

SECTOS

I

4 SEP 1996

1. CASE NUMBER 960530CNE5146		2. INVESTIGATOR'S ID 8055		3. OFFICE CODE 800		EPIDEMIOLOGIC INVESTIGATION PORT
4. INCIDENT DATE YR MO DAY 960520		5. DATE IDI INITIATED YR MO DAY 960529				

6. SYNOPSIS OF INCIDENT OR COMPLAINT

A four year old female was pronounced dead from carbon monoxide poisoning following a housefire in her home, which has been attributed to the ignition of a queen size sofa bed. The Fire Department stated that use of candle near sofa bed, may have been the cause of ignition.

7. LOCATION Home	8. CITY Boston	9. STATE M A
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10A. FIRST PRODUCT Queen Size Sofa Bed	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS UNKNOWN
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10B. SECOND PRODUCT Undetermined CANDLE	11B. TRADE/BRAND NAME, EL NUMBER, MANUFACTURER & ADDRESS UNTC
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12. AGE OF VICTIM 004	13. SEX 2	14. DISPOSITION Fatality 08	15. INJURY DIAGNOSIS Anoxia 65
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16. BODY PART APB	17. RESPONDENT(S)* Mother & FIRE DEPT.	18. INVESTIGATION TYPE 2	19. TIME SPENT 05.0
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20. ATTACHMENTS Fire Report	21. CASE SOURCE Fire Department	22. REVIEWED BY 8969	YR MO DAY 960827
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23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)
CPSC MAY DISCLOSE MY NAME CPSC MAY NOT DISCLOSE MY NAME

4. NARRATIVE (See Instructions on Page 2)	25. REGIONAL DIRECTOR REVIEW 	DATE 8-28-96
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* The information contained in this report was obtained from the mother of the victim, the Chief of the Arson Division of the Local fire department, and a Lieutenant in the Arson Division of the fire department.

(USE ADDITIONAL SHEETS IF NECESSARY)

PRE-ACCIDENT:

The victim's mother explained that three weeks, prior to this accident, she moved into a two story wooden frame townhouse with her two daughters. She added that her four year old daughter, was a normal, healthy child and that alcohol, drugs and environmental conditions were not factors in this accident.

The victim's mother also explained that during the early evening, prior to this accident, she had lit a wax candle that was located on an end table beside the sofa bed in her living room, that at approximately, 2000 hours, she retired for the evening in a second floor bedroom that was across the hall from her four year old daughter's bedroom.

ACCIDENT:

The victim's mother reported that at approximately 0320 hours she was awakened by smoke detector and loud noise and after determining that there was a fire in her home she attempted to enter her four year old daughter's bedroom and when she was driven back by the smoke, she escaped from the building through a second floor window, with her 18 month old daughter.

POST ACCIDENT:

The fire officials and the victim's mother explained that the four year old victim was pronounced dead from CO poisoning at a local hospital, after firemen removed her from the building. They also reported that the sound that had awakened the victim's mother was two young men smashing the patio doors of this townhouse and that initially this fire was thought to have been set by the young men. However, fire officials subsequently determined that these young men had seen the fire and had broken the glass of the patio doors, in an attempt to rescue the occupants of the townhouse. One of these young men was treated for smoke inhalation and the victim's mother did not require treatment for a bruise on her leg.

The fire chief pointed out that the ignition of the sofa bed was the listed cause of the fire on the fire report. The fire lieutenant reported that the use of a candle on the evening prior to the fire indicated that this sofa may have been ignited by a candle, and that the fire in this sofa could have been smoldering for several hours.

The victim's mother reported that this fire definitely had not been started by the ignition of the sofa by the candle, because the candle had been on an end table and there was a space of 2-3 inches between the sofa and this table. The victim's mother and the fire officials both reported that all that remained of this townhouse following this fire was the brick and concrete fire walls between this townhouse and the adjacent townhouses. They agreed that no burn patterns etc. existed to confirm the cause of this fire, and that the cause of this fire has been recorded on the fire report as the ignition of a sofa, but no ignition source had been identified. It was also determined that the victim is a non-smoker.

STANDARDS INFORMATION:

None.

PRODUCT IDENTIFICATION:

The victim's mother reported that in February 1993, she purchased a new queen size sofa bed at Bernie and Phylis Furniture Co. in Cambridge, MA. for \$500. She said that she had used this sofa bed without incident at her previous residence, as well as at the townhouse where the subject fire had occurred. Following this fire she was unable to discuss it with me for several weeks and when she spoke with me on 8/15/96 she provided the information contained in this report. She also said that the paperwork that was received with this sofa bed is at the home of a relative and that she will photocopy this information and forward it to this investigator. She did not know if this sofa bed had a UFAC label and said that it was not a quilted or tufted sofa, that it had a synthetic upholstery fabric, which had been treated with a stain resistant product by the retailer. She also said that this sofa bed had never been reupholstered and that it did not have a slipcover. Concerning the presence of smoke detectors at the accident site, the victim's mother reported that smoke detectors were present on both floors of her two-story rented townhouse and that she was alerted to the fire in the residence by these smoke detectors.

In response to my inquiries, she said that her townhouse had been uncluttered and neatly maintained, that no newspaper etc. were on the sofa, at the time of this fire and that no portable heaters, cigarette lighters or flammable liquids were in her townhouse, at the time of this fire. She said that the candle that had been lit in her townhouse on the evening prior to the accident was 1" tall wax candle that had a wick that was hollow and approximately 2" in diameter. She could not recall where it had been purchased and did not know the brand name or the manufacturer of this candle.

ATTACHMENTS:

Attached as exhibit #1 is a copy of the local fire report on this accident.

The victim's mother has promised to forward the labeling and other documents that were received when she purchased this sofa bed. These items will be forwarded for attachment to copies of this report upon receipt.

Charles F. O'Connell at cpssc-hq1
5/29/96 5:00 AM

C. O'CONNELL - 05/31/96

Priority: Normal

Bernard L. Cabey at CPSC-NY

Subject: Upholstered Furniture Fire

----- Message Contents -----

Dave Thome advised FOER on 5/23/96 that there may have been an upholstered furniture fire in the Boston Area. On 5/28/96, I spoke with Lt. Spillane of the Boston Fire Department, who advised me that there had been a fatal fire at 126 Highland Street Roxbury, MA. on 5/20/96, that a 6 year old female had perished in this fire and that this child had lit a candle during the evening prior to this fire, under the supervision of her mother. Lt Spillane said that all that remains of the residence where this fire occurred are the brick & concrete walls, that arson has been almost completely ruled out in this fire, and that an interview of the victim's mother, who has been distraught since this incident, is being arranged. He also said that this fire has been attributed to the ignition of a daybed by a lit candle, that he will attempt to obtain the brand, model, age, etc., of this daybed, if possible, and that he will advise me when the report of this fire is available.

960530CNE5146

EHDS / Op. II / FUERCF

N965-0017A

960530CNE5146
EXHIBIT 1

 <p>BOSTON FIRE DEPARTMENT FIELD INCIDENT REPORT</p> <p><small>This form complies with M.G.L. Ch. 148, Sec. 2 Approved as to form by State Fire Marshal</small></p>	INCIDENT DISTRICT	219	PAGE 1 OF 1
	RESP. DISTRICT	09	N.S. 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>
	RESP. DIVISION	2	CHANGE <input type="checkbox"/>

COMPLETE ON ALL INCIDENTS	A	FDID 25035	INCIDENT NO. 22795	EXP. 010	BOX/STILL 2264	MON DAY YR. 01512:01916	DAY OF WEEK MON 12	ALARM TIME 0322	DUTY TIME 2:38	
	B	LOCATION NO.	DIR.	NAME	TYPE	ZIP CODE	CENSUS TRACT			
	C	OCCUPANT (LAST - FIRST - M.I.) BURNS, RUTH						LIST	TELEPHONE	APT. 128 A
	D	OWNER (LAST - FIRST - M.I.) PITTS, LORENZO			OWNER'S ADDRESS 1318 BOYLSTON ST. BOSTON MA					
	E	OWNER'S TELEPHONE 617-267-3244			INCIDENT TYPE STRUCTURE 1110					
	F	TYPE OF ACTION TAKEN RESCUE, VENT, EXTINGUISH, OVERHAUL 1					GROUP NO. 2	NO. ALARMS 1	MUTUAL AID RECD <input type="checkbox"/>	
	G	GENERAL PROPERTY USE APARTMENT 412		SPECIFIC PROPERTY USE APARTMENT 4122		PROPERTY MANAGEMENT PRIVATE 1				
	H	NO. FIRE PERSONNEL 217		NO. ENGINE COS. 3		NO. AERIAL APPARATUS 2		NO. OTHER VEHICLES 12		
	I	NO. RESCUES 111		NO. INJURIES FIRE SERV. 111		OTHER 113		NO. FATALITIES FIRE SERV. 110		OTHER 111

COMPLETE ON ALL STRUCTURAL FIRES	J	CONDITION OF FIRE ON ARRIVAL HEAVY FIRE SHOWING 15	AREA OF ORIGIN LIVING ROOM 114	LEVEL OF ORIGIN GRADE 1		
	K	EQUIPT. INVOLVED IN IGNITION NONE 11	YEAR	MAKE	MODEL	SERIAL
	L	FORM OF HEAT OF IGNITION UNDETERMINED 11	FORM OF MAT'L FIRST IGNITED SOFA 121	TYPE OF MAT'L FIRST IGNITED CLOTH 171		
	M	IGNITION FACTOR UNDETERMINED 11	METHOD OF EXTINGUISHMENT APPARATUS/HYDRANT 16		WATER SUPPLY SATISFACTORY 1	
	N	FORCIBLE ENTRY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES, COMPANY	ARSON INVESTIGATOR(S) O'SULLIVAN, - SLOAN		
	O	STRUCTURE STATUS DOWNHOUSE 1	CONSTRUCTION TYPE PROTECTED WOOD FRAME 17	NO. OF DWELLING UNITS ONE 11		
	P	ROOF: FLAT <input checked="" type="checkbox"/> PITCHED <input type="checkbox"/> MANSARD <input type="checkbox"/> OTHER <input type="checkbox"/>	SIZE OF BUILDING WIDTH 20 X DEPTH 24	NUMBER OF STORIES TWO 12		
	Q	EXTENT OF FLAME DAMAGE STRUCTURE 16	EXTENT OF SMOKE DAMAGE BEYOND STRUCTURE 17			
	R	OBSTACLES TO RESCUE/FIRE CONT. NO UNUSUAL 18	TYPE OF WEATHER CLEAR 1	TEMPERATURE 55° 14		
	S	FORM OF MAT'L GEN. MOST SMOKE WOOD, STRUCTURAL 17	TYPE OF MAT'L GEN. MOST SMOKE WOOD, STRUCTURAL 163		AVENUE OF SMOKE TRAVEL STAIRWELL 14	
T	DETECTOR PERFORMANCE OPERATED 1	DETECTOR POWER SUPPLY BATTERY ONLY 1		ABATEMENT # _____ COMPANY _____		
U	SPRINKLER SYSTEM PERFORMANCE NOT PRESENT 18		NO. OF HEADS OPERATED 111		TYPE OF SPECIAL HAZARD SYSTEM 1	

ALL FIRES	IV	DAMAGE TO STRUCTURE \$68,000.00	DAMAGE TO CONTENTS \$12,000.00	TOTAL ESTIMATED LOSS \$80,000.00
	V	TOTAL INSURANCE ON BUILDING	INSURANCE COMPANY	STATE FIRE MARSHAL NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>

HAZ-MAT	V	HAZARDOUS MATERIAL INVOLVED NONE	DOT CODE 10010	COMMODITY/TRADE NAME _____
	Y	DEGREE OF HAZ MAT NONE 00010	FORM OF HAZ MAT NONE 10	AMOUNT OF HAZ MAT _____

VI	1	MEMBER MAKING REPORT Joseph T. [Signature]	RANK A/DFC	ASSIGNMENT D-9	GRP 2	DATE 06/03/96
	2	OFFICER IN CHARGE PAUL MOORE	RANK DEP. CHIEF	ASSIGNMENT C-7	GRP 2	DATE
	3	DEPUTY FIRE CHIEF [Signature]	RANK [Signature]	ASSIGNMENT C-7	GRP 4	DATE REVIEWED
	4	DATE REPORT RECEIVED BY BOSTON FIRE MARSHAL'S OFFICE RECEIVED				1114 ? 0 100R

JUN 14 1996

OFFICE OF FIRE COMM.

Entered
6-24-96
[Signature]



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960530CNE5146 Incident Date 5/20/96

A. PRODUCT DESCRIPTION: Sofa/Couch Chair Sofa bed Other _____

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand UNKNOWN

4. Purchased: New Used Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: FEBRUARY 1993 Furniture Age 3 YEARS

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

UNKNOWN

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other UNKNOWN

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

LT 5 yrs. old 5 - 14 15 - 64 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

Lighter Match Candle Heater Fireplace

Other (specify) _____

Unknown

BUNN25

9 JUL 1996

1. CASE NUMBER 960604HCC6261		2. INVESTIGATOR'S ID 8064	3. OFFICE CODE 800	EPIDEMIOLOGIC INVESTIGATION REPORT
4. INCIDENT DATE YR MO DAY 96 04 14	5. DATE INITIATED YR MO DAY 96 06 20			

6. SYNOPSIS OF INCIDENT OR COMPLAINT

While in her bedroom, a 5 year old female began to play with a cigarette lighter which resulted in the ignition of a couch cushion that had been cleaned and placed on the floor to dry. Fire spread to other combustible materials within the bedroom to include a bed. A couch in the livingroom was also destroyed by fire. No deaths or injuries are reported. Property damage is estimated at \$20,000.

7. LOCATION Home/bedroom 08 /c	8. CITY Lake Worth	9. STATE FLA
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10A. FIRST PRODUCT Cigarette lighter (1604)	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown
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10B. SECOND PRODUCT Upholstered furniture/couch (0679)	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown
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12. AGE OF VICTIM No injury 999	13. SEX No injury 9	14. DISPOSITION No injury 0	15. INJURY DIAGNOSIS No injury 70
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16. BODY PART No injury 99	17. RESPONDENT(S) Fire officials and family friend 3	18. INVESTIGATION TYPE Telephone 2	19. TIME SPENT 12.0
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20. ATTACHMENTS Fire report 01 <i>MULTIPLE 9</i>	21. CASE SOURCE Newspaper 05	22. REVIEWED BY 8342	YR MO DAY 96 07 02
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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 Page 2) See attached narrative.	25. REGIONAL DIRECTOR REVIEW <i>ROS/MS</i> 7/3/96
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Note:

The information contained in this report was provided by fire officials and a friend of the family that sustained this fire loss. Family members do not have a working knowledge of the English language and the family friend who participated in this investigation on behalf of the fire loss family spoke only broken English.

Pre-Accident:

During the mid-afternoon hours of March 14, 1996, a 5 year old female was in her bedroom and playing with her 2 year old sister. At the same time, the mother of these two children was in another part of the mobile home attending to household chores.

Prior to this fire, the 5 year old female was described as not being unusually tired or fatigued. Her physical condition is described as good as her medical history reveals no chronic or acute illnesses, diseases, handicaps or disabilities. The use of alcohol and/or prescription drugs is not suspected.

Reportedly, couch cushions were washed/cleaned during the morning hours with a mild solution of soap and water and were placed on the floor of the 5 year old female's bedroom to dry. Of the immediate fire/bedroom environment, no unusual conditions or circumstances are reported.

Accident:

While playing in her bedroom, the 5 year old female began to play with a cigarette lighter which resulted in the ignition of a couch cushion that had been placed on the floor to dry.

Post-Accident:

The mother of the 5 year old female responded to her daughters screams and when she entered her daughters bedroom, discovered a couch cushion and the floor of the bedroom in flames. When attempts to extinguish the flame were unsuccessful, the 5 year old female and her 2 year old sister were evacuated from the mobile home by their mother. A neighbor telephoned emergency 911 and upon the arrival of fire fighters, this fire was extinguished. No deaths or injuries are reported. Fire damage is estimated at \$20,000.

A post-fire interview of family members and examination of the household was conducted by fire officials. The 5 year old female informed fire officials she had been playing with a cigarette lighter and that she flicked it next to a couch cushion

which resulted in its ignition.

Fire officials report, most materials within the bedroom of the 5 year old female were destroyed by fire. Additional fire damage throughout the mobile home included the loss of a living-room couch. Fire officials were unable to recover any remnants of the bedding materials, couch or cigarette lighter used by the 5 year old female and determined this fire to be accidental in nature.

Family members and/or friends were unable to inform fire officials how the 5 year old female obtained a cigarette lighter as no family members are cigarette/cigar/pipe smokers. Reportedly, no matches were kept within the household by any family member, nor has the 5 year old female ever been involved in a fire incident prior to this incident or demonstrated a propensity to play with matches and/or fire.

Samples:

No samples were collected in support of this investigation.

Standards:

None reported.

Product Identification:

1. Cigarette lighter: No product identification available.
2. Upholstered furniture/couch: No identification available. Reportedly, the couch was purchased second-hand, or given to the fire loss family as a hand me down. Fiber content is not known.
3. Bedding materials: No identification available. Reportedly, the mattress/box spring were purchased second-hand or accepted as a usable hand me down. Fiber content is unknown.

Exhibits:

1. Fire report, pages #1-#4.
2. Data recording sheet for upholstered furniture fires, pages #1-#2.
3. Data recording sheet for mattress/bedding fires, pages #1-#3.

Palm Beach County
Fire-Rescue
Investigation Report

INCIDENT NO. 06-014567 No.Dy.Yr. 03-13-96 Day 4 Alarm T. 15:32 Arrival T. 15:42 Batt: 3 Station: 32 Shift A

Situation Found 11M FPU 411 Ignition Factor: 36 Mobile Pl. 17 Injuries: 0 Deaths 0

Street No. [REDACTED] Street Name: [REDACTED] City: Lake Worth Zip: 33463

Property Value: 10,000 Property Loss: 10,000 Contents Value: 10,000 Contents Loss: 10,000 Est. Loss: 20000

Investigator: Rob Rush Invest. call time: 15:48 Invest. Comp.time: 18:26 Date Out: 03-13-96 Investigator 2:

Lead Agency: PBCFR Other Agency Deputy Name: Other Agency Rpt. No.

EXHIBIT #1 960604HCC6261

Juvenile Referral: 1 Arrest: 0 Photos Taken: Yes Sample(s) Collected: 0 Status: Closed/Ex

Owner: [REDACTED] Occupant: Same
Owner Address: [REDACTED] Occupant Address: Same

Property Description:

An approximate 15' x 70' two bedroom two bath mobile home. Exterior construction was aluminum skin on wood frame. Interior was wood paneling. Floor construction was wood flooring. Roof was of steel construction. Trailer was on the east side of [REDACTED] facing north. Trailer ran in a east/west plane.

Area of Fire Origin:
West bedroom.

Synopsis:

Based on the investigation and information provided, this fire was determined to have been started by a juvenile playing with a lighter and igniting a couch cushion.

960604HCC 6261

96-014567

Palm Beach County
Fire-Rescue
Investigation Report

Rob Rush

Narrative:

INVESTIGATOR'S ACTIONS AND OBSERVATIONS

I responded to a request for investigator for a reported structure fire involving a mobile home. The request originated from Acting District Commander Dickie Briant. Weather at the time of this fire was warm and clear with winds approximately 10 - 15 mph. Weather was ultimately determined to not have been a factor in the cause of this fire.

I arrived on scene at 1614 hours and spoke with Briant who told me that there were reports that juveniles may have been responsible for having started the fire. Briant pointed out the owner of the mobile home and said that she and her two children had been home when the fire occurred.

I observed a single wide mobile home partially consumed by fire located on the east side of Ferne Lane. The trailer ran in an east/west plane and the main entry door faced north. There was a free standing metal car port to the north. An aluminum porch roof had burned away from the main frame of the mobile home and fallen to the north. The north west portion of the trailer had suffered the heaviest damage.

I tried speaking with the owner who was identified as [REDACTED] was Hispanic and spoke in broken English. A neighbor, [REDACTED] agreed to act as a translator for [REDACTED]. [REDACTED] told me the following:

- * She had been in the mobile home with her children
- * She had cleaned some of the cushions of the living room couch and had placed them on the floor in the west bedroom to dry
- * The children had been in the bedroom
- * She heard one of the children scream and ran in and saw the cushion on the floor burning
- * She did not know what happened to the lighter
- * She attempted to put out the fire but it was too large
- * She exited the trailer with her children and had a neighbor call 911
- * She said her 5 year old told her that she had lit the lighter next to the cushion and that it had caught fire
- * Her husband was at work and she did not know if they had insurance

INVESTIGATOR'S ACTIONS AND OBSERVATIONS

I went to the mobile home. An initial examination of the perimeter was made. The electric meter and main disconnect was located at the north east corner of the property. The meter was still in the meter can. I asked ADC Briant if FPL had been called. He told me that they had but had not, as yet, arrived on scene but that the power to the unit had been shut down by turning off the main breaker in the disconnect.

A short time later FPL arrived on scene and disconnected the meter. The remainder of the perimeter did not uncover any suspicious containers or circumstances. There was a 1967 Plymouth Sport Fury, Fla Lic [REDACTED] Vin #PS23C76192078, parked in the driveway just south of the burned mobile home. The vehicle had suffered some blistered and scorched paint to its north side from the radiant heat from the fire. The vehicle owner was on scene and said that he had no insurance on the vehicle and that he had been in the process of restoring it.

96-014567

narrative 2

Palm Beach County
Fire-Rescue
Investigation Report

Rob Rush

The exterior damage to the mobile home was examined next. The north west corner had suffered enough fire damage to have burned away most of the aluminum exterior skin. The wood studs were heavily charred. A portion of the wall was removed for safety purposes by the fire crew. The steel roof had collapsed downward at the north west corner. The aluminum was partially burned away at the west portion and south west portion of the trailer. There was heavy damage to the center portion of the structure with the exception of the area that had been directly adjacent to the living room couch which was along the south wall. The rear (east) portion of the trailer suffered high heat damage as well as catastrophic smoke damage.

Processing of the interior was begun in the living room area. The couch frame was heavily charred. All of the combustible material had been consumed. The debris was processed in a layering technique by removing the top layers and searching the debris until reaching the floor. Processing of the debris moved towards the west bedroom where the fire damage had been heaviest. The bedroom had had a bed in the north west corner which had been removed to the exterior by the fire crews. All combustible material had burned away from the bed leaving only the steel springs remaining. A closet had been located at the south side of the bedroom. The contents had been mostly consumed. The remaining debris had fallen when the shelf collapsed onto the floor. The wood studs holding the louvered steel bi-fold closet doors had burned away and the doors had collapsed into the room. Remnants of a small television was found in the debris. All electrical wiring was examined and was ruled out as a cause for the fire. The heaviest damage had occurred to the center of the room. The floor covering had burned away in this area. Fire debris was processed by layering and sifting the limited debris that was found. No sign of any lighter remnants was found. No other cause was found which could have caused the fire.

After processing the scene I spoke with the five year old juvenile female with the assistance of the interpreter who told me that she had been playing with a lighter and that as she flicked it next to the cushion it caught the cushion on fire. She did not remember what she did with the lighter.

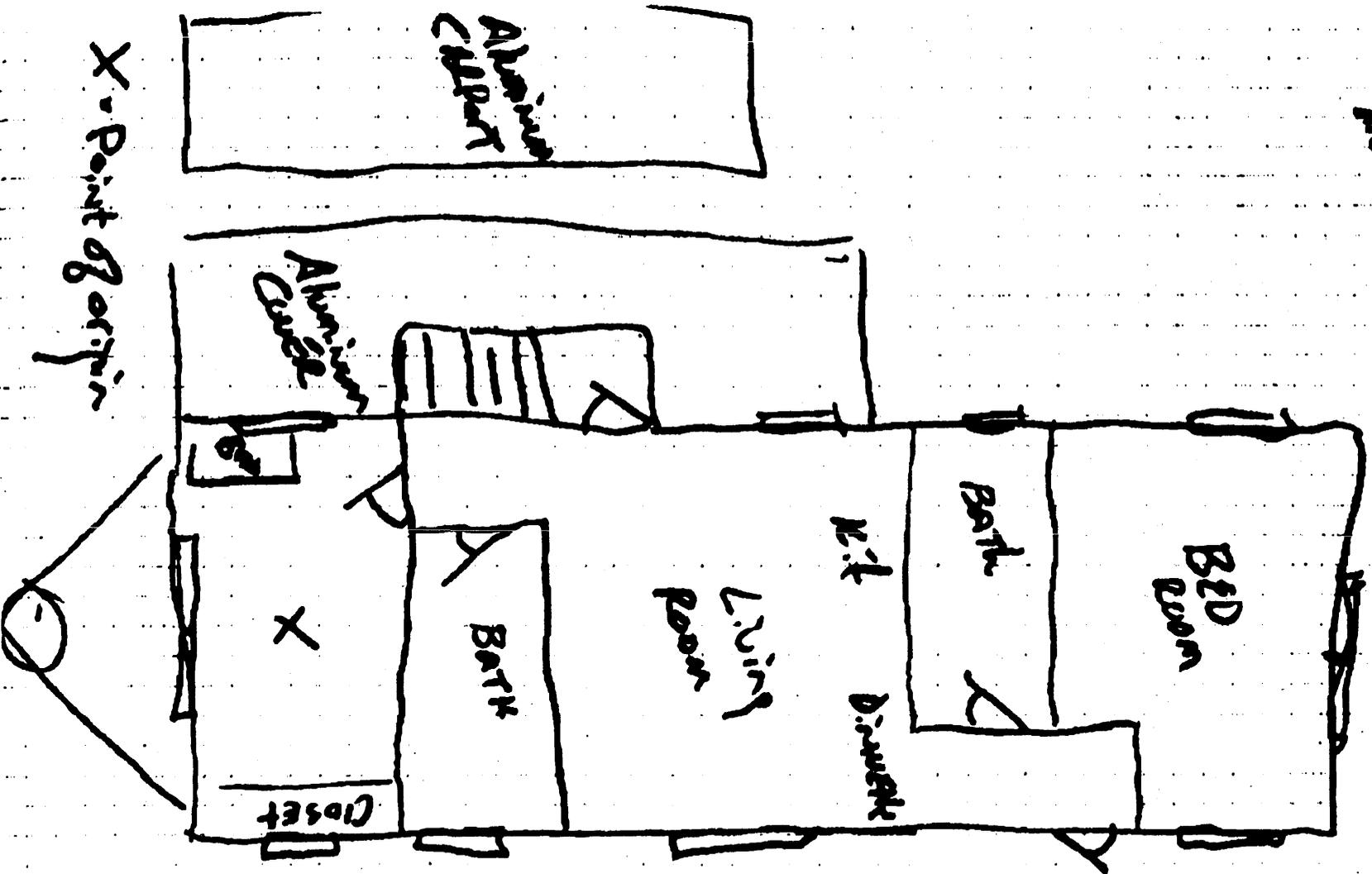
Final determination is that the fire was accidental in nature. The cause was a juvenile playing with a lighter which ignited a combustible couch cushion which spread to other common combustibles inside the mobile home. Case closed. Investigation complete.

960604 HCC 6261

Project
Propose
to
Disassemble
Perill

N
←

NOT TO SCALE
96-11567
03-13-96
Sketch by Paul



X - Point of origin

Garage



INVESTIGATION GUIDELINE

EXHIBIT #2 960604HCC6261

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960604HCC6261 Incident Date 3/14/96

A. PRODUCT DESCRIPTION: Sofa/Couch Chair Sofa bed Other _____

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand UNKNOWN

4. Purchased: New Used Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: UNK Furniture Age UNK

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)
UNKNOWN

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other CUSHION

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

LT 5 yrs. old 5 - 14 15 - 64 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

Lighter Match Candle Heater Fireplace

Other (specify) _____

Unknown

960604HLC6261



INVESTIGATION GUIDELINE

If lighter, specify type: Child-resistant Not child-resistant Unknown

If match, specify type: Book Box Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

Yes No Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

Yes No Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

NO BATTERY.

10. About how soon was the fire discovered after it started? WITHIN MINUTES.

F. VICTIM(S)

0 Number of Deaths

0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: _____

Rent Own

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



INVESTIGATION GUIDELINE

EXHIBIT #3 960604HCC6261

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 960604HCC6261 Incident Date 3/14/96

A. MATTRESS DESCRIPTION:

1. Mattress surface type:

- / Quilted
- / Smooth
- / Tufted
- / Other _____
- / Unknown

2. Material directly under surface ticking:

- / Polyester fiberfill
- / Polyurethane foam
- / Cotton batting
- / Other _____
- / Unknown

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

- / Pre-standard
- / Post-standard
- / Other _____
- / Unknown

4. Purchased:

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

5. Date mattress purchased: UNK Mattress age: UNK

6. Manufacturer/distributor/brand: UNKNOWN



INVESTIGATION GUIDELINE

960604HCC6261

B. BEDDING:

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 _____
- / Other _____
- / 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 _____
- / Unknown

10. Age of person involved in ignition (if appropriate):

- / 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
- / Unknown

12. Detector went off (alarmed)?

- / Yes
- / No; possible reasons why not NO BATTERY.
- / Unknown

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

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. SOCIO-ECONOMIC DATA:

14. Education level of head of household:

- / Less than high school
- / High school
- / Some college
- / Unknown

15. Total household income:

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

16. Approximate home market value: \$15,000

- / Rent
- / Own
- / Unknown

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

Dick Linn

pls for me 6/12/96

NERO
APT.
B. ON
PS

ACCIDENT INVESTIGATION REQUEST FORM

REC'D: 6/20/96 RDL

Document Number N964-0140A

Date of Incident 03/14/96 Category I.D. BUNN251996

Follow-Up Requested Hazard Analysis X Section 15

Type Follow-Up Requested Telephone Call X On-Site

Headquarters Contact Kimberly Long (301) 504 -0470 Ext 1269
Backup - Linda Smith (301) 504-0470 Ext. 1275

Assignment Message

Conduct as investigation of this case where a child was playing with a cigarette lighter on a sofa.

Find out what part of the furniture ignited (if possible).

If second hand furniture, find out how long in possession.

If furniture still available, collect sample, following page 9 of guideline for sample collection.

Describe incident scenario; photograph and identify manufacturer, model number and brand name of all products involved.

Please obtain fire incident report, medical insurance, and any other report of incident.

Complete Attached Data Record Sheet.

Person(s) to Contact Palm Beach County Fire Department and

Victims (Maria LaBounty)

Guideline Number 19 Upholstered Furniture Fires

Requested By Kimberly Long

Task Number 960604 HCC 6261

Assigned to NY CO

Date 960604

APR 10 1996

N964-0140A

TC-20

15

FVE

CERM

CLIPPING BUREAU OF FLORIDA
1-800-442-0332
P. O. BOX 3159
CLEARWATER, FLORIDA 34630-8159

PALM BEACH POST
DAILY -- 245,000

MAR 14 1996

FIRES

A 5-year-old girl playing with a lighter accidentally started a fire that destroyed her family's home in suburban [redacted] Wednesday afternoon, firefighters said. Palm Beach County Fire Rescue Investigator Rob Rush said the child, playing with her younger sister in the bedroom while her mother cleaned the house, flicked the lighter near a sofa cushion, setting it on fire. The mother, [redacted], and the children, [redacted], 5, and [redacted], 2, escaped uninjured before flames engulfed the trailer. The Palm Beach County Red Cross has provided a temporary place for the family to stay, as well as food and clothing, spokeswoman Melissa Sullivan said.

960604HCC6261

LAKE WORTH, FLA.

PALM BEACH F/R.

