

Part 8 of accident  
investigation  
#980217CNE5086

PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

1	Shue, Cedars	AMSA	13
2			14
3			15
4			16
5			17
6			18
7			19
8			20
9			21
10			22
11			23
12			24

Medicament	New									
Dose & F	Review									
Frequent	Change									
M.D. Sig	Stat									
Date	Stacy									
Comment	Time of Order									
Medicament	New									
Dose & F	Review									
Frequent	Change									
M.D. Sig	Stat									
Date	Stacy									
Comment	Time of Order									
Medicament	New									
Dose & F	Review									
Frequent	Change									
M.D. Sig	Stat									
Date	Stacy									
Comment	Time of Order									

ATTACH ORIGINAL

ATTACH ORIGINAL

ATTACH ORIGINAL

ATTACH ORIGINAL



PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	

*Handwritten notes in the table:*  
 13: [unclear]  
 14: [unclear]  
 15: [unclear]  
 16: [unclear]  
 17: [unclear]  
 18: [unclear]  
 19: [unclear]  
 20: [unclear]  
 21: [unclear]  
 22: [unclear]  
 23: [unclear]  
 24: [unclear]

**ACTIVITIES**

201X  
 Smg IV XI  
 clump clear -  
 [unclear]  
 18/99  
 15/11

*Handwritten:* 4/13/99 J. Adonora

**ATTACH ORIGINAL**

Review  
 Change  
 Stat  
 Svcy

Time of Order

**ATTACH ORIGINAL**

Review  
 Change  
 Stat  
 Svcy

Time of Order

**ATTACH ORIGINAL**

Review  
 Change  
 Stat  
 Svcy

Time of Order



PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

1	Dr. [Signature]	13
2	[Signature]	14
3	[Signature]	15
4		16
5		17
6		18
7		19
8		20
9		21
10		22
11		23
12		24

*Hps 6<sup>th</sup> quarter held due to no I Vaccines*

ATTACH ORIGINAL

ATTACH ORIGINAL

ATTACH ORIGINAL

ATTACH ORIGINAL

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date \_\_\_\_\_  
 Doctor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date \_\_\_\_\_  
 Doctor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date \_\_\_\_\_  
 Doctor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date \_\_\_\_\_  
 Doctor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_

A.M.												P.M.											
HOURS												HOURS											
12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
[Handwritten notes and scribbles]																							
DATE 4/17/97												DATE 4/17/97											

NONE KNOWN

041497

Drug	Dose	Time of Day
7-line - Heparin	1000	
2.9 / NS i	1000	
at 3cc/hr		
4/17/97	8:30A	

NONE KNOWN

SENSITIVITIES:

W + 40 NaCl	
KCl + 3g Ca gluconate	
@ 18cc/hr	
4/17/97	7:15P

NONE KNOWN

SENSITIVITIES:

F's - Dow + Homeg/L	
Cl + 3g Ca gluconate + 60mg/L KCl	
@ 18cc/hr	
Dolentid, nit	
8am	

Jonathan

NONE KNOWN

SENSITIVITIES:

No-Cythracin	
4/19/97	10:30A

PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

1	10cc IV Push	13
2	10cc IV Bolus	14
3	X 1 now please	15
4	stable	16
5	17/97 7/5/97	17
6	11. C. ...	18
7		19
8		20
9		21
10		22
11		23
12		24

Name	10cc IV Push
Number	10cc IV Bolus
Change	X 1 now please
Unit	stable
Qty	17/97 7/5/97
Time of Order	11. C. ...

SENSITIVITIES:	
Name	28C
Number	120cc total
Change	E / N over 4hrs
Unit	stable / pituitik
Qty	4/18/97 10/1
Time of Order	2/18/97 XI

Name	D10W
Number	10cc IV Push
Change	
Unit	stable / pituitik
Qty	17/11/97
Time of Order	11/11/97

Medication	
Dose & Frequency	
Change	
Unit	
M.D. Sig. w/	
Date	
Time of Order	
Comments	

ATTACH ORIGINAL

NON-ABSTINENCE



PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

1	13	14	15	16	17	18	19	20	21	22	23	24
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

New  
 Renew  
 Change  
 Stat  
 Notify

Medication: **ATTACH ORIGINAL**  
 Dose & Rx: **ATTACH ORIGINAL**  
 Frequency: **ATTACH ORIGINAL**  
 M.D. Sign: **ATTACH ORIGINAL**  
 Date: **ATTACH ORIGINAL**  
 Comments: **ATTACH ORIGINAL**

New  
 Renew  
 Change  
 Stat  
 Notify

Medication: **ATTACH ORIGINAL**  
 Dose & Rx: **ATTACH ORIGINAL**  
 Frequency: **ATTACH ORIGINAL**  
 M.D. Sign: **ATTACH ORIGINAL**  
 Date: **ATTACH ORIGINAL**  
 Comments: **ATTACH ORIGINAL**

New  
 Renew  
 Change  
 Stat  
 Notify

Medication: **ATTACH ORIGINAL**  
 Dose & Rx: **ATTACH ORIGINAL**  
 Frequency: **ATTACH ORIGINAL**  
 M.D. Sign: **ATTACH ORIGINAL**  
 Date: **ATTACH ORIGINAL**  
 Comments: **ATTACH ORIGINAL**

New  
 Renew  
 Change  
 Stat  
 Notify

Medication: **ATTACH ORIGINAL**  
 Dose & Rx: **ATTACH ORIGINAL**  
 Frequency: **ATTACH ORIGINAL**  
 M.D. Sign: **ATTACH ORIGINAL**  
 Date: **ATTACH ORIGINAL**  
 Comments: **ATTACH ORIGINAL**

13  
 14  
 15  
 16  
 17  
 18  
 19  
 20  
 21  
 22  
 23  
 24

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12



PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

1	Apple	15
2	Apple	14
3	Apple	13
4	Apple	12
5	Apple	11
6	Apple	10
7	Apple	9
8	Apple	8
9	Apple	7
10	Apple	6
11	Apple	5
12	Apple	4

<p>11471111</p> <p>NON-KNOWN</p>		<p>ATTACH ORIGINAL</p>	
<p>5 units IM</p> <p>X 1 dose</p> <p>Apple 11/11/97</p> <p>27/97</p> <p>When - NO</p>	<p>IPV</p> <p>0.5cc IM</p> <p>XI</p> <p>Apple 11/11/97</p> <p>Time on @ High</p>	<p>Tetrahime</p> <p>0.5cc IM</p> <p>XI</p> <p>Apple 11/11/97</p> <p>Time on @ High</p>	<p>Frequency</p> <p>Change</p> <p>Start</p> <p>Time of Order</p> <p>Secretary</p>







PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

1	Wagner Jackson	15
2		14
3	Saran	13
4	Mitchell	12
5		11
6	Rome	10
7		9
8		8
9	Trachin	7
10	P. J. ...	6
11		5
12	J. ...	4

ATTACH ORIGINAL

ATTACH ORIGINAL

ATTACH ORIGINAL

ATTACH ORIGINAL

Medication: \_\_\_\_\_  
 Dose & Route: \_\_\_\_\_  
 Frequency: \_\_\_\_\_  
 M.D. Sig: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time of Order: \_\_\_\_\_  
 Comment: \_\_\_\_\_

Medication: \_\_\_\_\_  
 Dose & Route: \_\_\_\_\_  
 Frequency: \_\_\_\_\_  
 M.D. Sig: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time of Order: \_\_\_\_\_  
 Comment: \_\_\_\_\_

Medication: \_\_\_\_\_  
 Dose & Route: \_\_\_\_\_  
 Frequency: \_\_\_\_\_  
 M.D. Sig: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time of Order: \_\_\_\_\_  
 Comment: \_\_\_\_\_

Medication: \_\_\_\_\_  
 Dose & Route: \_\_\_\_\_  
 Frequency: \_\_\_\_\_  
 M.D. Sig: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time of Order: \_\_\_\_\_  
 Comment: \_\_\_\_\_

Medication: \_\_\_\_\_  
 Dose & Route: \_\_\_\_\_  
 Frequency: \_\_\_\_\_  
 M.D. Sig: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time of Order: \_\_\_\_\_  
 Comment: \_\_\_\_\_



PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	

Name	Number	Change	Stat.	Time of Order	Day
HCO3					
2 mecl					
V x 1					
Demagant					
12/197				300	
0414					
ACH2					
100 mecl					
IV x 1					
Demagant					
12/197				300	
0414					
mecl					
.8 cc 1:1000					
IV x 1					
Demagant					
5/12/97				304	
0414					
Demagant					
0.16 mg					
IV x 1					
Demagant					
5/12/97				530	
0414					

PLACE STAT ORDERS AND ONE TIME DOSE ORDERS ON THIS PAGE

12		
11		
10		
9		
8		
7		
6		
5		
4		
3		
2		

New  
 Order  
 Change  
 Stat  
 1.0 mg qd  
 11/2/97

Medication	New
Dose & Frequency	Renew
Frequency	Change
M.D. Sig	Stat
Date	Time of Order
Comments	
Medication	New
Dose & Frequency	Renew
Frequency	Change
M.D. Sig	Stat
Date	Time of Order
Comments	
Medication	New
Dose & Frequency	Renew
Frequency	Change
M.D. Sig	Stat
Date	Time of Order
Comments	

ATTACH ORIGINAL

ATTACH ORIGINAL

ATTACH ORIGINAL

SECTION III - Patient Profile

T 34 P 176 R AMBU BP 151/96 HC 43.5 HEIGHT 71 WEIGHT 8.12

<p><b>CARDIOVASCULAR STATUS</b> Pain, pules, palpitations, BP, diaphoresis, varicosities, peripheral pules, edema, pacemaker</p>	<p>HR 170-190/min USR Extremities cool &amp; weakly palpated pedal pulses, b. palpable central pulses.</p>		
<p><b>RESPIRATORY STATUS</b> Pain, breath sounds, S. O. B. cyanosis, cough, sputum, trach or tubes, smoking habits, retractions, nasal Flaring, type of apnea.</p>	<p>#4.5 oral EIT tube &amp; air leak Cetor pink. Breathing well bilateral O2 sets 100% on 100% FIO2</p>		
<p><b>GASTROINTESTINAL STATUS</b> Pain, nausea, vomiting, bleeding, bowel habits, jaundice, hernia, hemorrhoids, colostomy (appliance) diarrhea, constipation.</p>	<p>abdomen intermittently hard &amp; soft Nlg on place &amp; drainage fluid &amp; stool passing stool</p>		
<p><b>NUTRITIONAL STATUS</b> Weight gain/loss, dysphagia anorexia, dehydration, obesity, cachexia, food and fluid intake, alcohol intake.</p>	<p>nourished hydrated</p>		
<p><b>RENAL STATUS</b> Frequency, dysuria, nocturia, incontinence, bleeding, pain, catheter, ostomy, dialysis, (appliance and/or equipment).</p>	<p>Foley in place + leaking UA SENT C&amp;S</p>		
<p><b>REPRODUCTIVE SYSTEM</b> Pain, discharge, lesions, contraception, sexual activity, impotency, ambiguous genitalia, undescended testes.</p>	<p>circumcized male testes &amp; d</p>	<p>Date LMP Duration Age Onset</p>	<p>RAP-SMEAR Done Contra-indicated Refused Re-evaluate</p>
<p><b>NEUROLOGICAL STATUS</b> Headaches, vertigo, syncope seizures, memory loss, LOC, PERLA, Irritability a) sensory deficits/disturbances, vision, hearing, touch b) motor deficits/disturbances, tremors, paralysis, gait, speech, muscle</p>	<p>PERLA - 4-6mm NO spontaneous movement OR respiratory effort. Apogal breathing observed &amp; at same time tenses abdominal muscles.</p>		
<p><b>MUSCULO-SKELETAL</b> Joint pain, back pain, stiffness, joint swelling, deformity</p>	<p>asymptomatic</p>		
<p><b>ENT</b> Otitis, foreign object</p>	<p>orally intubated</p>		
<p><b>ENDOCRINE</b> D. K. A. Goiter, voice change, polydypsia, hair change, gynecomastia</p>	<p>asymptomatic</p>		
<p><b>SKIN INTEGUMENTARY</b> Hair, nails, cleanliness, scars, lesions, ulcers, ecchymosis, rashes, decubiti, turgor, color, temperature, pediculosis, scabies</p>	<p>No bruises, scars or rashes apparent. skin cool/dry (R) &amp; (L) arm peripheral IV's in place Extremities pale dusky.</p>		
<p><b>EMOTIONAL STATUS</b> Adjustment to illness, mood, anxiety, nervousness, depression, insomnia, lethargy, hallucinations, restlessness, Usual behavior.</p>	<p>In FANT</p>		

**GROWTH AND DEVELOPMENT**

Age appropriate

Growth

Development

Describe any apparent deficits (Speech, Toilet Training, Etc.)

