

DANE COUNTY CORONERS OFFICE

Coroner's Report

 **COPY**

DECEDENT INFORMATION

CALL INFORMATION

| | | | | | | | | |
|--|-----------------|--|---------------------------------|---|------------|--------------------------|---------------------------|---------------------------|
| Name of Deceased (First, middle, Last) [REDACTED] | | Sex M | Age 0.4 | Date 4/22/02 | Day Mon | Month Apr | Notified by 911 Center | Case Number [REDACTED] |
| Address [REDACTED] Fitchburg WI 53711 | | | | Time Notified 5:55 PM | | Time on Scene 6:06 PM | | |
| County Residence DANE | DOB 11/29/01 | City/Town/Village Residence City of Fitchburg | | Manner of Death <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined | | | | |
| Occupation | | | Marital Status Never Married | | | | | |

NEXT OF KIN

| | | | |
|---------------------------|---|-------------------------------------|-------------------------|
| Next of Kin [REDACTED] | Address [REDACTED] Fitchburg, WI 53711 | Relationship to Deceased Parents | Telephone [REDACTED] |
|---------------------------|---|-------------------------------------|-------------------------|

DEATH INFORMATION

| | | | | | |
|-------------------------------------|--|--------------------------------------|--|--|----------------------------------|
| County Death DANE | County Onset DANE | Place Death Meriter-Park Hospital | City/Town/Village Death City of Madison | City/Town/Village Onset City of Fitchburg | <input type="checkbox"/> At Work |
| Type Death Asphyxial | Pronounced by Dr. [REDACTED] MD | Time 05:27 PM | Identified by Parents | Date Death 4/22/02 | Date Body Found 4/22/02 |
| Date Death Record Signed 4/24/02 | Medical Certifier Jeffrey D. Sholts, Deputy Coroner | | Cause of Death Asphyxia | | |

FUNERAL HOME INFORMATION

| | | | |
|------------------------------------|----------------------------------|---------------------|------------------------|
| Primary Funeral Home [REDACTED] | Address [REDACTED] Madison WI | Phone [REDACTED] | Requested by family |
| Secondary Funeral Home | Address | Phone | Requested by |

INVESTIGATING AGENCY/LAW ENFORCEMENT

| | | | | |
|--------|----------|-----------------------|-------------------|--------------------|
| Agency | Notified | Investigating Officer | Assisting Officer | Agency Case Number |
|--------|----------|-----------------------|-------------------|--------------------|

EMS/FIRE AGENCIES

| | | |
|-------------------------------|----------------------|-----------------|
| EMS Service Fitch-Rona EMS | Notified 04:38 PM | Fire Department |
|-------------------------------|----------------------|-----------------|

AUTOPSY INFORMATION

| | | | | | |
|---|----------------------------------|-----------------------------|-------------------------|-----------------------------|---------------------------|
| <input checked="" type="checkbox"/> Autopsy Performed | Autopsy Requested Jeff Sholts | Place Autopsy PSB Morgue | Date Autopsy 4/23/02 | Autopsy Number W02-0165F | Pathologist [REDACTED] |
|---|----------------------------------|-----------------------------|-------------------------|-----------------------------|---------------------------|

TOXICOLOGY

| | | | | |
|--|-------------|--------------------------|------------------------|----------------------------------|
| Screens Performed <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs | Sample Type | Date Obtained 4/23/02 | Time Obtained 11:20 | Obtained By Jeffrey D. Sholts |
|--|-------------|--------------------------|------------------------|----------------------------------|

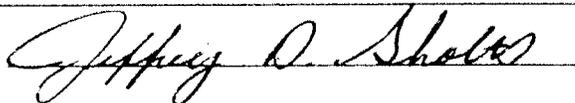
DISTRICT ATTORNEY

| | | |
|---|--------------------------|-----------------------------|
| District Attorney Notified Farmer, Kenneth M | Date Notified 4/23/02 | Time Notified 2:16:00 AM |
|---|--------------------------|-----------------------------|

