

CASE NO. [REDACTED]

NAME [REDACTED]

DATE: 7-12-00 SEX/AGE: WF-37yrs

INVESTIGATOR: 701 DISP: Autopsy

TYPE OF DEATH: Natural

Rupp SIDS

#25





[REDACTED]

[REDACTED]

County of Nueces

LLOYD WHITE, M.D., PH.D.
MEDICAL EXAMINER

OFFICE OF THE



MEDICAL EXAMINER

2610 HOSPITAL BLVD.
CORPUS CHRISTI, TEXAS 78405
(361) 884-4994
FAX (361) 883-5715

INQUEST FINDINGS

- [REDACTED] [REDACTED]
1. Baby found wedged between pillows in crib with blanket in mouth, and could not be resuscitated.
 2. Pulmonary congestion and edema, mild.
 3. Complete autopsy negative for injuries or natural disease.

CONCLUSION: It is my opinion that [REDACTED], a 3-month-old baby girl, came to her death as a result of asphyxia, in other words smothering (interference with adequate supply of air and oxygen to the lungs and tissues of the body) due to having been placed in a position wedged by pillows and blankets in such a way that her face and mouth were covered and breathing was restricted.

MEDICAL EXAMINER'S RULING:

CAUSE OF DEATH: Positional asphyxia (wedging)

CONTRIBUTING CONDITION: Dehydration

MANNER OF DEATH: Accident.


Lloyd White, MD, PhD

POSTMORTEM EXAMINATION UPON THE BODY OF
[REDACTED]

On July 13, 2000, at approximately 3:15 p.m., an autopsy was performed by Dr. Joseph C. Rupp, Associate Nueces County Medical Examiner upon the body of [REDACTED] in the autopsy room of the Nueces County Medical Examiner's office. The body is identified by a card type tag.

When first viewed in the Nueces County Medical Examiner's Office autopsy room, the body is wrapped in several receiving blankets and clad in a paper diaper and blue hospital gown.

The body is that of a well-developed, well-nourished, apparently well-cared for, white female infant, measuring 24 inches in length, weighing 11 pounds and appearing the recorded age of 3 months. Body hair is of normal distribution. The hair of the head is brown and sparse. The eyes are brown. The pupils are round, regular, and equal. There are no petechial hemorrhages in the sclera or conjunctiva. The mouth is edentulous. The frenulum is intact. There are no petechial hemorrhages in the buccal mucosa. The external surfaces of the body appear well cared for. There is no evidence of trauma or violence about the body. There is an enterogastric and endotracheal tube in the mouth. There is an interosseous needle in the right leg. There is an IV in the back of the left hand. There is a puncture mark in the left clavicular area. There are three EKG patches on the chest and a monitor tape to the tip of the right thumb.

The infant is normal in its appearance. The external genitalia and perineal region are unremarkable to inspection. The anus is perforate. The back of the body is clear.

Upon opening the body cavities there are no adhesions, no effusions, and all of the viscera have their normal anatomic positions.

HEART: The great vessels to and from the heart arise and distribute in the normal manner. the foramen ovale is closed. The heart valves are competent. The myocardium is red, firm and homogenous.

LUNGS: The lungs are of average size. The lungs are slightly atelectatic. There are no petechial hemorrhages on the pleural surface. There is no evidence of consolidation of the lungs. The pulmonary vasculature is unremarkable. The respiratory tree is clear. The rib cage is intact.

LIVER: The liver is of average size. The capsule is intact. The gallbladder and biliary tree are normal. The parenchyma of the liver is reddish-brown, firm, and homogenous.

SPLEEN: The spleen is normal in its gross appearance and of a normal size.

PANCREAS: The pancreas has the usual tan lobular parenchyma and is normal in its gross appearance.

ADRENAL GLANDS: The adrenal glands each weigh an estimated 2 grams. They have the usual pale yellow lobular cortex, and thin, brown medullary zone. There is no hemorrhage or necrosis of the adrenal glands.

KIDNEY: The kidneys are of average size. The capsules strip with ease revealing smooth, red, cortical surfaces. Upon section, the cortex has a normal thickness. There is a visible line of demarcation at the cortico-medullary junction. The ureters are unobstructed. The urinary bladder is empty. The external genitalia and perineal region are unremarkable to inspection. The uterus, uterine tubes and ovaries are normal in their gross appearance.

