



Report Identification Number: NY-19-018

Prepared by: New York City Regional Office

Issue Date: Aug 12, 2019

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 15 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 02/19/2019
Initial Date OCFS Notified: 02/19/2019

Presenting Information

The SCR report alleged on 2/19/19, the SC experienced difficulty breathing. The SM called 911. The SC became unconscious and went into cardiac respiratory failure. Emergency Services arrived at the home and intubated the SC in the ambulance en route to the hospital. It was unknown what caused the SC's condition and subsequent death.

Executive Summary

This 15-year-old male child died on 2/19/19. The autopsy report listed the cause of death as anaphylaxis inadvertent exposure to peanut proteins complicating known peanut allergy with a contributing condition of acute and chronic bronchial asthma, and the manner of death as natural. The ME stated there are no signs of trauma and nothing suspicious about SC's death.

The 2/19/19 SCR report included allegations of DOA/Fatality and IG of the 15-yo male child (SC) by the SM. The report alleged on 2/19/19, when the SC had trouble breathing, the SM called 911. The SC became unconscious and went into cardiac respiratory failure. EMS arrived at the home and intubated the SC in the ambulance on the way to the hospital. The SC was later pronounced dead. It was unknown what caused the SC to go into cardiac respiratory failure making his death suspicious.

ACS' investigation revealed the SC who had a history of a peanut allergy ate food which had been inadvertently seasoned with peanuts. The mother explained she had previously used the same type of seasoning in cooking; however, the SC did not have an adverse reaction to the spice. ACS later learned that the spice used by the SM had peanuts. After eating, the SC had difficulty breathing and for relief (thinking he was having an asthma attack) he used his Albuterol pump. The SC then lost consciousness and the mother called 911. EMS used the EpiPen available in the home and took him to the nearest hospital where he later died. ACS contacted the hospital and interviewed the Dr. who provided information from the medical record. ACS verified the SC was transported to the hospital by EMS. He was pronounced dead at 8:39 PM. The cause of death was listed as Cardiac Respiratory Failure and there were no physical signs of trauma. The social worker (SW) said EMS was contacted at 7:20 PM due to the SC had difficulty breathing. SC arrived and began resuscitative efforts before transporting the SC to the hospital; the SC arrived at the hospital at 8:10 PM. The family believed the SC had an allergic reaction to peanuts.

During the investigation, ACS visited the home a number of times and interviewed the SM and three siblings who had been in the home at the time of the incident. The accounts of SM and the siblings remained consistent. Contact with LE and the FDNY also revealed the family's account was also consistent with what was reported to the ACS staff. Later in the investigation the father was notified and interviewed. He had no details regarding the incident.

ACS inquired about the medical condition as it related to the surviving siblings. None of the siblings had the peanut allergy. In all the assessments ACS noted the children were safe. ACS made contact with the children's school and learned there were no concerns regarding their academics or behavior

On 4/18/19, ACS unsubstantiated the allegations of the report on the basis of no credible evidence to support the allegations. The family was referred for PPRS. Services would include bereavement counseling, clinical health services, and monitoring of the SS attendance and academics. The need for the monitoring of the attendance and academics was not



warranted as the case documentation consistently stated children were doing well in school and were not habitually absent.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

Sufficient information was gathered to make the decisions reflected on the Safety Assessments.

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:

The family was referred for PPRS. The family would receive bereavement counseling, clinical health services as well as continued monitoring of the three SS's medical and academics in school.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/19/2019

Time of Death: 08:39 PM



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

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 07:20 PM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	15 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	46 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)

LDSS Response

Upon receipt of the report, ACS contacted the hospital and interviewed the Dr. who provided information from the medical record. ACS verified EMS was contacted at 7:20 PM; the SC was transported to the hospital by EMS, and was pronounced dead at 8:39 PM. The SC arrived at the hospital at 8:10 PM.

