



Report Identification Number: RO-16-005

Prepared by: Rochester Regional Office

Issue Date: 9/28/2016

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 03/31/2016
Initial Date OCFS Notified: 03/31/2016

Presenting Information

On 3/28/16, Monroe County Department of Human Services (MCDHS) received an initial report from the SCR regarding the subject child (SC). According to the report the SC had two internal subdural cranial hemorrhages, experienced one probable stroke and multiple seizures due to internal bleeding. The injuries to the SC are consistent with shaken baby syndrome and medical officials have ruled out accidental trauma as a result of the serious life threatening injuries/symptoms. It was believed the adults the birth mother (BM) and the birth father (BF) either directly inflicted the injuries to this child and/or allowed this child to become injured; leading to the SC's condition.

On 3/31/16, MCDHS received a subsequent from the SCR regarding the family. According to the report, the SC expired today, from cardiac arrest and underlying traumatic injuries.

Executive Summary

This fatality report concerns the death of a 2-month old male that occurred on 3/31/16. At the time of the death, the family had an open child protective case with MCDHS due to an initial report that was received on 3/28/16 with allegations of Inadequate Guardianship (IG) and Internal Injuries (II).

MCDHS initiated the investigation timely and conducted a joint investigation with Law Enforcement (LE). In addition, MCDHS completed adequate safety/risk assessments and implemented appropriate safety plans when needed. MCDHS conducted a comprehensive investigation and assessment of service needs. The surviving sibling was determined to be safe in the informal care of the MGM. At the time of the death, the surviving sibling was not in the home as he was in the care of the MGM.

MCDHS referred the family to appropriate services to address issues related to grief and loss. MCDHS did not file a family court petition based on the fact that the father of the SC was arrested and charged criminally. In addition, It was determined that the mother was not responsible for the injuries that the SC sustained and that she responded appropriately by immediately taking him to the hospital for medical treatment.

The report has not been determined at this time. As a result, there is 1 required action regarding timeliness of determination. The RRO is not requesting any further actions at this time due to the fact that MCDHS currently has a plan in process to improve timeliness of CPS determinations.

There are no recommended actions needed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



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- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? N/A
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The CPS report has not been determined at this time.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

n/a

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Issue:	Timeliness of Determination
Summary:	At this time the report has not been determined. As per SSL 424(7);18 NYCRR 432.2(b)(3)(iv) a determination to indicate or unfound a CPS report must be made within 60 days of receipt of the report.
Legal Reference:	SSL 424(7);18 NYCRR 432.2(b)(3)(iv)
Action:	MCDHS has agreed to determine this investigation immediately. The RRO is not requesting any further actions at this time as MCDHS currently has a plan in process to improve timeliness of investigation determinations.

Fatality-Related Information and Investigative Activities**Incident Information**

Date of Death: 03/31/2016

Time of Death: 04:52 PM



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Date of fatal incident, if different than date of death: 03/28/2016

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? Unknown

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver

2

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)

LDSS Response

On 4/1/16, MCDHS responded to the information about the fatality by conducting a follow-up collateral contact with the attending hospital. According to hospital staff, the SC was pronounced dead at 4:52 p.m. on 3/31/16.

It should be noted that the BM, BF, MGM and PGM were all interviewed jointly by LE and MCDHS on 3/29/16 regarding the events leading up to the SC being admitted to the hospital on 3/28/16. The SC was admitted to the pediatric intensive care unit with a low heart rate, irregular breathing, seizure activity and unusual posturing. An MRI was conducted and it was determined that the SC had suffered an unexplained significant brain injury, cerebral hemorrhages and edema.

According to the parents of the SC, on 3/28/16, the SC was in the sole care of the BF. The surviving sibling (SS) was at the home of the MGM. The BM left the home prior to 9:00 am for work. She had planned to take the SC to daycare however the BF volunteered to watch him as he was staying home due to the weather. The BM reported that the SC was fussy when she left so she told the BF to feed him.



At 12:39 pm, the BM missed a call from the BF. At 2:00 pm she spoke to the BF and he reported that the SC was screaming and would not go to sleep; he had spit up the milk and was making moaning sounds. According to the BM, the BF reported that the PGM had visited the home and stated that she thought the SC was constipated. The PGM confirmed this and stated that she arrived to the home a few minutes after 10:00 am and remained there for about 10-15 minutes. She reported that the SC was smiling, laughing and appeared to be okay. The BM called the BF at 2:45 pm and 3:02 pm, however he did not answer. The BM received a text from the BF at 3:24 pm stating that the SC was not eating and that he felt weak. At 5:00 pm the BM left work, at 5:27 pm she called the BF to tell him that she was stuck in traffic. At 6:05 p.m. the BF called her and stated that the SC was making moaning noises. When the BM arrived home she noticed that the SC was unresponsive. The BM and BF transported the SC to the local emergency room.

The BF denied having any knowledge of how the SC sustained his injuries. He confirmed that he had called/texted the BM throughout the day regarding the SC. He further reported that he fed the SC between 11am and noon, the SC vomited and then he gave him a bath in an infant tub and dressed him. The BF stated that afterwards, the SC's behavior changed overall and he was moaning.

On the same day MCDHS reviewed the case with a child abuse medical specialist. The specialist informed MCDHS that the SC's injuries were consistent with some type of non-accidental traumatic event.

On 4/3/16, the ME ruled the death of the SC a homicide.

Between April and May, MCDHS continued to conduct appropriate casework activities by making contact with the family members, law enforcement and other collateral resources.

On 5/3/16, MCDHS and LE conducted an additional joint interview with the BF regarding the death of the SC. LE informed the BF that some type of trauma caused the death of the SC. The BF admitted that the SC's health deteriorated while he was caring for him but did not admit to directly or indirectly causing any injuries to the SC.

On 5/11/16, MCDHS confirmed that the case was being submitted to the grand jury.

On 5/24/16, MCDHS confirmed that the BF was arrested on a warrant for manslaughter in the 2nd degree in regards to the death of the SC.

On 6/7/16, MCDHS and the child abuse medical specialist met with the BM to explain the medical findings and extent of the injuries that the SC sustained.

The investigation remains open at this time and a determination has not been made.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
030581 - Deceased Child, Male, 2 Mons	030583 - Father, Male, 33 Year(s)	DOA / Fatality	Pending
030581 - Deceased Child, Male, 2 Mons	030583 - Father, Male, 33 Year(s)	Inadequate Guardianship	Pending
030581 - Deceased Child, Male, 2 Mons	030583 - Father, Male, 33 Year(s)	Internal Injuries	Pending
030581 - Deceased Child, Male, 2 Mons	030582 - Mother, Female, 28 Year(s)	DOA / Fatality	Pending
030581 - Deceased Child, Male, 2 Mons	030582 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Pending
030581 - Deceased Child, Male, 2 Mons	030582 - Mother, Female, 28 Year(s)	Internal Injuries	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?				
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: A removal of the surviving sibling was not necessary.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court
 Criminal Court
 Order of Protection

Criminal Charge: Manslaughter Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
05/24/2016	Caregiver 2	Pending	Pending
Comments:	On 5/24/16, the BF was arrested on a warrant for Manslaughter in the 2nd degree regarding the death of the SC.		

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

Trauma services were offered to the family, however the mother declined. Although the mother declined services, CPS has assessed that the surviving sibling is safe. There are no concerns regarding the mother's care of the child.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** Yes
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality



There is no CPS investigative history within three years prior to the fatality.

CPS - Investigative History More Than Three Years Prior to the Fatality

No CPS history more than three years prior to fatality.

Known CPS History Outside of NYS

No known CPS history outside of NYS.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No