95 JUL 1994

1. CASE NUMBER 960605 ^{HWE} HEW5003		2. INVESTIGATOR'S ID 8 0 9 6		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. OFFICE CODE 8 6 0	4. DATE OF ACCIDENT 96 05 28	5. DATE INITIATED 96 06 05			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT An upholstered furniture (ottoman) was placed next to a gas wall heater. A spark or ember from the gas wall heater ignited the ottoman. Fire personnel responded to the unoccupied apartment and removed the smoldering ottoman. Property loss was estimated to be \$500.00. No one was injured in this incident. The ottoman was discarded after the fire.					
7. LOCATION (Home, School, etc.) home		8. CITY 10 Burlingame	9. STATE California CA		
10A. FIRST PRODUCT upholstered furniture ottoman		10B. TRADE/BRAND NAME unknown		10C. MODEL NUMBER unknown	
10D. MANUFACTURER NAME AND ADDRESS unknown					
11A. SECOND PRODUCT wall heater		11B. TRADE/BRAND NAME unknown		11C. MODEL NUMBER unknown	
11D. MANUFACTURER NAME AND ADDRESS unknown					
12. AGE OF VICTIM _ _ _	13. SEX female 2	14. DISPOSITION no injury 0		15. INJURY DIAGNOSIS no injury 70	
16. BODY PART(S) INVOLVED no injury 9 9	17. RESPONDENT victim 1	18. TYPE OF INVESTIGATION on-site 1		19. TIME SPENT (Operational hours) _ _ _ _	
20. CATEGORY ID _ _ _ _ _	21. CASE SOURCE fire department 0 1		22. SAMPLE COLLECTION NUMBER _ _ _ _ _		
23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only) YES: NO: XX					
24. REVIEW DATE 9 6 0 7 1 5	25. REVIEW BY 8 0 9 0		26. REGIONAL OFFICE DIRECTOR		
27. DISTRIBUTION					

Information in this report was obtained from a fire report and from a telephone interview with the victim.

PRE-INCIDENT:

The victim, an adult female, lives with her boyfriend in a single family dwelling.

INCIDENT:

On May 28, 1996 at about 11:21 pm, fire personnel responded to a structure fire. Upon arrival they saw smoke coming from the first floor window. Upon entering the apartment, they saw a smoldering ottoman that was placed next to a gas wall heater. The wall heater was on. The ottoman was carried outside and extinguished with 5 gallons of water. Fire personnel noted that the gas wall heater had a flame which protruded out past the vent screen. No one was home at the time of the fire.

POST INCIDENT:

The fire investigation report listed the form of heat as "spark, ember, flame from natural gas fueled equipment"; ignition factor as "heat source too close to combustibles"; and contributing person as "female". The type of material first ignited as "man made fabric, fiber, finished goods". Property loss was estimated at \$500. Content loss was estimated at \$1500.

STANDARDS INFORMATION:

none

PRODUCT IDENTIFICATION:

unknown

EXHIBITS:

#1 fire investigation report

LIST OF CONTACTS:

victim: [REDACTED]

[REDACTED]
Burlingame, CA 94010
[REDACTED]

BUNN25

F966 5003A

960605 HWE5003

SUNPRO SUPPORT CENTER
INCIDENT REPORT
96001070-000

960605 HWE5003

EXHIBIT # 4015
CITY OF BURLINGAME

GENERAL SECTION

TUESDAY, MAY 28, 1996

INCIDENT DATE

ALARM TIME

2221

DISPATCH TIME

2221

ARRIVAL TIME

2225

END TIME

2254

RESPONSE (IN MIN)

4

FIRST IN COMPANY

E34

DISTRICT

34

SITUATION(S) FOUND

STRUCTURE FIRE (11)

MUTUAL AID

NO AUTOMATIC/MUTUAL AID (8)

METHOD OF ALARM

TELEPHONE DIRECT TO FIRE DEPARTMENT (1)

PROPERTY MANAGEMENT

PRIVATE TAX-PAYING PROPERTY (1)

ADDRESS/LOCATION

1227 EL CAMINO REAL

UNIT/APT #

1

ZIP CODE

94010

NUMBER OF PERSONNEL

CAREER

10

NUMBER OF APPARATUS

ENGINE

2

TRUCK

1

RESCUE/MEDICAL

1

OTHER

1

GENERAL PROPERTY USE

MULTI-FAMILY RESIDENTIAL (42)

SPECIFIC PROPERTY USE

OVER 20 UNITS (428)

BUILDING CODE TYPE

HOTEL, APARTMENT FOR MORE THAN 10 (R1)

STRUCTURE TYPE

BUILDING WITH ONE SPECIFIC PROPERTY USE (1)

STRUCTURE STATUS

IN USE WITH FURNISHINGS IN PLACE, ROUTINELY USED (2)

OCCUPIED

NO (2)

ALARM TYPE

1st Alarm (1)

ZONE

BURLINGAME DIST.34 (B34)

STATION

Sta.34 (34)

SHIFT

A

Post-It* Fax Note 7671

Date	6-5-96	# of pages	5
To	LEE BAXTER	From	CRAIG BARRETTA
Co./Dept.		Co.	
Phone #	344-2962	Phone #	344-9950
Fax #		Fax #	

FIRE SECTION

ACTION(S) TAKEN

VENTILATION, EXTINGUISHMENT, SALVAGE, OVERHAUL (12)

FIRE ORIGIN

NOT CLASSIFIED (19)

AREA

GRADE OR FIRST FLOOR (A01)

LEVEL

FORM OF HEAT

SPARK, EMBER, FLAME - NATURAL GAS FUELED EQUIPMENT

(14)

IGNITION FACTOR

HEAT SOURCE TOO CLOSE TO COMBUSTIBLES (35)

CONTRIBUTING PERSON(S)

FEMALE

SEX

MATERIAL FIRST IGNITED

MAN-MADE FABRIC, FIBER, FINISHED GOODS (71)

TYPE OF MATERIAL

UPHOLSTERED SOFA, CHAIR, VEHICLE SEATS (21)

FORM OF MATERIAL

EXTINGUISHMENT METHOD

WATER CARRIED ON APPARATUS (5)

PROPERTY LOSS

\$500

CONTENT LOSS

\$1,500

SUNPRO SUPPORT CENTER
INCIDENT REPORT
96001070-000

STRUCTURE FIRE SECTION

CONSTRUCTION TYPE	TYPE V (WOOD FRAME) (5)
ROOF COVERING	COMPOSITION SHINGLES (2)
NUMBER OF STORIES	2
EXTENT OF DAMAGE	
FLAME	CONFINED TO THE OBJECT OF ORIGIN (1)
SMOKE	CONFINED TO STRUCTURE OF ORIGIN (6)
GENERATING MOST SMOKE	
TYPE OF MATERIAL	RUBBER (51)
FORM OF MATERIAL	UPHOLSTERED SOFA, CHAIR, VEHICLE SEATS (21)
AVENUE OF SMOKE TRAVEL	NOT CLASSIFIED (9)
DETECTION SYSTEM	
TYPE	SMOKE DETECTOR, UNDETERMINED OR COMBINED PRINCIPLE (3)
POWER SUPPLY	UNDETERMINED OR NOT REPORTED (0)
PERFORMANCE	NOT IN ROOM/SPACE OF FIRE ORIGIN, ALERTED OCCUPANT (2)
REASON FOR FAILURE	NO FAILURE (7)
EXTINGUISHING SYSTEM	
TYPE	NONE (98)

PEOPLE INVOLVED SECTION

TENANT	[REDACTED]
ADDRESS	[REDACTED] CA 94010
PHONE/DOB	[REDACTED]

APPARATUS RESPONDING

	CODE	MILES	HOURS	DISP	ROLL	ARRIV	LEFT	FACIL	BACK	END
E34	02			2221		2225			2254	2254
T34	02			2221		2225			2254	2254
R34	02			2221		2225			2254	2254
E36	01			2221		2225			2254	2254
B8	02			2221		2225			2254	2254

PERSONNEL RESPONDING

	CODE	AMOUNT1	AMOUNT2
Kelly, Bob			
Cendana, Jesse			
Hillhouse, Mike			
Barron, Bruce			
Eva, Richard			
Houle, Ron			
Musso, Ken			

SUMMARY

904 COUCH

REPORTED BY

Kelly, Bob

INCIDENT NARRATIVE

At 2221 hours on Tuesday, May 28, 1996 (A-Shift), we were dispatched to a structure fire. E34 was the first fire unit to arrive on scene. Five units were assigned to this incident. Ten personnel responded. We arrived on scene at 2225 hours and cleared at 2254 hours. The incident was reported by a

SUNPRO SUPPORT CENTER
INCIDENT REPORT
96001070-000

telephone call to the fire department. No automatic or mutual aid was provided or received. 1st alarm. The incident occurred at [REDACTED] 1 in district 34. This location is a private tax-paying property. The local zone is B34 (BURLINGAME DIST.34). The local station is 34 (Sta.34). The building was in use with furnishings in place and being routinely used. The structure was not occupied at the time of the incident. The UBC occupancy classification of the building is R-1. The involved structure is described as a building with one specific property use. The general description of this property is multi-family residential (over 20 units). The primary task(s) performed by responding personnel were ventilation, extinguishment, salvage, and overhaul. The fire occurred on the first floor or at grade level. "Spark, ember, flame from natural gas fueled equipment" best describes the form of heat energy that caused the ignition. The act, condition or situation that allowed the heat source to combine with the material first ignited to start the fire was a heat source used or placed too close to combustibles. Contributing to the ignition of the fire was a female. The material first ignited was "Man-made fabric, fiber or finished goods". The use, or purpose of the material that was first ignited was "Upholstered sofa, chair or vehicle seats". The fire was extinguished with water carried on apparatus. The dollar estimate of the current value of property lost in the fire is \$500. The dollar estimate of the current value of contents lost in the fire is \$1,500. This refers to direct loss - calculated on the basis of replacement in like-kind and quality. The structure where the fire

SUNPRO SUPPORT CENTER
INCIDENT REPORT
96001070-000

occurred was of type V (wood frame) construction. The type of exterior roof covering on the structure involved was composition shingles. There are two stories above ground in this building. The fire was confined to the object of origin. The smoke was confined to the structure of origin. The composition, or substance, of the material that produced the most smoke was classified as "Rubber". The use, or purpose, of the material that produced the most smoke was "Upholstered sofa, chair or vehicle seats". The building had smoke detector(s) installed for early fire/smoke warning. Detector(s) were not in the room or space of fire origin but did alert the occupants. Alarm number 96001070 has been assigned to this incident.

ON ARRIVAL FOUND SMOKE COMING FROM THE WINDOWS OF THE FIRST FLOOR APARTMENT. E34 WAS ABLE TO MAKE ENTRY AND DETERMINE THE SOURCE OF THE SMOKE TO BE A SMOLDERING OTTOMAN WHICH WAS NEXT TO AN OPERATING WALL HEATER. E34 CARRIED THE OTTOMAN OUTSIDE WHERE IT WAS EXTINGUISHED USING FIVE GALLONS OF WATER FROM THE BOOSTER LINE. AFTER REMOVAL OF THE OTTOMAN THE WALL HEATER APPEARED TO BE MALFUNCTIONING WITH A FLAME PROTRUDING OUT PAST THE VENT SCREEN. FURTHER INVESTIGATION SHOWED THE THERMOSTAT TO BE IN THE ON POSITION. T34 SECURED GAS SERVICE TO THIS UNIT. I MADE CONTACT WITH THE BUILDING MANAGER WHO ADVISED ME HE WOULD HAVE THEIR MAINTENANCE AND REPAIR PERSON CHECK OUT THE WALL HEATER. THE HEATER WAS LEFT PARTIALLY DISASSEMBLED. UNIT WAS SEARCHED BY R34 AND VENTILATED BY POSITIVE PRESSURE. TENANT MICHELLE HALL AND HER BOYFRIEND, A BURLINGAME POLICE OFFICER, ARRIVED AND I INFORMED THEM OF THE EVENTS THAT OCCURRED BEFORE CLEARING FROM THE SCENE.

JUN-05-1996 06:33

BURLINGAME FIRE DEPT.

960605HWE5003
415 344 9950 P.05

SUNPRO SUPPORT CENTER
INCIDENT REPORT
96001070-000

UNITED STATES GOVERNMENT
memorandum

DATE: 6-5-96
REPLY TO
ATTN OF: JTD
SUBJECT: Work Assignment
TO: MN

101 96060514WE5003, upholstered furniture -
Burlington.

MIS: 12165

Pls investigate under special study of firms
associated with upholstered furniture. Your
contact with F.D. produced this referral. Good work
Thank you

Done
in
C.C. (MNV)

15 JUL 1996

1. TASK NUMBER 960611HCC6280		2. INVESTIGATOR'S ID 8337		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 830	4. DATE OF ACCIDENT YR MO DAY 960414	5. DATE INITIATED YR MO DAY 960614		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A house fire which destroyed the 2nd floor of a 2 story home was started when 4 year old male playing with a cigarette lighter, ignited the cushion of an upholstered sofa.				
7. LOCATION (Home, School, etc.) home 2nd floor playroom 10		8. CITY Peoria		9. STATE IL
10A. FIRST PRODUCT disposable cigarette lighter 1604		10B. TRADE/BRAND NAME unknown		10C. MODEL NUMBER unknown
10D. MANUFACTURER NAME AND ADDRESS unknown				
11A. SECOND PRODUCT upholstered furniture sofa 0679		11B. TRADE/BRAND NAME unknown		11C. MODEL NUMBER unknown
11D. MANUFACTURER NAME AND ADDRESS unknown				
12. AGE OF VICTIM 004	13. SEX 1	14. DISPOSITION no injury 0		15. INJURY DIAGNOSIS no injury 70
16. BODY PART (S) INVOLVED no injury 99	17. RESPONDENT homeowner	18. TYPE OF INVESTIGATION telephone 2		19. TIME SPENT (OPERATIONAL HOURS) 6.0
20. ATTACHMENT (S) fire report 2	21. CASE SOURCE newspaper 05		22. SAMPLE COLLECTION NUMBER none	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) yes				
24. REVIEW DATE 7-12-96	25. REVIEWED BY 8130		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:CRM, M. Bogumill CC:FOCR				

*Previous
rep w/
lighters*

PRE-ACCIDENT

The respondent reports that she & her family reside in a very old 2 story frame home. The house had once been converted to an apartment but has since been converted back to a single family dwelling. She could give no estimate of it's age but states that it is so old that it has a built in ice box in the kitchen wall. There are 4 bedrooms on the 2nd floor. One is used as a recreation room and is furnished as such with TV, sofa, etc. There are battery powered smoke detectors on both floors.

On the day of the incident, There were 9 people in the house. Upstairs were 2 adult houseguests, her two teenage children, and 2 two young children her children were babysitting. She was downstairs, as was her husband and another child. All were in bed except for her husband who was in the kitchen preparing breakfast.

At the top of the stairs to the second floor was a door which was kept closed.

ACCIDENT

Her 14 year old son awakened to the smell of smoke around 8:30AM. He does not recall whether the smell awakened him or if it was the sound of the smoke detector sounding an alarm. Her teenage daughter stated later that she did hear the alarm but thought it was the one downstairs sounding as it often did when bacon was being fried in the kitchen.

The boy followed the smoke into the playroom where he found the floor in flames.

POST-ACCIDENT

He tried to extinguish the flames and when he couldn't, awoke everyone on the second floor and they all went downstairs. His father had not heard the alarm due to the door being closed upstairs. He awoke his mother and the other child, got a fire extinguisher and returned to the playroom to again try to extinguish the flames. He was unsuccessful and they called the fire department.

When the fire department arrived, the entire second floor was engulfed in flames. The fire was extinguished. There were no injuries.

After being questioned, the 4 year old whom the son was babysitting, admitted that he had awakened and gone into the playroom where he set a sofa cushion afire with a cigarette lighter. He tried to extinguish the fire by throwing the cushion to the floor and the carpeting they caught fire. He got frightened and went back to bed.

The respondent states that she later found out that the child often played with lighters and also smoked cigarettes that he would steal from his mother. She had no idea if he was using one of her lighters which were disposable, child-resistant models or if he was using a lighter he brought himself.

960611HCC6280

She states that the lighter was not found and that the only thing identifiable in the room after the fire was the sofa springs.

STANDARDS

There are no specific CPSC standard for either upholstered furniture or lighters. Industry standards apply.

SAMPLES COLLECTED

None

PRODUCT INFORMATION

No information as to the identity of the manufacturer of either the sofa or the lighter was available.

The sofa was about five years old and had been purchased new but the respondent could not recall the place of purchase.

ATTACHMENTS

1. Fire Report



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960611 HCC 6280 Incident Date 4-14-96

A. PRODUCT DESCRIPTION: Sofa/Couch Chair Sofa bed Other _____

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand unknown

4. Purchased: New Used Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: unknown Furniture Age 5 yr

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

LT 5 yrs. old 5 - 14 15 - 64 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

Lighter Match Candle Heater Fireplace

____ Other (specify) _____

____ Unknown



INVESTIGATION GUIDELINE

960611 HCC 6280

If lighter, specify type: Child-resistant Not child-resistant Unknown

If match, specify type: Book Box Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

Yes No Unknown

If yes, specify type: battery powered

8. Detector went off (alarmed)?

Yes No Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

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

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: 45,000

Rent Own

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

960611 HCC6280

SENDING ID: FP8000
MONTFORD.GWEN

FIRE INCIDENT REPORTING SYSTEM
FIRE INCIDENT INFORMATION

TERMINAL: 40
DATE: 06/26/96 15:42:20

INCIDENT NO.: 96 002625 EXP NO: 00 DATE: 041496 DAY #: 1 ALARM TIME: 092338
MAP NUMBER...: 0000116 SHIFT.: 3 ARRIVE/IN-SERVICE TIME...: 092702 105049
DISPATCH ADDR: 1523 NE GLENDALE AV FA
ACTUAL ADDR...: 1523 NE GLENDALE AV PA 61603
TOT EXPOSURES: 0 TOT CIV-CAS THIS EXP: 0 TOT FIR-SERV-CAS THIS EXP: 0

SITUATION FOUND: 11 STRUCTURE FIRE ACTION TAKEN ...: 1 EXTINGUISHMENT
MUTUAL AID R/G :
FIXED PROPERTY : 411 ONE FAMILY DWELLING Y IGN FACTOR: 36 CHILDREN WITH.C
CENSUS TRACT...: 1400
OCCUPANT: BARNETT,ALICE D. PHONE.: 309-677-6846 RM/AFT:
OWNER: TALIAFERO,ARTHUR
OWNER ADDRESS...:
OWNER CITY/ST...: PEORIA IL ZIP : PHONE: 309-692-0604
METHOD ALARM ...: 1 TELEPHONE DIRECT TO FIR
DISTRICT/SHIFT.: 156 3 NUM ALARMS: 1
NUM PERSONNEL ..: 15 NUM ENGINES.....: 3
NUM AERIALS: 1 MISC VEHICLES...: 2
INJ, FIRE SERV.: INJ OTHER:
FATAL FIRE SERV: FATAL OTHER:

COMPLEX: 41 DWELLING COMPLEX
MOBILE PROPERTY ...:
AREA FIRE ORIGIN ..: 14 LOUNGE AREA
EQUIP INVOLVED ...:
FORM OF HEAT IGN ..: 46 LIGHTER,FLAME TYPE
TYPE MATERIAL IGN : 72 COTTON,RAYON,FINISHED GOODS
FORM MATERIAL IGN : 21 UPHOLSTERED SOFA,CHAIR
METHOD OF EXT: 6 EST VAL (\$):
LEVEL FIRE ORIGIN : 2 10 TO 19 FT ABOVE GRADE EST LOSS (\$): 35000

STRUCTURE FIRE
NUMBER STORIES: 2 2 STORIES CONST TYPE ...: 8 UNPROTECTED WOOD FRAME
FLAME/SMOKE DAMAGE: 6 CONFINED TO STRUCTURE OF 6 CONFINED TO STRUCTURE
DETCR/SPRINK PER ..: 4 DETECTOR NOT IN ROOM,NO 0 8 NO EQUIPMENT PRESENT
TYPE MATERIAL GEN : 63 63
AVE SMOKE TRAVEL ..: 2 CORRIDOR
FORM MATL GEN SMK : 17 STRUCTURAL MEMBER,FRAMING
MOBILE PROPERTY ...:
MODEL YEAR: MAKE: MODEL:
SERIAL NUMBER: LICENSE NO:
EQUIP INVOLVED ...:
MODEL YEAR: MAKE: MODEL:
SERIAL NUMBER: VOLTAGE:
OFFICER IN CHARGE : FP0053 ANDERSON JR,JAMES M
MEMBER MAKING RPT : FP0053 ANDERSON JR,JAMES M DATE : 041496

AT
#1

960611 HCC 6280

FIRE INCIDENT REPORTING SYSTEM
FIRE INCIDENT INFORMATION

INCIDENT NO.: 96 002625 EXP NO: 00 DATE: 041496 DAY #: 1 ALARM TIME: 092338

----- NARRATIVE -----

[REDACTED] OF 3609 W. HEDGEHILL APT. 6
TEL. 6932180, WHO WAS STAYING WITH FRIENDS, STARTED FIRE IN COUCH
ON SECOND FLOOR. HE HAS HISTORY OF PLAYING WITH FIRE ACCORDING TO
MOTHER, ANGELINA LOPEZ. THERE WAS A DELAYED ALARM IN THIS FIRE
BECAUSE THEY TRIED TO FIGHT FIRE BEFORE CALLING US. E-1 AND E-12
TOOK HANDLINES TO FIRE, E-10 ASSISTED THEM. T-1 CUT SERVICES, PUT
DOWN TARPS, AND VENTED WITH PPV FAN. ALL ASSISTED WITH OVERHAUL.
CILCO AND RED CROSS ON SCENE. I WILL TURN THIS REPORT OVER TO
INVEST. RUSSELL TO FOLLOW UP ON A CHILD FIRE STARTER.

***** END OF REPORT *****

BOB OKARSKI
FOUR/CH10

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G965-0185 A
Date of Incident 04/15/96 Category I.D. BUNN251996
Follow-Up Requested Hazard Analysis X Section 15 _____
Type Follow-Up Requested Telephone Call X On-Site _____
Headquarters Contact Kimberly Long (301) 504 -0470 Ext 1269
Backup - Linda Smith (301) 504-0470 Ext. 1275

Assignment Message

Conduct as investigation of this case where a child playing with a lighter ignited a living room couch.

Find out what part of the furniture ignited (if possible).

If second hand furniture, find out how long in possession.

If furniture still available, collect sample, following page 9 of guideline for sample collection.

Describe incident scenario; photograph and identify manufacturer, model number and brand name of all products involved.

Please obtain fire incident report, medical insurance, and any other report of incident.

Complete Attached Data Record Sheet.

Person(s) to Contact Peoria, IL Fire Department and

Victims (Alice Barnett 1523 NE Glendale Ave)

Guideline Number 19 Upholstered Furniture Fires

Requested By Kimberly Long

Task Number 960611 HEC 6280

Assigned to CH10

Date 6/11/96

ISSUE 36.

JUN 4 1996

9
665 1-185A

APR 15 1996

Peoria
Journal Star

Boy with lighter
burns down house

PEORIA — A fire started by a 4-year-old boy playing with a cigarette lighter caused an estimated \$35,000 in damage Sunday to a rental house, an official said.

Fire Battalion Chief Jim Anderson said tenant Alice Barnett, of 1523 NE Glendale Ave., was baby-sitting the boy Sunday morning when he set the couch on fire in the second floor living room.

The boy didn't tell anyone, and the fire spread before anyone else noticed it, Anderson said. The tenants then tried to put the fire out themselves before calling the fire department at 9:23 a.m. when it had spread to four rooms.

The house is owned by Arthur Taliafero of Peoria.

TC-20

15
Fury

9604 11 HCL 6780

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

1. CASE NUMBER		2. INVESTIGATOR'S ID		3. OFFICE CODE		EPIDEMIOLOGIC INVESTIGATION REPORT	
960612CNE5155		8 2 5 1		8 0 0			
4. INCIDENT DATE YR MO DAY			5. DATE IDI INITIATED				
9 6 0 5 2 7			9 6 0 6 2 4				
6. SYNOPSIS OF INCIDENT OR COMPLAINT							
A firefighter required treatment for overexertion, as a result of a fire in a one family dwelling, caused by an almost 4 year old male child playing with his parent's disposable lighter, which ignited the upholstery on a couch. Damage was estimated at approximately \$200,000.							
7. LOCATION		8. CITY		9. STATE			
Home		1 0 Boca Raton		F L			
10A. FIRST PRODUCT			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS				
Disposable Lighter			1 6 0 4		Unknown		
10B. SECOND PRODUCT			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS				
Couch			0 6 7 9		Unknown		
12. AGE OF VICTIM		13. SEX		14. DISPOSITION		15. INJURY DIAGNOSIS	
0 0 0				1 Treated and Released 1		7 1 Overexertion	
16. BODY PART		17. RESPONDENT(S)		18. INVESTIGATION TYPE		19. TIME SPENT	
8 5		Fire Investigator		3 other 3		1 6. 5	
20. ATTACHMENTS		21. CASE SOURCE		22. REVIEWED BY		YR MO DAY	
Multi		9 Newspaper		0 5 8 3 4 2		9 6 0 2 2 2	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)							
CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL DIRECTOR REVIEW			
				DATE R. Q. / m 1/22/96			

960612CNE5155

PRE-INCIDENT

Information contained in this report was obtained from the following sources:

1. Homeowner (wife)
2. Offense/Incident Report, Palm Beach County, Florida Sheriff's Office
3. Investigation Report, Palm Beach County, Florida Fire Rescue

The dwelling where the incident occurred was a single family, two story, 5 bedroom, 4 bath residence, constructed of concrete block. The interior construction of the residence was drywall, with a paint/wallpaper finish on wood frame. The floor construction was concrete on the first floor, with wood for second floor. The floor finish was carpet/tile. The roof construction was manufactured wood trusses, with barrel tile roof finish. The structure faced west and ran from the north/south plane.

The incident/fire origin, was inside the den, located on the first floor. The room had been a former bedroom before being renovated.

According to reports, the homeowner's 3 year, 11 month old son was watching TV in the downstairs den. The female resident was upstairs, when her son came in and asked for some water. She gave him a glass of water which he brought downstairs.

The weather at the time of the incident was warm and clear with light winds, and was ultimately determined to not have been a factor in the cause or spread of this fire.

INCIDENT

After the female resident's son came upstairs a few minutes later and asked for some more water, she got suspicious as to what he needed the water for, and went downstairs where she observed smoke. She proceeded to contact fire rescue via 911, and got her family out of the house.

Post-Incident

At approximately 1045 hours, fire rescue personnel arrived on the scene. Following extinguishment of the fire, a fire investigator entered the premises and observed that the fire, which gutted the den/bedroom on the first floor, had also extended into the hallway. The fire had extended down the hallway to another hallway that ran perpendicular. The fire extended to this hallway and gutted the closet, consuming the contents.

This closet was situated at the end of the hallway leading from the den. Major smoke damage had occurred to the majority of the residence. The smoke damage was attributed to an open ceiling fan between the first and second floors, which allowed the smoke to spread unchecked to the second level.

The fire had consumed much of the combustible material in the den, leaving only wood frame work for the couch, which was heavily charred. The book shelf and television, etc., had suffered heavy damage. Drywall had been removed by fire crews to check for fire extension.

According to the child's mother, her son had informed her that he had been playing with a lighter, and had caught the couch on fire with the flame. The fire investigator spoke to the child who informed him that he had been watching TV in the den and found a green lighter and was playing with it. He reportedly caught the edge of the couch on fire.

The scene was re-examined, but the investigator was not able to find the lighter that had been used. There was a considerable amount of damage and debris, and it was felt that the lighter had been consumed in the fire. The final determination of the fire was that it was accidental in nature, caused by a juvenile carelessly playing with a lighter, which ignited the couch upholstery.

During my conversation with the child's mother, she informed me that although she had smoke detectors, which were electrically operational, they did not activate.

As a result of the fire, a firefighter required treatment for overexertion at a local hospital and was released.

PRODUCT IDENTIFICATION

Product 1: Lighter - According to the female resident, she was not familiar with the lighter, other than describing it as a disposable type with a child protective device contained. The lighter was reportedly green in color. Butane was believed to be the fuel source. No manufacturer or model information was known.

Product 2: Couch - According to the female resident, the couch, containing fabric upholstery, was purchased in approximately 1994. She could not supply any information as to the manufacturer or distributor of the couch.

ATTACHMENTS

1. Data Recording Sheet For Upholstered Furniture Fires.

EXHIBITS

Exhibit 1 - Offense/Incident Report, Palm Beach County, Florida Sheriff's Office.

Exhibit 2 - Investigation Report, Palm Beach County, Florida Fire Rescue.



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES (To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960612CNE5155 Incident Date 5/27/96

A. PRODUCT DESCRIPTION: Sofa/Couch Chair Sofa bed Other _____

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand _____

4. Purchased: New Used Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: 1994 APPROX Furniture Age 2 years ago

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

Unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

LT 5 yrs. old 5 - 14 15 - 64 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

Lighter Match Candle Heater Fireplace

Other (specify) _____

Unknown



INVESTIGATION GUIDELINE

960612RNE5155

If lighter, specify type: Child-resistant Not child-resistant Unknown

If match, specify type: Book Box Unknown

If heater, specify fuel source and distance from furniture:

Butane Fuel source Direct Contact Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

Yes No Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

Yes No Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

Unknown by Owner

10. About how soon was the fire discovered after it started? Approx 3 minutes

F. VICTIM(S)

0 Number of Deaths 1 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: \$320,000

Rent Own

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

COPIES
CODE: 9525 DATE: 05/27/96 HONDAY
TIME: 1056 & 1056 C 1129

FIRE NON CRIME.
ZONE: C13 GRID: 7827 DEPUTY I.D.: 5649 NAME: ASSIST: [REDACTED]
OCCURRED BETWEEN DATE: 05/27/96 & 1058 HOURS AND DATE: 00/00/00 & 0000 HOURS
EXCEPTION TYPE:
INCIDENT LOCATION: [REDACTED] CITY: BOCA RATON STATE: FL APT. NO.: ZIP: 33433
NO. OFFENSES: 00 NO. OFFENDERS: UK NO. VEHICLES STOLEN: 0 NO. PREMISES ENTERED: 0
NO. VICTIMS: 00 NO. ARRESTED: 0 FORCED ENTRY: 0

NAME LIST:
ROLE:
PROPERTY OWNER

DOB: 12/28/53 SEX: F RACE: M HT: 506 WT: 135 HR: BROWN EYE: BROWN
RESIDENTIAL ADDRESS: [REDACTED] BOCA RATON FL 33433
HOME PHONE: [REDACTED]

BUSINESS PHONE: 407 000-0000

DOB: 01/22/82 SEX: F RACE: M HT: 505 WT: 130 HR: BLOND EYE: GREEN
RESIDENTIAL ADDRESS: [REDACTED] BOCA RATON FL 33433
HOME PHONE: [REDACTED]

BUSINESS PHONE: 407 000-0000

DOB: 03/25/60 SEX: F RACE: M HT: 506 WT: 135 HR: BLACK EYE: BROWN
RESIDENTIAL ADDRESS: [REDACTED] BOCA RATON FL 33433
HOME PHONE: [REDACTED]

BUSINESS PHONE: 407 000-0000

DOB: 06/12/92 SEX: M RACE: M HT: 206 WT: 30 HR: UNKNOWN EYE: UNKNOWN
RESIDENTIAL ADDRESS: [REDACTED] BOCA RATON FL 33433
HOME PHONE: [REDACTED]

BUSINESS PHONE: 407 000-0000

ON MONDAY 052796 AT 1058 HOURS, D/S DEAN JOHNSON AND MYSELF,
RESPONDED TO [REDACTED] REFERENCE TO A HOUSE FIRE.
UPON ARRIVAL, I SPOKE WITH THE OWNER, [REDACTED], WHO SAID THAT
HER SON, [REDACTED] WAS DOWNSTAIRS PLAYING NINTENDO WHILE SHE WAS UPSTAIRS.
HE CAME UP AND ASKED FOR A GLASS OF WATER. SHE WENT DOWNSTAIRS AND
IMMEDIATELY CAME BACK UP FOR A SECOND GLASS. AT THIS POINT, [REDACTED]
WALKED IN THE FRONT DOOR AND DISCOVERED A FIRE GOING INTO THE

960612
ASSIGN CASE 5155 EXHIBIT 1
FIRM DATE 6/25/98
INVESTIGATOR Jeffery A. Lewis
PAGE 1 OF 2

LIVING ROOM AREA. SHE THEN YELLED FIRE AND GOT EVERYBODY OUT OF THE HOUSE
AND CALLED 911 FROM A NEIGHBORS HOUSE. PBC FIRE RESCUE 51 AND 55 RESPONDED.
I SPOKE WITH ROB RUSH AN INVESTIGATOR FOR PBC FIRE RESCUE FELT A CHILD
MAY HAVE STARTED THE FIRE, WAS STILL INVESTIGATING THE INCIDENT.
ANY FURTHER INFORMATION IS REQUESTED CASE NUMBER 9628874 FROM PBC
FIRE RESCUE IS AVAILABLE.
NO FURTHER AT THIS TIME.
D/S VAN VANRICK/ID#5649/DW
TRANS: 052896

960612
ASSIGN ENES155 EXHIBIT 1
PIBM _____ DATE 6/26/96
INVESTIGATOR Jeffrey A. Stearns
PAGE 2 OF 2

Palm Beach County
Fire-Rescue
Investigation Report

INCIDENT NO. Mo.Dy.Yr. Day Alarm T. Arrival T. Batt. Station: Shift
96-029374 05-27-96 2 10:43 10:55 5 55 A

Situation Found FPU Ignition Factor: Mobile Pt. Injuries: Deaths
11R 411 36 09 0 0

Street No. Street Name: City: Zip:
Boca Raton 33433

Property Value: Property Loss: Contents Value: Contents Loss: Est. Loss:
320,000 150,000 150,000 50,000 200000

Investigator: Invest. call time: Invest. Comp.time: Date Out: Investigator 2:
Rob Rush 11:06 13:51 05-27-96

Lead Agency: Other Agency Deputy Name: Other Agency Rpt. No.
PBCFR PBSO D/S Vanvarick 96-77699

Juvenile Referral: Arrest: Photos Taken: Sample(s) Collected: Status:
1 0 Yes 0 Closed/EX

Owner: Occupant:
Same
Owner Address: Occupant Address:
Same
Boca Raton, Fl. 33433

Property Description:

Two story CBS, five bedroom, four bath, single family residence. Interior construction was drywall with a paint/wallpaper finish in wood frame. Floor construction was concrete on first floor with wood deck for second floor. Floor finish was carpet/tile. Roof construction was manufactured wood trusses with barrel tile roof finish. Structure faced west and ran in a north/south plane.

