

|   |  |  |   |  |  |                       |  |  |   |
|---|--|--|---|--|--|-----------------------|--|--|---|
| 1. CASE NO.<br>9605150005172                    |  |  | 2. INVESTIGATOR'S ID<br>3333                                |  |  | 3. OFFICE CODE<br>591 |  |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| 4. DATE OF ACCIDENT<br>YR MO DAY<br>9 6 0 4 2 3 |  |  | 5. DATE INVESTIGATION INITIATED<br>YR MO DAY<br>9 6 0 5 1 4 |  |  |                       |  |  |   |

6. SYNOPSIS OF ACCIDENT OR COMPLAINT *A four year old boy was in the bedroom playing with a grill lighter. His mother and brother were in a different part of the house when the four year old accidentally lit the bed on fire. The local fire department was called to the scene. There were no injuries involved, but damage was done to the mattress and box spring.*

|  |  |                         |                     |
|--|--|-------------------------|---------------------|
| 7. LOCATION (Home, school, etc.)<br>home (bedroom) |  | 8. CITY<br>10 Mansfield | 9. STATE<br>Ohio 0H |
|--|--|-------------------------|---------------------|

|  |  |
|--|--|
| 10A. FIRST PRODUCT<br>grill lighter 1285 | 11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>unknown |
|--|--|

|                                      |  |
|--------------------------------------|--|
| 10B. SECOND PRODUCT<br>Mattress 4009 | 11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>unknown |
|--------------------------------------|--|

|                          |  |                                |                                       |
|--------------------------|--|--------------------------------|---------------------------------------|
| 12. AGE OF VICTIM<br>004 | 13. SEX (Use numerical code)<br>MALE - 1<br>FEMALE - 2<br>UNKNOWN - 3<br>1 | 14. DISPOSITION<br>No injury 0 | 15. INJURY DIAGNOSIS<br>No injury 710 |
|--------------------------|--|--------------------------------|---------------------------------------|

|                               |   |  |                       |
|-------------------------------|---|--|-----------------------|
| 16. BODY PART<br>No injury 99 | 17. RESPONDENT(S) (Mother, Friend)<br>Fire Department 3 | 18. TYPE INVESTIGATION<br>ON SITE 1<br>TELEPHONE 2<br>OTHER 3<br>2 | 19. TIME SPENT<br>115 |
|-------------------------------|---|--|-----------------------|

|   |                                 |                         |                          |
|---|---------------------------------|-------------------------|--------------------------|
| 20. ATTACHMENTS<br>multiple attachments 9 | 21. CASE SOURCE<br>Newspaper 05 | 22. REVIEWED BY<br>1034 | YR MO DAY<br>9 6 0 5 2 8 |
|---|---------------------------------|-------------------------|--------------------------|

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

CPSC MAY DISCLOSE MY NAME  CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

*CPSC 6 (b)(1) Cleared*

*No Mfrs/Prvtlblrs or Products Identified*

*Exempted by ANPR*

*Firms Notified*

*Comments Prepared*

*AM*

*6/30/17*

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

\*\*\*\*\*

GENERIC TELEPHONE INTERVIEW QUESTIONNAIRE

This generic telephone interview questionnaire is to be used during the telephone follow-up investigation of incidents involving products or hazards for which there is no specific telephone questionnaire. Please record each attempt to establish contact with the victim or parent on the chart below.

RECORD OF CALLS

| <u>Date</u> | <u>Day of Wk</u> | <u>Time</u> | <u>Result</u> | <u>Date</u> | <u>Day of Wk</u> | <u>Time</u> | <u>Result</u> |
|-------------|------------------|-------------|---------------|-------------|------------------|-------------|---------------|
|             |                  |             |               |             |                  |             |               |
|             |                  |             |               |             |                  |             |               |
|             |                  |             |               |             |                  |             |               |
|             |                  |             |               |             |                  |             |               |
|             |                  |             |               |             |                  |             |               |

Key for result:

- NWN = Non-working number
- REF = Respondent refused interview
- WN = Wrong Number
- NA = No Answer
- C = Completed
- CB = Call Back
- LB = Line Busy
- R = Recording

\*\*\*\*\*

When you have reached an appropriate respondent, you may want to introduce yourself and the investigation program in the following manner:

Hello. May I please speak with \_\_\_\_\_?

(If desired respondent is not available, ask when would be a good time to contact him/her and record the suggested call back time. If the respondent is available, continue with the interview).

My name is \_\_\_\_\_. I am working with the U.S. Consumer Product Safety Commission. I understand that you (your son, etc.) were injured while using a \_\_\_\_\_ (e.g. riding lawn mower). We are trying to learn how and why these accidents occur so that we can help others avoid similar accidents. Would you help us by answering a few questions. This will only take about 10 minutes of your time.

Interviewer: Check type of respondent (ask for parent if victim was a child under 15):

Victim \_\_\_\_\_  
Parent \_\_\_\_\_  
Other, specify relationship Mansfield Fire Department

TASK NUMBER 960515 CCC 5172

1. Can you tell me what happened? \_\_\_\_\_

A four year old boy was in the bedroom playing with a grill lighter. His mother and brother were in a different part of the house when the four year old accidentally lit the bed on fire. The local fire department was called to the scene. There were no injuries involved, but damage was done to the mattress and box spring. A smoke detector was in the residence, but had no working batteries in it, according to fire reports.

TASK NUMBER 960515 CCC 5172

\*\*\*\*\*  
\* If any of the following questions were answered during the \*  
\* victim's description of the incident, you may skip the \*  
\* question (and insert the information at a latter time), if \*  
\* the answer is perfectly clear. Better approach might be \*  
\* to ask the question again with a preface such as: "When \*  
\* you described the incident to me earlier, you said ..... \*  
\* (and repeat the answer).....is that correct? \*  
\*\*\*\*\*

2. When the incident occurred, was anyone injured? No If yes, answer the following questions? (If no injury, enter N/A; if more than two individuals were injured, use an additional sheet.)

|  | <u>Injured Person # 1</u> | <u>Injured Person # 2</u> |
|--|---------------------------|---------------------------|
| Who was injured?<br>(Relationship to<br>respondent, ID)... | <u>N/A</u>                |                           |
| Age/Sex.....   | <u>N/A /</u>              | <u>/</u>                  |
| Type of Injury (e.g.<br>laceration, burn) ..               | <u>N/A</u>                |                           |
| Body part injured..  | <u>N/A</u>                |                           |
| Type treatment (e.g.<br>hospitalized 5 days)               | <u>N/A</u>                |                           |
| Any permanent effects<br>(e.g. nerve damage).              | <u>N/A</u>                |                           |

4. Now, if I could, I would like to obtain some information on the incident. What was the date and time of injury?

Date 4-23-96 Time of day 5 am pm

5. Where did the accident occur? (e.g. backyard, school, kitchen)

in the bedroom at 266 S. Main ST  
city Mansfield state Ohio

TASK NUMBER 960515 CCC5172

6. What was (the injured party) doing prior to the incident (e.g. mowing the grass in the backyard with a ride-on mower)?

Karla Williams and her other son were in a different part of the home.

7. What exactly was (the injured party) doing or trying to do at the time of the incident (e.g. trying to turn uphill while on a steep grade)?

The four year old boy was playing with a grill lighter in the bedroom.

8. Had (the injured party) performed this action or activity before.        If yes, include the number of times, knowledge of operation, experience, etc.)

UNKNOWN

If performed before, what was different this time? N/A

TASK NUMBER 960515 (CC 5172)

9. What did (the injured party, witnesses, etc.) do immediately after the incident (including the pursuit of medical treatment)?

The local Fire Department was contacted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Did (the injured party) have any health problems that may have been a factor in the incident (e.g. poor eye sight) NO  
If yes, describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What was the environment like at the time and place of the incident (probe for weather conditions, type terrain, storage of materials in area, etc.)

UNKNOWN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Did you or your family incur any economic loss (e.g. damage to a building, etc.)? yes If yes, describe including estimated cost

Damage was done to the mattress and box spring.

\_\_\_\_\_

TASK NUMBER 960515 CCC 5172

13. Could I ask just a couple of more questions about the product?

What is the approximate age unknown

Brand name, if known unknown

Manufacturer unknown

Model (number) unknown

Size/capacity unknown

Color/shape unknown

Other unknown

14. Was the product damaged before or during the incident? No  
If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Were any safety devices present, damaged or missing?

There was a smoke detector in the residence, but had no working batteries.

\_\_\_\_\_  
\_\_\_\_\_

16. Is the product still available? yes If not, give the status of the product.

The fire department gave the grill lighter back to Karla Williams.

TASK NUMBER 960515 CCC5772

17. Is there anything else you think I should know in order to understand the incident?

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Prepare to close the interview by thanking the respondent for assisting us in collecting information on a potential product safety problem. At this point, you should inform the respondent that we routinely share incident information with the manufacturers to inform them that their product was involved in an incident. Some manufacturers ask for the victim's name and address so that they can obtain additional information on their product. May we release your name with this incident or do you wish that your identity remain confidential.

You are authorized to disclose my name and address.  
 My identity is to remain confidential.

You should end the investigation by asking this question, "If we need additional information on this incident, can we call you back?"

Yes  No

If yes, what is the best time of day to contact you?

Day of week Open Time of day open AM/PM

Note: Any additional comments can be submitted on another page.

9605150005172

Date/Time: 4/24/96 - 10:50:20

System: CHIEFS FIRE Narrative Report Page: 1  
Program: FMS301 MANSFIELD FIRE DEPARTMENT

FIRE Incident #: 1-96-000591-000

Original Report DOME CHARLES 4/23/96

961140209  
WILLIAMS,  
266 S MAIN ST Apt.: REAR  
524 -2645  
911//bed is on fire//

E1, E2, E3, L4 & R1 responded to 266 S. Main St. on a report of a structure fire.

Found mattress and springs on fire in South bedroom, used (2) water extinguishers to extinguish fire. Removed bedding to outside, used PPV fan to clear smoke. A 4 year old child used lighter to set fire bed on fire. Fire Prevention Capt. Conard & F.F. Webb talked to children. No batteries in smoke detector. No insurance on contents. Units returned in service to quarters.

Report by Capt. C. Dome  
Typed by J. Shumate

\*\*\*\*\*  
\*\*\*\*\*

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: *G9450053A*

DATE OF INCIDENT: *4/23/44* CATID: CARM07 1996

FOLLOW-UP REQUESTED HAZARD ANALYSIS ( ) CRM

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

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

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

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

Person(s) to Contact: 1) *Yansfield FD*  
2) *Karla Williams*

Guidelines: Appendix 45

Task Number: *9405150005172* Date: *3/14/96*  
Assigned to: *3333* Requested by: *LAS (0061)*

ISSUE

33

MAY 14 1996

~~G-65-0053~~

G9050053A

TC  
20

CORRY  
Mike B

OHIO  
NEWS BUREAU INC.  
CLEVELAND, OHIO 44115  
216/241-0675

NEWS JOURNAL  
MANSFIELD, OH.  
PM CIRC. 41,319

APR-24-96

~~Fire, 59~~

~~King Road, north of U.S. 42, Ashland — A short circuit in the dash was blamed for a fire that caused \$1,500 damage to a car owned by Duane Gibson of Ashland. Firefighters were called at 6:39 p.m. Monday.~~

266 S. Main St., Mansfield — A 4-year-old child playing with a used lighter apparently set a bed in a south bedroom on fire around 4:45 p.m. Tuesday. Mansfield firefighters extinguished the blaze in the mattress and box springs.

Owner of the residence is Malabar Realty. Karla Williams is the resident.

A smoke detector was in the residence, but had no working batteries in it, according to fire reports.

4/23/96

94 0515 OCC 5172



|   |  |  |   |  |  |                       |  |  |   |
|---|--|--|---|--|--|-----------------------|--|--|---|
| 1. CASE NO.<br>9605164C6721                     |  |  | 2. INVESTIGATOR'S ID<br>3333                                |  |  | 3. OFFICE CODE<br>591 |  |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| 4. DATE OF ACCIDENT<br>YR MO DAY<br>9 5 0 2 0 0 |  |  | 5. DATE INVESTIGATION INITIATED<br>YR MO DAY<br>9 6 0 5 1 6 |  |  |                       |  |  |   |

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A four year old male child was taken to a local fire department for information and education regarding the dangers of fire after igniting paper in his home with a grill lighter. The child's actions did not produce a fire of any significance and there were no injuries as a result of his actions.

|  |                        |                |
|--|------------------------|----------------|
| 7. LOCATION (Home, school, etc.)<br>Home | 8. CITY<br>10 Wauconda | 9. STATE<br>IL |
|--|------------------------|----------------|

|  |  |
|--|--|
| 10A. FIRST PRODUCT<br>Grill Lighter 1285 | 11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>Unknown |
|--|--|

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

|                          |   |                                |                                       |
|--------------------------|---|--------------------------------|---------------------------------------|
| 12. AGE OF VICTIM<br>001 | 13. SEX (Use numerical code)<br>MALE -1<br>FEMALE -2<br>UNKNOWN -3<br>1 | 14. DISPOSITION<br>No injury 0 | 15. INJURY DIAGNOSIS<br>No injury 710 |
|--------------------------|---|--------------------------------|---------------------------------------|

|                               |  |  |                      |
|-------------------------------|--|--|----------------------|
| 16. BODY PART<br>No injury 99 | 17. RESPONDENT(S) (Mother, Friend)<br>Fire officials 3 | 18. TYPE INVESTIGATION<br>ON SITE 1<br>TELEPHONE 2<br>OTHER 3<br>2 | 19. TIME SPENT<br>30 |
|-------------------------------|--|--|----------------------|

|                                    |                                 |                         |                          |
|------------------------------------|---------------------------------|-------------------------|--------------------------|
| 20. ATTACHMENTS<br>Questionnaire 5 | 21. CASE SOURCE<br>Fire Dept 01 | 22. REVIEWED BY<br>1034 | YR MO DAY<br>9 6 5 5 2 1 |
|------------------------------------|---------------------------------|-------------------------|--------------------------|

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

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

CPSA 6 (b)(7) Cleared

No Mfrs/Prvtlbrs or Products Identified  
 Exempted by ANPR  
 Firms Notified  
 Comments Processed Am 6/30/97

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

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GENERIC TELEPHONE INTERVIEW QUESTIONNAIRE

This generic telephone interview questionnaire is to be used during the telephone follow-up investigation of incidents involving products or hazards for which there is no specific telephone questionnaire. Please record each attempt to establish contact with the victim or parent on the chart below.

