| 1. TASK NUMBER | 2. INVESTIGATOR'S ID | EPIDEMIOLOGIC INVESTIGATION REPORT |
|---|---|---|
| 970123 CCC 5252 | 8200 | |

| 3. OFFICE CODE | 4. DATE OF ACCIDENT (YR MO DAY) | 5. DATE INITIATED (YR MO DAY) |
|---|---|---|
| 860 | 96 12 15 | 97 02 10 |

**6. SYNOPSIS OF ACCIDENT OR COMPLAINT**

This case involved a 4 year old male who was left unattended while his mother was sleeping on the couch. The toddler defeated the safety feature on a butane lighter for lighting grills and fireplaces, and set fire to the couch where his mother was asleep. She awoke and escaped and no one was injured. The fire was contained in the living room where it started. No cigarette lighter was involved.

| 7. LOCATION (Home, School, etc.) | 8. CITY | 9. STATE |
|---|---|---|
| home [1][0] | Waco | Texas |

| 10A. FIRST PRODUCT | 10B. TRADE/BRAND NAME | 10C. MODEL NUMBER |
|---|---|---|
| grill lighter [1][6][0][4] | Aim n Flame | N/A |

**10D. MANUFACTURER NAME AND ADDRESS** SCRIPTO-TOKAI CORPORATION

Fontana, California 92337

| 11A. SECOND PRODUCT | 11B. TRADE/BRAND NAME | 11C. MODEL NUMBER |
|---|---|---|
| N/A | N/A | N/A |

**11D. MANUFACTURER NAME AND ADDRESS** N/A

FOIA 6 (b)(1) Cleared
No Mfrs/PrvtLblrs or Products Identified
Excepted by ANPR
Firms Notified,
Comments Processed.
6/30/97

| 12. AGE OF VICTIM | 13. SEX | 14. DISPOSITION | 15. INJURY DIAGNOSIS |
|---|---|---|---|
| [9][9][9] | [9] | no injury [0] | no injury [7][1] |

| 16. BODY PART(S) INVOLVED | 17. RESPONDENT | 18. TYPE OF INVESTIGATION | 19. TIME SPENT (OPERATIONAL HOURS) |
|---|---|---|---|
| No Injury [9][9] | Father [3] | ON SITE - 1<br>TELEPHONE - 2 [2]<br>OTHER - 3 | 5.0 |

| 20. ATTACHMENT(S) | 21. CASE SOURCE | 22. SAMPLE COLLECTION NUMBER |
|---|---|---|
| document [2] | Newspaper [0][5] | none |

**23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)**

CPSC MAY NOT DISCLOSE MY NAME

| 24. REVIEW DATE | 25. REVIEWED BY | 26. REGIONAL OFFICE DIRECTOR |
|---|---|---|
| 970305 | 8257 | |

**27. DISTRIBUTION**

O: EHDS CC: CCA, DSO

## SUMMARY OF INCIDENT :

The 4 year old male involved in this incident lived in a duplex in student housing on a university campus in Waco, Texas. The boy's mother involved in this case was not available to be interviewed. The boy's father was interviewed by telephone and he indicated that the product was not a cigarette lighter but a long nosed butane lighter for lighting BBQ grills and fireplaces. According to the boy's father no one is living in the involved apartment now. The lighter had been left in the boy's reach and in playing with it he was able to click the switch to ON and pull the trigger to light the lighter. His father does not believe there was any fault with the Bar-B-Que lighter stating that the child resistant mechanism worked. Their child was just able to figure it out. The fire damage was confined to the living room.

## PRODUCT IDENTIFICATION :

The product in this case was according to the newspaper clipping a cigarette lighter. When the boy's father was contacted he stated that it was a long nosed butane lighter for lighting BBQ grills and fireplaces. He was able to locate the lighter. The product was labeled in part, "*** Aim n Flame ***

WARNING: Failure to follow instructions can result in burn injury. DANGER: LIGHTER CONTAINS BUTANE GAS UNDER PRESSURE. EXTREMELY FLAMMABLE. Do not use near fire or flame. CAUTION: Do not puncture, incinerate or expose to temperature above 120°. KEEP AND STORE AWAY FROM CHILDREN!
SCRIPTO-TOKAI CORPORATION, FONTANA, CA 92337 MADE IN MEXICO ***"

He was not sure but believed that he had purchased it at WalMart. He also believed that about 2-3 months prior to the incident. The product did have an on - off switch that when set at OFF it operated like a safety and the trigger could not be operated to light the lighter. The father felt that the mechanism was probably adequate, but indicated that his son seemed capable of getting past most child resistant mechanisms and closures. No further information was available

## ATTACHMENTS:

1. Assignment with news clip
2. Fire Report

| CONTACT | PURPOSE | RESULTS |
| --- | --- | --- |
| Father of the toddler | To obtain incident scenario, product identification. | provided background and a rough scenario |
| Fire investigator | To obtain incident scenario, product identification and records. | interviewed; provided a rough scenario and records provided. |

TL 20

15

& CERM

F9710145A

PRESS CLIPS

TPA Texas Press Service Inc.
A business affiliate of the Texas Press Assn.
718 W. 5th St., Austin, TX 78701
512-477-6755, FAX 512-477-6759

Waco Tribune-Herald
Waco TX

DEC 17 1996

## Fire causes

373

A

Fire investigators Monday determined Christmas tree lights sparked the fire that gutted a South Waco home Sunday night, officials said.

About 7:20 p.m., firefighters responded to the house fire at [redacted]

Waco fire inspector Jerry Hawk said the fire began around a Christmas tree in the living room.

Heat from the Christmas tree lights or an electrical short from an extension cord connected to the lights probably ignited the tree, Hawk said.

The family left the tree lights on while they were at church, Hawk said.

A neighbor apparently came to the church to tell the family their house was on fire, Hawk said.

Hawk said the house had previously caught fire. On June 30, a fire started in the attic due to electrical wiring problems, he said.

The house had been completely rewired since the first fire, Hawk said.

■ A 4-year-old boy playing with a cigarette lighter caused the fire that damaged a home Sunday night on the Texas State Technical College campus, fire investigators said Monday.

Firefighters responded to the house fire a[redacted]e about 6 p.m. Sunday, said Waco fire inspector Jerry Hawk.

Firefighters quickly doused the fire, which was confined to the living room.

Hawk said the mother of the 4-year-old told investigators she was asleep on the couch when the fire started.

Her son picked up a lighter near the sofa and set fire to the sofa, Hawk said.

When her son started screamin the mother woke up, and the 4-year-old told her what he done, Hawk said.

Both victims were able to e the house without injury.

Hawk said the house h tained about $15,000 in fi age.

B

A 12/14/96

9701230CC5252

17

JAN 29 1997

Attachment #1

CET

# ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: F971C145[redacted]B

DATE OF INCIDENT: 12/14/96 CATID: CARM07 1997

FOLLOW-UP REQUESTED HAZARD ANALYSIS ( ) CRM (X)

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. Be especially alert to incidents involving child-resistant lighters which have had the child-resistant mechanism removed or otherwise, defeated. In such a situation, identify to retailer where purchased if the lighter was already defeated when purchased by the consumer.

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: Lacc Fire Inspector
Jerry Hawk
Parent/Guardian

Guidelines: Appendix 45

Task Number: 970123CC52[redacted]52 Date:

Assigned to: STCO Requested by:

CPSC Form 324A (10/96)

Attachment #2
970123CCC5252

# TEXAS FIRE INCIDENT REPORTING SYSTEM
## Waco Fire Department

1 Delete
2 Change

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A | FD ID RN726 | Incident No 963693 | EXP 00 | MO 12 | DAY 15 | YEAR 96 | Day of the Week Sunday 1 | Alarm Time 17:59 | Time in Service 19:11 |
| B | Correct Address → | No [redacted] | Street Name | | | Type | | Zip Code 76705 | Census Tract |
| C | Occupant Name [redacted] | | | | | Telephone [redacted] | | | Room or Apt. |
| D | Owner Name [redacted] | | Address [redacted] | | | | | Telephone [redacted] | |

| | | | | | | |
|---|---|---|---|---|---|---|
| E | Method of Alarm from Public: Phone tie-in to FD 7 | | Type of Situation Found: Structure fire 11 | | | |
| F | Type of Action Taken: Extinguishment 1 | | Co. Inspection District 12 | Shift A | No. Alarms 1 | Mutual Aid Rec'd Given |
| G | No. Fire Service Personnel Used at Scene 17 | No. Engines Used at Scene 4 | No. Aerial Apparatus Used at Scene 1 | No. Other Vehicles Used at Scene 1 | | |
| H | No. Incident-Related Injuries: Fire Service Others | No. Incident-Related Fatalities: Fire Service Others | Complex: Dwelling complex 1-2 fmly 41 | | | |
| I | Fixed Property Use: 1-fam dwell year rnd 411 | Mobile Property Type: Mobile property type n/a 8 | | | | |

| | | | |
|---|---|---|---|
| J | Area of Fire Origin: Lounge area 14 | Level of Fire Origin: Grade to 9' above gr 1 | Termination Stage: In/After Flame Stage 3 |
| K | Equipment Involved In Ignition(if Any): No equipment involved 98 | Form of Heat of Ignition: Lighter 46 | |
| L | Type of Material Ignited: Cotton or rayon 72 | Form of Material Ignited: Sofa/chair/seat 21 | Ignition Factor: Children, playing 36 |
| M | Structure Type: One fixed property use 1 | Construction Type: Fire resistive 1 | Construction Method: Site Built 1 |
| N | Extent of Flame Damage: Room of origin 3 | Extent of Smoke Damage: Structure of origin 6 | Extent of Water Damage: Room of origin 3 |
| O | Extent of Fire Control Damage: room of origin 3 | Detector Performance: Not at origin, operated 2 | Sprinkler Performance: No equipment present 8 |
| P | IF FLAME SPREAD BEYOND ROOM OF ORIGIN | Type of Material Generating Most Flame: Not applicable 98 | Avenue of Flame Travel: No important factor 98 |
| Q | IF SMOKE SPREAD BEYOND ROOM OF ORIGIN | Type of Material Generating Most Smoke: Sawn wood 63 | Avenue of Smoke Travel: Corridor 2 |
| R | Method of Extinguishment: Hose precon. to tank 5 | | |
| S | Estimated Total Dollar Loss 15000.00 | Property Damage Classification: $10,000 - 24,999 4 | Time from Alarm to Agent Appl.: 2 - 5 min. 3 |

| | | |
|---|---|---|
| T | Officer in Charge(Name, Postion, Assignment) | Date |
| | Member Making Report(if different from above) | Date |

| | | | | | | |
|---|---|---|---|---|---|---|
| U | If Mobile Property | Year | Make | Model | Serial No. | License # |
| V | If Equipment Involved in Ignition | Year | Make | Model | Serial No. | Voltage |

## WHO DISCOVERED FIRE

970123ccc5252

Name in full: [redacted] Race:_____ Sex:_____ Date of Birth:_____
Address:_____ Telephone:_____
Drivers License #:_____ Work Phone #:_____

## WHO REPORTED FIRE

Name in full: [redacted] Race:_____ Sex:_____ Date of Birth:_____
Address:_____ Telephone:_____
Drivers License #:_____ Work Phone #:_____

Weather Conditions: Light rain Wind Directions: N Velocity: 12-15
Responding Engines & Personnel:_____

## OTHER INVOLVED PARTIES

Name in full:_____ Race:_____ Sex:_____ Date of Birth:_____
Address:_____ Telephone:_____
Drivers License #:_____ Work Phone #:_____

Name in full:_____ Race:_____ Sex:_____ Date of Birth:_____
Address:_____ Telephone:_____
Drivers License #:_____ Work Phone #:_____

Comment: [redacted] was asleep on sofa when 4 year old son used mother's lighter to set fire to sofa mat was on. Mrs. [redacted] awoke when child screamed. Mrs. [redacted] said her son, Sam set the fire. When questioned Sam said, "Yes, I did it." For clarity, he was asked "set fire to the couch?", he said yes. Mrs [redacted] can be reached at 47 Scott circle.

Kelly 12-15-96

Received by:_____ Date:_____

25 APR 1997 OK V

| 1. TASK NUMBER | 2. INVESTIGATOR'S ID | EPIDEMIOLOGIC INVESTIGATION REPORT |
|---|---|---|
| 970129CNE5073 | 8978 | |

| 3. OFFICE CODE | 4. DATE OF ACCIDENT YR MO DAY | 5. DATE INITIATED YR MO DAY |
|---|---|---|
| 800 | 97/01/16 | 97/02/04 |

6. SYNOPSIS OF ACCIDENT OR COMPLAINT

A 28 month old male child died from carbon monoxide poisoning in a mobile home fire. The fire was reportedly started by the victim who set a mattress on fire with a charcoal lighter. The victim's grandmother also suffered thermal burns and smoke inhalation injuries from the fire. The mobile home and its contents were destroyed, and damages were estimated at $22,500.

| 7. LOCATION (Home, School, etc.) | 8. CITY | 9. STATE |
|---|---|---|
| Mobile Home 6 | Manning | SC |

| 10A. FIRST PRODUCT | 10B. TRADE/BRAND NAME | 10C. MODEL NUMBER |
|---|---|---|
| Charcoal Lighter 1247 | Unk | |

10D. MANUFACTURER NAME AND ADDRESS
Unk

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

| 11A. SECOND PRODUCT | 11B. TRADE/BRAND NAME | 11C. MODEL NUMBER |
|---|---|---|
| Mattress 4009 | Unk CPSA 6 (b)(1) 25c | |

11D. MANUFACTURER NAME AND ADDRESS
Unk

No Mfrs/Prvtlblrs or Products Identified
Excepted by ANPR
Firms Notified,
Comments Processed
6/30/97

| 12. AGE OF VICTIM | 13. SEX | 14. DISPOSITION | 15. INJURY DIAGNOSIS |
|---|---|---|---|
| 002 | 1 Male | Fatality 8 | Anoxia 65 |

| 16. BODY PART (S) INVOLVED | 17. RESPONDENT | 18. TYPE OF INVESTIGATION | 19. TIME SPENT (OPERATIONAL HOURS) |
|---|---|---|---|
| All parts of body 85 | Victim's mother 2 | Telephone 2 | 13.0 |

| 20. ATTACHMENT(S) | 21. CASE SOURCE | 22. SAMPLE COLLECTION NUMBER |
|---|---|---|
| Multi 9 | Newspaper 05 | None |

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

| 24. REVIEW DATE | 25. REVIEWED BY | 26. REGIONAL OFFICE DIRECTOR |
|---|---|---|
| 970418 | 8342 | TEDS 4-18-97 |

27. DISTRIBUTION
O:EHDS CC: CECA

CPSC FORM 182 (REVISED 10/93) OMB NO. 3041-0029

N971-0363A

Second Victim:

Age: 000 unknown

Sex: 2 Female

Disposition: Hospitalized 4

Injury Diagnosis: Thermal Burns 51

Body Part: Lower Arm 33

**NOTE:** This investigation involved a mobile home fire resulting in a fatality of a 28 month old male child. The fire was reportedly started by the child playing with a charcoal lighter. Information in this report was provided by the victim's mother, and investigating fire, police and medical officials.