Area of Fire Origin:

Den on first floor.

Synopsis:

Based on the investigation and information provided this fire was ruled to have been caused by a juvenile that ignited common combustibles in the den while playing with a lighter.

960612
ASSIGN CNESISS EXHIBIT 2
FIRM _____ DATE 6/20/96
INVESTIGATOR Jeffrey A. Simon
PAGE 1 OF 2

96-028874

Palm Beach County
Fire-Rescue
Investigation Report

Rob Rush

Narrative:

PRELIMINARY PARAGRAPH

I responded to a request for investigator for a reported structure fire with possible juvenile involvement. I was requested by Lt. Todd Blake via Fire Rescue Dispatch. Weather at the time of this fire was warm and clear with light winds. Weather was ultimately determined to not have been a factor in the cause or spread of this fire.

INVESTIGATOR'S ACTIONS AND OBSERVATIONS

I arrived on scene at 1211 hours and spoke with Lt. Blake who told me that the mother of the juvenile had said that her son had admitted to having set the fire while playing with a lighter. Lt. Blake then pointed out the occupants and took me inside to see the damage and where the fire had occurred.

The structure was a two story, five bedroom, four bath, single family residence. The fire had gutted a bedroom on the first floor which was being used as a den. The fire had also extended into the hallway and gutted it. The fire had extended down the hallway to a hallway that ran perpendicular to it. The fire extended to this hallway and gutted a closet and consumed the contents. This closet was located at the end of the hallway lading from the den. Major smoke damage had occurred to the majority of the occupancy. The smoke damage was attributed to an open ceiling plan between the first and second floors which allowed the smoke to spread unchecked to the second level.

The fire had consumed most of the combustible material in the den leaving only wood frame work for the couch which was heavily charred. The book shelf and television etc. had suffered heavy damage. Drywall had been removed by fire crews to check for fire extension. No accidental causes were found capable of having caused the fire.

I spoke with [redacted] mother and occupant of the house, who told me the following:

- * Her son had been watching TV in the den downstairs
- * She had been upstairs when her son came in and asked for some water
- * She gave him a glass of water thinking he was thirsty
- * He came back a couple minutes later and asked for some more water
- * She got suspicious as to what he needed the water for and went downstairs and saw smoke
- * She called 911 and got her family out of the house
- * Her son had told her that he had been playing with a lighter and had caught the couch on fire

I next spoke to the juvenile male who told me the following:

- * He had been watching TV in the den
- * He found a green lighter of his parents and was playing with it
- * He caught the edge of the couch on fire but it was an accident

INVESTIGATOR'S ACTIONS AND OBSERVATIONS

I reexamined the scene. The scene was consistent with the things I had been told by the occupants. I was not able to find the lighter which had been used. There was a considerable amount of damage and debris and it was felt that the lighter had been consumed in the fire. Final determination is that the fire was accidental in nature caused by a juvenile carelessly playing with a lighter which ignited the couch upholstery. The child was only three years of age at the time of the fire. Case closed. Investigation complete.

960512
 ASSIGN CNE5155 EXHIBIT 2
 FIRM _____ DATE 6/20/96
 INVESTIGATOR Jeffrey A. Simon

15 AUG 1996

EHDS

Q

1. CASE NO. 960620CBB5269		2. INVESTIGATOR'S ID [8][1][6][9]		3. OFFICE CODE [8][3][0]		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF INCIDENT YR MO DAYS [9][6][0][5][2][8]			5. DATE INVESTIGATION YR MO DAY INITIATED 9[6][0][7][0][5]				
6. SYNOPSIS OF INCIDENT OR COMPLAINT 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.) Home [1][0]		8. CITY Fort Branch			9. STATE Indiana		
10A. FIRST PRODUCT butane fueled grill lighter 1247			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS [REDACTED]				
10B. SECOND PRODUCT chair 4052			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown				
12. AGE OF VICTIM [0][0][3]		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [1] UNKNOWN - 3		14. DISPOSITION no injury [9]		15. INJURY DIAGNOSIS none [7][1]	
16. BODY PART [9][9]		17. RESPONDENT(S) (Mother, Friend) fire dept [2]		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [3] OTHER - 3		19. TIME SPENT Hours [8].[] Travel [2].[0]	
20. ATTACHMENTS fire report [2]		21. CASE SOURCE [1][3]		22. REVIEWED BY YR MO DAY [8][3][1][1] [9][6][0][8][0][7]			
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)				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 [REDACTED] 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 "[REDACTED]". The plastic handle/fuel reservoir is labeled in part "XXX YOUR Basic LIGHT" on top and has a sticker label on bottom lbd, in part, "XXX WARNING XXX DANGER: LIGHTER CONTAINS BUTANE GAS UNDER PRESSURE. EXTREMELY FLAMMABLE. XXX CAUTION: XXX KEEP AND STORE AWAY FROM CHILDREN XXX [REDACTED] 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



760620 CBSB5269

EX 4

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

A	FDID 216003	INCIDENT NO. 916-079	EXP. 05	MO. 28	DAY 9	YEAR 96	DAY OF WEEK 1 <input type="checkbox"/> Sunday 3 <input checked="" type="checkbox"/> Tuesday 2 <input type="checkbox"/> Monday 4 <input type="checkbox"/> Wednesday	5 <input type="checkbox"/> Thurs. 6 <input type="checkbox"/> Friday 7 <input type="checkbox"/> Sat	ALARM TIME 1001	ARRIVAL TIME 1006	TIME - "In Service" (Available) 1120				
B	TYPE OF SITUATION FOUND 11 <input type="checkbox"/> Structure fire 12 <input type="checkbox"/> Outside of structure fire 13 <input type="checkbox"/> Vehicle fire 14 <input type="checkbox"/> Trees, brush, grass fire 15 <input type="checkbox"/> Trash, rubbish fire <input type="checkbox"/> Other Duplex/Apartment fire						TYPE OF ACTION TAKEN 1 <input checked="" type="checkbox"/> Extinguishment 2 <input type="checkbox"/> Rescue 3 <input type="checkbox"/> Investigation only 4 <input type="checkbox"/> Remove hazard 5 <input type="checkbox"/> Standby 6 <input checked="" type="checkbox"/> Salvage				7 <input type="checkbox"/> Ambulance service 8 <input type="checkbox"/> Fill in, move up, transfer 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		MUTUAL AID 1 <input type="checkbox"/> Rec'd 2 <input type="checkbox"/> Given FDID: N/A		
C	FIXED PROPERTY USE (Occupancy) Single family occupancy						IGNITION FACTOR (Cause) Child playing w/ butane lighter/chair								
D	CORRECT ADDRESS (Up to maximum of 21 characters)									ZIP CODE 47648	CENSUS TRACT				
E	OCCUPANT NAME (Last, First, MI)						TELEPHONE			ROOM or APT. 4					
F	OWNER NAME (Last, First, MI)			ADDRESS						TELEPHONE					
G	METHOD OF ALARM 1 <input checked="" type="checkbox"/> Telephone direct 2 <input type="checkbox"/> Municipal alarm system 3 <input type="checkbox"/> Private alarm system			4 <input type="checkbox"/> Radio 5 <input type="checkbox"/> Verbal 6 <input type="checkbox"/> No alarm rec'd 7 <input type="checkbox"/> Tie-Line (911)			8 <input type="checkbox"/> Voice signal municipal alarm signal 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported			DISTRICT 1		SHIFT 1	ALARMS 1		
H	FIRE PERSONNEL RESPONDED 13			ENGINES RESPONDED 2			AERIAL APPARATUS RESPONDED 0			OTHER VEHICLES RESPONDED 2					
I	INCIDENT - RELATED INJURIES None			(COMPLETE NFIRS 3) FIRE SVC.			(COMPLETE NFIRS 2) OTHERS			INCIDENT - RELATED FATALITIES					
J	COMPLEX Single family residence/Duplex x 2						MOBILE PROPERTY TYPE (COMPLETE LINE S) n/a								
K	AREA OF FIRE ORIGIN Chair in family room						EQUIPMENT INVOLVED (COMPLETE LINE T) Butane gas grill lighter								
L	FORM OF HEAT OF IGNITION (Heat Source) Butane flame			TYPE OF MATERIAL IGNITED (Composition) Cloth			FORM OF MATERIAL IGNITED (Use) Chair exterior cover								
M	METHOD OF EXTINGUISHMENT 1 <input type="checkbox"/> Self-extinguished 2 <input type="checkbox"/> Make-shift aids			3 <input type="checkbox"/> Portable extinguisher 4 <input type="checkbox"/> Automatic ext. system 5 <input type="checkbox"/> Pre-connect hose/tank only 6 <input checked="" type="checkbox"/> Pre-connect hose/hydrant draft standpipe 7 <input type="checkbox"/> Hand-laid hose/hydrant draft standpipe			8 <input type="checkbox"/> Master 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported			LEVEL OF FIRE ORIGIN 1 <input checked="" type="checkbox"/> Grade level to 9 ft. 2 <input type="checkbox"/> 10 to 19 feet 3 <input type="checkbox"/> 20 to 29 feet 4 <input type="checkbox"/> 30 to 49 feet		5 <input type="checkbox"/> 50 to 70 feet 6 <input type="checkbox"/> Over 70 feet 7 <input type="checkbox"/> Objects in flight 8 <input type="checkbox"/> Below ground level 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined		ESTIMATED TOTAL DOLLAR LOSS Unknown	
N	NUMBER OF STORIES 1 <input checked="" type="checkbox"/> 1 story 2 <input type="checkbox"/> 2 stories			3 <input type="checkbox"/> 3 to 4 stories 4 <input type="checkbox"/> 5 to 6 stories 5 <input type="checkbox"/> 7 to 12 stories 6 <input type="checkbox"/> 13 to 24 stories			7 <input type="checkbox"/> 25 to 49 stories 8 <input type="checkbox"/> 50 stories or more 0 <input type="checkbox"/> Undetermined or not reported			CONSTRUCTION TYPE 1 <input type="checkbox"/> Fire resistive 2 <input type="checkbox"/> Heavy timber 3 <input type="checkbox"/> Protected non-combustible			4 <input type="checkbox"/> Unprotected non-combustible 5 <input type="checkbox"/> Protected ordinary 6 <input checked="" type="checkbox"/> Unprotected ordinary 7 <input type="checkbox"/> Protected wood frame		
O	EXTENT OF DAMAGE Confined to the object of origin Confined to part of room or area of origin Confined to room of origin			Flame 1 <input type="checkbox"/> 1 2 <input checked="" type="checkbox"/> 2 3 <input type="checkbox"/> 3			Smoke 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3			Confined to the fire-raised comp. of origin Confined to floor of origin Confined to structure of origin			Flame 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input checked="" type="checkbox"/> 6		
P	DETECTOR PERFORMANCE 1 <input type="checkbox"/> Det. in room or space of fire origin - oper. 2 <input type="checkbox"/> Det. not in room or space of fire origin - oper. 3 <input checked="" type="checkbox"/> Det. in room or space of origin - no oper. 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. 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No detectors present (N/A)			SPRINKLER PERFORMANCE 1 <input type="checkbox"/> Equipment operated 2 <input type="checkbox"/> Equipment should have operated - did not 3 <input type="checkbox"/> Equipment pre. but fire too small to oper. 9 <input type="checkbox"/> Not classified above			0 <input type="checkbox"/> Undetermined or not reported 8 <input checked="" type="checkbox"/> No equipment present (N/A)					
Q	TYPE OF MATERIAL GENERATING MOST SMOKE Chair covering/cloth			98 <input type="checkbox"/> N/A			AVENUE OF SMOKE TRAVEL 1 <input type="checkbox"/> Air handling duct 2 <input type="checkbox"/> Corridor 3 <input type="checkbox"/> Elevator shaft			4 <input type="checkbox"/> Stairwell 5 <input type="checkbox"/> Opening in construction 6 <input type="checkbox"/> Utility opening in wall 7 <input type="checkbox"/> Utility opening in floor 9 <input checked="" type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No avenue of smoke travel (N/A)					
R	FORM OF MATERIAL GENERATING MOST SMOKE same as above			98 <input type="checkbox"/> N/A											
S	IF MOBILE PROPERTY		YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (if any)								
T	IF EQUIP. INV. IN IGN.		YEAR	MAKE	MODEL	SERIAL NO.									
U	OFFICER IN CHARGE AT INCIDENT (NAME) B. C. Adams				POSITION Fire Chief				DATE 5/28/96						
V	INSURANCE COMPANY State Farm - Merle Bryant				SIGNATURE <i>B. C. Adams</i>				Designate <input checked="" type="checkbox"/> Owner or Representative						

CLASS. HASH FILES 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
[REDACTED] MADE IN MEXICO XXX" unit
also has a trigger type switch, a trigger guard, an on-off switch, and
length control switch.

76020cBB 5269

960620 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 CAB 5269

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

[REDACTED]
Ft. Branch, IN 47648

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 DICARSIKI
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 

St Branch, IN

Guideline _____

Requested By Kate Wallace, CCA

Task Number G46420CBB 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] as 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 202 S. Gibson St. in Princeton. Douglas wears size 28x34 pants, large shirts and size 10 1/2 shoes. Wager 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 386-6577 or 753-3611.

10:00

7 mi S Princeton

HWY 76 P. Yellow Mill

TRAW R. (W)

180 403

RIST RIST

JACQUIS

3 EL HOUSE

RIAL

NAME ON MAIL BOX

POTTER

940420 CBB5249

FO. P12- 386-6000 (RMAN)

P17- 753-4070 FT. BRANCH NW RMC

[redacted]

[redacted]

(work) Access FO

6 AUG 1996

EHDS

1. CASE NO. 960702CCC5311		2. INVESTIGATOR'S ID [8][6][0][8]		3. OFFICE CODE [8][3][0]		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF INCIDENT YR MO DAY [9][5][1][2][1][5]			5. DATE INVESTIGATION YR MO DAY INITIATED [9][6][0][7][1][8]				
6. SYNOPSIS OF INCIDENT OR COMPLAINT. A 21-year-old female died from smoke inhalation in a fire caused by her children playing with a grill lighter. The children started a sofa on fire with the lighter. The victim was able to save the lives of her three children by dropping them from an upstairs window of her burning apartment to neighbors below. The fire was discovered by another 21-year-old female who was sleeping in the apartment. This female escaped the fire with minor injuries.							
7. LOCATION (Home, school, etc.) Home [1][0]		8. CITY Medina			9. STATE OHIO		
10A. FIRST PRODUCT [1][2][4][7] Fuel Charcoal Lighter				11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown			
10B. SECOND PRODUCT [0][6][7][9] Sofa				11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown			
12. AGE OF VICTIM [0][2][1]		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [2] UNKNOWN- 3		14. DISPOSITION [8] DOA		15. INJURY DIAGNOSIS [6][5] Anoxia	
16. BODY PART [8][5] All Body Parts		17. RESPONDENT(S) (Mother, Friend) [3] Fire Department		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [3] OTHER - 3		19. TIME SPENT Hours [0][4].0 Travel [0][1].0	
20. ATTACHMENTS [2] Fire Report		21. CASE SOURCE [0][5] Newspaper		2. REVIEWED BY YR MO DAY [8][3][1][1] [9][6][0][7][3][1]			
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [] CPSC MAY NOT DISCLOSE MY NAME [X]							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			
ADDITIONAL VICTIMS							
NUMBER	AGE	SEX	DISPOSITION	INJURY DIAGNOSIS	BODY PART		
2.	004	2	9 Unknown	70 Unknown	87 Not Stated		
3.	002	1	9 Unknown	70 Unknown	87 Not Stated		
4.	021	2	9 Unknown	70 Unknown	87 Not Stated		
5.	212	2	9 Unknown	70 Unknown	87 Not Stated		
<i>Previous experience w/ lighter</i>							

SUMMARY OF FINDINGS

Children playing with a grill lighter caused a fire that resulted in the death of their mother. The 21-year-old mother knew that the children liked to play with the lighter so she hid it in a bookcase, but the children found it and started a sofa on fire.

The children lived with their mother in an apartment complex. Also in the apartment on the day of the fire was a 21-year-old female friend of the mother. On the morning of the fire the female friend was awakened by a smoke alarm at about 11:00am. The friend went downstairs and discovered the sofa on fire. She attempted to put the fire out, but was unable to extinguish it. She then went outside to get help and when she returned the fire was out of control.

The children had gone upstairs. The children's mother was up now and since the stairway was blocked by fire she dropped her children out an upstairs window to neighbors below. The neighbors called for the mother to jump, but she didn't and she was later found dead upstairs.

An interview with fireman on the scene disclosed that they had interviewed the oldest child, age 4, and determined that he was playing with a grill lighter and set the sofa on fire. The fireman then searched through the rubble around the area where the sofa was and discovered the remains of the grill lighter. I asked if they could tell if the lighter was in the "on" position. They said they assumed it was in the "on" position, but it isn't something they could state absolutely. I asked if they identified a brand name. They said they did not know the brand name.

ATTACHMENTS

1. Fire Report
2. Assignment

INCIDENT REPORT.
Medina Fire Department

1 DELETE
2 CHANGE

A	FDID 52017	INCIDENT NO 950296	RIP 00	NO 12	DAY 15	YEAR 95	DAY OF WEEK Friday 6	ALARM TIME 10:59	ARRIVAL TIME 11:08	TIME IN SERVICE 16:10
B	TYPE OF SITUATION PCUNC Structure fire 11			TYPE OF ACTION TAKEN Extinguishment 1			MUTUAL AID 1X RECD 2 GIVEN			
C	FIXED PROPERTY USE 7-20 apartment units 423			IGNITION FACTOR Children, playing 36						
D	CORRECT ADDRESS [REDACTED]			ZIP CODE 44256			CENSUS TRACT 4082.00			
E	OCCUPANT NAME (LAST, FIRST, MI) [REDACTED]			TELEPHONE () -			ROOM OR APT 80			
F	OWNER NAME (LAST, FIRST, MI) [REDACTED]			ADDRESS [REDACTED]			TELEPHONE [REDACTED]			
G	METHOD OF ALARM FROM PUBLIC Tie-line (911) 7			CO. INSPECTION DISTRICT 10			SHIFT F		NO. ALARMS 1	
H	NO. FIRE SERVICE PERSONNEL RESPONDED 16		NO. ENGINES RESPONDED 3		NO. AERIAL APPARATUS RESPONDED 1		NO. OTHER VEHICLES RESPONDED 10			
I	NUMBER OF INJURIES FIRE SERVICE		OTHER 4		NUMBER OF FATALITIES FIRE SERVICE		OTHER 1			
J	COMPLEX Apartment complex 42			MOBILE PROPERTY TYPE Mobile property type n/a 8						
K	AREA OF FIRE ORIGIN Lounge area 14			EQUIPMENT INVOLVED IN IGNITION No equipment involved 98						
L	FORM OF HEAT OF IGNITION Lighter 46			TYPE OF MATERIAL IGNITED Man-made fabric 71			FORM OF MATERIAL IGNITED Sofa/chair/seat 21			
M	METHOD OF EXTINGUISHMENT Hose:precon. to hydr 6			LEVEL OF FIRE ORIGIN Grade to 9' above gr 1			ESTIMATED LOSS (DOLLARS ONLY) 170000.00			
N	NUMBER OF STORIES 2 stories.			2			CONSTRUCTION TYPE Unprotected wood frame 8			
O	EXTENT OF FLAME DAMAGE Structure of origin 6			EXTENT OF SMOKE DAMAGE Beyond structure of origin 7						
P	DETECTOR PERFORMANCE At origin, operated 1			SPRINKLER PERFORMANCE No equipment present 8						
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		TYPE OF MATERIAL GENERATING MOST SMOKE Man-made fabric 71			AVENUE OF SMOKE TRAVEL No significant avenue 8				
R			FORM OF MATERIAL GENERATING MOST SMOKE Sofa/chair/seat 21							
S	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.				
T	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.					

0 Check if comments on reverse side

U	OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) Leland Coddling, Chief	DATE 12/15/95
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE 11

LDI 960702CCC5311 ATTACHMENT #1

960702 CCC 5311

REMARKS

Medina Fire Department

For Incident: 950296 Exposure: 00 DATE: 12/15/95 TIME: 10:59

Fire was started from children playing with a grill lighter. The fire set off a smoke alarm and woke up [redacted] and she went down stairs to extinguish the fire but she could not extinguish it. She went outside to get help to extinguish the fire. When she got back with the help the fire was too large to extinguish and too much fire to get to the stairs. The children had gone upstairs to be with their mother [redacted] who had been sleeping. She could not get down the stairs because of the amount of fire coming up the stairs. She dropped the children out of the window to some neighbors. They called for her to crawl out the window but she never did. The Fire Department found her about laying on the floor about 1 1/2 foot in the room from the window.

CIVILIAN CASUALTY REPORT
Medina Fire Department

960702 CCC 5311

FDID 52017	INCIDENT NO 950296	EXP 00	MO 12	DAY 15	YEAR 95	DAY OF WEEK Friday	6	ALARM TIME 10:59
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CASUALTY NUMBER 1	1 DELETE 2 CHANGE
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GA CASUALTY LAST NAME [REDACTED]	FIRST NAME [REDACTED]	MI L	MO / YR 05 / 74	AGE 21	TIME OF INJURY 10:59		
GB HOME ADDRESS [REDACTED]	TELEPHONE [REDACTED]						
GC SEX FEMALE	2	CASUALTY TYPE Fire Casualty	1	SEVERITY Death	2	APPILIATION Civilian	3
GD FAMILIARITY WITH STRUCTURE Undeter/not rep	0	LOCATION AT IGNITION In same build'g	4	CONDITION BEFORE INJURY Asleep	1		
GE CONDITION PREVENTING ESCAPE Fire block exit	2	ACTIVITY AT TIME OF INJURY Rescue attempt	2	CAUSE OF INJURY Exposed to fire	2		
GF NATURE OF INJURY Burns & smoke	1	PART OF BODY INJURED Multiple parts	8	DISPOSITION Died	6		
<input type="checkbox"/> See remarks on back		<input type="checkbox"/> See additional report					

CIVILIAN CASUALTY REPORT
Medina Fire Department

FDID 52017	INCIDENT NO 950296	EXP 00	MO 12	DAY 15	YEAR 95	DAY OF WEEK Friday	6	ALARM TIME 10:59
---------------	-----------------------	-----------	----------	-----------	------------	-----------------------	---	---------------------

CASUALTY NUMBER 2	1 DELETE 2 CHANGE
----------------------	----------------------

GA CASUALTY LAST NAME [REDACTED]	FIRST NAME [REDACTED]	MI N	MO / YR 06 / 91	AGE 4	TIME OF INJURY 10:59		
GB HOME ADDRESS [REDACTED]	TELEPHONE [REDACTED]						
GC SEX FEMALE	2	CASUALTY TYPE Fire Casualty	1	SEVERITY Injury	1	APPILIATION Civilian	3
GD FAMILIARITY WITH STRUCTURE Undeter/not rep	0	LOCATION AT IGNITION Involved	1	CONDITION BEFORE INJURY Awake, unimpair	8		
GE CONDITION PREVENTING ESCAPE Undetermined	0	ACTIVITY AT TIME OF INJURY Undet/not reptd	0	CAUSE OF INJURY Exposed to fire	2		
GF NATURE OF INJURY Asphyx/smk only	3	PART OF BODY INJURED Internal	7	DISPOSITION Hospital non PD	4		
<input type="checkbox"/> See remarks on back		<input type="checkbox"/> See additional report					

CIVILIAN CASUALTY REPORT
Medina Fire Department

FDID 52017	INCIDENT NO 950296	EXP 00	NO 12	DAY 15	YEAR 95	DAY OF WEEK Friday	6	ALARM TIME 10:59
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CASUALTY NUMBER 3	1 DELETE 2 CHANGE
----------------------	----------------------

GA	CASUALTY LAST NAME [REDACTED]	FIRST NAME [REDACTED]	MI N	MO / YR 04 / 93	AGE 2	TIME OF INJURY 10:59
GB	HOME ADDRESS [REDACTED]		TELEPHONE [REDACTED]			
GC	SEX MALE 1	CASUALTY TYPE Fire Casualty 1	SEVERITY Injury 1	AFFILIATION Civilian 3		
GD	FAMILIARITY WITH STRUCTURE Undeter/not rep 0		LOCATION AT IGNITION In room/space 2		CONDITION BEFORE INJURY Awake, unimpair 8	
GE	CONDITION PREVENTING ESCAPE Fire block exit 2		ACTIVITY AT TIME OF INJURY Undet/not repta 0		CAUSE OF INJURY Exposed to fire 2	
GF	NATURE OF INJURY Burns & smoke 1		PART OF BODY INJURED Multiple parts 8		DISPOSITION Hospital non FD 4	
<input type="checkbox"/> See remarks on back <input type="checkbox"/> See additional report						

CIVILIAN CASUALTY REPORT
Medina Fire Department

FDID 52017	INCIDENT NO 950296	EXP 00	NO 12	DAY 15	YEAR 95	DAY OF WEEK Friday	6	ALARM TIME 10:59
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CASUALTY NUMBER 4	1 DELETE 2 CHANGE
----------------------	----------------------

GA	CASUALTY LAST NAME [REDACTED]	FIRST NAME [REDACTED]	MI A	MO / YR 06 / 74	AGE 21	TIME OF INJURY 10:59
GB	HOME ADDRESS [REDACTED]		TELEPHONE [REDACTED]			
GC	SEX FEMALE 2	CASUALTY TYPE Fire Casualty 1	SEVERITY Injury 1	AFFILIATION Civilian 3		
GD	FAMILIARITY WITH STRUCTURE Undeter/not rep 0		LOCATION AT IGNITION In same build'g 4		CONDITION BEFORE INJURY Asleep 1	
GE	CONDITION PREVENTING ESCAPE No impediment 8		ACTIVITY AT TIME OF INJURY Escaping 1		CAUSE OF INJURY Exposed to fire 2	
GF	NATURE OF INJURY Asphyx/smk only 3		PART OF BODY INJURED Internal 7		DISPOSITION Hospital non FD 4	
<input type="checkbox"/> See remarks on back <input type="checkbox"/> See additional report						

CIVILIAN CASUALTY REPORT
 Medina Fire Department

960702 CCC 5311

FDID 52017	INCIDENT NO 950296	EXP 00	MO 12	DAY 15	YEAR 95	DAY OF WEEK Friday	6	ALARM TIME 10:59
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CASUALTY NUMBER 5	1 DELETE 2 CHANGE
----------------------	----------------------

GA	CASUALTY LAST NAME [REDACTED]	FIRST NAME [REDACTED]	MI C	MO / YR 12 / 94	AGE 1	TIME OF INJURY 10:59
GB	HOME ADDRESS [REDACTED]		TELEPHONE [REDACTED]			
GC	SEX FEMALE 2	CASUALTY TYPE Fire Casualty 1	SEVERITY injury 1	AFFILIATION Civilian 3		
GD	FAMILIARITY WITH STRUCTURE Undeter/not rep 0	LOCATION AT IGNITION In room/space 2	CONDITION BEFORE INJURY Awake, unimpair 8			
GE	CONDITION PREVENTING ESCAPE Fire block exit 2	ACTIVITY AT TIME OF INJURY Undet/not repta 0	CAUSE OF INJURY Exposed to fire 2			
GF	NATURE OF INJURY Asphyx/smk only 3	PART OF BODY INJURED Internal 7	DISPOSITION Hospital non PD 4			
○ See remarks on back		○ See additional report				

ACCIDENT INVESTIGATION REQUEST FORM

Document Number X9442970C

Date of Incident 12-15-95 Category I.D. SECTKW1994

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. If possible, determine make of grill lighter and whether it was in the "on" position.

Person(s) to Contact Lt Burton Robertson, F.D. Franklin, WI

Guideline _____

Requested By Kate Wallace, CCA

Task Number 960702 CCC 5311

Assigned to CH10 Date 6/1/96

ATTACHMENT #2

Distribution of proceeds leads group to boycott AIDS ride
Page 3

MILWAUKEE METRO AND STATE NEWS



Redbone keeps old music alive
Page 6

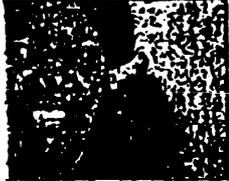
X 964 2970

DAY, JUNE 24, 1996

FINAL EDITION

SECTION B

Everyday People



JOYCE EVANS

A decade later, she achieves goal

u think a bachelor's de-
t worth more than 10
time and money, don't
n Gladney hear it.
s how long she sacri-
get her degree. "People
ask me, 'Why are you
his? You have every-
answer is in her life his-
ney, who worked as a
ase for 20 years at the
ical Center, left with a
disability in the mid-
suffering a recurring
ted back injury.

U.S. safety study follows local push

940702CCC5311

Franklin fire lieutenant helps lead investigation of grill lighters

By Tom Heinen
of the Journal Sentinel staff

The federal government, with the help of a Franklin fire official, is conducting a nationwide investigation of fires caused by children playing with long-nosed butane lighters designed to ignite barbecue grills.

The U.S. Consumer Product

Safety Commission is examining whether these grill lighters should be required to have the kind of child-resistant controls that have been required of disposable cigarette lighters since mid-1994.

The investigation, pushed by Franklin Fire Lt. Burton Robertson, comes in the wake of fires



Robertson

across the country, caused by the devices. Some of the fires have resulted in deaths, injuries or extensive property damage.

