

ORIGINAL

1239 Kipke Drive Ann Arbor, MI 48109-2036

THE UNIVERSITY OF MICHIGAN
GENERAL INCIDENT REPORT

CASE STATUS	RELATED UM INCIDENT	INCIDENT YEAR	INCIDENT NUMBER
Open CLASSED		2008	1400

OFFENSE 1	NATURE OF OFFENSE		ATTEMPT/COMPLETE	BIAS MOTIVATION	WEAPON
	Death Investigation		Completed	None	None
	OFFENDER SUSPECTED OF USING	PREMISES ENTERED	GANG INVOLVED	DOMESTIC VIOLENCE	
	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		<input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER	No	
CRIMINAL ACTIVITY					
<input type="checkbox"/> OPERATING/PROMOTING/ASSISTING		<input type="checkbox"/> CULTIVATING/MANUFACTURING/PUBLISHING	<input type="checkbox"/> EXPLOITING CHILDREN DISTRIBUTING/SELLING	<input type="checkbox"/> BUYING/RECEIVING POSSESSING/CONCEALING	<input type="checkbox"/> USING/CONSUMING TRANSPORTING/TRANSMITTING/IMPORTING

OFFENSE 2	NATURE OF OFFENSE		ATTEMPT/COMPLETE	BIAS MOTIVATION	WEAPON
	OFFENDER SUSPECTED OF USING	PREMISES ENTERED	GANG INVOLVED	DOMESTIC VIOLENCE	
	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		<input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER		
CRIMINAL ACTIVITY					
<input type="checkbox"/> OPERATING/PROMOTING/ASSISTING		<input type="checkbox"/> CULTIVATING/MANUFACTURING/PUBLISHING	<input type="checkbox"/> EXPLOITING CHILDREN DISTRIBUTING/SELLING	<input type="checkbox"/> BUYING/RECEIVING POSSESSING/CONCEALING	<input type="checkbox"/> USING/CONSUMING TRANSPORTING/TRANSMITTING/IMPORTING

OFFENSE 3	NATURE OF OFFENSE		ATTEMPT/COMPLETE	BIAS MOTIVATION	WEAPON
	OFFENDER SUSPECTED OF USING	PREMISES ENTERED	GANG INVOLVED	DOMESTIC VIOLENCE	
	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		<input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER		
CRIMINAL ACTIVITY					
<input type="checkbox"/> OPERATING/PROMOTING/ASSISTING		<input type="checkbox"/> CULTIVATING/MANUFACTURING/PUBLISHING	<input type="checkbox"/> EXPLOITING CHILDREN DISTRIBUTING/SELLING	<input type="checkbox"/> BUYING/RECEIVING POSSESSING/CONCEALING	<input type="checkbox"/> USING/CONSUMING TRANSPORTING/TRANSMITTING/IMPORTING

OFFENSE 4	NATURE OF OFFENSE		ATTEMPT/COMPLETE	BIAS MOTIVATION	WEAPON
	OFFENDER SUSPECTED OF USING	PREMISES ENTERED	GANG INVOLVED	DOMESTIC VIOLENCE	
	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		<input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER		
CRIMINAL ACTIVITY					
<input type="checkbox"/> OPERATING/PROMOTING/ASSISTING		<input type="checkbox"/> CULTIVATING/MANUFACTURING/PUBLISHING	<input type="checkbox"/> EXPLOITING CHILDREN DISTRIBUTING/SELLING	<input type="checkbox"/> BUYING/RECEIVING POSSESSING/CONCEALING	<input type="checkbox"/> USING/CONSUMING TRANSPORTING/TRANSMITTING/IMPORTING

INCIDENT LOCATION					
STREET NUMBER	STREET NAME	CITY	STATE	ZIP	ROOM#
1500	E MEDICAL CENTER	Ann Arbor	MI	48109	
INCIDENT OCCURED					
DATE FROM	TIME FROM	DATE TO	TIME TO	INCIDENT REPORTED DATE	INCIDENT REPORTED TIME
12/11/2007	00:00	12/11/2007	04:00	4/11/2008	14:15
ORIGINATING UNIT					
Public Safety					

PERSONS INVOLVED					
SEQ	PERSON TYPE	NAME		GENDER	RACE
1	Complainant			Female	Black
HOME ADDRESS			HOME PHONE	AGE	DOB
				00	
OTHER ADDRESS			OTHER PHONE	BEST TIME TO REACH	AFFILIATION
					Unknown

VICTIM	VICTIM TYPE	CONNECTED OFFENSE	ETHNICITY	RESIDENCE	INJURY
	Not Applicable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Unknown	Unknown	None
	CIRCUMSTANCE	JUSTIFIABLE HOMICIDE	VOR	OFFENDER 1	OFFENDER 2
Not Applicable	Not Applicable		Victim was Stranger	Victim was Strange	
			OFFENDER 3	OFFENDER 4	OFFENDER 5
			Victim was Stranger	Victim was Strang	Victim was Strang