RECORD OF CALLS

| <u>Date</u> | <u>Day of Wk</u> | <u>Time</u> | <u>Result</u> | <u>Date</u> | <u>Day of Wk</u> | <u>Time</u> | <u>Result</u> |
|-------------|------------------|-------------|---------------|-------------|------------------|-------------|---------------|
| _____       | _____            | _____       | _____         | _____       | _____            | _____       | _____         |
| _____       | _____            | _____       | _____         | _____       | _____            | _____       | _____         |
| _____       | _____            | _____       | _____         | _____       | _____            | _____       | _____         |

Key for result:

- NWN = Non-working number
- REF = Respondent refused interview
- WN = Wrong Number
- NA = No Answer
- C = Completed
- CB = Call Back
- LB = Line Busy
- R = Recording

When you have reached an appropriate respondent, you may want to introduce yourself and the investigation program in the following manner:

Hello. May I please speak with \_\_\_\_\_?

(If desired respondent is not available, ask when would be a good time to contact him/her and record the suggested call back time. If the respondent is available, continue with the interview).

My name is \_\_\_\_\_. I am working with the U.S. Consumer Product Safety Commission. I understand that you (your son, etc.) were injured while using a \_\_\_\_\_ (e.g. riding lawn mower). We are trying to learn how and why these accidents occur so that we can help others avoid similar accidents. Would you help us by answering a few questions. This will only take about 10 minutes of your time.

Interviewer: Check type of respondent (ask for parent if victim was a child under 15):

Victim \_\_\_\_\_  
 Parent \_\_\_\_\_  
 Other, specify relationship Fire officials

TASK NUMBER 960516HCC6221

1. Can you tell me what happened? A Four year old male child was igniting papers in his home with a grill lighter. The child did not start a fire of any real significance. The child's parents became aware of the child's actions. The child had repeatedly used lighters and matches prior to this incident so the parents took the child to a local fire department for information and education regarding the dangers of fire. The specific type of grill lighter involved is not known to the fire department and the fire department was unable to release a name or number for the victim's family.



TASK NUMBER 960516HCL6221

6. What was (the injured party) doing prior to the incident (e.g. mowing the grass in the backyard with a ride-on mower)?

Unknown

7. What exactly was (the injured party) doing or trying to do at the time of the incident (e.g. trying to turn uphill while on a steep grade)?

The child was igniting papers in his home with a grill lighter

8. Had (the injured party) performed this action or activity before. YES If yes, include the number of times, knowledge of operation, experience, etc.)

The child has a history of playing with all types of fire sources including matches and lighters

If performed before, what was different this time?

When the child was caught this time the parents took the child to the fire department for assistance

TASK NUMBER 960516HCC6221

9. What did (the injured party, witnesses, etc.) do immediately after the incident (including the pursuit of medical treatment)?

The child was caught igniting papers and  
the parents arranged to take the child  
to the fire department.

10. Did (the injured party) have any health problems that may have been a factor in the incident (e.g. poor eye sight) No  
If yes, describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What was the environment like at the time and place of the incident (probe for weather conditions, type terrain, storage of materials in area, etc.) Unknown

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Did you or your family incur any economic loss (e.g. damage to a building, etc.)? No If yes, describe including estimated cost

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TASK NUMBER 960516HCC6221

13. Could I ask just a couple of more questions about the product?  
What is the approximate age Unknown  
Brand name, if known Unknown  
Manufacturer Unknown  
Model (number) Unknown  
Size/capacity Unknown  
Color/shape Unknown  
Other Unknown

14. Was the product damaged before or during the incident? Unknown  
If yes, please describe.  
Unknown  
   
   
 

15. Were any safety devices present, damaged or missing?  
Unknown  
   
   
 

16. Is the product still available? Unknown If not, give the status of the product.  
The fire officials did not  
confiscate the grill lighter. therefore, the  
lighters availability is unknown.

TASK NUMBER 960516HCC6221

17. Is there anything else you think I should know in order to understand the incident?

The child's actions did not produce a significant fire. The fire department never responded to a scene and, therefore, no report is available. The fire department was unable to release a name or number for the victim's family.

Prepare to close the interview by thanking the respondent for assisting us in collecting information on a potential product safety problem. At this point, you should inform the respondent that we routinely share incident information with the manufacturers to inform them that their product was involved in an incident. Some manufacturers ask for the victim's name and address so that they can obtain additional information on their product. May we release your name with this incident or do you wish that your identity remain confidential.

You are authorized to disclose my name and address.

My identity is to remain confidential.

You should end the investigation by asking this question, "If we need additional information on this incident, can we call you back?"

Yes  No

If yes, what is the best time of day to contact you?

Day of week Any time Time of day Any time AM/PM

Note: Any additional comments can be submitted on another page.

FILE

ACCIDENT INVESTIGATION REQUEST FORM

Document Number X 945 2237 A

Date of Incident \_\_\_\_\_ Category I.D. BUNN011996

Follow-Up Requested \_\_\_\_\_ Hazard Analysis \_\_\_\_\_ Section 15

Type Follow-Up Requested \_\_\_\_\_ Telephone Call \_\_\_\_\_ On-Site

Headquarters Contact Linda Smith

Assignment Message \_\_\_\_\_

Conduct on-site IDI To document  
Type of Grill lighter including brand & manufacturer,  
age, specific purpose for having lighter, normal  
storage area, etc.

Person(s) to Contact See attached

Wauconda F.D.

Guideline \_\_\_\_\_

Requested By L.S.

Task Number 960516 HOC0221

Assigned to 3333 Date 5/14/96

# 1995 Youthful Firesetter Incident Survey

Please complete this survey of YFS incidents that your department or agency had during 1995. The information will be used for deciding the locations of future classes as well as future programs. The survey can be sent to:

Lt. William Hoover  
Wauconda Fire Department  
109 W. Liberty, Wauconda, IL 60084  
FAX: 708-526-2836

CHECK HERE IF YOU HAD NO INCIDENTS IN 1995

X965 2237

FIRE DEPARTMENT NAME: WAUCONDA FIRE DEPT

NFIRS ID#: LA 372 ADDRESS: 109 W. Liberty St

CITY: WAUCONDA COUNTY: LAKE STATE: IL ZIP: 60084

PHONE NUMBER: 847-526-2821 FAX NUMBER: 847-526-2836

CONTACT PERSON: William Hoover TITLE: LT.

NUMBER OF FIRESETTERS IDENTIFIED: 15

NUMBER BY AGE AND SEX:

MALE: 0-1: 0 2-3: 1 4-5: 3 6-7: 0 8-9: 4 10-11: 4 12-13: 1 14-15: 0 16-18: 0

FEMALE: 0-1: 0 2-3: 0 4-5: 1 6-7: 0 8-9: 0 10-11: 0 12-13: 0 14-15: 1 16-18: 0

INJURIES: 0 DEATHS: 0

DOLLAR LOSS FOR ALL INCIDENTS INVOLVING JFS: \$ 500<sup>00</sup>/<sub>EX</sub>

IGNITION SOURCE (IF YOU HAD AN INCIDENT WHERE A CHILD WAS PLAYING WITH MATCHES AND A LIGHTER, PLEASE INCLUDE BOTH IN YOUR TOTALS)

MATCHES: 3 DISPOSABLE CIGARETTE LIGHTERS: 8

GRILL LIGHTERS (GUN STYLE): 2 CHILD SAFE LIGHTERS: 0

STOVES/OVENS: 1 OTHER (DESCRIBE): FIREWORKS : 2  
CURLING IRON : 1

# OF CHILDREN REFERRED TO MENTAL HEALTH: 9

COMMENTS:

960516 HCC 6221

me 8/15

4

|   |  |  |   |  |  |                       |  |  |   |
|---|--|--|---|--|--|-----------------------|--|--|---|
| 1. CASE NO.<br>960517CCCS174                    |  |  | 2. INVESTIGATOR'S ID<br>3333                                |  |  | 3. OFFICE CODE<br>591 |  |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| 4. DATE OF ACCIDENT<br>YR MO DAY<br>9 6 0 4 0 4 |  |  | 5. DATE INVESTIGATION INITIATED<br>YR MO DAY<br>9 6 0 5 2 1 |  |  |                       |  |  |   |

6. SYNOPSIS OF ACCIDENT OR COMPLAINT The single mother of a three year old boy was the victim of a house fire that began after her son ignited the mattress of a bed with a grill lighter. The child thought the lighter was a "flashlight" and was looking under a bed for his cat when he ignited the bottom of the mattress. The child alerted his mother to the fire. The mother called 911 after unsuccessfully trying to extinguish the fire. Fire officials responded but the home was destroyed. There were no injuries.

|   |  |                           |                |
|---|--|---------------------------|----------------|
| 7. LOCATION (Home, school, etc.)<br>Home, bedroom |  | 8. CITY<br>10 Fond Du Lac | 9. STATE<br>WI |
|---|--|---------------------------|----------------|

|  |  |
|--|--|
| 10A. FIRST PRODUCT<br>Grill lighter 1285 | 11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>Unknown |
|--|--|

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

|                          |   |                                |                                      |
|--------------------------|---|--------------------------------|--------------------------------------|
| 12. AGE OF VICTIM<br>000 | 13. SEX (Use numerical code)<br>MALE -1<br>FEMALE -2<br>UNKNOWN -3<br>0 | 14. DISPOSITION<br>No injury 0 | 15. INJURY DIAGNOSIS<br>No injury 70 |
|--------------------------|---|--------------------------------|--------------------------------------|

|                               |  |  |                      |
|-------------------------------|--|--|----------------------|
| 16. BODY PART<br>No injury 99 | 17. RESPONDENT(S) (Mother, Friend)<br>Fire chief 3 | 18. TYPE INVESTIGATION<br>ON SITE 1<br>TELEPHONE 2<br>OTHER 3<br>2 | 19. TIME SPENT<br>20 |
|-------------------------------|--|--|----------------------|

|                               |                                 |   |
|-------------------------------|---------------------------------|---|
| 20. ATTACHMENTS<br>Multiple 9 | 21. CASE SOURCE<br>Newspaper 05 | 22. REVIEWED BY<br>1034<br>YR MO DAY<br>9 6 0 5 3 1 |
|-------------------------------|---------------------------------|---|

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

CPSA MAY DISCLOSE MY NAME  CPSA MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

CPSA 6/1/11 Cleared

No Attrs/Privilebs or Products Identified

Excepted by ANPR

Firms Notified

Comments Processed 6/30/11

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)



1. Can you tell me what happened? The mother of a three year old male child was napping in the living room of her home. The child obtained a grill lighter from the kitchen counter. The lighter had just been used the day before to light a gas stove. The child believed the grill lighter was a "flashlight" and he was using it to locate his cat. The child looked under a bed for his cat and ignited the bottom of the mattress. The child later told fire officials that he was able to switch the lighter to the "on" position. After starting the fire the child returned the grill lighter to the kitchen counter and alerted his mother. The mother unsuccessfully tried to extinguish the fire and then called 911. Both the mother and the child exited the home without injury. The fire department responded and extinguished the fire but the home was completely destroyed. Fire officials located the remains of the lighter from the kitchen but, the lighter was severely damaged in the fire. Subsequent interviews revealed that the child had played with fire before this incident.

TASK NUMBER 960517CCCL5174

\*\*\*\*\*  
\* If any of the following questions were answered during the \*  
\* victim's description of the incident, you may skip the \*  
\* question (and insert the information at a latter time), if \*  
\* the answer is perfectly clear. Better approach might be \*  
\* to ask the question again with a preface such as: "When \*  
\* you described the incident to me earlier, you said ..... \*  
\* (and repeat the answer).....is that correct? \*  
\*\*\*\*\*

2. When the incident occurred, was anyone injured? No If yes, answer the following questions? (If no injury, enter N/A; if more than two individuals were injured, use an additional sheet.)

|  | <u>Injured Person # 1</u> | <u>Injured Person # 2</u> |
|--|---------------------------|---------------------------|
| Who was injured?<br>(Relationship to<br>respondent, ID)... | <u>N/A</u>                | <u></u>                   |
| Age/Sex.....   | <u>N/A /</u>              | <u>/</u>                  |
| Type of Injury (e.g.<br>laceration, burn)..                | <u>N/A</u>                | <u></u>                   |
| Body part injured..  | <u>N/A</u>                | <u></u>                   |
| Type treatment (e.g.<br>hospitalized 5 days)               | <u>N/A</u>                | <u></u>                   |
| Any permanent effects<br>(e.g. nerve damage).              | <u>N/A</u>                | <u></u>                   |

4. Now, if I could, I would like to obtain some information on the incident. What was the date and time of injury?

Date 4-4-96 Time of day 9:09 am/pm

5. Where did the accident occur? (e.g. backyard, school, kitchen)  
Under a bed in the bedroom of a home  
city Fond Du Lac state WI

TASK NUMBER 960517CCCL5174

6. What was (the injured party) doing prior to the incident (e.g. mowing the grass in the backyard with a ride-on mower)?

The child was trying to locate his cat.

7. What exactly was (the injured party) doing or trying to do at the time of the incident (e.g. trying to turn uphill while on a steep grade)?

The child obtained the grill lighter from the kitchen counter and proceeded to the bedroom in search of the cat. He used the grill lighter as a "Flashlight" as he looked under the bed. The lighter then ignited the bottom of the mattress.

8. Had (the injured party) performed this action or activity before. YES If yes, include the number of times, knowledge of operation, experience, etc.)

The child told the fire officials that he has played with fire before. However, it appears that this is the first time the child used a grill lighter

If performed before, what was different this time? \_\_\_\_\_

The child accidentally ignited his bed.

TASK NUMBER 960517CCL5174

9. What did (the injured party, witnesses, etc.) do immediately after the incident (including the pursuit of medical treatment)?

The child alerted his mother to the fire.  
The mother removed the child from the house  
and called 911. The mother unsuccessfully  
tried to extinguish the fire herself.

10. Did (the injured party) have any health problems that may have been a factor in the incident (e.g. poor eye sight) NO  
If yes, describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What was the environment like at the time and place of the incident (probe for weather conditions, type terrain, storage of materials in area, etc.)

