

1. TASK NUMBER 970916CCC2413		2. INVESTIGATOR'S ID 8337		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 830	4. DATE OF ACCIDENT YR MO DAY 970521	5. DATE INITIATED YR MO DAY 970929		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 10 month old male died of positional asphyxia, wedged between his crib railing and an dresser six inches away. He apparently stood on the crib bumper pad and climbed over the crib railing.				
CPSC (b)(1) CLEARED for PUBLIC NO MFRS/PRVTLBLS OR PRODUCTS IDENTIFIED EXCEPTED BY: PETITION RULEMAKING ADMIN. PRG86 WITH PORTIONS REMOVED:				
7. LOCATION (Home, School, etc.) home bedroom 1		8. CITY St. Charles		9. STATE MO
10A. FIRST PRODUCT Crib 1543		10B. TRADE/BRAND NAME unknown		10C. MODEL NUMBER
10D. MANUFACTURER NAME AND ADDRESS unknown				
11A. SECOND PRODUCT dresser 0604		11B. TRADE/BRAND NAME unknown		11C. MODEL NUMBER
11D. MANUFACTURER NAME AND ADDRESS unknown				
12. AGE OF VICTIM 210	13. SEX 1	14. DISPOSITION fatality 8		15. INJURY DIAGNOSIS Anoxia 65
16. BODY PART (S) INVOLVED APB 85	17. RESPONDENT Coroner Investigator		18. TYPE OF INVESTIGATION Telephone 2	19. TIME SPENT (OPERATIONAL HOURS) 12
20. ATTACHMENT(S) Multiple 9	21. CASE SOURCE Mecap 12		22. SAMPLE COLLECTION NUMBER none	
23. PERMISSION TO DISCLOSE NAMES (NEW MFRS CASES ONLY) no				
24. REVIEW DATE 971112	25. REVIEWED BY 8311		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:				

970916CCC241:

I have interviewed the Investigating Officer and the Coroner's Investigator and both report the incident as described below. In the interest of time I am submitting the report without the all the documents, although they have been requested..

PRE-ACCIDENT

The victim is a 10 month old male. He resided in a 2 story single family residence with his mother, father, a physician, and siblings ages 11, 9, 7, 4, & 3. He was said to have been a normal, active child, very large for his age. Exact height and weight are not known.

His mother reported that she put the child down for a nap in his crib in an upstairs bedroom at approximately 11AM.

The crib was 25 to 30 years old but in good condition. The side rail was locked in up position. The mattress support was in the second from lowest position and the distance from the top of the mattress to the top of the side rail was 15 inches. A 12 inch high bumper pad was in place atop the mattress. A 31 inch tall dresser stood alongside the crib, with 6 inches of space between the crib and the dresser.

ACCIDENT

At 12:50PM when she went up to check on him, she found him outside the crib, wedged between the crib railing and the edge of the dresser in an upright position with his chin resting on the edge of the dresser and the back of his head against the side rail of the crib. He was blue in color and showed no sign of life.

POST-ACCIDENT

She immediately removed him and began CPR. She then called 911 and continued CPR until paramedics arrived. They administered aid at the scene and then took the child to the local hospital where he was pronounced DOA at approximately 1:36PM.

SAMPLES COLLECTED

None

STANDARDS

The CPSC Standard for Full Size Baby Cribs 16 CFR FHSA, part 1508 may apply.

PRODUCT INFORMATION

No product information was available.

The Coroner Investigator stated that the crib was unlabeled and that the mother did not know it's brand or manufacturer. He stated that the crib was, in his estimation, 25 or 30 years old. It was in good condition.

The crib was fitted with 12 inch high bumper pads. The mattress support was in the next to lowest position. The distance from the top of the mattress to the top of the side rail was 15 inches. The dresser was 31 inches high and the distance from the side rail to the dresser was 6 inches.

He stated that the child appeared to be large for his age and it was the investigator's opinion that the child probably stood atop the bumper pad and climbed over the railing, falling and becoming wedged between the railing and the dresser.

