

1. CASE NO. 941102HCNO421		2. INVESTIGATOR'S ID 8 1 2 3		3. OFFICE CODE 8 3 0		EPIDEMIOLOGIC INVESTIGATION REPORT
4. DATE OF ACCIDENT YR MO DAY 9 14 1 10 3 11		5. DATE INVESTIGATION INITIATED YR MO DAY 9 14 1 11 0 2				
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A fire started by a four year old boy playing with a disposable cigarette lighter caused some fire and extensive smoke damage in a small, rented home. The fire started under an upholstered sofa. There were no injuries.						
7. LOCATION (Home, school, etc.) Home - porch 1 0						
				8. CITY Minneapolis		9. STATE M N
10A. FIRST PRODUCT Upholstered Sofa 0 6 7 9			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown			
10B. SECOND PRODUCT Disposable cig. lighter 1 6 0 4			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown			
12. AGE OF VICTIM 0 0 4 *		13. SEX (Use numerical code) MALE -1 1 FEMALE -2 UNKNOWN -3		14. DISPOSITION No injury 0		15. INJURY DIAGNOSIS No injury 7 1
16. BODY PART 9 9		17. RESPONDENT(S) (Mother, Friend) Fire Marshal and sofa owner 1		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 1 OTHER 3		19. TIME SPENT 3 0
20. ATTACHMENTS Multi 9		21. CASE SOURCE Fire Dept. 0 1		22. REVIEWED BY 8 1 3 0 YR MO DAY 9 15 0 1 0 6		
23. PERMISSION TO DISCLOSE NAMES (BUSINESS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input checked="" type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input type="checkbox"/>						
24. NARRATIVE (See instructions on Other Side)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE		

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

941102HCN0421

PRE-ACCIDENT:

This investigation concerns a fire that occurred at a small single family home. The home is occupied by a 28 year old female, her two sons ages 4 and 5, and the female's male companion, age 37. There was also a 49 year old female at the residence when the fire occurred. The respondents are the 28 year old female and the fire marshal who investigated the incident.

This fire incident occurred at approximately 9 p.m. Just prior to the incident, the adult occupants of the residence were watching television. The 28 year old female's 5 year old son was holding a disposable butain cigarette lighter. She said it was not a child resistant lighter. She said that normally she would've had the lighter in her pocket, but was wearing sweat pants that did not have any pockets. The 5 year old boy said that his 4 year old brother with whom he was playing took the lighter out of his hand and went out to the enclosed porch at the front of the house. The porch is approximately 12 feet wide and 15 feet long. It had two sofas on it. The respondent said that both sofas were very old and that she was unable to estimate their approximate age. She said she had received both sofas on different occasions from friends. Both sofas were equipped with three removable cushions.

The 4 year old boy apparently was on the floor in front of one of the sofas with the cigarette lighter. His 5 year old brother was watching when the 4 year old put the lit cigarette lighter under the sofa and ignited the material covering the bottom of the frame. The boys mother said ^{to} the best of her knowledge, the sofa had never been re-upholstered.

INCIDENT:

The female occupant's male companion became aware of the commotion on the porch and went to investigate. He discovered the fire in the sofa.

He attempted to extinguish the fire for several minutes but was unsuccessful.

POST INCIDENT:

One of the other adult persons in the residence called the fire department, which responded within a few minutes. The home is equipped with battery powered smoke detector and it sounded an alarm after the fire was discovered. All of the occupants of the home were able to escape the fire without injury.

The fire department removed both sofas and the upholstered chair from the front porch after the fire. Photographs attached to this report show the condition of the sofa where the fire originated. Very little remains of that piece of furniture. The sofa did have three removable seat cushions. The respondent could not specifically recall whether there was anything on the couch at the time the fire started. If there was any labeling on the couch itself, it was destroyed in the fire.

ATTACHMENTS:

1. Copy of incident report/assignment.
2. Investigation data recording sheet.
3. Photographs.

U.S. CONSUMER PRODUCT SAFETY COMMISSION

941102HCN0421

AUTHORIZATION FOR RELEASE OF NAME

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

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

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

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

My identity is to remain confidential.

Victoria Anderson-Peshok/DDD
(Signature)
per telecon this date
D. D. D.

11/3/84
(Date)

NOV-02-1994 13:54 FROM CENTRAL REGION 312 353 5013
11/02/94 09:36 CPSC MSP RP - 312 353 5013
NOV 1 '94 15:53 FROM MPLS FIRE DEPT

TO

TWC RP P.01

NO. 033 002

PAGE. 004

941102 HCN0421
#1

CASE REPORT MINNEAPOLIS POLICE DEPARTMENT CCN # : MP9410-322919
PRINTED: 11/01/94 10:16 COPRS PAGE # : 3

CASE CONTINUED: CCN: MP9410322919 OFFICER : 12598 HAGEN

SUPPLEMENT : 1
NON PUBLIC INFORMATION

MFD FIRE INVESTIGATION REPORT BY R. HAGEN

Remarks:

I, Ronald Hagen, Minneapolis Fire Investigator, conducted a fire investigation of the fire that occurred at 3916 26th Ave. So. on this date. For orientation purposes, the house faces in an easterly direction. Located along the east end of the house is an attached enclosed porch. The porch is approximately 12 feet wide in an east-west direction and 15 feet long in a north-south direction. As you enter the house from the east side, after travelling through the porch you enter a dining room and then a kitchen which is located in the rear of the house.

Capt. David Bartosh, Station 21, stated when they arrived on the scene the greatest amount of fire was located on the front porch in a sofa located along the south end.

I talked to PATRICK JAMES LENARZ in the presence of his mother, VICTORIA ANDERSON-PESHECK. VICTORIA told PATRICK to tell me what happened. PATRICK stated that he was holding a cigarette lighter for his mother because she did not have any pockets in her sweatpants. PATRICK said he had the lighter and MATTHEW came along and took it from him. MATTHEW then went to the front porch and lit the sofa on fire that was located along the south end of the porch. PATRICK stated that MATTHEW lit the underside of the sofa.

DAVID CHASE stated that when he became aware of the fire, he tried to fight the fire by throwing water on the sofa. He said that he fought the fire for approximately 3 minutes.

An examination of the scene revealed that the porch suffered the greatest amount of fire damage. Fire damage consisted of charring to all four walls as well as the floor. The fire department removed the sofa that was located along the south end of the porch. As you travelled away from the porch and entered the house, the fire damage decreased. The remainder of the house suffered heavy heat and smoke damage.

An examination of the sofa that was removed from the porch revealed that it suffered the greatest amount of fire damage compared to other pieces of furniture such as another couch and stuffed chair.

G4 B0003 I01 #941102 HCN042

25485

CASE REPORT MINNEAPOLIS POLICE DEPARTMENT CCN # : MP9410-322919
PRINTED: 11/01/94 10:16 COPRS PAGE # : 4

CASE CONTINUED: CCN: MP9410322919 OFFICER : 12598 HAGEN

SUPPLEMENT : 1

Based on the observations made by Capt. Bartosh that the greatest amount of fire was located on the south end of the porch and the fact that PATRICK LENARE stated that MATTHEW set the sofa on fire which was located along the south end of the porch, and finally the greatest amount of fire damage to the furniture was located on the south end of the porch, it is my opinion that the fire did originate on the porch on the south end.

Based on the information obtained from PATRICK LENARE that MATTHEW admitted setting the fire to the sofa and the fact that PATRICK observed him doing this, it is my opinion that the fire was accidental, juvenile playing with a cigarette lighter.

Estimated loss on the house is \$25,000, contents \$10,000. Photographs were taken of the fire scene.

End of report.