Some examples:
A 19-month-old twin died June 4 when their 3-year-old sister set a bed on fire with a grill lighter at their home in Dillon County, S.C. The older girl escaped without injury, but the twins apparently fled into an adjoining bathroom and were overcome by smoke.

A boy died of smoke inhalation Jan. 26, the

day after he started a fire while playing with a grill lighter in his second-floor flat in Marlborough, Mass.

A woman died of smoke inhalation last Dec. 15 after saving the lives of her three young children by dropping them from an upstairs window of her burning apartment into the hands of neighbors in Medina, Ohio.

A boy had tried to hide a grill lighter in a bookcase because the children — all young-

Please see LIGHTERS page 3



Some fire officials say grill lighters such as this one can be dangerous for children.

Weyauwega gets back on track

A Wisconsin Central train makes its way down the tracks at N. Mill St., near the location where tankers carrying propane derailed in March, forcing evacuation of the city. Weyauwega celebrated its return to normalcy Sunday. Below: Six-month-old Marisa Johnson holds the finger of her mother, Colleen Johnson, as Weyauwega



Toughened juvenile code starts on July 1

Least restrictive

E JOURNAL SENTINEL MONDAY, JUNE 24, 1996 3B

de

Lighters/Fire official leading investigation.

From page 1

and it would be
give money
sconcin roads

be all things
ta said.
g AIDS and
associated
should not
groups that
allotta said.
e're going to
s if we work
"because we
on the out-

ger than 5 — had a history of playing with fire. But the children saw where she put the lighter and later set a sofa ablaze with it.

~~in Wisconsin,~~
3, died of severe burns Nov. 22, 1992, two days after flames flashed through the open-closet shelves where she had climbed while playing house in her La Crosse home. She had wrapped herself in a blanket, which was among cloth that ignited when she and a 4-year-old sister played with a grill lighter.

"I'm pretty dead set against those things," La Crosse Fire Chief Peter Stinson said. "They are considerably dangerous. They're not like a cigarette lighter where you put them in your pocket out of the reach of the children."

Local Official Collects Data

Information about such fires is being compiled by Robertson, the Franklin fire lieutenant, who began tracking data about such incidents after a 4-year-old boy started a fire with a grill lighter at a home in Franklin last November. The boy's mother smelled smoke and rescued him and two younger children from a burning bedroom.

Robertson began soliciting information about such cases on an Internet bulletin board used by professional firefighters and has learned of at least 20 fires through his computer research.

He began sending information to the Consumer Production Safety Commission, as did several other fire departments, some using forms Robertson created and addressed to the agency's Milwaukee office.

The commission began a formal investigation of grill lighters

960717HCC6306

SUMMARY OF FINDINGS:

This investigation was initiated through a newspaper photograph which depicted a fire in an apartment building which had been started by an eleven year old male playing with matches. The newspaper indicated that the boy started a couch on fire. The fire department report estimated a loss of \$60,000 to the building and \$30,000 to the contents as a result of the fire.

This investigator went to the scene of the fire in an attempt to take photos of the subject couch on August 1, 1996. The building was located and the area checked, but no couch was seen. On August 2, 1996, this investigator sent a letter to the homeowner requesting a return telephone call concerning the incidents surrounding the fire. This letter went unanswered.

On August 15, 1996, this investigator returned to the scene a second time and attempted contact with the owner of the couch by personal visit. There was no answer. Also on August 15, 1996 this investigator contacted the apartment building owner who indicated that the owner of the couch still lived in the apartment, but added that she does not have a telephone. A request was made of the owner that if he did see the owner to ask that she contact me. There has been no contact.

On August 20, 1996 this investigator spoke to a member of the Milwaukee Fire Department concerning the fire and he indicated that the person that may have some information would be a department captain who performed the fire overhaul. On August 27, 1996 this investigator spoke to this captain to determine if he could recall any distinguishing features concerning the couch. He stated that he could not recall anything, adding that it was his job to perform the fire overhaul, but that he did not take notice of the couch itself.

Therefore, after exhausting all possible sources of information, the attached fire report from the Milwaukee Fire Department is the only information available on this upholstered furniture fire. The report simply indicates that the fire was caused by a child playing with matches which originated in furniture.

This investigator feels that this is the only information that is available concerning this incident. Should contact be made with the owner of the couch or should additional information become available it will be forwarded as an addendum to this report, however, it is felt that this is highly unlikely.

ATTACHMENTS:

Exhibit A-Fire Department Report

Exhibit B- Upholstered Furniture Data Record Sheet

20. BUILDING: 9 Story 21. (Circle) W.F. O.C. (N.C.) F.R. constructor

22. Type of Occupancy: APARTMENTS

23. Occupant: [REDACTED] D.O.B. 12-23-75

24. Owner: [REDACTED] D.O.B. _____

25. Address: UNK Tel. # _____

26. Estimated Loss: Building \$ 59,000 Contents \$ 30,000

27. Degree of Building Loss: Light X Moderate _____ Extensive _____

28. Degree of contents Loss: Light X Moderate _____ Extensive _____

29. AUTOMATIC SPRINKLER SYSTEM: Did Automatic Sprinkler System Activate? Yes _____ No _____
Number of Sprinklers Activated: _____

30. Type of system: Wet _____ Dry _____ Pre-Action _____ Other _____

31. VEHICLE (out of bldg.) License # _____ Vehicle I.D.# _____

32. Auto _____ Truck _____ Other _____

33. Driver: _____ D.O.B. _____

34. Address: _____ Tel. # _____

35. Owner: _____ D.O.B. _____

36. Address: _____ Tel. # _____

37. Estimated Loss: Vehicle \$ _____

38. MISCELLANEOUS (out of building): _____

39. Owner: _____ D.O.B. _____

40. Address: _____ Tel. # _____

41. Estimated Loss: \$ _____

SUPERVISION AND RESPONDING COMPANIES

42. Officer in command/On Scene: 2ND B.C. DONALD DORO

43. First to Arrive: E-18

COMPANIES WORKING:

44. Engines: 18-36-27-30-21-1

45. Ladders: 10-5-12

46. Rescue Squads: 4

47. Other: C-15 MED 6 CAL 3 CAINE 205

OPERATIONS

ON ARRIVAL, SAW SMOKE ON TOP FLOOR OF BUILDING + REQUESTED FLOOR
E-18, MOVED UP TO STAND PIPE SECURE HYDRANT, ADVANCE LINE TO 8TH FLOOR
L-10, PRIMARY SEARCH + RESCUE OF 9TH FLOOR, VENTILATION + OVERHAUL
E-36, LINE TO 9TH FLOOR
E-27, LINE TO 8TH FLOOR
L-5, RAISE AERIAL TO ROOF VENTILATION
DUE TO INTERIOR REPORTS + OBSERVATION OF HEAVY FLAME ON 9TH
FLOOR REQUESTED 2ND ALARM
E-20, RELIEVE E-18
E-21, RELIEVE E-36
E-1, ASSIST W/ VENTILATION + OVERHAUL OF 9TH FLOOR
L-12, OVERHAUL OF 8TH + 9TH FLOOR
SQ 4, COMMUNICATIONS
B-15, SUPPORT
C-15, MED 6 - STAN-0-27

Submitted by: Donald B Doro Dep. Ch. _____ Bn. Ch. 2
Aide to Chief: _____



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES (To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960717HCC6306 Incident Date 6/13/96

A. PRODUCT DESCRIPTION: Sofa/Couch Chair Sofa bed Other _____

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand UNKNOWN

4. Purchased: New Used Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: UNKNOWN Furniture Age _____

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other UNKNOWN

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

LT 5 yrs. old 5 - 14 15 - 64 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

___ Lighter Match ___ Candle ___ Heater ___ Fireplace

___ Other (specify) _____

___ Unknown

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G967-0012

Date of Incident 06/14/96 Category I.D. BUNN251996

Follow-Up Requested Hazard Analysis X Section 15

Type Follow-Up Requested Telephone Call X On-Site

Headquarters Contact Kimberly Long (301) 504 -0470 Ext 1269
Backup - Linda Smith (301) 504-0470 Ext. 1275

Assignment Message

Conduct as investigation of this case where a 11 year old male playing with matches set fire to a couch.

Find out what part of the furniture ignited (if possible).

If second hand furniture, find out how long in possession.

If furniture still available, collect sample, following page 9 of guideline for sample collection.

Describe incident scenario; photograph and identify manufacturer, model number and brand name of all products involved.

Please obtain fire incident report, medical insurance, and any other report of incident.

Complete Attached Data Record Sheet.

Person(s) to Contact Milwaukee, WI Fire Department

Guideline Number 19 Upholstered Furniture Fires

Requested By Kimberly Long

Task Number 960717 HCC 6306

Assigned to

Date

WISCONSIN
Newspaper Association

P.O. Box 5580

Madison, WI 53705

Clipping Service Division

MILWAUKEE

Milwaukee Journal Sentinel

JUN 14 1996

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209

Fleeing with feline

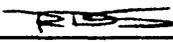


hugs her neighbor's cat Thursday after fleeing to safety from a two-alarm fire at an apartment building in the block of N. [redacted] No one was hurt in the fire, which authorities said broke out when an 11-year-old boy playing with matches set fire to a couch. The Red Cross is working to help residents displaced by the blaze.

JENNY SIMON/STAFF PHOTOGRAPHER

667 5512

940717 HCC 4306

1. CASE NUMBER		2. INVESTIGATOR'S ID		3. OFFICE CODE		EPIDEMIOLOGIC INVESTIGATION REPORT			
960729HCC5388		8 2 5 1		8 0 0					
4. INCIDENT DATE YR MO DAY			5. DATE IDI INITIATED YR MO DAY						
9 6 0 3 1 4			9 6 0 8 0 8						
6. SYNOPSIS OF INCIDENT OR COMPLAINT									
Two male children, 6 and 4 years of age, died of thermal burns and carbon monoxide inhalation, as a result of a fire caused by a lit candle they were playing with, which fell on, and ignited a couch, eventually engulfing the entire apartment in flames.									
7. LOCATION			8. CITY			9. STATE			
Home 1 0			Belle Glade			FL			
10A. FIRST PRODUCT				11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS					
Sofa 0 6 7 9				Unavailable					
10B. SECOND PRODUCT				11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS					
Candle 0 4 6 3				Unavailable					
12. AGE OF VICTIM		13. SEX			14. DISPOSITION		15. INJURY DIAGNOSIS		
0 0 6*		1			Died In ER 8		Anoxia 6 5		
16. BODY PART		17. RESPONDENT(S)			18. INVESTIGATION TYPE		19. TIME SPENT		
8 5		Police Department 3			Other 3		2 6. 0		
20. ATTACHMENTS		21. CASE SOURCE			22. REVIEWED BY		YR MO DAY		
Multi 9		Medical Examiner 1 2			8 3 4 2		9 6 0 9 1 7		
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)									
CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>									
24. NARRATIVE (See Instructions on Page 2)					25. REGIONAL DIRECTOR REVIEW DATE				
					 9-17-96				
(USE ADDITIONAL SHEETS IF NECESSARY)									

960729HCC5388

PRE-INCIDENT

Information appearing in this report was obtained from the following sources:

1. Belle Glade, Florida Police Department.
2. Office of the Medical Examiner, Palm Beach County, Florida.

Both the adult who was babysitting and the mother of one of the victim's has relocated, and could not be contacted.

On March 14, 1996, two children were in an apartment located in Belle Glade, Florida. The building where the apartment was situated was of concrete construction, containing two stories, running east to west, with the front facing south. The apartment (#4), where the incident occurred is located on the second floor, on the west end of the building.

According to information obtained, the two children were boys, one aged 6 years of and the other one 4 years of age.

According to the reports, the electricity had been turned off in the apartment where the children were staying, and prior to the incident, the parent took the children to a neighbor's residence, while she took another adult to the hospital for treatment.

During the late evening hours on March 13, 1996 or early morning hours on March 14, 1996, the children who had been in the neighbor's apartment, snuck back into their apartment. The candle involved in the incident was located on top of a wall mounted air freshener, which was on the wall near the front door, and above the living room couch, which partially blocked the front door of the apartment.

The older child involved, (DOB: 10/28/89, 51 inches, 75 pounds) appeared normally developed, well nourished and muscular and appears to be the reported age of 6 years. The younger child (DOB: 11/4/91, 43 inches, 74 pounds) appeared to be the reported age of 4 years. Both were considered in good health.

Weather factors did not appear to be a factor in this incident.

INCIDENT

According to reports, the children snuck back into their apartment from an adjoining apartment they were left in. Inside the living room of the apartment, they began playing with the candle (or possible accident), that was located on top of a wall mounted air freshener in the living room. The candle was being used for light as the electric power had been shut off.

The lit candle apparently fell off the air freshener it was seated on, onto the couch.

Page 2 - 960729HCC5388

The couch, which contained fabric covering, and foam interior, caught fire, which spread to areas of the apartment.

POST-INCIDENT

At approximately midnight on March 14, 1996, the adult, who previously was watching the children, alerted by smoke and flames, ran into the apartment and rescued one of the three children inside. He proceeded to knock on the back door of an adjacent apartment and told the resident to contact 911. He reportedly then attempted to rescue the other children, but reported that there was too much smoke and fire and he could not go any further.

At 0007 hours, fire and police personnel arrived on the scene. Two children were still inside the apartment and the apartment was engulfed in flames.

When fire personnel were finally able to enter the apartment after partial extinguishment, they found the children in the back bedroom. One victim was on top of the bed with no shirt on, the other victim was partially under the bed in the same bedroom. Reportedly the fire had not reached this room, but radiated heat from the wall was described as "great".

Upon removal, no pulse or breathing was detected in either victim. CPR was performed for approximately 30-45 minutes, at which time the victims were transported to Glade General Hospital, Belle Glade, Florida. The younger 4 year old victim was pronounced deceased at 0106 hours, while the 6 year old was transported to St. Mary's Hospital, West Palm Beach via Trauma Hawk Helicopter. This victim, was diagnosed as "brain dead" and was removed from life support.

It was determined by the state fire marshal that the fire had started on the couch along the east wall of the living room immediately inside the front door.

An autopsy was performed on the 4 year old male on March 14, 1996. Autopsy findings were as follows: 1. Thermal burns covering 55% of the total body surface area. 2. Hyper inflated right red-pink lungs. 3. Post-mortem blood carbon monoxide saturation of 76%. 4. Right ventricular dilatation. 5. Cerebral Edema. The cause of death was ruled as thermal burns and carbon monoxide inhalation. The manner of death was ruled as accidental.

An autopsy was performed on March 17, 1996 on the 6 year old

male. The findings are as follows: 1. Crack artifact of the right and left globus pallidus. 2. Mild Cerebral Edema. 3. Bronchopneumonia. 4. Dilated right ventical.

Page 3 - 960729HCC5388

5. Pleural Petechia. 6. Visceral Congestion. 7. Clinical History of Smoke Inhalation and Anoxic Encephalopathy. The cause of death was ruled as complications of smoke inhalation. The manner of death was ruled as accidental.

PRODUCT IDENTIFICATION

1. Sofa - The sofa was described in the fire report as containing fabric with a foam interior. No other information was available regarding this product other than photographs taken on scene that revealed metal springs against the frame. This product was disposed of.

2. Candle - No information was available regarding this product that was totally consumed.

ATTACHMENTS

1. Investigation Guideline: Data Recording Sheet For Upholstered Furniture Fires.

EXHIBITS

- Exhibit 1 - Offense Incident Report, Belle Glade, Florida Police Department.
- Exhibit 2 - Florida Fire Incident Report, Belle Glade, Florida Fire Department.
- Exhibit 3 - Investigation Report: Office of the Medical Examiner (6 year old victim).
- Exhibit 4 - Autopsy Report, Office of the Medical Examiner, Palm Beach County, Florida (6 year old victim).
- Exhibit 5 - Certificate of Death, State of Florida (6 year old victim).
- Exhibit 6 - Investigation Report: Office of the Medical Examiner, Palm Beach County, Florida (4 year old victim).
- Exhibit 7 - Autopsy Report, Office of the Medical Examiner, Palm Beach County, Florida (4 year old victim).
- Exhibit 8 - Certificate of Death, State of Florida (4 year old victim).

9607-9 HCC 5387

Exhibit 9 - Photographs 1-3 (Supplied by Belle Glade Police Department).



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES (To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960729HCC5338 Incident Date 3/17/96

A. PRODUCT DESCRIPTION: Sofa/Couch Chair Sofa bed Other _____

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand Unavailable

4. Purchased: New Used Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: Unknown Furniture Age Unknown

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

Unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other Unknown

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

LT 5 yrs. old 5 - 14 15 - 64 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

___ Lighter ___ Match Candle ___ Heater ___ Fireplace

___ Other (specify) _____

___ Unknown



INVESTIGATION GUIDELINE

4607-9 HCC 5388

If lighter, specify type: Child-resistant Not child-resistant Unknown

If match, specify type: Book Box Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

Yes No Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

Yes No Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

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

F. VICTIM(S)

2 Number of Deaths _____ Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: _____

Rent Own

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

9607294225388

OFFENSE INCIDENT REPORT

Juvenile 1. Original
2. Supplement 1

Agency ORI Number FLO 5 0 0 1 0 0		Agency Name BELLE GLADE POLICE DEPARTMENT		Agency Report Number 96-06806	
Reported Day Thurs.		Date 031496		Time (mil) 0005	
Time Dispatched (mil) 0005		Time Arrived (mil) 0006		Time Completed (mil) 0400	
Incident Type 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other	
Incident: Day Thurs		Date 3-14-96		Time (mil) 0005	
Day Thurs		Date 3-14-96		Time (mil) 0400	
Offense #1 9		Description Structure Fire		Statute Violation Number C 777 7777 7777 7777	
Offense #2 9		Description Unattended Death		Statute Violation Number C 777 7777 7777 7777	
Incident Location (Street, Apt. Number)		City 33430		Geographic Indicator Zone 3	
Business Name/Area Identifier		Forced Entry 0. N/A 1. Yes 2. No		Occupancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned	

Location Type		01. Residence-Single		05. Convenience Store		09. Supermarket		13. Bank/Financial Inst.		17. Gov't/Public Bldg.		21. Airport		25. Parking Lot/Garage		29. Motor Vehicle															
02. Apartment/Condo		06. Gas Station		10. Dept./Discount Store		14. Commercial/Office Bldg.		18. School/University		22. Bus/Rail Terminal		26. Highway/Roadway		30. Other Mobile		03. Residence-Other		07. Liquor Sales		11. Specialty Store		15. Industrial/Mfg.		19. Jail/Prison		23. Construction Site		27. Park/Woodlands/Field		99. Other	
04. Hotel/Motel		08. Bar/Nightclub		12. Drug Store/Hospital		16. Storage		20. Religious Bldg.		24. Other Structure		28. Lake/Waterway																			
# Offenses 2		# Victims 4		# Offenders 0		# Prem. Ent. 0		# Veh. Stolen 0		Type Weapon 02. Rifle 03. Shotgun 04. Firearm 01. Handgun		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fists/Feet 08. Poison 09. Explosives		10. Fire/Incendary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other													
V/W Code V-Victim W-Witness C-Reporting Person		P-Proprietor Z-Other		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Race N-N/A W-White B-Black		I-American Indian O-Oriental/Asian U-Unknown		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County		3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal											
Injury Type 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruiases 99. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Stop-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known													
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 3 V 1		# 1		V. Type 1		Name (Last, First, Middle or Business)										Residence Phone 407 888-8493													
Address (Street, Apt. Number)								City Orlando, FL		State		Zip						Business Phone N/A													

Other Contact Info. (Time Available, Interpreter, etc.)

Synopsis of Involvement
Victim of Fire & Unattended Death

If Victim Type 1, 2, or 3		Race B		Sex M		Date of Birth or Age 110491		Res. Type 3		Res. Status 1		Extent of Injury 3		Injury Type(s) 0, 8		Relationship 00		Ethnicity American	
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 3 V 2		# 1		V. Type 1		Name (Last, First, Middle or Business) Allen, Daniel										Residence Phone 407 None	
Address (Street, Apt. Number)								City Belle Glade, Fl		State		Zip 33430						Business Phone N/A	

Other Contact Info. (Time Available, Interpreter, etc.)

Synopsis of Involvement
Vict. of Fire & Unattended Death

If Victim Type 1, 2, or 3		Race B		Sex M		Date of Birth or Age 102889		Res. Type 1		Res. Status 1		Extent of Injury 2		Injury Type(s) 0, 8		Relationship 00		Ethnicity American	
Offense Indicator 1. #1 3. Both 2. #2		Suspect Code S-Suspect A-Arrestee		E-Escapee Z-Other		Code #		Juvenile		Name (Last, First, Middle)									
Maiden Name				Nickname/Street Name				Place of Birth		Residence Phone									
Last Known Address (Street, Apt. Number)								City		State		Zip						Business Phone	
Occupation				Employer/School				Address										Social Security Number	
Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number		OBTS Number (Arrested)								FCIC/NCIC	
Clothing (Describe)										Scars/Marks/Tattoos (Location/Describe)									

Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers							

See Narrative

960729
 ASSIGN EXHIBIT 1
 FIRM DATE 3/29/96
 INVESTIGATOR Jeffrey A. Simon
 PAGE 1 OF 13

Report Contains		Offense, Person, Person, Narrative, Person Crime Scene		Related Report Number(s) #9603-57	
Officer(s) Reporting		George B. Jones Jr.		ID. Number(s) 504	
Officer Reviewing (If Applicable)				Unit D	
Date		03-14-96		Date	
Routed To		Referred To		Assigned To	
By				Date	
Case Status		Clearance Type 1. Arrest 2. Exceptional 3. Unfounded		A-Adult J-Juvenile	
Date Cleared		Arrest Number		Number Arrested	
Reception Type		2 Arrest on Primary		3 Death of Offender	
		5 Prosecution Declined		OBTS Number	
				Page	

940727 HCC 53 88

PERSON(S) REPORT

Juvenile 1. Original 2. Supplement 1

Agency ORI Number: FLO 5 0 0 1 0 0 Agency Name: BELLE GLADE POLICE DEPARTMENT Agency Report Number: 9, 6, - 0 6 8, 0, 6

Original Date Reported: 0 3 14 9 6 Case Reference: Structure Fire / Unattended Death

Victim Type: 0. N/A, 1. Juvenile, 2. L.E. Officer, 3. Adult, 4. Business, 5. Government, 6. Church, 9. Other, Race: N-N/A, W-White, B-Black, I-American Indian, O-Oriental/Asian, U-Unknown, Sex: N-N/A, M-Male, F-Female, U-Unknown, Residence Type: 0. N/A, 1. City, 2. County, 3. Florida, 4. Out-of-State, Residence Status: 0. N/A, 1. Full Year, 2. Part Year, 3. Non-Resident, Extent of Injury: 0. None, 1. Minor, 2. Serious, 3. Fatal

Offense Indicator: 1. #1, 2. #2, 3. Both, V/W Code: 2, #, V. Type: 1, 3, Name (Last, First, Middle or Business): [Redacted], Address (Street, Apt. Number): [Redacted], City: Orlando, State: FL, Zip: [Redacted], Residence Phone: (407) 888-8493, Business Phone: () N/A

Other Contact Info: (Time Available, etc.): [Redacted] Synopsis of Involvement: Parent of Vict. #1

If Victim Type: 1, 2, or 3, Race: B, Sex: F, Date of Birth or Age: 0 9 2 3 6 3, Res. Type: 3, Res. Status: 1, Extent of Injury: 0, Injury Type(s): 0, 0, Relationship: 00, Ethnicity: American

Offense Indicator: 1. #1, 2. #2, 3. Both, V/W Code: 3, #, V. Type: 3, Name (Last, First, Middle or Business): [Redacted], Address (Street, Apt. Number): [Redacted], City: Belle Glade, State: FL, Zip: 33430, Residence Phone: () None, Business Phone: () N/A

Other Contact Info: (Time Available, etc.): [Redacted] Synopsis of Involvement: Parent of Vict. #2

If Victim Type: 1, 2, or 3, Race: B, Sex: F, Date of Birth or Age: 0 7 0 5 7 2, Res. Type: 1, Res. Status: 1, Extent of Injury: 0, Injury Type(s): 0, 0, Relationship: 00, Ethnicity: American

Offense Indicator: 1. #1, 2. #2, 3. Both, Suspect Code: S-Suspect, E-Escapee, R-Recovered, Z-Other, Code #, Juvenile, Name (Last, First, Middle): [Redacted]

Maiden Name, Nickname/Street Name, Place of Birth, Residence Phone: ()

Last Known Address (Street, Apt. Number), City, State, Zip, Business Phone: ()

Occupation, Employer/School, Address, Social Security Number

Driver's License State/Number, Immigration and Naturalization Number, Other ID. Number, OBTS Number (Arrested), FCIC/NCIC

Clothing (Describe), Scars/Marks/Tattoos (Location/Describe)

Race, Sex, Date of Birth or Age, Height, Weight, Eye Color, Hair Color, Hair Length, Hair Style

Complexion, Build, Facial Hair, Teeth, Speech/Voice, Special Identifiers

Offense Indicator: 1. #1, 2. #2, 3. Both, Suspect Code: S-Suspect, E-Escapee, R-Recovered, Z-Other, Code #, Juvenile, Name (Last, First, Middle): [Redacted]

Maiden Name, Nickname/Street Name, Place of Birth, Residence Phone: ()

Last Known Address (Street, Apt. Number), City, State, Zip, Business Phone: ()

Occupation, Employer/School, Address, Social Security Number

Driver's License State/Number, Immigration and Naturalization Number, Other ID. Number, OBTS Number (Arrested), FCIC/NCIC

Clothing (Describe), Scars/Marks/Tattoos (Location/Describe)

Race, Sex, Date of Birth or Age, Height, Weight, Eye Color, Hair Color, Hair Length, Hair Style

Complexion, Build, Facial Hair, Teeth, Speech/Voice, Special Identifiers

Incident Type: 1. Runaway, 2. Parental, 3. Involuntary, 4. Disabled, 5. Endangered, 6. Disaster, 7. Voluntary Adult, 8. Unknown, Foul Play Suspected?, Missing Before?, Fingerprints Available?, Photo Available?, Dental Record Available?, MCIC Form Provided?

Date Last Seen, Time Last Seen, Location Last Seen (Address, City, St.), ASSIGN HCC 5336 EXHIBIT

Mental/Physical Condition, Medication Required/Type, FIRM Doctor/Dentist (Name, Phone Number), DATE 8/29/96

Property Carried, ID Type/Number, INVESTIGATOR Jeffrey A. Simon, PAGE 2 OF 13

Probable Destination, Name/Address

Recovery Information: 0. N/A, 1. Voluntary, 2. Located-Not Returned, 3. Hospitalized, 4. HRS Custody, 5. Law Enforcement Custody, 6. Returned to Parent, 7. Deceased, 9. Other

Officer(s) Reporting: George B. Jones, ID Number, Routed To: 504, Referred To, Assigned To: D, By, Date: 03-14-96

960729 HCC 5338

PERSON(S) REPORT

Juvenile 1. Original 2. Supplement 1

Agency ORI Number FLO 5 0 0 1 0 0	Agency Name BELLE GLADE POLICE DEPARTMENT	Agency Report Number 9 6 - 0 6 8 0 6
--------------------------------------	--	---

Original Date Reported 0 3 1 4 9 6	Case Reference Structure Fire / Unattended Death
---------------------------------------	---

V/W Code V-Victim W-Witness C-Reporting Person	P-Proprietor Z-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal
---	-------------------------	---	---	-------------------------------------	--	---	--	-------------------------------	---	---

Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruiases 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known
--	--	---	--	--	--	---	---	---	--

Offense Indicator 1. #1 2. #2 3. Both	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1	V	3	4	[REDACTED]	[REDACTED]
Address (Street, Apt. Number)				City	State
				Belle Glade, FL	33430
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
				Owners of Building	

If Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity
1	N	N	N/A	0	0	00	0, 0	00	American

Offense Indicator 1. #1 2. #2 3. Both	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	Residence Phone
1					
Address (Street, Apt. Number)				City	State
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	

If Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity
1									

Offense Indicator 1. #1 2. #2 3. Both	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle)
1							

Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
Last Known Address (Street, Apt. Number)		City	State
Occupation	Employer/School	Address	Social Security Number

Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number (Arrested)	FCIC/NCIC

Clothing (Describe)	Scars/Marks/Tattoos (Location/Describe)

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers			

Offense Indicator 1. #1 2. #2 3. Both	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle)
1							

Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
Last Known Address (Street, Apt. Number)		City	State
Occupation	Employer/School	Address	Social Security Number

Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number (Arrested)	FCIC/NCIC

Clothing (Describe)	Scars/Marks/Tattoos (Location/Describe)

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers			

Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered	6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available? 1. Yes 2. No 8. Unknown	MCIC Form Provided? 1. Yes 2. No

Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St.)

