BUNNO2

24 MAR 1997

OK

1. TASK NUMBER	2. INVESTIGATOR'S ID	
970114CCC5194	3359	**EPIDEMIOLOGIC INVESTIGATION REPORT**

3. OFFICE CODE	4. DATE OF ACCIDENT YR MO DAY	5. DATE INITIATED YR MO DAY
800	96/11/18	97 1 23

6. SYNOPSIS OF ACCIDENT OR COMPLAINT UPC

A 4-year-old male started a house fire while playing with a barbecue grill lighter/igniter. The child ignited the under side of his box spring with the lighter. There were no injuries or deaths associated with this incident.

7. LOCATION (Home, School, etc.)	8. CITY	9. STATE
Home 10	Danbury	CT

10A. FIRST PRODUCT	10B. TRADE/BRAND NAME	10C. MODEL NUMBER
Butane Barbecue Lighter 1285	Unknown	Unknown

10D. DISTRIBUTOR: NAME AND ADDRESS
Unknown

11A. SECOND PRODUCT	11B. TRADE/BRAND NAME	11C. MODEL NUMBER
Box Spring 4009	Unknown	

11D. DISTRIBUTOR: NAME AND ADDRESS
Unknown

CPSC 6 Mth Cleared
No Mfrs/PrvtLblrs
Products Identified
Excepted by ANPR
Firms Notified,
Comments Processed. JM 6/30/97

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

12. AGE OF VICTIM	13. SEX	14. DISPOSITION	15. INJURY DIAGNOSIS
999	no injury	no injury 0	no injury 70

16. BODY PART (S) INVOLVED	17. RESPONDENT	18. TYPE OF INVESTIGATION	19. TIME SPENT (OPERATIONAL HOURS)
no injury 99	Mother 2	Telephone 2	5

20. ATTACHMENT(S)	21. CASE SOURCE	22. SAMPLE COLLECTION NUMBER
Multiple 9	Fire Marshal 1	No Sample

23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)
No

24. REVIEW DATE	25. REVIEWED BY	26. REGIONAL OFFICE DIRECTOR
970314	8342	RDS 3-17-97

27. DISTRIBUTION
O:EHDS CC: CECA

CPSC FORM 182 (REVISED 12/96) OMB NO. 3041-0029

N971-0006A

NOTE:

The information contained in this report was compiled from the attached report from the Danbury, Connecticut Fire Department (Exhibit 1) and from a discussion with the mother of the 4-year-old male who started the fire.

PRE-INCIDENT:

Just prior to the incident, a 4-year-old male picked a barbecue grill butane lighter off the kitchen counter and went into his first floor bedroom. At the time of the incident the apartment was occupied by the 4-year-old male, a 7-year-old female, and a 31-year-old female (the mother of the two children). The grill lighter was purchased in August, 1996 from a local retail store. The grill lighter was used during the summer/fall of 1996 specifically to ignite the family's propane barbecue grill. The mother stated that the lighter was accidentally left on the counter by either herself or her husband and the 4-year-old male removed it from the kitchen and brought it into his bedroom.

INCIDENT:

The 31-year-old female stated that the young boy was using the barbecue lighter as a flashlight while playing under his bed. It is unclear exactly how the fire started but the evidence seems to indicate that the 4-year-old male was playing with the barbecue lighter under the bed and accidentally ignited the under material of the box spring.

POST INCIDENT:

The 4-year-old boy ran out of his bedroom and gestured to his mother that something was wrong. The boy's mother entered the boy's room and noticed the smoke. She immediately called 911 and then attempted to extinguish the fire. The fire was contained to the boy's bedroom and all occupants of the apartment were able to escape without injury. There were no smoke detectors present in the apartment (as noted on the fire report). There were no photographs taken by the fire department. The mother estimated the damage at approximately $7000. The fire department could not provided additional information regarding the incident.

PRODUCT:

The product involved in the incident was a butane barbecue grill lighter (igniter). The grill lighter was purchased at Home Depot in Danbury, CT in August, 1996. The mother added that the grill lighter was plastic with a five inch neck. The grill lighter was activated by depressing a "gun-like" trigger switch. The mother stated that the grill lighter did not have a child resistant safety switch. The mother discarded the grill lighter after the incident and could not provided this investigator with detailed information regarding the product. The grill lighter was not collected or photographed by the fire department.

Kitchen Counter
using as a flashlight

EXHIBITS:

Exhibit 1: Waterbury, CT Fire Department Report #96-4485

Exhibit 2: Data Recording Sheet for Mattress/Bedding Fires

970114CCC5194 Exhibit 1

970114 CCC5194 (B) 1.6

INCIDENT REPORT
DANBURY FIRE DEPT.

JAN 19 1997

A	STATION 05040	INCIDENT NO. 964485	YEAR 00	MO. 11	DAY 18	YEAR 96	DAY OF WEEK Monday 2	ALARM TIME 17:55	ARRIVAL TIME 17:59	TIME IN SERVICE 18:53	
B	TYPE OF SITUATION FOUND: Structure fire 11						TYPE OF ACTION TAKEN: Investigation only 3			EXTENT AID IF RELIEF GIVEN	
C	FIXED PROPERTY USE: 1-fam dwell year rnd 411						IGNITION FACTOR: Children, playing 36			•	
D	CORRECT ADDRESS: [redacted]						ZIP CODE: 06811			CENSUS TRACT: •	
E	OCCUPANT NAME (LAST, FIRST, MI): [redacted]						TELEPHONE: [redacted]			ROOM OR APT	
F	OWNER NAME (LAST, FIRST, MI): [redacted]						ADDRESS: [redacted]			TELEPHONE: [redacted]	
G	METHOD OF ALARM FROM PUBLIC: Phone direct to FD 1						INS. INSPECTION DISTRICT: E23	SHIFT: B		NO. ALARMS: 1	
H	NO. FIRE SERVICE PERSONNEL RESPONDED: 15				NO. ENGINES RESPONDED: 3		NO. AERIAL APPARATUS RESPONDED: 1			NO. OTHER VEHICLES RESPONDED: 2	
I	NUMBER OF INJURIES: FIRE SERVICE 0				OTHER: 0		NUMBER OF FATALITIES: FIRE SERVICE 0			OTHER: 0	
J	PROPERTY: Dwelling complex 1-2 fmly 41						MOBILE PROPERTY TYPE: Mobile property type n/a 8				
K	AREA OF FIRE ORIGIN: Sleeping rm for < 5 pers. 21						EQUIPMENT INVOLVED IN IGNITION: No equipment involved 98				
L	FORM OF HEAT OF IGNITION: Lighter 46				TYPE OF MATERIAL IGNITED: Man-made fabric 71					FORM OF MATERIAL IGNITED: Bedding/blanket/sh 32	
M	METHOD OF EXTINGUISHMENT: Make-shift aids 2				LEVEL OF FIRE ORIGIN: Grade to 9' above gr 1					ESTIMATED DOLLAR LOSS: 5000.00	
N					NUMBER OF STORIES: 2 stories. 2					CONSTRUCTION TYPE: Unprotected wood frame 8	
O	EXTENT OF FLAME DAMAGE: Part of rm/area of origin 2						EXTENT OF SMOKE DAMAGE: Floor of origin 5				
P	DETECTOR PERFORMANCE: No detectors present 8						SPRINKLER PERFORMANCE: No equipment present 8				
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN				TYPE OF MATERIAL GENERATING MOST SMOKE: Man-made fabric 71					AVENUE OF SMOKE TRAVEL: Corridor 2	
R					FORM OF MATERIAL GENERATING MOST SMOKE: Mattress, pillow 31						
S	IF MOBILE PROPERTY				YEAR	MAKE	MODEL			SERIAL NO.	LICENSE NO.
T	IF EQUIPMENT INVOLVED IN IGNITION				YEAR	MAKE	MODEL			SERIAL NO.	

☐ Check if comments on reverse side

U | OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT): THOMAS MCNULTY, LIEUT. | DATE 11/18/96

MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE): ALAN SCHACHT 0033, FIRE MARSHAL | DATE 11/18/96

~~96-0006A~~ EHDS/FOERCE N971-0006A

470114 CCC 5/94

REMARKS

DANBURY FIRE DEPT.

Fire Incident: 964485 Exposure: 00 DATE: 11/18/96 TIME: 17:55

THE 4 YEAR OLD CHILD OF THE HOMEOWNER WAS PLAYING WITH A BUTANE CHARCOAL GRILL LIGHTER. HE STARTED THE BEDDING IN HIS ROOM ON FIRE. HIS MOTHER QUICKLY FOUND OUT AND CALLED 911. A NEIGHBOR [redacted] ENTERED THE STRUCTURE AND MADE A TEMPORARY KNOCKDOWN WITH A DRY CHEMICAL EXTINGUISHER. ANOTHER NEIGHBOR (VOLUNTEER FIREFIGHTER MIKE TRACY) ASSISTED IN REMOVING THE BEDDING FROM THE STRUCTURE.

****

THIS FIRE WAS FOUND TO HAVE BEEN CAUSED BY A 4 YEAR OLD BOY, [redacted] WHO WAS PLAYING WITH A LONG GRILL-TYPE LIGHTER WHICH HE HAD FOUND ON THE KITCHEN COUNTER. HE WENT TO HIS BEDROOM AND WAS USING THE LIGHTER WHEN HE CAUGHT THE DUST RUFFLE OF HIS BED ON FIRE. HE THEN RAN TO THE KITCHEN AREA OF THE HOUSE, WHERE HIS ACTIONS INDICATED TO HIS MOTHER THAT SOMETHING WAS WRONG IN HIS ROOM. SHE RAN TO THE BEDROOM WHERE SHE FOUND THE CORNER OF THE BED BURNING. SHE PULLED THE BEDCOVERS OFF THE BED BUT WAS UNABLE TO THROUGH THEM OUT THE WINDOW. FAILING THIS SHE WENT TO THE KITCHEN TO CALL 911. SEVERAL NEIGHBORS ASSISTED HER IN EXTINGUISHING THE FIRE AND REMOVING THE BEDCOVERINGS PRIOR TO THE FIRE DEPT.'S ARRIVAL. THE FD REMOVED THE REMAINS OF THE BED AND BOX SPRING AND SOAKED THEM ON THE DRIVEWAY. THE MOTHER AND SON [redacted] AND DAUGHTER [redacted] WERE CONSELLED AT THE SCENE AND INVITED TO VISIT THE ENGINE COMPANY'S FIREHOUSE ON THEIR NEXT DAYSHIFT. THE MOTHER WAS ADVISED THAT IF FURTHER CONSELLING WAS NECESSARY, THAT IT WOULD BE MADE AVAILABLE TO HER AND HER SON.

RESPECTFULLY,
FRANCIS X. CURRAN
DEPUTY FIRE MARSHAL

INVESTIGATION GUIDELINE

970114CCC5194 Exhibit 2

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 970114CCC5194 Incident Date 11/18/96

A. MATTRESS DESCRIPTION:

1. Mattress surface type:
   / / Quilted
   /X/ Smooth
   / / Tufted
   / / Other _____
   / / Unknown

2. Material directly under surface ticking:
   / / Polyester fiberfill
   / / Polyurethane foam
   / / Cotton batting
   / / Other _____
   /X/ Unknown

3. Pre- or post-standard construction (estimate to the extent possible):
   / / Pre-standard
   / / Post-standard
   / / Other _____
   /X/ Unknown

4. Purchased:
   /X/ New
   / / Used. If used, specify how obtained (e.g., garage sale, etc.): _____
   / / Unknown

5. Date mattress purchased: Unknown . Mattress age: Unknown

6. Manufacturer/distributor/brand: Unknown

970 114 CCC 5194

INVESTIGATION GUIDELINE

B. BEDDING:

7. Bedding items involved in fire:
   - / / Mattress pad
   - /X/ Sheet(s)
   - /X/ Blanket(s)
   - / / Comforter
   - /X/ Bedspread
   - / / Pillow(s)
   - / / Dust ruffle
   - /X/ Other Box Spring

C. IGNITION:

8. Ignition source:
   - / / Cigarette
   - / / Lighter; child-resistant____ not child-resistant____ unknown____
   - / / Match; book____ box ____ unknown____
   - / / Candle
   - / / Heater; fuel type_____ distance from mattress:_____
   - /X/ Other Barbecue Grill Lighter (Butane)
   - / / Unknown

9. Location of mattress ignition (even if bedding was the first item ignited):
   - / / Smooth top surface
   - / / Tape edge on top of mattress
   - / / Quilted or tufted depression on top of mattress
   - / / Side of mattress
   - / / Underside of mattress
   - /X/ Dust cover on box springs
   - / / Other_____
   - / / Unknown

10. Age of person involved in ignition (if appropriate):
   - /X/ < 5 years
   - / / 5 - 14 years
   - / / 15 - 24 years
   - / / 25 - 64 years
   - / / 65 + years
   - / / Unknown

970114 CCC594

INVESTIGATION GUIDELINE

E. DETECTION OF FIRE

11. Detector (smoke, heat, c.o., sprinkler) present?
    / / Yes; specify type:_____
    /X/ No
    / / Unknown

12. Detector went off (alarmed)?
    / / Yes
    / / No; possible reasons why not_____
    / / Unknown

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

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. SOCIO-ECONOMIC DATA:

14. Education level of head of household:
    / / Less than high school
    / / High school
    /X/ Some college
    / / Unknown

15. Total household income:
    / / < $15,000
    / / $15,000 - $34,999
    /X/ $35,000 +
    / / Unknown

16. Approximate home market value: _____
    / / Rent
    / / Own
    /X/ Unknown

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

Bill Kennedy
pls file similar GPI
Bodin
pls Assign
TPS 1-15-97

ACCIDENT INVESTIGATION REQUEST FORM

Document Number N9710004A

Date of Incident 11/18/96 Category I.D. BUNNON 1997

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call or On-Site

Headquarters Contact Linda Smith 504-0470 X1275

Assignment Message Describe the product involved brand name, description of physical dimensions & lighting mechanisms, What did the occupants use lighter for? How old was child who started fire? Obtain details of deaths or injuries including treatment & amount of property damage. Conduct an on-site when the product in available for inspection.

Person(s) to Contact Officials
Parent / Guardian

Guideline

Requested By

Task Number 970114CCC5194

Assigned to NYCO Date 970113

CPSC Form 324 (2/90)

TC 23 970114 CCC 5794 (15) Kate 16

INCIDENT REPORT

DANBURY FIRE DEPT.