**PRE-ACCIDENT**

On the afternoon of January 16, 1997, there were four people present in the residence. The residence is described as a 14 x 70 foot, single wide, mobile home. The four people present were the victim, and the victim's infant sister, mother, and grandmother. The victim is a 28 month old male with approximate height and weight of 36 inches and 33 pounds.

Prior to the incident, the mother and grandmother were in another part of the mobile home. The victim and his sister were in their bedroom. The victim's bed had been stripped of bedding, and he was playing on the floor when last seen. The victim's sister was in her crib.

**ACCIDENT**

At around 4:30 p.m., the victim's mother smelled something, and she and her mother began to check the house. The grandmother saw the bed in the children's room on fire.

**POST ACCIDENT**

The grandmother tried to get the fire out by turning the bare mattress over, and broke the window in the bedroom in the process. The fire got out of control. The grandmother told the victim's mother to take the children out of the house. The victim's mother grabbed the victim's sister out of the crib, and ran to the neighbor's house to call the fire department. The grandmother tried to extinguish the fire, but was unsuccessful. She came to the neighbor's house thinking that the victim was with his mother. The family discovered that the victim had been left in the burning mobile home.

The fire department arrived, and found fire and heavy smoke coming from the mobile home. In an effort to rescue the victim, firefighters entered the rear of the mobile home and searched the hallway and back bedroom of the home. The victim was found in the back bedroom where it is suspected he fled after the fire started. He was found between the bed and the rear wall of the mobile home. The victim was rushed to the hospital where he later died of his injuries. The autopsy identified the cause of death as carbon monoxide poisoning. The grandmother was taken to the hospital and treated for thermal burns to her arms and smoke inhalation.

According to fire officials, the mobile home was a total loss, with damages estimated at $15,000./structure and $7500./contents. They were unable to determine if a working smoke detector was present. They could not locate the alarm in the home, and the occupants were unable to confirm the presence of working alarm.

Copies of the fire incident report, newspaper clippings about the accident, the State Fire Marshall's report, and a newspaper picture and diagram of the mobile home are included as Attachment 1. A copy of the sheriff's report is included as Attachment 2. A copy of the coroner's report, death certificate, and autopsy results are included as Attachment 3.

The victim's mother was contacted, and identified the lighter as a "torch" lighter, purchased at a Food Lion in Manning. Further discussion revealed the lighter similar as ones used to light charcoal. She did not know when she purchased it or the manufacturer of the lighter.

When questioned about the mattress, she reported the mattress had been purchased new last year from Shaw Furniture in Manning. She did not know the manufacturer of the mattress. A copy of the Investigation Guideline Data Recording Sheet for Mattress/Bedding Fires is included as Attachment 4.

The victim's mother became upset discussing the accident, and declined to answer any more questions.

**PRODUCT INFORMATION**

The first product is identified as a charcoal lighter, manufacturer unknown. The lighter was purchased at Food Lion in Manning, SC.

The second product is identified as a single bed mattress. It was purchased in 1989 from Shaw Furniture in Manning, SC. The manufacturer is unknown.

**STANDARD INFORMATION**

CPSC does not have mandatory standards for charcoal lighters.

CPSC has mandatory standards covering the flammability of mattresses. The mattress involved in this investigation was purchased new in 1996, and was most likely constructed after the standards were in effect. However, I could not determine the manufacturer of the mattress or compliance with the standards.

**ATTACHMENTS**

1 Fire Report
2 Sheriff Report
3 Coroner Report
4 Data Recording Sheet for Mattress/Bedding Fires

# Clarendon County Fire District

P. O. BOX 1330 - MANNING, SOUTH CAROLINA 29102
(803) 435-4075

Carter H. Jones
Chief of Department

Frances A. Richbourg
Assistant Chief


March 5, 1997

Ms. Helen T. Cash
Senior Product Safety Investigator
Consumer Product Safety Commission
P. O. Box 596
Fort Mill, South Carolina 29716

Re: Fatality Resulting From Fire

Dear Ms. Cash:

Thank you for you letter of February 20, 1997, in which you requested information concerning the death of 2 year old, [redacted] of Clarendon County. I have enclosed some materials for your use and information.

During the course of our investigation, we determined as close as possible that the youngster did use a lighter to ignite bedding material. However, we were unsuccessful in locating the lighter amind the debris nor were we able to verify from the mother what type of lighter was available to the child. According to the mother, the lighter was supposed to be in a cabinet above a bathroom sink, and she is of the opinion that he climbed to reach to lighter.

Please understand that information obtained from the mother is less than clear and precise. The mother experiences some emotional problems and in simply unable to help us completely put the puzzle together. However, should we glean additional information, we shall be happy to pass this along to you.

We appreciate the work you and your agency do. Let us hear from you if we can be of further assistance.

Sincerely yours,

Carter H. Jones

Carter H. Jones
Chief of Department

CLARENDON COUNTY FIRE DEPARTMENT

FIELD INCIDENT REPORT

STATION NO.: 5 RUN NO.: 33 DATE: 01/16/97

ENGINE NO.: 30 CITY: COUNTY: 1 MA: TIME: 4:52 pm
TIME IN SERVICE: 4:52 pm ARRIVAL TIME: 5:05 pm TIME IN: 7:01 pm
DAY: THURSDAY

LOCATION OF FIRE: [redacted] CIRCLE

TYPE OF INCIDENT: FIRE

OWNER: [redacted] TELEPHONE NO.: [redacted]

ADDRESS: [redacted]

CITY: MANNING STATE: SC ZIP: 29102

OCCUPANT: [redacted] & 2 CHILDREN TELEPHONE:

ADDRESS: SAME

CITY: STATE: ZIP:

TYPE OF PROPERTY: SINGLE WIDE MOBILE HOME

BACK-UP FROM ENG.: 50 & 85 BACK-UP TO ENG.:

AREA OF FIRE ORIGIN: MIDDLE BEDROOM

CAUSE OF FIRE: SUSPECTED CHILD PLAYING WITH LIGHTER

TYPE AND EXTENT OF DAMAGE: HEAVY FIRE DAMAGE TO MIDDLE BEDROOM, LIVING ROOM

ESTIMATED DOLLAR LOSSES CONTENTS: $7500.00 STRUCTURE: $15000.00
FOR VEHICLE FIRES: $0.00

INJURIES: 1 DEATHS: 1 TOTAL NO. FIREFIGHTERS: 21

FIRE PERSONNEL RESPONDING
: RICHARD NAUGLER; JONATHAN JONES; ALFRED BREEDIN; JOHN KINSEY; GLENN ARDIS; CARL DOTSON; CHUCK MILAM; MIKE BROOKS; JAY BRUNER; WAYNE SCOTT; DAVID TINDAL; RICKY WEBSTER; MUTT BOZARD; GREGORY HOLLIDAY; CARL FLOYD; F. RICHBOURG; CARTER JONES; TOMMY SAULS; TOM COFFEY; GENE MORRIS; JAMES WAY

FIRE OFFICER IN CHARGE: C. H. JONES

COMMENTS: AND KITCHEN. SMOKE AND HEAT THROUGHOUT.

S.C. Department of Labor, Licensing and Regulation
Division of Fire and Life Safety
Office of State Fire Marshal
Fire Fatality Information

uty State Fire Marshal: When you learn there has been a fire death in your area, please contact fire department and complete this form for each fatality. Call 896-9815 to report or fax to 896-6. This information is also needed from departments that report on SCFIRS. Chiefs should make ry effort to obtain information and return to Jas Love at the Division of Firs and Life Safety Monticello Trail, Columbia, S.C. 29203 as soon as possible.

nty Clarendon Fire Department Clarendon County Fire Dept.

e of Deceased [redacted] Age 28 mo. Sex M Race Blk.

ress of Fire [redacted] C. 29102

e of Fire 1/16/97 Time of Fire 4:52 PM Weather/Temperature Fair / 55°

e of Death 1/16/97 How many deaths in this incident? 1 (One form per death)

re was body located in the structure? End bedroom

re did the fire occur? (check one)

Single Family Dwelling ____ Mobile Home ✓ Apartment ____ Duplex ____ Shed ____
Open ____ Automobile ____ Business/Church ____ Recreational Vehicle ____ Unknown ____
Other ____

t type of construction? Mfg. Mobile Home Owned ✓ Rent ____
your opinion, was this a substandard building? Yes ____ No ✓

there a smoke detector present? Yes ____ No ____ Undetermined
it working and/or properly installed? Yes ____ No ____ (If "No", please provide comment.)
ments: Investigators unable to locate alarm in home — occupants unable to confirm presence of working alarm.

t caused the fire? Be specific. If fire was caused by heating, state cause such as wood stove, ctric, kerosene, gas, etc. State conditions such as heater too close to combustibles, no eplace screen, defective chimney, etc. If fire is under investigation, please request that the e Chief notify you when a cause has been determined.
ments: Fire originated in center bedroom from (what occupants state) the oung boy setting fire to a mattress with a lighter.

er comments? Please list circumstances such as alcohol or drug related, children or disabled sons left alone, etc.
ather removed infant from room of origin and ran next door — grandmother ied to extinguish fire then left home thinking older child had escaped.

aster H. Jones
tact at fire department

(803) 435-4075
Telephone

. Gamble
uty Fire Marshal

1/24/97
Date

ISRD 10/31/95

Attachment 1
IDI 970129CNE5073
8978 3 of 11

# INJURY REPORT

PERSONAL INFORMATION
NAME: [redacted] [redacted] CHANCE AGE: 2 YRS 4 MOS
LAST NAME FIRST NAME

ADDRESS: [redacted] MANNING SC 29102
STREET CITY STATE ZIP CODE

COUNTY OF OCCURRENCE: CLARENDON
RACE: X W SEX: X MALE
: NW : FEMALE

PERSON INJURED
: X CIVILIAN
: FIREFIGHTER
: OTHER EMERGENCY PERSONNEL

TYPE OF FIRE
: STRUCTURAL
: X MOBILE HOME
: VEHICLE
: HAZARDOUS MATERIAL INCIDENT
: GRASS, BRUSH, WOODS OR RUBBISH

---

CIRCUMSTANCES OF THE INJURY EVENT
DATE OF INJURY: 01/16/97 TIME OF INJURY: 4:52 pm

CONDITION OF INJURY
: X AWAKE, UNIMPAIRED
: ASLEEP
: IMPAIRED BY DRUGS, ALCOHOL
: TOO YOUNG OR TOO OLD TO ACT
: INAPPROPRIATE OR NO SUPERVISION
: UNDET. OR NOT CLASSIFIED ABOVE

ACTIVITY AT TIME OF INJURY
: ESCAPING
: RESCUE ATTEMPT
: FIRE CONTROL
: SLEEPING
: UNABLE TO ACT
: X UNDET. OR NOT CLASSIFIED ABOVE

CAUSE OF INJURY
: TRAPPED VS UNABLE TO ESCAPE
: X PLAYING WITH MATCHES OR LIGHTER
: FALL
: OVEREXERTION
: STRUCK BY OBJECT
: UNDET. OR NOT CLASSIFIED ABOVE

CONDITION PREVENTING ESCAPE
: NO TIME TO ESCAPE
: FIRE BETWEEN VICTIM AND EXIT
: EXITS PHYSICALLY BLOCKED
: CLOTHING IGNITION
: MOVED TOO SLOWLY
: VICTIM INCAPACITATED
: X NOT A FACTOR
: UNDET. OR NOT CLASSIFIED ABOVE

COMMENTS

---

INJURY DESCRIPTION
SEVERITY
: INJURY
: X DEATH

NATURE OF INJURY
: X BURNS ASPHYXIA/SMOKE
: BURNS ONLY
: WOUND OR CUT
: BROKEN OR DISLOCATED BONE
: STRAIN, SPRAIN
: ASPHYXIA SMOKE ONLY
: STRESS REACTION
: UNDET. OR NOT CLASSIFIED ABOVE

SAFETY MEASURES
SMOKE DETECTOR
: PRESENT, OPERATIONAL
: NO DETECTOR
: X PRESENT, NOT OPERATIONAL
: DETECTOR-NO BATTERY
: UNDET.-NOT CLASSIFIED ABOVE

PART OF BODY INJURED
: X HEAD, NECK
: BODY, TRUNK, BACK
: X ARM
: LEG
: HAND
: FOOT
: X INTERNAL, INCLUDES LUNGS & HEART
: UNDET. NOT CLASSIFIED ABOVE

DISPOSITION
: REFUSED HELP
: TREATED AT SCENE
: MEDICAL TREATMENT
: X DIED
: UNDET. OR NOT CLASSIFIED ABOVE

SPRINKLER
: PRESENT, OPERATIONAL
: X NO SPRINKLER
: SPRINKLER NOT
: UNDET.-NOT CLA

# INJURY REPORT

PERSONAL INFORMATION
NAME: [redacted] [redacted] (Grandmother)
LAST NAME FIRST NAME AGE:

ADDRESS: [redacted] MANNING SC 29102
CITY STATE ZIP CODE

COUNTY OF OCCURRENCE: CLARENDON
RACE: X W SEX: MALE
: NW : X FEMALE

PERSON INJURED
: X CIVILIAN
: FIREFIGHTER
: OTHER EMERGENCY PERSONNEL

TYPE OF FIRE
: STRUCTURAL
: X MOBILE HOME
: VEHICLE
: HAZARDOUS MATERIAL INCIDENT
: GRASS, BRUSH, WOODS OR RUBBISH

---

CIRCUMSTANCES OF THE INJURY EVENT
DATE OF INJURY: 01/16/97

TIME OF INJURY: 4:52 pm

CONDITION OF INJURY
: X AWAKE, UNIMPAIRED
: ASLEEP
: IMPAIRED BY DRUGS, ALCOHOL
: TOO YOUNG OR TOO OLD TO ACT
: INAPPROPRIATE OR NO SUPERVISION
: UNDET. OR NOT CLASSIFIED ABOVE