On 2/20/19, ACS visited the home and interviewed the SM and three siblings. The SM explained that the family ate dinner at 6:00 PM in the living room and she prepared their steak dinner with a different version of a spice called "Suya Pepper." The SM said after eating, the SC exited his room and started having shortness of breath. The SC vomited at which time his sibling called 911. The SC then went to take a shower and still had difficulty breathing, and requested his medical devices. The SM gave it to him and after he took the inhalers he passed out. The SM attempted to perform CPR and then went to neighbor's door as EMS had not yet arrived. Shortly thereafter, the FDNY and LE arrived and then EMS. The FDNY technicians administered the Epi-pen injection to the SC as the SM informed them that when the SC exited his room, he did his own research on the spice she used and found it had peanuts in it. The mother had the Epi-pen in the home but thought the child was having an asthma attack.

The siblings were observed and did not have suspicious marks or bruises. The CHN said the SC had difficulty breathing



after eating dinner. The SM said they all sat down to eat dinner together in the living room, and the SC ate only a few pieces of steak.

LE stated the SM said she prepared a steak dinner for the family and unbeknownst to her used a spice that contained peanuts. The SM said when the SC began to have difficulty breathing, she thought he had an asthma attack. She told the SC to relax, breathe, and go to the window for fresh air. When he continued having difficulty breathing, she called 911 and another family member then looked at the spice the mother used on the steak, and that was when they learned it had peanuts. The SM had an Epi-pen for the SC, but she did not use it as she was not aware he was having an allergic reaction until EMS arrived and administered it to him. No arrests were made. LE said the other CHN in the home were observed to be well cared for.

Also on 2/20/19, ACS staff interviewed neighbors regarding the family. No one had any concerns regarding the care the mother provided the children. The neighbors confirmed the events from the point at which the mother contacted them for assistance.

Contact with medical providers on 2/20 and subsequent dates revealed the children's medicals were up to date and that the family was aware of the child's peanut allergy.

On 2/25/19, ACS staff contacted the school the children attended and learned the children including the SC were doing very well in school and there were no concerns regarding behavior or academics. The school was also aware of the SC's severe peanut allergy.

On 3/12/19 a Child Safety Conference was held. The mother agreed to services and on 3/13/19 a joint visit with the PPRS agency took place. The family was engaged in services which included bereavement counseling.

On 4/3/19, NYCRO received the autopsy report which listed the cause of death as anaphylaxis inadvertent exposure to peanut proteins complicating known peanut allergy with a contributing condition of acute and chronic bronchial asthma, and the manner of death as natural.

On 4/18/19, ACS unsubstantiated the allegations of the report against the mother.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The documentation did not reflect the presence of a MDT response to this investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

050621 - Deceased Child, Male, 15 Yrs	050622 - Mother, Female, 46 Year(s)	DOA / Fatality	Unsubstantiated
050621 - Deceased Child, Male, 15 Yrs	050622 - Mother, Female, 46 Year(s)	Inadequate Guardianship	Unsubstantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

Case notes were entered in a timely manner.

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 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 checked="" type="checkbox"/>	<input 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"/>



Child Fatality Report

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"/>
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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"/>

Explain:
 There was an adequate assessment of the family's need for services. The family accepted preventive services which included bereavement counseling.

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 siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The safety assessment accurately reflected the case circumstances at the time the safety assessment forms were completed.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



Bereavement counseling	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information, if necessary:

The family was referred for PPRS. The family would receive bereavement counseling, clinical health services as well as continued monitoring of the three SS's medical and academics in school.

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? Yes

Explain:

The surviving siblings were provided with grief/trauma counseling in the school setting..

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The SM was referred for PPRS services which she accepted on 3/11/19. Services will include bereavement counseling, and mental health services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

No

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?

N/A



Was the child acutely ill during the two weeks before death?

No

CPS - Investigative History Three Years Prior to the Fatality

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

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

The SM was listed as having no role in an SCR report dated 9/29/09. The report involved a daycare provider as an alleged subject of the report. ACS investigated the report and unsubstantiated the allegations of LS, IG, and Fractures on the basis of no credible evidence. On 11/27/09, the report was Unfounded. No corrective actions were required.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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