JAN 19 1997

1 DELETE
2 CHANGE

A	FOOD 05040	INCIDENT NO 964485	EXP 00	MO 11	DAY 18	YEAR 96	DAY OF WEEK Monday 2	ALARM TIME 17:55	ARRIVAL TIME 17:59	TIME IN SERVICE 18:53

B	TYPE OF SITUATION FOUND: Structure fire 11	TYPE OF ACTION TAKEN: Investigation only 3	MUTUAL AID: 1 REQD 2 GIVEN
C	FIXED PROPERTY USE: 1-fam dwell year rnd 411	IGNITION FACTOR: Children, playing 36	
D	[redacted]	ZIP CODE: 06811	CENSUS TRACT: -
E	[redacted]	[redacted]	ROOM OR APT
F	[redacted]	ADDRESS [redacted]	TELEPHONE [redacted]
G	METHOD OF ALARM FROM PUBLIC: Phone direct to FD 1	CO. INSPECTION DISTRICT: E23	SHIFT: B
H	NO. FIRE SERVICE PERSONNEL RESPONDED 15	NO. ENGINES RESPONDED 3	NO. AERIAL APPARATUS RESPONDED 1
I	NUMBER OF INJURIES: FIRE SERVICE 0	OTHER 0	NUMBER OF FATALITIES: FIRE SERVICE 0
J	COMPLEX: Dwelling complex 1-2 fmly 41	MOBILE PROPERTY TYPE: Mobile property type n/a 8	
K	AREA OF FIRE ORIGIN: Sleeping rm for < 5 pers. 21	EQUIPMENT INVOLVED IN IGNITION: No equipment involved 98	
L	FORM OF HEAT OF IGNITION: Lighter 46	TYPE OF MATERIAL IGNITED: Man-made fabric 71	FORM OF MATERIAL IGNITED: Bedding/blank/sh 32
M	METHOD OF EXTINGUISHMENT: Make-shift aids 2	LEVEL OF FIRE ORIGIN: Grade to 9' above gr 1	ESTIMATED LOSS (DOLLARS ONLY): 5000.00
N		NUMBER OF STORIES: 2 stories. 2	CONSTRUCTION TYPE: Unprotected wood frame 8
O	EXTENT OF FLAME DAMAGE: Part of rm/area of origin 2	EXTENT OF SMOKE DAMAGE: Floor of origin 5	
P	DETECTOR PERFORMANCE: No detectors present 8	SPRINKLER PERFORMANCE: No equipment present 8	
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE: Man-made fabric 71	AVENUE OF SMOKE TRAVEL: Corridor 2
R		FORM OF MATERIAL GENERATING MOST SMOKE: Mattress, pillow 31	

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

U

☐ Check if comments on reverse side

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT): THOMAS MCNULTY, LIEUT.	DATE: 11/18/96
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE): ALAN SCHACHT 0033, FIRE MARSHAL	DATE: 11/18/96

~~960107CAE~~ EHDS/FOERCE N971-0006A

97D14CCC59K

REMARKS

DANBURY FIRE DEPT.

For Incident: 964485 Exposure: 00 DATE: 11/18/96 TIME: 17:55

THE 4 YEAR OLD CHILD OF THE HOMEOWNER WAS PLAYING WITH A BUTANE CHARCOAL GRILL LIGHTER. HE STARTED THE BEDDING IN HIS ROOM ON FIRE. HIS MOTHER QUICKLY FOUND OUT AND CALLED 911. A NEIGHBOR [redacted], 10 DIXON RD) ENTERED THE STRUCTURE AND MADE A TEMPORARY KNOCKDOWN WITH A DRY CHEMICAL EXTINGUISHER. ANOTHER NEIGHBOR (VOLUNTEER FIREFIGHTER MIKE TRACY) ASSISTED IN REMOVING THE BEDDING FROM THE STRUCTURE.
****
THIS FIRE WAS FOUND TO HAVE BEEN CAUSED BY A 4 YEAR OLD BOY, [redacted], WHO WAS PLAYING WITH A LONG GRILL-TYPE LIGHTER WHICH HE HAD FOUND ON THE KITCHEN COUNTER. HE WENT TO HIS BEDROOM AND WAS USING THE LIGHTER WHEN HE CAUGHT THE DUST RUFFLE OF HIS BED ON FIRE. HE THEN RAN TO THE KITCHEN AREA OF THE HOUSE, WHERE HIS ACTIONS INDICATED TO HIS MOTHER THAT SOMETHING WAS WRONG IN HIS ROOM. SHE RAN TO THE BEDROOM WHERE SHE FOUND THE CORNER OF THE BED BURNING. SHE PULLED THE BEDCOVERS OFF THE BED BUT WAS UNABLE TO THROUGH THEM OUT THE WINDOW. FAILING THIS SHE WENT TO THE KITCHEN TO CALL 911. SEVERAL NEIGHBORS ASSISTED HER IN EXTINGUISHING THE FIRE AND REMOVING THE BEDCOVERINGS PRIOR TO THE FIRE DEPT.'S ARRIVAL. THE FD REMOVED THE REMAINS OF THE BED AND BOX SPRING AND SOAKED THEM ON THE DRIVEWAY. THE MOTHER AND SON [redacted] AND DAUGHTER [redacted] WERE CONSELLED AT THE SCENE AND INVITED TO VISIT THE ENGINE COMPANY'S FIREHOUSE ON THEIR NEXT DAYSHIFT. THE MOTHER WAS ADVISED THAT IF FURTHER CONSELLING WAS NECESSARY, THAT IT WOULD BE MADE AVAILABLE TO HER AND HER SON.

RESPECTFULLY,
FRANCIS X. CURRAN
DEPUTY FIRE MARSHAL

INVESTIGATION REPORT - ANALYST'S COMMENTS

TASK NO. 970114CCC5194 REGIONAL OFFICE NYCO

PRODUCT CODE(S) (1285) (4009) INVESTIGATOR ID 3359

CATEGORY BUNN021997 HOURS REPORTED 5.0

COMMENTS:

REPORT CONTAINS ALL INFORMATION REQUESTED ON THE ASSIGNMENT MESSAGE AND ALL EHDS REQUIRED INFORMATION.

REVIEWER SUZANNE NEWMAN DATE 3/24/97

IF YOU BELIEVE THE IDENTIFIED DEFICIENCIES REQUIRE CONTACTING INVESTIGATOR/VICTIM AND REQUESTING FURTHER INFORMATION, PLEASE CHECK THE BOX AND SIGN HERE.

SIGNATURE

970313HCC3019 attached

OK ✓

13 MAR 1997

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.	2. INVESTIGATOR'S ID	3. OFFICE CODE
970122HCC5231 See	[8][0][1][5]	[8][3][0]

4. DATE OF INCIDENT YR MO DAY	5. DATE INVESTIGATION INITIATED YR MO DAY
[9][6][0][9][0][2]	[9][7][0][2][0][3]

6. SYNOPSIS OF INCIDENT OR COMPLAINT A four year old female received third degree fatal burns when she started a fire under a day bed with a butane utitility lighter.

CPSA 6 (b)(1) ~~Ignored~~ 2SC

No Mfrs/PrvtLblrs or Products Identified

✓ Excepted by ANPR

Firms Notified, Comments Processed. 6/30/97

MFR/PRVLBR NOTIFIED

No Comments made

Comments attached

Excisions/Revisions

Firm has not requested further notice 6/30/97

7. LOCATION (Home, school, etc.)	8. CITY	9. STATE
Home- Bedroom [1][0]	Springfield	Missouri [M][O]

10A. FIRST PRODUCT	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
Butane Lighter [1][2][4][7]	Aim n' flame Scripto Tokai Corp. 11591 Etiwanda Ave., Fontana, CA 92335
10B. SECOND PRODUCT	**11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS**
NONE [][][][]	NONE

12. AGE OF VICTIM	13. SEX (USE NUMERICAL CODE)	14. DISPOSITION	15. INJURY DIAGNOSIS
[0][0][4]	MALE - 1 FEMALE - 2 [2] UNKNOWN- 3	Hospitalized [4]	Thermal Burn [5][1]

16. BODY PART	17. RESPONDENT(S) (Mother, Friend)	18. TYPE INVESTIGATION	19. TIME SPENT
All Parts [8][5]	Law Firm [2]	ON SITE - 1 TELEPHONE - 2 [2] OTHER - 3	[1][0][.][0]

20. ATTACHMENTS	21. CASE SOURCE	22. REVIEWED BY YR MO DAY
Multi [9]	Law Firm [1][1]	[8][0][0][7] [9][7][0][3][1][1]

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

X97 10.62A

(USE ADDITIONAL SHEETS IF NECESSARY)

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

13 MAR 1997

FIELD ACTIVITY COVERSHEET

1. REGION/STATE	2. OPERATION (Check One)	3. DATE
FOCR/ATL-SO	( ) Inspection ( ) Establishment Visit ( ) Telephone Contact (X) Investigation ( ) Other [ ]	2/3/97
		4. NUMBER (For RO Use) 970122HCC5231

5. ESTABLISHMENT
Name: [Scripto Tokai Corporation]
Address: [11591 Etiwanda Avenue]
City: [Fontana] **State:** [CA] **Zip:** [92335] **Telephone:** [714/ 360-2100]

6. RELATED FIRM ( ) Parent ( ) Headquarters ( ) Subsidiary ( ) Other _____
Name: [ ] **City:** [ ] **State:** [ ]

7. PRODUCTS COVERED
[Butane Lighter]
[ ]

8. OTHER CONSUMER PRODUCTS
[N/A]
[ ]

9. ESTABLISHMENT TYPE
( ) Manufacturer ( ) Importer
( ) Wholesaler ( ) Own Label Distributor
( ) Retailer ( ) Repackager
( ) Other: [ ]

10. ANNUAL PRODUCTION
Product Covered $. Units: [ ]
Other Products $. Units: [ ]

11. I.S. BUSINESS	12. SAMPLES COLLECTED	13. MIS CODE	14. HOURS
% Received [ ] % Shipped [ ]	NONE	12165	Activity [10] Travel [0]

15. REASON FOR ACTIVITY (Assignment Reference)
In Depth Investigation No. 970122HCC5231

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

17. EMPLOYEE'S NAME	TITLE	SIGNATURE
Henry A. Simpson	SRPSI	

18. (X) **ENDORSEMENT** ( ) **REMARKS** ( ) **SUMMARY** ( ) **OTHER** [ ]
This IDI was requested by EPHA as a followup to a petition asking that ultility lighter be made CR.

A 4 year old female sustained fatal burns after she started a fire while playing with a butane utility lighter under a bed in her home.

F/U: NONE - HQ Project

19. REVIEWER'S NAME	TITLE	SIGNATURE
William E. Gentry	SPSI	W E Gentry

20. REVIEW DATE	21. DISTRIBUTION
3/11/97	O: EPDS C: FOCR(IDI), FOWR, CCA cs: BG, RF, HAS

CPSC FORM NO. 167 (Rev. 8/86) (Adapted for WP Windows 4/90)HUB Loaded 11/95

970122HCC5231

The information contained herein was obtained from the law firm that reported the incident to CPSC, and from the fire marshal that investigated the incident.

PRE-ACCIDENT:

The subject butane fueled utility lighter was obtained as a gift and primarily used to light candles around the house. The subject lighter was always stored on the second shelf above the counter top in the kitchen. The unit was stored with the on/off switch in the off position.

On the night before the incident the victim slept with her mother in the mother's bed. The mother's bedroom was located on the second floor of the home. The kitchen was located on the first floor.

The victim arose the morning of the accident before her mother, and went downstairs and apparently climbed up on the counter top in the kitchen and retrieved the subject lighter.

The victim took the lighter into her own bedroom, which is located on the first floor, climbed under a day bed and apparently began playing with the lighter. The accident was not witnessed by any adults. The victim's mother was asleep in the upstairs bedroom.

ACCIDENT:

The smoke alarm went off awakening the mother. The mother went downstairs. The victim's bedroom was too hot to enter, so she went outside and the bedroom was entered after the window was broken by a bystander. The victim was found under another bed in the bedroom. She was still alive but had sustained thermal burns over 94% of her body.

POST ACCIDENT:

The victim was transported to a local hospital. She died the next day.

The victim's mother has never went back into the house according to the law firm. The fire marshal informed the mother that the source of ignition was the day bed. The remains of the subject lighter were found under the day bed. It is believed the victim crawled under the other bed in the bedroom to hide after she had started the fire under the day bed.

Apparently all that was left of the lighter was a four inch metal tube that was part of the lighter.

970122HCC5231

Contact was established with the law firm. They said the victim's mother is not a client of theirs, but it is possible that she may be in the future. At this point in time they said no suit has been filed, and the incident is in the preliminary stages of investigation.

The law firm said they have copies of the fire report and photos. They promised to mail a copy of both to me. It will be added as an addendum once received. They only received this information within the week of 2/24-28/97. For this reason they expect it will be the week of 3/3-7/97 when they will be able to send me a copy.

Contact was established with the fire marshal who investigated the incident. He said that he has the remains of the subject lighter. All that is left is a 4 " tube. He said he could not find the body of the unit in the debris. He also said it is possible that the butane in the body, when it became heated, caused the body to be projected some distance from the ignition area. He said he would not release the remains of the lighter without a subpoena.

The fire marshal said he determined that the ignition occurred under the day bed from examination of flame patterns, and the location of the lighter remains under the day bed. He said that there was clothing stored under the day bed, and the clothing was the probable source of ignition. He said he could not trace the pattern of flame spread to other items such as a mattress or dust ruffle. He did not have information on the brand names or fiber construction of these items. He promised to mail a copy of his fire report. It will be added as an addendum once received.

PRODUCT IDENTIFICATION:

Butane utility Lighter

Aim n Flame

Scripto Tokai Corporation
11591 Etiwanda Avenue
Fontana, California 92335
(714)360-2100
Fax(714)360-2131

(The name and address of the manufacturer was obtained from the Trade Names Directory)

LIST OF ATTACHMENTS:

1. Law firm Letter
2. Letters of Contact
3. Headquarter's Assignment
4. Atlanta Assignment

9701 22HCC 5231
8015
Attachment: 1
3/4

X9710162 3/4

TC 24

Vinson & Elkins
ATTORNEYS AT LAW
VINSON & ELKINS L.L.P.
2300 FIRST CITY TOWER
1001 FANNIN STREET
HOUSTON, TEXAS 77002-6760
TELEPHONE (713) 758-2222
FAX (713) 758-2346

WRITER'S TELEPHONE
(713) 758-2502

WRITER'S FAX
(713) 615-5481

970122 HCC 5231

January 6, 1997

Sayde E. Dunn
Secretary of the Consumer Product Safety Commission
Washington, D.C. 20207

ISSUE 17

Re: Petition CP 96-1 for Child Resistant Multi-Purpose Lighters

JAN 21 1997

Dear Ms. Dunn:

We wish to provide additional comments on Petition CP 96-1 as we have recently received information which we believe the Commission should consider in its investigation and ruling on the proposed rule. It concerns a fatality fire in Springfield, Missouri involving a four year-old girl and an "Aim 'n' Flame" lighter.

The child's name was [redacted] Her mother [redacted]r, told us the lighter was received as a gift and was used to light candles. It was always stored on the second shelf above the counter in the kitchen of her home, with the on/off switch in the "off" position. [redacted] slept with her mother on the second floor the previous night, but got up early on the morning of September 2, 1996, climbed up onto the counter, and got the lighter. She took the lighter back to her first floor bedroom and played with it under a day bed.