**ADVANCE DIRECTIVE  
(DISCUSSED WITH PATIENT/FAMILY)**

- PATIENT BILL OF RIGHTS
- HEALTH CARE PROXY
- DNR
- OTHER

*P. Bonaterra*

SIGNATURE R.N.

**Section IV - ADDITIONAL PERTINENT INFORMATION**

Lined area for additional information.

MONTEFIORE MEDICAL CENTER  
NURSING DEPARTMENT  
PEDIATRIC ADMISSION

100M PEDIADMIT  
Rev. 9/84  
H 10/23/10  
NY 10021  
T. J. ...  
...

Date: 4/15/97 Time: 4:05 PM Unit: NW6204 611C

Patient Admitted from: NCB ER

Valuables  None (if kept, list)  
 Sent to admitting

Valuables Envelope Number

Clothing list completed  Clothing sent home   
Prostheses: Glasses  Contact Lenses  Dental  Other (Name) \_\_\_\_\_  
Unit Orientation given to Patient/Family  U.A. obtained

Reason for hospitalization or chief complaint FEVER - PNEUMONIA

Duration of this problem/onset: 10:00 AM. WAS IN TUB @ 2 Y/O SLIDING. PT WAS IN "BABY BATH TUB" SUCTION CUPPED TO TUB - MOM LEFT ROOM + FOUND BABY FACE DOWN ON TUB

Previous Hospitalizations:

DATE	WHERE	Type of illness or Surgery
<u>09/28/76</u>	<u>OLM</u>	<u>BIRTH @ WT 7lb 10oz.</u>

Family Health History

Diabetes  Heart  Cancer MSH, MGF TB   
Anemia  Asthma  Epilepsy  Hypertension   
Sickle Cell Disease  Sickle Cell Trait  Psychiatric

Family Information:  
Telephone Number where parents can be contacted

Home 584 4400  
Work Second Mother  
Other 379 8134  
Tier 11 Shelter  
Type of Housing:

- Apartment 588 2604
- Walk-Up
- Elevator Grandfather
- Private House

How many people are in the patient's immediate family?  
PARENTS Jocelin, Chantilly

Mother Age 18  
Father Turner Age 21  
CHRISTOPHER  
Others living at home of patient

Relationship	Age
<u>DAD DOES NOT LIVE IN FAMILY</u>	

SIBLINGS		
Sex	Age	Living at Home
<u>Male</u>	<u>2 years</u>	<u>NO</u>

Community Agencies that are utilized by family:

Health Care: OLM CLINIC - DR CARLINGTON

Social Services: MEDICAID - has temporary number.

Other: ENTRICKS

PATIENT PROFILE

Section I

Patient's age: 5 mos Sex: male Informant: MOM

Date of Birth: 10/28/96 Religion: CATHOLIC

Baptized  Yes  No Language spoken and/or understood \_\_\_\_\_

*one  
-BER  
states  
date  
PTO being  
will bring  
in records*

Immunizations: (Check off completed immunizations)  
 DPT: #1 12/23/96 #2 2/24/97 #3 \_\_\_\_\_ Booster \_\_\_\_\_  
 OPV: #2 12/23/96 #2 2/24/96 #3 \_\_\_\_\_ Booster \_\_\_\_\_

HEB 10/30/96  
12/23/96

Tuberculin Testing within past year \_\_\_\_\_ MMR \_\_\_\_\_ Other \_\_\_\_\_

Exposure to communicable disease during past 4 - 8 weeks  Yes  No

*has not had  
chicken pox*

Is patient currently taking medications?  No  Yes (List below)

Medication Code: A - Sent home with family B - Not brought in with patient

Name	Code	Time of last dose	Patient/S.O. Understanding of Purpose
<u>none</u>			

Does patient have any Allergies?  No  Yes (List below)

Medications \_\_\_\_\_  
 Foods \_\_\_\_\_  
 Other (e.g. Wool, Soap, Disposable Diapers) \_\_\_\_\_

Section II

Patterns: (Usual Behavior of Patient)

Hygiene: \_\_\_\_\_  
 Rest - Sleep: \_\_\_\_\_  
 Activity Status: \_\_\_\_\_  
 Elimination Habits: \_\_\_\_\_  
 Meals/Diet \_\_\_\_\_ Formula?  Drinks from cup  Bottle

Recreation/Hobbies/Play/Toys: \_\_\_\_\_

Does patient have favorite toy?  Yes  No Did he/she bring it to hospital  Yes  No  
 (If yes - indicate \_\_\_\_\_)

Does patient smoke?  Yes  No Use drugs?  Yes  No Use Alcohol?  Yes  No

Does patient attend school?  No  Yes

If yes: School name \_\_\_\_\_  
 Grade Level \_\_\_\_\_  
 Academic performance \_\_\_\_\_

If no: Does patient work?  No  Yes Where: \_\_\_\_\_

What does he/she do there? \_\_\_\_\_

*[Handwritten signature]*

MONTEFIORE MEDICAL CENTER  
DEPARTMENT OF NURSING  
PEDIATRIC PATIENT NEEDS SUMMARY & CARE PLAN

CODE: L.N. = Learning Needs H.C.N. = Hospital Care Needs D.N. = Discharge Needs

9-A  
JOSHATPA  
IAHA  
0200510

R 10/28/1910 110  
ARE CONCEPT 10413  
NY 119 004-440  
017 04/19/1917 A

Josephina Senatharan  
PRIMARY NURSE

Diagnosis  
New Born

NEED #	DATE INITIAL ASSESSMENT	CODE LETTERS	ASSESSED NEED	R.N. INITIALS	DATE RESOLVED	R.N. INITIALS

NEED #

**Respiratory**

DATE 2/1/97

NURSING ORDERS:  
 Continuous on same  
 Vent Settings: SIMV, Rate 15  
 TV 92, PEEP 5, FIO2 21%  
 c O2 sat's 96-100%. Breathing

4:00 Cuffed NTT taped securely to face. Lungs generally clear. Some coarse crackles & rhonchi B/C. Such as 022 for scant deeply white secretions. APT - no resp distress, no apnoeas, no cyanosis.

4/21/97 - 5 days continued ventilator setting sustained 92 + p. O2 sat 96-97%  
 4/20/97 tubing - same  
 ventilator setting -  
 or sat - 96%  
 Vent. continued  
 SIMV rate 15 20% FIO2





2	Hydration, Uprte belcan ee / hydration	<p>7/19/97 MRV. MRV is common out of biliole drainage. Uprte BVP sent to DDE 40 PM. Metabolic 30 mmol/L + 1.5 gm/cm glucose. Uprte 7/19/97 on 8-2-97 drip.</p> <p>4/19/97 :- NPO is being maintained at 30 mL Kay monitored 9 4's &amp; minimal D10W + Ca Gluconate 30 mL Kay 60 mg / L &amp; NaCl 40 mg / L at 18 cc per hour. Voiding 18 cc activity.</p>	<p>if 2000-3000 cc urine. urinary @ present. Residuals. Number (2)</p> <p>4/19/97 Continued on CNG fluids of Simcoe 200 cc / L fluids at 30 cc/hr. Residuals 4/19/97 - Pt on CNG 200 cc / L - SIM 200 cc 20-26 &amp; voiding 4/19/97 Urinary fluids 177 cc / L 4/19/97</p>
3	Neuro	<p>Pupils unequal &amp; non-reactive! ASpart resp. Invariant. D. P. Spont. to pain for no reason stim. Spont Cough (2)</p> <p>4/19/97: Pupils equal &amp; non-re- active to light. No resp effort or response to touch. SA 4/19/97 - remain F1Dc pupils 4mm WMA up in cerebral blood? DPP 2000 activity. (AM)</p>	<p>4/19/97 Neuro unchanged pupils = 4mm B/L O/NR to light. No spontaneous movements or response to pain. Seen by Neuro. Cold water caloric. Seen done = no response. Seen by Risk Management Biosethics (2)</p>
4	Teaching / Planning	<p>from own pain / spirit or hospital duty. = Allow to ventilate feelings. = Allow to hold baby as long as she wants to</p> <p>4/19/97 mom - express that she did not changed her mind Remained in full code. 'ok' Lapay made aware. 1800</p>	<p>4/19/97</p>
5	Nursing Orders: 1) NPO 2) IV fluids to ordered 3) ITD 4) weights QD 5) assess hydration status 6) allow serum levels		
7/15	Nursing Orders: 1) US & thine B/P, COct pupil reactivity 2) anticonvulsants re ordered 3) observe seizure activity		
4	Teaching / Planning		
7/15	Nursing Orders: see Teaching tool		
11			<p>Continue to slowly help mother to be realistic &amp; accept whatever outcome the pt's condition may bring. = always spiritual help</p>

MONTEFIORE MEDICAL CENTER  
DEPARTMENT OF NURSING

**PATIENT / FAMILY TEACHING RECORD**

(Teaching may include Disease Processes, Signs and Symptoms, Risk Factors, Diet, Medications, Special Procedures, Community Resources, etc.)

• TEACHING / LEARNING NEEDS:

<input checked="" type="checkbox"/>	orient parents to PCCU	PB	7/15
<input checked="" type="checkbox"/>	Teaching / Dis Planning	PO	7/15
<input checked="" type="checkbox"/>	pt's acute prognosis	UM	7/15

ML-op (NACH: OT)  
 Psychological coping mechanism

**TEACHING PROCESS CODES:**

RM DATE  
7/15 5/11

**METHODS:**

- A - 1:1 SESSION
- B - GROUP CLASS
- C - FLYERLET (SPECIFY)
- D - DEMONSTRATION
- E - AUDIO-VISUAL (SPECIFY)
- F - FAMILY CONFERENCE
- G - OTHER (SPECIFY)

**EVALUATION CODES:**

- UE - UNABLE TO EVALUATE (SPECIFY)
- V - VERBALIZES CONCEPT ACCURATELY
- D - DEMONSTRATES SKILL ACCURATELY
- R - NEEDS REVIEW
- NR - NOT RECEPTIVE TO LEARNING (SPECIFY)
- X - OTHER

DATE	CONTENT	PERCENTAGE	METHOD	EVALUATION	COMMENTS
7/15	Explain to parents need for FCC monitoring	100%	A	V	Mom understands visitor policy
	Introduce to primary physician & social worker				
	Review visitor policy & show location of family room				
7/15	Assess parents knowledge of current medical problems, interventions & expected outcome	100%	A	A	Spoke at length with physicians regarding severity of pt illness

DATE	COMMENT	PERSON/TALENT	MEMO	INITIALS	COMMENT	INITIALS
4/20	3. Dr. Weinger spoke @ length @ pt. mother @ MGN about pt's grave prognosis. Plan of care: pt's likely outcome: (vegetative state).	MGN & MGN	A	OK	Mom does not seem to hear/understand what is being said concerning quality of life. Work on to work: mom's sensitive social network	
4/20	4. Evaluated by peds surgeon by train of spirit to mom without explanation. What they will & brief explanation of procedures.	mm	A	mm	mm stated she wanted the surgery -> needs review & full explanation of procedure (as she supports care for in mother. Questions answered but encouraged to initiate thinking.	
5/1	5. Coping mechanisms strengthened by psych. consult, group therapy, support group; social worker's help. Allow to ventilate feelings. Help see things realistically. Involve pastoral care.					

4/15/97 Mother & other relatives visited they all seem very concerned. Attending physician spoke with mother. RR.