ACTIVITY AT TIME OF INJURY
: ESCAPING
: RESCUE ATTEMPT
: X FIRE CONTROL
: SLEEPING
: UNABLE TO ACT
: UNDET. OR NOT CLASSIFIED ABOVE

CAUSE OF INJURY
: TRAPPED VS UNABLE TO ESCAPE
: PLAYING WITH MATCHES OR LIGHTER
: FALL
: OVEREXERTION
: STRUCK BY OBJECT
: X UNDET. OR NOT CLASSIFIED ABOVE
COMMENTS MINOR BURNS ON ARM & SMOKE

CONDITION PREVENTING ESCAPE
: NO TIME TO ESCAPE
: FIRE BETWEEN VICTIM AND EXIT
: EXITS PHYSICALLY BLOCKED
: CLOTHING IGNITION
: MOVED TOO SLOWLY
: VICTIM INCAPACITATED
: X NOT A FACTOR
> : UNDET. OR NOT CLASSIFIED ABOVE

---

INJURY DESCRIPTION
SEVERITY
: X INJURY
: DEATH

NATURE OF INJURY
: X BURNS ASPHYXIA/SMOKE
: BURNS ONLY
: WOUND OR CUT
: BROKEN OR DISLOCATED BONE
: STRAIN, SPRAIN
: ASPHYXIA SMOKE ONLY
: STRESS REACTION
: UNDET. OR NOT CLASSIFIED ABOVE

SAFETY MEASURES
SMOKE DETECTOR
: PRESENT, OPERATIONAL
: NO DETECTOR
: X PRESENT, NOT OPERATIONAL
: DETECTOR-NO BATTERY
: UNDET.-NOT CLASSIFIED ABOVE

PART OF BODY INJURED
: HEAD, NECK
: BODY, TRUNK, BACK
: X ARM
: LEG
: HAND
: FOOT
: X INTERNAL, INCLUDES LUNGS & HEART
: UNDET. NOT CLASSIFIED ABOVE

DISPOSITION
: REFUSED HELP
: TREATED AT SCENE
: X MEDICAL TREATMENT
: DIED
: UNDET. OR NOT CLASSIFIED ABOVE

SPRINKLER
: PRESENT, OPERATIONAL
: X NO SPRINKLER
: SPRINKLER NOT OPEF
: UNDET.-NOT CLASSIF

INCIDENT SUMMARY

INCIDENT: Single Wide Mobile Home
OWNER OR OCCUPANT: [redacted]
DATE OF LOSS: 01/16/97
CASE NO.: 011697033

INCIDENT:

On the above date [redacted] notified the Clarendon County Communications Department of a trailer fire on [redacted] Circle with possibly a child trapped inside at 4:52 pm. On arrival heavy fire was coming from the center portion of the trailer with thick black smoke everywhere else. The body of a small toddler was removed from the master bedroom area at approximately 5:14 pm. The fire was then extinguished completely.

CONSTRUCTION:

This was a 14 x 70 foot single wide mobile home with sheetrock walls and ceiling. The home was underpinned all the way around with exterior siding walls and was structurally sound.

WITNESSES:

[redacted], the mother, discovered the fire on the bed located in the center portion of the home. The two children were present in the room, the infant in the crib and the 2 year old by the bed. [redacted], the grandmother, tried to extinguish the fire by rolling the mattress and broke the window in the process. The neighbors [redacted] and [redacted] were at home when [redacted] came to their house with the infant and asked them to call the fire department.

SCENE:

An examination of the scene revealed heavy fire damage in the center bedroom which contained the remains of a baby's crib and a single bed. The 2 by 2 trusses overhead were burned away and the 2 by 4 wall studs. showed heavy charring in this area. The charring indicated a normal progression of flame spread as it moved out the bedroom door into the hall area and then moved in either direction. As the fire moved into the living room it burned away the first end of the sofa located under the double window and moved across the room. Firefighting efforts at the opposite end of this hallway from the living room kept heavier

damage from occurring in that area. The master bedroom had heavy soot all the way down to the floor level and a lot of melting plastics indicating a high level of heat but no flame impingment. Much of the flooring in the hallway was gone due to collapse from the amount of water used in that area and then firefighters attempting to walk on it. The bed in the room of fire origin had no remains of mattress and much of the rails showed heavy charring. This room had obviouly been the room of fire origin by the amount of damage in this particular area. Photographs of the scene were taken and the ADK-9 was worked throughout the home. No indication of an accerlerant was indicated by the K-9 and no samples were taken.

CONCLUSION:

Based on statements of witnesses and examination of the scene confirming room of origin it appears this fire was accidental in nature.

DISPOSITION:

This case will remain open until autopsy results have been received.

Frances A. Richbourg
Frances A. Richbourg
Assistant Chief
01/17/97

Light Char

Heavy Char

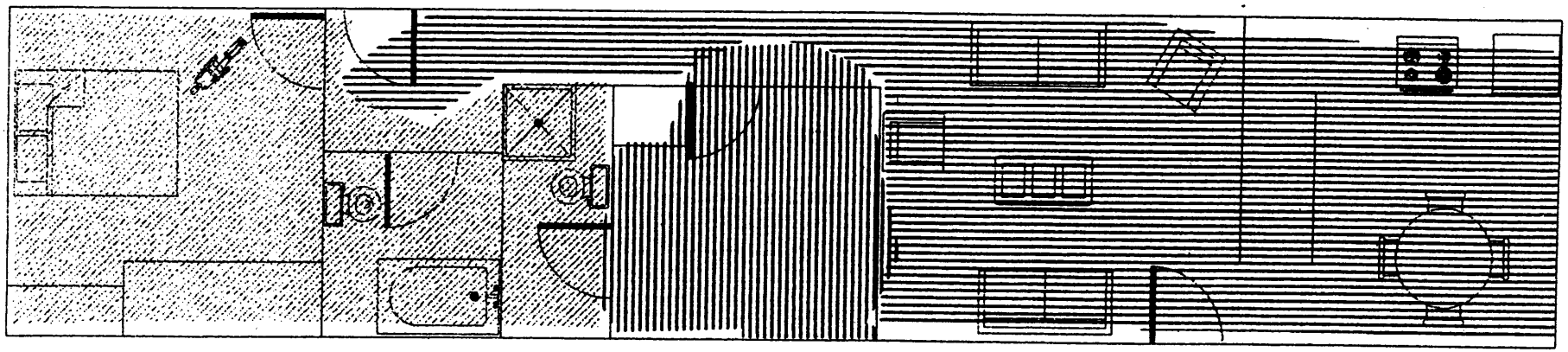
Smoke Stain

Flame Vector

Location of Witness X

Location of Sample X

Location of Photo (P) and Roll (R)





**Fatality-Ashlin Chance Hodge**

[redacted]

**Case No. 011697033**

**Not to Scale**

Item

TUESDAY, JANUARY 21, 1997

**ASHLIN C. HODGE**

MANNING – [redacted], 28 months, died Thursday, Jan. 16, 1997, at Clarendon Memorial Hospital.

Survivors include his mother, [redacted]; a sister, [redacted]; and his maternal grandmother, [redacted].

Graveside services were held at 3 p.m. Sunday in Providence Baptist Church Cemetery with the Rev. Tony Sanders officiating.

The family received friends at the home of [redacted].

Memorials may be made to Providence Baptist Church Nursery.

Elmore-Hill-McCreight Funeral Home of Sumter is in charge of arrangements.

THE MANNING TIMES, Thursday, January 23, 1997

# Youth dies in mobile home fire despite heroic efforts

By Daniel Lackey

A late afternoon fire at a single-wide mobile home claimed the life of a toddler in the Home Branch community of Clarendon County last Thursday. [redacted] 8 months, died of smoke inhalation in spite of heroic efforts by the Clarendon County Fire Department to rescue him.

According to Clarendon County Fire Marshal Carter Jones, the fire department responded to the call at 4:52 p.m. Assistant Fire Chief Frances Richbourg was the first firefighter to arrive on the scene of the burning mobile home located off Stone Road on [redacted] Circle Road. Richbourg stated that fire and heavy smoke was coming from the mobile home upon her arrival.

Chief Richbourg, along with firefighter Jonathan Jones, entered the rear of the mobile home in spite of fierce smoke and heat to conduct a search of the hallway and back bedroom of the home where the child was reportedly last seen.

Richbourg and Jones located the child in the bedroom between the bed and rear wall of the mobile home. The child was rushed by Clarendon EMS personnel to Clarendon Memorial Hospital where he later died of his injuries.

Jones said the home was owned by [redacted] and was occupied by her daughter [redacted] and her two children.

When the fire broke out, apparently the grandmother did realize the child was left inside the burning structure. Jones said both the grandmother and mother each thought the other had rescued [redacted]

Jones said the fire apparently started on a mattress in the center bedroom of the mobile home. He said evidence at the scene indicated that [redacted] may have been playing with a cigarette lighter and fled into the back bedroom of the mobile home when the fire broke out.

According to Jones, the mobile home is considered a total loss. Damage estimates are listed at nearly $23,000.

"This is the first fire fatality experienced in Clarendon County this year," said Jones. "In 1996, two individuals died in fires, both related to vehicle fires. We can't stress enough to the public the importance of planning ahead for fires where we live, where we work and places where we play. Working smoke alarms and having an escape plan for the entire family is a must."

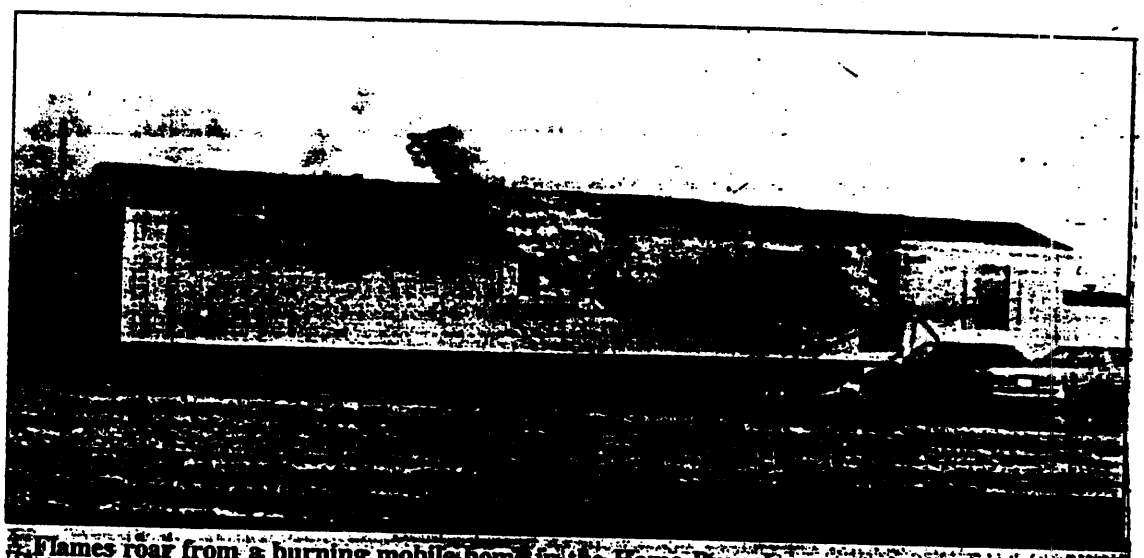
County Fire Board Chairman H.P. Bozard said, "Our firefighters worked as a team to isolate the fire and to save this youngster. Even though the first arriving firefighters actually made the rescue, it required the skill of all of our people to do the job that is expected of us. Our training paid off; our equipment performed as designed, but time simply was not in the child's favor due to the tremendous amounts of smoke being generated by the fire. We deeply regret the loss of this child and pray that these events won't happen in the future."

Firefighters set up a "portable hydrant," a type of swimming pool device to draw water to fight the fire. Trucks brought water from a nearby pond to fill the reservoir.

Jones said the first unit arrived on the scene within 10 minutes of the call. "Assistant Chief Richbourg and firefighter Jones did all that was humanly possible to do in this situation," said Jones. "They both risked their lives to perform this rescue. We are very proud of them and our entire fire department. There was just too much smoke and not enough time."

Members of the South Carolina Highway Patrol and the Wildlife Department also assisted the Clarendon County Fire Department and the Clarendon County EMS in handling the fire.

Jones said fire investigators had not yet been able to determine if a working smoke alarm was installed in the residence.



Flames roar from a burning mobile home in the Home Branch community last week. A two year old child lost his life in the blaze. [illegible] by Hilp Bozard) [illegible]

AGENCY I.D.
SCO 0140000

# INCIDENT REPORT

CASE NUMBER: 9 7 0 1 0 0 6 0

NCIC INQ.

