6

(6) SEE TIS/1988

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.	2. INVESTIGATOR'S ID	3. OFFICE CODE
871030CCC0043	8055	805

4. DATE OF ACCIDENT (YR MO DAY)	5. DATE INVESTIGATION INITIATED (YR MO DAY)
87 05 18	87 11 09

6. SYNOPSIS OF ACCIDENT OR COMPLAINT: A four month old female was asphyxiated when her nose and mouth were obstructed by a plastic doll face.

7. LOCATION (Home, school, etc.)	8. CITY	9. STATE
Home (Bedroom) 10	Springvale	Maine ME

10A. FIRST PRODUCT	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
Face Form Doll 5004	[redacted]

10B. SECOND PRODUCT	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS

12. AGE OF VICTIM	13. SEX (Use numerical code)	14. DISPOSITION	15. INJURY DIAGNOSIS
204	MALE - 1, FEMALE - 2, UNKNOWN - 3: 2	Pronounced Dead in ER 8	Asphyxiation 65

16. BODY PART	17. RESPONDENT(S) (Mother, Friend)	18. TYPE INVESTIGATION	19. TIME SPENT
All parts of the body 85	Police Sergeant 3	ON SITE 1, TELEPHONE 2, OTHER 3: 1	120

20. ATTACHMENTS	21. CASE SOURCE	22. REVIEWED BY	YR MO DAY
Multi 9	MECAP 12	8211	88 01 25

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY): CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [X]

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW: JDS DATE: 1/27/88

Note: The investigation guideline for toys was utilized in conducting this investigation.

Sample J-805-4383, which consists of the doll and doll face that were involved in this accident, and sample J-805-4384, which consists of a face for a doll that was obtained at the retailer where the victim's family had purchased the doll face which was involved in this accident were collected following this investigation.

All information contained in this report was provided by the police sergeant, who investigated this accident.

CPSA 6 (b)(1) Cleared
No Mfrs/PrvtLblrs or Products Identified
Accepted by
Firms Notified
Comments Processed

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

CPSC FORM NO. 182 (Revised 10/85) APPROVED FOR USE THROUGH 07/88 OMB NO. 3041-

[redacted]
IDI #871030CCC0043

Pre-Accident

The police sergeant explained that the victim was a normal, healthy four month old girl who resided with her parents and four year old sister on the second floor of a two family residence. The autopsy report indicates that the victim weighed 5230 grams (approximately 11 1/2 pounds).

The police sergeant stated that his investigation had disclosed that alcohol, drugs, and environmental conditions were not factors in this accident. He explained that the victim's mother had placed her in her crib on her stomach at approximately 1600 hours and had placed several dolls in this crib also. He added that one of these dolls had been made for the victim by a relative who had purchased a kit consisting of a doll's face and hands at a local craft store and had knitted the body and a blanket for this doll.

Accident

The police sergeant stated that at approximately 1620 hours, the victim's mother found her on her stomach with the face of one of her dolls covering her nose and mouth.

Post-Accident

The police sergeant stated that the victim's mother had pulled the doll's face from the victim's face and in doing so found that there was considerable suction between the inside of the doll's face and the victim's face, that there was mucous and vomitus on the victim's face and that the doll's face was filled with vomitus. He added that she attempted to clear the victim's airway and when she was unsuccessful, she ran downstairs carrying the victim to get help. The police sergeant explained that attempts to revive the victim at the accident site and at the local hospital emergency room were unsuccessful, that the victim was pronounced dead at 1800 hours in the emergency room, and that the cause of her death has been listed as "asphyxiation due to obstruction of mouth and nose by plastic doll's face"

The police report indicates that the victim had a respiratory problem. However, the police sergeant stated that in discussions with the victim's mother he had been informed that this condition was common in young children and that the victim's mother had been advised by her physician that she would outgrow it.

[redacted]
IDI #871030CCC0043

Product Identification

The plastic face of the victim's doll was found to be approximately 2 1/4 inches wide. It has an open mouth, into which the plastic bottle in the right doll's hand, that is sold with it, is intended to be inserted. It should be noted that the inside of the mouth of this plastic doll's face is sealed, so that air cannot pass through it. (See attached photographs 5, 6, and 7) No labeling was noted on this doll face or on the two hands, which had been purchased with it.

According to the police sergeant, this doll face and hands had been purchased as a kit at a local craft store (known as the [redacted] by one of the victim's relatives, who had glued this doll's face to a ball-shaped piece of foam and had then knitted an orange-white colored body, and attached hat to form a doll that was approximately twelve inches tall.

The police sergeant allowed me to collect the subject doll as a sample (J-805-4383) and he accompanied me to the [redacted] retail craft store at [redacted]. The owner of this retail store pointed out their supply of doll faces, and examination of the doll faces on hand disclosed that only one of these doll faces was sold in a kit, along with dolls hands and a bottle. Only one unit of this product was on hand at this time and it was collected as sample J-805-4384. The owner-manager of this retail store reported that their only supplier of doll's faces has been [redacted] and that the three inch doll faces which are sold in a kit with doll hands and a bottle are designated as style [redacted]

The attached photographs (8-12) depict the doll face and hands, which were sampled as J-805-4384, and their labeling. The doll face, bears a stick-on label which reads,

[redacted]

The doll itself bears no other labeling and it is contained in a clear plastic bag which is sealed closed with a cardboard label that reads in part,

[redacted]
3" BABY FACE WITH HANDS AND BOTTLE
[redacted]

[redacted]
IDI #871030CCC0043

Standards Information

No information was noted on the product or accompanying materials regarding the involvement of a standard.

Exhibits:

Attached to this report as exhibits are:

Exhibit 1	Photocopy of Police Report (10 pages)
Exhibit 2	Photocopy of Medical Examiner's report and autopsy report. (11 pages)
Exhibit 3	Photocopy of victim's death certificate (2 pages)
Exhibit 4	Photographs (12 pages)
Photographs 1 and 2	Depict the doll which was involved in this accident.
Photographs 3,4,5	Depict the doll's head and face.
Photographs 6 and 7	Close-up photographs of the inside of the doll's face.
Photographs 8 - 12	Depict a doll's face and hands and their labeling. This doll's face was sampled (J-805-4384) at the retail store where the victim's family had purchased the face for her doll.

B3378
11/4/87

C. O'Conn
PCS Do
TC
11/2/87

Gp III
Pl do
NB
11/5/87

ACCIDENT INVESTIGATION REQUEST FORM

Document Number 723005498

Date of Incident May 18 1987 Category I.D. Sect 15 1988

Follow-up Requested Hazard Analysis ☐ Section 15 ☒

Type Follow-up Requested Telephone Call ☐ See below On-Site ☐

Headquarters Contact: Terri Rogers 492-6608

Assignment Message Conduct an IDI on the attached death cert. involving an asphyxiation due to obstruction of mouth & nose by a plastic doll's face. Attempt to obtain product ident. and sample if possible. Maine state officials allow next of kin contact.

Person(s) to Conta[redacted]

mother of victim if necessary.

Guideline N/A

F[illegible]d By Don Kendall

[illegible] Number 871030 CCC 0043

Assigned to NYC Date [illegible] 10-30-87

CPSC Form 324 (2/87)

ORIGINAL COPY STATE

723005498

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF DEATH

B 87 05498

1 DECEDENT-NAME FIRST MIDDLE LAST: [redacted]
2. Sex: Female
3. Date of Death (Mo, Day, Yr.): May 18, 1987
4. Race: White
5a. Age - Last Birthday (Yrs.): 87
5b. Under 1 Year: Mos.
5c. Under 1 Day: Days / Hours / Min.
6. Date of Birth (Mo, Day, Yr.): Jan. 4, 1987
7a. County of Death: York
7b. City, Town or Location of Death: Sanford
7c. Hospital or Other Institution: H.D. Goodall Hospital
7d. If Hosp. or Inst. Inpatient or Outpatient: E.R.
8. State of Birth: Maine
9. Citizen of What Country: U.S.A.
10. Origin or Descent: [redacted]
11. Married, Never Married, Widowed, Divorced: [redacted]
12. Surviving Spouse: [redacted]
13. Social Security Number: 005 84 7091
Veteran: Yes ☐ No ☐
14a. Usual Occupation: [redacted]
14b. Kind of Business or Industry: [redacted]
15a. Residence - State: Maine
15b. County: York
15c. City, Town or Location: Springvale
15d. Street and Number: [redacted]
16. Father - Name First Middle Last: [redacted]
17. Mother - Maiden Name First Last: [redacted]
18. Informant - Name: [redacted]
Mailing Address (Street or R.F.D. No., City or Town, State): [redacted]., Springvale, Maine 04083
19a. Burial, Cremation, Removal, Other: Burial
19b. Date: May 22, 1987
19c. Cemetery or Crematory - Name: Highland Cemetery
19d. Location - City or Town: Rumney, N. H.
20a. Funeral Service Licensee or Authorized Person (Signature): [redacted]
20b. Name of Facility: LaPontaine Funeral Home
20c. Address of Facility - City or Town: Plymouth, N. H.

To be Completed by Certifying Physician Only
21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
21b. Date Signed (Mo, Day, Yr.)
21c. Hour of Death
21d. I did not view the body after death
21e. Name of Attending Physician if other than Certifier (Type or Print)

To be Completed by Medical Examiner Only
22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [redacted]
22b. Date Signed (Mo, Day, Yr.): 5/19/87
22c. Hour of Death: found 1624
22d. Pronounced Dead (Mo, Day, Yr.): 5/18/87
22e. Pronounced Dead at: 1900

23. Name and Address of Certifier (Physician, Medical Examiner or Coroner) (Type or Print): WILLIAM F. FRANK MD 10 Winter St. Sanford Me

24. Immediate Cause (Enter only one cause per line for (a), (b) and (c).)
Part I (a) Pending investigation
Due to, or as a consequence of (b)
Due to, or as a consequence of (c) 871030CCC0043
Interval between onset and death

Part II Other significant conditions - Conditions contributing to death but not related to cause given in Part I (a): pending investigation
25. Autopsy (Specify Yes or No): Yes
26. Was Case Referred to Medical Examiner? (Specify Yes or No): Yes
27a. Acc. Suicide Hom. Undet. or Pending Invest. (Specify): Pending
27b. Date of Injury (Mo, Day, Yr.)
27c. Hour of Injury
27d. Describe How Injury Occurred
27e. Injury at Work (Specify Yes or No)
27f. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify)
27g. Location - Street or R.F.D. No., City or Town, State

28a. Registrar (Signature): J. Raymond Roberts
28b. Date Received by Registrar (Mo, Day, Yr.): July 26, 1987

1 204 YOR SANFORD DECEDENT
59 2 18001 917 91.1 PARENTS
YOR SPRINGV 1 DISPOSITION
3 CERTIFYING PHYSICIAN
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE OF DEATH
11 2 YOR SANFORD
VS-3R585

TC 7-27-87

STATE FILE NO.

CAUSE OF DEATH SUPPLEMENT

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

PART I — 24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Asphyxiation due to obstruction of mouth and nose by plastic doll's face.

(b) DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II — OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I (a)

25. AUTOPSY (Specify Yes or No)

26. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)

27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, PENDING INVESTIGATION

27a. accident

27b. DATE OF INJURY (Mo., Day, Yr.) 5/18/87

27c. HOUR OF INJURY late afternoon

27d. DESCRIBE HOW INJURY OCCURRED Thin plastic doll's face became detached and found adherent to baby's face.

27e. INJURY AT WORK (Specify Yes or No)

27e. no

27f. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))

27f. home

27g. LOCATION (Street & No.) [redacted] (City or Town) ine

Date Signed: 7-6-87

871030CCC0043

RECEIVED
Maine Chief Medical Examiner
JUL 8 1987

VS-014 N0278

SIGNATURE

SANFORD POLICE DEPARTMENT

OFFENSE REPORT

16 OFFENSE: Accidental Death	17 RSA	18 GEO CODE	1 VICTIM'S NAME (LAST, FIRST, MIDDLE): [redacted]		2 COMPLAINT NO: 8710313
19 DATE OCCURRED: MONTH 5 / DAY(S) 18 / YEAR 87	20 TIME OCCURRED: 1624	21 DAY: M	22 WEATHER: C	3 VICTIM'S ADDRESS, STREET, CITY, STATE: [redacted]	4 RESIDENCE PHONE: None
23 DATE REPORTED: 5-18-87	24 TIME REPORTED: 1624 HRS			5 VICTIM'S PLACE OF EMPLOY/SCHOOL	6 OCCUPATION / 7 HOURS OF EMPLOY / 8 BUSINESS PHONE/BPC
25 VICTIM'S SOBRIETY: ☐ SOBER ☐ HBD ☐ INTOX ☐ U/D	26 VICTIM INJURED: ☒ YES ☐ NO			9 VICTIM'S SEX, RACE, DOB: F C 1-4-87	10 LOCATION OF OFFENSE (ADDRESS): Second floor / 11 BEAT: #75
27 WILL VICTIM PROSECUTE: YES ☐ NO ☐ UTA ☐	28 VICTIM REMOVED TO: Goodall Hospital			12 REPORTING PERSON [redacted] ☐ SAME AS VICTIM / SEX: Female	13 RESIDENCE PHONE: [redacted]
				14 REPORTING PERSON [redacted] CITY / STATE	15 BUSINESS PHONE/BPC

29. -ROBBERY- TYPE OF PREMISES: ☐ A-STREET, HIGHWAY ☐ B-COMMERCIAL (EXCEPT C,D,F) ☐ C-GAS/SERVICE STATION ☐ D-CONVENIENCE STORE ☐ E-RESIDENCE ☐ F-BANKS ☐ G-MISC.

30. -ASSAULTS/ROBBERY- WEAPON OR FORCE USED: ☐ A-FIREARM ☐ B-KNIFE OR CUTTING INSTRUMENT ☐ C-OTHER DANGEROUS WEAPON ☐ D-HANDS, FEET, FISTS-AGGRAVATED ☐ E-OTHER ASSAULTS-SIMPLE

31. -THEFT- METHOD OF OFFENSE: ☐ A-POCKET PICKING ☐ B-PURSE SNATCHING ☐ C-SHOPLIFTING ☐ D-FROM VEHICLES ☐ E-VEHICLE PARTS ☐ F-BICYCLES ☐ G-FROM BUILDING (NOT C OR H) ☐ H-COIN OPERATED MACHINES ☐ I-OTHER

32. -BURGLARY- METHOD OF ENTRY: ☐ A-FORCIBLE ☐ C-ATTEMPTED ☐ B-UNLAWFUL, NO FORCE

33 TIME PERIOD	34 TYPE STRUCTURE	35 TOOLS USED	36 POINT OF ENTRY	EXIT
☐ A-NIGHT ☐ B-DAY ☐ C-UNK	☐ A-RESIDENTIAL ☐ B-NON-RESIDENTIAL			

37 WITNESS NAME	38 WITNESS ADDRESS/CITY/STATE	39 WHERE EMPLOYED/SCHOOL	40 SEX, RACE, DOB	41 BUSINESS PHONE	42 RESIDENT PHONE

SUSPECT/VEHICLE

43 VEHICLE REG / STATE	44 YEAR / MAKE / MODEL / BODY / COLOR(S) / CONDITION	45 HOLD FOR	46 TOWED BY	47 TOWED TO

48 SUSPECT(S) IN CUSTODY	49 NAME	50 ADDRESS OR AKA / CITY / STATE	51 DOB	52 SEX/RACE
☐ YES ☐ NO				

53 HEIGHT / INCHES	54 WEIGHT	55 HAIR	56 EYES	57 BUILD	58 GLASSES	59 CLOTHING	60 OTHER
					☐ YES ☐ NO		

WORTHLESS DOCUMENT

61 COLOR OF DOCUMENT	62 TYPE OF DOCUMENT	63 DATE OF DOCUMENT	64 DOCUMENT NUMBER	65 FIRM NAME (INCLUDE BOTH NAMES IF JOINT ACCOUNT)

66 NAME AND NUMBER OF BANK / CITY	67 MADE PAYABLE TO	68 SIGNATURE ON FACE

69 REASON NOT HONORED	70 TYPE OF PROPERTY OR SERVICE OBTAINED	71 AMOUNT	72 CERTIFIED LETTER SENT
		$	☐ YES ☐ NO

STOLEN ☐ DAMAGED ☐ PROPERTY

73 QUANTITY	74 ARTICLE	75 IDENT NUMBER	76 BRAND NAME	77 MODEL NAME/NUMBER	78 DESCRIPTION	79 VALUE

80. STOLEN / LOST / RECOVERED: ☐ A-CURRENCY NOTES ☐ B-JEWELRY ☐ C-CLOTHING ☐ D-MOTOR VEH ☐ E-OFFICE EQUIP ☐ K-MISC. ☐ F-[illegible] ☐ G-FIREARMS ☐ H-HOUSEHOLD ☐ I-CONSUMABLE GOODS ☐ J-LIVESTOCK

81. ARSON/DAMAGE LOSS: $

82. TOTAL LOSS: $

83 OFFICER'S NAME	84 [illegible]	85 SUPERVISOR REVIEW	86 FOLLOW UP	87 OTHER REPORTS SUBMITTED
			☐ YES ☐ NO	☐ ACCIDENT ☐ FOLLOW UP ☐ OTHER ☐ ARREST ☐ SUPPLEMENTAL