960729
ASSIGN HCC 5338 EXHIBIT L
Accompanied By
FIRM Doctor/Dentist (Name, Phone Number) DATE 3/29/96
INVESTIGATOR Jeffrey A. Simon
PAGE 2 OF 13
Transportation Mode

Mental/Physical Condition	Medication Required/Type
Property Carried	ID Type/Number
Probable Destination	Name/Address

Recovery Information 0. N/A 1. Voluntary	2. Located-Not Returned	3. Hospitalized 4. HRS Custody	5. Law Enforcement Custody 6. Returned to Parent	7. Deceased 9. Other

Officer(s) Reporting	ID. Number(s)	Unit	Date
Officer: George B. Jones	504	D	03-14-96

Officer: George B. Jones	ID Number	Routed To	Refered To	Assigned To	By	Date

9607291420 5388

PERSON(S) REPORT

Juvenile 1. Original
2. Supplement

Agency ORI Number 5 0 0 1 0 0	Agency Name BELLE GLADE POLICE DEPARTMENT	Agency Report Number 98-06806
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Original Date Reported 0 3 1 4 9 6	Case Reference Structure Fire/Unattended Death
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V/W Code V-Victim W-Witness C-Reporting Person	P-Proprietor Z-Other	Victim Type 0. N/A 1. Juvenile 2. I.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal
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Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruses 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known
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Offense Indicator 1. #1 2. #2	V/W Code # 1 4	V. Type 3	Name (Last, First, Middle or Business) [REDACTED]	Residence Phone (407) None
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Address (Street, Apt. Number) [REDACTED]	City State Zip Belle Glade, FL 33430
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Other Contact Info. (Time Available, Interpreter, etc.) _____

Synopsis of Involvement
Resident of Apartment/Babysitter

If Victim Type 1, 2, or 3	Race B	Sex M	Date of Birth or Age 0 1 0 1 7 5	Res. Type 1	Res. Status 1	Extent of Injury 0	Injury Type(s) 0 0	Relationship 00	Ethnicity American
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Offense Indicator 1. #1 2. #2	V/W Code # 2 1	V. Type 3	Name (Last, First, Middle or Business) [REDACTED]	Residence Phone [REDACTED]
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Address (Street, Apt. Number) [REDACTED]	City State Zip Belle Glade, FL 33430
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Other Contact Info. (Time Available, Interpreter, etc.) _____

Synopsis of Involvement
Witness

If Victim Type 1, 2, or 3	Race B	Sex M	Date of Birth or Age 0 2 1 4 6 1	Res. Type 1	Res. Status 1	Extent of Injury 0	Injury Type(s) 0 0	Relationship 00	Ethnicity American
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Offense Indicator 1. #1 2. #2	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle)	Residence Phone
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Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
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Last Known Address (Street, Apt. Number)	City	State	Zip
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Occupation	Employer/School	Address	Social Security Number
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Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number (Arrested)	FCIC/NCIC
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Clothing (Describe) _____

Scars/Marks/Tattoos (Location/Describe) _____

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
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Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers
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Offense Indicator 1. #1 2. #2	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle)	Residence Phone
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Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
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Last Known Address (Street, Apt. Number)	City	State	Zip
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Occupation	Employer/School	Address	Social Security Number
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Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number (Arrested)	FCIC/NCIC
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Clothing (Describe) _____

Scars/Marks/Tattoos (Location/Describe) _____

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
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Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers
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Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered	6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available? 1. Yes 2. No 8. Unknown	MCIC Form Provided? 1. Yes 2. No
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Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St.)	Accompanied By ASSIGN HCC 538 EXHIBIT 1
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Mental/Physical Condition	Medication Required/Type	Doctor/Dentist (Name, Phone Number) FIRM DATE 8/29/96
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Property Carried	ID Type/Number	Investigator Jeffrey A. Simon
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Probable Destination	Name/Address	PAGE 4 OF 1
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Recovery Information 0. N/A 1. Voluntary	2. Located-Not Returned	3. Hospitalized 4. HRS Custody	5. Law Enforcement Custody 6. Returned to Parent	7. Deceased 8. Other
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Officer(s) Reporting George B. Jones Jr.	ID. Number 504	Unit D	Date 03-14-96
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Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date
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ADMINISTRATIVE

960724 HEC 5388

NARRATIVE CONTINUATION

1. Offense 1 2. Arrest 1 Juvenile X 1. Original 1 2. Supplement 1

Agency ORI Number 500100 Agency Name BELLE GLADE POLICE DEPARTMENT Agency Report Number 96-06806 Original Date Reported 031496 Case Reference Structure Fire/Unattended Death

On the above date at 0006 hrs I arrived at [redacted], Belle Glade, in reference to a structure fire. Upon my arrival I observed the building to be of concrete, (2) two story, running east and west with the front facing south. Apartment #4 is located on the second floor on the west end of the building. I saw flames coming out of the front door. I then told dispatch that the apartment appeared to be fully engulfed, I was met by a male, later identified as [redacted] 2-14-61. [redacted] told me that there were (2) two children still in the apartment. I advised dispatch of the current situation. [redacted] then told me everyone else was out of the building. Another male, later identified as [redacted] 1-1-75, approached me and said he and one other child had got out but he was unable to get the other children. I attempted to get to the door of the apartment but was unable to get past the top of the stairs due to the intense heat. I ran to the rear of the apartment to the rear door but was unable to enter due to the door was locked with a deadbolt. As I returned to my vehicle to get the tire iron to break the windows of the NW bedroom the Belle Glade Fire Department arrived on the scene. Pierre told me that the electricity to the apartment had been turned off today and they were using a candle for light. When everyone fell asleep the candle fell on the couch beside the door and caught on fire. At approximately 0010 hrs Lt. Devon Edwards and an unknown fireman of the Belle Glade Fire Dept. came out of the apartment with (2) two small children. The children later identified as [redacted] 11-04-91 and [redacted] 10-28-89. I checked the pulse of [redacted]. I detected no pulse or breathing. Patrolman Adam Waltersdorf assisted me in performing Cardiovascular Pulmonary Resuscitation and Rescue breathing. Members of Belle Glade Fire Rescue and the Emergency Medical Service began performing CPR on Allen. Myself and Waltersdorf performed CPR for approximately (30) thirty to (45) minutes at which time [redacted] and [redacted] were transported to Glades General Hospital, 1201 S, Main St. Belle Glade, Martinez was pronounced deceased at 0106 hrs by Dr. Placcio at Glades General Hospital. [redacted] was transported to St. Mary's Hospital Pediatric Intensive Care by the Trauma Hawk. [redacted] told me that the parents of [redacted] and [redacted] had gone to the hospital earlier due to

Report Contains 960729 Related Report Number(s) Offense, Person X ASSIGNMENT EXHIBIT 1 Crime Scene #9603-57 Date Officer Reporting (Applicable) George B. Jones FLEM. DATE 3-1-96 Assigned To 504 By 03-14-96 Date Case Status Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. J-Juvenile INVESTIGATOR [redacted] Arrest Number [redacted] Number Arrested [redacted] [redacted] PAGE 07 OF 10 5. Prosecution Declined OSTS Number Page Page

960729 HCC 5388

NARRATIVE CONTINUATION

1. Offense 2. Arrest 1 Juvenile X 1. Original 2. Supplement 1

Agency ORI Number 5 0 0 1 0 0	Agency Name BELLE GLADE POLICE DEPARTMENT	Agency Report Number 9 6 - 0 6 8 0 6
Original Date Reported 0 3 1 4 9 6	Case Reference Structure Fire/Unattended Death	

being sick. Crime Scene Officer Jason Redd arrived at the fire scene shortly after [redacted] and [redacted] were removed from the apartment, to process the crime scene, myself, Redd, and Waltersdorff secured the apartment using crime scene tape and evidence tape. State Fire Marshal investigator Scott Goodrich arrived at 0313 hrs and determined the fire had started on the couch along the east wall of the living room immediatly inside the front door. I observed a fire extenguisher in the SW bedroom in the SE corner. Lt. Edwards told me that [redacted] was located under the bed and [redacted] was on top of the bed along the west wall of the NW bedroom. It should be noted that I observed (2nd) second degree burns on [redacted]. We were unable to regain a pulse on [redacted] prior to him being transported to the hospital. A pulse was gained on [redacted] prior to his being transported. I didn't observe any injuries on [redacted]. This case has been turned over to Detective K. Kuschel for further investigation.

960729
 ASSIGN HCC 5388 EXHIBIT 1
 FIRM _____ DATE 3/29/96
 INVESTIGATOR Jeffrey A. Simon
 PAGE 6 OF 15

Report Contains Offense, Person X3, Narrative	Related Report Number(s) Crime Scene #9603-57		
Office(s) Reporting George B. Jones Jr.	ID. Number(s) 504	Unit D	Date 03-14-96
Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To
Assigned To	By	Date	
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile
Exception Type	2. Arrest on Primary	3. Death of Offender	5. Prosecution Declined
Arrest Number	Number Arrested	OSB Number	Page Page

960729 HCC 538

NARRATIVE CONTINUATION

1. Offense 1 2. Arrest 1 Juvenile X 1. Original 2. Supplement 2

Agency ORI Number 500100 Agency Name BELLE GLADE POLICE DEPARTMENT Agency Report Number 96-06806

Original Date Reported 031496 Case Reference Structure Fire/Death Investigation On the above date at 006hrs, Myself and several other members of the Belle Glade Police Department responded to [redacted] Apartment four, Belle Glade, FLA in reference to a structure fire. While enroute, I heard Ptlm. G. Jones advise via police radio that two children were inside the apartment, and the apartment was engulfed in flames.

When I arrived on scene, I saw Ptlm. Jones and Waltersdorff performing CPR on a child (later identified as [redacted]) and Medical Personnel were caring for another child (later identified as [redacted]) I asked Firefighter T. Clark the condition of the children and he stated "It was too hot in there." Clark told me that he extricated [redacted] and Lt. Devon Edwards brought [redacted] out of the apartment. I observed Second and Third Degree Burns on both children. Both [redacted] and [redacted] were transported to Glades General Hospital. [redacted] was pronounced dead at 0106 hrs by Dr. Palacio. [redacted] was airlifted to St. Marys Hospital Trauma Center in West Palm Beach, FLA. Ptlm. A. Waltersdorff brought a subject to me, [redacted], and told me that he was the childrens babysitter. I sat in a patrol unit with [redacted] and asked him to tell me what happened. He told me the following: He was sleeping on the couch (facing south on the north living room wall) by himself, sleeping. He had a dream, and the man in his dream told him to wake up. When he woke up, he saw the three children ([redacted], [redacted] and [redacted] sleeping on the other couch(facing west on the east wall of the living room). [redacted] said that there was fire everywhere, so he picked up [redacted] and ran out the back door of the apartment. When he got downstairs, he knocked on the back door of apartment two and told [redacted] to call 911. [redacted] than ran back up the stairs, and went into the back door to rescue the other children. There was too much smoke and fire, so he did not go any further.

I then met with [redacted] at the Belle Glade Police Department. In a sworn, videotaped statement, [redacted] told me that he was in his apartment (number two) watching television, when [redacted] knocked on his door. [redacted] was screaming for help, and [redacted] looked upstairs and saw the apartment was on fire. [redacted] immediately ran back inside his apartment and called 9-11.

Report Contains ASSIGN HCC 538 EXHIBIT (Report Number(s)) 960729 OFFICER(S) REPORTING Det. Kevin Kuschel DATE 8/29/96 CID 403 OFFICER REVIEWING (If Applicable) ID. Number Routed To Referred To INVESTIGATOR Jeffery A. Simon DATE PAGE 7 OF 13 ADMINISTRATIVE Case Status Clearance Type 1. Arrest 2. Exceptional 3. Unfounded A-Adult J-Juvenile Date Cleared Number Arrested Exception Type 1. Etriction 2. Arrest on Primary Offense Secondary Offense 3. Death of Offender 4. VWV Returned In 5. Prosecution Declined A. Juvenile / No Custody OBTS Number Page 1 Page

9607229 H-C 5388

NARRATIVE CONTINUATION

1. Offense 2. Arrest	1	Juvenile	X	1. Original 2. Supplement	2
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Agency ORS Number FD-500	0100	Agency Name BELLE GLADE POLICE DEPARTMENT	Agency Report Number 96-06806
Original Date Reported 031496	Case Reference Structure Fire/Death Investigation		

As he was outside, he began talking to [REDACTED]. [REDACTED] told [REDACTED] that he went to the neighbors house, and he came outside and saw the fire. I asked [REDACTED] if [REDACTED] meant that he left the children alone in the apartment while he went next door. [REDACTED] said "Yes".

I met with [REDACTED] who also lives in apartment two. In a sworn videotaped statement, [REDACTED] stated that she was awakened by a knocking on her door. When she went outside she saw that the apartment above was on fire. She then moved her vehicle.

I then met with [REDACTED] the resident of apartment one, Ms. [REDACTED] had no knowledge of the incident other than she woke up when she heard the noise outside.

I later met with [REDACTED] mother and also the tenant of apartment four, [REDACTED]. [REDACTED] told me that at approx. 2100 hrs her cousin, [REDACTED] began feeling sick. [REDACTED] boyfriend Lio Cadeau, drove both of them to Glades General Hospital. Prior to leaving, [REDACTED] and [REDACTED] were taken to apartment number three, so the "Lady" could waken them while they were gone. [REDACTED] told me that the electricity to the apartment had been disconnected that day, so they had been burning candles for light. When they left for the hospital, they left the candles burning, thinking that they would be right back. When they returned from the hospital, the apartment was in flames.

I then conducted a sworn, videotaped interview with [REDACTED]. [REDACTED] told me that he was asleep in apartment three when the fire broke out, but [REDACTED] was in the apartment with [REDACTED] and [REDACTED]. I met with [REDACTED] and he changed his initial statement to the following in a sworn, videotaped statement: He was sleeping on the couch, and [REDACTED] was with him. [REDACTED] and [REDACTED] were sleeping in the back room. (It should be noted that this part of [REDACTED] statement changed only after I told him where the children were found by the Firefighters). He had a dream and woke up and saw the fire. He picked up [REDACTED] and ran out the back door. [REDACTED] said that the fire was everywhere (According to Crime Scene Investigator J. Redd the back door is locked with a key Deadbolt) my investigation of [REDACTED] statement reveals the following: In my initial interview with [REDACTED] we were in unit 396 with the doors and windows closed.

Report Contains	ASSIGN ⁹⁶⁰⁷²²⁹ ₂₀₀₃₈₈	Related Report Number(s)	EXHIBIT <u>1</u>
Officer(s) Reporting	ID. Number(s)	Unit	Date
Det. Kevin Kuschel	FRMB		DATE 8/27/95
Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To
			INVESTIGATOR Jeffrey A. Simon
Case Status	Clearance Type	A-Adult J-Juvenile	Date Cleared
	1. Arrest 2. Exceptional 3. Unfounded		PAGE 4 OF 15
Exception Type	2. Arrest on Primary	3. Death of Offender	5. Prosecution Declined
			OSTS Number

960729 HRC 5387

NARRATIVE CONTINUATION

1. Offense 1 2. Arrest 1 Juvenile 1 1. Original 2. Supplement 2

Agency ORI Number FLO 5 0 0 1 0 0	Agency Name BELLE GLADE POLICE DEPARTMENT	Agency Report Number 9 6 - 0 6 8 0 6
Original Date Reported 0 3 1 4 9 6	Case Reference Structure/Death Investigation	

I did not detect any odor of smoke on him. According to [redacted], he ran out the back door, yet it is locked with a key Deadbolt, and he does not have a key. [redacted] stated that he was with [redacted] but [redacted] stated he was next door.

Due to numerous inconsistencies in the statements, I reinterviewed [redacted] and advised her of her Constitutional Rights. She did not wish to change any of her statement. I reinterviewed [redacted], with the assistance of Ptlm. E. Lindor to translate. [redacted] stated that he was next door and the mother came and asked him to watch the children. After awhile, he went back to apartment number four, and left the children in apartment three. A short time later, the "People next door said that they wanted to go to sleep, so [redacted] got the children and put them to bed. He and [redacted] then fell asleep on the couch.

I then met with [redacted] mother, and advised her of her Constitutional Rights, again due to the inconsistencies. [redacted] in a sworn, videotaped statement she stated she began feeling sick, so Lio Cadeau ([redacted] boyfriend) drove her and [redacted] to Glades General Hospital. Prior to leaving, she took all three children to apartment three. Lio was closing the door, and [redacted] told him not to lock it because he'd be right back. When they returned home they saw the emergency vehicles.

I met with Lio Cadeau and conducted a sworn, videotaped statement told me that when he left the apartment to take [redacted] and [redacted] to the hospital, they left the children in apartment four with [redacted]. When they returned, they found the apartment on fire.

The Fire Marshalls office was notified, and investigator Scott Goodrich responded to the scene. His preliminary investigation revealed that the fire was accidental, caused by the burning candle in the living room of the apartment. Goodrich stated that the candle ignited the couch by the front door, and the fire spread throughout the apartment.

On 03-15-96, I spoke with Goodrich via telephone. He stated that the autopsy report of Martinez stated that he died as a result of radiant burns, asphyxiation, and smoke inhalation.

[redacted] is in critical condition at St. Marys Hospital on life support.

Report Contains	ASSIGN <u>460729</u> <u>ACCS378</u> EXHIBIT <u>1</u>	
Officer(s) Reporting Det. Kevin Kuschel	ID. Number FIRM 3	Date 03-15-96
Officer Reviewing (if Applicable)	Routed To INVESTIGATOR	Date Jeffrey A. Simon
Case Status	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	Date Cleared PAGE 2 OF 5
Exception Type	2. Arrest on Primary	Page

ADMINISTRATIVE

960729 HCC 5328

NARRATIVE CONTINUATION

Det. Kevin Kuschel

403

1. Offense
2. Arrest

CID

1. Original
2. Supplement

15-95

Agency ORI Number 5 0 0 1 0 0	Agency Name BELLE GLADE POLICE DEPARTMENT	Agency Report Number 1	2
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Original Date Reported	Case Reference	9 6 - 0 6 8 0 6
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0 3 1 4 9 6 Structure Fire/Death Investigation

On 03-15-96, I spoke with the residents of apartment number four, Kertus Milius, Wildine Milius, Joleen Milius and Pierrose Paulemile. In seperate sworn videotaped statements I attempted to determine Pierres whereabouts during the fire. Each of them stated that Pierre was at the house with the children, but left with them at approx. 2100 hrs.

On 03-17-96, I was contacted by investigator Tony Mead of the Palm Beach County Medical Examiners Office. Mead advised me that a the request of [REDACTED] was to be disconnected from life support apparatus. I later learned that [REDACTED] died at 1755 hrs.

On 03-20-96 I contact the Medical Examiners Office and learned that [REDACTED] autopsy revealed that he died due to smoke inhalation.

Based on my investigation, I feel that the deaths of [REDACTED] and [REDACTED] were accidental. This case is closed.

960729
 ASSIGN HCC 5328 EXHIBIT 1
 FIRM _____ DATE 3/29/96
 INVESTIGATOR Jeffrey A. Simon
 PAGE 11 OF 15

Report Contains	Related Report Number(s)
Officer(s) Reporting Det. Kevin Kuschel	ID. Number(s) 403
Officer Reviewing (If Applicable)	Unit CID
ID. Number	Date 03-15-96
Routed To	Assigned To
Referred To	By
	Date

NARRATIVE CONTINUATION

960 729 146 C 5378

NARRATIVE CONTINUATION

1. Offense 1 Juvenile 1. Original 2. Supplement 2

Agency ORI Number FLD 5 0 0 1 0 0	Agency Name BELLE GLADE POLICE DEPARTMENT	Agency Report Number 96-06806
Original Date Reported 031496	Case Reference STRUCTURE FIRE/DEATH INVESTIGATION	

ON THE ABOVE DATE AT CO. 4 HRS. MYSELF AND SEVERAL OTHER MEMBERS OF THE BELLE GLADE POLICE DEPARTMENT RESPONDED TO [REDACTED] APARTMENT FOUR, BELLE GLADE, FLA IN REFERENCE TO A STRUCTURE FIRE. WHILE ENROUTE, I HEARD PFM. G. JONES ADVISE VIA POLICE RADIO THAT TWO CHILDREN WERE INSIDE THE APARTMENT, AND THE APARTMENT WAS ENGULFED IN FLAMES.

WHEN I ARRIVED ON SCENE, I SAW PFM. JONES AND WALTERSDORFF PERFORMING CPR ON A CHILD (LATER IDENTIFIED AS [REDACTED]) AND MEDICAL PERSONNEL WERE CARING FOR ANOTHER CHILD (LATER IDENTIFIED AS [REDACTED]). I ASKED FIREFIGHTER T. CLARK THE CONDITION OF THE CHILDREN AND HE STATED "IT WAS TOO HOT IN THERE." CLARK TOLD ME THAT HE EXTRICATED [REDACTED] AND LT. DEVON EDWARDS BROUGHT [REDACTED] OUT OF THE APARTMENT. I OBSERVED SECOND AND THIRD DEGREE BURNS ON BOTH CHILDREN. BOTH [REDACTED] AND [REDACTED] WERE TRANSPORTED TO GLADES GENERAL HOSPITAL. [REDACTED] WAS PRONOUNCED DEAD AT 0106 HRS BY DR. PALACIC. [REDACTED] WAS AIRLIFTED TO ST. MARYS HOSPITAL TRAUMA CENTER IN WEST PALM BEACH, FLA. PFM. A. WALTERSDORFF BROUGHT A SUBJECT TO ME, [REDACTED], AND TOLD ME THAT HE WAS THE CHILDREN'S BABYSITTER. I SAT IN A PATROL UNIT WITH [REDACTED] AND ASKED HIM TO TELL ME WHAT HAPPENED, HE TOLD ME THE FOLLOWING: HE WAS SLEEPING ON THE COUCH (FACING SOUTH ON THE NORTH LIVING ROOM WALL) BY HIMSELF, SLEEPING. HE HAD A DREAM, AND THE MAN IN HIS DREAM TOLD HIM TO WAKE UP. WHEN HE WAKE UP, HE SAW THE THREE CHILDREN ([REDACTED] SLEEPING ON THE OTHER COUCH (FACING WEST ON THE EAST WALL OF THE LIVING ROOM). [REDACTED] SAID THAT THERE WAS FIRE EVERYWHERE, SO HE PICKED UP [REDACTED], AND RAN OUT THE BACK DOOR OF THE APARTMENT. WHEN HE GOT DOWNSTAIRS, HE KNOCKED ON THE BACK DOOR OF APARTMENT TWO AND TOLD [REDACTED] TO CALL 911. [REDACTED] THEN RAN BACK UP THE STAIRS, AND WENT INTO THE BACK DOOR TO RESCUE THE OTHER CHILDREN. THERE WAS TOO MUCH SMOKE AND FIRE, SO HE DID NOT GO ANY FURTHER.

I THEN MET WITH [REDACTED] AT THE BELLE GLADE POLICE DEPARTMENT. IN A SWORN, VIDEOTAPE STATEMENT, [REDACTED] TOLD ME THAT HE WAS IN HIS APARTMENT (NUMBER TWO) WATCHING TELEVISION, WHEN [REDACTED] KNOCKED ON HIS DOOR. [REDACTED] WAS SCREAMING FOR HELP, AND [REDACTED] LOCKED UPSTAIRS AND SAW THE APARTMENT WAS ON FIRE. [REDACTED] IMMEDIATELY RAN BACK INSIDE HIS APARTMENT AND CALLED 9-11. AS HE WAS OUTSIDE, HE BEGAN TALKING TO [REDACTED]. [REDACTED] TOLD [REDACTED] THAT HE WENT TO THE NEIGHBORS HOUSE AND HE CAME OUTSIDE AND SAW THE FIRE. I ASKED [REDACTED] IF [REDACTED] MEANT THAT HE LEFT THE CHILDREN ALONE IN THE APARTMENT WHILE HE WENT NEXT DOOR. [REDACTED] SAID "YES"

I MET WITH [REDACTED] WHO ALSO LIVES IN APARTMENT TWO. IN A SWORN VIDEOTAPE STATEMENT, [REDACTED] STATED THAT SHE WAS AWAKENED BY A KNOCKING ON HER DOOR. WHEN SHE WENT OUTSIDE SHE SAW THAT THE APARTMENT ABOVE WAS ON FIRE. SHE THEN MOVED HER VEHICLE

I THEN MET WITH [REDACTED], THE RESIDENT OF APARTMENT ONE, MS. [REDACTED] HAD NO KNOWLEDGE OF THE INCIDENT OTHER THAN SHE WAKE UP WHEN SHE HEARD THE NOISE OUTSIDE.

I LATER MET WITH [REDACTED] MOTHER AND ALSO THE TENANT OF APARTMENT FOUR, [REDACTED]. [REDACTED] TOLD ME THAT AT APPROX. 2300 HRS HER COUSIN, [REDACTED] BEGAN FEELING SICK.

Report Contains	ASSIGN ⁹⁶⁰⁷²⁹ 4003388 EXHIBIT 1	Related Report Number(s)
Officer(s) Reporting [Signature]	ID. Number(s) FIRM 03	Unit DATE 8/29/96 031596
Officer Reviewing (If Applicable)	Routed To	Assigned To INVESTIGATOR Jeffrey A. Simon
ID. Number	Referred To	Date
		Number Arrested

NARRATIVE CONTINUATION

940 7-9-86 5388

NARRATIVE CONTINUATION

1. Offense 2. Arrest Juvenile 1. Original 2. Supplement

Agency ORI Number FLD 5 0 0 1 0 0	Agency Name BELLE GLADE POLICE DEPARTMENT	Agency Report Number 9,6 - 0 6 8 0 6
Original Date Reported 0 3 1 4 9 6	Case Reference STRUCTURE FIRE / DEATH INVESTIGATION	

BOYFRIEND LIG CADEAU, DROVE BOTH OF THEM TO GUIDES GENERAL HOSPITAL. PRIOR TO LEAVING, [REDACTED] AND [REDACTED] WERE TAKEN TO APARTMENT NUMBER THREE, SO THE "LADY" CELLS WATCH THEM WHILE THEY WERE GONE. [REDACTED] TOLD ME THAT THE ELECTRICITY TO THE APARTMENT HAD BEEN DISCONNECTED THAT DAY, SO THEY HAD BEEN BURNING CANDLES FOR LIGHT. WHEN THEY LEFT FOR THE HOSPITAL, THEY LEFT THE CANDLES BURNING, THINKING THAT THEY WOULD BE RIGHT BACK. WHEN THEY RETURNED FROM THE HOSPITAL, THE APARTMENT WAS IN FLAMES.

I THEN CONDUCTED A SWORN, VIDEOTAPE INTERVIEW WITH JESSE MARTINEZ. MARTINEZ TOLD ME THAT HE WAS ASLEEP IN APARTMENT THREE WHEN THE FIRE BROKE OUT, BUT PIERRE WAS IN THE APARTMENT WITH [REDACTED] AND [REDACTED]. I MET WITH [REDACTED] AND HE CHANGED HIS INITIAL STATEMENT TO THE FOLLOWING IN A SWORN, VIDEO-TAPED STATEMENT: HE WAS SLEEPING ON THE COUCH, AND JESSE WAS WITH HIM, [REDACTED] AND [REDACTED] WERE SLEEPING IN THE BACK ROOM. (IT SHOULD BE NOTED THAT THIS PART OF [REDACTED] STATEMENT CHANGED) ONLY AFTER I TOLD HIM WHERE THE CHILDREN WERE FOUND BY THE FIREFIGHTERS). HE HAD A DREAM AND WOKE UP AND SAW THE FIRE. HE PICKED UP JESSE AND RAN OUT THE BACK DOOR. PIERRE SAID THAT THE FIRE WAS EVERYWHERE. (ACCORDING TO CRIME SCENE INVESTIGATOR J. REND THE BACK DOOR IS LOCKED WITH A KEY DEADBOLT) MY INVESTIGATION OF PIERRE'S STATEMENT REVEALS THE FOLLOWING: IN MY INITIAL SW INTERVIEW WITH [REDACTED] WE WERE IN UNIT 316 WITH THE DOORS AND WINDOWS CLOSED. I DID NOT DETECT ANY ODOOR OF SMOKE ON HIM. ACCORDING TO [REDACTED] HE RAN OUT THE BACK DOOR, YET IT IS LOCKED WITH A KEY DEADBOLT, AND HE DOES NOT HAVE A KEY. [REDACTED] STATED THAT HE WAS WITH [REDACTED], BUT [REDACTED] STATED HE WAS NEXT DOOR.

DUE TO NUMEROUS INCONSISTENCIES IN THE STATEMENTS, I REINTERVIEWED [REDACTED] AND ADVISED HER OF HER CONSTITUTIONAL RIGHTS. SHE DID NOT WISH TO CHANGE ANY OF HER STATEMENT.

RAY RONALD'S INITIAL STATEMENT I REINTERVIEWED [REDACTED] WITH THE ASSISTANCE OF PIRM E. LINDOR TO TRANSLATE. [REDACTED] STATED THAT HE WAS NEXT DOOR AND THE MOTHER CAME AND ASKED HIM TO WATCH THE CHILDREN. AFTER AWHILE, HE WENT BACK TO APARTMENT NUMBER FOUR, AND LEFT THE CHILDREN IN APARTMENT THREE. A SHORT TIME LATER, THE "PEOPLE" NEXT DOOR SAID THAT THEY WANTED TO GO TO SLEEP, SO RONALD GOT THE CHILDREN AND PUT THEM TO BED. HE AND JESSE THEN FELL ASLEEP ON THE COUCH.

I THEN MET WITH [REDACTED] MOTHER, AND ADVISED HER OF HER CONSTITUTIONAL RIGHTS, HEAVY DUE TO THE INCONSISTENCIES [REDACTED] IN A SWORN, VIDEOTAPE STATEMENT SHE STATED SHE BEGAN FEELING SICK, SO LIG CADEAU ([REDACTED]'S BOYFRIEND) DROVE HER AND [REDACTED] TO GUIDES GENERAL HOSPITAL. PRIOR TO LEAVING, SHE TOOK ALL THREE CHILDREN TO APARTMENT THREE. LIG WAS CLOSING THE DOOR, AND [REDACTED] TOLD HIM NOT TO LOCK IT BECAUSE HE'D BE RIGHT BACK. WHEN THEY RETURNED HOME THEY SAW THE EMERGENCY VEHICLES.

I MET WITH LIG CADEAU AND CONDUCTED A SWORN, VIDEOTAPE STATEMENT TOLD ME THAT WHEN HE LEFT THE APARTMENT TO TAKE [REDACTED] AND [REDACTED] TO THE HOSPITAL, THEY LEFT THE CHILDREN IN APARTMENT

Report Contains	Related Report Number(s)
Officer(s) Reporting Det. Kim B. [Signature]	ASSIGN 960729 EXHIBIT 1
Officer Reviewing (If Applicable)	PIRM 403 DATE 3/27/96
ID. Number	Assigned To
Routed To	Referred To
	INVESTIGATOR [Signature]

900 729 1700 5388

NARRATIVE CONTINUATION

1. Offense 2. Arrest Juvenile 1. Original 2. Supplement

Agency ORI Number: 500100 Agency Name: BELLE GLADE POLICE DEPARTMENT Agency Report Number: 96-06806

Original Date Reported: 031496 Case Reference: STRUCTURE FIRE / DEATH INVESTIGATION

FOUR WITH [REDACTED]. WHEN THEY RETURNED, THEY FOUND THE APARTMENT ON FIRE.

THE FIRE MARSHALLS OFFICE WAS NOTIFIED, AND INVESTIGATOR SCOTT GOODRICH RESPONDED TO THE SCENE. HIS ~~PRELIMINARY~~ PRELIMINARY INVESTIGATION REVEALED THAT THE FIRE WAS ACCIDENTAL, CAUSED BY THE BURNING CANDLE IN THE LIVING ROOM OF THE APARTMENT. GOODRICH STATED THAT THE CANDLE IGNITED THE COUCH BY THE FRONT DOOR, AND THE FIRE SPREAD THROUGHOUT THE APARTMENT.

ON 031596, I SPoke WITH GOODRICH VIA TELEPHONE. HE STATED THAT THE AUTOPSY REPORT OF [REDACTED] STATED THAT HE DIED AS A RESULT OF RADIANT BURNS, ASPHYXIATION, AND SMOKE INHALATION. [REDACTED] IS IN CRITICAL CONDITION AT ST. MARYS HOSPITAL ON LIFE SUPPORT.

ON 031596, I SPoke WITH THE RESIDENTS OF APARTMENT NUMBER FOUR, [REDACTED], [REDACTED], [REDACTED], AND [REDACTED]. IN SEPERATE SWORN VIDEOTAPEd STATEMENTS I ATTEMPTED TO DETERMINE WHEREABOUTS DURING THE FIRE. EACH OF THEM STATED THAT [REDACTED] WAS AT THE HOUSE WITH THE CHILDREN, BUT LEFT WITH THEM AT APPROX. 2100 HRS.

ON 031796, I WAS CONTACTED BY INVESTIGATOR TONY MEAD OF THE PALM BEACH COUNTY MEDICAL EXAMINERS OFFICE. MEAD ADVISED ME THAT [REDACTED] AT THE REQUEST OF [REDACTED] WAS TO BE DISCONNECTED FROM LIFE SUPPORT APPARATUS. I LATER LEARNED THAT [REDACTED] DIED AT 1755 HRS.

ON 032096 I CONTACTED THE MEDICAL EXAMINERS OFFICE AND LEARNED THAT [REDACTED] AUTOPSY REVEALED THAT HE DIED DUE TO SMOKE INHALATION.

BASED ON MY INVESTIGATION, I FEEL THAT THE DEATHS OF DANIEL ALLEN AND ERNESTO MARTINEZ WERE ACCIDENTAL. THIS CASE IS CLOSED

760729
ASSIGN 465328 EXHIBIT 1
FIRM _____ DATE 2/28/95
INVESTIGATOR Jeffrey A. Simon
PAGE 13 OF 15

Report Contains _____ Related Report Number(s) _____

Officer(s) Reporting: [Signature] ID. Number: 403 Routed To: _____ Referred To: _____ Assigned To: C10 By: _____ Date: 031596

INSTRUMENTAL CONTINUATION

960-729-1402-5388



FLORIDA FIRE INCIDENT REPORT

FIRE DEPARTMENT BELLE GLADE
FIRE CHIEF S. RICE

Errors contained in this report are intended for the sole use of the State Fire Marshal. Estimations and evaluations made herein represent "most likely" and "most probable" cause and effect. Any representation as to the veracity or accuracy of reported conditions outside the State Fire Marshal's office is neither intended nor implied.

