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MAR 15 2010

Clark County Coroner/Medical Examiner

1704 Pinto Lane  
Las Vegas, NV 89106  
(702) 455-3210



REPORT OF INVESTIGATION  
Coroner Case

CALL INFO	NAME OF DECEASED (LAST, FIRST, MIDDLE)		AKA		CASE NUMBER	
	INVESTIGATOR Shawna Shields		REPORTED BY		REPORTING AGENCY Southern Hills Hospital	
	CALL DATE AND TIME 11/20/2009 4:12:00 AM		DISPATCH DATE AND TIME 11/20/2009 4:20:00 AM		ARRIVAL DATE AND TIME 11/20/2009 4:45:00 AM	
					RETURN DATE AND TIME 11/20/2009 8:00:00 AM	
DECEDENT	DATE AND TIME OF DEATH 11/20/2009 3:50:00 AM		AGE 2 Mths 11 Days		GENDER Male	
	RESIDENT COUNTY Clark		TELEPHONE NO		RACE Black American	
	SOCIAL SECURITY NO		DRIVER'S LIC NO AND STATE		DATE OF BIRTH	
			OCCUPATION Minor		EMPLOYER	
	MARITAL STATUS Single		HEIGHT 23		WEIGHT 15	
	CLOTHING Blue and white shirt, blue and white pants, blue onesie, white socks, diaper.		EYE COLOR Brown		HAIR COLOR Black	
					SCARS/TATTOOS/MARKS None Noted/ None/ Apparent discoloration noted to groin and buttocks. Apparent pressure marks consistent with medical interventions noted to left neck.	
DEATH	LOCATION OF DEATH Southern Hills Hospital <span style="float:right">AT RESIDENCE <input type="checkbox"/></span>					
	ADDRESS (STREET, CITY, STATE, ZIP) 9300 West Sunset Road Las Vegas, NV 89148					
	COUNTY Clark					
INCIDENT	<input checked="" type="checkbox"/> PRONOUNCED BY Dr. [REDACTED]					
	AGENCY Southern Hills Hospital					
	LOCATION OF INCIDENT Masterbedroom <span style="float:right">AT WORK <input type="checkbox"/></span>					
NOTIFICATION	ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] COUNTY Clark					
	DATE AND TIME OF INCIDENT 11/20/2009 3:05:00 AM		INVESTIGATING AGENCY Las Vegas Metropolitan Police Department		OFFICERS Sgt. Maines, Det Colon, A&N	
	LEGAL NEXT OF KIN [REDACTED]		RELATIONSHIP Mother		TELEPHONE NO [REDACTED]	
	NOTIFIED BY Southern Hills ER Staff		METHOD In Person		DATE AND TIME 11/20/2009	
DISP	NAME OF PERSON NOTIFIED [REDACTED]		RELATIONSHIP Mother		TELEPHONE NO [REDACTED]	
	IDENTIFIED BY [REDACTED]		METHOD Viewing		DATE AND TIME 11/20/2009 5:30:00 AM	
	TRANSPORTED TO MORGUE BY [REDACTED]		TRANSPORTED TO MORTUARY BY [REDACTED]		CLOTHING RELEASED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICULAR	TYPE OF EXAM Autopsy		EXAM BY [REDACTED] M.S. D.O.			
	DECEDENT WAS <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Skateboard <input type="checkbox"/> Motorized Wheelchair					
VEHICLE		LICENSE NUMBER		STATE		
OCCURRED ON PRIVATE PROPERTY		DECEDENT WEARING SEATBELT?		SEAT POSITION		
				DECEDENT WEARING CRASH HELMET?		