OFFENDER	HEIGHT	WEIGHT	BUILD	HAIR STYLE	HAIR COLOR	EYE COLOR	FACIAL HAIR	EYE WEAR
	0'00	0	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
ALIAS		COMPLEXION	OPS CODE/STATE	OTHER ID	SSN			
Unknown/None		Unknown	Unknown/None					

EXCEPTIONAL CLEARANCE	CLEARANCE DATE	OFFENDER KNOWN	VEHICLE KNOWN	EVIDENCE COLL.	OTHER AGENCY ORI	OTHER AGENCY CASE
Not applicable		No	No	No		
REPORTING OFFICER	SIGNATURE	DATE OF REPORT		REVIEWED BY		
Soichet, Robert		4/16/2008				

THE UNIVERSITY OF MICHIGAN ADDITIONAL PERSON REPORT

INCIDENT YEAR	INCIDENT NUMBER
2008	1400

PERSON INVOLVED	
SEQ	PERSON TYPE
2	Other Person
NAME PORTERFIELD, DOROTHY ANN	
GENDER Female	
RACE Black	
HOME ADDRESS	
HOME PHONE	
AGE 79	
DOB	
OTHER ADDRESS	
OTHER PHONE	
BEST TIME TO REACH	
AFFLIATION Patient	

VICTIM	VICTIM TYPE Not Applicable	CONNECTED OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	ETHNICITY Unknown	RESIDENCE Unknown	INJURY None		
	CIRCUMSTANCE Not Applicable	JUSTIFIABLE HOMICIDE Not Applicable		VOR	OFFENDER 1 Victim was Stranger	OFFENDER 2 Victim was Stranger	OFFENDER 3 Victim was Stranger

OFFENDER	HEIGHT 0'00	WEIGHT 0	BUILD Unknown	HAIR LENGTH Unknown	HAIR COLOR Unknown	EYE COLOR Unknown	FACIAL HAIR Unknown	EYE WEAR Unknown
	ALIAS Unknown/None	COMPLEXION Unknown	OPS CODE/STATE Unknown/None		OTHER ID	SSN		

PERSON INVOLVED	
SEQ	PERSON TYPE
3	Witness
NAME	
GENDER Female	
RACE Black	
HOME ADDRESS	
HOME PHONE	
AGE 00	
DOB	
OTHER ADDRESS	
OTHER PHONE	
BEST TIME TO REACH	
AFFLIATION Unknown	

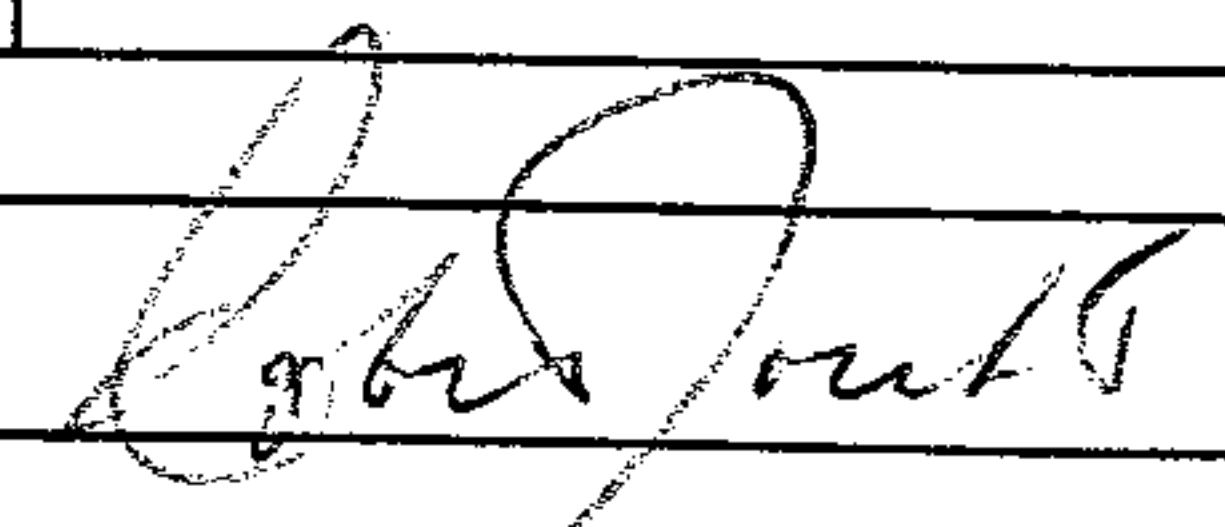

VICTIM	VICTIM TYPE Not Applicable	CONNECTED OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	ETHNICITY Unknown	RESIDENCE Unknown	INJURY None		
	CIRCUMSTANCE Not Applicable	JUSTIFIABLE HOMICIDE Not Applicable		VOR	OFFENDER 1 Victim was Str	OFFENDER 2 Victim was Str	OFFENDER 3 Victim was Str

