

Case Number : [REDACTED] Name : [REDACTED]

#100802HNE0563 N1080026A 8/3/10

Intake

ISSUE 45

Initial Call			
Reported To Name [REDACTED]	* Case Type ME Case	* Call Date 07/09/2010	* Call Time 04:39
Reported By Name [REDACTED]	* Reported By Agency William Beaumont Hosp-Royal Oak		
Reported Cause of Death Unexplained	* Reported Place of Death Status ER		
Last Name [REDACTED]	First Name [REDACTED]	Middle Name	AKA
Birth Date [REDACTED]	Est	Date of Death 07/09/2010	Est
Pronounced Time of Death 03:37	Est	Age Yr Mo Dy 4 8	Est
Gender Female	Race White	Marital Status	Gestation
Home Address [REDACTED]		City [REDACTED]	
State [REDACTED]	Zip [REDACTED]	County Oakland	Country USA
Phone [REDACTED]	SSN	Driver's License #	DL State
Occupation	Employer		
Death Certificate Signed By [REDACTED]	<input type="checkbox"/> Family Dr	Doctor's Phone	
Attending Physician [REDACTED]	Phone	<input type="checkbox"/> Pregnant within 6 months of death	
Medical History			
Dec was born C-section, healthy, now is 15 lbs 9 oz, is bottle fed, had shots two days ago, has had intermitent fever.			
Hospice			

Funeral Home		
Funeral Home <input type="text"/>		
Phone <input type="text"/>	Called Date <input type="text"/>	Called Time <input type="text"/>
Removal Service		
Removal Organization <input type="text" value="Michigan Removal Service"/>		
Called By <input type="text" value="[REDACTED]"/>	Called Date <input type="text" value="07/09/2010"/>	Called Time <input type="text"/>
# of Men <input type="text" value="1"/>	<input type="checkbox"/> Cremation	<input type="checkbox"/> Morgue Notified

Scene

Reported Place of Death		
<input type="checkbox"/> Address Same as Decedent's	Reported Place of Death <input type="text" value="William Beaumont Hosp-Royal Oak"/>	
Address <input type="text" value="3601 West 13 Mile Road"/>		
City <input type="text" value="Royal Oak"/>	State <input type="text" value="Michigan"/>	Zip <input type="text" value="48073"/>
County <input type="text"/>	Country <input type="text"/>	Phone <input type="text" value="248-551-5000"/>
Type of Place of Death <input type="text" value="Hospital"/>		

Reported Place of Incident		
<input checked="" type="checkbox"/> Address Same as Decedent's	Address <input type="text" value="[REDACTED]"/>	
City <input type="text" value="[REDACTED]"/>	State <input type="text" value="[REDACTED]"/>	Zip <input type="text" value="[REDACTED]"/>
County <input type="text" value="Oakland"/>	Country <input type="text" value="USA"/>	Phone <input type="text" value="[REDACTED]"/>
Reported at Work <input type="checkbox"/>	Type of Place <input type="text" value="Home"/>	
Reported Date <input type="text"/>	Est <input type="text"/>	
Reported Time <input type="text"/>	Est <input type="text"/>	

Last Seen Alive

Date 07/09/2010	Est ▼	Time 01:00	Est ▼
By Whom [REDACTED]		Organization mother	

Investigator at Scene

Name ▼			
Arr Date	Arr Time	Dep Date	Dep Time

Location / Incident Data

Circumstances of Death

On 7-8-10 at 2250 the dec was given her night bottle. She was then placed in her crib in a [REDACTED] (cradle used to prevent colic). At 0100 the mother heard the baby crying and advised the father to get up with the child. The family has a visual monitor and sound device in the child's room. The father stated he heard the baby making sounds then looked in the monitor and saw the baby partially out of the [REDACTED]. At approx 0256 the father checked and found the child half out of the [REDACTED] with her face against the crib bumper. The child was unresponsive and the mother grabbed the child and ran to the Fire Department which was very close. EMS was called and CPR in progress to WBHRO. At 0337 the child was pronounced. The mother was concerned with the shots received two days prior that may have effected the child. She stated the child had a slight fever since the shots. The father stated the child was half way out of the [REDACTED] and the strap was around the child, and appeared her face was hyperextended. Royal Oak PD is at WBHRO and are seeking permission to enter the house for photos.

Police Officer(s)	At The Scene	Police Report Number
Body Found	Date 07/09/2010	Time 02:56
	By Whom [REDACTED]	By Whom - Organization Father
Pronounced	Date 07/09/2010	Time 03:37
	By Whom [REDACTED]	By Whom - Organization WBHRO
Environment		
Weather	Humidity	Temperature

Body		
Condition of Body	Initial Livor	Initial Rigor
Clothing	Position of Body	Body Temp
Photos Taken		
<input type="checkbox"/>		

Medication	
<input type="checkbox"/> Meds Taken By Investigator	<input type="checkbox"/> Meds Taken By Police
Med. / Paraphernalia Notes	
Unk pedeitrician	

MVA		
MVA Party	Crash Report No	
<input type="checkbox"/> AirBag Deployed	<input type="checkbox"/> SeatBelt	<input type="checkbox"/> Crash Helmet

NOK / Organ Procurement

NOK Data		
Name	Relationship	Phone
	Parents	
<input checked="" type="checkbox"/> Address Same as Decedent's	Address	
City	State	Zip
County	Country	Notified By
Oakland	USA	
Date	Time	<input type="checkbox"/> Autopsy Notified
07/09/2010		
Notified By Org	Method	

Organ Procurement		
Initial Stage		
<input type="checkbox"/> Transplant Society Notified		
Donor Form Signed By		
Name	Relationship	Phone

County of Oakland
Office of the
Medical Examiner

Case Number : [REDACTED]
Investigator : A. Menamara
Pathologist : [REDACTED]
MD

Case Notes

Decedent : [REDACTED]

Date	Time	By Whom	Comments
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7-9-2010 0820 WP I called and talked to Det Spencer. He is the OIC on this case. I asked him how exactly was the baby lying in the [REDACTED]. He stated that the dec was belted in the [REDACTED] but the head was hanging off and tilted back with the neck portion hyper-extended and its face in the bumper pad of the crib.

Dec was running a fever due to having its immunization shots two days ago. Det Spencer stated that they will have someone at the autopsy and have pictures of the nap nanny and will bring them to the autopsy. He further stated that they were going to interview the parents and I requested a copy of their police reports.