ATTACHMENTS

1. Coroner Report
Photo mentioned in report was no longer in the file and could not be located.
2. Sheriff Dept. Report

EXA

St. Charles County Medical Examiner's Office
 3556 Caroline Street, St. Louis, Missouri 63104 (314) 577-3298

Day: WEDNESDAY Date: 05/21/97 Time: 2:07 (AM/PM) Case No.: 97-268

Received From: R.D. (b)(3):CPSA Sect (ST. JOSEPH HOSPITAL/EAST)

DECEASED: (b)(3):CPSA Section 25(c) Phone No.: (314) 916-1993
 Race: WHITE Sex: MALE Age: 10 MONTH DOB: 07/25/1%
 Marital Status: SINGLE SSN: (b)(6)
 Address: (b)(3):CPSA Section 25(c) City: ST. CHARLES State: MO
 Occupation: N/A Zip: 63303

Next of Kin: (b)(6) Phone No.: (b)(6)
 Address: (b)(6) ST. CHARLES State: MO
 Relationship: PARENTS Zip: 63303
 Notified: 05/21/97 11:36 (AM/PM) By: (b)(3):CPSA Section

Police Agency: ST. CHARLES COUNTY SHERIFFS DEPT. (DET. NEWBERT #569)
 Notified: 05/21/97 11:12:50 (AM/PM) Complaint No.: 97-03107

	Date	Time	Location	By
Last Seen				
Found		<u>12:50</u>	<u>N/A</u>	
Ill/Injury			<u>N/A</u>	
Pronounced	<u>05/21/97</u>	<u>1:36 PM</u>	<u>ST. JOSEPH HOSPITAL/EAST</u>	<u>DR ANDREWS</u>

Final Manner of Death: _____
 Type of Death: _____
 How Injury Occurred: _____
 Injury at Work: _____ (Yes/No) Premises: _____

Pathologist: DR MARY CASE
 Depth of Investigation (Pathologist): _____

Funeral Home: Bave Funeral Home
 Address: _____ Phone No.: (____) _____

Cause of Death Hierarchy:
 Immediate Cause: _____
 Due to or as a consequence of (b): _____
 Due to or as a consequence of (c): _____
 Due to or as a consequence of (d): _____

Other Significant Conditions: _____

Attachment
1
- 6 pages

9709160002413

970916 CCC 2413

(GEORGE ASLAN)

NARRATIVE

61.

Provide additional comments (to include name(s) and pedigree(s) of all persons and responders at scene), continued answers to questions (include question number being responded to) or any other information pertinent to the death scene investigation. Use additional pages as needed.

ON WEDNESDAY 05/20/77 AT APPROXIMATELY 1409 HOURS, I WAS CONTACTED BY R.N. KAREN KEMPER (ST. JOSEPH HOSPITAL/CENT) IN REFERENCE TO THE DEATH OF A 10 MONTH OLD INFANT. R.N. KEMPER ADVISED THAT THE INFANT HAD APPARENTLY CLIMBED AND/OR FALLEN FROM ITS CRIB CAUSING HIS HEAD TO BECOME WEDGED BETWEEN A DRESSER AND THE SIDE RAILS OF THE CRIB. R.N. KEMPER ADVISED THE INFANT WAS PRONOUNCED DEAD AT THE HOSPITAL BY DR. RANDY ANDREWS AT APPROXIMATELY 1336 HOURS.