INJURY INFORMATION

| | | | | | |
|---|------|-----------------------|---|-------------------------|--|
| Date 4/22/02 | Time | County Injury Dane | City/Town/Village Injury City of Fitchburg | Place of Injury home | Location of Injury [REDACTED] City of Fitchburg, WI |
| How Injury Occurred baby found face down in crib, pinned between bumper pad and sibling sister | | | | | |

Coroner Signature



DANE COUNTY CORONERS OFFICE

Summary Report

| | | | | | |
|----------------|---------------------|---------------|---------|----|-------------------|
| CS# [REDACTED] | DECEASED [REDACTED] | DATE NOTIFIED | 4/22/02 | RO | Jeffrey D. Sholts |
|----------------|---------------------|---------------|---------|----|-------------------|

On the above date at 5:55 PM, I was paged by the 9-1-1 Center. I was advised to contact [REDACTED] at the Meriter Park Hospital ER. I made telephone contact with [REDACTED] and was advised that they have a 4 month old baby boy in the ER, that had died. I advised [REDACTED] that I was enroute from the office.

Upon my arrival, I met with [REDACTED] advised me that this baby boy was identified as: [REDACTED] M/B, DOB: [REDACTED] stated that the parents were in the room with the baby. I reviewed the chart and found that [REDACTED] has a twin sister. I also noted that [REDACTED] was born 3 months premature, and spent 3 months in the Special Care Nursery at the Meriter Park Hospital.

[REDACTED] had a very low birth weight, respiratory problems, anemia, and feeding problems with esophageal reflux. He spent approximately 3 months in the hospital, before being sent home with a cardiac apnea monitor and medications for the gastric reflux.

I then went into the room and offered my condolences to [REDACTED] parents. I explained to them why I was involved in the death of their son. They seemed to understand why I was called, and wanted to find out what happened. The mother, [REDACTED] asked about an autopsy. I explained that I would be ordering an autopsy to be done. She asked if cutting into the head needed to be done, and I explained to her that an exam of the head was necessary, and that [REDACTED] could wear a bonnet for the funeral services. I asked [REDACTED] to explain what happened today.

[REDACTED] explained that she fed [REDACTED] around 1:00 PM, and she stated that he took maybe 2 oz, of formula. She stated that she burped [REDACTED] and he fell asleep in her arms. She stated that she laid him down in the crib for a nap. She stated that she later fed [REDACTED] sister, [REDACTED]. She then laid [REDACTED] down in the same crib as [REDACTED]. This was at approximately 2:45 PM. She states that [REDACTED] was fine at that point. She stated that the two babies were placed cross ways in the crib. She stated that she was tired and she laid on the couch for a nap. At approximately 4:00 PM, [REDACTED] father, [REDACTED], arrived home. He checked on the babies and thought they were fine. He stated that [REDACTED] had moved closer to his sister and his head was between the back bumper pad of the crib and his sister [REDACTED]. A few minutes later, [REDACTED] told [REDACTED] to go look at the babies. [REDACTED] stated that both babies were face down and [REDACTED] head was wedged between the bumper pad and [REDACTED]. She stated that when she went to pull [REDACTED] out of the position he was in, she noticed a little blood on the sheet. She stated that she then turned him over and found that he was blue and there was blood from his nose. She told [REDACTED] to call 9-1-1 and she started CPR. [REDACTED] did CPR until Fitch Rona EMS arrived on scene. I asked [REDACTED] about the monitor and was advised that the babies were doing so well, that the monitor was returned. [REDACTED] stated that she had been taking the babies to see Dr. [REDACTED] on a regular basis, and the last visit was just last week. I asked [REDACTED] about the history of the monitor, and was advised that [REDACTED] monitor arrived alarmed three times. Each time she called 9-1-1. The first two alarms, by the time the ambulance arrived [REDACTED] was fine and he was not transported. The third time, she could not get his heart rate up and he was taken to the hospital.

[REDACTED] had no idea on funeral home and I told them that they had some time to talk about it. I left them alone with [REDACTED] for a while. After the family had left, I had radiology do a set of full body x-rays. I then transported [REDACTED] back to the Dane Co. Morgue, for an autopsy to be done on Tuesday morning at 11:00 AM.