OFFENDER	HEIGHT 0'00	WEIGHT 0	BUILD Unknown	HAIR LENGTH Unknown	HAIR COLOR Unknown	EYE COLOR Unknown	FACIAL HAIR Unknown	EYE WEAR Unknown
	ALIAS Unknown/None	COMPLEXION Unknown	OPS CODE/STATE Unknown/None		OTHER ID	SSN		

PERSON INVOLVED	
SEQ	PERSON TYPE
4	
NAME	
GENDER	
RACE	
HOME ADDRESS	
HOME PHONE	
AGE	
DOB	
OTHER ADDRESS	
OTHER PHONE	
BEST TIME TO REACH	
AFFLIATION	

VICTIM	VICTIM TYPE	CONNECTED OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	ETHNICITY	RESIDENCE	INJURY		
	CIRCUMSTANCE	JUSTIFIABLE HOMICIDE		VOR	OFFENDER 1	OFFENDER 2	OFFENDER 3

OFFENDER	HEIGHT	WEIGHT	BUILD	HAIR LENGTH	HAIR COLOR	EYE COLOR	FACIAL HAIR	EYE WEAR
	ALIAS	COMPLEXION	OPS CODE/STATE		OTHER_ID	SSN		

REPORTING OFFICER Soichet, Robert	SIGNATURE 	DATE OF REPORT 4/16/2008	REVIEWED BY 
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**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT	INCIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
	4/11/2008	Information- Hospital Death	2008	1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Information	INFORMATION RECEIVED FROM:		SUPERVISOR REVIEW: RN

NATURE:
Information – U-M Hospital Death Investigation

SUMMARY:

and her sister told me that their mother had died at U-M Hospital on 12/11/2007. They said they had unanswered questions from the hospital because the private autopsy that they had performed listed the cause of death as asphyxia and the manner of death unknown, but the death certificate lists the cause of death as metastatic small cell lung cancer and the manner of death natural.

STATEMENT OF

told me that her mother had been in the hospital since the end of October until her death on 12/11/07 at around 03:27. She said the actual time of death was not known, but that was when she was pronounced dead. She told me that her mother had a tracheotomy but that at the time of her death the trach tube was found on the floor. She said another sister of hers, was in the room but asleep at the time and they don't know how the tracheotomy tube came out. She told me that the head RN, a man named tried to get her sister to sign a document, but her sister refused. She said he also told human resources that their family did not want but this is untrue. She told me that her mother had been in different areas during her hospital stay and that someone from the family was with her all the time. She said that there was a problem with the bed rail not staying up, when her mother was on the 6th floor and her mother died on the 5th floor. She told me that her family has been asking for the paperwork of the investigation done by the U-M hospital for months but has not received it and because of that and the question of the trach on the floor, they therefore came to the police.

STATEMENT OF

She added that her mother entered the hospital around the 27th of October. She also described for me the problem of the bed rail not staying up for long and the hospital not staff not taking care of this, although the family complained about it. She also told me that their sister, had refused to sign a document that RN tried to get her to sign. She said that her mother's trach seemed to her to have been held in place by rubber bands and that when her mother coughed she just coughed gently (not like normal) and she didn't understand how the trach could have come out.

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT	INCIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
	4/11/2008	Information- Hospital Death	2008	1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Information		INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN

ADDITIONAL INFORMATION:

provided me a copy of the death certificate as well as the autopsy report. The autopsy was performed by Kanu Virani, MD. She identified herself as the legal representative for the deceased and signed a release of medical information form.

I contacted _____ of Autopsy and Forensic Services at U-M Hospital, who told me that her office was unaware of this case.

I contacted Hospital Risk Management and am awaiting a call back.

I called _____, identified myself and asked to speak with her for a few minutes but she told me that she was not feeling well and did not wish to talk. She agreed to speak with me or someone else next week.

