

Vihstadt, Maureen

Called BX  
11/25

See pending settlement

# Osco Drug

Count on people who care.

November 1, 1988

RECEIVED  
NOV 07 1988  
DAVID CHARLES COMPANY

Osco Drug, Inc.  
3030 Cullerton Drive  
Franklin Park, IL 60131-2299  
(312) 455-8300

WRITER'S DIRECT LINE  
455-8300 - Ext. 303

Foremost Furniture  
128112 Valley View Street #37  
Garden Grove, CA 92645  
Attn: Manager/Consumer Complaint Dept.

*Cathy*  
*Please advise*  
*Foremost and*  
*send out what*  
*they want to*  
*do. Thanks*  
*Chuck*

Regarding: Product Complaint  
Product: Foremost VCR Cart #4551  
Date: 1024/88  
Customer: Ms. Maureen Vihstadt  
6404 Pine Park Place  
Albuquerque, New Mexico 87109  
505/821-6216

505-821-6216  
1052

Dear Madam/Sir:

Our Osco Drug Store located at 825 Wyoming, NE, Albuquerque, New Mexico, 87109, telephone # 505/821-5464 has reported a product complaint involving Foremost VCR Cart #4551 and the above-captioned customer.

According to the information received, our customer reported that the shelf on the cart broke and fell. The screws holding the shelf remained in the wall of the cart and as the television fell, the television was scratched by the protruding screws. The shelf and television then fell onto the VCR, thus denting the VCR. This cart was purchased on 9/27/86. Please be advised that our store has retained the left over product for your inspection.

We trust that you will contact our customer at your earliest convenience, and that you will keep this office informed as to any further developments on this claim.

Sincerely,

Linda Schweigert  
Claims Administration Specialist

LS:sh:0052M/91

cc: General Manager. Osco 2223

NOV 11

57

Mr. Betty, Claims

From Kathy Grieser  
Sauderwood, 112190

Anne P. Haay

914 Hollybrook DR

Langhorne PA 19047

215 750-1764

To whom it may concern, on 12-8-89 my T.V. stand, bought eight months prior # 4551, price \$44.99 collapsed with my 19" color portable T.V. Retail price <sup>series</sup> 319.00 pictures included. I had my son in law staying for 2 weeks from Jersey, he happened to be in front of the stand when it collapsed his right leg has a 3" tear. He kept to go home the next day, consequently I have no T.V. no stand a hole in my wall wallpaper torn. I have contacted the Clover store. where I bought the stand and they refered me to you. I look forward to hearing from you Sincerely.

Anne P. Haay

4551

1  
DATE 6/26/89

SALESMAN \_\_\_\_\_

ACCOUNT \_\_\_\_\_

DISCUSSION OR COMMITMENTS MADE \_\_\_\_\_

*Dixie Electronic*

*Needle Appliance - 5/29/89*

*4551 - shelf broke + TV fell*

*June 9 - 80.35*

EFFECTIVE \_\_\_\_\_

*Larry Bradner  
w/ read into*

SALESMAN COMMISSION OR PARTICIPATION \_\_\_\_\_

CONFIRM IN LETTER  YES  NO

SIGNED \_\_\_\_\_ *459*

**GAB**

June

DATE

<input type="checkbox"/> RECORDED DIRECT <input checked="" type="checkbox"/> RECORDED TELE.	CO. CLAIM NO.	INSURED Channel Am Ctrs	GAB FILE NO. 10905-35804
NAME OF PERSON BEING INTERVIEWED Rose Wallace		SOCIAL SECURITY NO. 145-56-8215	WHERE INTERVIEWED Tot Office
ESS 1061 Main St		<input type="checkbox"/> WITNESS <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> CLAIMANT <input type="checkbox"/> OTHER	
PREVIOUS ADDRESSES Paterson NJ   07503		RELATIVES AND ORGANIZATIONS THAT CAN ALWAYS LOCATE PERSON INTERVIEWED	
AGE 42	HEIGHT 5'0"	WEIGHT	HAIR Bro
OCCUPATION housew. Fe		WAGE	EMPLOYER
EMPLOYERS ADDRESS		PHONE	
		<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
		NAME OF SPOUSE Walter	

<b>INFORMATION IN RECORDING</b>	RESUME OF INTERVIEW I dont remember the exact date of the accident! we purchased the TV stand. My husband assembled it together. It appeared to be solid we put the V.C.R in the middle shelf and a 19" TV on the top shelf. The TV was fairly modern and weighed approx 20-25 lbs I was able to pick it up myself. I didn't have any other items on the top shelf. Approx 1 week after assembly and putting the TV & V.C.R into place, I had gotten up to change the channels. As I was doing so the shelf just broke and fell down. The TV fell on the V.C.R and then to the floor, striking my leg. I was alone, but as soon as she heard the noise my daughter came to see what had happened. The stand was not met at time. I didn't inspect stand to see if the pegs had broken. The pegs were thrown as
	BODILY INJURIES AS RELATED BY PERSON INTERVIEWED (DESCRIBE)
	DOCTOR'S NAME
	ADDRESS
	PROPERTY DAMAGE
	WITNESSES
	ADDRESSES
	ADJUSTERS GENERAL COMMENTS Insit TV stand broke, damaging T.V. & V.C.R.R
	ADJUSTERS NAME John Kaiser
	BRANCH GAB

460

RECORDED STATEMENT SUMMARY

GAB

June 23, 1989

<input type="checkbox"/> RECORDED DIRECT	CO. CLAIM NO.	INSURED	GAB FILE NO. 10905-35804	
<input type="checkbox"/> RECORDED TELE	NAME OF PERSON BEING INTERVIEWED		SOCIAL SECURITY NO.	WHERE INTERVIEWED
ADDRESS			<input type="checkbox"/> WITNESS <input type="checkbox"/> INSURED <input type="checkbox"/> CLAIMANT <input type="checkbox"/> OTHER PHONE	
PREVIOUS ADDRESSES		RELATIVES AND ORGANIZATIONS THAT CAN ALWAYS LOCATE PERSON INTERVIEWED		
AGE	HEIGHT	WEIGHT	HAIR	EYES
				<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
OCCUPATION		WAGE	EMPLOYER	
EMPLOYERS ADDRESS			PHONE	

INFORMATION IN RECORDING	RESUME OF INTERVIEW
	My husband threw away the T.V. MV VCR
	was \$450.00 AND THE TABLE WAS 39.00
	THE TV \$299.00
BODILY INJURIES AS RELATED BY PERSON INTERVIEWED (DESCRIBE)	
DOCTOR'S NAME	ADDRESS
PROPERTY DAMAGE	
WITNESSES	ADDRESSES
ADJUSTERS GENERAL COMMENTS	
ADJUSTERS NAME	BRANCH

Y61

PRODUCT SAFETY INCIDENT REPORT

Unit Model #: 4551

Date: 12/17/96

Reported by phone or letter (please attach letter): Phone & letter

Person reporting incident:

Name: Stanley Jones

Address: 11255 Charlemagne

Apt 7

Detroit, MI 48213

Phone: 313-521-4685

Where incident happened (store, home, etc.): Home

Description of incident: Bought stand from Builders Square on 11/29/96. Constructed T.V. according to inst. TV cost very wobbly - T.V. delivered on 12/3/96 TV weighed 88 lbs. T.V. tipped over & broke on Friday 12/16/96. (Back never on unit per Buil

Who assembled unit (store, consumer, etc.): Consumer  
Cust getting T.V. repair est 12/18/96

Resolution of problem: \_\_\_\_\_

Person taking report: Maria

Checklist:

1. Are photos available?
2. Are any materials (wood parts, hardware, etc.) being returned for inspection? If so, how?

462



Bradley...

4551

X

DATE 7/9/87

SALESMAN \_\_\_\_\_

ACCOUNT \_\_\_\_\_

DISCUSSION OR COMMITMENTS MADE \_\_\_\_\_

Roy Bradley 216-884-7440

6871 Ames Rd until 3:00 everyday

Apt 209

Parma Ohio 44129

4551 broke damaging TV/ver

Gold Circle #35 returning 4551 to Mike Short

lock was not put on picture.

EFFECTIVE \_\_\_\_\_

SALESMAN COMMISSION OR PARTICIPATION \_\_\_\_\_

CONFIRM IN LETTER  YES  NO

SIGNED Kg

464





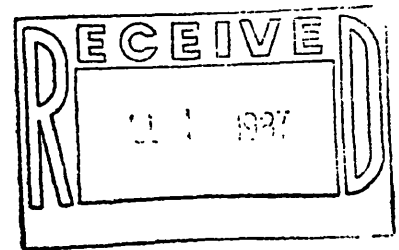
Gold Circle Stores  
P.O. Box 63, 6121 Huntley Road  
Worthington, Ohio 43085-0063

614/438-4141

July 9, 1987

Kathy Greiser  
Sauder Woodworking Company  
502 Middle Street  
Archbold, Ohio 43502

RE: TV/VCR Cart  
Style 4551



Dear Kathy:

Per our telephone conversation on July 8, 1987 this will confirm that you will contact the person regarding a problem he experienced with the above captioned:

Roy Bradley  
6871 Ames Road Apt. 209  
Parma, Ohio 44129  
(216) 884-7440

Mr. Bradley states that he had a TV, VCR, and stereo on the cart. He went to move the cart and the cart folded. He states that where the screws were, the wood was shattered. Mr. Bradley said he sustained damage to his VCR and to his stereo turntable.

Your prompt assistance in resolving this matter is greatly appreciated.

Sincerely,

Teresa Pinney  
Risk Management Specialist

TJP/bao

cc: Tim Schwirtz  
Phil Terry  
Louise Jones  
Roy Bradley

465

KATHY GRIFFIN,

I THINK THE CUSTOMER ASSEMBLED THE #4551 INCORRECTLY + INCOMPLETELY.

A) THE BACK WAS NOT NAILED ON, WHICH GIVES THE UNIT EXTRA SUPPORT.

B) BOTH THE TOP + BOTTOM SHELVES WERE APPARENTLY ASSEMBLED BACKWARDS, WHICH MADE THE ASSEMBLY SCREWS START THROUGH OWN HOLES APPROXIMATELY  $1\frac{1}{4}$ " FROM THE CORRECTLY BORED PRE-DRILLED HOLES. THIS CAUSED THE SHEET TO SPLIT + BECOME WEAK.

MIKE STORF  
Product Eng.

4/06



THE STOP & SHOP  
COMPANIES, INC.  
P.O. BOX 369, BOSTON, MA 02101

May 17, 1988

Tausey Golden Sales  
710 Turnpike Street  
Stoughton, MA 02072

RE: Mrs. Berman  
24 Lafayette Drive  
New City, NY 10956  
914-638-2094

Gentlemen:

Please be advised that the above-captioned customer reported an incident to us regarding a Sauder TV Stand. The customer claims that on April 25, 1988 she came home and the stand broke and damaged her 27" Sony TV.

We wish to call your attention to the indemnification provision of the purchase agreement you have with us. We request that you assume full responsibility for this complaint and handle it to a conclusion.

We believe our customers are the most important persons in our business and we expect them to be treated accordingly. In product complaints such as this we rely upon you to contact the customer upon receipt of this notice.

We would appreciate written acknowledgement of this letter so we may complete and close our file.