The smoke alarm went off and Ms. [redacted] came downstairs. The room was so hot they could not enter, so they went outside and broke the window to get into the bedroom. [redacted] was pulled out from under the covers of another bed in the room, still alive. She sustained burn injury to 94% of her body, most of which was thermal. She died later that day.

Ms. [redacted] never went back into the house. The fire marshall told her the source of the heat and fire was the day bed, underneath which the lighter was found. She believ[redacted] crawled into the other bed to hide.

We spoke with Michael Logue, Fire Marshall for Springfield, Missouri who confimed that a four inch metal tube, consistent with the nozzle of an "Aim 'n' Flame" lighter was found

970122HCC 5231
8015
Attachment 1

Sayde E. Dunn
Page 2
January 6, 1997

approximately four to six inches under the frame of the bed, and within inches of the point of origin of the fire. The child, still conscious, was pulled out of the fire by a bystander. [redacted] was heard to say something to the effect of "Mommy, I'm sorry I started the fire".

We hope to obtain a copy of the fire marshall's report in the near future, at which time we will supplement this comment. Enclosed is a self-addressed stamped envelope and copy of this letter. Please use this to return a file stamped copy of the comment to the Petition.

Very truly yours,

VINSON & ELKINS, L.L.P.

By: Barbara A. Radnofsky

Barbara A. Radnofsky

Conrad B. Guthrie

Enclosure: Self-addressed stamped envelope
Copy of this letter of comment

VEHOU03:69584.1

970127HC1231
8015
Attachment: 2

2/28/97

Mr. Conrad B. Guthrie
Vinson & Elkins
2300 First City Tower
Houston, Texas 77002-6760

Dear Sir:

This letter is to request certain information regarding the incident to [redacted] 9/2/96, in Springfield, MO. As the federal agency with jurisdiction over products of this type, we regularly investigate incidents where death, injury, or property loss has occurred regarding their use.

We are interested in getting information on the incident so that the product's compliance with appropriate federal laws can be evaluated.

We are in need of information regarding the following:

1) If a suit has been filed, a copy of the complaint, Civil Action No., and any technical/ engineering reports you have on the product.

2) If you have a copy of the fire department/ marshal's report we would like to have a copy. I can obtain this information from the fire department if necessary, however.

3) Any photographs you have on the product and incident.

The information can be mailed to me at P.O. Box 311601, Atlanta, GA 31131, or faxed to me at **(404)349-7010**.

If you do not have any of this, or only some of it please let me know. Thank you for any assistance you can give us.

Henry A. Simpson

Henry A. Simpson
Resident Investigator

U.S. CONSUMER PRODUCT SAFETY COMMISSION

401 West Peachtree St. N.W., Suite 1600 ▪ Atlanta, Georgia 30308
(404)349-7070 ▪ (404)349-7010 fax

970122HCC5231
8011-
Attachment: 2

3/4/97

Fire Marshal Michael Logue
Springfield, MO FD
Springfield, MO

Dear Sir:

This letter is to request a copy of the incident report and/or investigation report on the fire on 9/2/96 in which [redacted] was killed.

As the federal agency with jurisdiction over consumer products, we regularly investigate incidents where death, injury, or property loss has occurred involving their use. Our interest is in whether the products involved meet federal regulations and guidelines.

Also if you have any photographs of the remains of the butane lighter we would be interested in Xerox copies.

The report can be faxed to me at **(404)349-7010,** or mailed to me at P.O. Box 311601, Atlanta, GA 31131.

Thank you for any assistance you can give us.

Henry A. Simpson

Henry A. Simpson
Resident Investigator
Atlanta Office

U.S. CONSUMER PRODUCT SAFETY COMMISSION
401 West Peachtree St. N.W., Suite 1600 ▪ Atlanta, Georgia 30308
(404)349-7070 ▪ (404)349-7010 fax

Vinson & Elkins
ATTORNEYS AT LAW

VINSON & ELKINS L.L.P.
2300 FIRST CITY TOWER
1001 FANNIN STREET
HOUSTON, TEXAS 77002-6760
TELEPHONE (713) 758-2222
FAX (713) 758-2346

X 970162

WRITER'S TELEPHONE
(713) 758-2502

WRITER'S FAX
(713) 615-5481

January 6, 1997

Sayde E. Dunn
Secretary of the Consumer Product Safety Commission
Washington, D.C. 20207

Re: Petition CP 96-1 for Child Resistant Multi-Purpose Lighters

Dear Ms. Dunn:

We wish to provide additional comments on Petition CP 96-1 as we have recently received information which we believe the Commission should consider in its investigation and ruling on the proposed rule. It concerns a fatality fire in Springfield, Missouri involving a four year-old girl and an "Aim 'n' Flame" lighter.

The child's name was [redacted]n. Her mother, [redacted]r, told us the lighter was received as a gift and was used to light candles. It was always stored on the second shelf above the counter in the kitchen of her home, with the on/off switch in the "off" position. [redacted] slept with her mother on the second floor the previous night, but got up early on the morning of September 2, 1996, climbed up onto the counter, and got the lighter. She took the lighter back to her first floor bedroom and played with it under a day bed.

The smoke alarm went off and Ms. [redacted] came downstairs. The room was so hot they could not enter, so they went outside and broke the window to get into the bedroom. [redacted] was pulled out from under the covers of another bed in the room, still alive. She sustained burn injury to 94% of her body, most of which was thermal. She died later that day.

Ms. [redacted] never went back into the house. The fire marshall told her the source of the heat and fire was the day bed, underneath which the lighter was found. She believes [redacted] crawled into the other bed to hide.

We spoke with Michael Logue, Fire Marshall for Springfield, Missouri who confimed that a four inch metal tube, consistent with the nozzle of an "Aim 'n' Flame" lighter was found

approximately four to six inches under the frame of the bed, and within inches of the point of origin of the fire. The child, still conscious, was pulled out of the fire by a bystander. [redacted] was heard to say something to the effect of "Mommy, I'm sorry I started the fire".

We hope to obtain a copy of the fire marshall's report in the near future, at which time we will supplement this comment. Enclosed is a self-addressed stamped envelope and copy of this letter. Please use this to return a file stamped copy of the comment to the Petition.

Very truly yours,

VINSON & ELKINS, L.L.P.

By: _____
Barbara A. Radnofsky

_____
Conrad B. Guthrie

Enclosure: Self-addressed stamped envelope
Copy of this letter of comment

VEHOU03:69584.1

2 3 MAR 1997

FIELD ACTIVITY COVERSHEET

1. REGION/STATE
FOCR/ATL-SO

2. OPERATION (Check One)
( ) Inspection ( ) Establishment Visit
( ) Telephone Contact (X) Investigation
( ) Other [ ]

3. DATE
2/3/97

4. NUMBER (For RO Use)
970122HCC5231

5. ESTABLISHMENT
Addendum to
Name: [Scripto Tokai Corporation]
Address: [11591 Etiwanda Avenue]
City: [Fontana] State: [CA] Zip: [92335] Telephone: [714/ 360-2100]

6. RELATED FIRM ( ) Parent ( ) Headquarters ( ) Subsidiary ( ) Other _____
Name: [ ] City: [ ] State: [ ]

7. PRODUCTS COVERED
[Butane Lighter]
[ ]

8. OTHER CONSUMER PRODUCTS
[N/A]
[ ]

9. ESTABLISHMENT TYPE
( ) Manufacturer ( ) Importer
( ) Wholesaler ( ) Own Label Distributor
( ) Retailer ( ) Repackager
( ) Other: [ ]

10. ANNUAL PRODUCTION
Product Covered $. Units: [ ]
Other Products $. Units: [ ]

11. I.S. BUSINESS
% Received [ ]
% Shipped [ ]

12. SAMPLES COLLECTED
NONE

13. MIS CODE
12165

14. HOURS
Activity [10]
Travel [0]

15. REASON FOR ACTIVITY (Assignment Reference)
In Depth Investigation No. 970122HCC5231

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

Addendum - Fire Marshal report 3/21/97

17. EMPLOYEE'S NAME
Henry A. Simpson

TITLE
SRPSI

SIGNATURE

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

This IDI was requested by EPHA as a followup to a petition asking that utility lighter be made CR.

A 4 year old female sustained fatal burns after she started a fire while playing with a butane utility lighter under a bed in her home.

F/U: NONE - HQ Project

1247

19. REVIEWER'S NAME William E. Gentry **TITLE** SPSI **SIGNATURE** W E Gentry

20. REVIEW DATE
3/11/97

21. DISTRIBUTION
O: EPDS C: FOCR(IDI), FOWR, CCA cs: BG, RF, HAS

+971016

CPSC FORM NO. 167 [Rev. 8/86] (Adapted for WP Windows 4/93)[HP Laserjet III 10/93]

970122HCC5231
2015
Attachment: Addendum

Date: March 14, 1997

To: U.S. Consumer Product Safety Commission
401 W. Peachtree St. N.W., Suite 1600
Atlanta, Ga. 30308

Attention: Henry A. Simpson Fax: 404-349-7010
Resident Investigator
Atlanta Office

From: Michael Logue
Fire Marshal
Springfield, Mo.

Pages: 4 plus cover

9701224CC5231
8015
Addendum

Firefighters contained the fire to the bedroom and a small part of the living room and the outside of the house above the windows.

In a telephone conversation on 9/5/96, [redacted]er stated that she and [redacted] had been out of town for the weekend. After picking [redacted] up at her mother's they all three arrived at the High St. address at approximately 2:00 AM. They had all gone to sleep in the same bed upstairs. She did not realize that [redacted] had gotten out of bed until she was awakened by the smoke alarm.

[redacted] and [redacted] went downstairs and found the fire but were unable to get to the child. She attempted to call 9-1-1 but the phones were dead.

Ms. [redacted] stated that [redacted]c had no previous fire setting behavior.

Ms. [redacted] also stated that the butane lighter found in the bedroom was kept on the second shelf of the upper cabinet along the west wall of the kitchen.

<u>EXAMINATION OF THE FIRE SCENE</u>: Upon examining the fire scene I found a two-story, wood frame, single family dwelling.

I entered the house from the north doorway into the living room area. This room had fire damage along the east wall above doorway leading into a bedroom. The door facing was burned and heat had damaged the ceiling, south and north walls. There was smoke damage to this room. There was not evidence to indicate the fire originated in this room.

South of the living room was the kitchen and utility area and the bathroom. There was some smoke in this area but no evidence to indicate the origin of the fire.

There were two bedrooms upstairs. There was a small amount of smoke and no fire damage in this area.

The bedroom at the northeast corner of the first floor received heavy fire damage. The room is approximately 9' X 12' with a window in the center of the north wall and near the center of the east wall.

There were two beds in the room. One was along the west wall with the head of the bed at the north wall. The other bed was along the east wall with the head of the bed at the north wall.

970122HCC5231
8015
Ad Sanders

The point of origin was approximately 12" from the foot and on the east edge of the bed which was along the west wall. There was heavy charring on the bottom side of the wood bed frame and annealing of the spring. Also in this area on the floor I found the 4" metal tip from a butane lighter. (This was not a cigarette lighter but the type used for starting charcoal fires, fireplaces, etc.)

The fire extended from the bed to other near by combustible material doing heavy damage to the interior of the room, then extending out the windows, damaging the exterior walls and soffits above the windows.

WITNESSES: [redacted] and [redacted].

CONCLUSION: Given the findings referenced in this report, this fire will be classified as accidental. The fire was caused by [redacted] playing with a butane lighter in her room. She ignited the bed covers or clothing near the bed.

The fire was between [redacted] and the door to the room, preventing her escape or her rescue by her mother or [redacted].

[redacted] was transported St. Johns Hospital for treatment of burn injuries. She died at approximately 20:30 hours on September 2, 1996.

Submitted by,

Michael Logue

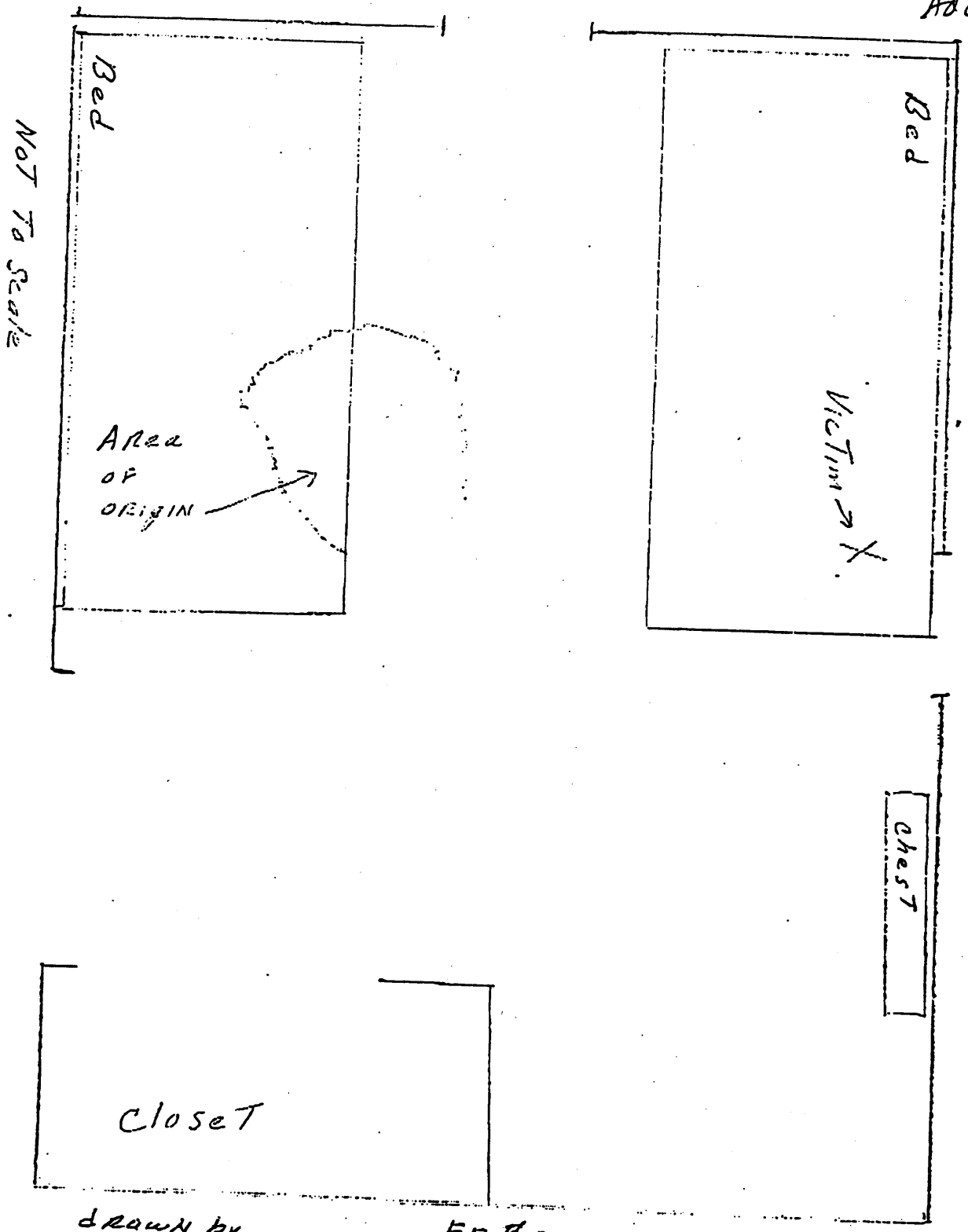
Michael Logue
Fire Investigator

ML/vh

North East Bedroom

AT 426 W High

970127HCC 5231
8015
Addendum



drawn by
Michael Logue
9-5-96

FD #96-13824
9-2-96

EHHA

ACCIDENT INVESTIGATION REQUEST FORM

Document Number X971018 2A

Date of Incident 9/2/96 Category I.D. BURNS 1997

Follow-Up Requested (Hazard Analysis) Section 15

Type Follow-Up Requested (Telephone Call) or (On-Site)

Headquarters Contact Linda Smith 504-0478 X1275

Assignment Message Describe the product involved brand name, description of physical dimensions & lighting mechanisms, What did the occupants use lighter for? How old was child who started fire? Obtain details of deaths or injuries including treatment & amount of property damage. Conduct an on-site when the product is available for inspection.