[illegible] SUBMITTED	88 STATUS	89 CLASS CHANGE	91 CLASS CHANGE TO	92	93 REVIEWER
	☐ CBA ☐ SUSPENDED ☐ UNF ☐ JUV	☐ YES ☐ NO		PAGE 1 OF	

UTILITY REPORT
(MULTI-PURPOSE)

SANFORD POLICE DEPARTMENT

1 NAME (LAST, FIRST, MIDDLE) [redacted]		2 CODE	3 COMPLAINT NO
4 ADDRESS STREET/APT NO CITY STATE		5 RESIDENT PHONE	6 BUSINESS PHONE
7 LOCATION OF INCIDENT	8 DATE/TIME REPORTED		9 BEAT
10 INCIDENT	11 DATE/TIME OCCURRED		12 GEO CODE

13 TYPE OF REPORT: ☐ INCIDENT ☐ SUPPLEMENTAL ☐ FOLLOW-UP
☐ CONTINUATION OF: ☐ OFFENSE ☐ SUPPLEMENTAL ☐ ARREST ☐ FOLLOW-UP ☐ INCIDENT ☐ ACCIDENT

14 OFFENSE, CHARGE, OR INCIDENT ON ORIGINAL REPORT

15 DATE OF THIS REPORT	16 DATE OF ORIGINAL REPORT	17 MULTIPLE CLEARUP ☐YES ☐NO	18 REVISED LOSS $	19 CHANGE NAME OF VICTIM, ARRESTEE	20 IDENTIFICATION NO

MISSING PERSON

21 HGT	WGT	HAIR	EYES	COMPLX	HAT	COAT	JACKET	SWEATER	BLOUSE/SHIRT	SKIRT/PANTS	SHOES	JEWELRY	DISTINGUISHING FEATURES

22 PHYS COMPETENCY	23 MENTAL COMPETENCY	24 DESTINATION	25 COMPANION(S) ☐YES ☐NO	26 PROBABLE CAUSE OF ABSENCE	D.O.B.	27 ID/MONEY CARRIED

NARRATIVE (1) RECORD CONTINUATION OF ITEMS BY INDICATING "ITEM NO" AT LEFT; FOLLOWED BY THE CONTINUATION.
(2) DESCRIBE DETAILS OF THE INCIDENT.
(3) RECORD YOUR ACTIONS AND ALL DEVELOPMENTS IN THE CASE

EMANCIPATED: YES/NO
DATE OF EMANCIPATION: _____

ITEM NO.

at 1624 hrs I Responded to a rescue Call at [redacted] in Apt. Me, infant not Breathing - I was on Carpenter Ste Apt and Proceeded to Scene Code 3,

I arrived and observed a Woman on the Side - Walk Holding a Small infant Caucasian, the Woman was Histerical And Ran infront of My Patrol Car as I Stopped, She Hollered "Help me My Baby's not Breathing", I took the infant from her and noticed the Baby had food all over its face, I Cleared her airway and realized the infant was not Breathing, I gave several quick Breathes then checked for a Pulse in the Arm and the neck there was no pulse, and I began full CPR on the Hood of My Cruiser, the Babys eyes where Partially open and the eye lids where Blue in Color as Well as the ears, Body temperature was Luke Warm, not Consistant w/ that of an infant Which was just Removed from a Crib,

28 RECOVERED CASH VALUE	A. MONEY $	B. JEWELRY $	C. CLOTHING $	D. FUR $	E. OFFICE EQUIP. $	F. FURNISH $	G. FIREARMS $	H. HSHD. GOODS $	I. CONS. GOODS $	J. LIVESTOCK $	K. MISC. $	TOTAL VALUE $

29 REPORTING OFFICER	INV TIME	30 SECOND OFFICER	INV TIME	31 SUPERVISOR REVIEWING	32 FOLLOW UP ☐YES ☐NO	33 OTHER REPORTS SUBMITTED ☐ACCIDENT ☐FOLLOW UP ☐OTHER ☐ARREST ☐SUPPLEMENTAL
BN						

1= Cleared by Arrest 2= Suspended 3= Open (Active) 4= Open (Inactive) 5= Cleared Juvenile Arrest
6= Cleared by Exceptional Means 0= Other

38 | 39 REVIEWER

UTILITY REPORT
(MULTI-PURPOSE)

SANFORD POLICE DEPARTMENT

1 [redacted]		2 CODE	3 COMPLAINT NO
4 ADDRESS STREET/APT NO CITY STATE		5 RESIDENT PHONE	6 BUSINESS PHONE
7 LOCATION OF INCIDENT		8 DATE/TIME REPORTED	9 BEAT
10 INCIDENT		11 DATE/TIME OCCURRED	12 GEO CODE

13 TYPE OF REPORT
☐ INCIDENT
☐ SUPPLEMENTAL
☐ FOLLOW-UP

☐ CONTINUATION OF
☐ OFFENSE ☐ FOLLOW-UP
☐ SUPPLEMENTAL ☐ INCIDENT
☐ ARREST ☐ ACCIDENT

14 OFFENSE, CHARGE, OR INCIDENT ON ORIGINAL REPORT

15 DATE OF THIS REPORT	16 DATE OF ORIGINAL REPORT	17 MULTIPLE CLEARUP ☐YES ☐NO	18 REVISED LOSS $	19 CHANGE NAME OF VICTIM, ARRESTEE

20 IDENTIFICATION NO

MISSING PERSON

21 HGT	WGT	HAIR	EYES	COMPLX	HAT	COAT	JACKET	SWEATER	BLOUSE/SHIRT	SKIRT/PANTS	SHOES	JEWELRY	DISTINGUISHING FEATURES

22 PHYS COMPETENCY	23 MENTAL COMPETENCY	24 DESTINATION	25 COMPANION(S) ☐YES ☐NO	26 PROBABLE CAUSE OF ABSENCE	D O B.	27 ID/MONEY CARRIED

NARRATIVE (1) RECORD CONTINUATION OF ITEMS BY INDICATING "ITEM NO." AT LEFT; FOLLOWED BY THE CONTINUATION.
(2) DESCRIBE DETAILS OF THE INCIDENT
(3) RECORD YOUR ACTIONS AND ALL DEVELOPMENTS IN THE CASE

EMANCIPATED: YES/NO
DATE OF EMANCIPATION: _____

ITEM NO.

as I was doing CPR a fire Engine from Sanf. Station Arrived and Assisted Me, I had a Mouth full of Baby Mucus and food and instructed the fireman to take over, while I Spit out the Material, I resumed CPR. then Shortly after Rescue from Sanford Arrived and Carl French took the infant and Continued CPR.

28 RECOVERED CASH VALUE	A. MONEY $	B. JEWELRY $	C. CLOTHING $	D. BIKE $	E. OFFICE EQUIP. $	F. TV/RADIO $	G. APPLIANCES $	H. USED GOODS $	I. CONS. GOODS $	J. LIVESTOCK $	K. MISC. $	TOTAL VALUE $

29 REPORTING OFFICER KSR	IMV TIME	30 SECOND OFFICER IMV TIME	31 SUPERVISOR REVIEWING	32 FOLLOW UP ☐YES ☐NO

33 OTHER REPORTS SUBMITTED
☐ M CLOCK ☐ FOLLOW UP ☐ OTHER
☐ ARREST ☐ SUPPLEMENTAL

1= Cleared by Arrest 2= Suspended 3= Open (Active) 4= Open (Inactive) 5= Cleared Juvenile Arrest
ed by Exceptional Means 9= Other

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39 REVIEWER

UTILITY REPORT
(MULTI-PURPOSE)

SANFORD POLICE DEPARTMENT

1 NAME (LAST, FIRST, MIDDLE) [redacted]	2 CODE	3 COMPLAINT NO 8710315	
4 ADDRESS STREET/APT NO CITY STATE	5 RESIDENT PHONE	6 BUSINESS PHONE	
7 LOCATION OF INCIDENT	8 DATE/TIME REPORTED	9 BEAT	
10 INCIDENT	11 DATE/TIME OCCURRED	12 GEO. CODE 20	

13 TYPE OF REPORT: ☐ INCIDENT ☐ SUPPLEMENTAL ☐ FOLLOW-UP

☐ CONTINUATION OF: ☐ OFFENSE ☐ SUPPLEMENTAL ☐ ARREST ☐ FOLLOW-UP ☐ INCIDENT ☐ ACCIDENT

14 OFFENSE-CHARGE, OR INCIDENT ON ORIGINAL REPORT

15 DATE OF THIS REPORT	16 DATE OF ORIGINAL REPORT	17 MULTIPLE CLEARUP ☐ YES ☐ NO	18 REVISED LOSS $	19 CHANGE NAME OF VICTIM, ARRESTEE	20 IDENTIFICATION NO

MISSING PERSON: 21 HGT | WGT | HAIR | EYES | COMPLX | HAT | COAT | JACKET | SWEATER | BLOUSE/SHIRT | SKIRT/PANTS | SHOES | JEWELRY | DISTINGUISHING FEATURES

22 PHYS COMPETENCY | 23 MENTAL COMPETENCY | 24 DESTINATION | 25 COMPANION(S) ☐ YES ☐ NO | 26 PROBABLE CAUSE OF ABSENCE | D.O.B. | 27 ID/MONEY CARRIED

NARRATIVE (1) RECORD CONTINUATION OF ITEMS BY INDICATING "ITEM NO." AT LEFT, FOLLOWED BY THE CONTINUATION.
(2) DESCRIBE DETAILS OF THE INCIDENT.
(3) RECORD YOUR ACTIONS AND ALL DEVELOPMENTS IN THE CASE.

EMANCIPATED: YES/NO
DATE OF EMANCIPATION: _____

ITEM NO.

the infant was transported to Goodall Hospital by Rescue where attempts where Made to Sustain life - the Victim Was pronounced dead at hours By Dr [redacted] Er physician

Interview w/ witnesses Revealed the following -

(1) [redacted] Called Ambulance from first floor Home. She states Mom Came down w/ Baby in Arms, and that she was hysterical and attempting C.P.R.

(2) [redacted] 3-29-71 - [redacted] Was present at the time and followed Mother outside to the street,

(3) Mother [redacted] Age 35 she stated to me that at Approximately 1550-1600 she had placed the infant in her Crib located in a Master bed room at the Rear of the Apartment and that she had placed several dolls in the Crib w/ the Infant

28 RECOVERED CASH VALUE	A. MONEY $	B. JEWELRY $	C. CLOTHING $	D. M/V $	E. OFFICE EQUIP. $	F. TV/RADIO $	G. FIREARMS $	H. HOUSEHOLD GOODS $	I. CONS. GOODS $	J. LIVESTOCK $	K. MISC. $	TOTAL VALUE $

29 REPORTING OFFICER: [signature] INV. TIME | 30 SECOND OFFICER INV. TIME | 31 SUPERVISOR REVIEWER: [signature] | 32 FOLLOW UP ☐ YES ☐ NO | 33 OTHER REPORTS SUBMITTED ☐ ACCIDENT ☐ ARREST ☐ FOLLOW UP ☐ SUPPLEMENTAL ☐ OTHER

3 Open (Active) 4 Open (Inactive) 5 Cleared Juvenile Arrest 9 Other

38 Page 4 of ___ | 39 REVIEWER

UTILITY REPORT
(MULTI-PURPOSE)

SANFORD POLICE DEPARTMENT

1 [redacted]	2 CODE	3 COMPLAINT NO 8710315	
4 ADDRESS STREET/APT NO CITY STATE	5 RESIDENT PHONE	6 BUSINESS PHONE	
7 LOCATION OF INCIDENT	8 DATE/TIME REPORTED	9 BEAT	
10 INCIDENT	11 DATE/TIME OCCURRED	12 GEO CODE 1810	

13 TYPE OF REPORT: ☐ INCIDENT ☐ SUPPLEMENTAL ☐ FOLLOW-UP

☐ CONTINUATION OF: ☐ OFFENSE ☐ SUPPLEMENTAL ☐ ARREST ☐ FOLLOW-UP ☐ INCIDENT ☐ ACCIDENT

14 OFFENSE, CHARGE, OR INCIDENT ON ORIGINAL REPORT

15 DATE OF THIS REPORT	16 DATE OF ORIGINAL REPORT	17 MULTIPLE CLEARUP ☐ YES ☐ NO	18 REVISED LOSS $	19 CHANGE NAME OF VICTIM, ARRESTEE	20 IDENTIFICATION NO

MISSING PERSON

21 HGT	WGT	HAIR	EYES	COMPLX	HAT	COAT	JACKET	SWEATER	BLOUSE/SHIRT	SKIRT/PANTS	SHOES	JEWELRY	DISTINGUISHING FEATURES

22 PHYS COMPETENCY	23 MENTAL COMPETENCY	24 DESTINATION	25 COMPANION(S) ☐ YES ☐ NO	26 PROBABLE CAUSE OF ABSENCE	D.O.B.	27 ID/MONEY CARRIED

NARRATIVE (1) RECORD CONTINUATION OF ITEMS BY INDICATING "ITEM NO" AT LEFT, FOLLOWED BY THE CONTINUATION.
(2) DESCRIBE DETAILS OF THE INCIDENT.
(3) RECORD YOUR ACTIONS AND ALL DEVELOPMENTS IN THE CASE.

EMANCIPATED: YES/NO
DATE OF EMANCIPATION: _____

ITEM NO.

Mus[redacted] left the infant in the Crib Laying on its Stomach (due to a Respiratory problem that had already Been diagnosed By family doctor) the infant Breathes Better on its Stomach, at 4:20 hrs she thought the Baby was too quite so she opened the Closed Bedroom door and looked in on the Baby which was still flat, face down in the Crib. She picked up the child and observed the Rubber dolls face Covering the Mouth and Nose of her Baby, she pulled the Doll face off and noted that there was Considerable Suction present, and that the face was full of Mucus and Vomitus, as Well as the Doll face Being full of Vomitus.

She attempted Several times to Suck out the Vomit and ~~Bre~~ Provide Rescue Breathing

28 RECOVERED GRAND VALUE	A. MONEY $	B. JEWELRY $	C. CLOTHING $	D. LIVE $	E. OFFICE EQUIP. $	F. TV/RADIO $	G. FIREARMS $	H. HSHD. GOODS $	I. CONS. GOODS $	J. LIVESTOCK $	K. MISC. $	TOTAL VALUE $

29 REPORTING OFFICER	INV. TIME	30 SECOND OFFICER	INV. TIME	31 SUPERVISOR REVIEWING	32 FOLLOW UP ☐ YES ☐ NO	33 OTHER REPORTS SUBMITTED ☐ ACCIDENT ☐ ARREST ☐ FOLLOW UP ☐ SUPPLEMENTAL ☐ OTHER
RRD				Cpl. Burkes		

1= Cleared by Arrest 2= Suspended 3= Open (Active) 4= Open (Inactive) 5= Cleared Juvenile Arrest 6= Cleared by Exceptional Means 9= Other

38 Page 5 of ___ 39 REVIEWER

UTILITY REPORT
(MULTI-PURPOSE)

SANFORD POLICE DEPARTMENT

1 NAME (LAST, FIRST, MIDDLE) [redacted]	2 CODE	3 COMPLAINT NO. 870313	
4 ADDRESS STREET/APT NO. CITY STATE	5 RESIDENT PHONE	6 BUSINESS PHONE	
7 LOCATION OF INCIDENT	8 DATE/TIME REPORTED	9 BEAT	
10 INCIDENT	11 DATE/TIME OCCURRED	12 GEO. CODE 126	

13 TYPE OF REPORT: ☐ INCIDENT ☐ SUPPLEMENTAL ☐ FOLLOW-UP

☐ CONTINUATION OF: ☐ OFFENSE ☐ SUPPLEMENTAL ☐ ARREST ☐ FOLLOW-UP ☐ INCIDENT ☐ ACCIDENT

14 OFFENSE, CHARGE, OR INCIDENT ON ORIGINAL REPORT

15 DATE OF THIS REPORT	16 DATE OF ORIGINAL REPORT	17 MULTIPLE CLEARUP ☐ YES ☐ NO	18 REVISED LOSS $	19 CHANGE NAME OF VICTIM, ARRESTEE	20 IDENTIFICATION NO

MISSING PERSON

21 HGT	WGT	HAIR	EYES	COMPLX	HAT	COAT	JACKET	SWEATER	BLOUSE/SHIRT	SKIRT/PANTS	SHOES	JEWELRY	DISTINGUISHING FEATURES

22 PHYS COMPETENCY	23 MENTAL COMPETENCY	24 DESTINATION	25 COMPANION(S) ☐ YES ☐ NO	26 PROBABLE CAUSE OF ABSENCE	D.O.B.	27 ID/MONEY CARRIED

NARRATIVE (1) RECORD CONTINUATION OF ITEMS BY INDICATING "ITEM NO" AT LEFT; FOLLOWED BY THE CONTINUATION.
(2) DESCRIBE DETAILS OF THE INCIDENT.
(3) RECORD YOUR ACTIONS AND ALL DEVELOPMENTS IN THE CASE.

EMANCIPATED: YES/NO
DATE OF EMANCIPATION: _____

ITEM NO.

