

**FIELD ACTIVITY COVERSHEET**

*CECA*

<b>1. REGION/STATE</b>  FOER/CLT	<b>2. OPERATION (Check One)</b> <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other	<b>3. DATE</b> 10-07-96  <b>4. NUMBER (For RO Use)</b> 960926CC5659
--	---	---

**5. ESTABLISHMENT**  
 Name : unknown  
 Address:  
 City :      State:      Zip:

**RELATED FIRM** ( ) Parent      ( ) Headquarters      ( ) Subsidiary      ( ) Other \_\_\_\_\_  
 Name: [      ] City: [      ] State: [      ]

<b>7. PRODUCTS COVERED</b> fueled charcoal lighter/unspecified bedding	<b>OTHER CONSUMER PRODUCTS</b> unknown
<b>9. ESTABLISHMENT TYPE NA</b> <input checked="" type="checkbox"/> Manufacturer      ( ) Importer <input type="checkbox"/> Wholesaler      ( ) Own Label Distributor <input type="checkbox"/> Retailer      ( ) Repackager <input type="checkbox"/> Other:	<b>10. ANNUAL PRODUCTION</b>  Product Covered \$ _____ Units:  Other Products \$ _____ Units:

<b>11. I.S. BUSINESS</b> % Received NA	<b>12. SAMPLES COLLECTED</b> none	<b>13. MIS CO</b> 32626	<b>14. HOURS</b> Activity <u>10.0</u> Travel <u>0.0</u>
---	--------------------------------------	----------------------------	---

**15. REASON FOR ACTIVITY (Assignment Reference)**  
 Follow-up to a insurance investigator's report.

**16. ANNOUNCED** ( ) Rationale for Announced Inspection NA  
**UNANNOUNCED** ( )

<b>17. EMPLOYEE'S NAME</b> Allen C. Dobbins 8189	<b>TITLE</b> Investigator	<b>SIGNATURE</b> 
---	------------------------------	----------------------

**18. ( ) ENDORSEMENT      ( ) REMARKS      ( ) SUMMARY      ( ) OTHER [      ]**

A 4 year old male playing with a charcoal lighter started a fire which caused \$10,000 damage to a mobile home.  
 Follow-up: Refer to CECA.

~~MFR/PRVLR NOTIFIED~~

~~No Comments made~~

~~Comments attached~~

~~Excisions/Revisions~~

~~Firm has not requested further notice~~

CPSA 6 (b)(1) Cleared *25c*

No Mfrs/Prvtblrs

Products Identified *ANPR*

Exceeded by *ANPR*

Firms Notified. *AM*

Comments Processed *6/30/97*

<b>19. REVIEWER'S NAME</b> Gilbert Bodin	<b>TITLE</b> Supervisory Investigator	<b>SIGNATURE</b> 
---	--	----------------------

<b>20. REVIEW DATE</b> 11/25/96	<b>21. DISTRIBUTION</b> O:EPDS, CECA, NEISS, READING, ACD
------------------------------------	--

**POST-ACCIDENT:**

The fire department extinguished the fire but not before significant damage occurred. The damage to the residence exceeded \$10,000.

Fire investigators traced the origin of the fire to a master bedroom. The remains of the charcoal lighter were found in the master bedroom. The 10 year old youth reported that the four year old youth had been playing with the charcoal lighter in the bedroom of the residence and ignited the bedding. It is not known what happened to the remains of the lighter.

The fire investigator hired by the insurance company concluded that the origin of the fire was indeed the bedroom where it was reported that the child started the fire. The fire investigator concluded that there was no indication of an intentionally set fire.

**PRODUCT IDENTIFICATION:**

The lighter involved in this fire was a butane charcoal/grill lighter. The brand and manufacturer of the lighter is unknown. The lighter was about nine inches in length and had an on/off switch and flame length adjustment switch. It was a standard charcoal or multi-purpose lighter which is recommended for lighting charcoal or gas grills, fireplaces, and lighting pilot lights. The investigator's report which accompanied this assignment stated that the lighter was a piezo electric lighter. The investigator stated that he used the term piezo electric lighter as a generic name for the lighter. In my conversations with the investigator and the father who had purchased the lighter, I confirmed that it was a butane charcoal grill lighter.

Information concerning the bedding and mattress were not available.

The father did not know if the lighter switch was in the "on" or "off" position when the child found the lighter.

**STANDARD INFORMATION:**

There are no mandatory standards enforced by CPSC covering charcoal/grill lighters.

**ATTACHMENTS:**

None.

ACCIDENT INVESTIGATION REQUEST FORM

Allen Doffin

Document Number 1310/1/96 X9494093A CPT AY CG 300/96 09/11/96

Date of Incident 8-9-96 Category I.D. SECRET RW 1994

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact Kate Wallace, CCA

Assignment Message Please conduct a Section 15 IDI. Determine  
Make of grill lighter and how child accessed it. For  
what purpose was it regularly used? Was switch  
in "on" or "off" position?

Person(s) to Contact  NC

Guideline 10-7-96

Requested By Kate Wallace, CCA

Task Number 960920 CCA 5659

Assigned to NYCO Date 9/26/96

TC  
10

August 15, 1996

X9694093

X9694093

Mr. Mark Walker  
American Modern Insurance Group, Inc.  
Post Office Box 5323  
Cincinnati, OH 45201

RE: Manufactured Home Fire Analysis  
Insured: Ms. [REDACTED]  
Loss Location: [REDACTED]  
Date of Loss: August 9, 1996  
Policy Number: 077G097331809  
REI File Number: 96-E9447

Dear Mr. Walker:

On August 12, 1996, you telephoned Research Engineers, Inc. (REI) regarding the above-captioned manufactured home fire. During our conversation you provided us with the following information. The 1996 double-wide manufactured home was built by Champion Home Builders. Reportedly, Ms. [REDACTED] grandson set the bed on fire. Our assignment was to determine the origin and cause of fire damage.

History

960924 C/C 54 59

On Tuesday, August 12, 1996, we visited the site and met with Mrs. [REDACTED] who furnished us with the following information. The double-wide manufactured home was purchased in June and permanently set-up in July, 1996. Set-up of the manufactured home was complete with the exception of the electrical system and telephone service. While Mrs. [REDACTED] was outside, her four year old son, [REDACTED] found a Piezo Electric Lighter and ignited

the bed in the master bedroom. Mrs. ██████ went to her next door neighbors home and called the fire department. According to Mrs. ██████ the Gray's Creek Fire Department was called a second time to extinguish a fire in the attic area.

### Examination of Fire Scene

During our field investigation we made the following observations. The area of fire origin was located in the master bedroom, and the point of fire origin was located on the northeast corner of the king size mattress. We examined fire debris located towards the headboard of the bed and were alerted to the presence of a flammable or combustible liquid. We removed three fire debris samples from the flooring below the mattress and box springs. Laboratory analysis indicates that there were no flammable or combustible residue found in the fire debris sample of Exhibit #1 thru #3. A container of Warren Charcoal Lighter was found near the front steps located on the east side of the structure. This container was collected as evidence and logged in as Exhibit #4. Exhibit #4 was collected as a control sample.

We went to the Gray's Creek Fire Department and met with Captain R. Lloyd, who provided us with the following information. The original fire was dispatched at 11:57 A.M. Upon arrival, the master bedroom was totally involved in fire. The second fire was dispatched at 16:23 (4:23 P.M.) and upon arrival they observed a small fire contained within a light fixture of the master bed room. During the second response, the ceiling was pulled and no additional fire damage was observed. The Gray's Creek Fire Department has not responded to this structure for any additional fire emergencies.

Laboratory Examination and Analysis

During our laboratory analysis of the fire debris, we made the following observations. Exhibits #1 through #4 were transported to Mercury Research Laboratories for analysis. Exhibits #1 through #3 were analyzed by gas chromatography/mass spectrometry (GC/MS). The analytical results of all three samples were negative. Since Exhibits #1 through #3 were reported as negative, Exhibit #4 was not analyzed.

Conclusions and Opinions

Based upon the above observations and information, we have made the following analysis and conclusions:

1. In our opinion the area of fire origin was located in the master bedroom and the point of fire origin was located on the bed.
2. Based upon information we received from Mrs. [REDACTED] In our opinion this fire was caused when her son ignited the mattress covers with a Piezo Electric Lighter.
3. Based upon laboratory of the fire debris collected at the fire scene. In our opinion there were no indications of flammable or combustible liquids used to accelerate the subject fire.
4. In our opinion this fire was caused when a four year old child was able to operate a Piezo Electric Lighter and ignite bedding material.
5. In our opinion there were no indications that this fire was intentionally set.

Mr. Mark Walker

4

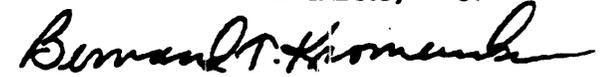
August 15, 1996

6. It is possible that this fire may have been intentionally set. However, there is no direct evidence at this time to so indicate.

If you have any questions regarding the contents of this report, please do not hesitate to contact our office.

Respectfully submitted,

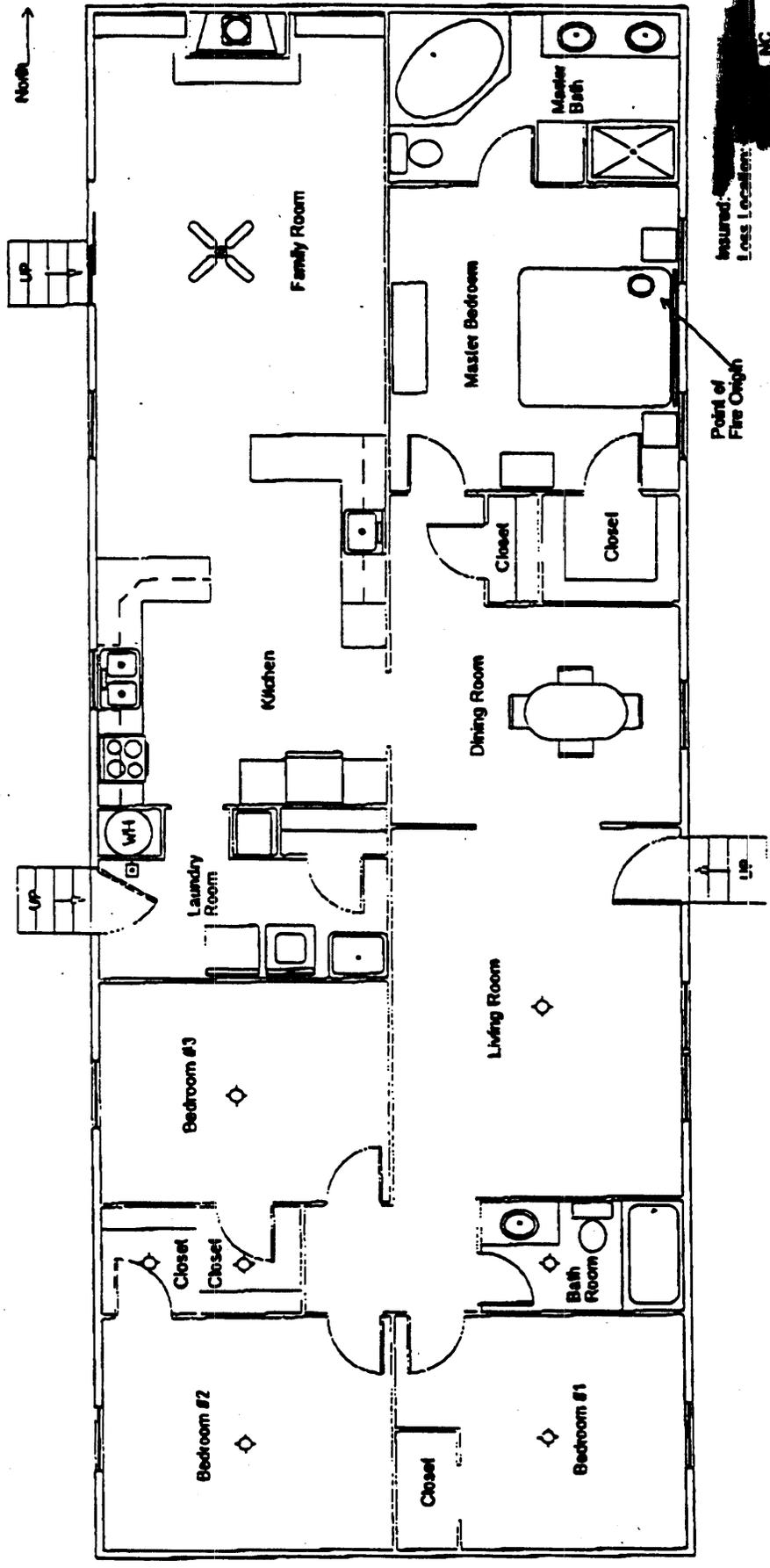
**RESEARCH ENGINEERS, INC.**



Bernard T. Kromenacker, CFI/CFEI  
Chief Fire Investigator

BTK:dbs

Enclosures: Diagram  
Fire Incident Run Report



Insured: [REDACTED], NC  
 Loss Location: [REDACTED]  
 Date of Loss: August 9, 1986  
 Policy Number: 077G497331009  
 REI File Number: 96-E9447



HC Fire INCIDENT REPORT  
 FDID 2628  
 Department Name Gray's Creek Fire Department  
 Station 24  
 Code 026  
 County 026  
 Sta Number 156  
 EXP 0  
 Incident 04143  
 No. of Yr 08/09/96  
 Day of Week 6  
 Alarm Time 16:19  
 Time Out 16:23  
 Arr. Time 16:27  
 Time In 17:16  
 Tot Time Out 00:57

FIRE SERVICE RESPONSE

INCIDENT ADDRESS: Street [REDACTED], City [REDACTED], State NC, ZIP 28348  
 OCCUPANT NAME: Last, First [REDACTED], Phone [REDACTED]  
 OWNER NAME: Last, First [REDACTED], Phone [REDACTED]  
 OWNER ADDRESS: Street [REDACTED], City [REDACTED], State [REDACTED], ZIP [REDACTED]

Personnel [ 7 ]  
 Engines [ 1 ]  
 Aerials [ 0 ]  
 Tankers [ 1 ]  
 Other vehicles [ 0 ]

