

# MAINE STATE POLICE

Crime Laboratory  
30 Hospital Street  
Augusta, ME 04333-0133  
Phone: 624-7017

1689

## EXAMINATION REQUEST/EVIDENCE RECEIPT

Primary Investigator: Det Jeff. Linscott  
Department: CID-1  
Address:  
Phone Number:  
Delivered By: Erik Baker  
Department: CID-2

Lab No.: Temp DSM 111000  
Case No.: 20435897  
New Case ☒  
Additional ☐  
Page 1 of 1

### Details of Case

VICTIM: Cassidy Bortner (dob 2-4-99)  
SUSPECT/DEFENDANT: Chad EVANS (dob 10-15-71)  
Complainant:  
Brief Case History:

Type of Case: Homicide  
Date of Incident: 11.9.00  
Town or City: Kittery  
County:

All of the following items were tape-sealed + initialed ("EB 11/10/00")  
brown paper bags:

Date Received: 11.10.00

Time Received: 15:50

How Received: In hand  
By Whom: [Signature]

Item#	Description of Item and Where Taken	Examination Requested
Temp DSM 111000 - 1	(2) Swab left cheek	General Chemistry
- 2	(2) swab forehead	
- 3	Known bloodstain card of Cassidy Bortner	
- 4	White child's neck brace (from EMS)	
- 5	White plastic bag (from Hospital, contained items 8 & 6)	
- 6	(1) Red & white child's dress with dog on chest	
- 7	Rape kit of Cassidy Bortner	
- 8	Child's diaper soiled	
✓ - 9	(2) white sheets (from EMS)	



**Maine State Police  
Crime Laboratory**  
30 Hospital Street  
Augusta, ME  
04333-0133

1690

TEL: (207) 624-7017  
FAX: (207) 624-7123

A Nationally Accredited Laboratory

**EVIDENCE RECEIPT**

Detective Jeffrey Linscott  
Maine State Police - CID I  
1 Game Farm Road  
Gray, ME 04039  
Telephone: 657-5710

Date: 11/13/00

Lab Number: L00-000744

Agency Number: 20435897

**Type of Case:**

Murder

**Date of Incident:**

**City/Town:**

Kittery

**County:**

Cumberland

Brief Case History: 18 month old female child death.

**Individuals:**

Victim BOYTNER, CASSIDY

Suspect EVANS, CHAD

The evidence listed below was received by the Maine State Police Crime Laboratory on November <sup>10 PM</sup> 13, 2000, from Erik Baker:

Item #	Description of Item	Examination Requested
0001	Bag labeled "(2) swab left cheek"	General Forensic Chemistry Analysis
0002	Bag labeled "swab forehead"	General Forensic Chemistry Analysis
0003	Bag labeled "known bloodstain of Cassidy Boytner"	General Forensic DNA Analysis
0004	Bag labeled "white child's neck brace" (from EMS)	General Forensic Chemistry Analysis
0005	Bag labeled "white plastic bag" (from Hospital, contained Items 8 and 6)	General Forensic Chemistry Analysis
0006	Bag labeled "(1) red & white child's dress with dog on chest"	General Forensic Chemistry Analysis

Submitted by:

Det. Erik Baker

Baker, Erik

Received by:

David Muniec

Muniec, David



**Maine State Police  
Crime Laboratory**  
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04333-0133

1691

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### EVIDENCE RECEIPT

**-Continued-**

Lab Case Number: L00-000744

Agency Case Number: 20435897

Item #	Description of Item	Examination Requested
0007	Bag labeled "rape kit of Cassidy Boytner"	General Forensic Chemistry Analysis General Forensic DNA Analysis
0008	Bag labeled "child's diaper soiled"	General Forensic Chemistry Analysis
0009	Bag labeled "(2) white sheets" (from EMS)	General Forensic Chemistry Analysis

Submitted by:

Det. Erik Baker

Baker, Erik

Received by:

David Muniec

Muniec, David

# York Hospital

15 Hospital Drive - York, Maine 03909

1692

PHONE - (207) 363-4321

FAX (207) \_\_\_\_\_

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

MR# 000 190187

DEPT. \_\_\_\_\_

NAME: Cassidy Bortner

D.O.B. 2/4/99

ADDRESS: Kittery Me

TELEPHONE #: \_\_\_\_\_

1. I authorize and request the release of the medical records obtained in the course of treatment at (name of hospital): York Hospital  
for the time period of: 11/9/00  
to be furnished to: State Police MAINE STATE ERIC  
for the purpose of: Continued Care Insurance Personal Use Other (Please Specify)  
Investigation Baker

2. The specific information to be disclosed is:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Discharge Summary   | <input type="checkbox"/> X-Ray Reports      | <input type="checkbox"/> Entire Medical Record |
| <input type="checkbox"/> History & Physical  | <input type="checkbox"/> X-Ray Films        | <input type="checkbox"/> Pathology Report      |
| <input type="checkbox"/> ER Records  | <input type="checkbox"/> Cardiology Reports | <input type="checkbox"/> Face Sheet            |
| <input type="checkbox"/> Operative Record  | <input type="checkbox"/> Lab Reports        | <input type="checkbox"/> Pain Management       |
| <input type="checkbox"/> Physical Therapy Notes  | <input type="checkbox"/> Oncology Reports   | <input type="checkbox"/> Nurses Notes          |
| <input type="checkbox"/> Statements I have added to my treatment records, with responses, if any |   | <input type="checkbox"/> Birthing Records      |
| <input type="checkbox"/> Other (Please Specify) <u>ER Records</u>                                |   |  |

