

JAN 2 1993

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1. CASE NO. 921116HWE4010			2. INVESTIGATOR'S ID 8 3 1 0		3. OFFICE CODE 8 7 1		EPIDEMIOLOGIC INVESTIGATION REPORT					
4. DATE OF ACCIDENT YR MO DAY 9 2 1 1 1 0			5. DATE INVESTIGATION INITIATED YR MO DAY 9 2 1 1 1 0									
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 2 month old male was found dead in his crib. He was laying on his stomach with his face straight down into a quilt which was under the infant.												
7. LOCATION (Home, school, etc.) Bedroom				8. CITY San Diego		9. STATE C A						
10A. FIRST PRODUCT Quilt			0 6 6 7		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS [REDACTED]							
10B. SECOND PRODUCT Mattress pad			4 0 5 4		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown							
12. AGE OF VICTIM 2 0 2		13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 1		14. DISPOSITION Expired in hosp. 8		15. INJURY DIAGNOSIS SIDS 7 1						
16. BODY PART All		8 5		17. RESPONDENT(S) (Mother, Friend) Father Official reports		2		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 1		19. TIME SPENT 1 6 0		
20. ATTACHMENTS Multiple			9		21. CASE SOURCE F2B4007 Coroner		1 2		22. REVIEWED BY 8 2 9 3		YR MO DAY 9 3 0 1 2 0	
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. [REDACTED]						25. REGIONAL OFFICE DIRECTOR REVIEW DATE						

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

921116HWE4010

The information contained in this report was obtained from an interview with the victim's father(A) and a draft investigation report prepared by the San Diego County Medical Examiner's office(B).

The final investigation, autopsy, and toxicology reports prepared by the San Diego County Medical Examiner's office will be submitted when received.

PRE EVENT

The male victim was born on [REDACTED]. He weighed 7 pounds, 10 ounces. He was 21 1/2 inches long. He arrived 2 weeks early. He was not breast fed. He had not had any injuries or major illnesses since his birth. He had not been sick during the 2 weeks preceding the event.

The victim's usual diet consisted of liquid formula. His usual resting place was a crib. His usual sleeping position was on his stomach with his head to the side. See photos 2 & 3.

The victim was able to lift his head and to roll from his stomach to his back. He received his baby shots 5 days prior to the event. There had been no changes in his behavior during the two days before the event.

The victim was last fed formula at 10:00PM the night before the event. He was last seen by his mother at 2:00AM the morning of the event. He was wearing a one piece sleeper and a disposable diaper. He was in his usual sleeping position. He was covered by a blanket(A).

EVENT

At 8:45AM on the day of the event the victim's mother checked on him. She found him on his stomach (Photos 4-6) cool and unresponsive. His face was straight down into quilt. His head was in the corner of the crib. The fringe on the quilt may have covered his head.

POST EVENT

The victim's father attempted to resuscitate the victim. Emergency personnel were summoned. The victim was transported to a local hospital. He was not revived(B).

PRODUCT IDENTIFICATION

The crib in which the victim was sleeping was manufactured in Italy. The manufacturer is unknown. It was undamaged. The mattress in the crib was an inner spring model covered in vinyl. See photo #1. It was in good repair.

The mattress was covered by a quilted mattress pad made of cotton/poly. It was unlabeled. It was decorated with animal figures. See photo #10.

The mattress pad was covered by a padded quilt labeled that it was made by [REDACTED] division of the [REDACTED]. See photos 8 & 9. When the victim's father placed the mannequin for the photos no depression was noted in the quilt.

The quilt and mattress pad were collected as sample R8718479.

STANDARDS INFORMATION

None of the products examined were labeled to indicate that they conform to any standards.

ENVIRONMENTAL CONDITIONS

The victim lived with his parents and 2 year old brother in a single family residence. No one in the home smoked cigarettes. A gas-fired forced air furnace was operating at the time of the event. The furnace thermostat was set at the 70's. A vent for the furnace was in the bedroom occupied by the victim. It was approximately 8 feet from the crib. See photo #7. The crib is in the foreground of the photo.

The victim's bedroom had not been painted or sprayed within one week of the event.

ATTACHMENTS

Draft investigation report prepared by the San Diego County Medical Examiner's office. Report number [REDACTED]

Data Recording Sheet

Photographs of the crib and bedding used by the victim.