She Ran down Stairs w/ Baby trying to get Help, Subsequently I arrived at Scene.
At Approximatly hrs. I Met w/ Medical Examiner William Frank and Det Sgt. George Watkins of this Department. Both where Briefed on My findings Regarding the infants Death, Dr. Frank initiated first Report of Death for Med Examiners offices Sgt Watkins and I took photos and the Crib as Evidence and at the Residence Re-interviewed the Mother, which Relayed the same Synopsis on Page 4 of this Report.
At this point the Crib was taken from the Secured scene for Analysis later on.

28 RECOVERED CASH VALUE	A. MONEY $	B. INVENTORY $	C. CLOTHING $	D. LIVE $	E. OFFICE EQUIP. $	F. TV RADIO $	G. FIREARMS $	H. HOUSE. GOODS $	I. DRUG. GOODS $	J. LIVESTOCK $	K. MISC. $	TOTAL VALUE $

29 REPORTING OFFICER	INV TIME	30 SECOND OFFICER	INV TIME	31 SUPERVISOR REVIEWING	32 FOLLOW UP ☐ YES ☐ NO	33 OTHER REPORTS SUBMITTED ☐ ACCIDENT ☐ FOLLOW UP ☐ ARREST ☐ SUPPLEMENTAL ☐ OTHER
[signature]				[signature]		

1= Cleared by Arrest 2= Suspended 3= Open (Active) 4= Open (Inactive) 5= Cleared Juvenile Arrest 6= Cleared by Exceptional Means 9= Other

38 Page 6 of ___ 39 REVIEWER

UTILITY REPORT
(MULTI-PURPOSE)

SANFORD, POLICE DEPARTMENT

1 NAME (LAST, FIRST, MIDDLE) [redacted]			2 CODE	3 COMPLAINT NO. 870313
4 ADDRESS STREET/APT NO. CITY STATE			5 RESIDENT PHONE	6 BUSINESS PHONE
7 LOCATION OF INCIDENT		8 DATE/TIME REPORTED		9 BEAT
10 INCIDENT		11 DATE/TIME OCCURRED		12 CLR CODE 620

13 TYPE OF REPORT: ☐ INCIDENT ☐ SUPPLEMENTAL ☐ FOLLOW-UP
☐ CONTINUATION OF: ☐ OFFENSE ☐ SUPPLEMENTAL ☐ ARREST ☐ FOLLOW-UP ☐ INCIDENT ☐ ACCIDENT

14 OFFENSE, CHARGE, OR INCIDENT ON ORIGINAL REPORT

15 DATE OF THIS REPORT	16 DATE OF ORIGINAL REPORT	17 MULTIPLE CLEARUP ( )YES ( )NO	18 REVISED LOSS $	19 CHANGE NAME OF VICTIM, ARRESTEE	20 IDENTIFICATION NO

MISSING PERSON

21 HGT	WGT	HAIR	EYES	COMPLX	HAT	COAT	JACKET	SWEATER	BLOUSE/SHIRT	SKIRT/PANTS	SHOES	JEWELRY	DISTINGUISHING FEATURES

22 PHYS. COMPETENCY	23 MENTAL COMPETENCY	24 DESTINATION	25 COMPANION(S) ☐YES ☐NO	26 PROBABLE CAUSE OF ABSENCE	D.O.B.	27 ID/MONEY CARRIED

EMANCIPATED: YES/NO
DATE OF EMANCIPATION: _____

NARRATIVE (1) RECORD CONTINUATION OF ITEMS BY INDICATING "ITEM NO." AT LEFT; FOLLOWED BY THE CONTINUATION.
(2) DESCRIBE DETAILS OF THE INCIDENT.
(3) RECORD YOUR ACTIONS AND ALL DEVELOPMENTS IN THE CASE.

ITEM NO.

5-19-87 0900 hrs - I Met w/ Medical Examiner Donald Roy at Woodall Hospital Sanford, and Briefed him on the events and Circumstances Surrounding the death of 4 Month old [redacted]

5-19-87 1000 - In the Presence of this officer Dr. Roy Examined the Deceased which I Identified to him as the Same Body on which I preformed CPR on 5-18-87 Identified to Me as [redacted], DOB- 1-4-87 White Female Caucasian Light Brown Hair and eyes.

The initial Examination of the Body Was basically Un Remarkable in that there where no obvious Signs of Trama or Injury only Signs of ~~Violence~~ CPR Bruises on the Chest at the nipple line a discoloration Mark on the Left Side of the Rib Cage and needle Marks Punctures on the Right Collar, and a Scratch on the forehead

29 RECOVERY DATA/VALUE	A. MONEY $	B. JEWELRY $	C. CLOTHING $	D. M/V $	E. OFFICE EQUIP. $	F. TV/RADIO $	G. FIREARMS $	H. HSHD. GOODS $	I. COMP. GOODS $	J. LIVESTOCK $	K. MISC. $	TOTAL VALUE $

29 REPORTING OFFICER	INV. TIME	30 SECOND OFFICER	INV. TIME	31 SUPERVISOR REVIEWING	32 FOLLOW UP ☐YES ☐NO	33 OTHER REPORTS SUBMITTED ☐ACCIDENT ☐FOLLOW UP ☐OTHER ☐ARREST ☐SUPPLEMENTAL

34 EVIDENCE SUBMITTED ☐YES ☐NO

1= Cleared by Arrest 2= Suspended 3= Open (Active) 4= Open (Inactive) 5= Cleared Juvenile Arrest
6= Juvenile No Arrest 7= Unfounded 8= Cleared by Exceptional Means 9= Other

38 39 REVIEWER

UCR ID# 0160500

UTILITY REPORT
(MULTI-PURPOSE) SANFORD POLICE DEPARTMENT

1 NAME (LAST, FIRST, MIDDLE) [redacted]		2 CODE	3 COMPLAINT NO. 8710313
4 ADDRESS STREET/APT NO. CITY STATE	5 RESIDENT PHONE		6 BUSINESS PHONE
7 LOCATION OF INCIDENT	8 DATE/TIME REPORTED		9 BEAT
10 INCIDENT	11 DATE/TIME OCCURRED		12 CLR CODE 1210

13 TYPE OF REPORT: ☐ INCIDENT ☐ SUPPLEMENTAL ☐ FOLLOW-UP
☐ CONTINUATION OF: ☐ OFFENSE ☐ SUPPLEMENTAL ☐ ARREST ☐ FOLLOW-UP ☐ INCIDENT ☐ ACCIDENT

14 OFFENSE, CHARGE, OR INCIDENT ON ORIGINAL REPORT

15 DATE OF THIS REPORT	16 DATE OF ORIGINAL REPORT	17 MULTIPLE CLEARUP ☐YES ☐NO	18 REVISED LOSS $	19 CHANGE NAME OF VICTIM, ARRESTEE	20 IDENTIFICATION NO

MISSING PERSON

21 HGT	WGT	HAIR	EYES	COMPLX	HAT	COAT	JACKET	SWEATER	BLOUSE/SHIRT	SKIRT/PANTS	SHOES	JEWELRY	DISTINGUISHING FEATURES

22 PHYS COMPETENCY	23 MENTAL COMPETENCY	24 DESTINATION	25 COMPANION(S) ☐YES ☐NO	26 PROBABLE CAUSE OF ABSENCE	D.O.B.	27 ID/MONEY CARRIED

NARRATIVE (1) RECORD CONTINUATION OF ITEMS BY INDICATING "ITEM NO." AT LEFT, FOLLOWED BY THE CONTINUATION.
(2) DESCRIBE DETAILS OF THE INCIDENT.
(3) RECORD YOUR ACTIONS AND ALL DEVELOPMENTS IN THE CASE.

EMANCIPATED: YES/NO
DATE OF EMANCIPATION: _____

ITEM NO.

The examination of the interior organs of the Body was also infact in that there where no signs of injury or Trauma observed,

Dr Roy felt and Conveyed to me that he felt that the infant died as a Result of Suffocating, given the information at hand and weighing all evidence obtained thus far.

He Requested that we (police) Re interview the Mother and Sibling [redacted] age 4 Years old and Explore the Possibility that [redacted] May have Placed the Dolls face over the infants, thus Creating the atmosphere of Death.

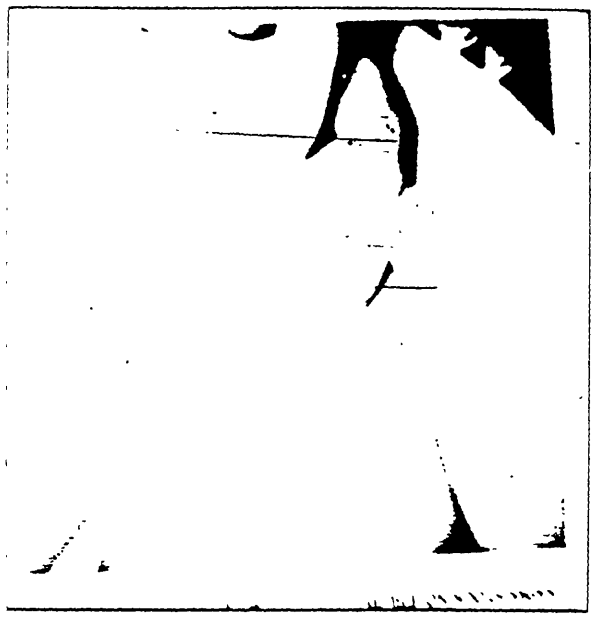
at 1100 AM 5-19-87 — Det. Sgt George Watkins and I Reinterviewed the two and that theory was disproved

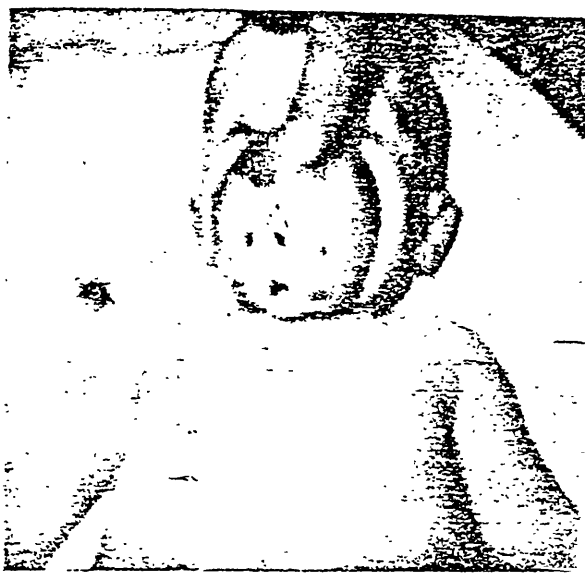
28 RECOVERED CASH VALUE	A. MONEY $	B. JEWELRY $	C. CLOTHING $	D. MVV $	E. OFFICE EQUIP. $	F. TV/RADIO $	G. FIREARMS $	H. MISCL. GOODS $	I. CONS. GOODS $	J. LIVESTOCK $	K. MISC. $	TOTAL VALUE $

29 REPORTING OFFICER	INV TIME	30 SECOND OFFICER	INV TIME	31 SUPERVISOR REVIEWING	32 FOLLOW UP ☐YES ☐NO	33 OTHER REPORTS SUBMITTED ☐ACCIDENT ☐ARREST ☐FOLLOW UP ☐SUPPLEMENTAL ☐OTHER
RLD				Cpt Bunker		

2= Suspended 3= Open (Active) 4= Open (Inactive) 5= Cleared Juvenile Arrest
Means 8= Other

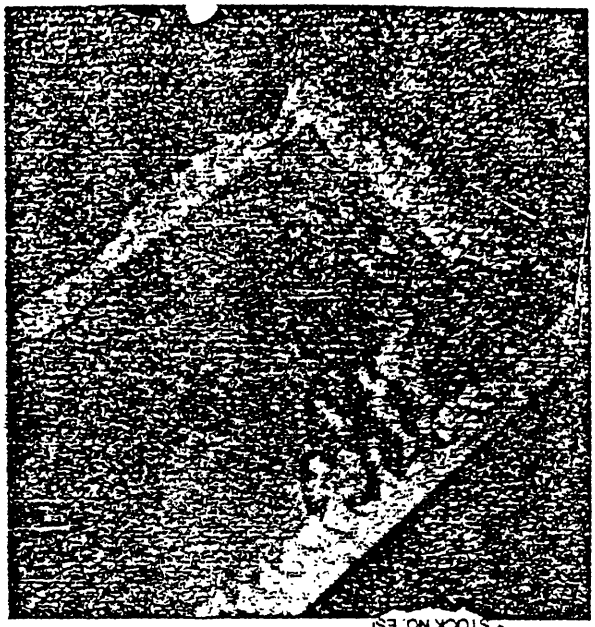
38 ____ 39 REVIEWER

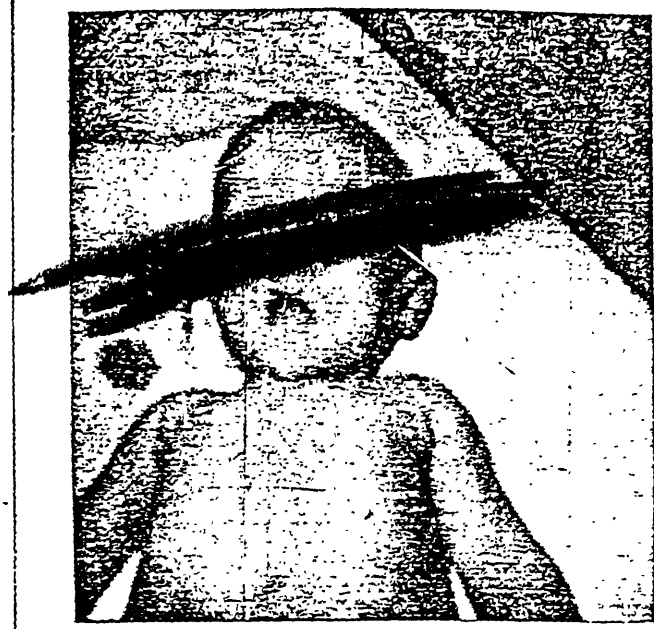


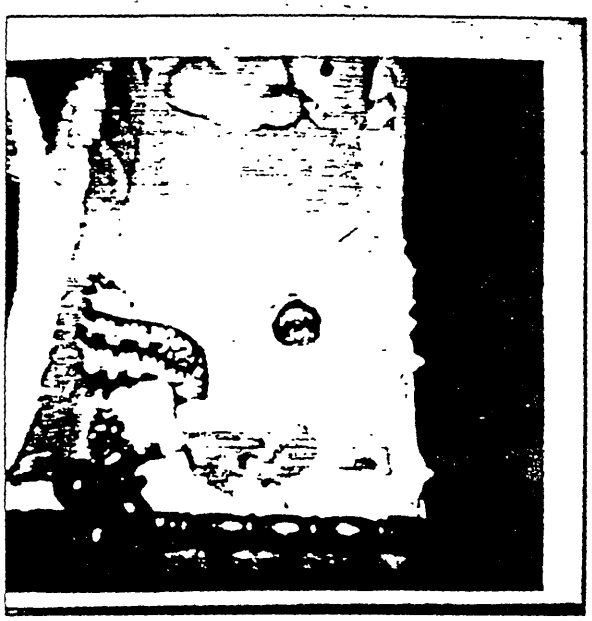


KAPAK STOCK NO. ESL-31

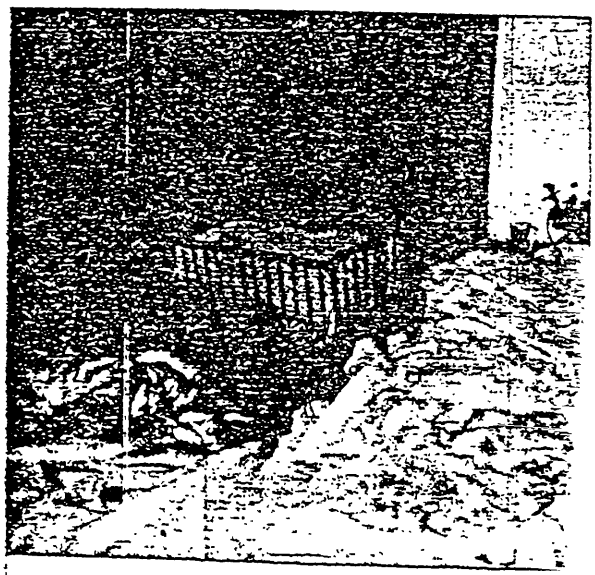
MANNER IN WHICH DEATH WAS CAUSED







Close up
of Vomitus And Mask



EPIDEMIOLOGIC INVESTIGATION REPORT

96 SEP 1985

1. CASE NO.	2. INVESTIGATOR'S ID	3. OFFICE CODE
850712CCC1253	8689	815

4. DATE OF ACCIDENT	YR	MO	DAY
	85	06	11

5. DATE INVESTIGATION INITIATED	YR	MO	DAY
	85	08	20

6. SYNOPSIS OF ACCIDENT OR COMPLAINT: An 18 month old male was uninjured when he placed a toy over his nose and mouth. The action of the baby inhaling caused the toy to become stuck in place- a seal being formed between the toy and the baby's face. He was freed by his mother. The toy is a plastic sphere from which a portion has been cut away leaving a hole 3 7/8 inches in diameter.