I RESPONDED TO ST. JOSEPH HOSPITAL, WHERE I MET WITH DET. WENDELL #567 OF THE ST. CHARLES COUNTY SHERIFFS DEPARTMENT. DET. WENDELL ADVISED THAT JENNIFER ROBERT GARD HAD THE FOLLOWING ACCOUNT OF THE CIRCUMSTANCES WHICH LED TO THIS INCIDENT. JENNIFER CALLED GEORGE DOWN FOR HIS NAP AT APPROXIMATELY 1100 HOURS IN THE CRIB IN AN UPSTAIRS BEDROOM OF THEIR RESIDENCE. AT APPROXIMATELY 1230 HOURS, JENNIFER WENT TO GEORGE'S ROOM AND FOUND THAT HE HAD EITHER CLIMBED AND/OR FALLEN OVER THE RAILING OF HIS CRIB. (RAILING WAS IN AN UP/LOCKED POSITION). JENNIFER FOUND GEORGE BETWEEN THE DRESSER NEXT TO THE CRIB AND THE CRIB'S SIDE RAILINGS IN A WEDGED/SUSPENDED POSITION. JENNIFER ADVISED THAT GEORGE'S CRIB WAS RESTING ON THE EDGE OF THE DRESSER AND THE BACK OF HIS HEAD WAS AGAINST THE SIDE RAILS OF THE CRIB. GEORGE'S TORSO HUNG STRAIGHT DOWN BETWEEN THE TWO PIECES OF FURNITURE IN A HANGING TYPE POSITION.

JENNIFER ROBERT GARD

1.25 AND MEDICAL ASSISTANTS OF LIFE, TRANSFER IMMEDIATELY REMOVED
ED GEORGE FROM THE POSITION AND STARTED CPR. TRANSFER THEN
CALLED 911 AND CONTINUED CPR UNTIL PARAMEDICS ARRIVED ON THE
SCENE.

(CONTINUED PAGE #8)

SIGNATURE OF INVESTIGATOR:

Michael K. Blues

PHONE NUMBER

(314) 836-9186

DATE (MM/DD/YY)

05/20/97

140 884-0200 (3-97)

PAGE 1

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7709160002413

(GEORGE ADLAN)

61.

Provide additional comments (to include name(s) and pedigree(s) of all persons and responders at scene), continued answers to questions (include question number being responded to) or any other information pertinent to the death scene investigation. Use additional pages as needed.

I EXAMINED GEORGE FOR ANY OBVIOUS INJURIES IN THE TRAUMA ROOM AT THE HOSPITAL. I OBSERVED GEORGE TO BE WEARING A MULTI-COLORED SLEEPER, BLUE T-SHIRT, DISPOSABLE DIAPER, AND WHITE SOCKS. THE SLEEPER AND T-SHIRT HAD APPARENTLY BEEN CUT AWAY BY MEDICAL PERSONNEL. I OBSERVED A REDDISH/PURPLE MARK ON THE UNDERGIRTH OF HIS ANUS. I ALSO NOTED A SMALL WHITE COLORED CIRCULAR MARK ON THE UNDERGIRTH OF THE CHIN. I OBSERVED A SMALL BLUE AND/OR PURPLE COLORED CIRCULAR MARK ON THE LOWER RIGHT BACK OF THE HEAD.

I CONTACTED DR. MARY CASE IN REFERENCE TO THIS DEATH. DR. CASE REQUESTED THAT THE BODY BE TRANSPORTED TO HER ST. LOUIS COUNTY OFFICE FOR FURTHER INVESTIGATION OF THIS DEATH. DR. CASE ALSO REQUESTED A COMPLETE DEATH SCENE INVESTIGATION. I CONTACTED LAWRENCE ALBERTSON SERVICE WHO COMPLETED THE TRANSPORT OF THE DECEASED AS REQUESTED.

AT APPROXIMATELY 1625 HOURS I ARRIVED AT #22 SAND GARDEN WINGS. I MET WITH CHARLES AND JENNIFER ADLAN. JENNIFER LED ME UPSTAIRS TO GEORGE'S BEDROOM. WHILE SPEAKING WITH JENNIFER, SHE RELATED THE SAME STORY TO ME AS SHE HAD TOLD DET. NEWBERT. JENNIFER POINTED OUT TO ME WHERE SHE FOUND GEORGE AND THE POSITION HE WAS FOUND. I RECONSTRUCTED THE POSITION GEORGE WAS FOUND IN USING A DOLL. I THEN TOOK A POLAROID PICTURE OF THE POSITIONING OF THE DOLL. THIS PICTURE WAS FORWARDED TO DR. MARY CASE.

