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AUG 27 2010

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Clark County Coroner/Medical Examiner  
1704 Pinto Lane  
Las Vegas, NV 89106  
(702) 455-3210



REPORT OF INVESTIGATION  
Coroner Case

ISSUE 48

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE)		AKA		CASE NUMBER	
	INVESTIGATOR Shawna Shields		REPORTED BY	REPORTING AGENCY Southern Hills Hospital		REFERENCE NUMBER
	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	RACE Black American	VET? <input type="checkbox"/>
	RESIDENT COUNTY Clark		TELEPHONE NO	DATE OF BIRTH		
	SOCIAL SECURITY NO.	DRIVER'S LIC. NO. AND STATE	OCCUPATION Minor		EMPLOYER	
	MARITAL STATUS Single	HEIGHT 23	WEIGHT 15	EYE COLOR Brown	HAIR COLOR Black	
	CLOTHING Blue and white shirt, blue and white pants, blue onesie, white socks, diaper.			SCARS/TATTOOS/MARKS None Noted/ None/ Apparent discoloration noted to groin and buttocks. apparetn pressure marks consistent with medical interventions noted to left neck.		
DEATH	LOCATION OF DEATH Southern Hills Hospital					
	ADDRESS (STREET, CITY, STATE, ZIP) 9300 West Sunset Road Las Vegas, NV 89148				COUNTY Clark	
	<input checked="" type="checkbox"/> PRONOUNCED BY Dr. [redacted]		AGENCY Southern Hills Hospital		AT WORK <input type="checkbox"/>	
INCIDENT	LOCATION OF INCIDENT Masterbedroom					
	DATE AND TIME OF INCIDENT 11/20/2009 3:05:00 AM				INVESTIGATING AGENCY Las Vegas Metropolitan Police Department	
NOTIFICATION	LEGAL NEXT OF KIN		RELATIONSHIP Mother		TELEPHONE NO. [redacted]	
	NOTIFIED BY Souther Hills ER Staff		METHOD In Person		DATE AND TIME 11/20/2009	
	NAME OF PERSON NOTIFIED		RELATIONSHIP Mother		TELEPHONE NO. [redacted]	
	IDENTIFIED BY		METHOD Viewing		DATE AND TIME 11/20/2009 5:30:00 AM	
DISP	TRANSPORTED TO MORGUE BY		TRANSPORTED TO MORTUARY BY			
	FUNERAL HOME		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				LICENSE NUMBER	
	VEHICLE		OCCURRED ON PRIVATE PROPERTY		DECEDENT WEARING SEATBELT?	
			SEAT POSITION		DECEDENT WEARING CRASH HELMET?	