. Hilar, mediastinal, abdominal and cervical lymph nodes appear normal. The thymus is involuted. Bone marrow of the vertebral bodies appears normal and without focal lesions.

Urogenital System. The kidneys are symmetrical, in their usual position and show fetal lobulation. Each shows congestion of the cortex and medulla. The cortex is of normal thickness and the pyramids, calyces, pelves and vessels are normal. The ureters are of normal caliber. The urinary bladder is normal and contains 5 mL of light yellow slightly cloudy urine. The testes are within the scrotum and the prostate and seminal vesicles are normal.

Endocrine System. The pituitary gland fills the sella turcica. The thyroid gland is of normal size, symmetrical, and dark red-brown. The parathyroid glands are not grossly identified. The adrenal glands are of normal size and shape.

Musculoskeletal System. Skeletal muscles are red-brown and firm. The cartilage and bone examined are grossly normal.

HEAD

The scalp is reflected with the standard intermastoidal incision. There is no indication of scalp trauma. Specifically, the right occipital scalp shows no trauma beneath the previously-noted abrasion. The skull shows no fractures. The dura is grossly normal. There is no epidural or subdural hemorrhage. The brain weighs 939.8 grams. The leptomeninges are thin and delicate. There is no evidence of herniation or midline shift. The gyral pattern of the cerebrum is normal. The cranial nerves are normal where identified. The circle of Willis is grossly normal. Coronal sections through the fixed cerebral hemispheres reveal no hemorrhage, tumor, infarction or other gross lesion. The ventricular system is normal. Transverse sections through the brain stem and cerebellum are also normal. The base of the skull is grossly normal. The spinal cord is not examined.

NECK

The skin of the neck is dissected up to the angle of the mandible. There is no evidence of soft tissue trauma to the airways or the vital structures in the lateral neck compartments. The hyoid bone and thyroid cartilage are free of fracture. The carotid vessels are normal. The epiglottis is not inflamed or swollen. There is no airway mucosal edema or hemorrhage. The anterior cervical spine is intact. The tongue is normal.

SPINAL COLUMN AND CORD

The thoracolumbar spinal column is grossly normal. The spinal cord is not removed or examined.

ADDITIONAL DISSECTION

None.

SUMMARY OF INJURIES

There are no significant acute injuries.

ANCILLARY PROCEDURES, LABORATORY TESTS, AND RESULTS

1. Documentary digital photographs are prepared and filed on CD in the case folder and on the office network.
2. Postmortem toxicology: Blood and urine are negative. Bile and vitreous fluid not tested. Liver is retained at the Office of the Medical Examiner.

Name - [REDACTED]

Case No. - [REDACTED]

3. Bacterial cultures of blood and cerebrospinal fluid are remarkable only for contaminants in cerebrospinal fluid.
4. Culture for respiratory viruses is negative.
5. Postmortem metabolic screening is negative.
6. Vitreous fluid is submitted for postmortem chemical analysis and reveals a normal postmortem pattern.

BLOCK LISTING AND HISTOLOGIC DESCRIPTION

- Block 1. Heart.
- Block 2. Right lung.
- Block 3. Left lung.
- Block 4. Liver, spleen, pancreas.
- Block 5. Thymus.
- Block 6. Kidney, adrenal.
- Block 7. Trachea, esophagus, thyroid.
- Block 8. Rib, vertebra.

Sections of all lobes from both lungs reveal pulmonary edema and vascular congestion. Sections of heart, liver, spleen, pancreas, adrenal, kidney, thymus, thyroid, trachea, esophagus, bone and bone marrow reveal no significant pathologic change.

FINDINGS AND DIAGNOSES

1. Anatomically normal male infant, size consistent with age.
2. Found face down in crib next to Nap Nanny device.
3. History of gastroesophageal reflux disease.
4. History of premature birth at 34 weeks gestation.
5. Minor linear abrasion of right occipital scalp.
6. Postmortem toxicology is negative.
7. Postmortem metabolic screen is negative.
8. Postmortem vitreous chemistries are within normal limits.
9. Postmortem radiographs reveal no congenital anomalies or traumatic injury.
10. Postmortem bacterial cultures:
 - A. Blood: No growth.
 - B. Cerebrospinal fluid: Streptococcus species, alpha hemolytic (not S. pneumoniae).
11. Postmortem respiratory viral cultures are negative.