TO MAKE THE FOLLOWING OBSERVATIONS ABOUT THE CRIB AND MESSOR INVOLVED IN THIS INCIDENT. THE CRIB WAS A STANDARD STYLE WITH THE MESSOR SUPPORT LOCATED IN THE MIDDLE TO THE LONGEST ATTACHMENT POSITION. FROM THE TOP OF THE MESSOR TO THE TOP OF THE SIDE RAIL MEASURED APPROXIMATELY 15 INCHES. THE DRESSER MEASURED APPROXIMATELY 31 INCHES.

SIGNATURE OF INVESTIGATOR
Michael K. Olson

PHONE NUMBER
(314) 836-9186

DATE (MM/DD/YY)
05/20/97

970916CCC2413

(GEORGE ARLOW)

61.

Provide additional comments (to include name(s) and pedigree(s) of all persons and responders at scene), continued answers to questions (include question number being responded to) or any other information pertinent to the death scene investigation. Use additional pages as needed.

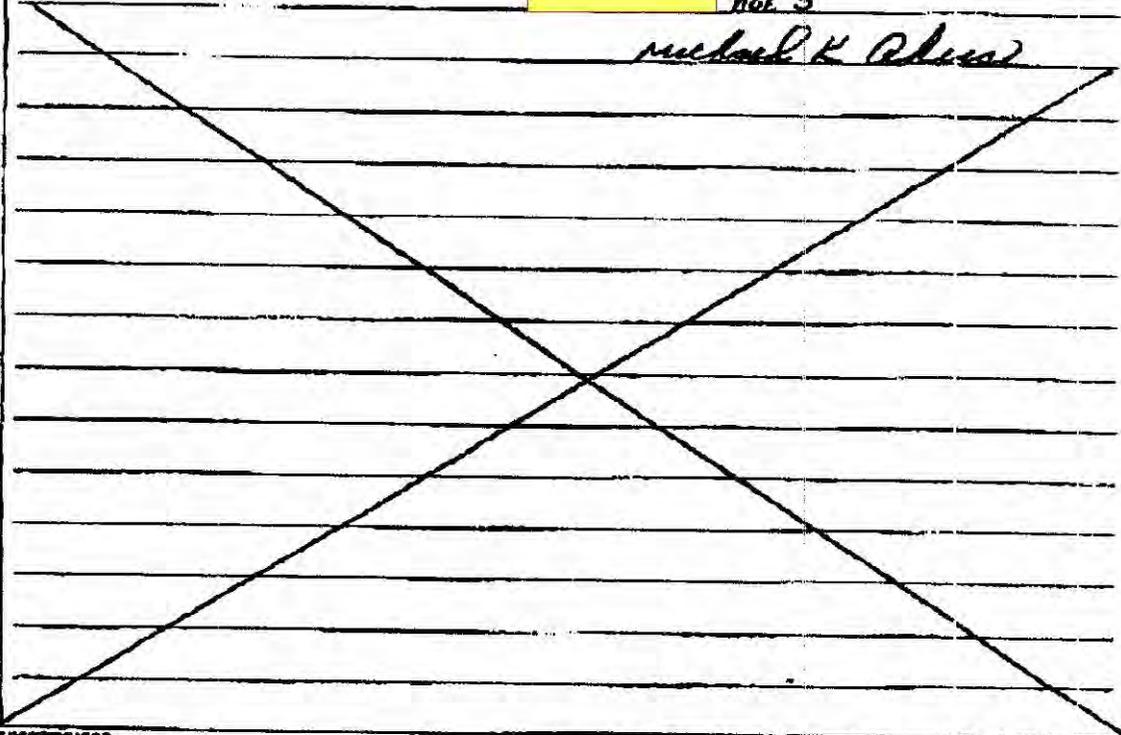
12 HEIGHT. THE DISTANCE BETWEEN THE EDGE OF THE DRESSER AND THE SIDE RAIL OF THE BED WAS APPROXIMATELY 6 INCHES

IT SHOULD BE NOTED, THE POSITION THAT JENNIFER FOUND GEORGE DID APPEAR TO BE CONSISTENT WITH THE INJURIES I OBSERVED ON GEORGE'S CHEST AND THE BACK OF HIS HEAD.

