

JAN 29 1993

1. CASE NO. IDI 920916 HCC 3257			2. INVESTIGATOR'S ID 8 1 8 7				3. OFFICE CODE 8 6 0			EPIDEMIOLOGIC INVESTIGATION REPORT
4. DATE OF ACCIDENT YR MO DAY 9 2 0 7 2 2			5. DATE INVESTIGATION INITIATED YR MO DAY 9 2 1 0 2 0							

6. SYNOPSIS OF ACCIDENT OR COMPLAINT: 7 month old girl was placed in her crib for nap after being fed by her mother. Child was found later in her crib with her head wedged between the mattress and the bumper pad attached to side slats. Child was pronounced dead on arrival at the hospital.

7. LOCATION (Home, school, etc.) Home		8. CITY Southwest City		9. STATE MO. MO	
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10A. FIRST PRODUCT Crib		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS UNKNOWN			
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10B. SECOND PRODUCT Bumper pad		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS UNKNOWN			
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12. AGE OF VICTIM 2 0 7		13. SEX (Use Numerical code) MALE -1 FEMALE -2 UNKNOWN -3 2		14. DISPOSITION Dead on arrival 8		15. INJURY DIAGNOSIS Anoxia 6 5	
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16. BODY PART ALL 8 5		17. RESPONDENT(S) (Mother, Friend) Police Investigator 3		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 3 OTHER 3		19. TIME SPENT 0 9 5	
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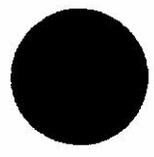
20. ATTACHMENTS Death certificate 2		21. CASE SOURCE State Health 1 2		22. REVIEWED BY 8 0 3 1				YR MO DAY 9 3 0 1 2 6	
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23. PERMISSION TO DISCLOSE NAMES (NON-FESS CASES ONLY)
 CPSC MAY DISCLOSE MY NAME CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side)		25. REGIONAL OFFICE DIRECTOR REVIEW DATE	
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~~CPSC 6(b)(1) CLEARED for PUBLIC~~
 MS. MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED
 EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
 WITH PORTIONS REMOVED: _____

12/15/10
3, 25c, 6



(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

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23. PERMISSION TO DISCLOSE NAMES (NON-FISS 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)						25. REGIONAL OFFICE DIRECTOR REVIEW DATE								

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

INJURY SCENARIO:

Pre-Injury Phase:

The victim-a seven month old girl- had been placed in her crib for a nap at approximately 2:00 pm on the day of the injury. The physical history of the infant, the description and identification of the crib, and the pre-environmental conditions of the injury are unknown since the local police authority did not investigate the injury at the time of the occurrence.

The Police Investigator informed me by telephone that he believed the Mother of the child had stated that the victim had eaten before being placed in the crib for a nap.

Injury Phase:

Nothing is known about this phase other than the estimated time of occurrence--2:00 to 2:30 PM. No one witnessed the actual injury.

Post Injury Phase:

According to the Police Investigator who later visited the injury scene, the Mother of the child found her 7 month old girl lying in her crib with her head wedged between the side of the mattress and the bumper pad attached to the crib slats. She quickly picked the child up, and according to the Investigator, starting administering CPR. The exact procedures used by the Mother are not known. The Mother transported her daughter to the City Police Department for assistance. The family has no phone. After arriving at the Police Department the Community EMS team was contacted. The Police Investigator stated he believed the child was dead when the Mother brought the child into the police station, since the child was cold and unresponsive. The child was rushed to a hospital approximately 12 miles away. The Physician on duty pronounced the child dead on arrival. In conversation with this Physician, I was told the child did not appear to have any signs or marks that would indicate the cause of death as being different than anoxia. I was also told that no autopsy was performed.

IT SHOULD BE NOTED THAT SEVERAL CONTACTS (letter and phone), have been made with the local police authorities, who have informed me that photographs of the crib are available as well as an investigative report. As of this writing the report and photographs have not been supplied to this investigator. As of the last communication with the Police Investigator, the photographs were temporarily misplaced. However, I have been assured that copies of these photos and a copy of the report will be supplied me when they are found.

PRODUCT DESCRIPTION

At this time all that is known about the product involved in the injury incident, is that the crib had a bumper pad attached to the side slats of the crib where the child was found wedged. As to the age of the crib, the manufacturer's name, model number, and other physical characteristics, nothing is known.

VICTIM DESCRIPTION:

The victim was a seven month girl of unknown weight and height. The physical and mental conditions of the infant prior to the injury are unknown.

ENVIRONMENTAL CONDITIONS

All that is known regarding this area is the fact that the infant was found wedged between the mattress and a crib bumper pad. Since the infant's Mother, transported the child from the home to the Police Station, the Investigator could not tell me about any specific data related to the characteristics of the crib or the room conditions.