3. This authorization to release information expires thirty (30) months from today's date of \_\_\_\_/\_\_\_\_/\_\_\_\_. I understand this consent is subject to revocation at any time by my signed and dated written notice to the Patient Records Staff except for actions that have already been taken in reliance thereon.
4. If my initials appear here \_\_\_\_\_, I understand that the medical record contains information about drug abuse, alcohol abuse, and/or psychiatric treatment. I do herein expressly and voluntarily consent to disclosure of the medical record information for the purpose or need as stated above.
5. If my initials appear here \_\_\_\_\_, I understand that the medical record contains information about testing for the HIV Antibody or Antigen. I voluntarily consent to disclosure of the information contained in my medical record for the purpose or need as stated above.
6. A photocopy of this authorization shall have the same effect as the original. I am entitled to a copy of this document.
7. If my initials appear here \_\_\_\_\_, I am exercising my right to refuse authorization to release health care information, although refusal could result in improper diagnosis or treatment, denial of insurance coverage or a claim for health benefits, or other adverse consequences.
8. I have carefully read and I understand the above statements, and do voluntarily consent to this and future disclosures regarding these records to the same above-named individuals or agencies during this time period. The person/agency receiving this information has been informed that any redisclosure of this information, without my further consent, is prohibited by law. This information is required as my physical and psychological status is an issue in certain legal proceedings.

Paul Baker 657-5710  
Signature of patient, parent (or other agent for patient)

Jane L. Jones RN  
Signature of witness

Social Security # (optional) \_\_\_\_\_

Date 11/9/00

BORTNER, CASSIDY  
02/04/99 0031400188  
000140187 11/09/00  
BOCK, ANTHONY

Date 11/9/00  
Time 1320  
Age Under 2 yrs Sex F

**Triage Category**  
☒ EMERGENT ☐ URGENT ☐ STABLE ☐ NON-URGENT  
Temp 98 Pulse 88 Resp 20 BP 78/50 SaO2 95 WT 10.5  
PF clear FSBS 100

**CHIEF COMPLAINT:**  
1513 AM arrival, CPR in progress of  
a blonde white female child < 2 yrs.  
NO E.O. given N/A @ present, pt. intubated in  
field by EMT's. ET v'd by N. Bock,  
in position. Child unresponsive @ present  
pupils dilated non reactive to light. Code in progress  
E.O. line x2 L & R see code sheet for  
Time to Room: data Jan 8 from NW

**RESPIRATORY** ☐ N/A  
**RATE** ☐ Normal ☐ Rapid ☐ Shallow ☐ Labored ☐ Retractions  
**LUNG SOUNDS** ☐ Wheezes/Rales ☐ Dim. ☐ Clear ET

**SKIN** ☐ Warm ☐ Dry ☐ Pink ☐ Cool ☐ Moist ☐ Pale ☐ Cyanotic

**ORTHOSTATICS** ☐ N/A  
0 0 0 0

**TRIAL/TX**  
☐ Ice ☒ NONE  
☐ Splint  
☐ Wound Care  
☐ Ring Removed  
☐ C. Collar on  
☐ Elevate  
**Arrival**  
☐ Ambulatory  
☐ Wheelchair  
☐ Carried  
☒ Ambulance  
☐ Stretcher  
**Pain Scale** ☐ N/A  
1-2-3-4-5-6-7-8-9-10  
**Prehospital Care** ☐ None  
☐ C. Collar/Longboard ☐ Splint  
☒ IV ET ☐ Ice  
☒ Meds IV  
☐ Monitor IV x2

**CARDIAC** ☐ N/A  
☐ On Monitor @ 13  
Rate: 88 Rhythm 45g5+1e

**NEURO** ☐ N/A  
**PUPILS:** Fixed ☐ Responsive ☐  
**GRIPS:** = + S YN  
**SPEECH:** Normal ☐  
A + O YN

**HISTORY/SECONDARY ASSESSMENT**  
**PAST HEALTH HISTORY** ☐ No Known Hx  
☐ abusive home situation ☐ Heart Disease ☐ Surgery:  
☐ Arthritis ☐ Hepatitis  
☐ Asthma/Emphysema/COPD ☐ Hypertension ☐ LMP: ☐ Gravida/Para  
☐ Bleeding Problem ☐ Kidney disease  
☐ Cancer ☐ Seizures ☐ Other:  
☐ Communicable Dis. ☐ Stroke/TIA  
☐ Diabetes ☐ TB

**Visual Acuity** ☐ N/A  
**OD** **OS** **OU**  
20/ 20 20/ 20 20/ 20

**SMOKING HX** NO ☐ No  
ppd packyrs

**IMMUNIZATIONS** ☐ N/A  
**Tetanus:** ☐ <5yrs ☐ >5yrs ?  
☐ Current Child

**ORDERS**

TIME	ORDER	INITIAL
<u>1320</u>	<u>Code 99 called</u>	<u>---</u>
<u>1320</u>	<u>1 &amp; R</u>	<u>---</u>

☐ CBC ☐ PT/PTT  
☐ CMP ☐ UA/UCG  
☐ AMYLASE  
☐ DIG. LEVEL  
☐ OTHER: ---

**STAT LABS**  
☐ STAT CBC  
☐ STAT CHEMS  
☐ STAT CARDIAC PROT

**RX-RAY**  
☐ CXR PORT  
☐ ABD SERIES  
☐ SPINE ☐ EKG  
☐ CT: ---  
☐ OTHER: ---

**LATEX ALLERGY** ☐ YES ☐ NO ?  
**TAPE SENSITIVITY** ☐ YES ☐ NO  
**IODINE ALLERGY** ☐ YES ☐ NO

**ALLERGIES** ☐ N/A  
Drug/food/Environ. Reaction  
?

**MEDICATIONS** ☐ NONE  
? 1693

BORTNER, CASSIDY  
02/04/99 0031400188  
000140187 11/09/00  
BOCK, ANTHONY

11/9/00

1320

Patient Name BORTNER, CASSIDY Sex F Adm Date/Time 11/09/00 01:32pm Acct # 0031400188 MR Number 000140187  
Dob 02/04/99 Age 21M Soc Sec # MS S Phone: Svc ERS Stn ERS Room - PT # ERS