AORTA AND GREAT VESSELS: The aorta and great vessels have their normal origin and distribution, and there is no coarctation of the aorta.

GASTROINTESTINAL TRACT: The gastrointestinal tract is normal to inspection and palpation. The stomach contains a small amount of mucoid material. The small and large intestine are unremarkable to inspection. The appendix is present.

NECK ORGANS: The laryngeal structures are patent. The cornu of the thyroid cartilage and hyoid bone are intact. The trachea and larynx contain a small quantity of mucoid material. The respiratory tree is clear. The thyroid gland is small and symmetrical and normal in its gross appearance.

SKELETAL SYSTEM: The axial and appendicular skeleton are intact to inspection and palpation.

HEAD: The scalp is intact. The scalp is reflected. There is no bruising of the scalp. The vault of the skull is intact. The brain is viewed through an incision in the anterior fontanelle. There is no subdural or subarachnoid hemorrhage, and the cerebral substance appears normal.

MICROSCOPIC EXAMINATION

RESPIRATORY TRACT: Pulmonary arteries, bronchi, and bronchioles are normal. The parenchyma is moderately congested, but alveolar sacs and spaces are generally well expanded. A few alveolar spaces contain frothy, eosinophilic edema fluid, and in some areas there is patchy hemorrhage typical of resuscitation artifact. There is no inflammation.

HEART: The epicardium and endocardium are normal, and the myocardium is composed of an orderly arrangement of uniform cardiac muscle fibers without necrosis, inflammation, or other histopathologic changes.

SPLEEN: The spleen is histologically normal.

KIDNEY: No histopathologic changes are demonstrated.

THYMUS: A section of thymus reveals no histopathologic changes.

LIVER: The liver is histologically normal for an infant of this age.

PANCREAS: Islets and acini are well preserved, no inflammation or other histopathologic changes are demonstrated.

County of Nueces

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AUTOPSY FINDINGS



Findings consistent with unexpected death in infancy

*additonal dictation
4/13/01*

A handwritten signature in black ink, appearing to be "Lloyd White".

TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

Agency Mail Code 073-8

4201 Greenwood Drive

P.O. Box 7769

Corpus Christi, TX 78467-7769

(361)878-7520



8/3/10
Mailed RR

5/15 mailed revision
Att 2 to CPS



CHILD PROTECTIVE SERVICES SPECIALIST V

M. E. Staff _____

ME: # _____

Date _____

Time _____

IN

NUECES COUNTY MEDICAL EXAMINER

Name of Deceased: _____

Brought to Morgue By: 706
(Full Name of Transport Service or Funeral Home)

Signed In By: [Signature]
(Name of Doctor)

Time Signed In: 11:30 Date Signed In: 7-10-00

Universal Toxicology Laboratories
10210 West Highway 80
Midland, TX 79708
(915) 561-UTIL (8851)
FAX (915) 561-5364

Examination for Toxic Substances

Agency Requesting Testing: Nueces County Medical Examiner's Office

Name [REDACTED] Autopsy No: [REDACTED]

Age 3 months Date 4-18-01 Weight _____

Report to Medical Examiner: Dr. Lloyd White

Specimens:

- Blood Blood site head
 Urine Vitreous
 Gastric contents Total volume _____
 Liver Brain Kidney Muscle Bile Heart Other _____

History

sudden unexplained death

Medications

Test Requested:

- Standard Toxicology Testing
Drugs of abuse screen, alcohol, salicylates and GC/MS
Confirmation/general drug screen, if necessary

Vitreous electrolytes

Carboxyhemoglobin

Cyanide

Other Glu, Bun Creat, NA, Cl, K

Received by DP Date 4-19-01 Lab no FX

Comments _____

M. E. Staff _____

ME:# _____

Date _____

Time _____

OUT

Aut

NUECES COUNTY MEDICAL EXAMINER

Name of Deceased: _____

Funeral Home Receiving Body: _____

(Full Name of Funeral Home)

Signed Out By: _____

(Name and Number of License)