The fire began indoors and  
no unusual environmental factors were noted.

\_\_\_\_\_  
\_\_\_\_\_

12. Did you or your family incur any economic loss (e.g. damage to a building, etc.)? YES If yes, describe including estimated cost

The duplex home was destroyed and  
fire damages to the structure are  
estimated at \$65,000

TASK NUMBER 960517CCL5174

13. Could I ask just a couple of more questions about the product?

What is the approximate age Unknown

Brand name, if known Unknown

Manufacturer Unknown

Model (number) Unknown

Size/capacity Unknown

Color/shape Unknown

Other Unknown

14. Was the product damaged before or during the incident? YES  
If yes, please describe.

The grill lighter worked fine  
before the incident but was severely damaged  
during the fire.

15. Were any safety devices present, damaged or missing?

No safety devices were damaged or missing  
prior to the incident. The grill lighter  
was equipped with an "on-off" slide switch.

16. Is the product still available? YES If not, give the status of the product.

The Fire department is in possession  
of the remains of the product and is willing to  
relinquish the remains to the CPSC. The remains  
are unidentifiable.

TASK NUMBER 960517CCC5174

17. Is there anything else you think I should know in order to understand the incident?

After starting the fire the child  
returned the grill lighter to the kitchen counter. The  
fire department located the remains of the lighter  
in the kitchen.

Prepare to close the interview by thanking the respondent for assisting us in collecting information on a potential product safety problem. At this point, you should inform the respondent that we routinely share incident information with the manufacturers to inform them that their product was involved in an incident. Some manufacturers ask for the victim's name and address so that they can obtain additional information on their product. May we release your name with this incident or do you wish that your identity remain confidential.

You are authorized to disclose my name and address.

My identity is to remain confidential.

You should end the investigation by asking this question, "If we need additional information on this incident, can we call you back?"

Yes  No

If yes, what is the best time of day to contact you?

Day of week Any time Time of day Any time AM/PM

Note: Any additional comments can be submitted on another page.

ACCIDENT INVESTIGATION REQUEST FORM

Contractor

C 6.4

Document Number G9640257B

Date of Incident ~~4/13/96~~ Category I.D. SECT 15/1990

Follow-Up Requested 4/4/96 Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact Kate Wallace, CCA

Assignment Message Conduct a Section 15 IDI. Determine make of charcoal grill lighter, where it was stored and the position of the on/off switch. Does the child have a hx of playing with lighters.

Person(s) to Contact Fond du Lac Fire Department

Guideline

Requested By Kate Wallace, CCA

Task Number 960517 CCC 5/174

Assigned to 3333 Date 5/17/96

ISSUE 32  
MAY 6 1996

**WISCONSIN**  
**Newspaper Association**  
P.O. Box 5580  
Madison, WI 53705  
*Clipping Service Division*

**FOND DU LAC**  
The Reporter

APR 17 1996

209  
**Local official  
notes causes  
of 3 city fires**

A Fond du Lac Fire Department official has released the causes of three recent fires that destroyed two homes and took the life of a Fond du Lac man.

■ An electrical short in a basement ceiling is being blamed for a fire that destroyed a house at the corner of Third Street and Park Avenue on Saturday.

The short caused a fire near the boiler that burned through the joists early Saturday morning, said Assistant Fire Chief Wayne Parker.

The house, owned by David Zarbock of Fond du Lac, was vacant at the time of the fire.

Parker said he has been told the house will be torn down.

■ A 3-year-old boy has been referred to the Fond du Lac Fire Department's Firestarters program for starting a fire April 4 that destroyed a duplex at 17 S. Lincoln Ave.

The Firestarters program is tailored to educate children about the dangers of fire.

The boy told authorities the fire started with a charcoal grill lighter, Parker said.

■ A malfunction in a ceiling light fixture caused a fire that killed 36-year-old John Kaufman and damaged a house April 5 at 76 E. Cotton St., Parker said.

A tube was missing from the light fixture, he said.

Fire spread out from the fixture into the east and west walls of the house, Parker said.

TC-20

(15)  
Fry

G64 0257

A

9405170005174  
LW

B

C

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| 1. CASE NO.<br>960531CCCS5209  |  | 2. INVESTIGATOR'S ID<br>[8][9][2][9]                                      |  | 3. OFFICE CODE<br>[8][3][0]   |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |  |
| 4. DATE OF INCIDENT YR MO DAY<br>[9][6][0][3][0][5]  |  |   | 5. DATE INVESTIGATION<br>INITIATED YR MO DAY<br>[9][6][0][6][2][1]   |   |  |   |  |
| 6. SYNOPSIS OF INCIDENT OR COMPLAINT<br>This investigation was initiated through a newspaper account of a fire which was started by a two year old male using a grill starter type of lighter. Upon investigation it was determined that the child had retrieved the lighter from an upper kitchen cabinet where it was maintained in an "off" position. He took the lighter into the family room of the home while his mother was taking a shower and started his toy basketball hoop and a cotton throw rug on fire. When the mother entered the family room, she attempted to put out the fire, but being unable to, she then contacted the fire department. The fire caused \$65,000 in smoke and fire damage to the home. There were no injuries. |  |   |  |   |  |   |  |
| 7. LOCATION (Home, school, etc.)<br>Home [1][0]  |  |   | 8. CITY<br>Countryside   |   |  | 9. STATE<br>Illinois                              |  |
| 10A. FIRST PRODUCT<br>Grill Starter [1][2][4][7]   |  |   | 11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>Scripto Brand, "Aim n' Flame", Scripto Tokai Corp., 11591 Etiwanda Ave,<br>Fontana, CA. 92335 |   |  |   |  |
| 10B. SECOND PRODUCT<br>None [0][0][0][0]   |  |   | 11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>N/A   |   |  |   |  |
| 12. AGE OF VICTIM<br>[9][9][9]   |  | 13. SEX (USE NUMERICAL CODE)<br>MALE - 1<br>FEMALE - 2 [9]<br>UNKNOWN - 3 |  | 14. DISPOSITION<br>No Injury [0]  |  | 15. INJURY DIAGNOSIS<br>No Injury [7][1]          |  |
| 16. BODY PART<br>Hand [8][2]   |  | 17. RESPONDENT(S) (Mother, Friend)<br>Mother [1]                          |  | 18. TYPE INVESTIGATION<br>ON SITE - 1<br>TELEPHONE - 2 [2]<br>OTHER - 3 |  | 19. TIME SPENT<br>[ ][8][ ][0]                    |  |
| 20. ATTACHMENTS<br>Multiple [9]  |  | 21. CASE SOURCE<br>[0][5]   |  | 22. REVIEWED BY<br>[8][1][3][0]   |  | YR MO DAY<br>[9][6][0][8][0][7]                   |  |
| 23. PERMISSION TO DISCLOSE NAMES<br>(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<br>DATE                             |  |   |  |
| ATTACHED<br><br>CPSC 6 (b)(1) Cleared<br>No Mfrs/Prvtlblrs or<br>Products Identified<br>Exempted by <u>ANPR</u><br>Firms Notified,<br>Comments Processed. <u>6/30/97</u>   |  |   |  | <u>Eric B. Cull</u> , 8/7/96  |  |   |  |

(USE ADDITIONAL SHEETS IF NECESSARY)

8 960424CCCS5139

960531CCC5209

**SUMMARY:**

This investigation was initiated through a newspaper account of a house fire which was started by a 2 1/2 year old male playing with a grill starter type lighter. He retrieved the grill starter from where it was kept, on an upper shelf of kitchen cabinets, and lit the rim of his toy basketball hoop on fire. He also lit a cotton rug on fire which was hanging over a treadmill kept in the lower family room of the home. The mother, who was taking a shower at the time, became concerned when she did not see her son who normally plays in the bathroom outside of the tub area. She smelled smoke and went downstairs where she discovered the fire in the family room. Unable to put out the fire, she contacted fire officials and exited the home with her son.

**PRE-INCIDENT:**

The mother indicated that her husband was in the process of remodeling the lower level of their tri-level home. She stated that because of this and because of recent flooding in the home the lower level "was a mess" at the time of this incident. She stated that she had placed a cotton throw rug over the treadmill to dry.

The mother stated that the grill starter was always maintained in the "off" position on the top shelf of the upper kitchen cupboards. The grill starter was only used occasionally, to light the grill or to light candles. No one in the family smokes. The weekend prior to this incident, there had been a birthday celebration in the home and she had used the grill starter to light birthday candles. She stated that her son was in the room at that time, and did see her light the candles. That was the last time the grill starter was used prior to this incident.

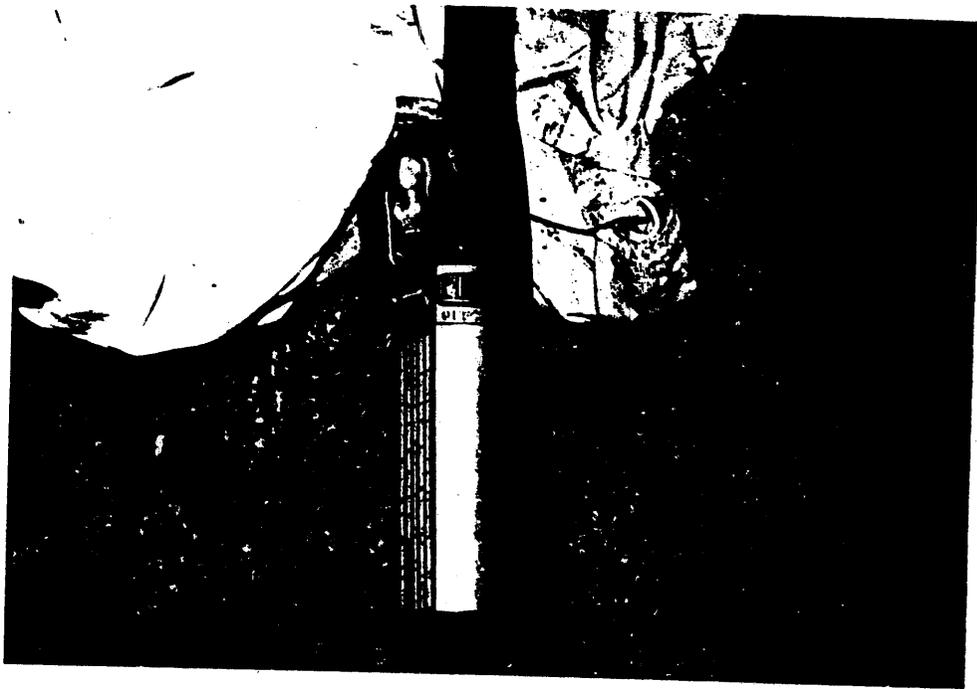
Prior to the incident, she had placed some Girl Scout cookies next to the grill starter on the top shelf of the cupboard. She stated that her son wanted a cookie, but she had told him that he would have to wait. She then went to take a shower. She stated that their morning routine was to take a shower with her son playing with his toys on the floor outside of the tub. She said that when she was done with her shower, she would then give him a bath. She added that she always keeps the door to the bathroom open while in the shower.

**INCIDENT:**

On March 5, 1996 the mother stated that she became concerned while in the shower because her son was not in the bathroom with her. She estimated that she had been in the shower for about five minutes when she heard her son crying. She also smelled



IDI #960531CCC5209



Fire Department photos of grill starter lighter

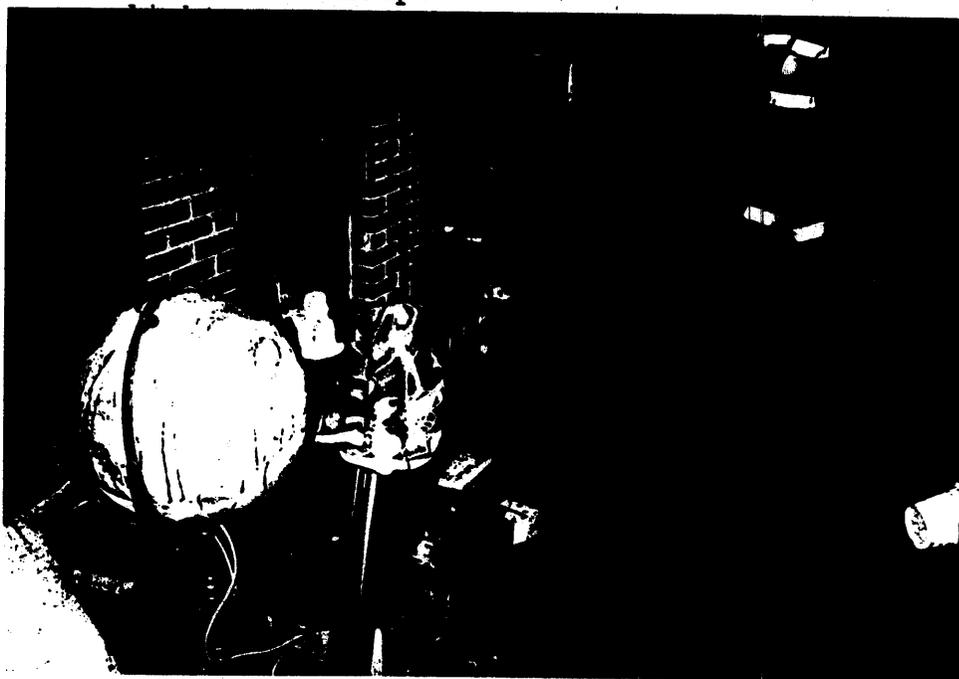


EXHIBIT A

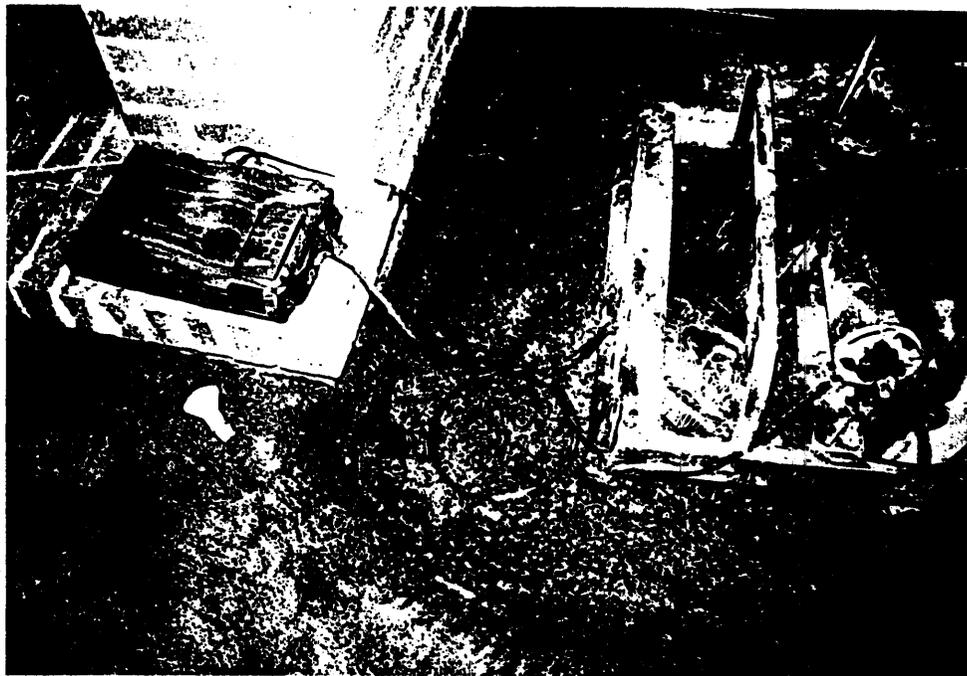
IDI #960531CCC5209



Fire Department photos of toy  
basketball hoop.