Mutual Aid:  
 [1] - Received  
 [2] - Given  
 [3] - Not Apply

Hazardous Materials Involved? [ ] 1-Yes 2-No  
 No. Injuries Fire Srv [ 0 ] Other [ 0 ]  
 No. Fatalities Fire Srv [ 0 ] Other [ 0 ]  
 Juvenile suspected in ignition? [2] 1-Yes 2-No  
 Is property abandoned/vacant? [2] 1-Yes 2-No

METHOD OF ALARM FROM PUBLIC:  
 1 Telephone  
 2 Municipal alarm system  
 3 Private alarm system  
 4 Radio  
 5 Verbal  
 6 Home dialer  
 7 Tie-line  
 8 Voice signal: fire alarm system  
 9 Other [2]

TYPE OF SITUATION FOUND:  
 11 Structure fire  
 12 Any fire outside a structure where the material burning has a value  
 13 Vehicle fire  
 14 Trees, brush, grass fire  
 15 Refuse fire (material burning has no value)  
 16 Explosion, no after-fire  
 17 Outside spill, leak with fire

19 Fire/explosion not classified  
 20 Overpressure rupture (no combustion)  
 30 Rescue  
 32 EMS only  
 40 Hazardous Condition  
 50 Service call  
 60 Good intent call  
 71 False malicious  
 73 False malfunction  
 74 False unintentional  
 99 Other situation found [11]

TYPE OF ACTION TAKEN:  
 1 Extinguishment  
 2 Rescue  
 3 Investigation [1] Primary  
 4 Remove hazard  
 5 Standby  
 6 Salvage  
 7 Ambulance [3] Secondary  
 8 Fill in, move up  
 9 Cancelled enroute  
 0 Water supply

Fill in this section if (TYPE OF SITUATION FOUND) is 11, 12, 13, 16, 17, 19 ONLY

Ignition Factor [ 0 ] Area of Fire Origin [ 0 ]  
 Form of Heat of Ignition [ 0 ] Type of Material Ignited [ 0 ]

If Heating Equipment Involved, Type of Fuel Used:  
 1 Kerosene  
 2 LPG  
 3 Electric  
 4 Wood  
 5 Coal  
 6 Oil  
 7 Natural Gas  
 8 Gasoline  
 9 Other [0]

PROPERTY DAMAGE CLASSIFICATION:  
 1 \$1-99  
 2 \$100-999  
 3 \$1,000-9,999  
 4 \$10,000-24,999  
 5 \$25,000-49,999  
 6 \$50,000-149,999  
 7 \$150,000-499,999  
 8 \$500,000-999,999  
 9 \$1,000,000 OR MORE  
 0 NO DOLLAR LOSS Damage

CONDITION UPON ARRIVAL:  
 1 Overheat  
 2 Smoldering  
 3 Open flame  
 4 Out on arrival [0]

MOBILE PROPERTY TYPE:  
 11 Automobile  
 12 Bus  
 13 All-terrain vehicle  
 14 Motor home  
 15 Travel trailer  
 17 Mobile home

20 Freight road transport  
 30 Rail transport  
 40 Water transport  
 50 Air transport  
 60 Heavy equipment  
 70 Special vehicles, containers  
 99 Other mobile property [0]

Estimated Orig Value \$ 0  
 Est. Structural Loss \$ 0  
 Est. Content Loss \$ 0

If Mobile Property Yr Make Model St Lic. Number Serial Number/VIN  
 If Equipment Involved Yr Item Make Model Serial Number

NO. OF STORIES EXTENT OF DAMAGE:  
 1 Single Story  
 2 Two Stories  
 3 3 or 4  
 4 5 or 6  
 5 7 to 10  
 6 11 to 20  
 7 21 to 50  
 8 Over 50  
 9 Below Grade

1 Confined to object of origin  
 2 Confined to part of a room or area of origin  
 3 Confined to room of origin  
 4 Confined to fire-rated comp. of origin  
 5 Confined to floor of origin  
 6 Confined to structure of origin  
 7 Extended beyond structure of origin  
 9 No damage of this type

CONSTRUCTION TYPE:  
 0 Other  
 1 Fire resistive  
 2 Noncombustible  
 3 Heavy timber  
 4 Ordinary  
 5 Frame [0]

SPRINKLER PERFORMANCE:  
 1 Equipment operated  
 2 Equipment in service, did not operate  
 3 Equipment present, fire too small to operate  
 8 No equipment present  
 9 Equipment not in service [0]

DETECTOR PERFORMANCE [ ] 1-Present 2-Absent  
 If Present, Type of Closest Unit [ ] 1-Smoke 2-Heat  
 Power Supply [ ] 1-Battery 2-A/C  
 1 In room of fire: operated  
 2 Not in room of fire: operated  
 3 In room of fire: did not operate  
 4 Not in room of fire: did not operate  
 5 In room: fire too small to operate  
 9 Not classified (Not apply) [ ]

Fire referred for Investigation [2] 1-Yes 2-No

Officer in Charge (name, position) J.D. PONE / DEPUTY CHIEF  
 Member Making Report RAY LLOYD, CAPT.

REMARKS: RE-CALL TO TRAILER FIRE. SMALL FIRE IN ATTIC AREA.  
 NCFC ID-SFC-2

*E.H.D.S.*

1. CASE NO. <b>961015CCC5694</b>		2. INVESTIGATOR'S ID <b>[8][6][0][8]</b>		3. OFFICE CODE <b>[8][3][0]</b>		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>	
4. DATE OF INCIDENT YR MO DAY <b>[9][6][0][9][1][5]</b>			5. DATE INVESTIGATION INITIATED YR MO DAY <b>[9][6][1][0][3][0]</b>				
6. SYNOPSIS OF INCIDENT OR COMPLAINT. <b>A three-year-old boy started a mattress on fire while playing with a grill lighter. The boy started the bottom mattress of a bunk bed on fire and the fire was discovered by his mother. No one was injured and damage was estimated at \$15,000.</b>							
7. LOCATION (Home, school, etc.) <b>Home [1][0]</b>		8. CITY <b>East Liverpool</b>			9. STATE <b>OHIO</b>		
10A. FIRST PRODUCT <b>[1][2][4][7] Grill lighter.</b>				11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS <b>Unknown</b>			
10B. SECOND PRODUCT <b>[4][0][0][9] Mattress</b>				11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS <b>Unknown</b>			
12. AGE OF VICTIM <b>[9][9][9]</b>		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 <b>[9]</b> UNKNOWN - 3		14. DISPOSITION <b>No injury [0]</b>		15. INJURY DIAGNOSIS <b>No injury [7][0]</b>	
16. BODY PART <b>No injury [9][9]</b>		17. RESPONDENT(S) (Mother, Friend) <b>Father of boy. [1]</b>		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 <b>[3]</b> OTHER - 3		19. TIME SPENT Hours <b>[ ][3][.][0]</b> Travel <b>[0][5]</b>	
20. ATTACHMENTS <b>[9] Multiple</b>		21. CASE SOURCE <b>[0][6] Newspaper</b>		22. REVIEWED BY YR MO DAY <b>[ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ]</b> <i>8311 9/11/8</i>			
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			

*MFR/PRV LDR*  
 No Comments Made  
 Comments attached  
 Exclusions/Revisions  
 Firm has not requested further notice  
 CPSA 6 (b)(1)  
 25C  
 No Mfrs/Prvt. lbrs  
 Products Identified  
 Exceeded by  
 Firms Notified.  
 Comments Processed.

*AVPR*  
*6/30/97*

**SUMMARY OF FINDINGS**

The mother of a three-year-old boy was sitting in the basement of her home watching television when she smelled smoke. She went upstairs and found her three year old son in his bedroom with the mattress of his bunk bed on fire. She attempted to put the fire out, but was unsuccessful. She then call the fire department and evacuated the home. No one was injured.

An interview with the child's father disclosed that the father had been doing some work in the kitchen and he had to disconnect the range. When he reinstalled the range, he went outside and brought a grill lighter into the house to light the pilot light in the range. After lighting the range he put the lighter in a drawer in the kitchen.

On the day of the fire the child apparently went in the drawer and got the grill

*EHD*

1. CASE NO. 961015CCC6694		2. INVESTIGATOR'S ID [8][6][0][8]		3. OFFICE CODE [8][3][0]		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>	
4. DATE OF INCIDENT YR MO DAY [9][6][0][9][1][5]		5. DATE INVESTIGATION INITIATED YR MO DAY [9][6][1][0][3][0]					
6. SYNOPSIS OF INCIDENT OR COMPLAINT. A three-year-old boy started a mattress on fire while playing with a grill lighter. The boy started the bottom mattress of a bunk bed on fire and the fire was discovered by his mother. <del>No one was injured and damage was estimated at \$15,000.</del> <i>NO INJURY</i> <div style="text-align: right;"> <p><i>MFR/PRV LBR</i></p> <p>No Comments made</p> <p>Comments attached</p> <p>Exclusions/Revisions</p> <p>Firm has not requested further notice</p> <p>CPSA 6/16/97</p> <p>No Mfrs/Prvt. Lbrs Products identified</p> <p>Executed by <i>AVPR</i></p> <p>Firm Notified.</p> <p>Comments Processed.</p> <p><i>6/30/97</i></p> </div>							
7. LOCATION (Home, school, etc.) Home [1][0]		8. CITY East Liverpool		9. STATE OHIO			
10A. FIRST PRODUCT [1][2][4][7] Grill lighter.				11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown			
10B. SECOND PRODUCT [4][0][0][9] Mattress				11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown			
12. AGE OF VICTIM [9][9][9]		13. SEX (USE NUMERICAL CODE) MALE -1 FEMALE -2 [9] UNKNOWN-3		14. DISPOSITION No injury [0]		15. INJURY DIAGNOSIS No injury [7][0]	
16. BODY PART No injury [9][9]		17. RESPONDENT(S) (Mother, Friend) Father of boy. [1]		18. TYPE INVESTIGATION ON SITE -1 TELEPHONE -2 [3] OTHER -3		19. TIME SPENT Hours [ ][3][0] Travel [0][6]	
20. ATTACHMENTS [9] Multiple		21. CASE SOURCE [0][6] Newspaper		2. REVIEWED BY YR MO DAY [ ][ ][ ][ ] [ ][ ][ ][ ][ ] <i>8311 9/11/8</i>			
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [X]							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			
<b>SUMMARY OF FINDINGS</b>							
<p>The mother of a three-year-old boy was sitting in the basement of her home watching television when she smelled smoke. She went upstairs and found her three year old son in his bedroom with the mattress of his bunk bed on fire. She attempted to put the fire out, but was unsuccessful. She then call the fire department and evacuated the home. No one was injured.</p> <p>An interview with the child's father disclosed that the father had been doing some work in the kitchen and he had to disconnect the range. When he reinstalled the range, he went outside and brought a grill lighter into the house to light the pilot light in the range. After lighting the range he put the lighter in a drawer in the kitchen.</p> <p>On the day of the fire the child apparently went in the drawer and got the grill</p>							

961015 CCC 5694

lighter and started the mattress on fire. The father said his son was fascinated with fire. He said the family did a lot of camping and whenever they build a fire the boy was constantly playing with it.

On the day I interviewed the father he was working on the home. He said everything inside the home had been thrown in a 40 cubic yard rubbish container. He had no information about the lighter except that it was a grill lighter and he had no information about the mattress.

**ATTACHMENTS**

1. Fire Report.
2. Assignment/newspaper article.



961015CCC 5674

City of East Liverpool, Ohio  
Department of Public Safety  
DIVISION OF FIRE

Complete Run Report

Date 9-15-96  
Run Report No. 517  
Location 304 Lisbon St

Type of Call:

- Structure
- Vehicle
- Brush
- Rubbish
- Aircraft Standby
- Aut. Other Appr.
- E.R.E.
- Mutual Aid
- Public Ser.
- Investigation
- Res. Med.

Owner of Prop. John Smith

Operator/Driver S. Arme

Fire Cause:

- Cooking
- Smoking
- Heating
- Electrical
- Malfunction
- Misses
- Natural
- Other
- Open Fire
- Exposure
- Children Playing
- Intentional
- Undetermined
- Explosion

Non-Fire:

- Service Calls
- Mutual Aid
- Aircraft Standby
- Aut. Other Appr.
- E.R.E.
- Other
- Res. Med.
- Other

ESTIMATED LOSS \$ 15,000 DATE OF FIRE 9/15/96

ACTUAL LOSS, IF KNOWN \$

ADDITIONAL COMMENTS: Master Bedroom upon our arrival. Smoke venting out door & Rear window. Right rear bedroom heavy fire, smoke and heat damage - some fire control damage. Heavy heat & smoke damage to first floor. Smoke & water moderated in basement area. When questioning Mrs. [redacted] she states that her 3 yr old son was playing with a lighter on his sister's bed. Mr. [redacted] was at work. Mrs. [redacted] home with 2 children.

Contact no. for the [redacted] Firefighter Jeff Kreefer injured; F.H. Kreefer received a laceration when a piece of glass pierced his boot and impaled into his foot. F.F. Kreefer to ELEM ER via TRI-County Amb. at 2017 hrs.

CMIO

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: *G96A 0045A*

DATE OF INCIDENT: *7/15/94* CATID: *CARM07 1995 7*  
*+ BUNNIE 1997*

FOLLOW-UP REQUESTED HAZARD ANALYSIS ( ) CRM ( )

TYPE FOLLOW-UP TELEPHONE ( ) ON-SITE (X)

HEADQUARTERS CONTACT: Michael Bogumill 504-0400 x1368  
 Backup: Bob Poth 504-0400 x1375

ASSIGNMENT MESSAGE: For any child playing with fire involving a cigarette lighter. Determine the model and manufacturer's name, type of lighter (refillable/disposable and fluid/butane), operating mechanism, age of child who operated the lighter, and accident scenario. Describe operating mechanism in detail and collect lighter, if possible.

The new regulation requiring disposable butane lighters and all novelty lighters to be child-resistant went into effect in July 1994. (*CARM071997*)

*Call Harrison Boulevard 301-504-0470*  
*X NEWS for questions concerning the*  
*mattress involved. (BLUNN12/1997)*

1258  
 Person(s) to Contact:  (*Room*)  
*Fire Dept*

Guidelines: Appendix 45

Task Number: *9410150CC 54 94* Date: *10/15/96*  
 Assigned to: *CMIO* Requested by:

CPSC Form 324A (10/95)

ATTACHMENT # 2

ISSUE

2 -

G6 A

0045

OCT 11 1996

OHIO  
NEWS BUREAU INC.  
CLEVELAND, OHIO 44115  
218/241-0675

THE REVIEW  
EAST LIVERPOOL, OH.