SUMMARY AND COMMENTS

Investigation and autopsy show that this child suffered a sudden unexplained infant death. He was found face down in bed, with his face into his bedding, suggesting possible asphyxia as a cause of death, but this is not conclusive. He had been placed to sleep in a [REDACTED] inclined sleep device and was found next to it in his crib. Its role in his death is unknown. Autopsy revealed no anatomic or traumatic cause of death and ancillary testing performed revealed no toxicologic, infectious, metabolic, chemical or traumatic explanation for the death. Such deaths are often referred to by the term "Sudden Infant Death Syndrome". As the cause of death remains unknown with certainty and accidental asphyxia cannot be excluded, the manner of death also remains undetermined.

CAUSE OF DEATH STATEMENT

Manner of Death: Could not be determined
Cause of Death: Sudden unexplained infant death

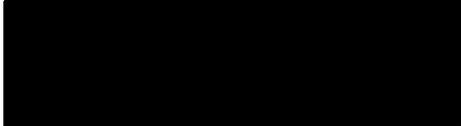
AMENDMENTS

None as of July 9, 2012.



Unified State Laboratories: Public Health
Bureau of Forensic Toxicology
4431 South 2700 West
Taylorsville, Utah 84119-8600
Telephone: (801) 965-2400
Fax: (801) 965-2455

OFFICE OF MEDICAL EXAMINER



Lab Information	
Lab Case #:	[REDACTED]
Sample #:	[REDACTED]
Source:	Blood
Sample Detail:	HEART
Date Received:	04/24/2012
Date Completed:	05/01/2012
Subject Information	
Subject Name:	[REDACTED]
Subject DoD:	04/23/2012
Agency Information	
Medical Examiner:	Dr. [REDACTED]
Agency Case #:	[REDACTED]

TOXICOLOGY FINAL REPORT

Test Run: **Volatiles Screen**

Ethanol Result: **Negative**

Acetone Result: **Negative**

Isopropanol Result: **Negative**

Methanol Result: **Negative**

Test Run: **Rx Drug Panel Screen**

Final Result: **All test results are negative.**

Test Run: **Cocaine Screen**

Cocaine Result: **Negative**

Test Run: **Methamphetamine Screen**

Methamphetamine Result: **Negative**

Handwritten signature and date: 5/3

Test Run: **Morphine Screen**

Morphine Result: **Negative**



Case reviewed by: [REDACTED]





Unified State Laboratories: Public Health
Bureau of Forensic Toxicology
4431 South 2700 West
Taylorsville, Utah 84119-8600
Telephone: (801) 965-2400
Fax: (801) 965-2455

OFFICE OF MEDICAL EXAMINER



Lab Information	
Lab Case #:	[REDACTED]
Sample #:	[REDACTED]
Source:	Blood
Sample Detail:	HEART
Date Received:	04/24/2012
Date Completed:	05/01/2012
Subject Information	
Subject Name:	[REDACTED]
Subject DoD:	04/23/2012
Agency Information	
Medical Examiner:	Dr. [REDACTED]
Agency Case #:	[REDACTED]

TOXICOLOGY FINAL REPORT

Test Run: **THC Screen**

THCmtb Result: **Negative**

[Handwritten signature]
5/3

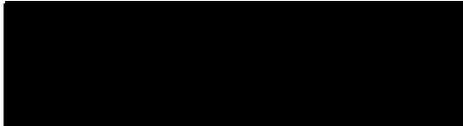
Case reviewed by [REDACTED]





Unified State Laboratories: Public Health
Bureau of Forensic Toxicology
4431 South 2700 West
Taylorsville, Utah 84119-8600
Telephone: (801) 965-2400
Fax: (801) 965-2455