R. Hagen

ksj

* END OF PRINT FOR CASE MP9410322919 *
* PRINTED FROM CP1/CMUL4123 BY EMPLOYEE # 053301 11/01/94 10:16 *

25601

CASE REPORT MINNEAPOLIS POLICE DEPARTMENT CGN # : MP9410-322919
PRINTED: 11/01/94 10:16 COPRS PAGE # : 1

SOLVABILITY : 0 | ADULT: OPEN | ASSGN TO: |

CGN: MP9410322919 ORIGINAL CGN: PCT: 3 OFFICER: 12598 HAGEN
INCIDENT CODE: 1 ACFIRE
INCIDENT ADDR.: 3916 26 AV S MPLS MN
OCCURRED FROM: 10/31/94 2021 TO: 00/00/00 0000 REPORTED: 10/31/94 0000
DISPATCHED : 0000 ARRIVED: 0000
CRIME ELEMENTS: NO CRIME ELEMENTS IDENTIFIED

OWNER : KADEL, FRED : DL: UNKNOWN
ADDRESS : UNKNOWN UNKNOWN
DOB. : 00/00/00
FACE : UNKNOWN
RES. PHONE : 721-7710
AVAILABLE : - 0000-0000
EMPLOY/SCHOOL : UNKNOWN UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN
VICTIM/WITNESS-----

VICTIM : CHASE, DAVID W : DL: UNKNOWN
ADDRESS : 3916 26 AV S MPLS MN
DOB. : 09/10/57
FACE : WHITE
RES. PHONE : 729-6585
AVAILABLE : - 0000-0000
EMPLOY/SCHOOL : GAMBER ROOFING
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN
VICTIM/WITNESS-----

VICTIM : WHALEY, MARLYN L : DL: UNKNOWN
ADDRESS : 3916 26 AV S MPLS MN
DOB. : 05/11/45
FACE : WHITE
RES. PHONE : 729-6585
AVAILABLE : - 0000-0000
EMPLOY/SCHOOL : UNKNOWN UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN
VICTIM/WITNESS-----

VICTIM : ANDERSON-PESHECK, VICTORIA L : DL: UNKNOWN
ADDRESS : 3916 26 AV S MPLS MN
DOB. : 06/13/66
FACE : WHITE
RES. PHONE : 729-6585
AVAILABLE : - 0000-0000
EMPLOY/SCHOOL : UNKNOWN UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN
VICTIM/WITNESS-----

VICTIM : LENARZ, MATTHEW D : DL: UNKNOWN
ADDRESS : 3916 26 AV S MPLS MN
DOB. : 04/06/90 JUVENILE
FACE : WHITE
RES. PHONE : 729-6585
AVAILABLE : - 0000-0000
EMPLOY/SCHOOL : UNKNOWN UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN
VICTIM/WITNESS-----

X

CASE REPORT MINNEAPOLIS POLICE DEPARTMENT CCN # : MP9410-322919
PRINTED: 11/01/94 10:16 COPRS PAGE # : 1

SOLVABILITY : 0 | ADULT: OPEN | ASSIGN TO:

CCN: MP9410322919 ORIGINAL CCN: PCT: 3 OFFICER: 12598 HAGEN 25
INCIDENT CODE : 1 ACFIRE ACCIDENTAL FIRE 485
INCIDENT ADDR.: 3916 26 AV S MPLS MN
OCCURRED FROM : 10/31/94 2021 TO: 00/00/00 0000 REPORTED: 10/31/94 0000
DISPATCHED : 0000 ARRIVED: 0000 CLEARED : 0000 5
CRIME ELEMENTS: NO CRIME ELEMENTS IDENTIFIED

OWNER 1 : KADEL, FRED DL: UNKNOWN
ADDRESS : UNKNOWN UNKNOWN
DOB. : 00/00/00 AGE : 000 HEIGHT : 0' 00" BUILD :
RACE : UNKNOWN SEX : UNKNOW
RES. PHONE : 721-7710 BUS PHONE: UNKNOWN
AVAILABLE : - 0000-0000 REL. : UNKNOWN
EMPLOY/SCHOOL : UNKNOWN TITLE : UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN

VICTIM 1 : CHASE, DAVID W DL: UNKNOWN
ADDRESS : 3916 26 AV S MPLS MN
DOB. : 09/10/57 AGE : 037 HEIGHT : 5' 08" BUILD : ME
RACE : WHITE SEX : MALE VICTIM OF: ACFIRE
RES. PHONE : 729-6585 BUS PHONE: UNKNOWN
AVAILABLE : - 0000-0000 REL. : UNKNOWN
EMPLOY/SCHOOL : GAMEBER ROOFING TITLE : ROOFER
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN

VICTIM 2 : WHALEY, MARILYN L DL: UNKNOWN
ADDRESS : 3916 26 AV S MPLS MN
DOB. : 05/11/45 AGE : 049 HEIGHT : 5' 06" BUILD : ME
RACE : WHITE SEX : FEMALE VICTIM OF: ACFIRE
RES. PHONE : 729-6585 BUS PHONE: UNKNOWN
AVAILABLE : - 0000-0000 REL. : UNKNOWN
EMPLOY/SCHOOL : UNKNOWN TITLE : UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN

VICTIM 3 : ANDERSON-PESHECK, VICTORIA L DL: UNKNOWN
ADDRESS : 3916 26 AV S MPLS MN
DOB. : 06/13/66 AGE : 028 HEIGHT : 5' 04" BUILD : ME
RACE : WHITE SEX : FEMALE VICTIM OF: ACFIRE
RES. PHONE : 729-6585 BUS PHONE: UNKNOWN
AVAILABLE : - 0000-0000 REL. : UNKNOWN
EMPLOY/SCHOOL : UNKNOWN TITLE : UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN

VICTIM 4 : LENARZ, MATTHEW D DL: UNKNOWN
ADDRESS : 3916 26 AV S MPLS MN
DOB. : 04/06/90 JUVENILE AGE : 004 HEIGHT : 3' 06" BUILD : ME
RACE : WHITE SEX : MALE VICTIM OF: ACFIRE
RES. PHONE : 729-6585 BUS PHONE: UNKNOWN
AVAILABLE : - 0000-0000 REL. : UNKNOWN
EMPLOY/SCHOOL : UNKNOWN TITLE : UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN

X

CASE REPORT MINNEAPOLIS POLICE DEPARTMENT CCN # : MP9410-322919
PRINTED: 11/01/94 10:16 COPRS PAGE # : 2

CASE CONTINUED: CCN: MP9410322919 OFFICER : 12598 HAGEN

-----VICTIM/WITNESS-----

VICTIM 5 : LENARZ, PATRICK JAMES DL: UNKNOWN 2
ADDRESS : 3916 26 AV S MPLS MN 5
DOB. : 04/22/89 AGE : 005 HEIGHT : 3' 09" BUILD : ME 4
RACE : WHITE SEX : MALE VICTIM OF: ACFIRE 8
RES. PHONE : 729-6585 BUS PHONE: UNKNOWN 5
AVAILABLE : - 0000-0000 REL. : UNKNOWN
EMPLOY/SCHOOL : UNKNOWN TITLE : UNKNOWN
EMP/SCH. ADDR : UNKNOWN UNKNOWN MN

-----MODUS OPERANDI-----

-----NARRATIVE-----

SUPPLEMENT : 0
PUBLIC INFORMATION:

MFD Car 50 responded on a fire incident at this location.

JUDICIAL PROBABLE CAUSE: THE COMPLAINANT, BEING DULY SWORN, SWEARS THE BELOW FACTS ARE TRUE AND CORRECT TO THE BEST OF COMPLAINANT'S KNOWLEDGE AND BELIEF AND CONSTITUTE PROBABLE CAUSE TO BELIEVE THAT THE BELOW-NAMED ARRESTEE COMMITTED THE OFFENSE<S> DESCRIBED HEREIN.

COMPLAINANT'S SIGNATURE _____

NOTARY SIGNATURE AND STAMP _____



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 941102HCNO421 Incident Date 10/31/94

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 *see serial # page 2 of EPC 3rd page last one*

3. Manufacturer/Distributor/Brand Unknown

4. Purchased: New Used Unknown

If used, specify how obtained (e.g., garage sale, etc.) from a friend

5. Date Furniture Purchased: 1992 Furniture Age Unknown

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)
none present

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

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 smoke detector

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? 2-3 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: \$35,000

Rent Own

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



Photo No. 1 - View of the front of the home. The fire started on the 12'x15' porch that has been boarded up. There were two sofas and an upholstered chair on the porch. The fire started under the sofa seen in the foreground.



Photo No. 2 - A closer view.