Very truly yours,

THE STOP & SHOP COMPANIES, INC.

*Raymond Bucci, Jr.*  
Mr. Raymond Bucci, Jr.  
Corporate Insurance Manager  
617-770-8253 *kaa*

DMG/kaa/2

Enclosure

CC: Mrs. Berman

467



THE STOP & SHOP  
COMPANIES, INC.  
PO BOX 309, BOSTON, MA 02101

May 16, 1988

Mrs. Berman  
24 Lafayette Drive  
New City, NY 10956

Dear Mrs. Berman:

We are indeed sorry to hear of the unfortunate incident you had on April 25, 1988 with the tv stand you purchased at our store.

Since this responsibility belongs to Tausey Golden Sales, we are referring this matter to them for their prompt attention. We have requested that they contact you regarding this incident.

We appreciate you shopping at our stores and apologize for any inconvenience this incident has caused you.

Very truly yours,

THE STOP & SHOP COMPANIES, INC.

*Raymond Bucci, Jr.*

Mr. Raymond Bucci, Jr.

Corporate Insurance Manager  
617-770-8253

*kaa*

DMG/kaa/1

Enclosures

CC: Tausey Golden Sales

*460*

*Berman*

**Tausey  
Golden**  
SALES ASSOCIATES

710 TURNPIKE STREET, STOUGHTON, MA 02072

(617) 341-0400

FAX # (617) 344-5488

*Betty*

May 19th, 1988

Mrs. Berman  
24 Lafayette Drive  
New City, NY 10956

Dear Mrs. Berman:

*Bob - Supia  
Red - ...*

We are in receipt of your complaint to Bradlees Department Stores. Since we are only the agents for the manufacturer, we have forwarded all of your correspondence directly to Sauder Woodworking.

I can foresee no delay in your receiving an acknowledgement from them.

Sincerely,

TAUSEY/GOLDEN SALES ASSOCIATES

*Ed. Tausey*  
EDWARD TAUSEY

ET/etf

cc: Mr. Raymond Bucci, Jr.  
Mr. Ross Wyse ✓

MAY 21 1988

469



Sauder Woodworking Co.  
502 Middle Street  
Archbold, OH 43502

419-446-2711

Enclosed please find the following information in response to the U.S. Consumer Product Safety Commission letter of March 10, 1998, CPSC CA980039, regarding Sauder Woodworking Co. model #3304. Reference to 16 CFR 1115.13(d) (1-14) and/or additional information from question 15 is noted after response.

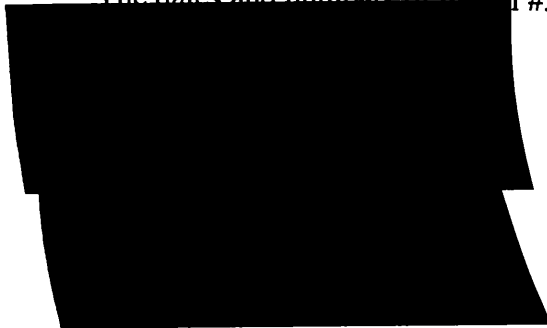
1. Catalogue sheet, instruction booklet, and carton graphics for model #3304  
16 CFR 1115.13(d) (3), 15 (d), and 15 (f)

2. **CONFIDENTIAL**

Drawings and material speculations for model #3304.  
16 CFR 1115.13(d) (10) and 15 (c)

3. **CONFIDENTIAL**

The dates and numbers of model #3304 units manufactured - 16 CFR 1115.13(d) (7 & 8)



FOIA  
CPSC  
(b)(1)  
(b)(2)

4. The UPC Code for model #3304 is 0-42666-03304-6  
15 (g)

5. **CONFIDENTIAL**

Copies of the reported occurrence for Sauder Woodworking Co. model #3304  
The resolution shows no action because the customer failed to respond.  
16 CFR 1115.13(d) part (6) and 15 (a)

6. Last production date for model #3304 was May 1997.  
This model is discontinued with no plans for additional production.  
16 CFR 1115.13(d) (7 & 8)

470

# The Sugar Creek Collection

Rustic Spiced Pine Finish

12h

## 3304

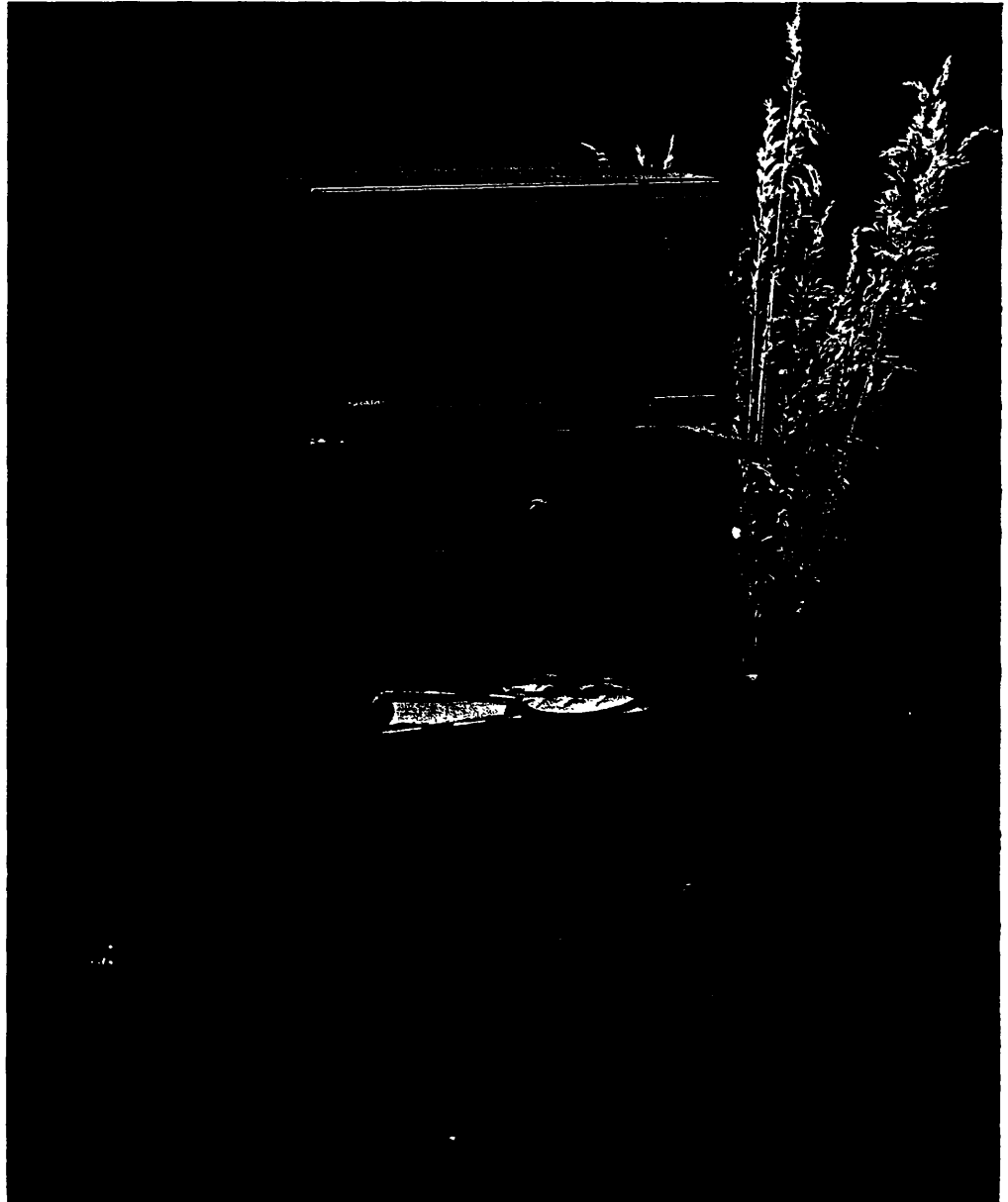
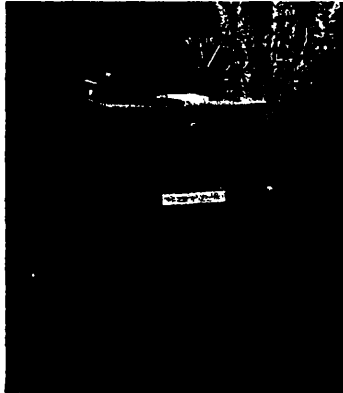
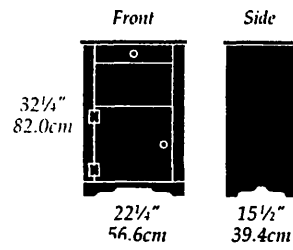
## Utility Stand

Reversible door offers a choice of embossed wheat design or plain surface

Wood pulls and hammered-look hinges emphasize its rustic charm

Drawer has metal runners and safety stops

Sauder concealed fastener assembly system



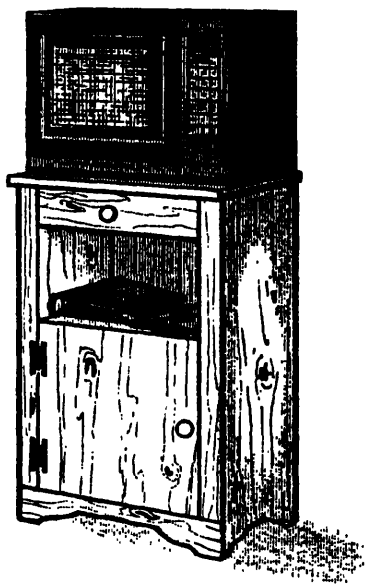
**SAUDER**  
woodworking

1071

**SAUDER**<sup>®</sup>  
woodworking

**3304**

**UTILITY CART**  
PART of the  
**SUGAR CREEK COLLECTION**



If you find a part, or parts,  
missing or defective, or if you're  
having trouble assembling your  
new piece of furniture, call this  
toll-free number:

**1-800-523-3987**

Monday thru Friday, 7:00 AM - 11:00 PM  
Eastern Time

Saturdays, 9:00 AM - 5:00 PM

(Except holidays)

Before calling, have your furniture  
model number available.