CASE STATUS:

Open

**STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD**

**COUNTY OF WASHTENAW
STATE OF MICHIGAN**

**STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER
3013486

2007-03415-D



1. DECEDENT'S NAME (First, Middle, Last) Dorothy Ann Porterfield		2. DATE OF BIRTH (Month, Day, Year)	3. SEX Female	4. DATE OF DEATH (Month, Day, Year) December 11, 2007
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) Dorothy Ann Smith		6a. AGE - Last Birthday (Years) 79	6b. UNDER 1 YEAR MONTHS DAYS	6c. UNDER 1 DAY HOURS MINUTES
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) University Hospitals		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Ann Arbor		7c. COUNTY OF DEATH Washtenaw
8a. CURRENT RESIDENCE - STATE Michigan	8b. COUNTY	8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (inside limits of) <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE		8d. STREET AND NUMBER (include Apt. No. if applicable)
8e. ZIP CODE	9. BIRTHPLACE (City and State or Country) Brownsville, Pennsylvania		10. SOCIAL SECURITY NUMBER	11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? 10th grade
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) Black		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe African American		13b. HISPANIC ORIGIN (Yes or No) No
14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) No		15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Custodian		
16. KIND OF BUSINESS OR INDUSTRY Bank		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)	
19. FATHER'S NAME (First, Middle, Last) James Smith		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Corine Smith		
21a. INFORMANT'S NAME (Type/Print)		21b. RELATIONSHIP TO DECEDENT Daughter	21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)	
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Forest Lawn Cemetery		23b. LOCATION - City or Village, State Saginaw, Michigan
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>Caroline L. Miller</i>		25. LICENSE NUMBER (of Licensee) 6948	26. NAME AND ADDRESS OF FUNERAL FACILITY Evans-Smith Funeral Home 630 N. Jefferson Ave. Saginaw, Michigan 48607	
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place stated due to the cause(s) and manner stated. Signature and Title <i>D. Ballard</i> M.D.		28a. ACTUAL OR PRESUMED TIME OF DEATH 3:27A	28b. PRONOUNCED DEAD ON (Mo, Day, Yr) December 11, 2007	28c. TIME PRONOUNCED DEAD 3:27A
27b. DATE SIGNED (Mo, Day, Yr) December 11, 2007		27c. LICENSE NUMBER 090084	29. MEDICAL EXAMINER CONTACTED? (Yes or No) No	30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital
27d. DATE SIGNED (Mo, Day, Yr) December 11, 2007		27e. LICENSE NUMBER 090084	31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify) Inpatient	
32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Darren Ballard, M.D., University Hospitals, Ann Arbor, Michigan 48109		
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)		35a. REGISTRAR'S SIGNATURE <i>Carrene Keskuba</i>		
35b. DATE FILED (Month, Day, Year) JAN 07 2008				

DECEDENT

For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

a. Metastatic Small Cell Lung Cancer	Appropriate Interval between Onset and Death Months
b. _____	
c. _____	
d. _____	

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days or more before death
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural	40a. WAS AN AUTOPSY PERFORMED? (Yes or No)
40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	

7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c)
 HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code)
University Hospitals

7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH
Ann Arbor

7c. COUNTY OF DEATH
Washtenaw

8a. CURRENT RESIDENCE - STATE
Michigan

8b. COUNTY
Washtenaw

8c. LOCALITY (check the box that describes the location)
 CITY OR VILLAGE (inside limits of)
 TOWNSHIP
 UNINCORPORATED PLACE

8d. STREET AND NUMBER (include Apt. No. if applicable)
10th grade

9. BIRTHPLACE (City and State or Country)
Brownsville, Pennsylvania

10. SOCIAL SECURITY NUMBER

11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?
10th grade

12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie Chinese, Filipino, Asian Indian, etc.) (Enter all that apply)
Black

13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) if American Indian race, enter principal tribe
African American

13b. HISPANIC ORIGIN (Yes or No)
No

14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No)
No

15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired.
Custodian

16. KIND OF BUSINESS OR INDUSTRY
Bank

17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
Widowed

18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)

19. FATHER'S NAME (First, Middle, Last)
James Smith

20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last)
Corine Smith

21a. INFORMANT'S NAME (Type/Print)
Daughter

21b. RELATIONSHIP TO DECEDENT
Daughter

21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)

22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify)
Burial

23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location)
Forest Lawn Cemetery

23b. LOCATION - City or Village, State
Saginaw, Michigan

24. SIGNATURE OF MORTUARY SCIENCE LICENSEE
Carline L. Miller

25. LICENSE NUMBER (of Licensee)
6948

26. NAME AND ADDRESS OF FUNERAL FACILITY
**Evans-Smith Funeral Home
 630 N. Jefferson Ave., Saginaw, Michigan 48607**

27a. CERTIFIER (Check only one)
 Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

27b. DATE SIGNED (Mo, Day, Yr)
December 11, 2007

27c. LICENSE NUMBER
090084

27d. SIGNATURE AND TITLE
D. Ballard M.D.

