

**From:** [Maria Isaacs](#)  
**To:** [Dalton, Robert](#)  
**Subject:** RE: CPSC FOIA Request 23-F-00070 (TJX Companies, Inc.) - Needs Clarification/Narrowing  
**Date:** Tuesday, November 29, 2022 4:14:19 PM  
**Attachments:** [image001.png](#)

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Sorry, [REDACTED] is both the consumer and our client.



**Maria Isaacs, Paralegal**  
Villari, Lentz & Lynam, LLC  
100 North 20<sup>th</sup> Street  
Suite 302  
Philadelphia, PA 19103  
Phone: (215) 568-1990  
Fax: (215) 568-9920  
E-Mail: [misaacs@vll-law.com](mailto:misaacs@vll-law.com)  
Web Site: [www.vll-law.com](http://www.vll-law.com)

---

**From:** Dalton, Robert <[RDalton@cpsc.gov](mailto:RDalton@cpsc.gov)>  
**Sent:** Tuesday, November 29, 2022 3:48 PM  
**To:** Maria Isaacs <[misaacs@vll-law.com](mailto:misaacs@vll-law.com)>  
**Subject:** RE: CPSC FOIA Request 23-F-00070 (TJX Companies, Inc.) - Needs Clarification/Narrowing

Thank you very much Maria for your prompt response. One other question: is [REDACTED] the consumer and your client?

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**From:** Maria Isaacs <[misaacs@vll-law.com](mailto:misaacs@vll-law.com)>  
**Sent:** Tuesday, November 29, 2022 3:37 PM  
**To:** Dalton, Robert <[RDalton@cpsc.gov](mailto:RDalton@cpsc.gov)>  
**Subject:** RE: CPSC FOIA Request 23-F-00070 (TJX Companies, Inc.) - Needs Clarification/Narrowing

Good Afternoon:

Thank you for your response. To narrow down our original request, please be advised that we are seeking those documents/materials in our original request but pertaining to a “folding tray table” (pictures below) which was sold by Galleon Industries to The TJX Companies, Inc./HomeGoods and then sold to [REDACTED]. Please note that this “folding tray table” was also previously investigated by Madeline Mietus from the Division of Enforcement and Litigation, U.S. Consumer Product Safety Commission – Office of Compliance and Field Operations. If there is anything else you need, please let me know. I apologize for any inconvenience.



**Maria Isaacs, Paralegal**  
Villari, Lentz & Lynam, LLC  
100 North 20<sup>th</sup> Street  
Suite 302  
Philadelphia, PA 19103  
Phone: (215) 568-1990  
Fax: (215) 568-9920  
E-Mail: [misaacs@vll-law.com](mailto:misaacs@vll-law.com)  
Web Site: [www.vll-law.com](http://www.vll-law.com)

---

**From:** Dalton, Robert <[RDalton@cpsc.gov](mailto:RDalton@cpsc.gov)>

**Sent:** Tuesday, November 29, 2022 2:08 PM

**To:** Maria Isaacs <[misaacs@vll-law.com](mailto:misaacs@vll-law.com)>

**Subject:** CPSC FOIA Request 23-F-00070 (TJX Companies, Inc.) - Needs Clarification/Narrowing

Dear Mr. Lynam,

We received your November 17, 2022, FOIA request seeking:

Pursuant to the Freedom of Information Act (FOIA) we hereby request the following: any and all correspondence, written, electronic or otherwise, to and from The TJX Companies, Inc., any and all incident reports, pictures, production inspections, bills of sale, any and all records concerning the safety hazards posed by The TJX Companies, Inc.'s products, any and all records regarding recalls of The TJX Companies, Inc.'s products, any and all documents/records regarding National and International Compliance and reporting of The TJX Companies, Inc.'s products, any and all records/documents regarding ongoing product compliance challenges and any and all complaints submitted regarding The TJX Companies, Inc.'s products, including but not limited to, reports on injuries sustained due to defective products.

A proper request for records “must reasonably describe the records requested” by including search terms such as “dates, title, file designations, and other information which may help identify the records.” 16 C.F.R. § 1015.3(b). In cases where such information is lacking in a request, the requestor must clarify the search terms so that the request becomes manageable. See 16 C.F.R. § 1015.3(c).

Your request as stated, contemplating a search for essentially any and all records relating to all TJX Companies, Inc. products, as opposed to a narrower range of records for a specific product or products, is overly broad and would have the CPSC search all of its records agency-wide, and seeks a voluminous amount of material. An agency is not required to conduct an expansive search for a voluminous amount of records. Courts have recognized that requests must be reasonably described so as not to require an agency to conduct unreasonably burdensome searches for records, and further that the FOIA was not intended to reduce agencies to full-time investigators on behalf of the requesters, or to allow requesters to conduct “fishing expeditions” through agency files. *Immanuel v. Sec’y of the Treasury*, No. 94-884, 1995 WL 464141 at \*1 (D. Md. Apr. 4, 1995), *aff’d*, 81 F.3d 150 (4th Cir. 1996); *see also Dale v. IRS*, 238 F. Supp. 2d 99, 104-05 (D.D.C. 2002).

Therefore, we ask that you please provide more specificity in the types of records you are seeking, and limit your request to product types you are most interested in to narrow your request to a manageable scope. For example, you may seek correspondence contained in recall files for a specific TJX Companies product or products, and any consumer reported incidents and in-depth investigations into such incidents for a specific TJX Companies product or products. If you need assistance in narrowing your request, or to discuss any aspect of your request, you may contact me or one of the CPSC’s FOIA Public Liaisons, Korinne Super ([ksuper@cpsc.gov](mailto:ksuper@cpsc.gov)) or Cooper Gerus ([cgerus@cpsc.gov](mailto:cgerus@cpsc.gov)), by email or by phone at 1-800-638-2772.

*Right to Mediation.* Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001; e-mail at [ogis@nara.gov](mailto:ogis@nara.gov); telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile to 202-741-5769.

Thank you.

**Robert J. Dalton**

**Supervisory Attorney, Division of Information Access**

U.S. Consumer Product Safety Commission | Office of the General Counsel

4330 East West Highway | Bethesda, MD 20814

**Office:** (301) 504-7246

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\*\*\*\*\*!!! Unless otherwise stated, any views or opinions expressed in this e-mail (and any attachments) are solely those of the author and do not necessarily represent those of the U.S. Consumer Product Safety Commission. Copies of product recall and product safety information can be sent to you automatically via Internet e-mail, as they are released by CPSC. To subscribe or unsubscribe to this service go to the following web page:

<http://www.cpsc.gov/en/Newsroom/Subscribe> \*\*\*\*\*!!!

Email secured by Check Point

\*\*\*\*\*!!! Unless otherwise stated, any views or opinions expressed in this e-mail (and any attachments) are solely those of the author and do not necessarily represent those of the U.S. Consumer Product Safety Commission. Copies of product recall and product safety information can be sent to you automatically via Internet e-mail, as they are released by CPSC. To subscribe or unsubscribe to this service go to the following web page:

<http://www.cpsc.gov/en/Newsroom/Subscribe> \*\*\*\*\*!!!

Email secured by Check Point

# Submit New Request

## Requester Details

To modify request details please update your requester profile or contact the our office for assistance.

### **Thomas A Lynam III**

Attorney  
Villari, Lentz & Lynam, LLC  
100 N 20th Street  
Suite 302  
Philadelphia, PA 19103  
Phone 2155681990  
misaacs@vll-law.com

Requester Default Category: Attorney - 5 (Represents Consumer)

## General Information

Request Type	FOIA
Requester Category	All Other Requesters
Delivery Mode	PAL
Payment Mode	PAY.gov ( <a href="http://www.pay.gov">http://www.pay.gov</a> )

## Shipping Address

Street1	100 N 20th Street
Street2	Suite 302
City	Philadelphia
State	Pennsylvania
State (Other)	
Country	United States
Zip Code	19103

## Request Information

Description	Pursuant to the Freedom of Information Act (FOIA) we hereby request the following: any and all correspondence, written, electronic or otherwise, to and from The TJX Companies, Inc., any and all incident reports, pictures, production inspections, bills of sale, any and all records concerning the safety hazards posed by The TJX Companies, Inc.'s products, any and all records regarding recalls of The TJX Companies, Inc.'s products, any and all documents/records regarding National and International Compliance and reporting of The TJX Companies, Inc.'s products, any and all records/documents regarding ongoing product compliance challenges and any and all complaints submitted regarding The TJX Companies, Inc.'s products, including but not limited to, reports on injuries sustained due to defective products.
Date Range for Record Search:From	01/01/2014
Date Range for Record Search:To	11/17/2022
Description Document	

## Fee Information

Willing Amount	\$25
Fee Waiver Requested	No
Fee Waiver Request Reason	
Willing to Pay All Fees	Yes

## Billing Address

Street1  
Street2  
City  
State  
State (Other)  
Country  
Zip Code

100 N 20th Street  
Suite 302  
Philadelphia  
Pennsylvania  
  
United States  
19103

Expedite Information

Expedite Requested  
Expedite Reason

No



December 18, 2024

**Via Email and Box**

Thomas Lynam  
Villari, Lentz & Lynam, LLC  
100 N 20th Street  
Philadelphia, Pennsylvania 19103  
[misaacs@vll-law.com](mailto:misaacs@vll-law.com)

**RE:** Freedom of Information Act Request #23-F-00070: Pursuant to the Freedom of Information Act (FOIA) we hereby request the following: any and all correspondence, written, electronic or otherwise, to and from The TJX Companies, Inc., any and all incident reports, pictures, production inspections, bills of sale, any and all records concerning the safety hazards posed by The TJX Companies, Inc.'s products, any and all records regarding recalls of The TJX Companies, Inc.'s products, any and all documents/records regarding National and International Compliance and reporting of The TJX Companies, Inc.'s products, any and all records/documents regarding ongoing product compliance challenges and any and all complaints submitted regarding The TJX Companies, Inc.'s products, including but not limited to, reports on injuries sustained due to defective products. (Date Range for Record Search: From 01/01/2014 To 11/17/2022)

Dear Mr. Lynam:

Thank you for your Freedom of Information Act (FOIA) request seeking records from the U.S. Consumer Product Safety Commission (CPSC). The information from the CPSC's files responsive to your request has been processed, and copies of the releasable responsive records are enclosed, with certain excisions explained below.

The enclosed records consist of an In-depth investigation report (IDI), No. 220331CBB1276 (62 pages), and four Product Safety Assessments (PSAs). The CPSC has received this information from its formal investigation systems. Through these systems, the CPSC hopes to learn when specific products are associated with illness, injury, or death. The CPSC believes that it has taken reasonable steps to ensure the accuracy of this information.

The additional records responsive to your request, maintained in a CPSC Office of Compliance investigation file, are being withheld in their entirety for the reasons discussed below.

While conducting the interviews for the IDI, CPSC staff or contractors spoke with the individuals involved, or with others who witnessed, or are familiar with the incident. Where possible, CPSC staff examined the products reportedly involved in the incident. Although the CPSC investigated the

incident described in the investigation report, the CPSC has not necessarily determined the cause of the incident.

Portions of the enclosed records are being withheld pursuant to FOIA Exemptions 3, 5 and 6, 5 U.S.C. §§ 552(b)(3), (b)(5) and (b)(6); and sections 6(b)(1) and 6(b)(5) of the Consumer Product Safety Act (CPSA), 15 U.S.C. §§ 2055(b)(1) and 2055(b)(5). CPSC considered the foreseeable harm standard when reviewing these records and applying FOIA exemptions.

*Exemption 3.* FOIA Exemption 3 permits withholding from disclosure matters that are specifically exempted from disclosure by another statute. We are redacting the firm's comments/response to the IDI, found on pages 61 and 62 of the enclosed IDI, pursuant to FOIA Exemption 3, CPSC's regulations at 16 C.F.R. § 1101.33(b), and section 6(b)(1) of the CPSA, which require that CPSC will not disclose information when it would not be fair in the circumstances. It would not be fair in the circumstances to disclose a firm's comments when the firm has requested confidentiality and objected to their disclosure.

In applying Exemption 3, we are also relying on Section 6(b)(5) of the CPSA to withhold page 2 of the 26-page PSA in part, and the Compliance investigation file in its entirety. Section 6(b)(5) prohibits the disclosure of information submitted by a firm under Section 15(b) of the CPSA and relating to such an inquiry, unless the CPSC has issued a complaint, accepted in writing a remedial settlement agreement, or the manufacturer agrees to the disclosure. CPSA Section 15(b) requires manufacturers to report to the CPSC and provide information regarding their products and potential substantial product hazards. The withheld information from the PSA summarizes information the firm submitted in its section 15 report. The Compliance investigation file consists of information submitted by the firm or records derived from and based on that information, including the firm's section 15 report, and correspondence between the firm and the CPSC. The CPSC has not issued a complaint or accepted a remedial settlement agreement, and the firm has not consented to disclosure. CPSC staff determined that there was no regulation violation, and the matter was closed without further compliance activity. The Compliance file is therefore withheld in full.

*Exemption 5.* FOIA Exemption 5 permits withholding from disclosure inter-agency and intra-agency memoranda that would not be available, by law, to a party other than an agency in litigation with the agency. The staff memoranda and analyses being withheld are pre-decisional and deliberative, consisting of recommendations, opinions, suggestions, and analyses of technical and/or legal staff. Any factual materials in the memoranda not covered by some other exemption are inextricably intertwined with exempt materials, or the disclosure of the factual materials would expose the deliberative process and/or violate the attorney-client privilege. It would not be in the public interest to disclose these materials because disclosure would impair the frank exchange of views necessary for such matters. Accordingly, we are withholding portions of the PSAs under Exemption 5 which contain staff's pre-decisional opinions, conclusions and staff deliberations.

*Exemption 6.* FOIA Exemption 6 permits withholding personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. Absent authorizations to disclose the records or personally identifying information from the persons identified in the records or their representatives, such information falls within the protection of this FOIA exemption to disclosure and is being withheld accordingly. From the IDI, we are withholding the following pages full: 14-42 (Medical Examiner's report and Autopsy Report).



FOIA Administrative Procedures

*Right to appeal.* According to the CPSC's regulations implementing the FOIA at 16 C.F.R. § 1015.7, a partial denial of access to records may be appealed. If you are not satisfied with the response to this request, you may administratively appeal in writing, addressed to FOIA APPEAL, Office of the General Counsel, ATTN: Division of Information Access, U.S. Consumer Product Safety Commission, 4330 East West Highway, Room 820, Bethesda, MD 20814-4408.

Your appeal must be postmarked or electronically transmitted ([cpscfoiarequests@cpsc.gov](mailto:cpscfoiarequests@cpsc.gov)) within 90 days of the date of the response to your request. You may also fax your appeal to 301-504-0127. You may contact us Monday – Friday from 8:00AM – 4:30PM ET, by telephone at 1-800-638-2772, by fax to 301-504-0127, or by email to [cpsc-foia@cpsc.gov](mailto:cpsc-foia@cpsc.gov).

Before filing a formal appeal with the CPSC, you may contact me, CPSC's FOIA Public Liaison, via email or at 1-800-638-2772, for any further assistance, or to discuss any aspect of your request. Assistance may include guidance on possible reformulation of your request or an alternative time frame for processing the request.