Time Signed Out: *9:00*

Date Signed Out: *7/19/00*

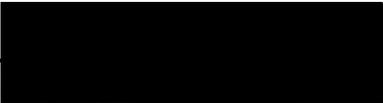
Was clothing taken with body? Yes No

Was personal property taken? Yes No

ME#

NAME

DATE



7/13/00

TOXICOLOGY REQUISITION

Source: Autopsy Hospital admission

Substances suspected: _____

SPECIMEN TYPE

REQUEST

~~None~~
 Blood/Serum/Cavity fluid

Heart

alcohol
+ drug
screen

~~None (hold fluids)~~

Alcohol

Carbon monoxide

Drug screen

TSH T-4 (circle one)

Quantitate

Other: _____

~~Urine~~

Urine Drug Screen (MJ 20)

GCMS confirmation (35 ml. urine)

Urine alcohol

Glucose/protein (dip-stick)

Vitreous humor

Vitreous alcohol

Electrolytes (specify) GLU, BUN

Alat, Na, Cl, K

Bile

Bile alcohol

Bile drug screen

Gastric contents

Specify test _____

Tissue (specify)

Tissue alcohol

Tissue drug screen

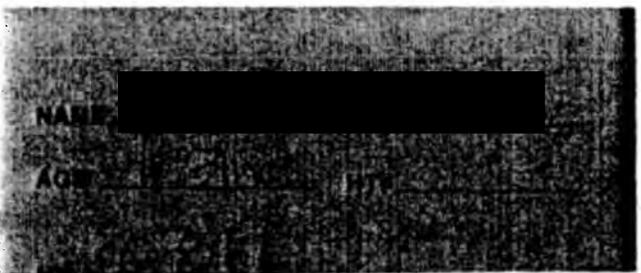
Other

Specify _____

Specimen condition:

Decomposed Hemolyzed/clotted Short amount

Hospital admission specimen obtained from _____ Hospital.



Autopsy No.: _____
Date: _____
Place: _____

Name: _____
Time: 3:15pm

July 13, 2000

Identification By: Toe Tag _____, Hospital Tag _____,
Relatives _____, Funeral Home _____

Clothing: *a couple of receiving blankets, clad in blue hosp. gown paper diaper.*

Body: WD , WN , Obese _____, Cachectic _____ *Well cared for.*

Adult _____, Child _____, Infant

Race W, Sex F, Ht. 24", Wt. 11#, Age _____

Hair: Color brn, ^{*sparkle*} Length _____, Beard _____, Moustache _____

Goatee _____, Whiskers _____, Other _____

Eyes: Color brn, Pupils _____, Ecchymosis _____

Petechiae NONE, Icterus _____ *frenulum intact*

Teeth: Natural edentulous, Upper _____, Lower _____

Condition: Good _____, Fair _____, Poor _____

Identifying Marks & Scars: *no blood in abd., no blood in chest.*

Needle Tracks:

Wrist Scars

Tattoos:

Defense Wounds:

External Injuries:

*ET + EG tubes in mouth. ^{needle} intraosseous line in @ leg
I.V. in back of @ hand. puncture mark in @ clavicular area
3 EKG patches on chest + abd. Monitor on tip of @ thumb.*

*Normal appearing female infant
body surfaces appear normal well cared for, external genitalia
intact.*

Autopsy No.: _____

Name: [REDACTED]

Internal Examination: Normal position

Adhesions: Chest none Abdomen none

Effusions: Chest none Abdomen none

Thymus Gland: Normal , Abnormal _____

Heart: Weight _____ gms.

Coronaries: great vessels to y from heart ok.
arc ok

Valves: ok

Musculature: Color _____, Firm _____, Flabby _____,
Homogenous _____, Scarring _____, Infarct _____.

Lungs: Weight _____ gms.

Pulmonary Vasculature: atelectatic ~~no pet. hem~~ no petechial
hemorrhages on decays.

Respiratory Tree:

Parenchyma: Crepitant _____, Hyperemic _____,
Edematous _____, Anthracosis _____, Emphysema _____,
Consolidation _____, Ribs _____

Liver: Weight _____ gms. normal

Lymph Nodes _____, Gall Bladder & Biliary Tree ok

Capsule: Intact _____, Not Intact _____, Smooth _____,
Not smooth _____

Parenchyma: Dark Red _____, Red-Brown _____, Brown _____,
Yellow _____, Hard _____, Firm _____, Soft _____,
Fatty Change _____, Fibrosis _____

Spleen: Weight normal gms., Wrinkled _____, Tense, yes - no
Capsule: Intact _____, Not intact _____, Glistening _____,
Parenchyma: Red _____, Firm _____, Soft _____

Autopsy No.: _____

Name: _____

Pancreas: Weight normal gms.Parenchyma: Tan _____, Lobular _____, Normal Adrenal Glands: Weight normal gms. each

Parenchyma: Yellow cortex _____, Gray Medulla _____

Kidneys: Combined Weight normal gms.