OFFICE OF MEDICAL EXAMINER



Lab Information	
Lab Case #:	[Redacted]
Sample #:	[Redacted]
Source:	Urine
Sample Detail:	
Date Received:	04/24/2012
Date Completed:	05/01/2012
Subject Information	
Subject Name:	[Redacted]
Subject DoD:	04/23/2012
Agency Information	
Medical Examiner:	Dr. [Redacted]
Agency Case #:	[Redacted]

TOXICOLOGY FINAL REPORT

Test Run: **Cocaine Screen**

Cocaine Result: **Negative**

Test Run: **Methamphetamine Screen**

Methamphetamine Result: **Negative**

Test Run: **Morphine Screen**

Morphine Result: **Negative**

Test Run: **THC Screen**

THCmtb Result: **Negative**

[Handwritten signature]
5/3

Case reviewed by [Redacted]



Office of the Medical Examiner
State of Utah
Report of Investigation

Case Number [redacted] [] Hazardous Case Hazardous Reason:

General

Case Type: Regular
Reported To [redacted]
Date Reported: 04/23/2012 Time Reported: 08:05
Reporting Agency/Hospital: American Fork Hospital
Reported By: Nursing Staff

Last: [redacted]
First: [redacted]
Middle: [redacted]
Alias:
Residence Name:
Residence Address: [redacted]
Residence Address 2:
City: American Fork
State: Utah Zip: 84003
Phone: [redacted]
Race: White Sex: Male
DOB: [redacted] Age: 7 Months 21 Days
SSN: [redacted] Smoker: No
Marital Status: Never Married
Employment Status: Unemployed
Occupation: Infant

Initial MOD: Accident
Initial COD: Asphyxiation
L.E. Agency: American Fork Police Department
L.E. Case Number: [redacted]
Assign Det: Det. Robinson

ID Status: Yes
ID Method: Visual
ID By: [redacted]
ID Date: 04/23/2012
ID Agency: Mother
Other Assoc. Cases:

Scene

Scene Date: 04/23/2012
OME Invest at Scene [redacted]
OME MD at Scene:
Time Arrived: 08:30 Time Left: 10:45
[] OME Photos [] OME Video
[] Other Agency Photos [] Other Agency Video
Scene Address: 170 North 1100 East
City: American Fork County: Utah
State: Utah Zip: 84003

Body Position: [] Fetal [] Hanging [] Kneeling
[] Left down [] Right down [] Prone [] Seated
[] Supine [] Other:
Lividity: Blanches Rigor: Light
Body Temp: Ambient: Time :

Place of Death

LSA Date: 04/23/2012
LSA Time: 04:00
LSA By: [redacted]
Address: [redacted] American Fork, Utah
DOD: 04/23/2012 [] Found
TOD: 07:01 [] Found
Death Address: [redacted]
City: American Fork County: Utah
State: Utah Zip: 84003
Location of Death: Decedent Home

Trauma/Incident

Date of Injury: //
Time of Injury: :
Location:
Witnessed:
Address:
City: County:
State: Zip:

Weapon Type:
Make:
Caliber:
Serial Number:
Model:
Barrel Length:
Ammo:

Motor Vehicle Accident:
Vehicle Type:
Make:
Model:
Color:
License Number:
License State:

Next of Kin

Name: [redacted]
Relationship: Mother
Address: [redacted]
City: American Fork
State: Utah Zip: 84003
Phone: [redacted]
Date Notified: 04/23/2012
Time Notified: 07:01
Notified By: Hospital

OFFICE OF THE MEDICAL EXAMINER
 State of Utah
 Report of Investigation

Name: [REDACTED]	OME Case #: [REDACTED]
------------------	------------------------

Medical History		
Local MD Name: [REDACTED]	Phone: [REDACTED]	
City: [REDACTED]		
Medical Conditions: Gastroesophageal Reflux		Premature Birth
RSV		
Rx 1: Synagis injection every 28 days	Rx 2:	Rx 3:
Rx 4:	Rx 5:	Rx 6:
Rx 7:	Rx 8:	Rx 9:
Rx 10:	Rx 11:	Rx 12:

Exam/Processing			
<input checked="" type="checkbox"/> Exam at OME	<input type="checkbox"/> DME	<input type="checkbox"/> Absentia Case	<input type="checkbox"/> Designated Rep
Exam Location: OME		Exam MD: [REDACTED] MD, [REDACTED]	
Transport Company 1: Independent Professional Services (IPS - Salt Lake City)		Transport From: American Fork Hospital	
Transport Company 2:		Transport From:	
Transport Company 3:		Transport From:	
Dispatch Date: 04/23/2012		Dispatch Time: 09:58	
Funeral Home Selected: [REDACTED]			

Organ Bank Notification		
OB Notified By:	OB Agency:	OB Staff:
Date Notified: Unknown	Time Notified: Unknown	

Report Submitted By: Lessley, Jay D

Brief Case Summary:

Premature birth, loose blankets couldn't self rescue, no trauma

Case Narrative

State File Number [REDACTED]
Case Number [REDACTED]

On 04/23/2012 I responded to the American Fork Hospital emergency room to investigate the passing of [REDACTED] a 7-month-old Hispanic male. The decedent has been brought the hospital after being found face down, not breathing, and unresponsive in his crib at his childhood residence in American Fork.

I spoke with the decedent's mother, [REDACTED], and father, [REDACTED], at the American Fork Hospital. It was reported to me, without deviations in accounts, that [REDACTED] had breast fed the decedent at about 0400 hours on 04/23/2012 and then placed the decedent in his crib to sleep. The decedent was asleep after being fed and before being placed in the crib.

The decedent has had a history of gastroesophageal reflux and was sleeping in what the parents referred to as a [REDACTED]. This device is constructed with a firmer type of foam material and is shaped to have an incline with a cutout for a child's buttocks. The device is designed to keep the child orientated with the buttocks in the cutout with the head at the upper end of the incline and the feet at the lowest end.

The mother reported she placed the decedent, who was then asleep in the [REDACTED] properly orientated for the device's design and intentional use. The [REDACTED] was orientated inside the crib so it was flush against the crib side opposite the wall against which the crib was placed. Looking from the front of the crib, the [REDACTED] and the decedent were placed in the middle of the crib; flush against the crib side opposite the room wall with the decedent's feet to the left and the head to the right. The decedent was placed in the crib with no blankets on top of him but dressed in a short sleeve button-up shirt with the two top buttons undone and pants.

The crib itself is fitted with clothe bumpers and a sheet and blanket tightly fitted around the mattress. The decedent had a pacifier in his mouth when placed to sleep at 0400 hours.

At the time the decedent was left asleep, he was described to be heard lightly snoring which was a normal behavior.

The decedent was checked on once more at about 0600 hours as a matter of routine. It was about this time the mother of the decedent found the decedent facedown with his head and feet in the opposite direction when placed for sleep and between the [REDACTED] and the crib side opposite the room wall. The space between the [REDACTED] and crib side was about the wide of the decedent himself.

The mother of the decedent did not note any injury or trauma on the decedent and not note color changes. The mother of the decedent, stated the decedent appears lifeless when she came into the room and immediately picked up the decedent and discovered he was not breath or responsive.

At about this time, the mother of the decedent called the father into the room and he too noted the decedent to be not breathing, unresponsive, cool to the touch, and limp. The father called 911 to summon EMS and was given instructions from dispatch to conduct CPR on the floor of the parent's room.

CPR was continued until the arrival of EMS and police. Resuscitation attempts were

continued until the decedent arrived at the American Fork ER and pronounced deceased at 0701 hours.

Environment:

Responding officers to the decedent's residence did not note any observable environmental factors contributing to the decedent's passing. The decedent's home was described to be clean but with what was described as normal clutter of a home with small children.

Two other children, both males ages 3 and 5-years-old, reside in the residence. These two children are the decedent's blood siblings and were noted to be in good health no observable signs of abuse or neglect.

