

APR 31 1992

1. CASE NO. 920320HWE4006			2. INVESTIGATOR'S ID 8 3 1 0		3. OFFICE CODE 8 7 1		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
4. DATE OF ACCIDENT YR MO DAY 9 2 0 3 2 0			5. DATE INVESTIGATION INITIATED YR MO DAY 9 2 0 3 2 0				

8. SYNOPSIS OF ACCIDENT OR COMPLAINT A 2 month old female was found dead in a crib. Her face was turned to the side. A distance of 6 inches separated the victim's face and the crib bumper pad.

7. LOCATION (Home, school, etc.) Bedroom	8. CITY Escondido	9. STATE C A
---	----------------------	-----------------

10A. FIRST PRODUCT Crib	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Kid's Warehouse, San Diego, CA
----------------------------	---

10B. SECOND PRODUCT	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
---------------------	---

12. AGE OF VICTIM 2 0 2	13. SEX (Use numerical code) MALE - 1 FEMALE - 2 UNKNOWN - 3 2	14. DISPOSITION Expired at scene 8	15. INJURY DIAGNOSIS SIDS 7 1
----------------------------	--	---------------------------------------	----------------------------------

16. BODY PART All 8 5	17. RESPONDENT(S) (Mother, Friend) Victim's father 2	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 1	19. TIME SPENT 2 0 0
--------------------------	---	--	-------------------------

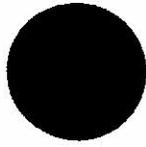
20. ATTACHMENTS Multiple 9	21. CASE SOURCE Coroner 1 2	22. REVIEWED BY 8 2 9 3	YR MO DAY 9 2 0 4 9 2
-------------------------------	--------------------------------	----------------------------	--------------------------

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) M.E. Case No. 92-0592	25. REGIONAL OFFICE DIRECTOR REVIEW DATE
---	---

**CPSA 6(b)(1) CLEARED for PUBLIC**  
~~NO MFERS/PRVTBLRS OR PRODUCTS IDENTIFIED~~  
 EXCEPTED BY: PETITION  
 RULEMAKING ADMIN. PRCDG  
 WITH PORTIONS REMOVED: \_\_\_\_\_

*3, 25c, 6*



(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

APR 31 1992

# EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO. 920320HWE4006			2. INVESTIGATOR'S ID 8 3 1 0			3. OFFICE CODE 8 7 1		
4. DATE OF ACCIDENT YR MO DAY 9 2 0 3 2 1 0			5. DATE INVESTIGATION INITIATED YR MO DAY 9 2 0 3 2 1 0					

8. SYNOPSIS OF ACCIDENT OR COMPLAINT A 2 month old female was found dead in a crib. Her face was turned to the side. A distance of 6 inches separated the victim's face and the crib bumper pad.

7. LOCATION (Home, school, etc.) Bedroom		8. CITY Escondido		9. STATE C A	
---	--	----------------------	--	-----------------	--

10A. FIRST PRODUCT Crib		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Kid's Warehouse, San Diego, CA			
----------------------------	--	---	--	--	--

10B. SECOND PRODUCT		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS			
---------------------	--	---	--	--	--

12. AGE OF VICTIM 2 0 2		13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 2		14. DISPOSITION Expired at scene 8		15. INJURY DIAGNOSIS SIDS 7 1	
----------------------------	--	---	--	---------------------------------------	--	----------------------------------	--

16. BODY PART All 8 5		17. RESPONDENT(S) (Mother, Friend) Victim's father 2		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 1 OTHER 3		19. TIME SPENT 2 0 0	
--------------------------	--	---	--	---	--	-------------------------	--

20. ATTACHMENTS Multiple 9		21. CASE SOURCE Coroner 1 2		22. REVIEWED BY 8 2 9 3		YR MO DAY 5 2 0 4 9 2	
-------------------------------	--	--------------------------------	--	----------------------------	--	--------------------------	--

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)				CPSC MAY DISCLOSE MY NAME <input type="checkbox"/>		CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>	
--	--	--	--	--	--	---	--

24. NARRATIVE (See Instructions on Other Side) M.E. Case No. 92-0592			25. REGIONAL OFFICE DIRECTOR REVIEW DATE		
---	--	--	---	--	--

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

The investigation conducted on this matter was completed from the perspective of the victim's father. The San Diego County Medical Examiner's office conducted an investigation of the case. The investigation and autopsy reports will be available for review after the close of the event. They will be forwarded when available. The investigation will be completed once all reports are received and reviewed.

APPARENT

The victim was one of a pair of identical twins. She was born before which was a mistake. The victim weighed 2 pounds at birth. She was 17 1/2 inches long. The victim was "twisted" of the body. At the time of the event the victim weighed 8 1/2 pounds but her twin sister weighed 8 pounds 14 ounces.

The twins were kept in the hospital for 2 weeks after which both began to get their weight back. They experienced a medical condition.

During the 2 weeks prior to the event the victim had been told by the doctor twice because of a bad cough. The doctor said that she was going to work about. He said that the cough was normal. The victim received no medication for the cough.

The victim was allergic to milk. She had been breast fed to the first month of her life. Her mother was hesitant to leave breast feeding until. The victim's usual diet consisted of milk and formula. She was given a can of milk. It was found that she would usually eat a can of milk. Her sister did not drink milk.

The victim lived with her parents and sister in a two bedroom apartment. Her parents had purchased a crib for her to sleep in. She slept in a bassinet. The two cribs which were used in the apartment. The victim became cranky every day for periods of time to place her in the crib.

The victim's usual sleeping place was on her father's chest in the livingroom on a cot or cotter in the livingroom. Her usual sleeping place was a cotter in the livingroom area. The victim had never slept in the crib prior to the event.