COPY

**EVENT**

| INCIDENT TYPE | COMPLETED | FORCED ENTRY | PREMISE TYPE | UNITS ENTERED |
|---|---|---|---|---|
| 1. Child Death by Fire | X YES ☐ NO | ☐ YES X NO | Residence | |
| 2. | ☐ YES ☐ NO | ☐ YES ☐ NO | | |
| 3. | ☐ YES ☐ NO | ☐ YES ☐ NO | | |

TYPE VICTIM: ☑ Individual ☐ Business ☐ Financial ☐ Governm ☐ Relig. Or ☐ Soc./Pub ☐ Other ☐ Unknown ☐ Police Of

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): [redacted] ZIP CODE: 29102 WEAPON TYPE:

| INCIDENT DATE | 24 HR. CLOCK | TO | DATE | 24 HR. CLOCK | DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE | DISP. TIME | TIME ARRIVED | DEPART. TIME | LOCATION NO. |
|---|---|---|---|---|---|---|---|---|---|
| 01/16/97 | 16:52 | | | | | | | | |

| COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) | RELATIONSHIP TO SUBJECT #1 | #2 | #3 | RESIDENT | RACE | SEX | AGE | ETH. | DAYTIME PHONE | EVENING PHONE |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | Acquaint. | | | *J S O U | W | F | 42 | H | 473-7313 | same |

| ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. |
|---|---|---|---|---|
| Rte. 1 | Manning | SC | 29102 | |

**VICTIM NO. 1**

| VICTIM'S NAME (LAST, FIRST, MIDDLE) | RELATIONSHIP TO SUBJECT #1 | #2 | #3 | RESIDENT | RACE | SEX | AGE | ETH. | DAYTIME PHONE | EVENING PHONE |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | *J S O U | W | M | 2 | N | 473-2103 | same |

| HEIGHT | WEIGHT | HAIR | EYES | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. |
|---|---|---|---|---|
| | | Bro | Bro | |

| ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. |
|---|---|---|---|---|
| [redacted] | Manning | SC | 29102 | |

VISIBLE INJURY (VICT. 1) ☐ YES X NO ☐ EXPLAIN — FATALITY COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☐ UNK. X DRUGS: ☐ YES NO ☐ UNK. X TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. X OTHER ☐ ALONE ☐ ASSISTED X

*J — This Jurisdiction. S — State. O — Out of State. U — Unknown

**SUBJECT NO. 1**

☐ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

| NAME (LAST, FIRST, MIDDLE) | RACE | SEX | AGE | ETH. | DATE OF BIRTH | HEIGHT | WEIGHT | HAIR | ID |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

| ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. |
|---|---|---|---|---|
| | | | | |

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK. ☐ DRUGS: ☐ YES NO ☐ UNK. ☐ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☐ TOTAL # ARRESTED

DATE/TIME OF OFFENSE: DATE/TIME OF ARREST:

**NARRATIVE**

On the above date and time, [redacted] (Victim's Mother) stated tha she smelled something in the house. [redacted] (Victim's Grandmother) stated that they started checking in the house and [redacted] said that she saw the bed was on fire. She said that she found the mattress on fire. [redacted] (victim) and [redacted] were in the room. [redacted] tried to get the fire out by turning the mattress over. It got out of control. [redacted] told [redacted] to get the children out of the house. [redacted] said that she grabbed [redacted] and ran to the neighbor's house to called the fire depart ment. She said she saw her mother coming and asked her where was [redacted]. S said that she thought [redacted] was with [redacted] The house burned and Chance was found by the Fire Dept.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY: JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY:

**PROPERTY EST.**

| TYPE (GROUP) | | | | | | TOTAL VALUE |
|---|---|---|---|---|---|---|
| STOLEN | | | | | | |
| DAMAGED | | | | | | |
| BURNED | | | | | | |
| RECOVERED | | | | | | |
| SEIZED | | | | | | |

Attachment 2
IDI 970129CNE5073
8978 1 of 2

**ADMINISTRATIVE**

SUBJECT IDENTIFIED ☐ YES NO ☐ SUBJECT LOCATED ☐ YES NO ☐ ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED ☐ ARREST ☐ ARREST

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

| REPORTING OFFICER(S) | DATE | UNIT NUMBER | APPROVING OFFICER | DATE | UNIT NUMBER |
|---|---|---|---|---|---|
| Capt. Freddie Nelson | 1/16/97 | 5 | | | |

AGENCY I.D.
01400C0

# SUPPLEMENTARY REPORT

CASE NUMBER
9 7 0 1 0 0 6 0

NCIC
INQ.

☒ ORIGINAL REPORT ☐ MODIFIES ORIGINAL ☐ SUPPLEMENTAL REPORT ☐ CASE STATUS CHANGE ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 of 2 PAGES

NARRATIVE

The was transported to Clarendon Memorial Hospital. He was pronounced dead by Dr. Bestic at 17:46. This incident is being investigated by the Sheriff's Department and the State Law Enforcement Division. An autopsy was scheduled at the Medicial University in Charleston at 15:00 on 1/17/96. EMS workers were Mike Dinkins and Sherry Cogdill.

Attachment 2
IDI 970129CNE5073
8978 2 of 2

ADMINISTRATIVE

| SUBJECT IDENTIFIED | SUBJECT LOCATED | | | |
|---|---|---|---|---|
| ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ ACTIVE ☐ ADM CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER |

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

| REPORTING OFFICER(S) | DATE | UNIT NUMBER | APPROVING OFFICER | DATE | UNIT NUMBER |
|---|---|---|---|---|---|
| | | | | | |

# AUTHORIZATION FOR CORONER'S AUTOPSY

I, Ranny I. Stephens, duly authorized Coroner, or duly authorized representative of the Coroner of Clarendon County, South Carolina, do hereby authorize the members of the Medical Examiner's Office of Charleston County, to perform a complete examination of the body and head of said patient with the object of establishing the cause of death. Authority is also granted to remove unexposed tissues and parts for preservation and study, or to otherwise dispose of these tissues in a proper and suitable manner.

COPY

1-11-97
(Date)

R. I. S.
(Signature of person authorizing autopsy)

---

THE FOLLOWING INFORMATION IS NEEDED TO EXPEDITE EXAMINATION AND REPORTS:

NAME OF CORONER: Ranny I. Stephens PHONE NUMBERS (803) 435-2179 (home)

ADDRESS: P.O. Box 116, Manning, S.C. 29102 (Office) Same

PERSON TO WHOM BILL SHOULD BE SENT: Clarendon County Coroner

THE BODY WILL BE TRANSPORTED TO MEDICAL UNIVERSITY BY: Elmore-Hill F.H., Sumter
(Undertaking firm or Auth. Person)

THE BODY WILL BE PICKED UP BY: Same
(Name of authorized person or persons)

THE BODY WILL BE PICKED UP AT: _____ (Time) _____ (Date)

---

PERTINENT INFORMATION CONCERNING PATIENT:

NAME: [redacted] AGE: 28mo DOB 9/10/94 SEX M RACE B/W

HOME ADDRESS: [redacted]

DATE OF DEATH: 1/16/97 APPROXIMATE TIME OF DEATH: 5:46 P.m.

CHEMICAL ANALYSIS REQUESTED IN ADDITION TO WHAT IS ROUTINELY DONE (ALCOHOL & DRUG SCREEN: _____

SUSPECTED MODE OF DEATH: Carbon monoxide poisoning
Due to: Smoke inhalation / house fire

ALL BODIES MUST BEAR IDENTIFICATION TAGS FIRMLY TIED TO ANKLE OR TOE.

(PLEASE COMPLETE REVERSE SIDE OF FORM)

Attachment 3
IDI 970129CNE5073
8978 1 of 5

HERE BODY WAS FOUND) _____

OF PREMISES _____
(farm, home, pond, parking lot, etc)

OCCUPATION OF DECEDENT _____
(If farmer or farm worker, specify type of commidity produced)

DECEDENT FOUND BY: Clarendon County Firefighters DATE AND TIME: 1/16/97 5:06 Pm
ADDRESS _____ RELATIONSHIP TO DECEDENT None
DECEDENT LAST SEEN BY: Mother & Grandmother DATE AND TIME: 1/16/97 Unknown
ADDRESS Same RELATIONSHIP TO DECEDENT _____

ACTIVITY DECEDENT ENGAGED IN AT TIME OF DEATH (IF KNOWN) On floor near door

WHAT POSITION WAS DECEDENT IN WHEN FOUND (LYING ON BACK, RIGHT OR LEFT SIDE, ABDOMEN, SITTING, OR OTHER)? _____ IS POSITION OF DECEDENT NATURAL LOOKING: YES _____ NO _____

WAS DECEDENT CLOTHED, PARTIALLY CLOTHED, OR UNCLOTHED (TYPE OF CLOTHING)? Clothed

WAS DECEDENT'S BODY TEMPERATURE HOT ____ WARM ____ COOL ____ COLD ____ WHEN FOUND?

IS BLOOD ON DECEDENT? YES ____ NO ____; COMING FROM MOUTH ____, NOSE ____, EARS ____

IS RIGOR PRESENT IN JAW ____, NECK ____, ABDOMEN ____, ARMS ____, LEGS ____?

IS THERE BLOOD OR BLOOD SPATTERS ON FLOOR ____, WALLS ____, FURNITURE ____ AND/OR APPLIANCES ____ AROUND OR NEAR THE DECEDENT? (EXPLAIN) _____

ARE THERE ANY ELECTRICAL APPLIANCES OR ELECTRICAL WIRES AROUND OR NEAR DECEDENT? No

IS THERE ANY UNUSUAL ODOR PRESENT NEAR DECEDENT? YES ____, NO ____, TYPE _____

ARE THERE ANY ALCOHOL BOTTLES AROUND OR NEAR DECEDENT? YES ____, NO ✓, QUANTITY ____

NAME OF INVESTIGATING OFFICER Ramsey T. Stephens NAME OF DEPT. Clarendon Co. Coro.
PHONE NUMBER (803) 435-2179

Frances Richburg, CCFD
Cpt. Freddie Nelson, CCSI
Johnny Bartell, SLED

(IF THIS IS A HOMICIDE, DO NOT COMPLETE THE ITEMS BELOW)

MEDICAL HISTORY:

NAME OF FAMILY DOCTOR (or last Doctor seen) _____ ADDRESS _____ PHONE _____

DATE OF LAST VISIT _____ PURPOSE OF VISIT _____

DIAGNOSIS AT LAST VISIT _____

MEDICATION PRESCRIBED _____

DOES DECEDENT HAVE ANY HISTORY OF DRUG AND/OR ALCOHOL PROBLEMS? YES _____ NO _____

WAS DECEDENT INVOLVED IN ANY TYPE OF ACCIDENT OR INCIDENT WITHIN THE PAST YEAR OR SO THAT MIGHT HAVE CAUSED TREATABLE OR NON-TREATABLE TYPE INJURIES (EXPLAIN) _____

ANY OTHER MEDICAL HISTORY AVAILABLE _____

***PLEASE COMPLETE ALL INFORMATION THIS SIDE AND REVERSE SIDE AND SEND WITH BODY***

PLEASE SEND ANY PHOTOS TAKEN OF SCENE WITH POLICE OFFICER. TI

DEPARTMENT OF PATHOLOGY AND
LABORATORY MEDICINE
Forensic Pathology Section
(803) 792-3500
(803) 792-3537 FAX

COPY

MEDICAL UNIVERSITY OF SOUTH CAROLINA
171 Ashley Avenue
Charleston, South Carolina 29425-2245

TO: OFFICE OF THE CORONER

Clarendon County, SC

FROM: OFFICE OF THE CHIEF MEDICAL EXAMINER

SUBJECT: CAUSE OF DEATH

RE: [redacted]

AUTOPSY NO: FA 97032

DATE OF DEATH: 1/16/97

TIME OF DEATH: 5:46 p.m.

In order to expedite the signing of Death Certificate with accurate causes of death, the information below is submitted for your convenience. A detailed autopsy report will follow in the near future.

| 27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death | a. Acute carbon monoxide poisoning | minutes |
| | 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. | 28a. AUTOSPY | 28b. WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? |
|---|---|---|
| | Yes | Yes |

| 29. MANNER OF DEATH | 30a. DATE OF INJURY | 30b. TIME OF INJURY | 30c. INJURY AT WORK | 30d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ACCIDENT | 1/16/97 | 5:46pm | No | Fire at home |
| | 30e. PLACE OF INJURY | | 30f. LOCATION | |
| | Home | | | |

Date: 1/27/97

Signature: M. Sims MD
Melissa A. Sims, M.D.

Attachment 3
IDI 970129CNE5073
8978 3 of 5

"An equal opportunity employer"

South Carolina
DHEC
Department of Health and Environmental Control

# Supplemental Report of Cause of Death
## Office of Vital Records and Public Health Statistics

February 4, 1997

COPY

Death Certificate No.:

(State Office Use Only)

Name of Deceased: [redacted] Age: 2

Date of Death: 1-16-97 County of Death: Clarendon Sex: M Race: W

Reason for supplemental information:

- ___ Autopsy Findings.
- X Additional information for Classifying Cause of Death.
- ___ Other, specify:
- ___ Cause of Death Pending on Original Certificate.
- ___ Requested by physician/coroner/medical examiner.
- ___ Manner of death and/or accident information.

| TIME OF DEATH | DATE PRONOUNCED DEAD (Month, Day, Year) | WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) |
|---|---|---|
| 24. 17:46p M | 25. 1-16-97 | 26. yes |

CAUSE OF DEATH

27. 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.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | a. carbon monoxide poisoning | |
| | DUE TO (OR AS A CONSEQUENCE OF): | |
| | b. housefire | |
| | 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 | 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.

| AUTOPSY (Yes or No) | IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) |
|---|---|
| 28a. yes | 28b. yes |

| 29. MANNER OF DEATH | DATE OF INJURY (Month, Day, Year) | TIME OF INJURY | INJURY AT WORK? (Yes or No) | DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined | 30a. 1-16-97 | 30b. 5:46p M | 30c. no | 30d. Fire at home |

| PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify) | LOCATION (Street and Number or Rural Route Number, City or Town, State) |
|---|---|
| 30e. home | 30f. Route 1 Box 765-H Manning SC |

* Additional information Requested:

Please investigate and verify items 30a-30f above.

O.K.