Any other correspondence concerning  
our product should be sent directly  
to our Service Manager at:

Sauder Woodworking Co.  
502 Middle St.  
Archbold, OH 43502

472

**\*3304 Completed Assembly**  
**Simulated Woodgrain Finish**  
**on Particleboard**



66" Cyl. ◀

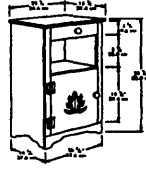
(103304)

Sauder

May 1992

CGC 305807-155-13

SAUDER®  
UTILITY STAND  
Model No. 3304  
Spiced Pine Finish



**Mfg. No. 103304**  
Call free number for assembly questions enclosed  
see warranty information inside

22 1/2" L x 15 1/2" D x 32 1/2" H  
56.61 x 39.40 x 82.01

# UTILITY STAND

- Door features decorative wheat design or can be reversed to display a plain surface
  - Wood pulls and hammered-look hinges
  - Drawer has metal runners and safety stops
  - Sauder concealed fastener assembly system
  - Comes ready to assemble
  - Las instrucciones estan en español tambien!
- Solid construction-built to last  
Satisfaction guaranteed  
From the Sugar Creek Collection  
Spiced Pine Finish

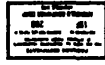
Model No. 3304

**Model No. 3304**  
**Mfg. No. 103304**

**SAUDER®**  
woodworking

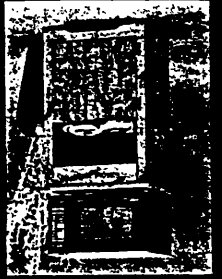
SAUDER®  
woodworking

Model No. 3304  
UTILITY STAND  
Spiced Pine Finish



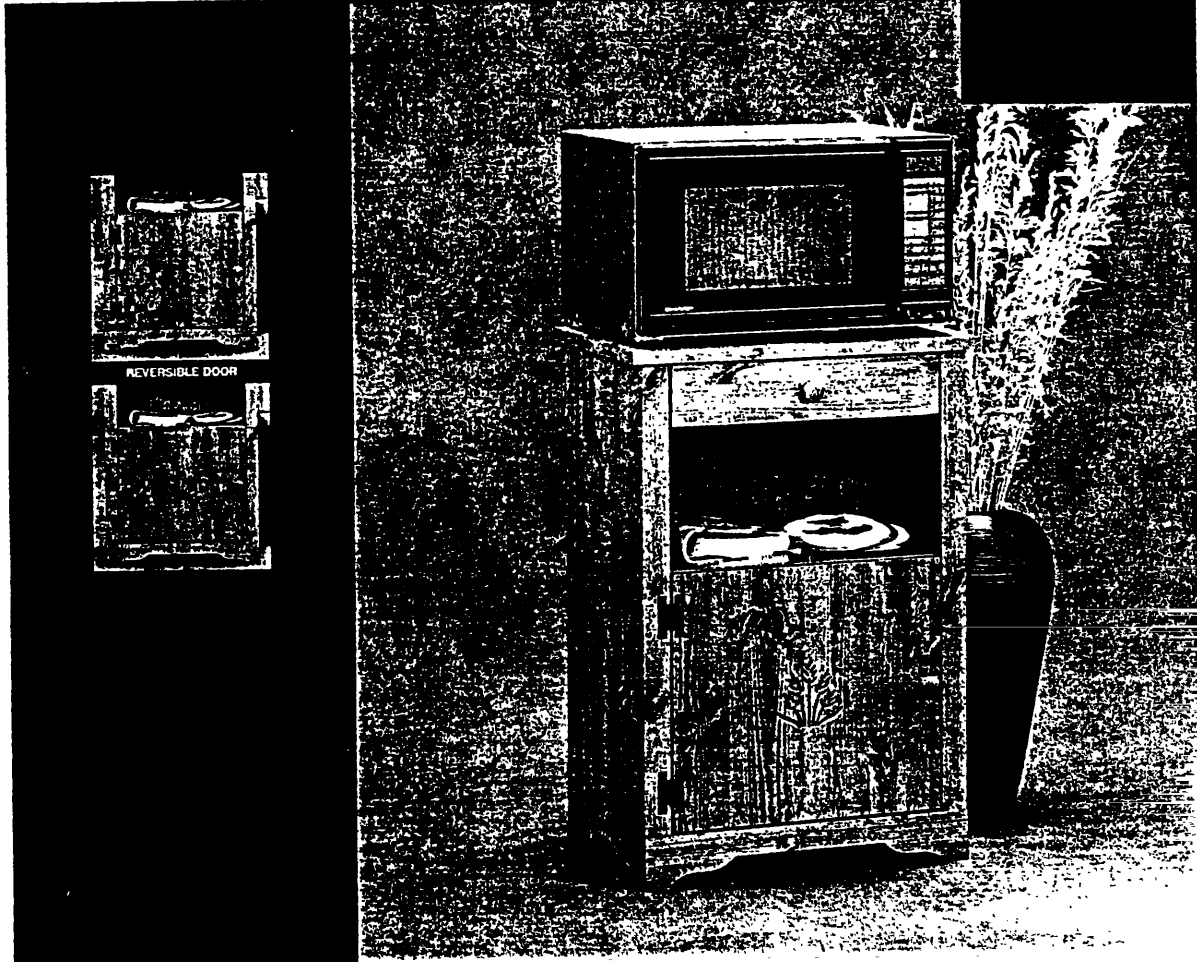
Handwritten signature or initials.

UNDER NO CONDITIONS OR CIRCUMSTANCES WILL ANY RESPONSIBILITY BE ASSUMED BY OUR COMPANY FOR HOLDING, PRINTING PRESS, MISSING AN INSERTION DATE OR FOR QUALITY OR ACCURACY IN ACTUAL PRINTING OR CUTTING OPERATIONS. SHOULD OUR WORK BE UNSATISFACTORY OR INCORRECT UPON YOUR INSPECTION, OUR RESPONSIBILITY IS LIMITED TO THE CORRECTION OF INCORRECT PLATES OR CARDS, AND WILL CEASE IMMEDIATELY.



# UTILITY STAND

Solid construction-built to last • Satisfaction guaranteed-see warranty information inside. • Assembly required. From the Sugar Creek Collection in Spiced Pine finish.



REVERSIBLE DOOR

# UTILITY STAND



# UTILITY STAND

Solid construction-built to last • Satisfaction guaranteed-see warranty information inside. • Assembly required. From the Sugar Creek Collection in Spiced Pine finish.

Model No. 103304 Model No. 3304



Model No. 3304



# UTILITY STAND

Solid construction-built to last • Satisfaction guaranteed-see warranty information inside. • Assembly required. From the Sugar Creek Collection in Spiced Pine finish.

Handwritten text: 174 5-20-77

1. TASK NUMBER 970918HCC1491		2. INVESTIGATOR'S ID 8652		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. OFFICE CODE 800	4. DATE OF ACCIDENT YR MO DAY 97 06 15	5. DATE INITIATED YR MO DAY 98 01 06		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT <span style="float: right;">UPC</span> A six month old female died of head injuries suffered when a television set fell off a TV stand, while it was being moved, and fell on her while she was lying on the floor.				
7. LOCATION (Home, School, etc.) 10-home		8. CITY Kearny		9. STATE NC
10A. FIRST PRODUCT 0519-television stand		10B. TRADE/BRAND NAME Sauder		10C. MODEL NUMBER
10E. MANUFACTURER NAME AND ADDRESS Unknown				
11A. SECOND PRODUCT 0512-television		11B. TRADE/BRAND NAME [REDACTED] 27"		
11D. MANUFACTURER NAME AND ADDRESS Toshiba				
12. AGE OF VICTIM 20 206		13. SEX 2 -female		14. DISPOSITION 8-died in hospital
15. INJURY DIAGNOSIS E5		16. BODY PART (S) INVOLVED 15		17. RESPONDENT 3-police
18. TYPE OF INVESTIGATION 2-telephone		19. TIME SPENT (OPERATIONAL HOURS) 8.0		20. ATTACHMENT(S) 2-M.E. & Police Reports
21. CASE SOURCE 12-MECAP		22. SAMPLE COLLECTION NUMBER n/a		
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) Name may be disclosed <input type="checkbox"/> Do not disclose name <input checked="" type="checkbox"/>				
24. REVIEW DATE 180123		25. REVIEWED BY 8730		26. REGIONAL OFFICE DIRECTOR [Signature]
27. DISTRIBUTION ):EHDS CC:AGISS Reading				

12/28/99  
 MFR/PRV/RE: [REDACTED]  
 MODEL NUMBER [REDACTED]  
 Comments made  
 attached  
 Excisions/Revisions  
 from has not requested  
 further notice

486



IDI 970918HCC1491 Addendum-5/4/98

(Note: This addendum was the result of a request from C. Downs, CCA, that an effort be made to contact the parents of the victim in order to determine the manufacturer of the television table involved in the accident. I was able to contact the parents who informed me that they had retained the table and were willing to be interviewed. Following is a report of that interview which took place on 5/4/98 and photographs of the TV table)

About two years prior to the accident the father purchased a television stand at a Rickel's store (the Rickel's chain went out of business a few months ago). The table was 29 1/2" wide, 15 1/2" deep and 23" high. At the time I took these measurements the table did not have wheels. The father said that it originally came with fixed wheels which he removed after the accident. Also the table appeared to have an uneven 5/8" rim all around the top when I saw it and photographed it. The father said that in its original state, and at the time of the accident, the top surface was flat with no rim. Since the accident he has stored heavy cartons on top of the table and this caused the top to sink in relation to the vertical adjoining wooden components and this caused the appearance of a rim, according to him. He said that the pre-drilled holes in the top were for a swivel top which came with the table. He never attached the swivel top. (The investigating Police detective told me, during my original investigation, that the top had no rim after I specifically asked him.)

The father said that, prior to the accident, the table was about 6 to 8 inches from the wall with the television on it. The wheels of the table were on a bare floor about 7" from the edge of a carpet. The father said that he reached behind the table to pull the television's electric cord out of the wall. Because of the angle, when the cord came free it caused his arm to fly backward with some force into the rear of the table which was propelled forward. When the table's wheels contacted the carpet edge it caused the table to tilt and the TV to slide off and strike the victim.

**PRODUCT IDENTIFICATION**

The labelling on the product reads: " BB Sauder Woodworking 1-800-523-3987 Made in USA". I called the 800 number and the person I spoke with (Emilio) identified the firm as Sauder Woodworking. He gave their mailing address as P.O.Box 156, Archibold, Ohio 43502.

490

**EXHIBITS**

1-7-Photographs of table

Dist:C.Downs,CCA,NEISS,Reading,EPDS,RDS

5/9/

See Guidelines  
pls/la  
10/29

GP-  
10/29  
9-2-4?

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: X9772570A

DATE OF INCIDENT: 6/15/97

CATID:HANN011997

FOLLOW-UP REQUESTED

HAZARD ANALYSIS (X) SECT 15 ( )

TYPE FOLLOW-UP

TELEPHONE (X) ON-SITE ( )

HEADQUARTERS CONTACT:GEORGE RUTHERFORD EXT. 1278

ASSIGNMENT MESSAGE: Conduct phone IDI and determine circumstances of incident. Identify the product's brand name and manufacture. Obtain copies of any available official reports or photos.

Person(s) to Contact: See Attached.

- Medical Examiner
- Next of Kin - If ME permits
- other officials

Guidelines:

Task Number: 970918ACC1491 Date: 970918

Assigned to: NYCO Requested by: J. LANSING

1192

---

U. S. CONSUMER PRODUCT SAFETY COMMISSION

---

AUTHORIZATION FOR RELEASE OF NAME

---

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

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

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

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

My identity is to remain confidential.

L. Foshan

(Signature)

5-4-98.

(Date)

970918HCC1491

493



Author: Catherine E. Downs at CPSC-HQ2  
Date: 4/29/98 12:01 PM  
Priority: Normal  
Receipt Requested  
TO: Bernard L. Cabey at CPSC-NY  
CC: Alvin Furer at CPSC-HQ1, Richard D. Swackhamer at CPSC-NY  
Subject: IDI 970918HCC1491 need more info

The above IDI was completed in January by Al Furer. In reviewing the IDI, it appears that more information is needed in order to identify the manufacturer of the TV cart which was involved. In his report, Al states that the TV stand DID NOT have a rim or edge to prevent the TV from sliding off the edge. This observation makes it even more important to try to identify the manufacturer of the stand. If there are pictures of the stand it might help, if we knew where the stand was purchased, we might be able to find out the manufacturer. Perhaps the parents still have the stand. If the parents believed the stand was in any way responsible for the death of their child they may have contacted an attorney who would know the manufacturer of the stand. As an addendum to this IDI could you please try to identify the manufacturer of the TV stand?