SEPT-18-96

# Child playing with lighter said to be cause of blaze

<sup>59</sup>  
EAST LIVERPOOL — A Sunday fire at a Lisbon Street home, reportedly started by a child playing with a lighter, caused \$15,000 in damages.

According to fire department reports, the home at [redacted] St. is owned by John Smith.

The blaze originated in the right rear bedroom and extended to the main bedroom before the department's arrival. The department received the call at 8:05 p.m. Smoke also was venting out the door and rear window of the two-story frame home upon arrival.

A 3-year-old boy reportedly was playing with a lighter, causing a mattress to burn. Tina Smith, the mother of the child, attempted to extinguish the fire

before fire officials were notified. [redacted] reportedly told fire officials she was in the basement watching television when she smelled smoke. When she investigated she reportedly found her son in the room with the lower mattress of a bunk bed on fire.

The right rear bedroom received heavy fire, smoke and heat damage; heavy heat and smoke damage occurred on the first floor; smoke and water damage was moderate in the basement area; and fire control damage also occurred to the home.

Firefighter Jeff Kreefer was injured battling the blaze when a piece of glass pierced his boot and penetrated his left foot. He was treated at City Hospital and released.

9/17/96

94 10 15 CCC  
[redacted] 5694

BUNN 12  
+  
CART 107

2 - JAN 1997

4

# EPIDEMIOLOGIC INVESTIGATION PORT

1. CASE NUMBER 961016CCC5697	2. INVESTIGATOR'S ID 8055	3. OFFICE CODE 800
4. INCIDENT DATE YR MO DAY 96 02 29	5. DATE ICI INITIATED YR MO DAY 96 11 05	

6. SYNOPSIS OF INCIDENT OR COMPLAINT  
 A four year old male ignited the curtains of his bedroom with a butane charcoal lighter. No injuries resulted from this incident.

7. LOCATION Home - Bedroom 10	8. CITY Fitchburg	9. STATE M A
----------------------------------	----------------------	-----------------

10A. FIRST PRODUCT Charcoal Grill Lighter 1247	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS AIM N-FLAME Scripto-Torai Corp., Fontana, CA. 92337
---	---

10B. SECOND PRODUCT Curtains 0617	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown
--------------------------------------	--

12. AGE OF VICTIM 999	13. SEX No Injury 9	14. DISPOSITION No Injury 00	15. INJURY DIAGNOSIS No Injury 70
--------------------------	------------------------	---------------------------------	--------------------------------------

16. BODY PART No Injury 99	17. RESPONDENT(S) Secord's Home info 3	18. INVESTIGATION TYPE OTHER 3	19. TIME SPENT 00.0
-------------------------------	---	-----------------------------------	------------------------

20. ATTACHMENTS Fire Report	21. CASE SOURCE 2 Fire Department 01	22. REVIEWED BY 8969	YR MO DAY 96 12 18
--------------------------------	---	-------------------------	-----------------------

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)  
 CPSC MAY DISCLOSE MY NAME  CPSC MAY NOT DISCLOSE MY NAME

4. NARRATIVE (See instructions on Page 2)	25. REGIONAL DIRECTOR REVIEW <i>[Signature]</i>	DATE 2-20-97
---	--	-----------------

**NOTE:** Attempts to contact the family of the four year old boy by telephone or letter were unsuccessful. The information contained in this report was reported by the Fire Marshal, who forwarded the butane lighter that was involved in this accident to EHDS (Quenette) at their request.

MFR/PRVLBLR NOTIFIED  
~~No Comments made~~  
~~Comments attached~~  
~~Excisions/Revisions~~  
~~Firm has not requested further notice~~

CPSA 6 (b)(1) Cleared  
 No Mfrs/Prvlblrs or Products Identified  
 Excepted by *ANPR*  
 Firms Notified, Comments Processed *Jan 6/30/97*

(USE ADDITIONAL SHEETS IF NECESSARY)

961016CCC5697  
EXHIBIT 1

CITY OF FITCHBURG

page \_\_\_\_\_ of \_\_\_\_\_

FIRE DEPARTMENT

FIELD INCIDENT REPORT

narrative supplement

incident # 96-1254

ENGINES 1,4,5, LAD.3, AND 10C-3 RESPONDED TO #30 ROBERTS ST. ON A REPORT OF A BUILDING FIRE.

LT. SHEA ENG. CO. #1 REPORTED LIGHT SMOKE SHOWING. THEY STRETCHED THEIR 150' ATTACK LINE IN THE KITCHEN DOOR TO A BEDROOM IN THE REAR OF THE HOUSE. LT. SHEA REPORTED IT TO BE A SMALL FIRE AND THAT IT WAS EXTINGUISHED. THEY THEN USED THEIR WATER EXTINGUISHER TO OVERHAUL THE AREA.

LADDER CO.#3 VENTED THE AREA AND CHECKED FOR ANY EXTENSION AND FOUND NONE.

THE OCCUPANT OF THE FIRST FLOOR REPORTED THAT HER 4 YR. OLD SON HAD STARTED THE FIRE USING A LONG BUTANE LIGHTER. THE CHILD, [REDACTED] SHOWED ME HOW HE USED A KITCHEN CHAIR, CLIMBED IT, TO REACH THE TOP OF THE REFRIGERATOR, TO GET THE BUTANE LIGHTER. HE THEN TOLD US HOW HE WENT TO HIS BEDROOM AND "FIRED HIS CUTAINS".

[REDACTED] MOTHER REPORTED THAT SHE HEARD THE SMOKE DETECTORS SOUND AT ABOUT THE SAME TIME THE BOY RAN OUT OF HIS ROOM TELLING HER OF THE FIRE. SHE THEN USED SEVERAL PANS OF WATER TO BEGIN TO EXTINGUIS THE FIRE. HER UPSTAIRS NEIGHBOR, [REDACTED] HE HEARD THE ALARMS, CAME DOWN TO SEE WHAT THE PROBLEM WAS, SHE THEN WENT BACK UPSTAIRS TO CALL THE FIRE DEPARTMENT. [REDACTED] THEN CAME DOWN AND SHE TOO THREW SEVERAL PANS OF WATER ON THE FIRE, SHE THEN TOOK ALL THE CHILDREN OUT OF THE BUILDING.

[REDACTED] AND HER FAMILY ARE THE FIRST FLOOR OCCUPANTS, THE OWNER OF THE BUILDING IS SUFFOLK BUILDING TRUST, [REDACTED] FITCHBURG MA, TEL [REDACTED]. THIS TELEPHONE NUMBER WILL NOT TAKE INCOMING CALLS. AT THIS TIME UNABLE TO CONTACT THE OWNER.

[REDACTED] 6/16/65 (DOB)  
[REDACTED] 12/27/91 (DOB)

REPORTING OFFICER	DATE	APPROVED BY	DATE
CAPT. R. J. HALEY	2/29/96		

CITY OF FITCHBURG  
FIRE DEPARTMENT  
FIELD INCIDENT REPORT

*Haley*  
 Loc. 3  
 COMPANY OFFICER

COMPANY RESPONSE

E	L	A/R	OTHER
1,4,5	3		100-3

Page \_\_\_\_\_ of \_\_\_\_\_

1.  Delete

2.  Change

(A) 10 FDID# 27097 Department CITY OF FITCHBURG Revised Report FORM FP-32

Incident # 96-1254 # Exposure Fire Only: DATE 2/29/98 Day of Week 1 Sun 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri 7 Sat 3 Alarm Time: 1405 Arrival Time: 1406 Back in Service: 1440

(B) SITUATION FOUND

11 <input type="checkbox"/> Structure fire	17 <input type="checkbox"/> Outside spill with fire	SEE MANUAL FOR OTHER CALLS	1 <input type="checkbox"/> Extinguishment	5 <input type="checkbox"/> Stand by
13 <input type="checkbox"/> Vehicle fire	18 <input type="checkbox"/> Other fires not classified		2 <input type="checkbox"/> Rescue or Assistance	6 <input type="checkbox"/> Salvage
14 <input type="checkbox"/> Brush, grass, leaves	47 <input type="checkbox"/> Chemical spill		3 <input type="checkbox"/> Investigation only	7 <input type="checkbox"/> Ambulance
15 <input type="checkbox"/> Trash, rubbish	44 <input type="checkbox"/> Power line down		4 <input type="checkbox"/> Remove Hazard	8 <input type="checkbox"/> FBI in. Move up
16 <input type="checkbox"/> Explosion. No other fire	4E <input type="checkbox"/> Arcing electric equipment			

MUTUAL AID  
 Rec'd  
 Given  
 N/A

(C) FIXED PROPERTY USE (Occupancy) TWO Family IGNITION FACTOR Child (butane lighter)

(D) CORRECT ADDRESS (Up to maximum of 21 characters)

(E) 11 OCCUPANT NAME (LAST, FIRST, MI) TELEPHONE ROOM or APT

(F) 12 OWNER NAME (LAST, FIRST, MI) ADDRESS TELEPHONE

(G) 13 METHOD OF ALARM

1 Telephone direct <input checked="" type="checkbox"/>	CO. INSPECTION DISTRICT <input checked="" type="checkbox"/>	(H) NO. FIRE SERVICE PERSONNEL RESPONDED <input checked="" type="checkbox"/>	NO. ENGINES RESPONDED <input checked="" type="checkbox"/>	NO. AERIAL APPARATUS RESPONDED <input checked="" type="checkbox"/>
2 Municipal alarm system <input checked="" type="checkbox"/>	SHIFT 3	HAZARDOUS MATERIAL PRESENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	NO. TANKERS RESPONDED <input checked="" type="checkbox"/>	NO. OTHER VEHICLES RESPONDED <input checked="" type="checkbox"/>
3 Private alarm system <input type="checkbox"/>	NO. ALARMS 1	SUBSTANCE		
4 Radio <input type="checkbox"/>		Special Equipment Used? 2 1/2 gal. H2O exting.		USE FP 33 FOR ALL CASUALTIES
5 Verbal <input type="checkbox"/>				
6 No alarm recd. <input type="checkbox"/>				
7 Tie-line (911) <input type="checkbox"/>				
8 Voice signal municipal alarm signal <input type="checkbox"/>				
9 Not classified above <input type="checkbox"/>				
0 Undetermined or not reported <input type="checkbox"/>				

(I) 20 FIRE SERVICE NUMBER OF INJURIES NUMBER OF FATALITIES NUMBER OF INJURIES NUMBER OF FATALITIES RESCUES OTHER

(J) MOBILE PROPERTY TYPE VEHICLE STOLEN? Yes  No

11 AUTO VAN	22 TRUCK UNDER 1 TON	ESTIMATED TOTAL DOLLAR LOSS	Insurance Co.
12 BUS	41 BOAT UNDER 65'		
13 MOTORCYCLE	08 NONE		
21 TRUCK OVER 1 TON			

30 YEAR MAKE MODEL COLOR LICENSE NO. VIN#

40 IF EQUIPMENT INVOLVED IN IGNITION YEAR MAKE MODEL SERIAL NO.

(K) COMPLEX 2 Family AREA OF ORIGIN Bedroom EQUIPMENT INVOLVED IN IGNITION

(L) FORM OF HEAT IGNITION Butane lighter MATERIAL IGNITED 11 FORM Curtain TYPE 316

(M) METHOD OF EXTINGUISHMENT 2 LEVEL OF FIRE ORIGIN CONSTRUCTION TYPE

1 <input type="checkbox"/> Self extinguished	1 <input type="checkbox"/> Grade level to 9 ft.	1 <input type="checkbox"/> 1 story	1 <input type="checkbox"/> Fire resistive
2 <input type="checkbox"/> Make shift aids	2 <input type="checkbox"/> 10 to 19 feet	2 <input type="checkbox"/> 2 story	2 <input type="checkbox"/> Heavy timber
3 <input type="checkbox"/> Portable extinguisher	3 <input type="checkbox"/> 20 to 29 feet	3 <input type="checkbox"/> 3 to 4 stories	3 <input type="checkbox"/> Protected noncombustible
4 <input type="checkbox"/> Automatic ext. system	4 <input type="checkbox"/> 30 to 49 feet	4 <input type="checkbox"/> 5 to 6 stories	4 <input type="checkbox"/> Unprotected noncombustible
5 <input type="checkbox"/> Pre-connect hose/tank only	5 <input type="checkbox"/> 50 to 70 feet	5 <input type="checkbox"/> 7 to 12 stories	5 <input type="checkbox"/> Protected ordinary
6 <input type="checkbox"/> Pre-connect hose/hydrant draft standpipe	6 <input type="checkbox"/> Over 70 feet	6 <input type="checkbox"/> 13 to 24 stories	6 <input type="checkbox"/> Unprotected ordinary
7 <input type="checkbox"/> Hand-laid hose/hydrant draft standpipe	7 <input type="checkbox"/> Objects in flight	7 <input type="checkbox"/> 25 to 49 stories	7 <input type="checkbox"/> Protected wood frame
8 <input type="checkbox"/> Master stream device	8 <input type="checkbox"/> Below ground level	8 <input type="checkbox"/> 50 stories or more	8 <input type="checkbox"/> Unprotected wood frame
	9 <input type="checkbox"/> Not classified above		9 <input type="checkbox"/> Not classified above
	0 <input type="checkbox"/> Undetermined		0 <input type="checkbox"/> Undetermined or not reported

(N) EXTENT OF DAMAGE (Flame 2 Smoke 3) DETECTOR PERFORMANCE SPRINKLER PERFORMANCE

(O) IF SMOKE SPREAD BEYOND ROOM OF ORIGIN MATERIAL GENERATING MOST SMOKE FORM TYPE

(P) WEATHER CONDITIONS cool, dry AVENUE OF SMOKE TRAVEL

1 <input type="checkbox"/> Air handling duct	4 <input type="checkbox"/> Stairwell	7 <input type="checkbox"/> Utility opening in floor
2 <input type="checkbox"/> Corridor	5 <input type="checkbox"/> Opening in construction	8 <input type="checkbox"/> Not classified above
3 <input type="checkbox"/> Elevator shaft	6 <input type="checkbox"/> Utility opening in wall	9 <input type="checkbox"/> Undetermined or not reported
		0 <input type="checkbox"/> No avenue of smoke travel (N/A)

(R) MEMBER MAKING REPORT DATE

Entries contained in this report are intended for the sole use of the State Fire Marshal. Estimations and evaluations made herein represent "most likely" and "most probable" cause and effect. Any representation as to the validity or accuracy of reported conditions outside the State Fire...