Capsules strip with: Ease _____, Difficulty _____

Cortical Surfaces: Smooth _____, Granular _____, Scars _____
Red _____, Red-Brown _____, Brown _____

Cortex: Normal thickness _____, Thinned _____

Line of Demarcation: Prominent _____, Visible _____

Ureters: Unobstructed _____, Obstructed _____

Bladder: Cc. Urine _____, Neg. _____, Pos. _____ Sugar
Clear _____, Cloudy _____External Genitalia: OK

Prostate Gland:

Uterus: OKUterine Tubes & Ovaries: OKAnus is perforateAorta & Great Vessels: OKGastrointestinal Tract: OKEsophagus: normalStomach: normal - no pyloric stenosisIntestine: normalAppendix Identified: yes , no _____.

Autopsy No.: _____ Name: _____

Neck organs: Airway:

Trachea: *a little watery fluid*Larynx: *OK*

Thyroid Cart. & Hyoid Bone:

Thyroid Gland: Weight _____ gms.

Skeletal System:

Extremities:

Rib Cage & Sternum:

Pelvis:

Vertebral Column::

Head: Scalp: *in tact*

Vault of Skull:

Spinal Fluid:

Dura & Arachnoid:

Vessels:

Convolute Surface:

Brain Weight: *looks OK through fontanel.*
_____ gms.

Parenchyma:

Defects:

Base of Skull:

Cause of Death: *SIDS*

Manner of Death:

Blood: _____, Urine _____, Tissue _____,

Pictures Taken: _____,

I. Request for Autopsy Autopsy Requested Yes No Denied Mandatory-M.E. Case

I request that physicians at Driscoll Children's Hospital perform an autopsy on my/our son/daughter _____
for the purpose of determining or attempting to determine the cause of death and the nature and extent of the disease(s) process in-
volved. I give the physicians and Driscoll Children's Hospital my permission to perform a complete autopsy with the exception of the limit-
ations listed _____
(If no restrictions, write NONE on this line)

I give my permission for such tissues, biopsies or organs as are necessary in the opinion of the physicians to be retained for the com-
pletion of the study, for medical research, or for documentation. I understand that the body will be examined with care and respect. I
understand that the autopsy findings will be reported to my physician after completion of all studies and information will be available
to me through my physician.

I agree to make no claims against the Hospital or the physicians because of the performance of the autopsy.

I have read and understand this permission for autopsy.

II. Organ/Tissue Donation Yes No

I have read all of the above information and I have had the opportunity to ask questions, and I am satisfied with the answers.

Signature of Parent/Legal Guardian _____ Relationship Father Date/Time 7/12/00 9:50am
Signature of Parent/Legal Guardian _____ Relationship Mother Date/Time 7/12/00 9:50am

Parent's Name _____ Telephone: _____
Signature of Witness _____ Title Social Worker Date/Time 7/12/00 9:50am

The above information was read/translated by: _____

III. Record Of Death Age 3 Mo Sex F Date Of Birth _____ Hour 2:42 AM PM TOA

Informed Consent for permission of autopsy was obtained from Parent(s) Legal Guardian Other _____

Physician requesting Informed Consent: _____

Signature of physician pronouncing patient's death: _____

IV. Release of Body

I hereby authorize the release of the body of my son/daughter to _____
Funeral Home.