Person(s) to Contact Barbara Radnofsky
Officials

Guideline

Requested By

Task Number 970122 HCC 5231

Assigned to CHIO Date

CPSC Form 324 (2/90)

970122HCC5231
8015
Attachment 3
5 psr MU 2/4

CHIO

ACCIDENT INVESTIGATION REQUEST FORM

Document Number X9710182A

Date of Incident 9/2/96 Category I.D. BUNNON 1997

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call or On-Site

Headquarters Contact Linda Smith 504-0470 X1275

Assignment Message Describe the product involved brand name, description of physical dimensions & lighting mechanisms. What did the occupants use lighter for? How old was child who started fire. Obtain details of deaths or injuries including treatment ~~& amount~~ of property damage. Conduct an on-site when the product in available for inspection.

Person(s) to Contact Barbara Radnofsky Dallas TX
Officials

advise supp if product available incident — Springfield, MO

Guideline

Requested By

Task Number 970122HCC5231

Assigned to CHIO Date

mil 1/28

CPSC Form 324 (2/90)

970122HCC 5231
8015
NAS Attachment: 4, Faxed 2/3
11/13 4

IDI ASSIGNMENT TRACKING SHEET 408

1. ASSIGNMENT # 970122HCC5231 2. INVEST. 8015 3. SUP. 8007

4. DATE ASGD 2/3/97 5. TARGET 3/5/97 6. UPDATE _____

7. ASGN TYPE 08 8. MIS 12165 9. ACTIVITIES _____

10. NAME Davidson 11. LOCATION Springfield, MO

12. PRODUCT utility lighter 13. DOC # X9710162A

14. HIA REF BUNNOZ 15. STATUS _____ 16. LAST REV (GENERATED)

17. REGION C

18. DATE COMPLETED _____ 19. TIME _____ 20 TRAVEL _____

21. REMARKS DOI 960902

ADDITIONAL REMARKS AND DIRECTIONS (NOT IN COMPUTER RECORD)

Conduct by phone as per HQ instructions. Contact attorney in Dallas & officials in Springfield for info / records. If suit has been filed get relevant documents / photos.

NOTE: If bedding line, complete appropriate data sheet & cover "bedding" as 2nd product

Investigation Report - Analyst's Comments

Task No. 970122HCL5231 Regional Office CH10

Product Code 1247 Investigator ID 8015

Category BUNN021997 Hours Reported 10

Comments

DATA RECORD SHEET ON BEDDING FIRES WAS NOT SUBMITTED. CONTACT WAS MADE WITH THE LAW FIRM THAT REPORTED THE INCIDENT TO CPSC FOR DETAILS AND WITH THE INVESTIGATING FIRE MARSHALL.

THE BUTANE LIGHTER WAS DESCRIBED BUT A SAMPLE OF THE REMAINS WAS NOT OBTAINED WITHOUT A SUBPOENA. COPIES OF THE FIRE DEPT REPORT AND PHOTOS WERE REQUESTED BUT NOT RECEIVED AT THE TIME THE ASSIGNMENT WAS COMPLETED.

Reviewer LAS (0061) Date 3-13-97

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

☐ _____
Signature

Vinson & Elkins
ATTORNEYS AT LAW

VINSON & ELKINS L.L.P
2300 FIRST CITY TOWER
1001 FANNIN STREET
HOUSTON, TEXAS 77002-6760
TELEPHONE (713) 758-2222
FAX (713) 758-2346

X97 0162

WRITER'S TELEPHONE
(713) 758-2502

970122 HCC5231

WRITER'S FAX
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January 6, 1997

Sayde E. Dunn
Secretary of the Consumer Product Safety Commission
Washington, D.C. 20207

ISSUE 17

Re: Petition CP 96-1 for Child Resistant Multi-Purpose Lighters

JAN 21 1997

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The child's name w[redacted]. Her mother, [redacted] told us the lighter was received as a gift and was used to light candles. It was always stored on the second shelf above the counter in the kitchen of her home, with the on/off switch in the "off" position. [redacted] slept with her mother on the second floor the previous night, but got up early on the morning of September 2, 1996, climbed up onto the counter, and got the lighter. She took the lighter back to her first floor bedroom and played with it under a day bed.

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Very truly yours,

VINSON & ELKINS, L.L.P.

By: _____
Barbara A. Radnofsky

_____
Conrad B. Guthrie

Enclosure: Self-addressed stamped envelope
Copy of this letter of comment

Photos

6 JAN 1998 34

D1

1. TASK NUMBER 970313HCC3019 see 970122HCC5281		2. INVESTIGATOR'S ID 8938	**EPIDEMIOLOGIC INVESTIGATION REPORT**
3. OFFICE CODE 830	4. DATE OF ACCIDENT YR MO DAY 96 09 02	5. DATE INITIATED YR MO DAY 97 10 24	

6. SYNOPSIS OF ACCIDENT OR COMPLAINT

A four year old female died of second and third degree burns to over ninety percent of her body, due to a house fire which erupted, while she was playing with an all-purpose butane utility lighter. She ignited either clothing or a mattress, while under a daybed, located in her bedroom. The mother and her boyfriend, who were the only other individuals in the house, were able to escape without injury.

7. LOCATION (Home, School, etc.) Home 10	8. CITY **Springfield**	9. STATE MO
10A. FIRST PRODUCT Multi-Purpose Lighter 1247	10B. TRADE/BRAND NAME Aim'N'Flame	10C. MODEL NUMBER Unknown

10D. MANUFACTURER NAME AND ADDRESS
Scripto-Tokai Corporation 11591 Etiwanda Ave. Fontana, CA 92337

11A. SECOND PRODUCT Clothing 1658	11B. TRADE/BRAND NAME Unk.	11C. MODEL NUMBER Unk.

11D. MANUFACTURER NAME AND ADDRESS
Unk.

No Mfrs/PrvtLblrs or Products Identified
Excepted by ANPR
Firms Notified,
Comments Processed.
Jan 7/2/98

12. AGE OF VICTIM 004	13. Sex **Female - 2**	14. DISPOSITION Fatality - 8	15. INJURY DIAGNOSIS Thermal Burns-51
16. BODY PART(S) VOLVED All Part Body 85	17. RESPONDENT Mother - 1	18. TYPEOF INVESTIGATION On-Site - 1	19. TIME SPENT (OPERATIONAL HOURS) 8.0 4.0 Tr.
20. ATTACHMENT(S Multi - 9	21. CASE SOURCE **CPSC FOI Office - 13**	22. SAMPLE COLLECTION NUMBER **NONE**	

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

24. REVIEW DATE 971211	25. REVIEWED BY 8311	**26. REGIONAL OFFICE DIRECTOR**

27. DISTRIBUTION
O=EHDS, cc=FOWR, cc=FOCR, cc=EHHA, L. Smith

EHDS ~~29 DEC 1997~~

FIELD ACTIVITY COVERSHEET

6 JAN 1998

1. REGION/STATE FO~~W~~R C	2. OPERATION (Check One) ( ) Inspection ( ) Establishment Visit ( ) Telephone Contact (x) Investigation ( ) Other [ ]	3. DATE December 12, 1997 4. NUMBER (For RO Use) 970313HCC3019

5. ESTABLISHMENT
Name: [Scripto-Tokia Corp.]
Address: [ ]
City: [Fontana] State: [CA] Zip: [92337] Telephone: [

6. RELATED FIRM ( ) Parent ( ) Headquarters ( ) Subsidiary ( ) Other Branch

7. PRODUCTS COVERED [Multi-Purpose Lighter] [ ]	8. OTHER CONSUMER PRODUCTS [ ] [ ]
9. ESTABLISHMENT TYPE ( ) Manufacturer ( ) Importer ( ) Wholesaler ( ) Own Label Distributor ( ) Retailer ( ) Repackager ( ) Other: [ ]	10. ANNUAL PRODUCTION Product Covered $ Units: [ ] Other Products $. Units: [ ]

11. I.S.BUSINESS % Received % Shipped	12. SAMPLES COLLECTED None	13. MIS CODE 12165	14. HOURS Activity [8] Travel [4]

15. REASON FOR ACTIVITY (Assignment Reference) IDI #970313HCC3019

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

17. EMPLOYEE'S NAME Joseph McDowell	TITLE PSI	SIGNATURE Joseph McDowell

18. (X) ENDORSEMENT ( ) REMARKS ( ) SUMMARY ( ) OTHER [

A four year old female died of burns from a fire that was set by her playing with a multi-purpose lighter under a daybed in her bedroom.

19. REVIEWER'S NAME James A. Miersch	TITLE SPSI	SIGNATURE James A. Miersch

20.REVIEW DATE 12-12-97	21. DISTRIBUTION O=EHDS, cc=FOCR, cc=FOWR, cc=EHHA, L. Smith

970313HCC3019

SYNOPSIS

A four year old female died of third degree burns to over ninety percent of her body, due to a house fire which erupted, while she was playing with an all-purpose butane utility lighter. She ignited either clothing or a mattress, while under a daybed, located in her bedroom. The mother and her boyfriend, who were the only other individuals in the house, were able to escape without injury.

PRE-INCIDENT

The information contained in this in-depth investigation came from the mother, a fire chief, a retired fire investigator, (who was working at the time for this fire department), and the mother's attorney's legal assistant, (who flew in from Texas).

The mother, and her fiance', had taken a trip out of town for the weekend, prior to this incident. They left the four year old daughter at the grandmother's house, during this period.

All of them were in excellent health, and none were on any medications for illnesses. The four year old daughter did not have any physical or mental abormalities, but had previously suffered from ear infections. That problem has since been resolved. The daughter weighed approximately thirty five pounds.

The four year old daughter did not have a history of playing with cigarette or utility all-purpose lighters. The mother, and her fiance' never operated any lighter in front of the child. The mother did not know whether her daughter was physically capable of operating cigarette or utility lighters.

The mother's evaluation of the manual dexterity of her four year old daughter was average.

There were two cigarette lighters in the mother's upstairs bedroom, prior to this fire. One was normally kept on the dresser in her bedroom, and the other one was kept in the second cabinet, located on the west wall of her kitchen.

INCIDENT

The thirty six year old mother, and her thirty four year old fiance', returned home from their weekend trip. They went to the grandmother's house to pick up the four year old daughter, and went home, at approximately 2:a.m..

All of the individuals went to sleep upstairs in the mother's bed, as soon as they got home.

INCIDENT CON'T

At approximately 9:50 a.m., the same morning, the fiance' was awakened by a smoke detector alarm. He woke up his fiancee' and both of them went downstairs to investigate. They found fire coming from the four year daughter's bedroom. The fiance' tried to enter the room, but could not, because of the flames. The four year old daughter had gained access to an all-purpose, utility butane lighter by climbing onto the kitchen counter, going to her bedroom, and igniting either clothes or bedding, which ultimately started this fire.

POST-INCIDENT

The mother and her fiance' escaped out of the house, but were unable to call 911, because the phone lines went dead.

A neighbor, who heard screams emanating from the house, went to the house and tried to open the front door, but could not, because of the heat and flames. He then went around the east side of the house to the bedroom window, saw the four year old female victim inside, broke out that window, and retrieved the victim.

Another man in the neighborhood, who saw the fire, went to a neighbor's house and asked someone to call 911.

The fire personnel arrived three minutes later, along with paramedics. The paramedics immediately conveyed the victim to the hospital. The victim received third degree burns over ninety six percent of her body. She was pronounced dead of those burns, hours later.

Fire damage to the house was estimated at $25,000.00, by fire officials. The fire investigator, who was present during this interview, stated that the burn pattern indicated that the fire started under the day bed in the victim's bedroom. There were two of these daybeds in that room, one along the west wall, and the other one along the east wall. Both daybed heads were positioned on the north wall.

PRODUCT INFORMATION

The product involved in this incident was an all-purpose utility butane lighter. It was manufactured by the Scripto-Tokai Corporation, 11591 Etiwanda Avenue, Fontana, CA 92337. Their phone number is 909-360-2100. Their was no model or serial number found on the remains of the lighter, which consisted of a four inch metal frame.
The lighter was given to the mother of the victim by her sister-

PRODUCT INFORMATION CON'T

in-law. The sister-in-law hosted a party, approximately one and one-half years, prior to this incident, and the lighter was a premium she received for selling numerous items. The mother did not know where her sister-in-law obtained the lighter.
The lighter's four inch nozzle had the words: "Aim'N'Flame", inscribed in it, which were the only markings on the product.

The lighter had an adjustable lever on it for flame height, but because it was not found, no one knows what position the lever was in, whether the minimum or maximum position.

The butane lighter has a long shaft attached to it's body with a "trigger type mechanism" to turn it on or off. Also attached to it is an on-off switch.

The lighter had not been damaged in any way, and had never malfunctioned, according to the mother.

STANDARDS INFORMATION

The American Society for Testing and Materials (ASTM) has a voluntary standard for cigarette lighters, but not for utility or all-purpose butane lighters.

The U.S. Consumer Product Safety Commission has a safety standard for cigarette lighters, (CFR 16, Part 1210), but not for all-purpose or utility lighters. A Notice Of Proposed Rulemaking (NPRM), is seeking to amend the cigarette lighter standard to include utility lighters effective July 12,1994.