On Tuesday morning, I spoke with Dr. [REDACTED]. He advised that the babies were in on a regular basis and were doing just fine, other than the reflux problems. He stated that the babies were still on their medications for that.

At 11:00 AM, the autopsy was completed by Dr. [REDACTED] MD. There was no evidence of abuse or neglect found. There was petechial hemorrhage found on the surfaces of the lungs, indicating an asphyxial death. There was nothing else found. Sample tissues were taken for further testing, and study.

I then notified Dr. [REDACTED], as well as [REDACTED] of Social Services, who is working with the family.

With the evidence found, I will rule the manner of death as ACCIDENTAL, with a cause of ASPHYXIA, due to POSITIONAL CRIB ACCIDENT.

I also made telephone contact with the On-duty Assistant District Attorney, Ken Farmer. I was advised that I could release [REDACTED] to the FH.

NO FURTHER ACTION TAKEN

Jeffrey D. Sholts, Deputy Coroner

SUDDEN INFANT DEATH
SUPPLEMENTAL INVESTIGATION REPORT

PARENTS

Mother [redacted]
Address [redacted]
C/T/V Fitchburg WI 53711
Phone [redacted]
Age 40 Race Wht
Mar. Status NM

Father [redacted]
Address [redacted]
C/T/V Madison WI 537
Phone [redacted]
Age 40 Race Blk
Mar. Status Married

PRIMARY PHYSICIAN

Name DR. [redacted]
Address [redacted]
C/T/V City of Madison
Phone 287-2530

DAYCARE PROVIDER

Name NO
Address _____
C/T/V _____
Phone _____

SIBLINGS

Name [redacted]
Name _____
Name _____
Name _____

Age 4 mon Sex F
Age _____ Sex _____
Age _____ Sex _____
Age _____ Sex _____

INFANT INFORMATION

Infants birth weight 2.7 Infants birth order 1st
Was infant premature? yes Hospital of birth Meriter
List any complications noticed at time of birth 3 months premature
G-section, Mom on bedrest 3 weeks prior to birth because
water broke

Describe routine health care since birth Sent home w/monitor after spending
3 mos in infant ICU, [redacted] would alarm - [redacted]

Date of last visit to physician last week
Describe reason for visit Routine check up - doing well
Gaining weight - told he didn't need to return for 1 month

Additional health care comments Reflux, was told by MD to lay
baby on stomach on side

PRESENT HEALTH DATA

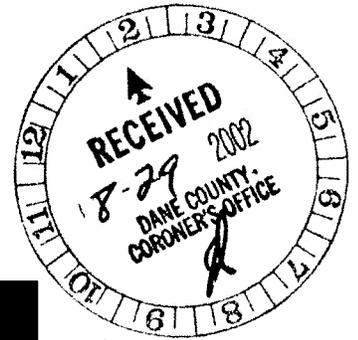
Was CPR given? yes By whom Both Parents
For how long 8 min Time of last feeding 12:30-1:00 PM
Known allergies None Medications yes
Was the infant ever treated for illness or injury? NO

Has anyone in the household been ill recently? NO

Describe the 48 hours prior to the infants death? Sat doing O.K,
sun - slept on couch all night



UNIVERSITY OF
WISCONSIN-MADISON
MEDICAL SCHOOL



AUTOPSY NUMBER: [REDACTED]

NAME: [REDACTED]

PERTINENT NUMBERS: Not applicable

AGE: 4 months (DOB [REDACTED])

CORONER/SERVICE: Dane County Coroner

SEX: Male

ASSISTANT: Jay Vysoky

DATE/TIME OF DEATH: 4/22/02, 5:27 p.m.

IDENTIFICATION: ID by Dane County Coroner's tag and Jeff Sholts

DATE/TIME OF AUTOPSY: 4/23/02, 11 a.m. at Dane County Morgue

PROSECTOR: None

FACULTY: [REDACTED] MD

[REDACTED SIGNATURE]

(Signature)

(Date)

8/21/02

FINAL ANATOMIC DIAGNOSES:

1. Consistent with positional asphyxiation
 - a) Reportedly found face down, wedged against crib side
 - b) Thoracic petechiae (thymus, epicardium, pleura)
 - c) History of co-bedding with sibling.
2. History of apneic spells.
3. No physical trauma or evidence of neglect.
4. Toxicology noncontributory (see separate toxicology reports).