V. Release of Medical Information I hereby authorize the release of any medical information regarding my child's medical
condition/possible cause of death to the funeral home. Yes No

VI. Authorization for Release of Body by County Medical Examiner Date _____ / _____ / _____ Time _____ Am/Pm

Meet criteria for Medical Examiner? Yes No Body to be transported to: County Morgue Other _____

Phone permission received from: _____ Signed: _____
Medical Examiner or Deputy Driscoll Children's Hospital Nursing Supervisor

VII. Funeral Home Acknowledgment Date 7/12/00 Time 10:50 AM PM

to Ma E. Dept _____
Funeral Home representative: _____

ADDRESSOGRAPH

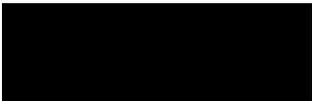
Driscoll Children's Hospital
Authorization For Autopsy/Release of Body
Risk Management Revised 1/88
DCH Form # 288-8355

White- Medical Records Yellow- Funeral home Pink- Pathology Clinic



Heart__ Cav__ Urine__ VH__

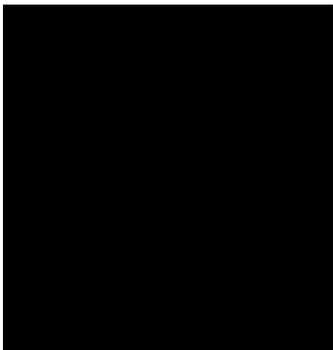
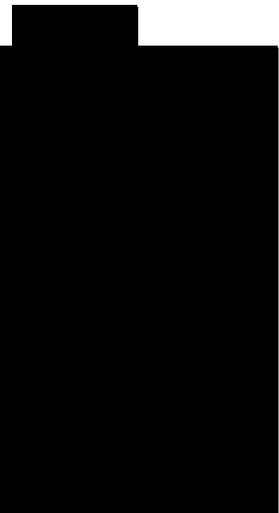
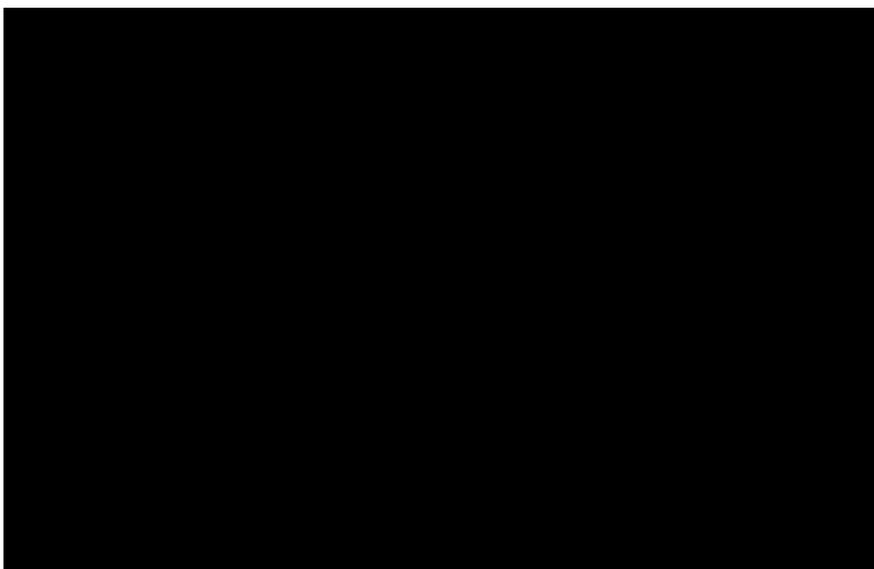
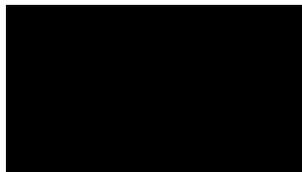
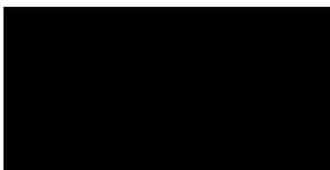
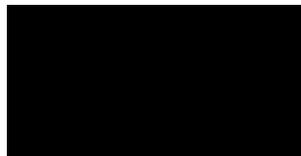
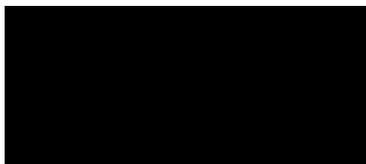
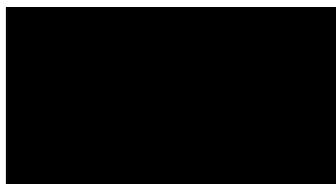
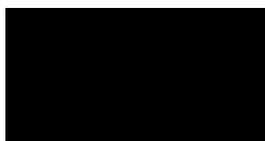
Heart__ Cav__ Urine__ VH__



