53

26 NOV 1997 S S

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.	2. INVESTIGATOR'S ID	3. OFFICE CODE
970418CCC2121	[9][0][4][4]	[8][3][0]

4. DATE OF INCIDENT YR MO DAY	5. DATE INVESTIGATION INITIATED YR MO DAY
[9][5][1][0][2][7]	[9][7][1][0][0][3]

6. SYNOPSIS OF INCIDENT OR COMPLAINT. A 14 month old female was found by her mother face down in 5-6" of water in a bathtub. The mother had left her unattended in a bathtub seat for "a minute" while she went to get clothing in a nearby bedroom. She returned to find that the baby had fallen out of the bathtub seat. The child never regained consciousness and died 26 hours later, after several resuscitation efforts.

7. LOCATION *(Home, school, etc.)*	8. CITY	9. STATE
Home [1][0]	Des Moines	Iowa

10A. FIRST PRODUCT	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
Baby Bathtub Seat [1][5][5][7]	Unknown

10B. SECOND PRODUCT	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
Bathtub [0][6][1][1]	Unknown

12. AGE OF VICTIM	13. SEX *(USE NUMERICAL CODE)*	14. DISPOSITION	15. INJURY DIAGNOSIS
[2][1][4]	MALE - 1 FEMALE - 2 [2] UNKNOWN - 3	Fatality [8]	Submersion [6][9]

16. BODY PART	17. RESPONDENT(S) *(Mother, Friend)*	18. TYPE INVESTIGATION	19. TIME SPENT
All parts [8][5]	State Medical Examiner [3]	ON SITE - 1 TELEPHONE - 2 [2] OTHER - 3	Hours [1][6].[0] Travel [0].[0]

20. ATTACHMENTS	21. CASE SOURCE	22. REVIEWED BY YR MO DAY
Documents [2]	NEISS [0][3]	[8][1][3][0] [9][7][1][1][1][9]

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

24. NARRATIVE *(NARRATIVE ATTACHED, Page 2)*	25. REGIONAL OFFICE DIRECTOR REVIEW DATE

No NPR
2/3/98

PRE-INCIDENT: The female victim was born on 08/11/94. She weighed 2 lbs, 4 oz. Her mother was 20 years old, had a 9th grade education, and was unmarried. This was her first child. The father is not listed on the Certificate of Live Birth (exhibit 3). The father is listed on the Death Certificate (exhibit 2). The victim was born premature and had a history of heart surgeries. She required a 2 1/2 months hospitalization during which she underwent heart surgery (for litigation of a patent dutus arteriosus) at 2 days old. At the time of the incident, the victim was 14 months old and her mother was unemployed.

INCIDENT: The mother reported (exhibit 6, page 4) she was giving her daughter a bath at around 2:30 pm on 10/27/95. She gave her daughter little toys to play with and stayed with her in the bathroom for a while. She then went into her daughter's bedroom to get some clothes and she could hear her daughter playing. She reportedly left her daughter in what she called a "safety seat" in the bathtub.

The next thing the mother reportedly noticed was that her daughter was quiet. She went into the bathroom and found her daughter laying face down in the tub, pulseless and without breathing. She picked her up, took her into a nearby bedroom and started CPR. Water reportedly came out of her nose and mouth. The mother called 911 and continued CPR until a Deputy arrived. The mother estimated the time her daughter was left alone in the bathtub to be less then 5 minutes.

At about 3:19 pm, an ambulance was called to respond to an incident involving the 14 month old victim. The ambulance arrived and found the victim pulseless. They restored her heartbeat and she was transported to the emergency room of a nearby hospital.

The bathtub was observed by the responding sheriff's department. The bathtub was reportedly found with at least six (6) inches of water and a "stand up in, with supports, baby type walker." It is unknown if this device, it was stated in their report (exhibit 6, page 3), is intended for water use. The bathtub also reportedly contained a small doll type figures and fecal matter from the child. Several toys were found outside the bathtub on the floor.

POST INCIDENT: When the victim arrived at the hospital, at 3:54 pm, she was pulseless. After about 20 minutes, they again restored her heartbeat. However, she was unresponsive and had no reaction to pain, light, etc. Her condition was guarded and critical. She was placed on ventilator support in Intensive Care.

Over the next 24 hours, the child continued to be hyperventilated. She was evaluated and believed to have severe brain damage. It was on the advise of a doctor to continue with ventilator support for at least a 24 hour period. During this time, it was reportedly extremely difficult to maintain the child's heart rate and blood pressure and their were multiple episodes of undergoing resuscitation for this child. At around 4:31 pm on 10/28/95, the child was evaluated and shown to have electocerebral silence. The decision was made to withdraw all supportive therapy and the child was pronounced dead at 4:31 pm. This was 26 hours after the initial incident.

The mother of the victim was interrogated and given advice of her rights on 10/27/95 by the sheriff's department (exhibit 6, page 5). The sheriffs report (exhibit 6, page 6) states that all the signs are there of drowning and the death was classified as accidental from drowning. In addition, the report states there was some concern on the part of the investigators because the maternal grandmother of the victim had a male child drown also in a bathtub seat in a bathtub. However, this case was closed and no additional leads were identified.

The county medical examiner completed an autopsy and report on the victim (exhibit 7). The cause of death was determined to be "Anoxic encephalopathy 26 hours following fresh water immersion and near drowning." Other significant findings include "Metabolic acidasls and acute renal failure." Manner of death is listed as "Accident." The autopsy report (exhibit 7, page 6) states the child was well developed and well nourished consistent to her age of 14 months. Her face and cheeks, and her lip, tongue or gum had no evidence of injury. No scars were identified. There is no evidence of contusions, abrasions, injuries, petechiae or ligature marks. There is no evidence of significant external injuries. Postmortem toxicologic studies are negative for alcohol and other drugs.

A NEISS report was completed on this incident (exhibit 1).

A Certificate of Death for the victim is attached as exhibit 2. A Certificate of Live Birth is attached as exhibit 3.

On 04/10/97, another Investigator initially submitted the attached information on this death (exhibit 8). This report was completed as assigned (exhibit 9).

In addition to reviewing the attached exhibits, I conducted further investigation efforts to try to identify the product involved. I was able to gather some details about the product, but was not successful in gathering photographs of the product or any definitive information about the model and manufacturer.

In this effort, I contacted several governmental agencies that investigated this incident. These included the investigating Police Department and Medical Examiners Office. On 11/04/97, I interviewed an Investigator from the Medical Examiners Office. She had investigated this death and reported it initially had started as a suspicious death. She reported several observations about the mother of the victim including that she seamed immature and reportedly had inappropriate responses to the situation. The victim, she reported, had not been properly immunized, could not walk or crawl (at age 14 months), but had started to pull herself up. The mother had a 9th grade education. Reportedly, the mother had not been left alone with her child on a regular basis, but at the time of the incident she was alone in the home with her child.

This investigator reported the mother had stated she found her child in the water, out of the bathtub seat or ring with her legs toward the faucet. She reported the mother stated it was difficult to put the child into and take her out of this bathtub seat or ring and that she stated she did not know how her child could have climbed out of it by herself.

This investigator had not seen the bathtub seat or ring first hand, but was able to refer me to another investigator who had. On 11/14/97, I interviewed a social worker with the Iowa Department of Human Services, Child Protective Services, about this case. This social worker recalled the incident and reported she had collected the bathtub seat or ring from the location of the incident the same day of the incident. She reported she had to remove the product from the bathtub. She stated she had difficulty in lifting it from the bathtub because it had about 30 individual suction cups holding it in place. She believed it was still in the same position it had been in at the time of the incident, however, the water had been drained.

The social worker could not identify the model, brand name or manufacturer of this product. She had kept the product as evidence for almost two years but had recently destroyed it. She had also taken pictures of the product but had also recently destroyed them.

The social worker was able to describe the product from her memory of the incident. She stated it was bright blue and yellow in color and was made of plastic. The seat and base were bright blue and the ring was blue and yellow with some other yellow pieces. The base of the product had over 30 individual suction cups that were also bright blue. She stated it sat firmly in the bathtub and was difficult to remove. She confirmed this product was designed for bathtub use with children.

In addition to this information about the product, the social worker reported other information about this case. She stated she initially had concerns about what the mother had stated about the incident as being factual. The social worker confirmed the child did not tip over in the bathtub seat or ring, but rather had appeared to climb out of it and then had fallen into the water. The social worker questioned if this could have been possible since the victim was a large chubby baby who, in her opinion, would have possibly been too big to fit into the bathtub seat or ring. She stated, she believed the cause of the accident was not the bathtub seat, but rather a lack of supervision by the mother, who she reported was not well educated and lacked parenting skills. She was concerned that no further action was taken by the police in this case.

PRODUCT INFORMATION: Numerous reports submitted about this accident mention the victim had been left unsupervised in a bathtub seat or ring in 5-6 inches of water in a bathtub. A statement from the mother was recorded (exhibit 6, page 4) in which she admitted to placing her daughter in a "safety seat while in the tub." However, no record of the product model and manufacturer was provided.

The bathtub was observed by the responding sheriff's department. The bathtub was reportedly found with at least six (6) inches of water and a "stand up in, with supports, baby type walker." It is unknown if this device, it was stated in their report (exhibit 6, page 3), is intended for water use.

I located a social worker who had actually collected the product, the day of the incident. She had removed it from the bathtub, from the position she believed it had been at the time of the incident. The social worker had taken pictures of the product. The social worker had destroyed the pictures and the product several months ago and was not able to provide me with further information about the brand, model, or manufacturer of the product.

The social worker was able to describe the product from her memory of the incident. She stated it was bright blue and yellow in color and was made of plastic. The seat and base were blue and the ring was blue and yellow with some other yellow pieces. The base of the product had over 30 individual suction cups that were also bright blue. She stated it sat firmly in the bathtub and was difficult to remove. She confirmed this product was designed for bathtub use with children.

No other information about this bathtub seat or ring is available.

ATTACHMENTS:

Exhibit 1 - NEISS Report
Exhibit 2 - Certificate of Death
Exhibit 3 - Certificate of Live Birth
Exhibit 4 - Ambulance Report
Exhibit 5 - Hospital Records
Exhibit 6 - County Sheriff's Office Incident Report
Exhibit 7 - County Medical Examiner's Report
Exhibit 8 - Route Slip, 04/10/97
Exhibit 9 - Assignment

ClearingHouse Format - With Manufacturer
Reported Incidents 7/29/97
U.S. Consumer Product Safety Commission Page 1
National Injury Information ClearingHouse

ment Number: X9741439A Task Number: 970418CCC2121 Issue : 29
ate Received : 04/16/97 Confirmed : Date Entered : 05/22/97
City : DES MOINES State : IA Zip : 50313
Source : 0 Type Of Contact : 43
Prod : 611 BATHTUBS OR SHOWERS
Prod : 1557 BABY BATHTUB SEATS FOR RINGS (NOT TOYS)
Date Injured : 10/27/95 D Work Related : N
Age : 214 Sex : 2 FEMALE
Disposition : 8 8=FATALITIES, INCLUDI Haz Type : C DROWNING (SUBMERSION)
Brand : MANUFACTURER UNKN Screened ? :
Model : 0

Narrative :
A 14 MONTH OLD FEMALE DIED AFTER SHE NEARLY DROWNED IN THE BATHTUB.
WHEN BRIEFLY LEFT UNATTENDED IN A BATH SEAT.

IDI #970418CCC2121
EXHIBIT # 1

A774 1439 ~~95-071888~~ 611

IA-94-023458

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114-

155

TYPE IN PERMANENT BLACK INK

BIRTH NUMBER

DECEDENT'S NAME 1. [redacted]

DATE OF DEATH (Mo. Day. Yr.) 2. 10/28/95

SEX 3. Female

AGE - LAST BIRTHDAY (Years) 4a.

UNDER 1 YEAR: MOS. 4b. 14 DAYS

UNDER 1 DAY: HRS. 4c. MIN.

DATE OF BIRTH (Mo. Day. Yr.) 5. 08/11/94

COUNTY OF DEATH 6a. Polk

FACILITY NAME (If not institution, give street and number) 6b. Mercy Medical Center

CITY, TOWN OR LOCATION OF DEATH 6c. Des Moines

INSIDE CITY LIM. (Specify yes or no) 6d. YES

6e. PLACE OF DEATH (Check only one)

HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA

OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

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DECEDENT

WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc. 7. XX NO ☐ YES Specify:

RACE - White, Black, American Indian, etc. (Specify) 8. White

DECEDENT'S EDUCATION (Specify only highest grade complete) Elementary/Secondary (0-12) 9. 0 College (1-4 or 5+)

BIRTHPLACE (City & State or Foreign Country) 10. Des Moines, IA

CITIZEN OF WHAT COUNTRY 11. U.S.A.

MARRIED, NEVER MARRIED, widowed, divorced (Specify) 12a. Never Married

SURVIVING SPOUSE (If wife, give name prior to first marriage) 12b.

APR 16 1997

SOCIAL SECURITY NUMBER 13. [redacted]

USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 14a. Infant

KIND OF BUSINESS OR INDUSTRY 14b. Infant

WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no) 15. No

SPECIFIC RESIDENCE WHERE DECEDENT LIVED. IF DEATH OCCURRED IN A CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE

STATE 16. [redacted]

COUNTY 16b. Polk

CITY, TOWN, OR LOCATION [redacted]

STREET AND NUMBER OF RESIDENCE 16. [redacted]

INSIDE CITY LIM. (Specify yes or no) 16e. NO

PARENTS

FATHER'S NAME 17. [redacted] Lund

MOTHER'S NAME [redacted]

INFORMANT

INFORMANT'S NAME 18a. [redacted]

MAILING ADDRESS [redacted] Number, City or Town, State, Zip Code) Moines, IA 50313

19a. METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) 19b. Glendale Cemetery

LOCATION (City or Town, State) 19c. Des Moines, IA

BURIAL

FUNERAL DIRECTOR - SIGNATURE 21a. ▶ Timothy R. Grandon

F.D. LICENSE # 21b. 2358

FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21c. Dahlstrom Funeral Home, 621 East 9th Street, Des Moines, IA 50309

REGISTRAR

REGISTRAR - SIGNATURE 22a. ▶

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22b. 11-7-95

23. MANNER OF DEATH: ☐ Natural XX Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

DATE OF INJURY (Mo., Day, Yr.) 24a. 10-27-95

HOUR OF INJURY 24b. 2:30 PM

INJURY AT WORK? (Specify yes or no) 24c. no

DESCRIBE HOW INJURY OCCURRED 24d. Left unattended in bath tub

PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) 24e. home

LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code) 24f. 4280 N.E. 6th St., Des Moines, IA

To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner as stated.

25a. (Signature and title) ▶ James L. Garrity, MD

DATE SIGNED (Mo., Day, Yr.) 25b. 10-31-95

HOUR OF DEATH 25c. 4:31 PM

CERTIFIER

NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) 26. Dr. James Binkard, 220 W. 1st St., Ankeny, Iowa

NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print) 27. Francis L. Garrity, M.D., Polk Co. Medical Examiner, 1907 Carpenter, Des Moines, IA 50314

CAUSE OF DEATH

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.

Final disease or condition resulting in death → IMMEDIATE CAUSE (a) Anoxic Encephalopathy 26 hours following fresh water

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF) (b) immersion and near drowning

DUE TO (OR AS A CONSEQUENCE OF) (c)

DUE TO (OR AS A CONSEQUENCE OF) (d)

Approximate Interval Betw. Onset and D.

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PART II. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I: Metabolic Acidoses; Acute renal failure

b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no) No

AUTOPSY (Specify yes or no) 29a. Yes

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no) 29b.