*Right to Mediation.* Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, MD 20740-6001; email: [ogis@nara.gov](mailto:ogis@nara.gov); telephone: 202-741-5770; toll free: 1-877-684-6448; fax: 202-741-5769.

*Fees.* We have not assessed fees to process this request.

Sincerely,

ROBERT DALTON Digitally signed by ROBERT DALTON  
Date: 2024.12.18 15:24:10 -0500

Robert Dalton  
Supervising Attorney  
Office of the General Counsel  
Division of Information Access  
(301) 504-7246  
[rdalton@cpsc.gov](mailto:rdalton@cpsc.gov)

Enclosures: IDI 220331CBB1276 (62 pages)  
4 Product Safety Assessment (26 pages, 9 pages, 4 pages and 1 page)

**TASK NUMBER: 220331CBB1276**



**U.S. CONSUMER PRODUCT SAFETY COMMISSION**

**FOR OFFICIAL USE ONLY**

**PROPRIETARY**

**Unauthorized Disclosure Prohibited**

**TASK NUMBER: 220331CBB1276**



**U.S. CONSUMER PRODUCT SAFETY COMMISSION**

# **WARNING**

**AN INDIVIDUAL/AGENCY WHO PROVIDED INFORMATION FOR THIS REPORT CONSIDERS SOME OF THE DATA TO BE CONFIDENTIAL OR RESTRICTED. PLEASE PROCESS THIS MATERIAL IN A CAREFUL AND PRUDENT MANNER.**

**The following is considered confidential or restricted:**

- Ex 3 - ME Report photographs
- Ex 4 - ME Report

<b>1. Task Number</b> 220331CBB1276		<b>2. Investigator's ID</b> 9038		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 800	<b>4. Date of Accident</b> YR MO DAY 2019 (b)(6)	<b>5. Date Initiated</b> YR MO DAY 2022 04 05		
<b>6. Synopsis of Accident or Complaint</b> <span style="float: right;"><b>UPC</b></span> On (b)(6), 2019, a three year old male was found in his home unresponsive wedged between the legs of a folding table. He was taken to an area hospital where he died from his injuries. The cause of death was ruled to be positional asphyxia.				
<b>7. Location (Home, School, etc)</b> 1 - HOME		<b>8. City</b> (b)(6)		<b>9. State</b> DE
<b>10A. First Product</b> 4057 - TABLES (EXCL. BABY CH		<b>10B. Trade/Brand Name</b> THE TJX COMPANIES		<b>10C. Model Number</b> 75438
<b>10D. Manufacturer Name and Address</b> THE TJX COMPANIES, INC 770 COCHITUATE ROAD FARMINGHAM, MA 01701				
<b>11A. Second Product</b> 0		<b>11B. Trade/Brand Name</b> NONE		<b>11C. Model Number</b> NONE
<b>11D. Manufacturer Name and Address</b> NONE				
<b>12A. Hispanic or Latino</b> 2 - No	<b>12B. Race</b> 2 - Black/African American <b>Other:</b>		<b>12C. Race Source</b> 3 - Official Document	
<b>13. Age of Victim</b> 3	<b>14. Sex</b> 1 - Male	<b>15. Disposition</b> 8 - Death		<b>16. Injury Diagnosis</b> 65 - Anoxia
<b>17. Body Part(s) Involved</b> 85 - ALL OF BODY	<b>18. Respondent</b> 3 - 2nd Hand Info Only	<b>19. Type of Investigation</b> 2 - Telephone		<b>20. Time Spent (Operational / Travel)</b> 27.00 / 3.00
<b>21. Exhibit(s)</b> 9 - Multiple Exhibits		<b>22. Case Source</b> 13 - Other Case Source		<b>23. Sample Collection Number</b>
<b>24. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
<b>25. Review Date</b> 04/27/2022	<b>26. Reviewed By</b> 4440		<b>27. Regional Office Director</b> Beverly J. Kohen	
<b>28. Distribution</b> Rosalee Thomas			<b>29. Source Document Number</b> Y223O448A	

**Incident Summary**

This investigation was initiated as a result of a Section 15 report received by CPSC regarding a three-year old male who died after becoming trapped in the legs of a folding table. Most of the information for this report was obtained from the Medical Examiner's Office, the County Police Department and counsel representing the estate of the deceased. The incident product is in the possession of counsel.

**Incident Product Identification**

Brand            The TJX Companies, Inc.

Product         Folding Tray Table

Model           Style No. 75438

Retail Store    Home Goods

Purchase date/price: Unknown/approximately \$100

**Incident Product Analysis**

There is no information applicable to this heading.

**Pre-Incident**

According to counsel for the victim's family, the victim's sister used the incident product on (b)(6) (b) 2019 to place her dinner while watching television in the living room.

**Incident**

According to the police report, the victim and his mother went to bed at approximately 12:00 midnight. He always sleeps with her since he was born. At approximately 1:30 a.m., the victim's parent woke up and found that he was no longer in her bed. She got up and saw her daughter and she told her to go into the living room and see where the victim had fallen asleep.

**Post Incident**

The victim was found unresponsive trapped in the product's folding legs. When the mother did not get a response from the boy she told her daughter to call 911. Emergency officials responded and transported the victim to an area hospital where he died from his injuries as a result of positional asphyxia.

**Investigator Follow-up**

The victim's counsel has advised that the family will not be available for any interviews. The medical examiner's office weighed the folding table and it weighed approximately 11 pounds (Exhibit 4). Measurements of the folding table were recorded by the medical examiner's office through photos, which can be seen as Exhibit 3.

**Sample**

The incident sample is in the possession of the victim's counsel and being retained.

**EXHIBITS:**

Exhibit 1 – Contact Page – 1 page

Exhibit 2 – Photos taken by PSI – 7 pages/12 photos

Exhibit 3 – ME report photos CONFIDENTIAL – 23 pages/22 photos

Exhibit 4 – ME report CONFIDENTIAL – 7 pages

Exhibit 5 – PD Report – 17 pages

Delaware Medical Examiner  
200 S. Adams Street  
Wilmington, DE 109801  
302-577-3420  
Contacted: 4-05-2022  
Received report

(b)(6) County Police Department

(b)(6)

(b)(6) DE (b)(6)

(b)(6)

Contacted: 04-07-2022, 04-19-2022  
Received report

Thomas Lynam  
VL&L Law Firm  
100 N. 20<sup>th</sup> Street, Suite 302  
Philadelphia, PA 19103  
215-568-1990  
Contacted: Meeting – 04-15-2022  
Received documents & photos

Victim: (b)(6)

DOB: (b)(6) 2016

DOD: (b)(6) 2019

Incident location: (b)(6)



Photograph 2-1: Overview of the top of the table folded



Photograph 2-2: Side view of the table folded





Photograph 2-3: Side view of the lower half of the table folded



Photograph 2-4: Top view of the table folded



Photograph 2-5: Back view of the table folded



Photograph 2-6: Closer back view of the table folded



Photograph 2-7: Manufacturer labeling on the back of the table



Photograph 2-8: View of the table open and upside down



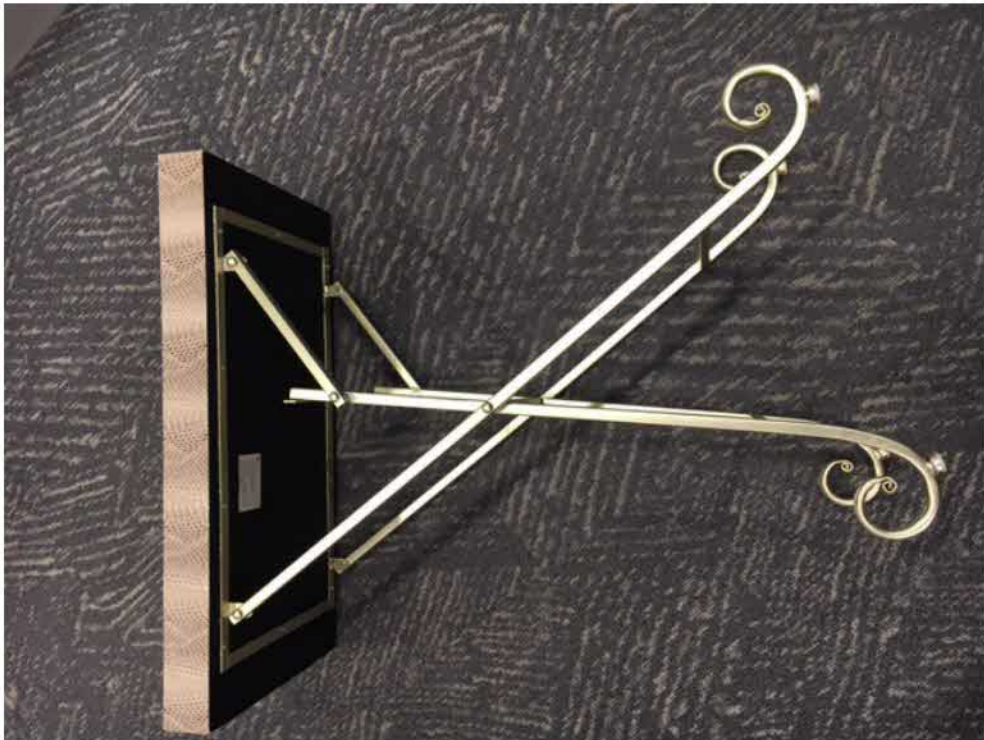
Photograph 2-9: Side view of the table open and upside down



Photograph 2-10: Full view of the table opened



Photograph 2-11: Close up of the folding mechanism



Photograph 2-12: Side view of open table

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information Act

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information Act



Withheld pursuant to exemption

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of the Freedom of Information Act

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of the Freedom of Information Act

Page <b>001</b>	Report Date Sun (b)(6) 2019	Agency (b)(6) COUNTY PD	Complaint Number 32-19-119099
Reported Date and Time Sun (b)(6) 2019 0158		<b>Initial Crime Report</b>	
Location: 0.08 Miles of (b)(6)			
M O and Incident Overview: <b>Death Investigation.</b>			
Grid <b>070 - 334</b>	Sector <b>33</b>	County (b)(6)	Domestic Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Officer Weapon Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Officer Weapon Type:	Officer Weapon Use:
		Emergency Order Related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Gen Broadcast Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gun Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Hero Help Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Victim Information

Victim Number <b>001</b>	Name [REDACTED]		
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>
Address [REDACTED]		Age <b>03</b>	D O B (b)(6) 2016
Resident Status <b>Full-Time Resident</b>		Home Telephone	Cell Phone
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified		
Parent/Guardian Information [REDACTED]		Parent Telephone	Parent Cell Phone
			Parent Work Phone

### Crimes and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
Location of Offense <b>Residence/Home/Garage</b>		Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		Crime Code <b>8104 - Sudden Death/Death Investigation</b>	
General Offense			

### Witness Information

Sequence <b>001</b>	Type <b>Person Contacted</b>	Name [REDACTED]	Sex <b>Female</b>	Race <b>Black/African American</b>	Age <b>34</b>	D O B [REDACTED]
[REDACTED]		Home Telephone	Cell Phone (b)(6)	Work Phone		
Sequence <b>003</b>	Type <b>Person Contacted</b>	Name [REDACTED]	Sex	Race	Age	D O B
[REDACTED]		Home Telephone	Cell Phone	Work Phone		

### Investigative Narrative

#### CRIME SCENE EXAMINATION:

The scene is located at (b)(6) [REDACTED]. The residence is a one-story end unit townhouse. Upon arrival, Delaware State Police (DSP) officers were conducting CPR on the victim in the front living room (first room upon entering residence). The victim's mother was outside the residence

Reporting Officer <b>OFF (b)(6) 3017 0</b>	Supervisor Approval (b)(6) 2019
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Page 002	Report Date (b)(6) 2019	Agency (b)(6) COUNTY PD	Complaint Number 32-19-119099
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being consoled by a neighbor and the victim's sister came out of the residence and sat down outside. The alleged folding table involved in the incident, was leaning upright against some property just outside the kitchen.

#### VICTIM INTERVIEW:

DOA- not interviewed

#### WITNESS INTERVIEW:

Date/Time: (b)(6) 19/0215

(b)(6) stated that she and her son, (b)(6), went to sleep in her bed in her bedroom at approximately 0000 hrs on (b)(6)-19. (b)(6) stated that (b)(6) always sleeps with her in her bed and has since he was born. (b)(6) stated that some time around 0130, she heard her daughter, (b)(6) making noise and it woke her up. (b)(6) stated that she then noticed that (b)(6) was no longer in her bed, so she got up. (b)(6) stated that she made contact (b)(6) and she stated to her to go check on (b)(6) and look how he fell asleep in the living room. (b)(6) stated that she then went to the living room and observed that (b)(6) was laying face down on the floor, and he was somehow stuck in a folding table. (b)(6) stated that she attempted to wake (b)(6) up, but he was not responding. (b)(6) stated that she had to open the folding table up to get (b)(6) out and she observed that he had a imprint of the folding table on his stomach and chest area. (b)(6) stated that (b)(6) was still not responding, so she told (b)(6) to call 911. (b)(6) stated that she didn't know what to do and was screaming, so she thinks that some neighbors also called 911. (b)(6) stated that (b)(6) did not have any health issues and he was acting normal prior to going to bed with her. (b)(6) stated that only she, (b)(6) and (b)(6) live at the residence, and that no one else was in the residence tonight.

#### SUSPECT/DEFENDANT INTERVIEW:

N/A

#### NEIGHBORHOOD CANVASS:

See supplemental reports

#### EVIDENCE COLLECTED:

BWC footage

See supplemental reports

#### STOLEN PROPERTY:

N/A

#### INVESTIGATIVE SUMMARY:

On (b)(6)-19 at approximately 0200 hrs, I was dispatched to (b)(6) for a reported CPR in progress complaint. Upon arrival, I observed Delaware State Police officer performing CPR on the victim, (b)(6) (see Crime Scene Examination). I then made contact with the victim's mother, (b)(6) (see Witness Interview). Medical personal and Paramedics arrived on scene and continued to perform CPR on (b)(6). I stood by with (b)(6) outside the residence, while CPR was being performed. (b)(6) was then transported to CER via ambulance, and I transported (b)(6) and her daughter, (b)(6), to CER in my vehicle. Officer (b)(6) also went to CER and Officer Stearne stayed on scene at the residence. (b)(6) was pronounced deceased at the hospital (see supplemental reports). Det. (b)(6) and Det. (b)(6) arrived to CER and assumed the investigation. The Medical Examiners Office was contacted and responded to CER and (b)(6) was then transported to the Medical Examiners Office (see supplemental report). I stood by with the family at CER until (b)(6) was transported and detectives cleared. I cleared CER and took no further action. Sgt. Botterbusch

Reporting Officer OFF (b)(6) 13017 0	Supervisor Approval (b)(6) /2019
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was notified and on scene.

PROSECUTIVE ACTION:  
No arrest at this time.

FURTHER INVESTIGATION:  
Pending active.