Drucie Besley previously contacted Al regarding this IDI so he already knows that we are interested.

Thanks for your help and for furthering the cause of product safety.

~~2-1-5~~  
~~ALVIN FURER - HCC 1491~~

970918 HCC 1491

way

STATE OF NEW JERSEY  
REGIONAL MEDICAL EXAMINER OFFICE  
EDWIN H. ALBANO INSTITUTE OF FORENSIC SCIENCE  
325 NORFOLK STREET  
NEWARK, NEW JERSEY 07103-2701



(201) 641-7259  
(201) 641-3914  
FAX (201) 48-3692

Counties of:  
Essex, Hudson,  
Passaic, and Somerset

C7971224.AUT  
FORSHAW, ASHLEY

CERTIFICATION:

This is to certify that I, Phito Pierre-Louis, M.D., Deputy Chief Medical Examiner have conducted an autopsy on the refrigerated and unembalmed remains of Ashley Forshaw at the Institute of Forensic Science in Newark, New Jersey on June 15, 1997 between the hours of 1130 and 1300 with the assistance of forensic technician Jocelyn Joseph.

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished white female infant appearing the stated age of 6-months with the following measurement: head circumference 47 cm, chest 47, abdomen 42 1/2, crown to rump 46 cm, crown to heel 68 cm and a body weight of 460 grams.

The body was received wrapped into a plastic shroud, she was only wearing a white disposable diaper which is slightly soiled with greenish liquid stools.

The body has been refrigerated overnight. It is cold with generalized easily broken rigidity and fixed purple lividity of back.

The head is covered with straight black hair. It is asymmetrical and slightly flattened transversely. The scalp does not exhibit any evidence of trauma. The face is moderately edematous. The conjunctivae are also edematous. There is no evidence of petechiae. Sclerae are white. Irides are brown. Pupils are dilated and fixed. Nasal bones are intact. Ears and lips are free of trauma. The frenulae are intact. The teeth have not yet erupted. The tongue exhibits superficial contusions with dark red hemorrhage in the underlying muscles.

The neck does not exhibit any external signs of trauma. The chest, back and axillae do not exhibit any gross abnormalities. The abdomen is moderately distended. The external genitalia do not exhibit any evidence of trauma. The anus is intact. The upper and lower extremities do not exhibit any evidence of injuries or deformities.

EXHIBIT #1  
970918 HCC 1491

MARKS OF TREATMENT:

Nasogastric and endotracheal tubes are protruding from the mouth.

EKG electrodes are noted on the chest.

Therapeutic needle punctures with protruding IV tubings are noted in the inguinal regions.

Pediatric Foley catheter is protruding from the urethra.

MARKS OF INJURIES:

The scalp does not exhibit any evidence of contusions externally. However the head is asymmetrical and appears slightly compressed transversely.

The face is edematous but does not show any evidence of contusions nor of lacerations. The chest and shoulders do not exhibit any evidence of injuries externally.

PRIMARY INCISION:

The heart was removed prior to the autopsy by the New Jersey Sharing Network Program because it has been donated for valves.

The body is opened through an extension of the incomplete Y-incision made to harvest the heart. The panniculus is moderately edematous. Chest wall does not exhibit any evidence of trauma. The clavicles, ribs and sternum and spine do not exhibit any evidence of fractures. The pleural and pericardial cavities were free of excess of fluid and adhesions prior to the harvest. After the harvest a small amount of bloody fluid is noted in the opened pericardial sac.

The peritoneal cavity contains 100 cc of liquid blood. There is a large hematoma in the pelvis around the bladder. Liver and spleen are subcostal. Urinary bladder is below the symphysis pubis.

NECK:

Dissection of the neck organs does not reveal any evidence of hemorrhage in the soft tissue. The hyoid bone, laryngeal cartilages and cervical spine do not exhibit any evidence of fractures.

496

07971224.AUT  
FORSHAW, Ashley

3

RESPIRATORY SYSTEM:

The larynx, trachea and bronchi are lined by a reddish mucosa. Their lumen is patent. The right lung weighs 50 grams and the left 53. They are dark purplish/red and sections reveal marked congestion and edema without focal lesions.

Pulmonary arteries and their branches are free of thromboemboli.

CARDIOVASCULAR SYSTEM:

The heart is surgically absent because it has been donated to the New Jersey Sharing Network. Externally it does not exhibit any evidence of injuries. The major blood vessels and the aorta do not show any gross abnormalities.

DIGESTIVE SYSTEM:

The esophagus, stomach, small intestine, colon and appendix do not exhibit any gross abnormalities. The stomach contains a small amount of chyme. The mucosal lining is intact.

The liver weighs 199 grams. The capsule is smooth. Sections reveal firm brown, parenchyma without focal lesions.

The thymus weighs 30 grams. The capsule is pink. Sections reveal a pinkish lobulated surface.

Lymph nodes are not prominent.

ENDOCRINE SYSTEM:

The pituitary, parathyroids, thyroid and adrenal glands do not exhibit any gross abnormalities.

GENITOURINARY SYSTEM:

The right kidney weighs 31 grams and the left 30. Their capsule strips with ease revealing a smooth surface. Sections reveal normal cortex and medulla. Ureters are patent. Urinary bladder is empty. There is no evidence of lacerations of the urinary bladder. However a thick dark red hematoma is noted around the urinary bladder. It extends from the right common iliac vein which exhibits a tear in the vicinity of an intravenous tubing.

The uterus and adnexae do not exhibit any gross abnormalities.

MUSCULOSKELETAL SYSTEM:

There is no evidence of fractures of the visible bone of the chest, abdomen and pelvis. The muscles do not exhibit any evidence of contusions nor of hemorrhage.

REPORT NOT OFFICIAL WITHOUT RAISED SEAL

497

Dissectiton of the back and buttocks does not reveal any evidence of trauma.

SKULL AND CENTRAL NERVOUS SYSTEM:

The scalp is opened in the usual manner through an intermastoid coronal incision. There is no evidence of contusions or lacerations or abrasions on the external surface of the scalp. However a thick layer of subgaleal red/blood is noted on most of the subsurface of the scalp.

The skull exhibits lines of fractures with disshensce of the left fronto-parietal articulation extending through the sagittal suture across to the right parietal bone. Smaller lines of fracture also extend posteriorly into the corresponding parietal bones.

There is scattered thin layer of dark red clot in the subdural space both at the base and convexity of the brain.

The brain weighs 844 grams. It is edematous and exhibit contusions of both frontal and parietal lobes and of the midbrain. Coronal sections does not reveal any significant abnormalities. The ventricular system is intact.

Blood vessels at the base do not exhibit any gross abnormalities.

Specimens of blood, bile, eyefluid, stomach contents, brain, liver, spleen, kidneys along with a sample of premortem blood are saved for toxicology.

496

GROSS ANATOMIC FINDINGS:

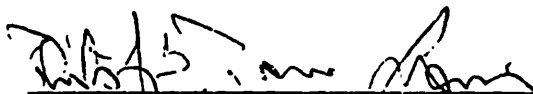
1. Multiple blunt force injuries.
  - A. Diffuse subgaleal hemorrhage.
  - B. Multiple fractures of skull.
  - C. Contusions and lacerations of brain.

CAUSE OF DEATH:

Multiple blunt force injuries to head and brain.

MANNER OF DEATH:

Accidental.



Phito Pierre-Louis, M.D.,  
Deputy Chief Medical Examiner

PPI.:lsw

DIST: Essex County Prosecutor's Office File (1); PPL (1);

DATE DICTATED: June 15, 1997

DATE TRANSCRIBED: June 16, 1997

DATE FINALIZED: June 17, 1997

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
REGIONAL MEDICAL EXAMINER OFFICE  
325 NORFOLK STREET  
NEWARK, NEW JERSEY 07103

---

PHITO PIERRE-LOUIS, M.D.  
Deputy Chief Medical Examiner

MICROSCOPIC REPORT 24 JULY 1997

07971224.MIC  
FORSHAW, ASHLEY

1. Fresh hemorrhagic contusions of brain, skin and muscles.

  
PHITO PIERRE-LOUIS, M.D.  
Deputy Chief Medical Examiner

PPL/dcj  
Dist: Essex Co. Pros. Off; SMEO; File (1); PPL (1)

REPORT NOT OFFICIAL WITHOUT RAISED SEAL

500

fc: 32 5:54

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

BY FAX: Fax this form or your own report to 1-800-809-0824

BY PHONE: Call 1-800-638-8095.

X977 2570

Date of Incident 6.15.97 Date of death: 6.15.97

Type of consumer product(s) involved: TELEVISION, floor  
Manufacturer, Model, Brand name, and Serial number of product(s): \_\_\_\_\_

ISSUE 44

Is product available for examination?  Yes  No  Don't know

If Yes. Where? \_\_\_\_\_ JUL 29 1997

Cause of death: Blunt force injuries to Head AND BRAIN.

Location of Incident: City: Kearny State: NJ Zip: \_\_\_\_\_

Brief description of incident sequence, including age and sex of the victim(s): SUBJ  
WAS A 6 m/o w/f' who was lying on floor, while  
her father working on TV which fell on subj,

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

Medical Examiner's/Coroner's Case Number: 0797-1224  
Reporter's Name: DR. PPL R. Wilson Date Reported: 7/21/97  
Telephone Number of Office Reporting the Case: (201) 648-3914  
Reporter's Office (Including City, County and State): \_\_\_\_\_

REGIONAL MEDICAL EXAMINER OFFICE  
325 NORFOLK ST. NEWARK, NJ 07103

Medical Examiner's/Coroner's Name: DR. PPL

Chief Medical Examiner's Name (if Applicable): DR. Natarajan 501

\*\*\*\*\*  
\*\*\*\*\*

For Processing at CPSC: \_\_\_\_\_ Report Received by: \_\_\_\_\_ 0592 1807

Chief Medical Examiner's Report ( ) Copy for Product Safety Review ( )  
Regular MECAP ( ) Document Number: \_\_\_\_\_



u

STATE OF NEW JERSEY  
STATE TOXICOLOGY LABORATORY  
EDWIN H. ALBANO INSTITUTE OF FORENSIC SCIENCE  
325 Norfolk Street  
Newark, New Jersey 07103

201-648-3715

**TOXICOLOGY REPORT**  
-----

Lab No: 97-1300

Received: 6-16-97 1108 me

Name: FORSHAW, Ashley  
Age: 6 mths Sex: F Race: W

COYRSEQNO: 07-97-1224/NA  
Posted by: PIERRE-LOUIS

Specimens submitted: Blood, bile, vitreous, brain, liver, kidney,  
stomach-content, spleen, premortem-blood.

Analysis requested : Alcohols, screen.

---

RESULTS:

Report Date: 9:55 AM TUE., 17 JUNE, 1997

BLOOD:

Ethanol: 0.015 %

Not Detected -

Volatiles: Acetone, Isopropanol, Methanol.