APR 16 1997

Revised - 1/89

101 #970418CCC2121
Exhibit #2

0108 1883

IA-95-021868

CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN PERMANENT BLACK INK

CHILD

1. CHILD'S NAME — FIRST: ASHLEE — MIDDLE: DANIELLE — LAST: LUND
2. SEX: FEMALE
3. DATE OF BIRTH (Mo., Day, Yr.): AUGUST 11, 1994
3a. HOUR OF BIRTH: 1:57 A.M.
4. COUNTY OF BIRTH: POLK
4a. CITY, TOWN, OR LOCATION OF BIRTH: DES MOINES
4b. WITHIN CITY LIMITS (Specify yes or no): YES
4c. FACILITY NAME (If not institution, give street and number): IOWA METHODIST MEDICAL CENTER
4d. PLACE OF BIRTH: ☒ Hospital ☐ Freestanding Birthing Center ☐ Clinic/Doctor's Office ☐ Residence ☐ Other (Specify)

FOR INSTRUCTIONS SEE HANDBOOK

CERTIFIER

I certify that this child was born alive at the place and time and on the date stated.
5a. (Signature) ▶ Eric D. Garner
5b. DATE SIGNED (Mo., Day, Yr.): 8-22-94
5c. CERTIFIER'S NAME AND TITLE (Type/Print): ERIC GARNER, M.D.
☒ M.D. ☐ D.O. ☐ Hospital Admin ☐ C.N.M. ☐ Other Midwife ☐ Other (Specify)
5d. CERTIFIER'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 526 39TH ST. DES MOINES, IOWA 50312

ATTENDANT

6a. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print)
☐ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife ☐ Other (Specify)
6b. ATTENDANT'S MAILING ADDRESS (If other than certifier) (Street and Number or Rural Route Number, City or Town, State, Zip Code)

REGISTRAR

7a. REGISTRAR (Signature) ▶ Daniel Jones
7b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): SEP 1 1994

MOTHER

8. MOTHER'S NAME — FIRST: BRANDI — MIDDLE: DAWN — MAIDEN: ROSTOKS
9. DATE OF BIRTH (Mo., Day, Yr.): SEPT 9, 1974
9a. BIRTHPLACE (State or Foreign Country): IOWA
10. RESIDENCE-STATE: IOWA
11. COUNTY: POLK
12. CITY, TOWN OR LOCATION: ANKENY
13. STREET AND NUMBER OF RESIDENCE: 430 S.W. WESTLAWN
13a. WITHIN CITY LIMITS (Specify yes or no): YES
13b. MOTHER'S MAILING ADDRESS (If same as above, enter Zip Code only): 50021

FATHER

11a. FATHER'S NAME — FIRST — MIDDLE — LAST
11b. DATE OF BIRTH (Mo., Day, Yr.)
11c. BIRTHPLACE (State or Foreign Country)
11d. RELATION TO CHILD: mother

INFORMANT

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.
12a. (Signature of Parent or other Informant) ▶ Brandi Rostokin
12b. Permission given to provide the Social Security Administration with the above information for the purpose of issuing a Social Security Card.
YES X NO ____

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

MOTHER

15. OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.
15a. ☒ No ☐ Yes Specify:
16. RACE-White, Black, American Indian, etc. (Specify below)
16a. WHITE
17. EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9TH; College (1-4 or 5+):

FATHER

13a. ☐ No ☐ Yes Specify:
14a. ☐ No ☐ Yes Specify:

CHILD

14. PREGNANCY HISTORY (Complete each section)

OTHER LIVE BIRTHS (Do not include this child)		OTHER TERMINATIONS (Spontaneous and Induced)	
16a. Now Living: Number ____ ☒ None	16b. Now Dead: Number ____ ☒ None	16c. Before 20 weeks: Number ____ ☒ None	16d. After 20 weeks: Number ____ ☒ None

16e. DATE OF LAST LIVE BIRTH (Month, Year): NONE
16f. DATE OF LAST OTHER TERMINATION (Month, Year): NONE

17. BIRTH WEIGHT (Specify unit): 1021 GMS.
18a. PLURALITY (Specify Single, Twin, Triplet, etc.): SINGLE
19. IF NOT SINGLE (Specify First, Second, Third, etc.):
20. MOTHER'S MARITAL STATUS (Married, Single, or any Divorce between) (Specify yes or no): NO
18b. DATE LAST NORMAL MENSES BEGAN (Mo., Day, Yr.): JAN 1994
21a. BIRTH OF PREGNANCY PRENATAL CARE BEGAN (Specify First, Second, etc.): FOURTH
21b. TOTAL PRENATAL VISITS (If none, so state): 5
22. CLINICAL ESTIMATE OF GESTATION (Specify weeks): 31 WEEKS
23. MOTHER TRANSFERRED PRIOR TO DELIVERY? (Specify no or yes) If Yes, enter name of facility transferred from: YES BROADLAWNS
24. APGAR SCORE: 1 Minute: 24a. 7; 5 Minutes: 24b. 8
23a. INFANT TRANSFERRED? (Specify no or yes) If Yes, enter name of facility transferred to: NO

25a. MEDICAL HISTORY FOR THIS PREGNANCY (Check all that apply)

1. Anemia (Hct. < 30/Hgb < 10)
2. Cardiac disease
3. Acute or chronic lung disease
4. Diabetes
5. Genital herpes
6. Hydramnios/Oligohydramnios
7. Hemoglobinopathy
8. Hypertension, chronic
9. Hypertension, pregnancy-associated
10. Eclampsia
11. Incompetent cervix
12. Previous infant 4000+ grams
13. Previous preterm or small-for-gestational-age infant
14. Renal disease
15. Rh sensitization
16. Uterine bleeding
17. Other (Specify)
00. None

25b. OTHER HISTORY FOR THIS PREGNANCY (Complete all items)

Tobacco use during pregnancy: Yes ☐ No ☒
Average number cigarettes per day
Alcohol use during pregnancy: Yes ☐ No ☒
Average number drinks per week
Weight gained during pregnancy: Unknown lbs

26. OBSTETRIC PROCEDURES (Check all that apply)

1. Amniocentesis
2. Electronic fetal monitoring
3. Induction of labor
4. Stimulation of labor
5. Tocolysis
6. Ultrasound
00. None

27. EVENTS OF LABOR AND/OR DELIVERY (Check all that apply)

1. Fever (> 100° F. or 38° C.)
2. Meconium, moderate/heavy
3. Premature rupture of membrane (> 12 hours)
4. Abruptio placenta
5. Placenta previa
6. Other excessive bleeding
7. Seizures during labor
8. Precipitous labor (< 3 hours)
9. Prolonged labor (> 20 hours)
10. Dysfunctional labor
11. Breech/Malpresentation
12. Cephalopelvic disproportion
13. Cord prolapse
14. Anesthetic complications
15. Fetal distress
00. None
16. Other (Specify) Pos Strep labor

28. METHOD OF DELIVERY (Check all that apply)

1. Vaginal
2. Vaginal birth after previous C-section
3. Primary C-section
4. Repeat C-section
5. Forceps
6. Vacuum

29. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

1. Anemia (Hct < 30/Hgb < 10)
2. Birth injury
3. Fetal alcohol syndrome
4. Hyaline membrane disease/RDS
5. Meconium aspiration syndrome
6. Assisted ventilation < 30 min.
7. Assisted ventilation > 30 min.
8. Seizures
00. None

30. CONGENITAL ANOMALIES OF CHILD (Check all that apply)

1. Anencephalus
2. Spina bifida/Meningocele
3. Hydrocephalus
4. Microcephalus
Other central nervous system anomalies
5. (Specify)
6. Heart malformations
Other circulatory/respiratory anomalies
7. (Specify)
8. Renal atresia/Hypoplasia
Tracheo-esophageal fistula/Esophageal atresia
9.
10. Omphalocele/Gastroschisis
Other gastrointestinal anomalies
11. (Specify)
12. Malformed genitalia
13. Renal agenesis
Other urogenital anomalies
14. (Specify)
15. Club foot/talus
16. Polydactyly/Syndactyly/Adactyly
17. Club feet
18. Diaphragmatic hernia
Other musculoskeletal/integumental anomalies
19. (Specify)
20. Down's syndrome
Other chromosomal anomalies
21. (Specify)
00. None
22. Other (Specify)

101 #9704480022121

Exhibit # 3

LIFELINE AMBULANCE, INC. 244-4444

INVOICE 30346

UNIT # 526 LOCATION OF CALL: 4280 NE 6th Date 10/27/95 Dispatch # 7526371

Other Responders: Snyder ISO D.O.B. 8-11-94 AGE 1 M SEX M X

Last Name: Lund First Name: Ashlee Phone: 281-0326

Street: 4280 NE 6th City, State, Zip: DSM 50313

Social Security/Medicare: Other: 177 9156C

Relative/Friend: Street: City, State, Zip:

Employer: Job Title: Work Comp. ☐

Bill To: [redacted] Street: City, State, Zip:

0	[redacted]		8	OXYGEN		14	CHARGES		
1	[redacted]		9	MEDICATIONS		15	CODE	QUANTITY	
2	[redacted]		10	NON-REPLACED ITEMS		16	13	1	
3	[redacted]		11			17	15	4	
4	Mileage (Standby)	6 Mileage (Funeral Home)	12			18			
5	Mileage (Ground)	7 Mileage (Other)	13			19			

CALLED BY	DAY	REPO	OUT	ARR SCENE	DEP. SCENE	ARV. DEST.	Tier	Transported by:
	Fri	1519	1519	1527	1546	1553		Lifeline

DESTINATION	DECONTAMINATION					Mileage	Mileage	Doctor:
Mercy FR	X	Mask	Gown	Hat	Boots	Gloves	379	383

CHECK WHAT APPLIES
- ☑ Emergency Situation
- ☑ Was Unconscious
- ☐ Was In Shock
- ☒ Required Oxygen
- ☐ Had to remain immobile because of possible fx
- ☐ Sustained a Stroke
- ☐ Suffering from AMI
- ☐ Severe Bleeding

"REQUIRES SPECIFIC DOCUMENTATION"
- ☐ Needed to be Restrained
- ☐ Required Emergency Tx
- ☒ Bed confined before & after trip
- ☒ Can only be moved by stretcher

Time	B/P	Pulse	Resp.

LOCATION / POSITION PT. FOUND: Found on Short Back board

CHIEF COMPLAINT: 1 C.P.R. - Drowning w/ Bath tub

History - Past & Present and Mechanism of Injury	Time	Tx/Med/Procedure (IV, Monitor, Drug, KED, etc.)	Initials
Mother was giving Beth Bath			
Step Dad for "Bye Bye" Cause back			
Started CPR then called 911	1529	911 3.0, Monitor	MM, TG
Snyder Rescuing CPR & ON arrival	1531	[illegible]	MM
ASSESSMENT: 14 month old Pulseless & Apneic. Urent:	1531	911 3.0	TG
Normocephalic [illegible]	1536	Epi [illegible]	[illegible]
Clinical rigor & ABR. Resist skin cool, Dilated pupils.	1536	[illegible]	
Abnormal Abdomen [illegible]	1537	[illegible]	
[illegible]	1537	[illegible]	
[illegible]	1537	[illegible]	
[illegible]	1537	[illegible]	
PMHx: NA	1537	Epi [illegible]	MM
MEA: NA			
All: NA			

TREATMENT AND EFFECT: ET tube 3.0, Manually IV attempted. [illegible] 3.0 ET Tube. PT. BELONGINGS:

3.0 ET Tube [illegible] size of tube 3.0 Placed By TG.

TRANSPORT NOW: Lifted to SG & Back board → Mercy lifted to Bed

MOVED, POSITION, AID:

CHANGE IN CONDITION: 3. D

IMPRESSION DX:

POST-CARE DX: CPR

ER Returns - Please specify diagnostic tests:

ATTENDANT	DRIVER	OTHER PERSONNEL	RESPONSE CODE 1	2	X	TRANSPORT CODE 1	2	X
[illegible]	Gilmore	Bar from Snyder			X			X

I hereby verify that the above patient and the belongings noted above were brought to our facility by Lifeline Ambulance, Inc.

Date 10-27-95 Signature/Title X

I hereby acknowledge services rendered by Lifeline Ambulance, Inc. I authorize use of this original or a copy and permit payment for same via assignment of medical insurance benefits to Lifeline Ambulance, Inc. or its agents. Responsible party agrees to pay collection costs, and if a suit is filed, reasonable attorney fees and court costs. I authorize the holder of medical information about me to release to Lifeline Ambulance, Inc. the Health Care Financing Administration and/or my insurance carrier, and their agents, any information needed to determine benefits payable.

INS #[illegible] Fund - #4 [illegible] 1 01 7

TITLE XIX MEDICAL ASSISTANCE
(PLEASE TYPE—ACCURACY IS IMPORTANT)

4 Medical Record No. 56391

1 Patient Name (Last) [redacted] (First) [redacted] (Initial)

2 Patient Identification No. 1779156 C

3 County No.

5 Date of F: Mo. 10 Day 27 Yr.

6 Provider Telephone No. 515-244-4444

7 Provider No. 0189191

8 Pay To Provider No. 0189191

9 Patient's Other Resources
- Workman's Compensation
- Other Insurance
- Accident Related
- Automobile Related
- Carrier Denied Coverage

Provider Name: Lifeline Ambulance, Inc.

11 Street Address: P. O. Box 636

12 City, State, Zip: Des Moines IA 50303

13 Date of Accident Mo. Day Yr.

14 Prior Authorization Number

15. Location of Pick Up (Check one)
- A [X] Home
- B [ ] Site of Accident
- C [ ] Doctor's Office
- D [ ] Hospital
- E [ ] Skilled Nursing Facility
- F [ ] Intermediate Care Facility
- G [ ] Intermediate Care/ Mental Retardation Facility
- H [ ] Other

16 Site of Pick Up (Name): Private Residence

(Street Address): [redacted]

(City, State, Zip): Des Moines IA 50313

17 Destination (Check one)
- A [ ] Home
- B [ ] Skilled Nursing Home
- C [ ] Intermediate Care Facility
- D [ ] Intermediate Care/ Mental Retardation Facility
- E [X] Hospital
- F [ ] Other

18 Destination Site (Name): Mercy Medical Center

(Street Address): 6th & University

(City, State, Zip): Des Moines IA 50314

19 Diagnosis: SEE DIAGNOSIS BELOW

20 Code:

21 STATEMENT OF SERVICES

Line No.	PROCEDURE NUMBER	DESCRIPTION			CHARGE	LEAVE BLANK
	A0220	Base Transportation			$ 300.00	
02	A0020	Mileage	Miles 4	Rate/Mile 7.50	30.00	
03		Oxygen		Units		
04		Additional Attendant		Time		
05		Waiting Time		Time		
06		Other (Describe)				

22 Date of Pick Up: Mo. 10 Day 27 Yr. 95 Hour 1527

23 Type Trip (Check one): A [X] One Way B [ ] Round Trip

24 Method of Conveyance (Check one): A [X] Ambulance B [ ] Air Ambulance C [ ] Other

25 TOTAL CHARGE $ 330.00

26 Less Third Party Payment

27 NET CHARGE AMOUNT $ 330.00

28 Check box if recipient was pregnant at the time services were rendered. [ ]

29 Authorizing Physician

30 Provider No.

31 Address

32 City, State, Zip

I certify that the statements on the reverse apply to this bill and are made a part hereof.

Lifeline Ambulance, Inc.
Signature of Authorized Representative

12-27-95
~~11-07-95~~
Date

Current to HMO

CPR in Progress, patient poss drowning in bath tub. Patient found pulseless. [illegible] ic. ET tube placed, Monitor & IV. Atrophine given via ET tube.

Lifeline Ambulance, Inc. Sheila D. Ross

TITLE XIX AMB-1 (UNISYS CORPORATION) 8/94

IDI # 970418CCC2121, Exhibit #4, Page 2 of 7

TITLE XIX COPY

REMITTANCE STATEMENT FOR

LIFELINE AMBULANCE INC (PROVIDER NO 0189191)

CATEGORY OF SERVICE - AMBULANCE SERVICES

****
* C L A I M S D E N I E D *
****

MEDICAL RCD NUMBER	RECIPIENT NAME		STATE ID	TRANSACTION CONTROL NUMBER	DATES OF SERVICE FROM	TO	TOTAL CHARGES	DENIAL REASON
55780			14257880	95312-091-0000004-00	09/23/95	09/23/95	$247.50	INVALID RECIPIENT ID NUMBER
06115			14590059	95312-091-0000014-00	10/11/95	10/11/95	$322.50	INVALID RECIPIENT ID NUMBER
04970	ERWIN	WALTER	0257092G	95312-091-0000015-00	08/17/95	08/17/95	$232.50	INVALID DESTINATION
56391	LUND	ASHLEY	1779156C	95320-118-0000032-00	10/27/95	10/27/95	$330.00	CLAIM DENIED HMO RECIPIENT
06271	VANHOSEN	JUANITA	1019370F	95312-091-0000006-00	10/20/95	10/20/95	$270.00	MISSING MILEAGE RATE
56492	WALLACE	BESSIE	0440706J	95326-611-0010036-00	11/02/95	11/02/95	$43.02	EXACT DUP OF PAID CLAIM
56454	WATERS	GEORGIA	0541418J	95326-611-0007010-00	10/31/95	10/31/95	$42.11	EXACT DUP OF PAID CLAIM

TOTAL CLAIMS DENIED - THIS PROVIDER / THIS CATEGORY OF SERVICE 7

101 #970418CCC2121; EXHIBIT #4, Page 3 of 7

LIFELINE AMBULANCE, INC.

RECEIVED
DEC 26 1995

Patient Name [redacted] 30346

Dear [redacted] Patient:

You were recently transported by Lifeline Ambulance, Inc. In order for Lifeline Ambulance to file a claim with [redacted] insurance, please provide us with the information requested and date and sign the authorization form below.

For many differing reasons, the service(s) rendered to you may not be considered by Medicare to be payable. By filing the claim for you, Lifeline Ambulance, Inc. makes no representation that the service(s) will be paid by Medicare.

Patient's full name [redacted]

Date of Birth 8-11-94 Medicare HIC#

Medicaid/Title XIX # 1779156C

Other Insurance(Name of Company, Address) [redacted] STE 200

Other Insurance ID # 1779156C

AUTHORIZATION FORM

I request that payment of authorized [redacted] insurance benefits be made on my behalf to Lifeline Ambulance, Inc. for any services furnished me by that supplier. I authorize any holder of hospital or medical information about me to release to Lifeline Ambulance, Inc., the Health Care Financing Administration and/or my insurance carrier, and their agents, any information needed to determine benefits payable. I permit a copy of this authorization to be used in place of the original. I understand this authorization may be used by the supplier for all services in the future until such time as I revoke this authorization in writing.

Brandi Kistako Date 12-22-95

244-4444

IDI # 970418CCC 2121 Exhibit #4, Page 4 of 7

11/30 XIX denied claim. Got ins. info & sent signature form.
Heritage Natl
John [redacted] Claims 515-223-0307.
3800 23rd Ave Ste 200
Moline IL 61265
ID: 1779156C (same as XIX)
Benefits verified. F/u on sign. form 12/8.