Heart__ Cav__ Urine__ VH__

Heart__ Cav__ Urine__ VH__

Heart__ Cav__ Urine__ VH__



NUECES COUNTY MEDICAL EXAMINER INVESTIGATOR'S FIELD REPORT

ME# [REDACTED]

Investigator 701

D/T Reported 7-12-00 / 9:00 PM

DECEDENT: [REDACTED] [REDACTED] [REDACTED]
First Name Middle Initial Last Name

RACE: W SEX: FE AGE: 3 mo. DOB: [REDACTED] S.S.#: _____

ADDRESS: [REDACTED] CITY Corpus Christi STATE TX

IDENTIFIED BY: [REDACTED] RELATIONSHIP Mother
 Fingerprints _____ Document _____ Viewed at Scene Viewed Photo _____ Other _____

Informant: [REDACTED] R.N. Agency: Driscoll Hospital Phone # 694-5044
[REDACTED] SW

Investigator at Scene: YES D/T Arrived 7-12-00 / 9:25 PM (Driscoll)
 NO D/T Called _____

DATE OF DEATH: 7-12-00 TIME OF DEATH: 8:42 AM EM

PLACE OF DEATH: Driscoll E.R. CITY Corpus Christi PCT# [REDACTED]
 INVESTIGATING C.E.P.D.

DATE OF INJURY: _____ TIME OF INJURY: _____ AM: _____ PM: _____ AGENCY: _____

PLACE OF INJURY: _____

IF BODY IS FOUND DEAD, ALSO COMPLETE FOLLOWING:
 DATE AND TIME BODY FOUND: _____ BY: _____
 DATE/TIME/PLACE LAST KNOWN ALIVE: _____

POSITION AND LOCATION OF BODY: _____

CONDITION OF BODY (Check all that apply)

RIGOR	LIVOR	ALGOR (Artille)	DECOMPOSITION	PAST HISTORY
None	None	Warm	None	Hypertension
Partial	Faint	Cool	Early	Diabetes
Complete	Dark	Ear Temperature	Moderate	Emphysema
Easily Broken	Blue	Environment Temp.	Advanced	Heart
	Red	A/C on ?	Larvae	Cancer of _____
	Anterior	Heat on ?		Other _____
	Posterior			
	Other			

MEDICATIONS: _____

02-041586
S/O J. Betty #705

CIRCUMSTANCES OF DEATH: According to the parents, the decedent had been fed at around 5:00 PM this date. After rocking her to sleep, the mother laid the baby in her crib on a pillow. The father later went to check on the child around 7:30 PM - 8:00 PM. He discovered the baby wedged by the bumper guard of the crib on her stomach. She had the blanket over her mouth, like she had sucked it in. He picked the child up and yelled to his wife. ^{The child was unresponsive.} He tried CPR, and EMT's were called. The child was taken to Driscoll, however she was D O A. The decedent had no past medical history, only a upper respiratory infection within the past 3 days.

The father related to [redacted] Social Worker, when he first got to the hospital that the decedent had been wedged between the pillows. When he picked her up he did so by her stomach

EVIDENCE RETAINED BY M.E. (i.e., suicide note, ligature, etc.) _____

TISSUE FOUNDATION NOTIFIED? YES NO (887-2126 24 HOURS OR 1-800-951-5206)

PROPERTY NOT LEFT ON BODY: _____

PLACED IN SAFE _____ RELEASED TO: _____
RELATIONSHIP: _____ (Signed receipt must be submitted with this report.)

NEXT OF KIN NOTIFIED: YES NO
NAME: [redacted] - father RELATIONSHIP: _____
[redacted] - mother

ADDRESS [redacted] CITY/STATE Corpus Christi, TX

PHONE (3 [redacted])
BY: at scene OF: _____ DATE/TIME NOTIFIED 7-12-00/ 2:42 PM

ATTENDING PHYSICIAN Dr. [redacted] (E.R.) PHONE [redacted]
WILL SIGN D.C.? YES NO STATED BY _____
IF NO, WHY NOT? _____

BODY TRANSPORTED TO MORGUE BY: 706
FUNERAL HOME: unknown

DISPOSITION:
NO CASE _____
CERTIFICATION _____
PARTIAL AUTOPSY _____
INSPECTION _____
AUTOPSY

NUECES COUNTY MEDICAL EXAMINER
INVESTIGATOR SUPPLEMENTARY REPORT

Investigator 291

ME# 

DECEDENT: 

and an air release came from her.
There was fluid on the bed too.