ATTACHMENTS

1.Fire and Investigative Report.
2.Certificate of Death.
3.Authorization to Release Name.
4.Photographs

IDI 970313HCC3019
Attachment #1 - 1/8

CITY OF SPRINGFIELD, MISSOURI

FIRE DEPARTMENT

INVESTIGATIVE REPORT

INCIDENT NUMBER:	F.D. 96-13824
DATE:	September 2, 1996
TIME:	0954 Hours
ADDRESS:	426 W. High
OWNER:	Kent Smith
RESPONSE:	Engine 4, 5; Rescue 3; Truck 1; Air Van 1; Fire Marshal 4
INCIDENT CLASS:	Accidental
PROPERTY INVOLVED:	Two-story, wood frame, single family dwelling
INVESTIGATOR:	Michael Logue

STORY OF THE INCIDENT: Arriving at the above location, I contacted Battalion Chief Bill Arington and first-in firefighters.

Cpt. Lance Monholland of Engine 5, stated that he was the first engine to arrive. Upon arrival he found fire coming from the window of the first floor at the northeast corner of the house. As he arrived, he was notified that a child had been injured by the fire.

The child, Cheyenne Davidson, W/F, DOB 7/8/92, was in the front yard of the home. Monholland directed his firefighters to administer aid to the child who appeared to have severe burns on her face, hands, arms and upper body. She was then taken to St. John's Hospital by ambulance.

Perry P. Eftling, W/M, DOB 4/15/62, 426 W. High, Phone 862-0046, stated that he and the child's mother, Deborah Elder, W/F, age 36, were sleeping in the upstairs bedroom when he was awakened by the smoke alarm. He went downstairs to investigate and found fire coming from Cheyenne's bedroom. He attempted to enter the room but could not because of the flames. He told Deborah to call 9-1-1. Perry Eftling and Deborah Elder escaped from the house and were not injured.

Larry W. Lewis, W/M, DOB 9/1/46, 626 S. Douglas, Phone 831-1717, was at 2155 N. Lyon. He heard people yelling about the fire and that someone was trapped. He went to the house and attempted to enter. He could not enter the bedroom because of the heat and flames. He then went to the window at the east side of the bedroom. He could see the child inside. He broke out the window and pulled the child out.

Ken Zumalt, W/M, DOB 6/24/68, 2213 N. Lyon, saw the fire and went to the neighbors to get someone to call 9-1-1. He did not attempt to enter the house.

IDI 970313HCC3019
Attachment #1-2/8

Firefighters contained the fire to the bedroom and a small part of the living room and the outside of the house above the windows.

In a telephone conversation on 9/5/96, Deborah Elder stated that she and Perry Eftling had been out of town for the weekend. After picking Cheyenne up at her mother's they all three arrived at the High St. address at approximately 2:00 AM. They had all gone to sleep in the same bed upstairs. She did not realize that Cheyenne had gotten out of bed until she was awakened by the smoke alarm.

Deborah and Perry went downstairs and found the fire but were unable to get to the child. She attempted to call 9-1-1 but the phones were dead.

Ms. Elder stated that Cheyenne had no previous fire setting behavior.

Ms. Elder also stated that the butane lighter found in the bedroom was kept on the second shelf of the upper cabinet along the west wall of the kitchen.

<u>EXAMINATION OF THE FIRE SCENE</u>: Upon examining the fire scene I found a two-story, wood frame, single family dwelling.

I entered the house from the north doorway into the living room area. This room had fire damage along the east wall above doorway leading into a bedroom. The door facing was burned and heat had damaged the ceiling, south and north walls. There was smoke damage to this room. There was not evidence to indicate the fire originated in this room.

South of the living room was the kitchen and utility area and the bathroom. There was some smoke in this area but no evidence to indicate the origin of the fire.

There were two bedrooms upstairs. There was a small amount of smoke and no fire damage in this area.

The bedroom at the northeast corner of the first floor received heavy fire damage. The room is approximately 9' X 12' with a window in the center of the north wall and near the center of the east wall.

There were two beds in the room. One was along the west wall with the head of the bed at the north wall. The other bed was along the east wall with the head of the bed at the north wall.

IDI 970313HCC3019
Attachment #1-318

The point of origin was approximately 12" from the foot and on the east edge of the bed which was along the west wall. There was heavy charring on the bottom side of the wood bed frame and annealing of the spring. Also in this area on the floor I found the 4" metal tip from a butane lighter . (This was not a cigarette lighter but the type used for starting charcoal fires, fireplaces, etc.)

The fire extended from the bed to other near by combustible material doing heavy damage to the interior of the room, then extending out the windows, damaging the exterior walls and soffits above the windows.

WITNESSES: Deborah Elder, Perry P. Eftling, Larry Lewis and Ken Zumalt.

CONCLUSION: Given the findings referenced in this report, this fire will be classified as accidental. The fire was caused by Cheyenne Davidson playing with a butane lighter in her room. She ignited the bed covers or clothing near the bed.

The fire was between Cheyenne and the door to the room, preventing her escape or her rescue by her mother or Perry Eftling.

Cheyenne was transported St. Johns Hospital for treatment of burn injuries. She died at approximately 20:30 hours on September 2, 1996.

Submitted by,

Michael Logue

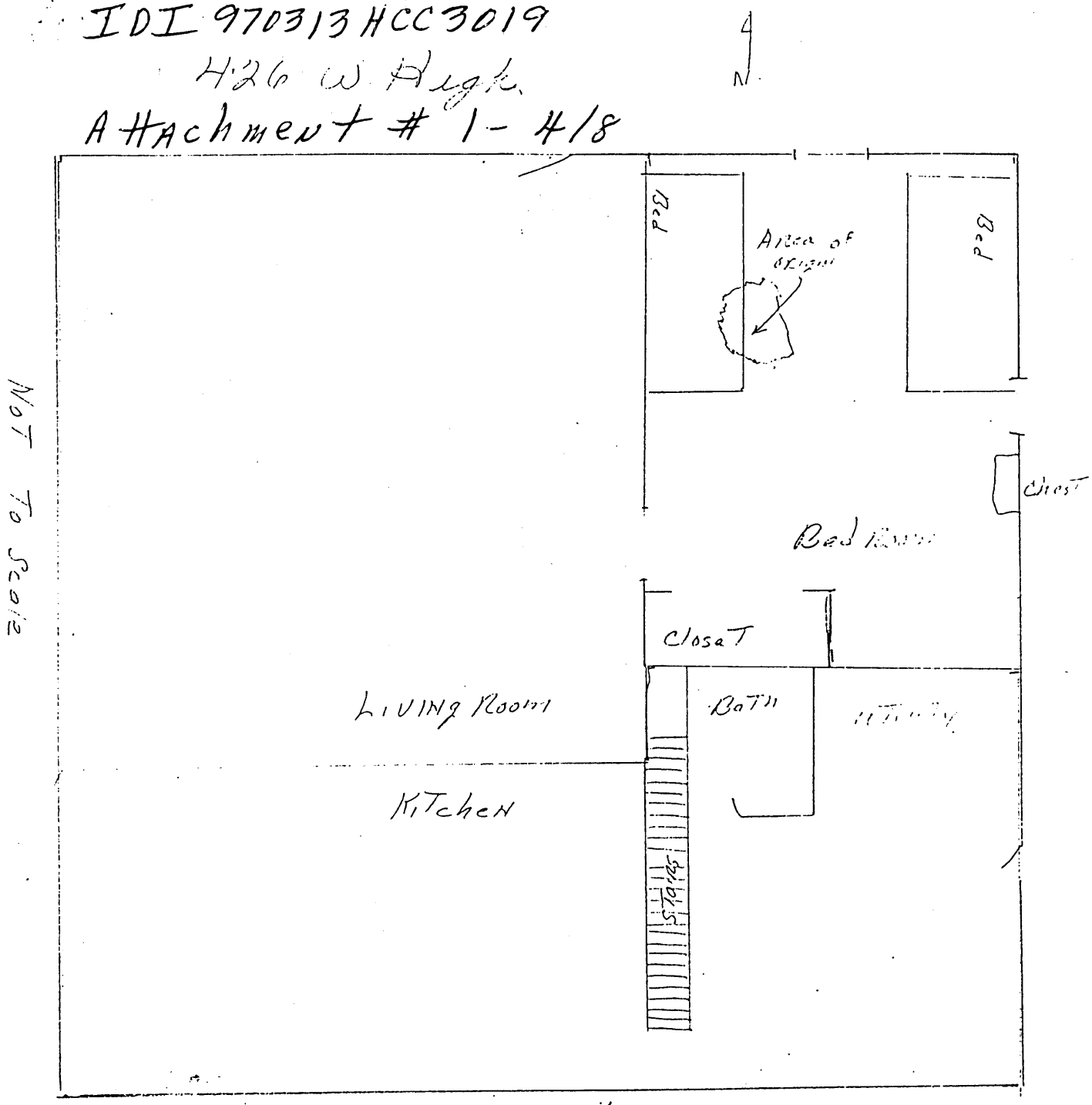
Michael Logue
Fire Investigator

ML/vh

IDI 970313HCC3019

426 W. High

Attachment # 1-4/8

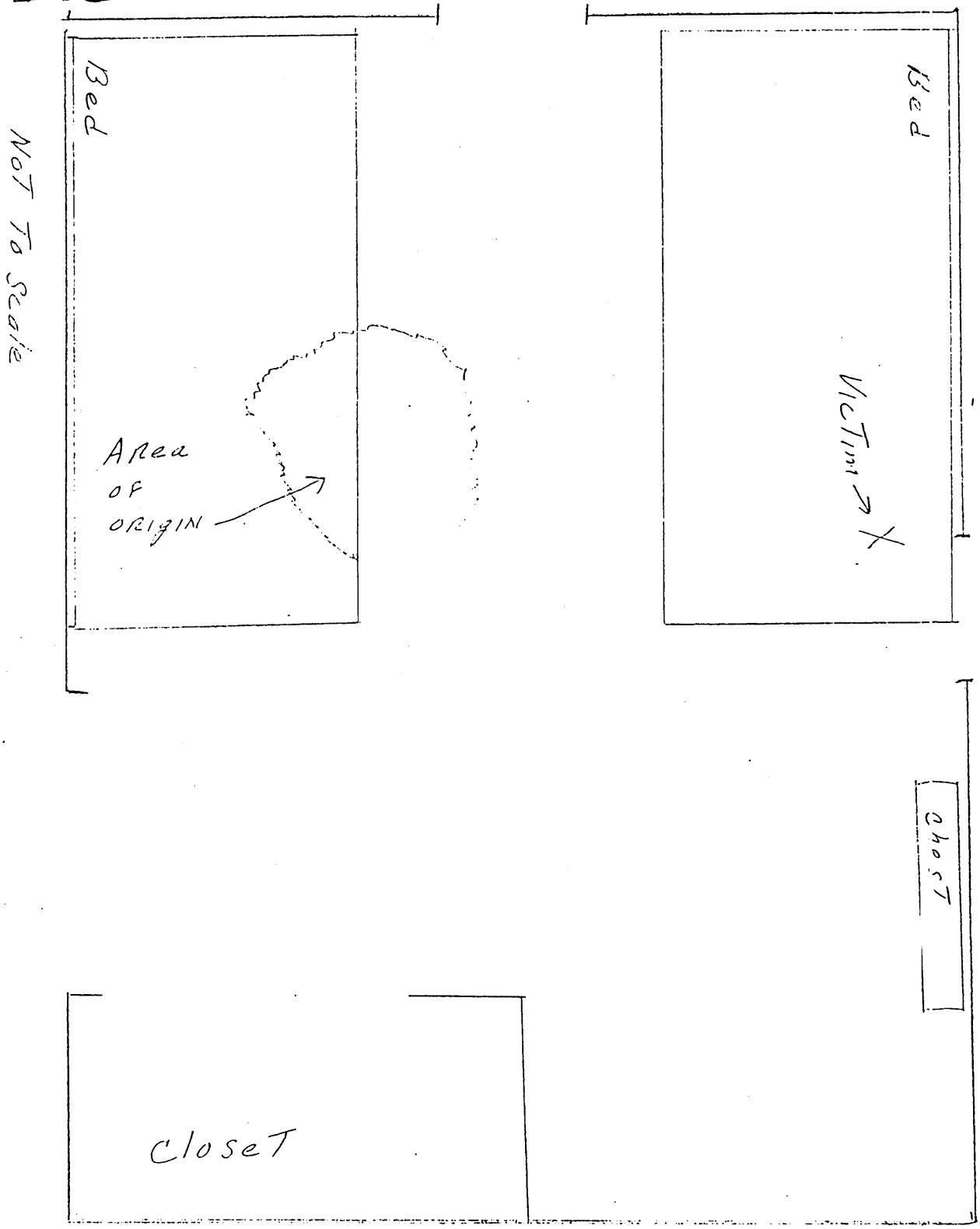


FD# 96-13824
9-2-96

Drawn by
Michael Logue
9-5-96

North East Bedroom
AT 426 W High

IDI 970313HCC3019 Attachment # 1-518



drawn by
Michael hogue
9-5-96

FD # 96-13824
9-2-96

IDI 970313HCC3019 Attachment # 1-618

FIRE INCIDENT REPORT
Springfield Fire Dept.

INSURED(Y/N): N

1 DELETE
2 CHANGE
COPY TO FBI
COPY TO

INSURER'S NAME

A	FDID 03907	INCIDENT NO 13824	EXP 00	MO 09	DAY 02	YEAR 96	DAY OF WEEK Monday 2	ALARM TIME 09:54	ARRIVAL TIME 09:57	TIME IN SERVICE 1[illegible]:35

B CORRECT ADDRESS: 426 W. HIGH | ZIP CODE | CENSUS TRACT

C OCCUPANT NAME (LAST, FIRST, MI): PEFTLING, PERRY | TELEPHONE ( ) - | ROOM OR APT

D OWNER NAME (LAST, FIRST, MI): SMITH, KENT | ADDRESS | TELEPHONE ( ) -

E METHOD OF ALARM FROM PUBLIC: Phone tie-in to FD 7

F TYPE OF SITUATION FOUND: Structure fire 11

G TYPE OF ACTION TAKEN: Extinguishment 1 | DISTRICT 5 | NO. ALARMS 1 | SHIFT C

MUTUAL AID REC'D GIVEN | FIRE MARSHALL REQUESTED: Y

H NO. FIRE SERVICE PERSONNEL RESPONDED 17 | NO. ENGINES RESPONDED 2 | NO. AERIAL APPARATUS RESPONDED 1 | NO. OTHER VEHICLES RESPONDED 4

I NUMBER OF INJURIES FIRE SERVICE 0 | OTHER 0 | NUMBER OF FATALITIES FIRE SERVICE 0 | OTHER 1

J AREA OF FIRE ORIGIN: Sleeping rm for < 5 pers. 21 | COMPLEX: Dwelling complex 1-2 fmly 41

K FIXED PROPERTY USE: 1-fam dwell year rnd 411 | IGNITION FACTOR: Children, playing 36

L IF MOBILE PROPERTY | YEAR | MAKE | MODEL | SERIAL NO. | LICENSE NO.