IAM:CFERD601
IT: 600-HM-01

JOHN DEERE HEALTH CARE,
1515 5TH AVENUE, SUITE 20.
MOLINE IL 61265-1368

PAGE:
DATE: 03/04/1
5.024

: ID : 421172176-01

PROVIDER ID : 421172176-01

E NAME LIFELINE AMBULANCE [illegible]
P.O. BOX 638
DES MOINES IA 50306

[illegible]
DES MOINES IA 50306

ER ID NAME / ROM	PROCEDURE	[illegible] CHARGES	PATIENT	[illegible] COV	[illegible]	PATIENT NO	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	ALLOW REASON
156C ASHLEY LUND			ASHLEY LUND			56391						
2795 102795	A0220	300.00	0.00	0.00	190.49	0.00	0.00	0.00	0.00	109.51	T1	
2795 102795	A0020	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	T1	
L FOR CLAIM 600815336-01		300.00	[illegible]	0.00	220.49	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
OTHER SUBTOTAL		330.00	0.00	0.00	220.49	0.00	0.00	0.00	0.00	109.51		
[illegible]												
ICAL TOTALS		330.00	0.00	0.00	220.49	0.00	0.00	0.00	0.00	[illegible]		

ALLOW REASON
CHARGES EXCEED MAXIMUM ALLOWABLE [illegible]

CHECK AMOUNT 109.51

[illegible]

#1 Page 6 of 7

LIFELINE AMBULANCE, INC.
P. O. BOX 636

DES MOINES, IA 50303
(515)244-4444

CREDIT STATEMENT
3/11/96

[redacted]

ACCOUNT # 30346

Des Moines IA 50313

TELEPHONE [redacted]

PATIENT [redacted]

CALL # 56391
DATE 10/27/95

FLAG L
CYCLE 6

LAST SERVICE DATE 10/27/95
LAST PAYMENT DATE 3/ 8/96

CREDIT DESCRIPTION	RECEIPT	DATE	AMOUNT
Public Aid Adjustment		10/30/95	$212.13
Insurance Payment		3/ 8/96	$109.51
Public Aid Adjustment		3/ 8/96	$8.36

PRIOR CREDITS RECORDED		$0.00
TOTAL CREDITS AS OF	3/11/96	$330.00
TOTAL CHARGES AS OF	3/11/96	$330.00
CURRENT BALANCE		$0.00

IDI #970418CCC2121, EXHIBIT #4, Page 7 of 7

MEDICAL CENTER/DES MOINES,IOWA 50314 ADMITTING FORM

PATIENT [redacted]

ADDR [redacted]
DES MOINES IA
ZIP 50313 CTY 077

MED.REC.NO.	PA. TYPE	HOS.SVC.	TIME AND DATE ENTERED	SCH.INPAT.DATE	SCH.OUTPAT.DATE
00-52-74-62-6	E	EM	10-27-95 1554		10-27-95

ADMITTING/PRIMARY/CONSULTING PHYSICIAN [redacted]

ROOM & BED: 5

DATE OF BIRTH	SEX	AGE	MARITAL STATUS	CD
08/11/94	F	14M	S	5

[redacted]

PATIENT BILLING NO.	PATIENT'S SOC.SEC.NO.	RELIGION	CHURCH CODE/NAME
000606530-5300	000-60-6530G	N	NON05 NO INFORMATION GIVEN

ADMITTING DIAGNOSIS
CPR

HOME PHONE [redacted]

INSURANCE

GUARANTOR NAME & ADDRESS [redacted]
DES MOINES IA 50313

PLACE OF EMPLOYMENT: UNEMPLOYED

BIRTHDATE: 09/09/74

RELATIONSHIP TO PATIENT: MOTHER

PRIMARY INSURANCE & ADDRESS
HNH/MEDICAID
CUSTOMER SUPPORT DEPT
MOLINE IL 61265

POLICY HOLDER [redacted] DOB 08/11/94
RELATION PATIENT SS# - -
PLACE OF EMPLOYMENT & ADDRESS
UNEMPLOYED, UNDER AGE 18

SECONDARY INSURANCE & ADDRESS
POLICY HOLDER DOB
RELATION SS#
PLACE OF EMPLOYMENT & ADDRESS

INS CODE	INSURANCE COMPANY	POLICY NUMBER	GP NUMBER	NAME OF POLICY SUBSCRIBER
HXX	HNH/MEDICAID	1779156C		LUND, ASHLEE

PRE-CERT.NO.

DATE OF INJURY

ADMIT CLERK: JAR PRINTER: EME1 TERM #: ER2

EMERGENCY NOTIFICATION
NAME LUND, BRANDI
REL MOTHER
HOME PHONE 515-281-0326 WORK PHONE

REFERRING PHYSICIAN [redacted]
NAME
ADDRESS
MERCY HOSP EMERGENCY DEPT
DES MOINES IA 50314

REFERRING INSTITUTION
NAME
ADDRESS

DISTRIBUTION
E.D. PHYSICIAN Y

NOTES-COMMENTS
BROUGHT IN BY RESCUE

ID# 970418CCC2121, EXHIBIT #5, Page 1 of 12

MERCY

LUND, ASHLEE
0001 01530-5300 F
HR 005274626
CLOVER, DOUGLA 10/27/95

PEDIATRIC/YOUNG ADULT PATIENT HISTORY

BIOGRAPHICAL DATA TO BE COMPLETED BY PARENT/GUARDIAN

Patient's name [redacted] Age 14 months Sex Female

Parent's names [redacted] Home phone [redacted]

Work phone

Contact p[redacted] Home pho[redacted]

Marital status S Siblings 0 Work phone [redacted]

Legal custody: Joint ☐ Mother ☒ Father ☐ Guardian ☐ Other ☐ Supportive documentation: On chart ☐ Not on chart ☐

Comments restraining order against biological dad - Michael Lund

History of present illness: (Describe how and when your child became ill. What treatments were received?)

List all past surgeries and/or serious illnesses: Previous blood transfusions: Yes ☐ No ☐

1. premature
2. heart surgeries
3.

What medication is your child taking now? (Include all over-the-counter and prescription drugs.)

Name	Dose/Amount	How Often
none		

Does anyone in the household smoke? Yes ☒ No ☐

Allergies (list all) none

Immunizations (up to date?) Yes ☐ No ☒ late for 1 year shots

Has your child been exposed to any illness in the last two weeks? yes - cold URI + ear infection

Past communicable diseases none

Where was medical care received? —

Birth History (Please complete if child is one year of age or under.)

Birth weight 2lbs 4oz Full term: Yes ☐ No ☒ Date of birth 8-11-94

Complications at birth premature

Infants/Toddlers: Rolls ☒ Sits ☒ Crawls ☒ Stands ☒ Walks ☐ Climbs ☒ All ☐

Toilet Training

Does your child have bladder and bowel control? Yes ☐ No ☒; Daytime ☐ Night time ☐

Eating Habits

Diet: Bottle fed ☐ Breast fed ☐ Special feeding techniques/problems none

Type of formula none Feeds self ☒ Cup ☐

When and how much 4 times a day Bottle temperature before bed - cold milk in a bottle

Type of nipple: Nuk ☐ Playtex ☐ Regular ☐ Premie ☐

Schoolwork: Grade level _____ Problems with schoolwork _____

Parent/Guardian Signature B[redacted] Date 10-27-95

6392-301-W-2a-5

101 #970410000 2121 EXHIBIT #5 Page 2 of 12

PERTINENT HEALTH HISTORY DATA

General Systems Review:
(Omit this section if 45 days or less has elapsed since previous admission and order old medical record.)
Head/Eyes/Ears/Throat: en infections - frequent
Respiratory: Ø
Cardiovascular: PDA
Gastrointestinal: Ø probs.
Genital/Urinary/Reproductive: Ø
Muscular-Skeletal: Ø
Neurological: grade I bleed at birth
Mental Status: Appropriate ☐ Lethargic ☐ Other comatose now
Skin: Ø
Miscellaneous:
Development/Sensory Deficits (describe—ADD, etc.): developmentally appropriate prior to admission
Current Support Systems: boyfriend

DISCHARGE SCREENING TOOL	YES	NO	NOT APPLICABLE
1. Patient in need of caregiver and/or discharge related support services (i.e., transportation, housekeeping, respiratory care).	✓		
2. Patient needs assistance with ADL (washing, feeding, walking, school, etc.).	✓		
3. Patient has transferred from or in all likelihood will transfer to a skilled nursing facility, residential care facility, or specialty hospital.	✓		
4. Patient has inadequate/questionable financial resources related to medical needs (i.e., no insurance, motor vehicle accident victim, question regarding health care insurance, etc.).	✓		

ADMISSION PROCESS

Transportation to room no. #2: Walked ☐ Wheelchair ☒ Cart ☒ Carried ☐
Accompanied by mother
Orientation (check if explained): Room ☒ Meals ☐ Visiting hours ☒ Galley ☐ Identification ☒
Allergy band ☒ Preop teaching ☐ Side rails ☐ Smoking ☒ Playroom/Teen Room ☐
Parental level of involvement: Bathe ☐ Diaper changes ☐ Feeding ☐ Other ☐
Learning needs identified by family none
Discharge needs identified by family home cares
Learning needs identified by nurse: Information on diagnosis ☒ Basic baby care ☐ Medications ☐
Discharge needs identified by nurse: Equipment ☐ Visiting nurse ☐ CPR ☐ Monitor ☐ Car restraint ☐
Transportation ☐ Assistive devices ☐
Disposition of belongings (name) none
Disposition of patient medications (name) none
Identify valuables none
Patient height 78 cm Patient weight 10 kg Head circumference (less than 18 months) _____
Physician aware of patient's arrival yes Time _____
Collaboration:
The patient requires or may require the following support services: Dietary ☐ Clergy ☒ PT ☐ OT ☐ RT ☒
ET ☐ SS ☒ Other _____
Linkage/Validation/Review
The R.N. assigned to this patient has initiated a care plan including protocols consistent with the patient history. The R.N. has seen the patient, validated the above information, and the plan of care has been reviewed with the patient/signification other.

K Fraser Date 10-27-95 Time 2100
R.N. Signature/Title

Parent/Guardian reviewed initial plan of care and history yes

IDI #970418CCC2121. EXHIBIT #5. Page 3 of 12

MERCY

[redacted]

000606530-5300F 1 X
MR 005274626
SELOVER, DOUGLA 10/27/95

Consultation Report

To: Dr. Kelly (Ped. Neurology).

Consultation Requested Regarding: Near drowning.

Requested by Dr. Salow Date: 27 Oct 95

Consultant's Report: 14 mo. old girl. Face down in bath tub - pulseless + without breathing. CPR → intubation, intraosseous infusions, heart beat restored. Still on ventilator. Unresponsive. No seizures yet. P.H. Premature. In NICU on vent. Small IVH but dwelb. doing fairly well prior to PI. On adm. Very acidotic but pH coming back up. pO_2 good. No urine production yet.

Exam - Infreq. diaphragmatic - abd. shudder or contraction. No other spont. movements. No reaction to pain or deep suctioning. No OTR's. Pupils dilated. Non-reactive to light. A few retinal hemorrhages noted bilat. Sub q̄ emphysema noted.

Imp: Hypoxic - ischemic encephalopathy.

Rx: Cont. vent. support. For now no anticonvulsant meds. If starts having seizures Rx c̄ phenobarbital loading initial bolus 20 mgm/Kg. Can go higher if needed.

Will cont. to follow for evid. of responsiveness. May have to do EEG or flow study if loses all evidence of clinical neuro. function.

Signed [redacted] Date 27 Oct 95
(Consultant's Signature)

Distribution: White – Patient Chart Yellow – Referring Physician Pink – Consultant

CONSULTATION REPORT

ID1 #970418CCC2121 EXHIBIT #5 Page 4 of 12

9540-008-3pt-5 9/93

MERCY

Consultation Report

[redacted]
000606530-5300F 1 E
MR 005274626
SELOVER, DOUGLA 10/27/95

To: Dr. Pediatric Cardiology P.C. (Chandramouli)

Consultation Requested Regarding:

Central lines - Arterial & venous
~~and evaluate.~~ ~~5:20 6:20 PM~~

Requested by Dr. Salow Date: 10/27/95

Consultant's Report: 14 mo. old Pharma who had PDA ligated in ICN here noted by mom to be underwater in bath tub and not breathing.
Resuscitation for nearly 30 mins - Had no Heart beats when she was initially evaluated. Had Multiple doses of atropine & Epinephrine. Initial High PCO_2 - Nonvent. 100% O_2 - BP by cuff started at 110 but drifting down now. (Art. line 80/50
- Pupils dilated not reacting. Pulses: equal, bit feeble when initially seen. Cardiac tones bit distant c̄ no S3/gallop nor any m. Abd: c. Lungs. aerating well.
Placed (R) Femoral Art. line (Arrow) by Pera
(R) Femoral Triple lumen line by Pera
- ABG - Severe Metabolic acidosis pH < 7 PCO_2 37. low HCO_3
- Hence discussed c̄ Dr. Salow. given 30 meq NaHCO3 and since K is low. (3) will give 8 meq KCl over 1°. Repeat gases & K to be done.
Dopamine ↑ed to 6 Mg/kg/Min.
would get Echocardiogram in am one Infant is stable.
Chandramouli

Signed Chandramouli Date 10/27/95
(Consultant's Signature)

Distribution: White – Patient Chart Yellow – Referring Physician Pink – Consultant

CONSULTATION REPORT

101 #970418 000 2121 Full Page #5

Page 5 of 12

9540-008-3pt-3 9/95

CB

MERCY HOSPITAL MEDICAL CENTER/DES MOINES,IOWA 50314

ADMITTING FORM

PATIENT

[redacted]

ADDRESS 42[redacted]

DES MOINES IA

ZIP 50313 CTY 077

MED.REC.NO.	PA. TYPE	HOS.SVC.	TIME AND DATE ENTERED	SCH.INPAT.DATE	SCH.OUTPAT.DATE
00-52-74-62-6	I	PED	10-27-95 1641	10-27-95	

ADMIT/ATTENDING/CONSULTING PHYSICIAN

[redacted] DOUGLAS

ROOM & BED NO. 0376-02

DATE OF BIRTH	SEX	AGE	MARITAL STATUS	CD	[redacted]
08/11/94	F	14M	S	5	

PATIENT BILLING NO.	PATIENT'S SOC.SEC.NO.	RELIGION	CHURCH CODE/NAME
000606530 5300	000-60-6530G	N	NON05 NO INFORMATION GIVEN

ADMITTING DIAGNOSIS

CPR

HOME PHONE 515-281-0326

INSURANCE

GUARANTOR NAME & ADDRESS

[redacted]

DES MOINES IA 50313

PLACE OF EMPLOYMENT: UNEMPLOYED

BIRTHDATE: 09/09/74

RELATIONSHIP TO PATIENT: MOTHER

PRIMARY INSURANCE & ADDRESS

HNH/MEDICAID
CUSTOMER SUPPORT DEPT
MOLINE IL 61265

POLICY HOLDER LUND, ASHLEE DOB 08/11/94

RELATION PATIENT SS# - -

PLACE OF EMPLOYMENT & ADDRESS

UNEMPLOYED, UNDER AGE 18

SECONDARY INSURANCE & ADDRESS

POLICY HOLDER DOB

RELATION SS#

PLACE OF EMPLOYMENT & ADDRESS

INS CODE	INSURANCE COMPANY	POLICY NUMBER	GP NUMBER	NAME OF POLICY SUBSCRIBER
HXX	HNH/MEDICAID	1779156C		LUND, ASHLEE

PRE-CERT.NO.

AWAITING

DATE OF INJURY

ADMIT CLERK SMS PRINTER AA5Q TERM ID ADAT

EMERGENCY NOTIFICATION

[redacted]

REL MOTHER

HOME [redacted] WORK PHONE

REFERRING PHYSICIAN

NAME [redacted]

DES MOINES IA 50314

REFERRING INSTITUTION

NAME

ADDRESS

DISTRIBUTION

CHART FACE

NOTES-COMMENTS

BROUGHT IN BY RESCUE
ER ADMIT

Mary Lund - Grandmother OCT 28 1995
986-4504
Michael Lund - Father

LUND, ASHLEE

11/1/95

00-52-74-62-6 I01

CB

MERCY

MERCY HOSP. MED. CENTER
DIAGNOSIS AND PROCEDURE SHEET
DATE 10/31/95

NAME [redacted] ACCT 0006065305300 MED REC NO 005274626
ADM/VST DATE 10/27/95 DIS/DEPART DATE 10/28/95 ROOM/BED 0376 02
DATE OF BIRTH 08/11/94 AGE [redacted] SEX F LOS 001 DSCH DISP 9
ATTENDING PHYSICIAN [redacted]ER, DOUGLAS

MDC 021 INJURIES, POISONINGS AND TOXIC EFFECTS OF DRUS
DRG 454 OTH INJURY,POISON&TOXIC EFFECT DX W CC
OUTLIER STATUS CHARGES 5869.84 REIMB 3088.06

ADMITTING DIAGNOSIS
994.1 DROWNING/NONFATAL SUBMER

PRINCIPAL DIAGNOSIS
1. 994.1 DROWNING/NONFATAL SUBMER

SECONDARY DIAGNOSES
2. 427.5 CARDIAC ARREST
3. 276.2 METABOLIC ACIDOSIS
4. 958.4 TRAUMATIC SHOCK
5. 348.1 ANOXIC BRAIN DAMAGE
6. 584.5 ACUTE TUBULAR NECROSIS
7. 276.5 DEHYDRATION
8. 578.9 GI BLEEDING
9. 276.7 HYPERKALEMIA
10. 348.8 BRAIN DEATH
11. E910.4 DROWNING IN BATHTUB

PROCEDURES			DATE
1.	96.71	CONT MECH VENT-(96 HOURS	10/27/9
2.	38.91	ARTERIAL CATHETERIZATION	10/27/9
3.	38.93	VENOUS CATHETER NEC	10/27/9

ATTENDING PHYSICIAN

11/23/95
DATE

IDI # 970418 CCC 2121, EXHIBIT #5, Page 6 of 12

MERCY

DISCHARGE SUMMARY

PATIENT: [redacted]
PHYSICIAN: [redacted]
MEDICAL RECORD #: 005274626

BILLING #: 000606530-5300
ADMISSION DATE: 10/27/1995
DISCHARGE DATE: 10/28/1995

ADMITTING DIAGNOSIS:

FINAL DIAGNOSIS: Fatal drowning episode.

SECONDARY DIAGNOSIS: Cardiac arrest.
Metabolic acidosis.
Traumatic shock.
Anoxic brain damage.
Acute tubular necrosis.
Dehydration.
A gastrointestinal bleed.
Hyperkalemia.
Brain death.

OPERATIONS/PROCEDURES:

James Coggi, M.D.

DATE SIGNED

Continued ...

ASSESSMENT GRID

✓ IF UNCHANGED ✓ IF CHANGED, SEE NPR P-PARTIAL ASSESSMENT, SEE NPR

TIME	1500	2130	2245	0001	0200	0545	0530
NEURO	✓	✓		✓	✓	✓	✓
ENT	✓	✓		✓	✓	✓	✓
[illegible]	✓	✓		✓	✓	✓	✓
EXTREMITIES	✓	✓		✓	✓	✓	✓
RESP	✓	✓		✓	✓	✓	✓
INTEGUMENTARY	✓	✓	✓	✓	✓	✓	✓
GU	✓	✓	✓	✓	✓	✓	✓
GI	✓	✓		✓	✓	✓	✓
PSYCHOSOCIAL	✓	✓		✓	✓	✓	✓
PAIN	✓	✓		✓	✓	✓	✓
SAFETY	✓	✓		✓	✓	✓	✓
INITIAL	HB	HB	HB	CR	CR	CR	CR

WOUND / INCISION / IMPAIRED SK.