A X-ray was taken of the decedent's
head at Driscoll. Observed no
bruising or signs of any trauma.

It should be noted I did not go to
the  residence. C.C.P.D. had
already been there and processed the
scene & collected evidence.

701

SCENE INVESTIGATION GUIDE FOR SUDDEN UNEXPLAINED DEATHS OF CHILDREN UNDER AGE 1 YEAR

Name of Decedent [redacted] 3 months ME# [redacted]

I Child's Background

What is child's normal diet? Formula + Breast Milk

7-12-00 Time last fed? 5:00 PM What was fed? Formula

Any known allergies? No

Has child had an illness within the last two weeks? Yes No

Type of illness and date: Upper Respiratory Infection

Child's Physician: Dr. [redacted]

Was the child on any prescription or over-the-counter medicine? Yes No: Naldacor

7-12-00 If yes, when was last dose given? 9:00 AM Type of medication: Anapilin

Did child have history of recent falls or trauma of any kind? Yes No

Summary of incident surrounding trauma (witness, medical attention, etc.): Fell off bed about 3 days ago. Father pushing lying on back. No med

Have any brothers or sisters of this child died? Yes No

If so, describe circumstances:

Have any brothers or sisters been injured? Yes No

If so, how?

Has anyone else in the household been recently ill? Yes No

If so, describe illness: sinus infection mother

II Events Preceding Death

Who was in the home at the time of death? (name, age, relation)

[redacted] mother
father
brother

Who was in charge of watching the child? Both Parents

What time had the child been left in their care? All day

What was child doing when last known alive? (include who saw child, activity level of child)

Mother fed at 5:00 PM. Rocked to sleep by mother

If child was sleeping when found, was it? Alone? With someone?

Was the decedent moved when found? Yes No

If decedent was moved, describe how and where to: Father picked up, put on bed.

Were any resuscitative attempts made by someone in the home? Yes No

By whom, and what was done? CPR by mother

What medical facility, if any, was decedent taken to? Driscoll Hospital

III. Scene investigation

Where was the child found (room and location)? Child in Parent's room

Temperature of room where child was found: 70°

Air conditioning on? Yes No

Heat on? Yes No

Fan? Yes No

Body position when discovered?
on stomach left side pinned vertically other pinning Wedge by bumper
on back right side pinned horizontally seated upright guard of crib.

Was nose or mouth covered when found? Yes No

If yes, describe: Blanket over mouth - sucked in.

Was an apnea monitor present? Yes No

If yes, was it in use when the decedent had been found? Yes No

If not in use, why not, and when had it last been used? _____

Who prescribed apnea monitor and for what? _____

Well-nourished and cared for? Yes No

Body and clothing clean (dirt, body fluids)? Yes No

If no, explain: _____

Are livor and rigor consistent with position when found? Yes No

If no, explain: Observed decedent at

ER Driscoll Hospital

Are there any pets in the household? Yes No

If yes, what are they? Two Dogs

What evidence, if any, was gathered at scene? Yes Pillows & Blanket

Apnea monitors and all other monitors or medical treatment devices, as well as medications, should be impounded and brought to the medical examiner's office for examination. Defective cribs, crib toys and any other items suspected to be involved in the death should be similarly impounded.

IV. Additional Narrative

CORPUS CHRISTI POLICE DEPARTMENT

PHOTO RELEASE FORM

PHOTOGRAPHS TAKEN IN THE CONNECTION WITH THE INVESTIGATION OF CRIMES IS THE SOLE PROPERTY OF THE CORPUS CHRISTI POLICE DEPARTMENT. ILLEGAL DISSEMINATION OF THE PHOTOGRAPHS IS GROUNDS FOR DISCIPLINARY ACTION.