Task No. 921116 HWE 4010
Doc. No. FAB 4007
CMT. ID. TYN506

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

To report a case by telephone, call (toll free) 1-800-698-0095. 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 11-10-92 Date of death 11-10-92

Type of consumer product involved Crib

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

Is product available for examination? yes no. If yes, where? _____

Location of Accident: City _____ State _____

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

2 month old male
found dead in a 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. _____ Telephone No. _____

Reporter's Name _____ Date Reported _____

Reporter's Off. (incl. city, county, and state) _____

Medical Examiner's/Coroner's Name _____

For processing at CPSC: Report recd. by: _____

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

DATA RECORDING SHEET

IDI 921116HWE4010
DATE INVESTIGATION
CONDUCTED 11-18-92

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 11-10 time 0200

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

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

Yes X 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 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 _____ Don't Know X
Refused _____

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

No X
Yes

Don't Know
Refused

If yes, how many individuals?

8. When was the infant last fed?

Time 2200

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
Yes X

Don't Know
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 11-10

time 0845

11. Were there any resuscitation attempts?

No
Yes X

Don't Know
Refused

If yes, by whom?

Father. CPR, mouth-to-mouth. Emergency personnel.

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

Don't Know

Face down X

Refused

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

No ___
Yes ___x
Don't Know ___
Refused ___

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

No ___
Yes ___x
Don't Know ___
Refused ___

If yes, describe location and approximate size.
Size and exact location unknown. Apparently
caused by the quilt.

16. When found, was the infant's nose and/or mouth in contact with any item?

No ___
Yes, nose ___
Yes, mouth ___
Yes, both mouth and nose ___x
Don't Know ___
Refused ___

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).

Quilt. [redacted] Polyester resin filled.
Quilt covered crib mattress. Victim's head was
pressed into the corner of the crib. See photos.

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 ___
Yes ___
Don't Know ___x
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 ___x
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 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
- One piece sleeper. Disposable diaper. Undamaged.

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.

Quilt - see #16.

Mattress pad. Unlabeled. Cotton/poly.

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.

Not sure. Maybe two blankets.

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

Don't Know

Yes

If yes, specify product and describe.

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 7#, 10 oz lbs./oz. *length* 21 1/2"

32. Was infant breast-fed?

No X Don't Know
 Yes Refused

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

Full Term Don't Know
 Premature X Refused

2 weeks early

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

No X Don't Know ___
 Yes ___ Refused ___

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

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

No X 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 with head usually toward the side.

See photos 2 & 3.

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

No ___ Don't Know ___
 Yes X Refused ___

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

No ___ Don't Know ___
 Yes X Refused ___

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

No X Don't Know ___
 Yes ___ Refused ___

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

40. When was the infant's most recent vaccination? About 11-5

None ever given ___
 Don't Know ___
 Refused ___

Indicate if the vaccine was given orally or in a shot.
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 X Don't Know ___
 Yes ___ Refused ___

If yes, describe

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 23

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

No X Don't Know ___
 Yes ___ Refused ___

If yes, give type if known

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. 0

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? 70's

Heating x Cooling _____ Don't Know _____ Refused _____

Turned Off _____ Can't Control _____

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

electric _____	fuel oil _____
natural gas <u>x</u>	other(specify) _____
kerosene _____	don't know _____
LP gas (propane) _____	refused _____
wood/coal _____	none _____

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) X
- steam or hot water system (radiator) _____
- floor, wall or pipeless furnace _____
- fireplace _____
- gas range _____
- other (specify) _____

- don't know _____
- none _____

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)?

Appx. 8 feet from crib. See photo 7.