TIME	DESCRIPTION COMMENTS (Stage, Drainage, Size, Location, etc.)

WOUND CARE COMMENTS

TIME	

NURSING PROGRESS RECORD

PLEASE DATE, TIME & SIGN EACH ENTRY

DATE	TIME	
10/27	1645	Pt. admitted to PICU bed #2 from ER per cart c mu[illegible] woman accompanies. M.R. Pritchard
10/27	1650	(R) TO infiltrated + pulled c ∅ bleeding from site. Pressure applied x 3 min. Oozing from previous IV sticks in (L) wrist, (R) wrist + (R) dorsum. (R) wrist + (R) + (L) wrist ~~[illegible]~~ bandaids applied. Dr. Seelauer h[illegible] + verbal orders received to be placed on vent c settings of FiO2 - 100%, AC - 40, Resp - 4, TV - 100. ∅ O2 sats available. DPT perfusion. M.R. Pritchard
10/27	1700	TO FC Rapple placed in (R) nares returning clear d[illegible] Sclera becoming reddened bilat. Pupils remain fixed dilated bilat. Central cyanosis improving. [illegible] tremities remain cyanotic to mottled. ETT pulled to 20 cm @ corner of mouth c improved breath[illegible] (R) lung. (L) remains sl. diminished. M.R. Pritchard
10/27	1715	8 FC tables placed c no return of urine. Head circ 46 cm, abd. circ - 46.5 cm, length 178 cm. Cap refill UE 3-4 sec bilat., 6 sec to LE bilat. Centrally c pink arms + 2+ pulses UE bilat. Doppler LE bilat. LE remain mottled. M.R. Pritchard
10/27	1730 1900	1+ pulse to LE bilat. Mom @ bedside. M.R. Pritchard Dr. [illegible] here to assess pt. Dr. [illegible] also [illegible] available for orders. Neuro: Pupils fixed/dilated. Non. No gag reflex c vocalizing / [illegible] to painful stimuli. HEENT: [illegible] Resp: [illegible] ETT in place. Engel - yellow + thick secretions. Nil breath sounds bilat. [illegible] CV: [illegible] pulses [illegible] (L) shoulder + (R) shoulder. [illegible] (R) [illegible] (L) [illegible] (R). [illegible] (L) [illegible] (R). [illegible] G/GU: [illegible] output. [illegible] CVC [illegible] (R) [illegible] moderate amt. of blood - [illegible] (L) [illegible] site [illegible] small amt serous -

PCS - STANDARD CARE STATEMENTS SFS - STANDARD FLOW SHEET

NURSING PROGRESS RECORD

DATE	TIME	PLEASE DATE, TIME & SIGN EACH ENTRY
		Drainage. Edema improved but continues with left leg. + 0 Fo NG retaining dark green drainage in small amt. Left UE. Family & relatives in lounge area — KT
	2000	Resp: pt. taking gasp like breaths 6-8 per minute. Thick clear O.S. layers at this time. Drainage from ETT continue blood tinged. HEENT: pupils round equal, reactive bilaterally. CV: right leg = + edema & purpuric, warm to touch. (L) leg pt edema purpuric below knee & leg cool to touch. TO sites for lower legs clean, dry & intact. Dressing applied. (L) site continues to ooze small amt serous drainage. Skin: (R) leg = purpuric patches from knee to ankle. Extremities: Bulcut. Empty urine in foley. Urine yellow - less pink mixture. FIO2 100% = O2 sat 100%. No fluids here at this time. Skin - large amt of bleeding from (R) groin CVC & A1 sites. Pressure dressing 3x3" & continues to ooze small amt. Site changed per protocol & dry applied. Will continue to monitor closely. (R) femoral puncture site also oozing small amt. TO sites dry/intact. GU: still on UOP. Family here. Dr. Ethic RN discussed pt prognosis & options & brain dead. Mother denies pt child will not take out of this state. "She was like this after she was born. Doctors were in the hospital. I'm sure they think she may well be like that forever." Mother & family feel have left for multiple & brain dead in the right to support hydration of child. Chaplain also — KT
	2235	Father of pt. Michael Dual here & brings grandchildren & sister. SW talking to him. Mother & grandchildren have left. Family despite this RN talking to pt. very critical & ill. Family would be willing to notify transplant office why pt. — KT
	2245	Call to Dr. Schmit - notified of ABG's/lytes. Discussed ↑HR, BP's, lytes, T - 98-99, non-oliguric UOP. Bleeding control from groin lines & other puncture sites. Dressing reinforced — KT
	0001	Extrems: ∅ femoral pulses palpable; unable to double pedal pulses. Brachial pulses palpable 1+ bilaterally. CV: Cap refill lower extrems 8-10 seconds, 4-6 sec throughout. Mottled & purplish coloring to (R) foot & leg. Dark purplish coloring to (R) posterior hip region. RESP: ventilated. Has 6-10 spontaneous, irregular breaths per min. ETT suctioned for thin blood colored secretions. INTEG: Mottled lower extremes, cold to touch. GI: NG tube in (L) nare to LES. ∅ old blood colored returns. PSYCH: Mom out of unit. Dad & Dad's relatives in unit at bedside. Dad teary-eyed & verbalizing anger towards Mom. Social Worker talked to Dad. CPI caseworker talked to Dad. — C. Rivera RN
	0045	Mom returned to unit. Verbalizes ∅ questions. Dad left hospital for now. Dad left home phone numbers at request to be called with any changes. — C. Rivera RN
	0145	Dopamine rate increased 10 mcg/kg/, to run @ 5cc/h for A.L. pressure dropping into 50's ∅ systolic.
	0145	EFO 100cc donor number KE78350B infusion started at 50cc/h. Sister & father states pt mother told them pt would go home in 48 hours. — C. Rivera RN
	0200	CV: Heart tones very distant & muffled. Extrems cold. Pedal pulses ∅

MERCY

400 University Ave. • Des Moines, Iowa 50314

DISCHARGE SUMMARY

PATIENT [redacted] BILLING #: 000606530-5300
PHYSICIA[redacted]D. ADMISSION DATE: 10/27/1995
MEDICAL RECORD #: 005274626 DISCHARGE DATE: 10/28/1995

PERTINENT FINDINGS: Please see extensive written note completed by Dr. Selover on the day of admission. However, in brief, this was a 14 month old white female who was noted to be left unattended in the bathtub in the natural mother's care. The mother stated the child was in the bathtub in a ring and was left unattended for about a two minute periods. According to the mother, she stated the child was extremely quiet. She did not hear any more movement. She went back into the bathroom and found the child face down in the the tub, apneic and pulseless. Immediately, she began to do cardiopulmonary resuscitation and called 911. The child was immediately brought to the Emergency Room here at Mercy Hospital Medical Center. However, en route, the ENT intubated the child and gave epinephrine, as well as Atropine, per gastroscopy tube. Upon arrival in the Emergency Room, the child was pulseless, asystolic and multiple rounds of epinephrine, Atropine, as well as sodium bicarbonate were given via the gastrostomy tube, as well as interosseous route and after about a 20 minute period, heart rate was once again regained with a rate of 110 and blood pressure 130/Doppler. During the code, the child was noted to develop subcutaneous emphysema in the forehead region, along with the temporal area and lower half of the chest. The child was then brought to the Pediatric Intensive Care Unit in guarded and critical condition.

HOSPITAL COURSE: The intravenous fluids of D-5 0.5 normal saline at 0.25% with 20 mEq of sodium bicarbonate were started, in addition to an epinephrine drip running at a rate of 20 ccs per hour. The child was then placed on ventilator support with an FI02 of 100% assist control of 40 and tidal volume 100 and a PEEP of 4. Initial electrolytes showed white blood count 16 700, hemoglobin 12.2, hematocrit 36.8, differential was 4% bands, 27% neutrophils, 16% lymphocytes, 3% monocytes. Sodium was 113. PT 16.9, control 12, PTT elevated at 52. Glucose 250 on admission, sodium 143, potassium 3.7, chloride 98, C02 7, BUN 17. Elevated liver enzymes with alkaline phosphatase of 335, SGOT 1085 and LDH of 2033. Protein and albumin were low.

Consultations for cardiology for placement of arterial and central line was made. Once a central line access was established, metabolic acidosis was noted with a pH 6.6, pC02 31, p02 100. The base excess was -35. Over the next 24 hours, the child continued to be hyperventilated. However, no urine output was noted after Lasix was given. The child was evaluated by Dr. Kelly of neurology who felt that there was severe brain damage. Pupils were noted to be fixed and dilated. Some neurologic reflexes were noted. It was on the advice of neurology to continue with the ventilator support for at least a 24 hour period and reassess the child after 24 hours. During

Continued-...

ID# 970418CCC2121 Exhibit #5

MERCY

DISCHARGE SUMMARY

PATIENT: [redacted]
PHYSICIAN: [redacted]
MEDICAL RECORD #: 005274626

BILLING #: 000606530-5300
ADMISSION DATE: 10/27/1995
DISCHARGE DATE: 10/28/1995

this time, it was extremely difficult to maintain the child's heart rate and blood pressure and, therefore, the child required both epinephrine drip and Dopamine drip.

Over the course of the next 24 hours, still no urine could be obtained despite multiple episodes of undergoing resuscitation for this child. Heart rate could not be stabilized without the assistance of a continuous epinephrine drip and Dopamine. During the course of 24 hours, the child was then developing hyperkalemia. A consult was made with nephrology who suggested that a bolus of insulin with calcium be given to stabilize the potassium. This was initiated. However, flow resolution was noted. A discussion was undergone with the parents in regard to the possibility of dialysis on the child. However, in lieu of the grave neurologic standpoint of the child, the parents requested we not undergo dialysis for correction of the serum potassium. Close care was given to this child over the course of 24 hours and around 16:31 on October 28, 1995, the child was re-evaluated by Dr. Kelley and electroencephalogram was obtained which showed electrocerebral silence. The parents decided to withdraw all supportive therapy and the child was pronounced dead at 16:31. Medical examiner was notified of this case and he did accept.

DIET:
MEDICATION:
PHYSICAL ACTIVITY:
FOLLOW UP CARE:

James Coggi, M.D.

12/20/95
DATE SIGNED

JC:sm
DD: 121395
DT: 12/18/95
COPY: Dr. Coggi

IDI# 970418CCC2121, EXHIBIT #5

Polk County Sheriff's Office Incident Report

[X] Initial Incident [ ] Supplemental

Case# 95-41327 | Page 1 of 2

Business Phone 286-3306

Dispatched	Arrived	In Service	Dispatched To:	Location of Offense
1550	1553	1552	410	4280 N. 65th Dm. IA. 5031

Reported by [X] Victim | Address (Street, City, State, Zip) [redacted] | Home Phone [redacted] | Reported (day, date, time) [redacted]

Marsh | [redacted] IA. 50313 | Business Phone: | [redacted]

VICTIM

Sequence # 1 | Name (Last, First, Middle) [redacted] | Address [redacted] Dsm., IA. 50313 | Home Phone 331-03.96 | Business Phone:

Type of Victim: [X] I - Individual [ ] F - Financial [ ] B - Business [ ] G - Government [ ] R - Religious [ ] S - Society / Public [ ] O - Other

Referrals: [-] N - None [ ] S - Shelter [ ] C - Counseling [ ] L - Legal [X] M - Medical [ ] F - Financial [ ] O - Other

[X] R - Resident [ ] N - Non-resid [ ] U - Unknown

[X] W - White [ ] B - Black [ ] A - Asian [ ] I - Indian [ ] U - Unknown [ ] H - Hispanic [X] N - Non-hispanic [ ] U - Unknown [X] F - Female [ ] M - Male [ ] U - Unknown

DOB/Age: 18 MONTHS | SOC/OLN/OLS:

Type of Injury (check up to five) [ ] N - None [ ] M - Minor injury (bruises, abrasions, minor lacerations, spra[illegible] [ ] L - Severe lacerations [ ] S - Scalds/burns [ ] I - Possible internal injuries [ ] B - Broken bones/skull frac[illegible] [ ] T - Loss of teeth [X] O - Other major injury DROWNING [ ] U - Unconsciousness [X] Treated at Hosp: MERCY

INCIDENT

Date Occurred: From 10-27-95 To: | Time Occurred: From 1520 To: | Day of The Week: S M T W Th F Sa | Special Reports: [-] LEOKA [ ] Bias Crime [ ] Domestic Abu[illegible]

Offense #	Incident/Offense	State/City Statute	UCR Offense Code	Activity	Status	Location #	Weapon type(s)
1	CHILD DROWNING				[ ] A - Attempted [ ] C - Completed		
					[ ] A - Attempted [ ] C - Completed		
					[ ] A - Attempted [ ] C - Completed		

Method of Entry: [ ] F - Forcible [ ] N - No force [ ] U - Unknown Point of Entry: [ ] Door [ ] Window [ ] Roof [ ] O[illegible]

WIT

	Witness Name (Last, First, Middle)	Address (Street, City, State, Zip)	Home Phone	Business Ph[illegible]
#1	TOBEY, RANDY Sgt.	6023 N. 14st. Dsm. IA. 50313	[illegible]	286-3[illegible]
#2				
#3				
#4				

VEH

Loss Code	Property Code	LIC	LIS	LIY	LIT	VIN

Color	Year	Make	Model	Style	Date of Recovery	Estimated [illegible]

PROPERTY

Loss Code	Property Code	Estimated Quantity	Item stolen, seized, burned, lost, found, or destroyed (include make, model, size, type, serial#, color, etc.	Estimated Value	Date of Recovery
				Total Value:	

Evidence Collected By:

Evidence Collected: [ ] Photographs [ ] Clothing [ ] Fingerprints [ ] Other

Property Re[illegible]

Property Entered By:

SIN #:

NIC #:

DI#9MM4X CCC 2121 Exhibit # 6 Page 1 of 17

Identifiable suspect (s) in this case?: [ ] Yes [X] No

OFFENDERS

Check One	Offender Sequence #	Name (Last, First, Middle)	Nickname/Alias	Address (Street, City, State, Zip)
[ ] Offender [ ] Suspect				

[ ] W - White [ ] I - Indian [ ] H - Hispanic [ ] F - Female DOB/Age Phone:
[ ] B - Black [ ] U - Unknown [ ] N - Nonhispanic [ ] M - Male Height Weight Eyes Hair
[ ] A - Asian [ ] U - Unknown [ ] U - Unknown

Glasses: Hat: Coat: Shirt: Scars, Marks, Tattoos:
Pants: Shoes: Gloves: Other:

SOC/CLN/CLS	Relationship of Victim # to Offender	Relationship of Victim # to Offender	Arrest: [ ] Yes [ ] No	Offender suspected of using (check as many as apply) [ ] D - drugs [ ] C - computer equip [ ] A - alcohol [ ] N - not applicable	Offender Present [ ] Yes [ ] No

LIC	LIS	LIY	LIT	VIN/Other identifiable features

Color	Year	Make	Model	Style

SUSPECTS

Check One	Offender Sequence #	Name (Last, First, Middle)	Nickname/Alias	Address (Street, City, State, Zip)
[ ] Offender [ ] Suspect				

[ ] W - White [ ] I - Indian [ ] H - Hispanic [ ] F - Female DOB/Age Phone:
[ ] B - Black [ ] U - Unknown [ ] N - Nonhispanic [ ] M - Male Height Weight Eyes Hair
[ ] A - Asian [ ] U - Unknown [ ] U - Unknown

Glasses: Hat: Coat: Shirt: Scars, Marks, Tattoos:
Pants: Shoes: Gloves: Other:

SOC/CLN/CLS	Relationship of Victim # to Offender	Relationship of Victim # to Offender	Arrest: [ ] Yes [ ] No	Offender suspected of using (check as many as apply) [ ] D - drugs [ ] C - computer equip [ ] A - alcohol [ ] N - not applicable	Offender Present [ ] Yes [ ] No

Children: [ ] U - Present/Unharmed [ ] N - None present [ ] H - Present/Harmed

NARRATIVE

ON 10-27-95 AT 1530 HRS, I WAS DISPATCHED TO 4[illegible] MT. GST, ON A POSSIBLE CHILD DROWNING.

UPON ARRIVAL AT 1533 HRS, THE MOTHER OF THE CHILD, BRANDI OPENED THE DOOR FOR ME AND I OBSERVED HER TO BE HYSTERICAL. SHE ADVISED ME THAT HER 18 MONTH OLD DAUGHTER ASHLEY WAS UPSTAIRS ON THE BEDROOM FLOOR NOT BREATHING.

I IMMEDIATELY RAN UPSTAIRS AND FOUND ASHLEY LAYING SUPINE ON THE FLOOR WITH A BLUE COLOR AROUND HER MOUTH AND HANDS. I CHECKED FOR BREATHING AND A PULSE AND FOUND NEITHER. I STARTED CPR AND CONTINUED IT UNTIL EMT RESCUE ARRIVED AND ASSISTED THAT. LIFELINE PARAMEDICS ARRIVED AND TOOK OVER CARE.

I LATER WENT TO [illegible] HOSPITAL AND GOT A VOLUNTARY STATEMENT FROM BRANDI.

Filing a false report with a law enforcement agency is a criminal offense.
I hereby certify that the information contained in this report is accurate to the best of my knowledge and I will prosecute the offender if found.

DATE: SIGNATURE:

STATUS

[ ] Active
[ ] Inactive
[ ] Arrest - Active
[ ] Cleared by arrest
[ ] Unfounded
[ ] Assigned to:

Exceptional Clearance:
[ ] A - Suspect/offender dead
[ ] B - Prosecution declined
[ ] C - Extradition declined
[ ] D - Victim refused to cooperate
[ ] E - Juvenile - no custody

Reporting Deputy: L. Ritzman ID#: [illegible]
Supervisor: [illegible] ID#:

POLK COUNTY SHERIFF'S DEPARTMENT
MOINES, IOWA 50309

PRELIMINARY REPORT — CONTINUATION
PAGE 1 OF 1

INCIDENT: DROWNING CASE: 95-41327

NAME: 1

OCCURANCE DATE & TIME 10-27-95 1519

ADDRESS: [redacted] ST

REPORTING OFFICER: R. TOBEY T3719

NARRATIVE:

I ASSISTED AT 4230 NE 6TH ST REFERENCE A DROWNING OF AN 18 MONTH OLD FEMALE. WHEN I ARRIVED THE BABY'S MEDICAL NEEDS WERE BEING ATTENDED TO BY MEDICAL PERSONNEL.