R. I. Stephens, Coroner, 2/13/97

Signature and Title of Certifying Officer — Date Signed

Ranny I. Stephens, Coroner
P O Box 176
Manning SC 29102

(State Office Use Only)
Death certificate updated pursuant to SC Reg. 61-19, Section 18(f)

Attachment 3
IDI 970129CNE5073
8978 4 of 5

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

# CERTIFICATE OF DEATH

STATE BIRTH NUMBER | STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S NAME First [redacted] Middle [redacted] Last [redacted]
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Jan 16 1997
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 2
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Year): Sep 10 1994
7. BIRTHPLACE (City, and State or Foreign Country): Manning, S. C.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
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): Clarendon Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Manning
9d. COUNTY OF DEATH: Clarendon
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Never Worked
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE - STATE: S. C.
13b. COUNTY: Clarendon
13c. CITY, TOWN, OR LOCATION: Manning
13d. STREET AND NUMBER: [redacted]
13e. INSIDE CITY LIMITS? (Yes or No): No
13f. ZIP CODE: 29102
14. Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ Yes ☒ No (Specify)
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+): 0

**PARENTS**

17. FATHER'S NAME First Middle Last: Unknown
18. MOTHER'S NAME First Middle Maiden Surname: [redacted]

**DISPOSITION**

19. INFORMANT'S NAME (Type/Print): [redacted]
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): [redacted] 29102
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Providence Baptist Church Cemetery
20c. LOCATION - (City or Town, State): Sumter, S. C.
21a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature): [signature]
21b. FUNERAL DIR. LICENSE NO.: 1838
22a. NAME AND ADDRESS OF FACILITY: Elmore-Hill-McCreight Funeral Home, 221 Broad Street, Sumter, S. C. 29150
22b. LICENSE NUMBER (of facility): 415
21c. EMBALMER (Signature): [signature]
21d. EMBALMER LICENSE NO.: 1466

Pronouncing Physician Only →

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: Phil Bestic MD
23b. LICENSE NUMBER: IFD46
23c. DATE SIGNED (Month, Day, Year): JAN 16, 1997
24. TIME OF DEATH: 17:46 PM M
25. DATE PRONOUNCED DEAD (Month, Day, Year): JAN. 16, 1997
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No): Yes

**CAUSE OF DEATH**

27. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Carbon Monoxide Poisoning
DUE TO (OR AS A CONSEQUENCE OF):
b. House Fire
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

Approximate Interval Between Onset and Death:

MEDICAL-STATISTICAL USE ONLY

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

28a. AUTOPSY (Yes or No): Yes
28b. IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No): Yes

29. MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY M
30c. INJURY AT WORK? (Yes or No):
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

14/39

**CERTIFIER**

31. CERTIFIER (Check only one): ☐ CERTIFYING PHYSICIAN (Physician certifying cause of death) ☐ MEDICAL EXAMINER ☒ CORONER ☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:
33a. SIGNATURE AND TITLE OF CERTIFIER: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. [signature], Coroner
33b. LICENSE NUMBER: Coroner
33c. DATE SIGNED (Month, Day, Year): 01/23/97
34. NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print): Ranny I. Stephens, P. O. Box 176, Manning, SC 29102

**REGISTRAR'S SIGNATURE**

35. Marion Jackson
36. DATE FILED (Month, Day, Year): Jan 24 1997

See Instructions On Other Side
See Definition On Other Side

C 670 1990

Attachment 3
IDI 970129CNE5073
8978 5 of 5

# 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 970129CNE5073 Incident Date 97/01/16

A. MATTRESS DESCRIPTION:

1. Mattress surface type:
   - /X/ Quilted
   - / / 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
   - /X/ Post-standard
   - / / Other _____
   - / / Unknown

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

5. Date mattress purchased: 1996 Mattress age: 1 YR

6. Manufacturer/distributor/brand: UNK

# INVESTIGATION GUIDELINE

B. BEDDING: NONE

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

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 CHARCOAL LIGHTER
   / / Unknown

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

# INVESTIGATION GUIDELINE

E. DETECTION OF FIRE

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

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

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

F. VICTIM(S)

/ Number of Deaths _____ Number of Injuries

G. SOCIO-ECONOMIC DATA:

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

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

Helen Cash
pls file
FB 1/30/97

Bob GPT
pls handle.
1-27-97

1/18

STATE REPORT

# Toddler may have set deadly blaze

HOME BRANCH — A 2-year-old boy playing with fire may have set the mobile home blaze that killed him, family members told investigators.

[redacted] died Thursday, probably from smoke inhalation and intense heat, Clarendon County Coroner Ranny Stephens said. The coroner said he would order an autopsy.

The boy's mother and grandmother believe the child ignited a mattress while playing with matches or a lighter, Stephens said.

The adults tried to smother the mattress by turning it over, but when they opened a window the wind came in and the fire spread, the coroner said. The boy's infant sister was taken from the home unharmed, but [redacted] apparently was left behind in the confusion, Stephens said.

The grandmother [redacted] was taken to Clarendon Memorial Hospital for smoke inhalation and was in stable condition Friday morning, a nurse said.

No one else was injured, county Fire Chief Carter Jones said.

2-4

N971-0363A

970129CNE5073

EHDS/FOER/GP.I

Investigation Report - Analyst's Comments

Task No. 970129CNE5073 Regional Office NYCO

Product Code 1247/4009 Investigator ID 8978

Category Sect 15 Hours Reported 13

Comments

Report meets assignment & EMDS requirements.

Reviewer LANSING Date 970425

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

☐ _____
Signature

Barbara
FYI Inquire

Helen Cash, Charleston, investigated a mobile home fire in which a 28-month-old child died from carbon monoxide poisoning. The fire was reportedly started by the victim who set a mattress on fire with a charcoal lighter. The victim's grandmother also suffered thermal burns and smoke inhalation from the fire. The mobile home and its contents were destroyed, and damages were estimated at $22,500. (970129CNE5073) — N9710363A

Stephen Babits, Boston, investigated an incident in which an 8-month-old female had swallowed a 1" ribbon off a Winnie the Pooh crib mobile. The mother of the victim found the ribbon in the baby's vomit. The victim did not receive any medical treatment.

Document Number: N9710363A Task Number : 970129CNE5073 Issue : 19
Date Received : 02/03/97 Confirmed : Date Entered : 03/11/97
City : HOME BRANCH State : SC Zip : 00000
Source : 0 Type Of Contact : 20
Prod : 1731 MATCHES, NOT SPECIFIED
Prod : 1687 LIGHTERS, NOT SPECIFIED
Date Injured : 01/16/97 D Work Related : N
Age : 2 Sex : 1 MALE
Disposition : 8 8=FATALITIES, INCLUDI Haz Type : 1 FIRES AND FLAMES
Brand : MANUFACTURER UNKN Screened ? :
Model : 0

Narrative :
A BOY, AGE 2, WAS KILLED IN A MOBILE HOME FIRE HE MAY HAVE STARTED USING MATCHES OR A LIGHTER TO IGNITED A MATTRESS. HIS GRANDMOTHER WAS HOSPITALIZED FOR SMOKE INHALATION.

| 1. CASE NO. | 2. INVESTIGATOR'S ID | 3. OFFICE CODE | EPIDEMIOLOGIC INVESTIGATION REPORT |
|---|---|---|---|
| 970129CCN0297 | [9 ][0 ][0 ][3 ] | [8 ][3 ][0 ] | |
| 4. DATE OF INCIDENT YR MO DAY [9 ][6 ][1 ][2 ][1 ][7 ] | 5. DATE INVESTIGATION INITIATED YR MO DAY [9 ][7 ][0][2 ][1 ][2 ] | | |

6. SYNOPSIS OF INCIDENT OR COMPLAINT: On 12/17/96 a 4 year old girl playing with a grill/fireplace lighter started a fire under a desk chair in a bedroom. The girl became afraid and ran to tell her mother about the fire. 911 was called, and the family exited the house. The fire department arrived a short time later and quickly extinguished the fire. Damage was estimated at approximately $20,000; no one was injured.

| 7. LOCATION *(Home, school, etc.)* | 8. CITY | 9. STATE |
|---|---|---|
| [1 ][0 ] home | Mundelein | IL |

| 10A. FIRST PRODUCT | 11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS |
|---|---|
| fuel lighter [ 1 ] [ 2 ] [4 ] [7 ] | "King" brand; no further information available. |
| **10B. SECOND PRODUCT** | **11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS** |
| Desk chair [ 4 ][ 0 ][ 2 ][ 2 ] | no further description. |

| 12. AGE OF VICTIM | 13. SEX *(USE NUMERICAL CODE)* | 14. DISPOSITION | 15. INJURY DIAGNOSIS |
|---|---|---|---|
| [9 ][9 ][9 ] | MALE - 1<br>FEMALE - 2 [9 ]<br>UNKNOWN- 3 | No injury [ 0 ] | No injury [7 ][1 ] |

| 16. BODY PART | 17. RESPONDENT(S) *(Mother, Friend)* | 18. TYPE INVESTIGATION | 19. TIME SPENT |
|---|---|---|---|
| No injury [9 ][9 ] | fire department investigators [1 ] | ON SITE - 1<br>TELEPHONE - 2 [3 ]<br>OTHER - 3 | Tr:3.0 [0 ]2 ].[0 ] |

| 20. ATTACHMENTS | 21. CASE SOURCE | 22. REVIEWED BY | YR MO DAY |
|---|---|---|---|
| multiple [9 ] | [0 ][5 ] | [8 ][1 ][3 ][0 ] | [9 ][7 ][0 ][3 ][3 ][0 ] |

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 |
|---|---|
| See attached narrative. | |

*(USE ADDITIONAL SHEETS IF NECESSARY)*

**SUMMARY:**

On 12/17/96 a 4 year old girl playing with a grill/fireplace lighter started a fire under a desk chair in a bedroom. The girl became afraid and ran to tell her mother about the fire. 911 was called, and the family exited the house. The fire department arrived a short time later and quickly extinguished the fire. Damage was estimated at approximately $20,000; no one was injured.

**PRE-INCIDENT:**

Information from this report was obtained from the fire investigator during a personal interview at the fire department on 2/12/97. Messages left on the homeowner's answering machine to contact the CPSC have gone unanswered, and it is believed that the homeowner is unwilling to participate in this investigation.

This fire occurred in a single family, wood-framed residence located in Mundelein, IL. The family consists of the parents and their 4 year old daughter and another juvenile son.

The girl had not previously been known to play with lighters or matches. Neither parent smokes cigarettes. The only lighter or matches available to the child were two grill/fireplace lighters that were kept in a decorative container near the fireplace. These lighters were accessible to the child, however she had never shown any interest in the lighters prior to the 12/17/96 fire.

These lighters were reportedly a "King" brand; no further manufacturer identification information is available.

**INCIDENT:**

During the late morning hours of Tuesday, 12/17/96 the mother, her 4 year old daughter and her juvenile son (his age is not known) were in the home. The mother was working in the kitchen, and the children were playing elsewhere in the home. At approximately 10:50AM the 4 year old came running into the kitchen to tell her mother that there was a fire in the bedroom. The mother saw smoke in the bedroom hallway. She called 911 at 10:51AM, and then ran out of the house with the children to await the firefighters arrival. Firefighters arrived at 10:54AM and quickly extinguished the fire with a hand extinguisher.

No one was injured. The bedroom and it's contents were largely destroyed, and substantial smoke damage was done to the rest of the home. Damage was estimated at $20,000.

**POST-INCIDENT:**

The girl admitted to her mother that "she was sorry for the fire" and explained that she had used one of the two fireplace lighters. The girl apparently started the material fabric under a desk chair on fire first, and the fire spread to the desk and other room contents.

The girl had been unsupervised for approximately 10-15 minutes while the mother cooked in the kitchen. The fire investigator described the girl as being of average height and weight for her age, and of average manual dexterity. He believed that the girl demonstrated her ability to light the fireplace lighter by pulling the trigger-like ignition switch one-handed. The girl's mother did not allow the fire investigator to question the child further as the child was upset.

Copies of the fire department's reports are attached as Exhibit "A." The lighter remains were not collected by fire investigators and no photographs were taken.

**PRODUCT IDENTIFICATION:**

Grill/Fireplace lighter: disposable non-child resistant "King" brand, no further manufacturer identification information available; age unknown.

Desk Chair: no further identification.

**APPLICABLE STANDARDS:**

It is unknown if the products immediately involved in the fire ignition claim conformance to any voluntary standards that might exist for such products.

**ATTACHMENTS:**

Exhibit "A" - Copy of Mundelein, IL. Fire Department report regarding this incident.

Exhibit "B" - Original investigation request.

Exhibit "A"

2/24/97

(093)

Mundelein Fire Department

IDI # 970129CCN0297

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| A | FDID<br>LA292 | Incident/Exp<br>962283-00 | Date<br>12/17/96 | Day Of Week<br>[3] Tuesday | Alarm<br>1051 | Arrived<br>1054 | In Service<br>1150 |

| | | | |
|---|---|---|---|
| B | Type of Situation Found<br>[11] Structure Fire | Type of Action Taken<br>[1] Extinguishment | Mutual Aid<br>[1] Received |

| | | |
|---|---|---|
| C | Fixed Property Use<br>[411] 1-Family Dwelling-Year | Ignition Factor<br>[30] Misuse of heat ignition |

| | | | |
|---|---|---|---|
| D | Correct Address<br>[redacted] | Zip Code<br>60060 | Census Tract<br>864000 |

| | | | |
|---|---|---|---|
| E | Occupant Name<br>[redacted] | Telephone<br>[redacted] | Room/Apt. |

| | | | |
|---|---|---|---|
| F | Owner Name | Owner Address | Telephone |

| | | | | |
|---|---|---|---|---|
| G | Method of Alarm From Public<br>[6] 911 | District<br>[T] | Shift<br>[1] Black | # Alarms<br>1 |

| | | | | |
|---|---|---|---|---|
| H | # Fire Service Personnel Responded<br>15 | # Engines Responded<br>1 | # Aerial Apparatus Responded<br>0 | # Other Vehicles Responded<br>5 |

| | | |
|---|---|---|
| I | Injuries Fire Service 0 Other 0 | Fatalities Fire Service 0 Other 0 |

| | | |
|---|---|---|
| J | Complex<br>[98] No complex | Mobile Property Type<br>[0] Undetermined/not reported |

| | | |
|---|---|---|
| K | Area of Origin<br>[21] Sleeping room < 5 people | Equipment Involved In Ignition<br>[57] Portable App/Produce heat |

| | | | |
|---|---|---|---|
| L | Form of Heat Ignition<br>[13] Spark/flame - liquid | Type of Material Ignited<br>[60] Wood, paper | Form of Material Ignited<br>[44] Magazine, newspaper |

| | | | |
|---|---|---|---|
| M | Method of Extinguishment<br>[3] Portable extinguisher | Level Of Fire Origin<br>[1] Grade to +9' | Estimated Loss<br>20000 |

| | | |
|---|---|---|
| N | Number of Stories<br>[1] One story | Construction Type<br>[8] Unprotected wood frame |

| | | |
|---|---|---|
| O | Extent of Flame Damage<br>[3] Room of origin | Extent of Smoke Damage<br>[6] Structure of origin |

| | | |
|---|---|---|
| P | Detector Performance<br>[4] Detectors not in room no oper. | Sprinkler Performance<br>[0] Undetermined |

| | | |
|---|---|---|
| Q | Type of Material Generating/Smoke<br>[49] Plastic - Not classified | Avenue Of Smoke Travel<br>[2] Corridor |

| | |
|---|---|
| R | Form of Material Generating/Smoke [14] Floor covering, surface |

Mundelein Fire Department

NFIRS Incident Report

Continued

| | FDID | Incident/Exp | Date | Address |
|---|---|---|---|---|
| A | LA292 | 962283 0 | 12/17/96 | [redacted] |

| | | | | | | |
|---|---|---|---|---|---|---|
| S | Mobile Property | Year 00 | Make | Model | Serial Number | License |
| T | Equip. Involved | Year 00 | Make | Model | Serial Number | |

| | | |
|---|---|---|
| U | Officer In Charge CHIEF R. JUSTUS | Member Making Report LT. K. MCKINLEY |

Comments

We responded to a report of a fire. We found a small fire in the rear bedroom. We made entry and extinguished the fire using a water pressure can. The occupants had left the building prior to our arrival. The primary and secondary searches were clear. There was no extension into the ajoining room or the ceiling. We intiated the investigation. Capt Sorby reported that he spoke tio the occupant. The occupant stated that her daughter told her "She was sorry for the fire" and the daughter had a fireplace lighter. The occupant and her daughter had no injuries or smoke inhalation. All units returned. Countryside 4115 also responded.