Medical History:

The decedent was reported to be born six (6) weeks premature with respiratory complications including a collapsed lung and a blood infection. The decedent was delivered through emergency C-section after attempts to prevent early delivery were unsuccessful. The mother had been receiving hormone treatments since 10 weeks of gestation due to a lack of hormone to prevent labor.

Since birth, the decedent was cared for at the NIC unit of UVRMC for a period of about two months. The decedent was sent home after care in the NIC unit and was receiving regular treatments of [REDACTED] injections every 28 days and a medication for the treatment of gastroesophageal reflux. The decedent has had RSV in the past but was reported to be healthy in recent weeks. The decedent was reported to be behaving normally, sleeping and eating in normal patterns with no noted excessive weight gain or loss. The decedent's interactions with family were also reported to be normal.

SUIDI Form:

I have completed and submitted a CDC SUIDI form after interviewing the decedent's parents. Nothing during the interview process was suspicious. Parental response to the interview and overall circumstances appeared appropriate and the decedent's parents were open and cooperative during the interview.

Decedent's Body:

Nothing remarkable about the decedent's appearance was noted beyond a small mark on the posterior and right side of the decedent's head. The mark was darker red than the surrounding lividity, which was posteriorly distributed and blanching. Other marks on both of the decedent's lower legs, right arm, and face were consistent with those observed during the placement of IV and/or intubation lines. No obvious signs of trauma were noted. The decedent's rigor was light to moderate.

Transportation:

After documentation of the circumstances and decedent's body, the decedent was transported to the OME from the American Fork Hospital. IPS provided transportation services for this case.

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

(Signature)

(Date)

Task No. 120710CWE2037

Date: 07-21-2012

STATUS OF MISSING DOCUMENT (S)

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

1. Fire / EMS reports American Fork, UT Fire Department Addendum added 11/15/2012

2. _____

3. _____

4. _____

5. _____

Date: 07-21-2012

Investigator No: 2259

Regional office: CFIW

Supervisor No: 9067

CONTACTS:

- 1: American Fork Utah Police Department – Contacted 07-10-2012
75 East 80 North
American Fork, UT 84003
(801) 763-3020

- 2: American Fork Utah Fire Department – Contacted 07-10-2012
96 North Center
American Fork, UT 84003
801-763-3045

- 3: State of Utah Medical Examiner's Office – Contacted 07-10-2012
48 N. Mario Capecchi Drive
Salt Lake City, UT 84113
801-584-8410

- 4: Walgreens Pharmacy – Contacted 07-17-2012
102 North 1200 East
Lehi, UT 84043
[REDACTED]

- 5: [REDACTED] Victim's Mother – Contacted 07-11-2012
[REDACTED]
American Fork, UT 84003
[REDACTED]

Date: Oct 25, 2012

SUBJECT : Addendum #120710CWE2037

Attached is an EMS report pertaining to IDI #120710CWE2037.

ATTACHMENTS:

Exhibit - EMS Report (3 pages)



Patient Care Record

Name: [Redacted]

Incident #: [Redacted]

Date: 04/23/2012

Patient 1 of 1

Patient Information				Clinical Impression			
Last	[Redacted]	Address	[Redacted]	Primary Impression	Cardiac Arrest		
First	[Redacted]	Address 2	[Redacted]	Secondary Impression	Respiratory Arrest		
Middle	[Redacted]	City	[Redacted]	Protocol Used			
Gender	Male	State	[Redacted]	Anatomic Position			
DOB	[Redacted]	Zip	[Redacted]	Chief Complaint	cardiac arrest		
Age	0 Yrs, 7 Months, 21 Days	Country	[Redacted]	Duration		Units	
Weight		Tel		Secondary Complaint	respiratory arrest		
SSN		Physician		Duration		Units	
Race	White	Ethnicity		Signs & Symptoms	Cardiac - Cardiac Arrest		
Advanced Directive					Respiratory - Arrest		
Resident Status					Respiratory - Aspiration		
				Injury	- - -		
				Medical/Trauma	Medical		
				Barriers of Care	None		
				Alcohol/Drugs	None		