1 DELETE
2 CHANGE

FILL IN REPORT IN YOUR OWN WORDS

A 10	FOID NO. <u>01610112</u>	INCIDENT NO. <u>9161016115</u>	EXP NO. <u>10113</u>	MO <u>13</u>	DAY <u>14</u>	YEAR <u>96</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>1510</u>	ARRIVAL TIME <u>1517</u>	TIME IN SERVICE <u>101319</u>	
B	TYPE OF SITUATION FOUND <u>STRUCTURE FIRE</u>		TYPE OF ACTION TAKEN (check one) 1 <input type="checkbox"/> Extinguishment 2 <input type="checkbox"/> Rescue or Assistance 3 <input type="checkbox"/> Investigation only 4 <input type="checkbox"/> Remove Hazard		5 <input type="checkbox"/> Stand by 6 <input type="checkbox"/> Salvage 7 <input type="checkbox"/> Ambulance		8 <input type="checkbox"/> Fill in Move up 9 <input type="checkbox"/> Not Classified 0 <input type="checkbox"/> Undetermined		MUTUAL AID <u>N/A</u>		
C	FIXED PROPERTY USE <u>APARTMENT</u>		IGNITION FACTOR - IF NOT A FIRE USE CODE 00 <u>141212 CAUSE</u>								
D	CONNECT ADDRESS OF INCIDENT <u>[REDACTED]</u>		2nd Code <u>7134130</u>		Census Tract <u>0101026</u>						
E 11	OCCUPANT NAME <u>[REDACTED]</u>		Last <u>[REDACTED]</u>		First <u>[REDACTED]</u>		MI <u>[REDACTED]</u>		Telephone <u>7134130</u>		
F 12	OWNER NAME <u>[REDACTED]</u>		Last <u>[REDACTED]</u>		First <u>[REDACTED]</u>		MI <u>[REDACTED]</u>		Telephone <u>7134130</u>		
G 13	METHOD OF ALARM FROM PUBLIC (Check one) 1 <input type="checkbox"/> Telephone direct 2 <input type="checkbox"/> Municipal alarm system 3 <input type="checkbox"/> Private alarm system		4 <input type="checkbox"/> Radio 5 <input type="checkbox"/> Verbal 6 <input type="checkbox"/> No alarm—No response		7 <input type="checkbox"/> Tiling (S11) 8 <input type="checkbox"/> Voice signal—Fire alarm system 9 <input type="checkbox"/> Not classified 0 <input type="checkbox"/> Undetermined		DISTRICT <u>1013</u>		SHIFT <u>18</u>		
H	No. Fire Service Personnel Responded <u>10114</u>		No. Engine Responded <u>10117</u>		No. AFB/AD/BA/BA Responded <u>10110</u>		No. Other Vehicles Responded <u>10112</u>				

COMPLETE ON ALL INCIDENTS

I 20	NUMBER OF INJURIES FIRE SERVICE <u>101010</u> OTHER <u>101011</u>	NUMBER OF FATALITIES FIRE SERVICE <u>101010</u> OTHER <u>101011</u>
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COMPLETE IF CASUALTY

J	COMPLEX <u>APARTMENT</u>	MOBILE PROPERTY TYPE - IF NONE, USE CODE 00 <u>NONE</u>
K	AREA OF FIRE ORIGIN <u>Living Room</u>	EQUIPMENT INVOLVED IN IGNITION - IF NONE, USE CODE 00 <u>none</u>
L	FORM OF HEAT OF IGNITION <u>CAUSE</u>	FORM OF MATERIAL IGNITED <u>SOFA</u>
M	METHOD OF EXTINGUISHMENT (Check one) 1 <input type="checkbox"/> Self Extinguished 2 <input type="checkbox"/> Make Sm/Aids	3 <input type="checkbox"/> Portable Extinguisher 4 <input type="checkbox"/> Automatic Ext. System 5 <input type="checkbox"/> Pre-connect hose/tank only 6 <input type="checkbox"/> Pre-connect hose/hydrant draft standpipe
	7 <input type="checkbox"/> Hand-laid hose/hydrant draft standpipe 8 <input type="checkbox"/> Master stream device 9 <input type="checkbox"/> Method of Extinguishment, Control not classified above	0 <input type="checkbox"/> Method of Extinguishment, Control undetermined or not reported
	LEVEL OF FIRE ORIGIN (Check one) 1 <input type="checkbox"/> Grade level to 8 feet 2 <input type="checkbox"/> 10 to 19 feet 3 <input type="checkbox"/> 20 to 29 feet 4 <input type="checkbox"/> 30 to 49 feet 5 <input type="checkbox"/> 50 to 70 feet	6 <input type="checkbox"/> Over 70 feet 7 <input type="checkbox"/> Objects in flight 8 <input type="checkbox"/> Below ground level 9 <input type="checkbox"/> Level of origin not classified above 0 <input type="checkbox"/> Level of origin undetermined
	ESTIMATED TOTAL DOLLAR LOSS (DOLLARS ONLY) <u>11,100.00</u>	
	PROPERTY DAMAGE CLASSIFICATION (Check one) 1 <input type="checkbox"/> \$1-\$99 2 <input type="checkbox"/> \$100-\$999 3 <input type="checkbox"/> \$1,000-\$9,999 4 <input type="checkbox"/> \$10,000-\$24,999 5 <input type="checkbox"/> \$25,000-\$49,999 6 <input type="checkbox"/> \$50,000-\$249,999 7 <input checked="" type="checkbox"/> \$250,000-\$499,999	

COMPLETE FOR ALL FIRES

N	NUMBER OF STORIES 1 <input type="checkbox"/> 1 story 2 <input checked="" type="checkbox"/> 2 stories 3 <input type="checkbox"/> 3 to 4 stories	4 <input type="checkbox"/> 5 to 6 stories 5 <input type="checkbox"/> 7 to 12 stories 6 <input type="checkbox"/> 13 to 24 stories	7 <input type="checkbox"/> 25 to 49 stories 8 <input type="checkbox"/> 50 stories or more 0 <input type="checkbox"/> Number of stories undetermined or not reported	CONSTRUCTION TYPE 1 <input type="checkbox"/> Fire resistance 2 <input type="checkbox"/> Heavy timber 3 <input type="checkbox"/> Protected noncombustible 4 <input type="checkbox"/> Unprotected noncombustible 5 <input type="checkbox"/> Protected ordinary	6 <input type="checkbox"/> Unprotected ordinary 7 <input type="checkbox"/> Protected wood frame 8 <input type="checkbox"/> Unprotected wood frame 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported
O	EXTENT OF DAMAGE 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to part of room or area of origin 3 <input type="checkbox"/> Confined to room of origin 4 <input type="checkbox"/> Confined to the fire-rated comp. of origin 5 <input type="checkbox"/> Confined to floor of origin 6 <input type="checkbox"/> Confined to structure of origin 7 <input type="checkbox"/> Extended beyond structure of origin 8 <input type="checkbox"/> No damage of this type 9 <input type="checkbox"/> Extent undetermined or not reported	Flame 1 <input type="checkbox"/> 0 2 <input type="checkbox"/> 0 3 <input type="checkbox"/> 0 4 <input type="checkbox"/> 0 5 <input type="checkbox"/> 0 6 <input type="checkbox"/> 0 7 <input type="checkbox"/> 0 8 <input type="checkbox"/> 0 9 <input type="checkbox"/> 0 0 <input type="checkbox"/> 0	Smoke 1 <input type="checkbox"/> 0 2 <input type="checkbox"/> 0 3 <input type="checkbox"/> 0 4 <input type="checkbox"/> 0 5 <input type="checkbox"/> 0 6 <input type="checkbox"/> 0 7 <input type="checkbox"/> 0 8 <input type="checkbox"/> 0 9 <input type="checkbox"/> 0 0 <input type="checkbox"/> 0	DETECTOR PERFORMANCE 1 <input type="checkbox"/> Det. in room or space of the origin-oper. 2 <input type="checkbox"/> Det. not in rm. or space of the origin-oper. 3 <input type="checkbox"/> Det. in rm. or space of origin-no oper. 4 <input type="checkbox"/> Det. not in rm. or space of origin-no oper. 5 <input type="checkbox"/> Det. in rm. or space of the origin but too small to operate 6 <input type="checkbox"/> No detectors present 7 <input type="checkbox"/> Performance of fire detect equip. not classed 8 <input type="checkbox"/> Performance of fire detect equip. under	SPRINKLER PERFORMANCE 1 <input type="checkbox"/> Equipment operated 2 <input type="checkbox"/> Equipment should have oper.-did not 3 <input type="checkbox"/> Equipment pre. but fire too small to oper. 4 <input type="checkbox"/> No equipment present (N/A) 5 <input type="checkbox"/> Not classed above 6 <input type="checkbox"/> Undetermined or not reported
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN USE CODES 00 & 00 IF NO SMOKE SPREAD	TYPE OF MATERIAL GENERATING MOST SMOKE <u>FRAM RIVIER</u>	AVENUE OF SMOKE TRAVEL <u>5V CORRIDOR</u>		
R	FORM OF MATERIAL GENERATING MOST SMOKE USE SAME CODES AS FOR FORM OF MATERIAL IGNITED ON LINE L	<u>SOFA</u>			

COMPLETE IF STRUCTURE FIRE

S 30	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
T 40	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

D14-1078 5/92

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) <u>JEFFREY A. SIMON FIRE CHIEF</u>	DATE <u>7-17-96</u>
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) <u>[REDACTED]</u>	DATE <u>7-17-96</u>

REMARKS (Additional Information)	ASSIGN <u>HEC5388</u>	EXHIBIT <u>2</u>
	FIRM	DATE <u>8/2-9/96</u>
	INVESTIGATOR <u>Jeffrey A. Simon</u>	



OFFICE OF THE MEDICAL EXAMINER

DISTRICT 15, State of Florida

Palm Beach County

West Palm Beach, FL 33406

(407) 688-4575

960729 HCC 5388

INVESTIGATION REPORT

M.E. CASE: 960304 DATE: Mar 18, 1996 INVESTIGATOR: TONY MEAD, Forensic Investigator

NAME: [REDACTED] AKA: _____

AGE: 6 years RACE: Black SEX: Male DOB: OCT 28, 1989

LOCAL ADDRESS: [REDACTED] FL

PERM. ADDRESS: [REDACTED] FL

S.S. #: -- D.L.#: --- OTHER I.D.: _____

IDENTIFIED BY and CONTACT PERSON:

NEXT OF KIN: [REDACTED] RELATIONSHIP: Mother

ADDRESS: [REDACTED] NOTIFIED: Yes

HOME PHONE: _____ BUSINESS PHONE: _____

HOW IDENTIFIED: By mother at hospital.

DATE / TIME LAST SEEN ALIVE: 3/17/96 17:50:00 BY WHOM: Amy Jenkins

LOCATION OF INJURY: [REDACTED] FL

DATE / TIME OF INJURY: MAR 14, 1996 00:05

PLACE OF DEATH: St. Mary's Hospital, Inc. 901 45th Street West Palm Beach FL

DATE PRONOUNCED DEAD OR FOUND: MAR 17, 1996 17:50

M.E. NOTIFIED ON: MAR 17, 1996 22:00 TRANSPORT TIME: MAR 17, 1996 22:06

AGENCY: BELLE GLADE POLICE DEPARTMENT CASE#: 96-06806

LEAD DETECTIVE: Kevin Kuschel, Lead Detective , ID: 516

CRIME SCENE TECH: _____

DISPOSITION OF BODY: _____ PHONE: () - _____

ASSIGN 960729 HCC 5388 EXHIBIT 2
FIRM _____ DATE 3/27/96
INVESTIGATOR Jeffrey A. Simon
PAGE 1 OF 3

960729 HCCS327

March 18, 1996

INVESTIGATIVE REPORT
INV. A. MEAD

ME 96-0304

March 14, 1996 1:30am Received a page from the Dispatcher of the Sheriffs Office. Upon responding to the page, I was asked to contact Sgt. Amy Allen of the Belle Glade Police Department. I telephoned the number given and spoke with Sgt. Allen who informed me of the death of [REDACTED] B/M who was the victim of a residential fire. I was advised the victim was in the custody of a guardian and was visiting at [REDACTED]. The guardian took the children to a neighbors residence while she took another adult to the hospital for treatment. The children sneaked away from the residence and returned to their residence. The children were playing with a candle and the residence caught on fire. The victim was transported to Glades General Hospital where he was pronounced dead on arrival. The second child was transported to St. Mary's Hospital in critical condition. Sgt. Allen was advised to contact Lt. Brown of the RRT and I advised that I would contact Dr. Benz.

1:43am Broward Removal Service notified of this transport.

2:00am Telephoned Dr. Benz and explained this death to him. Dr. Benz advised this does not appear to be a case for RRT. I advised I would notify the police.

2:10am Telephoned Sgt. Allen and advised her of Dr. Benz response. She advised she has no received a call from Lt. Brown. I advised that Broward Removal Service has been dispatched to transport the victim to the Medical Examiners Office.

2:12am Telephoned Glades General Hospital and spoke with the Dr. Palacio who advised me the victim was DOA. He further advised the victim has third degree burns on the head, neck, face, and arms.

3:00pm Mr. Scott Goodrich , Arson Investigator, arrived at the Medical Examiners Office. He advised that information received is that the victims mother is in Orlando and that the child was with Ms. [REDACTED] who was visiting friends at the residence in Belle Glade. Ms. [REDACTED] left the child to take another adult to the hospital. Ms. [REDACTED] left the child in the care of a 20 year old B/M. The male then left the residence to visit his girlfriend and the two children were at home alone. There is no electric in the residence and for light the resident was using a candle which was located on top of a wall mounted air freshener which was on the wall near the front door and above the living room couch which partially blocks the front door to the residence. There is no other exit other than windows. The candle was lit and apparently fell off the air freshener and onto the couch. The couch then caught fire and the apartment then caught fire. The children were found in the back bed room of the apartment. The victim was on top of the bed with no shirt on. The other child was partially under the bed in the same bed room. Fire had not reached this room but radiant heat from the wall was great. No explanation is available for the burns on the victim other than he might have attempted to exit the residence by attempting to get around the couch and received the burns. His investigation will continue as charges may be pending on the 20 year old male who was supposed to be watching the children.

960729
ASSIGN HCCS327 EXHIBIT 3
FIRM _____ DATE 8/29/96

960729 HCC-5378

March 17, 1996 2:45pm Received a telephone call from the Nursing Supervisor of St. Mary's Hospital, Inc. Pediatric Intensive Care Unit who advised me of the impending death of [REDACTED] 6 yo B/M who is the second victim in the above report. The Nursing Supervisor advised me [REDACTED] is brain dead and that they will be removing him from life support within the hour. She advised further that she will contact me when the death occurs.

2:50pm Telephoned the Belle Glade Police Department and asked to have Detective Amy Allen contact me in reference to the impending death.

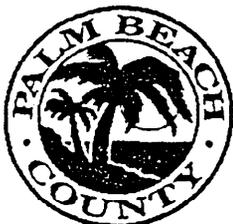
2:55pm Received a telephone call from Det. Amy Allen who advised me Detective Kuschel will be assigned to this case and he will be in the office after 3:00pm today. She advised me she will notify him but asked that I contact him when death occurs. I advised this would be done.

7:30pm I telephoned St. Mary's Hospital and spoke with the Nursing Supervisor of Pediatric Intensive Care who advised me that death occurred at 5:50pm and they were waiting for the mother to return to the hospital. During the conversation the Nursing Supervisor advised that we could pick up the victim as the mother has not returned for four hours. I advised that Broward Removal Service would be in route.

7:45pm Notified Broward Removal Service of this transport.

ASSIGN 960729 HCC-5378 EXHIBIT 3
FIRM _____ DATE 8/29/96

960227 1420 (388)



OFFICE OF THE DISTRICT MEDICAL EXAMINER
DISTRICT 15 - STATE OF FLORIDA
IN & FOR PALM BEACH COUNTY
3126 GUN CLUB ROAD
WEST PALM BEACH, FLORIDA 33406-3005
(407) 688-4575
(407) 688-4592 FAX

NAME: [REDACTED]

M.E. Case No. 96-0304

DATE OF DEATH: March 17, 1996 AGE: 6 SEX: Male RACE: Black

INVESTIGATING AGENCY: Belle Glade Police Department

AUTOPSY FINDINGS:

1. Crack artifact of the right and left globus pallidus.
2. Mild cerebral edema.
3. Bronchopneumonia.
4. Dilated right ventricle.
5. Pleural petechia.
6. Visceral congestion.
7. Clinical history of smoke inhalation and anoxic encephalopathy.

CAUSE OF DEATH: Complications of smoke inhalation.

MANNER OF DEATH: Accident.

Michael Bell

Michael D. Bell, M.D.
Associate Medical Examiner

Date Signed: 5/2/96

MDB/r

**COPY
FOR AGENCY USE
ONLY**

960729
ASSIGN *1215389* EXHIBIT 4



OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: [REDACTED]
AUTOPSIED MARCH 18, 1996, 12:40; M.E. #96-0304

EXTERNAL EXAMINATION:

The decedent is a 51 inch, 75 pound normally developed, well nourished muscular black boy who appears the reported age of 6 years. The victim has short black hair and brown irides. No conjunctival petechia are seen. He has natural teeth with his 2 upper front teeth missing. He is uncircumcised. No scars are seen. The frenula are intact and show no trauma or injury. There are no palpable fractures of the nose, zygomatic arches, maxilla or mandible.

EVIDENCE OF MEDICAL INTERVENTION:

A chest tube enters the right chest. The right chest tube ends in the right pleural cavity. There are needle punctures in the right antecubital fossa and both wrists which are covered by gauze bandages. There is a triple lumen intravenous catheter in the left femoral vein. There are hospital identification bands on the right and left ankles. The right ankle has the name "[REDACTED]". The left ankle has the name "John Doe" and #9607400010 and #477223.

We received 3 vials of blood from the hospital. Two of the vials are red-top tubes, and one is a purple-top tube. All of the vials are labeled with the name "[REDACTED]" on them. They all have the #9607400010 on them. One of the red-top tubes is dated 3-16-96 and time 0500, while the other red-top tube is dated 3-17-96 and time 0500. The purple-top tube is dated 3-17-96 and time 0500. They are submitted to toxicology. No blood is drawn at the time of autopsy which is March 18, 1996.

INTERNAL EXAMINATION:

There are no contusions of the chest and abdominal wall except surrounding the chest tube. The anterior abdominal wall fat is 3/4 inch thick. The axillary lymph nodes are not enlarged and show no abnormalities.

There is 13 ml of clear red fluid in the right pleural cavity and 22 ml of the same fluid in the left pleural cavity. The pleura is smooth and glistening and covered by petechial hemorrhages. The chest organs have their normal locations and relationships.



OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: [REDACTED]
AUTOPSIED MARCH 18, 1996, 12:40; M.E. #96-0304

There are abundant air bubbles within the anterior mediastinum. The pericardial sac is intact. There is an estimated 15-20 ml of clear straw colored fluid in the pericardial sac. The pericardium is smooth and glistening. There are no adhesions. The great vessels enter and exit the chambers of the heart in their normal anatomic locations.

There is fluid within the abdominal cavity. The peritoneum is smooth and glistening. The abdominal organs have their normal anatomic locations and relationships.

After removal of the organs from the body, inspection of the body cavities reveals no fractures of the ribs, sternum, manubrium, clavicles, vertebral column or pelvis.

GROSS EXAMINATION OF ORGANS:

NECK ORGANS: The neck organs are exposed. There is no hemorrhage within the soft tissues or anterior strap muscles. The oropharynx is unobstructed and shows no trauma. The epiglottis is leaf-like, pink with slight swelling of the epiglottis and aryepiglottic tissues. The thyroid gland is of normal size, shape and location. Sectioning of the thyroid gland reveals no internal abnormalities. The hyoid bone and laryngeal cartilages are not fractured. The mucosa of the larynx and trachea is congested red. There is no upper airway obstruction.

HEART: The heart weighs 175 grams. The normal weight is 150 grams. The epicardium is smooth and glistening. There is a normal amount of epicardial fat. No contusions or lacerations are seen on the epicardial surface.

The coronary ostia are normally located and are patent. They arise from the aorta. The heart is right coronary artery dominant. The coronary arteries show their normal distribution along the surface of the heart. No coronary aneurysms or myocardial bridging is seen.

The right ventricle is slightly dilated. The free left ventricle wall is 1.3 cm thick. The ventricular septum is 1 cm thick. The right ventricle wall is 0.3 cm thick. The left ventricle chamber on cross-section is 1.3 cm in diameter. The fossa ovalis is closed.



OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: [REDACTED]
AUTOPSIED MARCH 18, 1996, 12:40; M.E. #96-0304

The myocardium is red-brown, firm and shows no hemorrhage, pallor, or scarring. The endocardium is smooth and glistening with no hemorrhage or white thickening seen. No mural thrombi are seen. The myocardium and endocardium show no lacerations.

The valves show no ballooning, deformities, or vegetations. The commissures are normal. The chordae tendineae show no rupture, thickening, or simplification. No calcification of the leaflets or annuli is detected.

The ascending aorta is 4.2 cm in circumference. The aorta shows no fatty streaks or atherosclerotic plaques. There is no intimal wrinkling or wall thickening. No traumatic injuries are seen. The para-aortic lymph nodes are normal and show no enlargement.

LUNGS: The right and left lung weighs 430 and 340 grams respectively. The normal combined weight is 442 grams. The lungs have their normal anatomic shape and lobation. The pleura are smooth, glistening, with numerous petechial hemorrhages. The pink-grey lungs show complete expansion and occupy 100% of the pleural cavities. The lobes of both lungs are crepitant. On cut section, the lung tissues is spongy with areas that vary in color from pink to dark red and with digital pressure a moderate amount of frothy red fluid exudes. There are punctate pale areas of consolidation in the lower lobes. No tumor, granulomas, abscesses, or pulmonary thromboemboli are seen. The bronchi are lined by a red mucosa with slight frothy secretions. No bronchial obstruction is seen. The large pulmonary arteries have a smooth intimal surface with no atherosclerosis. The hilar lymph nodes are normal.

Diaphragm: The diaphragm is normal. No lacerations or hemorrhage is seen. No adhesions are present.

Liver: The liver weighs 1000 grams. the normal liver weight is 940 grams. The liver has its normal anatomic shape. The capsule is intact, smooth, glistening and transparent. On serial sectioning, the parenchyma is red-brown and has a lobular architecture. The consistency of the liver is friable and semi-solid. No lacerations or hematomas are seen. No fatty change or cirrhosis is present. The portal vein is patent and not dilated.

960729
ASSIGN 4605388 EXHIBIT 4

STATE OF FLORIDA

OFFICE OF VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

CONFIDENTIAL VERIFICATION
OFFICIAL PURPOSES ONLY

TYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO. 6096-3107

1. DECEDENT'S NAME: FIRST MOORE LAST EARL SEX MALE

3. DATE OF DEATH (Month, Day, Year) March 17, 1996 4. SOCIAL SECURITY NUMBER [REDACTED] 5. AGE - Last Birthday (years) 6 5d. UNDER 1 YEAR: Months 0 Days 0 5e. UNDER 1 DAY: Hours 0 Minutes 0

6. DATE OF BIRTH (Month, Day, Year) OCTOBER 28, 1989 7. BIRTHPLACE (City and State or Foreign Country) RACINE, WISCONSIN 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)
 9b. HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Other (Specify) _____
 9c. FACILITY NAME (If not institution, give street and number) St. Mary's Hospital, Inc. 9d. CITY, TOWN, OR LOCATION OF DEATH WEST PALM BEACH 9e. INSIDE CITY LIMITS? (Yes or No) YES 9f. COUNTY OF DEATH PALM BEACH

10. GIVE KIND OF DISEASE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED
 10a. DECEDENT'S USUAL OCCUPATION STUDENT 10b. KIND OF BUSINESS/INDUSTRY ELEMENTARY SCHOOL 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) NEVER MARRIED 12. SURVIVING SPOUSE (If wife, give maiden name) _____

13. RESIDENCE - STATE FLORIDA COUNTY PALM BEACH CITY, TOWN, OR LOCATION BELLE GLADE STREET AND NUMBER 642 S.W. 7TH STREET, APT. #4

13a. INSIDE CITY LIMITS? (Yes or No) YES 13b. ZIP CODE 33430 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes specify Mexican, Cuban, Mexican Puerto Rican, etc.) No 15. RACE - American Indian, Black, White, etc. Specify BLACK 16. DECEDENT'S EDUCATION (Specify only highest grade completed) (Elementary/High School) College (1-4 or 5 +)

17. FATHER'S NAME (First, Middle, Last) _____ 18. MOTHER'S NAME (First, Middle, Maiden Surname) _____

19a. INFORMANT'S NAME (Type/Print) _____ 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 33430

20a. METHOD OF DISPOSITION
 Burial Cremation Removal from State
 Donation Other (Specify) _____
 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) WESTLAWN MEMORIAL PARK 20c. LOCATION - City or Town, State RACINE, WISCONSIN

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Edward N. King 21b. LICENSE NUMBER (of Licensee) 1007 21c. NAME AND ADDRESS OF FACILITY E. EARL SMITH & SON FUNERAL HOMES
1032 NORTH DIXIE HIGHWAY
LAKE WORTH, FLORIDA 33460

22a. To the best of my knowledge, death occurred (with time, date and place and due to the cause(s) as stated) (Signature and Title) _____ 22b. DATE SIGNED (Mo., Day, Yr.) _____ 22c. HOUR OF DEATH _____
 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____

23a. On the basis of examination and/or investigation, in my opinion death occurred at the same time, date and place and due to the cause(s) and manner as stated (Signature and Title) Michael D. Bell MD/ME 23b. DATE SIGNED (Mo., Day, Yr.) March 18, 1996 23c. HOUR OF DEATH 5:50 P.M.
 23d. MEDICAL EXAMINER'S CASE # 26-15-00304

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Michael D. Bell, M.D., M.E., 3126 Gun Club Road, West Palm Beach, FL 33406

25a. SUBREGISTRAR - SIGNATURE AND DATE Donna Bittel 3-19-96 25b. LOCAL REGISTRAR - SIGNATURE Donna Bittel 25c. DATE REGISTERED MAR 20 1996

26. PART I. Enter the disease, 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) Complications of Smoke Inhalation Days _____
 SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that resulted in death) LAST.
 a. _____ DUE TO (OR AS A CONSEQUENCE OF) _____
 b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____
 c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____

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

27a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes 27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) Yes 27c. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes

28. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? NO 29a. IF SURGERY IS MENTIONED IN PART I OR ENTER CONDITION FOR WHICH IT WAS PERFORMED Residential Fire 29b. DATE OF SURGERY (Mo., Day, Year) _____

31. PROBABLE MANNER OF DEATH (Specify) Accident 32a. DATE OF INJURY (Month, Day, Year) Mar. 14, 1996 32b. TIME OF INJURY 12:05 A.M. 32c. INJURY AT WORK? (Yes or No) No 32d. DESCRIBE HOW INJURY OCCURRED Residential Fire

32a. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) Others: Residence 32f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 642 S.W. 7th Street, Apartment #4, Belle Glade,

HRS Form 512, Jan. 82 (P-1) (HRS Editions Obsolete)

IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Pearlie Brown MAR 28 1996
State Registrar

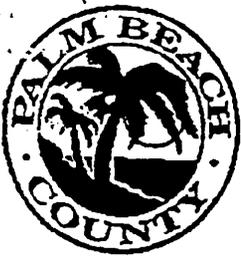
WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE INVALIDS THIS CERTIFICATION.

7710231



960789 ASSIGN 655388 EXHIBIT 5 FIRM DATE 3/29/96 INVESTIGATOR Jeffrey A. Simon PAGE 1 OF 1





OFFICE OF THE MEDICAL EXAMINER

DISTRICT 15, State of Florida

Palm Beach County

West Palm Beach, FL 33406

(407) 688-4575

INVESTIGATION REPORT

M.E. CASE: 960286 DATE: May 07, 1996 INVESTIGATOR: TONY MEAD, Forensic Investigator

NAME: [REDACTED] AKA: _____

AGE: 4 years RACE: Hispanic SEX: Male DOB: NOV 04, 1991

LOCAL ADDRESS: [REDACTED]

PERM. ADDRESS: [REDACTED]

S.S. #: -- D.L.#: - - - OTHER I.D.: _____

CONTACT PERSON:

NEXT OF KIN: [REDACTED] RELATIONSHIP: Mother

ADDRESS: _____ NOTIFIED: Yes

HOME PHONE: _____ BUSINESS PHONE: _____

DATE / TIME LAST SEEN ALIVE: [REDACTED] BY WHOM: [REDACTED]

LOCATION OF INJURY: [REDACTED]

DATE / TIME OF INJURY: MAR 14, 1996 00:05

PLACE OF DEATH: Glades General Hospital 1201 South Main Street Belle Glade FL DOA

DATE PRONOUNCED DEAD OR FOUND: MAR 14, 1996 01:07

M.E. NOTIFIED ON: MAR 14, 1996 01:30 TRANSPORT TIME: MAR 14, 1996 01:43

AGENCY: BELLE GLADE POLICE DEPARTMENT CASE#: 96-06806

LEAD DETECTIVE: AMY ALLEN, Lead Detective , ID: 401

CRIME SCENE TECH: _____

DISPOSITION OF BODY: Mitchell Funeral Home PHONE: (407) 298-0703

ASSIGN 960729 EXHIBIT 6
400389
FIRM _____ DATE 8/28/96
INVESTIGATOR Jeffrey A. Simon
PAGE 1 OF 2

March 15, 1996

INVESTIGATIVE REPORT
INV. A. MEAD

ME 96-0286

March 14, 1996 1:30am Received a page from the Dispatcher of the Sheriffs Office. Upon responding to the page, I was asked to contact Sgt. Amy Allen of the Belle Glade Police Department. I telephoned the number given and spoke with Sgt. Allen who informed me of the death of [REDACTED] 4yo B/M who was the victim of a residential fire. I was advised the victim was in the custody of a guardian and was visiting at 642 S.W. 7th Street. The guardian took the children to a neighbors residence while she took another adult to the hospital for treatment. The children sneaked away from the residence and returned to their residence. The children were playing with a candle and the residence caught on fire. The victim was transported to Glades General Hospital where he was pronounced dead on arrival. The second child was transported to St. Mary's Hospital in critical condition. Sgt. Allen was advised to contact Lt. Brown of the RRT and I advised that I would contact Dr. Benz.

1:43am Broward Removal Service notified of this transport.

2:00am Telephoned Dr. Benz and explained this death to him. Dr. Benz advised this does not appear to be a case for RRT. I advised I would notify the police.

2:10am Telephoned Sgt. Allen and advised her of Dr. Benz response. She advised she has no received a call from Lt. Brown. I advised that Broward Removal Service has been dispatched to transport the victim to the Medical Examiners Office.

2:12am Telephoned Glades General Hospital and spoke with the Dr. Palacio who advised me the victim was DOA. He further advised the victim has third degree burns on the head, neck, face, and arms.

3:00pm Mr. Scott Goodrich , Arson Investigator, arrived at the Medical Examiners Office. He advised that information received is that the victims mother is in Orlando and that the child was with Ms. [REDACTED] who was visiting friends at the residence in Belle Glade. Ms. [REDACTED] left the child to take another adult to the hospital. Ms. [REDACTED] left the child in the care of a 20 year old B/M. The male then left the residence to visit his girlfriend and the two children were at home alone. There is no electric in the residence and for light the resident was using a candle which was located on top of a wall mounted air freshener which was on the wall near the front door and above the living room couch which partially blocks the front door to the residence. There is no other exit other than windows. The candle was lit and apparently fell off the air freshener and onto the couch. The couch then caught fire and the apartment then caught fire. The children were found in the back bed room of the apartment. The victim was on top of the bed with no shirt on. The other child was partially under the bed in the same bed room. Fire had not reached this room but radiant heat from the wall was great. No explanation is available for the burns on the victim other than he might have attempted to exit the residence by attempting to get around the couch and received the burns. His investigation will continue as charges may be pending on the 20 year old male who was supposed to be watching the children.