7. LOCATION (Home, school, etc.)		8. CITY	9. STATE	
Home (living room)	10	Ypsilanti	MICH	26

10A. FIRST PRODUCT		11A. TRADE/BRAND NAME MANUFACTURER & ADDRESS
Toy Ball	5004	[redacted]

10B. SECOND PRODUCT		11B. TRADE/BRAND NAME MANUFACTURER & ADDRESS
N/A	0000	

12. AGE OF VICTIM	13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3	14. DISPOSITION	15. INJURY DIAGNOSIS
218	1	No Injury 9	No Injury 71

16. BODY PART	17. RESPONDENT(S) (Mother, Friend)	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3	19. TIME SPENT
No Injury 99	Mother 1	1	030 T=2

20. ATTACHMENTS	21. CASE SOURCE	22. REVIEWED BY	YR	MO	DAY
Photographs 1	Hot Line 07	8149	85	09	03

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) — CPSC MAY DISCLOSE MY NAME: XX — CPSC MAY NOT DISCLOSE MY NAME:

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW: Eric B. Clark Acting Dir — DATE: 9/3/85

CPSA 6(b)(1) Cleared
No Mfrs/PrvtLblrs on Products Identified
Excepted by
Firms Notified,
Comments Processed.

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

IDI850712CCC1253

SYNOPSIS:

An 18 month old male was uninjured when he placed a toy over his nose and mouth. The action of the baby inhaling caused the toy to become stuck in place, a seal being formed between the toy and the baby's face. He was freed by his mother. The toy is a plastic sphere from which a portion has been cut away leaving a hole 3 7/8th inches in diameter.

ACCIDENT INFORMATION:

In March, 1984, the mother began purchasing mail-order toys. The distributor, Johnson & Johnson, provides one toy every few months. Each is specifically designed for the age of the child involved. An invoice is received with each toy and payment is made via a self-addressed envelope provided with the invoice. The family had purchased four different toys in this manner. No problems have been encountered save for the incident cited in this investigation.

In March, 1985, the toy involved in this incident was received. The baby was 16 months old at that time. The consumer indicated that she believes the theme for this toy "space and concepts". Instructions were received with the toy but have since been discarded. The toy consists of 4 separate pieces, the largest being a yellowish tinted, transparent plastic sphere with a portion cut away leaving a 3 7/8th inch in diameter hole. Embossed in the plastic opposite from the hole is the following: [redacted] Embossed on the side of the sphere near the hole is the following: [redacted] Three small plastic balls approximately 2 inches in diameter are also part of the toy. These can be placed inside the larger sphere through the hole. The three small balls are not labeled.

The mother said that she rotates her son's toys on a weekly basis to prevent him from becoming bored with an specific toy. Toys not used during the week are set aside so that her son does not have access to them. The mother estimated that her son would use the "space and concepts" toy one or two hours per day and had used the product for a total of about two weeks prior to the incident.

On 6/11/85 the boy had been playing with the "space and concepts" toy for about ten minutes. At the time the incident occurred the son weighed approximately 28 lbs. and was 18 months old. The mother describes the boy as a normal healthy child with no facial abnormalities. The child was playing with the toy in the living room of the family home. The mother was in the kitchen when she heard a muffled sound coming from the living room. She went to investigate the noise and found that her son had placed the yellow sphere over his face. An air tight seal had been formed between the edge of the hole and her son's face. His nose and mouth were covered. The mother was able to remove the sphere without incident. The child recovered immediately and no medical attention was sought.

After the incident the mother contacted a [redacted] representative a[redacted] and informed her of the incident. [redacted] has since contacted the mother and informed her that [redacted] has done testing trying to recreate the incident. [redacted] said that the firm has not been able to duplicate the incident. [redacted] also said that this is the only incident of this type of which the firm is aware. The mother indicated that [redacted] wanted to examine their unit of the toy. She indicated that she intended to sent the product to [redacted]

The mother informed me that she recently placed the large sphere over her son's nose and mouth and was able to recreate the incident. She said that she has tried to duplicate it with her older children but was not able to effect an air tight seal. Her conclusion is that her son's nose is flat enough that, when properly placed, the edges of the hole in the sphere can form an air tight ~~seal with~~ his face.

I asked the mother if the toy was age labeled. She said that information on age labeling was with the instructions which have since been discarded. She believed that the age labeling was for either six months and up or three months and up.

PRODUCT IDENTIFICATION:

This toy can be purchased by mail order only. The mother felt that the toy's theme is "space and concepts". It is distributed by [redacted]. The mother did not have an address f[redacted] believes that the payment for the toy was sent to a city in Pennsylvania. The toy consist of four items. The largest is a yellowish tinted, plastic sphere with a portion removed leaving a 3 7/8th inch diameter opening. This sphere is labeled [redacted] Three small plastic balls approximately 2 inches in diameter are also part of the toy and can be placed inside the larger sphere.

U. S. CONSUMER PRODUCT SAFETY COMMISSION

850712CCC1753

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

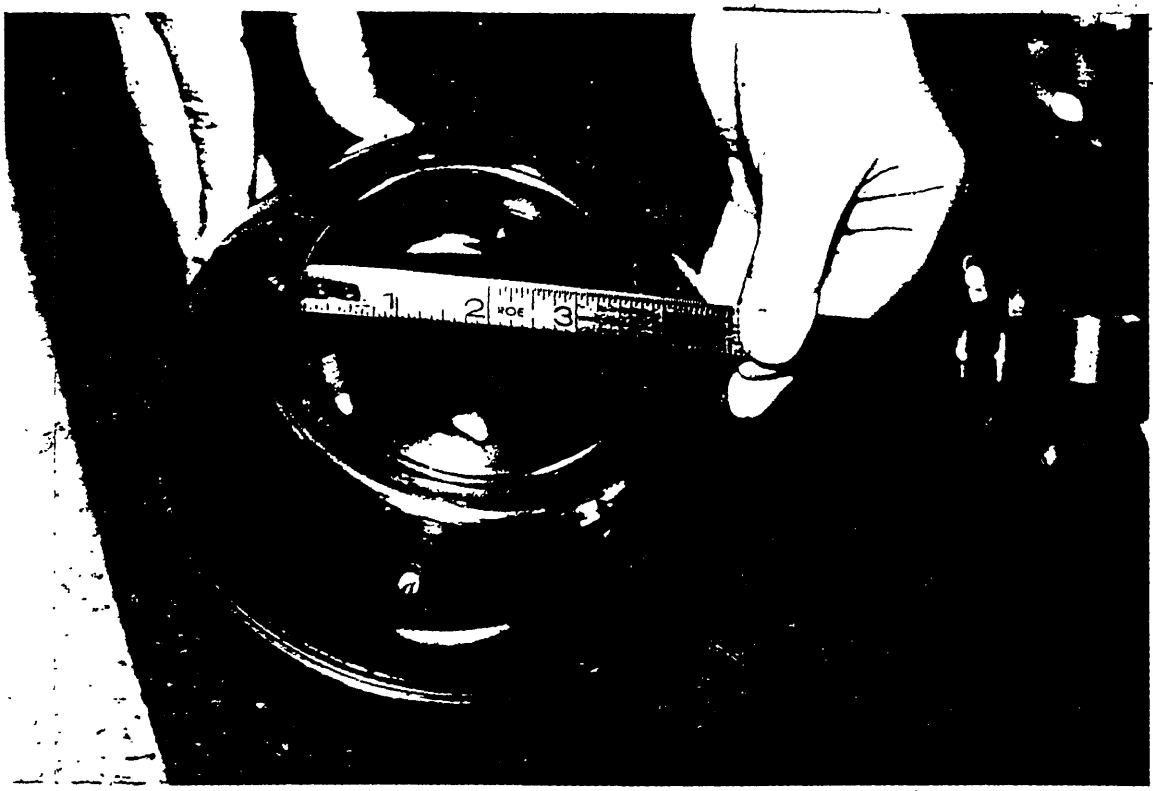
[X] You are hereby authorized to disclose my name and address with the information collected on this case.

[ ] My identity is to remain confidential.

Yvonne J. Dupuis 21 Aug 85

(Signature) (Date)

FIRM 850712CCC1253



MEASUREMENT OF OPENING

JOHNSON + JOHNSON

3 SPHERES THAT FIT IN OPENING ABOVE

EXHIBIT _____ DATE _____

FIRM 8507120001253

NAME _____

3 spheres inside of yellow sphere

NAME OF COMPLAINANT: YVONNE DUFUIS

STREET ADDRESS: 827 JEROME AVENUE

DESCRIPTION OF PRODUCT(S): TOY

BRAND: BALLS IN A BOWL MODEL/STYLE: UNKNOWN

MFR/IMPORTER/DISTRIBUTOR NAME & ADDRESS: [redacted] UNKNOWN

DEALER NAME & ADDRESS: ORDERED THROUGH THE MAIL

HOW WAS PRODUCT ACQUIRED? PURCHASED NEW SAMPLE AVAILABLE? Y WARNING LABEL? Y INSTRUCTIONS? Y

PRODUCT DAMAGED BEFORE INCIDENT? REPAIRED BEFORE INCIDENT? REPAIRED AFTER INCIDENT? ESTIMATED AGE OF PRODUCT: 2 MOS

15

----------INJURY/ILLNESS INFORMATION----------

VICTIM AGE: VICTIM SEX: 2 BODY PARTS INVOLVED: WORK RELATED: HAZARD TYPE: F INJURY CODE: 4

TYPE OF INJURY/ILLNESS: MEDICAL TREATMENT RECEIVED:

DESCRIPTION OF INCIDENT & COMPLAINT: TOY IS A BIG [illegible] BOWL WITH A CLEAR BALL THAT HAS A HOLE ON TOP AND THREE OTHER [illegible] CHILD IS TO PLACE BALL INTO BOWLS. CHILD (19 MOS) [illegible] OVER HIS NOSE AND DID NOT KNOW HOW TO REMOVE IT. [illegible] THE SOULD WAS MUFFLED. CHILD COULD HAVE SUFFOCATED BUT [illegible]

----------ADMINISTRATIVE DETAIL----------

SOURCE: 03 RECEIVING OFFICE: HL DATE RECEIVED: 07/02/85

RECEIVED BY: [illegible] SOURCE OF REPORT: [illegible] DOCUMENT [illegible]

FOLLOW-UP ACTION: NO LETTER NEEDED [illegible]

PLEASE ADD ANY COMMENTS OR [illegible]

85070[illegible]

JUL 12 8 04 [illegible]

EPDS

JUL 1 0 1985

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO. 850409HCC3175 + X522160A1

2. INVESTIGATOR'S ID: 8057

3. OFFICE CODE: 810

4. DATE OF ACCIDENT: YR 85 MO 02 DAY 08

5. DATE INVESTIGATION INITIATED: YR 85 MO 04 DAY 15

6. SYNOPSIS OF ACCIDENT OR COMPLAINT: A seven month old female was found accidentally asphyxiated in her crib with ½ of a [redacted] (stocking) container sealed over her mouth and nose.

CPSA 6 (b)(1) Cleared
No Mfrs/PrvtLblrs or Products Identified
Excepted by
Firms Notified,
Comments Processed.
5/6/85

7. LOCATION (Home, school, etc.): Home - bedroom — 10

8. CITY: Lakeland.

9. STATE: Florida — 12

10A. FIRST PRODUCT: [redacted] egg shaped container for nylon stockings — 1123

11A. TRADE/BRAND NAME MANUFACTURER & ADDRESS: [redacted]

10B. SECOND PRODUCT: None

11B. TRADE/BRAND NAME MANUFACTURER & ADDRESS:

12. AGE OF VICTIM: 207

13. SEX (Use numerical code): MALE - 1, FEMALE - 2, UNKNOWN - 3 — 2

14. DISPOSITION: Dead at scene — 7

15. INJURY DIAGNOSIS: asphyxia — 71

16. BODY PART: All — 85

17. RESPONDENT(S) (Mother, Friend): Medical Examiner — 3

18. TYPE INVESTIGATION: ON SITE 1, TELEPHONE 2, OTHER 3 — 2

19. TIME SPENT: 40

20. ATTACHMENTS: Multi — 9

21. CASE SOURCE: Coroner — 12

22. REVIEWED BY: 8010 — YR 85 MO 05 DAY 10

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY): CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [X]

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW: Leslie H. Rands DATE 5/14/85

PRE-ACCIDENT:

The victim was given a complete [redacted] stocking container by her mother as a plaything at the time the child was placed in her crib to sleep.

ACCIDENT:

The medical examiner's report states that the infant was found dead in bed on the morning of February 8, 1985, with ½ of a white plastic [redacted] stocking container sealed tightly over the victim's mouth and nose. The report states that it required some effort to remove the container from the child's face.

POST ACCIDENT:

The child was found dead in her crib with the aforementioned [redacted] container sealed over the victim's nose and mouth. The medical examiner's report states that resuscitation was attempted

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

POST ACCIDENT: (Continued)

by the EMT's but was unsuccessful. The infant was later pronounced dead at the emergency room at the local hospital at 10:59 hours. Death, according to the medical examiner's report, was because of accidental asphyxiation with a [redacted] stocking cup.

PRODUCT IDENTIFICATION:

I did not have an opportunity to view the [redacted] plastic stocking container; however, the medical report states the cup was of plastic. The Trade Name Directory lists the company [redacted]

The [redacted] container is in the shape of a large egg. The container is opened by twisting the container in the middle. The egg then separates into one large cup and a matching smaller cup. Apparently, the victim's mother gave the child the entire egg container to play with in her crib at bedtime. The child apparently was able to separate the egg container into the afore described cups. The record does not show whether the larger or smaller cup was involved in the accident, however, the diameter of either cup would be the same as they have to match in order to put the egg together.

The autopsy report did not state that the cup was broken, and, therefore, it is assumed that the circumference of the cup was not broken.

EXHIBITS:

The following exhibits are attached:

1. Copy of Autopsy Report
2. Copy of Assignment Report with the Medical Examiner's and Coroner's Alert Reports

NOTE: A copy of the sheriff's report has been requested but, to date, has not been received.

EJM:gc
5/6/85
5/13/85

1417 [redacted] Boulevard

AUTOPSY PROTOCOL

Autopsy No. [redacted]

Name: [redacted]

Date and Time of Death: 2/8/85 @ 10:00 a.m.

Date and Time of Autopsy: 2/8/85 @ 1:30 p.m.

Pathologist: [redacted]

Medical Examiner No. [redacted]

Age: 7mo Sex: F Race: W

Law Enforcement Agency:
Polk County Sheriff's Office

Case [redacted]

SUMMARY

CAUSE OF DEATH:

Accidental asphyxia.

[redacted]

[redacted]

GROSS DESCRIPTION

EXTERNAL EXAMINATION:

The body is that of an unembalmed, normally developed, well nourished white female infant, weighing 9350 gms. and measuring 71 cm. from crown to heel. The clothing has been removed prior to my examination.

Examination of the face discloses a small, pink crease across the bridge of the nose, measuring 6 mm. in length. In addition, there is a faintly visible circular impression surrounding the mouth and nose, which corresponds to the edge of the "Legg's" stocking cup submitted with the body. The internal diameter of the opening the stocking cup is 7 cm. and there is dried bloody fluid within the inner aspect of it. There is conjunctival injection. The lips and oral cavity are unremarkable. There are no other external evidences of trauma except for multiple venipuncture marks at the right anterior neck, both antecubital fossae, both inguinal areas, and right fronto-parietal scalp. There is a cut-down over the inner aspect of the left ankle. A slight diaper rash is present.

BODY CAVITIES:

The body is opened through the usual Y-shaped incisions. The cavities are unremarkable.

NECK AND MEDIASTINUM:

The contents of the neck are dissected in layers, following evisceration of the body cavities and removal of the brain. There is a small amount of bruising in the region of the venipuncture mark situated at the lower right anterior neck. The hyoid bone is intact and the larynx is normal.

THYMUS:

The thymus weighs 8 gms. It is composed of the usual lobulated tan tissue.

AORTA AND GREAT VESSELS:

No evidence of congenital malformations.

HEART:

The heart weighs 42 gms. There are no congenital malformations. Occasional epicardial petechial hemorrhages are present.

LUNGS:

The right and left lungs weigh 124 gms. and 117 gms. respectively. The pleural surfaces are smooth. There are rare subpleural petechial hemorrhages. Both lungs are fully expanded and pink. On sectioning, there is mild congestion

SPLEEN:

The spleen weighs 27 gms. It is unremarkable.

ALIMENTARY TRACT:

The esophagus is normal. The stomach contains a small amount of partially digested milk. The small and large bowel are unremarkable.

LIVER, GALLBLADDER, AND BILE DUCTS:

The liver weighs 550 gms. On sectioning, the parenchyma is normal.

PANCREAS:

Unremarkable.

ADRENAL GLANDS:

Unremarkable.

URINARY TRACT:

The right and left kidneys weigh 39 gms. and 41 gms. respectively. The usual fetal lobulations are evident. On sectioning, the architecture is normal. The ureters empty normally into the bladder.

REPRODUCTIVE TRACT:

Unremarkable.

CENTRAL NERVOUS SYSTEM:

The scalp is normal and the calvarium is intact. The fontanels are flat. Upon removal of the calvarium, there is no evidence of intracranial bleeding. The brain is grossly symmetrical, weighing 800 gms. The vessels of the pia-arachnoid are moderately congested. The brain is examined by step sectioning, revealing no gross abnormalities.