COMMENT: The decedent's cause of death is attributed to a positional asphyxiation. This is based on the reported history from the Coroner's investigation as well as the lack of an anatomic cause of death. Toxicologic analysis is noncontributory.

MAS/mem

Autopsy No. [REDACTED]

Page 2

Name: [REDACTED]

MEASUREMENTS:

Weight – 5410 gm Heart – 33 gm
Left Lung – 56 gm Right Lung – 50 gm
Liver – 182.5 gm Spleen – 20 gm
Right Kidney – 20 gm Left Lung – 21 gm
Brain – 550 gm

Crown to rump – 33 cm
Crown to heel – 57 cm
Head circumference – 39 cm
Chest circumference – 39 cm
Abdominal circumference – 39 cm
Left foot – 8.6 cm
Inner canthal distance – 2.4 cm
Outer canthal distance – 7.5 cm

IDENTIFICATION: ID by Dane County Coroner's tag and Jeff Sholts.

PERMISSION: Permission for autopsy granted by Dane County Deputy Coroner Jeff Sholts.

WITNESSES: Jay Vysoky and Jeff Sholts.

EVIDENCE AND SPECIMENS: Vitreous, subclavian blood and tissues for histology.

PHOTOGRAPHY AND RADIOLOGY: No photographs are obtained. Full body radiographs are obtained and are on file at the Coroner's Office.

HISTORY: The decedent is a 4-month-old infant male with a medical history notable for premature birth and history of apneic spells. There are also some minor feeding issues however all medical problems seemed to be resolving and the infant was regarded as in good health. The infant was reportedly discovered face down in the crib with the head between the edge of the crib and the sibling child. The mother removed the decedent infant and noted lack of respirations and activated 911. Despite aggressive resuscitative intervention the child died.

CLOTHING: The decedent is unclothed at the onset of this exam. A baby sleeper is present which has been cut in efforts to resuscitate the child. The sleeper has bears on it and light blue stars. Also present are a pair of blue cotton infant sweatpants. The infant is wearing a diaper which contains some urine and yellow-brown fecal material.

EVIDENCE OF MEDICAL/SURGICAL INTERVENTION: An intramedullary catheter enters the anterior aspect of the left lower leg anteriorly. A pediatric IV line enters the dorsum of the right foot. A small puncture site is noted in the right antecubital fossa and near the left antecubital fossa. These are interpreted as sites of attempted IV access.

GENERAL EXTERNAL EXAMINATION: The body is that of a normally developed infant male. Lividity is generally posterior, pink-purple and fixed. Rigidity is established. Morphometries are as follows: head circumference 39 cm, abdominal circumference 39 cm, chest circumference 39 cm, crown to rump 33 cm, crown to heel 57 cm, left foot 8.6 cm, inner canthal distance 2.4 cm, outer canthal distance 7.5 cm and the infant weighs 5410 gm.

HEAD: Scalp hair is light black-brown and very short. The head is externally atraumatic and symmetric. The fontanelles are normal in position and neither retracted nor expanded. Ears are symmetric and normally formed and rotated. No earrings are present. Eyebrows are black and symmetric. The eyes are brown and pupils symmetrically fixed at 0.5 cm. The conjunctivae are clear and no congestion or petechiae are evident. Nasal septum appears intact. Nares are patent. Lips are atraumatic both from their external and internal aspect. The frenula are intact. Dentition is not yet present. Oral cavity appears unobstructed.

NECK: The neck is symmetric and externally atraumatic.

EXTREMITIES: Upper and lower extremities are grossly symmetric. No significant hair is noted. Fingernails are short and well maintained. Hands and extremities are atraumatic. Toenails are short and well maintained. Dorsal and plantar aspects of the feet are unremarkable. The right ankle bears a Dane County Coroner's ID tag. The left upper arm is notable for an area of blue-gray discoloration measuring up to 0.9 cm consistent with a Mongolian spot. Incision of this skin area discloses uniformly gray-white subcutaneous tissue without indication of hemorrhage.