Pt Name & Address BORTNER, CASSIDY SS # Employer Name & Address  
512 ROGERS RD

KITTERY ME 000 00  
Pt Alternate Address:  
Pt Alternate Phone:

Guarantor Name BORTNER, AMANDA Phone Relationship PARENT

Insurance 1 Information  
SELF PAY  
Group Name:  
Group Number:  
Policy Number:  
Insured Name: DOE, JANE

Insurance 2 Information  
Group Name:  
Group Number:  
Policy Number:  
Insured Name:

Insurance 3 Information  
Group Name:  
Group Number:  
Policy Number:  
Insured Name:

Relative 1 Information  
BORTNER, AMANDA  
512 ROGERS RD  
KITTERY ME 000 00  
Relationship PARENT

Admitting Physician SMITH, ELIOT Attending Physician BOCK, ANTHONY

Family Physician OUTSIDE, PHYSICIAN Last Admit Date

Referring Physician SMITH, ELIOT

Admitting Diagnosis/Pt Complaint  
959.8-INJURY MLT SITE/SITE NEC

1694  
MISSING

1696

NAME KNOWN TO PHYSICIAN

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF DEATH

State File Number

STANDARD FORM

DECEDENT	1a. FIRST NAME				1b. MIDDLE NAME				1c. LAST NAME				1d. JR., etc.	
	2. DATE OF DEATH (Mo, Dy, Yr)		3. SEX	4. SOCIAL SECURITY NUMBER		5a. AGE (Yrs) Last Birthday		5b. UNDER 1 YEAR Months    Days		5c. UNDER 1 DAY Hours    Minutes		6. DATE OF BIRTH (Mo, Dy, Yr)		
	7. BIRTHPLACE (City and State or Foreign Country)			8. WAS DECEDENT EVER IN U.S.    YES <input type="checkbox"/> ARMED FORCES?    NO <input type="checkbox"/>		9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Other (Specify) _____								
	10. FACILITY NAME (If not institution, give street and number)					11. COUNTY OF DEATH				12. CITY OR TOWN OF DEATH				
PARENTS	13. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		14. MOST RECENT SPOUSE (If wife, give maiden name) <input type="checkbox"/> Living <input type="checkbox"/> Deceased		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)				16. KIND OF BUSINESS / INDUSTRY					
	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12 grades)			18. ANCESTRY - French, English, Irish, etc. (Specify)				19. RACE - American Indian, Black, White, etc. (Specify)						
	20. RESIDENCE STATE		21. RESIDENCE COUNTY		22. RESIDENCE CITY OR TOWN		23. RESIDENCE STREET AND NUMBER							
	FATHER'S		24a. FIRST NAME		24b. MIDDLE NAME		24c. LAST NAME		24d. JR., etc.					
MOTHER'S		25a. FIRST NAME		25b. MIDDLE NAME		25c. MAIDEN SURNAME								
INFORMANT	26. INFORMANT - NAME (Type or Print)				27. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)									
	28. METHOD OF DISPOSITION: <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Other (Specify) _____													
DISPOSITION	30a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				30b. LOCATION - (City or Town, State)				29. WAS BODY EMBALMED? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	31a. SIGNATURE OF FUNERAL PRACTITIONER OR AUTHORIZED PERSON →				32a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON									
	31b. LICENSEE NUMBER				32b. FUNERAL ESTABLISHMENT LICENSE NUMBER:									
	33. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Signature and Title: →				34. DATE SIGNED (Mo, Dy, Yr)				35. VIEWED BODY AFTER DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/>					
CERTIFIER	36a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				36b. NAME AND ADDRESS OF CERTIFIER (Type or Print)				37. TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM					
	38. REGISTRAR'S SIGNATURE →								39. DATE FILED (Mo, Dy, Yr)					
CONFIDENTIAL	40. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		41. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/>		42. MANNER OF DEATH: <input type="checkbox"/> Natural Report all non-natural deaths to the Office of the Chief Medical Examiner. <b>DO NOT COMPLETE THIS CERTIFICATE.</b>									
	49. PART I. Enter the diseases, injuries, or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) _____ a. _____ DUE TO (OR AS A CONSEQUENCE OF): _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST _____ c. _____ DUE TO (OR AS A CONSEQUENCE OF): _____ _____ d. _____												Approximate Interval Between Onset and Death _____ _____ _____ _____	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____ _____													

BORTNER, CASSIDY  
02/04/99 0031400188  
000140187 11/09/00  
BOCK, ANTHONY

1697

### RECORD OF DEATH

Name in full Bortner Cassidy  
Age 16 mo. Sex Female Color Cauc Room Ward Cath #7  
Relatives or Guardian \_\_\_\_\_  
Date of Admission 11/9/00 19 00 Hour 13<sup>25</sup>  
Date of Death 11/9/00 19 00 Hour 13 28  
Service of Dr. D.R. Bock  
Diagnosis \_\_\_\_\_  
Immediate cause of death \_\_\_\_\_  
Nurses attending Jan Jones RN, Carol Putnam RN, Lorraine Lefter RN  
Pronounced dead by D.R. Bock Time 13 28 Remarks \_\_\_\_\_  
Friends notified by \_\_\_\_\_ Time \_\_\_\_\_ Remarks \_\_\_\_\_  
Doctor notified by \_\_\_\_\_  
Autopsy, if any, performed by \_\_\_\_\_  
Certificate signed by \_\_\_\_\_  
Taken to morgue by \_\_\_\_\_