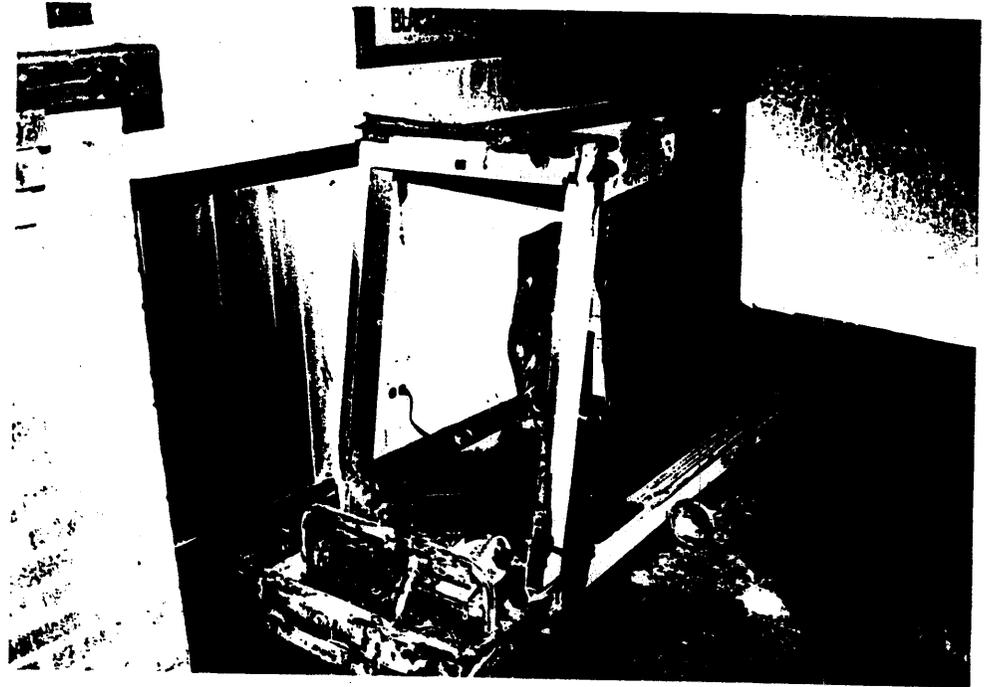
IDI #960531CCC5209



Fire Department photos of fire damage



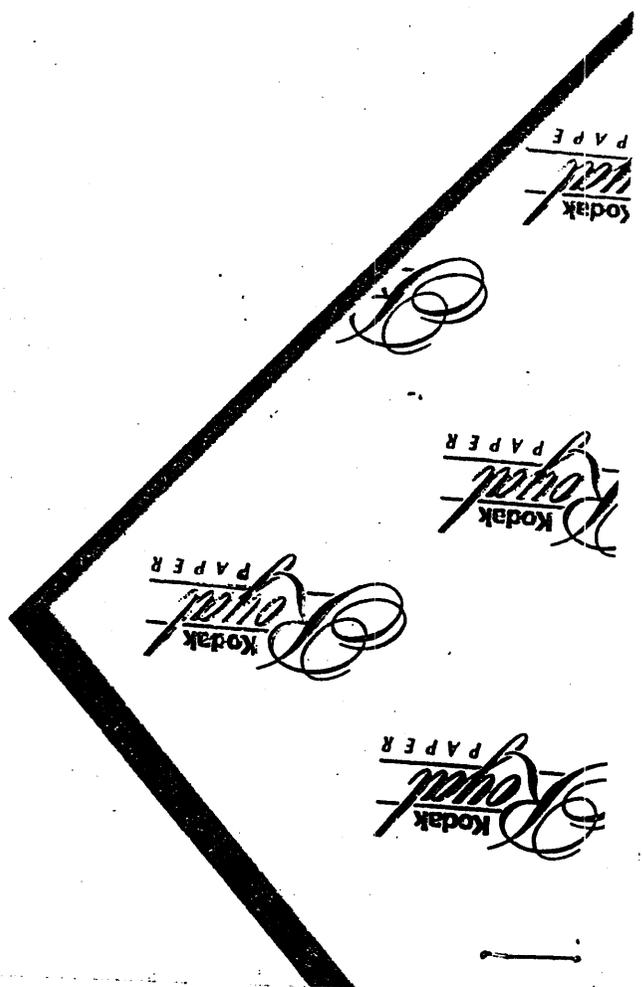
IDI #960531CCC5209



Fire Department photos of fire damage  
(treadmill)

#9605310005209  
Negatives

Premium Color Prints



|  |                           |  |  |                         |                            |                    |
|--|---------------------------|--|--|-------------------------|----------------------------|--------------------|
| FDID<br>LA142  | Incident/Exp<br>260432-00 | Date<br>03/05/96   | Day Of Week<br>[3] Tuesday                           | Alarm<br>1145           | Arrived<br>1149            | In Service<br>1439 |
| Type of Situation Found<br>[11] Structure Fire                 |                           |  | Type of Action Taken<br>[1] Extinguishment           |                         | Mutual Aid<br>[1] Received |                    |
| Fixed Property Use<br>[411] 1-Family Dwelling-Year             |                           |  | Ignition Factor<br>[36] Children with, child playing |                         |                            |                    |
| Correct Address<br>0257 ELMWOOD AV MND                         |                           |  | Zip Code<br>60060                                    | Census Tract<br>864104  |                            |                    |
| Occupant Name<br>[REDACTED]                                    |                           | Telephone<br>[REDACTED]                                      | Room/Apt.  |                         |                            |                    |
| Owner Name<br>[REDACTED]                                       |                           | Owner Address<br>[REDACTED]                                  |  | Telephone<br>[REDACTED] |                            |                    |
| Method of Alarm From Public<br>[1] Telephone Direct            |                           | District<br>[28A] MAP GRID                                   | Shift<br>[2] RED                                     | # Alarms<br>1           |                            |                    |
| # Fire Service Personnel Responded<br>19                       | # Engines Responded<br>5  | # Aerial Apparatus Responded<br>1                            | # Other Vehicles Responded<br>5                      |                         |                            |                    |
| Injuries Fire Service 0 Other 0                                |                           | Fatalities Fire Service 0 Other 0                            |  |                         |                            |                    |
| Complex<br>[41] Dwelling Complex                               |                           | Mobile Property Type<br>[8] Not applicable                   |  |                         |                            |                    |
| Area of Origin<br>[14] Lounge area                             |                           | Equipment Involved In Ignition<br>[98] No equipment involved |  |                         |                            |                    |
| Form of Heat Ignition<br>[46] Lighter                          |                           | Type of Material Ignited<br>[72] Cotton-Rayon                | Form of Material Ignited<br>[14] Floor covering, sur |                         |                            |                    |
| Method of Extinguishment<br>[5] Preconnect w/ tank water       |                           | Level Of Fire Origin<br>[8] Below ground/water level         |  | Estimated Loss<br>10000 |                            |                    |
| Number of Stories<br>[2] Two stories                           |                           | Construction Type<br>[7] Protected wood frame                |  |                         |                            |                    |
| Extent of Flame Damage<br>[3] Room of origin                   |                           | Extent of Smoke Damage<br>[6] Structure of origin            |  |                         |                            |                    |
| Detector Performance<br>[1] Detectors present & operated       |                           | Sprinkler Performance<br>[8] No equipment                    |  |                         |                            |                    |
| Type of Material Generating/Smoke<br>[72] Cotton/Rayon         |                           | Avenue Of Smoke Travel<br>[4] Stairwell                      |  |                         |                            |                    |
| Form of Material Generating/Smoke [14] Floor covering, surface |                           |  |  |                         |                            |                    |
| Officer In Charge D/C SPIEGEL                                  |                           |  | Member Making Report LT RICK                         |                         |                            |                    |

Exhibit B  
0105210005209

Continued

| FDID  | Incident/Exp | Date     | Address    |
|-------|--------------|----------|------------|
| LA142 | 960439 0     | 03/05/96 | [REDACTED] |

Comments

STRUCTURE FIRE STARTED IN THE LOWER LEVEL OF A TRI-LEVEL HOME. FIRE STARTED BY CHILD PLAYING WITH A LIGHTER. F/M GRANDT AND NEUBAUER DID THE INVESTIGATION. INTERVIEW OF OCCUPANTS DETERMINED CHILD STARTED TWO SEPERATE FIRES IN THE LOWER LEVEL FAMILY ROOM. PHOTOS TAKEN AND CHILD ENTERED INTO FIRE SETTERS PROGRAM.

Detailed Estimated Loss

| Property |       |           | Contents |       |           |
|----------|-------|-----------|----------|-------|-----------|
| Value    | Loss  | Insurance | Value    | Loss  | Insurance |
| 150,000  | 6,000 | 150,000   | 50,000   | 4,000 | 50,000    |

Responding Units

|                                  |                                   |
|----------------------------------|-----------------------------------|
| 4112 Tanker, COUNTRYSIDE         | 4113 Engine, COUNTRYSIDE          |
| 4130 Truck, COUNTRYSIDE          | 4147 ALS Ambulance, COUNTRYSIDE   |
| 4151 Squad, COUNTRYSIDE          | 4176 Grass Rig, COUNTRYSIDE       |
| 4191 Chief's Car, COUNTRYSIDE    | 4193 Shift Commander, COUNTRYSIDE |
| 4125 Bureau Vehicle, COUNTRYSIDE | LBYE Engine, LIBERTYVILLE         |
| MNDE Engine, MUNDELEIN           |                                   |

Responding Personnel - TO THE SCENE

|        |        |        |        |
|--------|--------|--------|--------|
| STEIAL | STEINJ | SZILJR | WEBEJA |
| ARNSKA | ASPIJA | GRANLJ | HODGMJ |
| JOSEAJ | KAZIIM | KEINRE | LINGJL |
| MICHPA | NEUBRF | POGOJW | REYNCJ |
| RICKTR | SIMOLL | SPIEJD |        |

Responding Personnel - TO THE STATION

|        |        |        |        |
|--------|--------|--------|--------|
| KAZIKG | LANDAL | LOARKJ | WOLOPW |
|--------|--------|--------|--------|

Flag Categories

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| [03 ] General Alarm (st. 1 & 2)      | [11 ] Mutual Aid Received Wauconda  |
| [12 ] Mutual Aid Received Lake Foret | [13 ] Mutual Aid Received Mundelein |
| [16 ] Mutual Aid Received Libertyvil | [18 ] Mutual Aid Received Vernon    |

960531ccc 5209

BOB OZARSKI  
FOCR/CHIO

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G 65-0010 G 945 0070A

Date of Incident 3-5-96 Category I.D. SECTKW 1994

Follow-Up Requested Hazard Analysis Section 15  
Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact Kate Wallace, CCA

Assignment Message Please conduct a Section 15 IDI. Determine  
Make of lighter and whether switch was in "on" or  
"off" position, as well as how child gained access  
to the lighter.

Person(s) to Contact Jim Spiegel, Deputy Chief  
Countryside Fire Dept.  
(414) 367-5511  
(847)

Guideline \_\_\_\_\_

Requested By Kate Wallace, CCA

Task Number 94053/CCC 5209

Assigned to CHIO Date 5/31/96

MAY 21 1996

*TC*  
*CO*

G 65-9070

*(13)*  
*Kate*

 Waukegan News-Sun 39,763

# Child playing with lighter starts fire near Mundelein <sup>15916</sup>

*9/2/96*  
A 2-year-old child playing with a fireplace lighter started a fire in a home outside Mundelein Tuesday morning, Countryside Fire Department officials said.

"We were very fortunate they had a smoke detector that was working," said Countryside Deputy Chief Jim Spiegel.

Heavy smoke from the fire, which was concentrated in a lower level room, caused damage that was estimated to be under \$5,000.

Countryside quickly extinguished the fire at ~~\_\_\_\_\_~~ Ave., but the trilevel home sustained significant smoke damage, according to officials.

The Libertyville and Mundelein fire departments assisted Countryside at the scene.