4/21/97. Teaching continued & none who still fluctuates in her responses. Grave prognosis reinforced. Friends & social workers present for support. Tragic outcomes at times. S. Delander

5/2/97 Mon. care - evening care needed. & sudden pt. home RR

Maureen RR	Cherice McCleary RR	Cherice
Sue Adams RR	Melissa P	
Te Brase	Janet Allen - wife	L J
Reggie RR	Sue Allen	RR

5/2 - Mom began unable to accept reality of child's condition. Feeling fear over future of child. Transfer & accountability to the

1. TASK NUMBER 970626CCC3238		2. INVESTIGATOR'S ID 8026		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. OFFICE CODE 860	4. DATE OF ACCIDENT YR MO DAY 96 09 28	5. DATE INITIATED YR MO DAY 97 07 10			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT The victim was a 5 months old infant boy who was being bathed in a bath tub full of water in his bathroom. He was sitting in a baby bath seat. The mother left the victim unattended in the bathroom. She reportedly returned about 15 seconds later and found the victim under the water in the bathroom. He was out of the baby bath seat. Paramedics administered CPR. The victim was hospitalized. He died the next day from anoxia due to the accidental drowning.					
8. LOCATION (Home, School, etc.) Home, indoors. [1]		8. CITY Bakersfield		9. STATE CA	
10A. FIRST PRODUCT Baby bathtub seat. [1557]		10B. TRADE/BRAND NAME Unknown.		10C. MODEL NUMBER Unknown	
10D. MANUFACTURER NAME AND ADDRESS Unknown.					
11A. SECOND PRODUCT Bathtub. [0611]		11B. TRADE/BRAND NAME Unknown.		11C. MODEL NUMBER Unknown.	
11D. MANUFACTURER NAME AND ADDRESS Unknown.					
12. AGE OF VICTIM 5 months. [205]		13. SEX Male. [1]	14. DISPOSITION Died in hospital. [8]		15. INJURY DIAGNOSIS Anoxia, drowning. [65]
16. BODY PART (S) INVOLVED All parts of body. [85]		17. RESPONDER Police investigator. [3]	18. TYPE OF INVESTIGATION Telephone. [2]		19. TIME SPENT (OPERATIONAL HOURS) Hours. [08]
20. ATTACHMENT(S) Multiple. [9]		21. CASE SOURCE Health Dept. [02]		22. SAMPLE COLLECTION NUMBER None.	
23. PERMISSION TO DISCLOSE NAMES (NON MISS CASES ONLY) "No." Do not release victim's name and address.					
24. REVIEW DATE August 08, 1997		25. REVIEWED BY Keven J. Barton, Supervisor		26. REGIONAL OFFICE DIRECTOR Lee D. Saxter, Director	

*MFR/PRV/ISS NOTIFIED*  
*No Comments Attached*  
*2/9/97*  
*249*  
*Extensions/Revisions*  
*Time for not requested*  
*Multiple copies*

OVER  
 V

27. DISTRIBUTION

Orig: EHDS Copies: CCA, Rauchschalbe, WRC-SF

CPSC FORM 182 (REVISED 10/93) Approved for use through 5/31/2000 OMB NO. 3041-0029

Page 2

970626CCC3238

SYNOPSIS

The victim was a 5 months old infant boy who was being bathed in a bath tub full of water in his bathroom. He was sitting in a baby bath seat. The mother left the victim unattended in the bathroom. She reportedly returned about 15 seconds later and found the victim under the water in the bathtub. He was out of the baby bath seat. Para-medics administered CPR and took the victim to a hospital. The victim was transferred to a children's hospital. He died the next day from anoxia due to the drowning. The Medical Examiner ruled the death was accidental.

PRE-INCIDENT

The victim was a 5 months old infant boy who lived with his mother and father in a rented apartment. At about 8:40 am on the day of the incident, the mother started to bathe the victim in a bathtub in the apartment's bathroom. The bathtub was reportedly filled with about 12" of water. There were no bath toys in the bathtub. The mother placed the victim in a baby bath seat at the bottom of the bathtub. She bathed and played with the victim for about 5 minutes. The mother then left the bathroom to get a towel nearby. The victim was left unattended sitting in the baby bath seat in the water-filled bathtub.

INCIDENT

No one observed this drowning incident. The victim started drowning under the water in the filled bathtub. He was reportedly out of the baby bath seat.

POST-INCIDENT

The mother told the Police investigator that she was out of the bathroom about 15 seconds to get a bath towel. She said she found the victim out of the baby bath seat and under the water in the bath tub when she returned. The mother said she took the victim out of the bath tub and found he was lifeless. She said she ran downstairs without the victim to get help. The mother went to a neighbor's apartment. The adult male neighbor called the 9-1-1 emergency number and reported the incident. The neighbor then went upstairs, found the victim, and started giving the infant CPR. This was about 2 to 3 minutes after the victim was taken out of the bath tub.

The para-medics arrived, gave the victim CPR, and transported him to a nearby hospital emergency room. The victim regained some of his vital signs in the hospital. He was transferred to a large children's hospital in a nearby city later in the day. The victim did not recover from the anoxia from his drowning in the bath tub. He died in the children's hospital at 5:45 pm the next day. The County Medical Examiner did not perform an autopsy (Exhibit 3). The Police in the victim's city were contacted. They

970626CCC3238

investigated the drowning incident. As a result of this investigation, the Medical Examiner ruled that the victim died from an accidental drowning (Exhibit 3).

The victim's parents could not be located and did not respond to a contact letter about the incident. The Police investigator furnished the incident and product information in this report. He said the bath tub plug was pulled and little water was left in the bath tub

Page 3

970626CCC3238

when the first Police officer arrived at the victim's home with the para-medics.

#### PRODUCT IDENTIFICATION

The manufacturer, model, and identification of the baby bath seat and the bath tub involved in this incident are unknown. The victim's parents could not be located and the baby bath seat was not examined. The mother told the Police investigator that the baby bath seat was about one year old and had been used many times to bathe the victim. The bath seat was made of plastic and had no suction cups for attachment to the bottom of the bath tub, according to the Police investigator. The bath tub involved in the incident was a standard size bath tub located in the bathroom of a rented apartment.

#### STANDARDS INFORMATION

The Commission has no specific regulations for baby bath seats and bath tubs. The bath seat is subject to the Federal Hazardous Substances Act regulations for small parts and sharp points (16 CFR 1500 & 1501). It is not known if the bath seat or the bath tub complied with any voluntary standards.

#### ATTACHMENTS

- Exhibit 1: CCA investigation assignment request, 6-26-97.
- Exhibit 2: FOWR investigation assignment request.
- Exhibit 3: California Certificate of Death for the victim.

EXHIBIT 1

970626CCC3238

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: 9404 139780  
 DATE OF INCIDENT: 9/28/94 CATID: ~~SECT 15-1996~~ SECT RR 19967  
 FOLLOW-UP REQUESTED HAZARD ANALYSIS ( ) SECT 15 (X)  
 TYPE FOLLOW-UP TELEPHONE ( ) ON-SITE (X)  
 HEADQUARTERS CONTACT: Renae Rauchschalbe 504-0608 x1362  
 Marc Schoem 504-0608 x1365

**ASSIGNMENT MESSAGE:** Please complete the investigation using the Investigation Guideline. It is very important to establish the detailed sequence of events in these incidents including the infant's position during the incident and the use of any bath rings, seats, or infant bathtubs. Exact age of infant (DOB and date of incident) needs verification and determine length of time between when child was last observed as fine until he/she was discovered submerged.

For fatal incidents, please interview any parents or caregivers for the detailed sequence of events to the extent possible. If the state does not allow contact with the next-of-kin in a fatal incident, collect all official documentation including coroners or medical examiners reports, paramedics report, police investigation, social worker's report, and any medical treatment records.

Person(s) to Contact: *Officials*  
*Next of Kin - after obtaining permission from Coroner*

Guidelines: 110 Bathtub Incidents Involving Children <18 Months Old

Task Number **970626CCC3238** to:  
 Assigned to: *SFOO* Requested by:

EXHIBIT 2

U.S. Consumer Product Safety Commission  
ASSIGNMENT REPORT

970626CCC3238

<b>Assign No</b> 970626CCC3238	<b>MIS Code</b> 32626	<b>Status</b> 0	<b>Assign Type</b> In-Depth Investigation	<b>Region</b> FOUR
<b>Investigator</b> Cecil O. Smith	<b>Supervisor</b> Keven J. Barton	<b>Firm</b>		

<b>Assign Date</b> 6/27/97	<b>Victim Name</b> [REDACTED]
<b>Target Date</b> 8/11/97	<b>City</b> BAKERSFIELD
<b>Revised Target Date</b>	<b>State/Zip</b> CA 93305
<b>Complete Date</b>	<b>Product Description</b> BATHTUB
	<b>Document Number</b> 960613978
	<b>HIA No.</b> SECT15

Remarks

Assignment

3 051996 | 39780

EXHIBIT 3

970626CCC3238

CERTIFICATE OF DEATH

3199510 004211

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITTOUTS OR ALTERATIONS VS-11 (REV. 7/83)				LOCAL REGISTRATION NUMBER	
1. NAME OF OCCIDENT—FIRST (GIVEN)		2. MIDDLE		[REDACTED]			
4. DATE OF BIRTH MM/DD/CCYY 04/11/1996		5. AGE YRS. 5		6. SEX Male		7. DATE OF DEATH MM/DD/CCYY 09/29/1996	
8. STATE OF BIRTH CA		10. ROOM, BUILDING NO.		11. MILITARY SERVICE		12. MARITAL STATUS Nev. Mar.	
14. RACE White		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES Mexican		16. USUAL EMPLOYER None		13. EDUCATION—YEARS COMPLETED 0	
17. OCCUPATION Infant		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION 0			
20. RESIDENCE—STREET AND NUMBER OR LOCATION							
21. CITY Bakersfield		22. COUNTY Kern		23. ZIP CODE 93305		25. STATE OR FOREIGN COUNTRY California	
26. NAME, RELATIONSHIP Verna [REDACTED] mother				27. MAILING ADDRESS (SEEK AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 804 NILES "B", BAKERSFIELD CA 93305			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MARRIAGE NAME)			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST			
34. NAME OF MOTHER—FIRST		34. MIDDLE		35. LAST			
36. DATE MM/DD/CCYY 10/03/1996		40. PLACE OF FINAL DISPOSITION South Kern Cemetery District Bakersfield, California					
41. TYPE OF DISPOSITION Burial		42. SIGNATURE OF REGISTRAR [Signature]		43. LICENSE NO. 6699			
44. NAME OF FUNERAL DIRECTOR J.W. Sams & Son Mortuary		45. LICENSE NO. FD884		46. SIGNATURE OF LOCAL REGISTRAR [Signature]		47. DATE MM/DD/CCYY 10/02/1996	
101. PLACE OF DEATH Valley Childrens Hospital		102. IF HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY Fresno	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 3157 N. Millbrook						106. CITY Fresno	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) DROWNING						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B)						108. BODY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) 970626CCC3238						109. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						110. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. OCCIDENT ATTENDED SINCE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NO.		117. DATE MM/DD/CCYY	
118. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY 09/28/1996		122. HOUR 0849	
123. PLACE OF INJURY RESIDENCE		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) DROWNED IN BATHTUB.					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 8804 NILES "B", BAKERSFIELD, 93301							
126. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		127. DATE MM/DD/CCYY 10/01/1996		128. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER GEORGE PIMENTEL, DEPUTY CORONER			

1. TASK NUMBER 960719CCC5365		2. INVESTIGATOR'S ID 8026		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. OFFICE CODE 860	4. DATE OF ACCIDENT YR MO DAY 95 10 03	5. DATE INITIATED YR MO DAY 96 08 96		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT The victim was a 9 months old infant girl. She was being bathed at home by her father in a bath tub full of water. The victim was sitting in a bath seat in the bath tub. The father left the bathroom for about 1 or 2 minutes. When he returned, he found the infant lying face down and lifeless under the water in the bathtub. The bath seat was lying on it's side in the bathtub. The resuscitation efforts by the father, a policeman, and E.R. staff could not revive the victim. She died in the hospital from the accidental drowning.				
<p><i>MR/PRYLB NOTIFIED 2/25/96</i></p> <p><i>NO MR</i> No Comments attached</p> <p><i>2</i> Exclusions/Revisions</p> <p><i>X</i> Firm has not requested further notices</p>				
7. LOCATION (Home, School, etc.) Home, bathroom. [1]		8. CITY Bell Gardens		9. STATE CA
10A. FIRST PRODUCT Bath seat. [1557]		10B. TRADE/BRAND NAME Unknown.		10C. MODEL NUMBER Unknown.
10D. MANUFACTURER NAME AND ADDRESS Unknown.				
11A. SECOND PRODUCT Bathtub. [0611]		11B. TRADE/BRAND NAME Unknown.		11C. MODEL NUMBER Unknown.
11D. MANUFACTURER NAME AND ADDRESS Unknown.				
12. AGE OF VICTIM [209]	13. SEX Female [2]	14. DISPOSITION Died in hospital. [8]		15. INJURY DIAGNOSIS Submersion /drowning. [69]
16. BODY PART (S) INVOLVED All parts of body. [85]	17. RESPONDENT Grandmother, brother. [3]	18. INVESTIGATION Other. [3]		19. TIME SPENT (HOURS) [14.0]
20. ATTACHMENT(S) Multiple. [9]	21. CASE SOURCE Coroner. [12]	22. SAMPLE COLLECTION NUMBER 97-860-5401 to 97-860-5403.		
3. PERMISSION TO DISCLOSE NAMES (NOM WEISS CASES ONLY) NO. Do not release names of victims or Police.				
24. REVIEW DATE 10- -96	25. REVIEWED BY Norvan Allen, Acting Supervisor		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O: EHDS Copy: CCA, C. Cumberland Copy: FOWR Coversheets: Lee Baxter & Larry Cornell				

**SYNOPSIS**

The infant was a nine months old infant girl. She was being bathed at home by her father in a bathtub full of water. The victim was sitting in a bath seat in the bathtub. The father left the bathroom for about 1 or 2 minutes. When he returned, he found the infant lying face down and lifeless under the water in the bathtub. The bath seat was lying on it's side in the bathtub. The resuscitative attempts of the father, a Policeman, and ER hospital staff could not revive the victim. She died in the hospital from the accidental drowning.