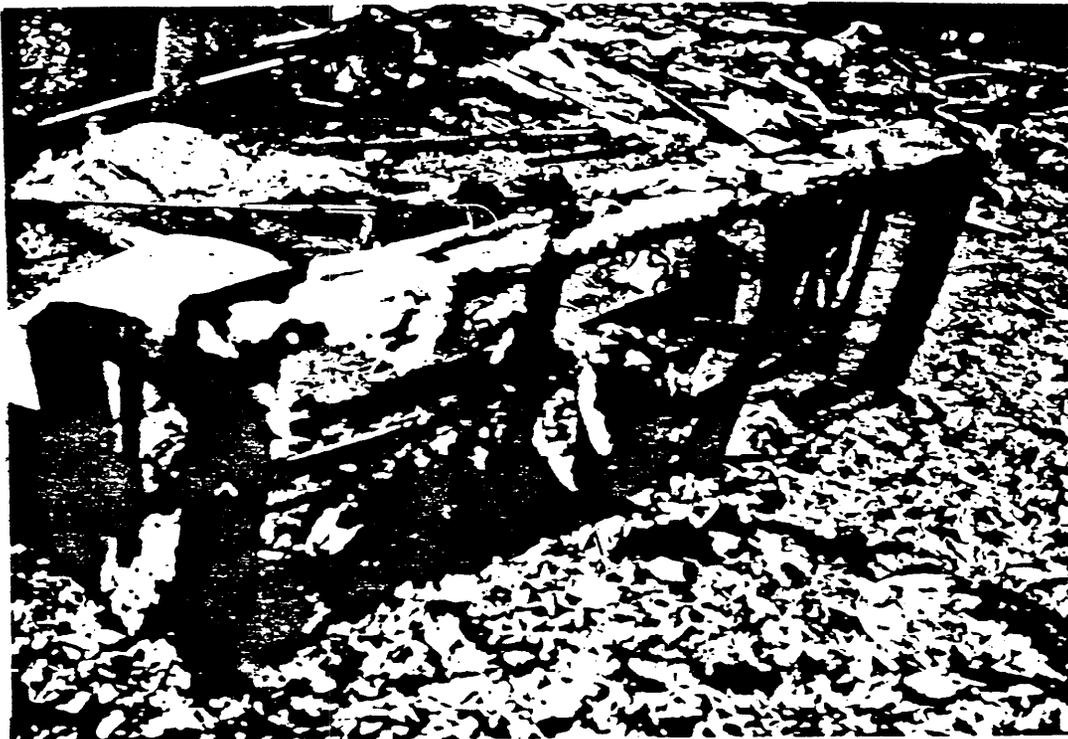


Photo No. 3 - The fire started underneath this sofa.



Photo No. 4 - Another view.



Photo No. 5 - Some of the foam cushion material remains.



Photo No. 6 - Another view of the sofa.

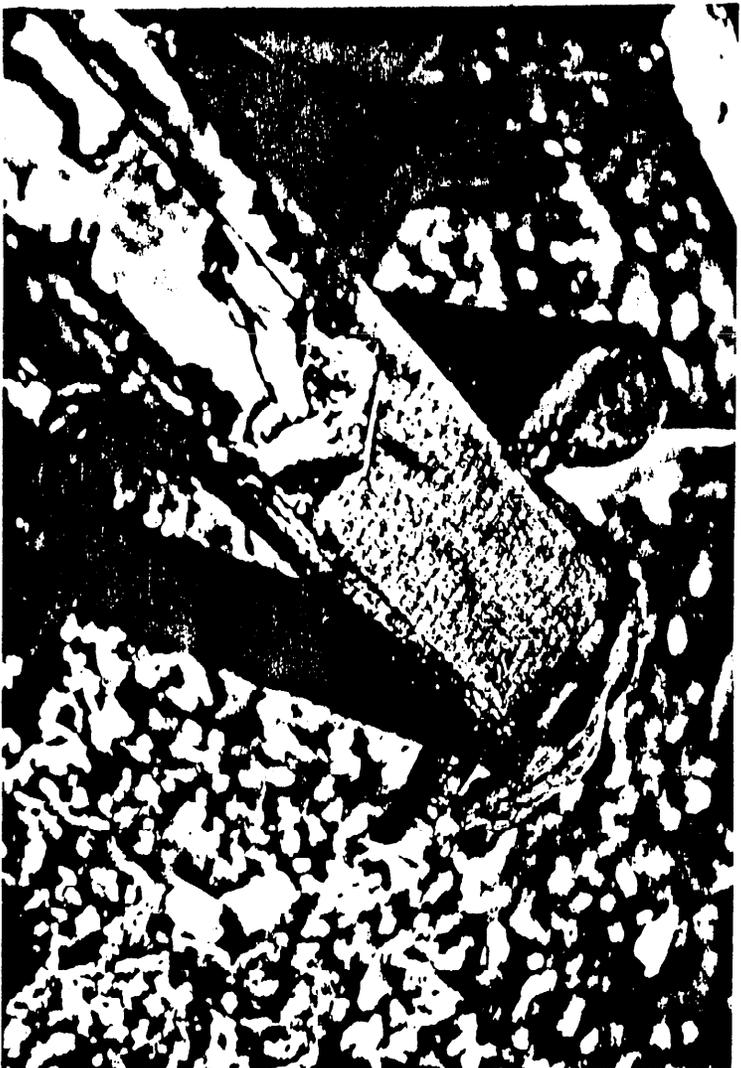


Photo No. 7 - View of the blue colored fabric on the sofa frame.

r

L

BURNS

5 FEB 1998

1. CASE NO. 941107HEP9001		2. INVESTIGATOR'S ID [8][6][5][1]		3. OFFICE CODE [8][0][0]		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF INCIDENT YR MO DAY [9][4][1][2][1][9]		5. DATE INVESTIGATION INITIATED		YR MO DAY [9][4][0][2][0][7]			
6. SYNOPSIS OF INCIDENT OR COMPLAINT A 37 year old adult female sustained burns to her left hand when she tried to extinguish a fire with her hands on a living room loveseat in her home. The fire had been started by her two children who were playing with a disposable lighter. The victim took herself to the emergency room where she was treated and released.							
7. LOCATION (Home, school, etc.) Living Room. [1][0]			8. CITY Freehold			9. STATE New Jersey	
10A. FIRST PRODUCT [0][6][7][9]			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown.				
10B. SECOND PRODUCT [1][6][0][4]			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown.				
12. AGE OF VICTIM [0][3][7]		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [2] UNKNOWN- 3		14. DISPOSITION [1]		15. INJURY DIAGNOSIS [5]1	
16. BODY PART [8][2]		17. RESPONDENT(S) (Mother, Friend) [1]		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [2] OTHER - 3		19. TIME SPENT [0][2].[0]	
20. ATTACHMENTS [0]		21. CASE SOURCE [0][3] NEISS		22. REVIEWED BY YR MO DAY 9/6/97 9/10/97			
23. PERMISSION TO DISCLOSE NAMES NA (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [X] CPSC MAY NOT DISCLOSE MY NAME []							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE  2-9-98			

(USE ADDITIONAL SHEETS IF NECESSARY)

NOTE:

In a telephone conversation with the Headquarters contact for this case, it was decided that an on-site investigation is not warranted as the consumer no longer has the sofa nor cigarette lighter, and has no identifying information on either. It was decided that an abbreviated investigation report should be submitted. The Investigative Guideline on Upholstered Furniture Fires Revised September 16, 1994 was completed and is attached.

The Freehold Fire Department has been telephoned and telefaxed for a copy of its report but no response has been received. This will be followed up on until obtained.

The consumer requested additional information on safety and a packet was sent to her by this investigator.

An Authorization for Release of Name has been forwarded to the victim of the case for signature and will be sent to headquarters upon receipt by this office.

PRE-ACCIDENT:

The consumer/victim purchased a used loveseat from a friend.

The consumer/victim's two (2) year old daughter and four (4) year old son were playing with a disposable cigarette lighter which the subject's roommate had left out the night before. She also has a fifteen year old son who was not present.

A smoke detector is located on the ceiling in the hallway adjoining the living room. It did not go off, but when tested by the landlord following the fire, operated correctly.

ACCIDENT:

It was early in the morning of November 1, 1994 when the accident occurred. The mother was doing dishes in the kitchen when her children cried out. The mother's roommate was in her room with the door closed. The fifteen year old son sleeps at his grandparents on the same street and therefore was not there at the time of the fire. He does spend evenings from 3:00 PM on with the family.

The sofa had caught fire from a disposable cigarette lighter which the children were playing with. The mother believes that the four (4) year old male started the fire as the three (3) year old female has difficulty even holding the lighter.

ACCIDENT: (Cont.)

A burn mark of about two (2) inches in diameter was caused by the fire. It is located above the arm in the corner of the back of the loveseat, to the side on the right side as you look at it. The consumer said that only the fabric burned and she could see cotton batting below the fabric.