Reporting Officer <b>OFF (b)(6) 13017 0</b>	Supervisor Approval (b)(6) 9/2019
Detective Notified	Referred To
Solvability	Status
<input type="checkbox"/> Witness <input type="checkbox"/> M.O. <input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Named <input type="checkbox"/> Suspect Located <input type="checkbox"/> Suspect Described <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified	<b>Follow Up</b>

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### Supplemental Report

Modified Occurrence Dates and Times <b>Sun (b)(6) 2019 0158</b>	Grid <b>070 - 334</b>	Sector <b>33</b>	
Original Location <b>0.08 Miles of (b)(6)</b>			
Officer Weapon Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Weapon Type:	Officer Weapon Use:	Emergency Order Related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Hero Help Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Original Victim Information

Victim Number <b>001</b>	Name <b>(b)(6)</b>		
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>
Age <b>03</b>		D O B <b>(b)(6)</b>	
Address <b>(b)(6)</b>		Resident Status <b>Full-Time Resident</b>	Home Telephone <b>(b)(6)</b>
Cell Phone <b>(b)(6)</b>			
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Take Care School District Notified	
Parent/Guardian Information <b>(b)(6)</b>		Parent Telephone	Parent Cell Phone
		Parent Work Phone	

### Original Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
Location of Offense <b>Residence/Home/Garage</b>		Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
General Offense			
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		Crime Code <b>8104 - Sudden Death/Death Investigation</b>	

### Witness Information

Sequence <b>002</b>	Type <b>Witness</b>	Name <b>(b)(6)</b>	Sex <b>Female</b>	Race <b>Black/African American</b>	Age <b>16</b>	D O B <b>(b)(6)</b>
Home Telephone <b>(000) 000-0000</b>			Cell Phone <b>(b)(6)</b>		Work Phone	
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Take Care School District Notified				
Employer/School <b>(b)(6)</b>			Work Telephone			
Parent/Guardian Information <b>(b)(6)</b>			Parent Telephone <b>(000) 000-0000</b>		Parent Cell Phone <b>(b)(6)</b>	
			Parent Work Phone			

### Investigative Narrative

On Sunday **(b)(6)**, 2019 at approximately 0212 hours I responded to **(b)(6)** in reference to a reported CPR in progress.

Reporting Officer <b>OFC (b)(6) 02968 1</b>	Supervisor Approval <b>(b)(6) /2019</b>
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Upon arrival OEC (b)(6) was inside of the residence and Off. (b)(6) was standing by with the mother of the victim. Cpl. (b)(6) and TFC (b)(6) of the Delaware State Police Troop 2 were also on scene and inside of the residence. TFC (b)(6) was the first Officer on scene and performed chest compressions on the victim upon his arrival. Please refer to case number 02-19-131961 for further details. (b)(6) Fire Company Engine 12, A12 and B6 BLS units were on scene and (b)(6) County Paramedic ALS unit Medic 6 was on scene.

Upon arrival contact was made with the victim's sister [REDACTED] who provided a statement.

PC1: [REDACTED]

Date/Time: (b)(6) 019 at hours  
Location: "B" side of residence, front door exterior landing

[REDACTED] advised that she was in a different room playing video games and that her brother was in the living room watching television. [REDACTED] advised that her mother and brother usually co-sleep in their mother's bedroom. [REDACTED] advised that her brother sometime sneaks out of their mother's bedroom and plays in the residence at night. [REDACTED] advised that she last saw her brother approximately 10 minutes before finding him. [REDACTED] advised that only her brother and mother live with her and that no one was inside of the residence at the time of the incident.

[REDACTED] was asked how her brother was injured and she advised that there was a gold in color table on the floor and that the legs of the table were "squeeze" the victim when she found him. [REDACTED] provided no further details on how the victim was found or injured. [REDACTED] advised that her neighbors performed CPR on the victim prior to Police arrival.

It should be noted that pedigree information was not obtained for the neighbors as it was not known that they took resuscitative measures prior to them returning home.

I then followed the ambulance to (b)(6) Medical Center's Emergency Department and the victim was admitted to Trauma room G. The victim was pronounced deceased at 0308 hours by Doctor (b)(6). Forensic Nurse Examiner (b)(6) was in the trauma room and made aware of all findings. Forensic Investigator (b)(6) responded to (b)(6) Medical Center and took custody of the victim's body. (b)(6) from the Division of Family Services responded to the ER in reference to this incident.

Det. (b)(6) and Det. (b)(6) responded to (b)(6) Medical Center to assume the investigation and were made aware of all known findings. A/Sgt. S/Cpl (b)(6) and Sgt. (b)(6) were on scene for this incident and made aware of all findings.

My department issued Axon body worn camera was activated during this incident.

Reporting Officer OFC (b)(6) 2968 1	Supervisor Approval (b)(6) /2019
Detective Notified	Referred To
Solvability	Status
<input type="checkbox"/> Witness <input type="checkbox"/> M.O. <input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Named <input type="checkbox"/> Suspect Located <input type="checkbox"/> Suspect Described <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified	



Page <b>001</b>	Report Date <b>(b)(6) 2019</b>	Agency <b>(b)(6) COUNTY PD</b>	Complaint Number <b>32-19-119099</b>
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### Supplemental Report

Modified Occurrence Dates and Times <b>Sun (b)(6) 2019 0158</b>	Grid <b>070 - 334</b>	Sector <b>33</b>		
Original Location <b>0.08 Miles of (b)(6)</b>				
Officer Weapon Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Weapon Type:	Officer Weapon Use:	Emergency Order Related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hero Help Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Original Victim Information

Victim Number <b>001</b>	Name <b>(b)(6)</b>			
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>	Age <b>03</b>
Address <b>(b)(6)</b>		Resident Status <b>Full-Time Resident</b>	Home Telephone	Cell Phone
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified			
Parent/Guardian Information <b>(b)(6)</b>		Parent Telephone	Parent Cell Phone	Parent Work Phone

### Original Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
Location of Offense <b>Residence/Home/Garage</b>		Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		Crime Code <b>8104 - Sudden Death/Death Investigation</b>	
General Offense			

### Investigative Narrative

On (b)(6) 2019 I responded to CER for an added information call for service.

Upon arrival I made contact with RN (b)(6) I collected evidence reference this investigation at 1505 hours. I then responded to NCCPD HQ and logged same into evidence (bags in locker 001 and documents in mailbox).

No further action taken at this time.

Reporting Officer <b>OFF (b)(6) 13044 2</b>	Supervisor Approval <b>(b)(6) 2019</b>
Detective Notified	Referred To
Solvability <input type="checkbox"/> Witness <input type="checkbox"/> M.O. <input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Named <input type="checkbox"/> Suspect Located <input type="checkbox"/> Suspect Described <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified	Status

Page <b>001</b>	Report Date <b>(b)(6) 2019</b>	Agency <b>(b)(6) COUNTY PD</b>	Complaint Number <b>32-19-119099</b>
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### Supplemental Report

Modified Occurrence Dates and Times <b>Sun (b)(6) 2019 0158</b>	Grid <b>070 - 334</b>	Sector <b>33</b>		
Original Location <b>0.08 Miles of (b)(6)</b>				
Officer Weapon Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Weapon Type:	Officer Weapon Use:	Emergency Order Related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hero Help Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Original Victim Information

Victim Number <b>001</b>	Name <b>(b)(6)</b>			
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>	Age <b>03</b>
Address <b>(b)(6)</b>		Resident Status <b>Full-Time Resident</b>	Home Telephone	DOB <b>(b)(6)</b>
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cell Phone	
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified			
Parent/Guardian Information <b>(b)(6)</b>	Parent Telephone	Parent Cell Phone	Parent Work Phone	

### Modified Victim Information

Victim Number <b>001</b>	Name <b>(b)(6)</b>			
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>	Age <b>03</b>
Address <b>(b)(6)</b>		Resident Status <b>Full-Time Resident</b>	Home Telephone	DOB <b>(b)(6)</b>
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cell Phone	
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified			
Parent/Guardian Information <b>(b)(6)</b>	Parent Telephone	Parent Cell Phone	Parent Work Phone	

### Original Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>	
Location of Offense <b>Residence/Home/Garage</b>		Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer	General Offense
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		Crime Code <b>8104 - Sudden Death/Death Investigation</b>		

### Modified Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>	
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Reporting Officer <b>DET (b)(6) 02851 3</b>	Supervisor Approval <b>(b)(6) 05/17/2020</b>
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Page 002	Report Date (b)(6) 2019	Agency (b)(6) COUNTY PD	Complaint Number 32-19-119099
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Location of Offense Residence/Home/Garage	Status Pending-Active	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer	General Offense
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A	Crime Code 8104 - Sudden Death/Death Investigation		

### Witness Information

Sequence 001	Type Person Contacted	Name [REDACTED]	Sex Female	Race Black/African American	Age 34	DOB [REDACTED]
[REDACTED]			Home Telephone	Cell Phone [REDACTED]	Work Phone	
Sequence 002	Type Witness	Name [REDACTED]	Sex Female	Race Black/African American	Age 16	DOB [REDACTED]
[REDACTED]			Home Telephone (000) 000-0000	Cell Phone [REDACTED]	Work Phone	
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Take Care School District Notified				
Employer/School (b)(6)			Work Telephone			
Parent/Guardian Information [REDACTED] (b)(6)			Parent Telephone (000) 000-0000	Parent Cell Phone [REDACTED]	Parent Work Phone	
Sequence 003	Type Person Contacted	Name [REDACTED]	Sex	Race	Age	DOB
[REDACTED]			Home Telephone	Cell Phone	Work Phone	

### Investigative Narrative

**Assignment:**

On (b)(6) 19 I was called out by A/Sgt. (b)(6) and assigned to investigate the death of [REDACTED], a three year old. It was reported that [REDACTED] had become stuck within the legs of a tray table and became unresponsive. (b)(6) was transported to (b)(6) Hospital where he was pronounced deceased.

I responded to (b)(6) hospital where I met with A/Sgt (b)(6) and A/Sgt. (b)(6) who were with [REDACTED] in Trauma Room G. I was informed that [REDACTED] was pronounced deceased at 0308 hours by Dr. (b)(6) I was able to observe linier pattern injuries/markings to the front and back of [REDACTED] torso.

**Witness interview:**

[REDACTED]  
D/I/Location: (b)(6) 2019-0410-(b)(6) Hospital

Below is a synopsis of the interview, please refer to evidence.com for full audio/visual recorded interview.

A brief interview was conducted with [REDACTED] who was visibly distraught. She advised that [REDACTED] and her went to sleep around 11pm (they sleep in the same bed). she awoke later in the night after hearing her daughter [REDACTED] playing video games. [REDACTED] noticed that [REDACTED] was not in bed and went to look for him. She asked [REDACTED] who then went into the living room and discovered [REDACTED] entangled in a folding table. [REDACTED] told [REDACTED] who then tried to get [REDACTED] out. The interview ended there due to [REDACTED] a being inconsolable and unable to talk.

Reporting Officer DET (b)(6) 2851 3	Supervisor Approval (b)(6) 05/17/2020
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Page 003	Report Date (b)(6)/2019	Agency (b)(6) COUNTY PD	Complaint Number 32-19-119099
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Investigative Narrative:

On (b)(6) 2019 the (b)(6) County Police Department and Delaware State Police was dispatched to a reported CPR of a three year old. Delaware State Police, Trooper (b)(6) was first on scene. Trooper (b)(6) advised me that when he arrived on scene, there was a lot of people outside in the neighborhood pointing me towards the house. He observed 3-4 people standing right outside of the apartment door and the front door was open. Trooper (b)(6) walked inside and observed the child motionless on the ground with no one tending to him. The child was laying on his back on the floor next to the couch. The tray table was face down in front of the television. He further stated that mom said the child was wedged in between the folding legs of the stand. The mom was hysterical and did not really provide much information. She went outside while he attempted life saving efforts. He immediately tended to the child and checked for a brachial pulse for no more than 5 seconds. The child was warm to the touch but unresponsive and did not have a pulse. Trooper (b)(6) began chest compressions with one hand while he prepared the AED. Delaware State Police Cpl. (b)(6) arrived on scene and took over compressions. While he was doing chest compressions, the child's chest was still solid and did not appear to have any trauma to it. When Cpl. (b)(6) took over compressions, Trooper (b)(6) donned the AED to the child which began its analysis and advised no shock. EMS showed up and took over patient care. Trooper (b)(6) advised that he did not observe anything suspicious.

(b)(6) County Police officers began to arrive on scene. Refer to supplements for further information.

I responded to (b)(6) hospital where I met with A/Sgt (b)(6) and A/Sgt. (b)(6) who were with (b)(6) in Trauma Room G. I was informed that (b)(6) was pronounced deceased at 0308 hours by Dr. (b)(6) I was able to observe linear pattern injuries/markings to the front and back of (b)(6) torso.

I attempted to interview (b)(6). (b)(6) advised that (b)(6) and her went to sleep around 11pm (they sleep in the same bed), she awoke later in the night after hearing her daughter (b)(6) playing video games. (b)(6) noticed that (b)(6) was not in bed and went to look for him. She asked (b)(6) who then went into the living room and discovered (b)(6) entangled in a folding table. (b)(6) told (b)(6) who then tried to get (b)(6) out. The interview ended there due to (b)(6) being inconsolable and unable to talk.

(b)(6) was unable to interviewed at all due to her emotional state. (b)(6) provided verbal consent to search her residence but declined to conduct or allow (b)(6) to do the reenactment.

Det. (b)(6) (b)(6) and I responded to the residence to collect evidence in relation to this case. Inside the residence, Det. (b)(6) collected numerous items to include the tray table. (Refer to his supplement for further details.)

Det. (b)(6) responded to the scene and conducted a neighborhood canvass. (Refer to his supplement for further)

The autopsy was conducted by Dr. (b)(6) at the Division of Forensic Science on (b)(6) 2019. I was informed on 04/09/2020 that Dr. (b)(6) had ruled the death an accident.

It should be noted that numerous attempts have been made to further interview (b)(6). The family continues to state that they are unable to bring themselves to discuss the events that occurred leading up to (b)(6) death.