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

No X Don't Know
Yes Refused

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

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag BORROWED - TO BE RETURNED		2. Date Collected 11-18-92		3. Sample type & number <input checked="" type="checkbox"/> Physical R8718479 <input type="checkbox"/> Documentary	
4a. Product name Quilt, mattress pad		4b. Model ---		4c. NEISS 0667	
5. Assignment ref. 921116HWE4010		6. Complete for import samples		7. MIS 12165	
a. Port of Entry		b. Entry # & date		8. Hours: a. Activity 3 b. Travel 0	
c. Country of Origin		d. HSUSA code		9a. Home RO FOWR	
e. Customs Contact				9b. Collecting RO FOWR	
10. Sample Cost N/C		11. Invoice value of lot ---		12. Size of lot ---	
13. Manufacturer/Importer Quilt: [REDACTED]		14. Shipper/Foreign Mfr. ---		15. Dealer/Import Broker [REDACTED] San Diego, CA 92126	
ID # [REDACTED]		ID# [REDACTED]		ID# [REDACTED]	
16. Supporting documents attached:					
a. Invoice # & date:			b. Date Shipped:		
c. Shipping record # & date:					
d. Affidavit signer's name, title & date:					
17. Product Identification:					
Quilt: Multicolor stripes, animal figures. 43½x31x1½ inches					
Labeled in part "MADE BY [REDACTED] Reg. No. [REDACTED]"					
Pad: Unlabeled. 52x31½ inches. Bears animal figures.					
See Attached photos.					
18. Reason for collection & analysis needed: FHSA ___ CPSA ___ FFA ___ PPPA ___ RSA ___					
Infant Suffocation Program					
19. Summary of Field Screening:					
None					
20. Sample Size, Method of Collection:					
1 quilt, 1 mattress pad. Ident. Pld. in plastic bag with CPSC seal. Pld. in cardboard carton for shipment.					
21. Identification on sample R8718479 11-10-92 RCB			22. Identification on seal R8718479 11-10-92 Roger C. Burrows		
23a. Sample delivered to U.S. Mail San Diego			23b. Date 1-12-93		24. Orig. report/records sent to FOWR LOS
25. Laboratory/Office: ESEL [] HSHL [X] CERM [] CECA [] OTHER []					
26. Remarks					
Attached: Receipt for sample.					
Note: Position of victim's face on quilt outlined with lines on tape.					
27. Related Samples None					
28a. Collector's name, title & employee # [REDACTED] Res. Invest.8310			28b. Date [REDACTED] 1/8/93		
29a. Reviewer's name, title & employee # [REDACTED] Supervisor			29b. Date [REDACTED]		
Distribution: Orig <input checked="" type="checkbox"/> Lab [] Fiscal []					

U.S. CONSUMER PRODUCT SAFETY COMMISSION

1. AREA OFFICE ADDRESS

3. TITLE OF INDIVIDUAL

4. DATE

11-18-92

5. FIRM NAME

6. SAMPLE NUMBER

28718479

8. CITY AND STATE (Include Zip Code)

San Diego, CA 92126

9. SAMPLES COLLECTED (Describe fully. List lot, serial, model numbers and other positive identification)

The following samples were collected by the Consumer Product Safety Commission pursuant to Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f) and/or Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b) and/or Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d) and/or Section 704(c) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(c)) [Authority for sample collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)], and receipt for said samples is hereby acknowledged. Sections cited are quoted on the reverse side of this form.

1 quilted mattress pad
1 padded quilt

10. SAMPLES

11. SAMPLES WERE

12. COLLECTOR

a. AMOUNT RECEIVED FOR SAMPLE

PURCHASED

a. NAME

b. SIGNATURE (Person from whom sample received)

BORROWED (To be returned)