During the evening prior to the event the family was having trouble with the built-in microwave oven in the kitchen. While attempting to heat formula for the girl at approximately 8:30 PM the microwave oven turned on and made an alarm. The formula in the microwave was disturbed, leaving a mess and alarm. The alarm was turned off and the oven was used properly and the girls were fed and bed for the night. The victim's observations of the girl in the apartment.

The victim fell asleep on her father's chest in the livingroom.

At 11:00 P.M. a light the victim was and was carried to her  
room. She again fell asleep on her father's arm.

At 6:00 A.M. on the day of the event <sup>the victim</sup> ~~awoke~~ was present in the  
cell for the first time. Her mother looked over her shoulder  
while she was lying toward her left side. She observed that

The victim's sister was asleep in the bathroom in their bedroom.  
A mother was present in the bedroom. The mother was in the  
bathroom's room. The parents retired to their bedroom.

WENT

At 8:15 A.M. the usual time when the twins wake up, the mother  
found a note on the monitor. She entered the victim's bedroom.  
The note was written. Mother looked for her. She checked on the  
victim and ascertained that something was wrong. She called the  
father.

The father entered the bedroom and observed the victim in the  
dormitory for us when she was laid down to sleep.

The father rolled the victim over and noticed that there was a  
purple mark on her right cheek. There were no marks on her  
feet or hands. She was not breathing. The father summoned  
the father and mother immediately.

Emergency personnel were called. A police officer arrived to  
investigate after the call was made. The police officer continued  
efforts at resuscitation. Ambulance personnel arrived and  
transported the victim to a local hospital where she was  
pronounced dead.

The investigator from the Medical Examiner's office estimated  
that the victim had been dead for 1-1/2 hours prior to the time  
she was found.

The victim's sister will be wearing an nasal monitor for 1  
month. She was exhibited no signs of illness.

#### PHYSICAL INVESTIGATION

The victim was sleeping in a crib in the child's bedroom. The  
crib was on the left wall. It was first used by the victim  
in 1968. It appeared to meet all safety standards. See  
Attachment 4.

The crib was fitted with a coverlet. The coverlet was made of  
cotton. The mattress was labeled: "Cotton, Properly ventilated,  
and safe for infants." The surface was dark green.

The crib's mattress was a mattress pad with a cover. The  
mattress was 28 inches x 50 inches. It was labeled "Cotton  
and safe for infants."

Cover on the mattress had a blue, longwool, 10% cotton  
It was a light-colored fabric.

The victim was covered by a polyester lined pillow case after  
a light blue, Gildan, or was a light blue, brand. The cover of  
the mannequin was described as 10/20.

Subject pants were inside the crib. They were a light blue  
brand, with a blue brand. They were attached by a blue, but  
of blue, from the victim's face and the mannequin was  
inside.

#### ENVIRONMENT

No heating or cooling was in operation at the time of the event.  
The temperature of the room in which the event occurred was  
very low and comfortable.

No one in the room was asleep.

The windows in the victim's bedroom were closed. The victim's  
sister was asleep in the same room at the time of the event.

#### AT THE SCENE

1. Bedding: Sheet

2. Contents of the mannequin placed in the crib by the father, to  
represent the position in which the victim was found.

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

T 1N506

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information noted below.

Date of accident 3-20-92 Date of death 3-20-92

Type of consumer product involved Crib

Manufacturer, Model, Brand name, and Serial No. of product Unk.

Is product available for examination? y yes no If yes, where? Victim's residence

Location of Accident: City Escondido State CA

Brief description of accident sequence: (PLEASE INCLUDE THE AGE AND SEX OF THE VICTIM(S))

3 month old female found dead in crib

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident.

Medical Examiner's/Coroner's Case No. (b)(6) Telephone No. 619 694-2895

Reporter's Name William Leard Date Reported 3-20-92

Reporter's Off. (incl. city, county, and state) San Diego, San Diego, CA

Medical Examiner's/Coroner's Name Brian Blackbourne

For processing at CP&C: Report rcvd. by: \_\_\_\_\_

Chief Med. Exam. Rpt. ( ) Copy for MECAP News ( )  
Regular MECAP ( ) Document No. \_\_\_\_\_



920380 HWE 4006

# County of San Diego

BRIAN D. BLACKBOURNE, M.D.  
MEDICAL EXAMINER  
(619) 694-2895  
FAX: (619) 495-5956

OFFICE OF THE MEDICAL EXAMINER  
5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1219

HARRY J. BONNELL, M.D.  
CHIEF DEPUTY MEDICAL EXAMINER  
(619) 694-2895  
FAX: (619) 495-5956

## INVESTIGATIVE REPORT

Natural X  
Other     

INVESTIGATOR: WILLIAM LEARD

FILE #                       
CC # (b)(6)  
DATE March 20, 1992

Name of Deceased		First-Middle-Last <u>(b)(3):CPSA Section 25(c)</u>		Date & Time of Death 03/20/92 0935	
Sex Female	Race/Ethnicity Caucasian	Birthplace California	Date of Birth 12/22/91	Age 0 Yrs 2 Mos	Citizenship USA
Marital Status Single	Social Security <u>(b)(6)</u>	Current Occupation Infant	Name of Employing Company N/A		
Place of Death Palomar Medical Center			Person Notified <u>(b)(6)</u>	Relationship Parents	
Street Address <u>(b)(6)</u>			Street Address <u>(b)(6)</u>		
City-State-Zip Escondido, CA 92025			City-State-Zip/Phone Number Escondido, CA 92026 <u>(b)(6)</u>		
Decedent's Usual Address <u>(b)(6)</u>  Escondido, CA 92026			Next of Kin/Address/Phone Number <u>(b)(6)</u> Parents <u>(b)(6)</u>	Notified? YES	