**PRE-INCIDENT**

The victim was 9 months 22 days old, 26" tall, and 18 pounds in weight when the incident occurred (October 3, 1995). She lived in a single family suburban house in Bell Gardens, CA owned by her grandmother. The victim's 16 year old mother and her 20 year old father lived in the grandmother's house. Her aunt and uncle (the mother's younger 14 year old brother and 12 year old sister) also lived in the house. The victim's mother attended high school. The father was a sales person. The victim was in good health on the day of the incident and was taking no medications. She had no physical problems, could sit up by herself, and could stand up if she grabbed the side of a table. The victim had used the bath seat involved in the incident many times. She had not been injured with the bath seat before the incident. The victim was in the house on the morning of the incident with her father and her aunt, the mother's sister. The other family members not at the house.

The father played a TV children's video for the victim between 10:00 and 10:30 am. The victim ate a chocolate cookie and got it on her face watching the video in the living room. The father told Police investigators that approximately 11:00 am he filled the bath tub in the bathroom with warm water to the level of the bath seat ring (Exhibit 5). He planned to bathe the victim. The father placed the victim in the bath seat in the water-filled bath tub and left the bathroom to get some diapers. He one Police investigator that he was gone approximately one minute, and told another he was gone approximately two minutes. The aunt (mother's sister) told the investigators she saw the father in the hallway for about one minute and told him not to leave the victim alone in the bathroom.

**INCIDENT**

The bath seat became tipped over on it's side at the rear part of the water-filled bathtub when the father was out of the bathroom. The victim was in the front part of the bathtub, face down, under the water, and was drowning.

**POST-INCIDENT**

The father told the Police investigators he returned to the bathroom and found the victim lying lifeless, face down, under the water in the front part of the bathtub. He

picked up the victim, placed her in a towel, and ran into the living room. He attempted to give the victim CPR, and then called the 9-1-1 emergency number. A Policeman was driving a Police vehicle nearby at 11:19 am (Exhibit 5). He arrived at the incident site about one minute after receiving the dispatch message. The Policeman found the father on the telephone talking to the 9-1-1 telephone operator. The victim was lifeless, grey colored, and was lying naked on the floor on a blanket. The Policemen immediately started giving the victim CPR. He aspirated some water out of the victim before the Para-Medics arrived about two minutes later. The Para-Medics continued the CPR. They defibrillated the victim enroute to a nearby hospital emergency room (ER) and got some more water out of the victim's lungs. At 11:35 am, the ER staff began resuscitative attempts. These efforts were not successful and the victim was pronounced dead at 12 noon (Exhibit 4).

The Policeman who arrived first at the incident site went into the bathroom after the Para-Medics and the victim left. He found approximately 12" to 18" of warm water in the bath tub. The bath seat was lying on it's side and was submerged under the water. Three of the four suction cups under the legs of the bath seat were not anchored to the base (bottom) of the bath tub. There was a white fluid, or saliva, on the top of the bath tub water. A drinking cup was also in the bath tub (Exhibit 5). The Death Certificate and the County Medical Examiner's/Coroner's report stated the cause of the death was accidental due to drowning. There were no signs of trauma found on the victim. She had no drugs or medicines in her body (Exhibits 3 and 4).

The victim's grandmother and her uncle were interviewed by telephone during this investigation after no response was received to the initial contact letters about the incident. The 15 year old uncle said that the father had left the area and his whereabouts were not known. He said that the Police tried to serve the father with a legal notice for lack of child support. The grandmother said that the victim's mother did not want to talk about the incident and was still very upset. The grandmother said that she believed the father left the water running into the bath tub when he left the victim alone in the bathroom, and that the standard size bath tub was completely filled with water. She said the bath seat was given to the mother as a shower gift and was fully assembled when received. The grandmother said there were no labeling statements or names visible on the bath seat ring that she remembered. She said the father threw the bath seat away after the incident. The mother said that she thought the bath seat might have been manufactured by ██████████. This investigator met with the grandmother at her place of employment. The grandmother examined a current ██████████ bath seat and said it was not involved in the incident (Exhibit 7, photographs). She said the bath seat involved in the incident had a narrow yellow one inch diameter ring-shaped tube at the top and had four legs with suction cups (Exhibit 6, diagram). The grandmother signed the Authorization for Release of Name form and requested confidentiality for the names and address (Exhibit 2).

#### PRODUCT IDENTIFICATION

The manufacturer and brand name of the bath seat is unknown. It was thrown away

960719CCC5365

Page 4

after the incident. The grandmother cannot remember any labeling statements or brand name on the bath seat. The child sat on the bottom of the bath tub in the bath seat. The yellow ring-shaped upper part was about one inch in diameter. The four legs had suction cups on the bottom. A diagram of the product based on the grandmother's descriptions is Exhibit 6. Other information about this product is in the Post-Incident section of this report. The grandmother said that a standard size bath tub was in the bathroom. The Policeman reported that approximately 12" to 18" of warm water was in the bath tub after the incident.

#### STANDARDS INFORMATION

It is not known if the bath seat involved in the incident complied with any voluntary industry standards. The bath seat was thrown away after the incident and its manufacturer and brand name are unknown.

#### ATTACHMENTS

- Exhibit 1: CCA investigation assignment request, 7-19-96.
- Exhibit 2: Authorization for Release of Name signed by grandmother on 10-7-96.
- Exhibit 3: California Death Certificate for the victim, 2 pages.
- Exhibit 4: Los Angeles Co. Medical Examiner/Coroner's autopsy report, 8 pages..
- Exhibit 5: Bell Garden's Police report, 6 pages.
- Exhibit 6: Diagram of bath seat involved in the incident.
- Exhibit 7: 6 photographs of a bath seat not involved in the incident.

*no  
attachments  
w/orig  
121*

SECT R 1496

31 JUL 1996

1. CASE NO. 960603CCC5215		2. INVESTIGATOR'S ID 8050		3. OFFICE CODE 800		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>	
4. DATE OF INCIDENT YR MO DAY 95 09 06			5. DATE INVESTIGATION INITIATED YR MO DAY 96 06 10				
6. SYNOPSIS OF INCIDENT OR COMPLAINT On 9/12/95 a 10-month old male child died of anoxic encephalopathy as a result of complications from a submersion incident that occurred on 9/6/95 at the victim's residence. The victim's mother left the victim in a bathtub aid/ring in the bathtub with another 2 year old female child in the bathtub for a few minutes and returned to find the victim out of the bath tub aid submerged face down in the water.							
7. LOCATION (Home, school, etc.) Home		8. CITY 10 Naples		9. STATE Florida FL			
10A. FIRST PRODUCT bathtub aid/ring -1557			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS not indicated				
10B. SECOND PRODUCT: bathtub -0611			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS not indicated				
12. AGE OF VICTIM 210		13. SEX (USE NUMERICAL CODE) MALE -1 FEMALE -2 UNKNOWN-3 1		14. DISPOSITION died in hospital -8		15. INJURY DIAGNOSIS submersion -69	
16. BODY PART all parts of body -85		17. RESPONDENT(S) (Mother, Friend) medical examiner's office, sheriff's dept. -3		18. TYPE INVESTIGATION ON SITE -1 TELEPHONE -2 OTHER -3 3		19. TIME SPENT 18.0	
20. ATTACHMENTS multi = 9		21. CASE SOURCE MECAP/CPSC Incident #X9652562 -12		22. REVIEWED BY B342		YR MO DAY 96 07 25	
23. PERMISSION TO DISCLOSE NAMES (NON-NEWS CASES ONLY) CPSC MAY DISCLOSE MY NAME [ X ] CPSC MAY NOT DISCLOSE MY NAME [ ]							
24. NARRATIVE (See instructions on Page 2)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE RDP/lan 7/26/96			
<p>BACKGROUND: This investigation was initiated under Assignment #960603CCC5215 to follow-up report from Medical Examiner/MECAP/CPSC Incident #X9652562 (see assignment background, Exhibit 5). Information contained in this report was obtained during visit to the medical examiner's office to review the case file and obtain autopsy and investigation records. Contacts and visit to the sheriff's dept. allowed collection of investigation reports. The investigating detective was on a leave of absence and could not be contacted; only limited details were available concerning scenario and product information. Attempts to locate the victim's mother were not successful. CPSC 9010.24 Appendix 110 re Bathtub Incidents Involving Children Less Than 18 Months Old was used as an investigation reference.</p>							

NOTIFIED 2/3/96  
 No Comments  
 Comments attached  
 Exclusions/Revisions  
 Firm has not requested  
 further notice



PRE-INCIDENT:

The victim in this incident is a 10-month old male child whose date of birth is 10/24/94 described in the sheriff's report to be a white male. According to the medical examiner's autopsy report, the victim was 30" tall and weighed 27 lbs. (According to the sheriff's report, the child was 24" tall and weighed 30 lbs.) The child's mother is a 29 year old white female. There is no information about the mother's education level or income. The victim's sibling sister is two years old (DOB=4/28/93). According to the sheriff's report, the home was a single family townhouse in Naples, FL.

According to medical records in the medical examiner's file, the child had Meckel's diverticulum at age 3 months. According to the mother's statement in the sheriff's report, the victim was healthy. There is no information about the victim's physical dexterity or ability to sit without an aid or behavioral activities.

According to medical records in the medical examiner's file, the victim was being given an afternoon bath by his mother on 9/6/95 in a bathtub at home and was in a "ring for flotation". According to the medical examiner's initial report from the hospital, the child was in a "tub ring". According to the sheriff's report in a statement by the mother, the victim was in "his bath ring". According to the mother's statement, the victim had never been able to get out of the ring before and it was difficult to get the child into the ring. The victim was in the bathtub with his sister who was playing and having a bath with her brother. The only possible witness to the event was the victim's sister. The sister's height and weight information and her behavioral activities were not available.

There is no information about the bath ring or bathtub or depth of water or use of soap or oils.

According to the mother's statement to the sheriff's detective, the mother walked into the kitchen to turn on the dishwasher and could hear the children talking and playing in the bathtub. The mother indicated she was out of the bathroom for a couple of minutes.

INCIDENT:

The mother returned to the bathroom and discovered that the victim was out of the tub ring floating in the water and was blue. According to the medical examiner's initial report from the hospital, the victim was face-down in the water. The two year old female child was not injured.

POST-INCIDENT:

According to the mother's statement to the sheriff's detective, the mother grabbed the victim out of the water and attempted CPR, ran to the telephone and called 911. She ran across the street to a neighbor's house trying to give CPR breaths while carrying the victim in her arms; the neighbor wasn't home. According to the sheriff's report, another neighbor was involved in CPR. By the time she ran back home, a sheriff's officer had arrived and took over CPR.