MICROSCOPIC DESCRIPTION

THYROID GLAND:

No lesions.

LARYNX:

No lesions.

THYMUS:

No lesions.

HEART:

No lesions.

LUNGS:

Vascular congestion with focal intrapulmonary hemorrhage. Occasional interstitial lymphoid nodules with reactive germinal centers.

HILAR LYMPH NODES:

Mild reactive hyperplasia.

SPLEEN:

Unremarkable.

LIVER:

Unremarkable.

ADRENAL GLANDS:

Unremarkable.

KIDNEYS:

Mild vascular congestion.

BRAIN:

Cerebrovascular congestion.

MEDICAL EXAMINER, DISTRICT TEN

J. Drawer 3618 Lakeland, Florida 33802

Autopsy No [redacted]

Name: [redacted]

Date and Time of Death: 2/8/85 @ 10:00 a.m.

Date and Time of Autopsy: 2/8/85 @ 1:30 p.m.

Pathologist: [redacted]

Medical Examiner No. [redacted]

Age: 7ms Sex F Race [illegible]

Law Enforcement Agency:

Polk County Sheriff's Office

Case [redacted]

SUMMARY
INVESTIGATIVE FINDINGS

This seven month old female infant was found dead in bed on the morning of the 8th o February, 1985. One-half of a white plasti[redacted] stocking cup was tightly fixed over the mouth and nose and required some effort to remove. Attempts at resuscitati by the EMTs and the LRMC-ER were unsuccessful. The infant was pronounced dead in th ER at 10:59 a.m. on the 8th of February, 1985.

There was no history of antecedent illness.

Post mortem examination revealed a crease across the bridge of the nose and surroun the nose and mouth, corresponding to the diameter of th[redacted] stocking cup. A sm amount of dried bloody fluid was present on the inner aspect of the cup. The gross and microscopic examination was unremarkable except for changes consistent with ano

Death resulted from accidental asphyxiation with a "L'Eggs" stocking cup.

[redacted]

[redacted]

APR 15 1985

ATL

EPDS INVESTIGATION REQUEST FORM

To Be Completed by Requester:

1. Incident Number: X52 2160 A1
2. Source: MECAP Area Office Document No.
3. Date of Incident: Feb 1985
4. Type of Follow-Up Request:

☑ In-Depth Investigation ☐ Telephone Call

Category ID Number TYNN01 1985

5. Assignment Message: Conduct an IDI on the attached mecap report involving the death of an infant from a [redacted] container (½ of it). Before beginning investigation, contact Dottie Drago 492-6468

Product Involved: stocking container

Contact: [redacted]

Requested By: Tom Kendall Org.: EPDS

To Be Completed by EPDS

Task Number: 850409 HCC 3175

R/O Assigned: ATL Date: 4/10/85

Mailed To: A/O Date: 4/10/85

EXHIBIT 2

850409 HCC 3175

EPDS

FEB 11 1985

X52 2160 A1

MEDICAL EXAMINERS AND CORONERS ALERT REPORT

(1) Date of Death

Feb. 8, 1985

(2) Product Involved

Plastic nylon stocking container shaped like an egg

(3) Brand Name [redacted]

(4) Availability of Product for Inspection

(Yes)

(No)

(Unknown)

(5) Describe Accident Sequence (include age of victim)

A 7 month-old female was asphyxiated in her crib. Before she went to sleep that night she was given [redacted] nylon stocking container to play with in her crib. In the morning, the baby was found dead with one-half of the plastic container clamped over her nose and mouth. (The wire container, shaped like an egg, comes apart in the center so stockings can be inserted.)

Reported By [redacted]

City [redacted] State

Received By [redacted]

Operator

2/11/85

Date

CLASSIFICATION: Death Investigation

MULT. CLASS

NOT TO BE RECORDED

POLK COUNTY SHERIFF'S DEPT.

LOUIS MIMS SHERIFF

PERSON CRIMES

C/R

28 MAY 1985

VICTIM - LAST, FIRST, MIDDLE	RACE	SEX	D.O.B.	REPORTEE - LAST, FIRST, MIDDLE	RACE	SEX	D.O.B.
[redacted]	W	F	14 July 84	L.R.M.C.	N/A	N/A	N/A
[redacted]	[4]	[5]	[6]	[11]	[12]	[13]	[14]

ADDRESS - CITY, STATE: [redacted]

ADDRESS - CITY, STATE: [15] Lakeland Hills Blvd. Lakeland, Fl.

RESIDENCE PHONE	BUSINESS PHONE	OCCUPATION	RESIDENCE PHONE	BUSINESS PHONE	RELATIONSHIP/TITLE
[redacted]	[9] N/A	[10] N/A	[16] N/A	[17]	[18] N/A

OWNER	RACE	SEX	DOB	ADDRESS - CITY, STATE	PHONE
[9] N/A	[20]	[21]	[22]	[23]	[24]

M.O. DATA

TYPE PREMISES	PLACE OF OCCURENCE	DATE OCCURRED	DAY	TIME OCCUR
[1] [redacted]	[2] [redacted] Residence	[3] 8 Feb. 85	[4] Fri	[5] 0700/1000

WEAPON/TOOL USED	WEATHER CONDITIONS	OTHER DATA
[6] N/A	[7] Raining	[8] N/A

ASSAULT/BATT.

WEAPON USED	SOBRIETY OF VICTIM	VICTIM FILE CHARGES	OFFICER OBSE
[1] YES[ ] NO[ ]	[2] SOBER[ ] HBO[ ] INTOXICATED[ ] OTHER[ ]	[3] YES[ ] NO[ ]	[4] YES[ ] NO

LOCATION OF INJURY	HOSPITAL	TREATED BY	TRANSPORTED BY	VICTIM I.D. SUSPECT	DO COMPOSITE
[5]	[6]	[7]	[8]	[9] YES[ ] NO[ ]	[10] YES[ ]

VICTIM RELATIONSHIP TO SUSPECT	NO. SUSPECTS	TYPE OF INJURY	EVIDENCE
[11]	[12]	[13]	[14] YES[ ]

ROBBERY

ARMED [ ]	HOW WEAPON OR FORCE USED	VICTIM INJURED	LOCATION OF INJURY	TYPE OF INJURY
[1] UNARMED[ ]	[2]	[3] YES[ ] NO[ ]	[4]	[5]

HOSPITAL	TREATED BY	TRANSPORTED BY	TYPE OF WEAPON	TYPE PROPERTY TAKEN
[6]	[7]	[8]	[9]	[10]

VEH. USED	VICTIM I.D. SUSPECT	DO COMPOSITE	NO. SUSPECTS	METHOD OF FLIGHT	EVIDENCE
[11] YES[ ] NO[ ]	[12] YES[ ] NO[ ]	[13] YES[ ] NO[ ]	[14]	[15]	[16] YES[ ]

SEX CRIMES

NO. SUSPECTS	VICTIM I.D. SUSPECT	DO COMPOSITE	INJURIES	TYPE OF INJURIES	HOSPITAL
[1]	[2] YES[ ] NO[ ]	[3] YES[ ] NO[ ]	[4] YES[ ] NO[ ]	[5]	[6]

TREATED BY	TRANSPORTED BY	EXAMINATION	DISPOSITION OF RAPE KIT	EVIDENCE
[7]	[8]	[9] YES[ ] NO[ ]	[10] NAME: I.D. NO.	[11] YES[ ]

DEATHS

DEAD AT SCENE	IF NOT D.A.S., WHERE	TREATED BY	SUSP. CIRCUMSTANCES	WEAPON USED	EVIDENCE OF IN
[1] YES[X] NO[ ]	[2] ENROUTE[ ] HOSP.[ ]	[3] [redacted]	[4] YES[X] NO[ ]	[5] YES[ ] NO[X]	[6] YES[ ]

TYPE OF INJURIES TO VICTIM	HOSPITAL	FAMILY PHYSICIAN	TRANSPORTED BY
[7] [illegible]	[8] L.R.M.C.	[9] [illegible]	[10] County Ambulance

SUSPECTS KNOWN	M.E. FORM	M.E. NOTIFIED	M.E. NAME	EVIDENCE
[11] YES[ ] NO[X]	[12] YES[X] NO[ ]	[13] YES[X] NO[ ]	[14] See Supplement Report	[15] YES[ ]

ARRESTS

ARRESTED - LAST, FIRST, MIDDLE	RACE	SEX	D.O.B.	ADDRESS - CITY, STATE
[1] N/A	[2]	[3]	[4]	[5]
[6]	[7]	[8]	[9]	[10]

SYNOPSIS

On 8 Feb. 85, sometime between 0700 Hrs + 1000 Hrs. Victim was found in an Conscious State lying in Crib.

Victim was taken to LRMC. E.P. by County ambulance and pronounced dead on arrival.

1123

ATTACHED FORMS: CONTINUATION[X] STATEMENT[ ] SUSPECT BOLO[ ] PROPERTY/EVIDENCE[ ] REFERRAL[ ] IMPOUN
[1] AFFIDAVIT[ ] ARREST REPORT[ ] NOTICE TO APPEAR[ ] WAIVER[ ] OTHER: M.E. Report Form

OTHER OFFICERS AT SCENE	INV. ASSIGNED	I.D. NO.	CASE STATUS: PENDING[X] EX.CLEARED[ ]
[2] [redacted]	[3] Brown	405	[4] CLEAR ARREST[ ] CLOSED[ ] UNFOU

REPORT TO DEPARTMENT	I.D. NO.	SUPERVISOR	I.D. NO.	DISP.	APP.	COMP
[illegible]	171	[illegible]	[illegible]	[7] 1119	[8] 1137	[9] /

FOLLOW-UP TO	DATE OF REPORT	ZONE
[10] CID[X] SID[ ] UPD[ ] AGRI[ ] S.A.O.[ ] JUVENILE[ ] OTHER[ ] Where:	[11] 8 Feb. 85	[12]

Page 1 of 3

POLK COUNTY

LOUIE MIMS SHERIFF

CONTINUATION/SUPPLEMENT

MULT. CLASS | [2] CONTINUATION/SUPP | VICTIM [3] | DATE [4] | CLASSIFICATION CHANGE [5] YES [ ] NO [ ]

OFFENSE | ORIGINATING DEPUTY [7] | I.D. NO. [8] | DIVISION [9] | ZONE [10]

ARRESTS

ARRESTED - LAST, FIRST, MIDDLE [1] | RACE [2] | SEX [3] | D.O.B. [4] | ADDRESS - CITY, STATE [5]

NARRATIVE

Scene:

Residence located at 1301 Rymer Rd. Lakeland, Fl.

Investigation:

Ptl. S. Ed. St. at approx. 1119 hrs. while responded to L.R.M.C. E.R. in reference to a deceased Caucasian child of a 7 month old Child. Upon arrival, initial contact with [redacted] and Ms. Tonya Kay Freeman, father of the deceased infant (Alicia Freeman) was conducted outside.

While, Agent [redacted] arrived at L.R.M.C. at which time the investigation Board, did not assist and assumed the investigation.

Statement:

(1) Ms. Tonya Kay Freeman (Father of deceased child) advised with that he received a telephone call from his mother, Mrs. Louise Ellen Freeman, at approximately before 11:00 A.M. in reference to the emergency. Ms. Freeman advised that she left the place of employment (Finland House A-Z Parking, Lakeland) and rushed home to meet the ambulance at L.R.M.C.

(2) [redacted] advised that there seemed to be some [illegible] as to the circumstances surrounding the death, but felt that it was just an accident.

ATTACHED FORMS: CONTINUATION [ ] STATEMENT [ ] SUSPECT BOLO [ ] PROPERTY/EVIDENCE [ ] REFERRAL [ ] IMPOUN
[1] AFFIDAVIT [ ] ARREST REPORT [ ] NOTICE TO APPEAR [ ] WAIVER [ ] OTHER:

OTHER OFFICERS AT SCENE [2] | INV. ASSIGNED - I.D. NO. [3] | CASE STATUS: PENDING [ ] EX/CLEARED [ ] [4] CLEAR ARREST [ ] CLOSED [ ] UNFO

REPORTING OFFICER [5] | I.D. NO. 171 | SUPERVISOR [6] | I.D. NO. | DISP. [7] | ARR. [8] | COMP [9]

FOLLOW-UP [11] C.I. [ ] S.I. [ ] UPD [ ] AGPI [ ] S.A.C. [ ] JUVENILE [ ] OTHER [ ] Where | DATE OF REPORT [11] | ZON [12]

DEATH INVESTIGATION REPORT — See F.S. 406.12 "Duty to Report"

Investigating Agency: P.C.S.D.

Date: 2-8-85 | 1137

Decedent's Name: [redacted]

Age: 7 mos. | Sex: F | Race: W | Police Case No: 85-10220

Address (Number) (Street) (City) (State): 1340 Reynolds Rd Lakeland, Fl.

Occupation/Employer: N/A

Place of Death: Same as above

At Work: ☐ Yes ☒ No

Death Occured | Date | Time | In the Presence of

Or Found Dead | Date: 2-8-85 | Time: 10:00 A.M. | By: Angela Freeman | Last Seen Alive: 7:00 A.M.

Identified by: Terry Kent Freeman | Address: 1340 Reynolds Rd, Lakeland, Fl.

Date/Time Viewed by Investigator: N/A

Body Temp.: Warm ☐ Cool ☐ | Rigor: None ☐ Moderate ☐ Marked ☐ | Lividity: Yes ☐ No ☐ | Where?

HISTORY (What happened just prior to death and when victim was last seen alive?) NOTE Record medications, prescriptions, suicide notes, evidence of bullet or knife wounds

Mrs. Freeman, [illegible] mother, stated that she checked on child at approx 7:01 A.M. and found her to be well and playing in her crib. When checked again at approx 10:00 A.M. plastic Hazeny Container was found covered over child's mouth + nose. Child appeared to be unconscious

Name of Personal Physician: N/A

Name Next of Kin: Angela Kay Freeman | Relation: Mother

Names and Places of Hospitalization in Recent Years: N/A

Address (Number) (Street) (City) (State): 1340 Reynolds Rd. Lakeland, Florida

Valuables and Disposition: None

Telephone: 644-2426 | Notified: ☒ Yes ☐ No

EXTERNAL EXAMINATION OF BODY & CLOTHING (To be filled in only by Associate M.E., and then only if body is NOT being sent to Lakeland)

Cause of Death

Will Sign Death Certificate ☐ Yes [redacted]

REPORT SUBMITTED [redacted] Date 2-8 1985 Time 11

2-2

Death, Investigation
MULT CLASS

POLK COUNTY SHERIFF'S DEPT.

C/R

(2) CONTINUATION( ) SUPP.(

COMPL./VICTIM

[redacted]

CONTINUATION/SUPPLEMENT

DATE (4) | CLASSIFICATION CHANGE (5) YES( ) NO

DATE OF ORIGINAL OFFENSE (6) 8 Feb 85 | ORIGINATING DEPUTY (7) [redacted] | ID NO. (8) | DIVISION (9) LED | ZONE (10) 9

ARRESTS

ARRESTED - LAST, FIRST, MIDDLE	RACE	SEX	D.O.B.	ADDRESS - CITY, STATE
(1) N/A	(2)	(3)	(4)	(5)
(6)	(7)	(8)	(9)	(10)

NARRATIVE

Crime Scene Narrative:

At approximately 1249 hours, 8 Feb 85 writer proceeded to the Lakeland Regional Medical Cen Morgue reference an autopsy.

Upon arriving at approximately 1313 hours writer made contact with Investigator Brown and the victim.

Writer photographed the victim as observed with color film, noting a small mark on the brid of the victim's nose. Said film was forwarded to the Photo Lab, PCSD, to be processed, printed and placed on file in that office.

Writer collected [redacted] egg in a plastic bag as evidence at approximately 1421 hours. Said evidence forwarded to the Property Room, PCSD.

Writer was present while [redacted] performed an autopsy on the victim, advising the cause of death was accidental asphyxiateion.

No further action taken by writer reference this case.

