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power: 58

DEC -6 1994

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, who will ask for the information noted below.

Date of accident 8/10/94 Date of Death 8/10/94

Type of consumer product involved Crib, mattress, bumper

Manufacturer, Model, Brand name, and Serial No. of product _____

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

Cause of Death: SIDS

Location of Accident: City West Haven State CT

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

4 month old male found unresponsive after being put face-down in crib, found later by mother between mattress and bumper.

1542

1545

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

Medical Examiner's/Coroner's Case No. [redacted] Telephone No. 203-679-3980

Reporter's Name [redacted] Date Reported 12-7-94

Reporter's Off. (incl. city, county, & state) Farmington County, Farmington, Ct.

Medical Examiner's/Coroner's Name Edward McDonough MD

For processing at CPSC: Report received by: _____

Chief Med. Exam. Rpt () Copy for MECAP News ()
Regular MECAP () Document No. _____