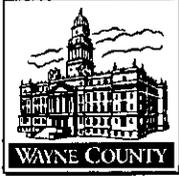


TC-32 SH210

#14



OFFICE of the WAYNE COUNTY MEDICAL EXAMINER
1300 East Warren Avenue
Detroit, Michigan 48207
Case Registration Summary

M. E. CASE No.
POLICE FILE No.
DATE REPORTED 09/29/2003 12:07pm

NAME OF DECEASED (First Middle Last)	AGE	DATE OF BIRTH	RACE	SEX
[REDACTED]	2Months	[REDACTED]	Black	Male

Reported By: Dr. [REDACTED] of: Sinai-Grace Hospital
Agency Address: [REDACTED] Detroit, MI, 48235
Telephone #: [REDACTED]

Reported From: [REDACTED]
Detroit, MI 48235
Telephone #: [REDACTED]

Decedent's Residence : [REDACTED]
Residence : Detroit, MI 48219
Telephone #: [REDACTED]

Marital Status: Single

Next of Kin: [REDACTED] Relation: Mother
Address: [REDACTED] Notified: 29 Sep 2003
Detroit, MI 48219
Telephone: [REDACTED]

Transported from: Residence Via: Emergency Medical Services
Status at Hospital: EMER ROOM Chart# [REDACTED]
Arrived at Hospital: 29 Sep 2003 9:53am

Pronounced Dead: 29 Sep 2003 10:09am By: Dr. [REDACTED]

Doctor / Hospital Comments:
Dr. [REDACTED] from Grace Hospital called to report the death of a 2-month-old black male who was found unresponsive in his crib at home by his mother. He was conveyed to the hospital by EMS with CPR in progress. The infant expired in the ER after ACLS protocol. There were no signs of trauma noted. Per Dr. [REDACTED] the decedent was a full-term bottle fed baby who was up-to-date on his shots. He had no established medical history or recent illnesses. His grandmother stated that he had a history of sleep apnea. No other details. Body to the MEO.

XRAYS WERE REQUESTED.

X03B 5090

ISSUE 6
NOV 4 2003

OFFICE of the WAYNE COUNTY MEDICAL EXAMINER
1300 East Warren Avenue
Detroit, Michigan 48207
Case Registration Summary

M.E. CASE No.
[REDACTED]
POLICE FILE No.
[REDACTED]
DATE REPORTED
09/29/2003 12:07pm/By
Page 2

Police Information:
Officer:

Notified:
Police Case #

Provisional Manner of Death: ACCIDENT

Type of place where injury occurred: (unspecified)
Address where injury occurred: (not entered)
Date of Injury:

Certifier: WCME
Certifier's Phone No. [REDACTED]
Current Disposition: Ordered To Meo

Removal Ordered: 29 Sep 2003 12:14pm
Removal Service: Professional Removal Service
Contact Person: Mary By whom: [REDACTED]

Additional Case Comments:

[REDACTED]
22 Oct 2003

* Bumper Pad Death
Full size crib - face down ^{my} ~~against~~
against bumper pad.

* Crib - unknown manufacturer
Crib had most of the hardware missing.
Crib bought at garage sale.
Wooden & brown in color