Detailed Estimated Loss

| Property | | | Contents | | |
|---|---|---|---|---|---|
| Value | Loss | Insurance | Value | Loss | Insurance |
| 85,000 | 10,000 | 0 | 15,000 | 10,000 | 0 |

Responding Units

| | | | |
|---|---|---|---|
| 4300 | Administrative, Mundelein | 4301 | Administrative, Mundelein |
| 4302 | Administrative, Mundelein | 4311 | Engine, Mundelein |
| 4346 | MICU, Mundelein | 4353 | Squad, Mundelein |

Responding Personnel - Duty Company

| | | | |
|---|---|---|---|
| YODER | LOMASTRO | MCKINLEY | SORBY |
| GRANT | JUSTUS | | |

Responding Personnel - Call Back

| | | | |
|---|---|---|---|
| SCHAFERNAK | KETTERHAGN | GAUNKY | CAREY |
| DIEBOLD | HASSENAUER | BROWN | ADAMS |
| BING | | | |

| A | FDID | Incident/Exp | Date | Address |
|---|---|---|---|---|
| | LA292 | 962283 0 | 12/17/96 | [redacted] |

## User Defined Codes

Direction [15] Northwest
Weather [2] Cloudy
Residency []
Trans Fee []

## User Defined Fields

Temp 29
Velocity 9
MICU No. 0
Water Used 0

G971

0244A

IDI #970129CCN0297

2/24/97

Exhibit "B"

IDI #970129CCN0217

Dec. 18-96

Arlington Heights
Daily Herald
Lake County Edition

# Mundelein girl with lighter sparks fire, $20,000 damage

159

A fire Tuesday, apparently started by a 4-year-old girl playing with a lighter, caused $20,000 in damage to a Mundelein home, but no one was reported injured, authorities said.

The fire started near a desk in a bedroom in the house on the 300 block of Forest Avenue, authorities said.

The owner's wife called 911 just before 11 a.m. after seeing smoke, and she and her daughter and son ran out of the house, firefighters said.

The fire was confined to the bedroom and was put out with a 2.5-gallon fire extinguisher a few minutes after firefighters arrived, according to fire department Capt. Kurt Sorby.

Everything in the bedroom was destroyed, and the house also sustained smoke damage throughout, Sorby said.

Enough damage was done inside the house to make it uninhabitable, fire officials said.

A window that was broken to help firefighters battle the blaze has been boarded up, according to firefighters.

JRV
Lighter
CAT: Carm 07
MIS: 33758

(NIF)

Clearinghouse Format - With MFR
Accident Investigations
U.S. Consumer Product Safety Commission
National Injury Information Clearinghouse

5/28/97
Page 1

Task number: 970129CCN0297 Date Accident: 12/17/96 D Date Entered: 04/03/97
City : MUNDELEIN State : IL Type: 3=OTHER Source: 20
Sex: UNKNOWN Status: C Disposition: 0=NO INJURY
Age: 0 Location: HOME
Diagnosis: NOT STATED OR UNKNOWN Body Part: 99
Document Number: G9710244A Category Id: CARM071997
Product 1 : 1247 FUEL CHARCOAL LIGHTERS
Product 2 : 4022 CHAIRS, NOT SPECIFIED
Manufacturer: "KING" BRAND Model : UKN.
UKN.

on Kates list

Synopsis : MANUFACTURER UNKNOWN

A 4-YEAR OLD GIRL, PLAYING WITH A GRILL/ FIREPLACE LIGHTER, STARTED A FIRE UNDER A DESK CHAIR IN A BEDROOM. THE GIRL BECAME AFRAID AND RAN TO TELL HER MOTHER ABOUT THE FIRE. 911 WAS CALLED, AND THE FAMILY EXITED THE HOUSE. THE FIRE DEPARTMENT ARRIVED A SHORT TIME

ept. 1267

OKV

# FIELD ACTIVITY COVERSHEET

| 1. REGION/STATE | 2. OPERATION (Check One) | 3. DATE |
|---|---|---|
| FOCR | ( ) Inspection ( ) Establishment Visit<br>( ) Telephone Contact ( X ) Investigation<br>( ) Other [ ] | 2-12-97 |
| | | 4. NUMBER (For RO Use)<br>970129CCN0297 |

**5. ESTABLISHMENT**
Name: [ UNKNOWN ]
Address: [ ]
City: [ ] State: [ ] Zip: [ - ] Telephone: [ / - ]

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

**7. PRODUCTS COVERED**
[ King Brand Grill Lighter ]
[ ]

CPSA 6 (a)(1) Cleared
No Mfrs/PrvtLbls
Products Identified
Excepted by ANPR
Firms Notified,
Comments Processed
6/30/97

**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**
32626

**14. HOURS**
Activity [ ]
Travel [ ]

**15. REASON FOR ACTIVITY (Assignment Reference)**

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

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

| 17. EMPLOYEE'S NAME | TITLE | SIGNATURE |
|---|---|---|
| Dennis Blasius | PSI | |

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

A 4 year old girl used a grill/fireplace lighter to start a fire in a bedroom in her home. No one was injured but the fire did $20,000 damage. The lighter was not available to be sampled.

F/U: REFER TO CCA.

| 19. REVIEWER'S NAME | TITLE | SIGNATURE |
|---|---|---|
| John R. Vece | S.PS.I. | |

| 20. REVIEW DATE | 21. DISTRIBUTION |
|---|---|
| 3-3-97 | O: EHDS; CC: CCA, K. WALLACE; CC: FOCR. |

OKI

3 MAR 1997 EHDS

| 1 Case Number | 2 Investigator ID | 3 Office Code | EPIDEMIOLOGIC INVESTIGATION REPORT |
|---|---|---|---|
| 970130HCC5280 | 8 0 5 2 | 8 3 0 | |
| 4 Accident date 9 6 1 2 2 1 | 5 IDI initiated 9 7 0 2 1 3 | | |

6 Synopsis of Accident or complaint
A 4 month old male suffered thermal burns to his left hand & arm while in his crib, after his 2 year old brother lit the fringe of the blanket in the crib with a charcoal lighter (fuel type). The victim's mother was alerted by the victim's crying & discovered the fire. She called the fire department which came to the scene & put out the fire. The victim was taken to the hospital. He was hospitalized for treatment. The victim lost the tips of 2 of his fingers.

| 7 Location | 8 City | 9 State |
|---|---|---|
| home - apartment 1 0 | Ypsilanti Township | M I |

| 10a First Product | 11a Trade/Brand name/Model |
|---|---|
| charcoal lighter (fuel type) 1 2 4 7 | Aim N Flame Your Basic Light dist. by Scripto-Tokai Corp., Fontana, CA 92337 |
| 10b Second Product | 11b Trade/Brand name/Model |
| blanket (non-electric) 4 0 0 8 | unk. |

| 12 Age of Victim | 13 Sex | 14 Disposition | 15 Diagnosis |
|---|---|---|---|
| 2 0 4 | 1 | hospitalized 0 4 | thermal burns 5 1 |

| 16 Body part | 17 Respondents | 18 Investigation type | 19 Time spent |
|---|---|---|---|
| hand 8 2 | Fire Marshal 3 | other - visited Fire Dept. 3 | 1 2 . 0 Travel = 3 hrs |

| 20 Attachments | 21 Case Source | 22 Reviewed by/Date |
|---|---|---|
| multiple 9 | newspaper 0 5 | 8311 970228 |

23 Permission to disclose names (Non-NEISS cases only)
___ CPSC may disclose my name XXX CPSC may not disclose my name

| 24 Narrative | 25 Regional Director review date |
|---|---|
| See attached. | |

CPSC Form 182

## ACCIDENT INFORMATION

I visited the town's fire department & interviewed the Fire Marshal who had investigated the fire. I obtained all of the information from him. Because the parents of the victim had no telephone, I wrote a CPSC Letter of Contact to them. I received no reply to my letter, so I could not obtain any information from them. Therefore, the accident information was somewhat limited. The charcoal lighter & the blanket were no longer available. The Fire Marshal provided me with a copy of the fire report, one set of 5 Polaroid photographs that he had take of the charcoal lighter, and photocopies of 2 large photographs of the blanket, mattress, & crib.

The 4 month old male victim lived with his family in an apartment, and was apparently a health boy. The parents of the victim were smokers & used various kinds lighters to light their cigarettes. The Fire Marshal stated that the mother told him that they would also use the charcoal lighter (fuel type) to light their cigarettes. The charcoal lighter was a trigger type of lighter & had no child resistant features. It was believed that the victim's 2 year old brother had observed his parents using the charcoal lighter on previous occasions. However, it was unknown as to what type of previous history that 2 year old boy had with lighters.

The fire occurred on 12/21/96. The victim's mother told the Fire Marshal that she had placed the victim in an infant car-seat inside of his crib the night before the fire. She had told him that the infant car-seat was present in the crib, because the bumper pads to the crib were dirty (she was going to wash them), and she did not want the victim to roll into the hard wooden crib slats. The victim slept in the infant car-seat in the crib during the night. The victim's 2 year old brother slept in his "baby bed", which was at the foot of the waterbed in which their mother had slept alone that night. Other friends slept in other rooms of the apartment. The Fire Marshal stated that during the early morning of 12/21/96 the 2 year old boy found the charcoal lighter, unknown to his mother who was still sleeping. The 2 year old boy used the charcoal lighter to light the fringe that went around the perimeter of the "Micke and Minnie Mouse" blanket that was in the crib. The blanket then ignited, and then the mattress, crib, and part of the infant car-seat caught on fire. The mother was awakened by th fire & the victim's crying. (There was a smoke detector present, but it did not sound an alarm, because it was later discovered that there was no battery in it.) The mother observed that the crib & bedding were on fire and that the victim was being burned. She immediately picked up the victim from the infant car-seat (and crib), and rushed into the living room. The other friends in the apartment were awaken by the commotion. Someone called 911. The fire department & an ambulance arrived on the scene.

The fire fighters put out the fire. Estimated fire loss was $2,500 property loss & $500 contents loss. The victim was transported to the hospital. The victim suffered 2nd & 3rd degree burns to his left hand & arm, and was hospitalized for treatment. The victim lost the tips of 2 fingers to his hand. The victim was eventually released from the hospital. He has required further treatment to his hand & arm.

## PRODUCT INFORMATION

The product was an approximately 9-inch long black plastic trigger type, fuel (butane) charcoal lighter called an "Aim N Flame - Your Basic Light" charcoal lighter distributed by the Simplo-Tokai Corp., Fontana, CA 92337. The charcoal lighter was also identified as being made in Mexico. There were no child resistant features on the charcoal lighter. This was the only information available.

The blanket was had Mickey & Minnie Mouse characters on it and was made of a thick, loosely woven material. There was a fringe around the perimeter of the blanket. The type of fabric, size, & age of the blanket were unknown. The manufacturer, brand, style number, etc. of the blanket were also unknown. No other information was available.

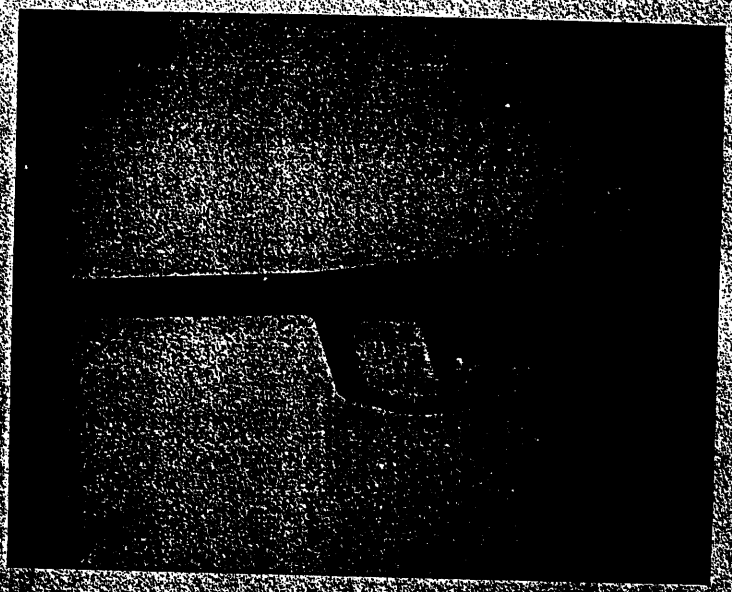
## EXHIBITS

1 - Copy of the fire report.

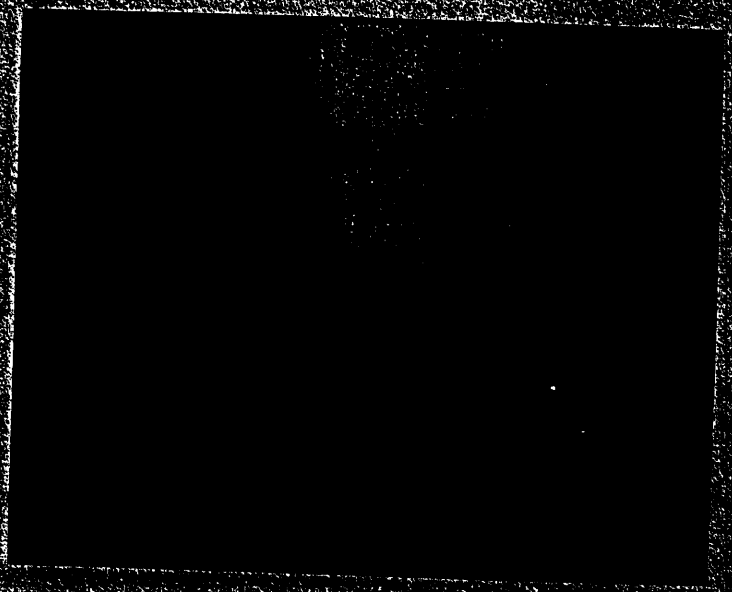
Also, attached to the narrative are 5 Polaroid photographs (one set only) of the charcoal lighter that had been taken by the Fire Marshal & photocopies of 2 large photographs of the blanket, mattress, and crib.