b. SIGNATURE

R8718479
11-10-92
RCB

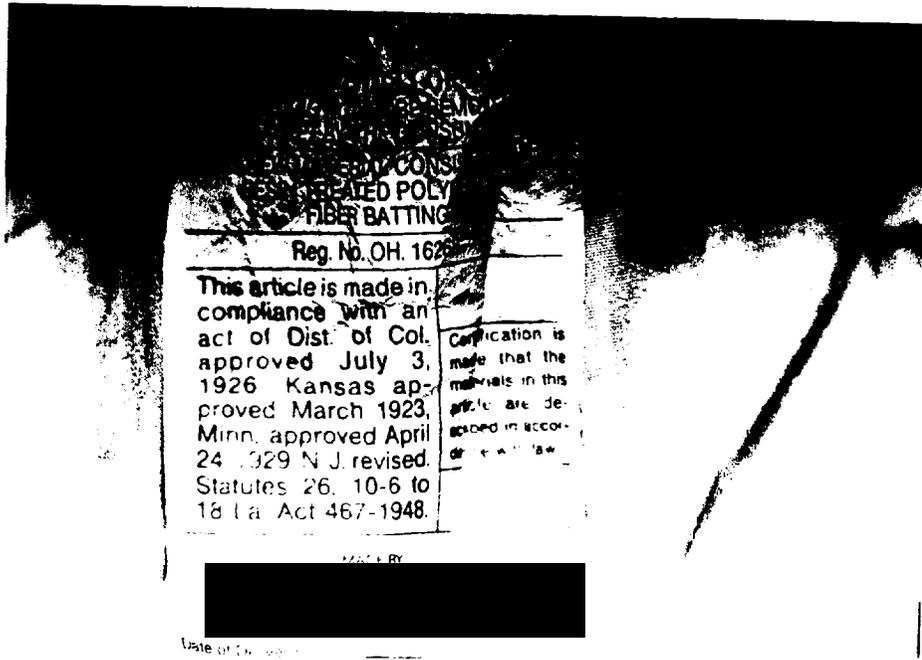


PHOTO #1 Quilt front



PHOTO #2 Quilt back

R8718479
11-10-92
RCB



PHOTO#3 Quilt label



PHOTO #4 Mattress pad



921116HWE 4010

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: [REDACTED] ME#: [REDACTED]
 Place of residence: [REDACTED] Age: 2 MONTHS
 SAN DIEGO, CA
 Place of death: [REDACTED] MEMORIAL HOSPITAL Sex: MALE
 LA JOLLA, CA
 Date and time of death: NOVEMBER 10, 1992; 9:45 A.M. Race: CAUCASIAN
 Date and time of autopsy: NOVEMBER 11, 1992; 8:30 a.m.

CAUSE OF DEATH: SUDDEN INFANT DEATH SYNDROME

MANNER OF DEATH: NATURAL

AUTOPSY FINDINGS:

1. Intrathoracic petechiae.
2. Pulmonary vascular congestion and mild cerebral edema.
3. No other cause of death found.

OPINION: This 2-month-old white infant male was found dead in his crib with no significant preceding history; he was unable to be resuscitated. Autopsy examination revealed no cause of death, but findings frequently seen in Sudden Infant Death Syndrome. Toxicologic examination was unremarkable, as was scene investigation. Based upon circumstances surrounding the death, as currently known, this death meets the criteria of the Sudden Infant Death Syndrome which is considered to be a natural event.

HARRY J. BONNELL, M.D.
Chief Deputy Medical Examiner

Date signed: 9 December 1992

IDENTIFICATION: There is a Medical Examiner's identification tag around on the left ankle, and a hospital identification band around the right ankle.

WITNESSES: None. Assisting is Mr. [REDACTED]

CLOTHING: No clothing is on the body at the time of my examination.

EVIDENCE OF MEDICAL THERAPY: There is a venipuncture wound in each inguinal crease.

EXTERNAL EXAMINATION

GENERAL: The body is that of a normally developing, apparent well-nourished, white infant male appearing the listed age of 2 months; it measures 22-1/2 inches in length (57.0 cm) and weighs 12 pounds (5450 grams). The body is cold to touch and has been refrigerated. Rigidity is fully-developed and there is nonblanching purple lividity anteriorly, except for blanching over pressure points. There is also nonblanching purple lividity posteriorly.

HEAD: The scalp hair is light brown in color, fine and short. The eyelashes and eyebrows are unremarkable.

The eyes have blue irides and unremarkable pupils. There is no hyperemia to the conjunctivae, nor petechial hemorrhages. Examination of the ears shows them to be normally formed and normally set. Examination of the nose is unremarkable. Examination of the mouth is unremarkable, with no evidence of trauma or congenital defect.

NECK: Examination of the neck shows the normal fat fold to be present without any other abnormality.

CHEST: Examination of the chest is unremarkable.

ABDOMEN: Examination of the abdomen reveals it to be soft with no palpable organomegaly.

ARMS: Examination of the upper extremities shows 1.0 mm overhang of the fingernail beds which are cut short.

LEGS: Examination of the lower extremities is unremarkable. There is red ink applied to the hands and feet for purposes of obtaining prints.

BACK: The back and anus are unremarkable.

GENITALIA: The genitalia are those of an infant male with both testes descended.

ADDITIONAL MEASUREMENTS: Head circumference and crown-to-rump length are both 40.0 cm. Circumference at the level of the nipples is 38.5 cm, and circumference at the level of the umbilicus is 39.0 cm.

EXTERNAL EVIDENCE OF TRAUMA

There is no external evidence of trauma.

INTERNAL EVIDENCE OF TRAUMA

There is no internal evidence of trauma.

INTERNAL EXAMINATION

BODY CAVITIES: The body is opened by a standard Y-shaped incision. The pleural, pericardial, and peritoneal surfaces are lined by glistening membranes with all the organs in the normal anatomic locations and no abnormal accumulations of fluid. There are multiple petechiae seen on the intrathoracic portion of the thymus, the pleural surfaces of the lung, and on the epicardial surface of the heart.