ALL INCIDENTS

MOBILE PROPERTY

STRUCTURES

Investigation Report - Analyst's Comments

Task No. 961116000 1097 Regional Office NYCO  
Product Code 1217/0617 Investigator ID 8255  
Category SECT 15 1997 Hours Reported \_\_\_\_\_

Comments

- How did investigator receive data for investigation? By phone OR ON-SITE OR OTHER, please specify.
- How much time was put into investigation? Please specify on RA form? BOX #19.
- BOX 13 NEEDS THE WORDS "NO INJURY" TO APPEAR
- BOX 18 - Should have "OTHER-3" IF NO OTHER NUMBER CODE IS USED.
- BOX 17 - Respondent should read "SECOND-HAND INFO. - #3"

Reviewer ph

Date: 1/8/97

If you believe the identified deficiencies require contacting investigator/victim and requesting further information, please sign here.

Additional Information Requested

Signature

1. NAME OF RESPONDENT  
Sally Tata (fire marshal)

2. PHONE NO. (HOME) (WORK)  
wouldn't give 508-345-9672

3. STREET ADDRESS  
Fitchburg Fire Dept., 28 Oliver St.

4. CITY STATE ZIP CODE  
Fitchburg MA 01420

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES  
Respondent didn't have consumer's name, address and TEL# when this complaint was filed. Child climb onto a chair, removed lighter from the top of refrigerator, went into his bedroom, flicked lighter and ignited curtains. Mother doused flames with water. Fire was contained in bedroom and damages unknown. Child was uninjured.  
-cont-

6. DATE OF INCIDENTS  
2/29/96

7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY:  
4 Y/M  
none

8. IF VICTIM DIFFERENT FROM RESPONDENT; PROVIDE NAME none  
RELATIONSHIP  
consumer's son

9. DESCRIPTION OF PRODUCT  
all-purpose hard plastic butane lighter

10. BRAND NAME  
Scripto-Tokai Corp. Aim N-

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE  
unknown, made in Mexico  
unknown  
unknown  
unknown  
Scripto-Tokai Corp.  
unknown  
Fontanta, CA 92337

12. MODEL, SERIAL NUMBERS  
Flame/M# unk./5"-6" long/black & red

13. DEALER'S NAME, ADDRESS & PHONE  
unknown

*CPSA 6 (b)(1) Cleared*  
*No Mfrs/Prvtlbrs or Products Identified*  
*Excepted by ANPR*  
*Firms Notified.*  
*Comments Processed.* *AM 6/30/97*

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:

15. PRODUCT PURCHASED NEW x USED  
DATE PURCHASED unknown AGE unknown

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: see narrative

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x  
IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?

18. IS THE PRODUCT STILL AVAILABLE? YES x NO  
IF NOT, ITS DISPOSITION

19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED  
03/01/96

21. RECEIVED BY (NAME & OFFICE)  
ldm/HL

22. DOCUMENT NO.  
H9630002A

23. FOLLOW-UP ACTION  
*961016 CCH 5697*

24. PRODUCT CODE(S)  
1247 *edit*

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE  
CCH 3/4/1996 *0617*

CONSUMER PRODUCT INCIDENT REPORT

H9630002A

Narrative Continued

Warnings: "Failure to follow instructions could result in burn injury. Danger-lighter contains butane gas under pressure extremely flammable. Don't use near fire or flame. Caution-don't puncture, incinerate or expose to temperature above 120 degrees F. Keep and store away from children."

Respondent feels lighter should be child-resistant and she thinks it is disposable.

Distributor phone #: unknown

CPSC Source: FD

96 DEC 1996

1. CASE NUMBER 961016CCC5699		2. INVESTIGATOR'S ID 8057		3. OFFICE CODE 8 0 0		<b>EPIDEMIOLOGIC INVESTIGATION PORT</b>	
4. INCIDENT DATE YR MO DAY 96 09 15		DATE IDI INITIATED		YR MO DAY 96 10 28			
6. SYNOPSIS OF INCIDENT OR COMPLAINT A 3 year old male, using a butane powered barbeque lighter ignited the bedding in his mother's apartment. His mother, 27 years old, received 2nd degree burns on her leg and foot in her unsuccessful attempt to put out the flames that destroyed her apartment. The lighter and bedding was discarded.							
7. LOCATION Apartment 10		8. CITY St. Augustine			9. STATE Florida FL		
10A. FIRST PRODUCT Barbeque lighter Butane Powered 1247			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown				
10B. SECOND PRODUCT Bedding 4002			11B. TRADE/BRAND NA EL NUMBER, MANUFACTURER & ADDRESS Unknown				
12. AGE OF VICTIM 027		13. SEX Female		14. DISPOSITION 2 Treated & Released 01		15. INJURY DIAGNOSIS Thermal burns 51	
16. BODY PART Foot 83		17. RESPONDENT(S) Victim 1		18. INVESTIGATION TYPE Other 3		19. TIME SPENT 10.0	
20. ATTACHMENTS fire report 2		21. CASE SOURCE Newsclip 5		22. REVIEWED BY 8 3 4 2		YR MO DAY 96 12 10	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>							
				25. REGIONAL DIRECTOR REVIEW		DATE 12-10-86	
(USE ADDITIONAL SHEETS IF NECESSARY)							

CPSC FOR NO. 182 (Revised 10/93)(Adapted for WP for Windows & HP Laserjet III Printer 10/93)

MFR/PRVLBR NOTIFIED  
 No Comments made  
 Comments attached  
 Excisions/Revisions  
 Firm has not requested further notice

CPSA 6 (b)(7) Cleared  
 25c  
 No Mfrs/Prvlbrs  
 Products Identified  
 Excepted by ANPR  
 Firms Notified  
 Comments Processed  
 6/30/97

**SYNOPSIS:**

A 3 year old male, using a butane powered barbecue lighter, ignited the bedding in his mother's apartment. His mother received second degree burns on her leg and foot in her unsuccessful attempt to put out the flames that destroyed her apartment.

The lighter and bedding was discarded following the fire.

**PRE-INCIDENT:**

The respondent (victim and mother of the three year old child) stated she was on the front porch just prior to the incident. She stated her 3 year old son asked to go into the apartment to use the bathroom facilities. The respondent stated that at that time she did not know that her son had apparently found a barbecue type lighter and had taken it into the house.

The respondent stated there was nothing out of the ordinary on the day of the incident and she stated that her son was a normal, healthy, active child and not using any medication.

The respondent stated she had a kitchen and grease fire recently, and in the aftermath of the grease fire, somehow the battery powered smoke detector that was in the apartment at the time had been taken down and was no longer operative, either because of damage from the previous grease fire, or lack of batteries. At the time of the current fire, the victim had no operative smoke detector in the apartment.

At the time of the incident, the 3 year old child was inside the apartment, while the respondent was on the porch.

**INCIDENT:**

The respondent advised the Fire Marshall that her son had ignited the bed with a cigarette lighter. In subsequent telephone conversations with both the Fire Marshall and the respondent, I was informed that the actual device was not a cigarette lighter, but a butane powered lighter of the type that would be used to ignite a barbecue fire.

The Fire Marshall's report indicates that the fire damage was confined to the master bedroom with heavy heat and smoke damage throughout the apartment. The dresser and night stand were lightly charred on the sides facing the bed. The Fire Marshall stated that there were no smoke detectors in the apartment.

The respondent stated that her son had been seen earlier with the lighter, and that his grandmother had taken the lighter away from him and placed it on top of the dresser.

It was not determined how the 3 year old male was able to retrieve the lighter and operate it to ignite the bedding. The volunteer Fire Department responded limiting the fire damage to the bedroom, was smoke and heat damage throughout the apartment.

**INJURED PERSONS AND PRODUCTS INTER REACTIONS:**

The respondent, a 27 year old female, received 2nd degree thermal burns to her leg and foot in her unsuccessful attempts to put out the fire. As a result of her injuries, the respondent was taken to a local hospital where she was treated and released. A long term prognosis for the respondent is that she will eventually, fully recover from the incident.

Respondent stated that she has no confidence reducing factors.

The apparent cause of the ignition was the 3 year old male using a butane powered barbecue type lighter to ignite bedding. The Fire Marshall and the respondent stated that the lighter was not child-resistant.

The respondent stated that her son entered the apartment and came out a short time later when smoke was emanating from the apartment. It appears it was only minutes from the time of ignition to the time the respondent, who was on the front porch, became aware of the smoke and the fire. The fire alarm came in at approximately 7:51 PM.

The respondent is a renter in this apartment complex.

**DESCRIPTION OF MATTRESS:**

The respondent stated that the mattress was a king-size mattress that she had purchased used. She did not provide any other information on the mattress itself. She had previously stated, the mattress has been discarded, along with the lighter.

The age of the used mattress was not determined, consequently it could not be determined if the mattress would meet the Federal Requirements.

**SAMPLES COLLECTED:**

None.

961016 CCC 5699

Page 3

**EXHIBITS:**

The following exhibits are attached:

1. Copy of the Fire Marshall's Report.

Also as a part of this report is a copy of the Assignment and Completed Investigational Guideline attachment A. 10 of 12 through 12 of 12 only.

**INCIDENT REPORT**  
St. Johns County Fire Service

961060005699  
EXHIBIT 1

NFIRS-1

1/6

DELETE  
 CHANGE

<b>A</b>	FDID 20151	INCIDENT NO 96-007877	EXP NO 00	MO 09	DAY 15	YR 96	DAY OF WEEK Sunday	ALARM TIME 18:51:00	ARRIVAL TIME 18:53:00	IN SERVICE 20:20:00		
<b>B</b>	TYPE OF SITUATION FOUND Structure Fire						TYPE OF ACTION TAKEN Extinguishment			MUTUAL AID <input type="checkbox"/> Recd <input type="checkbox"/> Given		
<b>C</b>	FIXED PROPERTY USE Aptmnt/Tenement/Flat						IGNITION FACTOR Children With, Child Playing			38		
<b>D</b>	CORRECT ADDRESS [REDACTED]											
<b>E</b>	OCCUPANT NAME Flagler Village						CO. SJ	TWN	ZIP CODE 32095	CENSUS TRACT		
<b>F</b>	OWNER NAME Service Tayler Made Inc.						ADDRESS [REDACTED]			TELEPHONE [REDACTED]	ROOM/APT NO E-16	
<b>G</b>	METHOD OF ALARM FROM PUBLIC Telephone Tie Line			7	TYPE OF ALARM Regular			1	DISTRICT 140	SHIFT	STATION 14	NO. ALARMS 1
<b>H</b>	R11 USED Undetermined / Not	9	PERSONNEL RESPONDED 028		ENGINES RESPONDED 005		AERIAL APPARATUS 000		OTHER VEHICLES 005			

ALL INCIDENTS

<b>I</b>	NUMBER OF INJURIES FIRE SERVICE 000	OTHER 001	NUMBER OF FATALITIES FIRE SERVICE 000	OTHER 000
----------	--	-----------	--	-----------

CASES

<b>J</b>	COMPLEX Apartment Complex	42	MOBILE PROPERTY TYPE Not Applicable	08		
<b>K</b>	AREA OF FIRE ORIGIN Sleeping Room < 5 People	21	EQUIPMENT INVOLVED IN IGNITION No Equipment Involved	98		
<b>L</b>	FORM OF HEAT OF IGNITION Lighter	46	TYPE OF MATERIAL IGNITED Not Classified	79	FORM OF MATERIAL IGNITED Bedding, Blanket, Sheet	32
<b>M</b>	METHOD OF EXTINGUISHMENT Preconnect W/Tank Water	5	LEVEL OF FIRE ORIGIN 10-19 Feet	2	ESTIMATED LOSS 10,000	ESTIMATED VALUE 300,000

ALL FIRES

<b>N</b>	NUMBER OF STORIES Two Stories	2	CONSTRUCTION TYPE Unprotected Ordinary	6	
<b>O</b>	EXTENT OF FLAME DAMAGE Room Of Origin	3	EXTENT OF SMOKE DAMAGE Structure Of Origin	8	
<b>P</b>	DETECTOR PERFORMANCE No Detectors Present	8	SPRINKLER PERFORMANCE No Equipment	8	
<b>Q</b>	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE Fabric/Textile/Fur	70	AVENUE OF SMOKE TRAVEL Corridor	2
<b>R</b>		FORM OF MATERIAL GENERATING MOST SMOKE Furniture (not Classified)			29

STRUCTURE

<b>S</b>	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
<b>T</b>	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

[X] CHECK IF COMMENTS

<b>U</b>	OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) Earl Sparrow	DATE 09/17/96
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) Frank McElroy	DATE 09/17/96

**RESPONDING PERSONNEL**  
**St. Johns County Fire Service**

961016 CCC 5679

2/6

FDID	INCIDENT NO	EXP NO	MO	DAY	YR	DAY OF WEEK	ALARM TIME
20151	96-007877	00	09	15	98	Sunday 1	18:51:00

STAFF ID	NAME	ACTIVITY CODE	PAY SCL	HRS	HRS PD	POINTS
101609335	LERCARI, STEVEN G	FS Fire, Standby at Station		1.50	0.00	0.00
737000370	MEISTER, WILLIAM JR A	FS Fire, Standby at Station		1.50	0.00	0.00
218802563	MANGES, STEVEN S	FS Fire, Standby at Station		1.50	0.00	0.00
1500807	BONCK, HEATHER J	FX Fire At Scene		1.50	0.00	0.00
328744893	GENTRY, SCOTT A	FX Fire At Scene		1.50	0.00	0.00
264452834	GORDON, JOSEPH L	FX Fire At Scene		1.50	0.00	0.00
263494636	CAUSEY, DAVID G	FX Fire At Scene		1.50	0.00	0.00
252357479	SARA, MATTHEW J	FX Fire At Scene		1.50	0.00	0.00
264312350	TABB, MICHAEL I	FX Fire At Scene		1.50	0.00	0.00
595016064	GALLATIN, MICHAEL E	FX Fire At Scene		1.50	0.00	0.00
266673415	USINA, ROY O	FX Fire At Scene		1.50	0.00	0.00
252578689	ASKEW, TIMOTHY, III. R	FX Fire At Scene		1.50	0.00	0.00
262569535	ALSOBROOK, ALAN H	FX Fire At Scene		1.50	0.00	0.00
369942467	COURTER, ALEXANDER R	FX Fire At Scene		1.50	0.00	0.00
20574	BRADSHAW, CAROL	FX Fire At Scene		1.50	0.00	0.00
20188	McELROY, FRANCIS J	FX Fire At Scene		1.00	0.00	0.00
261359998	ELFE, HENRY	FX Fire At Scene		1.50	0.00	0.00
265199950	SPARROW, WILLIE E	FX Fire At Scene		1.50	0.00	0.00
593642808	RUFF, JOHN M	FX Fire At Scene		1.50	0.00	0.00
262911974	CHAMBERS, JEROME, JR.	FX Fire At Scene		1.50	0.00	0.00
263898113	PRENKIFWICZ, ANTHONY J	FX Fire At Scene		1.50	0.00	0.00
267855174	HICKS, VICKIE M	FX Fire At Scene		1.50	0.00	0.00
263354742	CUMBIE, ALAN L	FX Fire At Scene		1.50	0.00	0.00
593347363	HINES, MICHAEL C	FX Fire At Scene		1.50	0.00	0.00
313744956	GRABERT, MARCUS W	FX Fire At Scene		1.50	0.00	0.00
88541472	HELLMAN, DAVID J	FX Fire At Scene		1.50	0.00	0.00
20504323	ROGERS, JEFFREY D	FX Fire At Scene		1.50	0.00	0.00
295723455	BABCOCK, DAVID, JR R	FX Fire At Scene		1.50	0.00	0.00

TOTAL PARTICIPANTS: 28

TOTAL MAN HOURS: 41.50

4/6

# INCIDENT REPORT

## St. Johns County Fire Service

A

FDID	INCIDENT NO	FXP NO	MO	DAY	YR	DAY OF WEEK	ALARM TIME
20151	96-007877	00	09	15	96	Sunday 1	18:51:00

961016 CCC 5699

**NARRATIVE**

Fire occurred in Unit 16, Building E, Flagler Village apartments. On arrival VFD found fire confined to one unit. Fire was extinguished with pre-connect hoselines, and building was ventilated with positive pressure ventilation. The mattress and bedding were removed to the ground outside for complete extinguishment.