Task No. 970130HCC5280

THE FOLLOWING 5 POLAROID PHOTOGRAPHS ARE OF THE CHARCOAL LIGHTER AND WERE PROVIDED TO ME BY THE FIRE MARSHAL. THE FIRE MARSHAL HAD TAKEN THESE PHOTOGRAPHS. THERE IS ONLY ONE SET OF THEM.



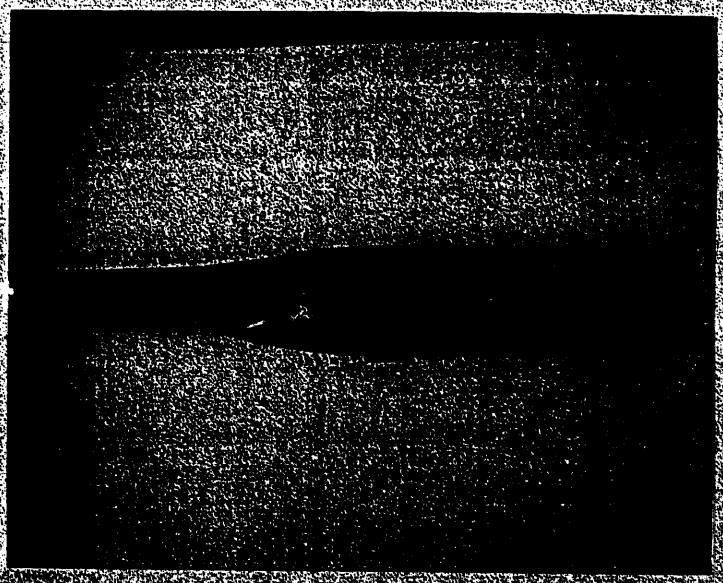
1



2

Task No. 970130HCC5280

THE FOLLOWING 5 POLAROID PHOTOGRAPHS ARE OF THE CHARCOAL LIGHTER AND WERE PROVIDED TO ME BY THE FIRE MARSHAL. THE FIRE MARSHAL HAD TAKEN THESE PHOTOGRAPHS. THERE IS ONLY ONE SET OF THEM.



3

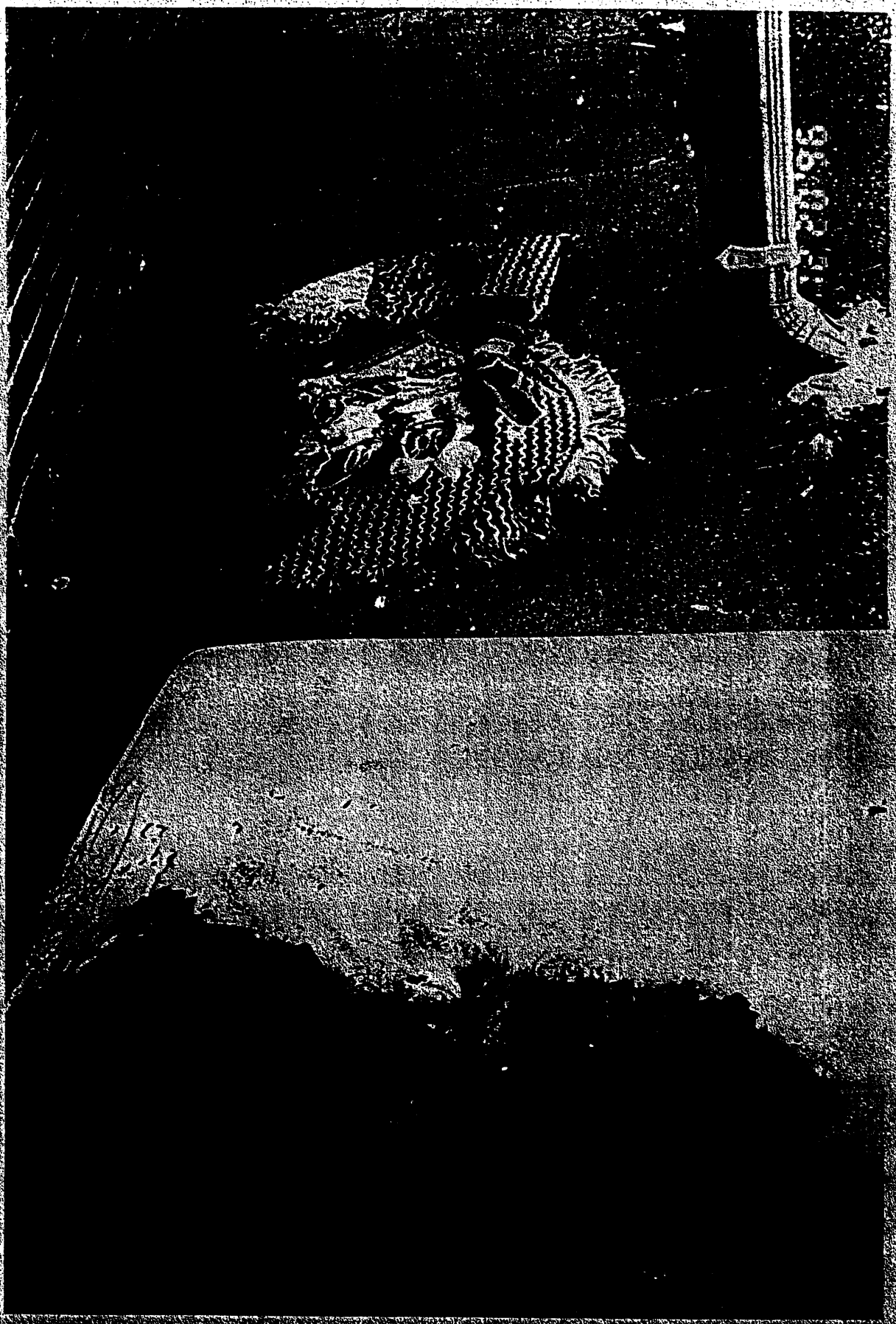
4

Task No. 970130HCC5280

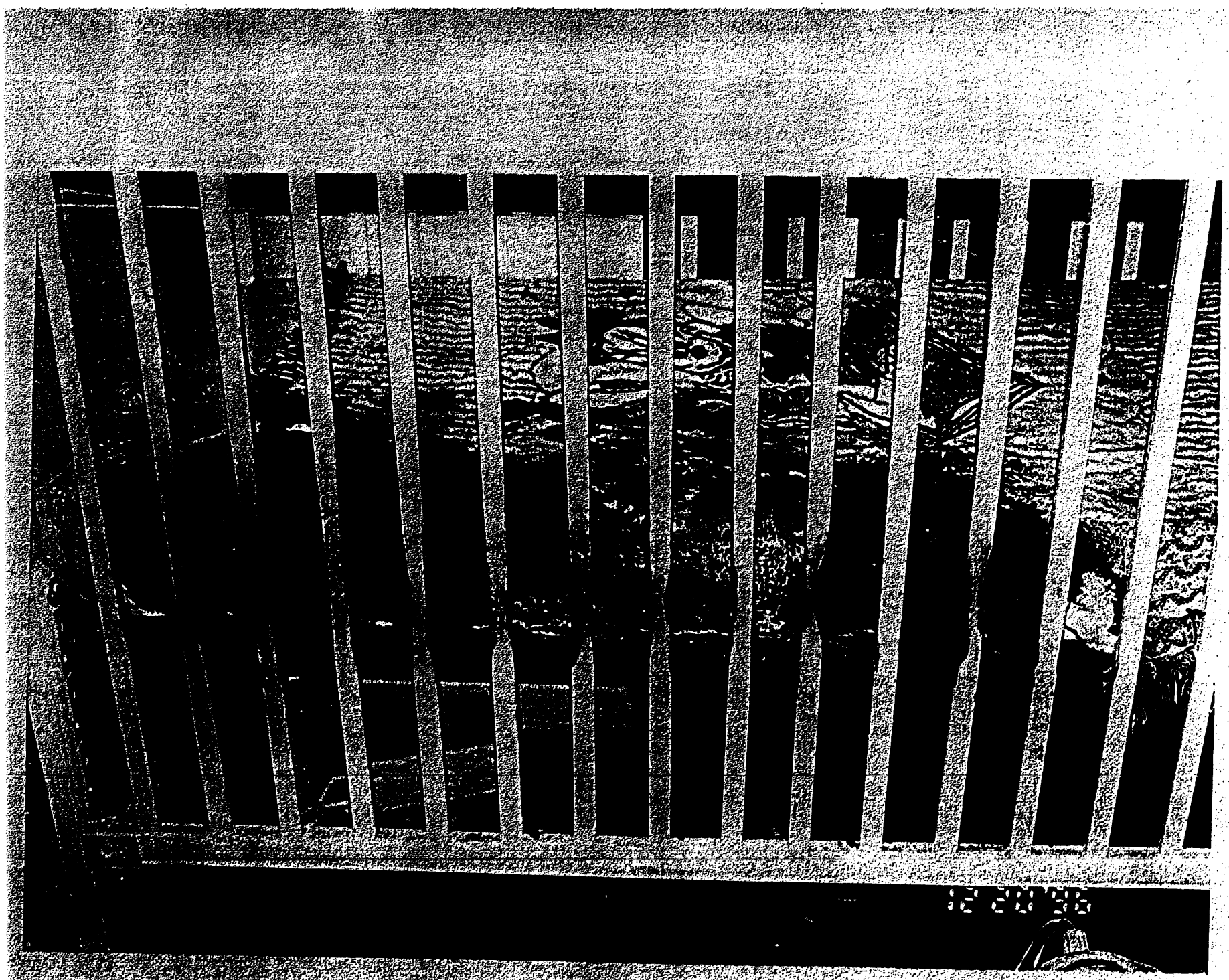
THE FOLLOWING 5 POLAROID PHOTOGRAPHS ARE OF THE CHARCOAL LIGHTER AND WERE PROVIDED TO ME BY THE FIRE MARSHAL. THE FIRE MARSHAL HAD TAKEN THESE PHOTOGRAPHS. THERE IS ONLY ONE SET OF THEM.

5

970130HCC5280



CRIB MATTRESS + BLANKET found outside of Apt #5



DAMAGED MATTRESS PLACED IN CRIB

97013040C 5280

EXHIBIT 1 TASK 970130HCC528C

Michigan Department of State Police
FIRE MARSHAL DIVISION

# MFIRS-A
## INCIDENT REPORT
FM-18A (Rev. 7-85)

Fire Department: VESTICANTI TOWNSHIP
Date Amended
Weather: CLOUDY | Temp.: 20 | Wind Direction and Velocity: S-5
2. [ ] Change Record 3. [ ] Delete Record

**ALL INCIDENTS**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A | 1 F.D. Ident: 8114 | 2 Incident No.: 000848 | 3 Exp. | 4 Mo.: 12 | 5 Day: 21 | 6 Year: 96 | 7 Day of Week: Sunday | 8 Alarm Time: 7.53 | 9 Time Arrived: 7.55 |
| | 10 Time Cleared: 8.39 | 11 Sta.: 2 | | | | | | | |
| B | 1 Incident Location: No., Street, City: [redacted] | | | | | | 2 Apt./Suite: 5 | 3 Zip Code: 48198 | 4 Census Tract: 22.01 |
| C | 1 Occupant: Last: [redacted] | First | M.I.: A | 2 Phone: 000/000-0000 | | | 3 Contact Person | | |
| D | 1 Owner: Last: UNKNOWN | First | M.I. | 2 Phone: 000/000-0000 | | | 3 Address: 785 N HARRIS | | |
| E | 1 Type of Situation: 11 Structure Fire | | | 2 Type of Action Taken: Extinguishment | | | 3 Mutual Aid: 1 [ ] Rec. 2 [ ] Given | | |
| F | 1 Fixed Property Use: 422 3 thrpugh 4 Units | | | 2 Probable Act or Omission: 11 Incendiary Fire | | | 3 Fire Dept. Use | | |
| G | 1 Method of Alarm From Public: 7 9-1-1/Direct Line to F.D. | | | 2 Fire Dept. Use | | | 3 1st Co. Id.: 151 | 4 Shift: 001 | 5 Alarms: 1 |
| H | 1 No. Fire Service Personnel Responded to Incident Location: 4 | 2 Engines: Pumpers Responded: 1 | 3 Mini-Pumpers Responded: 0 | 4 Aerials: Ladders Responded: 0 | 5 Squads: Rescues Responded: 0 | 6 Tankers: Incl. Tillers: 0 | 7 Grass Fire Rpd.: 1 | 8 Other F.D. Veh.: 2 | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I | NUMBER OF PERSONS INJURED: 0 | 2 Fire Service (FM-18C): 0 | 2 Non-Fire Service (FM-18E): 1 | NUMBER OF FATALITIES: 0 | 2 Fire Service (FM-18C): 0 | 4 Non-Fire Service (FM-18E): 0 | 5 Persons Rescued: 0 | | |

**ALL FIRES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| J | 1 General Property Use (Complex): 41 Dwelling Complex | | 2 Mobile Property Class: 08 Not Applicable-Not | | | 3 Equipment Involved in Ignition: 98 None Involved | | | |
| K | 1 Area of Origin: 21 Sleeping Room | | 2 Form of Heat Causing Ignition: 46 Lighter Flame Type | | | 3 Type of Material First Ignited: 72 Cot/Rayon Fabric | | | |
| L | 1 Form of Material First Ignited: 32 Bedding/Blankets | | 2 Level of Fire Origin: 1 Grade Lvl to 9 Above | | | 3 Method of Extinguishment: 2 Make Shift Aids | | | |
| M | 1 Building, Vehicle or Other — Insurance Co. (If known): UNKNOWN | | 2 Amount of Insurance: 0 | | 3 Est. Property Value: 120,000 | | 4 Est. Property Loss: 2,500 | | |
| N | 1 Contents — Insurance Co. (If known): UNKNOWN | | 2 Amount of Insurance: 0 | | 3 Est. Contents Value: 6,000 | | 4 Est. Contents Loss: 500 | | |