### FUNERAL DIRECTOR'S RECEIPT

Received from \_\_\_\_\_ the body of \_\_\_\_\_  
Funeral Director's Signature \_\_\_\_\_  
Order given by \_\_\_\_\_  
Body handed over by \_\_\_\_\_ Signature \_\_\_\_\_



1698  
Bortner, Cassidy

[illegible]

NAME: BORTNER, Cassidy
STREET OR R.F.D.: 51 ROGERS RD
CITY/TOWN: KITTERY
STATE: ME
ZIP: 03903
1099
AGE/DATE OF BIRTH: 21m, 2/4/99
Male: [ ] Female: [X]
PHONE:
INCIDENT:
ADDRESS: 51 ROGERS RD
SITE CODE: 00
CITY/TOWN: KITTERY
TRANSPORTED TO: YORK HOSPITAL
TREATING/FAMILY PHYSICIAN: UNKNOWN
CREW LICENSE NUMBERS: 15668 P, 16406 P, 16406 P
TRANSPORTATION/COMMUNICATIONS PROBLEMS: 18353, HOCKHOUSEN, ALLEN

Medical: [ ] Cardiac, [ ] Poisoning/OD, [ ] Respiratory, [ ] Behavioral, [ ] Diabetic, [ ] Seizure, [ ] CVA, [ ] OB/GYN, [ ] Other, [X] Cardiac Arrest/Code 99
[ ] Trauma, [ ] Multi-Systems Trauma, [X] Head, [ ] Spinal, [ ] Burn, [ ] Soft Tissue Injury, [ ] Fractures, [ ] Other, [ ] Concern Suicide
[ ] AOB/ETOH, [ ] MVA, [ ] Auto/Truck, [ ] Motorcycle, [ ] Snowmobile, [ ] ATV, [ ] Pedestrian, [ ] Bicycle, [ ] Marine, [ ] Aircraft, [ ] Seat belts, [ ] Used, [ ] Not Used, [ ] N/A, [ ] Helmet, [ ] Child Seat, [ ] Airbag
R L Lung Sounds: [X] Clear, [ ] Absent, [ ] Decreased, [ ] Rales, [ ] Wheeze, [ ] Stridor
TYPE OF RUN: [X] Emergency Transport, [ ] Routine Transfer, [ ] Emergency Transfer, [ ] No Transport, [ ] Refused Transport, [ ] Standby, [ ] Canceled Enroute
TIME: 1239, 1235, 1246, 1306, 1317
CODE: 3, 3, 3, 3, 3
Call Received, Enroute, At Scene, From Scene, At Destination, In Service
ODOMETER: 8.3

Table with 10 columns: TIME, PULSE, RESP, BP, O2, PUPILARY RESPONSE, SKIN, EYE OPENING RESPONSE, VERBAL RESPONSE, MOTOR RESPONSE, CAPILLARY REFILL. Data includes vital signs and response levels at various times.

UPPERED BY KPD FOR 15 MIN & COME INTO STREET & ABOVE RESIDENCE. PT WAS FOUND UNRESPONSIVE, PULSELESS, APNEIC IN BED. HE CALLED EMS AND CPR WAS BEGUN (UNKNOWN WHAT TIME). KPD ARRIVED ON SCENE AND EITHER STARTED OR CONTINUED CPR. PT WAS FOUND BY THE OVERLORD OF PT'S MOTHER. THE MOTHER'S SUPERVISOR LAST SAW PT ~ 10 BEFORE EMS ACTIVATION AND FOUND WHEN HE WENT TO CHECK ON HER. HE STATES PT HAS HAD BRUISES RECENTLY, THROUGHTOUT HER BODY. ALSO STATES PT WAS ACTING ABNORMALLY TODAY - LETHARGIC AND BUMPING INTO THINGS. HE STATES PT FELL AND/OR WAS STRUCK IN THE HEAD & BASED ~ 2 DAYS AGO OR POSSIBLY YESTERDAY. TRAUMA TODAY, UNKNOWN IF PT HAS PMH. THE PREVIOUS TRAUMA OCCURRED IN ROCKESTON, NH (CLOSED TO THE MOTHER'S BOYFRIEND'S (BYSTANDER CPR HAND PLACEMENT WAS OVER ALSO NOT STERNUM)) UNRESPONSIVE, PULSELESS, APNEIC & BYSTANDER CPR IN PROGRESS. SKIN IS PALE, COOL, DRY. PT IS OUTSIDE ON PORCH. PUPILS ARE FIXED & DILATED @ ~ 6mm. BRUISES NOTED ABOUT CONTINUED