CARDIOVASCULAR SYSTEM: The heart weighs 32 grams. The coronary arteries originate and insert normally. There are no interventricular or interatrial septal defects. The valves, aorta, and vena cava are unremarkable without anomaly. The great vessels originate and insert normally. The foramen ovale is probe patent and physiologically closed. Serial sections of the myocardium show normal maroon-brown coloration and normal consistency. The thickness of the right ventricular wall is 2.0 mm, and that on the left is 6.0 mm. The valve circumferences are: tricuspid 40.0 mm, mitral 38.0 mm, pulmonic 30.0 mm, and aortic 28.0 mm.

RESPIRATORY SYSTEM: The larynx and trachea are unremarkable as are the bronchi and pulmonary vessels which are examined out to the periphery. There are no tracheoesophageal fistulas. The left and right lungs weigh 44 grams and 53 grams, respectively; serial sections show vascular congestion, but are otherwise unremarkable.

HEPATOBIILIARY SYSTEM: The intact liver weighs 185 grams with light yellow discoloration seen on the surface and serial sections, which are otherwise unremarkable.

The gallbladder contains a trace of bile, and the biliary tree is patent.

GASTROINTESTINAL SYSTEM: The pharynx and esophagus are unremarkable, as is the stomach which contains only a trace of white, curdled material. The small and large intestines are unremarkable, as is the appendix.

ENDOCRINE SYSTEM: The pituitary and thyroid glands are unremarkable, showing no evidence of nodularity or enlargement. The pancreas consists of firm, tan tissue in a lobular architecture without evidence of trauma, or congenital anomaly. The adrenal glands have golden yellow cortices and pale white medullas.

LYMPHORETICULAR SYSTEM: The intact spleen weighs 15 grams; serial sections show normal-appearing red and white pulp areas. The thymus weighs 36 grams and has multiple petechial hemorrhages on the intrathoracic portion of its surface. The bone marrow from the ribs is maroon in color. The mesenteric nodes are normally prominent, but not abnormally enlarged.

GENITOURINARY SYSTEM: The left and right kidneys weigh 18 and 17 grams, respectively. Serial sections show good corticomedullary differentiation without any evidence of infection or anomaly. The pelves are not dilated, nor are the ureters which proceed in the normal anatomical fashion into an unremarkable empty bladder. The prostate and testes are unremarkable to palpation.

MUSCULOSKELETAL SYSTEM: Thickness of fat and muscle at the level of the umbilicus is 7.0 mm, with nearly all of that being fat; no gross bony abnormalities are identified.

NECK: The neck organs are removed intact and layered dissection performed. There is no trauma to the hyoid or larynx, nor hemorrhage into the strap muscles or the soft tissue. The epiglottis is unremarkable, and the airway is widely patent.

HEAD: The scalp is incised and reflected; there is no subgaleal hemorrhage. The calvarium is removed as is the brain, revealing an unremarkable dura and base of the skull.

CENTRAL NERVOUS SYSTEM: The brain weighs 617 grams with edematous change manifested by flattening of the gyri and narrowing of the sulci. Serial sections of the pons, medulla, and cerebellum show normal architecture without evidence of trauma or anomaly. Serial sections of both cerebral hemispheres shows normal architecture with an intact cortical ribbon and no evidence of trauma, infection, or anomaly. The superior portion of the spinal cord, as viewed through the foramen magnum, is unremarkable.

SPECIMENS TAKEN

TOXICOLOGY: Samples of heart blood, vitreous and liver are retained.

HISTOLOGY: Routine sections are submitted.

PHOTOGRAPHS: One identification photograph is taken.

X-RAYS: No films are exposed.

MICROSCOPIC EXAMINATION

LUNG: Petechial hemorrhages.

THYMUS: Petechial hemorrhages.

HEART, LIVER, SPLEEN, ADRENAL, BRAIN, KIDNEY, PANCREAS, THYROID, EPIGLOTTIS AND TRACHEA: No significant pathology.

HJB:ase/sjk

D: 11/11/92 R: 11/11/92 T: 11/13/92

Rev. 12/9/92 mk



92-1116 HWE 4010

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: [REDACTED]

ME#: [REDACTED]

DATE OF DEATH: 11/10/92

PATHOLOGIST: H. J. Bonnell, M. D.

