

SCANNED

1988a

25 AUG 1988

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO. 880616CCC0413

2. INVESTIGATOR'S ID 8863

3. OFFICE CODE 805

4. DATE OF ACCIDENT YR MO DAY 88 01 23

5. DATE INVESTIGATION INITIATED YR MO DAY 88 08 10

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A two month old male child was found by his mother dead in his crib. The mother found the child's face between the mattress and the bumper pads. The child's death is listed by the medical examiner as "accidental" with the cause of death "asphyxia."

7. LOCATION (Home, school, etc.) Home 10

8. CITY Richmond

9. STATE VA

10A. FIRST PRODUCT Mattress 1542

10B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown

10B. SECOND PRODUCT Crib 1543

11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown

12. AGE OF VICTIM 202

13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 1

14. DISPOSITION Died 8

15. INJURY DIAGNOSIS Asphyxia 70

16. BODY PART Face 76

17. RESPONDENT(S) (Mother, Friend) Med. Examiner

18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 2

19. TIME SPENT 050

20. ATTACHMENTS None 0

21. CASE SOURCE Coroner 12

22. REVIEWED BY 8614 YR MO DAY 88 08 22

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side) SUMMARY

25. REGIONAL OFFICE DIRECTOR REVIEW DATE 8/22/88

This report involves the death of a two month old baby boy. The child was found by his mother dead in his crib at 7:45 a.m. According to the medical examiner, the mother found the child with his face between the mattress and the bumper pads. He was dead when the mother checked him.

No investigation was done by either the medical examiner's office or the city police regarding this death. The medical examiner's office lists the death as accidental with the cause of death "mechanical asphyxia".

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

SUMMARY (CONT'D)

The medical examiner report does not give any information or details on either the crib or mattress or the accident itself. There is no mention of the position of the child's body in the crib. The length of the child was 23½". No weight was reported. The circumference of his head was 15" and the circumference of his chest was 16".

The death was reported to the ME's office by the hospital where the child was taken. (However, M.E. stated the child was dead when found by the mother. Child was pronounced dead at 8:10 a.m.) I called the office the M.E. said reported the death. I was then referred to the risk manager at the hospital. The risk manager would not state if any investigation was done by him. He stated any information could only be reported to the attorney of the family.

Richmond City Police were contacted by this investigator. However, no investigation was done concerning this death.

ACCIDENT INVESTIGATION REQUEST FORM

Ap T
Product NYCO
assigned

Document Number _____

Date of Incident 1/23/88 Category I.D. sect 15 1987

Follow-up Requested _____ Hazard Analysis Section 15

Type Follow-up Requested _____ Telephone Call *see below* On-Site

Headquarters Contact Terri Rogers 492-6608

Assignment Message conduct an IOI on the attached

document involving a crib. Obtain all
official documentation associated with this
accident and attempt to obtain product
ident. and accident scenario.

Photograph if possible. Do not contact
next of kin - use official sources only.
attempt to determine if mattress was sold with
crib.

Person(s) to Contact Leah Bush MD

9N. 45th Richmond, VA

Guideline # 46 Nursery products 12/17/84

Requested By Alex Kendall

Task Number 880616 CCL 0413

Assigned to NYC Date 6-16-88 W

T+M

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF THE CHIEF MEDICAL EXAMINER
CENTRAL DISTRICT
9 NORTH 14TH STREET
RICHMOND, VIRGINIA 23219
PHONE: (804) 786-3174



AUTOPSY NO. [REDACTED]
DATE/DAY 1/25/88
TIME 9:30 AM

REPORT OF AUTOPSY

DECEDENT [REDACTED] [REDACTED] [REDACTED]
First Middle Last

Autopsy Authorized by: Dr. Leah Bush, M.E. for Richmond City

Body identified by: MCV Toe Tag

Persons Present at Autopsy:
Dr. Fierro
John Walker

Rigor: Complete x jaw neck arms legs passed
Livor: color absent distribution:
Age 2 mos Race black Sex male Length Weight Eyes brown Pupils: R L
Hair black Mustache Beard Body Heat cold

Clothing, Personal Effects, External Wounds, scars, tattoos, other identifying features:

CLOTHING & PERSONAL EFFECTS: jumpsuit, t-shirt.
MEASUREMENTS: Head Circumference 15"; Chest Circumference 16"; Crown Rump 16";
Crown Heal 23 1/2".