ATTENDING AID:
Listed/Assisted by Service #:
Time Called: 113486
MEDICATION ADMINISTERED: [X] Medication Administered, [X] Monitor, [X] Defib, [X] C-Vert, [X] Chest Decomp, [X] Cricothyrotomy
MEDICAL CONTROL: [X] Written Order/Protocol, [X] Verbal Order/Protocol
IV / IO: [X] SUC, [X] UNSUC, [X] ET, [X] SUC, [X] UNSUC
Total Attempts: 15668 P, 16406 P, 15668 P, 16406 P
CPR-Time: [X] Bystander CPR, [X] AED-Time, [X] Suction, [X] Oxygen-LP, [X] Pulse Oximetry, [X] Autovent
Restraints: [X] Traction Splinting, [X] General Splinting, [X] Cold Application, [X] MAST Inflated, [X] Assist w/Pt. Meds, [X] Spinal Assessment Protocol Used
LIC#: 15668 P, 15668 P, 16406 P, 16406 P, 16406 P, 16406 P
EKG RHYTHM: ASYSTOLE, ASYSTOLE, ASYSTOLE, ASYSTOLE, ASYSTOLE, ASYSTOLE
TIME: 1249, 1254, 1250, 1258, 1258, 1303
MEDS / DEFIB / C-VERT: Amiodarone, ET THORACIC, IO @ T12 L4 RL, EPI 1:10000, AMIODARONE, EPI 1:10000
MED #, DOSE W/S, ROUTE: 74, 0.1mg, IO, 05, 0.2mg, IO, 74, 0.1mg, IO

457939

[illegible]

THE FACE AND ABD. ⊕ FLUID FROM EARS / NOSE. TRACHEA MIDLINE, ⊕ CHEST EXPANSION + CLEAR L.S.  
 ⊕ BOTH VENTILATIONS. ASYSTOLE NOTED ON MONITOR IN QUICK LOOK, II, III, I. ABD IS SOFT & MASS.  
 BLOODY SECRETIONS NOTED IN AIRWAY UPON VISUALIZATION & LARYNGOSCOPE.

2) CPR CONTINUED & UPPER HAND POSITIONING ESTABLISHED AND PT VENTILATED @ 8UM + 100% O<sub>2</sub> & GOOD CHEST EXPANSION. PT INTUBATED @ #3 ET TUBE AND #2 MILLER SCALP & GOOD CHLAD VISUALIZATION AND (4) BLAT. L.S. AND (5) SOUNDS OVER EPICARDIUM. AYSYSTOLE NOTED & QUICK LOOK. ID PLACED (6) TIB + 5 MINOR ASPIRATION BUT GOOD FLUID FLOW AND (7) S/S INFILTRATION SO FIRST 2 RUNS OF MEDS GIVEN R NORM. GR PAGE ~~1~~ 1 AND AB. E. SO BECAME DISORIED DURING THE MOVE OF PT TO LUNG BOARD & TO ANBUHOLD SO FLOW STOPPED AND ID ESTABLISHED (8) TIB + AGAIN 5 MINOR ASPIRATION BUT RAPID FLUID INFUSION AND (9) S/S INFILTRATION AND REMAINING MEDS GIVEN THROUGH PT'S LINE WHICH REMAINED PATENT DURING TX. (10) RESUMED & ANY ANY INTERVENTION. CPR CONTINUED DURING TX + RP. PT REMAINS IN AYSYSTOLE. ~ TO CLINICAL TEAM INFUSED (SAL LN) (200 ML). PT IN 1ST ROOM MEDS 2<sup>nd</sup> NURSE RESPONSIBLE TO ASSIST & CARRY ACCT. TO PT R-1 TO YOUNG ED REPORT TO ED STAFF.

SIGNATURE OF PHYSICIAN

Anthony Buck

ICIAN

SIGNATURE OF FIELD PERSONNEL



**York Hospital**  
15 HOSPITAL DRIVE • YORK, MAINE 03909  
TEL. (207) 363-4321

**CODE  
DOCUMENTATION  
SHEET**

Jane 1701  
Doc  
on arrival  
BORTNER, CASSIDY  
02/04/99 0031400188  
000140187 11/09/0  
BOCK, ANTHONY

ETIOLOGY OF ARREST		DATE	TIME CPR STARTED
<input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> CARDIAC	<input checked="" type="checkbox"/> OTHER:	11/9/00
INITIAL	<input type="checkbox"/> V. FIBRILLATION	<input checked="" type="checkbox"/> ASYSTOLE	TIME: 1323
RHYTHM:	<input type="checkbox"/> V. TACHYCARDIA	<input type="checkbox"/> OTHER	LOCATION: ED
<input type="checkbox"/> WITNESSED	<input type="checkbox"/> UNWITNESSED	PRE HOSPITAL CARE	
		ATTACH EKG STRIPS TO BACK	

VITAL SIGNS	TIME	1323	1324
BP		0	stopped CPR
P-Present		0	→ monitor
PWC - 2 CPR		0	remains asystole
R		0	→ continue CPR
PUPILS			

DEFIBRILLATION	TIME
DYSRHYTHMIA	
TIME	
WATT/SEC.	
S-SYNCHRONIZED	
RESPONSE/RHYTHM	

MEDICATIONS	
EPINEPHRINE	DOSE 2.4ml TIME 1325
1:10,000	TIME
ATROPINE	DOSE TIME
LIDOCAINE	DOSE (BOLUS) TIME
LIDOCAINE	DOSE (DRIP) TIME
Na BICARB.	DOSE TIME
ISOPROTERENOL	DOSE (DRIP) TIME
BRETYLIUM	DOSE TIME
PRONESTYL	DOSE TIME
DOPAMINE	DOSE TIME
	DOSE TIME
	DOSE TIME
	DOSE TIME
	DOSE TIME

OUTCOME	<input type="checkbox"/> SURVIVED	<input checked="" type="checkbox"/> EXPIRED	TIME: 1328 Dr Bock
TIME OF TRANSFER TO UNIT AND CONDITION		YES NO <input checked="" type="checkbox"/> <input type="checkbox"/> AUTOPSY REQUESTED <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL EXAMINER NOTIFIED TIME: 1355 <input type="checkbox"/> <input type="checkbox"/> ORGAN DONATION	
DISPOSITION OF VALUABLES		<input type="checkbox"/> FAMILY NOTIFICATION	TIME NOTIFIED BY