28a. ACTUAL OR PRESUMED TIME OF DEATH
3:27A

28b. PRONOUNCED DEAD ON (Mo, Day, Yr)
December 11, 2007

28c. TIME PRONOUNCED DEAD
3:27A

29. MEDICAL EXAMINER CONTACTED? (Yes or No)
No

30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify)
Hospital

31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)
Inpatient

32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)

33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
Darren Ballard, M.D., University Hospitals, Ann Arbor, Michigan 48109

34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)
Darren Ballard, M.D., University Hospitals, Ann Arbor, Michigan 48109

35a. REGISTRAR'S SIGNATURE
Lawrence Kestenbaum

35b. DATE FILED (Month, Day, Year)
JAN 07 2008

36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions, IF ANY, leading in the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

a. **Metastatic Small Cell Lung Cancer**
 DUE TO (OR AS A CONSEQUENCE OF)

b. _____
 DUE TO (OR AS A CONSEQUENCE OF)

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

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

Appropriate Interval between Onset and Death
Months

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

37. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No Unknown

38. IF FEMALE:
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days or more before death
 Unknown if pregnant within the past year

39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)
Natural

40a. WAS AN AUTOPSY PERFORMED? (Yes or No)
Yes

40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
No

41a. DATE OF INJURY (Mo, Day, Yr)

41b. TIME OF INJURY
M

41c. DESCRIBE HOW INJURY OCCURRED

41d. INJURY AT WORK (Yes or No)

41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)

41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)

41g. LOCATION - Street or RFD No. City, Village or Twp. State

For use by physician or institution

PARENTS
INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

DC11-0483 10/01

B236830



I, LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

DATE: **JAN 07 2008**

Lawrence Kestenbaum
 LAWRENCE KESTENBAUM
 WASHTENAW COUNTY CLERK/REGISTER



KANU VIRANI, M.D.
CONSULTING FORENSIC PATHOLOGIST

6189 Beachwood Court
West Bloomfield
MI 48324-3320
248-858-4044
248-363-1481

Dear

Attached is an autopsy report on Dorothy Porterfield. Do not hesitate to call me if you have any questions.

Sincerely

Kanu Virani
KANU VIRANI, M.D.
1-31-08

*I need this copy: 3/27/2008 (about 8:30 AM - 9 AM)
the meeting of Kanu Virani, M.D., his assistants
& myself,
the Secretary,*

OPINION

Dorothy Porterfield died of asphyxia due to dislodgement of tracheostomy tube. Treated metastatic small cell carcinoma of lung is contributing to her death. She also had severe pulmonary emphysema. There are no physical injuries. The manner of death is undeterminable (unclear how the tracheostomy tube was dislodged).

EXTERNAL EXAMINATION

The body is that of a black female, 60 inches, about 120 lb, normally developed, normally nourished, and with an appearance consistent with the stated age of 79 years. There are no clothes on the body.

The body is cold. Rigor mortis is fully developed. Livor mortis is purple, fixed, and dorsal.

Scalp hair is dark brown to gray, curly, short and thin. The head and face are unremarkable. The irides are brown. Arcus senilis is present in both eyes. Central portions of cornea are clear. The scleras are white. There are no conjunctival petechiae or hemorrhages. There are no teeth. The nostrils, mouth, and ears are unremarkable. Hypopigmented skin is present on anterior portion and left side of the lower neck. The chest is symmetrical and barrel shaped. The breasts are atrophic with small palpable fibrotic areas. The abdomen is mildly distended. A very small superficial area of ecchymosis is present on right side of the abdomen. The genitalia are that of an adult female and are without remarkable findings. Lower extremities are symmetrical. There is no visible or palpable edema. Hypopigmented skin is present on right upper arm and central portion of the upper part of the back. The hands and fingers are unremarkable. Very superficial decubitus is present in the lower sacral and upper gluteal areas. There is no visible infection in the decubitus.

SCAR: 1 ½ inch healing scar is present on right side of the lower neck. A midline scar is present on lower abdomen.

TATTOO: None

DOROTHY PORTERFIELD

EVIDENCE OF THERAPY: An opening for tracheostomy tube is present in the suprasternal notch. A wide bore needle puncture is present in right upper arm. An opening for feeding tube is present in left side of the upper abdomen. An ecchymosis is present in the left antecubital fossa.

EVIDENCE OF INJURY: None

INTERNAL EXAMINATION

BODY CAVITIES: The right chest has about 500 cc, left chest has about 300 cc and pericardial sac has about 100 cc of serous fluid. The abdominal cavity is empty. Dense pleural adhesions are present in the posterior portion of lower lobe of the right lung. Lower peritoneal adhesions are also present. Remaining serosal surfaces are smooth.