Further Investigation:

An intake/case review is pending with Deputy Attorney (b)(6)

Reporting Officer DET (b)(6) 2851 3	Supervisor Approval (b)(6) LG 05/17/2020
Detective Notified	Referred To
Solvability	Status Follow Up
<input type="checkbox"/> Witness <input type="checkbox"/> M.O. <input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Named <input type="checkbox"/> Suspect Located <input type="checkbox"/> Suspect Described <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified	

Page <b>001</b>	Report Date <b>01/06/2020</b>	Agency <b>(b)(6) COUNTY PD</b>	Complaint Number <b>32-19-119099</b>
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### Supplemental Report

Modified Occurrence Dates and Times <b>Sun (b)(6)/2019 0158</b>	Grid <b>070 - 334</b>	Sector <b>33</b>
Original Location <b>0.08 Miles of (b)(6)</b>		
Officer Weapon Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Weapon Type:	Officer Weapon Use:
Emergency Order Related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hero Help Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Original Victim Information

Victim Number <b>001</b>	Name [REDACTED]						
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>	Age <b>03</b>	D O B [REDACTED]		
Address [REDACTED]			Resident Status <b>Full-Time Resident</b>	Home Telephone	Cell Phone		
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified						
Parent/Guardian Information [REDACTED]		Parent Telephone	Parent Cell Phone	Parent Work Phone			

### Current View of Victim Information

Victim Number <b>001</b>	Name [REDACTED]						
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>	Age <b>03</b>	D O B [REDACTED]		
Address [REDACTED]			Resident Status <b>Full-Time Resident</b>	Home Telephone	Cell Phone		
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified						
Parent/Guardian Information [REDACTED]		Parent Telephone	Parent Cell Phone	Parent Work Phone			

### Original Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
Location of Offense <b>Residence/Home/Garage</b>		Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		Crime Code <b>8104 - Sudden Death/Death Investigation</b>	
General Offense			

### Current View of Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
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Reporting Officer <b>DET (b)(6) 02837 4</b>	Supervisor Approval <b>(b)(6) CECS 01/10/2020</b>
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Page 002	Report Date 01/06/2020	Agency (b)(6) COUNTY PD	Complaint Number 32-19-119099
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Location of Offense <b>Residence/Home/Garage</b>	Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer	General Offense
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A	Crime Code <b>8104 - Sudden Death/Death Investigation</b>		

**Witness Information**

Sequence	Type	Name	Sex	Race	Age	DOB
004	Person Contacted	(b)(6)	Female	Black/African American	28	(b)(6)
			Home Telephone	Cell Phone	Work Phone	
				(b)(6)		
Sequence	Type	Name	Sex	Race	Age	DOB
005	Person Contacted	(b)(6)	Female	White	37	(b)(6)
			Home Telephone	Cell Phone	Work Phone	
				(b)(6)		
Sequence	Type	Name	Sex	Race	Age	DOB
006	Person Contacted	(b)(6)	Female	White	46	(b)(6)
			Home Telephone	Cell Phone	Work Phone	
				(b)(6)		
Sequence	Type	Name	Sex	Race	Age	DOB
007	Person Contacted	(b)(6)	Female	Black/African American	23	(b)(6)
			Home Telephone	Cell Phone	Work Phone	
				(b)(6)		

**Investigative Narrative**

On (b)(6) 2019, I was assigned by A/Sgt. (b)(6) to assist Det. (b)(6) with a death investigation. I was tasked with responding to the area of (b)(6) and conducting a neighborhood canvass. I was advised by Sgt. (b)(6) that there was an unknown subject (possibly a neighbor) that performed CPR on the victim.

I contacted the following subjects:

PC1: (b)(6)  
(b)(6)  
(b)(6)  
(b)(6)  
(b)(6)  
(b)(6)

Audio Recorded

(b)(6) advised that she was watching tv in her residence and kept hearing a noise from outside. She then muted her TV and heard someone screaming. (b)(6) advised that she did call 911 reference the screaming. (b)(6) advised that she then discovered there was something wrong at her neighbor's house across the street involving the child. (b)(6) advised that her daughter plays with the older child outside sometimes. (b)(6) advised that the family at (b)(6) keeps to themselves.

PC2: (b)(6)  
(b)(6)  
(b)(6)  
(b)(6)  
(b)(6)

Audio Recorded

Reporting Officer DET (b)(6) - 02837 4	Supervisor Approval (b)(6) OJNCECS 01/10/2020
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(b)(6) advised that she doesn't know the family that lives at (b)(6) very well but says hello in passing. (b)(6) advised that when the incident happened her brother (NFD) text messaged a neighbor named (b)(6) that came over but was not sure if he performed CPR. (b)(6) advised that she did not know where this subject lived and her brother was not available to provide additional information. (b)(6) advised that she has never heard an argument from the downstairs apartment.

PC3: (b)(6)

Audio Recorded

(b)(6) advised that she did not hear or see anything and doesn't know her neighbors. (b)(6) did not provide any further information.

PC4: (b)(6)

Audio Recorded

(b)(6) advised that she did not know the family and did not hear anything. (b)(6) did not provide any additional information.

I did not received an answer at 79, 81, 83, 91.

Det (b)(6) and A/Sgt. (b)(6) were advised of my findings. My notes and audio recordings are uploaded to Evidence.com.

No further action taken.

Reporting Officer DET (b)(6) 02837 4	Supervisor Approval (b)(6)	OJNCECS 01/10/2020
Detective Notified	Referred To	
Solvability	<input type="checkbox"/> Witness <input type="checkbox"/> M.O. <input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Named <input type="checkbox"/> Suspect Located <input type="checkbox"/> Suspect Described <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified	Status Follow Up

Page <b>001</b>	Report Date <b>01/10/2020</b>	Agency <b>(b)(6) COUNTY PD</b>	Complaint Number <b>32-19-119099</b>
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### Supplemental Report

Modified Occurrence Dates and Times <b>Sun (b)(6) 2019 0158</b>	Grid <b>070 - 334</b>	Sector <b>33</b>
Original Location <b>0.08 Miles of (b)(6)</b>		
Officer Weapon Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Weapon Type:	Officer Weapon Use:
Emergency Order Related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hero Help Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Original Victim Information

Victim Number <b>001</b>	Name [REDACTED]						
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>	Age <b>03</b>	D O B [REDACTED]		
Address [REDACTED]			Resident Status <b>Full-Time Resident</b>	Home Telephone	Cell Phone		
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified						
Parent/Guardian Information [REDACTED]		Parent Telephone	Parent Cell Phone	Parent Work Phone			

### Current View of Victim Information

Victim Number <b>001</b>	Name [REDACTED]						
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>	Age <b>03</b>	D O B [REDACTED]		
Address [REDACTED]			Resident Status <b>Full-Time Resident</b>	Home Telephone	Cell Phone		
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified						
Parent/Guardian Information [REDACTED]		Parent Telephone	Parent Cell Phone	Parent Work Phone			

### Original Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
Location of Offense <b>Residence/Home/Garage</b>		Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		Crime Code <b>8104 - Sudden Death/Death Investigation</b>	

### Current View of Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
Reporting Officer <b>DET (b)(6) - 02794 5</b>	Supervisor Approval <b>(b)(6) OJNCTAO 01/13/2020</b>		



Page 002	Report Date 01/10/2020	Agency (b)(6) COUNTY PD	Complaint Number 32-19-119099
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Location of Offense <b>Residence/Home/Garage</b>	Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer	General Offense
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A	Crime Code <b>8104 - Sudden Death/Death Investigation</b>		

### Investigative Narrative

Detective (b)(6) #2794  
Evidence Detection Squad

Assignment:

On (b)(6) 9 at approximately 0440 hours, I was assigned by A/Sgt. (b)(6) to respond to [REDACTED], [REDACTED] reference a consent search concerning the death of [REDACTED]. Upon arrival, I was briefed of this incident and provided with a tour of the scene by both A/Sgt. (b)(6) & Detective (b)(6) (Chief Investigating Officer) who requested the consent search be executed as follows:

[REDACTED] (Two-story/Single-family/End-unit/Townhome)  
-Tan siding/White window trim/Green front-entry door  
-Start date/time: (b)(6)-19/0550 hours, End date/time 12-29-19/0710 hours

Evidence.com: Overall interior/exterior digital images & scene video of the incident address / items recovered within

Log #:

021776: (1) Pair of black Nike sneakers (Toddler size 7C) / Atop sectional living room sofa (Marker #1)

021777: (1) White, gray, and yellow floral pattern comforter / Atop sectional living room sofa (Marker #2)

021774: (1) White toddler sock / Carpeted living room floor (Marker #3)

021773: (1) Pink, black, and white scarf / Atop living room couch (Marker #4)

021772: (1) White tank-style undershirt (Toddler size 2T-3T) / Carpeted dining room floor / Under dining room chair (Marker #5)

021771: (1) Blue & gray pajama shirt (Toddler size 3T) / Carpeted dining room floor (Marker #6)

021770: (1) Brown snakeskin pattern folding tray table equipped with metal brass color folding-collapsible legs / Leaning against blue chair in hallway (Marker #7)

-Refer to digital images (both with & without scale) for various angles of the folding tray table

All of the above-listed evidence with an assigned Log # was packaged & turned over to the NCCPD Inventory Control Unit.

Refer to master & supplemental reports for further.

Autopsy:

On (b)(6) 19 at approximately 0830 hours I responded to the Delaware Division of Forensic Science (DFS) in Wilmington to attend the post-mortem examination of the deceased victim [REDACTED] M.E. Case #2019-N-3713. This procedure was conducted by Chief Medical Examiner Dr. (b)(6) who was assisted by multiple Forensic Investigators on scene.

Deceased: [REDACTED] M.E. Case #2019-N-3713

Reporting Officer DET (b)(6) 2794 5	Supervisor Approval (b)(6) DJNCTAO 01/13/2020
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Cause of Death as determined by Dr. (b)(6) Pending further examination

Manner of Death as determined by Dr. (b)(6) Pending further examination

It should be noted that Log #021770 (folding tray table) was transported to DFS & presented to Dr. (b)(6) during this procedure upon his request. Utilizing the DFS analog floor scale, the folding tray table weighed approx. 11 pounds. Additionally, numerous digital images were taken of the table (both with & without scale) by assisting DFS Forensic Investigators.

A CD copy of the digital images taken by DFS Forensic Investigators during the autopsy was collected and logged both into Evidence.com & under Log #021781 (packaged & turned over to the NCCPD Inventory Control Unit).

Refer to digital images & M.E. (Dr. (b)(6)) report for further.

Reporting Officer <b>DET (b)(6) 02794 5</b>	Supervisor Approval <b>(b)(6) DJNCTAO 01/13/2020</b>
Detective Notified	Referred To
Solvability	Status <b>Follow Up</b>
<input type="checkbox"/> Witness <input type="checkbox"/> M.O. <input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Named <input type="checkbox"/> Suspect Located <input type="checkbox"/> Suspect Described <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified	

Page <b>001</b>	Report Date <b>06/18/2020</b>	Agency <b>(b)(6) COUNTY PD</b>	Complaint Number <b>32-19-119099</b>
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### Supplemental Report

Modified Occurrence Dates and Times <b>Sun (b)(6)/2019 0158</b>	Grid <b>070 - 334</b>	Sector <b>33</b>
Original Location <b>0.08 Miles of (b)(6)</b>		
Officer Weapon Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Weapon Type:	Officer Weapon Use:
Emergency Order Related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hero Help Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Original Victim Information

Victim Number <b>001</b>	Name <b>(b)(6)</b>		
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>
Address <b>(b)(6)</b>		Age <b>03</b>	DOB <b>(b)(6)</b>
Resident Status <b>Full-Time Resident</b>		Home Telephone	Cell Phone
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified		
Parent/Guardian Information <b>(b)(6)</b>	Parent Telephone	Parent Cell Phone	Parent Work Phone

### Modified Victim Information

Victim Number <b>001</b>	Name <b>(b)(6)</b>		
Type <b>Individual</b>	Sex <b>Male</b>	Race <b>Black/African American</b>	Ethnic Origin <b>Not Hispanic/Latino</b>
Address <b>(b)(6)</b>		Age <b>03</b>	DOB <b>(b)(6)</b>
Resident Status <b>Full-Time Resident</b>		Home Telephone	Cell Phone
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Take Care Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Take Care School District Notified		
Parent/Guardian Information <b>(b)(6)</b>	Parent Telephone	Parent Cell Phone	Parent Work Phone

### Original Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
Location of Offense <b>Residence/Home/Garage</b>		Status <b>Pending-Active</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
General Offense		Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A	
Crime Code <b>8104 - Sudden Death/Death Investigation</b>			

### Modified Crime and Associated Information

Victim Number <b>001</b>	Crime Seq <b>001</b>	Statute <b>DEATHINVESTIGA</b>	Crime Description <b>Death Investigation--No Specific Charges Associated</b>
Reporting Officer <b>DET (b)(6) 2851 6</b>	Supervisor Approval <b>(b)(6) OJNCHLG 06/22/2020</b>		

Page <b>002</b>	Report Date <b>06/18/2020</b>	Agency <b>(b)(6) COUNTY PD</b>	Complaint Number <b>32-19-119099</b>
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Location of Offense <b>Residence/Home/Garage</b>	Status <b>Service Clear 06/10/2020</b>	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer	General Offense
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A	Crime Code <b>8104 - Sudden Death/Death Investigation</b>		

### Investigative Narrative

On 06/10/2020 I was informed by DAG **(b)(6)** that this case would be closed, service clear.

On 06/18/2020 the table collected in the case was turned over to the families attorney, Thomas A. Lynam, III of VILLARI, LENTZ & LYNAM, LLC.

Reporting Officer <b>DET (b)(6) 2851 6</b>	Supervisor Approval <b>(b)(6) HLG 06/22/2020</b>
Detective Notified	Referred To
Solvability <input type="checkbox"/> Witness <input type="checkbox"/> M.O. <input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Named <input type="checkbox"/> Suspect Located <input type="checkbox"/> Suspect Described <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified	Status <b>Follow Up</b>

TASK NUMBER : 220331CBB1276

**PRODUCT SEARCH HISTORY:**

Date of Search: 12-29-2017 to 2-29-2019

Search of Terms: The TJX Companies, Inc. Folding Table Tray, Model/Style: 75438

CPSCnet Search Results:

None

Section 15 Search Results:

None

IPII Search Results:

One



**U.S. CONSUMER PRODUCT SAFETY  
COMMISSION**

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Withheld pursuant to exemption

(b)(3):CPSA Section 6(b)

of the Freedom of Information Act

Withheld pursuant to exemption

(b)(3):CPSA Section 6(b)

of the Freedom of Information Act

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UNITED STATES  
CONSUMER PRODUCT SAFETY COMMISSION  
WASHINGTON, DC 20207  
DIRECTORATE FOR EPIDEMIOLOGY

**TO:** Madeleine Mietus, Compliance Officer, EXC  
**FROM:** John Topping, Technical Officer, EPHA  
**DATE:** 4/15/2022  
**RE:** Data Review for PSA # 0308.22 Case # [RP220210](#)

Date due: 4/14/2022

Priority: A

Company: [TJX](#)

Product Description: Folding Tray Table

Brand: Home Goods - Galleon Industries, Inc.

Model: Home Goods Style #75438 Vendor Style #A01606/PO# 425685

Request: Please conduct an data review for any incidents associated with this folding tray table.

Hazard Pattern: 3.23 - Entrapment

Selection Criteria:

Product Code(s): 4057 9101 9102

Manufacturer/Model Text: TJX/T\*J\*X/Galleo/Galeo/Gallion/Galion/  
Home Good/HomeGood/75438/425685/A01606

Time Frame: 10/1/2016 - 4/14/2022

NFIRS Search Criteria: N/A

**Incidents Identified:**

Databases	Incident Count* (see notes below)	Death Count*
Consumer Product Safety Risk Management System (CPSRMS)	0	0
NEISS reports (count)	0	0
Total	0	0

\* For CPSRMS, duplicate reports have been removed, i.e. counted only once, with only record presented in spreadsheet. Any duplicate reports within CPSRMS can be accessed using the incident report ID link. The reports enumerated in the table have been identified from CPSC databases on the date the search was completed. These should be considered neither a statistical sample nor a complete count of all such incidents, but only a count of those in CPSC databases on the search date.