I OBSERVED THE BATHROOM WHERE THE CHILD DROWNED IN THE BATH TUB. THE BATH TUB CONTAINED, WHAT APPEARED TO BE, AT LEAST SIX INCHES OF WATER AND A STAND UP IN, WITH SUPPORTS, BABY TYPE WALKER. IT IS UNKNOWN THIS DEVICE IS INTENDED FOR WATER USE. THE TUB ALSO CONTAINED A SMALL DOLL TYPE FIGURE. AND FINALLY IT HAD FECAL MATTER FROM THE CHILD. OUTSIDE THE TUB ON THE FLOOR WERE DIFFERENT STYLE TOY MAN OBJECTS LIKE PEG MEN ABOUT 1/4 TO 1/2 INCH IN DIAMETER.

SEE PAGE ONE FOR SPECIFIC DETAILS OF THIS CASE #

POLK COUNTY SHERIFF'S DEPARTMENT
MOINES, IOWA 50309

PRELIMINARY REPORT — CONTINUATION
PAGE 1 OF 1

NAME: [redacted] INCIDENT: DROWNING CASE: 95-41327

ADDRESS: [redacted] OCCURANCE DATE & TIME 10-27-95 1646

REPORTING OFFICER: L. RITTMAN P.2070

NARRATIVE: I PUT ASHLEY IN THE BATHTUB AT AROUND 2:30 P.M. I GAVE HER ALL HER LITTLE TOYS TO PLAY WITH AND STAYED WITH HER FOR AWHILE. I THEN WENT INTO ASHLEY'S ROOM TO GET SOME CLOTHES AND I COULD HEAR HER PLAYING. I HAD HER IN A SAFETY SEAT WHILE IN THE TUB.

THE NEXT THING I NOTICED WAS ASHLEY WAS QUIET, SO I WENT INTO THE BATHROOM AND FOUND ASHLEY LAYING FACE DOWN IN THE TUB. I IMMEDIATELY PICKED HER UP OUT OF THE TUB AND RUSHED HER INTO MY MOM'S BEDROOM AND STARTED DOING CPR. ALOT OF WATER WAS COMING OUT OF HER NOSE AND MOUTH. I GRABBED THE PHONE AND CALLED 911 AND CONTINUED WITH CPR, UNTIL THE DEPUTY ARRIVED.

I ESTIMATE THE TIME THAT ASHLEY WAS ALONE IN THE TUB TO BE LESS THAN 5 MINUTES.

SEE PAGE ONE FOR SPECIFIC DETAILS OF THIS CASE #

IDI #970418CCC2121, EXHIBIT #6, Page 4 of 7

INTERROGATION: ADVICE OF RIGHTS

CRIMINAL INVESTIGATION DIVISION

POLK CO. SHERIFF'S DEPARTMENT

Place Mercy Hospital

Date 10-27-95

Time 1646

Case No. 95-41327

YOUR RIGHTS

Before we ask you any questions, you must understand your rights:

1. You have the right to remain silent.
2. Anything you say can be used against you in court.
3. You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.
4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.
5. If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Sign[redacted]

Witness: _____

Witness: _____

Time: _____

ID: #970418CCC2121, EXHIBIT #6 Page 5 of 7

SHERIFF'S OFFICE, POLK COUNTY, DES MOINES, IOWA Case No: 95-41327

SUPPLEMENTAL REPORT

Offense: DEATH INVESTIGATION Date and Time: 10-27-95

Name of V[redacted] DES MOINES, IA

CLOSED

Case Recovery/Loss $

Death Investigation

INVESTIGATION:

On 10-28-95, I was contacted by Polk County Dispatch and advised an autopsy was to be conducted on Ashley Danielle Lund, date of birth 8-11-94. Ashley Danielle Lund is Ashley Rostoks. The autopsy was scheduled for 8:00 a.m., on 10-29-95, at Broadlawns.

On 10-29-95, I went to Broadlawns Hospital where I met with Dr. Garrity. Dr. Garrity advised that on 10-27-95 Ashley Lund was found by her mother floating face down in the bathtub where her mother had placed her five or ten minutes earlier in a child's seat for a bath. Mother got called away and returned to find the child floating face down. There was some concern on the part of investigators from CPI because the mother or grandmother of Ahsley Lund had a child drown also.

During the course of the autopsy, Dr. Garrity stated all the signs are there of drowning and he would classify the death as accidental from drowning.

ARRESTS:

None from this report.

PHYSICAL EVIDENCE:

None from this report.

WITNESS TESTIMONY:

Dr. Garrity and Detective Marshall to this report.

IDI #970418 CCC 2121, EXHIBIT #6, Page 6 of 7

Officer: Detective Marshall

Date: 1-22-96 Time: ____

SHERIFF'S OFFICE, POLK COUNTY, DES MOINES, IOWA

Case No: 95-41327

SUPPLEMENTAL REPORT

Offense: DEATH INVESTIGATION

Date and Time: 10-27-95

Name of Vict[redacted] DES MOINES, IA

Case Recovery/Loss $

ADDITIONAL LEADS:

None, case closed.

ATTACHMENTS:

Medical Examiner's Report Case 95-0762-A.

Date Sent: October 29, 1995 Case # 95-0752-A

Francis L. Garrity, M.D., Ph.D
Polk County Medical Examiner
1907 Carpenter Avenue - Des Moines, Iowa 50314
Office (515) 286-3340 Digital Pager (515) 245-0673 FAX (515) 222-5543

Sent To:

Lt. Dennis Marshall, Polk County Sheriff's Office
(For Your Records)

Mary O'Brien, Coordinator, Infant Mortality Prevention Center
(For Your Records)

Cause of Death

[redacted] (14mWF) (DOB 09-11-94)
Name of [redacted] Middle Last) A/R/S

[redacted] Moines, IA
Usual Address

Mercy Hospital Medical Center, Des Moines, IA (October 28, 1995 @ 4:31 p.m.)
Pronounced Dead (Where) (Date/Time)

4280 N.E. 9th Street, Des Moines, IA (October 27, 1995 about 2:30 p.m.)
Incident Occurred or (Where) (Date/Time)

Cause of Death Determined by Investigation and Autopsy:

Anoxic encephalopathy 28 hours following fresh water immersion and near drowning.

Other Significant Findings: Metabolic acidosis, acute renal failure

Manner of Death: Accident.

If Pending (Reason):

See enclosed list of PRELIMINARY findings.

Brandi Dawn Rostoks 281-0326
Parent: Phone

Francis L. Garrity, M.D., Ph.D.

ID1 #970418CCC2121, EXHIBIT #7, Page 1 of 18

NAM[redacted]
PRONOUNCED: [redacted] 1995
4:31 p.m.

CASE NUMBER: 95-0782-A
AUTOPSY: October 29, 1995
7:56 a.m.

PRELIMINARY FINDINGS

1) Cerebral edema with hypoxic ischemic changes.
2) Pulmonary congestion and edema, moderate to marked.
3) Scattered petechiae, upper eyelids & adjacent skin.
4) No evidence of significant injury.
5) No evidence of significant natural disease.
6) Evidence of terminal medical attention.
   a) Endotracheal and nasogastric tubes in place.
   b) Intravenous lines (2), right groin.
   c) Multiple needle puncture marks, anterior tibia.
7) Incidental findings.
   a) Well healed thoracotomy scar, left side (s/p ligation of patent ductus).
   b) Callous formation, conjoined left 4th & 5th ribs (in the area of previous thoracotomy).

SUMMARY: Ashley Danielle Lund, a 14 month old white female, died as the result of anoxic encephalopathy 26 hours following fresh water immersion and near drowning. Contributing to the death are associated metabolic acidosis and acute renal failure. The decedent was found face down in a bathtub containing 5 to 6 inches of water. The discovery was made by her mother at home about 2:30 p.m., October 27, 1995. Saylor Township Rescue responded to a "911" call. At 3:10 p.m. Lifeline Ambulance was summoned and transported to the Mercy Hospital Medical Center, arriving at 3:53 p.m. Prior to arrival the child was noted to be pulseless and without spontaneous respirations. Cardiac rhythm and blood pressure were reestablished following multiple administrations of atropine, epinephrine and sodium bicarbonate. The decedent was admitted directly to the Intensive Care Unit where a physical examination revealed a profoundly comatose child unresponsive to noxious stimuli. The short hospital course was significant for continued unresponsiveness complicated by a metabolic acidosis, acute renal tubular acidosis and progressive anoxic encephalopathy. Death occurred approximately 26 hours following the incident.

The medical history is significant for prematurity requiring a 2 1/2 month hospitalization during which she underwent ligation of a patent ductus arteriosus.

The mother admitedly left the child in a "bath chair" in the tub together with some small toys while she went to the child's room for clothes. The mother further stated that she heard her daughter playing in the tub for a time. Then, "...less than five minutes..." later, no sounds were heard from the bathroom.

According to the Nursing Staff at Mercy, the maternal grandmother admitted to losing a male infant - also a drowning victim (in a bathtub).

The incident was investigated by the Polk County Sheriff's Office.

OFFICE OF THE IOWA STATE MEDICAL EXAMINER
Wallace State Office Bldg., (2nd Floor)
Des Moines, Iowa 50319

Central Office Use Only
Date of Receipt FEB 13
DOD Code
COD Code

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT: [redacted]
ADDRESS: [redacted]
D.M. IA

ME Case Number: 95-762
County: Mitchell

INFORMATION ABOUT OCCURENCE

	DATE	TIME	COUNTY	PREMISE
INJURY OR ONSET OF ILLNESS:	10/27/95	02:30PM Location:	Polk 4280 NE 6 ST., D.M., IA	Home On the Job? No
LAST SEEN ALIVE:	10/28/95	04:31PM By Whom:	Polk DR. COGGI	Hospital
DEATH:	10/29/85	04:31PM Location:	Polk 77	Hospital
FOUND DEAD BY:	10/28/95	04:31PM By Whom:	Polk DR. COGGI	Hospital
POLICE NOTIFIED:	/ /	: M Agency:	Officer:	
M.E. NOTIFIED:	10/28/95	05:13PM	POLK CO. DISPATCH - LONNIE PETERMAN	
VIEW OF BODY:	10/28/95	05:35PM	MERCY HOSPITAL	
WITNESS TO INJURY OR ILLNESS AND DEATH:		Name: Address:		
BLOOD SAMPLES DRAWN:		Blood		

MANNER OF DEATH = Accident

M.E. AUTOPSY AUTHORIZED: Yes
NON-M.E. AUTOPSY DONE: No

M.E.: MARY JANE BLAIR, R.N.
PATHOLOGIST: FRANCIS L. GARRITY, M.D.

PROBABLE CAUSE OF DEATH: 1. ANOXIC ENCEPHALOPATHY 26 HRS.
Due to: 2. FOLLOWING FRESH WATER IMMERSION & NEAR DROWNING
Contributing Factor:

I.S.M.E.

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquires regarding the cause of death in accordance with Chapter 331 of the General Statutes of Iowa - 1983, and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Mary J. Blair RN.MEI — Signature of Medical Examiner
1-22-96 — Date Signed
Polk — County of Appointment
14 — M.E. Number

Form ME 1 Send original to Iowa State Medical Examiner.

DECEDENT: [redacted]

ME Case Number: 95-762

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE:		SEX:	Female
Date of Birth:	08/11/1994	HEAD HAIR-AMOUNT:	Full
MARITAL STATUS:	Never Married	COLOR:	Brown
RACE:	White	OTHER HAIR:	None
CLOTHING:	Unclothed	BODY TEMPERATURE:	Cold
EYES - COLOR:	Blue	RIGOR - NECK:	1
SIZE:	R 4 mm L 4 mm	ARMS:	1
WEIGHT:	24.0	LEGS:	1
LENGTH:	30	LIVOR - COLOR:	REDDISH PURPLE
MISCELLANEOUS:	None	FIXED:	Yes
		POSITION:	Posterior
FROTH:	Absent	DECOMPOSITION:	None
BLOOD:	None	OTHER (Dirt, etc):	None

OCCUPATION: No Occupation Information

MEANS OF DEATH (Agency or Object) - IF DEATH OTHER THAN NATURAL

MOTOR VEHICLE: NOT INVOLVED

W: NOT INVOLVED

INSTRUMENT: NOT INVOLVED

DRUG, POISON, CHEMICAL (Susp): NOT INVOLVED

MEDICAL HISTORY

CONDITION: None

DOCTOR: DR. JAMES BINKARD
Where Treated:
Medications:

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

ASHLEE DANIELLE LUND, 14 MO. OLD WHITE FEMALE INFANT FOUND FACE DOWN IN 5-6" OF WATER IN BATHTUB ON 10/27/95. MOTHER HAD LEFT UNATTENDED & RETURNED TO FIND BABY HAD FALLEN OUT OF BATH CHAIR. SAYS SHE WAS OUT OF ROOM NO MORE THAN 5 MIN. MOTHER STARTED CPR & CALLED 911. STATES WATER CAME OUT OF BABY W/CPR & SHE ROLLED HER ONTO HER SIDE TO LET WATER FLOW OUT. BABY WAS BORN 2 1/2 MOS. PREMATURELY & HAD HEART SURGERY AT 2 DAYS OLD. AMOUNT OF TIME BABY LEFT UNATTENDED VARIES ACCORDING TO MOM'S STORIES. BABY WAS TAKEN TO MERCY & PRONOUNCED DEAD AT 4:31 P.M., 10/28/95.

NEXT OF KIN: Name: BRANDI DAWN ROSTOKS
Address: 4280 NE 6 ST., D.M., IA

FUNERAL HOME: DAHLSTROM'S FUNERAL HOME

ID: #970418CCC2121, EXHIBIT #7,

Date Sent: August 12, 1996 Case # 95-0762-A

Francis L. Garrity, M.D., Ph.D
Polk County Medical Examiner
1907 Carpenter Avenue - Des Moines, Iowa 50314
Office (515) 286-3340 Digital Pager (515) 245-0673 FAX (515) 222-5943

RECEIVED
AUG 13 1996
IOWA DEPT. OF PUBLIC HEALTH
Family & Community Health

Sent To:

Mary O'Brien, Coordinator, Infant Mortality Prevention Center
(For Your Records)

Ballistics:
Drug I.D.:
Physical Evidence:
Documents: Autopsy Report Attached

Toxicology: Attached
Serology:
Bacteriology:
Photographs:

Cause of Death

[redacted] (14mWF) (DOB 08-11-94)
Name of decedent (First Middle Last) A/R/S

[redacted] Des Moines, IA
Usual Address

Mercy Hospital Medical Center, Des Moines, IA (October 28, 1995 @ 4:31 p.m.)
Pronounced Dead (Where) (Date/Time)

4280 N.E. 6th Street, Des Moines, IA (October 27, 1995 about 2:30 p.m.)
Incident Occurred or (Where) (Date/Time)

Cause of Death Determined by Investigation and Autopsy:

Anoxic encephalopathy 26 hours following fresh water immersion and near drowning.

Other Significant Findings: Metabolic acidosis, acute renal failure

Manner of Death: Accident.

Francis L. Garrity M.D.

ID, #970418CCC2121, EXHIBIT #7,

POLK COUNTY DEPARTMENT OF HEALTH

OFFICE OF MEDICAL EXAMINER
1907 Carpenter Avenue
Des Moines, Iowa 50314
(515) 286-2102 Fax (515) 286-2033

AUTOPSY REPORT

[redacted]

CASE NUMBER: 95-0762-A

PRONOUNCED: October 28, 1995
4:31 p.m.

AUTOPSY: October 29, 1995
7:55 a.m.

EXTERNAL EXAMINATION:

The body appears to be that of a well developed well nourished, white female child, consistent with the stated age of 14 months. The body is clothed (two piece pajamas and slightly soiled hospital diaper), cold to the touch and preserved within normal limits.

MEASUREMENTS:

		Percentile
Head Circumference:	46.3 cm	
Chest Circumference:	51.2 cm	
Abdominal girth:	46.1 cm	
Crown/Rump:	42.0 cm	
Crown/heel:	76.5 cm	50%
Inner Canthus:	3.1 cm	
Outer Canthus:	7.8 cm	
Interpupillary:	5.5 cm	
Biparietal:	12.5 cm	
Occipito-fronto:	14.9 cm	
Suboccipito-mandibular:	11.9 cm	
Weight:	27.0 lbs	>95%

Rigor is mild and limited to the jaw. Livor is purple posterior, dependent and fixed. Scalp hair is brown, straight and 1 to 3 inches in length. The scalp, forehead and nose are intact. The fontanelles are closed. There is no evidence of head injury. There are no visible or palpable fractures. The nares are clean and dry without evidence of blood. There is no evidence of vomitus. The irides are blue, round regular and with a pupillary diameter of 0.5 cm. The sclera are white. The conjunctivae are pink and without evidence of congestion, edema or hemorrhages. A few, scattered petechial hemorrhages are noted on the upper eyelids and adjacent skin. The cornea are clear. There is no proptosis, periorbital ecchymosis or edema. No lid lacerations or abrasions are identified. The mandible is intact and without evidence of injury. No contusions, abrasions or lacerations are identified. The face and cheeks show no evidence of injury. No scars are identified. No facial hair is identified. The mouth is edentulous. There is no evidence of lip, tongue or gum injury. The salivary glands are normal in position size and consistency. The anterior neck is visibly

Accredited by the National Association of Medical Examiners

and palpably intact and in the midline. There is no evidence of contusions, abrasions, injuries, petechiae or ligature marks. The posterior neck is free of visible and palpable injury. There is no abnormal mobility. The ear canals are clean and dry.