THE POLICE HAD FIVE OTHER CHILDREN AND BROTHER WITH THEM. THE CHILDREN WERE IDENTIFIED AS:

- (b)(6) AGE 11
- AGE 7
- AGE 7
- AGE 4
- AGE 3

Michael K. Adams



SIGNATURE OF INVESTIGATOR
Michael K. Adams

PHONE NUMBER
(314) 836-9166

DATE (MM/DD/YY)
05/20/97

**St. Charles County Sheriff's Department
Narrative Report**

Case Number: 97-0003107

Date: 5/21/97

Narrative:

At or about 1302 hours on Wednesday, 5/21/97, this deputy while on duty responded to (b)(6) 63303 regarding a report of a Code Blue for a child. The facts and circumstances concerning this incident are as follows.

I arrived at or about 1309 hours on Wednesday, 5/21/97, St. Charles County Fire Protection District personnel and St. Charles County Ambulance District Medic 2 paramedics; Jansber, Lorraine DSN 4455 and Ogden, Mark DSN 4392, were already on the scene administering first aid to the victim:

At or about 1310 hours on Wednesday, 5/21/97, Sgt. Schwab DSN 566 arrived at the scene. At or about 1311 hours on Wednesday, 5/21/97, Detective Neupert DSN 569 arrived at the scene. Sgt. Schwab contacted Communications and requested St. Charles County Sheriff's Department ID Division respond to the scene.

St. Charles County Ambulance District Medic 2 transported to St. Joseph Health Center for further medical treatment. Sgt. Schwab responded to St. Joseph Health Center to investigate this incident.

Detective Neupert and I secured the scene until Sgt. Luetkenhaus DSN 301 and Deputy Neuhaus DSN 304, from the St. Charles County Sheriff's Department ID Division, arrived at the scene which was at or about 1329 hours on Wednesday, 5/21/97. The scene was turned over to Sgt. Luetkenhaus and Deputy Neuhaus for processing. (See ID Division report 97-3107). Deputy Neupert and I then responded to St. Joseph Health Center in St. Charles, Mo.

Sgt. Schwab obtained a voluntarily statement from the victim's mother:

ABLAN, JENNIFER J.
22 SAN CAMILLE DRIVE
ST. CHARLES, MO. 63303

Page: 1

970916 C.C.C. 2413
Attachment 2

00249

970916 CCC 2413

**St. Charles County Sheriff's Department
Narrative Report****Case Number: 97-00003107****Date: 5/21/97**

DOB: 5-24-60**SSN: 390-76-0603**

who stated that she put _____ into his crib at or about 1100 hours on Wednesday, 5/21/97, for his two hour morning nap. When she returned at or about 1250 hours on Wednesday, 5/21/97, she found him hanging outside the crib between his crib and changing table. She stated she started mouth to mouth, called 911 and continued mouth to mouth (see attached copy of Jennifer Ablan's statement). Original statement form was submitted into evidence reference Evidence Receipt Form #050904.

At or about 1336 hours on Wednesday, 5/21/97, Dr. Randy Andrews, the attending physician at St. Joseph's Health Center, pronounced _____ dead.

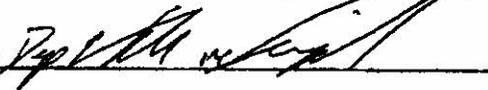
Detective Neupert contacted the Medical Examiner's Office and spoke with Mike Akers who responded to St. Joseph Health Center. Detective Neupert also called the Child Abuse Hotline and filed a report about the death of the child.