**NOTES:** Search did *not* find reports of *folding tray* tables associated with TJX, Galleon Industries, Inc. and/or the Home Goods brand (regardless of whether matching the particular hazard or model specified in request). Not Responsive

Not Responsive



<b>U.S. Consumer Product Safety Commission</b>  Product Safety Assessment Report  Draft – For Official Use Only – Draft		PSA No.	0432.22
		Case No.	RP220210
		Requested by	Madeleine Mietus,
		Regional Office	
		Sample No.	
		CPSC Seal	
		Possible Counterfeit Product	
		IDI No.	
Product	Tables (Excl. Baby Changing Tables, Billiard or Pool Tables (4057))	Firm	TJX
Evaluation Requested	*Assign to Suad Wanna-Nakamura* Please examine the IDI associated with this incident, and evaluate the likelihood and severity of injury presented by the subject product, if any. Describe the consequences of entrapment within the Subject Product, including the role of the product’s weight on the range of injuries that are possible with this type of entrapment hazard.		
Potential Hazard	3.23 - Entrapment		
Prepared by (Name and Title)		Approved by (Name and Title)	
Suad Wanna-Nakamura, Ph.D., Physiologist Technical Officer		Stefanie Marques - Technical Officer Einstein Miller - PSA Coordinator	
Reviewed by (Name and Title)			
Stefanie Marques, Ph. D.,			
Date	7/21/2022	Date	7/21/2022

**Product:** The subject product of this PSA is a folding tray table manufactured by Galleon and sold by TJX Companies, Inc. Home Goods Style #75438. The fiberboard table-top of the tray stands about 22.5 inches high and is supported by metal legs in an X-configuration that can be collapsed to allow the product to be stored flat. The legs are connected at the bottom by two horizontal bars and a single cross bar where the legs cross. (Figure 1A). Latches/ “Tab stop hinges” are located in the upper half of the legs that lock the legs in place during use of the tray in an upright position (Figure 1B). Depressing the latches/ “stop hinges” allows the collapse of the legs and folding of the Subject Product for storage. The total weight of the incident tray table is about 11-pounds<sup>1</sup>.

<sup>1</sup> The incident table was weighed by the office of the Medical examiner.



**Figure 1.** Full view of table (A) and closeup view of “tab stops” (B) (Source image IDI # 220331CBB1276, Exhibit 2. Photograph 2-19)

**Background:** Health Sciences (HS) staff was asked to review the single fatal incident involving the subject product and review the incident IDI to determine the involvement of the subject product in the death of a 3-year-old boy and assess its contribution to the severity of victim’s injuries and subsequent death. This included evaluating the role that the weight of the product may have on the range of injuries in this type of entrapment hazard.

**Discussion:** HS staff reviewed the IDI and examined the product with Engineering Science Human Factors (ESHF) and Laboratory Sciences Mechanical Engineering (LSM) staff and reviewed the corresponding PSAs (LSM; Kemspeke, R., 0443.22 and ESHF; Philips, K., 0433.22 PSAs).

*IDI # 220331CBB1276:* The IDI describes an unwitnessed incident that occurred on (b)(6) (b)(6) 019 involving the death of a three-year-old boy. The child was discovered by his sister and described by his mother as being found lying face down “wedged in between the folding legs of the stand”. The child was removed from the product and neighbors reportedly attempted CPR. The police reported that when they arrived at 2:00 am the child was lying on the ground on his back and while warm to the touch, he was “unresponsive and did not have a pulse”. Despite additional resuscitation attempts by troopers and Emergency Medical Services, (EMS) personnel and subsequent transport to a hospital, the child was pronounced dead around 3:00 am. The Medical Examiner (ME) ruled the cause of death as “positional asphyxia” and the manner of death to be an “accident”. The ME report also describes a pattern of compression marks on the child’s back and chest that are consistent with having been “produced by the legs of the table” (Figure 2)



**Figure 2** Blue lines on CAMI represent corresponding positions of compressional marks identified at autopsy by ME. (Image source LSM PSA # 0443.22 Figures 5 and 4)

There remains uncertainty about the child’s actual position within the subject product at the time of the incident and the family has declined further interviews with investigators seeking details of the incident. The ME recreated a possible scenario, based on the compression marks found on the child’s torso, suggesting that that the child enter under the table from the front or rear (Figure 3).



**Figure 3:** Source image Exhibit. 3, Photographs 3-19 *IDI # 220331CBB1276, Exhibit 2. Photograph 2-19)*

Staff believes (b)(5)

(b)(5)

(b)(5)



**Conclusion**

(b)(5)



<b>U.S. Consumer Product Safety Commission</b>  Product Safety Assessment Report  Draft – For Official Use Only – Draft		PSA No.	0433.22
		Case No.	RP220210
		Requested by	Madeleine Mietus,
		Regional Office	
		Sample No.	22-800-1546
		CPSC Seal	
		Possible Counterfeit Product	
IDI No.			
Product	Tables (Excl. Baby Changing Tables, Billiard or Pool Tables (4057))	Firm	TJX
Evaluation Requested	*Assign to Khalisa Phillips* Please review all relevant documents including the Full Report, Complaint filed by the victim's family, and the IDI associated with the incident. Discuss the likelihood that the sequence of events of the incident that resulted in this fatality would occur again by addressing the following questions: 1. Are children likely to climb under the Subject Product? At what age? Why? 2. Are reasonable parents likely to leave a child of the affected age range alone in a living room with the Subject Product for a period of time sufficient to become entrapped? 3. Would a child be able to avoid the Subject Product if he accidentally bumps the folding mechanism and it begins to collapse? If so, at what age? 4. Would a child of this age range be able to free him or herself after becoming trapped within the Subject Product?		
Potential Hazard	3.23 - Entrapment		
Prepared by (Name and Title)		Approved by (Name and Title)	
Khalisa Phillips Technical Officer		Stephen Harsanyi - Technical Officer Einstein Miller - PSA Coordinator	
Reviewed by (Name and Title)			
Date	7/15/2022	Date	7/18/2022

## Product



Figure 1. Incident sample pictured in IDI

The product is a tray table, style #75438, that is manufactured by Galleon, and sold by TJX Companies, Inc. (see Figure 1). The tray has high sides, a rectangular shape, with a faux animal skin exterior. It has two X-shaped gold metal folding legs with ornamental curled feet. The legs are connected by three horizontal cross bars, one at the middle, and the others on opposite sides near the feet. The upper left segments contain “tab stop” folding hinges on each of the legs. When a force is applied in the same direction that the hinges fold, the legs initiate collapsing. The design of the product relies on the approximately 11-pound weight of the tray to keep the tab stops extended and prevent collapse during use. The product can store flat between uses.

## Background

The goal of this investigation was to determine whether the product poses an entrapment hazard to young children. That assessment is shown below through an examination of the product’s affordances and how children in the affected age range are likely to interact with the product.

The Commission staff is aware of one fatal incident involving the product. On the (b)(6) (b)(6) 2019, a male victim was found wedged between the legs of the product. IDI #220331CBB1276 summarizes the evidence gathered by the coroner, police, and family’s counsel. At the time of death, the victim was 3 years 3 months old (approx. 40-months-old), 36 inches tall, and 33 pounds. He had been alone in the living room when the incident occurred, where the product had mainly been used as a dining surface. The victim’s mother and sister were at home when the incident occurred. They had been in (a) separate bedroom(s), and it is unclear if they could hear or see anything occurring in the living room.



Figure 2. Entrapment scenario presented in Coroner’s Report in IDI

Upon discovery, they noted the tray had already collapsed, and that the victim was face down and unresponsive, with the product’s legs “squeezing” his torso and back. When the mother was removing the victim, she noticed marks on his torso consistent with the shape of the product’s legs. Life-saving measures were attempted, however, the victim died of his injuries soon after at a local hospital.

The coroner listed the cause of death as positional asphyxia, consistent with compression injuries resulting from the victim’s chest being squeezed between the product’s folding legs. The coroner found the entrapment position

shown in Figure 2 matched the victim’s compression marks on his back and chest (see Figure 2, IDI p. 19).

One draft PSA has already been completed on the product by Laboratory Sciences Mechanical Engineering (LSM; Kempske, R., 0443.22). Because the incident sample was unavailable, LSM staff based their conclusions on a “functionally identical” exemplar sample with a similar tray top, metal folding legs, and failure modes. While dimensions were comparable, staff noted that the exemplar sample was around 3 pounds lighter than the incident sample. Key findings from this PSA included:

- Injury patterns marked on a 3-year-old CAMI with tape best matched key product features (horizontal cross bar and bottom of tray frame), when positioned face down over the horizontal cross bar at the middle, with the body positioned head or toe first (Figure 3). Both orientations still resulted in the product collapsing to the left.

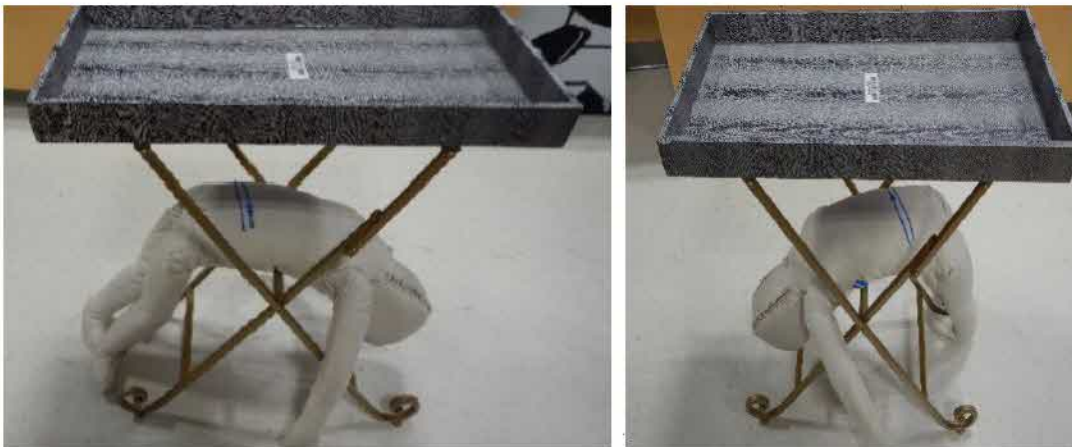


Figure 3. CAMI entering from upper left or upper right as shown in LSM PSA

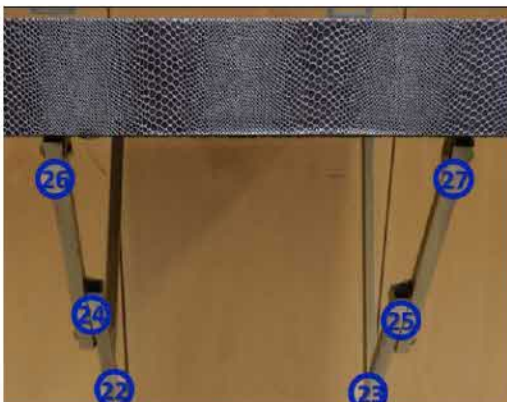


Figure 4. showing Top Section of Frame most vulnerable to collapse from LSM PSA

- LSM staff found none of the applied forces that produced folding met a functionally relevant voluntary standard, ASTM F2613–11, *Children’s Folding Chairs*, Section 5.8.2. Notably, they found the top section of the frame above the horizontal cross bar at the middle to be most vulnerable to collapsing (smallest force needed; Figure 4).
- Using compression force sensors attached to horizontal cross bar at middle and

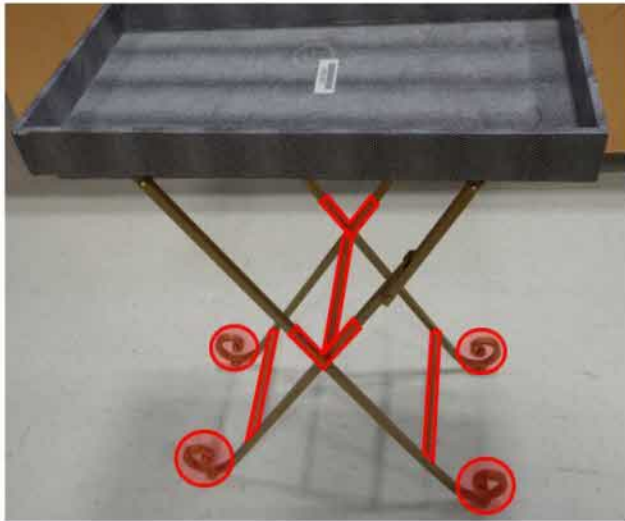


Figure 5. Footholds identified on the product from LSM PSA (Figure 27)

the frame under the tray, LSM staff found product could exert a maximum force of 4.73 lbf on an entrapped child.

- (b)(5)

(b)(5) They applied the definition of a foothold found in AUS HB 295.3.28-08 *Climbing Hazards Footholds, Section R1* to the product. A foothold is defined as a surface less than 55° to the horizontal, 15.75 inches off the ground, and having dimensions greater than 0.59" W by 0.20" D. They reported nine footholds on the sample's legs, mainly on the horizontal crossbars and feet

(Figure 5).

- LSM staff tested the stability of these footholds against another functionally relevant standard, ASTM F833-19, *Section 7.4.2 Front Stability (Child Climbing in) for Stroller or Convertible Carriage/Stroller in Stroller Use Only*. They found that the performance requirement for stability was met; however, they also concluded (b)(5)

(b)(5)

- They identified several standards with similar form, function, and/or structure to the product such as: ASTM F2388-21, *Baby Changing Products for Domestic Use*, ASTM F1821-19, *Toddler Beds*, ASTM F1004-21, *Expansion Gates and Expandable Enclosures*, AUS HB 295.3.23 – 2008, *Gaps and openings – Head entrapment and fall through hazard*, SS-EN 14468:2015, and *Table Tennis Tables*. Unlike some of these products, the hinges on the product's legs do not have a locking mechanism making it appropriate to test for entrapment starting from an open position, and a partially collapsed position (Figure 6).