BILE:

Not Detected -


Drugs and other compounds: Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine metabolites,  
Methadone, Methamphetamine, Opiates, Phencyclidine (PCP), Phenytoin, Propoxyphene, TC Antidepressants.

PREMORTEM-BLOOD:

Not Detected -

Volatiles: Acetone, Ethanol, Isopropanol, Methanol.

/jxr  
97-130C

  
-----  
Reng-lang Lin, Ph.D.,  
CHIEF TOXICOLOGIST

APL  
7/24/97

502

# OPERATIONS REPORT

1 KEARNY POLICE DEPARTMENT		2 MUN CODE <b>0907</b>	3 NATURE OF INCIDENT <b>911 MEDICAL</b>		4 DATE <b>06/14/97</b>	5 TIME <b>11:50</b>	6 CASE NUMBER <b>97-8073</b>			
VICTIM COMPL INANT ACCUSED <b>ASHLEY FCRSHAW</b>						7A DOB <b>12-11-96</b>	7B SS NUMBER			
8 ADDRESS <b>14 WOODLAND AVENUE #2 - KEARNY, NJ 07032</b>								8A PHONE NUMBER <b>997-3362</b>		
9 LOCATION OF INCIDENT (ADDRESS) <b>#08</b>					10A MUNICIPALITY <b>KEARNY</b>		9B COUNTY <b>HUDSON</b>	9C MUNICIPAL CODE <b>0907</b>		
10 VEHICLE MAKE		YEAR	BODY TYPE		COLOR	REGISTRATION	STATE	VIN		
DATE AND TIME	Between <input type="checkbox"/>	Hour	Day	Mo	Date	Yr	11 GEO CODE <b>0302</b>	12 NATURE CODE <b>7008</b>		12A NATURE CODE
	AT <input checked="" type="checkbox"/>	<b>11:50</b>	<b>07</b>	<b>06</b>	<b>14</b>	<b>97</b>	13 STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED <input checked="" type="checkbox"/> RESOLVED			

14 NARRATIVE

1/-Responded to the above location on the report of a 911 medical.

2/-Arrived with K.V.E.R.S. and MIC-6 who transported the above infant to University Hospital.

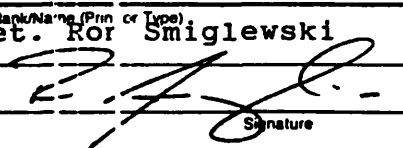
3/-Resumed.

503

15 BARK NAME <b>Pt. William J. Reid</b>	16 BADGE NO <b>187</b>	17 PAGE OF <b>1 of 1</b>	18. DATE <b>06/14/97</b>	19 REVIEWED BY <i>[Signature]</i>	20 PENDING <b>EXHIBIT #</b>	21 COMPLETE
SIGNATURE						

SUPPLEMENTARY INVESTIGATION REPORT

D. B. #97-262.

1A Department <b>KEARNY POLICE</b>		2A Mun Code <b>0907</b>	3A Phone Number and Ext <b>(201) 998-1313</b>	4A UCR	21 Prosecutor's Case No	22 Dept Case No <b>#97-8,073</b>	<input type="checkbox"/> Co-op <input type="checkbox"/> Original	
5 Crime/Incident <b>"911" Medical.</b>		5A New Crime/Incident if changed		23A Victim's Name/New Address if changed <b>Ashley Forshaw. age 6 months.</b>				
6A New N S			7A Date of Crime <b>6/14/97.</b>	ADDITIONAL VALUE STOLEN PROPERTY		40A Currency	41A Jewelry	42A Furs
43A Clothing		44A Auto		45A Miscellaneous				
46A Additional Stolen Property Value		47A Additional Recovered Property Value		48A Teletype Alarm		49A Add'l Technical Services		50A Technician and Agency
51A Weather	52A	53A	54A	55A Evidence Yes No <input checked="" type="checkbox"/> Retained <input type="checkbox"/> Returned <input type="checkbox"/> Destroyed		56A Disposition <input type="checkbox"/> None Yes No <input type="checkbox"/> Arrest Pending <input type="checkbox"/> Teletype Pending <input type="checkbox"/> Evidence Pending		
57A Chem Lab No	58A Ballistics Lab No	59A MV Summ/Warn No		60A				
List name(s) only: Previous Arrested/Summoned — Complete Information on New Arrested/Summoned — Include Additional Perpetrators — Suspects — Record all Developments Since Last Report — Explain any Crime Change — List Additional Interviews of Victims — Person Contacted — Witnesses — Evidence — Technical Services -- Stolen Property — Recovered Property -- Court Action — Prisoner Dispositions — Attach Additional Statements — Victim Property Loss Report, Etc								
61 No Arrested	61A New Arr'd	62A Adult	63A Juvenile	64A Curr Status Crime <b>Investigations, active.</b>		65A Curr Status Case	66A UCR Status	67A Date Cleared
68A Name		ADDRESS OF ARRESTED/SUMMONED		69A Age	70A Sex	71A Race	72A D O B	
Saturday, 14 June 1997.								
<p>1. 15:00 hrs. Undersigned was advised by D/Sgt. Brodie to telephone University Hospital in Newark to further Investigate a report of an Injured child (see operation report filed by Officer W. Reed at 11:50 hrs. this date).</p> <p>2. Undersigned telephoned the University Hospital Emergency room at #972-5123 and spoke to E.R. Nurse Bill Fellhart who was on duty when the six month old child was transported into the E.R. Mr. - Fellhart reported the child was in Critical-Critical condition but could not give any further Information over the telephone.</p> <p>3. 16:15 hrs. responded to and arrived at University hospital, U.D.M.N.J. Emergency room where I met and spoke to Nurse Fellhart further reporting that a T.V. set had fallen on the child's head and that the victim had a swollen head which was a potentially fatal Injury and there is a chance the child could die from the Injury, advised the child ASHLEY FORSHAW D.O.B. 12/11/96 has been moved to I.C.U. and is being treated by a doctor Chris Scuzza the pediatric attending physician.</p> <p>4. Other Information learned at that time was that D.Y.F.S. was notified by Mr. Tortello the trauma attendant who responded to the hospital and at this time should be present speaking with the child's mother and grandmother,</p> <p style="text-align: right;">CONTINUED PAGE #2....</p>								
73A Rank/Name (Print or Type) <b>Det. Ror Smiglewski</b>		74A Badge No <b># 182</b>	75A Page <b>1</b> of <b>4</b> Pages	76A Date of Report <b>6/14/97</b>	77A Reviewed By. <b>SGT. Dowie #148</b>			
Signature 		78A RFD Code <b>302</b>	79A NJVC Code <b>7008</b>	80A	81A <b>Capt. Dowie</b>			

904

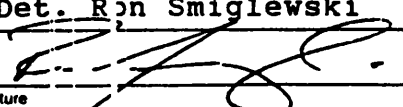
Department <b>KEARNY POLICE</b>	Mun. Code <b>0907</b>	Prosecutor's Number	22 Dept. Case Number <b>#97-8,073.</b>
------------------------------------	--------------------------	---------------------	---

CONTINUED FROM PAGE #1.

Undersigned spoke to Dr. Chris Scuza the pediatric physician who reported to the undersigned the child is in Critical condition and has a slight chance at survival, his diagnosis was the child had massive bleeding in the head due to blunt Trauma that in his opinion the Injury does match with the report of a television striking the young child's head, also reported Injury sustained was a laceration (cut) on the child's tongue, Dr. Scuza then directed the undersigned to level C at the hospital's pediatric ward.

5. 16:50 hrs. arrived at G Level pediatric I.C.U. where I met with Dr. Anene Okuy at room #420 in the process of treating the victim 6 month old ASHLEY Forshaw, Dr. Okuy reported the child sustained a SWOLLEN BRAIN, SKULL FRACTURES TO BOTH RIGHT AND LEFT SIDE OF THE HEAD, and A LACERATION ON THE TONGUE, Dr. Okuy reported this child sustained a SEVERE HEAD INJURY.
6. 17:00 Hrs. Learned that D.Y.F.S. services had previously been to the pediatric unit but had already left the hospital, I then met the victim's mother at the I.C.U., spoke to SANDRA FORSHAW D.O.B. - 11/26/66 present with other family members, Mrs. Forshaw stated her husband LINDON FORSHAW D.O.B. 5-5-54 had just left to return home with Family services, The Forshaws home telephone number is #997-3362, I did make an Inquiry to Mrs. FORSHAW as to how her child sustained this Injury, Mrs. Forshaw stated that: Her husband - (Lindon Forshaw) was moving the T.V. set forward on the T.V. stand in the process of taking (removing) the wires from the back of the T.V. set (to V.C.R. and a radio/stereo) when the T.V. fell off the T.V. Stand, Ms. Forshaw further stated her 6 month old daughter was lying on the floor on a blanket in front of where the T.V. was located when the T.V. fell striking her (Victim) on the head.
7. Mrs. Forshaw stated at the time of the Incident she her husband and two other children of theirs were present at the apt. the Forshaws two other children are; Karen Forshaw, D.O.B. 2/2/96 and Cristine D.O.B. 8/23/90, The victim's mother stated the family is in the process of moving to 31 Highland avenue in Newark, N.J.
8. 17:30 hrs. arrived at 14 Woodland avenue for the purpose to speak with Mr. LINDON FORSHAW and any family services workers involved in the Investigation, at this time there was no response at the FORSHAW residence at apt. #2 14 Woodland ave.
9. 17:55 hrs. undersigned telephoned the Bayonne district office of the division of youth and family services D.Y.F.S. at the 24 hrs. number #800-792-8610 and spoke to Lucia Perez who advised the two case workers assigned to this case at this time are, Essie Baker of Essex county and Roxanne Bennett of Hudson county D.Y.F.S. same-

CONTINUED PAGE #3....

NAME (Print or type) <b>Det. Ron Smiglewski</b>	74 Badge Number <b># 182</b>	75 Page <b>2 4</b> of <b>6</b> Pages	76 Date of Report <b>6/14/97</b>	77 Reviewed By <b>SGT. A #168</b>
Signature 	78 GEO Code <b>302</b>	79 Nature Code <b>7008</b>	80	81 <b>Capt. Dowie</b>

509

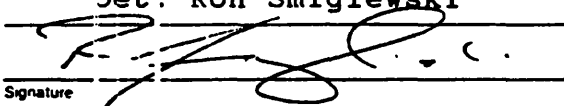
1 Department <b>KEARNY POLICE</b>	2 Mun Code <b>0907</b>	21 Prosecution Number	22 Dept Case Number <b>#97-8,073</b>
--------------------------------------	---------------------------	-----------------------	---

CONTINUED FROM PAGE #2.

to be paged and will contact the undersigned, Baker could be reached at 469-7962 and Bennett at 217-7055.