Medication/Allergies/History	
Medications	Denies
Allergies	Denies
History	Gastrointestinal problems

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS	RTS	PTS
06:33	U		Lay	/									3		

Flow Chart				Provider
Time	Treatment	Description		[Redacted]
06:33	CPR	Patient Response: Unchanged		
06:34	Manual Airway	Patient Response: Unchanged		
06:34	OPA	Patient Response: Unchanged		
06:34	Intraosseous	EZ-IO (Pedi); Tibia - Left; Normal Saline; Total Fluid 1; Patient Response: Unchanged; Unsuccessful		
06:34	Oxygen	BVM; Flow Rate 15 lpm; Patient Response: Unchanged		
06:35	Intraosseous	EZ-IO (Pedi); Tibia - Right; Normal Saline; Total Fluid 1; Patient Response: Unchanged; Unsuccessful		

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status	unconscious not breathing	Mental Status	⊕ Unresponsive
Skin		Skin	⊕ Cyanotic
HEENT		Head/Face	No Abnormalities
		Eyes	Not Assessed
		Neck	No Abnormalities
Chest		Chest	No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	⊕ LL: Absent, LU: Absent, RL: Absent, RU: Absent
Abdomen		General	No Abnormalities
		Left Upper	No Abnormalities
		Right Upper	No Abnormalities
		Left Lower	No Abnormalities
		Right Lower	No Abnormalities
Back		Cervical	No Abnormalities
		Thoracic	No Abnormalities
		Lumbar/Sacral	No Abnormalities
Pelvis/GU/GI		Pelvis/GU/GI	No Abnormalities
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	No Abnormalities
		Right Leg	No Abnormalities
		Pulse	⊕ Brachial: Absent, Carotid: Absent, Femoral: Absent, Pedal: Absent, Radial: Absent
		Capillary Refill	Not Assessed
Neurological	unresponsive	Neurological	Not Assessed

Assessment Time: 04/23/2012 06:34



Name: [Redacted]

Incident #: [Redacted]

Date: 04/23/2012

Patient 1 of 1

Narrative

Dispatched to a 7 month old not conscious not breathing. Dispatch advised baby was found on his stomach and CPR was in progress. Upon arrival mother was standing on front porch crying asking us to "save her baby." Baby was found in an upstairs bedroom, on the floor with the father doing CPR. He was doing chest compressions, and giving mouth to mouth. EMT [Redacted] told the father we would take over. PD arrived the same time A 51 did and started speaking with the parents. [Redacted] started CPR, as I opened the airway bag. E 51 arrived and we decided to move the child into the back of A51. [Redacted] and Capt [Redacted] took the child, continuing CPR the entire time. Once in the back of A51 CPR continued. Paramedic [Redacted] grabbed an OPA and inserted it into the mouth, while a pediatric BVM was hooked up to O2. the baby was bagged, while [Redacted] continued CPR. Pediatric fast patches were applied while Capt [Redacted] set up for an IO attempt. Once the defib patches were applied CPR was stopped to see what if any rhythm there was. It was asystole. CPR continued. Capt [Redacted] attempted the IO in the Right Tibia. When he attempted to flush it infiltrated. He prepared for another attempt in the Left leg. Epi 1-1000 was drawn up in preparation for a dose once the IO was established. The second IO attempt failed as well. At that point AFER was contacted and we went enroute. CPR was continued, as well as bagging with BVM. We were unable to obtain any other vital signs. Once we arrived at the ER the pt was turned over to the ER staff and a report was given to DR [Redacted]. The info we received on scene is the baby was last seen 1 hour prior to 911 being called by the mother. She stated the baby was sleeping on his stomach due to acid reflux, and when she checked on him he was warm and sleeping. The baby was warm to the touch when we arrived, but was cyanotic upon arrival.