CHEST AND ABDOMEN: Chest and abdomen are grossly symmetric. The abdomen is non-distended and non-tense. It is appropriate for development.

GENITALIA: External genitalia appear normal pediatric male. The penis appears uncircumcised. Testes are both descended in the scrotal sac. No pubic hair is present.

BACK: The back discloses pressure marks from the autopsy table and the body bag as well as lividity. Another region of probable Mongolian spot is noted over the posterior buttocks in the midline. Incising this tissue discloses uniform grayish-white subcutaneous adipose tissue without hemorrhage.

IDENTIFYING SCARS, MARKS AND TATTOOS: No tattoos are recognized. Some minor superficial areas of hypopigmentation are noted in the upper mid chest and upper anterior right shoulder region. Individually these hypopigmented areas measure 0.2-0.3 cm. They may be congenital hypopigmented lesions. An alternative interpretation would be well healed scars. No other surgical scars or uniquely identifying scars are evident.

EVIDENCE OF TRAUMATIC INJURY: There is no external or internal evidence of acute traumatic injury.

GENERAL INTERNAL EXAMINATION: The body is opened by a Y-shaped thoracoabdominal incision. The pleural, pericardial and peritoneal cavities are without abnormal fluid collections.

THYMUS: The thymus is in its usual anatomic location and weighs 41 gm. Superficial petechiae are noted throughout all thymic lobes. Individually, they range in size from 0.1-0.2 cm. Cross section of the thymus shows a tan-gray lobular cut surface also with intraparenchymal petechial hemorrhages.

HEART: The heart weighs 33 gm. The epicardial surface is smooth. Coronary vessels are normally formed and widely patent. The myocardium is uniformly red-brown. The chambers are adequate and normal size. All valves maintain delicate and thin leaflets and are anatomically within normal limits. The interventricular septum appears intact. The ductus arteriosus is closed. The aorta and all major vessels are anatomically within normal limits and without gross pathological alterations.

LUNGS: The left lung weighs 50 gm and the right lung 56 gm. Pleural surfaces are smooth. Subpleural petechia are noted in both lungs measuring up to 0.2 cm. Cross section of each lung

shows a red-purple and somewhat congested parenchyma. Focal darker red-purple regions are noted measuring up to 0.3 cm. There are no masses in the lungs and there is no hilar adenopathy. The airways are patent. The vessels are free of antemortem thrombi.

LIVER: The liver weighs 182.5 gm. The capsule is smooth and intact. Cut surface is uniformly dark red-brown. The gallbladder is contracted and contains only residual brown-yellow viscous bile. There are no calculi.

PANCREAS: The pancreas is present in its usual anatomic location. It has a gray-pink lobular cut surface.

SPLEEN: The spleen is present and weighs 20 gm. The capsule is gray-purple and intact. Cut surface is uniformly dark red-purple.

ADRENAL GLANDS: Adrenal glands are present bilaterally. They weigh 4 gm collectively. They have yellow-golden cortices measuring up to 0.1 cm. The medullae are brown and intact.

KIDNEYS: Left kidney weighs 21 gm and the right kidney 20 gm. Capsules are stripped with ease. Cortical surfaces are smooth. There is mild preservation of fetal lobulation, bilaterally. Cross section shows a red-brown cortex with uniform appearance and thickness. The medullae are darker red and prominent. The collecting system appears intact, unobstructed and undilated. The bladder is contracted and void of urine.

REPRODUCTIVE TRACT: The prostate is small, symmetric and without palpable masses.

GASTROINTESTINAL TRACT: The esophagus has an intact tan-white mucosa. Gastroesophageal junction is distinct. Stomach contains approximately 40 cc of viscous gastric secretions admixed with white-gray flocculent material. The latter is consistent with formula or milk. No pills or other food items are noted in the stomach. The pylorus is distinct and without stenosis. Remainder of the gastrointestinal tract appears viable and contains only fecal material. The fecal material has a gray-tan-greenish appearance. The appendix is identified.

NECK: Subcutaneous tissue of the neck is without hemorrhage or contusion. The tracheolaryngeal skeleton is intact and without fractures. Pharynx is unobstructed. Thyroid has a symmetric red-brown parenchyma.