10. 18:45 hrs. Undersigned received a return call from D.Y.F.S. case-worker Roxanne Bennett assigned to this case who was at this time outside of 14 Woodland avenue, I did respond to 14 Woodland ave. at that time where I met with D.Y.F.S. Ms. Bennett who advised - there is no D.Y.F.S. case history with this family , same also stated she was waiting for Mr. Forshaw for the purpose to check on the welfare of the couples other two children.
11. Mr. FORshaw arrived at the residence and stated his other two-children were in the care of an Aunt, CAVANAGA at 21 Kearny ave. tele. #991-8544, Undersigned and Ms. Bennett spoke to Mr. Forshaw who was cooperative and Invited us in the apt. where myself and D.Y.F.S. case worker spoke to Mr. Forshaw in regards to what had occurred in regards to the Injuries sustained to his daughter, Mr. FORSHAW reported; His family is in the process of moving to 31-Highland avenue in Newark, N.J. , He and his wife had moved the victim ASHLEY FORSHAW from the rear bedroom because they were in the process of removing Items from that room also, He and his wife placed the baby (victim) on a blanket in the living room, Mr. Forshaw states the baby was placed several feet to the right foward of the T.V. and stand, Mr. Forshaw stated he was in the process of moving the Television after disconnecting a V.C.R. and stereo when the T.V. stand rolled slightly foward and when the wheels of the stand met the AREA CARPET (Chinese Type) caused the stand to tilt slightly then causing the Television to SLIDE off the stand onto the top of his daughter landing on the childs right side of head and shoulder area, Mr. Forshaw stated he thought his daughter was not so close and may have moved toward his location some.
12. Mr. Forshaw stated First aid and called "911" emergency was completed after removing the t.v. from atop his daughter, Mr. Forshaw is employed at Eppie and Valley coach, 5 Woodland avenue in East Orange N.J.
13. Undersigned did visually examine the scene at that time and observed a '27 Inch Toshiba T.V. set on the floor against the west wall (Location of Incident/Injury) a wooden T.V. stand against the north wall (Moved) , The T.V. stand is finished and had no edges to prevent spillage, the stand had compartments underneath for accesories such as a V.C.R. and or Stereo and tapes, also - observed was a V.C.R. , Stereo and a speaker on the floor which was reportedly the equipment removed from the stand prior to the T.V. and the falling of the T.V. onto the victim.

CONTINUED PAGE #4

NAME (Print or type) <b>Det. Ron Smiglewski</b>  Signature	74 Badge Number <b># 182</b>	75 Page <b>3</b> <b>4</b> of Pages	76 Date of Report <b>6/14/97</b>	77 Reviewed By <i>567-111</i> <b>#168</b>
	78 GEO Code <b>302</b>	79. Nature Code <b>7008</b>	80	81 <b>Capt. Downey</b>

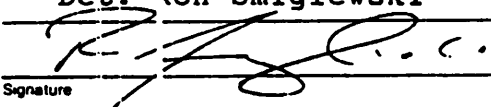
506

Department <b>KEARNY POLICE</b>	Mun Code <b>0907</b>	Prosecutor's Number	22 Dept Case Number <b>#97-8,073</b>
------------------------------------	-------------------------	---------------------	---

CONTINUED FROM PAGE #3.

14. Undersigned did take 4 Polaroid photographs of the scene of the Incident at the living room of apt. #2 14 Woodland avenue same shows The CARPET- and PHOTO #1 OVERVIEW WITH THE T.V. - PHOTO- #2 THE "27 INCH TELEVISION (WHICH STRUCK CHILD CAUSING THE INJURY) PHOTO #3 A T.V. STAND and PHOTO#4 A V.C.R. -STEREO and SPEAKER, Same were entered into evidence by the undersigned.
15. CASE worker Bennett of D.Y.F.S. and Mr. Forshaw were going to proceed to 21 Kearny avenue to check on the welfare of the couples other two children Karen age 1 and Cristine age 6, Under- signed resumed from that location.
16. At approx. 21:00 hrs. while reviwing this Incident with Sgt. Brodie a call was received by Sgt. Brodie from D.Y.F.S. case work- er Essie Baker who reported in furtherance of their Investigation D.Y.F.S. did examine both of the FORSHAWS other two children and found no signs of any abuse, also a canvass was conducted in the family's neighborhood which found no negative reports in regards to the family, D.Y.F.S. and the treating Doctors are in aggreema- nt that the Injuries appear to be accidental in nature which was specified by the Injury in relation to the fracture and the T.V.
17. After speaking with both Mr. Lindon Forshaw and Mrs. Sandra For- shaw and evaluating their statements and in addition Investigation at the scene in regards to my observations it also appears to the undersigned this Incident and Injury to the Child ASHLEY FORSHAW age 6 Months was accidental in nature.
18. At this time the victim is still known to be in serious condition with head Trauma and related Injuries to the brain, awaiting fur- ther contact with personnel Involved for further on the childs- condition.
19. Undersigned entered into evidence 4 Polaroid photographs of the scene and a two page Doctors report which was given to the under- signed by Dr. Anene Okuy, Copy of the childs examination, a second copy is attached to this report.

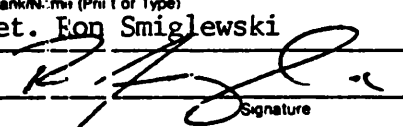
FURTHER ACTION TO RESUME UPON INFORMATION.

NAME (Print or Type) <b>Det. Ron Smiglewski</b>  Signature	74 Badge Number <b># 182</b>	75 Page <b>4</b> of <b>4</b> Pages	76 Date of Report <b>6/14/97</b>	77 Reviewed By <b>Sgt. [Signature]</b> <b>#168</b>
	78 GEO Code <b>302</b>	79. Nature Code <b>7008</b>	80	81 <b>Capt. Dawie</b>

907

**SUPPLEMENTARY INVESTIGATION REPORT**

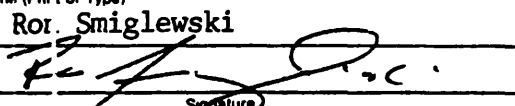
D.3. #97-262

1A Department <b>KEARNY POLICE</b>		2A Mun Code <b>0907</b>	3A Phone Number and Ext <b>(201) 998-1313</b>	4A UCR	21 Prosecutor's Case No	22 Dept Case No <b>#97-8,073</b>	<input type="checkbox"/> Co-op <input type="checkbox"/> Original		
5 Crime/Incident <b>"911" Medical.</b>		5A New Crime/Incident if changed		23A Victim's Name/New Address if changed <b>Ashley Forshaw. age 6 months.</b>					
6A New I JE		7A Date of Crime <b>6/14/97.</b>		<b>ADDITIONAL VALUE STOLEN PROPERTY</b>		40A Currency	41A Jewelry	42A Furs	
				43A. Clothing		44A. Auto		45A. Miscellaneous	
46A Additional Stolen Property Value		47A. Additional Recovered Property Value		48A Teletype Alarm		49A Add'l Technical Services		50A Technician and Agency	
51A Weather	52A	53A	54A	55A Evidence → Yes No <input type="checkbox"/> NJ SBI <input type="checkbox"/> Retained <input type="checkbox"/> Returned <input type="checkbox"/> Destroyed		56A Disposition Yes No <input type="checkbox"/> Arrest Pending <input type="checkbox"/> Teletype Pending <input type="checkbox"/> Evidence Pending			
57A Chem Lab No	58A Ballistics Lab No	59A MV Summ/Warn No		60A					
List name(s) only of Previous Arrested/Summoned — Complete Information on New Arrested/Summoned — Include Additional Perpetrators — Suspects — Record all Developments Since Last Report — Explain any Crime Change — List Additional Interviews of Victims — Person Contacted — Witnesses — Evidence — Technical Services — Stolen Property — Recovered Property — Court Action — Prisoner Dispositions — Attach Additional Statements — Victim Property Loss Report Etc									
61 No Arrested	61A New Arr'd	62A Adult	63A Juvenile	64A Curr Status Crime <b>Invest's</b>		65A Curr Status Case <b>ex.-Cleared.</b>		66A UCR Status	67A Date Cleared
68A Name		ADDRESS OF ARRESTED/SUMMONED			69A Age	70A Sex	71A Race	72A D O B	
<b>6/15/97, 09:10 hrs.</b>									
<p>20. In continuance of this Investigation I the Undersigned telephoned the University Hospital Pediatrics unit I.C.U. at #972-3784 and made contact with Dr. Enene - Okuy who is the Doctor assigned to the victim ASHLEY FORSHAW age 6 months.</p> <p>21. Dr Okuy reported the child ASHLEY FORSHAW died at approx. 01:00 a.m. hrs. this date at the I.C.U. Pediatrics due to the head Injuries sustained.</p> <p>22. The Doctor was asked his opinion in regards to the Injuries with the relation to the reported Incident, the Doctor believes the Injuries to the childs head which caused the childs DEATH does appear consistant with a large T.V. striking (Falling) on the childs head.</p> <p>23. The doctor also did speak with the Victims parents Mr. Lindon Forshaw and Mrs. - Sandra Forshaw and the Doctor also feels that the parents accounts are consistant- and are true.</p> <p>24. There is at this time no suspicious appearance in regards to the accident reported and the subsequent DEATH of the victim ASHLEY FORSHAW, D.O.B. 6/14/97 and same - does appear at this time to be Accidental in Nature.</p> <p>25. Doctor Okuy stated the child was pronounced by a Dr. Mathews at approx. 01:00 a.m. hrs. 6/15/97, Undersigned telephoned and advised the Medical examiners office and Advised Investigator Kim Williams who was faxed all reports to # 648-4469.</p>									
73A Rank/Title (Print or Type) <b>Det. Ron Smiglewski</b>  Signature			74A Badge No. <b># 182</b>	75A Page <b>1 of 1</b> Pages	76A Date of Report <b>6/15/97</b>	77A Reviewed By <b>Capt Dowie</b>			
			78A. GEO Code <b>302</b>	79A. Nature Code <b>7008</b>	80A.	81A.			

506

SUPPLEMENTARY INVESTIGATION REPORT

D.I.#9'-262

1A Department <b>KEARNY POLICE</b>		2A Mun Code <b>0907</b>	3A Phone Number and Ext <b>(201) 998-1313</b>		4A UCR	21 Prosecutor's Case No	22. Dept. Case No <b>#97-8,073</b>		<input type="checkbox"/> Co-op <input type="checkbox"/> Original
5 Crime/Incident <b>"911" Medical.</b>		5A New Crime/Incident if changed <b>Sudden death.</b>			23A Victim's Name New Address if changed <b>Ashley Forshaw age 6 months.</b>				
6A New PJS			7A Date of Crime <b>6/14/97.</b>		<b>ADDITIONAL VALUE STOLEN PROPERTY</b>		40A. Currency	41A Jewelry	42A Furs
43A Clothing			44A. Auto		45A Miscellaneous				
46A Additional Stolen Property Value		47A Additional Recovered Property Value		48A Teletype Alarm		49A Add'l Technical Services		50A Technician and Agency	
51A Wear	52A	53A		54A		55A Evidence Yes No <input type="checkbox"/> <input type="checkbox"/> NJ SBI <input type="checkbox"/> <input type="checkbox"/> Retained <input type="checkbox"/> <input type="checkbox"/> Returned <input type="checkbox"/> <input type="checkbox"/> Destroyed		56A Disposition Yes No <input type="checkbox"/> <input type="checkbox"/> Arrest Pending <input type="checkbox"/> <input type="checkbox"/> Teletype Pending <input type="checkbox"/> <input type="checkbox"/> Evidence Pending	
57A Chem Lab No		58A Ballistics Lab No		59A MV Summ/Warn No		60A			
List name(s) only of Previous Arrested/Summoned — Complete Information on New Arrested/Summoned — Include Additional Perpetrators — Suspects — Record all Developments Since Last Report — Explain any Crime Change — List Additional Interviews of Victims — Person Contacted — Witnesses — Evidence — Technical Services — Stolen Property — Recovered Property — Court Action — Prisoner Dispositions — Attach Additional Statements — Victim Property Loss Report, Etc									
61 No Arrested	61A New Arr'd	62A Adult	63A Juvenile	64A Curr Status Crime <b>Invest's</b>		65A Curr Status Case <b>Ex.-Cleared.</b>		66A UCR Status	67A Date Cleared
68A Name ADDRESS OF ARRESTED/SUMMONED 69A Age 70A Sex 71A Race 72A D O B									
6/15/97, 12:00 hrs.									
<p>26. Undersigned telephoned Investigator Jerry Dargan of the Hudson county Homicide squad at the date and time Indicated above in regards to this Investigation.</p> <p>27. Investigator Dargan was advised of the Investigation and all facts gathered in regards to same, on the request of Mr. Dargan all reports completed at this time in relation to same were faxed to the Homicide squad at #915-0374.</p> <p style="text-align: center;">FURTHER REPORTS WILL FOLLOW IF REQUIRED.</p>									
73A. Rank/Name (Print or Type) <b>Det. Ror. Smiglewski</b>  Signature				74A. Badge No. <b># 182</b>	75A Page <b>1</b> of <b>1</b> Pages	76A Date of Report <b>6/15/97</b>		77A. Reviewed By <b>Capt. Dawie</b>	
78A. GEO Case <b>#182</b>				78A. Nature Code <b>4502</b>		80A.		81A.	