PATHOLOGICAL DIAGNOSES:

- 1.0 Sudden unexpected death in a 2 month old black male.
- 2.0 Thymic petechiae; pleura petechiae.
- 3.0 Post-mortem toxicology - Negative

Cause of Death: Mechanical asphyxia (baby caught between mattress and sides, crib)

Provisional Report 1/25/88

Final Report 2-16-88

The facts stated herein are true and correct to the best of my knowledge and belief.

1/25/88

Date Signed

OCME Richmond

Place of Autopsy

[Signature]
Signature of Pathologist

9 N. 14th St.
Richmond, VA 23219

GROSS DESCRIPTION

SKIN: Marks of therapy include an IV present in the right antecubital fossa. Two recent puncture wounds present, one in each femoral region.
PLEURA: There are few pleura petechiae present.
PERITONEUM: Within normal limits.
PERICARDIUM: Within normal limits.
HEART: 35gms, anatomically normal. No lesions are present on the sectioned surface of the myocardium. Foramen ovale is patent.
AORTA: Within normal limits.
NECK ORGANS: Thymus weighs 57gms and contains a few petechiae. Hyoid and larynx are intact.
LUNGS: Right 60gms, left 48gms. Minimal congestion on the sectioned surface.
LYMPH NODES: Within normal limits.
LIVER: 165gms and grossly normal.
GALLBLADDER: Within normal limits.
SPLEEN: 20gms. There are three small accessory spleens present.
PANCREAS & ADRENALS: Within normal limits.
GI TRACT: An appendix is identified. Stomach is empty. Fecal material present in small and large bowel.
KIDNEYS: Right 19gms; left 20gms. Both are grossly normal on the sectioned surface.
BLADDER: Less than 1cc of pale yellow urine.
GENITALIA: Normally developed male genitalia.
BRAIN & MENINGES: Brain weight 600gms and grossly normal. There are no lesions present on the sectioned surface.
SKULL: No evidence of fracture or injury.
RIBS, VERTEBRA, PELVIS & EXTREMITIES: Within normal limits.

MICROSCOPIC DESCRIPTION

HEART: No significant histopathologic abnormality; generalized capillary congestion.
LUNGS: Generalized capillary congestion; alveoli contain macrophages and extravasated erythrocytes.
LIVER: Microvesicular fatty change (minimal) with sinusoidal congestion.
BRAIN: Hypoxic neuronal changes; no significant histopathologic abnormalities.

CASE SUMMARY

This is the case of a 2 month old black infant found wedged between his mattress and side of crib on 1-23-88 by his mother. Resuscitative efforts by the rescue squad were unsuccessful. At autopsy, significant findings are thymic and pleural petechiae consistent with asphyxia as a mechanism of death. There are no external or internal signs of injury or trauma. Therefore, the cause of death in this case is mechanical asphyxia: secondary to being wedged between the crib mattress and sides; manner is accident.

OTHER LAB PROCEDURES: TOX PHOTO DENTAL _____ FINGERPRINTS _____ MICRO _____ X-RAY
SER (GROUP PERK) GSR _____ FIREARMS _____ ACCELERANTS _____ BACTERIOLOGY VIROLOGY _____ HEPATITIS B _____ HTLV III _____
OTHER _____