The thorax is symmetrical. The anteroposterior diameter appears to be within normal limits. Evidence of resuscitative measures includes endotracheal and nasogastric tubes in place. intravenous lines in the right groin (2) and four needle puncture marks on that anterior tibial surfaces (3 right, 1 left). The nipples are everted. The breasts are flat. Nipples and breasts are normal in appearance. There is no adenopathy. There are no palpable rib fractures, contusions, abrasions or lacerations. There is a 4 inch well healed thoracotomy scar on the left side. The abdomen is mildly protuberant. There is no fluid wave, organomegaly or masses. The external genitalia are those of a normal infant female. There is no evidence of genital injury or abnormalities. The legs are well developed, symmetrical and stout. The skin is smooth. There are no visible scars, no edema and no fractures. The feet are normal in appearance. There is no evidence of deformation, edema, amputations or injuries. The plantar surfaces are clean. There is no residua of diaper rash. The arms are normal in appearance. There is no evidence of edema, amputations or injuries. The hands show no evidence of injuries or other anomalies. The palms are clean and white. The nails are clean and well groomed. The palmar creases are normal in distribution. The back is visibly and palpably intact. There is no evidence of injury or deformity. The anus is clean. No patulous changes are identified. There is no unusual odor about the body.

EXTERNAL EVIDENCE OF INJURY: There is no evidence of significant external injuries.

INTERNAL EXAMINATION:

The body is opened with the usual Y-shaped incision revealing a white panniculus measuring 1/4 inch in thickness at the level of the umbilicus. The abdominal musculature is symmetrical and well developed. The appendix is present with a normal caliber and no evidence of fibrosis or adhesions. The peritoneum contains 100 cc of clear, straw colored fluid without adhesions or tumor. Mesenteric vessels and lymph nodes are normal. There is no retroperitoneal hemorrhage. The viscera are in their usual anatomic location. The bladder is empty. The spine and pelvis show no fractures, surrounding hemorrhages or anomalies. The diaphragm has no defects and is located at its usual intercostal level. Thoracic musculature is symmetrical and well developed for age. The breast plate is removed. The sternum is intact. There are no visible rib fractures. Callous formation is prominent on the conjoined left 4th and 5th ribs (posterior lateral - in the area of the previous thoracotomy). The thymus is gray, tan, bilobate and appears normal in position, size and shape. There are no intrathoracic petechiae. Neither are there petechiae on the thymus. Lymph nodes are normal in size and consistency. There are no pleural adhesions, defects or injuries, Pleural cavities are dry. The pericardium is intact without adhesions and contains a few cc of serous fluid. The heart is normal in position, size and configuration. The great vessels are intact and normal in orientation. The mediastinum is midline and without hemorrhage or tumor.

WEIGHTS OF ORGANS*:

Heart:	56.4 gm (45)	Spleen:	36 gm (26)
Right Lung:	133 gm (66)	Right Kidney:	25.4 gm (36)
Left Lung:	104 gm (60)	Left Kidney:	20.2 gm (35)
Liver:	298 gm (304)	Brain:	1029 gm (944)
Thyroid:	2.7 gm	Pancreas:	19.9 gm
Left Adrenal:	3.5 gm	Right Adrenal:	3.3 gm
Thymus:	27.6 gm		

* Normal values () modified after Coppoletta and Wolback.

NECK: The neck organs are examined after decompression of the cardiovascular system from above and below. Anterior strap muscles are dissected in a layer-wise fashion and there are no hemorrhages or injuries. The tongue has a normal configuration and normal mucosal surface. There is no hemorrhage into paravertebral muscles or palpable or visible spinal or ligamentous injury. The supraglottic mucosa is smooth and purple. Laryngeal bones and cartilages are pliable and show no fractures or surrounding hemorrhages. Epiglottic and laryngeal mucosa is smooth, tan and without edema, hemorrhage or ulceration. The lumen is patent. Lymph nodes are normal in size and consistency. Carotid sheaths are intact bilaterally. There is no evidence of hemorrhage. The thyroid is normal in position, size and shape and without evidence of nodularity, fibrosis or hemorrhage. Sectioning reveals a purple/brown parenchyma. Parathyroids are not identified.

RESPIRATORY SYSTEM: Both lungs are heavy, wet, well expanded and fill the pleural cavities. Tracheal and bronchial mucosa is smooth and pink/tan with clear lumina. Pleural arteries show no thromboemboli. Bronchial and hilar lymph nodes are normal in size and consistency. Cut surfaces of the lung reveals spongy pink/gray parenchyma with slight congestion and no evidence of consolidation, edema, infarction or abscess.

CARDIOVASCULAR SYSTEM: The epicardium is smooth and shiny with a normal amount of fat. There are no petechial hemorrhages on the heart. Coronary arteries are normal in origin and distribution over the epicardial surface. The circulation is right dominant. Coronary ostia are normally formed and are patent. The foramen ovale shows normal fibrous obliteration. A metal clip is in place on the ductus arterious. The pulmonary veins are easily probed from the right atrium. There are no septal defects. The left ventricle is arrested in systole and the heart contains clotted blood. The myocardium is serially sectioned and is generally firm and red-brown without fibrosis, thinning, softening, necrosis or hyperemia. Papillary muscles are firm and red/brown without central necrosis. Chordae tendineae are thin and delicate and insert normally. Endocardium shows no fibrosis and there are no mural thrombi within the chambers of the heart. All four valves have a normal configuration with thin delicate leaflets and cusps. Outflow tracts are normal in size and configuration. The ductus arteriosus is not patent. The aortic valve is pliable and normal in appearance. The vena cava and portal veins are patent.

LIVER AND BILIARY SYSTEM: The liver has a normal configuration and does not extend below the right costal margin. Lymph nodes within the porta hepatis are not enlarged. The capsular surface is smooth, shiny and brown and without adhesions. The free edge is sharp and well defined. Sectioning reveals normal consistency and normal lobular with no significant congestion. There is no evidence of fat, fibrosis, bile stasis or injury. The gall bladder is empty, thin-walled and normal in position and size. There are no stones. The biliary tract is patent from the ampulla of

Vater to the hepatic radicles.

SPLEEN: The spleen is normal in position, shape and size. The capsule is tense and slate gray in color. Sectioning reveals a normal trabecular pattern with no significant congestion. The Malpighian corpuscles are visible.

PANCREAS: The pancreas is normal in position, size and shape and shows a normal tan, lobular parenchyma. There is no evidence of fat necrosis, edema or hemorrhage. The splenic artery and vein are patent. The pancreatic duct is patent. The peripancreatic lymph nodes are inconspicuous.

ADRENALS: The adrenals show the typical lipidized yellow cortices and gray medullae. There is no hemorrhage, tumor or necrosis.

GASTROINTESTINAL SYSTEM: The esophagus shows normal gray-tan mucosa without focal lesions. The stomach contains a few cc of tan to brown mucous without identifiable food. The gastric mucosa is folded normally and without tumor, ulcers or hyperemia. The pylorus is patent and normally formed. There is no evidence of ulceration. The duodenal mucosa is tan and without ulcers or deformities. The small bowel contains yellow to green fluid contents. The large bowel contains soft green feces. There are no focal lesions or anomalies of the bowels.

URINARY SYSTEM: The renal capsules are thin and delicate and strip easily. Configuration is normal. The surface is smooth and pale gray/purple without granularity, scarring, tumors or cysts. The cut surfaces show generally pale gray/purple cortices of a normal thickness, normal corticomedullary demarcations and normal medullae and papillae without evidence of inflammation or tumor. The pelves and calyces show a normal amount of fat and intact urothelium. The ureters are normal in number, course and manner of entry into the bladder. There is no evidence of obstruction. Blood vessels are normal in number, origin and course. The bladder has a normal thickness and the lining is smooth and tan without focal lesions.

GENITAL SYSTEM: The vaginal mucous membrane is white without focal lesions. The fallopian tubes are normal in contour and without evidence of obstruction or tumor. There is no evidence of infection. The uterus has a normal piriform shape with a smooth, pink serosal surface. Sectioning of the myometrium reveals a wall thickness of 3/16 inch. There are no abnormalities. The endometrium is tan and normal in appearance. The cervical os is pinpoint and oval in shape. The cervical canal contains a slight amount of mucous without lesions. The ovaries are flat, 1/2 inch in greatest dimension and contain physiologic cysts on sections.

MUSCULOSKELETAL SYSTEM: There are no fractures. Muscles are generally well developed. The joints show no arthritis or deformities. The bone marrow has a normal red color with adequate bony spicules.

CENTRAL NERVOUS SYSTEM: The usual intermastoid incision is used to reflect the scalp. There are no subgaleal hemorrhages. There are no fractures of the vault or of the base of the skull and the dural sinuses are intact. The brain is moderately soft and does not hold its shape. The dura and leptomeninges show no hemorrhage or inflammation. The leptomeninges appear thin and transparent. The cerebral hemispheres appear symmetrical. The interhemispheric fissure is in the midline. The surface gyral pattern appears somewhat flattened and sulci narrowed. There is no evidence of uncal grooving or cerebellar herniation. The vessels at the base of the brain show no anomalies, aneurysms, atherosclerosis or hemorrhage. Vessels of the Circle of Willis appear normal

and the contours of the brainstem and external landmarks of the cerebellum are unremarkable. All cranial nerves are identified and are grossly unremarkable. The sphenoid sinus is moist.

Coronal sections of brain show preservation of the cortical ribbon throughout. There is no evidence of demyelination in the gyral or deep white matter. The lateral ventricles are not dilated. The basal ganglia and mammillary bodies are similarly normal and without hemorrhages, injuries or focal lesions. The third ventricle is not dilated. The ependymal surfaces are smooth. The hippocampi are normal. Cross sections of midbrain, pons, cerebellum and medullae show normal external contours and normal structures without hemorrhage or focal lesions. The nigral nuclei and pons are preserved. The lower sections of the medulla show no asymmetry, destruction or atrophy of the pyramidal tracts or olivary nuclei. Sections of the cerebellum show no alterations of the folia, white matter or root nuclei.

MICROSCOPIC EXAMINATION:

HEART (3 H&E): The epicardium and endocardium are uniformly thin. All sections show a uniformity of myocardial fibers. There is mild congestion of capillary vessels. There is no evidence of significant pathologic alteration.

TRACHEA (1 H&E): Surface epithelium is intact. There is no evidence of significant inflammation or other pathologic alteration.

LUNGS (5 H&E): There is marked congestion of alveolar capillaries occasional alveoli filled with a pink proteinaceous material. The pulmonary arteries appear normal in number size and distribution. A section of right upper lobe shows a focus of acute inflammation.

EPIGLOTTIS (1 H&E): Surface epithelium is intact. There is no evidence of significant edema or other significant pathologic process.

SPLEEN (1 H&E): The capsule is uniformly thin. The architecture of the white pulp is preserved and consists of numerous periarteriolar sheaths of lymphocytes without evidence of significant pathologic alteration.

PANCREAS (1 H&E): There is evidence of postmortem autolysis. The normal rhomboid distribution of acini within lobules is preserved. Acini are normal in size and consist of small cuboidal acinar cells. There is no evidence of inflammation or fibrosis.

LIVER (2 H&E): The normal lobular pattern is preserved. Sinusoids are not particularly congested. There is no bile stasis. Individual hepatocytes are normal. There is no extramedullary hematopoiesis. Mild triaditis is evident. There is no evidence of significant pathologic alteration.

ADRENALS (1 H&E): The cortical cells show normal lipid content. The zonae glomerulosa, fasciculata and reticularis appear normal with exception of moderate to marked congestion of medullary vessels.

KIDNEYS (2 H&E): The kidneys appear normal. Glomeruli are normal in number, size and distribution. There is no evidence of significant inflammation or fibrosis.

THYROID (1 H&E): The thyroid shows follicles of varying size and shape lined by flattened cuboidal

cells filled with colloid. There is no evidence of inflammation or other significant pathologic alteration.

THYMUS (1 H&E): There is evidence of mild involution which is normal for age. Lymphoid elements appear normal in number, size and architecture. No viral inclusions are seen and there is no evidence os significant inflammation.

SUBMANDIBULAR GLAND (1 H&E): Individual salivary glands appear normal. There is mild to moderate chronic inflammation.

BRAIN (7 H&E): Neuronal architecture within the motor and sensory cortex is altered by marked hypoxic ischemic changes. The mammillary bodies and paraventricular gray matter show no necrosis, hemorrhage or parenchymal loss. Blood vessels appear to be normal in number, size and shape. A section of basal ganglia and medulla are unremarkable. There is no loss of myelin and no significant gliosis.

*Hematoxylin and Eosin

SPECIMENS AND PROCEDURES: The body is identified by accompanying papers. Antemortem blood is unavailable. Postmortem blood is submitted (10-30-95) to the Toxicology Laboratory, Division of Criminal Investigation (D.C.I.). A sample of vitreous is submitted to chemistry (Broadlawns Hospital) for electrolyte analysis. A toxicology report is received 12-27-96. No antemortem specimens are available. Clothing is examined and released to the funeral home. No personal affects accompany the body. No antemortem X-rays are available. Postmortem X-rays are taken. No other materials are retained. A copy of the medical record (Mercy Hospital Medical Center) is reviewed. A copy of the investigative report (Polk County Sheriff) is reviewed. A (Polaroid) photograph is taken prior to the autopsy (Dr. Garrity). Photographs are taken at the time of autopsy (Dr. Garrity). Assisting at the autopsy is Ms. Gayle Onnen. In attendance is Lt. Dennis Marshall of the Polk County Sheriff's Office.

FINDINGS:

1) Cerebral edema with hypoxic ischemic changes.

2) Pulmonary congestion and edema, moderate to marked.

3) Scattered petechiae, upper eyelids & adjacent skin.

4) No evidence of significant injury.

5) No evidence of significant natural disease.

6) Evidence of terminal medical attention.
   a) Endotracheal and nasogastric tubes in place.
   b) Intravenous lines (2), right groin.
   c) Multiple needle puncture marks, anterior tibia.

7) Incidental findings.
   a) Well healed thoracotomy scar, left side (s/p ligation of patent ductus).
   b) Callous formation, conjoined left 4th & 5th ribs (in the area of previous thoracotomy).

CONCLUSION: It is my opinion that Ashley Danielle Lund, a 14 month old white female, died as the result of anoxic encephalopathy 26 hours following fresh water immersion and near drowning. Contributing to the death are associated metabolic acidosis and acute renal failure. The decedent was found face down in a bathtub containing 5 to 6 inches of water. The discovery was made by her mother at home about 2:30 p.m., October 27, 1995. Saylor Township Rescue responded to a '911' call. At 3:19 p.m. Lifeline Ambulance was summoned and transported to the Mercy Hospital Medical Center, arriving at 3:53 p.m. Prior to arrival the child was noted to be pulseless and without spontaneous respirations. Cardiac rhythm and blood pressure were reestablished following multiple administrations of atropine, epinephrine and sodium bicarbonate. The decedent was admitted directly to the Intensive Care Unit where a physical examination revealed a profoundly comatose child unresponsive to noxious stimuli. The short hospital course was significant for continued unresponsiveness complicated by a metabolic acidosis, acute renal tubular acidosis and progressive anoxic encephalopathy. Death occurred approximately 26 hours following the incident.

The medical history is significant for prematurity requiring a 2 1/2 month hospitalization during which she underwent ligation of a patent ductus arteriosus.

The mother admittedly left the child in a "bath chair" in the tub together with some small toys while she went to the child's room for clothes. The mother further stated that she heard her daughter playing in the tub for a time. Then, "...less than five minutes..." later, no sounds were heard from the bathroom.

According to the Nursing Staff at Mercy, the maternal grandmother admitted to losing a male infant - also a drowning victim (in a bathtub).

The incident was investigated by the Polk County Sheriff's Office.

An autopsy reveals the body of a white female child, 14 months old by stated age and in greater than the 95th percentile by weight and 50th percentile by length. The findings at autopsy included marked cerebral hypoxic ischemic changes accompanied by pulmonary congestion and edema. A few, scattered petechial hemorrhages are noted on the upper eyelids and adjacent skin. There is no evidence of significant injury or significant natural disease. Incidental findings include a well healed thoracotomy scar on the left side (following ligation of a patent ductus) and callous formation at the conjoined left 4th and 5th ribs (in the area of previous thoracotomy). Postmortem toxicologic studies are negative for alcohol and other drugs. Postmortem vitreous chemistries reveal elevations in sodium and chloride.

NAME: [redacted] 9. 95-0762-A

MANNER OF DEATH: Accident.

Francis L. Garrity, M.D.
Polk County Medical Examiner
August 11, 1996

TOXICOLOGY: (Iowa Division of Criminal Investigation Toxicology Laboratory unless specified otherwise)

Blood:
Alcohol - negative.
Alkaloids - negative.
Barbiturates - negative.
Benzodiazepines - negative.
Cannabinoids - negative.
Propoxyphene - negative.
Sympathomimetics - negative.
Tricyclic antidepressants - negative.

CHEMISTRY: Vitreous:

Glucose 10 mg/dl	Urea nitrogen 55 mg/dl
Creatinine 0.8 mg/dl	Sodium 153 mEq/L
Potassium 13.1 mEq/L	Chloride 129 mEq/L

INFECTIOUS DISEASES: Limited testing for reportable diseases has been done. These results are maintained with the case file appropriate to State Law (Code of Iowa, Chapter 141 as amended).