DATE: 03-07-01 PERSON REQUESTING: RICK ORTIZ

DIVISION/AGENCY/COMPANY: ME OFFICE

OFFENSE/CASE NUMBER: [REDACTED] OFFENSE TYPE: DOA

OFFENSE LOCATION: [REDACTED]

INVESTIGATING OFFICER: H. Stimmler

REASON FOR REQUEST: _____

SPECIAL INSTRUCTION: _____

SIZE OF PHOTOS NEEDED: 3.5 X 5 4 X 5 5 X 7 8 X 10

NUMBER OF PHOTOGRAPHIC SETS NEEDED: 1

NEGATIVE DISPOSITION: _____ RETURN TO SUBMITTER FILE IN PHOTO FILE

REQUEST APPROVED: _____ DIVISION COMMANDER _____ DATE _____

REQUEST RECEIVED AT PHOTOGRAPHY LAB: [Signature] 3/13/2001
POLICE PHOTOGRAHER _____ DATE _____

NUMBER OF SETS RELEASED: 1 TOTAL FRAMES RELEASED: 36

PHOTOGRAPHS RELEASED TO:
Ric Ortiz March 13, 2001
RECEIVED BY _____ DATE _____

NOTE: THE ORIGINAL OF THIS FORM MUST BE RETAINED BY THE CORPUS CHRISTI POLICE DEAPRTMENTS PHOTOGRAPHY LAB.

DYNACARE LABORATORIES

Laboratory Partners in Caring

DWT - Midland
200 Andrews Highway
Midland, TX 79701
(915) 682-4709
(800) 833-0261

DWT - Amarillo
Ridgeview Medical Park, # 306
1600 Coulter, # 306
Amarillo, TX 79106
(806) 467-9900

DWT - Big Spring
710 Gregg St., #211
Big Spring, TX 79720
(915) 263-1076

DWT - Odessa
850 Tower Drive, #101
Odessa, TX 79761
(915) 332-1830

PATIENT NAME

CLIENT

SPECIMEN

DOB: [REDACTED] AGE: 150Y

UNIVERSAL TOXICOLOGY LAB
10210 W. HWY. 80
MIDLAND, TX
79706

DATE COLLECTED
04/19/2001 14:06
LOGIN DATE
04/19/2001 14:06
DATE OF REPORT
04/20/2001 06:45

SEX: F BED:
PID: RM:

518393 PHN: 915-561-8851

REPORT TYPE

A0127237

Final

05183930000010

PAGE: 1

TEST NAME	RESULTS		REFERENCE RANGE	UNITS
	NORMAL	OUT-OF-RANGE		
ORDERING PHYSICIAN: UNIVERSAL TOXICOLOGY LAB				
BASIC METABOLIC PROFILE				
* GLUCOSE		118 H	67-116	MG/DL 7
* BUN	11		7-21	MG/DL
* CREATININE SERUM		0.2 L	0.6-1.3	MG/DL
* BUN/CREAT RATIO		55.0 H	11.7-16.2	RATIO
* SODIUM		152 VH	136-144	MMOL/L
* POTASSIUM		13.7 C	3.6-5.1	MMOL/L
* CHLORIDE		130 H	103-114	MMOL/L
* CO2		5 VL	21-31	MMOL/L
* CALCIUM		6.8 VL	8.9-10.4	MG/DL
TEST SITE LOCATIONS				
7 DYNACARE LABORATORIES MIDLAND 200 ANDREWS HWY, MIDLAND, TX CLIA #45D0508719				
A0127237				
PND = PENDING * = NOT PREVIOUSLY REPORTED TNP = TEST NOT PERFORMED QNS = QUANTITY NOT SUFFICIENT - end of report -				
04/20/2001				06:45

Universal Toxicology Laboratories, LLC.

10210 Highway 80
Midland, TX 79706
Tel: (915)561-UTL1(8851)
FAX: (915)561-5364

Toxicological Laboratory Report

Name: [REDACTED]

Case Number: [REDACTED]

Medical Examiner: Dr. Lloyd White

Company Name: Nueces Co. Medical Examiner

Drugs of Abuse Screen

Blood Negative

Quantitative Tests

Blood Alcohol, Ethyl Negative

Blood Alcohol, n-propanol, acetone, methanol, isopropyl Negative

Other Tests

Blood Salicylate, spot test Negative

Blood Tricyclic Antidepressants Screen Negative

Blood Acetaminophen Screen Negative

Vitreous Electrolytes See Attached Report

[REDACTED]

[REDACTED]

APR 25 2001

APR 25 2001

Date