HEAD AND BRAIN: There are no hemorrhages in the scalp. The skull is intact. There are no epidural, subdural or subarachnoid hemorrhages. The brain weighs 1008 gm. The meninges are thin and transparent. The gyri and sulci are normal and symmetrical. There is no brain edema. The cerebral cortex is uniform. The white matter is without focal lesion. Basal ganglia, mammillary body and hippocampi are without abnormality. The ventricles are normal, containing clear cerebro-spinal fluid. The major blood vessels at the base of the brain are intact and normal. The brain stem and cerebellum are without focal abnormalities. Substantia nigra has adequate pigmentation.

NECK ORGANS: There are no hemorrhages in the neck muscles or soft tissue. The laryngeal cartilages, hyoid bone, and cervical vertebrae are intact. The larynx and pharynx are unremarkable. There are no laryngeal edemas or upper airway obstructions. The carotid arteries and jugular veins are patent and normal.

CARDIOVASCULAR SYSTEM: The heart weighs 341 gm. The coronaries are normally distributed with right predominant circulation. Calcification is present in right coronary and left anterior descending coronary artery with 25% focal narrowing in the middle portion of the right coronary artery. The left main and left circumflex coronary arteries are patent. The myocardium has brown appearance. 1.0 cm

DOROTHY PORTERFIELD

subendocardial fibrosis is present in the posterior wall of the left ventricle. Left ventricle measures 1.5 cm and right ventricle measures 0.5 cm in thickness. The endocardium is smooth. The cardiac chambers are within normal limits. The tricuspid valve has 13.0, pulmonic 7.5, mitral 11.0 and aortic 7.0 cm circumference. The cardiac valves are normal and without deformities. The aorta and its major branches are patent and normal. The major veins are patent.

RESPIRATORY SYSTEM: The right lung weighs 567 gm and the left lung weighs 290 gm. Diffuse severe emphysema is present in both lungs. Anthracosis is heavy. Lower lobe of right lung has severe congestion and focal consolidation. The upper and lower airways are unobstructed. Respiratory mucosa is smooth and intact. The pulmonary arteries are patent and without emboli. There are no other focal abnormalities in the lungs.

DIGESTIVE SYSTEM: The tongue and esophagus are normal. The stomach contains about 300 gm of curdy white solid food and thin liquid. There are no mucosal lesions in the esophagus, stomach, or duodenum. There is no hemorrhaging in the stomach or intestines. The intestines and pancreas are normal. The appendix is not present. There are no contusions or lacerations of the mesentery.

LIVER: The liver weighs 1383 gm and its surface is smooth. The parenchyma has a homogeneous brown appearance. There is no fatty degeneration or focal abnormalities. The gall bladder contains about 2 cc of bile. There are no gall stones. The common bile duct is patent.

SPLEEN: The spleen weighs 99 gm. The capsule is intact. The parenchyma is normal.

GENITO-URINARY SYSTEM: The right kidney weighs 106 gm and left kidney weighs 116 gm. The capsules are difficult to separate and subcapsular surfaces are granular. Left kidney has 2.5 cm cortical cyst containing clear fluid. The renal cortex is uniform. Cortico-medullary demarcation is distinct. There are no other focal abnormalities in the renal parenchyma. The caliceal system and ureters are patent with smooth mucosa. The urinary bladder is empty. The bladder mucosa is smooth and intact. The uterus is not

DOROTHY PORTERFIELD

present. Both ovaries are present and show atrophic changes.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenals are unremarkable.

LYMPH NODES: Large lymph nodes are present in the neck and mediastinum with metastatic tumor. The lymph node in the neck measures up to 2.5 cm and in the mediastinum measures up to 5.0 cm.

MUSCULO-SKELETAL SYSTEM: The bones are intact and without natural disease. There is symmetrical atrophy of the skeletal muscles.

MICROSCOPIC EXAMINATION

HEART: Focal myocardial fibrosis is present. The myocytes show hypertrophy. There is no visible acute myocardial infarct. The coronaries show mild arteriosclerosis.

LUNGS: There is severe emphysema with distended alveoli and, thick and congested septa. The bronchial mucosa show chronic submucosal inflammation and focal squamous metaplasia. Occasional small airway also contains mucus. A small area of acute inflammation and loose fibrosis are present with radiation induced reaction (treated part of the tumor). There is no identifiable definite tumor in the lungs. The trachea has mucosal ulceration with significant submucosal edema and acute, as well as, chronic inflammation.

LYMPH NODES: Mediastinal and cervical lymph nodes show treated tumor. There are ghosts of tumor cells however, these cells are not identifiable for any specific diagnosis. Scattered lymphocytes and plasma cells are present among these cells. Focal hemorrhagic necrosis is also present.

BRAIN: There are no identifiable hypoxic changes in Purkinje cells or in hippocampus.

LIVER: There is acute sinusoidal acute congestion. The hepatocytes and portal triads are unremarkable.