Place of Injury: N/A

Date & Time of:                     

How Occurred: N/A

At Work? NO                      Employer Notified? NO

Law Enforcement Agency: None                      Report # N/A

Officer/Team #: N/A

NAME: (b)(3):CPSA Section 25(c)

CC # (b)(6)

Property: None Taken  Cor-to-Fam  Cor-To-PC  Cor-to-PA  Info-to-PA  LEA

Vehicle:	Make	Model	Year	State & License #	
	N/A				
Location of Vehicle:	Name of Towing Company	Address		Phone	
	N/A				
Weapon or Other Prop:	N/A				
Sponsor Info for Military Depn's:	Serial #	Rate	Branch	Duty-Station	Command Notified
	N/A				N

Regular Physician (b)(3):CPSA Section 25, M.D. Phone (b)(6) Notified Yes

Current Physician Same Phone \_\_\_\_\_ Notified No

Date Last Seen by Regular Physician 03/02/92

**Current Medical History**  
 Fed at 3:30 a.m., 03-20-92; burped; changed; placed face down in crib to sleep; found unresponsive in crib at 8:45 a.m., 03-20-92.

**Operations & Dates:**  
 None

**Past Medical History (Include Surgeries)**  
 Born 6 weeks premature; chronic colic; "spitting up" for past week with a cough.

**Medications**  
 None

**Hospitals**      None since birth.

Cause of Death: Sudden infant death syndrome unknown

Due To: \_\_\_\_\_

Due To: \_\_\_\_\_

Contributing: \_\_\_\_\_

Pathologist: Leena K. Jariwala, M.D. Disposition Alhiser-Wilson Mortuary 3-22-92

Informant: <u>Palomar Hospital</u>	Date & Time of Call	Arrived	Completed
	<u>03/20/92 1030</u>	<u>1110</u>	<u>1246</u>

Identification: Parents & grandmother present at hospital.

P: N (C) LEA	D.R. Y (N)	C.D. Y (N)	E: Y (N)	S.N. Y (N)	(H) (T) (A) I B 0321
--------------	------------	------------	----------	------------	----------------------

(b)(3):CPSA Section 25(c)

Coroner's Case Number: (b)(6)

INVESTIGATIVE SUMMARY:

PERSON & M. E. JURISDICTION: This 3 month old, Caucasian female infant resided with her parents. Since she suffered a sudden and unexpected death, Medical Examiner's jurisdiction was retained and the decedent transported to this office for examination and certification of the cause of death.

ACUTE EVENT LEADING TO DEATH: The decedent's father, (b)(6) said he fed the decedent between three and four ounces of formula at 3:30 a.m., 03-20-92, burped her, changed her diaper and placed her in her crib, face down, to sleep. She was clad in two piece sleep set with disposable diaper. He placed a blanket over her, extending up to her waist. He returned at 8:45 a.m., 03-20-92 to find the decedent unresponsive. Her head was turned to her left with her right cheek on the bed linens, in almost the exact place where he had placed her. There were no toys, linens or other materials near or over her face. The decedent had not drooled or vomited. He immediately telephoned 911 for assistance and was given instructions on how to administer mouth to mouth resuscitation until paramedic personnel arrived and assumed treatment of the child.

PAST MEDICAL HISTORY: In a personal interview, the decedent's mother, with family assistance, provided the following information. The parents are unwed. This was the second pregnancy for the 18 year old mother, who is half Caucasian and half Hispanic. The father is a 21 year old, Caucasian male who is an unemployed construction laborer. He suffers from asthma and mild allergies but is not under the care of a physician and takes no medication. The mother underwent an abortion at age 16 years. The mother suffered dehydration and general discomfort during pregnancy. The mother denied usage of drugs, ethyl alcohol or tobacco. The decedent was one of identical twin females, born at Palomar Hospital on 12-22-91. She weighed 3 pounds, 13 ounces at birth, six weeks premature. She was deemed to be healthy with no known medical problems. She was kept in the hospital for approximately sixteen days and released to home. She was breast fed during her hospital stay and for approximately three weeks at home, supplemented with Similac with iron formula. The decedent suffered chronic colic and her formula was changed to Prosobee without iron for two or three weeks. She was given liquid iron. She continued to suffer colic and approximately three weeks prior to death, she was changed to Nutramigen formula. She seemed to tolerate this well. She was administered inoculations on 03-02-92 for DPT, oral polio and HIB titer for spinal meningitis. She was last seen by her pediatrician approximately one week prior to death for excessive "spitting up" of her formula. She was given a clean bill of health. She had suffered a dry, non-productive cough for approximately one week prior to death.

HOSPITAL COURSE: There was no paramedic run sheet left at the hospital. Palomar Hospital medical records showed the decedent was admitted to the emergency

CORONER'S REPORT

Page 4.

(b)(3):CPSA Section 25(c)

(b)(6)

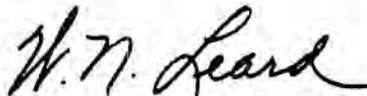
department via Escondido Fire Department Rescue I Paramedic ambulance at 9:35 a.m., 03-20-92. She was pronounced dead on arrival at 9:35 a.m., 03-20-92 by Martin Oretsky, M.D. No procedures were carried out and no blood was drawn.