**STRUCTURE FIRES**

| | | | | |
|---|---|---|---|---|
| O | 1 No. Stories: 1 1 Story | 2 Construction Type: 8 Unprt Wood Frame | 3 Extent of Flame Damage: 1 Confined to Object | 4 Extent of Smoke Damage: 4 Confnd to Comprt |
| P | 1 Type Auto Extinguishing System: 8 None Present | | 2 Extinguishing System Performance: 8 None Present | |
| Q | 1 Detector Type: 1 Ionization Smoke | | 2 Detector Power Supply: 1 Battery Only | 3 Detector Performance: 4 Not in Rm/Didn't Ope |
| R | IF SMOKE SPREAD BEYOND ROOM OF ORIGIN: 72 | 1 Type of Material Generating Most Smoke: Ctn/Rayon Fabr | 2 Form of Material Generating Most Smoke: 32 Bedding/Blanket | 3 Absence of Smoke Damage: 8 No Significant Ave |

| | | | | | | |
|---|---|---|---|---|---|---|
| S | IF MOBILE PROPERTY | 1 Year | 2 Make | 3 Model | 4 Vehicle Number | 5 License Number |
| T | IF EQUIPMENT INVOLVED | 1 Year | 2 Brand Name | 3 Model | 4 Serial Number | |

**FIRE DEPT. USE**

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U | 1 No. of Gal. of Water Used: 0 | 2 No. and Feet of Hose + Booster: No. 0 | Feet 0 | 1-1/2 No. 0 | Feet 0 | 2-1/2 No. 0 | Feet 0 | 3-1/2 No. 0 | Feet 0 | Other No. 0 | Feet 0 | | | | | | | | | | | | | |
| V | 1 Kind | No. Used 0 | 2 Kind | No. Used 0 | 3 Kind | No. Used 0 | 4 Kind | No. Used 0 | 5 Kind | No. Used 0 | 6 Kind | No. Used 0 | 7 Kind | No. Used 0 | | | | | | | | | | |
| W | 1 Kind | No. Used 0 | 2 Kind | No. Used 0 | 3 Kind | No. Used 0 | 4 Kind | No. Used 0 | 5 Kind | No. Used 0 | 6 Kind | No. Used 0 | 7 Kind | No. Used 0 | | | | | | | | | | |

*This form is prescribed by Section 4 of Act 207, P.A. of 1941, as amended. Reporting a fire incident resulting in loss of life or property is mandatory.*
*A person who fails to make a required report is guilty of a misdemeanor.*
*The above data is the opinion of the undersigned based on information available at the time of the report.*

JAMES LARRY M
Name and Rank of Officer in Charge at Incident

Person Making Report, if different than

970130HCC5280

# 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 970130HCC5280 Incident Date 12/21/96

A. MATTRESS DESCRIPTION:

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

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

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

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

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

6. Manufacturer/distributor/brand: UNK.

# INVESTIGATION GUIDELINE

B. BEDDING:

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

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 CHARCOAL LIGHTER
   - / / 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
   - / / Dust cover on box springs
   - / / Other_____
   - /X/ 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

970130HCC5280

# INVESTIGATION GUIDELINE

E. DETECTION OF FIRE

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

12. Detector went off (alarmed)?
/ / Yes
/X/ No; possible reasons why not NO BATTERY IN THE SMOKE DETECTO RESIDENT DID NOT KNOW WHY THERE WAS NO BATTERY.
/ / Unknown

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

F. VICTIM(S)

0 Number of Deaths 1 Number of Injuries

G. SOCIO-ECONOMIC DATA:

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

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

CHDC

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G9710198A

Date of Incident 12/21/96 Category I.D. BURNON 1997

Follow-Up Requested (Hazard Analysis) Section 15

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

Headquarters Contact Linda Smith 504-0478 X127

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 Officials
Parent / Guardian

Guideline Mattress / Bedding Fires

Requested By

Task Number 970130 HPC 5280

Assigned to CHDO Date 1/30/97

CPSC Form 324 (2/90)

G971

0198

MICHIGAN PRESS
READING SERVICE
126 S. Putman, Williamston, Mich. 48895

YPSILANTI PRESS
YPSILANTI, MICH
PM-CIRC. 65,056 SUN 34 664

DEC 22, 1996

# Infant suffers burns in crib

A 4-month-old baby was burned at about 7:53 a.m. Saturday in the [redacted] Road in Ypsilanti Township when a two-year boy playing with a charcoal lighter set fire to bedding in the baby's crib.

Ypsilanti Township firefighters said they received a medical rescue call from the scene, but found smoke in the apartment — though no fire — when they arrived.

The infant's mother told firefighters she heard the baby crying and reached through the flames to rescue him. Her hair was singed but she did not require medical treatment, firefighters said.

The baby was taken by Huron Valley Ambulance to the University of Michigan Medical Center. Firefighters did not release the baby's name or know what his condition was Saturday evening.

The apartment sustained about $2,500 damage and damage to the contents of the apartment totalled about $800, firefighters said.

12/21/96

970130 HAC 5280

ISSUE 18

JAN 29 1997

Investigation Report - Analyst's Comments

Task No. 970130HCC5280 Regional Office CH10

Product Code 1247/4008 Investigator ID 8052

Category BUNN021997 Hours Reported 12

Comments

FIRE DEPT. REPORT WAS ATTACHED AS REQUESTED. COPIES OF PHOTOGRAPHS OF THE CHARCOAL LIGHTER, BLANKET, MATTRESS, AND CRIB WERE SUBMITTED. INCIDENT SEQUENCE WAS DESCRIBED IN DETAIL. THE PARENTS OF THE VICTIM DID NOT PROVIDE INFORMATION TO THE CPSC INVESTIGATOR.

Reviewer LAS (0061) Date 3/4/97

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

☐ _____
Signature

| 1. TASK NUMBER | 2. INVESTIGATOR'S ID | EPIDEMIOLOGIC INVESTIGATION REPORT |
|---|---|---|
| 970310CCC5394 | 8209 | |

| 3. OFFICE CODE | 4. DATE OF ACCIDENT YR MO DAY | 5. DATE INITIATED YR MO DAY |
|---|---|---|
| 820 | 97 02 05 | 97 04 01 |

**6. SYNOPSIS OF ACCIDENT OR COMPLAINT** UPC

The parents of a four year old male used a charcoal butane lighter to light their cigarettes. They left the lighter on the bed in a second floor bedroom. While playing with the butane lighter, their four year old son ignited the bedding. The fire gutted the part of the home. There were no injuries.

| 7. LOCATION(Home,School,etc.) | 8. CITY | 9. STATE |
|---|---|---|
| Home 10 | Bethlehem | PA |

| 10A. FIRST PRODUCT | 10B. TRADE/BRAND NAME | 10C. MODEL NUMBER |
|---|---|---|
| Charcoal Butane Lighter 1247 | Unknown | |

MFR/PRVLBR NOTIFIED
~~No Comments made~~
Comments attached
2SC Excisions/~~Revisions~~
Firm has ~~not~~ requested further notice

**10D. MANUFACTURER NAME AND ADDRESS**

Unknown

| 11A. SECOND PRODUCT | 11B. TRADE/BRAND NAME | 11C. MODEL NUMBER |
|---|---|---|
| Bedding 0667 | | |

CPSA 6 (b)(1) Cleared 2SC
No Mfrs/PrvtLblrs or Products Identified
Excepted by ANPR
Firms Notified, Comments Processed Jun 6/30/97

**11D. MANUFACTURER NAME AND ADDRESS**

Unknown

| 12. AGE OF VICTIM | 13. SEX | 14. DISPOSITION | 15. INJURY DIAGNOSIS |
|---|---|---|---|
| No Injury 999 | No Injury 9 | 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 | Fire Commissioner 3 | Telephone 2 | 6.0 |

| 20. ATTACHMENT(S) | 21. CASE SOURCE | 22. SAMPLE COLLECTION NUMBER |
|---|---|---|
| Fire Report 02 | Newspaper 05 | |

**23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)**

| 24. REVIEW DATE | 25. REVIEWED BY | 26. REGIONAL OFFICE DIRECTOR |
|---|---|---|
| | | |

N972-025'eA

27. DISTRIBUTION
O:EHDS CC:MASC CC:FO

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

**970310CCC5394**

**Pre-Accident:**

The Fire Commissioner provided information in this report.

According to the respondent, the family resided in public housing. The family, both parents, and their two children, a 2 year old girl and the 4 year old male, lived in the two story home. Bedrooms were on the second floor. After the fire, the Red Cross relocated them.

The Fire Commissioner said that both parents are smokers. Rather than using a cigarette lighter or matches, the parents informed the Fire Commissioner that they used a charcoal butane lighter.

On the day of the incident, the parents were home with the children. The daughter, who was ill, was laying at the foot of the parents' sofa bed. The mother was on the telephone on the first floor. The father's whereabouts are unknown.

The parents apparently had been smoking and left the butane lighter on their bed.

**Accident:**

Around 10:00 a.m.., while playing with the butane lighter, the four year old male used the charcoal butane lighter to ignite his parents' bed.

**Post-Accident:**

The mother said that when she went upstairs to check on her daughter, she found the bed on fire. She removed her daughter, who was laying at the foot of the bed. Her son was still in the bedroom. The mother and her two children ran out of the home. The children's father made a futile effort to extinguish the fire with buckets of water. The father had to leave as the fire burned out of control. The family was uninjured by the fire.

The Fire Commissioner said that the fire gutted the front bedroom. Heavy heat and smoke damage occurred throughout the house. Value of the destruction is $15,000.00. Commissioner Ruhf said that the family had no explanation as to why they used the charcoal butane lighter to light their cigarettes.

The respondent informed me that flames consumed the lighter. However, it was recognizable as a charcoal butane lighter used for fireplaces, grills, etc. Fire officials did not take

photographs of the scene. Attached as Exhibit #1 is a copy of the Fire Report.

**Page 2** **970310CCC5394**

**Product Identification:**

1st Product: Charcoal Butane Lighter
Manufacturer: Unknown

2nd Product: Bedding

**Attachments:**

Exhibit #1 - Fire Report

GJW

MCS 33758

# ACCIDENT INVESTIGATION REQUEST FORM

**DOCUMENT NUMBER:** V972025 4A

**DATE OF INCIDENT:** 2/4/97 **CATID:** CARM07 1997

**FOLLOW-UP REQUESTED** **HAZARD ANALYSIS** ( ) **CRM** (X)

**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. Be especially alert to incidents involving child-resistant lighters which have had the child-resistant mechanism removed or otherwise, defeated. In such a situation, identify to retailer where purchased if the lighter was already defeated when purchased by the consumer.

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:** Parent / Guardian

**Guidelines:** Appendix 45

**Task Number:** 97C310CC5394 **Date:** 970310

**Assigned to:** MASC **Requested by:** J. LANSING

CPSC Form 324A (10/96)

MUTUAL
PRESS CLIPPING SERVICE
FEB 5.1997

MORNING CALL
CARBON CTY. ED.
ALLENTOWN, PA

DLY - 134.348

N972-0356A

TC
CERM
Mike
B.

BETHLEHEM

# Boy, 4, is blamed for a $15,000 blaze at his family's home

By PHIL BOYLE
Of The Morning Call

Bethlehem fire officials said a 4-year-old boy playing with a butane lighter yesterday started a two-alarm fire that caused $15,000 damage to his family's home.

No one was injured, and the Lehigh Valley Red Cross arranged for emergency housing for the family.

Firefighters said flames were shooting out the front second-floor bedroom windows at [redacted] ston St. when they arrived shortly after 10 a.m.

[redacted], who lives at the townhouse with her boyfriend, [redacted] and children [redacted], 4, and [redacted], 2, said she was downstairs on the telephone shortly before the fire broke out.

[redacted] said she went upstairs to check on [redacted] who was sick, and found a sofa bed on fire. She grabbed [redacted] who was at the bottom of the bed, and ran out the front door and was followed by her son.

She ran to a neighbor's home and called 911 while her boyfriend tried to put out the fire with buckets of water.

Assistant Fire Chief Francis "Sam" LaBuda said the fire gutted the front bedroom and caused heavy heat and smoke damage to the rest of the second floor. He said the first floor received some smoke and water damage. He said adjacent townhouses received slight smoke damage.

Deputy Fire Commissioner David Ruhf said the boy apparently was playing with the lighter and set the bed on fire near the headboard.

Carla Hickey, a Red Cross spokeswoman, said emergency shelter was provided for the family at a local motel and they were given vouchers for food and clothing. She said the agency would work with the family for the next several days to provide assistance.

ISSUE 25

MAR 6 1997

2/4/97

9:13/0 ACC 5394

Investigation Report - Analyst's Comments

(2)

Task No. 970310 CCC 5394 Regional Office MASC

Product Code 1247-0667 Investigator ID 8209

Category CARMOT 1997 Hours Reported 6

Comments Was any attempt made to contact parents for information and if not why?

Need C.P.D.S. requirements

Reviewer J. Taylor Date 4-22

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

☐ _____
Signature

**Document Number:** N9720256A **Task Number :** 970310CCC5394 **Issue :** 23
**Date Received :** 03/06/97 **Confirmed :** **Date Entered :** 04/15/97
**City :** ALLENTOWN **State :** PA **Zip :** 00000
**Source :** 0 **Type Of Contact :** 20
**Prod :** 1687 LIGHTERS, NOT SPECIFIED
**Prod :** 694 BEDS, NOT SPECIFIED
**Date Injured :** 02/04/97 D **Work Related :** N
**Age :** 4 **Sex :** 1 MALE
**Disposition :** 0 0=NO INJURY **Haz Type :** 1 FIRES AND FLAMES
**Brand :** MANUFACTURER UNKN **Screened ? :**
**Model :** UKN.

**Narrative :**
FIRE OFFICIALS SAID A 4-YEAR OLD BOY PLAYING WITH A BUTANE LIGHTER AND IGNITING A BED STARTED A TWO-ALARM FIRE THAT CAUSED $15,000 DAMAGE TO HIS FAMILY'S HOME. NO ONE WAS INJURED.