POST-ACCIDENT:

The mother said her children cried out and she ran to the living room and attempted to put out the fire with her left hand, and then with buckets of water. Her roommate came out and attempted to smother the flame with a large towel. They then called the Fire Department to inspect the fire to be sure that it was totally extinguished. The Fire Department arrived and blew smoke from the apartment. She then drove herself to the emergency room of Center State Medical Center where she ran cold water on her hand until she was treated. She believes she had second degree burns. The consumer/victim said that her hand has completely healed and she has no scar.

The consumer/victim stated that she has since lectured her children regarding fires, disposed of the cigarette lighter and the couch. She says that she believes every lighter should be childproof. She was told of the USCPSC's efforts in this area.

THE PRODUCT:

The consumer/victim says that she does not know who the manufacturers were of either the loveseat nor the disposable cigarette lighter. She could give no further identifying information. She had purchased the used loveseat from a friend for about \$100.

She described the loveseat as having a fabric covering of tan background with a floral design. She said the fabric was the original fabric on the sofa, and appeared to be light and soft cotton.

ATTACHMENTS:

1. Investigation Guideline on Upholstered Furniture Fires Revised September 16, 1994.
2. Letter telefaxed to the Freehold Fire Department of February 8, 1994.

C. FAIK

~~02/14/95~~
02/02/95

6 P II gr

ACCIDENT INVESTIGATION REQUEST FORM

Document Number 941107 HEP 9001 (NEIS)

Date of Incident 941101 Category I.D. BUNN251995

Follow-up Requested Hazard Analysis Section 13

Type Follow-up Requested Telephone Call On-Site

Headquarters Contact Linda Smith (301) 504-0470, Extension (1275)

Assignment Message How long ~~they~~ she had second-hand sofa and

Please contact victim to see if a sample of ignited ~~item~~ can be obtained. Follow revised page 9 of September 1994 Upholstered Furniture Fires (For a per Flame Ignition Fires Only) Investigation Guidelines for sample collection. Find out what part(s) sofa ignited and try to collect sample from that part of the furniture (if possible). Describe incident scenario, identify manufacturer and/or brand name of sofa; and obtain fire incident report, medical report, insurance report and any other documentation of incident.

Person(s) to Contact _____

Cathy Mc Govern
42 Jerseyville Ave.
Freehold, N.J. 07728
908-294-9293

Guideline _____

Requested By _____

Task Number 941107 HEP 9001

Assigned to NYCO Date 1/23/95

* 1 CASE NO. * 2 INVESTIGATOR'S ID * 3 OFFICE CODE * EPIDEMIOLOGIC *
 * 941107HEP9001 * 5555 * 295 * INVESTIGATION *

* 4 DATE OF ACCIDENT * 5 DATE INVESTIGATION * YR MO DAY * REPORT *
 * Y M D * INITIATED * 94 12 19 * AJL *

* 6 SYNOPSIS OF ACCIDENT OR COMPLAINT *

The 37 year old female victim sustained burns to her left hand when she tried to extinguish a fire with her hands on a living room sofa in her home. The fire had been started by her two children who were playing with a disposable lighter. The victim took herself to the emergency room where she was treated and released.

* 7 LOCATION (HOME, SCHOOL, ETC.) * 8 CITY * 9 STATE *

10 Freehold NJ

* 10 FIRST PRODUCT * 11 TRADE/BRAND NAME *
 * 0679 * Don't Know *

* SECOND PRODUCT * TRADE/BRAND NAME *
 * ~~0679~~ 1604 * Don't Know *

* 12 AGE OF VICTIM * 13 SEX (1-M, 2-F, 3-UNK) * 14 DISPOSITION * 15 INJURY DIAGNOSIS *

037 * 2 * 1 * 51

* 16 BODY PART * 17 RESPONDENT(S) (MOTHER, FRIEND) * 18 TYPE INVESTIGATION * 19 TIME SPENT *

82 * 1 - Victim * 2 * 0.5 *

* 20 ATTACHMENTS * 21 CASE SOURCE * 22 REVIEWED BY: *
 * 0 * 03 * 2775 *

* DATE(YMD) : * 94/12/22 *

* 23 NARRATIVE (MORE DETAIL MAY BE INCLUDED ON SEPARATE PAGES) *

CATEGORY ID: BUAN251995
 TASK NUMBER: 941107HEP9001

***** INDEPTH ASSIGNMENT MESSAGE *****

TASK NUMBER : 941107HEP9001
OFFICE : EASQ
CATEGORY : BUAN251995
HOSPITAL : [REDACTED] CENTRA STATE, FREEHOLD, NJ
TREATMENT DATE : 941101
COLLECTION DATE: 941103
RECORD NUMBER : 09310004
AGE : 037 37 YEARS
SEX : 2 FEMALE
DIAGNOSIS : 51 BURNS, THERMAL
BODY PART : 82 HAND
DISPOSITION : 1 TREATED & RELEASED, OR EXAMINED & RELEASED WITHOUT TRTMNT
FIRST PRODUCT : 0679 SOFAS, COUCHES, DAVENPORTS, DIVANS OR STUDIO COUCHES
SECOND PRODUCT : *1604 lighter*
0008 NO SECOND PRODUCT INVOLVEMENT E
THIRD PRODUCT : 0 CLOSURE TYPE UNKNOWN OR N.A. & 3RD PROD NOT INVOLVED
LOCALE : 1 HOME
F/M VEHICLE : 3 FIRE/SMOKE;FD?
OCCUPATIONAL : 2 INJURY NOT OCCUPATIONAL OR WORK-RELATED

***** NEISS COMMENT *****

37 YEAR OLD FEMALE BURNED PALM OF HANDS ATTEMPTING TO PUT OUT COUCH
FIRE IN HOME

TASK NUMBER 941107HEP9001

1. Can you tell me what happened? The 37 year old female victim was at home washing dishes in her kitchen. In the nearby living room, the victim's son and daughter found a plastic disposable lighter on a table and began playing with it. The two children brought the lighter over to the living room sofa and managed to set the sofa on fire. The son ran in to the kitchen to get the victim. The victim tried to put the fire out with her hands and in doing so sustained burns to her left hand. The victim finally extinguished the fire by dousing it with water from cooking pans. The victim ran cold water on her left hand but it swelled up and burned so she took herself to the emergency room. The victim was given antibiotics and painkillers and then released from the emergency room. The victim could not identify the sofa because it had been bought 2nd hand from a friend.

ATTENTION INVESTIGATOR

THIS ASSIGNMENT IS FROM A NEISS
HOSPITAL CASE. THE HOSPITAL IS

Central State

Freehold, N.J.

THE VICTIM OR PARENT/GUARDIAN HAS NOT
BEEN CONTACTED FOR PERMISSION TO
DISCUSS THIS INCIDENT. PLEASE MENTION
BOTH THE HOSPITAL AND CPSC WHEN
CONTACTING THE VICTIM/RESPONDENT FOR
PERMISSION TO CONDUCT THE
INVESTIGATION. THANK YOU!



INVESTIGATION GUIDELINE

Revised September 16, 1994

UPHOLSTERED FURNITURE FIRES (For Open Flame Ignition Fires Only)

Complete Attachment A and attach to CPSC Form 182, Epidemiologic Investigation Report, along with a copy of the Fire Incident Report.

I. INTRODUCTION

A. Background Information

Upholstered furniture remains the consumer product associated with more fire deaths than any other product within CPSC's jurisdiction. During 1991, about 16,600 residential fires involved ignitions of upholstered furniture that resulted in 700 deaths, over 2,000 injuries and nearly \$300 million in property damage. Two-thirds (470) of the deaths and more than half (1,160) of the injuries resulted from smoldering-ignition smoking fires primarily from cigarettes; about one-fifth (150) of the deaths and one-fourth (580) of the injuries resulted from open-flame ignition fires (mostly involving matches and lighters).

Smoking fire deaths declined by 59 percent since 1980. At present a voluntary program exists to address cigarette ignition of upholstered furniture fires.

Open-flame related fire deaths declined by only 25 percent since 1980. This information reveals that small open flame fires constitute a significant problem that has not been previously addressed in a nationwide standard, voluntary or otherwise. In May 1994, the Commission voted to begin rulemaking to develop an open flame test for upholstered furniture.

The purpose of these investigations is to provide further information and details about hazard scenarios and materials involved in open-flame ignition of upholstered furniture.