OTHER IMPORTANT FEATURES: Examination of the decedent's residence showed a large two story apartment complex. The residence was on the first floor. The exterior walls were of wooden construction and the interior walls of the apartment were standard dry wall. The decedent's bedroom was carpeted. The decedent's crib was a standard size wooden crib. The crib was purchased from Kids Warehouse outlet with no other brand name found on the crib. The crib mattress was covered with a sheet with pads in place around the sides of the crib. A baby pillow and four stuffed toys were in the crib. There was no evidence that the decedent drooled or vomited on the bed linens. The entire residence was neat and clean. An investigation of the decedent's death was also conducted by Roger Burroughs of the U. S. Consumer Product Safety Commission.

VIEWED: The decedent, clad in paper disposable diaper only, was viewed supine on a gurney in the emergency department at Palomar Hospital, the place of demise. The body was cold to the touch, in full rigor mortis and with unfixed lividity forming in the dependent areas. An oral endotracheal tube was in place and cardiac monitor pads were on the torso. The head, neck, and fingernail beds were cyanotic. No evident signs of physical trauma on or about the body were noted.

TISSUE DONATION: Due to the emotional condition of the family, no request was made.

IDENTIFICATION: The decedent's parents and paternal grandmother were all present at the hospital.



W. N. Leard, Medical Examiner Investigator

END OF REPORT

CC# 92-0592



920320 AWE 4006

# County of San Diego

BRIAN D. BLACKBOURNE, M.D.  
MEDICAL EXAMINER

## OFFICE OF THE MEDICAL EXAMINER

5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1219  
TEL: (619) 694-2895 FAX: (619) 495-5956

HARRY J. BONNELL, M.D.  
CHIEF DEPUTY MEDICAL EXAMINER

### AUTOPSY REPORT

**Name of deceased:** (b)(3);CPSA Section 25(c) **ME#:** (b)(6)

**Place of residence:** (b)(6) **Age:** 3 MONTHS

**Place of death:** PALOMAR MEDICAL CENTER, ESCONDIDO **Sex:** FEMALE

**Date and time of death:** MARCH 20, 1992; 9:35 A.M. **Race:** CAUCASIAN

**Date and time of autopsy:** MARCH 21, 1992; 8:50 a.m. - 11:00 a.m.

CAUSE OF DEATH: SUDDEN INFANT DEATH SYNDROME

MANNER OF DEATH: NATURAL

AUTOPSY FINDINGS:

1. Sudden Infant Death Syndrome.
2. Petechiae of thymus, visceral pleura and epicardium (2-4+).
3. Congestion of the lungs, liver, spleen, and kidneys.
4. No external or internal traumatic injuries.
5. No congenital anomalies.

*Leena K. Jariwala, M.D.*  
LEENA K. JARIWALA, M.D.  
Deputy Medical Examiner

Date signed:

IDENTIFICATION: The body is identified by a Medical Examiner's identification bracelet with the decedent's name and autopsy number.

CLOTHING: The clothing is not brought to the Medical Examiner's Office.

EVIDENCE OF MEDICAL THERAPY:

1. Two electrocardiogram monitor pads, one on each side of the chest, and one in the left upper abdomen.
2. Intubation tube, mouth.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian female who appears to be about the recorded age of three months old, measuring 59.0 cm in crown-heel length (expected 56 cm), and weighing 9 pounds. The head circumference is 37.0 cm, chest circumference is 34.0 cm, abdominal circumference is 34.0 cm, and the crown-rump length is 37.0 cm.

There is fixed pinkish-red lividity around the nose, mouth, cheeks and chin. This lividity consists of a red color. There is very minimal rigor mortis.

FACE AND HEAD: The scalp is free of bleeding, abrasions, bruises or lacerations. It is covered with brownish hair, the length of which varies from 1/4 to 1 inch in length. The anterior fontanelle is unossified. The posterior fontanelle is ossified. The forehead is unremarkable. There is no periorbital ecchymosis. The sclerae and conjunctivae are free of hemorrhage and petechiae. The irides are hazel in color. The pupils are unremarkable. Both nostrils, external auditory meati and mouth are free of bleeding and discharge. Upper and lower lips, and cheeks and chin are unremarkable. The buccal mucosa is free of focal lesions. The frenulum is intact. The buccal mucosa is free of focal lesions. The tip of the tongue is tight between the upper and lower gums.

NECK: The neck is unremarkable. It is free of abrasions, bruises, lacerations or ligature marks. There are no palpable masses.

CHEST: The chest is bilaterally symmetrical and without distortion. It is free of traumatic injuries. There are no visible scars.

ABDOMEN: The abdomen is free of traumatic injuries. There are no visible scars.

EXTERNAL GENITALIA: The external genitalia are that of a normally-developed female infant. They are free of bleeding, discharge, or traumatic injuries.

ANUS: The anus is covered with greenish fecal matter. The anal sphincter is unremarkable and free of injury.

ARMS: The upper extremities are free of fractures, deformities or traumatic injuries. The palmar creases are unremarkable. The fingernails show purplish-blue discoloration.

LEGS: The lower extremities are also free of fractures, deformities or traumatic injuries. The toenails are painted with pinkish-red nail polish. The plantar creases are unremarkable. The plantar surfaces are unremarkable.

BACK: The back is unremarkable. It is free of traumatic injuries. There is no diaper rash. The buttock are also unremarkable.

#### INTERNAL EXAMINATION

The abdominal subcutaneous fat measures up to 1 inch in maximum thickness.

#### BODY CAVITIES

CHEST: The chest is free of traumatic injuries. The anterior chest wall is unremarkable. All the organs are in situ. There is no free fluid in the chest cavity. There are no adhesions. The parietal and visceral pleura reveal petechiae. The pericardium is intact.

ABDOMEN: All the organs are in situ. There is no free fluid, blood, or adhesions.

MUSCULOSKELETAL SYSTEM: There are no traumatic injuries, visible fractures or old fractures.