*940531 @ CC 5209*

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 1. CASE NO.<br>960613HAAS249  |  | 2. INVESTIGATOR'S ID<br>[8][9][2][9]                                      |  | 3. OFFICE CODE<br>[8][3][0]   |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |  |
| 4. DATE OF INCIDENT<br>YR MO DAY<br>[9][6][0][6][1][0]  |  | 5. DATE INVESTIGATION<br>INITIATED  |  | YR MO DAY<br>[9][6][0][6][1][7]   |  |   |  |
| 6. SYNOPSIS OF INCIDENT OR COMPLAINT<br>This investigation was initiated through a report received from an area fire department which dealt with a fire in an apartment building due to a three year old male playing with a grill starter lighter. The boy had not previously played with lighters according to the father, but had just been given a toy gun to play with which may have contributed to his interest in the grill starter. The grill starter was normally maintained in the off position, however it was unknown whether it was in the off position on the date of the fire. The three year old ignited clothing on the floor of a bedroom which spread to the bedroom wall. The fire caused \$250,000 in damage to the apartment building. |  |   |  |   |  |   |  |
| 7. LOCATION (Home, school, etc.)<br>Apartment [1][0]  |  |   | 8. CITY<br>Madison   |   |  | 9. STATE<br>Wisconsin                             |  |
| 10A. FIRST PRODUCT<br>Grill Starter Lighter [1][2][8][5]  |  |   | A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>Scripto Brand, Aim n Flame, Scripto-Tokai Corp., Fontana, CA. 92337<br>Made in Mexico |   |  |   |  |
| 10B. SECOND PRODUCT<br>None [0][0][0][0]  |  |   | 11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>N/A   |   |  |   |  |
| 12. AGE OF VICTIM<br>[9][9][9]  |  | 13. SEX (USE NUMERICAL CODE)<br>MALE - 1<br>FEMALE - 2 [9]<br>UNKNOWN - 3 |  | 14. DISPOSITION<br>No Injury [0]  |  | 15. INJURY DIAGNOSIS<br>No Injury [7][1]          |  |
| 16. BODY PART<br>No Injury [9][9]   |  | 17. RESPONDENT(S) (Mother, Friend)<br>Fire Department [3]                 |  | 18. TYPE INVESTIGATION<br>ON SITE - 1<br>TELEPHONE - 2 [3]<br>OTHER - 3 |  | 19. TIME SPENT TR:4.0<br>[ ][8].[0]               |  |
| 20. ATTACHMENTS:<br>Photos/Multiple [9]   |  | 21. CASE SOURCE<br>[0][1]   |  | 22. REVIEWED BY<br>[8][1][3][0]   |  | YR MO DAY<br>[9][6][0][7][0][8]                   |  |
| 23. PERMISSION TO DISCLOSE NAMES<br>(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                                     |  |   |  |
| ATTACHED:<br><br>CPSCA 6 (b)(7) <u>Cleared</u><br>No Mfrs/Prvtlbrs on<br>Products Identified<br>Excepted by <u>ANPR</u><br>Firms Notified.<br>Comments Processed <u>6/30/97</u>   |  |   |  | DATE  |  |   |  |
|   |  |   |  |   |  |   |  |

(USE ADDITIONAL SHEETS IF NECESSARY)

960613HAA5249

SUMMARY:

This investigation was initiated through a newspaper account of a fire which was started by a three year old playing with a grill lighter. The three year old male who was staying with his father and sister at the time, found the grill starter which the father had obtained as a premium on a carton of Basic brand cigarettes. He went into his father's bedroom and began to play with the grill lighter. His five year old sister smelled smoke in the hallway outside of the bedroom on her way to the bathroom, and opened the bedroom door finding the three year old with the lighter in hand and fire in the bedroom. She alerted the father to the fire and then alerted other residents of the 24 unit apartment building. There were no injuries involved in the fire which did approximately \$250,000 in damage.

PRE-INCIDENT:

This investigator contacted both the father of the three year old, the grandmother, and the fire investigator who had investigated this incident. The three year old was described as "bright" and curious, and it was felt by both the father and grandmother that he would have no difficulty in figuring out how to light the grill starter. The father stated that he had never played with lighters previously, but instead would take them to an adult if found. He added that just prior to this fire, the boy had been given a toy gun. He had never played with toy guns previously, but it was felt that this may have contributed to his curiosity as both the gun and the lighter made the same "clicking" sound.

The father stated that the grill lighter was usually kept on top of the kitchen cupboard as there was a space between the top of the cupboard and the ceiling in his apartment. He stated that he had just used the lighter to light his grill the night before this incident and was uncertain as to the exact location of the grill lighter on the date of this incident. He did state, however that he always maintained the lighter in the "off" position.

INCIDENT:

On June 10, 1996 between 9 and 10:00 a.m., the father was in the apartment with the three year old male and his five year old sister. The sister thought she smelled smoke as she walked down the hallway of the apartment on the way to the bathroom. The three year old was in his father's bedroom with the door closed.

The five year old had just attended a fire safety program at her school and she therefore felt the bedroom door to see if it was hot prior to opening the door. She opened the door and saw flames and her brother with the grill lighter in his hand.

**POST INCIDENT:**

The five year old found her father and told him of the fire. The three year old became afraid that he was going to be punished and went into the living room to find his father and sister. He handed his father the lighter.

The father then went into the bedroom and found clothing on the floor of the bedroom in flames along with a nearby dresser and the wall behind the dresser. He threw a blanket on the burning clothing and the dresser to put out the flames, but could not put out the flames on the wall because it spread too quickly.

The sister alerted other apartment residents to the fire by running up and down the apartment hallways yelling "fire". All residents of the apartment building exited the building safely.

The grill starter was given to the fire department. Photos of the lighter are attached as Exhibit A. The boy's father stated that he would not ordinarily use the grill starter as a cigarette lighter, as he normally used disposable cigarette lighters to light cigarettes. He stated that the grill starter was generally maintained on top of the cupboards in his kitchen. The only time he may have used the grill lighter to light a cigarette would be if he would be lighting the grill anyway and it was handy. He generally used the grill lighter strictly to light grills.

The father stated that the three year old showed alot of remorse over what he had done. The father was interviewed by telephone from the hotel room where he is currently staying because his apartment was destroyed in the fire.

**PRODUCT INFORMATION:**

Manufacturer: Scripto-Tokai Corp.  
Fontana, CA 92337  
"Made in Mexico"

Brand Name: Aim n Flame

Warning Labeling: "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 temperatures above 120 F. KEEP AND STORE AWAY FROM CHILDREN!"

Other Labeling: "YOUR Basic LIGHT"

This product is equipped with a flame height adjustment and an "on/off" switch.

960613HAA5249

-3-

ATTACHMENTS:

Exhibit A-Photographs of grill starter

The fire report has been requested and will be submitted upon receipt.

960613HAA5249

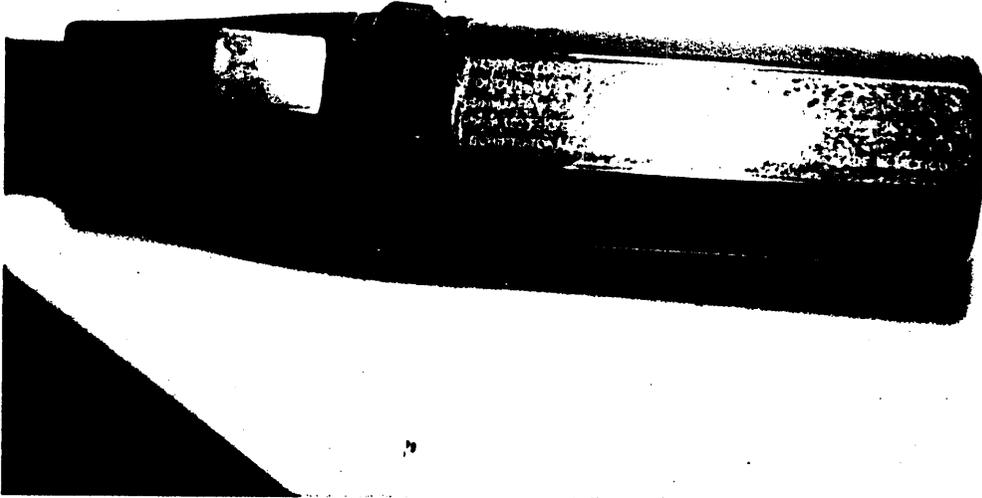
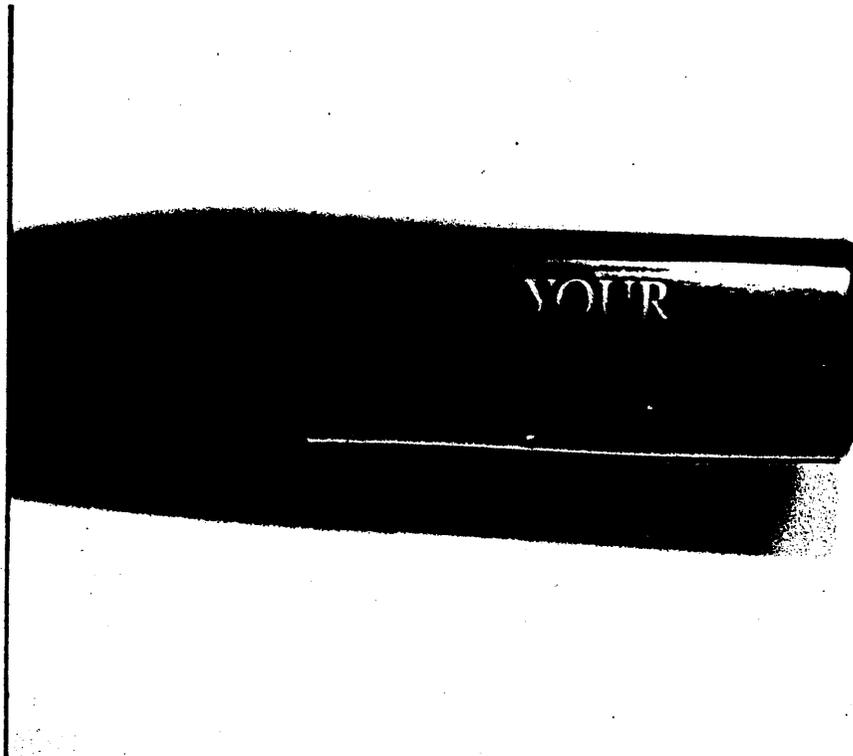


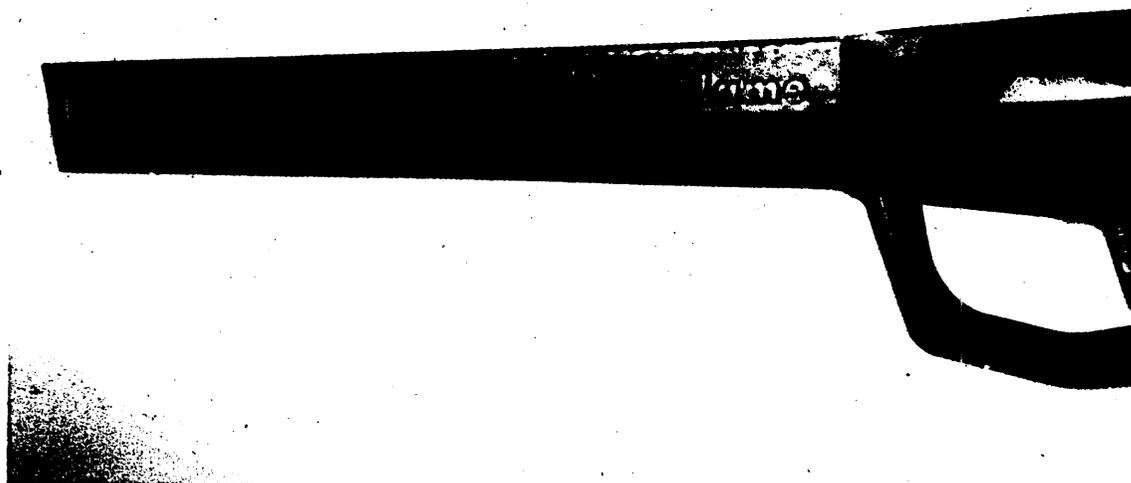
Photo of grill lighter-  
Warning labeling and "Basic"  
promotion



960613HAA5249



Photo of grill lighter-  
"On/Off switch and  
"Aim n Flame"



960613HAA5249



Photo of grill lighter-  
Trigger Switch

960613HAA5249



#4744

017 STE 4836 42

729444

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NEW BERLIN WI 53151  
(414)821-1020  
(800)236-5850

(C)

Check Box If  
Coupon Enclosed

|                          |                         |                          |                         |
|--------------------------|-------------------------|--------------------------|-------------------------|
| LAST INITIAL<br><b>R</b> | LAST NAME<br>[REDACTED] | FIRST NAME<br>[REDACTED] | PHONE NO.<br>[REDACTED] |
| ADDRESS<br>[REDACTED]    |                         | DATE<br><b>6/21/96</b>   |                         |
| CITY<br>[REDACTED]       | STATE<br><b>WI</b>      | ZIP<br><b>53146</b>      |                         |

|   |  |
|---|--|
| FILM SIZE:  | FILM TYPE:   |
| <input type="checkbox"/> 35MM <input type="checkbox"/> 110 <input type="checkbox"/> OTHER | <input type="checkbox"/> COLOR PRINTS <input type="checkbox"/> SLIDES <input type="checkbox"/> B&W |

## 2 FOR 1 EVERY DAY

### Kodak PREMIUM PROCESSING

- Month & Year stamped on back of print.
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#### PREMIUM 4" Prints

From 35mm color print film only.  
(C-41 process)

**DOUBLE SET**

Check here for matte finish.

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### Film Processing

**BIGGER & BETTER**

**4" PRINTS**  **DOUBLE SET**

OR

**4" PHOTO GALAXY**  **DOUBLE SET**

PRINTS IN AN ALBUM

C-41 process color print film.  
Glossy finish only.

COMING IN APRIL '96

**Advanced Photo System**  
From Advanced Photo System  
film format only  
Not available for 2 for 1.  
Cartridge ID Number

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Not available  
for 2 for 1  
or on KODAK Premium  
Processing

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REPRINTS     ENLARGEMENTS    ORDER ON BACK

**DB4** IF NO BOX IS CHECKED YOU WILL RECEIVE 4" DOUBLE PRINTS FROM KMART FILM PROCESSING.

DO NOT COVER OR WRITE BELOW HERE RING ON KEY:17

1 0001 0400-390107



ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: *X944274A*  
 DATE OF INCIDENT: *4/10/94* CATID: BUNN01 1996  
 FOLLOW-UP REQUESTED HAZARD ANALYSIS (X) SECT 15 ( )  
 TYPE FOLLOW-UP TELEPHONE ( ) ON-SITE (X)  
 HEADQUARTERS CONTACT: Linda Smith 504-0470 x1275  
 Backup: Kim Long 504-0470 x1269

ASSIGNMENT MESSAGE: Conduct investigation to identify the product involved, the nature of the injury, and the scenario involved.

*Compliance (Kate Wallace) would like to know:*  
 1) *Was the switch in the "on" or "off" position?*  
 2) *Where was lighter kept?*

Person(s) to Contact: 1) *H. George Burke, Fire/Arson Investigator (608) 266-4488*  
 2) *Parents of 3 yr old*

Guidelines: Appendix

Task Number: *900613 HAA 5279* Date: *6/13/94*  
 Assigned to: *CH10* Requested by:



Jefferson students won the National African American Elite held in Miami last week at the Jefferson School District.