M IF EQUIPMENT INVOLVED: BUTANE LIGHTER | YEAR | MAKE | MODEL: N/A | SERIAL NO.: N/A | LICENSE NO.: N/A

N FORM OF HEAT OF IGNITION: Lighter 46 | TYPE OF MATERIAL IGNITED: Undet/not reptd. 0 | FORM OF MATERIAL IGNITED: Form undetermin. 0

O NUMBER OF STORIES: 2 stories. 2 | CONSTRUCTION TYPE: Protected wood frame 7

P EXTENT OF FLAME DAMAGE: Structure of origin 6 | EXTENT OF SMOKE DAMAGE: Structure of origin 6

Q DETECTOR PERFORMANCE: Not at origin-did not opr 4 | SPRINKLER PERFORMANCE: No equipment present 8

R IF SMOKE SPREAD BEYOND ROOM OF ORIGIN | TYPE OF MATERIAL GENERATING MOST SMOKE: Sawn wood 63 | AVENUE OF SMOKE TRAVEL: Stairwell 4

FORM OF MATERIAL GENERATING MOST SMOKE: Furniture uncl. 29

S METHOD OF EXTINGUISHMENT: Hose:precon. to hydr 6

T ESTIMATED TOTAL DOLLAR LOSS: $12,500 4 | ESTIMATED VALUE: $30,000 4 | PLACE OF OCCURANCE: 1N RURAL 2Y URBAN

U TOTAL ACRES BURNED | SIZE CLASS ACRES | SUPPRESSION COST | NO. OF VOLUNTEERS

V ACRES GRASSLAND | ACRES FORESTLAND | ACRES CROPS

W NAME OF RAILROAD | RAILROAD MILEPOST TO

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) DATE 09/02/96

QUALITY CONTROL BY VIRGINIA HOPPER, STAFF ASSISTANT DATE 09/02/96

MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) DATE 09/02/96

IDI 970313HCC3019 Attachment #1 - 7/8

CIVILIAN CASUALTY REPORT

Springfield Fire Dept.

FDID	INCIDENT NO	EXP	MO	DAY	YEAR	DAY OF WEEK	ALARM TIME
03907	13824	00	09	02	96	Monday 2	09:54

CASUALTY NUMBER	1 DELETE / 2 CHANGE
1	

GA	CASUALTY LAST NAME: DAVIDSON	FIRST NAME: CHEYENNE	MI:	MO / YR: 07/92	AGE: 4	TIME OF INJURY: 09:54
GB	HOME ADDRESS: 426 W. HIGH	TELEPHONE: ( ) -				
GC	SEX: FEMALE 2	CASUALTY TYPE: Fire Casualty 1	SEVERITY: Death 2	AFFILIATION: Civilian 2		
GD	FAMILIARITY WITH STRUCTURE: Undeter/not rep 0	LOCATION AT IGNITION: Involved 1	CONDITION BEFORE INJURY: Undetermined 0			
GE	CONDITION PREVENTING ESCAPE: Undetermined 0	ACTIVITY AT TIME OF INJURY: Undet/not reptd 0	CAUSE OF INJURY: Exposed to fire 2			
GF	NATURE OF INJURY: Burns & smoke 1	PART OF BODY INJURED: Multiple parts 8	DISPOSITION: Hospital non FD 4			

O See remarks on back O See additional report

REMARKS

Springfield Fire Dept.

For Incident: 13824 Exposure: 00 DATE: 09/02/96 TIME: 09:54

ACCIDENTAL STRUCTURE FIRE. A CHILD PLAYING WITH BUTANE LIGHTER.

PERSONNEL INFORMATION

Springfield Fire Dept.

FDID	INCIDENT NO.	EXP.NO.	MO	DAY	YEAR	TIME
03907	13824	00	09	02	96	09:54

ID	NAME	JOB	TIME	COST
1112	JAMES HANSEN		01:41	0.00
1247	DAVID DAVIS		01:41	0.00
1304	JASON DAVIS		01:41	0.00

ID	NAME	JOB	TIME	COST
1138	LANCE MONHOLLAND		01:41	0.00
1240	RANDY ROSSNER		01:41	0.00
1262	RANDY VILLINES		01:41	0.00
1268	DAVID FENTON		01:41	0.00

ID	NAME	JOB	TIME	COST
1107	ROBERT ANDERSON		01:41	0.00
1266	JEFFREY CARROLL		01:41	0.00
1282	LANE M. WALDEN		01:41	0.00

1238	DAVID A. MINNEHAN		01:41	0.00

ID	NAME	JOB	TIME	COST
1204	BART ANDREWS		01:41	0.00

ID	NAME	JOB	TIME	COST
1135	BART ANDREWS		01:41	0.00

ID	NAME	JOB	TIME	COST
1154	G.WILLIAM ARINGTON		01:41	0.00

IDI 970313 HCC 3019
Attachment #1 - 8/8

IDI 970313HCC3019
Attachment #2

TYPE PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 124 -

REGISTRATION DISTRICT NO 077 REGISTRAR'S NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): CHEYENNE DENAE DAVIDSON
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): SEPT. 2, 1996
4. SOCIAL SECURITY NO: 497-06-4693
5a. AGE - Last Birthday (Years): 4
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): JULY 8, 1992
7. BIRTHPLACE (City and State or Foreign Country): SPRINGFIELD, MISSOURI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No ☐ Unk
9a. PLACE OF DEATH (check only one, see instructions on other side): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): ST. JOHNS HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: SPRINGFIELD
9d. COUNTY OF DEATH: GREENE
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): NEVER MARRIED
11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name): - - - - - - - - - - - - - -
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): NEVER EMPLOYED
12b. KIND OF BUSINESS OR INDUSTRY: N/A
13a. RESIDENCE - STATE: MISSOURI
13b. COUNTY: GREENE
13c. CITY, TOWN, OR LOCATION: SPRINGFIELD
13d. ZIP CODE: 65803
13e. STREET AND NUMBER: 426 WEST HIGH
13f. INSIDE CITY LIMITS: ☒ Yes ☐ No
13g. YEARS AT PRESENT ADDRESS: ☒ Under 5 ☐ 5-9 ☐ 10-19 ☐ 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 0 — College (1-4 or 5+):

FOR USE BY PHYSICIAN OR INSTITUTION

NAME OF DECEDENT

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOHNNY JOBE DAVIDSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): DEBORAH LYNNE ELDER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DEBORAH LYNNE ELDER
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 426 W. HIGH, SPRINGFIELD, MISSOURI 65803

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): BURIAL
20b. DATE OF DISPOSITION (Month, Day, Year): SEPT. 6, 1996
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): GREENLAWN MEMORIAL GARDENS
20d. LOCATION - City or Town, State: SPRINGFIELD, MISSOURI
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature] 4708
22a. NAME AND ADDRESS OF FACILITY: GREENLAWN FUNERAL HOME, 3506 N. NATIONAL, SPRINGFIELD, MO. 65803
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER: 1796

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) ▶ a. 95% TOTAL BODY SURFACE BURN — Approximate Interval Between Onset and Death: 8 hours

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

b.

DUE TO (OR AS A CONSEQUENCE OF):

c.

DUE TO (OR AS A CONSEQUENCE OF):

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☐ No ☐ Unk.
25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No
26. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year): 09/02/96
27b. TIME OF INJURY: UNK M
27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☐ Yes ☒ No ☐ Unk.
27d. INJURY AT WORK? ☐ Yes ☒ No ☐ Unk.
27e. DESCRIBE HOW INJURY OCCURRED
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): HOME
27g. LOCATION (Street and Number or Rural Route Number, City or Town, State): 426 W. High

CERTIFIER

28a. (Specify): ☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ [signature] Medical Director of the Burn Unit St. Johns Regional Health Center
28c. DATE SIGNED (Month, Day, Year): 09/05/96
28d. TIME OF DEATH: 8:23 P
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)
29b. MO. LICENSE NUMBER: MD 107745
30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☒ No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
32. REGISTRAR'S SIGNATURE ▶ Jean Prince / U.S.
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): September 9, 1996

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

STATE OF MISSOURI } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

September 9, 1996

Jean Prince
Registrar of Vital Statistics

IDI 970313HCC3019
Attachment #3

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

[ ] You are hereby authorized to disclose my name and address with the information collected on this case.

[✓] My identity is to remain confidential.

Deborah L. Elder
(Signature)

10/31/97
(Date)

IDI 970313HCC3019
Attachment #1 - 1/8

CITY OF SPRINGFIELD, MISSOURI

FIRE DEPARTMENT

INVESTIGATIVE REPORT

INCIDENT NUMBER:	F.D. 96-13824
DATE:	September 2, 1996
TIME:	0954 Hours
ADDRESS:	426 W. High
OWNER:	Kent Smith
RESPONSE:	Engine 4, 5; Rescue 3; Truck 1; Air Van 1; Fire Marshal 4
INCIDENT CLASS:	Accidental
PROPERTY INVOLVED:	Two-story, wood frame, single family dwelling
INVESTIGATOR:	Michael Logue

STORY OF THE INCIDENT: Arriving at the above location, I contacted Battalion Chief Bill Arington and first-in firefighters.

Cpt. Lance Monholland of Engine 5, stated that he was the first engine to arrive. Upon arrival he found fire coming from the window of the first floor at the northeast corner of the house. As he arrived, he was notified that a child had been injured by the fire.

The child, Cheyenne Davidson, W/F, DOB 7/8/92, was in the front yard of the home. Monholland directed his firefighters to administer aid to the child who appeared to have severe burns on her face, hands, arms and upper body. She was then taken to St. John's Hospital by ambulance.

Perry P. Eftling, W/M, DOB 4/15/62, 426 W. High, Phone 862-0046, stated that he and the child's mother, Deborah Elder, W/F, age 36, were sleeping in the upstairs bedroom when he was awakened by the smoke alarm. He went downstairs to investigate and found fire coming from Cheyenne's bedroom. He attempted to enter the room but could not because of the flames. He told Deborah to call 9-1-1. Perry Eftling and Deborah Elder escaped from the house and were not injured.

Larry W. Lewis, W/M, DOB 9/1/46, 626 S. Douglas, Phone 831-1717, was at 2155 N. Lyon. He heard people yelling about the fire and that someone was trapped. He went to the house and attempted to enter. He could not enter the bedroom because of the heat and flames. He then went to the window at the east side of the bedroom. He could see the child inside. He broke out the window and pulled the child out.

Ken Zumalt, W/M, DOB 6/24/68, 2213 N. Lyon, saw the fire and went to the neighbors to get someone to call 9-1-1. He did not attempt to enter the house.

IDI 970313HCC3019
Attachment #1-2/8

Firefighters contained the fire to the bedroom and a small part of the living room and the outside of the house above the windows.

In a telephone conversation on 9/5/96, Deborah Elder stated that she and Perry Eftling had been out of town for the weekend. After picking Cheyenne up at her mother's they all three arrived at the High St. address at approximately 2:00 AM. They had all gone to sleep in the same bed upstairs. She did not realize that Cheyenne had gotten out of bed until she was awakened by the smoke alarm.

Deborah and Perry went downstairs and found the fire but were unable to get to the child. She attempted to call 9-1-1 but the phones were dead.

Ms. Elder stated that Cheyenne had no previous fire setting behavior.

Ms. Elder also stated that the butane lighter found in the bedroom was kept on the second shelf of the upper cabinet along the west wall of the kitchen.

EXAMINATION OF THE FIRE SCENE: Upon examining the fire scene I found a two-story, wood frame, single family dwelling.

I entered the house from the north doorway into the living room area. This room had fire damage along the east wall above doorway leading into a bedroom. The door facing was burned and heat had damaged the ceiling, south and north walls. There was smoke damage to this room. There was not evidence to indicate the fire originated in this room.

South of the living room was the kitchen and utility area and the bathroom. There was some smoke in this area but no evidence to indicate the origin of the fire.

There were two bedrooms upstairs. There was a small amount of smoke and no fire damage in this area.

The bedroom at the northeast corner of the first floor received heavy fire damage. The room is approximately 9' X 12' with a window in the center of the north wall and near the center of the east wall.

There were two beds in the room. One was along the west wall with the head of the bed at the north wall. The other bed was along the east wall with the head of the bed at the north wall.

IDI 970313HCC3019
Attachment #1-318

The point of origin was approximately 12" from the foot and on the east edge of the bed which was along the west wall. There was heavy charring on the bottom side of the wood bed frame and annealing of the spring. Also in this area on the floor I found the 4" metal tip from a butane lighter . (This was not a cigarette lighter but the type used for starting charcoal fires, fireplaces, etc.)

The fire extended from the bed to other near by combustible material doing heavy damage to the interior of the room, then extending out the windows, damaging the exterior walls and soffits above the windows.

WITNESSES: Deborah Elder, Perry P. Eftling, Larry Lewis and Ken Zumalt.

CONCLUSION: Given the findings referenced in this report, this fire will be classified as accidental. The fire was caused by Cheyenne Davidson playing with a butane lighter in her room. She ignited the bed covers or clothing near the bed.

The fire was between Cheyenne and the door to the room, preventing her escape or her rescue by her mother or Perry Eftling.

Cheyenne was transported St. Johns Hospital for treatment of burn injuries. She died at approximately 20:30 hours on September 2, 1996.