According to the sheriff's report, the sheriff's dept. received the dispatch at 4:58PM and arrived at the scene at 4:58PM. Upon arrival at the scene, the sheriff's officer took over CPR and then a physician in the neighborhood arrived and took over CPR and then EMS arrived and took over emergency procedures. The victim reportedly had a pulse but he was not breathing on his own.

The child was transported to a local hospital in Naples, FL and then transported to Ft. Myers, FL and hospitalized. The child died was pronounced dead on 9/12/95 as a result of complications.

Medical examiner's performed autopsy on 9/13/95 and determined the cause to be accidental due to anoxic encephalopathy as a result of the submersion incident in the bathtub.

PRODUCT INFORMATION:

The product involved in this incident is a bathtub aid. According to the mother's statement to the sheriff's detective, the product was a "bath ring". According to the sheriff's officer first on the scene, it was a "tub chair". No other details were available concerning the bathtub aid's description, condition, history of purchase, use, maintenance and storage.

The second product involved is a bathtub. No other information is available about the type, description, dimensions, presence of slip-resistance features or appliques, water depth, presence of soaps or oils, etc.

VISIT TO MEDICAL EXAMINER'S OFFICE:

Visit to the medical examiner's office allowed review of the case file and collection of autopsy and summary records concerning this fatality case. Medical records in the file could not be photocopied without authorization from the parent(s).

VISIT AND CONTACTS TO THE SHERIFF'S DEPT.:

Visit to the sheriff's dept. allowed collection of the incident and investigation reports. The investigation report indicates that scene photographs were taken by the investigation detective. The sheriff's investigating detective is on an indefinite leave of absence and cannot be contacted. Checks with the records department and evidence department found no photographs on file for the case. Subsequent checks with the supervisory officer and command officer determined no other information and no location of any scene photographs. Further check with the evidence section disclosed that photographs had never been booked into the case data system for this case.

Telephone contact with the sheriff's officer that had initially visited the address determined that he had not entered the premises of the house and had not seen the bath aid. According to him, his reference to "tub chair" was based on what had been told him by the victim's mother. The bathtub aid was not collected by the sheriff's dept. as evidence.

ATTEMPTS TO CONTACT VICTIM'S FAMILY:

Attempts to drive-by the address, messages and numerous telephone attempts resulted in no contact to the victim's family.

STANDARDS INFORMATION:

There is no CPSC mandatory standard covering bathtub aids.

SAMPLE:

None.

ATTACHMENTS TO REPORT:

- 1 - Photocopy of medical examiner's death certificate
- 2 - Photocopy of medical examiner's autopsy report (7 pages)
- 3 - Photocopy of medical examiner's initial report from hospital
- 4 - Photocopy of sheriff's dept. report (8 pages)
- 5 - Assignment #960603CCC5215 including MECAP/CPSC Incident #9652562 (2 pages)

TYPE OR  
PERMANENT  
BLACK INK

# CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO		1 DECEDENT'S NAME		2 SEX	
		FIRST MIDDLE LAST <b>MATTHEW MICHAEL MURDOCK MORRISON</b>		Male	
DECEDENT	3 DATE OF DEATH (Month, Day, Year)	4 SOCIAL SECURITY NUMBER	5a AGE - Last Birthday (years)	5b UNDER 1 YEAR (Months)	5c UNDER 1 DAY (Hours)
	September 12, 1995	N/A		10	19
7	6 DATE OF BIRTH (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
	October 24, 1994	Naples, Florida		NO	
9a	9a PLACE OF DEATH (Check only one - see instructions on other side)			9b INSIDE CITY LIMITS? (Yes or No)	
	HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			NO	
9cde	9c FACILITY NAME (If not institution, give street and number)		9d CITY, TOWN, OR LOCATION OF DEATH		9e COUNTY OF DEATH
	Lee Memorial Hospital HP		Fort Myers		Lee
10	10a DECEDENT'S USUAL OCCUPATION	10b KIND OF BUSINESS/INDUSTRY	11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12 SURVIVING SPOUSE (If wife, give maiden name)	
	N/A	N/A	Never married		
13	13a RESIDENCE - STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER	
	Florida	Collier	Naples	198 Monterey Drive	
14	14a INSIDE CITY LIMITS? (Yes or No)	14b ZIP CODE	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes specify Mexican, Cuban, Marican, Puerto Rican etc.: No Yes)	15 RACE - American Indian, Black, White etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed: Elementary/Secondary 10-12; College 11-4 or 5+)
	No	33999	Specify	Male	0
17	17 FATHER'S NAME (First Middle Last)		18 MOTHER'S NAME (First Middle Maiden Surname)		
	Michael Murdock Morrison		Allison Wenz		
19a	19a INFORMANT'S NAME (Type/Print)		19b MAILING ADDRESS (Street and Number or P.O. Route Number, City or Town, State, Zip Code)		
	Michael M. Morrison		198 Monterey Drive Naples, FL 33999		
20a	20a METHOD OF DISPOSITION		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION - City or Town, State	
	<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Naples Memorial Gardens	Naples, Florida	
21a	21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b LICENSE NUMBER (of Licensee)	21c NAME AND ADDRESS OF FACILITY	
				Hodges Funeral Chapel 3520 Tamiami Tr. N. Naples, FL 33940	
22a	22a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)		22b DATE SIGNED (Mo., Day, Yr)	22c HOUR OF DEATH	23a On the basis of examination and investigation, my opinion death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)
					September 13, 1995 2:00 p.
22c	22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, (Type or Print)		23b MEDICAL EXAMINER'S CASE #		
			95-21-00431		
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, (Type or Print)					
Carol J. Huser, M.D. 70 Danley Drive Fort Myers, FL 33907					
25a SUBREGISTRAR - SIGNATURE AND DATE			25b LOCAL REGISTRAR - SIGNATURE		25c DATE REGISTERED
26	26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as car or respiratory arrest, shock or heart failure. List only one cause on each line				Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) →				
Sequently list conditions if any, leading to immediate cause. ENTER UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					
a Anoxic encephalopathy DUE TO (OR AS A CONSEQUENCE OF)					
b Submersion in water DUE TO (OR AS A CONSEQUENCE OF)					
c					
d					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			27a WAS AN AUTOPSY PERFORMED? (Yes or No)	27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28 CASE REPORT TO MEDICAL EXAMINER? (Yes or No)
			yes	yes	yes
29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO	30a IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b DATE OF SURGERY (Mo., Day, Year)		
31	31 PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined)	32a DATE OF INJURY (Month, Day, Year)	32b TIME OF INJURY	32c INJURY AT WORK? (Yes or No)	32d DESCRIBE HOW INJURY OCCURRED
	Accident	Sept. 6, 1995	4:30 p.m.	no	submerged in bathtub
32e PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
home		198 Monterey Drive Naples, Florida			

EXHIBIT 1  
9606030005215

State of Florida, Department of Health and Rehabilitative Services, Vital Statistics



OFFICE OF THE DISTRICT MEDICAL EXAMINER

DISTRICT 21, STATE OF FLORIDA  
LEE-HENDRY-GLADES COUNTIES

70 DANLEY DRIVE  
FORT MYERS, FLORIDA 33907-2437



Phone # (813) 277-5020  
Fax # (813) 277-5017  
Suncom # 729-5020

DISTRICT MEDICAL EXAMINER  
Wallace M. Graves, Jr., M.D.  
ASSOCIATE MEDICAL EXAMINER  
Carol J. Huser, M.D.

431-95

LEE

NAME : MORRISON, Matthew  
AGE : 10 month old, white male  
DATE OF DEATH : September 12, 1995, 2:00 p.m.  
DATE OF AUTOPSY : September 13, 1995, 8:30 a.m.  
PLACE OF AUTOPSY : Lee County Morgue  
FUNERAL HOME : Hodges Funeral Home  
PROSECTOR : Carol J. Huser, M.D.

Part II CAUSE OF DEATH BY CERTIFIER	26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.			Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) →	Anoxic encephalopathy			
	Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	a. DUE TO (OR AS A CONSEQUENCE OF):	Submersion in water		
		b. DUE TO (OR AS A CONSEQUENCE OF):			
c. DUE TO (OR AS A CONSEQUENCE OF):					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			27a. WAS AN AUTOPSY PERFORMED? (Yes or No) yes	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) yes	28. CASE REPORT TO MEDICAL EXAMINER? (Yes or No) YES
31. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined.  Accident	32a. DATE OF INJURY (Month, Day, Year) Sept. 6, 1995	32b. TIME OF INJURY app. 4:30 p. M	32c. INJURY AT WORK? (Yes or No) no	32d. DESCRIBE HOW INJURY OCCURRED submerged in bathtub	
	32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) home		32f. LOCATION (Street and Number or Rural Route, County, City or Town, State) 198 Monterey Drive Naples, Florida		

HRS Form 512, Jul 90 (Replaces previous editions)

Carol J. Huser, M.D.  
Associate Medical Examiner

EXHIBIT 2  
9606030005215

LEE COUNTY

NAME : MORRISON, Matthew  
AGE : 10 month old, white male  
DATE OF DEATH : September 12, 1995, 2:00 p.m.  
DATE OF AUTOPSY : September 13, 1995, 8:30 a.m.  
PLACE OF AUTOPSY : Lee County Morgue  
FUNERAL HOME : Hodges Funeral Chapel  
PROSECTOR : Carol J. Huser, M.D.  
ASSISTED BY : S. Medina

960603CCC 5215

**EXTERNAL EXAMINATION**

The decedent is a well-developed, well-nourished, white boy whose appearance is compatible with the stated age of 10 years. His body, which is nude when first examined, weighs 27 pounds and is 30 inches long. The body is cold, rigor is fully developed, and mottled mixed anterior and posterior lividity is fixed. The scalp hair is short, blond and sparse. The irides are blue, the pupils are round and regular, and the conjunctivae have no petechiae. The ears, nose, and lips are unremarkable. The upper and lower central incisors are erupted. The lingual surfaces of the lips have no injuries. The neck is unremarkable. The chest and breasts are symmetrical. The abdomen is protuberant. A 1 inch faint horizontally oriented scar is on the right lower quadrant. The external genitalia, anus, and perineum are unremarkable. Both testes are descended. The extremities are well-developed and symmetrical without deformity. The back is unremarkable.

**EVIDENCE OF THERAPY**

Needle puncture sites are in the left antecubital fossa and on the dorsum of the left foot.

**INTERNAL EXAMINATION****BODY CAVITIES**

The thoracic and abdominal organs are normally related. The body cavities contain no adhesions or abnormal collections of fluids.

**HEAD**

The scalp and skull are unremarkable. The dura, falx, and

9606030005215

dural sinuses are intact. No epidural, subdural, or subarachnoid hemorrhage is present. The leptomeninges are thin and delicate. The cerebral hemispheres are moderately and symmetrically swollen with an unremarkable gyral pattern and grooves of the cerebellar tonsils and unci. The cranial nerves and blood vessels are normal. The brain weighs 1125 grams. Sections through the cerebral hemispheres, brain stem, and cerebellum disclose no architectural abnormality. No hemorrhages, areas of necrosis or other abnormalities involve the cerebral cortex, subcortical or deep white matter, or the basal ganglia in either hemisphere.

#### NECK

Examination of the soft tissues of the neck reveals no hemorrhage or other abnormality. The hyoid bone, laryngeal cartilages, and cervical vertebrae have no fractures. No extravasated blood is in the prevertebral fascia.

#### CARDIOVASCULAR SYSTEM

The intimal surface of the abdominal aorta is free of atherosclerosis. The aorta and its major branches and the great veins are normally distributed.

The heart weighs 50 grams. The pericardium, epicardium and endocardium are smooth, glistening, and unremarkable. No emboli are in the atria or pulmonary trunk. The foramen ovale is closed. The coronary arterial system is normally distributed and free of atherosclerosis. The atrial and ventricular septa are intact. The valve leaflets are smooth and pliable. The myocardium is dark reddish-brown, firm and grossly normal, with no areas of scarring

960603 CCC 5215

or necrosis.

#### RESPIRATORY SYSTEM

The upper airway contains no debris or foreign material. The laryngeal mucosa is smooth and unremarkable with no petechiae. The right and left lungs weigh 118 and 112 grams respectively. The pleural surfaces are smooth and shiny. The pulmonary arteries contain no emboli. The major bronchi are unremarkable. Sectioning of the lungs discloses light red congested parenchyma with a somewhat lumpy texture.

