12001 – 06237

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

TC-32

CPSA 6(b)(1) CLEARED for PUBLIC
NO MFRS/PRVTL BRS OR PRODUCTS IDENTIFIED
EXCEPTED BY: PETITION RULEMAKING ADMIN. PROCG
WITH PORTIONS REMOVED:

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
[redacted]
Case number
Date received
☐ Res ☐ NR

DECEDENT: (b)(3) CPSA Section 25(c)
First Middle Last Suffix

RESIDENCE: (b)(6)
Number and Street City, State County

AGE: 3M SEX: ☐ Male ☒ Female ☐ Unknown

RACE: ☐ Black ☐ Native American ☐ Oriental ☒ White ☐ Unknown

HISPANIC ORIGIN: ☐ Yes ☒ No ☐ Unknown

YC252630

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS			(b)(6)	ONSLOW
DEATH	08-09-01	±2200		ONSLOW
VIEW OF BODY	08-10-01	0815	☐ Scene of death ☒ Hospital ☐ Funeral home ☐ Other _____ ☐ Not viewed	
M.E. NOTIFIED	08-09-01	2300	LAW ENFORCEMENT AGENCY: ONSLOW CO. SHERIFF'S DEPT.	
LAST KNOWN TO BE ALIVE	08-09-01	2100	OFFICER: DEPUTY MORRIS TELEPHONE: 910-455-3113	

Death occurred while in custody: ☐ Yes ☒ No ☐ Unknown

AUTOPSY: ☐ None ☒ M.E. Authorized ☐ Non-M.E. Autopsy facility: _____

BLOOD SAMPLE: ☒ Mailed ☒ Obtained by pathologist ☐ Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: ☐ Pending

1. SUDDEN INFANT DEATH SYNDROME
DUE TO
2.
DUE TO
3.
DUE TO
4.

CONTRIBUTING CONDITIONS

MANNER OF DEATH:
☒ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending

OCME REVIEW

1. ASPHYXIA
DUE TO
2. WEDGED BETWEEN PILLOW AND CRIB BUMPER
DUE TO
3.
DUE TO
4.

ISSUE 35
MAY 28 2002

CONTRIBUTING CONDITIONS
☐ Natural ☒ Accident ☐ Homicide ☐ Suicide ☐ Undetermined
Reviewer: _____ Date: 11/15/01
Information in this block supersedes that contained in space at left.

SDC
☐ None
☒ AL
☐ Dictated
☐ COO

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

JOHN L. ALMEIDA, M.D. — Signature of Medical Examiner
08-10-01 — Date
ONSLOW — County of Appointment
M.E. Number

DHHS 1114 (Revised 10/00)
Medical Examiner (Revised 10/02)

I2001 – 06237

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

TC-32 S-37

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
[redacted]
Case number
Date received
☐ Res ☐ NR

DECEDENT: [redacted]
First Middle Last Suffix

RESIDENCE: [redacted] HUBERT ONSLOW
Number and Street City, State County

AGE: 3M SEX: ☐ Male ☒ Female ☐ Unknown

RACE: ☐ Black ☐ Native American ☐ Oriental ☒ White ☐ Unknown

HISPANIC ORIGIN: ☐ Yes ☒ No ☐ Unknown

1025 030

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS			[redacted] HUBERT, NC	ONSLOW
DEATH	08-09-01	±2200	[redacted] HUBERT, NC	ONSLOW
VIEW OF BODY	08-10-01	0815	☐ Scene of death ☒ Hospital ☐ Funeral home ☐ Other ☐ Not viewed	
M.E. NOTIFIED	08-09-01	2300		
LAST KNOWN TO BE ALIVE	08-09-01	2100		

LAW ENFORCEMENT AGENCY: ONSLOW CO. SHERIFF'S DEPT.
OFFICER: DEPUTY MORRIS TELEPHONE: 910-455-3113
Death occurred while in custody: ☐ Yes ☒ No ☐ Unknown

AUTOPSY: ☐ None ☒ M.E. Authorized ☐ Non-M.E. Autopsy facility:
BLOOD SAMPLE: ☒ Mailed ☒ Obtained by pathologist ☐ Reason not obtained:
IF CLINICAL ALCOHOL DONE, RESULT: By whom:

PROBABLE CAUSE OF DEATH: ☐ Pending

1. SUDDEN INFANT DEATH SYNDROME
DUE TO
2.
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CONTRIBUTING CONDITIONS

MANNER OF DEATH:
☒ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending

OCME REVIEW

1. ASPHYXIA
DUE TO
2. WEDGED BETWEEN PILLOW AND CRIB BUMPER
DUE TO
3.
DUE TO
4.

ISSUE 35
MAY 28 2002

CONTRIBUTING CONDITIONS
☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Undetermined
Reviewer: Date: 10/16/02
Information in this block supersedes that contained in space at left.