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

REPORT

Blood Drug Screen:

Ethyl Alcohol, GLC	-	Not Detected
Salicylic Acid, COLOR	-	Not Detected
Acetaminophen, COLOR	-	Not Detected
Bases, GLC	-	Not Detected
Carbon Monoxide, PdCl ₂	-	Not Detected

Blood Radioimmunoassay Screens:

Barbiturates	-	Not Detected
Phencyclidine	-	Not Detected
Cocaine/Benzoylgonine	-	Not Detected
Lysergic Acid Diethylamide	-	Not Detected
Methamphetamine	-	Not Detected
Opiates	-	Not Detected

Vitreous Humor Panel *

Glucose	-	1.0 MG/DL
Urea Nitrogen	-	14.0 MG/DL
Creatinine	-	0.3 MG/DL
Bicarbonate	-	5.0 MEQ/L
Chloride	-	124.0 MEQ/L
Sodium	-	132.0 MEQ/L
Potassium	-	19.7 MEQ/L

* Test Performed At UCSD Medical Center

APPROVED:

Frank E. Barnhart

rln
12/09/92

Frank E. Barnhart
Supervising Toxicologist

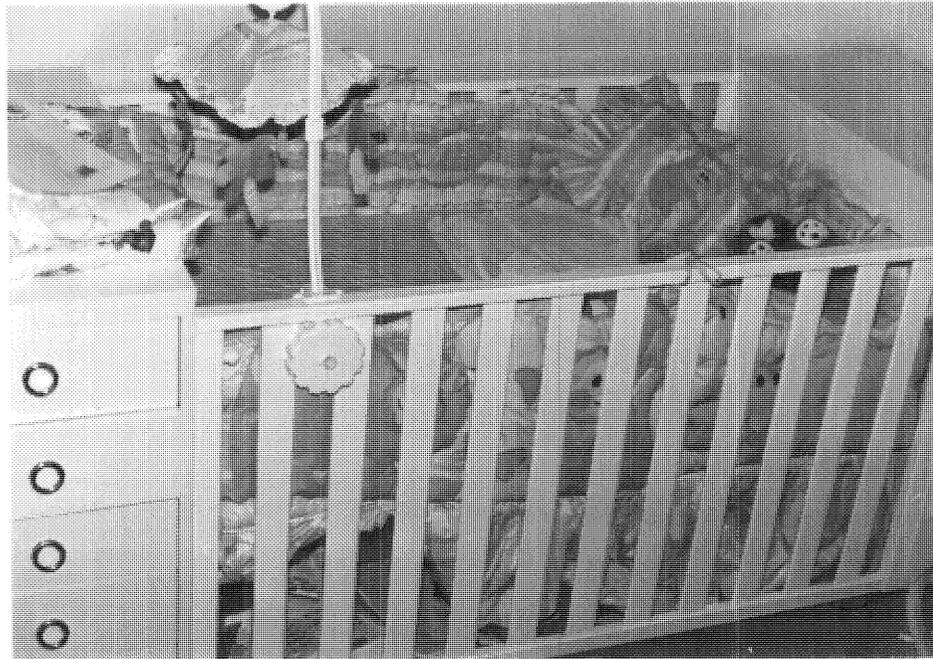


PHOTO #1 Crib



PHOTO #2 Victim's usual