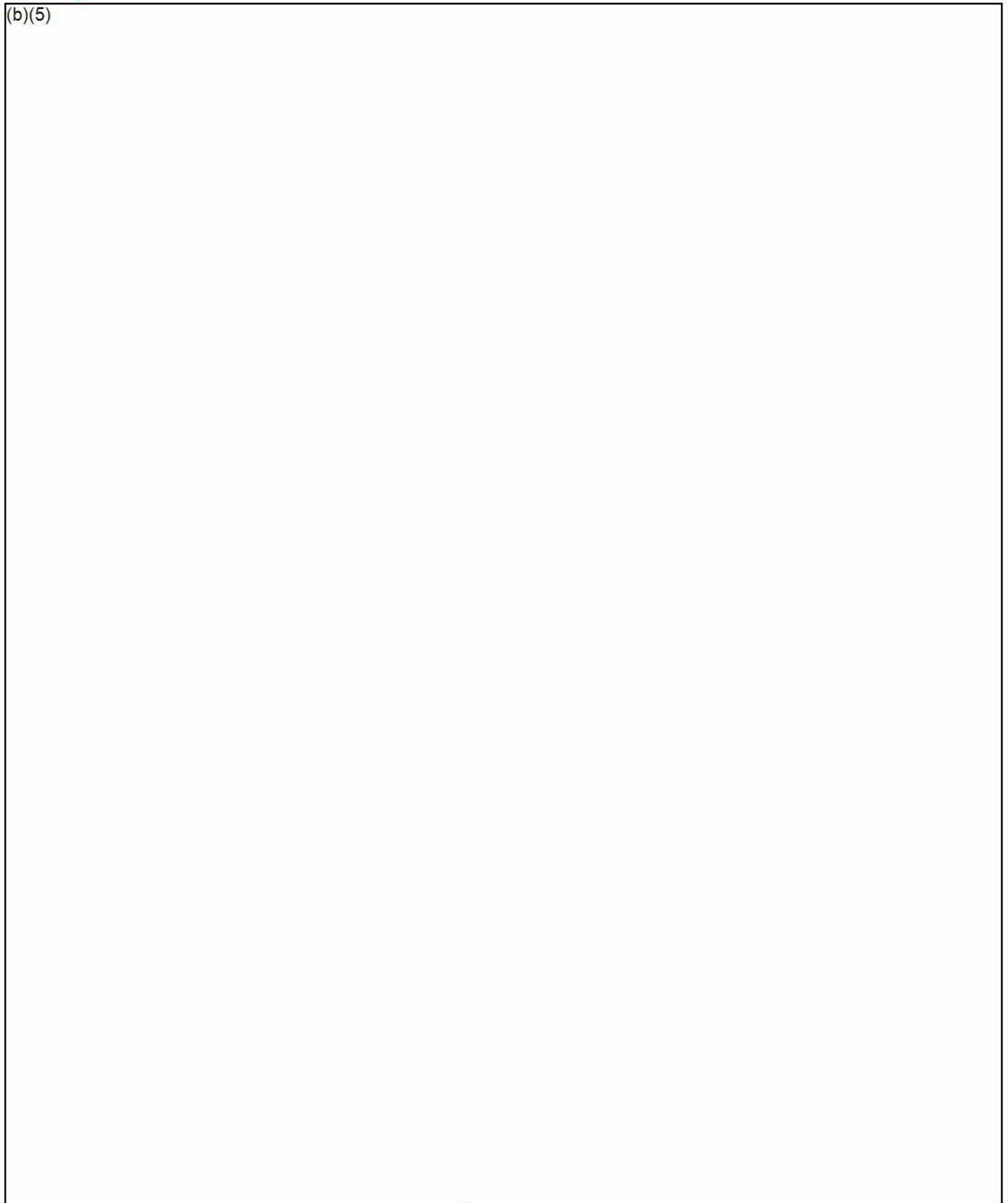


Figure 6. Various stable configurations where product is partially collapsed but still standing from LSM PSA (Figure 29)



**Analysis**

(b)(5)



(b)(5)



(b)(5)



(b)(5)



## Conclusions

Based on the above analyses, ESHF staff finds the following conclusions warranted:

(b)(5)



<p align="center"><b>U.S. Consumer Product Safety Commission</b></p> <p align="center">Product Safety Assessment Report</p> <p align="center">Draft – For Official Use Only – Draft</p>		PSA No.	0443.22
		Case No.	RP220210
		Requested by	Madeleine Mietus, Trial Attorney
		Regional Office	
		Sample No.	22-800-1546
		CPSC Seal	
		Possible Counterfeit Product	
		IDI No.	220331CBB1276
Product	Tables (Excl. Baby Changing Tables, Billiard or Pool Tables (4057))	Firm	TJX Companies, Inc.
Evaluation Requested	<p>*Please assign to Rebekah Kempske* Please review IDI and other file(s) in DCM. Compare the exemplar sample to the information of the incident sample provided in the IDI. Discuss under what conditions the product’s design could allow it to collapse. Measure the force(s) at various locations that could contribute to the folding of the table, and the force(s) that the folding table could exert upon an entrapped child. Determine if there are any applicable standards that might address an entrapment in this product. Address any other factors that might influence the unintended folding of the product. Comment on any additional safety concerns.</p>		
Potential Hazard	3.23 – Entrapment		
Prepared by (Name and Title)		Approved by (Name and Title)	
Rebekah Kempske Technical Officer		Duncan Snyder - Technical Office Division Coordinator Han Lim - Acting PSA Coordinator	
Reviewed by (Name and Title)			
Date	7/6/2022	Date	7/6/2022

**I. Product**

The product is the folding tray table sold by TJX Companies, Inc., style #75438, as shown in Figure 1.



Figure 1. Incident sample, TJX Folding Tray Table, style #75438.

TJX: Folding Tray Table, #75438

PSA 0443.22

## II. Background

The PSA requested that Laboratory Sciences Mechanical (LSM) engineering staff review the IDI and other supplemental documents in DCM.

Only one IDI was available, IDI #220331CBB1276, and included the following information:

On (b)(6) 2019, a three year old male was found in his home unresponsive wedged between the legs of a folding table. He was taken to an area hospital where he died from his injuries. The cause of death was ruled to be positional asphyxia.

According to the police report, the victim and his mother went to bed at approximately 12:00 midnight. He always sleeps with her since he was born. At approximately 1:30 a.m., the victim's parent woke up and found that he was no longer in her bed. She got up and saw her daughter and she told her to go into the living room and see where the victim had fallen asleep.

The victim was found unresponsive trapped in the product's folding legs. When the mother did not get a response from the boy she told her daughter to call 911. Emergency officials responded and transported the victim to an area hospital where he died from his injuries as a result of positional asphyxia.

(b)(3):Exemption 3 6(b)(5)

### III. Examination

The PSA requested that LSM staff compare the exemplar sample to the information of the incident sample provided in the IDI.

One used exemplar sample, Sample Number 22-800-1546 was provided. The file indicated that this used sample was purchased from [www.etsy.com](http://www.etsy.com).

The incident sample was not available for examination by LSM staff. However, as part of the IDI, the assigned Product Safety Investigator viewed and photographed the incident sample. Additionally, images and measurements were provided by the medical examiner’s office (see Appendix B).

LSM staff recorded the dimensions of the used exemplar sample. In addition to measuring the exemplar sample’s overall length, width, and height, the dimensions of the frame segments and tray were measured (see Figure 2). The instrumentation used by LSM staff for its tests was calibrated, as noted in Table 1 (see Appendix A).

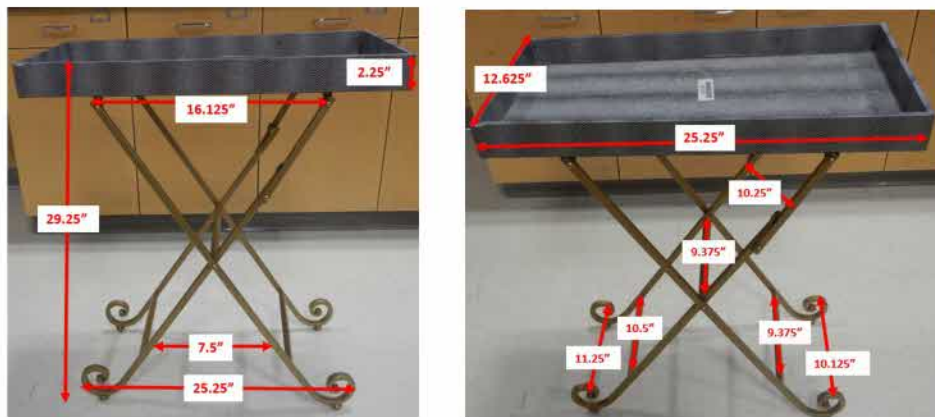


Figure 2. Exemplar sample’s dimensions.

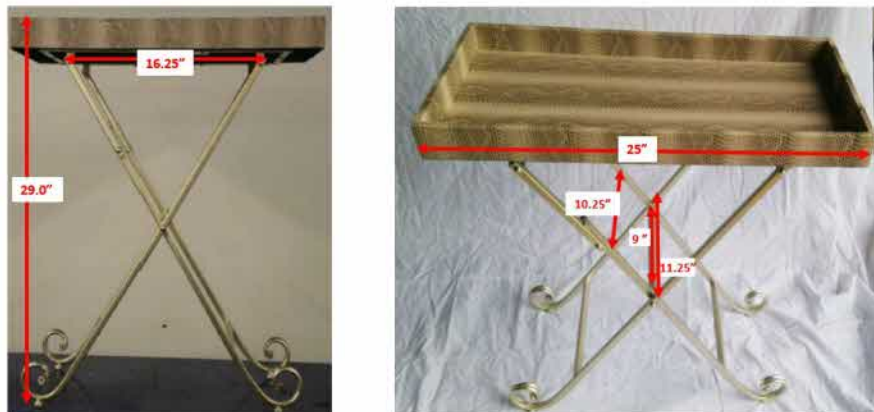


Figure 3. Incident sample’s dimensions, as provided in the IDI



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Based on a review of the pictures of the incident sample provided in the IDI (see Figure 3 and Appendix B), LSM staff believes that the incident sample and exemplar sample have similar dimensions.

However, LSM staff found that the used exemplar sample weighed approximately 8.7 lbs, whereas the IDI stated that the incident folding tray table weighed approximately 11 lbs.

Without having the incident sample to compare, LSM staff cannot explain why the incident sample may have weighed approximately 2.2 lbs more than the exemplar sample.

Notwithstanding this weight difference, based on both samples having a similar folding leg design and dimensions, for the purposes of evaluating the failure mode LSM staff believes that the exemplar sample and incident sample are “functionally identical.” Although the forces and loads measured by LSM staff during its testing of the exemplar sample may not be identical to that of the incident sample, the failure mechanism of the exemplar sample should be representative of the incident sample.

The PSA also requested that LSM engineering staff discuss under what conditions the product’s design could allow it to collapse.

To simulate conditions under which the victim may have become entrapped, a 3-YO CAMI dummy (“CAMI”) was used. The CAMI is 37.5 inches long and weighs 31.25 lbs<sup>1</sup>. Blue tape was placed on the CAMI in the approximate locations and sizes of the injury patterns found on the victim, as described in the medical examiner’s (ME) report in the IDI (see Figures 4 and 5).



Figure 4. Representation of indentations on the victim’s chest based on the Medical Examiner’s Report.

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<sup>1</sup> The victim weighed 33 lbs, as noted in the medical examiner’s report.



Figure 5. Representation of indentations on the victim's back based on the Medical Examiner's Report.

In an attempt to replicate the injuries shown in the IDI, the CAMI was positioned in several different openings in the exemplar sample<sup>2</sup> (front/back entrances, upper side entrances, and lower side entrances, see Figure 6).

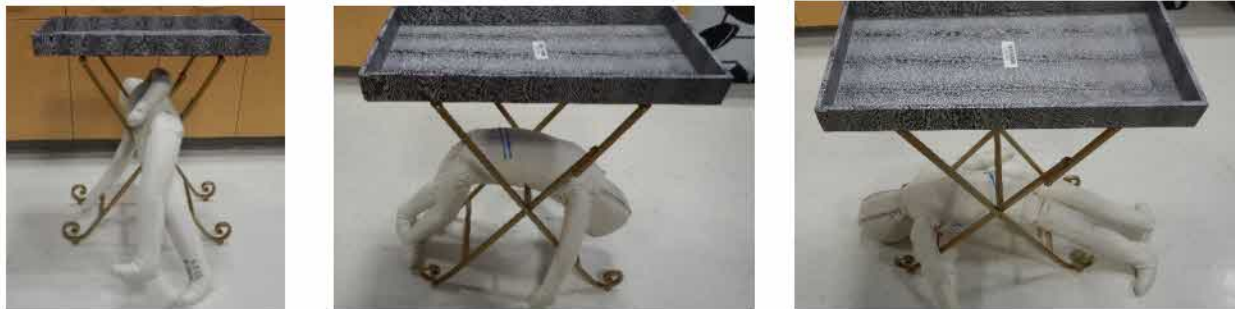


Figure 6. CAMI positioned to enter from the front entrance, upper left side entrance, and lower right side entrance.

To simulate the table collapsing due to the victim's movement, in each of the positionings, the sample was lowered to the ground on the right side (side with the single tab stops<sup>3</sup>) and to the left side (side without the single tab stops).

The CAMI was then examined to determine if the tape markings matched with the positioning of the body. From this testing it was found that two entrance positions corresponded with the indentations on the victim, as follows:

- The victim entered from the upper right side and the table fell to the left (see Figure 7)
- The victim entered from the upper left side and the table fell to the left (see Figure 8)

<sup>2</sup> The medical examiner's office believed the victim was found positioned in the top portion of the front/back entrance, as seen in the first image in Figure 6.

<sup>3</sup> Single tab stops are pieces (in this case metal) that make contact with the frame and use gravity and the weight of the frame to keep the frame in an open position.

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Figure 7. CAMI entered from the upper right side and the table fell to the left.

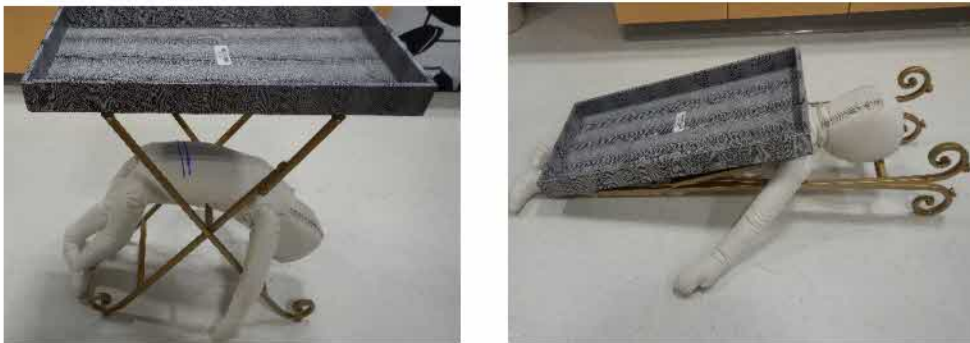


Figure 8. CAMI entered from the upper left side and the table fell to the left.

The front indentations on the victim are from the sample's middle horizontal bar (see Figures 9 and 10). The width and length correspond with the sides of the bar.

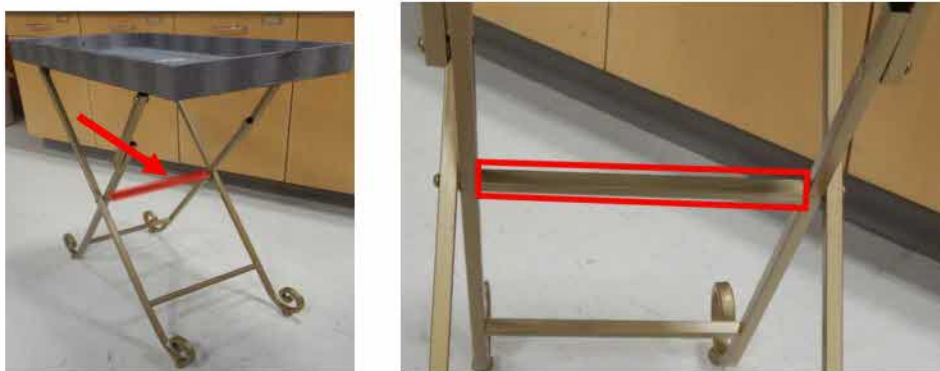


Figure 9. The section in red corresponds with the location and size of the indentations found on the victim's chest.