SDC
☐ None
☒ AL
☐ Dictated
☐ COG

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

JOHN L. ALMEIDA, M.D. — Signature of Medical Examiner
08-10-01 — Date
ONSLOW — County of Appointment
M.E. Number

DHHS 1114 (Revised 10/00)
Medical Examiner (Review 10/02)

MEDICAL HISTORY

☐ Alcoholism ☐ Diabetes ☐ IV drug abuse ☐ Ischemic heart disease ☐ Smoking
☐ Seizure disorder ☐ Cancer ☐ Hypertension ☐ Depression ☐ HIV/ AIDS
☐ Other _____ Attending Physician _____ City _____

MEANS OF DEATH

☐ VEHICLE: Type of vehicle associated with this decedent:
☐ Passenger car ☐ Pickup truck ☐ Truck--more than 2 axles ☐ Motorcycle
☐ Bicycle ☐ Farm vehicle ☐ ATV ☐ Moped ☐ Other _____
Position: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Unknown
Devices: ☐ Seat restraints ☐ Air bag ☐ Helmet ☐ Child restraint ☐ None ☐ Unknown
Number of vehicles involved _____

☐ GUN: ☐ Rifle--Caliber _____ ☐ Handgun--Caliber _____ ☐ Shotgun--Gauge _____
☐ Other _____ ☐ Unknown

☐ INSTRUMENT: ☐ Blunt ☐ Sharp Description: _____
☐ TOXIC AGENT(S) SUSPECTED: ☐ Alcohol ☐ Others _____
☐ DROWNING: ☐ Pond ☐ Lake or river ☐ Ocean ☐ Pool ☐ Bathtub ☐ Other _____
Life preserver: ☐ Yes ☐ No ☐ Unknown Able to swim: ☐ Yes ☐ No ☐ Unknown
Activity _____

☐ FIRE: Suspected cause _____ Smoke detector: ☐ Yes ☐ No ☐ Unknown
☐ FALL: From _____ to _____ Approximate distance _____ feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity SLEEPING
Type of place HOME Specific location CRIB

Fatal injury or illness occurred on a job: ☐ Yes ☒ No ☐ Unknown
If yes, was employment: ☐ Primary job ☐ Secondary ☐ Volunteer work ☐ Unknown
Name of this employing firm or agency _____
Type of business or industry _____ Decedent's occupation _____

DEATH: Type of place HOME Specific location CRIB

Examples:
Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, *etc.*
Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, *etc.*
Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, *etc.*
On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

CONDITION: ☒ Intact ☐ Decomposition ☐ Skeletonized
☐ Embalmed ☐ Charred ☐ Prolonged immersion ☐ Exhumed

RIGOR: ☐ None ☐ 1+ ☐ 2+ ☒ 3+ LIVOR: ☐ None ☐ Anterior ☒ Posterior ☐ Lateral

HEIGHT: 24½ inches ☐ Estimate WEIGHT: 5160 GRAMS ~~pounds~~ ☐ Estimate

BODY TEMPERATURE: ☐ Warm ☐ Cool ☒ Cold HAIR: Color RED ☐ Beard ☐ Mustache

EYES: Color BLUE Abnormalities _____

TEETH: Upper ☐ Natural ☐ Dentures ☐ Abnormalities N/A
Lower ☐ Natural ☐ Dentures ☐ Abnormalities N/A

CLOTHING: DISPOSABLE DIAPER AND T-SHIRT TOP ☐ Not clothed
VALUABLES: _____ ☐ No valuables

T O X I C O L O G Y R E P O R T

Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Toxicology Folder: [redacted]
Case Folder:
Date of Report: 16-aug-2001
Page: 1

Case Folder
[redacted]

DECEDENT: [redacted]

Status of Report: Approved
Report Electronically Approved By: Jeri Miller, PhD

* * *

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SPECIMENS received from [redacted] on 13-aug-2001

S010009539: 20.0 ml Blood
SOURCE: Heart

CONDITION: Postmortem
OBTAINED: 10-aug-2001

Ethanol ---------- None Detected

08/16/2001

S010009540: 10.0 ml Blood
SOURCE: Heart

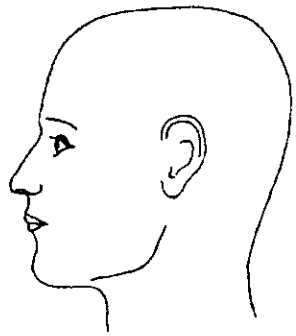
CONDITION: Postmortem
OBTAINED: 10-aug-2001

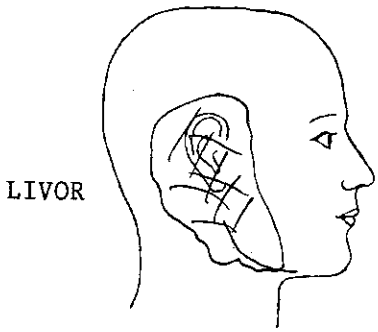
S010009541: Liver
SOURCE:

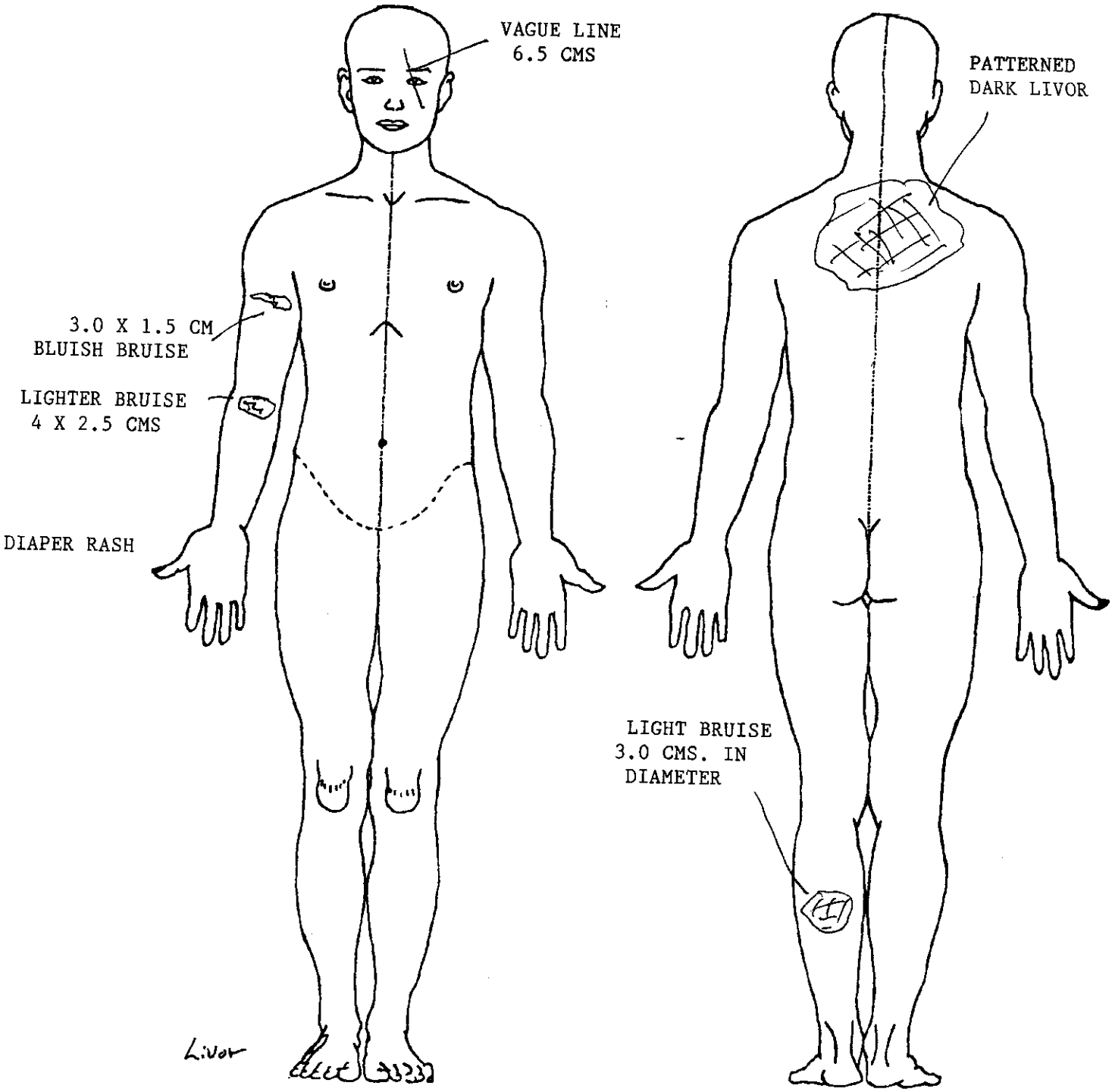
CONDITION: Postmortem
OBTAINED: 10-aug-2001

082101 16:20 * * * E N D O F R E P O R T * * *

BODY DIAGRAMS







Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, *etc.*) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

THE MOTHER OF THIS INFANT STATES SHE PUT THE BABY TO BED AT APPROXIMATELY 1945 HOURS ON 08-09-2001. THE BABY WOKE UP CRYING LATER - MAYBE 2100 HOURS. THE BABY WAS FOUND AT 2230 HOURS WEDGED BETWEEN ADULT PILLOWS AND A CRIB BUMPER. THE BABY HAD ORIGINALLY BE PLACED TO SLEEP ON HER SIDE AND WAS FOUND ON HER STOMACH. IT WAS A HOT NIGHT AND THE HOUSE TRAILER THEY LIVED IN HAD NO AIR CONDITIONING. THE HUSBAND IS NOT THE FATHER OF THE CHILD.

JLA:SM

JLA
8/16/01

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).
PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.
DISTRIBUTION: Mail *original* copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.
DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.
COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.