sleeping position



PHOTO #3 Usual sleeping
position



PHOTO #4 Victim as found

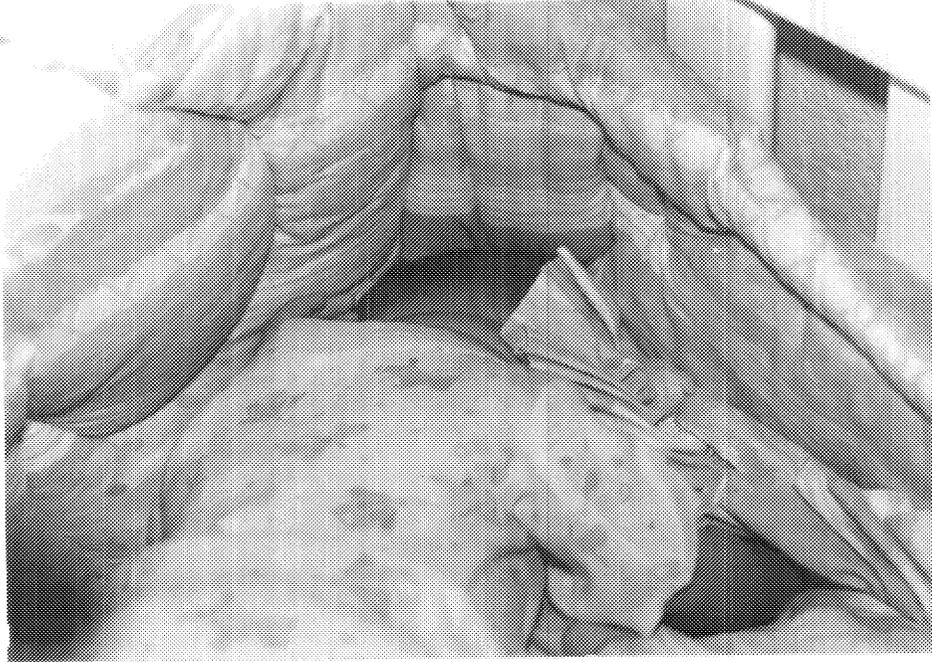


PHOTO #5 Victim as found

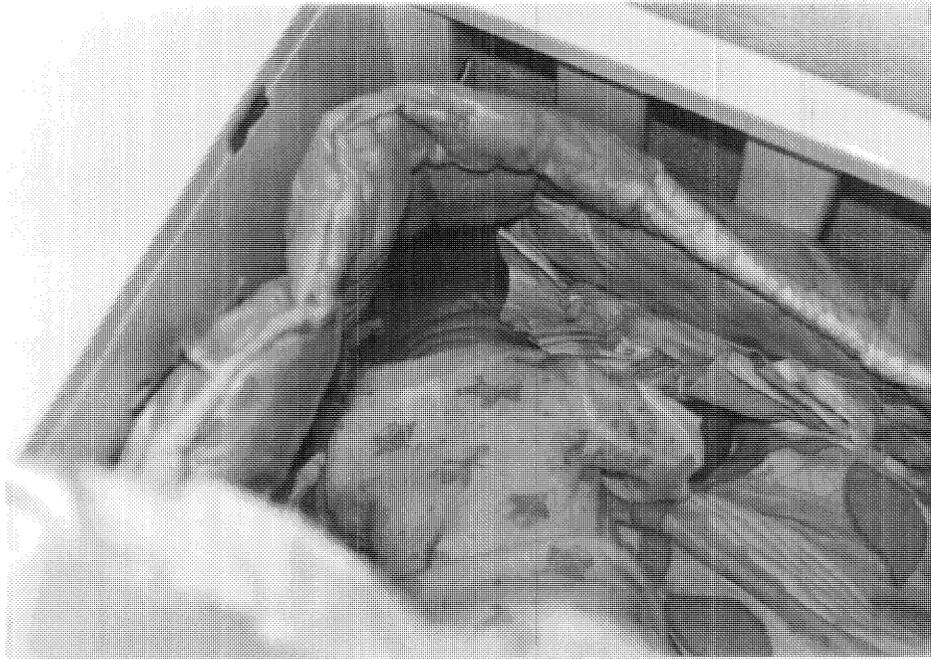


PHOTO #6 Same



PHOTO #7 Heating vent

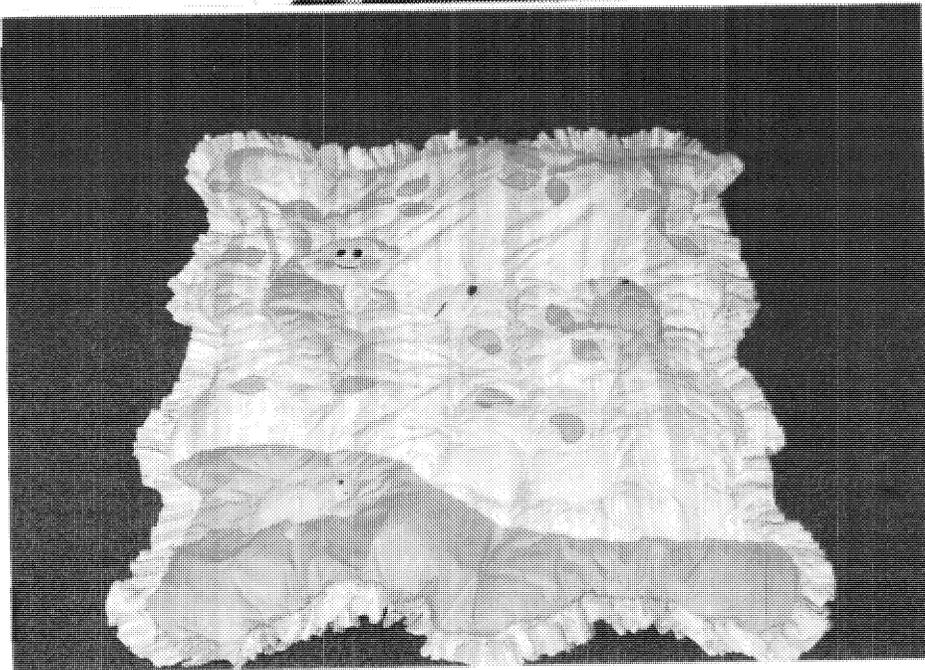


PHOTO #8 Padded quilt

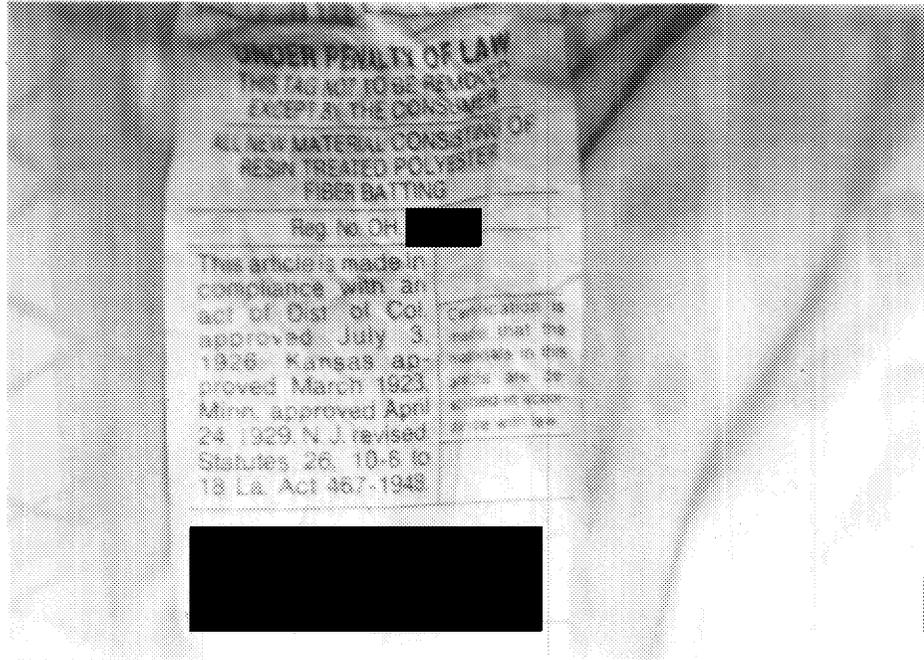


PHOTO #9 Quilt labeling

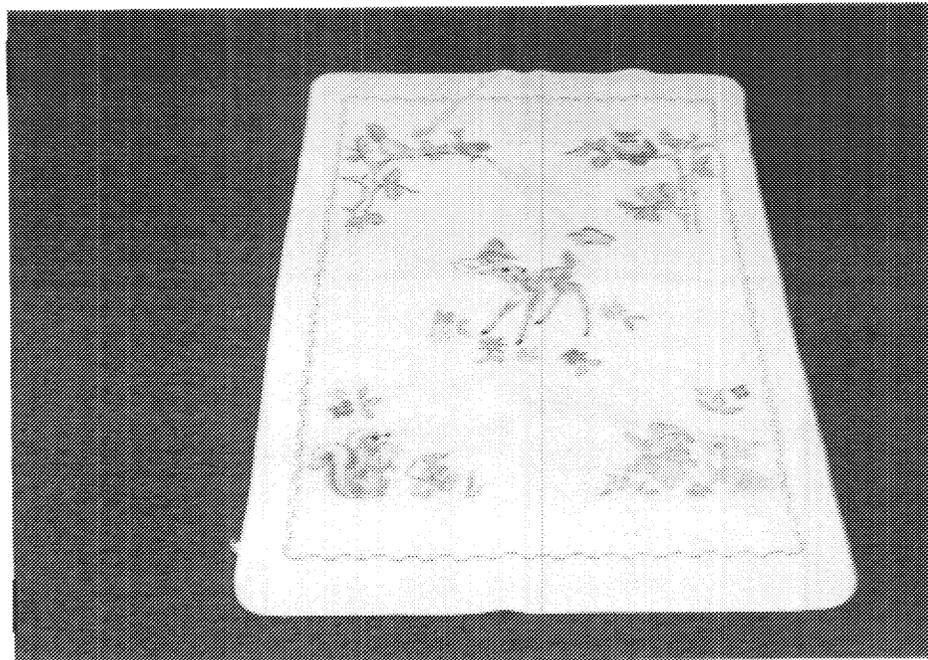


PHOTO #10 Mattress pad