ATTACHED FORMS: CONTINUATION( ) STATEMENT( ) SUSPECT BOLO( ) PROPERTY/EVIDENCE(X) REFERRAL( ) IMPOUN
(1) AFFIDAVIT( ) ARREST REPORT( ) NOTICE TO APPEAR( ) WAIVER( ) OTHER

OTHER OFFICERS AT SCENE (2) | INV. ASSIGNED (3) | I.D. NO. | CASE STATUS: PENDING( ) EX/CLEARED( ) (4) CLEAR/ARREST( ) CLOSED( ) UNFOU

REPORTING DEPUTY (5) [signature] | I.D. NO. 630 | SUPERVISOR (6) [signature] | I.D. NO. 626 | DISP (7) 1249 | APR. (8) 1318 | COMP (9) 1

FORWARD TO (10) CID( ) SID( ) UPD( ) AGDI( ) SAD( ) JUVENILE( ) OTHER( ) Where Dist I | DATE OF REPORT (11) 12FEB85 | ZONE (12)

MULT. CLASS

PROPERTY/EVIDENCE FORM

[3] CONFISCATED [ ] EVIDENCE [X] RECOVERED STOLEN PROPERTY [ ] ABANDONED [ ] PROPERTY RELEASE [ ] DECEASED [ ]

[1] COMPL. VICTIM LAST, FIRST, MIDDLE	[2] ADDRESS	[3] CITY	[4] STATE	[5] RES. PHONE	[6] BUS. PHON
[redacted]	340 Reynolds Road	Lakeland	FL	N/A	N/A
[7] OWNER OF PROPERTY	[8] ADDRESS	[9] CITY	[10] STATE	[11] RES. PHONE	[12] BUS. PHON
N/A					
[13] NON-PROP. OBTAINED FROM	[14] ADDRESS	[15] CITY	[16] STATE	[17] RES. PHONE	[18] BUS. PHON
N/A					

[19] CIRCUMSTANCES PROP OBTAINED
collected as evidence

[20] DATE	[21] TIME	[22] LOCATION PROP. OBTAINED
08FEB85	1421	Lakeland Regional Medical Center

[1] ITEM	[2] QUANT.	[3] DESCRIPTION	[4] VALUE	[5] MAKE / MODEL	[6] SERIAL
1	1	Half of [redacted] egg in a plastic bag.			
			[7] TTY - DATE	TIME	OP NO
			TTY - DATE	TIME	OP NO
			TTY - DATE	TIME	OP NO
			TTY - DATE	TIME	OP NO
			TTY - DATE	TIME	OP NO
			TTY - DATE	TIME	OP NO
			TTY - DATE	TIME	OP. NO.
			TTY - DATE	TIME	OP. NO.
			TTY - DATE	TIME	OP. NO.

I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.

[8] Signature _____ Date _____

I hereby acknowledge that the above list represents all property impounded by me in the official performance of duty as a Deputy Sheriff.

District/Division CW/SSD Date 12FEB85

Impounding Officer L. Gaskin I.D. No. 630

[9]

Disposition of Property:

[1] Hold for Trial [ ] Destroy [ ] Return to owner [ ] Hold for probate [ ]

[2] Dept. Process [ ] - Specify _____

[3] Narcotics Exam [ ] - Specify _____

[4] F.D.L.E. [ ] F.B.I. [ ] - Specify _____

[5] Other instructions: Hold for Investigator Tom Brown's disposition

Death Investigation
MULT. CLASS

POLK COUNTY SHERIFF'S DEPT.

LOUIE MIMS SHERIFF

C/R

(2) CONTINUATION( ) SUPP.

COMPL. VICTIM
[redacted]

CONTINUATION/SUPPLEMENT

DATE 8 Feb 85 (4)

CLASSIFICATION CHANGE (5) YES( ) NO

DATE OF ORIGINAL OFFENSE 8 Feb. 85 (6)

ORIGINATING DEPUTY [redacted] (7)

ID NO. 171 (8)

DIVISION L.E.D. (9)

ZONE 2724-C (10) 12

ARRESTS

ARRESTED - LAST, FIRST, MIDDLE	RACE	SEX	D.O.B.	ADDRESS - CITY, STATE
(1) NA	(2)	(3)	(4)	(5)
(6)	(7)	(8)	(9)	(10)

NARRATIVE

Crime Scene: Residence located at 1340 Reynolds road Lakeland Fla. The death occured in the Southeast bedroom and the victim was in a baby crib located next to the North wall.

Investigation: Writer was contacted by LT. Neal and requested to respond to 1340 Reynolds road reference the death of a young white female.
Writer was contacted by Sgt Holleyman on the way to the scene and advised that the victim had been transported to Lakeland Regional Medical Center, that [redacted] would stand by at L.R.M.C.

At 1225 hours writer made contact at the scene with Angela Freeman (victim's mother) and John S Freeman (victim's grandfather).
Writer observed the scene to be a duplex apartment with the victim's family living in the west end and the grandparents in the east end. Writer noted that the residence was very neat and clean with nothing out of place other than that done by normal day to day living. Writer observed a 2½ year old white female (victim's sister) in the residence with the victim's mother and she appeared to be very well cared for. The clothing was very clean and writer saw no external evidence of any abuse.
Writer made a check of the bedroom where the incident

ATTACHED FORMS: CONTINUATION(X) STATEMENT( ) SUSPECT BOLO( ) PROPERTY/EVIDENCE( ) REFERRAL( ) IMPOU
(1) AFFIDAVIT( ) ARREST REPORT( ) NOTICE TO APPEAR( ) WAIVER( ) OTHER: Hospital Reports

OTHER OFFICERS AT SCENE (2) [illegible]

INV. ASSIGNED (3) [illegible] I.D. NO. 405

CASE STATUS: PENDING( ) EX/CLEARED( ) (4) CLEAR/ARREST( ) CLOSED(X) UNFO

REPORTING DEPUTY [illegible] I.D. NO.

SUPERVISOR (5) [illegible] I.D. NO. 82

DISP. (7) 1210

ARR. (8) 1225

COM (9)

FORWARD TO: [illegible] S.O.( ) UPD( ) AGRI( ) S.A.D.( ) JUVENILE( ) OTHER( ) Where

DATE OF REPORT (11) 11 Feb 85

ZON (12)

CASE INVESTIGATION
MULT. CLASS

POLK COUNTY SHERIFF

LOUIE MIMS SHERIFF

CONTINUATION/SUPPLEMENT

(2) CONTINUATION(X) SUPP.(

COMPL./VICTIM
[redacted]

DATE (4) | CLASSIFICATION CHANGE (5) YES( ) NO

DATE OF ORIGINAL OFFENSE (6) | ORIGINATING DEPUTY (7) | ID NO. (8) | DIVISION (9) | ZONE (10)

ARRESTS

ARRESTED - LAST, FIRST, MIDDLE	RACE	SEX	D.O.B.	ADDRESS - CITY, STATE
(1) N/A	(2)	(3)	(4)	(5)
(6)	(7)	(8)	(9)	(10)

NARRATIVE

Took place and noted a baby crib next to the north wall with a blanket and other baby items inside. Writer observed nothing out of place and everything was neat and clean. Writer took photographs of the crib and inside of the residence.

Interview: [redacted] (Grandfather).
[redacted] Lakeland, Fla.

[redacted] advised that his daughter in law came running over to their residence at approx 1000 am and said the baby wasn't breathing. He related that he and his wife ran next door and observed the victim laying in the crib unconscious. Freeman stated that he called an ambulance and his wife started giving CPR to the victim. He related that Angela stated to him that when she checked the victim she found part of [redacted] panty hose carton over her mouth and nose, that she had to pull it off the face. Freeman stated that when he looked at the victim he could see the imprint made by the plastic egg around the victim's face covering the mouth and nose. Freeman advised that last night when he looked in on the victim he saw the leggs panty hose egg in the crib but both parts were together, that the children had played with it for several weeks. Freeman stated that he sent the leggs egg with the ambulance EMT to the hospital, that it had blood inside it.
He related that his daughter in law was a very good mother and always took good care of the children.

ATTACHED FORMS CONTINUATION( ) STATEMENT( ) SUSPECT BOLO( ) PROPERTY/EVIDENCE( ) REFERRAL( ) IMPOUN
(1) AFFIDAVIT( ) ARREST REPORT( ) NOTICE TO APPEAR( ) WAIVER( ) OTHER:

OTHER OFFICERS AT SCENE (2) | INV. ASSIGNED - I.D. NO. (3) | CASE STATUS: PENDING( ) EX/CLEARED( ) (4) CLEAR/ARREST( ) CLOSED( ) UNFO

REPORTING DEPUTY (5) Tom P. Brown I.D. NO. 405 | SUPERVISOR (6) [signature] I.D. NO. 32 | DISP. (7) | ARR. (8) | COM. (9)

FORWARD TO (10) C.O.C.( ) SIO( ) UPD( ) AGRI( ) S.A.O.( ) JUVENILE( ) OTHER( ) Where | DATE OF REPORT (11) | ZON (12)

DEATH INVESTIGATION
MULT. CLASS

POLK COUNTY SHERIFF'S

LOUIE MIMS SHERIFF

CONTINUATION/SUPPLEMENT

C/A
(2) CONTINUATION(✓) SUPP (

COMPL./VICTIM
[redacted]

DATE (4) | CLASSIFICATION CHANGE (5) YES( ) NO(

DATE OF ORIGINAL OFFENSE (6) | ORIGINATING DEPUTY (7) | ID NO. (8) | DIVISION (9) | ZONE (10)

ARRESTS

ARRESTED - LAST, FIRST, MIDDLE	RACE	SEX	C.C.S.	ADDRESS - CITY, STATE
(1) N/A	(2)	(3)	(4)	(5)
(6)	(7)	(8)	(9)	(10)

NARRATIVE

Interview:

#2 [redacted] W/F 12 Nov 62 (Mother)
[redacted] Lakeland Fla.

[redacted] advised That her husband got up a 600 Am and fed The victim, That He put her back To bed Then left for work. She related That She heard The victim playing in The Crib untill about 7:00 - 7:30 Then she Thought it went back To sleep. [redacted] stated That She went in at approx. 8:00 am To check The victim, That She was laying on her right side with her face Toward The North wall and her hands up next To her face. She advised That She could not see The victim's face but just Thought She was asleep, That She put a blanket over her and left The room. She related That She fed and dressed her other daughter Then checked on The victim again and She appeared To be sleeping.

Freeman stated That at 1000 Am She went in To check The victim and She was still in The same position, That when She Turned her over She saw That The plastic Egg was over The nose and mouth and She wasn't breathing. Freeman stated That She had To pull The Egg part off The victim's face, That it was stuck To The face covering The mouth and nose. She advised That The Egg part was about half full of a bloody looking liquid. Freeman related That She attempted To get The victim breathing but was unable To, That She ran next door and got her Mother + Father in law.

She advised That The children had been playing with The Eggs

ATTACHED FORMS CONTINUATION( ) STATEMENT( ) SUSPECT BOLD( ) PROPERTY/EVIDENCE( ) REFERRAL( ) IMPOUND
(1) AFFIDAVIT( ) ARREST REPORT( ) NOTICE TO APPEAR( ) WAIVER( ) OTHER:

OTHER OFFICERS AT SCENE (2) | INV. ASSIGNED - I.D. NO. (3) | CASE STATUS: PENDING( ) EX/CLEARED( ) (4) CLEAR/ARREST( ) CLOSED( ) UNFOUN

REPORTING DEPUTY (5) Tom E. Brown I.D. NO. 405 | SUPERVISOR (6) [signature] I.D. NO. 32 | DISP. (7) | ARR. (8) | COMPL. (9)

FORWARD TO
(10) S.O.( ) L.P.( ) ARR( ) S.A.O.( ) JUVENILE( ) OTHER( ) Where | DATE OF REPORT (11) | ZONE (12)

[illegible] Investigation
MULT. CLASS

POLK COUNTY

LOUIE MIMS SHERIFF

CONTINUATION/SUPPLEMENT

[2] CONTINUATION(X) SUPP.( )

COMPL./VICTIM
[redacted]

DATE (4) | CLASSIFICATION CHANGE (5) YES( ) NO( )

DATE OF ORIGINAL OFFENSE (6) | ORIGINATING DEPUTY (7) | I.D. NO. (8) | DIVISION (9) | ZONE (10)

ARRESTS

ARRESTED - LAST, FIRST, MIDDLE	RACE	SEX	D.O.B.	ADDRESS - CITY, STATE
(1) N/A	(2)	(3)	(4)	(5)
(6)	(7)	(8)	(9)	(10)

NARRATIVE

panty hose Egg for several weeks but she never thought anything like this would happen.

Writer noted that A. Freeman appeared to be very emotionally upset and was blaming herself for the victim's death stating that she should have not let the baby play with the plastic Egg, that she should have checked on her more.

[redacted] W/M (Father)
[redacted] Lakeland, Fla.

T. Freeman stated that he got up at approx. 600 am to get ready for work that he fed the victim and put her back to bed at about 700 am then left for work. He advised that he does not recall if the plastic Egg was in the crib but the kids have been playing with it in the past. He advised that at approx. 1000 am his father called him at work and told him what had happened and he went to the hospital.

ATTACHED FORMS: CONTINUATION( ) STATEMENT( ) SUSPECT BOLO( ) PROPERTY/EVIDENCE( ) REFERRAL( ) IMPOUN
(1) AFFIDAVIT( ) ARREST REPORT( ) NOTICE TO APPEAR( ) WAIVER( ) OTHER:

OTHER OFFICERS AT SCENE (2) | INV. ASSIGNED - I.D. NO. (3) | CASE STATUS: PENDING( ) EX/CLEARED( ) (4) CLEAR ARREST( ) CLOSED( ) UNFOUN

REPORTING DEPUTY (5) Tom [illegible] I.D. NO. 405 | SUPERVISOR (6) [illegible] I.D. NO. 32 | DISP. (7) | ARR. (8) | COMP (9)

FORWARD TO (10) CID( ) SIG( ) UPD( ) AGRI( ) S.A.O.( ) JUVENILE( ) OTHER( ) Where | DATE OF REPORT (11) | ZONE (12)

Death Investigation
MULT. CLASS

POLK COUNTY SHERIFF'S DEPT.

LOUIE MIMS SHERIFF

C/R

(2) CONTINUATION(X) SUPP.

COMPL. VICTIM

[redacted]

DATE (4)

CLASSIFICATION CHANGE (5) YES( ) NO

CONTINUATION/SUPPLEMENT

DATE OF ORIGINAL OFFENSE	ORIGINATING DEPUTY	ID NO.	DIVISION	ZONE
(6)	(7)	(8)	(9)	(10)

ARRESTS

ARRESTED - LAST, FIRST, MIDDLE	RACE	SEX	D.O.B.	ADDRESS - CITY, STATE
(1) N/A	(2)	(3)	(4)	(5)
(6)	(7)	(8)	(9)	(10)

NARRATIVE

Investigation: At 1340 hours Writer made contact with [redacted] Medical Examiner reference the autopsy on the above victim.

Writer observed the victim a young white female approx. 21 lbs; the ~~victim appeared~~ to be well-fed clean and writer observed no sign of foul play, neglect or physical abuse. Writer observed a very faint imprint across the top of the victim's nose and under the mouth indicating where the plastic egg part had been. Writer placed the half of the plastic egg over the victim's face and the imprints lined up with the edges of the egg.

[redacted] performed the autopsy and advised that he found no sign of foul play, that their were some congestion of the lungs. [redacted] advised that he examined the victim's eyelids and lips for any petechial hemorrhages that is common with suffocation deaths, but none was found.

[redacted] stated that all the autopsy results at this time were consistent with a sudden infant death but from the mother's statement about the plastic egg being over the victim's mouth and nose he was listing the death as an accidental death (suffocation)

Writer requests this case be closed and listed as an accidental death. Writer can find no evidence to indicate any foul play.

Case Status - Closed Accidental Death

ATTACHED FORMS CONTINUATION( ) STATEMENT( ) SUSPECT BOLO( ) PROPERTY/EVIDENCE( ) REFERRAL( ) IMPOUN
(1) AFFIDAVIT( ) ARREST REPORT( ) NOTICE TO APPEAR( ) WAIVER( ) OTHER:

OTHER OFFICERS AT SCENE	INV. ASSIGNED - I.D. NO.	CASE STATUS. PENDING( ) EX/CLEARED( )
(2)	(3)	(4) CLEAR/ARREST( ) CLOSED( ) UNFO

REPORT DEPUTY	I.D. NO.	SUPERVISOR	I.D. NO.	DISP.	ARR.	COM
(5) [signature]	405	(6) [signature]	82	(7)	(8)	(9)

I.D. WHO TO	DATE OF REPORT	ZON
[illegible] ( ) ADPH ( ) S.A.O. ( ) JUVENILE( ) OTHER( ) Where	(11)	(12)

CONSENT

SIGNED: [redacted] DATE: 2/8/85 RELATIONSHIP TO PATIENT:

WITNESS: [redacted] WITNESS: OTHER TYPE CONSENT:

EMERGENCY DEPARTMENT RECORD

LAKELAND REGIONAL MED
1310 LAKELAND HILLS BLVD • LAKEL

PATIENT/RELATIVE INFORMATION

[redacted] L 000 W F 07/14/84 045448085 07/08/85
1340 REYNOLDS RD LAKELAND FL 33801 999-99-9999 10:40
DOCTOR FAM: 0072 [redacted] ER: 0516 [redacted] 6662424
RELATIVE: FREEMAN ANGELA K CONS:
ADDRESS: REYNOLDS ROAD LAKELAND FL 33801 6662424
CODE ID# 06-30-99
EMPLOYER:
INSURANCE: 026 GROUP OR I---------- ----------

CLERK SIGNATURE CB

DR. CALLED BY WHOM | TIME ☐ AM ☐ PM | MD REFERRAL CARD USED BY WHOM | TIME ☐ AM ☐ PM | NOTIFIED: ☐ MD ☐ RELATIVE ☐ PO

DR. COMING ☐ YES ☐ NO | ED DR TO TREAT ☐ YES ☐ NO | CLOTHING/VALUABLES WITH: ☐ POSP ☐ HOSPISEC ☐ POLICE ☐ SAFE | TIME IN ED ☐ AM ☐ PM | PATIENT WEIGHT | SE

VITAL SIGNS | TIME ☐ AM ☐ PM | BP | T | P | R | ORTHOSTATIC BLOOD PRESSURE | TIME ☐ AM ☐ PM | SITTING | LYING

ALLERGIES

DIAGNOSTIC IMPRESSION

PHYSICIANS REPORT

2-8-85 Arrived to ER 1042 am; found in bed c "less" - Stoding emp over face (with inpat line) Seen by SMT at 1013 am. Asyptic + apnea. In Ed intubated and Epi given via ETT. d arrived shortly a/p to Saphenous cutdown obtained 20 mEq NAHCO3 followed by 7a D5D.W followed by No cardiac response. Cardioversion = 40 ws c response. Infant c purple skin over back & bu and unusual cyanosis & no skin perfusion of good ventillation and good Cardiac compres Because of these findings & lack of any respon Infant pronounced dead 1059 AM

CONDITION ON DISCHARGE ☐ IMPROVED ☐ UNIMPROVED ☐ RECEIVING TREATMENT ☐ EXPIRED

[redacted] M.D.