KIDNEYS: Mild focal subcapsular chronic inflammation is present. The blood vessels are mildly hypertrophic. There is autolysis of the tubules.


BONE MARROW: The marrow is hypoplastic however, there is no metastatic tumor.

SPLEEN: There is an acute congestion of the sinuses. The germinal centers are inconspicuous.

BREASTS: Extensive sclerosis is present with focal mildly dilated ducts.

URINARY BLADDER: The mucosa is ulcerated with submucosal inflammation and dilated capillaries.

Sections of pituitary, adrenal, colon, small intestine and stomach are unremarkable. The pancreas shows autolysis.


KANU VIRANI, M.D.
Consulting Forensic Pathologist
1-31-08

Case: V07-26

Witness: B. van

Rt Chest: @ 500

Lt Chest: @ 300

Peritoneal: *Exempt*

Pericardial: 1.50

Serosal Surfaces: Pt Lt *all*

Head: *q*

Skull: *p*

Brain: 1008 *q*

Neck: *q*

Heart: 341 *pe*

TV: 13.0

PV: 7.5

MV: 11.0

AV: 7.0

Coronaries: *cal*

Myocardium: *R/R*

Aorta: *7.5 cal 5.5*

IV: 1.5

RV: 0.5

Rt Lung: 567 | *Severe cancer*

Lt Lung: 290 | *PLE cong ? fine*

Stomach: @ 300 gm *conden* *yo white*

Intestines: *q*

Appendix: *Not seen*

Pancreas: *q*

Liver: 1383 *ML* *q*

CBD: *q*

Gall Bladder: 2 *ca*

Spleen: 99 *q*

Rt Kidney: 106 | *gm*

Lt Kidney: 116 | *2.5 con out*

Bladder: *small*

Uterus & Ovaries/Prostate: *not seen*

L.N. *Worm 2.5 cm*

pit covered; red and pinkish up to 5 cm

Pituitary: *q* Thyroid: *e*

Adrenals: *q*

M-S: *q*

Tox Sp: *—*

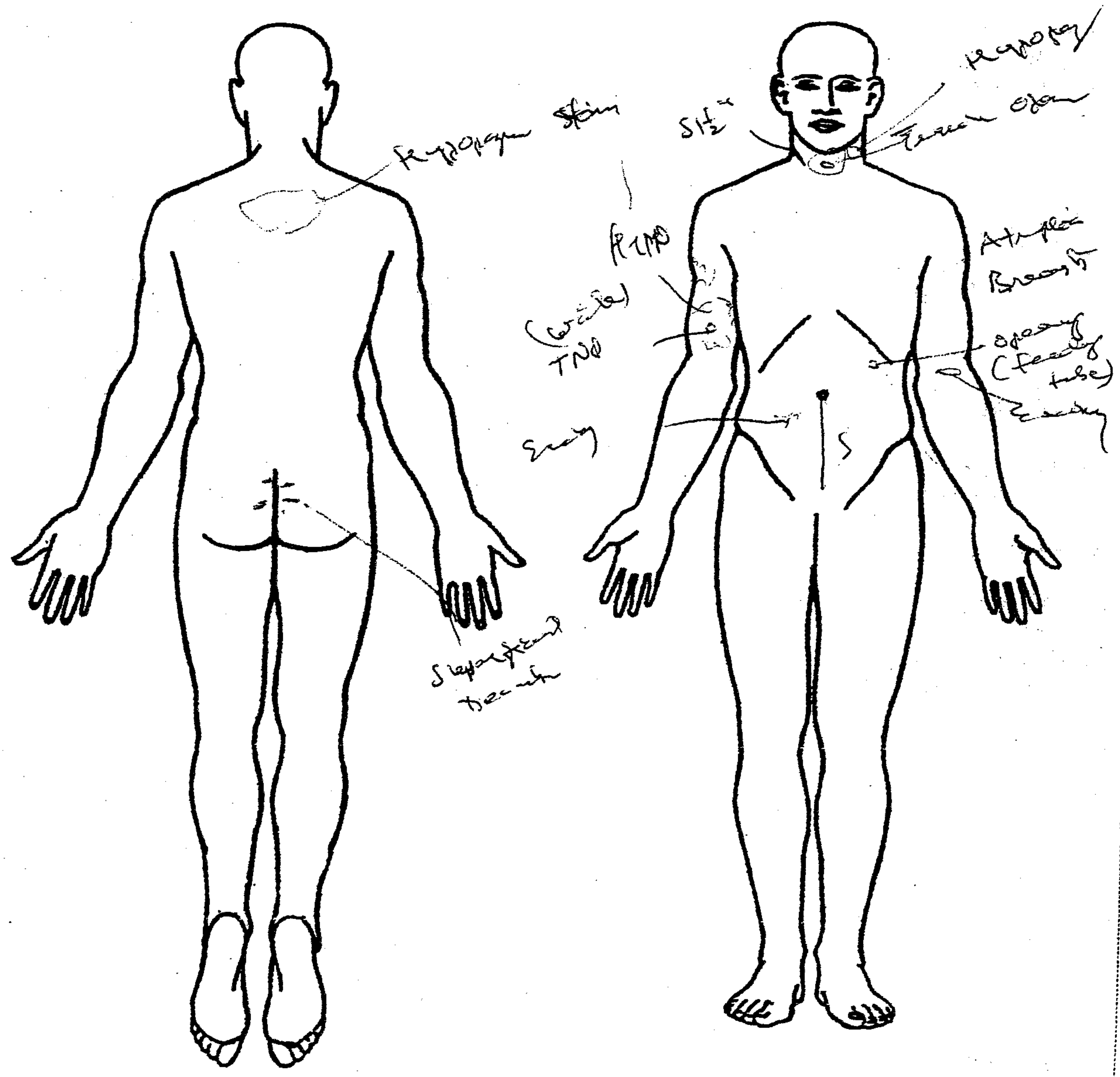
COD: *—*

Case Number: V07-26
 Died at: WOK Hosp.
 Date & Time: 12-11-07 3:27 AM
 Pronounced at:
 Date & Time:
 Injury at:
 Date & Time:
 Brief Circumstances:

Date & Time of Autopsy: 12-12-07, 8:30 AM
 Location: CHC
 Name: DOROTHY ANN PORTERFIELD
 Age: 79 () RF
 Ht & Wt: 60" @ 120 lbs.
 Rigor: full
 Livor: DOMAL fixed.
 Hairs: RR - gray short thin
 Eyes: RR A. seniles
 Teeth: None + or S

TRACHEA ^{tube} came off

NO clothes



ORIGINAL

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT 4/11/2008	INCIDENT TYPE Information- Hospital Death	ORIGINAL YEAR 2008	INCIDENT NUMBER 1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Information	INFORMATION RECEIVED FROM:		SUPERVISOR REVIEW: RN

NATURE:

Information – U-M Hospital Death Investigation

SUMMARY:

and her sister told me that their mother had died at U-M Hospital on 12/11/2007. They said they had unanswered questions from the hospital because the private autopsy that they had performed listed the cause of death as asphyxia and the manner of death unknown, but the death certificate lists the cause of death as metastatic small cell lung cancer and the manner of death natural.

STATEMENT OF