Submitted by,

Michael Logue

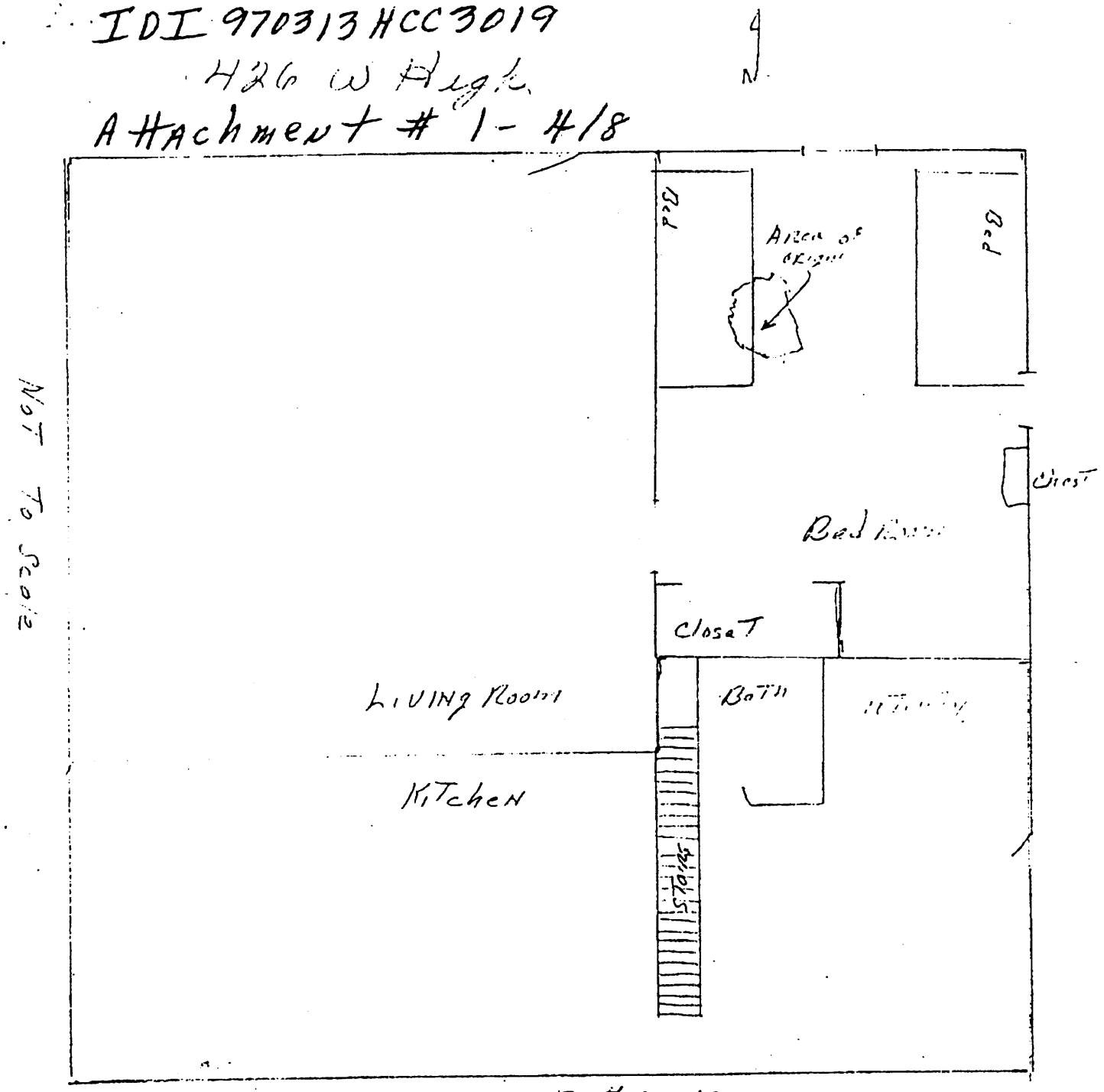
Michael Logue
Fire Investigator

ML/vh

IDI 970313HCC3019

426 W Hugh

Attachment # 1 - #18

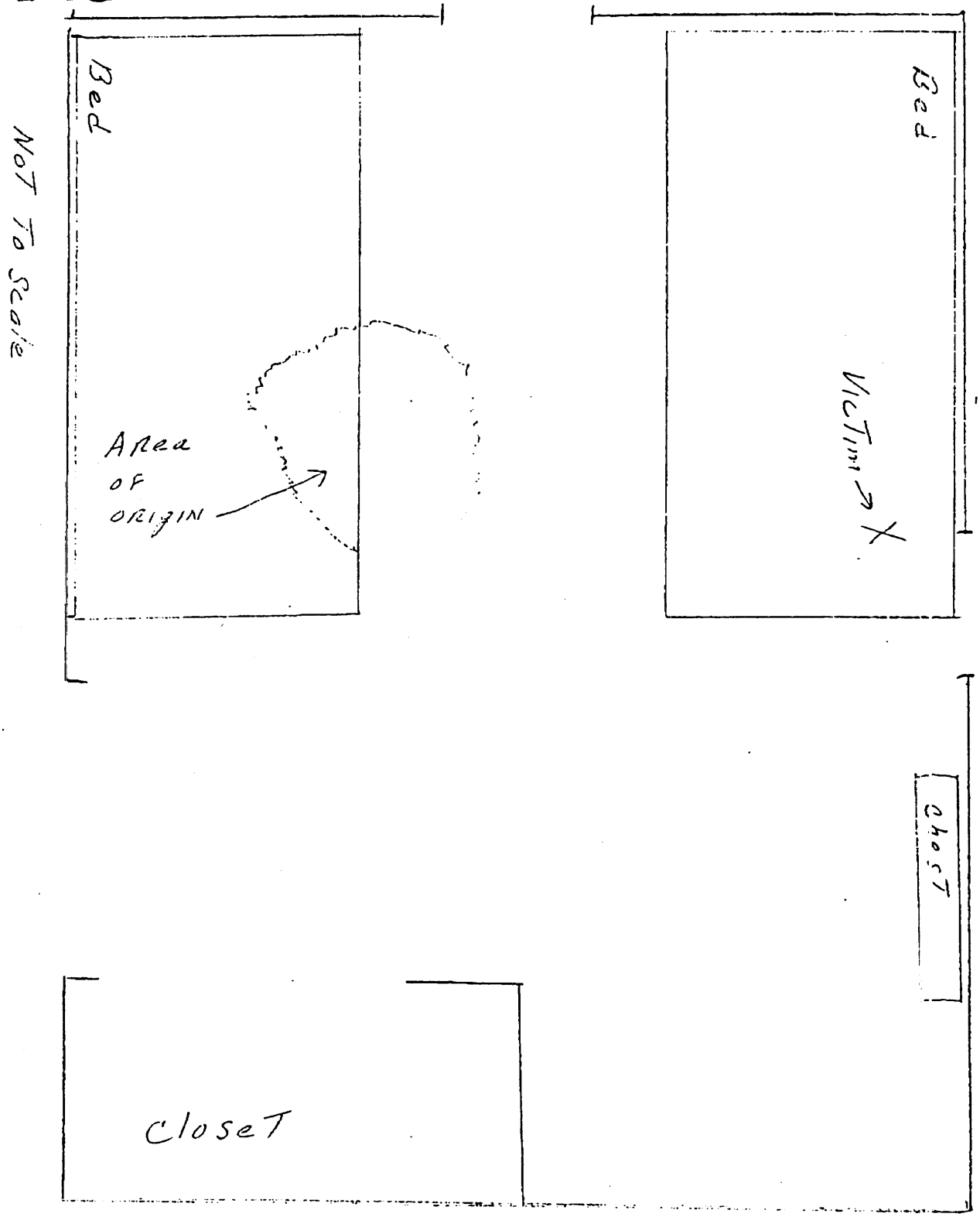


FD# 96-13824
9-2-96

Drawn by
Michael Logue
9-5-96

North East Bedroom
AT 426 W High

IDI 970313HCC3019 Attachment #1-518



drawn by
Michael Logue
9-5-96

FD #96-13824
9-2-96

IDI 970313HCC3019 Attachment # 1-618

FIRE INCIDENT REPORT
Springfield Fire Dept.

INSURED(Y/N): N

1 DELETE
2 CHANGE

COPY TO FBI
COPY TO

INSURER'S NAME

A	FDID 03907	INCIDENT NO 13824	EXP 00	MO 09	DAY 02	YEAR 96	DAY OF WEEK Monday 2	ALARM TIME 09:54	ARRIVAL TIME 09:57	TIME IN SERVICE 11:35

B	CORRECT ADDRESS 426 W. HIGH	ZIP CODE	CENSUS TRACT
C	OCCUPANT NAME (LAST, FIRST, MI) PEFTLING, PERRY	TELEPHONE ( ) -	ROOM OR APT
D	OWNER NAME (LAST, FIRST, MI) SMITH, KENT	ADDRESS	TELEPHONE ( ) -

E METHOD OF ALARM FROM PUBLIC: Phone tie-in to FD 7

F TYPE OF SITUATION FOUND: Structure fire 11

G TYPE OF ACTION TAKEN: Extinguishment 1
DISTRICT 5 | NO. ALARMS 1 | SHIFT C
MUTUAL AID REC'D GIVEN | FIRE MARSHALL REQUESTED: Y

H	NO. FIRE SERVICE PERSONNEL RESPONDED 17	NO. ENGINES RESPONDED 2	NO. AERIAL APPARATUS RESPONDED 1	NO. OTHER VEHICLES RESPONDED 4
I	NUMBER OF INJURIES FIRE SERVICE 0	OTHER 0	NUMBER OF FATALITIES FIRE SERVICE 0	OTHER 1

J	AREA OF FIRE ORIGIN: Sleeping rm for < 5 pers. 21	COMPLEX: Dwelling complex 1-2 fmly 41
K	FIXED PROPERTY USE: 1-fam dwell year rnd 411	IGNITION FACTOR: Children, playing 36

L	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
M	IF EQUIPMENT INVOLVED: BUTANE LIGHTER	YEAR	MAKE	MODEL: N/A	SERIAL NO.: N/A	LICENSE NO.: N/A

N	FORM OF HEAT OF IGNITION: Lighter 46	TYPE OF MATERIAL IGNITED: Undet/not reptd. 0	FORM OF MATERIAL IGNITED: Form undeterm. 0
O	NUMBER OF STORIES: 2 stories. 2	CONSTRUCTION TYPE: Protected wood frame 7	
P	EXTENT OF FLAME DAMAGE: Structure of origin 6	EXTENT OF SMOKE DAMAGE: Structure of origin 6	
Q	DETECTOR PERFORMANCE: Not at origin-did not opr 4	SPRINKLER PERFORMANCE: No equipment present 8	

R	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE: Sawn wood 63	AVENUE OF SMOKE TRAVEL: Stairwell 4
		FORM OF MATERIAL GENERATING MOST SMOKE: Furniture uncl. 29	

S METHOD OF EXTINGUISHMENT: Hose:precon. to hydr 6

T	ESTIMATED TOTAL DOLLAR LOSS $12,500 4	ESTIMATED VALUE $30,000 4	PLACE OF OCCURANCE 1N RURAL 2Y URBAN
U	TOTAL ACRES BURNED	SIZE CLASS ACRES	SUPPRESSION COST	NO. OF VOLUNTEERS
V	ACRES GRASSLAND	ACRES FORESTLAND	ACRES CROPS	
W	NAME OF RAILROAD	RAILROAD MILEPOST TO		

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) DATE 09/02/96
QUALITY CONTROL BY VIRGINIA HOPPER, STAFF ASSISTANT DATE 09/02/96
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) DATE 09/02/96

IDI 970313HCC3019 Attachment #1 - 7/8

CIVILIAN CASUALTY REPORT

Springfield Fire Dept.

FDID	INCIDENT NO	EXP	MO	DAY	YEAR	DAY OF WEEK	ALARM TIME
03907	13824	00	09	02	96	Monday 2	09:54

CASUALTY NUMBER	1 DELETE 2 CHANGE
1	

GA	CASUALTY LAST NAME: DAVIDSON	FIRST NAME: CHEYENNE	MI	MO / YR: 07/92	AGE: 4	TIME OF INJURY: 09:54
GB	HOME ADDRESS: 426 W. HIGH	TELEPHONE: ( ) -				
GC	SEX: FEMALE 2	CASUALTY TYPE: Fire Casualty 1	SEVERITY: Death 2	AFFILIATION: Civilian 2		
GD	FAMILIARITY WITH STRUCTURE: Undeter/not rep 0	LOCATION AT IGNITION: Involved 1	CONDITION BEFORE INJURY: Undetermined 0			
GE	CONDITION PREVENTING ESCAPE: Undetermined 0	ACTIVITY AT TIME OF INJURY: Undet/not reptd 0	CAUSE OF INJURY: Exposed to fire 2			
GF	NATURE OF INJURY: Burns & smoke 1	PART OF BODY INJURED: Multiple parts 8	DISPOSITION: Hospital non FD 4			

O See remarks on back O See additional report

REMARKS

Springfield Fire Dept.

For Incident: 13824 Exposure: 00 DATE: 09/02/96 TIME: 09:54

ACCIDENTAL STRUCTURE FIRE. A CHILD PLAYING WITH BUTANE LIGHTER.

PERSONNEL INFORMATION

Springfield Fire Dept.

FDID	INCIDENT NO.	EXP.NO.	MO	DAY	YEAR	TIME
03907	13824	00	09	02	96	09:54

ID	NAME	JOB	TIME	COST
1112	JAMES HANSEN		01:41	0.00
1247	DAVID DAVIS		01:41	0.00
1304	JASON DAVIS		01:41	0.00

ID	NAME	JOB	TIME	COST
1138	LANCE MONHOLLAND		01:41	0.00
1240	RANDY ROSSNER		01:41	0.00
1262	RANDY VILLINES		01:41	0.00
1268	DAVID FENTON		01:41	0.00

ID	NAME	JOB	TIME	COST
1107	ROBERT ANDERSON		01:41	0.00
1266	JEFFREY CARROLL		01:41	0.00
1282	LANE M. WALDEN		01:41	0.00

1238	DAVID A. MINNEHAN		01:41	0.00

ID	NAME	JOB	TIME	COST
1204	BART ANDREWS		01:41	0.00

ID	NAME	JOB	TIME	COST
1135	BART ANDREWS		01:41	0.00

ID	NAME	JOB	TIME	COST
1154	G.WILLIAM ARINGTON		01:41	0.00

IDI 970313 HCC 3019
Attachment #1 - 8/8

IDI 970313HCC3019
Attachment #2

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 124 -

REGISTRATION DISTRICT NO 077 REGISTRAR'S NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): CHEYENNE DENAE DAVIDSON
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): SEPT. 2, 1996
4. SOCIAL SECURITY NO: 497-06-4693
5a. AGE - Last Birthday (Years): 4
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): JULY 8, 1992
7. BIRTHPLACE (City and State or Foreign Country): SPRINGFIELD, MISSOURI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No ☐ Unk.
3a. PLACE OF DEATH (check only one, see instructions on other side): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (specify)
3b. FACILITY NAME (If not institution, give street and number): ST. JOHNS HOSPITAL
3c. CITY, TOWN, OR LOCATION OF DEATH: SPRINGFIELD
3d. COUNTY OF DEATH: GREENE
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (See instr.): NEVER MARRIED
11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name): - - - - - - - - - - - - - -
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): NEVER EMPLOYED
12b. KIND OF BUSINESS OR INDUSTRY: N/A
13a. RESIDENCE - STATE: MISSOURI
13b. COUNTY: GREENE
13c. CITY, TOWN, OR LOCATION: SPRINGFIELD
13d. ZIP CODE: 65803
13e. STREET AND NUMBER: 426 WEST HIGH
13f. INSIDE CITY LIMITS? ☒ Yes ☐ No
13g. YEARS AT PRESENT ADDRESS: ☒ Under 5 ☐ 5-9 ☐ 10-19 ☐ 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 3; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOHNNY JOBE DAVIDSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): DEBORAH LYNNE ELDER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DEBORAH LYNNE ELDER
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 426 W. HIGH, SPRINGFIELD, MISSOURI 65803

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): BURIAL
20b. DATE OF DISPOSITION (Month, Day, Year): SEPT. 6, 1996
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): GREENLAWN MEMORIAL GARDENS
20d. LOCATION - City or Town, State: SPRINGFIELD, MISSOURI
21. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: [signature]
22a. NAME AND ADDRESS OF FACILITY: GREENLAWN FUNERAL HOME, 3506 N. NATIONAL, SPRINGFIELD, MO. 65803
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER: 1796

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one condition each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) ➤ a. 97% TOTAL BODY SURFACE BURN — Approximate Interval Between Onset and Death: 8 [illegible]

DUE TO (OR AS A CONSEQUENCE OF):

b.

