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TC-32 S-43  
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MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager for your state, who will ask for the information noted below. Or, send by email to [dwierdak@cpsc.gov](mailto:dwierdak@cpsc.gov), or fax to 1-800-809-0924.

Date of accident 8/31/08 Date of Death 8/31/08

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? \_\_\_\_\_

Cause of Death: Sudden Unexplained Infant Death \_\_\_\_\_

Location of Accident: City Perkiomenville State PA

Brief description of accident sequence: (Please include the AGE and SEX of the VICTIM(S))

2 mos. Old female, fed and placed in crib by Aunt while victim's mother was visiting victim's father in hospital. Mother came home, check on infant, found her sleeping.

Mother awoke approx. 8:30 a.m. checked infant, found her unresponsive in crib. Victim DOA.

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. [REDACTED] Telephone No. [REDACTED]

Reporter's Name Jeffrey Naugle, Deputy Coroner Date Reported 2/17/09

Reporter's Off. (incl. City, county, & state) Bucks County Coroner, Warminster, PA

Medical Examiner's/Coroner's Name Dr. J. Campbell, Coroner

For processing at CPSC:

Report received by: \_\_\_\_\_

Chief Med. Exam. Rpt ( )

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