509



D.B. #97-262

X	PROPERTY REPORT
	VEHICLE REPORT
	IMPOUND REPORT

1 Department <b>KEARNY POLICE</b>	2 Mun Code <b>0907</b>	3 Phone Number and Ext <b>(201) 998-1313</b>	4 Prosecutor's Case Number	5 Dept Case Number <b>#97-8,073</b>
6 Owners Name (First) (Middle) (Last) <b>Kearny Police dept.</b>				
7 Owners Address (Number/Street/Municipality/State/Zip) <b>237 Laurel avenue, Kearny N.J. 07032</b>				8 Owners Phone Number and Area Code <b>201-998-1313</b>
9 Date Stolen	10 Place Stolen (Number/Street/Municipality/State/Zip Code)	11 Ccde	12 Teletype Alarm Number - Date Authority	

**VEHICLE INFORMATION**

13 Vehicle - Year	14 Vehicle - Make	15 Body Type	16 Color	17 Registration - State	18 Complete VIN
19 Vehicle Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No	20 Keys in Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	21 Unidentified Owner (Explain)			22 Vehicle Value

**PROPERTY INFORMATION**

23 Currency	24 Jewelry	25 Furs	26 Clothing	27 Miscellaneous <b>(4) Photographs</b>	28 Value Recovered Property	29 Evidence Retained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-------------	------------	---------	-------------	--	-----------------------------	---

**MISCELLANEOUS INFORMATION**

30 N.C.I.C. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Stolen <input type="checkbox"/> No Record	31 Aid Tag No	32 Photo Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	33 Technical Services <input type="checkbox"/> Yes <input type="checkbox"/> No	34 Geo Code <b>301</b>	35 Nature Code <b>7008</b>	36 Nature Code
---	---------------	--	---	---------------------------	-------------------------------	----------------

**DETAILS OF RECOVERY**

37 Date Recovered <b>6/14/97</b>	38 Place Recovered (Number/Street/Municipality/State/Zip Code) <b>apt. #2 14 Woodland ave. Kearny, N.J. 0907</b>	39 Code	40 Teletype Canceled <input type="checkbox"/> Yes <input type="checkbox"/> No Date
41 In Possession Of	42 Address (Number/Street/Municipality/State/Zip Code)	43 Phone No and Area Code	
44 Date Stored <b>6/14/97</b>	45 Place Stored (Name and Address) <b>Kearny Police dept. evidence, 237 Laurel ave.</b>		46 Phone No and Area Code <b>998-1313</b>
47 Condition of Property/Vehicle	48 Own	49 Other NJ	50 <input type="checkbox"/> Out of State <input type="checkbox"/> Federal
54 NARRATIVE: (List and Describe Property/Serial Number)		51 Other	52 UCR Month Year
<del>(4) Polaroid photographs depicting the scene of a serious injury to a child at the living room at 14 Woodland ave. apt. #2.</del> <del>same entered into evidence.</del>		53 Total Value Recovered (Included No's 22 and 28)	55 Owner Applied No
		56 Estimated Value	

**DISPOSITION OF PROPERTY/VEHICLE**

57 Release Date	58 Proof of Ownership	59 Signature of Officer Authorizing Release			
60 Released to - Owner/Agent/Official		61 Address of Owner/Agent/Official			
62 Signature of Owner/Agent/Official		63 Signature of Officer Releasing Property/Vehicle			
64 Rank/Name (Print/Type) <b>Det. Ron Smiglewski</b> Signature <i>R. Smiglewski</i>	65 Badge No. <b># 182</b>	66 Report Date <b>6/14/97</b>	67 Reviewed By <i>SCJ</i>	68 Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Completed	

D.B. #37-262

X	PROPERTY REPORT
	VEHICLE REPORT
	IMPOUND REPORT

1 Department <b>KEARNY POLICE</b>	2 Mun Code <b>0907</b>	3 Phone Number and Ext <b>(201) 998-1313</b>	4 Prosecutor's Case Number	5 Dept Case Number <b>#97-8,073</b>
6 Owners Name (First (Middle) (Last)) <b>Kearny Police dept.</b>				
7 Owners Address (Number/Street/Municipality/State/Zip) <b>237 Laurel ave. Kearny, N.J.</b>				8 Owners Phone Number and Area Code <b>201-998-1313</b>
9 Date Stolen	10 Place Stolen (Number/Street/Municipality/State/Zip Code)	11 Code	12 Teletype Alarm Number - Date - Authority	

**VEHICLE INFORMATION**

13 Vehicle Year	14 Vehicle Make	15 Body Type	16 Color	17 Registration State	18 Complete VIN
19 Vehicle Loaded <input type="checkbox"/> Yes <input type="checkbox"/> No	20 Keys in Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	21 Identified Owner (Explain)			22 Vehicle Value

**PROPERTY INFORMATION**

23 Currency	24 Jewelry	25 Furs	26 Clothing	27 Miscellaneous <b>2 page Dr. Report.</b>	28 Value Recovered Property	29 Evidence Retained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-------------	------------	---------	-------------	---	-----------------------------	---

**MISCELLANEOUS INFORMATION**

30 NCIC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Stolen <input type="checkbox"/> No Record	31 Aid Tag No	32 Photo Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	33 Technical Services <input type="checkbox"/> Yes <input type="checkbox"/> No	34 Geo Code <b>301</b>	35 Nature Code <b>7008</b>	36 Nature Code
---	---------------	--	---	---------------------------	-------------------------------	----------------

**DETAILS OF RECOVERY**

37 Date Recovered <b>6/14/97</b>	38 Place Recovered (Number/Street/Municipality/State/Zip Code) <b>University Hospital, Bergen st. Newark N.J.</b>	39 Code	40 Teletype Cancelled <input type="checkbox"/> Yes <input type="checkbox"/> No Date			
41 In Possession of <b>Dr. Okuy - Pediatrics.</b>	42 Address (Number/Street/Municipality/State/Zip Code)	43 Phone No and Area Code				
44 Date Stored <b>6/14/97</b>	45 Place Stored (Name and Address) <b>Kearny Police dept. 237 Laurel ave. Evidence,</b>	46 Phone No and Area Code <b>998-1313</b>				
47 Condition of Property/Vehicle	48 Own	49 Other NJ	50. <input type="checkbox"/> Out of State <input type="checkbox"/> Federal	51 Other	52 UCR Month Year	53 Total Value Recovered (Included No's 22 and 26)
54 NARRATIVE (List and Describe Property/Serial Number)			55 Owner Applied No	56 Estimated Value		
<p><u>(2) page Examination report in regards to treatment received by the victim - Ashley Forshaw age 6 months old.</u></p> <p><u>Entered into evidence.</u></p>						

**DISPOSITION OF PROPERTY/VEHICLE**

57 Release Date	58 Proof of Ownership	59 Signature of Officer Authorizing Release			
60 Released to (Name Agent/Official)		61 Address of Owner/Agent/Official			
62 Signature of (Name Agent/Official)		63 Signature of Officer Releasing Property/Vehicle			
64 Rank/Name (Print/Type) <b>Det. Ron Smiglewski</b>	65 Badge No. <b># 182</b>	66 Report Date <b>6/14/97</b>	67 Reviewed By <b>SGT [Signature]</b>	68 Status <input type="checkbox"/> Pending <input type="checkbox"/> Completed	
Signature <i>[Signature]</i>					