#### LIVER AND BILIARY SYSTEM

The 460 gram liver has a smooth, glistening capsule. The parenchyma is dark reddish-brown with a normal lobular pattern. The gallbladder contains no calculi. The bile ducts are unremarkable.

#### DIGESTIVE SYSTEM

The esophageal mucosa is intact and unremarkable. The stomach contains a few ml. of bile colored fluid. The gastric mucosa has normal rugal folds and no ulcers. The small and large bowels are unremarkable. The appendix is present. The pancreas is normal in size and external configuration. Serial sections reveal a normal pinkish-tan lobular parenchyma.

#### GENITOURINARY SYSTEM

The right and left kidneys weigh 31 and 30 grams, respectively. Their subcapsular surfaces are smooth and prominently lobulated. The cortex is of normal thickness and sharply delineated from the medullary pyramids. The calyces,

960603 CCC 5215

pelves, and ureters are unremarkable. The urinary bladder contains approximately 10 ml. of cloudy yellow urine. The mucosa is gray-tan and smooth. The prostate gland is grossly unremarkable.

**ENDOCRINE**

The thyroid and adrenal glands are normal externally and upon sectioning.

**RETICULOENDOTHELIAL SYSTEM**

The 45 gram spleen has a smooth, bluish-gray capsule and a soft, dark red cut surface. The regional lymph nodes are unremarkable. The 18 gram thymus gland is grossly unremarkable.

**MUSCULOSKELETAL SYSTEM**

The clavicles, ribs, sternum, pelvis and vertebral column have no fractures. The diaphragm is intact.

**CAUSE OF DEATH** : Anoxic encephalopathy  
due to Submersion in water.

Manner accident

How occurred: submerged in bathtub

CJH/js

9/13/95

copy to: Collier County Sheriff's Office

Lee Memorial Hospital HP

960603 CIC 5215

431-95

MORRISON, Matthew

Page 6

MICROSCOPIC EXAMINATION

LUNG

Bronchopneumonia.

HEART, LIVER, KIDNEY, THYROID

Unremarkable.

CJH/js

9/21/95

960603ccc 5215

District 21, State of Florida  
70 DANLEY DRIVE  
FORT MYERS, FLORIDA 33907-2437

M.E.# 431-95

DECL. JUR. #

COUNTY OF DEATH Lee

FIRST REPORT OF POSSIBLE MEDICAL EXAMINER'S CASE

Informant Andrea Health Park ICU Phone 432-3922 Date 9-12-95 Time 2:58P

Name of Deceased MOERISON, Michael Age 10 months Race W Sex M

Local Address 128 Livermore Ln. Naples Fla.

Permanent Home Address \_\_\_\_\_

Place of Death ICU - Health Park Date 9/12/95 Time 1400

DOA \_\_\_\_\_ ER \_\_\_\_\_ Inpatient  Admitted 9-6- 1995, \_\_\_\_\_ u.

Last seen alive (Date/Time) \_\_\_\_\_ By Whom \_\_\_\_\_

Next of Kin Michael & Alison Morrison - Parents Notified: Yes \_\_\_\_\_ No \_\_\_\_\_

Address/Phone 352-6360

Physician Dr. Sam Edwards Sign D.C. Yes \_\_\_\_\_ No \_\_\_\_\_

Funeral Home \_\_\_\_\_ Authorized by: \_\_\_\_\_

Terminal Event: This child was admitted to Health Park Hospital after being discovered by his mother in bath tub w/ water. Apparently the mother left the child with a 2 1/2 year child for a short while. When she returned - found child out of his tub ring - face down and blue at that point.

EXHIBIT 3  
960403 CC 5215

NO signs of trauma or foul play suspected by us and staff.

Medical History & Meds: NO Previous Medical Hx.

Called Naples P.D. they advised that Cal was in the Country.

Called Sheriff's Dept (Collier) - Spoke with Lt. Ryan - He was to look into in form of a provincial -

Investigating Agency Lee / Officer 793-9210 - Sgt. J. Gonzalez

Trauma  Foul Play \_\_\_\_\_ Released (transported to Naples) By Roy

M.E. or Investigator to scene \_\_\_\_\_ Date \_\_\_\_\_, 19 \_\_\_\_\_ ARR. \_\_\_\_\_ DEP. \_\_\_\_\_

Investigator John Jones

OFFENSE / INCIDENT REPORT - B

Sheriff's Office  
COLLIER COUNTY  
NAPLES, FLORIDA



Incident Number  
**88040-95**  
Will Victim  
Prefer Charges  **169**  No

Agency ORI Number **FL0110000**

CLEARANCE CODE  **DROWNING** INC CODE **95014** C committed  A attempted

EXCEPTION TYPE 1 Establishment 2 Arrest on Primary Offense - Secondary Offense Without Procedure 3 Death of Offender 4 Victim/Witness Refused to Cooperate 5 Prosecution Declined 6 Juvenile No Custody EXCEPTION TYPE CASE SUSPENDED YES  NO

Date of Incident **9-6-95** Time **1655** Day **WED** Location of Offense **198 MONTEREY DR.**  
Date of Report **9-6-95** Dispatch **1658** Arrival **1658** In Service **1731** Geographic Indicator **2106** Related Incident Number(s)

Location Type 01 Residence-Single 02 Apartment/Condo 03 Residence-Other 04 Head/Misc 05 Convenience Store 06 Gas Station 07 Liquor Store 08 Bar/Nightclub 09 Supermarket 10 Dept./Discount Store 11 Specialty Store 12 Drug Store/Wholesale 13 Bank/Financial Inst 14 Commercial/Office Bldg 15 Industrial/Job 16 Storage 17 Govt/Police Bldg 18 School/University 19 Jail/Prison 20 Religious Bldg 21 Bus/Bus Terminal 22 Park/Recreation/Field 23 Other Structure 24 Parking Lot/Driveup 25 Highway/Interchange 26 Public/Weather/Field 27 Other 28 Other Vehicle 29 Other Motor 30 Other  
Reporter's Signature \_\_\_\_\_ Type Weapon \_\_\_\_\_ Offenders  Arrested  FIRE Combated YES  NO

REPORTER Name (Last, First, Middle or Business) **MORRISON, ALLYSON** Race **W** Sex **F** Date of Birth **2-24-66** Age **29** Residence Phone **(941) 352-6360**  
Address (Street, Apt. Number) **198 MONTEREY DR.** City **NAPLES** State **FL** Zip **33999** Business Phone \_\_\_\_\_

VICTIM #1 DATA Victim Type 01 N/A 02 Church 03 Other 04 Juvenile 05 LE Offender 06 Adult 07 Business 08 Government Name (Last, First, Middle or Business) **MORRISON, MATTHEW** Race **W** Sex **M** Date of Birth **10-24-94** Age **10 MONTHS**  
Height **24"** Weight **30** Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Ethnic Origin **U.S.** Injury Extent 0 None 1 Minor 2 Serious  DOMESTIC VIOLENCE YES  NO

Address (Street, Apt. Number) **198 MONTEREY DR.** City **NAPLES** State **FL** Zip **33999** Business Phone \_\_\_\_\_  
Residence Type 01 City 02 Florida 03 County 04 Out-of-State 05 Other 06 N/A 07 Suburban 08 Rural 09 Other 10 Part Year 11 Non-Resident 12 Other 13 City 14 Florida 15 County 16 Out-of-State 17 Other 18 Part Year 19 Non-Resident 20 Other 21 City 22 Florida 23 County 24 Out-of-State 25 Other 26 N/A 27 Suburban 28 Rural 29 Other 30 Part Year 31 Non-Resident 32 Other 33 City 34 Florida 35 County 36 Out-of-State 37 Other 38 Part Year 39 Non-Resident 40 Other 41 City 42 Florida 43 County 44 Out-of-State 45 Other 46 N/A 47 Suburban 48 Rural 49 Other 50 Part Year 51 Non-Resident 52 Other 53 City 54 Florida 55 County 56 Out-of-State 57 Other 58 Part Year 59 Non-Resident 60 Other 61 City 62 Florida 63 County 64 Out-of-State 65 Other 66 N/A 67 Suburban 68 Rural 69 Other 70 Part Year 71 Non-Resident 72 Other 73 City 74 Florida 75 County 76 Out-of-State 77 Other 78 Part Year 79 Non-Resident 80 Other 81 City 82 Florida 83 County 84 Out-of-State 85 Other 86 N/A 87 Suburban 88 Rural 89 Other 90 Part Year 91 Non-Resident 92 Other 93 City 94 Florida 95 County 96 Out-of-State 97 Other 98 Part Year 99 Non-Resident 100 Other  
Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_ Social Security Number \_\_\_\_\_

Victim Relationship To Offender 01 N/A 02 Stranger 03 Acquaintance 04 Family 05 Other 06 Neighbor 07 Brother/Sister 08 Child 09 Step-Parent 10 Step-Child 11 In-Law 12 Other Family 13 Student 14 Teacher 15 Child of Step/Gen Friend 16 Step/Gen Friend 17 Friend 18 Neighbor 19 Step/Day Care 20 Employee 21 Employer 22 Landlord/Tenant 23 Acquaintance 24 Other Inmate  
Subject Code  E escape  A adult  J juvenile Name (Name, Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

PROPERTY TYPE \_\_\_\_\_ QTY: \_\_\_\_\_ BRAND \_\_\_\_\_ MODEL NO. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_  
Last Known Address (Street, Apt. Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ D.L. No./State \_\_\_\_\_ Residence Phone \_\_\_\_\_  
Occupation/Employer/School \_\_\_\_\_ Nickname/Street Name \_\_\_\_\_ Clothing (Describe) \_\_\_\_\_ Scars/Scuffs/Tattoos (Location/Describe) \_\_\_\_\_

ITEM # \_\_\_\_\_ DOLLAR VALUE \_\_\_\_\_ RECOVERY VALUE \_\_\_\_\_ DATE OF RECOVERY \_\_\_\_\_ RECOVERY CODE \_\_\_\_\_ OWNER APPLIED NO./MARKS: \_\_\_\_\_  
COLOR \_\_\_\_\_ DESC. DESCRIPTION (size, caliber, etc.) \_\_\_\_\_ ITEM AGE \_\_\_\_\_ DAMAGE CODE \_\_\_\_\_

VEHICLE Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
VIN No. \_\_\_\_\_  
Reporting Officer (Print Name) \_\_\_\_\_  
Reporting Officer (Signature) \_\_\_\_\_  
Date/Time \_\_\_\_\_ NC # \_\_\_\_\_ REMOVAL BY: \_\_\_\_\_ Date/Time \_\_\_\_\_  
Condition \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Owner \_\_\_\_\_

Number/Supplemental (Print Name) \_\_\_\_\_  
**- SEE CONT -**  
**EXHIBIT 4**  
**960603CCC5265**

ADMIN. Reporting Officer (Print Name) **JAY MULLHOLLAND** 737 2 Billing Reporter **DL** 535 Administration  
Reporting Officer (Signature) \_\_\_\_\_ Referred to \_\_\_\_\_ Assigned to \_\_\_\_\_ Date \_\_\_\_\_

RECORD

88040-95

CONTINUATION  SUPPLEMENTAL



# Sheriff Don Hunter

Collier County Govt. Complex Bldg. - J  
3301 Tamiami Trail, East, Naples, FL 33962  
Telephone (AC 841) 774-4434

Incident Number	88040-95
Date - Time	9-6-95

Agency ORI Number **FL 0110000**

Clearance Code 0 Open 1 Arrest 2 Exceptional 3 Unreleased	<input checked="" type="checkbox"/>	Victim's Name <b>MORRISON, MATTHEW</b>	INC Code Change From	To
Exceptional Type 1. Extradition Declined	2 Arrest on Primary Offense - Secondary Offense Without Prosecution	3 Death of Offender 4 VWI Refused to Cooperate	5 Prosecution Declined & Juvenile Custody	Original Offense
			Offense Changed To	Suspended <input type="checkbox"/> Yes <input type="checkbox"/> No

Narrative/Supplemental (Print Neatly)

ON 9-6-95, I RESPONDED TO 198 MONTEREY DR IN REFERENCE TO AN INFANT WHO HAD DROWNED. UPON ARRIVAL I OBSERVED REPORTER/MOTHER ALLYSON MORRISON IN THE FRONT YARD WITH ANOTHER W/F AND THE INFANT. THE INFANT WAS BLUE AND THERE WAS NO PULSE. I TOOK OVER C.P.R. AND WAS ASSISTED BY THE W/F. A W/M ARRIVED AND STATED HE WAS DOCTOR FITZPATRICK, I LET HIM TAKE OVER C.P.R. E.M.S. ARRIVED AND BEGAN C.P.R.