RESPIRATORY MANAGEMENT			
	MOUTH/MOUTH MOUTH/MASK	BAG/MASK	# SIZE ET INTUBATION
TIME		✓	
BY	Resp therapy		
BLOOD GASSES	TIME		
PH			
PaCO <sub>2</sub>			
PaO <sub>2</sub>			
BASE EX			

INTRAVENOUS THERAPY	
SIZE - SOLUTION - SITE	BY WH
② Intactos parac 500 normal saline	

PROCEDURES	TIME	SIZE
NG TUBE		
FOLEY CATHETER		
PACEMAKER		
LAB		
X-RAY		

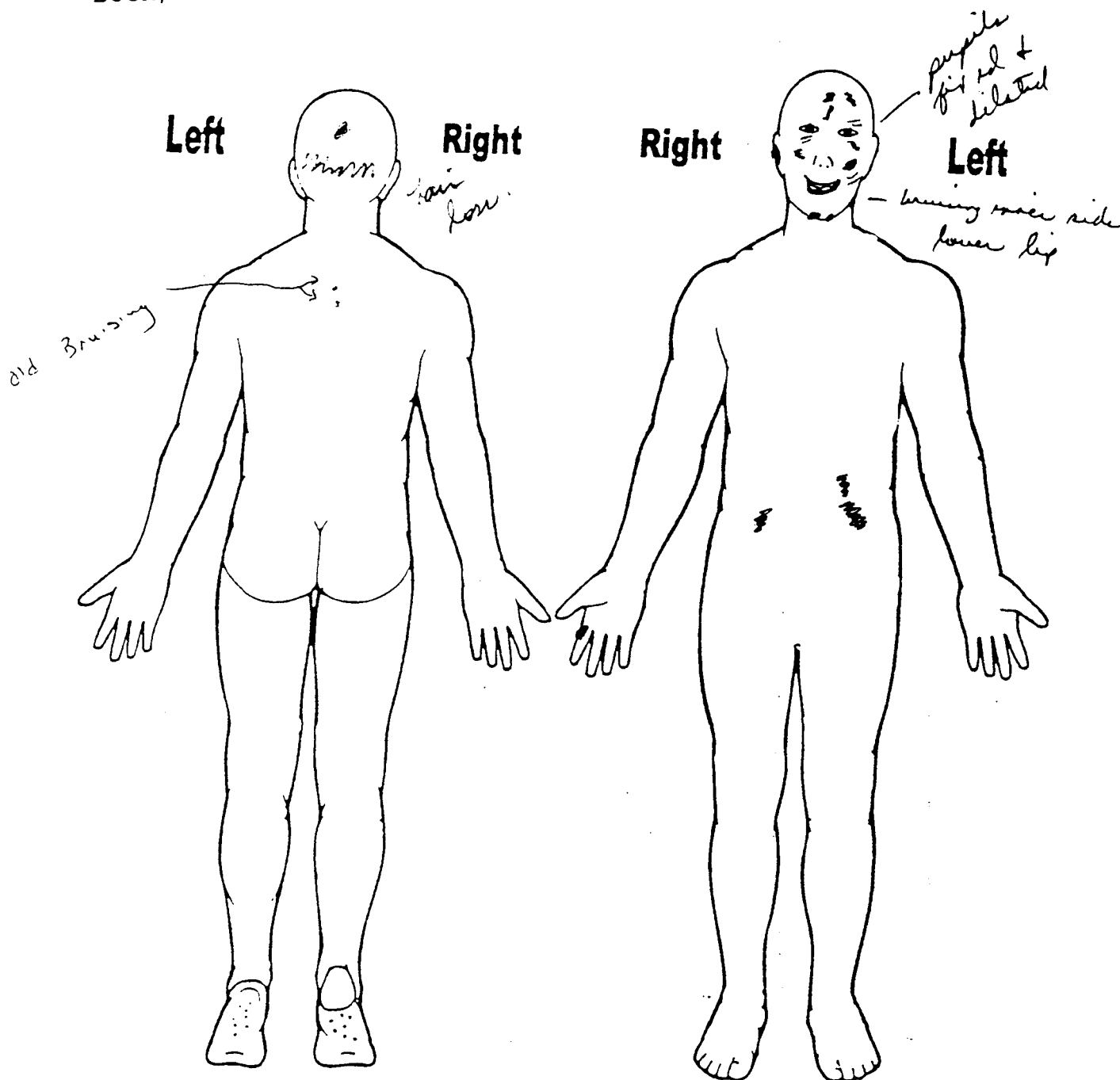
COMMENTS
1323 Amb arrested CPR in progress 1324 Dr Bock & Dr Linda Moore placed while C. Spine placed diox - intubated

CODE TEAM
PHYSICIAN IN CHARGE OF CODE Dr Bock Linda Moore Jan Jones RN Dr Smith Linda Moore RN
SIGNATURE OF PHYSICIAN IN CHARGE OF CODE Linda Moore RN
SIGNATURE OF RECORDER

ATTACH EKG STRIPS TO BACK OF WHITE COPY

Sheet # 1

1702



= bruising  
= = petechiae

Physician Signature

Jan E Jones RN  
1444 11/9/00

Patient Signature

YORK HOSPITAL  
YORK, MAINE 03909  
EMERGENCY ROOM REPORT  
000140187

1703

Page 1

NAME: Bortner, Cassidy  
PHYSICIAN: Anthony Bock, MD

DATE: 11/09/2000  
ROOM #/PATH: ER

DOB: 02/04/99

No known primary care doctor as of yet.