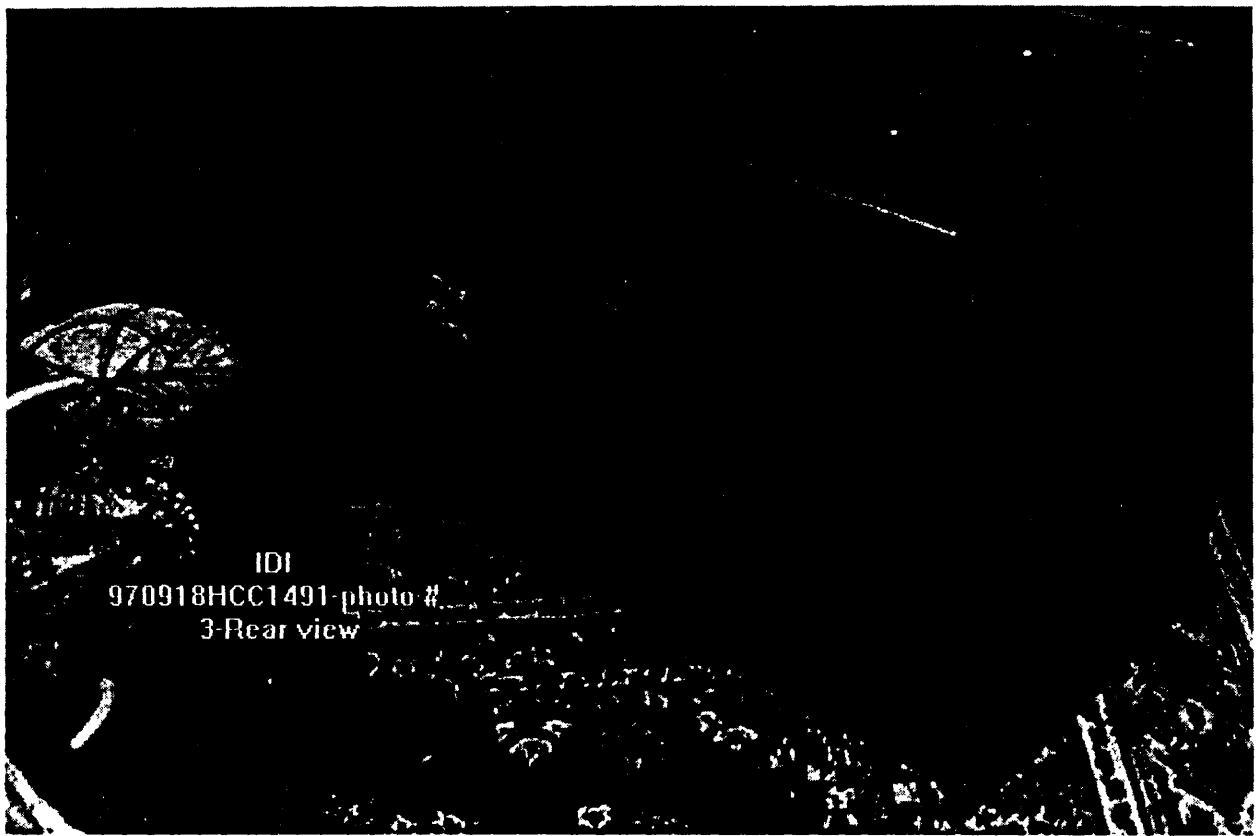
IDI 970918HCC1491-photo #1-Front view

5/2 ✓



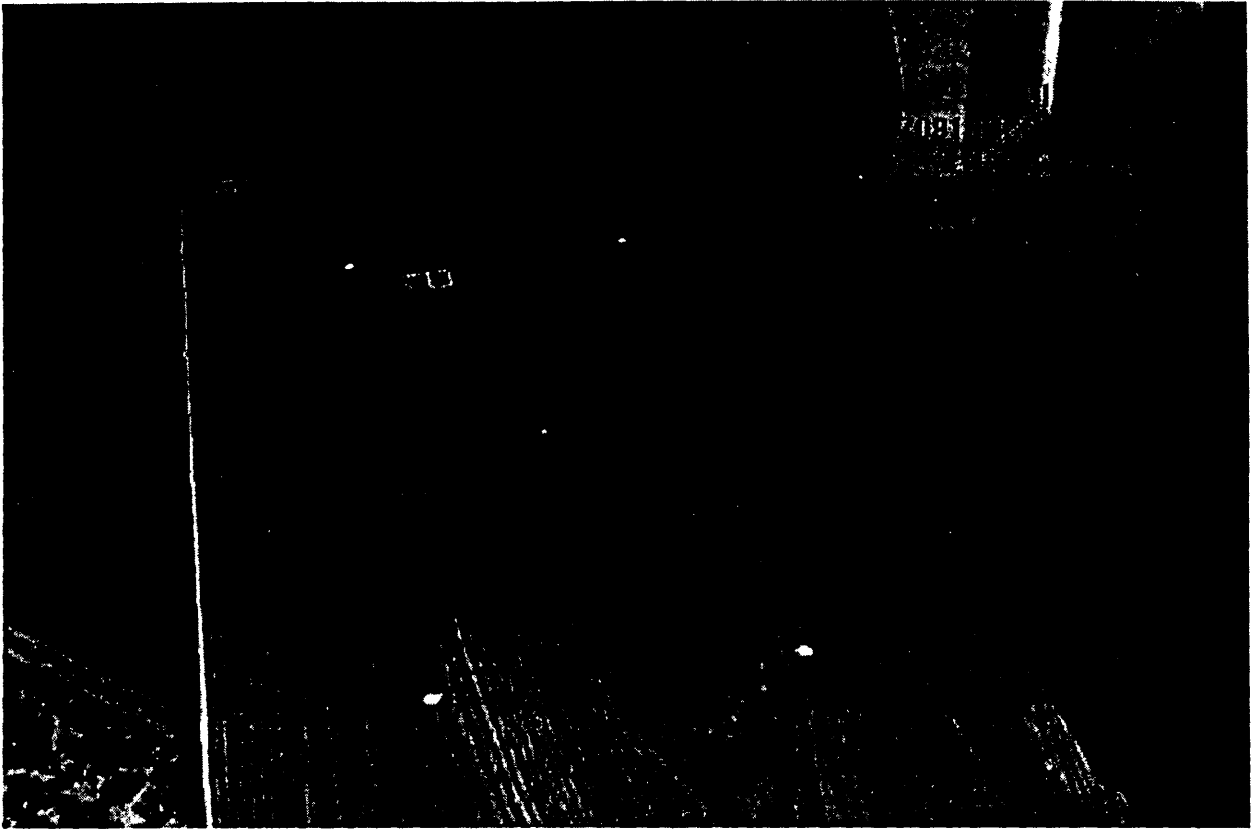
IDI 970918HCC1491-photo #  
2-Side view

513



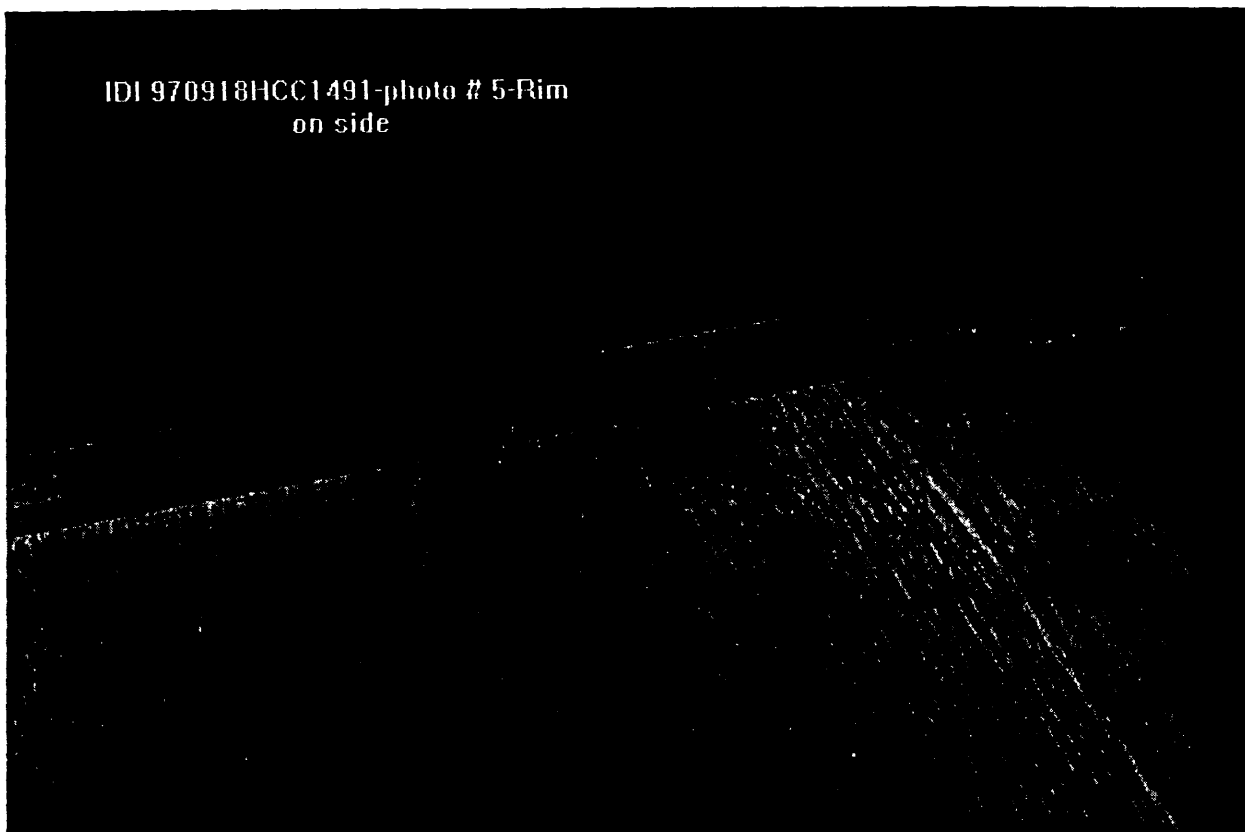
IDI  
970918HCC1491-photo #  
3-Rear view

514



515

IDI 970918HCC1491-photo # 5-Rim  
on side



516

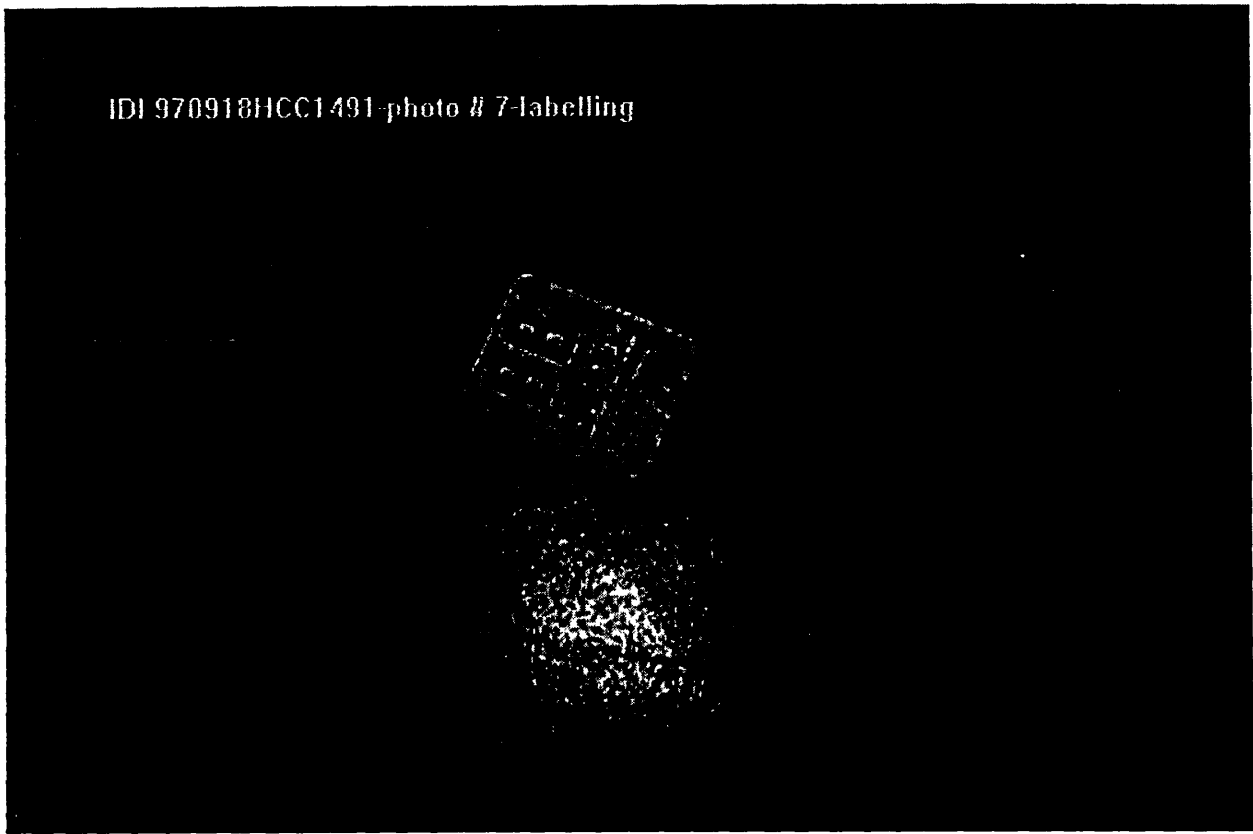
IDI 970918HCC1491-photo # 6-Rim on  
front



517



IDI 970918HCC1491-photo # 7-labelling



518