Smith and Anthony Smith Jr. each received a medal and \$500 toward a college fund with the championship cup for the person in their honor, officials said.

Smith and Brown defeated students from Phoenix, Ariz., Washington, D.C., in the round of the competition, officials said.

The competition was part of the national convention of 100 Men of America. In which the students earned the right to compete on the national level by winning the competition involving six middle schools, officials said.

Transportation said a new by-draw valve will be installed and an engine valve will be adjusted.

Newly installed flashing signs on Highway 12, 113 and 50 provide drivers with a warning when the ferry is not running so they can adjust their routes, said Wayne Knobel, department maintenance supervisor.

The ferry operates on Highway 113 between Okeo and Merimac.

### CORRECTION

A story in Sunday's newspaper about LaFollette High School student Becky Diels incorrectly identified the color of the school's graduation gown. They are a cardinal red.

But she said she would like a requirement that all new buildings have sprinklers.

"Sprinklers would have put this fire out like that," Borchardt said.

Currently, only construction that reaches a certain size — bigger than all three buildings that have been burned in the past weeks — need sprinklers.

Residents at the apartment were able to retrieve important possessions later in the day.

Residents at the apartment were able to retrieve important possessions later in the day. [redacted] who runs the day-care company Mobile Music, was worried about his collection of 800 compact discs, \$40,000 in equipment and records of the wedding at which he is supposed to work.

"Without them, I don't know who

# BUT YOUR CARD CALL ALWAYS GET THROUGH

# 1 8 0 0 5 7 6 2

Anywhere, any place, any time. It's the one number to remember.

®

## A long list of arson in the South. Aid is coming, Clinton says.

By Julia Malone  
Cox News Service

WASHINGTON — After months of frustration as their churches were burned by arsonists, black Southern ministers on Monday ended a mission in the U.S. capital that succeeded in pulling their plight squarely before the nation.

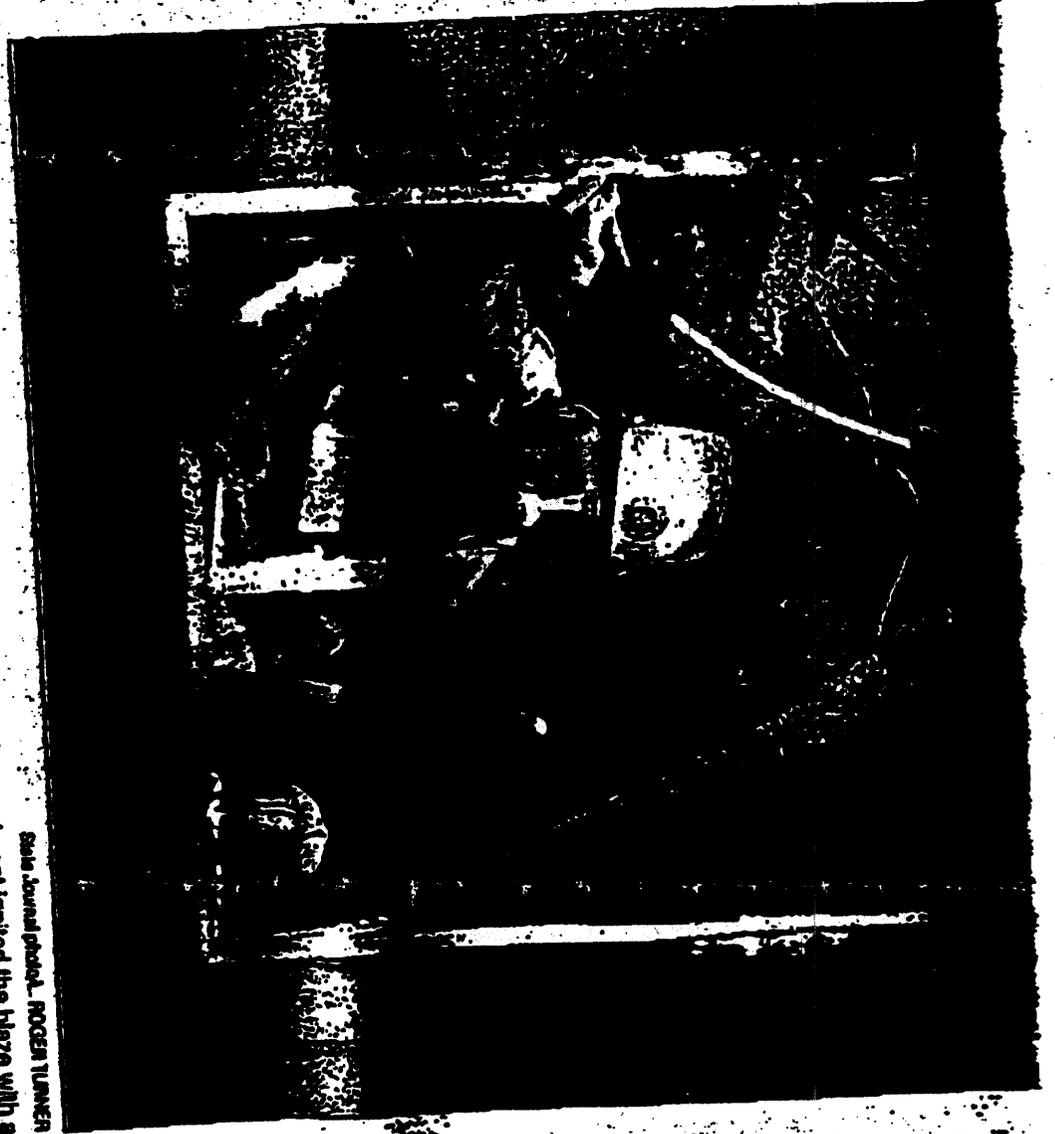
The visit by the more than 40 pastors touched off promises of redoubled efforts from the White House, and federal law enforcement officials in stopping the once little-noticed epidemic of church burnings.

"We have got to stop these things," President Clinton said Monday, and reports that several church fires Sunday had damaged two small black churches in the northern Texas town of Greenville.

"We need to come together as one America to rebuild our churches, restore hope and show the forces of hatred they cannot win," he said.

Only a few arrests have been made in the fires. In Charlotte, N.C., police on Monday picked up a 13-year-old white girl as a suspect in a church fire set near there last Thursday. Officials said the case did not appear to be tied to any of the other fires.

The incidents were the latest in a string of at least 30 cases of suspected arson at black churches in the South in the past 18 months. In a report issued Monday, the



Madison firefighters extinguish the smoldering remains from a fire in apartment 16 at [redacted] Monday morning. A 3-year-old boy who lived in the apartment ignited the blaze with a grill starter and caused \$250,000 in damage to the two-story building. Story/B.

Star Journal photo. ROGER TURNER

# GO NOW!

Clouds, rain put clouds that rely on sun

By Paul Johnson  
Assistant business editor

Wisconsin has a place sun this spring, but it's not south.  
"It's certainly not the weather, but we're pulling it the best we can," said Clark, co-owner of a Lake Water park. "We're right edge of that fruit that's bringing us all the trouble."  
His competitor has a similar

ment.  
"When the sun shines tremendous business," said Westerman, a Wisconsin water park owner. "Unfortunately it doesn't."  
But their counterparts in Wisconsin aren't complaining.  
"We had beautiful weather last weekend," said Lisa Wilbur in the Woodruff area. "Lots of sunbathers dipping."

Investigation Report - Analyst's Comments

Task No. 960613HAA5249 Regional Office CH10  
Product Code 1285 Investigator ID 8929  
Category BUNNO11996 Hours Reported 8.0

Comments

ACCEPTED AS SUBMITTED. FIRE DEPT. REPORT  
REQUESTED BUT NOT RECEIVED AT THE TIME OF  
THE IDI SUBMISSION.

Reviewer Rds (0061) Date 7/10/96

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

\_\_\_\_\_  
Signature

15 AUG 1996

EHDS

✓

|   |  |   |   |   |                     |   |  |
|---|--|---|---|---|---------------------|---|--|
| 1. CASE NO.<br>960620CBB5269  |  | 2. INVESTIGATOR'S ID<br>[8][1][6][9]                                      |   | 3. OFFICE CODE<br>[8][3][0]   |                     | EPIDEMIOLOGIC<br>INVESTIGATION<br>REPORT          |  |
| 4. DATE OF INCIDENT YR MO DAY<br>[9][6][0][5][2][8]   |  | 5. DATE INVESTIGATION<br>INITIATED  |   | YR MO DAY<br>9[6][0][7][0][5]   |                     |   |  |
| 6. SYNOPSIS OF INCIDENT OR COMPLAINT<br>A 3 year old male apparently used a butane fueled grill lighter to ignite a chair cover in the living room of his family's apartment. There were no injuries. The apartment, which was one of four units in the building, was not livable after the fire. |  |   |   |   |                     |   |  |
| 7. LOCATION (Home, school, etc.)<br>Home [1][0]   |  | 8. CITY<br>Fort Branch  |   |   | 9. STATE<br>Indiana |   |  |
| 10A. FIRST PRODUCT<br>butane fueled grill lighter 1247  |  |   | 11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>Aim 'n Flame<br>Scripto-Tokal Corp., Fontana, CA 92337 |   |                     |   |  |
| 10B. SECOND PRODUCT<br>chair 4052   |  |   | 11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS<br>unknown  |   |                     |   |  |
| 12. AGE OF VICTIM<br>[0][0][3]  |  | 13. SEX (USE NUMERICAL CODE)<br>MALE - 1<br>FEMALE - 2 [1]<br>UNKNOWN - 3 |   | 14. DISPOSITION<br>no injury [9]  |                     | 15. INJURY DIAGNOSIS<br>none [7][1]               |  |
| 16. BODY PART<br>[9][9]   |  | 17. RESPONDENT(S) (Mother, Friend)<br>fire dept [2]                       |   | 18. TYPE INVESTIGATION<br>ON SITE - 1<br>TELEPHONE - 2 [3]<br>OTHER - 3 |                     | 19. TIME SPENT<br>Hours [8].[ ]<br>Travel [2].[0] |  |
| 20. ATTACHMENTS<br>fire report [2]  |  | 21. CASE SOURCE<br>[1][3]   |   | 22. REVIEWED BY YR MO DAY<br>[8][3][1][1] [9][6][0][8][0][7]            |                     |   |  |
| 23. PERMISSION TO DISCLOSE NAMES<br>(NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [ X ]  |  |   |   |   |                     |   |  |
| 24. NARRATIVE (See Instructions)<br><br>CPSA 6 (b)(7) Cleared<br>No Mfrs/Prvtlbrs or<br>Products Identified 25C<br>✓ Excepted by ANPR<br>Firms Notified. Jm<br>Comments Processed 6/30/97   |  |   |   | 25. REGIONAL OFFICE DIRECTOR REVIEW DATE                                |                     |   |  |

(USE ADDITIONAL SHEETS IF NECESSARY)

15 AUG 1996

960620CBB5269

#### SUMMARY

The fire chief said that the fire was apparently started by a three year old male, who used a Scripto-Tokai "Aim n Flame" butane fueled disposable grill lighter to ignite the cloth cover of a chair in the living room of his familys' apartment. He said that the fire was apparently started shortly before 10:00 PM, while the two adult occupants of the apartment were asleep. The Fire Chief said that his department was notified at 10:01 PM and arrived at the scene at 10:06 PM. He said that the apartment, which was one of four apartments in a single story structure, was not livable due to smoke and fire damage. He said that the upholstered chair which was first ignited was destroyed and probably discarded. He said that the grill lighter used by the 3 year old male was kept by the fire department.

The adult residents of the apartment did not respond to a letter of contact

The grill lighter used, identified by the fire chief, is a black colored metal and plastic unit approx 9 7/8 in. long and approx 1 1/8 diameter. The approx 4 in long metal barrel bears embossed labeling "Aim n Flame" The plastic handle/fuel reservoir is labeled in part "XXX YOUR Basic LIGHT" on top and has a sticker label on bottom lld, in part, "XXX WARNING XXX DANGER: LIGHTER CONTAINS BUTANE GAS UNDER PRESSURE. EXTREMELY FLAMMABLE. XXX CAUTION: XXX KEEP AND STORE AWAY FROM CHILDREN XXX SCRIPTO-TOKAI CORPORATION, FONTANA, CA 92337 MADE IN MEXICO XXX" The unit also has a trigger type switch, a trigger guard, an on-off switch and a flame length control switch.

The fire chief didn't know where or when the apartment occupants had gotten the lighter.

Lighter was sampled, CR 96-830-3427



760620CIBB5769

EX #1

# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES

Ft. Branch/Union Twp. Fire Department

NFIRS-1

PLEASE PRINT OR TYPE, IN YOUR OWN WORDS, BOTH A WRITTEN AND CODED RESPONSE (WHEN NECESSARY), LEAVING NO ITEM BLANK, BLACKING N/A CODE WHEN NEEDED.

### INCIDENT REPORT

IF USED FOR FIRE SERVICE CHARGE REPORT, BE SURE TO FILL OUT LINE V.