A signature was not attained for obvious reasons

Table with Incident Details, Destination Details, and Incident Times. Includes fields like Location, Address, City, State, Zip, Medic Unit, Run Type, Priority Scene, Shift, Zone, Level of Service, EMD Complaint, EMD Card Number, Disposition, Transported Lights/Siren, Protocol, Transported To, Requested By, Destination, Address, Address 2, City, State, Zip, Zone, Condition at Destination, Destination Record #, Call Received, Dispatched, En Route, Resp on Scene, On Scene, At Patient, Depart Scene, At Destination, Pt. Transferred, Incident Close, In District.

Crew Members

Table with Personnel, Role, and Certification Level. Lists crew members and their respective roles and certifications.

Insurance Details

Table with Insured's Name, Relationship To Patient, Insured SSN, Insured DOB, Address1, Address2, Address3, City, State, Zip, Country, Primary Payer, Insurance, Medicare, Medicaid, Primary Insurance, Policy #, Group #, Secondary Ins, Policy #, Group #, Dispatch Nature, Response Urgency, Job Related Injury, Employer, Contact, Phone.

Table with Mileage, Delays, and Additional Agencies. Includes fields for Scene, Destination, Loaded Miles, Start, End, Total Miles, Category, Delays.

Next of Kin

Table with Next of Kin Name, Relationship to Patient, Phone, Address1, Address2, Address3, City, State, Zip, Country.

Consumables

Table with Description, Qty, Description, Qty, Description, Qty. Lists medical supplies used during the incident.



Name [REDACTED]

Incident # [REDACTED]

Date: 04/23/2012

Patient 1 of 1

Transfer Details

PAN		Sending Physician	
PCS		Sending Record #	
ABN		Receiving Physician	
CMS Service Level		Condition Code	
ICD-9 Code		Condition Code Modifier	
Transfer Reason			
Other/Services			
Medical Necessity	Emergency-, Oxygen/Special Care-, Unconscious/Shock-		

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) _____ [REDACTED] _____
 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 _____
Yes _____

Don't Know _____
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 _____
Yes _____

Don't Know _____
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 _____
Yes _____

Don't Know _____
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.

_____ [REDACTED] _____

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)

_____ [REDACTED] _____

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

None _____ Don't Know _____
Yes _____

If yes, specify product and describe.

II. Description of the Products

26. Describe sleeping site (e.g., crib, crib mattress, adult mattress, etc.) and other products involved (e.g., blankets, quilts) where infant was found, include information on product dimensions and materials of construction of sleeping surface/site, etc.

- Note any visible damage to sleeping surface or accessories (e.g., ripped seams, exposed stuffing, loose trim, etc.).
- Note any failures or defects of sleeping/resting unit (structural failure, broken or missing hardware, etc.).

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

Manufacturer _____

Size (if relevant) _____

Brand/Model/Style _____

How Obtained _____

Where Obtained _____

Age of Product _____

Surface material (e.g., fabric, vinyl, other, specify) and filling contents (e.g., batting, foam, other, specify) _____

Any recommendations or warnings listed on label

28. If the infant was found in a crib, were all four mattress support hangers attached to the corner posts and resting properly in the hooks at the time of death?

No _____	Don't Know _____
Yes _____	Refused _____
N/A _____	

(not found on a mattress/crib)

If no, describe

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

III. Description of the Infant

31. Birth Weight (lbs./oz.)

32. Was the infant breast-fed?

No _____ Don't Know _____
Yes _____ Refused _____

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

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

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

No _____ Don't Know _____
Yes _____ Refused _____

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

No _____ Don't Know _____
Yes _____ Refused _____

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

No _____ Don't Know _____
Yes _____ Refused _____

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

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

None ever given _____ Don't Know _____
Refused _____

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

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

No _____ Don't Know _____
Yes _____ Refused _____

If yes, describe

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

No _____ Don't Know _____
Yes _____ Refused _____

If yes, specify

IV. Maternal History

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 _____

natural gas _____

LP gas (propane) _____

don't know _____

refused _____

none _____

other(specify)_____

fuel oil _____

kerosene _____

wood/coal _____