DISPOSITION OF EVIDENCE:
TYPE (Clothing, Bullets, etc.) NAME OF RECIPIENT ADDRESS OFFICIAL TITLE DATE

Clothing retained at OCME

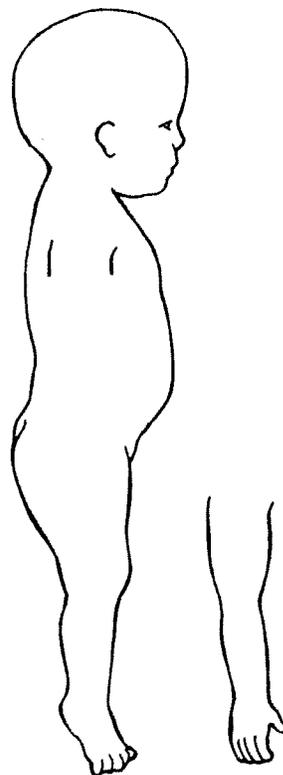
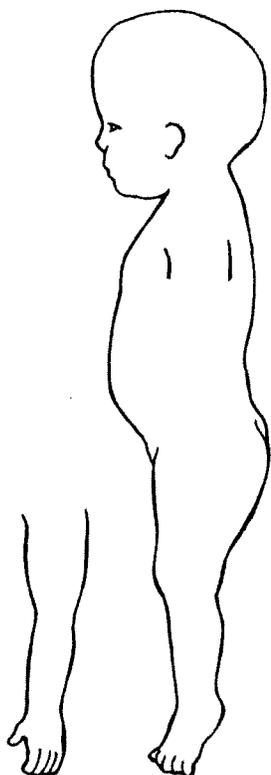
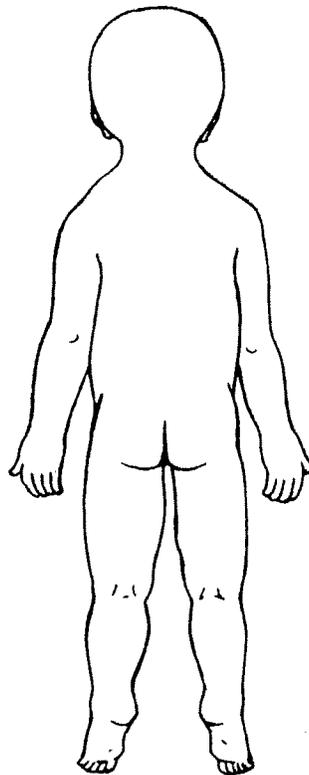
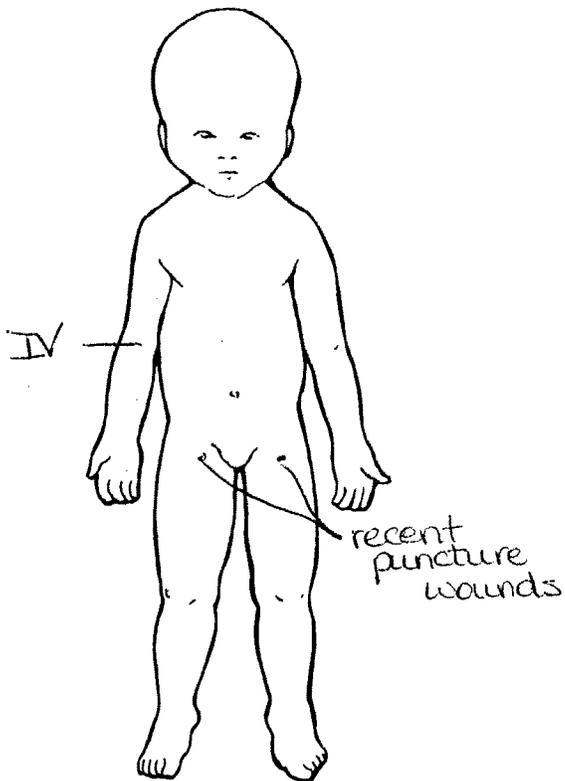


Infant, ventral, dorsal, and left and right lateral views.

Name [REDACTED] Autopsy No. [REDACTED]

Age 2 mos Race B Sex M Date 1/25/88

SMG



[REDACTED]



Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
BUREAU OF FORENSIC SCIENCE

CERTIFICATE OF ANALYSIS

February 8, 1988



TO: Office of the Chief Medical Examiner
Attn: Dr. [REDACTED]
9 North 14th Street
Richmond, VA 23219

Your Case # [REDACTED]

FS Lab # [REDACTED]

Victim(s): [REDACTED]

Suspect(s): - - -

Examiner: J.C. Valentour
Ph.D.

Evidence Submitted By: Dr. [REDACTED]

Date Received 1-25-88

1 vial of blood.

RESULTS:

Blood: no acidic or neutral drugs detected
(barbiturates, diphenylhydantoin, primidone and glutethimide)
no alkali-extractable drugs detected
(synthetic narcotics, antihistamines, antidepressants
and tranquilizers)

JCV/adt

Toxicologist

IN FUTURE CORRESPONDENCE REFERENCE THIS MATTER PLEASE REFER TO THE FS LAB # ABOVE



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF THE CHIEF MEDICAL EXAMINER
CENTRAL DISTRICT
9 NORTH 14TH STREET
RICHMOND, VIRGINIA 23219
(PHONE (804) 786-3174)