1  DELETE REC.  
2  CHANGE

|   |                        |            |          |          |            |  |                    |                      |  |  |
|---|------------------------|------------|----------|----------|------------|--|--------------------|----------------------|--|--|
| FDID<br>26003   | INCIDENT NO.<br>96-079 | EXP.<br>05 | MO.<br>2 | DAY<br>8 | YEAR<br>96 | DAY OF WEEK<br>1 <input type="checkbox"/> Sunday 3 <input checked="" type="checkbox"/> Tuesday 5 <input type="checkbox"/> Thurs<br>2 <input type="checkbox"/> Monday 4 <input type="checkbox"/> Wednesday 6 <input type="checkbox"/> Friday 7 <input type="checkbox"/> Sat   | ALARM TIME<br>1001 | ARRIVAL TIME<br>1006 | TIME - "In Service" (Available)<br>1 1 2 0   |  |
| TYPE OF SITUATION FOUND<br>1 <input checked="" type="checkbox"/> Structure fire 12 <input type="checkbox"/> Outside of structure fire 13 <input type="checkbox"/> Vehicle fire<br>14 <input type="checkbox"/> Trees, brush, grass fire 15 <input type="checkbox"/> Trash, rubbish fire<br><input type="checkbox"/> Other <u>Duplex/Apartment fire</u> |                        |            |          |          |            | TYPE OF ACTION TAKEN<br>1 <input checked="" type="checkbox"/> Extinguishment 4 <input type="checkbox"/> Remove hazard 7 <input type="checkbox"/> Ambulance service<br>2 <input type="checkbox"/> Rescue 5 <input type="checkbox"/> Standby 8 <input type="checkbox"/> Fill in, move up, transfer<br>3 <input type="checkbox"/> Investigation only 6 <input checked="" type="checkbox"/> Salvage 9 <input type="checkbox"/> Not classified above<br>0 <input type="checkbox"/> Undetermined or not reported |                    |                      | MUTUAL AID<br>1 <input type="checkbox"/> Rec'd<br>2 <input type="checkbox"/> Given FDID:<br>3 <input type="checkbox"/> N/A |  |

|   |  |
|---|--|
| FIXED PROPERTY USE (Occupancy)<br>Single family occupancy | IGNITION FACTOR (Cause)<br>Child playing w/ butane lighter/chair |
|---|--|

|  |                   |                            |
|--|-------------------|----------------------------|
| CORRECT ADDRESS (Up to maximum of 21 characters)<br>[REDACTED] | ZIP CODE<br>47648 | CENSUS TRACT<br>[REDACTED] |
|--|-------------------|----------------------------|

|  |                         |                   |
|--|-------------------------|-------------------|
| OCCUPANT NAME (Last, First, MI.)<br>[REDACTED] | TELEPHONE<br>[REDACTED] | ROOM or APT.<br>4 |
|--|-------------------------|-------------------|

|   |                       |                         |
|---|-----------------------|-------------------------|
| OWNER NAME (Last, First, MI.)<br>[REDACTED] | ADDRESS<br>[REDACTED] | TELEPHONE<br>[REDACTED] |
|---|-----------------------|-------------------------|

|   |                        |                     |                      |
|---|------------------------|---------------------|----------------------|
| METHOD OF ALARM<br>1 <input checked="" type="checkbox"/> Telephone direct 4 <input type="checkbox"/> Radio 8 <input type="checkbox"/> Voice signal municipal alarm signal<br>2 <input type="checkbox"/> Municipal alarm system 5 <input type="checkbox"/> Verbal 9 <input type="checkbox"/> Not classified above<br>3 <input type="checkbox"/> Private alarm system 6 <input type="checkbox"/> No alarm rec'd. 0 <input type="checkbox"/> Undetermined or not reported<br>7 <input type="checkbox"/> Tie-Line (911) | DISTRICT<br>[REDACTED] | SHIFT<br>[REDACTED] | ALARMS<br>[REDACTED] |
|---|------------------------|---------------------|----------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| FIRE PERSONNEL RESPONDED<br>[REDACTED] 1 3 | ENGINES RESPONDED<br>[REDACTED] 2 | AERIAL APPARATUS RESPONDED<br>[REDACTED] 0 | OTHER VEHICLES RESPONDED<br>[REDACTED] 2 |
|--|-----------------------------------|--|--|

|                                     |   |                                      |                               |                                       |                                    |
|-------------------------------------|---|--------------------------------------|-------------------------------|---------------------------------------|------------------------------------|
| INCIDENT - RELATED INJURIES<br>None | (COMPLETE NFIRS 3) FIRE SVC. [REDACTED] | (COMPLETE NFIRS 2) OTHERS [REDACTED] | INCIDENT - RELATED FATALITIES | COMPLETE NFIRS 3 FIRE SVC. [REDACTED] | COMPLETE NFIRS 2 OTHERS [REDACTED] |
|-------------------------------------|---|--------------------------------------|-------------------------------|---------------------------------------|------------------------------------|

|   |                                 |                             |                   |                                 |
|---|---------------------------------|-----------------------------|-------------------|---------------------------------|
| COMPLEX<br>Single family residence/Duplex x 2 | 98 <input type="checkbox"/> N/A | MOBILE PROPERTY TYPE<br>n/a | (COMPLETE LINE 5) | 08 <input type="checkbox"/> N/A |
|---|---------------------------------|-----------------------------|-------------------|---------------------------------|

|   |   |                   |                                 |
|---|---|-------------------|---------------------------------|
| AREA OF FIRE ORIGIN<br>Chair in family room | EQUIPMENT INVOLVED IN IGNITION (IF ANY)<br>Butane gas grill lighter | (COMPLETE LINE 7) | 98 <input type="checkbox"/> N/A |
|---|---|-------------------|---------------------------------|

|  |   |  |
|--|---|--|
| FORM OF HEAT OF IGNITION (Heat Source)<br>Butane flame | TYPE OF MATERIAL IGNITED (Composition)<br>Cloth | FORM OF MATERIAL IGNITED (Use)<br>Chair exterior cover |
|--|---|--|

|   |  |  |
|---|--|--|
| METHOD OF EXTINGUISHMENT<br>1 <input type="checkbox"/> Self-extinguished 3 <input type="checkbox"/> Portable extinguisher 8 <input type="checkbox"/> Master<br>2 <input type="checkbox"/> Make-shift aids 4 <input type="checkbox"/> Automatic ext. system 9 <input type="checkbox"/> Not classified above<br>5 <input type="checkbox"/> Pre-connect hose/tank only 0 <input type="checkbox"/> Undetermined or not reported<br>6 <input checked="" type="checkbox"/> Pre-connect hose/hydrant draft standpipe 7 <input type="checkbox"/> Hand-laid hose/hydrant draft standpipe | LEVEL OF FIRE ORIGIN<br>1 <input checked="" type="checkbox"/> Grade level to 9 ft. 5 <input type="checkbox"/> 50 to 70 feet<br>2 <input type="checkbox"/> 10 to 19 feet 6 <input type="checkbox"/> Over 70 feet<br>3 <input type="checkbox"/> 20 to 29 feet 7 <input type="checkbox"/> Objects in flight<br>4 <input type="checkbox"/> 30 to 49 feet 8 <input type="checkbox"/> Below ground level<br>9 <input type="checkbox"/> Not classified above<br>0 <input type="checkbox"/> Undetermined | ESTIMATED TOTAL DOLLAR LOSS<br>Unknown |
|---|--|--|

|   |  |
|---|--|
| NUMBER OF STORIES<br>1 <input checked="" type="checkbox"/> 1 story 3 <input type="checkbox"/> 3 to 4 stories 7 <input type="checkbox"/> 25 to 49 stories<br>2 <input type="checkbox"/> 2 stories 4 <input type="checkbox"/> 5 to 6 stories 8 <input type="checkbox"/> 50 stories or more<br>5 <input type="checkbox"/> 7 to 12 stories 0 <input type="checkbox"/> Undetermined or not reported<br>6 <input type="checkbox"/> 13 to 24 stories | CONSTRUCTION TYPE<br>1 <input type="checkbox"/> Fire resistive 4 <input type="checkbox"/> Unprotected non-combustible 8 <input type="checkbox"/> Unprotected wood frame<br>2 <input type="checkbox"/> Heavy timber 5 <input type="checkbox"/> Protected ordinary 9 <input type="checkbox"/> Not classified above<br>3 <input type="checkbox"/> Protected non-combustible 6 <input checked="" type="checkbox"/> Unprotected ordinary 0 <input type="checkbox"/> Undetermined or not reported<br>7 <input type="checkbox"/> Protected wood frame |
|---|--|

|  |  |   |   |  |  |   |   |   |
|--|--|---|---|--|--|---|---|---|
| EXTENT OF DAMAGE<br>Confined to the object of origin<br>Confined to part of room or area of origin<br>Confined to room of origin | Flame<br>1 <input type="checkbox"/> 0<br>2 <input checked="" type="checkbox"/> 2<br>3 <input type="checkbox"/> 3 | Smoke<br>1 <input type="checkbox"/> 1<br>2 <input type="checkbox"/> 2<br>3 <input type="checkbox"/> 3 | Contained to the fire-rated comp. of origin<br>Contained to floor of origin<br>Contained to structure of origin | Flame<br>4 <input type="checkbox"/> 4<br>5 <input type="checkbox"/> 5<br>6 <input checked="" type="checkbox"/> 6 | Smoke<br>4 <input type="checkbox"/> 4<br>5 <input type="checkbox"/> 5<br>6 <input checked="" type="checkbox"/> 6 | Extended beyond structure of origin<br>Undetermined or not reported<br>No damage of this type (N/A) | Flame<br>7 <input type="checkbox"/> 7<br>8 <input type="checkbox"/> 8 | Smoke<br>7 <input type="checkbox"/> 7<br>8 <input type="checkbox"/> 8 |
|--|--|---|---|--|--|---|---|---|

|   |   |   |   |
|---|---|---|---|
| DETECTOR PERFORMANCE<br>1 <input type="checkbox"/> Det. in room or space of fire origin - oper.<br>2 <input type="checkbox"/> Det. not in room or space of fire origin - oper.<br>3 <input checked="" type="checkbox"/> Det. in room or space of origin - no oper.<br>4 <input type="checkbox"/> Det. not in room or space of origin - no oper. | 5 <input type="checkbox"/> Det. in room or space of fire origin, but fire too small to oper.<br>9 <input type="checkbox"/> Not classified above<br>0 <input type="checkbox"/> Undetermined or not reported<br>8 <input type="checkbox"/> No detectors present (N/A) | SPRINKLER PERFORMANCE<br>1 <input type="checkbox"/> Equipment operated<br>2 <input type="checkbox"/> Equipment should have operated - did not<br>3 <input type="checkbox"/> Equipment pre. but fire too small to oper.<br>9 <input type="checkbox"/> Not classified above | 0 <input type="checkbox"/> Undetermined or not reported<br>8 <input checked="" type="checkbox"/> No equipment present (N/A) |
|---|---|---|---|

|  |                                 |   |  |
|--|---------------------------------|---|--|
| TYPE OF MATERIAL GENERATING MOST SMOKE<br>Chair covering/cloth | 98 <input type="checkbox"/> N/A | AVENUE OF SMOKE TRAVEL<br>1 <input type="checkbox"/> Air handling duct 4 <input type="checkbox"/> Stairwell<br>2 <input type="checkbox"/> Corridor 5 <input type="checkbox"/> Opening in construction<br>3 <input type="checkbox"/> Elevator shaft 6 <input type="checkbox"/> Utility opening in wall | 7 <input type="checkbox"/> Utility opening in floor<br>9 <input checked="" type="checkbox"/> Not classified above<br>0 <input type="checkbox"/> Undetermined or not reported<br>8 <input type="checkbox"/> No avenue of smoke travel (N/A) |
| FORM OF MATERIAL GENERATING MOST SMOKE<br>same as above        |                                 |   | 98 <input type="checkbox"/> N/A  |

|                    |      |      |       |            |                      |
|--------------------|------|------|-------|------------|----------------------|
| IF MOBILE PROPERTY | YEAR | MAKE | MODEL | SERIAL NO. | LICENSE NO. (if any) |
|--------------------|------|------|-------|------------|----------------------|

|                        |      |      |       |            |
|------------------------|------|------|-------|------------|
| IF EQUIP. INV. IN IGN. | YEAR | MAKE | MODEL | SERIAL NO. |
|------------------------|------|------|-------|------------|

|   |                                 |   |
|---|---------------------------------|---|
| OFFICER IN CHARGE AT INCIDENT (NAME)<br>B. C. Adams | POSITION<br>Fire Chief          | DATE<br>5/28/96   |
| INSURANCE COMPANY<br>State Farm - Merle Bryant      | SIGNATURE<br><i>B. C. Adams</i> | Designate<br><input type="checkbox"/> Owner or Representative |

CROSS-INDEXED SHORT FORM

COMPLETE ON ALL INCIDENTS

COMPLETE IF CASUALTY

COMPLETE FOR ALL FIRES

COMPLETE IF STRUCTURE FIRE

ALL INCIDENTS



**PRODUCT IDENTIFICATION**

LIGHT XXX DANGER:LIGHTER CONTAINS BUTANE GAS UNDER PRESSURE. EXTREMELY FLAMMABLE XXX CAUTION XXX KEEP AND STORE AWAY FROM CHILDREN XXX SCRIPTO-TOKAI CORPORATION, FONTANA, CA 92337 MADE IN MEXICO XXX" unit also has a trigger type switch, a trigger guard, an on-off switch, and length control switch.

760620cBB 5269

0760620 CBB 5269

US Consumer Product Safety Comm  
PO Box 9  
Mooresville, IN 46158

Fire Chief Bruce Adams  
Ft. Branch-Union Twp. Vol. Fire Dept  
Ft. Branch, IN. 47648

Dear Mr. Adams,

Per our recent telephone conversation, we would like to have a copy of your departments' report of a fire, on/about 5-28-96 at [REDACTED] which may have involved a butane fuel grill lighter.

Thank you for your cooperation.

Sincerely,

---

John H. Mooney, Investigator

960620 CBB 5264

US Consumer Product Safety Comm.  
Indianapolis Office  
PO Box 9  
Mooresville, IN 46158

Ms. [REDACTED]

Dear Ms. [REDACTED]

The U.S. Consumer Product Safety Commission routinely conducts investigations into accidents involving consumer products in an effort to more clearly identify hazard patterns. Information from these investigations aid in determining how products may be designed and used more safely.

As one of our investigation programs addresses hazards of flame producing cigarette lighters and similar devices, we would like to have more information concerning the fire at your home on or about 5-28-96 which may have involved a grill lighter. We would particularly like to know: 1- the brand name of the lighter, 2- where and when it was purchased, 3- whether it was part of a promotional package with a brand of cigarettes, 4- whether it was used as a cigarette lighter, and 5- where it was normally kept.

You may telephone me at (317)834-3564 or answer the above questions on the back of this letter and return it in the enclosed envelope. Any additional information you can provide will be appreciated. Thank you

Sincerely,

---

John H. Mooney, PSI

ACCIDENT INVESTIGATION REQUEST FORM

BOB OICARSIKI  
FOUR

Document Number G 660079 G4640079A

Date of Incident 5-28-96 Category I.D. SECT KW 1994

Follow-Up Requested  Hazard Analysis  Section 15

Type Follow-Up Requested  Telephone Call  On-Site

Headquarters Contact Kate Wallace, CCA

Assignment Message Please conduct a Section 15 IDI.