told me that her mother had been in the hospital since the end of October until her death on 12/11/07 at around 03:27. She said the actual time of death was not known, but that was when she was pronounced dead.

She told me that her mother had a tracheotomy but that at the time of her death the trach tube was found on the floor. She said another sister of hers, was in the room but asleep at the time and they don't know how the tracheotomy tube came out.

She told me that the head RN, a man named tried to get her sister to sign a document, but her sister refused. She said he also told human resources that their family did not want but this is untrue.

She told me that her mother had been in different areas during her hospital stay and that someone from the family was with her all the time. She said that there was a problem with the bed rail not staying up, when her mother was on the 6th floor and her mother died on the 5th floor.

She told me that her family has been asking for the paperwork of the investigation done by the U-M hospital for months but has not received it and because of that and the question of the trach on the floor, they therefore came to the police.

STATEMENT OF

She added that her mother entered the hospital around the 27th of October. She also described for me the problem of the bed rail not staying up for long and the hospital not staff not taking care of this, although the family complained about it. She also told me that their sister, had refused to sign a document that RN tried to get her to sign.

She said that her mother's trach seemed to her to have been held in place by rubber bands and that when her mother coughed she just coughed gently (not like normal) and she didn't understand how the trach could have come out.

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL	DATE & TIME OF THIS REPORT	INCIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
<input checked="" type="checkbox"/> SUPPLEMENT	4/11/2008	Information- Hospital Death	2008	1400
REPORTING OFFICER: R. Soichet <i>[Signature]</i>	NARRATIVE NAME: Information	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN <i>[Signature]</i>	

ADDITIONAL INFORMATION:

provided me a copy of the death certificate as well as the autopsy report. The autopsy was performed by Kanu Virani, MD. She identified herself as the legal representative for the deceased and signed a release of medical information form.

I contacted _____ of Autopsy and Forensic Services at U-M Hospital, who told me that her office was unaware of this case.

I contacted Hospital Risk Management and am awaiting a call back.

I called _____ identified myself and asked to speak with her for a few minutes but she told me that she was not feeling well and did not wish to talk. She agreed to speak with me or someone else next week.

CASE STATUS:

Open