CARDIOVASCULAR SYSTEM: The pericardial sac is intact. It contains about 2 cc of clear, yellow fluid. The epicardium reveals three to four petechiae on the anterior wall of the right ventricle and two petechiae on the left ventricle. The rest of the heart is unremarkable and free of traumatic injuries. There are no obvious congenital anomalies. The heart weighs 21 grams (expected 23 gms). Serial sections of the myocardium are free of hemorrhage, necrosis, fibrosis or focal lesions. The coronary ostia arise normally. They are free of focal lesions.

The aorta and its major blood vessels are unremarkable and free of focal lesions.

RESPIRATORY SYSTEM: There are two to three petechiae on the posterior surface covering the lower lobe of the left lung. There are about three to five petechiae on the posterior surface of the upper and middle lobes of the right lung. The left lung weighs 36 grams. The right lung weighs 44 grams. Both lungs are pinkish-red in color and moderately well-aerated expected weight, right - 35 gms - left 30 gms. The hila of the lungs are unremarkable. Serial sections reveal uniform brownish-red parenchyma without focal lesions. There are no areas of hemorrhage, necrosis, or infarction. There is no nodularity. The bronchopulmonary segments and pulmonary vessels are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. It is free of focal lesions. The stomach contains about 20 cc of mucoid, pale white, cheesy contents. The gastric mucosa is unremarkable and free of focal lesions. The small and large intestines are unremarkable on inspection, palpation and multiple sections.

LIVER AND PANCREAS: The liver weighs 240 grams (expected 140 gms). The liver is normal in size and shape. It is brownish-red in color. The subdiaphragmatic surface and inferior surfaces are smooth. They are free of focal lesions or nodularity. Serial sections reveal unremarkable parenchyma without focal lesions. There is no obvious fatty change, necrosis, hemorrhage, cirrhosis, or tumor.

The gallbladder is unremarkable. It contains about 3 cc of greenish-yellow bile.

The pancreas has its normal size and shape. Cut surface is lobular, tan and firm. It shows intact lobular architecture without focal lesions, hemorrhages, or calcification.

HEMATOLYMPHATIC SYSTEM: The spleen weighs 10 grams (expected 14 gms). It is free of focal lesions. It is normal in size and shape. The subdiaphragmatic surface, inferior surface and hilum are unremarkable. Serial sections reveal prominent Malpighian corpuscles. There are no other focal lesions.

The lymph nodes are inconspicuous where examined.

ENDOCRINE SYSTEM: The adrenal glands are normal in size and shape. The cortex is unremarkable. There is no obvious medullary hemorrhage or congestion. There are no other focal lesions.

THYMUS GLAND: The thymus weighs 30 grams (expected 20 gms). The external surface reveals at least two petechiae. The thymus is normal in size and shape and consistency. Serial sections reveal 3-4+ intercortical and medullary petechiae. There are no other focal lesions.

GENITOURINARY SYSTEM: The right kidney weighs 21 grams. The left kidney weighs 20 grams (expected right - 20 gms, left - 19 gms). The capsules can be peeled off easily. The subcapsular surface is brownish-red in color, smooth and without focal lesions. It shows prominent fetal lobulations.

The cut surface shows unremarkable corticomedullary demarcation. The cortex shows prominent straight. The medulla is unremarkable and free of focal lesions. The pelvicalyceal system is free of obstruction. The ureters are unremarkable. The urinary bladder is free of urine. The lining mucosa is unremarkable and free of focal lesions.

The right ovary is cystic. It measures 1/2 inch in diameter and is loculated and contains pale yellowish-white, clear fluid. The fallopian tubes, cervix, vagina and endometrium and myometrium are unremarkable. The left ovary is normal in size and shape and it is free of cyst.

NECK ORGANS: The subcutaneous and muscular tissues of the neck are free of hemorrhage. The blood vessels are unremarkable. The lumen of the airway is unremarkable and patent. The mucosal lining of the upper airway is tan in color and free of focal lesions. The hyoid bone, cricoid cartilage, thyroid cartilage and tracheal rings are free of fractures. The thyroid gland is normal in size and shape without fibrosis, tumor or focal lesions. There is no hemorrhage in the prevertebral fascia of the neck or vertebral musculature. There are no fractures of the cervical vertebrae. The mobility of the skull on the cervical spinal column is normal. The tongue is unremarkable.

HEAD: The scalp is free of bruises or lacerations. The subgalea are unremarkable. They are free of soft tissue hemorrhage. The temporalis muscles are also free of hemorrhage. The dura is smooth, without hemorrhage or a neomembrane, and strips easily, revealing no fractures of the calvarium or base of the skull. The dural sinuses are patent. The leptomeninges are thin and transparent.

CENTRAL NERVOUS SYSTEM: The brain weighs 510 grams (expected 516 gms). The cerebral hemispheres are symmetrical, without narrowing or flattening of the gyri. The brainstem and cerebellum are normally disposed. There is no midline shift and no uncal or cerebellar tonsillar herniation. The cranial nerves are intact. The arteries at the base show normal distribution and are free of obstruction, aneurysm or anomaly.

Serial coronal sections of the cerebrum and sections of the cerebellum, pons, and medulla oblongata demonstrate a normal amount of gray and white matter with symmetrical landmarks and no evidence of softening, tumor, discoloration, hemorrhage or trauma. The ventricles are bilaterally symmetrical and without distortion.

#### SPECIMENS TAKEN

TOXICOLOGY: Heart blood, peripheral blood, vitreous, and sections of the liver are available. Infant screening is requested on the central blood.

HISTOLOGY: Routine sections are submitted in a storage jar. Representative sections are taken for microscopic examination.

ADDITIONAL EXAMINATIONS: Blood culture and lung culture are taken for bacteriology.