Fire Inspector Carol Bradshaw spoke with the tenant, [REDACTED], who stated that she had been sitting on the steps when her three year old son went back into the apartment to use the bathroom. After he came back out she noticed smoke in the living room and discovered a fire in the master bedroom. [REDACTED] advised that her son had ignited the bed with a cigarette lighter.

I examined the apartment, and found heavy heat and smoke damage throughout. The flame damage was confined to the master bedroom. The dresser and nightstand were lightly charred, on the sides facing the bed. No electrical appliances were near the area of origin (bed), and there was no evidence of any accelerant. A partially melted lighter of the type used to light barbeque grills ("Aim N Flame") was found stuck to the carpeting between the bed area and the dresser. The dresser was against the east side of the room, near the doorway.

The apartment did not have a smoke detector in place, and no sprinkler system existed. Several fire extinguishers were noted on the ground outside the unit.

I spoke with Ronald E. Sapp III with his mother present, and he stated that he lit the bed on fire using a lighter. He identified the lighter that was found on the floor. His grandmother stated that the lighter was one she had placed on the dresser.

Deputy Brentley (sp?), SJSO, was on scene and was advised of the fire cause and origin.

09/16/96 14:05 Frank McElroy

Fire personnel responded changed from 20 to 28 and Station 12's personnel added to staff activity this date.

09/18/96 08:37 Frank McElroy

961016CCC5699



# INVESTIGATION GUIDELINE

## Attachment A

Data Recording Sheet for Mattress/Bedding Fires  
(To be attached to CPSC Form 182, Epidemiologic Investigation Report  
along with a copy of the Fire Incident Report)

Task Number 961016CCC5699 Incident Date 9/15/96

### A. MATTRESS DESCRIPTION:

1. Mattress surface type:

- /  Quilted
- /  Smooth
- /  Tufted
- /  Other \_\_\_\_\_
- Unknown

2. Material directly under surface ticking:

- /  Polyester fiberfill
- /  Polyurethane foam
- /  Cotton batting
- /  Other \_\_\_\_\_
- Unknown

3. Pre- or post-standard construction (estimate to the extent possible):

- /  Pre-standard
- /  Post-standard
- /  Other \_\_\_\_\_
- Unknown

4. Purchased:

- /  New
- /  Used. If used, specify how obtained (e.g. garage sale, etc.): \_\_\_\_\_
- /  Unknown

5. Date mattress purchased: JNT Mattress age: \_\_\_\_\_

6. Manufacturer/distributor/brand: UNKNOWN



# INVESTIGATION GUIDELINE

## E. DETECTION OF FIRE

11. Detector (smoke, heat, c.d., sprinkler) present?

Yes; specify type: BATTERY POWERED HAD BEEN DISCONNECTED AFTER PRIOR KITCHEN GREASE FIRE  
 No  
 Unknown

12. Detector went off (alarmed)?

Yes  
 No; possible reasons why not NO BATTERY OR ABOVE  
 Unknown

13. About how soon was the fire discovered after it started?

ESTIMATED 2 MINUTES

## F. VICTIM(S)

NONE Number of Deaths      ONE Number of Injuries

## G. SOCIO-ECONOMIC DATA:

14. Education level of head of household:

Less than high school  
 High school  
 Some college  
 Unknown

15. Total household income: \$

\$15,000  
 \$15,000 - \$34,999  
 \$35,000 +  
 Unknown

16. Approximate home market value: \_\_\_\_\_

Rent  
 Own  
 Unknown

General Description: Provide general description, including all other relevant factors and information in the investigation report.

961016 CCC 5699  
EHHA

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: N96A 0136A

DATE OF INCIDENT: 9/15/96 CATID: CARM07 1996/7

FOLLOW-UP REQUESTED HAZARD ANALYSIS ( ) CRM

TYPE FOLLOW-UP TELEPHONE ( ) ON-SITE (X)

HEADQUARTERS CONTACT: Michael Bogumill 504-0400 x1368  
Backup: Bob Poth 504-0400 x1375

ASSIGNMENT MESSAGE: For any child playing with fire involving a cigarette lighter. Determine the model and manufacturer's name, type of lighter (refillable/disposable and fluid/butane), operating mechanism, age of child who operated the lighter, and accident scenario. Describe operating mechanism in detail and collect lighter, if possible.

The new regulation requiring disposable butane lighters and all novelty lighters to be child-resistant went into effect in July 1994.

Person(s) to Contact: Fire Marshal Frank McElroy  
Parent / Grandmother

74

Guidelines: Appendix 45

Task Number: 961016 CCC 5699 Date: 9610

Assigned to: NYCO Requested by: J. LANSING

  
CLIPPING BUREAU  
OF FLORIDA  
800-442-0332

ST. AUGUSTINE  
RECORD  
ST. AUGUSTINE  
DAILY - 18,000  
SEP 16, 1996

N96A-0136A

ISSUE 3

OCT 16 1996

9/16/96

# Tot causes fire in Flagler Village apartment Sunday

A 3-year-old boy playing with a cigarette lighter set a Flagler Village apartment afire Sunday evening.

According to St. Johns County Fire Marshal Frank McElroy, the boy's parents were sitting outside their second-story apartment when the tot went inside the master bedroom and set the bedding on fire with a lighter.

The bedroom was gutted by the ensuing blaze, McElroy said, and there was heat and smoke damage to the other rooms in the apartment. Two adjacent apartments also received minor smoke and water damage, McElroy said. Damage was estimated at \$15,000.

9/10/96 CLC 5699

TC  
CD  
CERY  
Mike  
B

Investigation Report - Analyst's Comments

Task No. 961016CCC5699 Regional Office NYCO  
Product Code 1247/4002 Investigator ID 8057  
Category CARM 071997 Hours Reported 10

Comments

Under Pre incident state that she did not know son found a Barbecue type lighter.

Under incident it state her son had been seen earlier with the lighter.

only the first sentence under incident belong. The remainder of paragraph & page belong Under Post.

Reviewer M Wade Date 12-17-96

If you believe the identified deficiencies require contacting investigator/victim and requesting further information, please check the box and sign here.

Signature



1. CASE NUMBER 961016CCC5701			2. INVESTIGATOR'S ID 3359		3. OFFICE CODE 800		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>		
4. INCIDENT DATE YR MO DAY 96 09 12			5. DATE IDI INITIATED 96 10 29						
6. SYNOPSIS OF INCIDENT OR COMPLAINT  The fire investigator stated that a 3-year-old male was playing with a (barbecue) igniter while on a bed. The bedding caught fire and soon involved the entire bedroom. There were no injuries or deaths associated with this incident.  CPSA & (b)(7) <sup>25C</sup> No Mfrs/Prvtlbrs on Products Identified <b>ANPR</b> Exempted by <b>pm 6/30/97</b> Firms Notified, Comments Processed.									
7. LOCATION Apartment 10			8. CITY Danbury			9. STATE CT			
10A. FIRST PRODUCT Igniter			1285		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown				
10B. SECOND PRODUCT General Bedding			4054		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown				
12. AGE OF VICTIM No Injury 999		13. SEX No Injury 9			14. DISPOSITION No Injury 0		15. INJURY DIAGNOSIS No Injury 70		
16. BODY PART No Injury 99		17. RESPONDENT(S) Fire Invest. 03			18. INVESTIGATION TYPE Telephone 02		19. TIME SPENT 5.0		
20. ATTACHMENTS Fire Report 2		21. CASE SOURCE Newspaper 05			22. REVIEWED BY 8342		YR MO DAY 96 11 08		
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>									
24. NARRATIVE (See Instructions on Page 2)					25. REGIONAL DIRECTOR REVIEW  DATE 11-15-96				

(USE ADDITIONAL SHEETS IF NECESSARY)

W96A0128A

**NOTE:**

The information contained in this report was compiled from the attached report #963539 from the Danbury, Connecticut Fire Department (Exhibit 1).

**PRE-INCIDENT:**

Just prior to the incident a 3-year-old male was watching television in an upstairs bedroom. The child found an igniter in the bedroom and was playing with it. At the time of the incident the apartment was occupied by the 3-year-old male and his older female cousin, who was watching him. The resident of the apartment (the boy's mother) told this investigator that she did not purchase the igniter. She added that the igniter was left at her apartment by a friend or family member. The boy's mother stated that the igniter was used to light a barbecue grill and was usually stored out of the reach of the children.

**INCIDENT:**

The fire investigator stated that it is believed that the 3-year-old male was playing with the igniter while watching TV from the bed. It is unclear exactly how the fire started but the evidence seems to indicate that the 3-year-old male accidentally started the fire by touching the lit igniter to the bedding..

**POST INCIDENT:**

The fire was contained to the master bedroom and all occupants of the apartment were able to escape without injury. The fire report seems to indicate that there was no smoke detector in the bedroom, but that a smoke detector in another part of the apartment did alarm. There were no photographs taken by the fire department.

Although the fire report lists the ignition factor as "child playing with lighter" the fire investigator stated to this investigator that the source of ignition was an igniter with a neck of approximately 5 in. in length. He also stated that the source of ignition was NOT a standard disposable cigarette lighter. He added that the fire department's computer system does not have a code for igniter so "child playing with lighter" was used.

**PRODUCT:**

The product involved in this incident was a barbecue grill igniter. The manufacturer is unknown. The place of purchase is unknown. The igniter was discarded after the incident.

961016CCC5701

Page 2

**EXHIBITS:**

Exhibit 1: Danbury, CT Fire Department Report #963539

961016CCC 5701

Exhibit 1

INCIDENT REPORT  
DANBURY FIRE DEPT.

A		FDID	INCIDENT NO	EXF	MO	DAY	YEAR	DAY OF WEEK	ALARM TIME	ARRIVAL TIME	TIME IN SERVICE	1 2	DELETE CHANGE
		03040	1963539	00	09	12	196	Thursday 5	09:25	09:29	10:23		
B		TYPE OF SITUATION FOUND			TYPE OF ACTION TAKEN				MUTUAL AID				
		Structure fire 11			Extinguishant 1				REC'D 2 GIVEN				
C		FIXED PROPERTY USE			IGNITION FACTOR								
		3-6 apartment units 422			CHILD PLAYING W/LIGHTER 36								
D		CURRENT ADDRESS			ZIP CODE				CENSUS TRACT				
		[REDACTED]			06810								
E		OCCUPANT NAME (LAST, FIRST, MI)			TELEPHONE				ROOM OR APT				
		[REDACTED]			[REDACTED]				[REDACTED]				
F		OWNER NAME (LAST, FIRST, MI)			ADDRESS				TELEPHONE				
		[REDACTED]			[REDACTED]				[REDACTED]				
G		METHOD OF ALARM FROM PUBLIC			CO. INSPECTION DISTRICT				SHIFT		NO. ALARMS		
		Phone direct to FD 1			E22				B		11		
H		NO. FIRE SERVICE PERSONNEL RESPONDED		NO. ENGINES RESPONDED		NO. AERIAL APPARATUS RESPONDED		NO. OTHER VEHICLES RESPONDED					
		15		3		1		2					
I		NUMBER OF INJURIES FIRE SERVICE		OTHER		NUMBER OF FATALITIES FIRE SERVICE		OTHER					
J		COMPLEX			MOBILE PROPERTY TYPE								
		Apartment complex 42			Mobile property type n/a 8								
K		AREA OF FIRE ORIGIN			EQUIPMENT INVOLVED IN IGNITION								
		Sleeping ra for < 5 pers. 21			Other object, unclass. 99								
L		FORM OF HEAT OF IGNITION			TYPE OF MATERIAL IGNITED				FORM OF MATERIAL IGNITED				
		Lighter 46			Cotton or rayon 72				Bedding/blank/sh 32				
M		METHOD OF EXTINGUISHMENT			LEVEL OF FIRE ORIGIN				ESTIMATED LOSS (DOLLARS ONLY)				
		Hose precon. to tank 5			120-29' above ground 3				10000.00				
N		NUMBER OF STORIES			CONSTRUCTION TYPE								
		2 stories. 2			Unprotected wood frame 8								
D		EXTENT OF FLAME DAMAGE			EXTENT OF SMOKE DAMAGE								
		Part of ra/area of origin 2			Floor of origin 5								
P		DETECTOR PERFORMANCE			SPRINKLER PERFORMANCE								
		Not at origin, operated 2			No equipment present 8								
Q		IF SMOKE SPREAD BEYOND ROOM OF ORIGIN			TYPE OF MATERIAL GENERATING MOST SMOKE				AVENUE OF SMOKE TRAVEL				
					Cotton or rayon 72				Corridor 2				
R					FORM OF MATERIAL GENERATING MOST SMOKE								
					Bedding/blank/sh 32								
S		IF MOBILE PROPERTY			YEAR MAKE		MODEL		SERIAL NO.		LICENSE NO.		
T		IF EQUIPMENT INVOLVED IN IGNITION			YEAR MAKE		MODEL		SERIAL NO.				
U		<input type="checkbox"/> Check if comments on reverse side											
		OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT)								DATE			
		KENNETH H. HOTTEG, LIEUT.								09/12/96			
		MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)								DATE			
		ALAN SCHACHT 0033, FIRE MARSHAL								09/12/96			

961016 CCC 5201

REMARKS

DANBURY FIRE DEPT.