INVESTIGATION GUIDELINE

B. Product Description

"Upholstered furniture" means a unit of interior furnishing with a resilient surface which is covered, in whole or part, with a fabric or related material. It may be reasonably expected to be used in homes, offices, or other places of assembly or accommodation. Most such units are sofas and chairs. The following are common terms used to describe furniture construction:

- **Upholstery fabric means the outer-most layer of fabric or related material used to enclose the main support system and upholstery filling used in the furniture item. Slipcovers are excluded from this definition.**
- **Interior fabric means a layer of fabric directly under the upholstery fabric (usually light weight) used to cover and/or contain the filling material. Interior fabric is not found in all upholstered furniture pieces.**
- **Upholstery filling means the padding, stuffing, or filling material used in a furniture item. This material may be either loose or attached, enclosed by an upholstery fabric, or located between the upholstery fabric and support system, if present. This definition includes, but is not limited to, materials such as springs, foams, cotton batting, polyester fiberfill, bonded cellulose, or down.**
- **Reupholstered furniture means a unit of upholstered furniture that has been reworked to replace any materials such as the upholstery fabric, cushions, or upholstery filling. Minor repairs that do not include the replacement of the upholstery fabric, cushions, or upholstery filling do not constitute reupholstery.**
- **Slipcover means a removable, fitted cover (fabric or related material) for a chair, sofa, or other piece of upholstered furniture.**
- **Quilted means stitched with thread or fused through the upholstery fabric and one or more layers of upholstery material.**
- **Tufted means buttoned or laced through the upholstery fabric and upholstery material.**



INVESTIGATION GUIDELINE

- **Loose seat cushion** means any removable or interchangeable, attached or unattached, part of an upholstered furniture item upon which one sits.
- **Tight seat** means any fixed or integral part of the upholstered furniture item upon which one sits.
- **Seat support system** means the supporting medium for loose seat cushions (area under a loose seat cushion).
- **Main support system** means the frame or other supporting structure in the furniture item. Main support systems may be constructed of materials such as wood, plastic (including foam), or metal.
- **Inside back** means the rear wall of the seating cavity.
- **Inside arm** means the side wall of the seating cavity.
- **Welt edge or edge** means the seam or border edge of a cushion, pillow, arm, or back of an item. In a knife edge construction, the welt cord or cushion seam is around the center of the cushion sides.
- **Welt cord** means a fabric covered cord which is generally sewn into the edge(s) of a cushion.
- **Crevice** means the abutment formed where vertical inside arm or inside back panel(s) meets horizontal panel(s) or seat cushion(s).
- **Skirt** means the hanging piece of fabric (usually pleated or gathered) that is attached to the bottom of a chair or sofa; it covers some or all of the area between the bottom of the frame and the floor.

C. Specific Items of Interest

- Describe the general condition of the upholstered furniture before the fire.
- Specify source of open flame that ignited the furniture, including details of product description (e.g., kerosene heater, wood matches, etc.).
- Describe and photograph furniture with special emphasis on point of ignition.



INVESTIGATION GUIDELINE

- Describe and photograph furniture construction methods, particularly presence of skirts, welt cords, method of cushion attachment, presence of arms, etc.
- Remember that no guidelines can cover all the pertinent factors that may apply to a particular incident. Be sure to include an explanation of all relevant factors in your narrative, even if we have not specifically mentioned them in the guidelines.

C. Headquarters Contacts

Linda Smith, EPHA - (301) 504-0470, Extension 1275
Sheila Kelly, EPHA - (301) 504-0470, Extension 1267
Margaret Neily, ES - (301) 504-0494, Extension 1312
Dale Ray, EC - (301) 504-0962, Extension 1323

II. INSTRUCTIONS FOR COLLECTING SPECIFIC INFORMATION (Data Record Sheet is attachment)

A. Synopsis

Please provide a summary of the sequence of events that occurred prior to, during, and subsequent to the fire. Specify type of furniture involved and description of injuries and deaths.

For data retrieval from the computer, please make sure the following key words are used in the synopsis as appropriate: cigarette lighter, match, candle, upholstery, filling, slipcover, skirt, seat cushion, welt edge, welt cord, crevice, foam, futon, cotton or reupholstered.

B. Description of the Incident Environment

Pre-incident: Include in this portion of the narrative the sequence of events that occurred prior to the fire (events that led up to the fire).

7:00 AM Children playing on sofa w/ cigarette lighter. 4 yr old m ignited



INVESTIGATION GUIDELINE

- Describe general activities of the household that day. Determine if there was any change in household routine before the fire started. Also specify if a similar or previous incident had occurred. *no laundry dishes* *no*
- Specify activity and location of occupants, victims, and persons responsible for fire at the time of the fire; e.g., grandmother sleeping in bedroom. *no in kitchen doing dishes*
roommate in her room w/ door shut
- Describe upholstered furniture and subsequent modifications; e.g., reupholstered, slipcovered. *tan background w/ flowers*
callon

Incident: Describe in the narrative how the fire occurred.

- Describe point of ignition on furniture as precisely as possible. *at hand corner of back + side*
- If child with matches, cigarette lighter, candle, fireworks, etc. started fire, specify where item (matches, etc.) was stored and how child managed to get item. *Roommate left out on table*

Post-Incident:

- Describe conditions that may have contributed to fire ignition or spread (e.g., crowded or cluttered room, children playing, etc.) *didn't spread*
- Indicate presence/absence of detector (smoke, heat, or c.o.), whether it operated, and location. If it did not operate but there was enough smoke that it should have operated, indicate manufacturer and model number, if powered. *no*
in hallway adjoining room
tested afterwards + worked. Gave her fire extinguisher
- Attach copy of fire incident report and police report, if any.

C. Description of the Injured Person(s) and or Person(s) Starting Fire and Product Interaction (Person/Product Environment Interface)

- 44 y.o. m. playing w/ disposable cigarette lighter*
- Report the type and extent of injury and treatment, as well as age, sex, and long term prognosis for the victim(s).
all left hand burned, almost 2nd degree,
37 y.o. female. no scar



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- Indicate any competence reducing factors (e.g., impaired vision, physical handicaps, medication, narcotics, alcohol), perception of hazard, and how victim was clothed, etc. that would tend to contribute to the cause of, or hinder escape from the fire. *NA*
- Determine the source of heat of ignition *disposable cig lighter* and describe in detail how ignition occurred (e.g., use of open flame (match, lighter, candle) ignition source; furniture too close to open/sparking fireplace, etc.). If the ignition source cannot be determined, indicate if any residents of the house or visitors had smoked within several hours prior to the fire. If child-play was involved, specify details of the product; e.g., child-resistant lighter, wooden matches, etc.
- Specify age of person involved in fire ignition, if appropriate. *4 y.o. male*
- Determine whether there was an intermediate ignition source (for example, a trash can or ash tray full of burning papers or other materials). *NO*
- Report how the open flame item had been used and by whom. *4 y.o. child playing w/ lighter*
- Report, if known, the amount of time that elapsed between ignition and discovery of the fire, and the approximate time of day or night that the fire was discovered. *5 seconds 7 AM*
- Determine if, and how, the victims became alerted to the fire (e.g., smoke detector, visual clues such as smoke or flames, etc.). *children cried out*
- Determine what the victim(s) response was upon discovery of the fire, if incapacitation had not already occurred (e.g., victim(s) tried to fight the fire; victim(s) tried to carry furniture outside, etc.). *tried to put it out w/ her left hand, threw bucket of water on it room mate smothered w/ lge towel, called 911*
- If deaths or injuries occurred, please report the activity and location of the victim(s) at the time of death or injury. Report extent of injury and long-term effects. *2nd degree burns on left hand no scarring*
- Determine whether the occupant is the homeowner, renter, visitor, etc. Obtain the education level of the head of household, total household *under 15,000* income, and approximate home market value, if a single family home. If no contact source is available, please describe the neighborhood and home environment. *apt bldg*