PHOTOGRAPHS: Polaroids are taken prior and during autopsy.

X-RAYS: None.

#### MICROSCOPIC EXAMINATION

HEART (3 Sections, H&E): No diagnostic pathology.

LUNGS (6 Sections, H&E): Alveolar septa show congestion and rare lymphocytes. Some alveoli contain foamy histiocytes. There is no evidence of pneumonia, hyaline membranes or inclusion bodies.

LIVER (1 Slide, H&E): No diagnostic pathology.

SPLEEN (1 Section, H&E): No diagnostic pathology.

KIDNEYS (2 Sections, H&E): No diagnostic pathology.

PANCREAS (1 Section, H&E): No diagnostic pathology.

THYMUS (1 Section, H&E): No diagnostic pathology.

SMALL AND LARGE INTESTINE (2 Sections, H&E): No diagnostic pathology.

MIDDLE EAR (1 Slide H&E): No diagnostic pathology.

BRAIN (4 Sections, H&E): No diagnostic pathology.

LKJ:ase/sjk

D: 3/21/92 T: 3/24/92

Rev. 4/10/92/lr



# County of San Diego

BRIAN D. BLACKBOURNE, M.D.  
MEDICAL EXAMINER

## OFFICE OF THE MEDICAL EXAMINER

HARRY J. BONNELL, M.D.  
CHIEF DEPUTY MEDICAL EXAMINER

5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1219

TEL: (619) 694-2895 FAX: (619) 495-5956

### TOXICOLOGY REPORT

**NAME:** (b)(3):CPSA Section 25(c)

**Date of Death:** 03/20/92

**CASE #:** (b)(6)

**SPECIMEN(S) SUBMITTED:** Blood (Central, Peripheral), Vitreous Humor, Liver

**ANALYSIS REQUESTED:** Routine Infant Screen

**SPECIMEN(S) SUBMITTED BY:** L. K. Jariwala, M. D.

04-07-92

### REPORT

**Blood Drug Screen: \*\***

Ethyl Alcohol, GLC	-	Not Detected
Barbiturates, RIA	-	Not Detected
Phencyclidine, RIA	-	Not Detected
Cocaine/Benzoyllecgonine, RIA	-	Not Detected
Lysergic Acid Diethylamide, RIA	-	Not Detected
Fentanyl, RIA	-	Not Detected
Opiates, RIA	-	Not Detected
Methamphetamine, RIA	-	Not Detected
Benzodiazepines, RIA	-	Not Detected
Carbon Monoxide, PdCl <sub>2</sub>	-	Not Detected

**Vitreous Panel: \***

Glucose	-	3.0 MG/DL
BUN	-	9.0 MG/DL
Creatinine	-	0.4 MG/DL
Sodium	-	133.0 MEQ/L
Chloride	-	115.0 MEQ/L
Potassium	-	22.2 MEQ/L
CO <sub>2</sub>	-	5.0 MEQ/L

\* Test Performed at Allied Clinical Laboratories

APPROVED:

*Frank E. Barnhart*  
Frank E. Barnhart

rln  
04/17/92

Supervising Toxicologist

DATA RECORDING SHEET

IDI 920320HWE4006

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 3-20-92 time 0400

2. Immediately (within one hour) prior to death, had the  
infant been in a car seat/carrier for any length of  
time?

No X 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?

Crib - first time she had slept in the crib.

4. At the time of death, was this the usual resting place  
(usual location and product) of the infant?

Yes      Refused       
No X Don't Know     

If no, specify usual place (location and product).

On father's chest or on a comforter in the livingroom.

5. What was the infant's body position when last seen  
alive?

On stomach X 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       
Face to infant's side X Don't Know       
facing her left side      Refused

7. Were there any other individuals resting or sleeping on the same unit as the infant?

No X Don't Know \_\_\_  
 Yes \_\_\_ Refused \_\_\_

If yes, how many individuals? \_\_\_

8. When was the infant last fed?

Time 0400 Type of food (liquid or solid) liquid  
 Don't Know \_\_\_  
 Refused \_\_\_

9. Is the type of food listed in question number eight the infant's regular diet?

No \_\_\_ Don't Know \_\_\_  
 Yes X 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 3-20-92 time 0845

11. Were there any resuscitation attempts?

No \_\_\_ Don't Know \_\_\_  
 Yes X Refused \_\_\_

If yes, by whom?

Father and police department

12. What was the infant's body position when found?

On stomach X Other (specify) \_\_\_  
 On infant's left side \_\_\_  
 On infant's right side \_\_\_ Don't Know \_\_\_  
 On back \_\_\_ Refused \_\_\_

13. What was the infant's face position when found?

Face up \_\_\_ Other (specify) \_\_\_  
 Face to infant's right side \_\_\_  
 Face to infant's left side X Don't Know \_\_\_  
 Face down \_\_\_ Refused \_\_\_

14. Was the infant's head pressed forward towards the chest?

No X Don't Know \_\_\_  
 Yes \_\_\_ Refused \_\_\_

15. Were there any marks, creases, or impressions from bedding or other materials present on infant's face or head?

No X 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 X 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 infant's nose and/or mouth was covered or in contact with any item, did a pocket or cup form around face?

No \_\_\_ Don't Know \_\_\_  
 Yes \_\_\_ Refused \_\_\_  
 Not Applicable X

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 X Don't Know \_\_\_  
 Yes \_\_\_ Refused \_\_\_

If yes, specify location and whether substance is foamy, mucus, bloody, colored, etc.