ASSIGN ⁹⁶⁰⁷²⁹ HCC 5353 EXHIBIT 6

FIRM _____ DATE 3/29/96

INVESTIGATOR Jeffrey A. [REDACTED]

PAGE 2 OF 2



OFFICE OF THE DISTRICT MEDICAL EXAMINER
DISTRICT 15 - STATE OF FLORIDA
IN & FOR PALM BEACH COUNTY
3126 GUN CLUB ROAD
WEST PALM BEACH, FLORIDA 33406-3005
(407) 688-4575
(407) 688-4592 FAX

NAME: [REDACTED]

M.E. Case No. 96-0286

DATE OF DEATH: March 14, 1996 AGE: 4 SEX: Male RACE: Black

INVESTIGATING AGENCY: Belle Glade Police Department

AUTOPSY FINDINGS:

1. Thermal burns covering 55% of the total body surface area.
2. Hyperinflated bright red-pink lungs.
3. Postmortem blood carbon monoxide saturation of 76%.
4. Right ventricular dilatation.
5. Cerebral edema.

CAUSE OF DEATH: Thermal burns and Carbon Monoxide inhalation.

MANNER OF DEATH: Accident

Michael D. Bell

Michael D. Bell, M.D.
Associate Medical Examiner

Date Signed: 5/2/96

MDB/r

PRINTED: MAY 2, 1996

960729
ASSIGN HCC5388 EXHIBIT 7
FIRM _____ DATE 8/29/96
INVESTIGATOR Jeffrey A. Simon
PAGE 1 OF 9

PAGE 1



OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: XXXXXXXXXX
AUTOPSIED MARCH 14, 1996, 12:50 P.M.; M.E. #96-0286

EXTERNAL EXAMINATION:

The decedent is a 43 inch, 74 pound black boy who appears the reported age of 4 years. The decedent has short black hair and brown irides. He is uncircumcised. No scars are seen. The body is in rigor mortis. He has natural teeth and the frenulum are intact. There is a fine petechial rash which covers the upper chest and lower neck.

EVIDENCE OF INJURY:

An estimated 55% of his body is burned. Burns involve the forehead, nose, and both right and left cheeks. They involve the left ear. Burns are seen on the entire back and legs. The burns vary from superficial skin slippage to deeper burns with underlying red or white discoloration of the dermis. There is soot in the areas of burning. There is also an odor of combustion.

EVIDENCE OF MEDICAL INTERVENTION:

An endotracheal tube enters the mouth.

INTERNAL EXAMINATION:

There are no contusions of the chest and abdominal wall. The axillary lymph nodes are slightly enlarged and show no abnormalities.

There is no free fluid in either pleural cavity. The pleura is smooth and glistening. The chest organs have their normal locations and relationships.

The pericardial sac contains scant fluid. The pericardium is smooth and glistening. There are no adhesions. The great vessels enter and exit the chambers of the heart in their normal anatomic locations.

There is no free fluid in the abdominal cavity. The peritoneum is smooth and glistening. The abdominal organs have their normal anatomic locations and relationships.

PRINTED: MAY 2, 1996

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FIRM _____ DATE 8/29/96
INVESTIGATOR Jeffrey A. Simon
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OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: [REDACTED]
AUTOPSIED MARCH 14, 1996, 12:50 P.M.; M.E. #96-0286

After removal of the organs from the body, inspection of the body cavities reveals no fractures of the ribs, sternum, manubrium, clavicles, vertebral column or pelvis.

GROSS EXAMINATION OF ORGANS:

NECK ORGANS: The neck organs are exposed. There is no hemorrhage within the soft tissues or anterior strap muscles. The endotracheal tube ends in the trachea. The oropharynx shows no trauma. Serial sectioning of the tongue shows no contusions or lacerations. The epiglottis is leaf-like, pink with no swelling. The thyroid gland is of normal size, shape and location. Sectioning of the thyroid gland reveals no internal abnormalities. The hyoid bone and laryngeal cartilages are not fractured. The mucosa of the larynx and trachea is smooth, glistening and dark red. No soot is identifiable in the larynx, trachea or esophagus.

HEART: The heart weighs 100 grams. The normal heart rate is 104 grams. The epicardium is smooth and glistening. There is a normal amount of epicardial fat. No contusions or lacerations are seen on the epicardial surface.

The coronary ostia are normally located and arise above the aortic valve. They are both patent. The heart is right coronary artery dominant. The coronary arteries show their normal distribution on the surface of the heart. None of the coronary arteries show any aneurysms or abnormalities. No myocardial bridging is seen.

The heart is serial-sectioned from apex to the mid-portion of the heart and then is opened along the flow of blood. There is right ventricular dilatation. No chambers are dilated. The free left ventricle wall is 1 cm thick. The ventricular septum is 1 cm thick. The right ventricle wall is 0.3 cm thick. The left ventricle chamber on cross-section is 1 cm in diameter. The fossa ovalis is closed. The myocardium is red-brown, firm and shows no hemorrhage, pallor, or scarring. The endocardium is smooth and glistening with no hemorrhage or white thickening seen. No mural thrombi are seen. The myocardium and endocardium show no lacerations.

The valves show no ballooning, deformities, or vegetations. The commissures are normal. The chordae tendineae show no rupture,

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INVESTIGATOR Jeffrey A. Simon
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OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: ~~XXXXXXXXXXXXXXXXXXXX~~
AUTOPSIED MARCH 14, 1996, 12:50 P.M.; M.E. #96-0286

thickening, or simplification. No calcification of the leaflets or annuli is detected.

The ascending aorta is 3.6 cm in circumference. The aorta shows no fatty streaks or plaques. There is no intimal wrinkling or wall thickening. No traumatic injuries are seen.

The para-aortic lymph nodes are normal and show no enlargement.

LUNGS: The right and left lung weighs 190 and 150 grams respectively. The normal combined lung weight is 326 grams. The lungs have their normal anatomic shape and lobation. The pleura are smooth, glistening, and transparent. The pink lungs have a normal expansion and the lobes of both lungs are crepitant. On cut section, the lung tissues is spongy, bright red-pink and with digital pressure an intermixture of blood and foam exudes. No consolidation, tumor, granulomas, abscesses, or pulmonary thromboemboli are seen. The bronchi are lined by a light pink mucosa with little or no secretions. No bronchial obstruction is seen. The large pulmonary arteries have a smooth intimal surface with no atherosclerosis. The hilar lymph nodes are normal.

Diaphragm: The diaphragm is normal. No lacerations or hemorrhage is seen. No adhesions are present.

Liver: The liver weighs 840 grams. The normal liver weight is 710 grams. The liver has its normal anatomic shape. The capsule is intact, smooth, glistening and transparent. On serial sectioning, the parenchyma is red-brown and has a lobular architecture. The consistency of the liver is friable and semi-solid. No lacerations or hematomas are seen. No fatty change or cirrhosis is present. The portal vein is patent and not dilated.

Gallbladder and Bile Ducts: The gallbladder contains 3 ml of green viscid bile. No gallstones are seen. The mucosa is normal. The cystic and common bile ducts are patent.

Spleen: The spleen weighs 65 grams. The normal spleen weight is 93 grams. The spleen has its normal anatomic shape and the capsule is intact, smooth and glistening. On cut section, the parenchyma is red-purple and shows no granulomas, infarcts, masses or other

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INVESTIGATOR Jeffrey A. Simon
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OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: [REDACTED]
AUTOPSIED MARCH 14, 1996, 12:50 P.M.; M.E. #96-0286

abnormalities. No lacerations are seen. The white pulp is easily seen.

Pancreas: The pancreas weighs 40 grams. The normal pancreas weight is 38 grams. The pancreas has its normal anatomic shape. On cut section, the pancreas is tan, lobulated and firm. No hemorrhage, fat necrosis, fibrosis or masses are seen.

Adrenal Glands: The adrenal glands have their normal anatomic shape, size and location. On cut section, the cortex is yellow and medulla grey. No tumor, lacerations or hemorrhage is seen.

Thymus: The thymus weighs 45 grams. The normal thymus weight is 21.1 grams. It is lobulated, pink and soft with no gross abnormalities seen.

Gastrointestinal Tract: The esophagus shows no dilatation or stricture. The esophageal mucosa is grey with no ulcers, tears, or varices seen. The stomach is intact and contains 100 ml of brown liquid and partially-digested food as well as a large amount of air. There is no gastric dilatation. No blood is present. No soot is seen in the stomach. No aromatic or unusual odors are detected. No pills, capsules or granular material is seen. The gastric mucosa is grey-pink with normal rugae. No ulcers, polyps or masses are seen. The duodenum shows no ulcers. The small and large bowel show no dilatation, obstruction, perforation, infarction, or masses.

Genito-Urinary System: The combined weight of the right and left kidneys is 130 grams. The normal combined kidney weight is 144 grams. The kidneys have their normal anatomic shape and location. The capsules strip easily and the underlying surface is smooth. On cut section, the parenchyma is red-brown with a normal architecture. The cortex, medulla and papillae of each kidney are normal. The calyces, pelves and ureters are normal. The urinary bladder contains 4 ml of cloudy yellow urine. The bladder mucosa is normal.

Central Nervous System: Upon reflecting the scalp, no subgaleal contusions are seen. The skull is intact and normal thickness and color. No skull fractures are seen after removal of the dura mater. The dura is intact and shows no discoloration. The venous

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960729
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INVESTIGATOR Jeffrey A. Simon
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OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: [REDACTED]
AUTOPSIED MARCH 14, 1996, 12:50 P.M.; M.E. #96-0286

sinuses are patent. There are no epidural or subdural hematomas. The 1370 gram brain has thin transparent leptomeninges with no subarachnoid blood or exudates seen. The normal brain weight is 1250 grams. The basal cisterns are clear. The cerebral hemispheres are symmetric. The gyri are flattened and the sulci obliterated by diffuse cerebral edema. No cingulate, tonsillar or uncal herniation is seen. The leptomeningeal vessels are dilated. The olfactory bulbs are intact. The blood vessels at the base of the brain reveal a normal configuration of the arterial circle of Willis with no arterial venous malformations or berry aneurysms seen. The cranial nerves are normal. The pituitary gland is normal. The pineal gland is normal.

The infratentorial structures are externally normal without discoloration, softening or herniation. The leptomeninges are clear.

Sequential coronal sections through the supratentorial tissues show the ventricular system to be neither compressed, dilated nor displaced. The ependymal lining and choroid plexes are normal. No blood is seen in the ventricular system. The cortical grey mantle is normal thickness and distribution. No contusions or defects are seen in the grey matter. The subjacent white matter including the centrum semi-ovale and corpus callosum is normal. The caudate and lentiform nuclei are normal. The thalamus is unremarkable. The mamillary bodies show no hemorrhage or discoloration. The hippocampal formations are normal. The aqueduct of Sylvius is patent.

Sequential coronal sections through the midbrain, pons, cerebellum, and medulla oblongata, cut at right angles to the neuraxis are unremarkable. The pigmentation of the locus ceruleus and substantia nigra is appropriate for chronologic age. The cerebellum shows no unusual features. The deep midline nuclei of the cerebellum are symmetric and the folia are within normal limits. The medulla oblongata including the pyramids, is symmetric.

The vertebral column is opened from the anterior approach. No vertebral fractures are seen. The bone marrow is red and shows no abnormal lesions. There is no kyphosis, lordosis or scoliosis. The bony matrix is normal density and consistency. The spinal dura

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INVESTIGATOR Jeffrey A. Simon
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OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: [REDACTED]
AUTOPSIED MARCH 14, 1996, 12:50 P.M.; M.E. #96-0286

is intact and semi-translucent. The cerebrospinal fluid is light pink and clear. The spinal cord shows the normal fusiform expansion of the cervical and lumbar regions. Sequential transverse sections show a flat cut surface with normal demarcation of the grey and white matter. No hemorrhages or softening is seen.

END

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ASSIGN ⁹⁶⁰⁷²⁹ ~~46558~~ EXHIBIT 7
FIRM _____ DATE 8/29/96
INVESTIGATOR Jeffrey A. Simon
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Infant, ventral, dorsal, and left and right lateral views.

Name [REDACTED] Autopsy No. 96-286

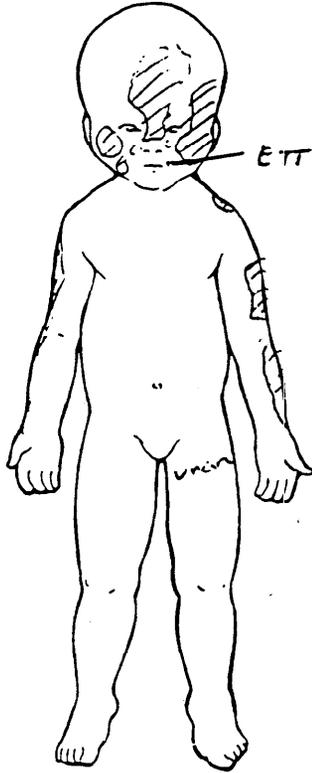
Age 4 Race black-Hispanic Sex M Date 3/14/96

short black hair

43", 74 lb

Order of fire (combustion)

55% of body burned



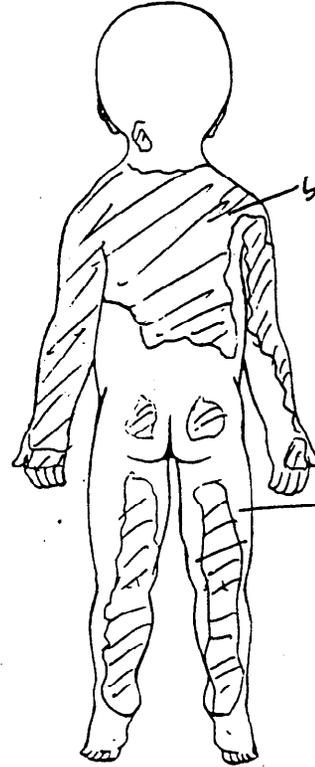
brown irides

not teeth present

ETT

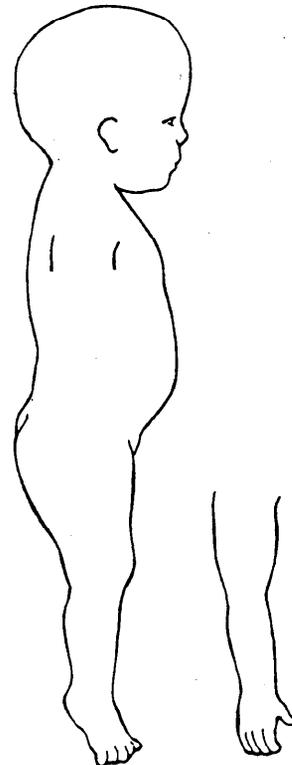
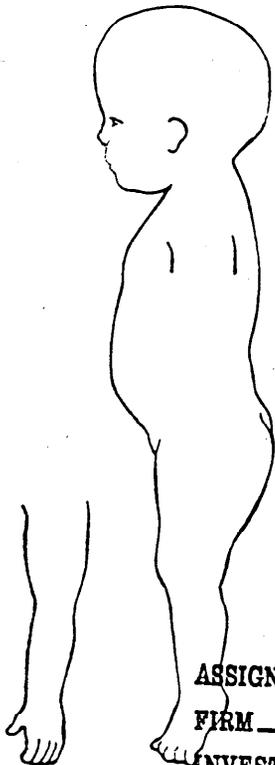
no scars

+rigid



burn - Superficial skin slippage to denuded red-white burn

Scat on burned areas



960729
ASSIGN 445388 EXHIBIT 7
FIRM _____ DATE 3/29/96
INVESTIGATOR Jeffrey A. Simon
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DATE: 03/19/96

**** PALM BEACH COUNTY SHERIFF'S OFFICE ****

PAGE: 1

3228 GUN CLUB ROAD
WEST PALM BEACH, FLORIDA 33406
PHONE (407) 688-4200
RICHARD L. TANTON
LABORATORY DIRECTOR

*** CRIME LABORATORY REPORT ***

SECTION: TOXICOLOGY

INVEST. AGENCY: MEO	CASE NUM: 96-0286	AGENT: DR. M.D. BELL
INVEST. AGENCY: BCPD	CASE NUM: 96-06806	AGENT:
INVEST. AGENCY:	CASE NUM:	AGENT:
INVEST. AGENCY:	CASE NUM:	AGENT:
INVEST. AGENCY:	CASE NUM:	AGENT:
DATE SUBMITTED: 03/15/96		ANALYSIS COMPLETE: 03/19/96

*** PRINCIPALS ***

SUSPECT/VICTIM	LAST NAME	FIRST NAME	MI	BT	DOB	RACE	SEX
VICTIM	[REDACTED]	[REDACTED]			11/04/91	H	M

*** EVIDENCE ***

ITEM NO.	QTY	DESCRIPTION
*****		***** TOXICOLOGY EVIDENCE *****
*****		ONE SEALED PLASTIC BAG CONTAINING:
1-1	1	RED TOP TUBE NASAL SWAB
1-2	1	RED TOP TUBE BLOOD
1-3	4	GRAY TOP TUBES BLOOD
1-4	1	PURPLE TOP TUBE BLOOD FOR TYPING
1-5	1	RED TOP TUBE OCULAR FLUID
1-6	1	GRAY TOP TUBE OCULAR FLUID
1-7	1	SCREW TOP VIAL BILE
1-8	1	SCREW TOP VIAL GASTRIC CONTENTS
1-9	1	SCREW TOP VIAL URINE

*** RESULTS ***

BLOOD ALCOHOL: NONE DETECTED
URINE ABUSE SCREEN BY FPIA AND COLOR TESTS: NEGATIVE
CARBON MONOXIDE 76% SATURATION

960729
ASSIGN H0538 EXHIBIT 7
FIRM _____ DATE 3/29/96
INVESTIGATOR Jeffrey A. Simon
PAGE 9 OF 9

[Signature]

F. THOMAS CARROLL
CHIEF TOXICOLOGIST

DATE 3/20/96

STATE OF FLORIDA
OFFICE of VITAL STATISTICS
CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. 6096-3328

DECEASED

6002

10. GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED.

13.

PARENTS

DISPOSITION

CERTIFIER

15a. CERTIFYING PHYSICIAN

15b. MEDICAL EXAMINER

CAUSE OF DEATH BY CERTIFIER

PART B

31.

HRS Form 512, Jan. 83 (Previous Editions Obsolete)

1. DECEASED'S NAME		2. SEX	
3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR
March 14, 1996	UNOBTAINABLE	4	5c. UNDER 1 Day
6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
NOVEMBER 4, 1991	BACINE, WISCONSIN	NO	
9a. PLACE OF DEATH (Check only one; see instructions on other side)		9b. INSIDE CITY LIMITS? (Yes or No)	
HOSPITAL - Inpatient - ER/Outpatient <input checked="" type="checkbox"/> DOA OTHER - Nursing Home - Residence - Other (Specify)		YES	
9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH	
Glades General Hospital		BELLE GLADE	
10a. DECEASED'S USUAL OCCUPATION		10b. COUNTY OF DEATH	
NEVER WORKED		PALM BEACH	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)	
NONE		NEVER MARRIED	
13a. RESIDENCE - STATE		13b. COUNTY	
FLORIDA		ORANGE	
13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER	
ORLANDO		733-E MCDONOUGH COURT	
14. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican Puerto Rican, etc.)		15. RACE - American Indian, Black, White, etc. Specify.	
NO		BLACK	
16. DECEASED'S EDUCATION (Specify highest grade completed)		17. FATHER'S NAME (First, Middle, Last)	
Elementary/Secondary College (1-4 or 5+)		18. MOTHER'S NAME (First, Middle, Maiden Surname)	
NO		32809	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
MS.		FLORIDA 32809	
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	
<input checked="" type="checkbox"/> Burial - <input type="checkbox"/> Cremation - <input type="checkbox"/> Removal from State - <input type="checkbox"/> Donation - <input type="checkbox"/> Other (Specify)		WASHINGTON PARK CEMETERY ORLANDO, FLORIDA	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)	
<i>[Signature]</i>		0001487	
21c. NAME AND ADDRESS OF FACILITY		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)	
MITCHELL'S FUNERAL HOME 501 FAIRVILLA ROAD ORLANDO, FLORIDA 32808		<i>[Signature]</i> MD/ME	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
March 14, 1996		1:07 A.M.	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. MEDICAL EXAMINER'S CASE #	
		9 6 . 1 5 . 0 2 8 6	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)			
Michael D. Bell, M.D., M.E., 3126 Gun Club Road, West Palm Beach, FL 33406			
25a. SUBREGISTRAR - SIGNATURE AND DATE		25b. LOCAL REGISTRAR - SIGNATURE	
<i>[Signature]</i> 3-20-96		<i>[Signature]</i>	
25c. DATE REGISTERED		26. PART I. For 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.	
MAR 2 6 1996		IMMEDIATE CAUSE (Final disease or condition resulting in death) →	
		a. Thermal Burns and Carbon Monoxide Inhalation	
		DUE TO (OR AS A CONSEQUENCE OF)	
		b. CONFIDENTIAL VERIFICATION	
		DUE TO (OR AS A CONSEQUENCE OF)	
		c. OFFICIAL PURPOSES ONLY	
		DUE TO (OR AS A CONSEQUENCE OF)	
		d.	
27a. WAS AN AUTOPSY PERFORMED? (Yes or No)		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	
Yes		Yes	
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)		29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO	
Yes		NO	
30a. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)	
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		32a. DATE OF INJURY (Month, Day, Year)	
Accident		Mar. 14, 1996	
		32b. TIME OF INJURY	
		About 12:05 AM	
		32c. INJURY AT WORK? (Yes or No)	
		No	
		32d. DESCRIBE HOW INJURY OCCURRED	
		Residential Fire	
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
Home		642 S.W. 7th Street, Apartment 4, Belle Glade, Florida	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

BY Pearlie Brown MAR 28 1996 State Registrar

WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

7710278



ASSIGN 8 EXHIBIT 8
 FIRM DATE 3/27/96
 INVESTIGATOR Jeffrey A. Brown
 PAGE 1 OF 1

State of Florida, Department of Health and Rehabilitative Services, Vital Statistics



960729
ASSIGN 4253303 EXHIBIT 45 9 Pkts. #1
FIRM _____ DATE 4/29/98
INVESTIGATOR Jeffrey A. Adams
PAGE 1 OF 53

Jeff Simon 2/16
10/31

gn

ACCIDENT INVESTIGATION REQUEST FORM

APIT
G. Bodin
Jess
7/22/96

DOCUMENT NUMBER: X9442823A

DATE OF INCIDENT: 3/14/94 CATID: BUNN25 1996

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

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

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

ASSIGNMENT MESSAGE: If upholstered furniture was ignited, conduct investigation. If upholstered furniture is still available, conduct an on-site investigation.

Find out what part of the furniture ignited (if possible). If second hand furniture, find out how long in possession. If furniture still available, collect sample, following page 9 of guideline for sample collection.

Describe incident scenario; photograph and identify manufacturer, model number and brand name of all products involved. Please obtain fire incident report, medical insurance, and any other report of incident. Complete Data Record Sheet in guideline.

Person(s) to Contact: Please contact ME 1st to see if Next of Kin May Be Contacted

Guidelines: Number 19 Upholstered Furniture Fires

Task Number: 960729 HCCS 388 Date: 960726

Assigned to: NY CO Requested by: J. LANSING

March 18, 1996

INVESTIGATIVE REPORT
INV. A. MEAD

ME 96-0304

March 14, 1996 1:30am Received a page from the Dispatcher of the Sheriffs Office. Upon responding to the page, I was asked to contact Sgt. Amy Allen of the Belle Glade Police Department. I telephoned the number given and spoke with Sgt. Allen who informed me of the death of [REDACTED] yo B/M who was the victim of a residential fire. I was advised the victim was in the custody of a guardian and was visiting at 642 S.W. 7th Street. The guardian took the children to a neighbors residence while she took another adult to the hospital for treatment. The children sneaked away from the residence and returned to their residence. The children were playing with a candle and the residence caught on fire. The victim was transported to Glades General Hospital where he was pronounced dead on arrival. The second child was transported to St. Mary's Hospital in critical condition. Sgt. Allen was advised to contact Lt. Brown of the RRT and I advised that I would contact Dr. Benz.

1:43am Broward Removal Service notified of this transport.

2:00am Telephoned Dr. Benz and explained this death to him. Dr. Benz advised this does not appear to be a case for RRT. I advised I would notify the police.

2:10am Telephoned Sgt. Allen and advised her of Dr. Benz response. She advised she has no received a call from Lt. Brown. I advised that Broward Removal Service has been dispatched to transport the victim to the Medical Examiners Office.

2:12am Telephoned Glades General Hospital and spoke with the Dr. Palacio who advised me the victim was DOA. He further advised the victim has third degree burns on the head, neck, face, and arms.

3:00pm Mr. Scott Goodrich , Arson Investigator, arrived at the Medical Examiners Office. He advised that information received is that the victims mother is in Orlando and that the child was with [REDACTED] who was visiting friends at the residence in Belle Glade. [REDACTED] left the child to take another adult to the hospital. [REDACTED] left the child in the care of a 20 year old B/M. The male then left the residence to visit his girlfriend and the two children were at home alone. There is no electric in the residence and for light the resident was using a candle which was located on top of a wall mounted air freshener which was on the wall near the front door and above the living room couch which partially blocks the front door to the residence. There is no other exit other than windows. The candle was lit and apparently fell off the air freshener and onto the couch. The couch then caught fire and the apartment then caught fire. The children were found in the back bed room of the apartment. The victim was on top of the bed with no shirt on. The other child was partially under the bed in the same bed room. Fire had not reached this room but radiant heat from the wall was great. No explanation is available for the burns on the victim other than he might have attempted to exit the residence by attempting to get around the couch and received the burns. His investigation will continue as charges may be pending on the 20 year old male who was supposed to be watching the children.

March 17, 1996 2:45pm Received a telephone call from the Nursing Supervisor of St. Mary's Hospital, Inc. Pediatric Intensive Care Unit who advised me of the impending death of [REDACTED] 6 yo B/M who is the second victim in the above report. The Nursing Supervisor advised me [REDACTED] is brain dead and that they will be removing him from life support within the hour. She advised further that she will contact me when the death occurs.

2:50pm Telephoned the Belle Glade Police Department and asked to have Detective Amy Allen contact me in reference to the impending death.

2:55pm Received a telephone call from Det. Amy Allen who advised me Detective Kuschel will be assigned to this case and he will be in the office after 3:00pm today. She advised me she will notify him but asked that I contact him when death occurs. I advised this would be done.

7:30pm I telephoned St. Mary's Hospital and spoke with the Nursing Supervisor of Pediatric Intensive Care who advised me that death occurred at 5:50pm and they were waiting for the mother to return to the hospital. During the conversation the Nursing Supervisor advised that we could pick up the victim as the mother has not returned for four hours. I advised that Broward Removal Service would be in route.

7:45pm Notified Broward Removal Service of this transport.

TYPE OR
PRINT IN
PERMANENT
BLACK INK

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME		FIRST	MIDDLE	LAST	2. SEX				
DECEASED	3. DATE OF DEATH (Month, Day, Year) March 17, 1996		4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Min.		
	6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)			
9a	9a. PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					9b. INSIDE CITY LIMITS? (Yes or No)			
9b	9c. FACILITY NAME (If not institution, give street and number) St. Mary's Hospital, Inc.			9d. CITY, TOWN, OR LOCATION OF DEATH		9e. COUNTY OF DEATH			
10	10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed.		12. SURVIVING SPOUSE (If wife, give maiden name)		
13	13a. RESIDENCE - STATE		13b. COUNTY		14. WAS DECEDENT INSIDE CITY LIMITS? (Yes or No)			13c. ZIP CODE	
PARENTS	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Last)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College/Other			19. INFORMANT'S NAME (Type/Print)	
	19a. INFORMANT'S NAME (Type/Print)		19b. INFORMANT'S ADDRESS (Street, City, State, Zip Code)		19c. INFORMANT'S PHONE NUMBER			19d. INFORMANT'S OCCUPATION	
DISPOSITION	20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State				
	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER of Licensee		21c. NAME AND ADDRESS OF FACILITY				
CERTIFIER	22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)		22b. DATE SIGNED (Mo, Day, Yr)		22c. HOUR OF DEATH		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title)		
	22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23b. DATE SIGNED (Mo, Day, Yr) March 18, 1996		23c. HOUR OF DEATH 5:50		23d. MEDICAL EXAMINER'S CASE # 96-15-00304		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Michael D. Bell, M.D., M.E., 3126 Gun Club Road, West Palm Beach, FL 33406									
25a. SUBREGISTRAR - SIGNATURE AND DATE			25b. LOCAL REGISTRAR - SIGNATURE			25c. DATE REGISTERED			
CAUSE OF DEATH BY CERTIFIER	26. PART I: Enter the disease, 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) → Complications of Smoke Inhalation 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.						Days		
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				27a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) Yes		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? - YES - NO		30a. IF SURGERY IS MENTIONED IN PART II, ENTER CONDITION FOR WHICH IT WAS PERFORMED			30b. DATE OF SURGERY (Mo, Day, Yr)				
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		32a. DATE OF INJURY (Month, Day, Year) Mar. 14, 1996		32b. TIME OF INJURY About 12:05 AM		32c. INJURY AT WORK? (Yes or No) No		32d. DESCRIBE HOW INJURY OCCURRED Residential Fire.	
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) Accident Others Residence		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

ME 96-304

6yo B/M



OFFICE OF THE MEDICAL EXAMINER

DISTRICT 15, State of Florida

Palm Beach County

West Palm Beach, FL 33406

(407) 688-4575

INVESTIGATION REPORT

M.E. CASE: 960286 DATE: May 07, 1996 INVESTIGATOR: TONY MEAD, Forensic Investigator

NAME: [REDACTED] AKA: _____

AGE: 4 years RACE: Hispanic SEX: Male DOB: NOV 04, 1991

LOCAL ADDRESS: [REDACTED] FL

PERM. ADDRESS: [REDACTED]

S.S. #: -- D.L.#: --- OTHER I.D.: _____

CONTACT PERSON:

NEXT OF KIN: [REDACTED] RELATIONSHIP: Mother

ADDRESS: _____ NOTIFIED: Yes

HOME PHONE: _____ BUSINESS PHONE: _____

DATE / TIME LAST SEEN ALIVE: 3/14/96 01:07:00 BY WHOM: [REDACTED]

LOCATION OF INJURY: [REDACTED] FL

DATE / TIME OF INJURY: MAR 14, 1996 00:05

PLACE OF DEATH: Glades General Hospital 1201 South Main Street Belle Glade FL DOA

DATE PRONOUNCED DEAD OR FOUND: MAR 14, 1996 01:07

M.E. NOTIFIED ON: MAR 14, 1996 01:30 TRANSPORT TIME: MAR 14, 1996 01:43

AGENCY: BELLE GLADE POLICE DEPARTMENT CASE#: 96-06806

LEAD DETECTIVE: AMY ALLEN, Lead Detective, ID: 401

CRIME SCENE TECH: _____

DISPOSITION OF BODY: Mitchell Funeral Home PHONE: (407) 298-0703

March 15, 1996

INVESTIGATIVE REPORT
INV. A. MEAD

ME 96-0286

March 14, 1996 1:30am Received a page from the Dispatcher of the Sheriffs Office. Upon responding to the page, I was asked to contact Sgt. Amy Allen of the Belle Glade Police Department. I telephoned the number given and spoke with Sgt. Allen who informed me of the death of Ernesto Martinez 4yo B/M who was the victim of a residential fire. I was advised the victim was in the custody of a guardian and was visiting at 642 S.W. 7th Street. The guardian took the children to a neighbors residence while she took another adult to the hospital for treatment. The children sneaked away from the residence and returned to their residence. The children were playing with a candle and the residence caught on fire. The victim was transported to Glades General Hospital where he was pronounced dead on arrival. The second child was transported to St. Mary's Hospital in critical condition. Sgt. Allen was advised to contact Lt. Brown of the RRT and I advised that I would contact Dr. Benz.

1:43am Broward Removal Service notified of this transport.

2:00am Telephoned Dr. Benz and explained this death to him. Dr. Benz advised this does not appear to be a case for RRT. I advised I would notify the police.

