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TC 32 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.

Date of accident 5-10-10 Date of Death 5-10-10

Type of consumer product involved Bedding / pillow / Bumper Pad

Manufacturer, Model, Brand name, and Serial No. of product \_\_\_\_\_

Is product available for examination?  Yes  No. If Yes, where? \_\_\_\_\_

Cause of Death: Positional Asphyxia

Location of Accident: City Crystal River State FLORIDA

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

88 days old (W) B (M) F Accident was placed in a crib  
w/ Bedding, a pillow & Bumper Pad

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident.

Citrus CO S.O. Sgt Jerry Dixon

Medical Examiner's/Coroner's Case No. [redacted] Telephone No. [redacted]

Reporter's Name [redacted] Date Reported 09/22/10

Reporter's Off. Leesburg, FL

Medical Examiner's/Coroner's Name Dr's: Lavezzi, Shaw Wolf

Inv's: Scott Moran Carter Faber Williams Bayer Grotjahn

For processing at CPSC: Report received by: [redacted]

Chief Med. Exam. Rpt ( )  
Regular MECAP ( )

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