CHIEF COMPLAINT  
Cardiac arrest.

HISTORY OF PRESENT ILLNESS

This is a 21 month old female with a very limited history secondary to not having family members or other relatives or associates in the ED with us. According to paramedics, the call came in as a young child in shock. They received an update from a police officer on the scene saying it was a full code. The following history is what I obtained from paramedics and PD. This patient was at her residence with a man, I believe the name of Jeffrey Marshall, who apparently was in charge of her care. The man called 911 and was present at the time of PD arriving. His history, which is second person to me, states that the child occasionally resides in Rochester, which I believe is in Maine but I am not sure which Rochester he is talking about. I don't know if that is family or other associates. He noted that when the child occasionally returns from Rochester, that he has noticed bruising on the patient. There is some history which is also questionable that in the past 1-2 days there was some trauma involving the patient's head with either a baseball or something similar to that. The gentleman also told the paramedics that the child has been acting funny for the past couple of days as far as having somewhat of an ataxic gait and not acting herself. Apparently the man was watching TV and the child was sleeping in her room. When he went to check on her he found her unresponsive. There is questionable history of whether or not this is the patient's mother's boyfriend or a relative or some other person. When the police department arrived the child was pulseless and apneic and bystander CPR was started. The time period, roughly, between the time the patient was last seen by the man who called 911 and until the time he checked on her was approximately one hour. Upon paramedics arrival the man who called 911 and the PD were performing CPR on the child out on the porch.

Upon paramedics arrival CPR was underway. They took control of the patient's resuscitation, cleared the airway and intubated the patient with an uncuffed ET tube. The patient was placed on a backboard and CPR was continued. The patient's initial rhythm pre-hospital was asystolic. The patient received .1 mg of epinephrine through an interosseous line. Total medications pre-hospital were .4 mg IO epinephrine and .6 mg IO atropine. Bilateral IO lines were started. The second one was started because of failure of the first. CPR was continued en route.

Upon arrival in the emergency department the patient was on a backboard with CPR in progress with bilateral IO lines in with the left one infusing very well.

REVIEW OF SYSTEMS  
Unobtainable.

PAST MEDICAL HISTORY/MEDICATIONS/ALLERGIES/FAMILY HISTORY/SOCIAL HISTORY  
All unobtainable at this time.

EMERGENCY ROOM REPORT  
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YORK, MAINE 03909  
EMERGENCY ROOM REPORT  
000140187

1704

Page 2

NAME: Bortner, Cassidy  
PHYSICIAN: Anthony Bock, MD

DATE: 11/09/2000  
ROOM #/PATH: ER

PHYSICAL EXAMINATION

Apneic, pulseless, cyanotic, mostly peripherally. Full CPR in progress.

HEENT: Pupils are 5-6 mm and fixed bilaterally. Multiple bruises of all different ages to the face, forehead and chin. There is also a contusion on the right midauricle of the ear. No battle sign. TM's were both clean and clear. Bilateral diffuse retinal hemorrhages were present. There is no blood in the nares. ET tube was in place and verified properly placed between the cords. A neck towel was placed for stabilization around the neck followed by a soft collar with no bruising noted to the neck.

CHEST: Bilateral lung sounds were present only with ET tube ventilation.

HEART: No pulse or beating. Pulse only with CPR.

ABDOMEN: Multiple bruising noted to the abdomen again of different ages.

BACK: Two small, old ecchymotic areas less than dime-sized on the upper thoracic spine area.

GU: Very large hymenal ring to the vaginal vault for age. No active bleeding but a trace of blood in the vaginal vault. Anus is without obvious bleeding but does seem generous size diameter for age.

EXTREMITIES: Legs reveal no obvious injuries. Feet: Bilateral plantar surfaces reveal dry petechial type scabs.

The patient was brought to the trauma room in the above mentioned condition. ET tube was verified by me, Dr. Bock, with a direct look laryngoscopy, which revealed proper placement of the tube between the vocal cords. Monitor pads were put on immediately with a rhythm of asystole confirmed in two leads. Another round of epinephrine was given through the well functioning left IO. During <sup>laryngoscopy</sup> intubation, C-spine was immobilized with the help of nursing staff and then a collar was placed. CPR was continued to circulate the epinephrine and again with breathing via the ET tube, and then again asystole was verified in two leads. Total down time that CPR was underway from the time of paramedics arrival, until Emergency Department, was ½ hour. She was in asystole the entire time. End code was called at 13:28.

Radiographic studies skeletal series was done which included head and long bones <sup>and CXR</sup> with no obvious fractures.

Kittery Police Department and social worker were both here in the emergency department. PD confirmed that Mom was at the police department now and gave history as to who the child was and the age and where she lived. No other history obtained medically at this time. The Kittery Police Department is here for picture taking. Social worker is present. I spoke with DHS who is sending a worker down. I also spoke with the assistant chief medical examiner in regards to the case, the findings and the disposition. The medical examiner will assume care of the patient and will likely be transferred up to Augusta shortly. No other laboratory tests done at this time. ET tube is left in place. Both IO lines are left in place with no other manipulation of the body and no cleaning done.

IMPRESSION

1. Asystolic arrest.
2. Clinical diagnosis of severe head trauma.

CONDITION

Deceased.

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YORK, MAINE 03909  
EMERGENCY ROOM REPORT  
000140187

1705

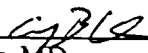
Page 3

NAME: Bortner, Cassidy  
PHYSICIAN: Anthony Bock, MD

DATE: 11/09/2000  
ROOM #/PATH: ER

DISPOSITION

State medical examiner for a post.