PAT. DISP | TIME ADMITTED ☐ AM ☐ PM | ROOM NO | TIME DISCHARGED ☐ AM ☐ PM | TIME TRANSPORTED ☐ AM ☐ PM | WITNESS | TIME Tx REFUSED ☐

EXHIBIT ATTACHED TO AFFIDAVIT DV 6/8 6 HIV 5/84

5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Mileage [illegible]

10. Time Rec.	11. Time Out	12. 10-	13. 10-97	14. 10-	15. 10-10	16. 10-	17. 10-10	18. 10-	19. 10-10	20. 10-98	21. In Zone	22. 10-42
			1018									

23. Incident Location | 24. Zone | 25. Grid | 26. Sub C

27. Delivered To: [illegible] | Other Than Listed

28. Cat.	29. Age	30. DOB	31. Wt./kg.	32. Sex	Race	33. C.C. C-99
2	[illegible]	[illegible]	[illegible]	F	C	

34. Name Last	First	M.I.	48. Protocols Used	57. Codes	58. P/U FEE
[illegible]			[illegible] /	[illegible]	59. MI @

35. Address	49. Resuscitated Y / N	60. W/T
[illegible] RD	[illegible]	[illegible]

36. City	37.	38.	50. Controlled Sub. Y / N / # ( )	51. Other
Lakeland	[illegible]	[illegible]	[illegible]	[illegible]

39. Phone	40. Employer	51. Extricated N / A #	52. Total
[illegible]		[illegible]	[illegible]

41. Responsible Party, Last	First	M.I.	52. ALS N	53. Type	63. Amt. Paid
[illegible]	[illegible]		[illegible]	[illegible]	

42. Address	54. ON SCENE PD / FD SO FHP	64. Balance
Same		

43. City	44.	45.	55. Data Report Attached YES NO	65. PGH 168 #

46. Phone	47. Relation	56. Pt. Physician	None ( )	Contacted Y N
	Mother	[illegible]		

66. HX of C.C. Poss Suffocation

67. Symptomology: Upon Arrival [illegible] to Lodge Pants [illegible] to Face. Mother [illegible]

68. P.E. [illegible] was on Pt. Face. Small Circular [illegible] Pt. Carried to Unit [illegible] CPR in Progress. Pt. [illegible] Intubated [illegible] E.T. Tube [illegible] Blood Tinged Sputum in Lungs. Pt. [illegible]

69. Med Hx

70. Time	71. BP	72. Pulse	73. Resp.	74. Consciousness	75. Skin	76. Pupils
[illegible]	0	0	0	—	Mottled	[illegible]

77. Impressions | 78. Allergies [illegible]

79. Medications

80. Treatment	81. Time	82. Dose	83. Response	84. Narrative (Use Supplement Report Form if Needed)
[illegible]		Flood		[illegible] Skin [illegible]
Intubate		#3.0		At Scene [illegible]
[illegible]		[illegible]		[illegible]
[illegible]		.5		[illegible] 0.5 cpm Down Tube
				[illegible]
				[illegible]

Time of Hospital Contact(s): / /

85. Physician Ordering Treatment (Signature) | 86. EMT Signature # | 87. Paramedic Signature [illegible]

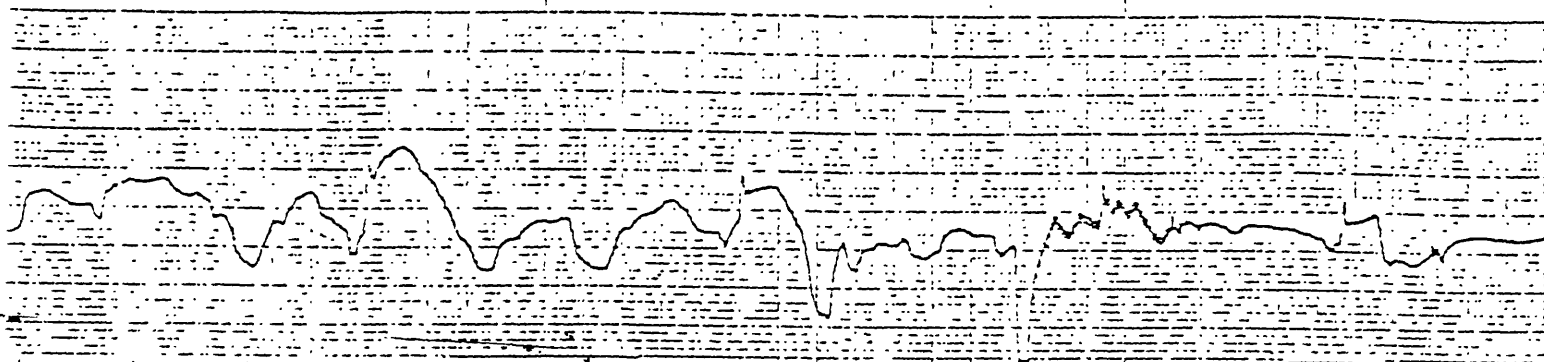
88. Controlled Substance Waste Amt Time RN Signature

Name of Physician Contacted:

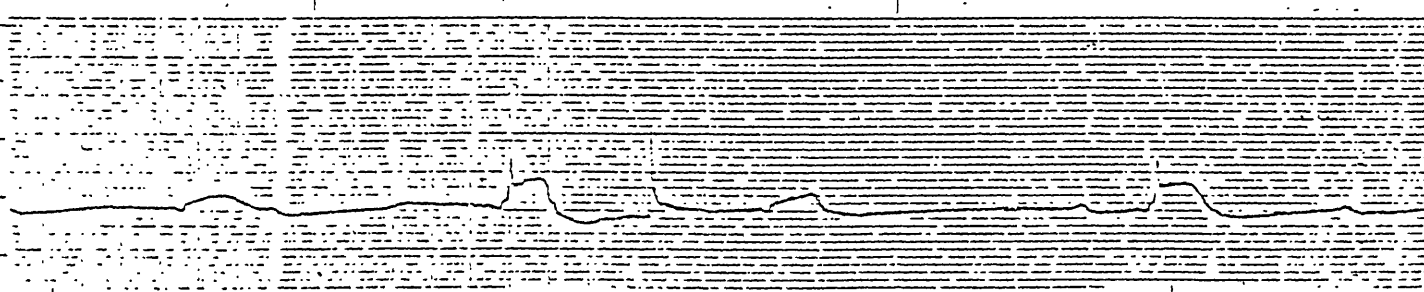
89. "I Hereby Refuse All Emergency Medical Services Offered

DATE	TIME	REMARKS	SIGNATURE
	10:55	Calcium Chloride 7cc given IVP	[redacted]

10:58AM 02 08 85 #002



	10:58	Defib 20 watts No pulse CPR in progress	[redacted]
	10:59	[redacted] stopped CPR Pt pronounced	
		dead	[redacted]



LAKELAND REGIONAL MEDICAL CENTER
Lakeland, Florida

NURSE'S PROGRESS RECORD

[redacted]
3032 [redacted]
E104 A ID #06-30-[illegible]
045448035 [illegible]

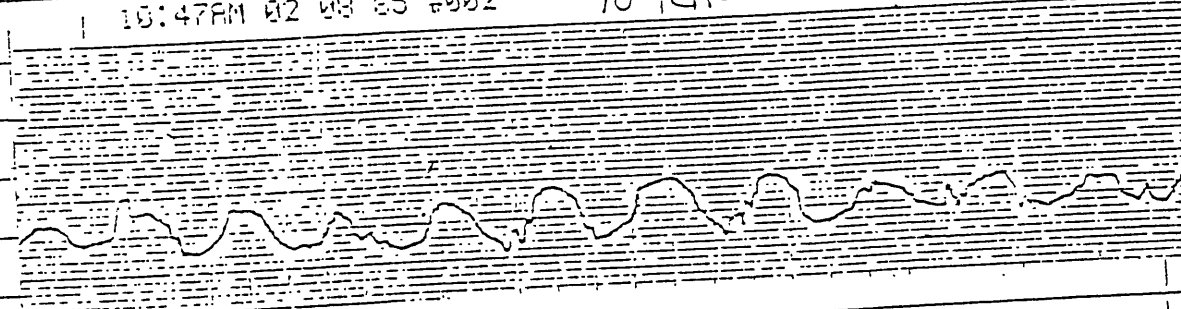
F-723-93

REV 4

SUPPLEMENTAL EXHIBIT 5/21/85

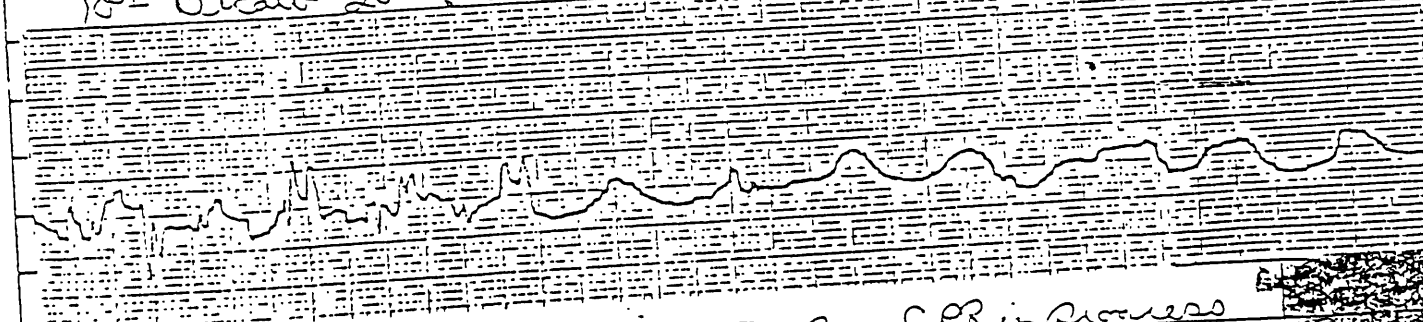
DATE	TIME	REMARKS	SIGNATURE
	10^{42}	Arrived in amb CPR in progress c̄ EOA in place. No IV established. Pt was found by firemen lying on the bed c̄ a half of a plastic egg over face. The egg was filled c̄ clear blood tinged fluid. [redacted] c̄ pt.	[redacted]
	10^{44}	[redacted] here. ET tube inserted by	" "
	10^{47}	[redacted] Eppi 0.1mg given by Tube	
	10^{53}	Cut down done by [redacted] IV established @ lower leg [redacted] trying to start	[redacted]
		Sub-Clavian	

10:47AM 02 08 85 #002 10^{47} Eppi ET Tube 0.1mg



10^{54} Bicarb 20meg given IVP No Pulse CPR in progress [redacted]

10^{51} Bicarb 20meg given IVP



10^{55} Eppi 0.05mg given IVP CPR in progress [redacted]

10^{56} 50% Dextrose given IVP

LAKELAND REGIONAL MEDICAL CENTER
Lakeland, Florida

NURSE'S PROGRESS RECORD

[redacted]

S: 2.8.85 WITNESSED? Yes (No) BY WHOM? _____

Downtime _____ CPR STARTED: _____ AM PM BY WHOM? _____

E [redacted] AGE: 6 months SEX: F

WAY: Oropharyngeal EOA/EGTA E.T. None TIME: _____ PULSE: Yes (No) RESP.: Yes (No)

THM: 1)S.Brady 2)NSR 3)S.tach 4)V.tach 5)V.Fib 6)____° Block 7)(Asystole) 8)Other _____

EF HISTORY/ASSESSMENT:

Was found by Fire Men lying on the bed c̄ the half of plastic egg lying near face. filled c̄ clear blood tinged fluid. There was no pulse or respirations.

T. ER DATE. 2.9.85 TIME: _____ AM PM I/V. ALREADY ESTABLISHED

GNOSIS:

ME	RHYTHM	Atropine	Lidocaine Bolus	Epinephrine	Na. Bicarb	Lidocaine Drip	Dopamine	O_2			500 DS/W	B/P	Pulse	Defib.	CPR	COMMENTS/TREATMENTS
[illegible]	None			✓	0.1mg given ET Tube											
[illegible]	"				✓	20meq given IVP										
[illegible]	"			✓	0.05mg given IVP											
[illegible]	"	50% Dextrose given IVP														
[illegible]	"	Calcium Chloride 7cc given IVP														
[illegible]	"													✓	30 watts	
[illegible]	CPR stopped by [redacted]															

AL IVs (cc): _____ RESUSCITATED: Yes No [redacted] ,R.N.

NS. TO: _____ _____ AM PM EXPIRED: 10 59 AM PM [redacted] ,M.D.

LAKELAND REGIONAL MEDICAL CENTER

CODE 99 RECORD

Pt. Record

[redacted] 0072

3032 [redacted]

E204 A ID 408-30-99 W F [illegible]

[illegible] 071434 [illegible]

[redacted]

Date	Note progress of case, complication, consultations, change in diagnosis, condition on discharge, instructions to patient.

S: Patient is a 6 month old WF infant brought into the E.D. in full cardiac arre
According to the Paramedics, the mother apparently found the infant in her crib f
up with the plastic cup, the one used in th[redacted] Stockings next to her face.
infant was apparently not breathing, & the Paramedics were called. Upon arrival
Paramedics intubated the baby, gave Epiphrine through the ET tube. They began CP
ACLS, & brought the infant to the E.D..

O: No vital signs, CPR in full progress.
infant appears cyanotic about her face, there is the imprint of the same type of
plastic cup around her face, next to her mouth & nose. [redacted] came in & assi
us with the code. He did a cut down on the left foot & inserted a intravenous li
there was pink fluid obtained from the ET when the infant was suctioned. There w
evidence of pulling of the blood over the back of the infant. The surface was
purplish in color. The surface temperature of the skin felt cold to me. IV Bica
followed D50 & Epinephrine & Calcium Cloride plus defibrillation produce no chang
The infant was pronounced dead.

A: PROBABLY DEATH - SECONDARY TO CARDIAC ARREST WHICH IS SECONDARY TO RESPIRATORY
ARREST.

P: The infant's father was notified. Pathology was notified.

[redacted]

LAKELAND REGIONAL MEDICAL CENTER
Lakeland, Florida

[redacted]
E204 A ID [redacted]

PROGRESS RECORD

9

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.	2. INVESTIGATOR'S ID	3. OFFICE CODE
840307CHI0573	8337	815

4. DATE OF ACCIDENT	YR	MO	DAY
	83	11	13

5. DATE INVESTIGATION INITIATED	YR	MO	DAY
	84	03	15

6. SYNOPSIS OF ACCIDENT OR COMPLAINT: A 14 month old male was found struggling, with the cup shaped head of his toy stuck onto his face, covering his mouth & nose. His mother had to break the vacuum by prying up the edge with her fingernails before she was able to remove the toy. The child was not injured

7. LOCATION (*Home, school, etc.*)	8. CITY	9. STATE
home Family room 10	Mukwanago	Wi 55

10A. FIRST PRODUCT	11A. TRADE/BRAND NAME MANUFACTURER & ADDRESS
Stacking Toy (Bluebird) 1326	[redacted]
10B. SECOND PRODUCT	**11B. TRADE/BRAND NAME MANUFACTURER & ADDRESS**
None	None

12. AGE OF VICTIM	13. SEX (*Use numerical code*)	14. DISPOSITION	15. INJURY DIAGNOSIS
214	MALE -1, FEMALE -2, UNKNOWN -3: 1	No injury 9	None 71

16. BODY PART	17. RESPONDENT(S) (*Mother, Friend*)	18. TYPE INVESTIGATION	19. TIME SPENT
none 99	Mother 1	ON SITE 1, TELEPHONE 2, OTHER 3: 1	tr 6.0 2.5

20. ATTACHMENTS	21. CASE SOURCE	22. REVIEWED BY	YR	MO	DAY
Photos 1	Prod. Mfg. 13	8311	84	03	29

23. NARRATIVE (*See Instructions on Other Side*)

CPSC may disclose name

CPSA 6 (b)(1) Cleared
No Mfrs/PrvtLblrs or Products Identified
Excepted by
Firms Notified,
Comments Processed.

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

CPSC FORM NO. 182 (Revised 8/81)

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☑ You are hereby authorized to disclose my name and address with the information collected on this case.

☐ My identity is to remain confidential.

Diane R. Peterson 3-22-84

(Signature) (Date)

840307CHI0573

SUMMARY:

All information in this report was obtained from the child's mother. First by telephone and then later by on-site investigation.