DUE TO (OR AS A CONSEQUENCE OF):

c.

DUE TO (OR AS A CONSEQUENCE OF):

d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☐ No ☐ Unk.
25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No
26. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year): 09/02/96
27b. TIME OF INJURY: UNK M
27c. WAS INJURY ALCOHOL-RELATED? (Was decedent intoxicated?) ☐ Yes ☒ No ☐ Unk.
27d. INJURY AT WORK? ☐ Yes ☒ No ☐ Unk.
27e. DESCRIBE HOW INJURY OCCURRED
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify): HOME
27g. LOCATION (Street and Number or Rural Route Number, City or Town, State): 426 W. High

CERTIFIER

28a. (Specify) ☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) stated. (Signature and Title) ➤ [signature]
28c. DATE SIGNED (Month, Day, Year): 09/05/96
28d. TIME OF DEATH: 8:23 P
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)
29b. MO. LICENSE NUMBER: MD 107745
30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☒ No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
32. REGISTRAR'S SIGNATURE ➤ Jean Prince / U.S.
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): September 9, 1996

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

STATE OF MISSOURI } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

September 9, 1996

Jean Prince
Registrar of Vital Statistics

MO 580-1103 (7-89)

DUE 11/2/97

BOB OKARSKI
FOCR/CHID

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: C9735002A

DATE OF INCIDENT: 9/96 CATID: BUNN02 1997

FOLLOW-UP REQUESTED HAZARD ANALYSIS (X) SECT 15 ( )

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

HEADQUARTERS CONTACT: Linda Smith 504-0470 x1275
Backup: Kim Long 504-0470 x1269

ASSIGNMENT MESSAGE: Describe the lighter involved, brand name, description of physical dimensions and lighting mechanisms. What did the occupants use the lighter for, where was it kept, the age of the child who started the fire, details of deaths or injuries including treatment, and amount of property damage. Conduct on-site when the product is available for inspection.

Person(s) to Contact:

RESPONDENT

Guidelines: see above

Task Number: 970313HCC3019 Date 9/25/97 ~~3/14/97~~

Assigned to: CHIO ~~SFOO~~ Requested by:

CPSC Form 324A (12/96)

TC 21

CPSC/OFC OF THE SECRETARY
FREEDOM OF INFORMATION

1997 MAR -5 A 11:

Assign BUNNO 2 1997 ETM 5/12

C9735002A

February 28, 1997

United States Consumer Product Safety Commission
Freedom of Information Office
Washington, DC 20207

To Whom It May Concern:

This is a letter I am writing to make you aware of a hazardous product I have encountered.

Last September, a friend of mine lost her 4 year-old daughter in a house fire. The fire was started when her daughter got hold of a barbecue lighter and set her bed on fire. She suffered third degree burns over 96% of her body. Her mother had to make the decision to take her off life support. I relate this horrific story because I feel that this could have been prevented.

The product I refer to is listed as a barbecue lighter. It is a butane lighter and has trigger and a long shaft at the end where the flame comes from. The one I have here in my home is made by Scripto-Tokai Corporation out of Fontana, California and states that it was made in Mexico. The brand name is Aim-N-Flame. These lighters have so called "safety" switches that have on and off settings. In testing mine, in the off position which is supposed to prevent the lighter from lighting, it does what it is supposed to unless I continue to try the trigger in which case the "safety" switch moves gradually to the on position until the lighter, in fact, does light. This is frightening to me.

Since this incident, I have been made aware that this is not a rare occurrence. Many children throughout the nation have suffered the same fate as my friend's daughter from this same product and/or type of product. I have also been made aware through legal sources that these companies have had the technology to change the lighters to make them safer since approximately 1986 but have not done so because it is not "economically feasible" for them. Instead they have been sued and apparently wish to pay out of court settlements to families whose loved ones they have knowingly disfigured or worse instead of changing these so-called "safety" switches.

I contacted Consumer Reports magazine who has not done any research on these products and they gave me the phone number for your agency. I contacted your agency and the young lady I spoke with was not able to find any information on these products within your database.

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MAR 13 1997

In conclusion, if you have any information on these products or perhaps are doing an ongoing investigation on these products, I would greatly appreciate any information you could make available to me. Otherwise, consider this a formal complaint being lodged for the sake of one small child whose life was cut short because of "economics". If I can provide any further information or answer any questions regarding this matter, please do not hesitate to contact me at (972) 889-8667.

Thank you very much for your attention in this matter,

Sincerely,

James R. Johnston
1503 Hindsdale Dr.
Richardson, TX 75081

NO

970313HCC3019

Public Health Regions 2 & 3
1351 East Bardin Road
P.O. Box 181869
Arlington, Texas 76096-1869
D/FW Metro (817) 264-4000
D/FW Metro Fax (817) 264-4455

Parti J. Patterson, M.D.
Commissioner

Carol S. Daniels
Deputy Commissioner for Programs

Roy L. Hogan
Deputy Commissioner for Administration

Randy P. Washington
Deputy Commissioner
for Health Care Financing

James A. Koretic, M.D., M.P.H.
Regional Director

May 16, 1997

Brent Bradford
CPSC

Dear Mr. Bradford:

I finally was able to contact the complainant regarding IDI 970313HCC3019 who then called his friend to ensure that they wanted their name disclosed. The family is from Missouri and is as follows. You may want to forward this to the appropriate investigator.

Debbie & Perry Efting
709 E. Elm St.
Springfield, MO 65806
417-862-0046

The parents of the concerned child are expecting your call.

Sincerely,

Glenn Dunlap
Product Safety

IDI 970313HCC3019 - Attachment #4

1/12

View of remains of Aim 'N' Flame all-purpose butane utility lighter by Scripto-Tokai found at scene of incident.

2/12

View of remains of daybed found at the scene of fire incident.

IDI 970313HCC3019 - Attachment #4

3/12

View of remaining frames of both daybeds consumed by fire in incident.

4/12

Front view of fire damaged house caused by four year old female.

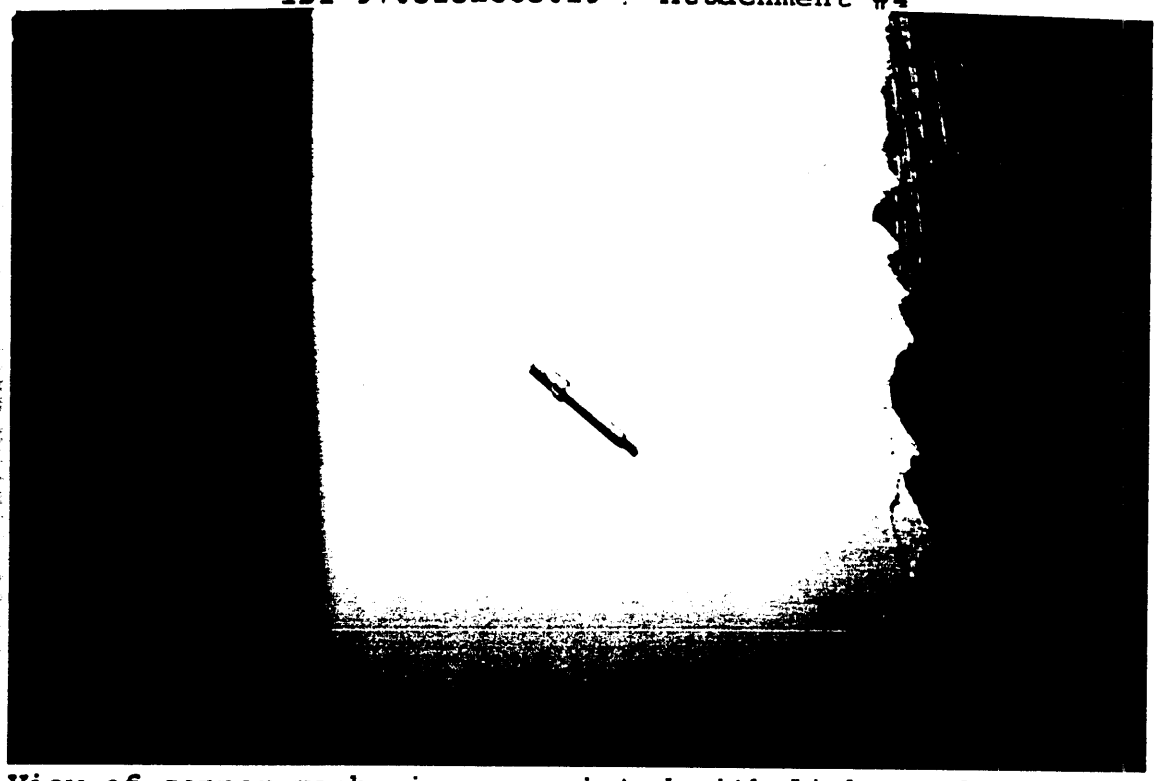
IDI 970313HCC3019 - Attachment #4

5/12

Front and left side view of fire damaged house in all-purpose butane utility lighter incident.

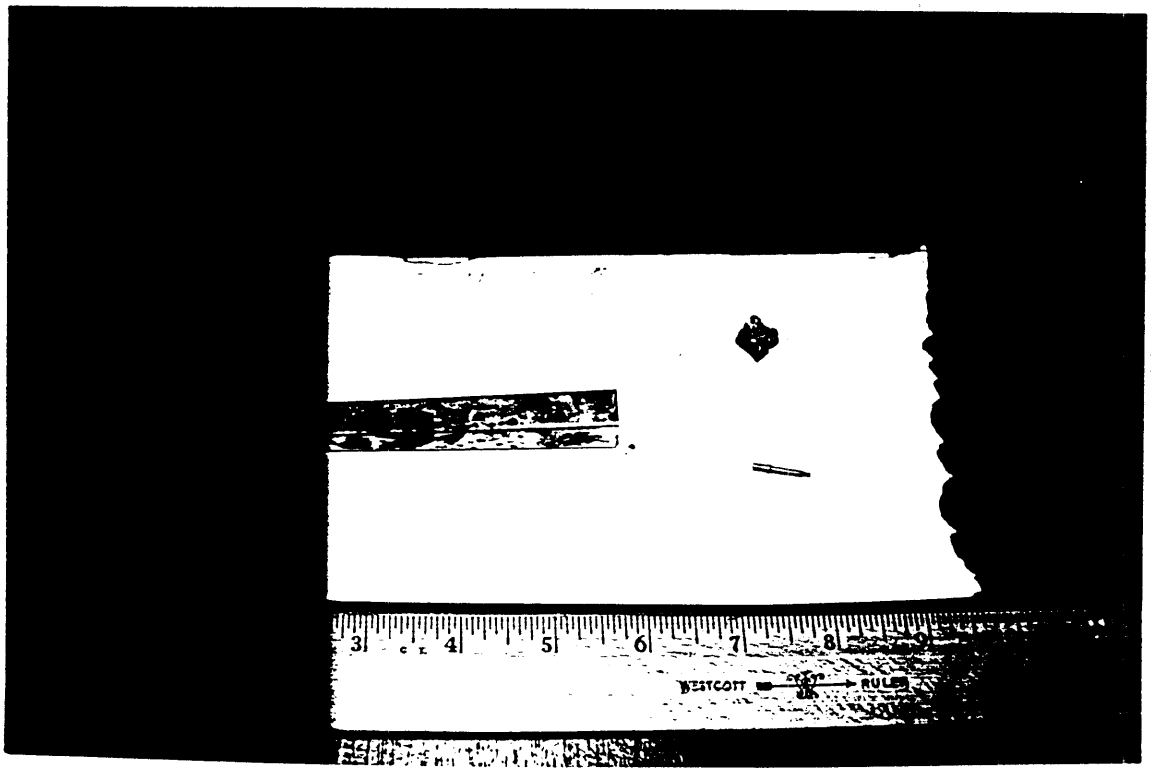
6/12

Full left side view of fire damaged house in incident.



9/12

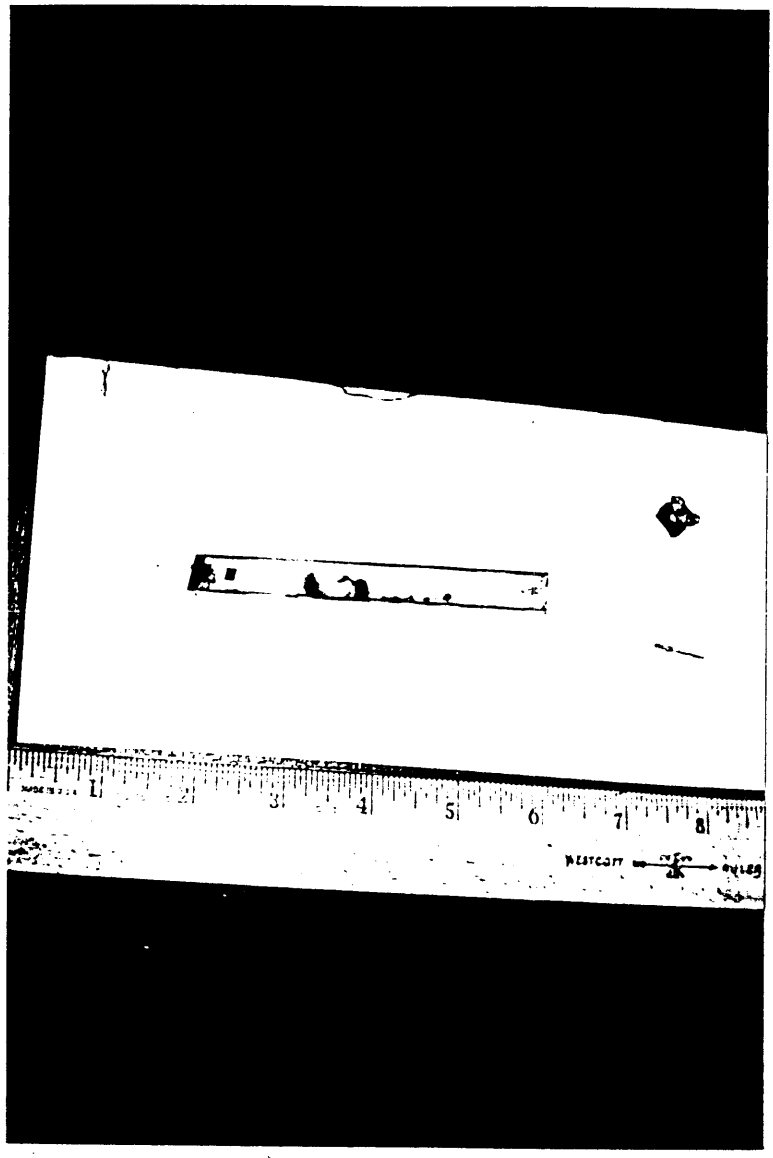
View of copper mechanism associated with lighter, but not identified by fire officials.



10/12

View of nozzle and two other pieces associated with it, but also unidentified by fire officials.

IDI 970313HCC3019 - Attachment #4



View of lighter's nozzle showing approximate width, four inches.