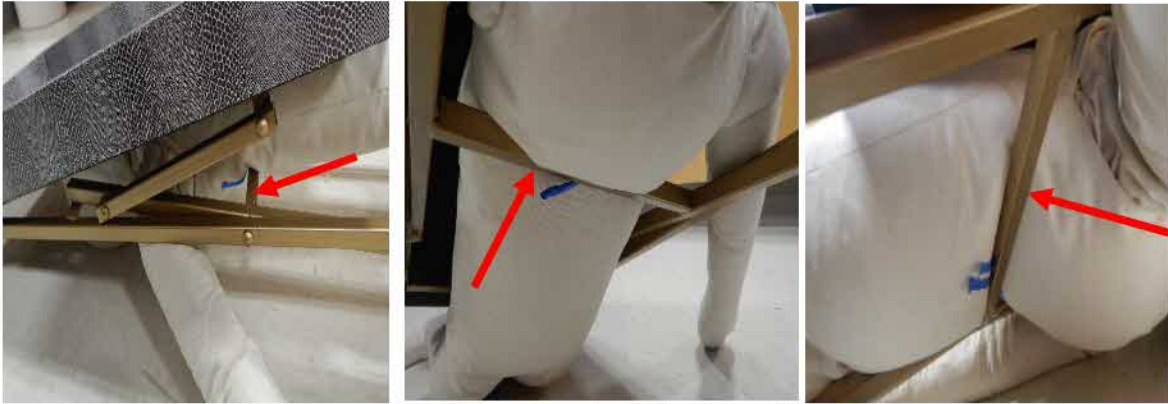


Figure 10. Indentations made from the middle horizontal bar on the victim's chest

The indentations on the victim's back match the top of the frame that is connected to the bottom of the tray. The thin line indentations are from the sides of the frame and the circle indentation is from a screw (see Figures 11). When the child entered from the right side, the indentations were on the child's lower back (see Figure 12). When the child entered from the left side, the indentations were on the child's upper back (See Figure 13).



Figure 11. The sections highlighted in red corresponds with the location and size of the indentations found on the victim's back.



Figure 12. Victim entered from upper right side (indentation on the lower back)

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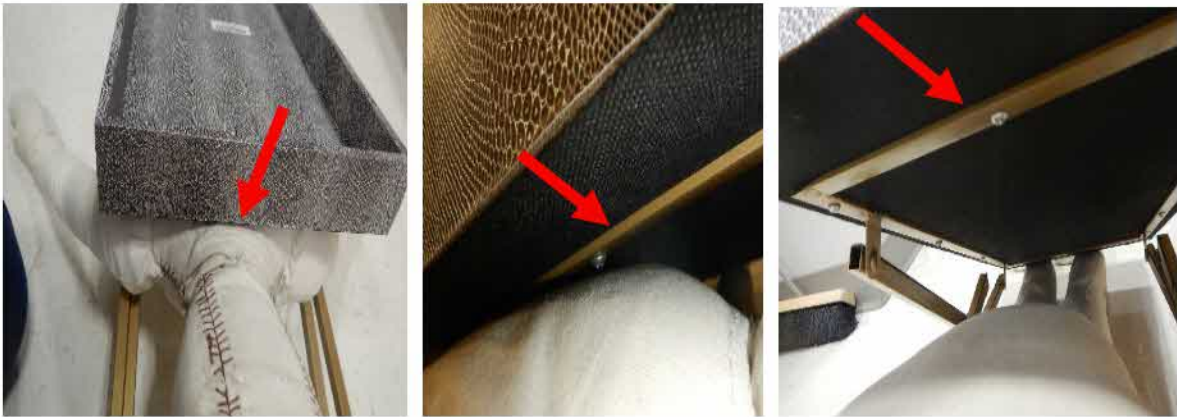


Figure 13. Victim entered from the upper left side (indentations on the upper back).

The PSA also requested that LSM staff measure the force(s) at various locations that could contribute to the folding of the table. Testing was conducted in accordance with ASTM F2613–11, *Children’s Folding Chairs, Section 5.8.2*, as the products are similar in structure and functionality. The testing procedure was as follows:

*6.1 Locking Mechanisms:*

*6.1.1 Erect the product in accordance with any manufacturer’s instructions.*

*6.1.2 Secure the product so that the normal folding motion is not impeded.*

*6.1.3 Apply a force of 45 lbf (200 N) to the product in the direction normally associated with folding. Apply the force gradually over a 5-s period and maintain for an additional 10 s before releasing the force.*

*6.1.4 Perform this procedure five times within a 2-min period.*

The test set-up is shown in Figure 14.



Figure 14. Test set up for measuring the forces that contribute to the sample folding.

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A 1.5” disk attached to a force gauge was used to apply the force to the sample. The force was applied such that it was in the direction of folding and the disk parallel to the surface (see Figure 15).



Figure 15. Testing of the sample in the direction of folding with the force gauge and 1.5-inch disk parallel to the surface.

The testing procedure can also be found in AUS HB 295.3.26 (2008), *Latching and Locking Mechanisms, Section T1.1 Resistance to Folding*.

This test was conducted on various sections of the frame that contribute to the folding of the table. Figures 16 and 17 features the areas of the frame tested at which the sample folded when forces were applied.

For the areas in red, the frame completely closed upon the corresponding force being applied. For the areas in blue, when the corresponding force was applied, the sample fell over and upon making contact with the ground it collapsed.

The areas of the frame in which the sample fell over but did not collapse are not included in the figures, as the sample remained in its recommended use position (frame engaged). Tables 2 and 3 show the force required to collapse each area.

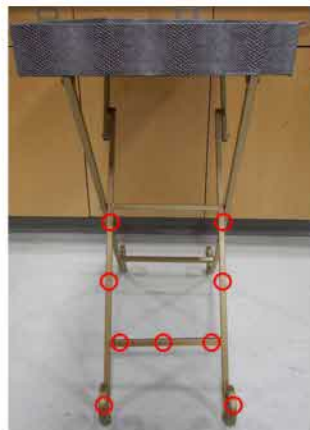


Figure 16. Left side of sample with marked testing areas where frame collapsed upon force being applied

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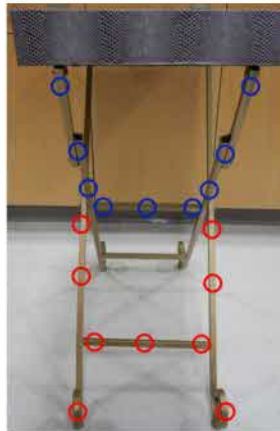


Figure 17. Right side of sample with marked testing areas where frame collapsed upon force being applied

Table 2. Applied forces on left side (side without single tab stops) that caused sample to collapse

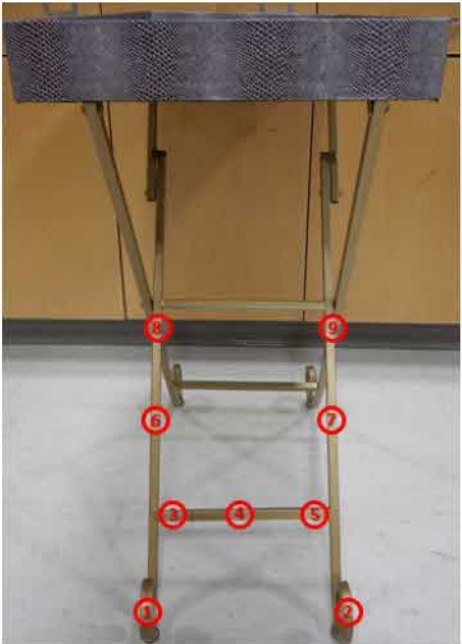

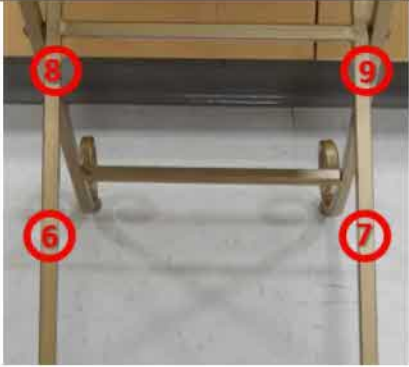
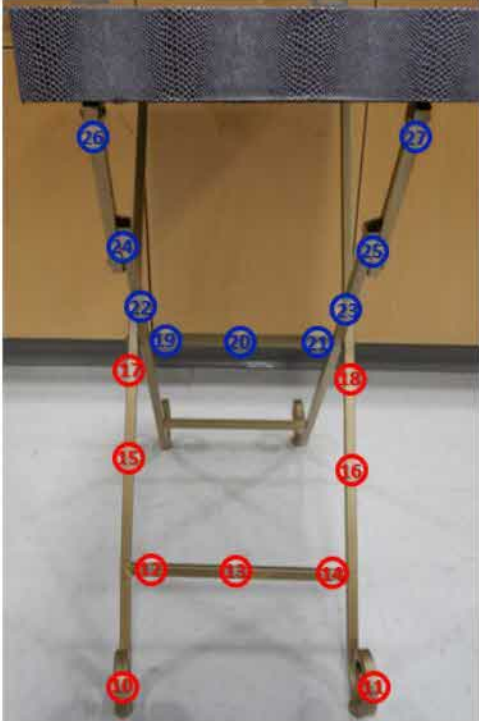



Section of Frame	Section Number	Force Applied (lbf)	
	<b>Bottom Section of Frame</b>		
		1	6.20
		2	6.60
		3	9.65
		4	10.20
		5	9.70
	<b>Middle Section of Frame</b>		
		6	17.15
		7	16.40
	8	19.60	
	9	20.75	

Table 3. Applied forces on right side (side with single tab stops) that caused sample to collapse

Section of Frame	Section Number	Force Applied (lbf)		
	<b>Bottom Section of Frame</b>			
		10	6.90	
		11	6.25	
		12	9.75	
		13	10.50	
		14	9.90	
	<b>Middle Section of Frame</b>			
		15	16.05	
		16	16.65	
		17	17.70	
		18	16.90	
		19	6.65	
		20	6.25	
		21	6.90	
	<b>Top Section of Frame</b>			
		22	5.40	
			23	5.70
			24	4.50
			25	4.60
			26	3.50
			27	3.50

Since all folding forces were under 45 lbf., the voluntary standard was not met. Consequently, the sample's locking mechanisms are not sufficient to prevent unexpected or sudden movement or collapse.



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The PSA requested that LSM engineering staff measure the force(s) that the folding table could exert upon an entrapped child.

To simulate an entrapped child, the 3-YO CAMI dummy was positioned to enter the sample from the upper right side entrance (see Figure 18). The sample was then slightly pushed to the left until it began to fall. To prevent the sample from being damaged, it fell onto a stiff mat. In the final position, the sample was fully collapsed (see Figure 19).

The CAMI dummy positioning and the direction of the sample falling was chosen as the indentations on the victim corresponded with the victim entering from the upper right or left side and the table falling to the left. It is believed that the same forces would be exerted on CAMI dummy when positioned in the upper right or left entrances.



Figure 18. Test set up for measuring the forces exerted upon an entrapped child



Figure 19. Final position of sample at the end of testing

To obtain the forces exerted upon the CAMI, a compression force sensor was placed on the areas of the sample that corresponded to the indentations found on the victim. These areas were the top and side of the middle horizontal bar and the top of the frame connected to the bottom of the tray on the left side of the sample (see Figure 20).

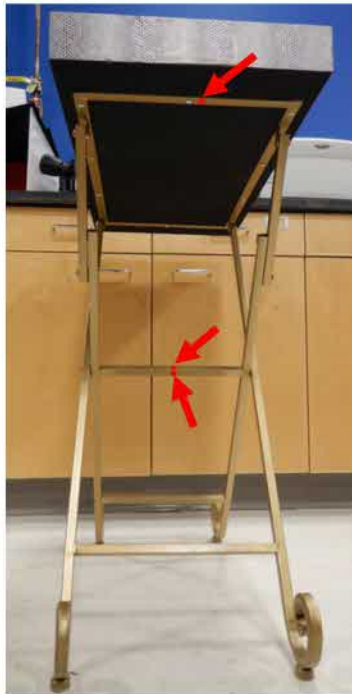


Figure 20. Where the compression sensor was placed on the sample in testing

In order to obtain accurate compression forces, a hard surface needed to be placed between the CAMI and the compression force sensor. To do so, the sensor was taped to a 0.20 in. shim (see Figure 21).



Figure 21. Compression force sensor taped to 0.20 in. shim

The top of middle horizontal bar (see Figure 22) was in contact with the CAMI dummy in its initial testing position (frame fully engaged) and as the sample fell to the ground. The side of the middle horizontal bar (see Figures 23 and 24) and the top of the frame connected to the bottom of the tray (see Figures 25 and 26) were in contact with the CAMI as the sample fell to the ground and when the sample was collapsed.

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Figure 22. Placement of compression force sensor on the top of the middle horizontal bar and in contact with the CAMI dummy



Figure 23. Placement of compression force sensor on the side of the middle horizontal bar

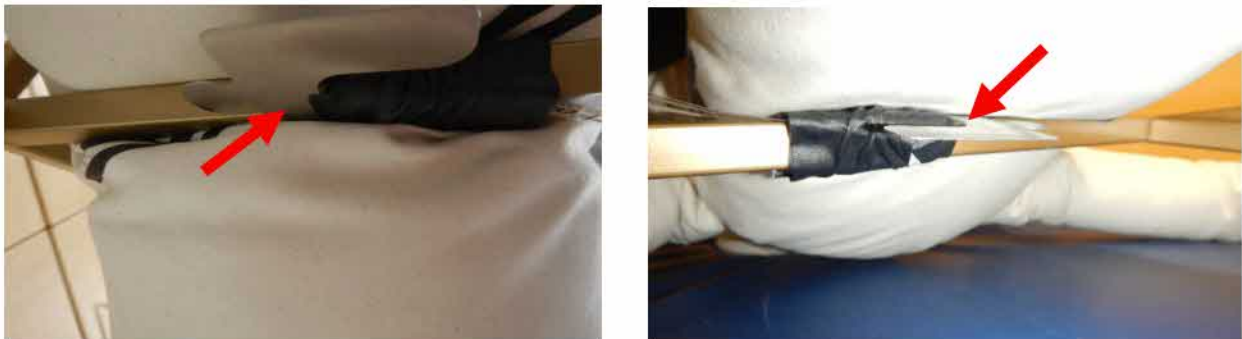


Figure 24. Compression sensor on the side of the middle horizontal bar when the frame was fully engaged (left) and in contact with the CAMI dummy when the frame was collapsed (right)



Figure 25. Placement of compression force sensor on the top of the frame connected to the bottom of the tray



Figure 26. Compression force sensor on the bottom of the tray when the frame was fully engaged (left) and in contact with the CAMI dummy when the frame was collapsed (right)

For the top of the middle horizontal bar, the maximum force obtained was 4.73 lbf. The side of the middle horizontal bar had a maximum force of 3.55 lbf exerted onto the CAMI dummy. These forces were applied over a surface area of 0.11 in<sup>2</sup> (the sensing area of the sensor).

When the compression force sensor was placed on the frame connected to the bottom of the tray, a force was unable to be detected.