INVESTIGATION GUIDELINE

D. Description of the Product

- Identify the type of furniture involved in the fire; e.g., chair, *love seat*, sofa, sofa bed; or other.
- Copy all labeling on the product; including brand, model, materials, dates and standard certification. *none*
- Note approximate age of the furniture, if the furniture was purchased new or used, and if purchased used, the length of time the present owners *2 mo* have had the furniture. *4-5*
- Determine if the furniture had been reupholstered, and if so, when this was done. *no*
- If known, report the approximate purchase price of the furniture. *unknown. Used approx \$100*
- Describe the outer fabric covering and note whether this is upholstery fabric or a slipcover. If furniture had been slipcovered prior to the fire, also describe the upholstery fabric under the slipcover. *tan background w/ floral print on cotton (lt. + soft)*
- Determine and report the number, if any, of removable seat, back, or arm cushions that were present on the furniture and the number of each that were involved in the fire. *2 cushions, neither involved.*
- Identify or describe, the types of filling materials that burned; e.g., fiber batting versus foam. Also note the types of filling materials that did not appear to have burned. *The other side wall behind a block*
- Determine as specifically as possible, where the furniture appeared to have ignited first, such as the skirt or bottom edge, or the crevice between the cushions; on the flat surface of the seat, top of arm, or back or another vertical surface; on the underside of the furniture, etc.
- Determine if any materials were on the furniture, such as newspapers, books, blankets, clothing, etc., and if so, how they were involved in the fire. *none*



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- Report the involvement of any flammable liquid, including a description of the type, approximate amount, and how it was involved. *no*
- If a portable heater was involved, specify its distance from the furniture. *no*

E. Product Safety Standard

CPSC does not have a mandatory flammability standard for upholstered furniture.

There is a UFAC (Upholstered Furniture Action Council) Voluntary Guideline, which addresses cigarette ignition of upholstered furniture. There is no voluntary guideline for residential open flame fires.

There are three flammability regulations in effect in the state of California. These California regulations contain tests to measure the following:

1. Technical Bulletin 116 (voluntary) measures cigarette resistance to complete articles of upholstered furniture.
2. Technical Bulletin 117 (mandatory) measures resistance of components of upholstered furniture to ignition by small open-flame sources and cigarettes.
3. Technical Bulletin 133 (mandatory) measures resistance of finished items of furniture to ignition from large open-flame sources.

Four other states now use California TB-133 for upholstered furniture: Illinois, Massachusetts, Minnesota, Ohio, and port authority of New Jersey and New York.



INVESTIGATION GUIDELINE

III. INSTRUCTIONS FOR PHOTOGRAPHING AND/OR DIAGRAMMING ACCIDENT SCENE AND FACTORS RELATED TO THE ACCIDENT SEQUENCE

Obtain color photographs of the whole product and its environment and specific location of fire ignition on the furniture. Photograph the manufacturer, distributor/brand labeling if available. Prepare diagrams of the furniture, particularly when indicating where ignition first occurred and the size of the product. *stairs down to back door*

A diagram, or sketch, of the floor plan is important when indicating such things as location of ignition source, extent of damage, location of victims, escape routes, or where escape routes were blocked, etc.

IV. INSTRUCTIONS FOR OBTAINING SAMPLES AND DOCUMENTS RELATED TO THE INVESTIGATION

No sample collection from field investigations is required for this study.

Obtain copy of fire incident report, medical reports, insurance reports, and any other documentation of the incident.



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 941107HEP9001 Incident Date 11/1/94

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 Unkn

4. Purchased: New Used Unknown

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

5. Date Furniture Purchased: Sept '94 Furniture Age 4-5 yrs
(used)

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

Unkn. Nothing on chair that matched it

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 top of corner

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

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.?

Not enough smoke

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

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: Under

Rent Own

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



U.S. CONSUMER PRODUCT SAFETY COMMISSION
EASTERN REGIONAL CENTER

E. I. EXHIBIT 2
MFR. 941107 AEP 9007
DATE 2/7/95
INSPECTOR Chalk

February 8, 1995

Chief Henry Stryker
Freehold Fire Department
49 West Main Street
Freehold, New Jersey 07728

Connecticut
Delaware
District of Columbia
Florida
Maine
Maryland
Massachusetts
New Hampshire
New Jersey
New York
North Carolina
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
Vermont
Virginia
Virgin Islands
West Virginia

Dear Sir:

I am respectfully requesting a copy of any reports of a fire which occurred at 42 Jerseyville Avenue, Freehold, New Jersey on November 1, 1994 at the residence of Cathy McGovern. The fire was started in a sofa by children playing with a disposable cigarette lighter.

The U. S. Consumer Product Safety Commission is the federal agency with jurisdiction over the safety of products in the home, school and recreational areas. Your assistance will be greatly appreciated and may help us determine how we may prevent future fires and the subsequent loss of lives.

I am requesting that you FAX me a copy of your report(s) this afternoon if possible. If you have any questions, or comments, please feel free to call me at (212) 466-1619. Thank you for your cooperation.

Very truly yours,

Carolyn K. Falk
Investigator

LIMITED

21 MAR 1995

3

1. CASE NO. 941206HWE5004		2. INVESTIGATOR'S ID [8][9][9][9]		3. OFFICE CODE [8][6][3]		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF INCIDENT YR MO DAY [9][4][1][2][0][4]			5. DATE INVESTIGATION INITIATED YR MO DAY [9][4][1][2][0][7]				
6. SYNOPSIS OF INCIDENT OR COMPLAINT A child started a sofa fire with matches. The child was injured and transported for treatment. Age of child and injury unknown.							
7. LOCATION (Home, school, etc.) home [1][0]			8. CITY Denver			9. STATE CO	
10A. FIRST PRODUCT Sofa [0][6][7][9]			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown				
10B. SECOND PRODUCT matches [1][7][3][1]			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown				
12. AGE OF VICTIM [9][9][9]		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [3] UNKNOWN - 3		14. DISPOSITION unknown [3]		15. INJURY DIAGNOSIS unknown [7][0]	
16. BODY PART unknown [8][7]		17. RESPONDENT(S) (Mother, Friend) neighbor [3]		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [3] OTHER - 3		19. TIME SPENT [][7].[0]	
20. ATTACHMENTS docs [2]		21. CASE SOURCE fire dept. [0][1] F4C5004A1		22. REVIEWED BY [8][1][0][1]		22. REVIEWED BY YR MO DAY [9][5][0][1][2][3]	
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			

(USE ADDITIONAL SHEETS IF NECESSARY)

FIELD ACTIVITY COVERSHEET

21 MAR 1995

1. REGION/STATE FOWR/Denver	2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other _____	3. DATE 1-10-95
		4. NUMBER (For RO Use) 941206HWE5004

5. ESTABLISHMENT

Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

6. RELATED FIRM Parent Headquarters Subsidiary Other _____

Name _____ City _____ State _____

7. PRODUCTS COVERED Upholstered sofa	8. OTHER CONSUMER PRODUCTS
------------------------------------------------	-----------------------------------

9. ESTABLISHMENT TYPE <input 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. I.S. BUSINESS % Received _____ % Shipped _____	12. SAMPLES COLLECTED none	13. MIS CODE 12165	14. HOURS Activity _____ 4____ Travel _____ 3____
-----------------------------------------------------------------	--------------------------------------	------------------------------	----------------------------------------------------------------

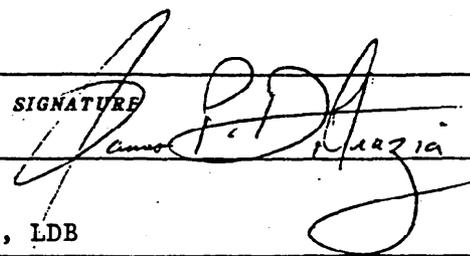
15. REASON FOR ACTIVITY (Assignment Reference)
 upholstered furniture study

16. ANNOUNCED Rationale for Announced Inspection
 UNANNOUNCED

17. EMPLOYEE'S NAME Teresa Bloxham, #8999	TITLE Investigator	SIGNATURE 
-----------------------------------------------------	------------------------------	----------------------------------------------------------------------------------------------------------

18. (X) ENDORSEMENT REMARKS SUMMARY OTHER _____

IDI conducted as part of a special study of fires associated with upholstered furniture. A child started a sofa fire with matches. We were unable to locate the occupants or examine the product. No further follow up.

19. REVIEWER'S NAME James P. DiGrazia	TITLE Supervisory Investigator	SIGNATURE 
-------------------------------------------------	------------------------------------------	----------------------------------------------------------------------------------------------------------

20. REVIEW DATE 1/23/95	21. DISTRIBUTION 0: EPDS cc: SFRO cc c/s: LGC, LDB
-----------------------------------	--------------------------------------------------------------------

This incident was investigated for the Upholstered Furniture Fire Study. The resident was not located for this investigation, and all products were disposed of prior to the assignment. There was one child rescued from the fire and treated at the hospital, but his injuries are unknown. The information for the report is limited information provided by a neighbor and the fire report. The fire department did not investigate this incident.