Determine make of lighter and whether the switch was in the "on" or "off" position. Find out how child gained access to the lighter and where the lighter was usually kept.

Person(s) to Contact 

Guideline \_\_\_\_\_

Requested By Kate Wallace, CCA

Task Number G46420 CBB 5269

Assigned to CH10 Date 6/19/96

ISSUE 38

MAY 19 1996

G66 0079

(13)

Kate

# IPC

P.O. BOX 784  
LOOMINGTON, IN 47402  
(800) 276-8588

MAY 29 1996

CLARION NEWS

Circ:  
Party:  
Dist:  
County: HARRISON  
Pop:

## Family loses possessions in duplex fire 719

A three-year-old boy may have accidentally set a fire that destroyed his family's possessions Tuesday morning in Fort Branch. Fire Chief Bruce Adams said preliminary investigation shows the [redacted] St. apartment occupied by [redacted] and her son, [redacted] was likely started with a gas grill butane lighter while the two adults were asleep.

The family escaped the burning apartment through a bedroom window, said Adams.

Firefighters were dispatched at 10 a.m. to the fire, and were on the scene until approximately 11:20 a.m. Adams said the adjoining apartment sustained minor smoke damage.

The Gibson County Salvation Army is accepting any household goods for the family at the church at [redacted] St. in Princeton. [redacted] wears size 28x34 pants, large shirts and size 10 1/2 shoes. [redacted] wears size medium shirts, size 9 pants and size 7 shoes. The boy wears 4T shirts, 3T pants and 10 childrens shoes. For more information phone [redacted]

10:00

T.M.S. Princeton

Hwy. 72 P. Yellow Mills

TOWN R. (W)

100 40 S

First Right

J. Roquais

3rd House

2nd

Name on title

Put in [redacted]

940420 CBB5249

120 P12- 386-6000 (R.Men)

BRAD Adams P12-385-2343

P12- 753- 4070 FT. BRANCH NEW RMC

P12- 753- 4047 BRUCE ADAMS (Home)

P12- 753- 4335 " " (WORK) Adams (RD)

EHDS

CLEARINGHOUSE

Please attach

To IDI #

960620CBB5269

PROD  
CODE

1604

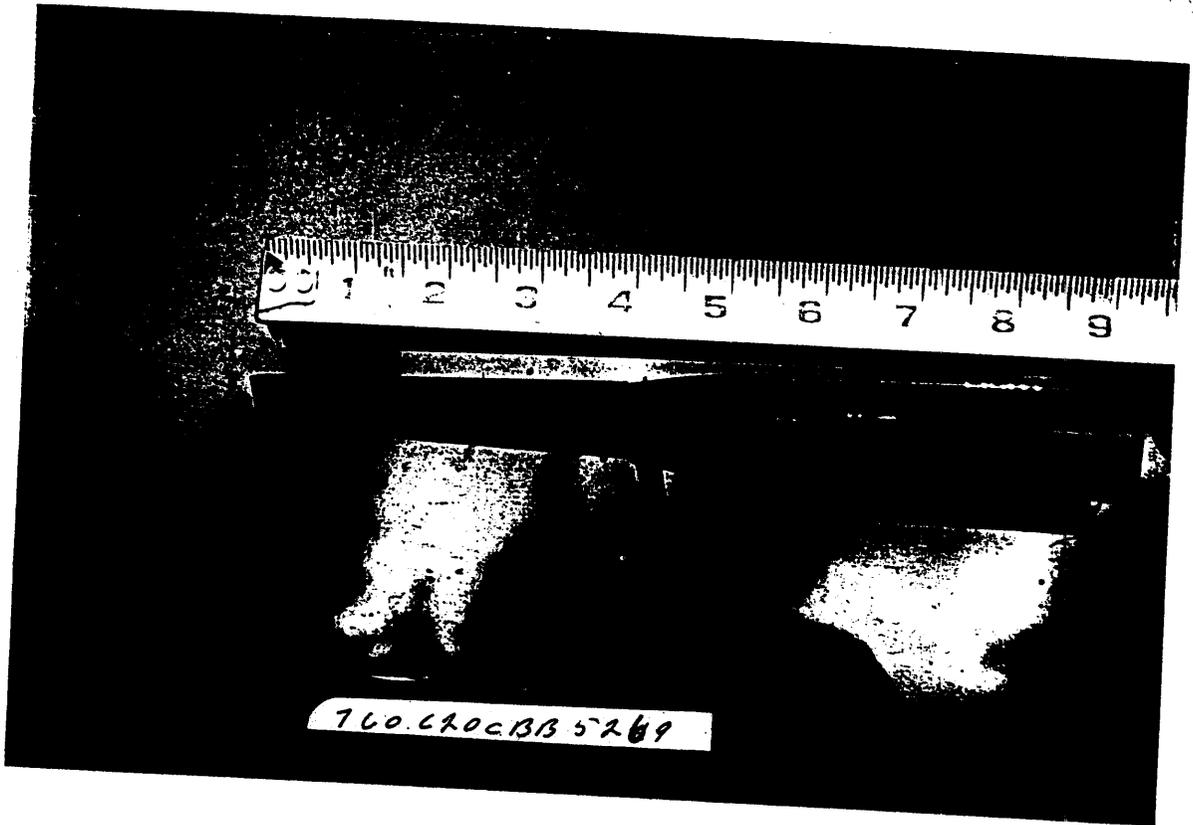


Photo 1- overall view of  
lighter



Photo 2- "Aim n Flame"  
embossed in metal barrel

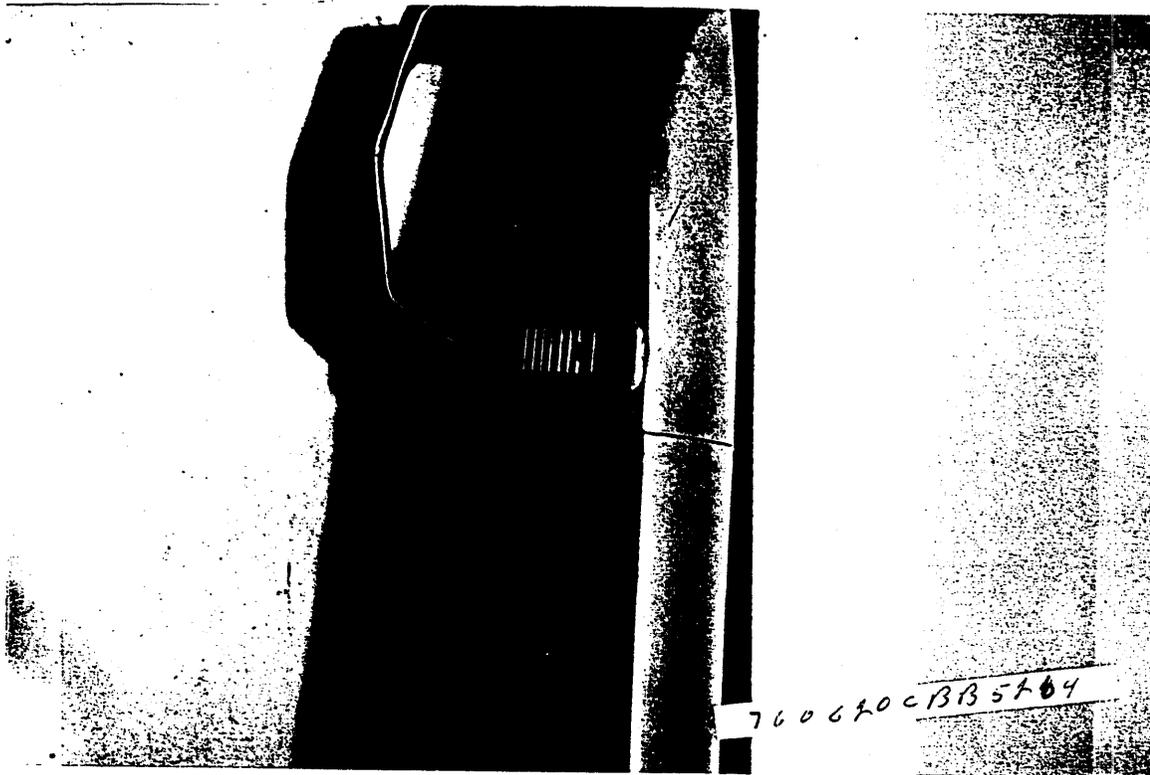


Photo 3- Trigger, guard, and  
on-off switch



Photo 4- labeling on top of  
fuel reservoir

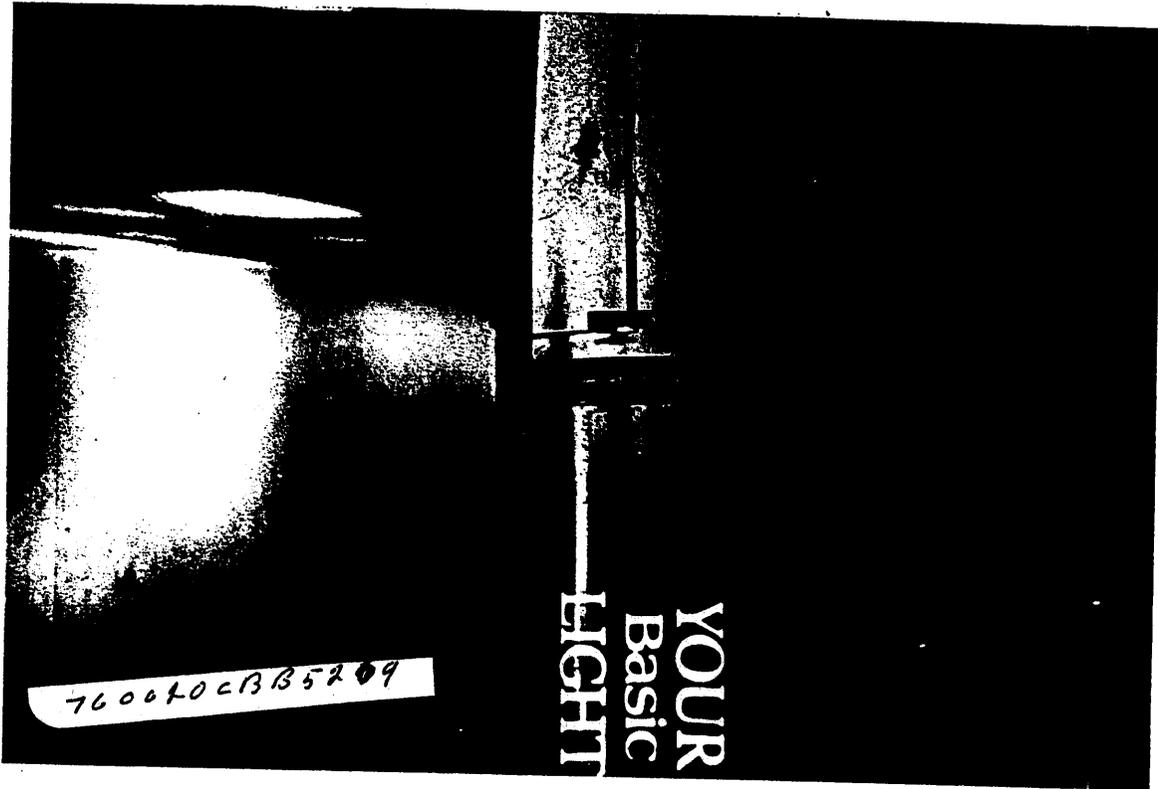


Photo 5- Flame height control switch

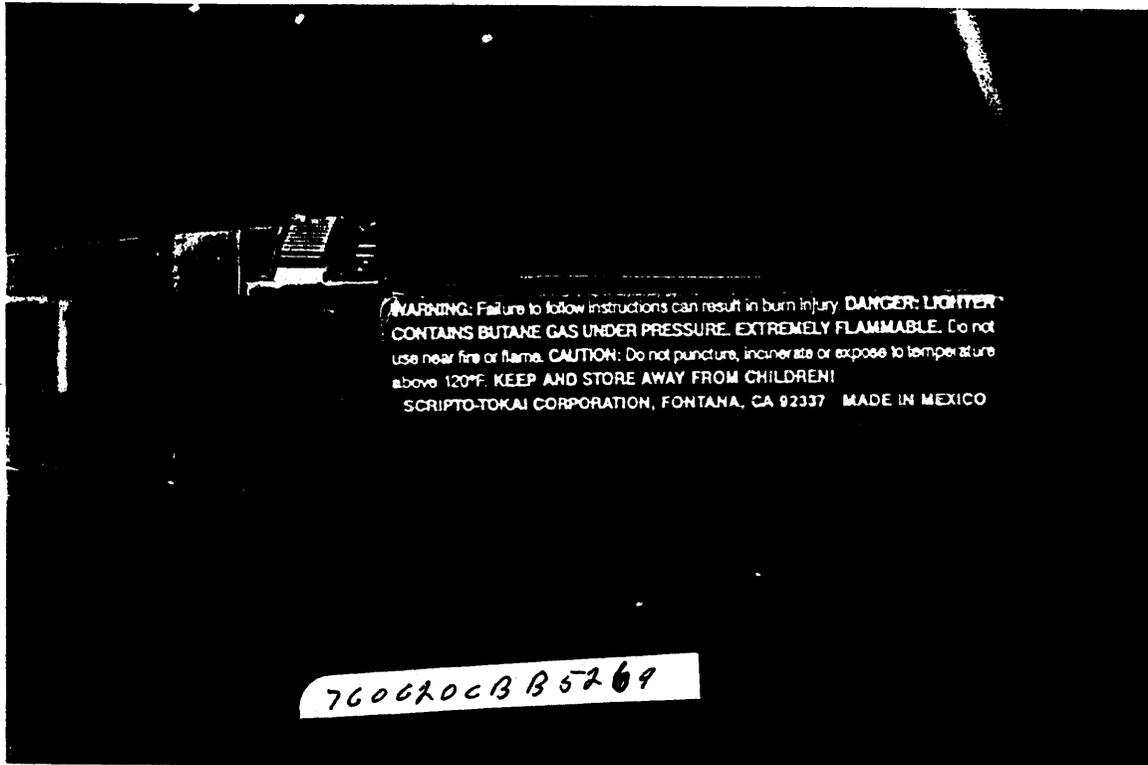


Photo 6- label sticker on underside of fuel reservoir