Resident
 Non-resident

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT: [Redacted] AGE: 2mo RACE: B SEX: M
ADDRESS: [Redacted] M W S D OCCUPATION: _____
Richmond, Va SSN: _____ EMPLOYER: _____
City or County Zip Code

TYPE OF DEATH: (Check one only)
Sudden in apparent good health Suspicious Violent or Unnatural
Unattended by physician Unusual Means weapon
In prison, jail, or police custody

DATE	TIME	Last Seen Alive	Injury or Illness	Death	Medical Examiner Notified	View of Body	Police Notified	If Motor Vehicle Accident Check One Of The Following
1/23/88	~1:00am	1/23/88	found	pronounced	1/23/88	1/25/88	1/23/88	DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/>

NOTIFICATION BY: [Redacted] OFFICIAL TITLE: Superintendent
Address: MCV Hospital 401 N. 12th St, Richmond, Va

INJURY OR ONSET OF ILLNESS	LOCATION	CITY OR COUNTY	TYPE OF PREMISES (E.G., HIGHWAY, ETC.)
	[Redacted]	Richmond	Home
DEATH	<u>401 N. 12th St, MCV Hosp.</u>	"	<u>Emergency Room</u>
VIEWING OF BODY BY MEDICAL EXAMINER	<u>OCME, 9 N. 14th St.</u>	"	<u>OCME Morgue</u>

DESCRIPTION OF BODY	NOSE	MOUTH	EARS	RIGOR	LIVOR	NON FATAL WOUNDS
Clothed <input type="checkbox"/> Unclothed <input checked="" type="checkbox"/> Partly Clothed <input type="checkbox"/> Hair Color: <u>Black</u> Beard: _____ Mustache: _____ Pupils: R: _____ L: _____ Eyes Color: <u>Brown</u> Body Heat: <u>Refig</u> Scars, Tattoos, etc.: _____ <u>See Autopsy</u>	Blood _____ Froth _____ Other (Sand, dirt, water, etc.) _____			Jaw _____ Neck _____ Arms _____ Legs _____ Complete <input type="checkbox"/>	Color _____ Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral <input type="checkbox"/> Regional _____	Abrasion <input type="checkbox"/> Burn <input type="checkbox"/> Contusion <input type="checkbox"/> Stab <input type="checkbox"/> Gunshot <input type="checkbox"/> Incised <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> DISTRIBUTION: Scalp <input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Legs <input type="checkbox"/>

FATAL WOUNDS (GUNSHOT, STAB, ETC.)	size/shape	burn/powder	Location: Top of head / L, R of midline	PLANE, LINE OR DIRECTION

CAUSE OF DEATH: <u>Mechanical asphyxia due to being wedged between crib mattress and sides.</u>	MANNER OF DEATH: (Check one only) Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/>	AUTOPSY: <input type="checkbox"/> AUTHORIZED BY: [Redacted] Pathologist: [Redacted] Autopsy No.: [Redacted]
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I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with §32.1-283, Code of Virginia; and that the information contained herein regarding such death is correct to the best of my knowledge and belief.
1/25/88 Date
Richmond City or County of Appointment
[Redacted] Name of Medical Examiner (Type or Print)

MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE:

NAME OF PHYSICIAN OR INSTITUTION	ADDRESS	DIAGNOSIS	DATE
Medical College of Virginia	401 N. 12th St, Richmond, Va	Cardiopulmonary arrest	1/23/88

CIRCUMSTANCES OF DEATH:

	NAME	Official Title or Relationship to Decedent	ADDRESS
FOUND DEAD BY pronounced	Dr. [redacted] mcv Hosp.	Physician	401 N. 12th St, Richmond, Va
LAST SEEN ALIVE BY	[redacted]	Mother	[redacted] K
WITNESSES TO INJURY OR ILLNESS AND DEATH	None		

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

Mother [redacted] reports last seeing infant breathing & well at ~1am in his bed. When she checked on him at 7:45am, she found him face down in his crib w/ his face between the bumper pads and mattress. He was apneic, cold & stiff at that time. The rescue squad was called & they initiated resuscitation & transported him to mcv. Despite full code, he did not respond & was pronounced dead at 8:30am. There was no evidence of abuse or neglect. The infant had not been ill prior to this and appeared to have been thriving.

Toxicology sent: Yes No
 Blood
 Urine At Autopsy
 Other

DECEDENT [redacted]