I THEN SPOKE WITH THE REPORTER. SHE STATED THE VICTIM AND HIS SISTER (APPROX 4 Y.O.A.) WERE TAKING A BATH. SHE HAD THE INFANT IN A "TUB CHAIR". SHE LEFT THE BATHROOM FOR 2-3 MINUTES AND RETURNED TO FIND THE INFANT OUT OF THE CHAIR AND FACE DOWN IN THE WATER. THE SISTER HAD POSSIBLY TRIED TO LIFT HIM UP. SHE THEN CALLED 911 AND THE W/F (NEIGHBOR) STARTED C.P.R. WITH INSTRUCTIONS FROM DISPATCH.

- THE INFANT WAS TRANSPORTED TO NCH BY E.M.S.

- I WAS LATER INFORMED BY NCH THAT THE INFANT HAD A PULSE, BUT WAS NOT BREATHING ON ITS OWN. THE INFANT WAS TRANSPORTED TO LEE COUNTY.

960603CCC5215

Incident Number: 88040-95

Reporting Officer (print) <b>JAY McHOLLAND</b>	ID <b>737</b>	Editing Supervisor <b>DL</b>	ID <b>525</b>
Reporting Officer (signature) <i>Jay McHolland</i>	Dist. <b>2</b>	Referred to:	Assigned to:
			Page <b>22</b>

RECORD

CONTINUATION

SUPPLEMENTAL



# Sheriff Don Hunter

Collier County Govt. Complex Bldg. - J  
3301 Tamiami Trail, East, Naples, FL 33962  
Telephone (AC 813) 774-4434

Incident Number	00040-70
Date - Time	9-15-95

Agency OPI Number

FL 0110000

PROCESSED BY  
Morrison, Matthew

Clearance Code 0. Open 1. Arrest	2. Exceptional 3. Unfounded	<input type="checkbox"/>	Morrison, Matthew	INC Code Change	From	To		
Exceptional Type 1. Extrajurisdiction 2. Death of Offender	2. Arrest on Primary Offense - Secondary Offense Without Prosecution	3. Death of Offender	4. VAW Refused to Cooperate	5. Prosecution Declined	6. Juvenile/No Custody	Original Offense	Offense Changed To	Suspended <input type="checkbox"/> Yes <input type="checkbox"/> No

1. NOTIFICATION/ASSIGNMENT: This case was assigned to me to be investigated on 9-13-95 by Sgt. Morgantnal.

2. INCIDENT SCENE DESCRIPTION: The scene consists of a townhouse located at 198 Monterey Dr. in the Vineyards.

3. DISCOVERY OF VICTIM : The victim was discovered by his mother Allison Morrison. The victim was floating in the bathtub.

4. VICTIM: The victim is Matthew Morrison, dob 10-24-94. He resides at 198 Monterey Dr. Naples, Fl.

5. AUTOPSY: The autopsy was performed by the Lee County Medical Examiner on 9-14-95. I have spoken with the Medical Examiner and the cause of death is consistent with the account given by the family. This case will be pended however awaiting final autopsy results.

6. PHYSICAL EVIDENCE: On 9-15-95 I obtained 35mm photograph's of the bathroom where the incident occurred.

9606030005215

7. CONCLUSIONS/STATUS OF INVESTIGATION: On 9-15-95 I travelled to the residence where the incident occurred. A taped interview was conducted with Allison Morrison the mother of the victim. During the interview Allison Morrison stated the following. She momentarily left the bathroom where the victim and his 2 1/2 year old sister were in the bathtub. Mrs. Morrison

Reporting Officer (print) Det. Beth Brown	ID 403	Editing Signature 	ID m
Reporting Officer Signature 	Date 09/15/95	Referred to by [ ]	Assigned to [ ]

00040-70

Vertical Reference

CONTINUATION ~~OF~~ SUPPLEMENTAL



Sheriff Don Hunter

Collier County Govt. Complex Bldg. - J  
3301 Tamiami Trail, East, Naples, FL 33962  
Telephone (AC 813) 774-4434

Incident Number	88040-45
Date - Time	4-10-75

Case ORI Number FL 0110000

Clearance Code 0 Open 1 Arrest 2 Exceptional 3 Uninsured	<input type="checkbox"/>	Victim's Name Morrison, Matthew	INC Code Change From	To	Suspended <input type="checkbox"/> Yes <input type="checkbox"/> No
Exceptional Type 1. Breach/Defied	2. Arrest on Primary Offense - Secondary Offense Without Prosecution	3. Death of Offender 4. V/W Refused to Cooperate	5. Prosecutes Declined 6. Juvenile/No Custody	Original Offense Death Inves	Offense Changed To

Additional Supplemental (Print Neatly)

stated that she went to turn on the dishwasher and then walked into another room. When she returned her son Matthew was floating in the bathtub. Mrs. Morrison stated that Matthew was in a bathtub ring when she left. When she returned he was out of the ring. For further details see transcribed portion of the interview.

After investigating the scene and speaking with Mrs. Morrison the account given is credible. This investigation will however remain open until final autopsy results become available.

960603 CCC5215

88040-45

Incident Number

Reporting Officer (print) Det. Bath Brown	ID 403	Supervising Supervisor Det. Bath Brown	ID
Reporting Officer Signature Det. Bath Brown	DOB 068	Reporting Officer Signature Det. Bath Brown	DOB

CONTINUATION OF SUPPLEMENTAL



# Sheriff Don Hunter

Collier County Govt. Complex Bldg. - J  
3301 Tamiami Trail, East, Naples, FL 33962  
Telephone (AC 813) 774-4434

Incident Number 00040-70
Date - Time 10-20-70

BY OFFICER **FL 0110000**

Reference Code Open Arrest <input checked="" type="checkbox"/> Unfounded <input type="checkbox"/>	Victim's Name MORRISON, MATTHEW	INC Code Change From	To
Exceptional Type Extradition Detained	2. Arrest on Primary Offense - Secondary Offense Without Prosecution	3. Death of Offender 4. W/W Released to Cooperate	5. Prosecution Declined 6. Juvenile/He Custody
Original Offense Death Invest		Offense Changed To	Suspended <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional/Supplemental (Print Neatly)

STATUS OF INVESTIGATION: this case is closed. the Lee County Medical Examiner's Office has released the autopsy results as follows. immediate cause of death, Anoxic encephalopathy this is due to or consequence of submersion in water. Manner of death is natural. The autopsy was performed by Carol J. Huser, Associate Medical Examiner in Lee County.

960603CCC5215

Incident Number

82040-01

Reporting Officer (print) Det. Beth Brown	ID 403	Editing Supervisor <i>[Signature]</i>	ID 334
Reporting Officer (Signature) <i>[Signature]</i>	Dist. UCB	Released to:	Assigned to: Page 1 of 1



63

COLLIER COUNTY SHERIFF  
SWORN STATEMENT

\*\*\*\*\*  
NAME: Alison Morrison DATE/TIME: 09-15-95 - 11.17 a.m.  
DOB/AGE: 02-24-66 - 29 Q1: Detective Beth Brown  
ADDRESS: 198 Monterey Dr. Q2:  
PHONE: 352-6360 CASE: 88040-95  
\*\*\*\*\*

This is Detective Beth Brown conducting a taped interview. This will be reference case number 88040-95. The date is 09-15-95, the time is 11.17 a.m. With me is Alison Morrison, she resides at 198 Monterey Drive, Naples, Florida. Her date of birth is 02-24-66, her home 'phone number is 352-6360.

- 5 Q. Alison, this is a taped sworn statement, do you swear that everything you are about to tell me is the whole truth and nothing but the truth?
- A. I do.
- Q. Okay, you're going to have to speak up a little bit.
- A. I do.
- 10 Q. Okay. On 09-06-95, there was an incident at your house. Can you tell me about that?
- A. The children were having a bath, my son, put my son in his bath ring, in our bath tub, he's never been able to get out of it before...
- Q. Okay.
- 15 A. ..it's one of those rings and it circles and encompasses his whole body...
- Q. Right.
- A. ..it's very difficult to get him in it....he's ten months old.
- Q. Okay.
- A. I checked many times before that, he could never get out.
- 20 Q. Okay.

9606830005215

BB

A. He couldn't as far as I knew. As far as (inaudible)

Q. Okay. So...

25 A. I...they were having a bath and I was getting ready to go to a dinner party. My daughter, two years two months, she was playing and having a bath with him in the tub....

Q. Okay.

30 A. I walked into the kitchen to turn on the dishwasher, I heard them talking and playing in the bath, I don't know if I walked into one other room, but as far as I know it was such a short time I can't tell you how many minutes. I walked back, I was there two minutes, I don't know how many minutes, I really couldn't tell you. I walked back, my son was out of the bath ring, floating in the water. I grabbed him out, began to try to do C.P.R. not really at that moment, I basically just  
35 grabbed him and ran to the 'phone, called 911, I was hysterical, screamed "198 Monterey, 198 Monterey, 198 Monterey, please come, my baby's blue - drowned" I don't know what I said. I ran out the front door, tried to give him C.P.R. or some breaths, holding him in my arms. He seemed to be breathing, I don't know, he seemed to be choking, I thought he was fine, you know, I thought he was...he was. Ran across the street to the neighbor, directly across, hoping he was home to help  
40 me give him C.P.R. He wasn't home. Ran right back across the street, within.... I would say thirty seconds or less the Policeman was there. From that time, right then, got back onto the grass, I laid him down on the grass, was trying to give him puffs of air, the Policeman arrived and started to give him C.P.R.

Q. And the baby was transported to Naples Community Hospital?

A. That's correct.

45 Q. And then to Health Park?

A. Lee Memorial.

Q. Lee Memorial, which is part of Health Park. Okay. And how old is your other child?

A. She was born April 28th, she's two years and four or five months.

50 Q. Okay. When you were trying to revive Matthew, you did hear him breathing somewhat, you thought?

A. I thought, because he was choking up his, his, the water and some of his lunch, I guess, I thought he was breathing. They said he had a pulse rate when they got there, the ambulance got here. They resuscitated him and he was breathing in the

960603CCCC5215

Bb

55

ambulance.

Q. Okay. Has he been sick at all before that? With anything?

A. He's (inaudible) diverticular.

Q. Okay.

A. Three months.

60

Q. Okay but that's....

A. Otherwise he was a very healthy baby.

Q. Okay. Okay, this will be the end of the sworn statement, it is 11.21.

960603CCCS215

Paul Phelan

js 1/6 12/6/96

ACCIDENT INVESTIGATION REQUEST FORM

E  
Gov  
BODIN

Document Number X9652562A

Date of Incident 9/6/95

Category I.D. STATR 1994

Follow-Up Requested

Hazard Analysis

Section 15

Type Follow-Up Requested

Telephone Call

On-Site

Headquarters Contact R. Rauchschnalbe

Assignment Message Identify product manufacturer, warn-  
ings on product and any product defects (ie, missing  
suction cups?). <sup>or determine</sup> length, age, sex, race, weight and  
height of child if available. Determine position  
of product (upright, overturned) and position of  
child when found. Other siblings' reaction? Tub  
surface (smooth, rough, appliques), water depth, cir-  
cumstances (why did mother leave), time left alone,  
whether mother began CPR, when paramedics arrived,  
time of death (obtain autopsy if available) and  
type of residence. Obtain police reports, medical  
Person(s) to Contact reports, other official reports.

(1) Coroner

(2) Police, medical officials

(3) Mother of victim

Guideline

Requested By RR

Task Number 960603CCC 5215

Assigned to NYCO

Date 960603

EXHIBIT 5  
960603CCC 5215

TC-  
51

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

ISSUE 35 - MAY 31 1996

EXTENSION 1669 (24 HOUR SERVICE)  
1248 (JOE LANSING)  
1255 (JIM TAYLOR)

X965 2562

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information below. Or send by FAX to (301)504-0038.