No physical evidence to process.

No suspect or witness information available.

Additional information will be submitted on a supplemental report.

End of report.

DSN: 531**Reporting Officer: Deputy Niemczyk****Officer's Signature** **Date** 05-25-97

970 916 CCC 2413

✓

St. Charles County Sheriff's Department
Offense/Incident Report

Case Number: 97-0003107

Date: 5/21/97

Victim Name:

Business:

Address:

Phone: (314)

Work Phone: (314)

Race:

Sex:

DOB:

Incident: ACCIDENTAL DEATH

Incident:

Incident:

Incident:

Time Assigned: 13:02

Time Arrived: 13:09

Time Completed: 15:25

Location Of Occurrence:

(b)(6)

GEO: 16

63303

Is There An Element Of Time: Yes

Start Time: 11:00

Day Of Week: WED

Date: 5/21/97

Stop Time: 12:50

Day Of Week: WED

Date: 5/21/97

Type Of Premise: TWO STORY SINGLE FAMILY DWELLING

Point Of Entry: NA

Method Of Entry: NA

Tools Used: NA

Weapon Used: NA

How Call Was Received: Radio

Multiple Victims: No

DSN: 531

Reporting Officer: Deputy Niemczyk

Officer's Signature

[Handwritten Signature]

Date

05-25-97

Reviewing Officer

Sgt. K. Doherty 544

Date

MAY 25 1997



Douglas Saulters
Sheriff

Bureau of Administrative Services
Bureau of Field Operations

949 3016
P. M. Weather

Office of the Sheriff
301 North Second
St. Charles County, Missouri 63301
723-0329 949-0809
1-800-822-8017 Fax 949-3041

11-4-97

TO: Sandra Glasgow
U.S. Consumer Product
Safety Commission

FAX NO: 314-469-3327

MESSAGE, if Any: Report 97-3107
970916 CCC 2413

FROM: Pam
Records

FAX NO: 314-949-3082

Number of Pages Including Cover Sheet: 4

*** FACSIMILE TRANSMISSION FORM ***

ORIGINAL

97-0003107 CCC 2413

St. Charles County Sheriff's Department
Supplemental Investigation Report

Case Number: 97-0003107

Date: 5/21/97

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

Narrative:

In regards to original report #97-3107, the following additional information is submitted.

On 05-21-97 13:05 hours, I responded with Deputy Niemczyk and Sgt. Schwab to 22 San Camille Dr. to a report of an infant code blue. On my arrival at 13:11 hours I made contact with Deputy Niemczyk and Sgt. Schwab who were already on the scene. Also present was the St. Charles County Ambulance District Medic #2 and the St. Charles Fire Protection District. The victim identified as:

(b)(3):CPSA Section 25

W/M Age 10 Mo. DOB 07-26-96

was already on the ambulance and was still unresponsive. The mother identified as:

(b)(6)

was also departing with the ambulance. Deputy Niemczyk related to me that the mother had put the victim in his crib for a nap. She later checked and found he managed to get out of the crib, fell, and lodged between the crib and dresser adjacent to the crib. He was not breathing and the mother picked him up and brought him downstairs to the kitchen to call for an ambulance.

Deputy Niemczyk took me upstairs to the victim's bedroom which is located in the north east corner of the residence. The victim's crib was in the north east corner of the room with the head against the north wall and one side against the east wall. The dresser was located against the north wall about six inches south of the crib. The light to the room was in the off position and the curtain was pulled slightly open.