For Incident: 963539 Exposure: 00 DATE: 09/12/96 TIME: 09:25

Child playing with lighter (propane) in second floor bedroom. Fire contained mostly to sheets and blankets on bed and head board, small part of the wall.  
 \*\*\*\*\*  
 I WAS CALLED TO THE SCENE OF THIS FIRE AND ARRIVED AT APPROXIMATELY 0940 HRS. THE OCCUPANT OF THE APARTMENT, [REDACTED] WAS NOT HOME AT THE TIME OF THE FIRE, HOWEVER, HER NEICE [REDACTED] WAS HOME AND WAS BABYSITTING FOR HER COUSIN [REDACTED] WHO IS 3 YEARS OLD. IT SEEMS THAT 3 YEAR OLD [REDACTED] WAS UPSTAIRS IN THE FRONT BEDROOM WATCHING TV WHEN HE APARENTLY FOUND A LIGHTER AND BEGAN PLAYING WITH IT AROUND THE BED. HE ACCIDENTALLY IGNITED THE CONFORTER ON THE BED AND RAN TO HIS BEDROOM SCREAMING FOR HIS COUBIN. HIS COUSIN [REDACTED] WAS LYING ON THE COUCH IN THE LIVINGROOM ON THE FIRST FLOOR AND HEARD [REDACTED] SCREAM, WHERE UPON SHE RAN UPSTAIRS AND SAW THE FIRE BURNING ON THE BED. SHE WENT TO THE UPSTAIRS BATHROOM AND RAN SOME WATER INTO A PAN AND ATTEMPTED TO PUT OUT THE FIRE HERSELF. FAILING THIS SHE GRABBED [REDACTED] AND EXITED THE HOUSE AFTER CALLING 911 AND REPORTING THE FIRE. INTERVIEWS WITH [REDACTED] AND [REDACTED] CONFIRMED THE ACCIDENTAL ORIGIN OF THIS FIRE AND WITH THE HELP OF THE RED CROSS AND DANBURY HOUSING AUTHORITY, TEMPORARY HOUSING WAS ARRANGED FOR THE OCCUPANTS OF [REDACTED] THE OCCUPANTS OF 10 AND 14 [REDACTED] WERE TEMPORARILY WITHOUT POWER DURING THE FIRE, HOWEVER POWER WAS RESTORED WITH THE HELP OF ELECTRICAL INSPECTOR MOFFA.

FRANCIS X. CURRAN  
 DEPUTY FIRE MARSHAL

961016CC 5701

City of Danbury  
**Fire Department**  
**Fire Prevention Bureau**  
19 New Street  
Danbury, Ct. 06810  
Phone (203) 796-1541  
Fax (203) 796-1533

**FAX** 203-796-1561

Outgoing FAX #

**To:** U.S. CONSUMER PRODUCTS SAFETY COMMISSION  
ATTN - WILLIAM KENNEDY, INVESTIGATOR  
**From:** DEPUTY FIRE MARSHAL FRANCIS X. CURRAN  
**Date:** 10/28/96 0925 hrs.  
**Re:** STRUCTURE FIRE #963539 - FIRE CAUSED  
BY LIGHTER

Message:

Incident Report for Fire which occurred  
ON SEPT. 12, 1996 at #12 [REDACTED]

Lighter WAS RECOVERED but NOT SEIZED OR  
PHOTOGRAPHED, HOWEVER it WAS SIMILAR + CONSISTENT  
WITH a charcoal grill igniter with a LONG  
NECK.

*Pell Kennedy*  
*pl, flw*  
*4310/10*

ACCIDENT INVESTIGATION REQUEST

DOCUMENT NUMBER: *N96 A 0128A*  
DATE OF INCIDENT: *9/12/94* CATID: CARMO  
FOLLOW-UP REQUESTED HAZARD ANALY  
TYPE FOLLOW-UP TELEPHONE (  
HEADQUARTERS CONTACT: Michael Bogumill 504-  
Backup: Bob Poth 5

ASSIGNMENT MESSAGE: For any child playing with  
cigarette lighter. Determine the model and  
type of lighter (refillable/disposable and fluid  
mechanism, age of child who operated the  
scenario. Describe operating mechanism in  
lighter, if possible.

The new regulation requiring disposable butane  
novelty lighters to be child-resistant went  
1994.

Person(s) to Contact: *Deput Five Mars*  
*Cora Brandon*

Guidelines: Appendix 45

Task Number: Date: *9610*  
*961014 CCC 5701*  
Assigned to: *NYCO* Requested by: *J*

TE 220  
OERM  
MIKE B.

N96A-0128

ISSUE

OCT

NEWS-TINES  
DANBURY, CT  
DAILY 38,000

FRIDAY  
SEP 13 1996

BURRELLE'S

12  
..80c9

00  
\*\*\*\*\*



Deputy Fire Marshal Francis Curran said a fire yesterday at [redacted] in [redacted] started when a 3-year-old found a cigarette lighter and accidentally ignited a bed comforter.

Jim Thorne

9/12/94

941016 UCC 5701

LONG SKY

b.

961016 CCC 5701

## Child, baby sitter escape apartment fire

By Dave Dunleavy  
THE NEWS-TIMES 10/29/70

DANBURY — [REDACTED] was sitting downstairs yesterday morning inside an apartment at [REDACTED] when she heard screaming upstairs.

[REDACTED] raced up and grabbed her 3-year-old cousin, [REDACTED], before thick smoke enveloped the bedroom.

Responding to a call from a neighbor at 9:25 a.m., firetrucks with sirens blaring drove up the steep street, shattering the quiet morning. Wearing oxygen masks, firefighters went up to the second floor and into the smoke that poured from the apartment. Minutes later, they pulled a burning mattress out of the apartment and onto the front lawn, where the flames were put out.

Deputy Fire Marshal Francis Curran said [REDACTED] was upstairs watching television when he found a cigarette lighter and accidentally lit the bed comforter. He began screaming for his cousin, who was baby-sitting for her aunt, [REDACTED], the boy's mother.

Initially, [REDACTED] tried to throw water on the fire from the bathroom but soon realized it was fruitless. She carried the boy downstairs and called 911. She then wrapped the boy in a white cloth and ran outside in her bare feet.

Assistant Fire Chief Thomas Morris said people living in apartments attached to both sides of the accident scene were not aware there was a fire.

"They were looking out the window wondering why we were here," Morris said.

Several young children and two adults were evacuated from the adjacent units until the fire was under control.

Both families were allowed back inside, but the damaged unit is not habitable, Morris said. He said the American Red Cross will help the family until the damaged bedroom can be fixed and the sooty smell cleansed from the interior.

Standing outside, [REDACTED] said everything happened so fast. As she spoke, she held the boy, who rested his head gently on her shoulder.

ck!

1. CASE NO. 961021HWE5017	2. INVESTIGATOR'S ID [8][9][9][9]	3. OFFICE CODE [8][6][3]	<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
4. DATE OF INCIDENT YR MO DAY [9][6][0][9][2][1]	5. DATE INVESTIGATION INITIATED YR MO DAY [9][6][1][0][2][1]		

6. SYNOPSIS OF INCIDENT OR COMPLAINT  
 2 women were slightly injured trying to extinguish a fire started by a 2 year old boy playing with a BBQ lighter near a couch. The couch started on fire.

*CPSA 6 (b)(7) covered*

*25c*

No Mfrs/Prvt. lbrs  *AMR* /PRVLBR NOTIFIED *Jun 6/30/97*

Products Identified *AMR* No Comments made

Excused by *AMR* Comments attached

Firms Notified, *AMR* Excisions/Revisions

Complaints Processed *6/30/97* Firm has not requested

7. LOCATION (Home, school, etc.) home [1][0]	8. CITY Billings	9. STATE MT
---	---------------------	----------------

10A. FIRST PRODUCT BBQ lighter [1][2][4][7]	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown
--	--

10B. SECOND PRODUCT couch [0][6][7][9]	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown, man-made fiber
---	--

12. AGE OF VICTIM [0][0][2]	13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [1] UNKNOWN - 3	14. DISPOSITION no inj. [0]	15. INJURY DIAGNOSIS no inj. [7][0]
--------------------------------	---	--------------------------------	--

16. BODY PART no inj. [9][9]	17. RESPONDENT(S) (Mother, Friend) fire rept. [3]	18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [3] OTHER - 3	19. TIME SPENT [ ][6].[ ]
---------------------------------	--	---	------------------------------

20. ATTACHMENTS multi [9]	21. CASE SOURCE newspaper [0][5]	22. REVIEWED BY [9][0][3][5]	YR MO DAY [9][7][0][3][0][5]
------------------------------	-------------------------------------	---------------------------------	---------------------------------

23. PERMISSION TO DISCLOSE NAMES  
 (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [ x ]

24. NARRATIVE (See Instructions on Page 2)	25. REGIONAL OFFICE DIRECTOR REVIEW	DATE
--	-------------------------------------	------

Female victims suffered minor burns, age 40 on fingers, age 21 on lower arm.

(USE ADDITIONAL SHEETS IF NECESSARY)

Incident

The fire investigator believes that the victim went upstairs and took the BBQ lighter from the area of the stove. He took it to the rec. room to play. He lit the corner of the upholstered couch, starting a small fire. He left the room, closing the door behind him. The women started to smell smoke in the basement and began looking for the source.

The women found the couch on fire, extinguished the fire with blankets, fire extinguisher, and buckets of water.

Post Incident

The two women suffered minor burns putting out the fire and taking the couch outside to the yard of the home. Nobody else in the home was injured. The fire department was called at 12:27 p.m. on 9-21-96. 40 yr. old suffered 2 burned fingers on her right hand. 21 yr. old suffered a burn on her right arm trying to put out the couch fire, and on her hair when it caught fire also. Neither woman required hospitalization for their injuries.

Damage to the home was limited to the right front corner of the couch, the carpeting in the area of the fire, and water damage to the area. The couch was discarded after the fire. The fire investigator did find the BBQ lighter in the area where the couch fire started.

Product Information

The couch is described as a man-made fiber material. No further product information was in the report. The photos show a flower print fabric on the couch. The couch appears to have had skirting around the bottom edge of the frame. The cushions appear to contain foam.

The photographs do not show the BBQ lighter. The report only describes it as a flame type BBQ lighter. There is no further information about the age or brand of the lighter.

961021HWE5017  
Couch Fire  
Billings, MT

This incident was reported in a newspaper clipping. The information for this report is from the Billings Fire Department Investigation report. Photos were also provided by the fire department. The items involved in the incident were not collected as evidence by the fire department and were not available for sampling or examination. There was no product information in the fire report.

#### Pre-Incident

This incident occurred in Billings, MT. The home was owned by an elderly woman, age 68 (referred to as the owner). The single family home was made of wood, and had a basement recreation room. There were no smoke detectors in the home.

The owner had a 40 year old daughter (referred to in this report as 40 yr. old) living with her in the home. The 40 yr. old had 2 children, a girl age 21 (referred to as 21 yr. old), and a boy, age 17 (referred to as 17 yr. old). 21 Yr. old lived at another address, and had a baby, DOB 10-17-93 (referred to as the victim). It is not known where 17 yr. old lived.

The basement of the home is shown in the fire department photos. There appears to be wood paneling, carpet, and drapes in the room where the incident occurred. There was a couch in the rec. room as well as a TV and some other furniture. The report indicates that 40 yr. old had a bedroom down in the basement, and that there were doors to other rooms in the basement.

On the day of the incident, 21 yr. old and the victim had gone to the house to visit 40 yr. old. 17 yr. old was in the basement watching TV. It is not known where the owner was at the time of the incident. A BBQ lighter was near the stove in the upstairs kitchen just before the incident.

Just before the incident, 40 yr. old and 17 yr. old were in 40 yr. old's bedroom folding clothes. 17 yr. old was also in the basement, but not in the rec. room at the time. The victim was believed to be watching TV by himself.

961021HWE5017  
Couch Fire  
Billings, MT

Attachments

Attachment 1 Fire Department Photographs.

Attachment 2 Fire Department reports.

Attachment 3 Work assignment and copy of newspaper clipping about the incident.

Photo 1



Burns on 40 yr. old's right hand. She is grandmother of victim. Blisters on fingers.

Burns on 21 yr. old's right arm. 2nd degree burn to arm.