PRE-INCIDENT

The home is a brick ranch located in Denver, Colorado. The residents renting the home were a male adult, female adult, and at least one child.

INCIDENT

The fire department received a call about a fire in the home at 12:41 AM. They rescued one child trapped by the fire, and transported him for treatment. They extinguished the fire in the living room of the home.

POST INCIDENT

The fire report states that the fire started in cotton batting in the sofa. They list the cause as a child playing with matches. The neighbor did say that she saw the fire debris in the front yard after the fire, and that in her opinion, the sofa was the most severely damaged item, and that the damage was heaviest at the center of the sofa.

Several attempts were made to contact the victim family, but were unsuccessful. The neighbor has not seen them since the fire.

941206HWE5004
Furniture Fire
Denver, CO

PRODUCT IDENTIFICATION

The neighbor said the sofa looked very old. It appears to her to be from the 1970s based on the style and color of the upholstery fabric. There was no information in the fire report about the make and origin of the sofa. It was not available for examination since it had been removed with the trash a few days prior to my first visit to the residence.

ATTACHMENTS

- Attachment 1 - Fire Report and Work Assignment
- Attachment 2 - CPSC Data Record Sheet

BUNN25 1995 F4C5004 941206HWE5004
 P O Z

DENVER FIRE DEPARTMENT
 FIELD INCIDENT REPORT

FORM 1

PLEASE TYPE OR PRINT, IN YOUR OWN WORDS,
 BOTH A WRITTEN AND CODED RESPONSE (WHEN
 POSSIBLE) BLACK OUT APPROPRIATE BOX

DELETE
 CHANGE

A	FDID 0116011	INCIDENT NO. 15316917	EDG NO. 00	NO 112	DAY 01	YEAR 1994	DAY OF WEEK MON	ALARM TIME 0038	ARRIVAL TIME 0041	TIME IN SERVICE 01221
B	TYPE OF SITUATION FOUND HOUSE FIRE			TYPE OF ACTION TAKEN 1. extinguished 2. investigated only 3. salvage 4. not classified above			MUTUAL AID <input type="checkbox"/> REC'D <input checked="" type="checkbox"/> GIVEN			
C	FIXED PROPERTY USE Dwelling			IGNITION FACTOR CHILD / MATCHES			316			
D	CORRECT ADDRESS NO. [REDACTED] ST			TYPE ST		ZIP CODE 81239	CENSUS TRACT 008305			
E	OCCUPANT NAME (LAST, FIRST, MI) [REDACTED]			TELEPHONE		ROOM OR APT. OF FLOOR				
F	OWNER NAME (LAST, FIRST, MI) [REDACTED]			ADDRESS NO. [REDACTED] ST		TYPE		TELEPHONE		
G	METHOD OF ALARM FROM PUBLIC <input type="checkbox"/> telephone direct <input type="checkbox"/> private alarm system <input type="checkbox"/> verbal <input type="checkbox"/> voice signal municipal alarm signal			DISTRICT 17		SHIFT 105		NO. OF ALARMS 3		
H	FIRE PERSONNEL RESPONDED		ENGINES RESPONDED		AERIAL APPARATUS RESPONDED		OTHER VEHICLES RESPONDED			
	TOTAL NUMBER 0118		LIST LD. NO. P14, P26 P27		TOTAL NUMBER 03 T27		TOTAL NUMBER 011		LIST LD. NO. P10 D05	

COMPLETE FOR ALL INCIDENTS

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

COMPLETE CASUALTY

J	COMPLEX Dwelling	MOBILE PROPERTY TYPE (COMPLETE LINE K)
K	AREA OF FIRE ORIGIN LIVING ROOM	EQUIPMENT INVOLVED IN IGNITION (COMPLETE LINE L, IF ANY) NO EQUIPMENT
L	FORM OF MEAT OF IGNITION MATCH	TYPE OF MATERIAL IGNITED COTTON BATTING
M	METHOD OF EXTINGUISHMENT 1 3/4" + HYDRANT	LEVEL OF FIRE ORIGIN 3 FT
		ESTIMATED LOSS (DOLLARS ONLY) 110000

COMPLETE FOR ALL FIRES

N	NUMBER OF STORIES 00E	CONSTRUCTION TYPE UP PROTECTED WOOD FRAME
O	EXTENT OF FLAME DAMAGE ROOM OF ORIGIN	EXTENT OF SMOKE DAMAGE STRUCTURE OF ORIGIN
P	DETECTOR PERFORMANCE NOT DETERMINED	SPRINKLER PERFORMANCE NONE
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE COTTON BATTING
R		AVENUE OF SMOKE TRAVEL NO SIGNIFICANT AVE
		FORM OF MATERIAL GENERATING MOST SMOKE SOFA

COMPLETE IF STRUCTURE FIRE

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

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) L.T. McODDLE, A/C, DPSC	DATE 12-4-94
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE

REMARKS:

HOUSE FIRE - ONE CHILD TRAPPED, RESCUED + TRANSPORTED BY

CHECK IF COMMENTS ON REVERSE SIDE



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 941206HWE5004 Incident Date 12-4-94

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: _____ Furniture Age _____

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

unk

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 on cotton bathng per fire rep.

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): NOT STATED

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

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: _____

a. **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? unk

F. VICTIM(S)

_____ Number of Deaths 1 child Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household: unk

Less than high school High school Some College

12. Total household income: unk

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

73. Approximate home market value: unk

Rent Own

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

EPIDEMIOLOGIC INVESTIGATION REPORT		2. INVESTIGATOR'S ID [8][2][3][2]	3. OFFICE CODE [8][7][0]
DAY [9][17][11][12][10][3]	5. DATE INVESTIGATION INITIATED		YR MO DAY [9][4][1][2][2][0]
6. SYNOPSIS OF INCIDENT OR COMPLAINT A seven year old male died of anoxia in a residential fire. The victim successfully escaped from the burning home but went back inside to attempt to rescue his pet dog. The victim and two younger siblings were under the care of a 13 year old baby sitter in a home not equipped with a working smoke detector. The cause of the fire was either the victim playing with a cigarette lighter, or a candle accidentally tipped over into the couch.			
7. LOCATION (Home, school, etc.) home, interior [1][0]		8. CITY Longview	9. STATE Washington [WA]
10A. FIRST PRODUCT couch [0][6][7][9]		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown	
10B. SECOND PRODUCT cigarette lighter [1][6][0][4]		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown	
12. AGE OF VICTIM [0][0][7]	13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [1] UNKNOWN - 3	14. DISPOSITION died [8]	15. INJURY DIAGNOSIS anoxia [6][5]
16. BODY PART all parts [8][5]	17. RESPONDENT(S) (Mother, Friend) fire marshal! fire investigator [3]	18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [3] OTHER - 3	19. TIME SPENT [1][6][0]
20. ATTACHMENTS [9] reports, photos	21. CASE SOURCE [0][5] newspaper F4C5020	22. REVIEWED BY [8][1][0][1]	YR MO DAY [9][5][0][2][1][3]
23. PERMISSION TO DISCLOSE NAMES (NON-NEISSCASES 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	
<p>The respondents were the victim's mothers companion, the officer in charge of the fire department investigation, the fire marshal. Information was also obtained from the official reports.</p> <p style="text-align: center;">---</p>			
(USE ADDITIONAL SHEETS IF NECESSARY)			

Pre-Event

The fire occurred in a single family home located in a suburban residential neighborhood. The home was a single story, two bedroom wood framed dwelling. The home a rental occupancy which was valued at approximately \$30,000. The home was not protected by a working smoke detector.

The home was occupied by a 27 year old mother, her adult **male** companion, and her children, a four year old son, a five year old **daughter**, and a seven year old son.

The seven year old son was the victim. The investigating officials did not document the victim's health or developmental history. No pre-existing medical conditions or impairments were identified as contributing factors. No drugs or medications were identified as contributing factors. The victim has had problems involving setting fires in the past according to the police report.

The mother's companion said that the living room couch was a convertible sofa bed type couch. He said that the couch was purchased new approximately five years **before** the fire. He said that the couch was upholstered with a knit fabric with a fuzzy surface. He said that the fabric appeared to be some type of rayon or nylon blend synthetic fabric. He said that couch was constructed with foam **cushions** and cotton batting stuffing. He said that the couch was not covered with a slip cover.