---



---

19. Were there any fluids from the infant on clothing, pillow, mattress, blanket, sheet, or other items when found?

No X  
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 X  
(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  
Long sleeved, 2 piece infant sleeper; disposable diaper.  
No dmage.
- 
- 

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.**

Victim's face not in contact with: Comforter-Fisher-Price, East Aurora, NY - filling 100% polyester, cover 50/50. 100% cotton sheet - Fisher-Price. Mattress pad - 100% polyester - 27"X52".

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.**

Quilt - Red Gallop - 100% polyester fiber

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 X

Don't Know       
Refused     

**Describe (from closest to furthest from infant)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

None X  
Yes     

Don't Know     

**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.).

Crib - no damage - new

---

Crib mattress - Gerber Ultra Firm Deluxe Innerspring, Century Products, Vernon, CA - vinyl plastic

---

Bumper Pads - Fisher-Price, 7 ties, polycotton.

---

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

Manufacturer	Size (if relevant)	Brand/Model/Style
Kid's Warehouse San Diego, CA	_____	_____
How Obtained	Where Obtained	Age of Product
_____	Kid's Whse.	While victim in hospital

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

---

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 X 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 X Don't Know         
 Yes        Refused       

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

---

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

No X 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 3#, 13oz. lbs./oz. 17¼ inches

32. Was infant breast-fed?

No        Don't Know         
 Yes X 1 month Refused       

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

Full Term        Don't Know         
 Premature X 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.**

To doctor 6 times for a cough. Dr. said it was natural.

---



---

35. Has 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 victim's typical sleeping position(s) including body and face position (photograph of doll depicting infant or diagram).

On stomach, one arm up, one arm back. Face to the side.

---



---

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

No  Don't Know   
 Yes  Refused

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

No  Don't Know   
 Yes  Refused

39. Had 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.**  
2 weeks before event. Received "first shots"

41. Had any changes occurred in child'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 X Refused \_\_\_\_\_

**If yes, describe**

She was irritable usually. She had gas pains.

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

No X Don't Know \_\_\_\_\_  
 Yes \_\_\_\_\_ Refused \_\_\_\_\_

**If yes, specify**

**IV. Maternal History**

43. Mother's Age 18

44. Did Mother take prescribed or over the counter medication, or any other drugs during pregnancy?

No \_\_\_\_\_ Don't Know \_\_\_\_\_  
 Yes X Refused \_\_\_\_\_

**If yes, give type if known**

Yes, suppositories for vomiting during first month.

45. Any maternal tobacco use during pregnancy?

No X 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. NONE

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 X  
 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 X Can't Control \_\_\_\_\_

49. Energy source(s) in use at the time of death:

electric \_\_\_\_\_ fuel oil \_\_\_\_\_  
 natural gas \_\_\_\_\_ other(specify) \_\_\_\_\_  
 kerosene \_\_\_\_\_  
 LP gas (propane) \_\_\_\_\_ don't know \_\_\_\_\_  
 wood/coal \_\_\_\_\_ refused \_\_\_\_\_  
 none X

50. Heating appliance(s) in use at the time of death:

- wood/coal stove \_\_\_
- room or space heater  
(vented/unvented) \_\_\_
- heat pump \_\_\_
- central warm air furnace (forced air) \_\_\_
- steam or hot water system (radiator) \_\_\_
- floor, wall or pipeless furnace \_\_\_
- fireplace \_\_\_
- gas range \_\_\_
- other (specify) \_\_\_
  
- don't know \_\_\_
- none X

51. Specify air conditioning source in use at the time of death:

- central air conditioning \_\_\_
- fan-window or ceiling fan \_\_\_
- evaporative or swamp cooler \_\_\_
- window air conditioner \_\_\_
- other (specify) \_\_\_
  
- none X
- don't know \_\_\_
- refused \_\_\_

52. Was there a fresh air source at the time of death?

- No X                      Don't Know \_\_\_
- Yes \_\_\_                      Refused \_\_\_

If yes, what was it?

\_\_\_\_\_

53. If heat or cooling source or ventilation was in use at the time of death, where is it located in relation to the infant (include vents)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

54. Has any room recently (within one week) been painted, treated with pesticide, or remodeled?

No \_\_\_ Don't Know \_\_\_  
Yes \_\_\_ Refused \_\_\_

**If yes, indicate what was done and when, and where it was done in relation to the infant.**

The microwave oven in the apartment had overheated and caused fumes.

THE FOLLOWING QUESTIONS MAY BE ANSWERED FROM POLICE REPORTS,  
AUTOPSY, AND/OR MEDICAL EXAMINER REPORTS

55. Name of Decedent Brittanie Hughes
56. Age (weeks) 11      57. Date of Birth 12-22-91
58. Sex M    FX    59. Race White      60. Date of Death 3-20-92
61. Approximate Time of Death (24 hour clock) Unk.
62. Weight At Time Of Death (lb. and oz.) 8½ pounds
63. Address and phone number of parents 1345 Morning View Dr., Apt. 144  
Escondido, CA 92026  
619 743-3738
64. Hospital of Birth Palomar
65. Physicians or agencies which have treated mother and/or child Dr. Chen