Sgt. Schwab requested that the Forensics Division respond for scene processing. Sgt. Luetkenhaus and C. Neuhaus responded to the scene for processing. For more information see their report. This Detective the responded to the St. Joseph Health

ORIGINAL

970916 0002413

St. Charles County Sheriff's Department
Supplemental Investigation Report

Case Number: 97-000(3)107

Date: 5/21/97

Center to check on the status of the victim and to contact the mother, (b)(6). On my arrival, I made contact with Sgt. Schwab who informed me that the victim had expired. The time of death was called by the attending Physician (b)(3):CPSA Section 25(1). Sgt. Schwab also provided me with a brief written statement completed by (b)(6). The statement was given to Deputy Niemczyk on his arrival at the Health center. The statement related that she had put her son in his crib for a nap at or around 11:00 hours this date. When she went to wake him for lunch around 13:00 hours she found he was out of the crib and was hanging between the crib and dresser. His head was stuck between the gap of the two pieces of furniture. He was facing away from the crib towards the dresser in a west direction. She then removed her son from his position, moved to the kitchen downstairs, called 911, then started CPR on her son. Sgt. Schwab also informed me that the victim's father is a doctor on staff at St. Joseph Health Center and was present when the victim was brought into the facility.

While at the hospital I had the opportunity to speak to the paramedics and supervisor from the St. Charles Ambulance District who were the first ones on the scene. The parties are identified as:

- 1) Paramedic Lorraine Jansberg #4455
- 2) Paramedic Mark Ogden #4392
- 3) Supervisor R. Sloan.

The paramedics advised when they arrived at 22 San Camille that the mother already had the victim on the floor of the kitchen. As they observed the child he was motionless and unresponsive. He was not breathing and had no pulse. They observed bruising beneath the chin area. The child was dressed in a jumper/sleeper which was cut off by them at the scene to gain access to the chest area.

I had the opportunity to view the victim upon the hospital's completion of removal of equipment. Sgt. Luetkenhaus and Crime Scene Investigator C. Neuhaus who also arrived at the hospital to photograph the victim were present. The child had three abrasions observed in the lower chin area. One abrasion was approximately 1 1/2 inches long by 1/4 inch wide. The second abrasion was a thinner scratch about the same length. The third

ORIGINAL

970916 0002413

**St. Charles County Sheriff's Department
Supplemental Investigation Report**

Case Number: 97-00003107

Date: 5/21/97

abrasion was circular in shape and was about the size of a nickel. There was also a small mark on the back of the head toward the top. All marks observed were photographed by C. Neuhaus.

Prior to viewing the child I had an opportunity brief to speak to the mother of the victim in the special waiting area of the emergency room. My purpose was to ask her permission for the Forensics Division to photograph the victim. Mrs. Alban then made a spontaneous statement, "It was just a freak accident." I asked her if we could photograph the child at this time to which she agreed.

The hospital E.R. Staff made the initial contact with the Medical Examiner's Office and spoke to Mike Akers, Investigator. I also spoke to Mr. Akers and provided him with the information necessary for his report. Mr. Akers advised he was enroute to the hospital and would contact me again at that time. On Akers arrival, he was provided with additional information regarding the incident. Akers conducted a brief examination of the victim and then authorized removal of the victim to the Medical Examiner's office. Akers also advised me he would need to respond to the victim's residence to conduct a reconstruction of the incident utilizing a doll. Arrangements were made for a uniformed Deputy to accompany Akers at a later time.

At or about 15:15 hours I was able to make contact with the Child Abuse Hotline 1-800-392-3738 and made a mandated report of the child's death. I also attempted contact with Social Services from the Green Bay, Wisconsin area as the family had recently moved to St. Charles from that location. I was unable to speak to anyone directly and left a message on a phone recorder. I requested information on any prior contacts by the family with Wisconsin Social Services.

This concludes my report. Any additional information will be in supplemental form.

ST. CHARLES COUNTY SHERIFF'S DEPARTMENT

STATEMENT FORM

970916-002413

Case #

97-3107

Statement of

(b)(6)

5-24-60

(b)(6)

At ≈ 11AM I placed (b)(6) in his crib for his morning nap. He usually sleeps at least 2 hours. At 12:50 I went to wake him for lunch. I found him hanging outside the crib between his crib and a changing table. I grabbed him and started mouth to mouth. I felt no pulse. I called 911 and continued Mouth to Mouth. End of Statement. Ja

I have read each page of this statement consisting of 1 page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Dated at St. Josephs Hospital, this 21 day of May 19 97.