Photo 2

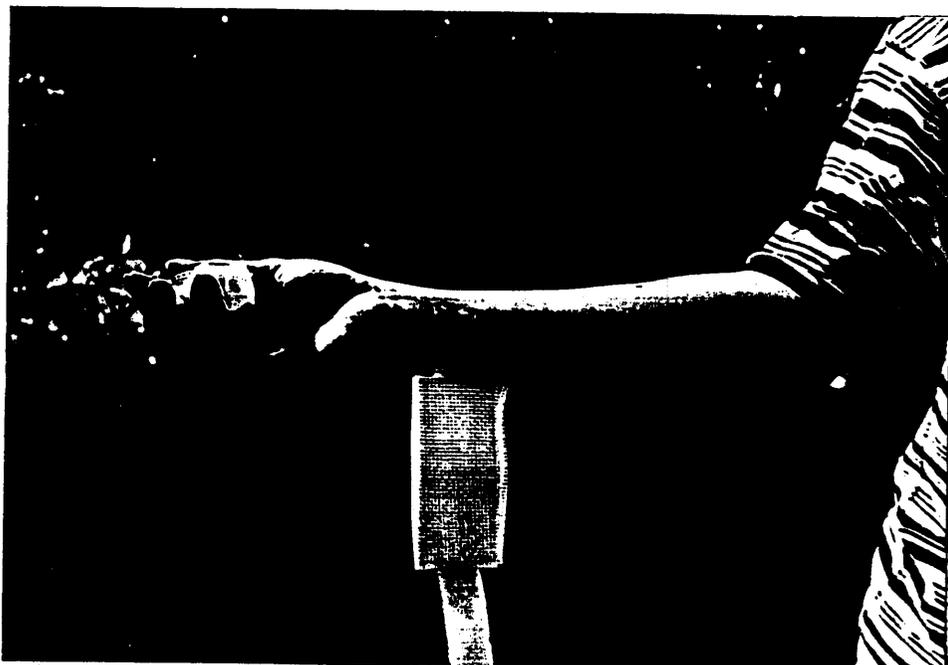


Photo 3

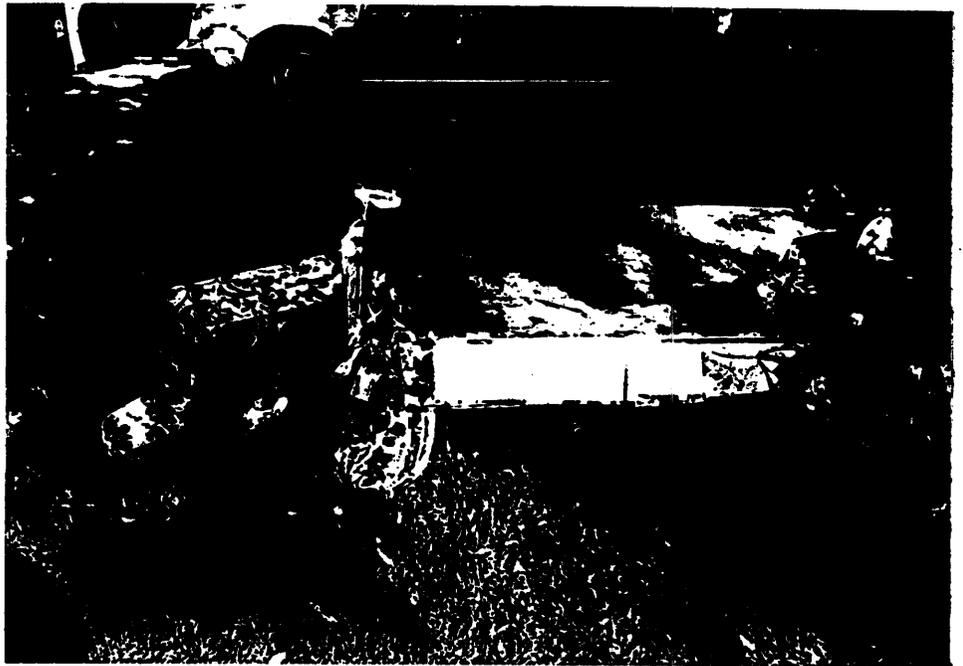


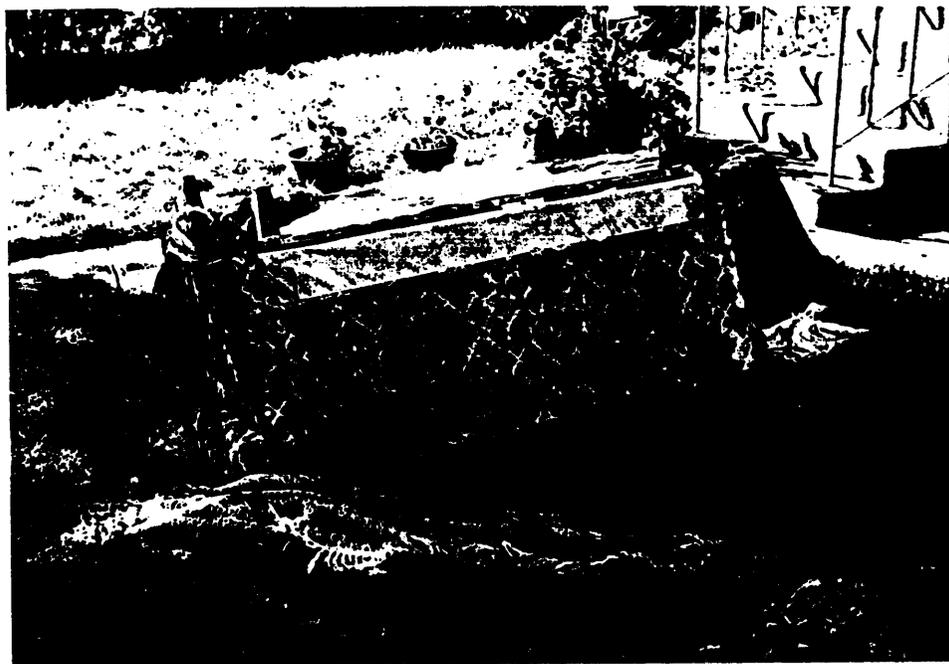
Photo of couch that child ignited in  
rec. room. Women carried it outside.

Burned cushion from couch. Bucket used  
to throw water on fire.

Photo 4



Photo 5



Blanket draped over back of couch.  
Used by women to try to extinguish  
fire.

Lower right front end of couch ignited  
by child using BBQ lighter.

Photo 6

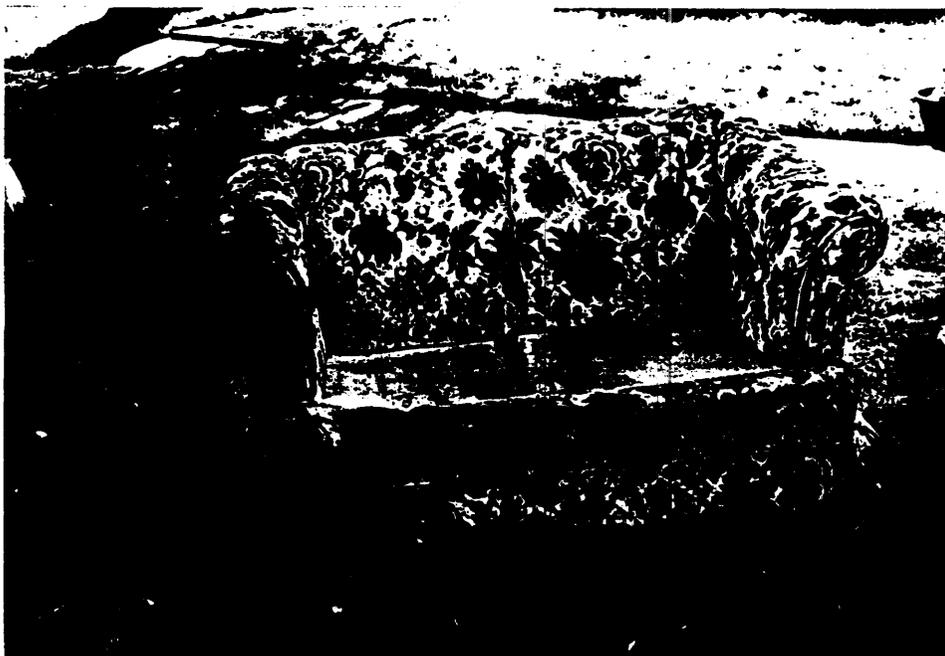


Photo 7



Photo 7 is another view of couch.

Photo 8

Photo shows rec. room where couch was located. Dry chemical from fire extinguisher used is visible in photo.

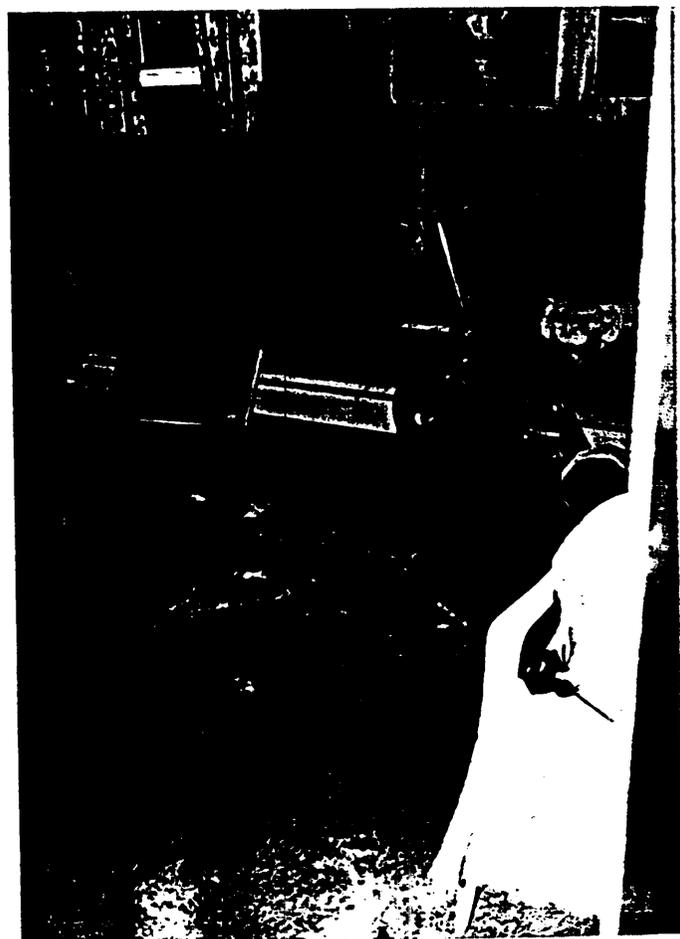


Photo 9



Photo shows where carpeting was burned.

TV the victim was watching just prior to starting the fire.

Photo 10



Photo 11



Photo 11 shows another view of the burned carpet where the fire started on the couch.

961021HWE5017  
Attachment 2

**BILLINGS FIRE DEPARTMENT  
BILLINGS, MONTANA 59101**

**INCIDENT INFORMATION**

INCIDENT NUMBER: 96-5724

ADDRESS: [REDACTED]  
ZONE:

DATE: September 21, 1996

TIME: 1550 hours

TYPE OF FIRE: Structure

FIRE REPORTED BY:  
PHONE: ADDRESS:

**PROPERTY INFORMATION**

PROPERTY OWNER: [REDACTED]  
PHONE: [REDACTED] ADDRESS: [REDACTED]

OCCUPANTS: [REDACTED] er and [REDACTED]  
PHONE: [REDACTED] ADDRESS: [REDACTED]

**INSURANCE INFORMATION**

INSURANCE COMPANY ON PROPERTY: State Farm  
AMOUNT: DAMAGE:

INSURANCE COMPANY ON CONTENTS: State Farm  
AMOUNT: DAMAGE:

MORTGAGE HOLDER: \_

ADJUSTER:

**CASE INFORMATION**

CASE SENT TO POLICE DEPARTMENT  
YES ( ) NO (X) POLICE OFFICER'S NAME:  
CASE NUMBER:  
INVESTIGATING OFFICER FIRE: Paul Gerber  
DATE: September 21, 1996

96102THWESD17

**INVESTIGATION REPORT**

SIZE OF BUILDING	WIDTH	LENGTH	HEIGHT
	YES	NO	
PHOTOS TAKEN	X		
DRAWING MADE		X	
EVIDENCE REMOVED		X	

ORIGIN OF FIRE: Couch in basement rec room

FIRE CAUSE: child playing with lighter

INJURED PERSONS:

OFFENSE: (ARSON) (ATT. ARSON) (FIRE BOMB) (EXPLOSIVE BOMB)  
(INVESTIGATION ONLY) (DEATH W/ATT ARSON) (ARSON FATALITY)  
(FATAL FIRE BOMB) (FATAL EXPLOSIVE BOMB) (FATAL FIRE INVEST.)  
(ACCIDENTAL) (OTHER)

STATUS: ACTIVE CLOSED CASE PENDING INACTIVE OTHER

MOTIVE: PROFIT CONCEALMENT JUVENILE/VANDALISM SPITE/REVENGE  
TERRORISM UNKNOWN VANITY OTHER

**INVESTIGATOR'S REMARKS:**

I was requested to investigate a fire at [REDACTED]. This home was owned by Delores Scherer (D.O.B. 11-25-28).

I observed actual fire damage to have been limited to one room in the basement, a "rec" room, where the television was located. The only fire involvement occurred to a small section of the carpet and to a couch which was eventually carried outside by [REDACTED] and [REDACTED] after flames emitting from the fabric and a cushion had been extinguished. I noted the odor of smoke throughout the house, but no smoke staining anywhere in the home.

My on-scene interviews were as follows:

NAME: [REDACTED]  
ADDRESS: [REDACTED]  
TELEPHONE #: [REDACTED]  
D.O.B. 5-23-56

- Was living with her mother, [REDACTED]
- [REDACTED] daughter, [REDACTED] e and [REDACTED]'s son, [REDACTED] came over to visit.
- Had been at the house 10 - 15 minutes when [REDACTED] and [REDACTED] smelled smoke.
- Opened a closed door to the rec room and noticed couch on fire.
- Tried to extinguish fire with buckets of water and fire extinguisher.
- Extinguished fire and carried couch outside.
- Grabbed cushion to put fire out with blanket.
- Burned 2 fingers on right hand.
- BBQ lighter was found by couch. Had been upstairs by stove.
- [REDACTED]'s son (17 years old) had been in basement at time of fire (was not in rec room).
- [REDACTED] and [REDACTED] were also in basement with [REDACTED] at time of fire.

NAME: [REDACTED]  
ADDRESS: [REDACTED]  
D.O.B. 5-19-75

- Folding clothes downstairs in her mother's bedroom when she smelled smoke.
- Opened rec room door and saw fire.
- Flipped blanket on couch to put out fire.
- In process, hair caught on fire.
- Burned right arm trying to put hair and couch fire out.
- Had turned on television in rec room for her son, [REDACTED] (D.O.B. 10-17-93), when they arrived at house.
- [REDACTED] brother, [REDACTED] had initially been in room with [REDACTED]

I have not been able to make contact with [REDACTED] to get a statement from him.

[REDACTED] promised me she would visit with her son and then call me about what her told here. I have not yet heard from her.

From my investigation of the scene and interviews conducted, I believe, at this time, the fire was accidental, caused by a child playing with a lighter. I feel [REDACTED] was playing with a BBQ lighter which he found upstairs by the stove. After igniting the couch, he left the room, closing the door behind him.

The point of origin for the fire was the right front, lower portion of the couch which was located in the basement rec room.