ID # 970418CCC2121, EXHIBIT #7,

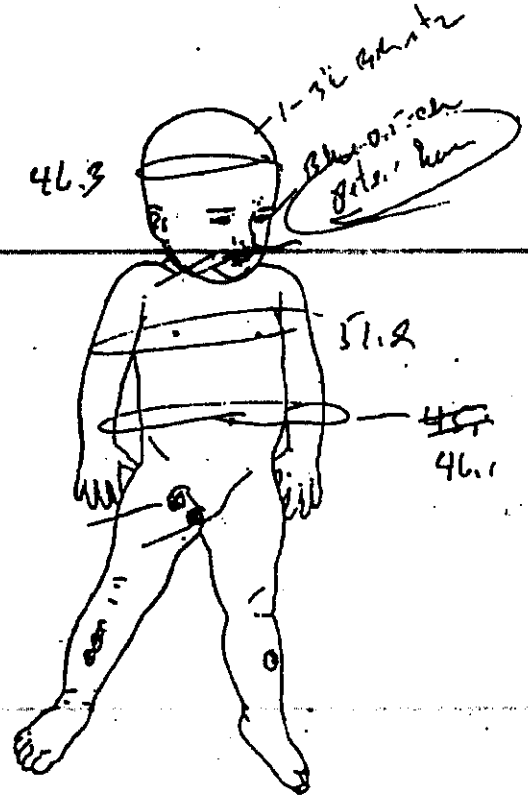
OFFICE OF THE CHIEF MEDICAL EXAMINER

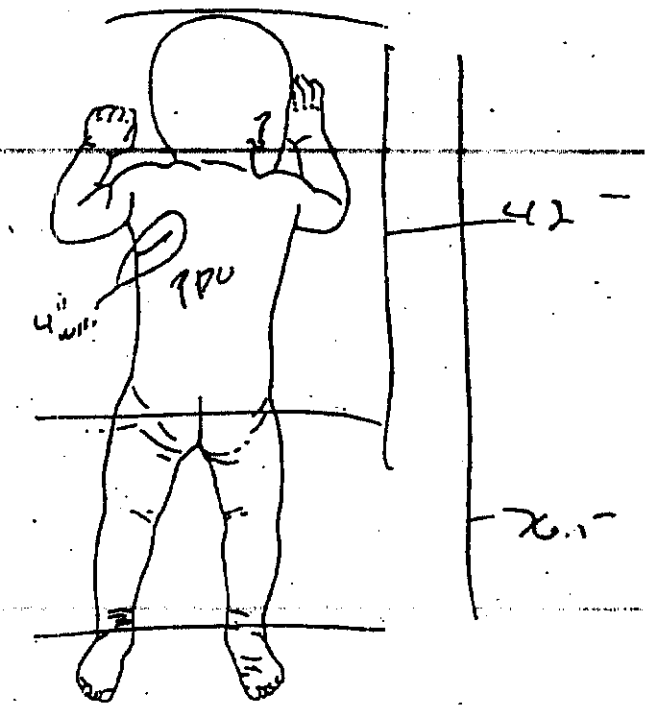
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Name [redacted] Case No. 95-0762-A

Age 14M Sex M Race W. Date 10-29-95 Time 7:55 am

IC 31
OC ~~55~~ 78
IP 55
BP 12.5
EO 14.9
SO 11.9
WT 27.





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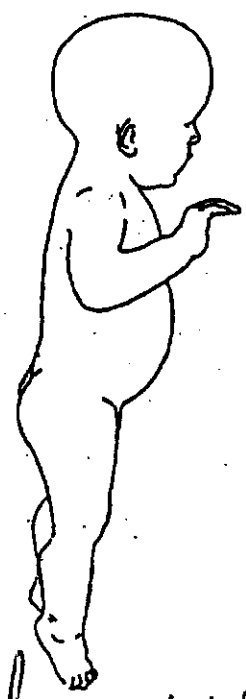


Callous
rib 3/4 -L1
near
thoracotomy

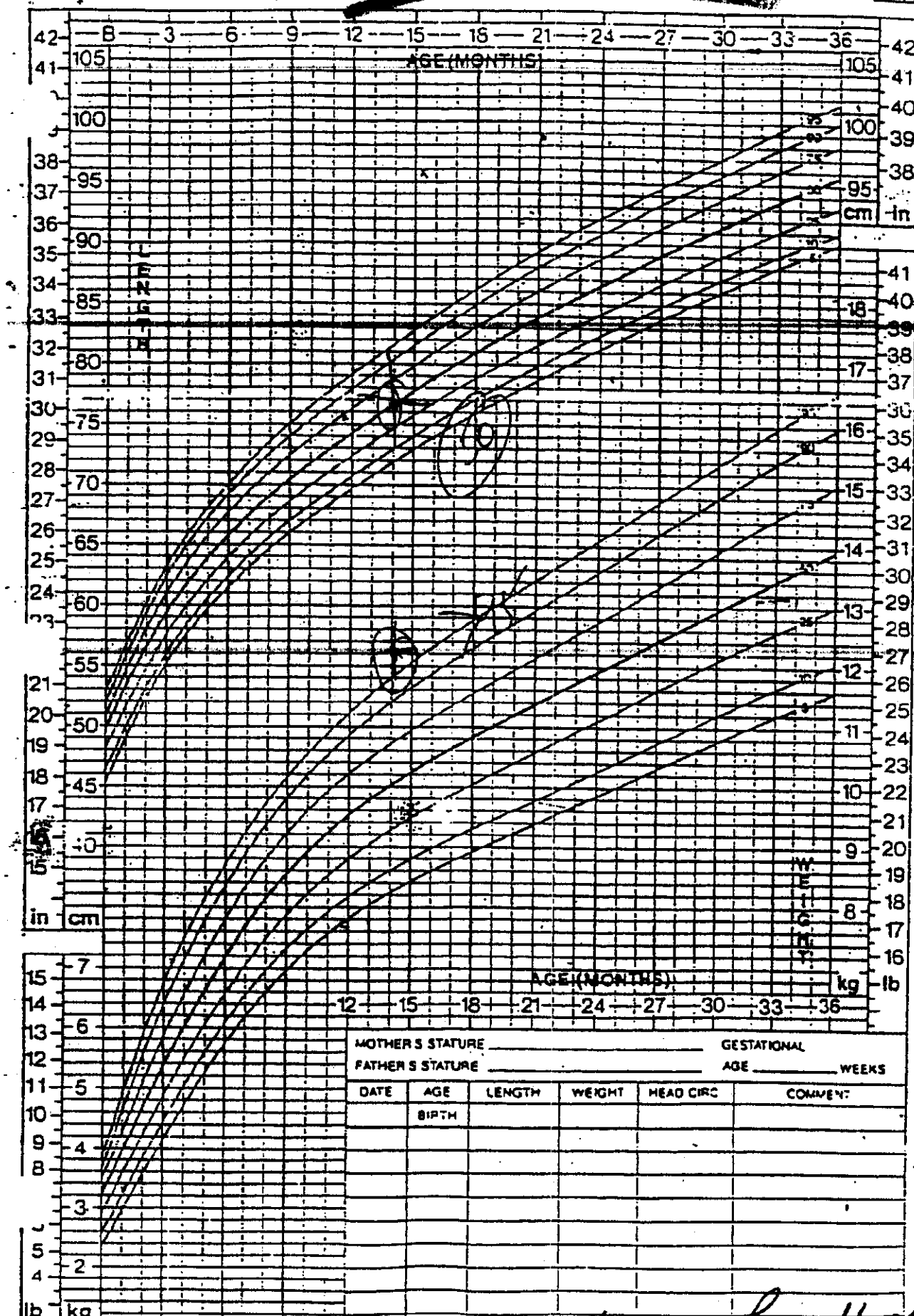
IDI #970418CCC 2121, EXHIBIT #7

Page 15 of 18

Signature [signature]

NCHS PERCENTILES

NAME [redacted] RECORD = 45-01



MOTHER'S STATURE _____ GESTATIONAL

FATHER'S STATURE _____ AGE _____ WEEKS

DATE	AGE	LENGTH	WEIGHT	HEAD CIRC	COMMENT
	BIRTH				

Rolls Growth & Development Programs

ID #9 [illegible] 2121. EXHIBIT # 7. Page 16 of 18

Iowa Department of Public Safety
DCI Criminalistics Laboratory
Wallace Building
Des Moines, Iowa 50319
(515) 281-3666

Laboratory Case No.

December 15, 1995
Date

See Code of Iowa Section 691.2 Presumption of Qualification of Employee.
All evidence mentioned in this report has been handled in conformity with the rules of the DCI Laboratory as cited in the Iowa Administrative Code (661 - Chapters 7 and 12).

Case Type: DEATH INVESTIGATION

Suspect(s):

Victim(s): [redacted]

Laboratory Designation of Exhibits	Laboratory Analyst: Michael M. Tate, Criminalist
A	No alcohol, alkaloids, barbiturates benzodiazepines, cannabinoids, propoxyphene, sympathomimetics, or tricyclic anti-depressants were detected in the blood (Item A) recovered from the tube labeled LUND, A. The submitted material will be destroyed 60 days after the date of this report if not picked up by your agency.

Rec'd 12-27-95

DESCRIPTION OF EXHIBITS

Received from: Francis Garrity/person Agency Case No: 95-0762-A

Agency: Polk County Medical Examiner's Office Date: October 30, 1995 Time: 10:30 a.m.

Laboratory Designation	Quantity	Description	Agency Designation
A	1	Blood (Heart) (NaF).	

Received By: Marcia Morton, Evidence Technician

Reviewed By:

Polk sc

ID# 970418CCC2121, EXHIBIT #7, Page 17 of 18

STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY

CASE ASSIGNMENT RECORD

DATE ASSIGNED MO DAY YR: 10 30 95

2. STATUS: [X] OPEN [ ] ASSIST [ ] ADD INFO [ ] TRANS

3. CASE NUMBER: 77-09-L-M1-95/25/1 (COUNTY, CLASS, UNIT, AUTH, YEAR, SEQ NO)

E 10:30 Am

SOCIAL SECURITY NO.

E ASSIGNED TO NAME

Date of occurrence
1. CRIME 10-28-95
2. VICTIM Accident
3. DOB [redacted]
4. ADDRESS 8-11-94
[redacted] 6th St. DSM
6. METHOD [redacted]
7. WEAPON DROWN IN BATHTUB
8.

5. CASE TRANSFERRED FROM (Name of Office) SOCIAL SECURITY NO.

Agency Name & Address
7. 1 Francis L. Garrity, M.D.
Polk County Medical Examiner's Office
2 1907 Carpenter Ave., Des Moines 50314 Zip Code
Agency Phone #: Agency Case: 95-0762-A

How Rec'd:
3. PERSON

Returned:
4.

ORIGINAL CASE #

ASSTING UNITS: CLASS 74 UNIT 80

OFFICIAL USE ONLY: RECORDED, PUNCHED, VERIFIED, ADJUSTED

DESCRIPTION OF INVESTIGATION:

VICTIMS:	DOB:	SUSPECTS:	DOB:

Special Requests:

RECEIVED BY Marcia Morton

Received from Francis L. Garrity, M.D. FLG

This material may be destroyed 120 days after completion of analysis Francis L. Garrity, M.D. (Signature)

Laboratory Designation	Quantity	Description of Evidence	Agency Designation	Section Involved
X	0	BLOOD (heart, cavity)		
A	1	BLOOD ~~(femoral)~~ (heart) (NaF) Alt/dung cover		
X	0	URINE		
X	0	VITREOUS		
X	0	BILE		
X	0	GASTRIC		
	101	#970418CCC2121, EXHIBIT #7,	Page 18 of 18	

CONSUMER PRODUCT SAFETY COMMISSION TC 43

ROUTE SLIP

TO EHDS, Don Kendall
604G

Take necessary action	☐
Approval or signature	☐
Comment	☐
Prepare reply	☐
Discuss with me	☐
For your information	☐
See remarks below	☐

FROM Dennis Donath, MSP DATE 4/10/97

REMARKS

The attached was sent to me by the Office of the Iowa State Medical Examiner. It had been discussed by the Iowa Child Death Review Team before I joined it.

I suspect we already have this one from some other source. If so, please destroy.

Thanks

CPSC FORM 108 9/73

*U.S. GPO: 1980-720-442/20822

ID1 #970418CCC2121, EXHIBIT # 8

Task Number : 970418CCC2121

Office : CHIO

Category Id : SECTRR1997

Document Number : X9741439A

IDI #970418CCC2121, EXHIBIT #9

JUN 19 1995

1. CASE NO.	2. INVESTIGATOR'S ID	3. OFFICE CODE	EPIDEMIOLOGIC INVESTIGATION REPORT
950412HEP9017	8 0 2 9	8 3 0	

4. DATE OF ACCIDENT	5. DATE INVESTIGATION INITIATED	YR	MO	DAY
9 4 0 7 1 6		9 5	0 5	0 5

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 7-1/2 month old female drown while sitting in a bath seat in the bath tub. She was bathing with her 2 year old sister. The father reportedly was bathing the infants and left the bathroom to answer the phone. When he returned he found the 7-1/2 month old face down in the water still sitting in her bath seat.

7. LOCATION(Home, school, etc.)	8. CITY	9. STATE
apartment (bathroom) 1 0	Ft. Benning	Georgia G A

10A. FIRST PRODUCT	11a. TRADE/BRAND NAME, MODEL
bath tub 0 6 1 1	unknown
10B. SECOND PRODUCT 1557	11B. TRADE/BRAND NAME, MODEL
bath seat ~~4 0 2 1~~	unknown

12. AGE OF VICTIM	13. SEX(Numerical code) Male -1 Female -2 Unknown-3	14. DISPOSITION	15. INJURY DIAGNOSIS
2 0 7	2	expired in hospital 8	submersion 6 9

16. BODY PART	17. RESPONDENT(S)	18. TYPE INVESTIGATION On Site 1 Telephone 2 Other 3	19. TIME SPENT
all parts 8 5	mother of victim 1	2	1 0 0

20. ATTACHMENTS	21. CASE SOURCE	22. REVIEWED BY	YR	MO	DAY
multiple 9	NEISS 0 3	8 0 0 7	9 5	0 6	1 4

23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only)

CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [X]

24. NARRATIVE(See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

MFR/PRIVILEGE 2/19/99

552(c)

(Use Other Side and Additional Sheets If Necessary)

An on-site was not conducted at an apartment which is part of post housing at a military base in Fort Benning, Georgia. Information in this report was provided by the mother of the victim. Information was also obtained from the attached Exhibit 2, Military Police Report provided by the sergeant with the Fort Benning Military Police Department. Attempts have been made to obtain photographs which were taken at the scene (copy of request attached as Exhibit 3). If received at a later date, they will be added as an addendum. Attempts have also been made to obtain a copy of the autopsy report conducted on the victim who died in the incident. If received, it will be added as an addendum.

PRE-ACCIDENT:

The mother of a 7-1/2 month old female and a 2 year, 3 month old female, states that at approximately 6:30 p.m. on 7/16/94, the father of the 2 children was in the process of bathing the girls in the bath tub at the post housing apartment. She stated she was at work at the time. She stated he put the children in the bath tub together and the 7-1/2 month old child was in a bath seat which had 3 suction cups on the bottom but there was no belt on the seat. She stated the oldest child (as best as she could remember) was on one end of the tub and the younger child was sitting in the bath seat in the middle of the tub. She stated the tub was a very old tub and the bottom was not flat. The mother described the 2 year, 3 month old child as being approximately 38 inches in height weighing 26 pounds and the 7-1/2 month old child as being approximately 2-1/2 feet in height weighing between 18 to 20 pounds.

According to the mother there were no unusual circumstances occurring and no one was under the influence of drugs or alcohol. She stated the 7-1/2 month old child was relatively active for her age and she was able to sit in the bath seat without assistance since she had been sitting alone since she was 4 months old.

The mother stated as her husband was bathing the children the phone rang and he went downstairs to answer the phone. The attached Exhibit 2 report page 4 describes the apartment as being a "two story multi-family dwelling combined with several other apartments which make up the building. The crime scene was identified as the second story bathroom of the quarters. The bathroom has an entry/exit way on the west wall which opens inward... The bathtub was noted to be approximately 5/6 full of water. The faucet was dripping water which could not be shut off...was clear enough to observe several toys...and a child seat inside. The water was warm to the touch and no unusual odors... noted. The drain level was positioned to stop up the bathtub to

retain water...Nothing unusual was noted at the scene...The temperature inside the bathroom was approximately 77 degrees Fahrenheit..."

The mother of the 2 children stated that while her husband was downstairs answering the phone he heard a cry. She stated that he went to the bathroom and saw that the 7-1/2 month old was face down in the water. She stated the child was still in the bath seat. She also stated there was no bath oil in the tub at the time.

The mother estimated the household income to be approximately $1,500 per month. She stated her husband has 2 years of college and she is a high school graduate.

ACCIDENT:

On 7/16/94, at approximately 6:30 p.m. a 7-1/2 month old female who was sitting in a bath seat in a bath tub drowned at the apartment where she lived in post housing at Fort Benning, Georgia. The victim was in the bath tub with her 2 year, 3 month old sister. The father who was bathing the children went downstairs to answer the phone and when he returned he reportedly found the 7-1/2 month old female face down in the water still sitting in her bath seat. The attached Exhibit 2 report received from the Military Police of Fort Benning, Georgia, indicates in part "...return he found...floating in the bath tub and began administering CPR until arrival of EMS..." According to the attached Exhibit 2 report the victim was pronounced dead at 0719 on July 17, 1994, at the hospital.

POST ACCIDENT:

The mother of the victim indicated when the victim's father found her face down he got her out of the water and called a neighbor and then 911 was called. She indicated efforts were tried to revive the victim and she was taken to the hospital. The mother stated since she was at work she met the father and the victim at the hospital. She stated the victim was taken to the hospital and then transported to another hospital where she died due to asphyxiation. She stated the victim did have an autopsy performed. Efforts have been made to obtain a copy of the autopsy report. If received, it will be added as an addendum to this report. The attached Exhibit 2 report states in part "...began administering CPR until arrival of EMS...was transported "...Hospital where she was treated and stabilized by Dr... She was later transported to the...where she was placed on life support systems. At 0719 on 17 Jul 94, the life support system was disconnected and...was pronounced dead..."

PRODUCT INFORMATION:

The product involved is a bath tub which was described by the sergeant with the Military Police as being a bath tub which was installed in the post housing project at the military base sometime during the 1930's. He had no manufacturing information to report on the tub.

The second product involved was described by the mother of the victim as being a "safety first swivel bath seat" which she stated was blue in color. She stated that she purchased the bath seat approximately 1-1/2 years prior to the time of the accident. She stated it was purchased at the PX on the base for $12.99. She stated the bath seat had 3 suction cups on the bottom but it had no belt in the seat. She stated the bath seat was destroyed after the incident occurred. The attached Exhibit 2 report received from the Military Police indicates in part "At 2100 16 Jul 94...collected the bathtub child's seat...from the water in the bathtub, which was recorded on a DA form 4137..." Attempts have been made to obtain photographs of the bath seat from the Military Police. If these photographs are provided at a later date, they will be added as an addendum to this report.