677 SEP 16 1991

Arkansas Department of Health
Division of Vital Records
CERTIFICATE OF DEATH

015929

1. DECEDENT'S NAME (Print, Middle, Last) (b)(3):CPSA Section 25(c)				2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 22, 1991
4. SOCIAL SECURITY NUMBER (Last Number) None		5a. UNDER 1 YEAR 0	5b. UNDER 1 DAY 7 Months 22 Days	6. DATE OF BIRTH (Month, Day, Year) November 29, 1990	7. BIRTHPLACE (City and State or Foreign Country) Claremore, Oklahoma
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> E/O Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) o			
10. FACILITY NAME (If not institution, give street and number) Gravett's Hospital		11. CITY, TOWN, OR LOCATION OF DEATH Gravette		12. COUNTY OF DEATH Benton	
13. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Never Married		14. SURVIVING SPOUSE (If wife, give maiden name) -		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Never Worked	
16. KIND OF BUSINESS/INDUSTRY Infant		17. RESIDENCE — STATE Missouri		18. COUNTY McDonald	
19. CITY, TOWN, OR LOCATION Southwest City		20. STREET AND NUMBER (b)(6)		21. MOTHER'S NAME (First, Middle, Maiden Surname) (b)(6)	
22. MOTHER'S NAME (First, Middle, Maiden Surname) (b)(6)		23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) (b)(6)			
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____					
25. DATE OF DISPOSITION (Month, Day, Year) July 25, 1991		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Southwest City Cemetery		27. LOCATION — City or Town, State Southwest City, Missouri	
28. SIGNATURE OF EMBALMER David M. Deussen		29. LICENSE NUMBER 7156MO		30. NAME AND ADDRESS OF FUNERAL HOME Ozark Funeral Home Southwest City, Missouri 64863	
31. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. SUFFOCATION DUE TO (OR AS A CONSEQUENCE OF): Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. FOR STATISTICAL PURPOSES ONLY		32. LICENSE NUMBER AR860		33. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Few minutes	
34. PART II. Other signs and conditions contributing to death but not resulting in the underlying cause given in Part I 920916HCC 3257				35. WAS AN AUTOPSY PERFORMED? (Yes or No) No	
36. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)				37. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Pending Investigation	
38. DATE OF INJURY (Month, Day, Year) 7/22/91		39. TIME OF INJURY approx. 2:00 - 2:30		40. INJURY AT WORK? (Yes or No) no	
41. DESCRIBE HOW INJURY OCCURRED BABY BECAME WEDGED BETWEEN CRIB AND MATTRESS AT HOME. (b)(6)					
42. PLACE OF INJURY — At home, farm, street, factory, office, building, etc. (Specify city) At Home			43. LOCATION (Street and Number or Rural Route Number, City or Town, State) Route 1 Southwest City, Missouri		
44. TIME OF DEATH 3:22 p.		45. DATE PRONOUNCED DEAD (Month, Day, Year) July 22, 1991		46. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) No	
47. MEDICAL EXAMINER or CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated. Signature and Title: Billy V. Hall				48. DATE SIGNED (Month, Day, Year) 9/1/91	
49. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated. Signature and Title: Billy V. Hall				50. DATE SIGNED (Month, Day, Year) July 29, 1991	
51. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type Print) Billy V. Hall, M. D., Box 369 Gravette Arkansas 72736					
52. REGISTRAR'S SIGNATURE Wicky M. Walden, S. R.				53. DATE FILED (Month, Day, Year) Sept 9, 1991	

SEE INSTRUCTIONS ON OTHER SIDE

SEE INSTRUCTIONS ON OTHER SIDE

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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 problems.

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.

- You are hereby authorized to disclose my name and address with the information collected on this case.
- My identity is to remain confidential.

for the family

(b)(6)

12-26-92

(Signature)

(Date)

CET

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: 105015929

DATE OF INCIDENT: 7/22/91 CATID TYNN061992

FOLLOW-UP REQUESTED HAZARD ANALYSIS (X) SECT 15 ()

TYPE FOLLOW-UP TELEPHONE (X) ON-SITE ()

HEADQUARTERS CONTACT Debbie Tinsworth 504-0470

ASSIGNMENT MESSAGE: The Commission is collecting data on fatal accidents involving infants under the age of one in which suffocation occurred or was suspected to have occurred. Please conduct investigation on the attached document providing to the extent possible the following information:

- Characteristics of any involved products; also report manufacturer, date and place of purchase.
- Description of victim's typical sleeping positions showing position in which victim was originally placed as well as position when found.
- Location of victim (e.g., corner of crib, middle of bed, etc).
- Description of the type, amount, and location of clothing, bedding, toys or other materials covering or surrounding the infant.
- Compressibility of surface upon which the infant was lying.
- Whether any material near infant's face was wet or damp.
- Temperature and ventilation of room where the incident occurred.
- Time of day the victim was last seen awake and time found.
- Any relevant medical history of the infant, including whether the victim had suffered a recent respiratory illness, birth weight, weight at time of death, and possible predisposition for SIDS, etc.

Person(s) to Contact: OFFICIALS ONLY

Guidelines:

Requested by: J. Kramer

Tasknumber: 920916HCC3257

Assigned to: SFOO

Date: 9/16/92

based on
CPSC Form 324 (2/90)