BILLINGS FIRE DEPARTMENT  
2305 8TH AVE NORTH  
BILLINGS, MONTANA 59101  
INCIDENT REPORT  
9/25/96

96102114WE 5017

INCIDENT NUMBER: 96-00005724      ALARM TIME: 15:50:40  
ALARM DATE: 9/21/96  
TIME CLEARED: 17:03:30

SITUATION TYPE: Structure Fire  
ACTION TAKEN: Investigation only  
IGNITION FACTOR: Children With, Child Playing

ADDRESS OF CALL: [REDACTED] VE

RESIDENT NAME: [REDACTED]  
PHONE NUMBER: [REDACTED]  
ADDRESS: [REDACTED] 4  
BILLINGS MT 59105

OWNER NAME: [REDACTED]  
PHONE NUMBER: [REDACTED]  
ADDRESS: [REDACTED]  
BILLINGS MT

DISTRICT: 4    SHIFT: B    EST. TOTAL DOLLAR LOSS: \$800

FIRE SERVICE INJURED: 0      CIVILIAN INJURED: 2  
FIRE SERVICE FATAL: 0      CIVILIAN FATAL: 0

AREA OF FIRE ORIGIN: Lounge Area

METHOD OF EXTINGUISHMENT: Make-Shift Aids

FORM OF HEAT IGNITION: Lighter (Flame Type)

TYPE OF MATERIAL IGNITED: Man-Made Fabric, Fiber, Finished Goods

FORM OF MATERIAL IGNITED: Upholstered Sofa, Chair, Vehicle Seats

EQP INVOLVED IN IGNITION: No Equipment Involved

YEAR: 0000    MAKE:      MODEL:  
SERIAL NUMBER:

MOBILE PROPERTY: Mobile Property Type Not Applicable

YEAR: 0000    MAKE:      MODEL:

VEHICLE STATE:      VEHICLE NUMBER:

REGISTRATION/LICENSE NBR:      ADDITIONAL VEH ID NBR:

OFFICER IN CHARGE: F026 HILL

OFFICER MAKING REPORT: F026 HILL





## memorandum

DATE: 10-21-91 961021 HWE 5017  
REPLY TO: JPD  
ATTN OF:  
SUBJECT: Work Assignment  
TO: TB

961021 HWE 5017  
Attachment 3

IDI 961021 HWE 5017 couch, Billings, MT

MIS: 12165

Consider this a special study case  
involving small flame ignition of upholstered  
furniture. Try to obtain a remnant of  
the product if still available. Thank you

MT

BUNN25

F96A-5016 A

961021 HWL 5017

Billings, MT  
(Yellowstone Co.)  
Gazette  
(Cir. D. 62,000)

SEP 22 1996

## Toddler uses lighter to <sup>3569</sup> start house fire

By JAN FALSTAD  
Of the Gazette Staff

A 3-year-old boy apparently playing with a lighter started a couch on fire at his parent's home at [REDACTED] off [REDACTED] about 4 p.m. Saturday.

The toddler's mother and grandmother suffered minor burns in trying to douse the fire with water and while carrying the couch outside.

Battalion Chief Dave Harris said four fire trucks responded and the blaze was extinguished with a hose from the residence. He said the fire caused about \$2,000 in fire damage to the den and in general smoke damage throughout the house.

Harris reminded all parents to pay attention to fire safety where infants are concerned.

"We obviously need to be cautious about where we put things that can start fires and we need to start training kids at a very early age that lighters and matches aren't something you play around with," he said.

Harris also said juveniles playing with matches may have started a fire in south-central Billings Saturday. He said one room at [REDACTED] was damaged. The structure was abandoned and was scheduled to be demolished.



19 FEB 1997

1. TASK NUMBER 961114CCC5051		2. INVESTIGATOR'S ID 8189		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. OFFICE CODE 800	4. DATE OF ACCIDENT YR MO DAY 96/09/30	5. DATE INITIATED YR MO DAY 96/12/03		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT <span style="float: right;">UPC</span> A four year old male child awoke before his parents. As he played he found a charcoal lighter in a kitchen drawer. As he played with the lighter, he ignited the table cloth and padding on the chairs. A smoke alarm alerted the parents to the fire and no injuries occurred.				
7. LOCATION (Home, School, etc.) Home 10		8. CITY Reidsville		9. STATE NC
10A. FIRST PRODUCT Charcoal Lighter 1247		10B. TRADE/BRAND NAME unknown MFR/PRVLBR NOTIFIED		10C. MODEL NUMBER unknown
10D. MANUFACTURER NAME AND ADDRESS unknown <div style="text-align: right; margin-right: 50px;"> <input type="checkbox"/> No Comments made  <input checked="" type="checkbox"/> Comments attached  <input checked="" type="checkbox"/> Excisions/Revisions  <input checked="" type="checkbox"/> Firm has not requested further notice         </div>				
11A. SECOND PRODUCT Table Cloth 0651		11B. TRADE/BRAND NAME unknown PSA 6 Bill Cleared 2 SC No Mfrs/Prvlbrs		11C. MODEL NUMBER unknown
11D. MANUFACTURER NAME AND ADDRESS unknown <div style="text-align: right; margin-right: 50px;"> <input checked="" type="checkbox"/> Product Identified  <input checked="" type="checkbox"/> Exempted by <i>ANPR</i>  <input checked="" type="checkbox"/> Firms Notified. <i>pm 6/30/97</i>  <input checked="" type="checkbox"/> Comments Processed.         </div>				
12. AGE OF VICTIM 000	13. SEX 0 No injury	14. DISPOSITION No injury 0	15. INJURY DIAGNOSIS No injury 70	
16. BODY PART (S) INVOLVED No injury 99	17. RESPONDENT Father/Fire Dept. 1	18. TYPE OF INVESTIGATION Telephone 2	19. TIME SPENT (OPERATIONAL HOURS) 10.0	
20. ATTACHMENT(S) Fire Report 2	21. CASE SOURCE Newspaper 05	22. SAMPLE COLLECTION NUMBER None		
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) No				
24. REVIEW DATE 970211	25. REVIEWED BY 8342	26. REGIONAL OFFICE DIRECTOR <i>[Signature]</i> 2-12-97		
27. DISTRIBUTION O:EHDS CC:CECA				

961114CCC5051  
8189

**NOTE:** The information contained in this investigation was provided by the fire department and the father of the child that started the fire. The father was also the one that discovered the fire and extinguished the fire.

**PRE-ACCIDENT:**

The respondent, his wife, 22 month old daughter, and 4 year old son lived in the frame rented residence. No one in the family smoked and the children were not routinely exposed to cigarette lighters. The children had no history of playing with fire, matches, or lighters. The family did have a charcoal lighter which they kept in a drawer below the microwave. It was used to start the grill and the father was not sure the children had ever seen the lighter used. They had it for several years. It was purchased at either a Kmart or Walmart store.

The family had only lived in the residence since June. The week before the fire the father had checked the battery operated smoke alarm located in the hall.

**ACCIDENT:**

It was Sept. 30, 1996 around 8:00 am. The parents and 22 month daughter were asleep. The parents were awakened by the smoke alarm. They jumped up to discover smoke in the house. They called 911 and the father discovered a fire in the kitchen. At this time the four year old was in his room. The children and the mother escaped the residence. The padding on the kitchen chairs was burning and the table cloth. The father extinguished the fire. He first attempted to use a fire extinguisher located in the kitchen, but it ran out of fuel before the fire was out. He then used buckets of water to extinguish the fire.

**POST-ACCIDENT:**

By the time the fire department arrived the fire had been extinguished. No injuries occurred. Damage was limited to the kitchen chairs, table cloth, floor and smoke damage. The father stated that he was able to clean-up the metal framed glass top table.

The four year old woke up before his parents and was playing. He admitted that he found the lighter and ignited the table cloth and chairs as he played with the charcoal lighter. He then returned to his room.

**PRODUCT IDENTIFICATION:**

The father described the lighter as a typical butane fueled charcoal lighter. He did not know the brand or make. He was not

sure where he purchased the lighter but thought it was either Kmart or Walmart. He stated that the lighter operated by a trigger type action and was approximately 8 or 9 inches in length. The respondent did not remember labeling on the product.

The table was a glass top table with metal framing and legs. It was covered with a cloth table cloth. No information was available on the table cloth or the fabric content of the table cloth. The chairs to the table were metal framing with vinyl padded seats. The padding was foam rubber. The respondent did not know the brand of the table and chairs.

**STANDARD INFORMATION:**

CPSC has no mandatory standards for charcoal lighters, table clothes, or tables and chairs.

**ATTACHMENTS:**

Attachment 1 - Fire Report

#9615466

*JRC*

DATE 09-30-96 TIME 0814

CHANGE 2  (74)

COMPLETE FOR ALL INCIDENTS

REIDSVILLE FIRE DEPARTMENT  
FIELD INCIDENT REPORT

FD-200

510		INCIDENT NO. <u>11121310</u>			EXP. <u>1</u>	
1 2 3		7 8 9				
AUX. TRIP? <input type="checkbox"/>		TYPE SITUATION FOUND: <u>Structure FIRE</u>		TYPE OF ACTION TAKEN: <u>OVERHAUL</u>		PROPERTY NAME
10		11 12		13		AFT. NO.
CORRECT ADDRESS:		No. <u>115110</u>	Dir. <u>DIR</u>	Name <u>BLA...Y...M...A...I...</u>	Type <u>DIR</u>	Zip Code <u>12171210</u>
48 49		50		51		FDZ <u>1 1 1 1</u>
DISTRICT <u>1</u>		OUT OF JURISDICTION <input type="checkbox"/>		PROPERTY MANAGEMENT: <u>Private tax paying</u>		COMPLEX: <u>NONE</u>
48 49		50		51		52 53 <u>918</u>
FIXED PROPERTY USE: <u>Residential</u>				MOBILE PROPERTY TYPE: <u>4111</u>		<u>1</u>
54 56				57 58		
PROPERTY REPRESENTATIVE: <u>[REDACTED]</u>					OCCUPANT	

A

COMPLETE FOR EVERY FIRE

511		LEVEL OF ORIGIN: <u>Grade</u>		AREA OF ORIGIN: <u>Kitchen</u>	
1 2		10 12		13 14 <u>214</u>	
EQUIPMENT INVOLVED IN IGNITION: <u>NONE</u>				FORM OF HEAT OF IGNITION: <u>Lighter Flame type</u>	
15 16				17 18 <u>416</u>	
TYPE OF MATERIAL IGNITED: <u>Cotton Fabric</u>				FORM OF MATERIAL IGNITED: <u>Chairs</u>	
19 20				21 22 <u>21</u>	
IGNITION FACTOR: <u>INCENDIARY</u>				CODE VIOLATION? <input type="checkbox"/> CHECK IF YES	
23 24				TERMINATION STAGE: <u>Flame</u>	
				25 26 <u>3</u>	

B

COMPLETE FOR EVERY INCIDENT

TYPE OF WEATHER: <u>Cloudy</u>		TEMPERATURE: <u>62°</u>		WIND DIRECTION: <u>N</u>	
2		4		1	
40		41		43	

COMPLETE IF FIRE LOSS INVOLVED

512		STRUCTURE VALUE			CONTENTS VALUE			STRUCTURE LOSS			CONTENTS LOSS		
1 2													
ESTIMATED OR ACTUAL		10 17 18			25 26			33 34			41		
INSURED		42 49 50			57 58			65 66			72		
INSURANCE COMPANY NAME													

C

\*COMPLETE BELOW

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (IF ANY)

D

Attachment 1  
961140005051  
8189 1/2

Allen Dobbins  
p/h/m/1

ACCIDENT INVESTIGATION REQUEST FORM

Sup I gm

Document Number N 96B-0134A

Date of Incident 9-30-96

Category I.D. NETKW 1997

Follow-Up Requested

Hazard Analysis

Section 15

Type Follow-Up Requested

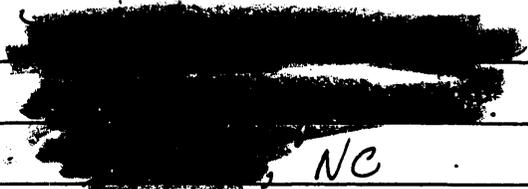
Telephone Call

On-Site

Headquarters Contact Kate Wallace, CCA

Assignment Message Please conduct a Section 15 IDI. Identify make of lighter. Was switch in "on" or "off" position. How did child access the lighter? Where was it usually kept, and for what purpose was it regularly used. Did the child have a history of playing with fire? Collect fire dept. reports.

Person(s) to Contact



NC

Guideline

Requested By Kate Wallace, CCA

12-3-96

Task Number 961114 CCL 5051

Assigned to NY CO

Date 961114

Carolina CLIPPING SERVICE  
1115 HILLSBORO  
RALEIGH, NC 27603  
TEL. (919) 833-2079

15

N96B-0134A

REVIEW  
REIDSVILLE, N. C.

ISSUE - 7 -

OCT 01 96

NOV 13 1996

# Child starts fire as parents sleep

By ANN FISH  
Review Managing Editor

A smoke detector is credited with alerting parents their home was on fire Monday that their four-year-old set kitchen chairs on fire with an charcoal propane lighter.

The father got up to check on his kitchen was on fire. His four-year-old son had gone to bed in his bedroom. The father got his family, including a 22-month-old out of the house then called 911 and firefighters to put out the fire. Reidsville firefighters arrived. Damages were limited to the kitchen area although the rest of the house sustained some

minor smoke damage, said. He said he believes the child set the chairs on fire then the blaze melted the kitchen chairs. Had not been for the smoke detector alerting the parents, the family could have had a disaster within the house.

With National Fire Prevention Week, school and home day, said today is a good time to remind families to check their smoke detectors and extinguishers. Check your work properly. Check your home. Check your car. Check your smoke detector. Check the bedroom area. Check your fire department. Any Reidsville resident who does not have a phone contact 849-1024 to arrange to have a free smoke detector installed.

9/30/96

961114 CCC5051

Investigation Report - Analyst's Comments

Task No. 961114CCCS051 Regional Office NYCO  
Product Code 1247 Investigator ID 8189  
Category Secret KW Hours Reported 10

Comments

Limited info on ID of lighter  
due to discard of product  
Report meets EHOJ  
requirements

Reviewer J. Janney Date 2/19/97

If you believe the identified deficiencies require contacting investigator/victim and requesting further information, please check the box and sign here.

Signature