PHOTO #1 Crib where victim  
was found

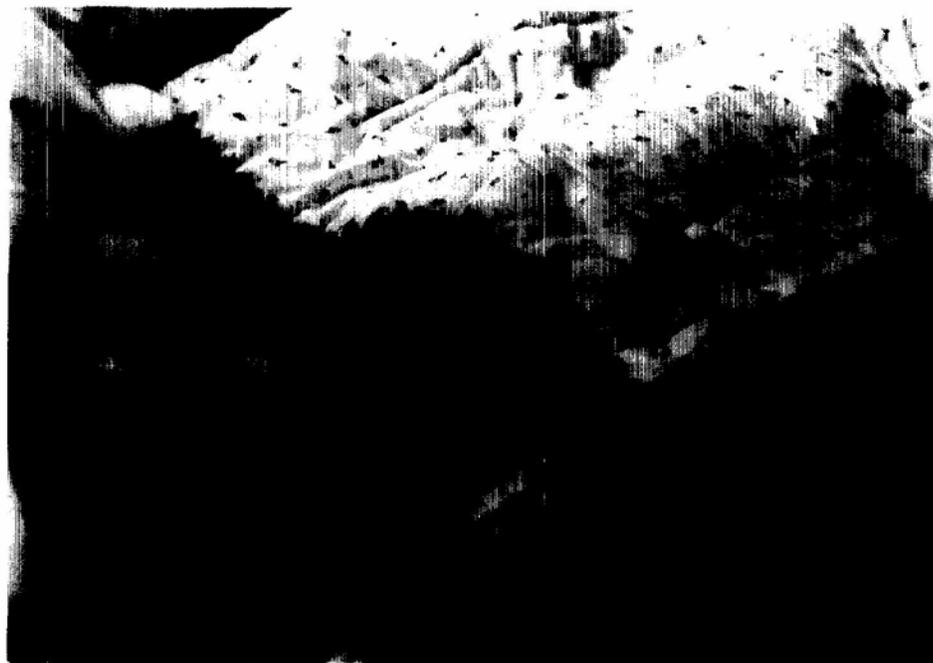


PHOTO #2 Position of victim  
when layed down and  
when found

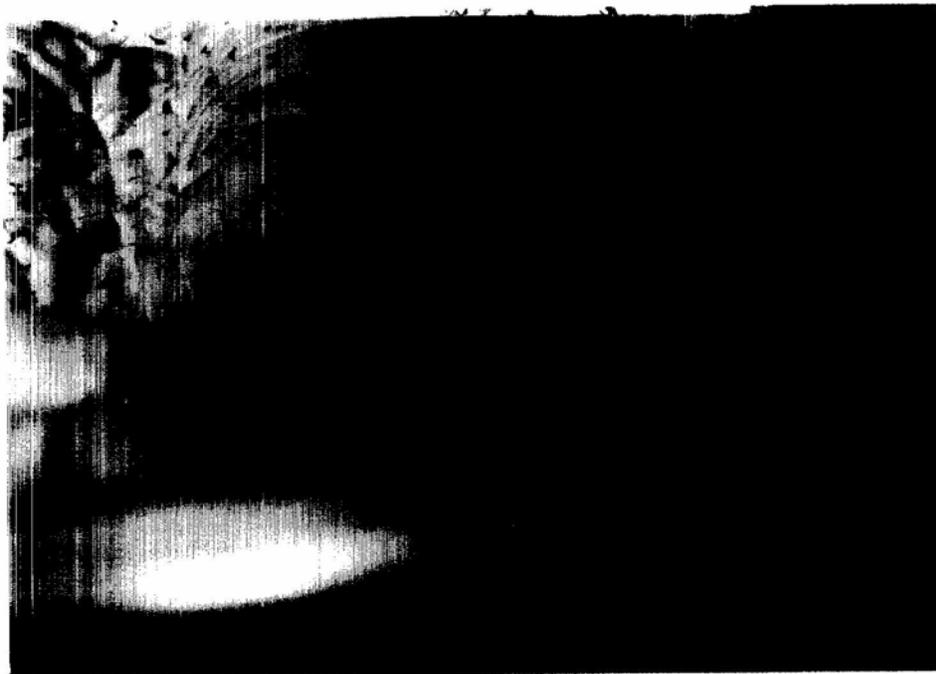


PHOTO #3 Victim when found

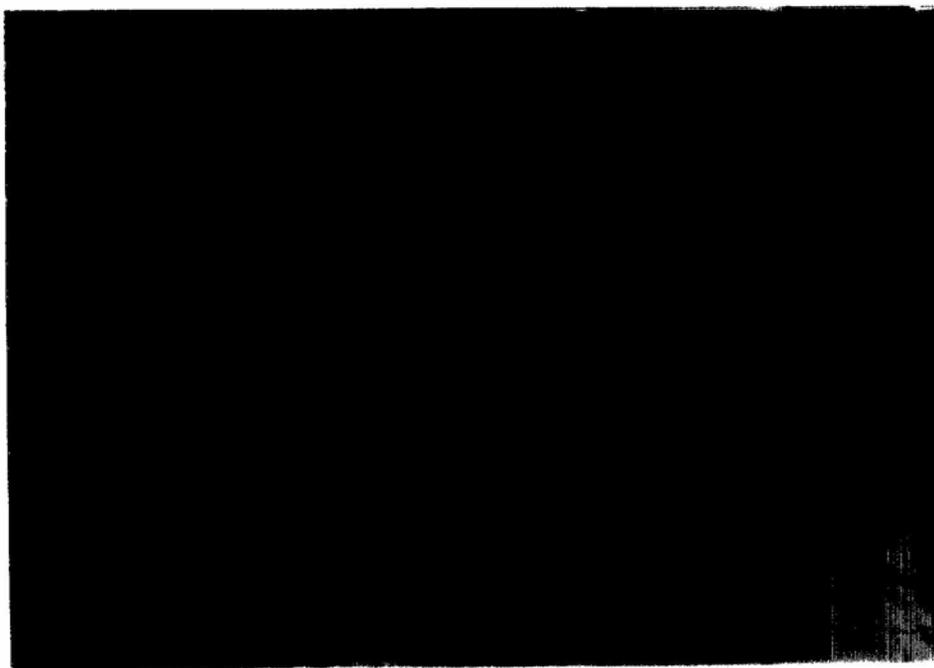


PHOTO #4 Victim when found