ATTACHMENTS:

Exhibit 1 - ACCIDENT INVESTIGATION REQUEST form with INDEPTH CATEGORY QUESTIONNAIRE attached.

2 - 6/7/95 letter from CPSC to Military Police requesting copies of investigation report, along with investigation report No. 02748-94 received in the ATL-SO from the Military Police.

3 - 6/13/95 letter to Criminal Investigation Division requesting photographs.

CHIO

950412HEP9017

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: NEISS

DATE OF INCIDENT: 940716 CATID: TYN14 1995
(NON-FATAL NEISS/NON-NEISS INCIDENT)

FOLLOW-UP REQUESTED HAZARD ANALYSIS (X) SECT 15 ( )

TYPE FOLLOW-UP TELEPHONE ( ) ON-SITE (X)

HEADQUARTERS CONTACT: Renae Rauchschwalbe, CECA 504-0608
Leonard Schachter, EPHA, 504-0470

ASSIGNMENT MESSAGE:

Please complete the investigation using Investigation Guidelines. 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.

For non-fatal incidents, please interview any parents or caregivers for the detailed sequence of events to the extent possible. Please collect all official documentation including paramedics reports, police investigation, social worker's reports, and any medical treatment records. Determine type of treatment administered and patient disposition following the emergency room treatment.

Person(s) to Contact: [redacted]

Guidelines: ~~110~~ 111 Bathtu[redacted]onths Old

Task Number: 950412HEP9017 Date: 4/27/95

Assigned to: CHIO Requested by: [illegible]

CPSC Form 324A (10/94)

Ex. 1

950412HEP9017

***** INDEPTH CATEGORY QUESTIONNAIRE *****

*
*
*
*
*See special questionnaire or Linda Smith

***** INDEPTH ASSIGNMENT MESSAGE *****

TASK NUMBER : 950412HEP9017
OFFICE : CENQ
CATEGORY : TYSN141995
HOSPITAL : 3A831022 MARTIN ARMY,FT.BENNING,GA
TREATMENT DATE : 940716
COLLECTION DATE: 940719
RECORD NUMBER : 23982677
AGE : 207 7 MONTHS
SEX : 2 FEMALE
DIAGNOSIS : 69 SUBMERSION
BODY PART : 85 ALL PARTS OF BODY
DISPOSITION : 2 TRANSFERRED
FIRST PRODUCT : 0611 BATHTUBS OR SHOWERS
SECOND PRODUCT : 0000 NO SECOND PRODUCT INVOLVEMENT
THIRD PRODUCT : 0 CLOSURE TYPE UNKNOWN OR N.A. & 3RD PROD NOT INVOLVED
LOCALE : 1 HOME
F/M VEHICLE : 0 NO MOTOR VEHICLE; NO FIRE INVOLVEMENT
OCCUPATIONAL : 2 INJURY NOT OCCUPATIONAL OR WORK-RELATED

***** NEISS COMMENT *****

PARENT WALKED OUT OF BATHROOM WHILE CHILD WAS IN TUB AND WHEN HE RETURN
ED CHILD WAS UNDER WATER AND NOT BREATHING

PAGE: 2
PAGE: 3
PAGE: 4
PAGE: 5
PAGE: 6

[redacted]
Ft Benning, GA 31905
[redacted]

Died later in Hospital

950412HEP9017

1 CASE NO.	2 INVESTIGATOR'S ID	3 OFFICE CODE	EPIDEMIOLOGIC INVESTIGATION REPORT
950412HEP9017			

4 DATE OF ACCIDENT (Y M D)	5 DATE INVESTIGATION INITIATED (YR MO DAY)
940716	

6 SYNOPSIS OF ACCIDENT OR COMPLAINT

7 LOCATION (HOME,SCHOOL,ETC.)	8 CITY	9 STATE

10 FIRST PRODUCT	11 TRADE/BRAND NAME MANUFACTURER & ADDRESS
0611	

SECOND PRODUCT	TRADE/BRAND NAME MANUFACTURER & ADDRESS
0000	

12 AGE OF VICTIM	13 SEX (1-M,2-F,3-UNK)	14 DISPOSITION	15 INJURY DIAGNOSIS
207	2		69

16 BODY PART	17 RESPONDENT(S)(MOTHER,FRIEND)	18 TYPE INVESTIGATION (1-ONSITE,2-PHONE,3-OTHER)	19 TIME SPENT
85			

20 ATTACHMENTS	21 CASE SOURCE	22 REVIEWED BY:
	03	DATE(YMD) :

23 NARRATIVE (MORE DETAIL MAY BE INCLUDED ON SEPARATE PAGES)

APPROVED FOR USE THROUGH 5/31/97 OMB NO. 3041-0029

CATEGORY ID: TYSN141995

TASK NUMBER: 950412HEP9017

PAGE: 1

U. S. CONSUMER PRODUCT
SAFETY COMMISSION
ATLANTA SATELLITE OFFICE
401 WEST PEACHTREE STREET, N.W.,
SUITE 1600
ATLANTA, GEORGIA 30308
(404) 730-2870
(404) 730-2878 FAX

950412HEP9017

TO: Sgt. Cooley, Ft. Benning, Ga.

FAX #: 706-545-7455

FROM: Jeannie Barrett, ATL-50

DATE: 6/7/95

RE: Request for investigation report for Sierra Thompson

PAGES: 1, + cover sheet

NOTES:

Ex. 2

950412HEP 9017

June 7, 1995

Sgt. Eddie Cosby
Military Police
Building 215
Ft.Benning, Georgia 31905

Dear Sgt. Cosby:

The U.S. Consumer Product Safety Commission is involved in the study of injuries, accidents and complaints involving many consumer products. Information gathered from fire departments, medical examiners, gas companies, electric companies, insurance companies and coroners helps make us aware of product hazards, and aids us in preventing product-related accidents and injuries.

We would appreciate your office providing the undersigned a copy of the following report:

Investigation *Report*

Victim/Occupant: [redacted]
Address:
Ft. Benning, Georgia 31905

Date of Incident : 7/16/94

Product Involved : bathtub

Any additional information that your office could provide will be appreciated. If there are any questions, please call me at (404)730-2870. The fax number is (404)730-2878.

Sincerely,

Jimmie L. Barrett

Jimmie L. Barrett
Product Safety Investigator

U.S. CONSUMER PRODUCT SAFETY COMMISSION

401 West Peachtree St. N.W., Suite 1600 ▪ Atlanta, Georgia 30308
(404)730-2870 ▪ (404)730-2878 fax

Ex. 2

950412AEP 9017

DATAFAX HEADER SHEET

DATE 950607

NO. OF PAGES (including header sheet) 5

HEADQUARTERS
MILITARY POLICE ACTIVITY
(ATZB-MP)
FORT BENNING, GEORGIA 31905

	NAME	OFFICE SYMBOL	OFFICE PHONE	DATAFAX PHONE
TO	Jimmie L. Barrett		404/730-2870	404/730-2878
FROM	SFC Eddie Cosby		706/545-4376	DSN 835-7445 835-7455 (706) 545-7445
CONFIRMATION NUMBER:				

REMARKS:

This is this information requested Ref: Sueria Thompson.

UNCLASSIFIED DATA ONLY

Ex. 2

02748-94 950412 HEP9017 (CID)

MILITARY POLICE REPORT For use of this form, see [redacted] the proponent agency is [redacted]	MILITARY POLICE REPORT NUMBER ~~02737-94~~	DATE 940716	USACRC CONTROL NUMBER

THRU:	TO:	FROM:

1. REPORT TYPE/STATUS: [X] Information [ ] Commander's Action (DA Form 4833) [ ] Supplemental [ ] Complaint

2. EVALUATION: [X] Criminal Offense [ ] Military Offense [ ] Traffic Offense [ ] Founded [ ] Unfounded [ ] Information

3. COMPLAINT/OFFENSE/INCIDENT (See Reverse/Attached for Summary)	4. LOCATION (Address) [X] On Post [ ] Off Post	5. TIME OF OFFENSE	6. DATE OF OFFENSE
NEGLIGENT HOMICIDE ART 119 UCMJ	[redacted] Fort Benning, Ga 31905	1910	940716
7. OFFENSE CODES 5H9	8. COMPLAINT RECEIVED BY DESK/SGT PETERMAN	9. TIME RECEIVED 1910	10. DATE RECEIVED 940716

11. MP ACTION REFERRED TO: [X] MPI [X] CID [ ] Civil Authorities [ ] Traffic [ ] Other (Specify) INV LANE / SA HILL 1910 — a. DATE REFERRED 940716

12. NAME OF SUBJECT	a. GRADE	b. ORGANIZATION (Include address and telephone number)
THOMPSON, PAUL W.	SPC	HHC 3/75th Ranger Regt Fort Benning, Ga 31905

c. SSN	d. PLACE OF BIRTH	e. DATE OF BIRTH
	Decatur, AI	691126

f. CAT (1)	g. COLOR HAIR	h. COLOR EYES	i. WEIGHT	j. HEIGHT	k. AGE	l. JUVENILE	m. SEX
A	BRN	BLU	145lbs	71"	24	[ ] Yes [X] No	[X] Male [ ] Female

n. COMPLEXION	o. RACE (2)	13. INVOLVEMENT	14. DRESS	15. COOPERATIVE	16. IDENTIFYING MARKS
FAIR	C	[ ] Alcohol [ ] Drugs	[ ] Uniform [X] Civilian	[X] Yes [ ] No	NONE VISIBLE

17. PERSONS RELATED TO REPORT (Place Additional Entries on Reverse/Attached)

a. NAME	b. GRADE	c. SSN	d. ORGANIZATION/ADDRESS/TELEPHONE NO.	e. (1)	f. (2)
M/C/24 [redacted] 69	SGT		B Company 1/18th Fort Benning, Ga 31905	A	B
[redacted] 27 Nov 93	FM/D		[redacted]	C	C
[redacted]	FM/W		[redacted]	C	B
[redacted] 2 Aug 69	FM/W		[redacted]	C	B
[redacted] 60	FM/W		[redacted]	C	B
[redacted] Dec 61	INV		[redacted]	A	E

18. PROPERTY DATA

a. DATE	b. (4)	c. (5)	d. AMOUNT

19. DISPOSITION OF

a. OFFENDER

b. EVIDENCE: NONE TAKEN

ENCLOSURES

DISTRIBUTION

FOR THE COMMANDER (Strike out if not applicable)

TYPED NAME, RANK AND TITLE OF REPORTING OFFICER

SIGNATURE

(1) CATEGORY	(2) RACE	(3) STATUS	(4) PROPERTY TYPE	(5) PROP ACTION
A-Army, B-Other Service, C-Family Member, D-DA Civilian, E-Civilian, F-Contractor, G-Other Govt Empl, H-FBN Natl Empl, I-Other FBN Natl, J-Other	R-Red, M-Yellow, N-Black, C-White, H-Hispanic, X-Other	A-Not Used, B-Witness, C-Victim, D-Complainant, E-Military Police, F-Civil Authorities, G-Sponsor	A-Govt Prop/Funds, B-Govt Vehicle, C-NAF Prop/Funds, D-NAF Vehicle, E-Private Property, F-Private Vehicle, G-Host Govt Prop/Funds, H-Host Govt Vehicle	A-Lost, B-Stolen, C-Recovered, D-Damaged

DA FORM 3975, MAY 1986 EDITION OF JAN 74 IS OBSOLETE

Ct. 2

950412HEP9017

INVESTIGATION REVEALED THAT THOMPSON, PAUL WHILE GIVING HIS DAUGHTER A BATH, LEFT THE ROOM TO ANSWER THE PHONE. HE LATER RETURNED WHEN HE DID NOT HEAR THEM PLAYING, ONLY TO FIND HIS 7 MONTH OLD DAUGHTER FLOATING IN THE BATH TUB. DAVIS, J. AND USHER, Y. (NEIGHBORS) STARTED CPR A FEW MINUTES LATER. 61 (INV LANE) ARRIVED ON THE SCENE AND RELEAVED USHER, Y. PERFORMING CPR UNTIL EMERGENCY RESCUE PERSONNEL ARRIVED. RESCUE PERSONNEL REVIVED THOMPSON, SIERRA R. AND TRANSPORTED HER TO MARTIN ARMY HOSPITAL WHERE SHE WAS TREATED BY DR. (MAJ) LOCKE. AFTER STABILIZING THOMPSON, SIERRA., SHE WAS TRANSPORTED TO COLUMBUS MEDICAL CENTER FOR FURTHER TREATMENT. INVESTIGATION TO BE CONTINUED BY MPI OR CID.

Investigation revealed that [redacted], while giving his seven ~~month~~ month old daughter a bath, left her unattended while he went downstairs to answer the telephone. Upon [redacted] return he found [redacted] floating in the bathtub and began administering CPR until arrival of EMS. [redacted] was transported to Martin Army Community Hospital where she was treated and stabilized by Dr (MAJ) Locke. She was later transported to the Medical Center, Columbus, GA where she was placed on life support systems. At 0239 on 17 Jul 94, the life support system was disconnected and [redacted] was pronounced dead by the Chattahoochee County Coroner [redacted]. P. was apprehended, processed and later released to his unit on DD Form 629. Investigation continues by CID

EX. 2

9 50412-HEP9017

the bathtub. She would also sometimes leave the children in the car, on a hot day, while she unloaded the groceries from the car, and would put them away in the cupboards before she would assist them in getting out of the car.

3. INTERVIEW OF SUSPECTS:

3.1 SPC THOMPSON: At 0925, 17 Jul 94, SA HILL advised SPC THOMPSON of his rights, which he waived, and rendered a sworn written statement (Exhibit 8), admitting that he left his two daughters in the bathtub alone to answer his telephone.

4. CRIME SCENE EXAMINATION: At 2041, 16 Jul 94, SA HILL conducted an examination of US Government quarters 939-G, Kilgore Street, Fort Benning, GA 31905.

4.1 Characteristics of Scene: Quarters 939-G is a two story multi-family dwelling combined with several other apartments which make up the building. The crime scene was identified as the second story bathroom of the quarters. The bathroom has an entry/exit way on the west wall which opens inward. At the southeast corner is the toilet. North of the toilet is the bathroom sink. Flush with the north wall is the bathtub, extending from the east wall to the west wall. The bathtub was noted to be approximately 5/6th full of water. The faucet was dripping water which could not be shut off.

Ex. 2

0516-94-CID013 - 33846

950412-HEP90M

clear enough to observe several toys, hair ribbon and a child's seat inside. The curtain was also hanging inside the tub from the shower the water was warm to the touch, and no unusual odors noted. The bathroom was reasonably lit. The drain lever positioned to stop up the bathtub to retain water.

4.2 Condition of Scene: Nothing unusual was noted at the scene.

4.3 Environmental Conditions: The temperature inside the bathroom was approximately 77 degrees Fahrenheit.

4.4 Factors Pertinent to Entry/Exit: Entry to and exit from the crime scene was apparently through the bathroom doorway, which was unsecured and open at the time of the examination.

4.5 Scene Documentation: A crime scene sketch (Exhibit 1) was prepared by SA HILL. Photographs of the scene were exposed by SA HILL utilizing a Canon AE-1 35mm camera, Scotch 100 ASA color film, 50mm macro lens and a flash attachment. The photographs depict the area in the living room where the child was resuscitated and the bathroom where the child allegedly drown.

AGENT'S COMMENT: Photographs of the scene did not depict anything of evidential value, therefore, were not processed.

4.6 Collection of Crime Scene Evidence: At 2100, 16 Jul 94, SA HILL collected the bathtub child's seat (Exhibit 10), from the water in the bathtub, which was recorded on a DA Form 4137, Evidence/Property Custody Document, Document No. 416/94 (Exhibit 9).

4.7 Search for Latent Impressions: Based on the nature of the offense, and circumstances surrounding it, a search for latent impressions was not conducted.

5. OTHER COORDINATION:

5.1 At 0415, 17 Jul 94, SA HILL was notified by DOD PETERMAN that Mrs Barbara CHANCELLOR, Coroner, Chattahoochee County, Columbus, GA, advised that Miss S. THOMPSON was currently on life support at the Columbus Medical Center, Columbus, GA, and that medical authorities were preparing to discontinue the life support.

5.2 At 0736, 17 Jul 94, SA HILL coordinated with Ms CHANCELLOR, who advised that the child had been disconnected from life support and was pronounced dead at 0719, 17 Jul 94, by Dr Sundari RAJU, Medical Center, Columbus, GA.

6. OTHER INTERVIEWS:

EX. 2

CONSUMER PRODUCT
SAFETY COMMISSION
ATLANTA SATELLITE OFFICE
401 WEST PEACHTREE STREET, N.W.,
SUITE 1600
ATLANTA, GEORGIA 30308
(404) 730-2870
(404) 730-2878 FAX

950412HEP9017

TO: Special Agent Reggie Fray Ft. Benning, Ga.

FAX #: 706-545-5271

FROM: Jimmie Barnett, CPSC

DATE: 6/13/95

RE: Request for report of Photographs for Sierra Thompson Victim

PAGES: 1, + cover sheet

NOTES:

Ex. 3

950412HEP9017

June 13, 1995

Special Agent Reggie Ray
Criminal Investigation Division
Ft. Benning, Georgia 31905

Dear Special Agent Ray:

The U.S. Consumer Product Safety Commission is involved in the study of injuries, accidents and complaints involving many consumer products. Information gathered from fire departments, medical examiners, gas companies, electric companies, insurance companies and coroners helps make us aware of product hazards, and aids us in preventing product-related accidents and injuries.

We would appreciate your office providing the undersigned a copy of the following report:

Investigation *Report* along with any other information including crime scene photos (Military Police Report 0516-94-CID013-33846)

Victim/Occupant: [redacted]
Address: [redacted]
[redacted], Georgia 31905

Date of Incident : 7/16/94

Product Involved : bathtub and bath seat

Any additional information that your office could provide will be appreciated. If there are any questions, please call me at (404)730-2870. The fax number is (404)730-2878.

Sincerely,

Jimmie L. Barrett
Product Safety Investigator

U.S. CONSUMER PRODUCT SAFETY COMMISSION

401 West Peachtree St. N.W., Suite 1600 • Atlanta, Georgia 30308
(404)730-2870 • (404)730-2878 fax

EX. 3