DATE OF INCIDENT Sept. 6, 1995 DATE OF DEATH Sept. 12, 1995

TYPE OF CONSUMER PRODUCT INVOLVED inhome bathtub / infant floatation ring

MANUFACTURER, MODEL, BRAND NAME, AND SERIAL NO. OF PRODUCT Unknown

Note: This incident occurred in Naples and was investigated by Collier Co. S.O. therefore this office has no information regarding the product.

IS PRODUCT AVAILABLE FOR EXAMINATION?  YES  NO IF YES, WHERE?

198 Monterey Dr., Naples, Florida

CAUSE OF DEATH: Anoxic encephalopathy, due to: submersion in water

LOCATION OF INCIDENT: CITY: Naples STATE: Florida

BRIEF DESCRIPTION OF INCIDENT SEQUENCE: (PLEASE INDICATE THE AGE AND SEX OF THE VICTIM(S))

10 month/male was being bathed by mother and was in a floatation "ring". 2 1/2 y/o

also in bathtub. Mother exited room briefly and returned to find child out of "ring"

& submerged. Taken to hospital where he subsequently expired.

94003 CCC 5015

CONTACT INFORMATION: PLEASE INCLUDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF ANY STATE/LOCAL PERSONNEL WHO INVESTIGATED THE ACCIDENT.

Collier County Sheriff's Office, Lt. Ryan, Naples, Florida

MEDICAL EXAMINER'S/CORONER'S CASE NO. 431-95

REPORTER'S NAME Keith P. Von Qualen DATE REPORTED 5/23/96

TELEPHONE NUMBER OF OFFICE REPORTING THE CASE 941-277-5020

REPORTER'S OFFICE (INCLUDING CITY, COUNTY AND STATE)  
Dist. 21, Medical Examiner's Office, Ft. Myers, Florida

MEDICAL EXAMINER'S/CORONER'S NAME Dr. Carol J. Huser, Asso. Med. Exam.

CHIEF MEDICAL EXAMINER'S NAME (IF APPLICABLE) Dr. Wallace M. Graves

\*\*\*\*\*  
FOR PROCESSING AT CPSC: REPORT RECEIVED BY: \_\_\_\_\_

Chief Medical Examiners Report ( ) Copy for MECAP News ( )  
Regular MECAP ( ) Document No. \_\_\_\_\_

7  
SEP 13 1991 J

1. CASE NO. 910429CCN1151 <i>C-140197</i>		2. INVESTIGATOR'S ID 9 2 0 6		3. OFFICE CODE 8 1 5		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
4. DATE OF ACCIDENT YR MO DAY 9 1 0 4 1 9		5. DATE INVESTIGATION INITIATED YR MO DAY 9 1 0 8 1 5				
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 7 month old infant drowned in a bathtub. The baby was left for a few minutes in a child-restraint seat held to the bathtub by rubber suction cups. The child drowned in 5 to 7 inches of water.						
7. LOCATION (Home, school, etc.) Home			8. CITY Council Bluffs		9. STATE Iowa	
10A. FIRST PRODUCT Baby restraint			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Safety First Bath Seat 210 Boylston St., Chestnut Hill			
10B. SECOND PRODUCT None			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS None			
12. AGE OF VICTIM 2 0 7		13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 1		14. DISPOSITION DFA DOR		15. INJURY DIAGNOSIS Drowning
16. BODY PART 		17. RESPONDENT(S) (Mother, Friend) 2		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 1		19. TIME SPENT 8 0
20. ATTACHMENTS 5		21. CASE SOURCE 05		22. REVIEWED BY 8928		
23. PERMISSION TO DISCLOSE NAMES (NON-HEALTH CARE ONLY)		CPSC MAY DISCLOSE MY NAME <input checked="" type="checkbox"/>		CPSC MAY NOT DISCLOSE MY NAME <input type="checkbox"/>		
24. NARRATIVE (See Instructions on Other Side)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE		

*MFR/PRVLR NOTIFIED 1/13/92 to*  
 No Comments made  
 Comments attached  
 Exclusions/Revisions  
 Firm has not requested further notice

(SEE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

I.D.I. #910429CCN1151

Note: All information received for this report was obtained from the parents of the victim.

Pre-Incident: The victim's parents moved from Ft. Carson, Colorado to present address in the city where accident occurred. The victim's father was stationed in the above city and served in the armed forces. The victim's parents stated that they had purchased the product from a retail store in Colorado. The mother said she used this in the bath tub for about three months before moving to the city where they reside. They stated there was no problem with the product before accident occurred.

Incident: The victim's mother stated she had used this product for at least three dozen times and knew how to attach to bathroom tub. On or about 9:45 a.m. she placed product to the bottom of bath tub area and turned water on to depth of 4-5" or just about to the top of the tray of the product. She said she tested product to make sure it was secured well to the bottom of the tub and she placed the child into the bath seat. There were no safety devises to secure child to the seat according to the mother. She stated that she placed some water type toys that float on the top of the water and then left the bathroom area to get some clothes for the child and do some other household chores. She said she wasn't gone any longer than 5 minutes and when she returned she found the victim laying on his side with his head submerged under the water. The seat was laying on its left side towards the back of the tub. The victim's mother said the child weighed about 28 lbs. and was 7 months and 29 days old when he died. The victim's mother said that he was very strong and could push himself around pretty well when he was placed on the floor of the living room. After the mother found the victim she contacted the paramedic and was transported to a local hospital and pronounced dead on arrival.

Post Incident: The local Police Department investigated the accident on request of Human Services to determine if there was any neglect on the part of the parents. The Police Department was contacted by this investigator and was told that the County Attorney has all the reports, pictures, and product at his office. The County Attorney is holding all information until such a time when it is determined that there was no neglect on the part of the parents. This investigator requested the information of the Police Report be sent to his office after case has been closed. This investigator looked at the bathtub and took measurements of the tub area, the size being 24" by 48" and 24" high. It looked to be a standard type tub and was hard to determine the age but looked to be 30 to 40 years old. The bottom of the tub area looked a little pitted from maybe things being dropped into the tub by accident. Some areas looked like it could of been painted over (see photos).

Product Identification: The investigator went to a local store and found a bath seat the same that was involved in the accident. The product was blue, green and red in color. The seat turns to a full 360 degrees and has four suction cups on the bottom that holds product in place. The instructions on label read as follows: Safety First Bath Seat, Inc., 210 Boylston St., Chestnut Hill, MA 02167. Safety First Bath Seat is for ages 6 months and older. To safety lock simply push down to lock into place. To prevent drownings never leave child unattended in the tub.

Pictures of the seat in question are not available. The Store would not allow the investigator to take a picture of the seat and the County Attorney will not let the investigator access to the seat in question or pictures until the question of litigation is settled.

**U.S. CONSUMER PRODUCT SAFETY COMMISSION**

Midwestern Regional Office  
230 South Dearborn Street  
Suite 2944  
Chicago, Illinois 60604  
(312) 353-8260

**May 1, 1991**

**Mr. Bud Rushenberg  
Iowa State Department of Health  
Lucas State Office Building  
East 12th and Grand  
Des Moines, Iowa 50319**

**Dear Mr. Rushenberg:**

**Please conduct the following IDI, Task Number 910429CCN1151. This IDI will be considered part of the FY 1991 contract.**

**Please attempt to complete the above assigned IDI within 45 days.**

**If you have any questions, please do not hesitate to contact me at 312-353 8260.**

**Thank you.**

**Sincerely,**



**Robert C. Okarski  
Program Officer**

91-007736

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH 114-

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER DECEASED'S NAME FIRST MIDDLE LAST DATE OF DEATH (Mo., Day, Yr.)

1. Nicholas Rhea Hanna 2. April 19, 1991

SEX Male AGE - LAST BIRTHDAY (Years) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) COUNTY OF DEATH  
3. 7 29 4c. August 20, 1990 5a. Pottawattamie

FACILITY NAME (If not institution, give street and number) CITY, TOWN OR LOCATION OF DEATH INSIDE CITY LIMITS (Specify yes or no)  
6b. 2402 Avenue "L" 6c. Council Bluffs 6d. Yes

6e. PLACE OF DEATH (Check only one)  
 Hospital  Inpatient  ER/Outpatient  DOA  Other (Specify) Nursing Home Residence  Other (Specify)

7. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes below) RACE - White, Black, American Indian, etc. (Specify) DECEASED'S EDUCATION (Specify only highest grade completed)  
If yes, specify Cuban, Mexican, Puerto Rican, etc. a. White b. 0  
XX NO  YES Specify: c. College (1-4 or 5-)

BIRTHPLACE (City & State or Foreign Country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name)  
10 Ft. Carson, Colo. 11. U.S.A. 12a. Never Married 12b.

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED SERVICES? (Specify yes or no)  
13. 521-79-1620 14a. Never Worked 14b. None 15. No

RESIDENCE STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER OF RESIDENCE INSIDE CITY LIMITS (Specify yes or no)  
16a. Iowa 16b. Pott. 16c. Council Bluffs 16d. 2402 Avenue "L" 16e. Yes

FATHER'S NAME FIRST MIDDLE LAST MOTHER'S NAME FIRST MIDDLE MAIDEN  
17. Leslie Rhea Hanna 18. Danielle Michele Pieszcunski

INFORMANT'S NAME MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  
19a. Leslie Hanna 19b. 2402 Ave L, Council Bluffs, Iowa 51501

20a. METHOD OF DISPOSITION PLACE OF DISPOSITION (Name of Cemetery, Crematory or other place) LOCATION (City or Town, State)  
 Burial  Cremation  Removal from State  Donation  Other (Specify) 20b. Memorial Park Cemetery 20c. Council Bluffs, Iowa

FUNERAL DIRECTOR - SIGNATURE F.D. LICENSE #  
21a. Tracy H. McCurdy 21b. 1825

FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  
21c. McCurdy Funeral Home, 121 South 7th Street, Council Bluffs, Iowa 51501

REGISTRAR - SIGNATURE DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  
22a. Sarah Tamms 22b. 4-23-91

23. MANNER OF DEATH DATE OF INJURY HOUR OF INJURY INJURY AT WORK? DESCRIBE HOW INJURY OCCURRED  
 Natural  Pending Investigation  Accident  Suicide  Could not be determined  Homicide  
24a. 4-19-91 24b. 10A M 24c. NO 24d. Left unattended tub of water  
PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)  
24e. Home 24f. 2402 Ave L, Council Bluffs, Iowa

In the best of my knowledge, death occurred at the time, date and place due to the causes and manner as stated  
25a. (Signature and title) Scott Black MD 25b. 4-22-91 25c. 10A M

NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type Print)  
26. Scott Black MD

NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type Print)  
27. Scott Black MD CMC 3134 W Broadway, C.B. Ia 51501

28. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

Final disease or condition resulting in death IMMEDIATE CAUSE  
(a) Drowning in Tub of Water  
DUE TO (OR AS A CONSEQUENCE OF)

Substantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  
(b) DUE TO (OR AS A CONSEQUENCE OF)  
(c) DUE TO (OR AS A CONSEQUENCE OF)  
(d)

PART II a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no) AUTOPSY (Specify yes or no) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)  
29a. YES 29b. YES 29c. YES

---

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.

Leslie Hanna  
(Signature)

8-15-91  
(Date)

G14 0197

EOI # 910499 QCN 1151

Telephone # 712-322-1914

# 712 328-2845 work

UPB Non-Part Council Bluffs, IA Cr. 15,400

APR 20 1991

UNIVERSAL Press Clipping Bureau

# Council Bluffs infant dies after accident in bathtub

From Staff Reports 7-3  
A 7-month-old infant drowned in a bathtub Friday morning after being left alone for only a few minutes.

Nicholas Hanna, 3402 Ave. L, was pronounced dead at Mercy Hospital at 11:30 a.m. Police, fire, rescue, hospital and 911 personnel had tried unsuccessfully to resuscitate him for more than an hour.

The child is the son of Leslie and Daniel Hanna.  
Leslie Hanna told police the baby was left by himself for a few

minutes in a child-restraint seat held to the bathtub by suction cups. The bathtub held 5 to 7 inches of water, said Council Bluffs Police Lt. Mike McEvoy.

When the mother returned, she found the child lying face down in the water and the seat's suction cups had moved or come loose, McEvoy said.  
Police first received the report at 10:18 a.m.

Although the death is still under investigation, police are treating it as accidental, McEvoy said.

Photo #1



Photo #2



Photo #3