  
\_\_\_\_\_  
Anthony Bock, MD  
AB:sd Job # 005855  
Doc # 3440  
D: 11/09/2000 3:20 P T: 11/09/2000 4:28 P  
cc: Anthony Bock, MD

EMERGENCY ROOM REPORT  
CHART COPY



## STATE OF NEW HAMPSHIRE

Division for Children, Youth and Families

1706

## ASSESSMENT REFERRAL INFORMATION

10/31/2000 12:49 PM

REPORT NUMBER 107226

## SECTION I FAMILY INFORMATION

## NAMES

NO	LAST	FIRST	DOB	AGE	ROLE	SEX	RELATIONSHIP TO PRIMARY VICTIM
1	LNU <i>Bortner</i>	CASSY		1 1/2	Alleged Victim	F	Primary Victim
2	LNU <i>Bortner</i>	AMANDA <i>= mother</i>		00	PRFC	F	Mother (Biological)
3	EVENS <i>Lincoln</i>	BRENT <i>Jenios</i>		7	Other Person in Home	M	
4	EVENS	KAYLE <i>Kyle</i>		3	Other Person in Home	M	
5	EVENS	CHAD <i>in 10/15 BT</i>		00	Other Person in Home	M	
6	LNU	FNU		00	Alleged Perpetrator	U	

## ADDRESSES

NO	ST/RFD/BOX	TOWN/CITY	STATE	ZIP	PHONE	WORK TEL
1	191 MILTON Road	ROCHESTER	NH		(603) 335-7966	() -
2	191 MILTON Road	ROCHESTER	NH		(603) 335-7966	() -
3	191 MILTON Road	ROCHESTER	NH		(603) 335-7966	() -
4	191 MILTON Road	ROCHESTER	NH		(603) 335-7966	() -
5	191 MILTON Road	ROCHESTER	NH		(603) 335-7966	() -
6	191 MILTON Road	ROCHESTER	NH		(603) 335-7966	() -

## SECTION II REPORT INFORMATION

DATE REPORT INITIATED 10/31/2000		TIME OF REPORT 11:00 AM	
ABUSE/NEGLECT TYPE(S) Ph			
D.O. Rochester		TOWN ROCHESTER	
NH BRIDGES SEARCH RESULTS: NO PRIORS ON BRIDGES			NO OF PRIOR REPORTS 0

## SECTION III REPORTER INFORMATION

NAME OF THE REPORTER		RELATIONSHIP TO REFERRAL Unknown/Anonymous
ADDRESS , New Hampshire		
TELEPHONE	HOME () - WORK () - MESSAGE () -	NAME TO BE USED: Anonymous

**INTAKE ASSESSMENT**

1708

**ABUSE/NEGLECT INCIDENT DESCRIPTION**
**What are the details of the Abuse/Neglect of the children?**

REPORTER WAS AT THE HOME TWO WEEKS AGO AND CHILD HAD LARGE BRUISES ON LEFT SIDE OF FACE AND ACROSS HER NECK. REPORTER ASKED MOM WHO SAID "SHE FELL DOWN THE STAIRS". TWO DAYS LATER REPORTER ASKED MOM'S BOYFRIEND, CHAD EVENS WHO SAID "CHILD FELL OF FROM THE TRAMPOLINE". REPORTER IS DIVORCED FROM CHAD EVENS DUE TO DV. REPORT WAS IN THE HOME LAST EVENING AND CHILD HAS NEW BRUISE ON RIGHT CHEECK. REPORTER DID NOT ASKED HOW THIS OCCURRED. REPORTER GOES INTO THE HOME DUE TO HER OWN CHILDREN RESIDING IN THE RESIDENCE.

**Does the child have injuries now? If so, describe the injuries.**
**When was the child last seen and by whom? What was the child's condition?**
**Where are the children now and how long will they be there?**
**What are the risk factors in the home?**
☐ Domestic Violence

☒ Substance Abuse

☐ Physical/Mental Impairment - Caretaker

☐ Physical/Mental Impairment - Child[ren]

**Details/Other Risk Factors:**

CHAD EVENS IS AN ALCHOLIC

**Who else was told or knows of this situation?**
**Why are you calling Today?**
**Additional Information**

<b>NAME OF INTAKE CPSW</b> Tammy Theriault	<b>DATE REPORT ACCEPTED</b> 10/31/2000	<b>TIME</b> 12:00 AM
<b>DO REFFERED TO</b> Rochester	<b>RISK ASSESSED (A/N)</b> At Risk	
<b>SUPERVISOR NAME</b> Erica Ungarelli		

SECTION V ASSESSMENT ASSIGNMENT

P 107226

DATE RECEIVED FROM CENTRAL INTAKE 10/ 31/ 00 **1709**

TIME RECEIVED 12:49 ~~AM~~ **PM**

CPSW/JSO ASSIGNED:

*Tricia Foster*

DATE ASSIGNED: 11/ 1/ 00

RISK AT TIME OF ASSIGNMENT: *Moderate Risk*

RESPONSE REQUIRED:

*46 hrs*

LAW ENFORCEMENT CONTACT REQUIRED: YES NO

DATE COMPLETED:   /  /  

PRIORS ON ALLEGED PERPETRATOR(S):

NO MATCH UNTIL RECEIVE LAST NAME OF PERPETRATOR - PLEASE LET COREY KNOW WHEN YOU RECEIVE IT.

NOTES/COMMENTS:

*Bik Doty is the previous supervisor*

ASSESSMENT WORKER:

NONE

FAMILY SERVICE WORKER:

NONE

SUPERVISOR'S SIGNATURE: *Tricia Foster* DATE: 11/ 1/ 00