WITNESS: SGT. [Signature] 506

(b)(6)

WITNESS: _____

[Signature] Signature of person giving voluntary statement.

SCCSD 507

ORIGINAL

97091:CC 2413

St. Charles County Sheriff's Department
Supplemental Investigation Report

Case Number: 97-00003107

Date: 5/22/97

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

Narrative:

In regards to original report 97-3107, the following additional information is submitted.

On 05-22-97 09:37 hours, I contacted Dr. Mary Case of the Medical Examiner's Office and inquired as to any results from the forensic examination of the victim:

(b)(3):CPSA Section 25

W/M AGE 10 MO. DOB 07-26-96.

Dr. Case advised that she did complete the examination. She explained the cause of death as being asphyxiation. She also stated there were no other signs of suspicious trauma. Dr. Case regarded the death as accidental.

I also received a voice mail message from an unidentified female from the Division of Family Services in Wisconsin. The call was received at 15:20 hours on 5-21-97. The caller stated there were no records on file which indicate that the ALBAN family has had any contact with their Department.

With the preliminary information provided by Dr. Case, this case will be considered as exceptionally cleared and no longer under active investigation. Any further information will be in supplemental form.

DSN: 569

Reporting Officer: Detective Neupert

Officer's Signature *[Signature]*

Date 5/22/97

Reviewing Signature *[Signature]*

Date 5-23-97

970916 CCC 2413

Sep-23-97 12:21P cpssc JAM 847 259 5781

P.02

BOB OKARSKI
FOCR/CH10

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: 9729 018036

DATE OF INCIDENT: 5/21/97 CATID: SECTTR1997

FOLLOW-UP REQUESTED HAZARD ANALYSIS () SECT 1.5 (X)

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

HEADQUARTERS CONTACT: Terri Rogers (301) 504-0608 x1363

ASSIGNMENT MESSAGE: Please do telephone screen to determine if the child fell from the crib and if any part of the crib involved in this death broke, came loose, or contributed to the incident. Terminate if child fell off adult bed or was climbing outside of crib before incident.

If crib involved, please identify the brand, make, model of the product involved in attached incident report and obtain manufacturing date code, if available. Determine the age of the product and where purchased. Describe the incident scenario and any resulting injury. Obtain age, weight and height of victim. Photograph the product and all labeling. Obtain copies of installation/assembly/use instructions for the product if available.

Person(s) to Contact:

Officials
Next of Kin WITH PERMISSION

Guidelines:

Task Number: 970916 CCC 2413 Date: 9/16/97

970916 ccc 2413

ClearingHouse Format - With Manufacturer
Reported Incidents
U.S. Consumer Product Safety Commission
National Injury Information ClearingHouse

9/16/97
Page 1

Document Number: X9772475A	Task Number :	Issue : 43
Date Received : 07/21/97	Confirmed :	Date Entered : 08/07/97
City : ST CHARLES	State : MO	Zip : 00000
Source : 5	Type Of Contact : 32	
Prod : 1545	CRIBS. NOT SPECIFIED	
Prod : 4014	FURNITURE. NOT SPECIFIED	
Date Injured : 05/21/97 D	Work Related : N	
Age : 210	Sex : 1 MALE	
Disposition : 8 8=FATALITIES, INCLUDI	Haz Type : 8 SUFFOCATION OR STRANGULATION	
Brand : MANUFACTURER UNKN	Screened ? :	
Model : UNK		

Narrative :

A 10 MONTH OLD BABY BOY DIED OF POSITIONAL ASPHYXIA, WEDGED BETWEEN HIS CRIB AND DRESSER NEXT TO CRIB. THE BABY HAD APPARENTLY GOT OUT OF CRIB, THE DISTANCE BETWEEN THE EDGE OF DRESSER & THE SIDE RAILS OF CRIB WAS APPROXIMATELY 6 INCHES.