2:10am Telephoned Sgt. Allen and advised her of Dr. Benz response. She advised she has no received a call from Lt. Brown. I advised that Broward Removal Service has been dispatched to transport the victim to the Medical Examiners Office.

2:12am Telephoned Glades General Hospital and spoke with the Dr. Palacio who advised me the victim was DOA. He further advised the victim has third degree burns on the head, neck, face, and arms.

3:00pm Mr. Scott Goodrich, Arson Investigator, arrived at the Medical Examiners Office. He advised that information received is that the victims mother is in Orlando and that the child was with Ms. [REDACTED] who was visiting friends at the residence in Belle Glade. Ms. [REDACTED] left the child to take another adult to the hospital. Ms. [REDACTED] left the child in the care of a 20 year old B/M. The male then left the residence to visit his girlfriend and the two children were at home alone. There is no electric in the residence and for light the resident was using a candle which was located on top of a wall mounted air freshener which was on the wall near the front door and above the living room couch which partially blocks the front door to the residence. There is no other exit other than windows. The candle was lit and apparently fell off the air freshener and onto the couch. The couch then caught fire and the apartment then caught fire. The children were found in the back bed room of the apartment. The victim was on top of the bed with no shirt on. The other child was partially under the bed in the same bed room. Fire had not reached this room but radiant heat from the wall was great. No explanation is available for the burns on the victim other than he might have attempted to exit the residence by attempting to get around the couch and received the burns. His investigation will continue as charges may be pending on the 20 year old male who was supposed to be watching the children.

**CERTIFICATE OF DEATH
FLORIDA**

LOCAL FILE NO.

PRINT IN
PERMANENT
BLACK INK

1. DECEDENT'S NAME	FIRST		MIDDLE		LAST		2. SEX	
3. DATE OF DEATH (Month, Day, Year) March 14, 1996			4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (years)		5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Min.
6. DATE OF BIRTH (Month, Day, Year)			7. BIRTHPLACE (City and State or Foreign Country)				8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
9a. PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							9b. INSIDE CITY LIMITS? (Yes or No)	
9c. FACILITY NAME (If not institution, give street and number) Glades General Hospital				9d. CITY, TOWN, OR LOCATION OF DEATH			9e. COUNTY OF DEATH	
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed.		12. SURVIVING SPOUSE (If wife, give maiden name)		
13a. RESIDENCE - STATE		13b. COUNTY		13c.		ER		
13d. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT (Specify No. of Mex. can. Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College: 4 yrs -		name:		
17. FATHER'S NAME (First, Middle, Last)							18. MOTHER'S NAME (First, Middle, Last)	
19a. INFORMANT'S NAME (Type/Print)							19b. Relationship to Decedent	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			20c. LOCATION - City or Town, State		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH			21b. LICENSE NUMBER (of Licensee)		21c. NAME AND ADDRESS OF FACILITY			
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) [Signature]			22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and examiner as stated (Signature and Title) [Signature] MD/ME	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			M		23b. DATE SIGNED (Mo., Day, Yr.) March 14, 1996		23c. HOUR OF DEATH 1:07 A	
23d. MEDICAL EXAMINER'S CASE # 96-15-00286			24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Michael D. Bell, M.D., M.E., 3126 Gun Club Road, West Palm Beach, FL 33406					
25a. SUBREGISTRAR - SIGNATURE AND DATE			25b. LOCAL REGISTRAR - SIGNATURE			25c. DATE REGISTERED		
26. 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. Thermal Burns and Carbon Monoxide Inhalation					Minutes		
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. DUE TO (OR AS A CONSEQUENCE OF)							
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			27a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) Yes		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? - YES - NO		30a. IF SURGERY IS MENTIONED IN PART II, ENTER CONDITION FOR WHICH IT WAS PERFORMED			30b. DATE OF SURGERY (Mo., Day, Year)			
21. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		32a. DATE OF INJURY (Month, Day, Year) Mar. 14, 1996	32b. TIME OF INJURY About 12:05 AM	32c. INJURY AT WORK? (Yes or No) No		32d. DESCRIBE HOW INJURY OCCURRED Residential Fire		
Accident		32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) Others Home		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

ME 96-286

4yrs B/M



OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: [REDACTED]
AUTOPSIED MARCH 18, 1996, 12:40; M.E. #96-0304

Gallbladder and Bile Ducts: The gallbladder contains 22 ml of golden brown viscid bile. No gallstones are seen. The mucosa is normal. The cystic and common bile ducts are patent.

Spleen: The spleen weighs 120 grams. The normal spleen weight is 128 grams. The spleen has its normal anatomic shape and the capsule is intact, smooth and glistening. On cut section, the parenchyma is red-purple and shows no granulomas, infarcts, masses or other abnormalities. No lacerations are seen.

Pancreas: The pancreas weighs 45 grams. The normal pancreas weight is 49 grams. The pancreas has its normal anatomic shape. On cut section, the pancreas is tan, lobulated and firm. No hemorrhage, fat necrosis, fibrosis or masses are seen.

Adrenal Glands: The adrenal glands have their normal anatomic shape, size and location. On cut section, the cortex is yellow and medulla grey. No tumor, lacerations or hemorrhage is seen.

Gastrointestinal Tract: The esophagus shows no dilatation or stricture. The esophageal mucosa is white with no ulcers, tears, or varices seen. The stomach is intact and contains a small amount of pale brown liquid. There is no gastric dilatation. No blood is present. No aromatic or unusual odors are detected. No pills, capsules or granular material is seen. The gastric mucosa is grey-pink with normal rugae. No ulcers, polyps or masses are seen. The duodenum shows no ulcers. The small and large bowel show no dilatation, obstruction, perforation, infarction, or masses. The appendix is normal.

Genito-Urinary System: The right and left kidneys have a combined weight of 170 grams. The normal combined weight is 185 grams. The kidneys have their normal anatomic shape and location. The capsules strip easily and the underlying surface is smooth. On cut section, the parenchyma is red-brown with a normal architecture. The cortex, medulla and papillae of each kidney are normal. The calyces, pelves and ureters are normal. The urinary bladder contains 23 ml of yellow clear urine. The bladder mucosa is normal.

Central Nervous System: Upon reflecting the scalp, no subgaleal contusions are seen. The skull is intact and normal thickness and

PRINTED: MAY 2, 1996

ASSIGN 960729 EXHIBIT 4
FIRM WELLS DATE 3/29/96
INVESTIGATOR Jeffrey A. Simon
PAGE 5 OF 8

PAGE 5



OFFICE OF THE DISTRICT 15 MEDICAL EXAMINER
3126 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406-3005

NAME: ~~REDACTED~~
AUTOPSIED MARCH 18, 1996, 12:40; M.E. #96-0304

color. No skull fractures are seen after removal of the dura mater. The dura is intact and shows no discoloration. The venous sinuses are patent. There are no epidural or subdural hematomas. The 1330 gram brain has thin transparent leptomeninges with no subarachnoid blood or exudates seen. The normal weight is 1345 grams. The basal cisterns are clear. The cerebral hemispheres are symmetric. The sulci are obliterated and the gyri flattened by diffuse cerebral edema. The pia vessels are dilated and congested. No cingulate, tonsillar or uncal herniation is seen. The olfactory bulbs are intact. The blood vessels at the base of the brain reveal a normal configuration of the arterial circle of Willis with no arteriovenous malformations or berry aneurysms seen. The cranial nerves are normal. The pituitary gland is normal. The pineal gland is normal.

The infratentorial structures are externally normal without discoloration, softening or herniation. The leptomeninges are clear.

Sequential coronal sections through the supratentorial tissues show the ventricular system to be slightly compressed but not displaced. The ependymal lining and choroid plexes are normal. No blood is seen in the ventricular system. The cortical grey mantle is normal thickness and distribution. No contusions or defects are seen in the grey matter. The subjacent white matter including the centrum semi-ovale and corpus callosum is normal. The caudate nuclei are normal. There is crack artifact involving the right and left globus pallidus. The putamen are normal. The thalamus is unremarkable. The mamillary bodies show no hemorrhage or discoloration. The hippocampal formations are normal. The aqueduct of Sylvius is patent.

Sequential coronal sections through the midbrain, pons, cerebellum, and medulla oblongata, cut at right angles to the neuraxis are unremarkable. The pigmentation of the locus ceruleus and substantia nigra is appropriate for chronologic age. The cerebellum shows no unusual features. The deep midline nuclei of the cerebellum are symmetric and the folia are within normal limits. The medulla oblongata including the pyramids, is symmetric.

END

PRINTED: MAY 2, 1996

ASSIGN ⁹⁶⁰⁷²⁹ ~~HC5388~~ EXHIBIT 4
FIRM _____ DATE 5/28/96
INVESTIGATOR Jeffrey A. Simon
PAGE 6 OF 8

PAGE 6

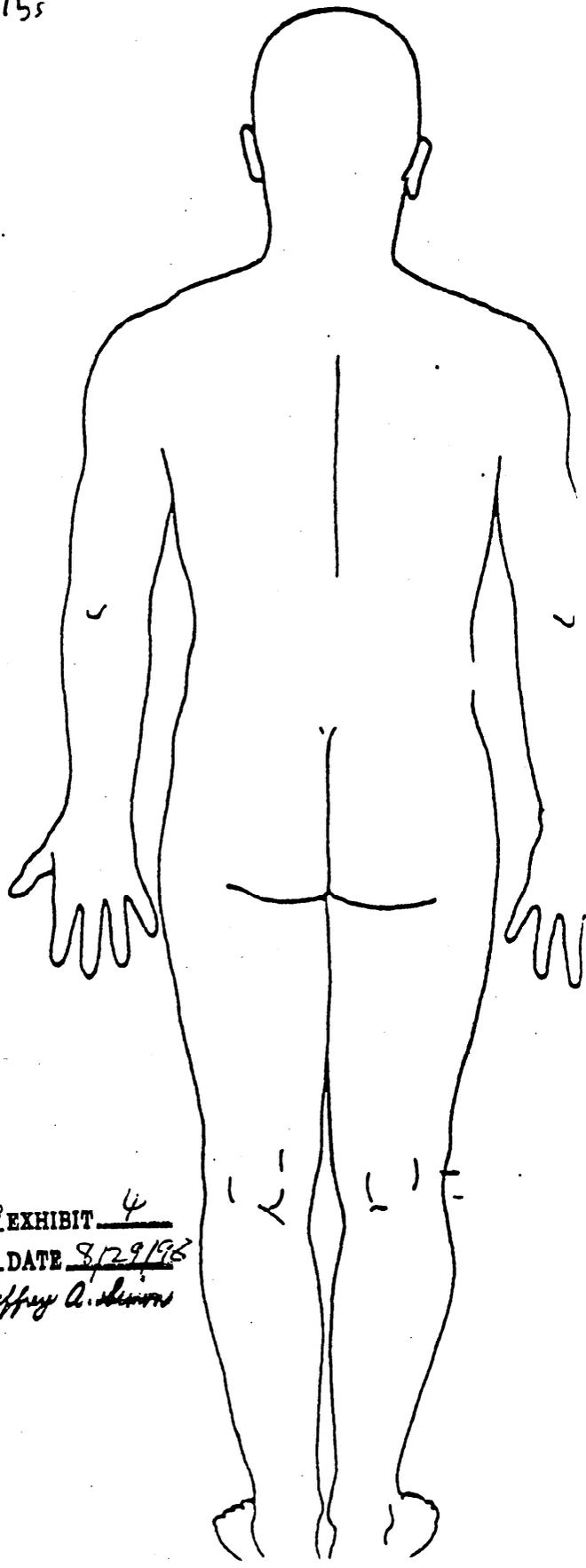
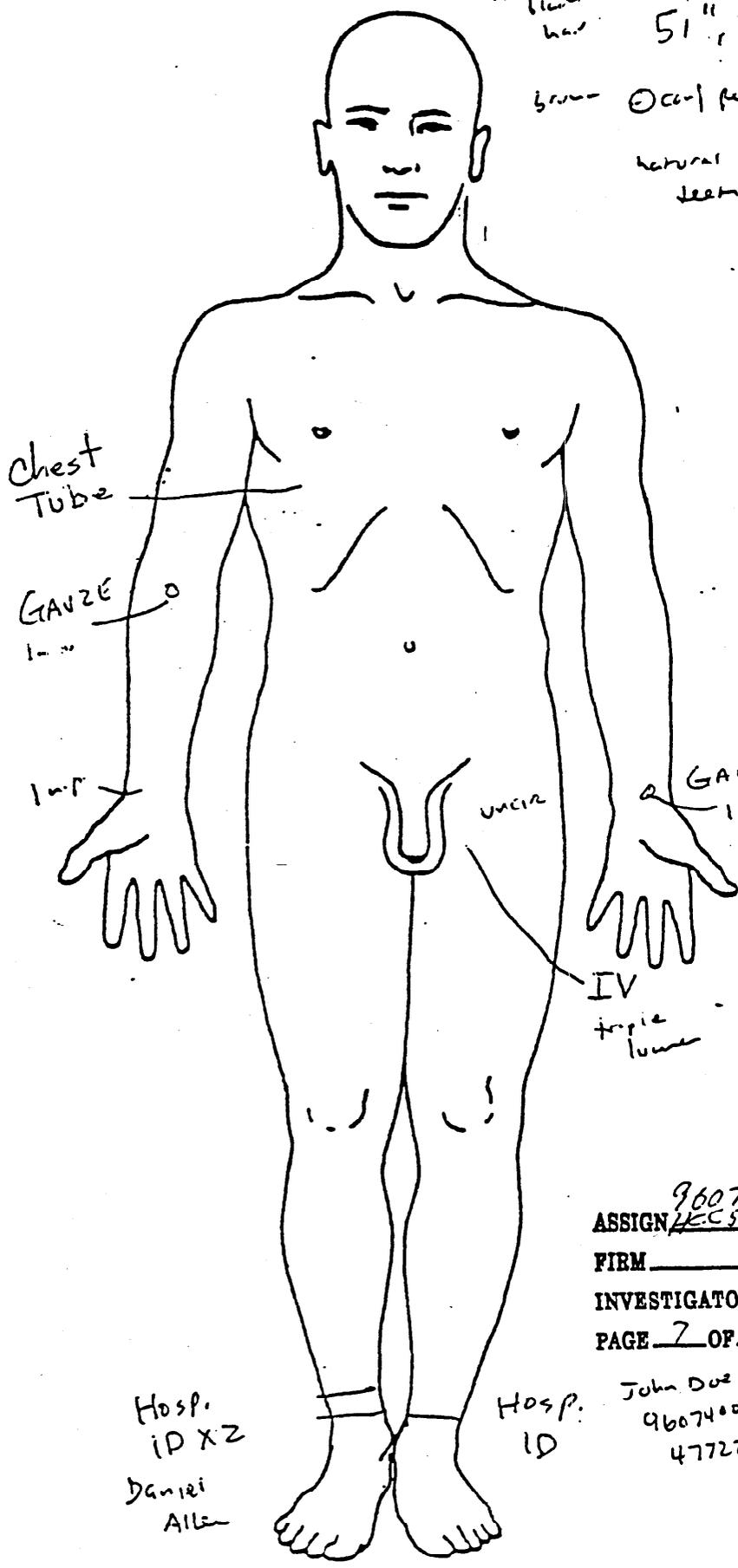


Anterior views (ventral and dorsal).

Name [REDACTED]
Age 6 Race BLACK Sex MALE

Autopsy No. ME 96-030
Date MAR 18, 1998

short black hair
5' 7 1/2", 75 lbs
brown - Oculi per
natural teeth



960729
ASSIGN EC5383 EXHIBIT 4
FIRM _____ DATE 8/29/98
INVESTIGATOR Jeffrey A. Shivers
PAGE 7 OF 8

Hosp. ID XZ
Daniel Allen

Hosp. ID
John Doe
960740000
477223

SUBMITTER

PBSO LAB NUMBER: 96-10585

DATE: 03/25/96

**** PALM BEACH COUNTY SHERIFF'S OFFICE ****

PAGE: 1

3228 GUN CLUB ROAD
WEST PALM BEACH, FLORIDA 33406
PHONE (407) 688-4200
RICHARD L. TANTON
LABORATORY DIRECTOR

*** CRIME LABORATORY REPORT ***

SECTION: TOXICOLOGY

INVEST. AGENCY: MEO	CASE NUM: 96-0304	AGENT: DR. M.D. BELL
INVEST. AGENCY: BCPD	CASE NUM: 96-06806	AGENT:
INVEST. AGENCY:	CASE NUM:	AGENT:
INVEST. AGENCY:	CASE NUM:	AGENT:
INVEST. AGENCY:	CASE NUM:	AGENT:
DATE SUBMITTED: 03/20/96		ANALYSIS COMPLETE: 03/25/96

*** PRINCIPALS ***

SUSPECT/VICTIM	LAST NAME	FIRST NAME	MI	BT	DOB	RACE	SEX
VICTIM	[REDACTED]	[REDACTED]			10/28/89	B	M

*** EVIDENCE ***

ITEM NO.	QTY	DESCRIPTION
*****		***** TOXICOLOGY EVIDENCE *****
*****		ONE SEALED PLASTIC BAG CONTAINING:
1-1	3	TUBES HOSPITAL ADMISSION SPECIMENS
1-2	1	RED TOP TUBE NASAL SWABS

*** RESULTS ***

HOSPITAL BLOOD ALCOHOL: NONE DETECTED
HOSPITAL BLOOD ABUSE SCREEN BY FPIA AND GLC:
PHENOBARBITAL 25.3 MG/L

F. THOMAS CARROLL
CHIEF TOXICOLOGIST

DATE 3/26/96

ASSIGN 960729
K.C.5333 EXHIBIT 4

FIRM _____ DATE 3/29/96

INVESTIGATOR Jeffrey A. Simon

PAGE 4 OF 4

FILE:

FIELD ACTIVITY COVERSHEET

1 Region/State FOCR/ATL-SO	2 Operation (Check one) <input type="checkbox"/> Inspection <input type="checkbox"/> Telephone contact <input type="checkbox"/> Other <input checked="" type="checkbox"/> Establishment visit <input checked="" type="checkbox"/> Investigation	3 Date 6/21/96
		4 Number 960805CCN1628

5 Establishment

Name _____
 Address _____
 City _____ State _____ Zip _____ Telephone _____

6 Related firm Parent Headquarters Subsidiary Other

Name _____ City _____ State _____

7 Products covered <u>disposable cigarette lighter</u>	8 Other consumer products _____
---	------------------------------------

9 Establishment Type <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own label distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other	10 Annual production Product covered \$ _____ units Other products \$ _____ units
---	---

11 IS business N/A % received _____ % shipped _____	12 Samples collected none	13 MIS code 32626	14 Hours Activity <u>8</u> Travel <u>0</u>
---	------------------------------	----------------------	--

15 Reason for activity Assignment 960805CCN1628 to conduct IDI as F/U to cigarette lighter incident in Council Bluffs, Iowa.

16 Announced (Rationale for announced inspection)
 Unannounced

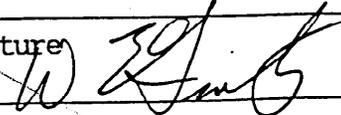
17 Employee's Name Jimmie L. Barrett	Title Product Safety Investigator	Signature date
---	--------------------------------------	----------------

18 Endorsement Remarks Summary Other

This IDI was a F/U to a newsclip.

A fire originated as the result of a 4 year old male playing with a child proof disposable cigarette lighter when he set an upholstered chair on fire. According to the respondent who is the child's grandmother, no injuries were involved but the home was badly damaged. No info or ident was available on the upholstered chair.

F/U: None.

19 Reviewer's Name William E. Gentry	Title Supervisory Investigator	Signature 
---	-----------------------------------	--

20 Review Date 8/8/96	21 Distribution O: EPDS, C: FOCR(IDI), FOER(E/F), CCM(MB), CS: BG, RF, JLB
--------------------------	---

1. CASE NO. 960805CCN1628		2. INVESTIGATOR'S ID 8 0 2 9		3. OFFICE CODE 8 3 0		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF ACCIDENT 9 6 0 5 0 6		5. DATE INVESTIGATION INITIATED YR MO DAY 9 6 0 6 2 1					
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A fire originated as the result of a 4 year old male playing with a child proof disposable cigarette lighter when he set an upholstered chair on fire. According to the respondent who is the child's grandmother, no injuries were involved but the home was badly damaged							
7. LOCATION(Home, school, etc.) home (bedroom)		8. CITY Council Bluffs		9. STATE Iowa			
10A. FIRST PRODUCT disposable cigarette lighter			11a. TRADE/BRAND NAME, MODEL				
10B. SECOND PRODUCT upholstered chair			11B. TRADE/BRAND NAME, MODEL				
12. AGE OF VICTIM 9 9 9		13. SEX(Numerical code) Male -1 Female -2 Unknown-3		14. DISPOSITION no injury		15. INJURY DIAGNOSIS no injury	
16. BODY PART no injury		17. RESPONDENT(S) homeowner		18. TYPE INVESTIGATION On Site 1 Telephone 2 Other 3		19. TIME SPENT 0 8 0	
20. ATTACHMENTS multiple		21. CASE SOURCE newspaper		22. REVIEWED BY YR MO DAY 8 0 0 7		9 6 0 8 0 8	
23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>							
24. NARRATIVE(See Instructions on Other Side)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			

(Use Other Side and Additional Sheets If Necessary)

An on-site was not conducted at the home in Council Bluffs, Iowa, where this incident occurred. Information was provided by the grandmother of the 4 year old male who was playing with a child proof disposable cigarette lighter when he set an upholstered chair on fire. No injuries were involved but the home, according to the grandmother, was badly damaged.

PRE-ACCIDENT:

The respondent stated her home has 3 bedrooms upstairs and 1 bedroom downstairs. She estimated the home to be approximately 1,900 square feet and approximately 20 years old. She stated the bedroom where this incident occurred is downstairs in the basement portion of the home.

According to the respondent, at the time of this incident, she, her husband and 16 year old daughter lived in the home. She stated in addition that her 26 year old daughter-in-law who has a 4 year old male and 2 females (5 and 6 years old) were staying with her.

According to the grandmother of the 4 year old male, on the day of this incident (5/6/96) at approximately 6:00 p.m., she and her husband had gone out shopping. The respondent stated her 16 year old daughter was at home with her 4 year old grandson, his mother and 2 sisters. The grandmother indicated the two girls had fallen asleep in the bedroom where there was an upholstered chair with foam type material. She stated her daughter-in-law was fixing dinner. She stated the mother of the children had a disposable child proof cigarette lighter which she uses. She stated the 4 year old was in the room with his mother when he disappeared from the room. She stated he apparently got his mother's disposable cigarette lighter and went to the bedroom where he was playing with the lighter when he set an upholstered chair on fire.

ACCIDENT:

At approximately 6:00 p.m. on 5/6/96, a fire originated as the result of a 4 year old male playing with a child proof disposable cigarette lighter when he set an upholstered chair on fire. According to the child's grandmother, no injuries were involved.

The respondent stated there were no unusual circumstances occurring at the time and no one was under the influence of drugs or alcohol. She stated the 4 year old has no handicaps or disabilities. The incident occurred in the bedroom of the respondent's home in Council Bluffs, Iowa. According to the respondent, both the chair and the lighter were destroyed in the fire.

The attached Exhibit 2 INCIDENT REPORT received from the fire department indicates the "EXTENT OF FLAME DAMAGE "Room of Origin". In addition, it indicates the "FORM OF HEAT OF IGNITION "Lighter TYPE OF MATERIAL IGNITED Wood/Paper...ESTIMATED LOSS 15,000". However, the respondent indicated the damage to the home was approximately \$56,000.

Contact has been made with the insurance company handling the claim for the respondent to obtain a copy of the insurance report and photographs. If additional information is received from the insurance company, it will be added as an addendum.

POST ACCIDENT:

The respondent stated the phone rang in the hallway next to the bedroom where the fire originated. She stated when her 16 year old daughter went to answer the phone she smelled smoke. She stated either her daughter or her daughter-in-law called 911 who came to the scene to extinguish the fire (fire report attached as Exhibit 2). The respondent indicated they are currently living in an apartment until their house can be rebuilt.

PRODUCT INFORMATION:

The respondent identified the lighter involved in this incident as a Bic disposable child proof lighter. She stated the lighter belonged to her daughter-in-law who is the mother of the 4 year old who was playing with the lighter. She had no information pertaining to where the lighter was purchased, age of the lighter, etc.. She stated the lighter was destroyed in the fire. The address for the manufacturer of the lighter was obtained from the Trade Names Dictionary as being [REDACTED]

The respondent also indicated the upholstered chair which ignited was destroyed in the fire and she has no information to provide about the chair other than it was an upholstered chair with foam type material.

ATTACHMENTS:

- Exhibit 1 - ACCIDENT INVESTIGATION REQUEST form and newspaper article.
- 2 - INCIDENT REPORT received from the fire department.
- 3 - Letter to insurance company requesting insurance report and photographs.

CAIC
283

966614005255

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: *G9450198A*

DATE OF INCIDENT: *5/1/94* CATID: CARM07 1996

FOLLOW-UP REQUESTED HAZARD ANALYSIS () CRM

TYPE FOLLOW-UP TELEPHONE () ON-SITE

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) Keith Vanderloo, Fire Investigator*
2) Parent or Guardian

Guidelines: Appendix 45

Task Number: *966614005255* Date: *6/14/94*
Assigned to: *CAIC* Requested by:

EA. 1

JUN 5 1996

960614CC5255 37 >

TC-20

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UNIVERSAL

Daily Nonpareil
Council Bluffs, IA
Cir. O. 20,399

MAY - 8 1996

Universal Press Clipping Bureau

The Daily Nonpareil

Child starts house fire with lighter

KEITH THORPE
The Daily Nonpareil

A Council Bluffs woman suffered from smoke inhalation after her home caught fire Tuesday because of a child playing with a lighter.

_____ was treated at the scene after breathing smoke as she rescued her 4-year-old son from her burning home at _____.

The child was not injured.

Firefighters were called at 2:41 p.m. and spent about an hour extinguishing the fire and ventilating smoke from the house.

Fire Investigator Keith Vanderloo said curtains and several plastic toys burned, filling the home with smoke. Damage was estimated at about \$500, he said.

This was the second fire in two days that was started by a child playing with matches or lighters.

Children playing with fire was listed as the cause of a blaze Monday at _____. That fire caused about \$15,000 damage to the home of Dan Pritchett.

vanderloo said the Fire Department would consider redoubling its efforts to educate people about the potentially perilous mix of children and flammables.

"It's our No. 1 cause of fires in Council Bluffs anymore," he said. "We'll have to look seriously about getting information out about children, matches and fires."

The Fire Department already has education programs for school-age children and for youngsters who have caused fires, but Vanderloo said no programs currently exist for parents.

Young children have a natural fascination for fire and are usually unaware of the danger, Vanderloo said. Their experiments can lead to trouble.

Parents should make sure that all lighters and matches are kept away from youngsters, he said.

"They have no idea of what they are experimenting with," Vanderloo said. "Parents need to have a secure place if they have (lighters or matches) in their homes."

The widespread use of so-called "child-proof" lighters seems to have no effect on accidental fires, Vanderloo said. Most children are smart enough to figure out ways to defeat the safety mechanisms.

The 4-year-old who caused Tuesday's blaze was playing with a lighter billed as child-proof, he said.

"Those don't seem to make any difference," Vanderloo said.

960614CC5255
A
1/7/94

B
3/4/94

EX-1

INCIDENT REPORT *9606140055* **NEIRS-1**
Council Bluffs Fire Department

DELETE
 CHANGE

A	FDID 78004	INCIDENT NO 96-001131	EXP NO 00	MO 05	DAY 07	YR 96	DAY OF WEEK Tuesday	ALARM TIME 3	14:41:00	ARRIVAL TIME 14:43:00	IN SERVICE 15:11:00
B	TYPE OF SITUATION FOUND Structure Fire						TYPE OF ACTION TAKEN 11 Extinguishment			MUTUAL AID 1 <input type="checkbox"/> Recd <input type="checkbox"/> Given	
C	FIXED PROPERTY USE 1-family Dwelling-year						IGNITION FACTOR 411 Incendiary, No Civil Disturb.			11	
D	CORRECT ADDRESS [REDACTED]						CO. 155	TWN	ZIP CODE 51501	CENSUS TRACT 0307.00	
E	OCCUPANT NAME [REDACTED]						TELEPHONE [REDACTED]			ROOM/APT NO	
F	OWNER NAME [REDACTED]						ADDRESS [REDACTED]			TELEPHONE [REDACTED]	
G	METHOD OF ALARM FROM PUBLIC Telephone Direct			TYPE OF ALARM 1 Fire Alarm		DISTRICT 5	SHIFT 1	STATION C	1	NO. ALARMS 1	
H	911 USED 911 Dispatched		PERSONNEL RESPONDED 1	013		ENGINES RESPONDED 002	AERIAL APPARATUS 001		OTHER VEHICLES 003		

ALL INCIDENTS

CAS

ALL FIRES

STRUCTURE

I	NUMBER OF INJURIES FIRE SERVICE 000	OTHER 000	NUMBER OF FATALITIES FIRE SERVICE 000	OTHER 000
----------	--	-----------	--	-----------

J	COMPLEX Dwelling Complex	41	MOBILE PROPERTY TYPE Not Applicable	08
K	AREA OF FIRE ORIGIN Sleeping Room < 5 People	21	EQUIPMENT INVOLVED IN IGNITION No Equipment Involved	98
L	FORM OF HEAT OF IGNITION Lighter	46	TYPE OF MATERIAL IGNITED Man-made Fiber	71
M			FORM OF MATERIAL IGNITED Curtain, Blind, Drapery	36
	METHOD OF EXTINGUISHMENT Preconnect W/Tank Water	5	LEVEL OF FIRE ORIGIN Grade To +9'	1
			ESTIMATED LOSS	500
			ESTIMATED VALUE	500

N	NUMBER OF STORIES Two Stories	2	CONSTRUCTION TYPE Unprotected Wood Frame	8
O	EXTENT OF FLAME DAMAGE Room Of Origin	3	EXTENT OF SMOKE DAMAGE Floor Of Origin	6
P	DETECTOR PERFORMANCE Detectors Present & Operated	1	SPRINKLER PERFORMANCE No Equipment	8
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE Man-made Fiber		71
R		AVENUE OF SMOKE TRAVEL Corridor		2
		FORM OF MATERIAL GENERATING MOST SMOKE Curtain, Blind, Drapery		36

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

CHECK IF COMMENTS

U	OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) Douglas Yearington, Captain <i>DY</i>	DATE 06/07/96
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) Douglas Yearington	DATE 06/07/96

EX. 2

UNITED STATES GOVERNMENT

Memorandum

U.S. CONSUMER PRODUCT
SAFETY COMMISSION
WASHINGTON, D.C. 20207

TO : William E. Gentry, SPSI

FROM : Jimmie L. Barrett, Investigator *JLB*

DATE: 8/16/96

SUBJECT: Addendum to IDI #960805CCN1628

The attached DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES should be added as an addendum to the subject IDI.

Attachment - Data Recording Sheet



INVESTIGATION GUIDELINE

96080500N1628

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES
(To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 96080500N1628 Incident Date 5-6-96

A. PRODUCT DESCRIPTION: Sofa/Couch Chair Sofa bed Other _____

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand unknown

4. Purchased: New Used Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: 1994 Furniture Age approx 1 1/2 yrs.

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Wok Cord Tuft Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

LT 5 yrs. old 5 - 14 15 - 64 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

Lighter Match Candle Heater Fireplace

Other (specify) _____

Unknown



INVESTIGATION GUIDELINE

960805 CNN 1628

If lighter, specify type: Child-resistant Not child-resistant Unknown

If match, specify type: Book Box Unknown

If heater, specify fuel source and distance from furniture:
_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

Yes No Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

Yes No Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

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

F. VICTIM(S) N/A

_____ Number of Deaths _____ Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: 68,000

Rent Own

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