HEAD: Scalp is reflected with ease. It is without contusions or lacerations. Bony calvarium is intact and without fractures. Brain is removed and weighs 550 gm. The meninges are delicate and clear. The gyral and sulcal pattern is within normal limits. Examining the ventral aspect demonstrates an intact arterial circle without visible atheromata, thrombi or aneurysmal dilatations. Cranial nerves are present symmetrically. Removal of the brainstem demonstrates a hypopigmented substantia nigra. Pons and medulla are unremarkable. Sagittal section of cerebellum shows the usual foliar pattern and the dentate nucleus is visualized. Coronal sections of cerebral hemispheres demonstrate pale gray matter forming a somewhat indistinct junction with the subjacent white matter. The white matter is somewhat more gray due to the lack of complete myelination. The white matter is unremarkable. The ventricles are of adequate size and contain clear cerebrospinal fluid and choroid plexus. Deep gray structures including basal ganglia and thalamic nuclei are symmetric and without gross abnormalities. In no areas of the brain are regions suspicious for infection, neoplasia, hemorrhage or trauma identified. Incision of the superior sagittal sinus shows a widely patent vessel. There is no indication of subdural hemorrhage. The ventral skull is intact.

BACK: The back is incised longitudinally from the posterior occiput to the left buttock region. This discloses white-gray subcutaneous adipose tissue beneath which is red musculature. There are no areas of contusion or traumatic injury in the back.

LIST OF TISSUE SECTIONS:

1 lung; 2 epiglottis; 3 lung; 4 gastrointestinal tract; 5 lung; 6 heart (left ventricle); 8 adrenal; 9 gastrointestinal tract (small intestine); 10 liver; 11 pancreas; 12 thymus; 14 heart (right ventricle); 15 spleen; 16 cerebellum; 17 frontal cortex; 18 basal nuclei; 19 hippocampal formation

HISTOLOGIC DESCRIPTION:

HEART: Sections of the decedent's heart disclose the usual appearance of myocytes. There is focal myocyte hypereosinophilia noted in the left ventricle (#6). Inflammation is not evident in the heart tissue.

LUNGS: Representative sections of the decedent's lung tissue disclose variable congestion characterized by alveolar distention with benign blood cell elements. Pulmonary edema is noted focally. This consists of intraalveolar hypocellular exudate. Isolated and microscopic extravasation of red blood cells is noted within some alveolar air spaces. Inflammation is not significant in the lung tissue.

CENTRAL NERVOUS SYSTEM: Sections of the decedent's brain disclose the usual neuronal and glial cellular elements. Histoarchitecture is normal for the decedent's developmental age. Abnormal inclusions are not identified. Features of infection are not noted. An isolated focus of oligodendroglial like cells is noted near the basal ganglia in slide #18.

THYMUS: A representative section of the decedent's thymus discloses multifocal acute intraparenchymal hemorrhage. This is unaccompanied by inflammation.

Other tissue sections are histopathologically unremarkable.

EXIT SAV PRINT MED/TOX
020634

STATE CRIME LAB
 STATE LAB OF HYGIENE

ANALYSIS NUMBER
SPECIMEN NUMBER
SUB#

| | | | | |
|---|----------------------------|--------------------------------|--------------------------------|--|
| TESTS REQUESTED | | <input type="checkbox"/> DRUGS | <input type="checkbox"/> GASES | <input type="checkbox"/> HIV/HEPATITIS |
| DATE SENT Apr 23, 2002 | DATE RECEIVED Jun 05, 2002 | ANALYZED BY William Johnson | | |
| OBTAINED BY Jeffrey D. Sholts | | DATE OBTAINED Apr 23, 2002 | TIME OBTAIN 11:20 | |
| SAMPLES OBTAINED <input checked="" type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> SPINAL FLUID <input checked="" type="checkbox"/> VITREOUS <input type="checkbox"/> TRACHEAL AIR <input type="checkbox"/> GASTRIC | | | | |

Drug List ETHANOL Neg g/100 mL

| CS # | SPECIMEN | RESULTS |
|--------|------------------|---------|
| 020634 | BLOOD DRUG PANEL | Neg |