The PSA requested that LSM engineering staff address any other factors that might influence the unintended folding of the product. One factor is a child climbing the sample's frame. To address this, the sample was tested to determine if footholds<sup>4</sup> are present and for frame stability.

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<sup>4</sup> Footholds can be defined as “a place where your foot can be safely supported when climbing.” (<https://www.oxfordlearnersdictionaries.com/us/definition/english/foothold?q=foothold>)

Presence of Footholds

The presence of footholds in a table can serve as an attractive nuisance by inviting a child to climb a product. To determine if the sample contains footholds, it was tested in accordance with AUS HB 295.3.28-08 *Climbing Hazards Footholds, Section R1*

*There shall be a 400 mm high band within the product, extending across the full width of the product, within which there shall be no footholds on either side of the product when tested in accordance with T1.2*

As part of the testing protocol, any surface that was less than 15.75 inches (400 mm) off the ground was evaluated. If the surface was more than 0.59 inches (15 mm) wide and 0.20 inches (5 mm) deep and had an angle less than 55° to the horizontal, it could be considered a foothold. For steep intersecting or adjacent surfaces, if it was inclined between 55° to 80° to the horizontal, then it is considered a foothold.

There were nine footholds identified within the sample (see Figure 27).



Figure 27. Footholds identified on the sample

Stability of Sample

The stability of the frame was tested, rather than of the entire sample, because when the child climbs the sample, they will be primarily interacting with the frame. The frame stability was tested in accordance with the applicable standard ASTM F833-19, *Section 7.4.2 Front Stability (Child Climbing in) for Stroller or Convertible Carriage/Stroller in Stroller Use Only*

*7.4.2.2 Apply a force of 40 lbf (178 N) with a disk (see Fig. 14) vertically downward to any member forward of the front edge of the seat on any location likely to cause the unit to tip over. The position must support the vertical force applied through the disk and without the disk sliding off the surface. Gradually apply the force within 5 s, and maintain it for 10 s.*

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To simulate a child climbing the sample, a 40 lbf force was vertically applied to each of the identified footholds (see Figure 28). When the force was applied, no tipping occurred and the sample remained in its recommended use position. In doing so, the sample is not in risk of tipping if a child climbs on the frame. However, this stability allows for a child to climb the footholds up inside the product’s frame, and potentially become entrapped in the frame.



Figure 28. Force being applied vertically to the footholds

#### IV. Discussion

The PSA requested that LSM engineering staff determine if there any applicable standards that might address an entrapment in this product. The focus of these standards is on head, torso, and limb entrapment. The following are applicable standards for products that have similar form, function, and/or structure.

##### **ASTM F2388-21, *Baby Changing Products for Domestic Use***

*6.5 Entrapment in Enclosed Openings — When tested in accordance with 7.5, there shall be no completely bounded openings (openings surrounded by a boundary on all sides) anywhere in the structure of a changing table that are accessible to the occupant or a child around the base of the product and that permit the free passage of the torso probe shown in Fig. 6 unless they also permit the free passage of the 9.0-in. (229-mm) diameter probe shown in Fig. 7. Exempt from this requirement are self-folding steps when in their open position.*

*6.6 Entrapment by Shelves — When tested in accordance with the procedure in 7.6, any shelf above 4.3 in. (109 mm) from the floor that, because its movement may expose an opening that could entrap a child’s head, shall not permit the entire passage of the small head probe shown in Fig. 8 through the exposed opening. Excluded from this requirement are pullout drawers and shelves enclosed within a cabinet equipped with a door(s)*

##### **ASTM F1821-19, *Toddler Beds***

*5.8.2 Torso Entrapment—There shall be no openings in the mattress support system, headboard, footboard, guard rail, or any point where these components are joined together that will permit complete passage of the wedge block (see Fig. 2). The product*

*shall be evaluated in all manufacturer’s recommended use positions when tested in accordance with 6.3, 6.4, or 6.5.*

**ASTM F1004-21, *Expansion Gates and Expandable Enclosures***

*6.1 The following performance requirements apply to gates and enclosures when they are erected or installed in any of the manufacturer’s recommended use positions.*

*6.1.1 Completely-bounded Openings—Openings within the gate or enclosure, and completely-bounded openings between the gate and the test fixture, shall not permit the complete passage of the small torso probe (see Fig. 2) when tested in accordance with 7.10.*

*6.1.4 Bottom Spacing—For enclosures, the space between the floor and the bottom of the enclosure shall not permit the complete passage of the small torso probe (see Fig. 2) when tested in accordance with 7.10. For gates, the space between the test fixture and the bottom of the gate shall not permit the passage of the small torso probe (see Fig. 2) when tested in accordance with 7.10.*

**AUS HB 295.3.23 – 2008, *Gaps and openings – Head entrapment and fall through hazard***

*R1 Gaps and Openings, Head Entrapment and Fall Through Hazard – If a 95 mm probe will pass through a gap using a force of 100 N then the gap is a head entrapment or fall through hazard.*

**SS-EN 14468:2015, *Table Tennis Tables***

*6.7 Table Type 4 in storage and playback position – If the gap between the tabletops up to the height of 760 mm from the floor in the storage or in the playback position is more than 110 mm, the table shall be equipped with a device preventing the intrusion of a child into this gap and avoiding that the head or trunk of the child can be squashed by an opening tabletop.*

In the above standards, the product is tested in the manufacturer’s recommended use position. Even though the recommended use position of the sample is when the frame is fully engaged, due to the lack of locking mechanisms, the sample can begin folding while remaining standing (see Figure 29).

Entrapment could occur when the sample is partially collapsed. Therefore, in LSM staff’s opinion, (b)(5)

(b)(5)

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Figure 29. Exemplar sample at various stages of folding, but still standing

The PSA also requested that LSM staff comment on any additional safety concerns. In LSM staff's opinion, (b)(5)

(b)(5)

### Locking Mechanisms

A single tab stop on each side of the frame is used to keep the product from collapsing (see Figure 30). This design relies on the weight of the frame to stay in the recommended use position.

As seen from the testing conducted in *Examination*, these tab stops are not actually locking mechanisms. LSM staff believes, (b)(5)

(b)(5)



Figure 30. Tab stops on the exemplar samples.

There are applicable standards that support the need for dual action release locking mechanism on the sample. The following are applicable standards for products that have similar form, function, and/or structure.

### **UL 962 (2014), Household and Commercial Furnishings**

*10.1.1 A furnishing shall be formed and assembled so that it has the strength, stability, and rigidity required to resist the abuses during normal use and maintenance to which it is subjected without increasing the risk of fire, electric shock, or injury to persons.*



*10.2.1 When the operation and maintenance of a furnishing by the user or bystanders involves the risk of injury to persons, protection shall be provided to reduce the risk.*

*10.2.2 When investigating a furnishing with respect to the requirement in 10.2.1, conditions of foreseeable misuse shall be evaluated.*

**AUS HB 295.3.26 (2008), Latching and Locking Mechanisms**

*R.1.1 Folding Unit – Any unit that folds shall have a latching or locking device or other provision in the design that will prevent the unit from unintentionally folding when properly placed in the manufacturer’s recommended use position(s).*

**AA 52205 (1996), Table, Folding Legs**

*2.6 Legs. The legs shall have positive acting locking devices when the table is fully opening and fully closed.*

**ASTM F1004-21, Expansion Gates and Expandable Enclosures**

*6.4 Locking Device—Every device provided to prevent the unlocking or unlatching of a product from the manufacturer’s recommended use position(s) shall meet either 6.4.1 or 6.4.2.*

*6.4.1 Each single-action locking or latching device shall require a minimum force of 10 lbf (45 N) to activate the release mechanism when tested in accordance with 7.6.*

*6.4.2 The locking or latching device shall be a double action release mechanism. There are no force requirements for double-action locking or latching devices*

**ASTM F2613-11, Children’s Folding Chairs**

*5.8 Folding Mechanisms and Hinges—These requirements are intended to eliminate possible crushing, laceration, or pinching hazards that might occur in folding mechanisms and hinges. Examples are the sudden collapse or unexpected motion of a folding mechanism or hinge that produces a scissor action; and the changing clearances at the hinge line between two hinged portions, such that the gap will admit fingers at one position of the hinge but not at all positions.*

*5.8.1 Folding Mechanisms—Products shall have a locking device or other means to prevent unexpected or sudden movement or collapse of the product, or have adequate clearance to provide protection for the fingers, hands, and toes from crushing or laceration in the event of sudden movement or collapse of the product.*

*5.8.2 Locking devices and other means to prevent unexpected or sudden movement or collapse of the product shall engage automatically when the product*

*is placed in any manufacturer’s recommended use position. Latches may be manually activated to allow placement into the use position but must engage automatically when released. During and upon completion of the testing in 6.1, the unit shall remain in its recommended use position.*

**Consumer Goods Safety Ordinance** (<https://www.consumer.org.hk/en/press-release/20111017-4>)

*All folding tables are required to be equipped with safety locking devices to ensure the legs of the table will not accidentally fold up.*

**ASTM, F1169-19, Full Size Baby Cribs**

*5.20 Cribs that Fold for Storage or Transport—Any unit that folds for storage or transport shall have a locking device or other provision in the design that will prevent the unit from unintentionally folding when properly placed in the manufacturer’s recommended use position.*

**ASTM F2388-21, Baby Changing Products for Domestic Use**

*6.7 Self-folding Steps—Self-folding steps shall be secured in their closed position by one of the following latching or locking mechanisms:*

*6.7.1 The latching or locking mechanism must be a double action release system, or*

*6.7.2 The latching or locking mechanism shall require a minimum force of 10 lbf (45 N) to activate the single action release mechanism when tested in accordance with 7.7.*

**SS EN 14468-1:2015, Table Tennis**

*6.3.1.2 Playing position of the tabletop – If a locking device is needed to give the table the requested rigidity and stability in the playing position (see 6.1.2) this locking device shall lock automatically and safely when the tabletops are unfolded on a flat horizontal ground. The unlocking shall require at least one manual action.*

Product Design

(b)(5)

(b)(5)

As seen in

*Examination, the middle horizontal bar is also an entrapment hazard.*

TJX: Folding Tray Table, #75438

PSA 0443.22

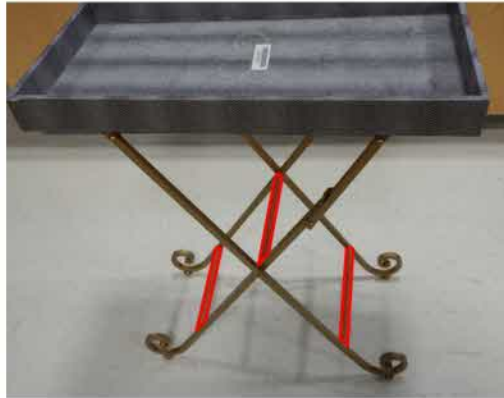


Figure 31. The horizontal bars highlighted on the sample serve as an attractive nuisance with the middle bar also being an entrapment hazard

**V. Conclusion**

In LSM staff's opinion, (b)(5)

(b)(5)

TJX: Folding Tray Table, #75438

PSA 0443.22

**APPENDIX****Appendix A: Calibration Table**

The calibration information for all measurement devices used during this PSA are included in Table 1. Where a calibration certification for an instrument was not available, that instrument was tested against other calibrated devices before and after testing to verify in-spec performance.

Table 1: Calibration data for all measurement devices, or other instruments used during this PSA 0443.22

<b>Instrument Description</b>	<b>Model Number</b>	<b>Serial Number</b>	<b>Range &amp; Sensitivity</b>	<b>Calibrated By</b>	<b>Calibration Date</b>	<b>Calibration Expiration Date</b>	<b>Test Date</b>
Mitutoyo Gauge Block Set	BE1-9-0A/A0	1101615	0.0625 in. – 2.0 in.	Mitutoyo	08/30/21		6/2/22
Rice Lake Weighing Systems Calibration Weights		A570	10 mg – 100 g	The Scale People, Inc.	03/01/22	03/01/23	6/6/22
Ohaus Ranger High Resolution Bench Scale	RDR LS-2E0	2695107-7HF	77 lb ± 0.0002 lb	Lab People, Inc.	3/16/22	3/31/23	6/2/22
Stanley 25' Leverlock Tape Measure	STHT33281	N/A	25 ft. ±0.0625 in.	N/A	N/A	N/A	6/2/22
ASTM 1.5 in. Disk	N/A	N/A	1.5 in. Diameter	See Note 1	See Note 1	See Note 1	6/6/22
SPI Dial Caliber	31-511-9	5258684	6 in. ±0.001 in.	See Note 2	See Note 2	See Note 2	6/2/22
Pro 360 Digital Protractor	N/A	N/A	360° ±0.1°	NSD	2/5/18		6/2/22

TJX: Folding Tray Table, #75438

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Mark-10 Series 2 Force Gauge	M2-50	3513035	50 lbf $\pm 0.01$ lbf	See Note 3	See Note 3	See Note 3	6/6/22
Tekscan FlexiForce Compression Force Sensor	HT201	1-617- 464-4500	100 lbf $\pm 0.001$ lbf	See Note 4	See Note 4	See Note 4	6/27/22
Tekscan FlexiForce WELF 2 System	WLF-2	053-1469	5 - 6,000 HZ  $\pm 0.0002$ seconds	See Note 4	See Note 4	See Note 4	6/27/22
MARK-10 Motorized Tension / Compression Test Stand	ESM303	4232634	300 lbf $\pm 0.1$ lbf	MARK-10 Corporation	2/22/22		6/27/22

Note 1: The 1.5 in. disk was measured with the SPI Dial Caliber to verify it was in-spec before and after testing.

Note 2: The accuracy of the SPI Dial Caliber was verified by using currently calibrated Mitutoyo Gauge Blocks (see Figure 32) both before and after the tests.



Figure 32. Calibrated Mitutoyo Gauge Blocks and Certificate of Inspection

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Note 3: The accuracy of the Mark 10 Force Gauge was verified by using currently calibrated Rice Lake Weighing Systems Calibration Weights (see Figure 33) both before and after the tests.



Figure 33. Calibrated Rice Lake Weighing Systems Calibration Weights and Certificate of Weight Calibration

Note 4: The Teskcan FlexiForce Compression Force Sensor and WELF 2 System were calibrated with the currently calibrated MARK-10 Motorized Tension / Compression Test Stand (Figure 34).



Figure 34. Calibrated MARK-10 Motorized Tension / Compression Test Stand and Certificate of Calibration

TJX: Folding Tray Table, #75438

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**Appendix B: Dimensions of Incident Sample**

Below are pictures of measurements of the incident sample that were taken by the medical examiner's office. These pictures can be found in the IDI.



Photo 3-1



Photo 3-4



Photo 3-11



Photo 3-12

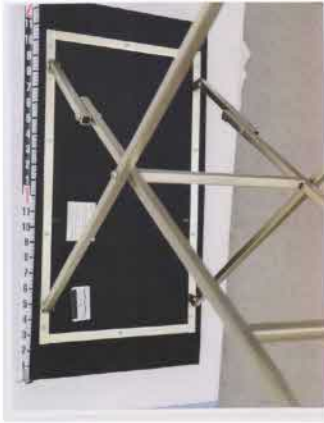


Photo 3-13



Photo 3-14



Photo 3-15



Photo 3-16



Photo 3-17