The child is now 18 months old, 33 inches tall, and weighs 33 lbs. At the time of the incident he was 14 months old. During the telephone conversation the mother estimated that at that time he was 29 inches tall and weighed from 25 to 30 pounds. However, during the on-site investigation she checked his baby book and on October 3, age of 13 months he was 31 inches tall and weighed 29 pounds 2 ounces. The mother described him as a normal active child. This investigator found him to be a friendly, active, extremely curious child, aware of his surroundings, responsive to directions, and very adept in motor abilities.

The mother ~~claims that~~ the child has never taken a bottle, was weaned at 9 months of age and has used a cup since that time. He was never a child to suck or chew on his toys or put them over his face. He has a 1 gallon plastic bucket which he likes to put over his head and peek out from under.

He received the stacking toy as a late birthday gift around November 1, 1983. The mother states that he loved the toy and took it with him every where for the first couple of weeks. She states that she never let him take it to bed. She states that the child used the toy often both in the bath tub and playing on the floor. She states that he would sit for as long as 15 to 20 minutes at a time, taking the toy apart and playing with it's various parts. He sometimes would chew on the little yellow rubber duck which is the center of the toy.

On the day of the incident, November 13, or 14, 1983, the mother states that the child was well, acting normally, and on no medications. He had napped from 9 to 11:30 in the morning and his mother then fed him lunch and took him with her into the family room which adjoins the kitchen. She sat him on the floor about 2 feet in front of her and handed him the [redacted] toy to play with. She sat on the sofa and began to read a book, looking up at the child from time to time as he played with the toy by taking it apart. She thinks that about 5 minutes had passed when she suddenly noticed the silence, that is, the child wasn't babbling as he normally does.

She glanced up and saw the child still sitting in place on the floor, the head of the toy, beak up and centered, covering his nose and mouth. The child's face was dark red, there were tears in his eyes and both hands were on the head of the toy trying to pull it off. She immediately went to him and tried to remove the head by pulling on it, but had no success. She then pryed up the edge with her fingernails and by breaking the vaccum in this way, was then able to pull off the head. It left a dark red indented ring mark all around the child's face where the rim had touched. The rim was not wet at all. The child did not vomit.

After the toy was removed, the child cried for 30 seconds or so and then calmed down. He appeared to have suffered no residual effects from the incident. The mother continues to let him play with the other parts of the toy, but has put the cup shaped head up away from him.

The mother wrote the toy manufacturer describing the incident to them. She states that in response she got a telephone call advising her that she probably did not let the child struggle with it long enough, if she had he would have been able to remove the toy.

PRODUCT INFORMATION:

The product involved is a stacking [redacted] toy manufactured by [redacted]. The original packaging and any further identification labeling was no longer available. The toy itself is comprised of 5 separate pieces which stack together to form a [redacted]. Four pieces are of rigid plastic construction. The 3-1/2 diameter cup shaped head can be used as a pouring cup. The center tail section can serve as a funnel, the nest section is a strainer, the bird's body is a bowl, and the center section is a squeezeable soft baby bird.

On the bottom of the bowl are the following identification [redacted]

The toy was received as gift approximately 2 weeks before the incident and had been used regularly by the child for those 2 weeks. The mother does not recall seeing the child put the cup shaped head to his face at any time prior to the incident.

ATTACHEMENTS:

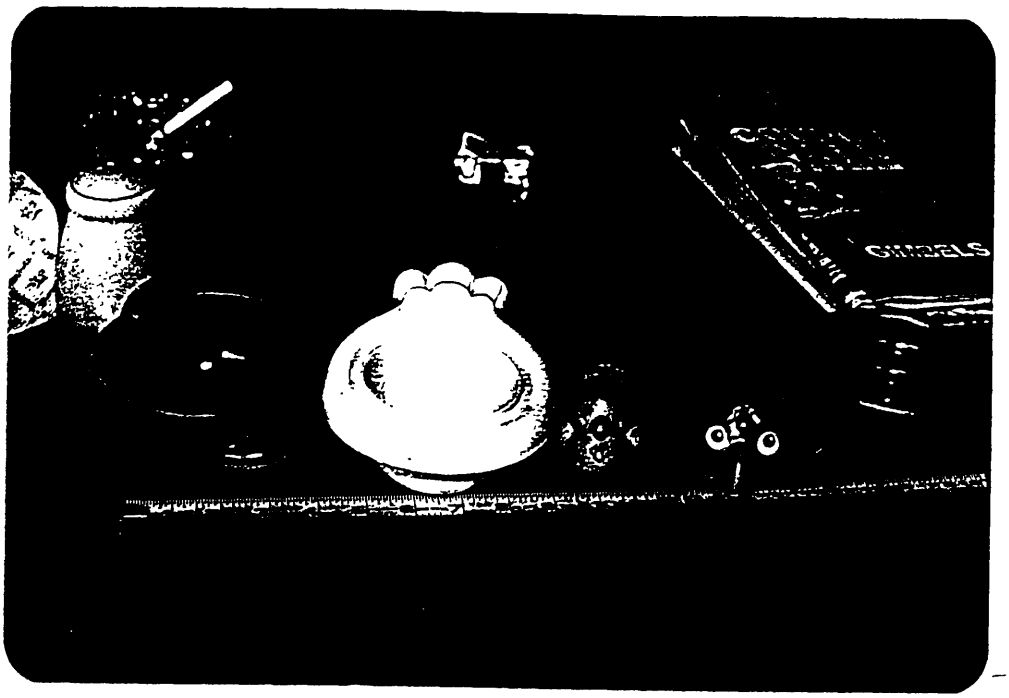
Exhibit 1: Photographs.

840507CH10573

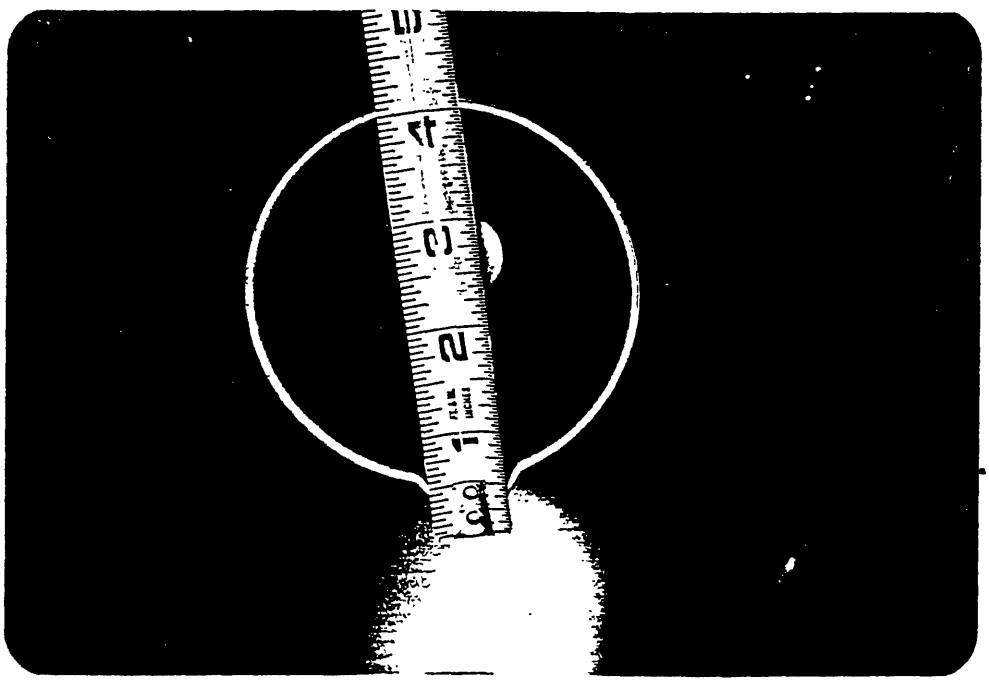
Photo of victim at age 18 months

Victim was 14 months old at time of incident.

#1



View of the 5 components of the [redacted]



View of interior of the "head" cup.

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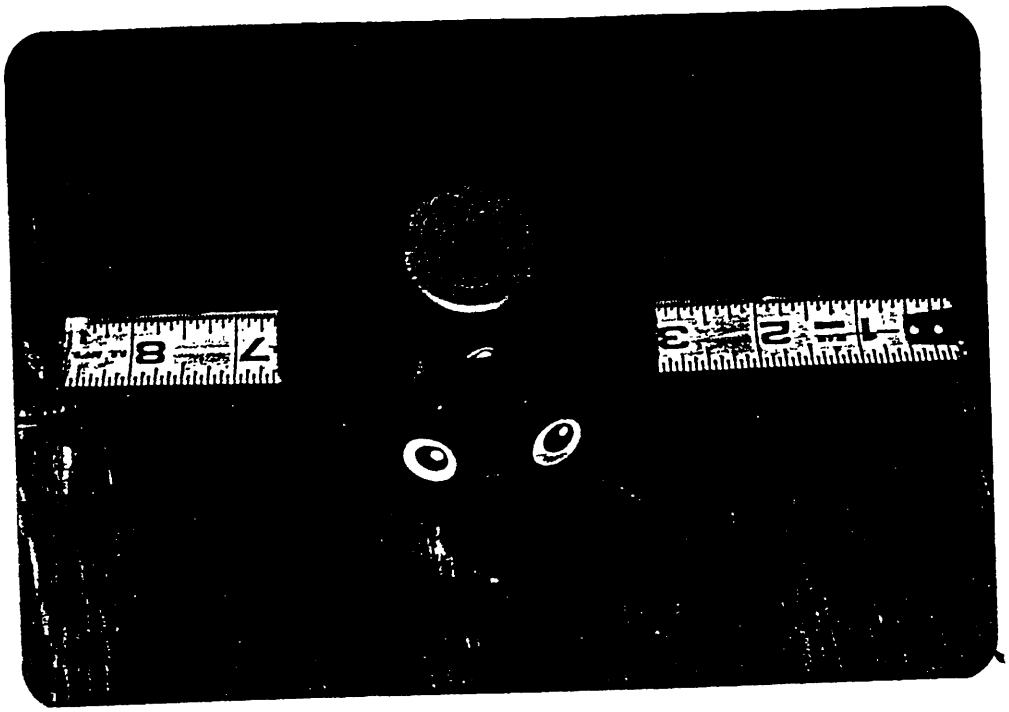
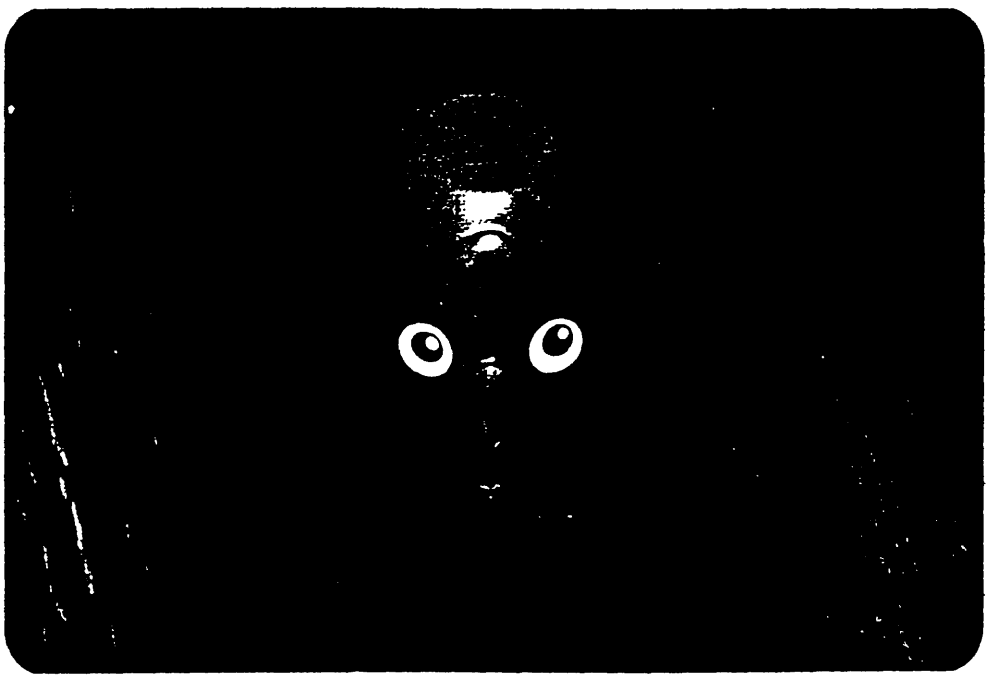
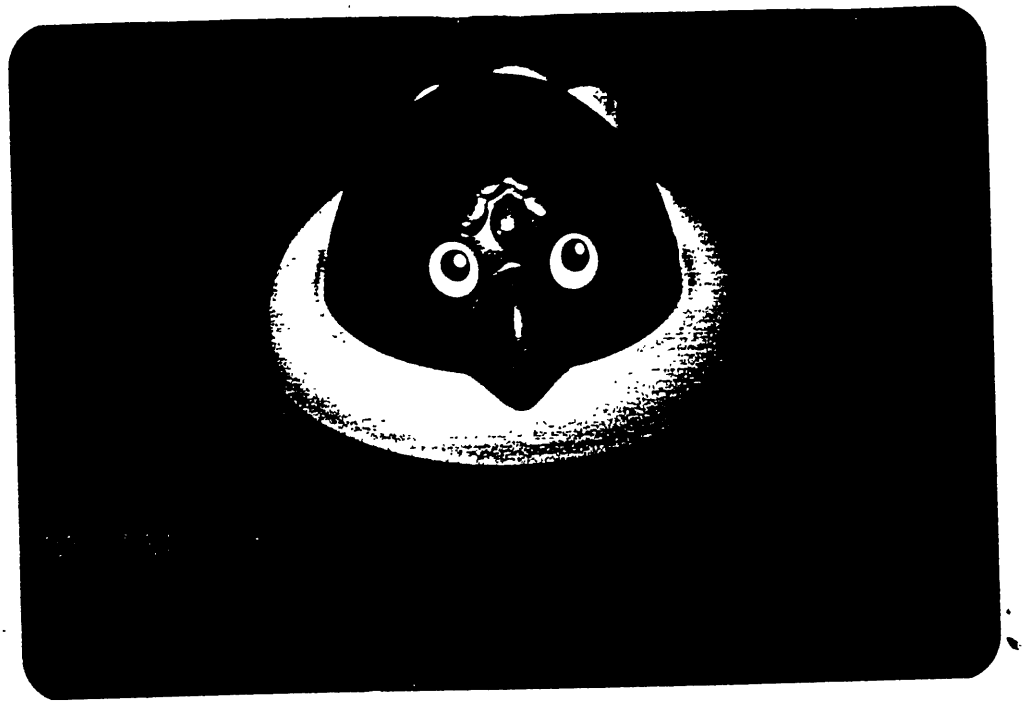
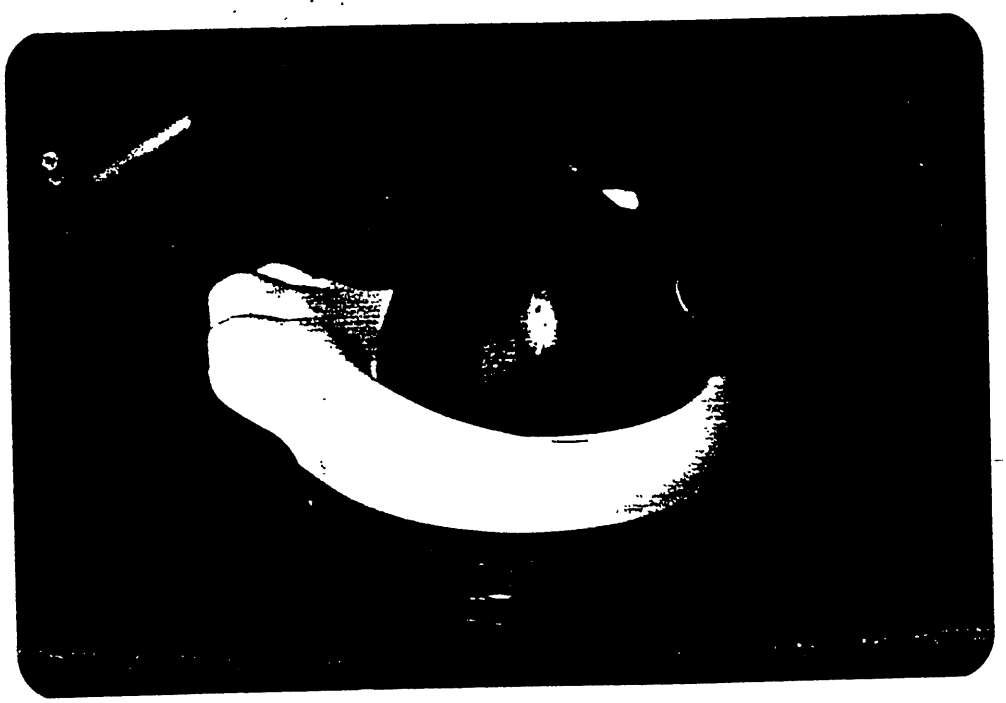




Views of exterior of "head" cup



Front view of F[redacted] with all components in place



Side view of F[redacted] with all components in place.