The mother and her companion went out for the evening on the day of the fire according to the official reports. They left at approximately 6:00 p.m. according to the reports. The children remained home under the care of a 13 year old male baby sitter according to the official reports. The baby sitter was a neighbor who frequently cares for the children according to the police report.

The children watched television **and** played hide and seek in the home during the evening before the fire occurred according to the fire report. The **victim apparently** played with a cigarette lighter according to the official reports. The baby sitter took the lighter **away** from the **victim**, but left the lighter on the coffee table according to the reports.

The mother's companion said that the children said that they used a candle in the living room while watching television. He said that the candle was a votive type candle in a holder which was shaped like a wine glass with a stem. He said that the children said that they accidentally tipped the candle holder over at approximately 10:30 p.m. and the candle fell into the space between the arm of the chair and the seat cushion of the couch.

941215HWE5022

The mother's companion said that the children said that they removed the candle from the couch. He said that they said that they thought that they had put out the fire from the candle. He said that candle may have started a smoldering fire in the couch unknown to the children.

The four year old son went to bed before 9:00 p.m. according to the fire department report. The other children fell asleep watching television in the living room according to the report. The baby sitter fell asleep in a recliner chair, the daughter fell asleep in a swivel chair, and the victim was on the couch according to the police report.

Event

The baby sitter awoke and found the victim and daughter awake watching television according to the official reports. The baby sitter noticed flames burning at the end of the couch according to the report. The baby sitter attempted to smother the fire with his coat but was unsuccessful according to the reports. The baby sitter then attempted to extinguish the fire with a soft drink according to the reports. The fire continued to burn so the baby sitter evacuated the children and alerted a neighbor about the fire according to the reports.

The baby sitter instructed the victim to open the back door of the home to allow the family dog to escape according to the official reports. The baby'sitter then left the children and went to his parents house for help according to the reports. The victim apparently found the back door of the home locked and went back into the home through the front door to attempt to rescue the dog according to the official reports. The victim was overcome by the heat and smoke while attempting to rescue the dog and was unable to escape from the house. The baby sitter apparently returned and attempted to enter the front door but forced back by smoke and heat according to the official reports.

The call for emergency assistance was received at 11:47 p.m. according to the dispatch records. Police were the first responders to arrive at 11:50 p.m. according to the records. The fire department arrived on the scene at 11:52 according to the records.

A police officer attempted to enter the front door and fight the fire with a portable fire extinguisher but was unsuccessful according to the official reports. The fire department arrived, attacked the fire and initiated search and rescue. The victim was found unconscious on the living room floor according to the official reports. The dog escaped unharmed.

Post Event

The emergency personnel initiated cardiopulmonary resuscitation immediately -according to the official reports. The victim was transported to a local hospital emergency room. A helicopter ambulance transported the victim approximately 45 miles to an urban burn center. ~~The~~ He remained comatose at the burn center and expired six hours after admission according to the Medical Examiner's report. The cause of death was listed as anoxic encephalopathy due to the inhalation of carbon monoxide and smoke according to the report. The victim's' blood carbon monoxide level was 66 percent saturation according to the report. A copy of the report is attached to this report as a exhibit.

The fire caused an estimated \$15,000 structural damage and \$5,000 damage to the contents according to the fire department report. The cause of the fire was investigated by the Fire Department and the local police. The investigating officials examined the scene and interviewed the children and baby sitter. The investigating officials concluded that the victim igniting the couch while playing with the cigarette lighter was the most probable cause of the fire.

The officer in charge of the fire investigation said that the children did not mention the incident involving the candle (described by the mother's companion) during the investigation interviews. The officer said that the fire investigators did not look for evidence of a candle in the area of origin during the investigation of the fire. Copies of the official investigation reports are attached to this report as exhibits.

First Product Identification

An upholstered couch was identified as the first product ignited during the origin of the fire. The respondents did not know the brand name or manufacturer of the couch. The 'mother's companion described the couch as a convertible sofa bed type which contained a fold out mattress. The mattress was folded inside the couch at the time of the fire.

The companion said that the couch was upholstered with a knit fabric with a fuzzy surface. He said that the fabric appeared to be some type of rayon or nylon blend synthetic fabric. He said that couch was constructed with foam cushions and cotton batting stuffing. He said that the couch was not covered with a slip cover. He said that the couch was purchased new approximately five years before the fire.

941215HWE5022

Second Product Identification

The police and fire officials identified a disposable cigarette lighter as the probable source of ignition. The lighter was found in the area of origin and was identified as a non-child resistant **type** with a striker wheel **type** ignition mechanism. The investigating officials did not document the brand or manufacturer of the lighter. Photographs of the lighter are attached to this report as an exhibit.

Third Product Identification

The mother's companion said that the children had discussed the event with family members after the official investigation was completed. The companion said that the children said that they were using a votive type candle in a wine glass shaped holder during the evening before the fire. He said that the children indicated that they accidentally tipped the candle over into the space between the cushion and arm of the couch. The companion said that the family believes that the candle was the cause of the fire.

Standards Information

The convertible couch/sofa bed is subject to voluntary standards and the fold out mattress is subject to mandatory standards. Information concerning compliance with the applicable standards was not available.

The cigarette lighter is subject to voluntary industry standards and mandatory **labeling** requirements under the Federal Hazardous Substances Act. The lighter would also be subject to mandatory standards under the Consumer Product Safety Act if **manufactured** or imported after July 12, 1994. The lighter appears to bear the Federal Hazardous Substances labeling. Information concerning compliance with voluntary standards was not available. The lighter is not child resistant but sufficient information was not available to determine if the lighter is subject to the mandatory standard.

The candle and candle holder are not subject to mandatory or voluntary standards.

Attachments

- Exhibit # 1: Data Sheet/DIAGRAM
- Exhibit # 2: Medical Examiner's Report
- Exhibit # 3: Fire Department Report
- Exhibit # 4: Police Report
- Exhibit # 5: Photographs+ *Negatives*

*UPHOLSTERED FURNITURE INV. GUIDELINES
NEWSPAPER ARTICLE 64C5520*

5 1994

SURF

FIRE

CONTINUED FROM PAGE A1

and his band play at the Jubitz West-em Lounge in Portland.

They returned at about 1 a.m. Sunday and saw firefighters packing their gear. The police had just arrived again, this time to tell Valpi-ani about her oldest son.

Edward was first treated at St. John's Medical Center, then flown to Emanuel Hospital in Portland, where he died Sunday.

The house sustained moderate damage, according to the Longview Fire Department.

"Don't think they haven't been kicking themselves for going out," said Adele O'Brien, Mathers' mother. "But I'm a firm believer that your days are numbered."

"I don't think them being home would have prevented it," she

added. "The look at it w crazy."

Meanwhile at St Helen! dealing wit best way th lecting food will help th his family.

"He was 1 said Cindi' community watching ot ter. This is everything."

Donation the school, 2793 to arra

Kathi Al Comer Sal lished a fur her family Financial made to ac

Longview boy dies trying to save pet dog from fire

3 269
MICHAEL DRUMMOND
THE DAILY NEWS



Age 7, died never knowing his dog, Bo, survived.

As flames engulfed his small blue home late Saturday night, little Ed-ward tried to save his dog, a black Labrador retriever named Bo.

Overcome by smoke, the 7-year-old Longview boy collapsed inside. He was found by St. Helens Elementary School, died never knowing that Bo had made it out alive.

The boy's 4-year-old brother, Edward, and 5-year-old sister, Candi, also made it out safely.

This morning, red police tape surrounded charred possessions piled on the lawn. Burnt clothes, melted speakers, Charred furniture. A strand of Christmas lights dangled from the porch. Bo, chained at a neighbor's house, barked in the crisp morning air.

Besides losing her oldest son, Mrs. Drummond, 27, lost all her housewares — towels, plates, a toaster, everything a family needs to make a home.

12-03-94 > 507
12-04-94 > SUN AM

BUNN 25 1995
F4C 5020
941215 HWE 5022

Please see FINE Page A2 >



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 941215HWE5022 Incident Date 12-03-94

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: 9/1/90 Furniture Age 5 YEARS

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

UNKNOWN

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

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Weft Cord Tuft Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): 7 YRS.

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

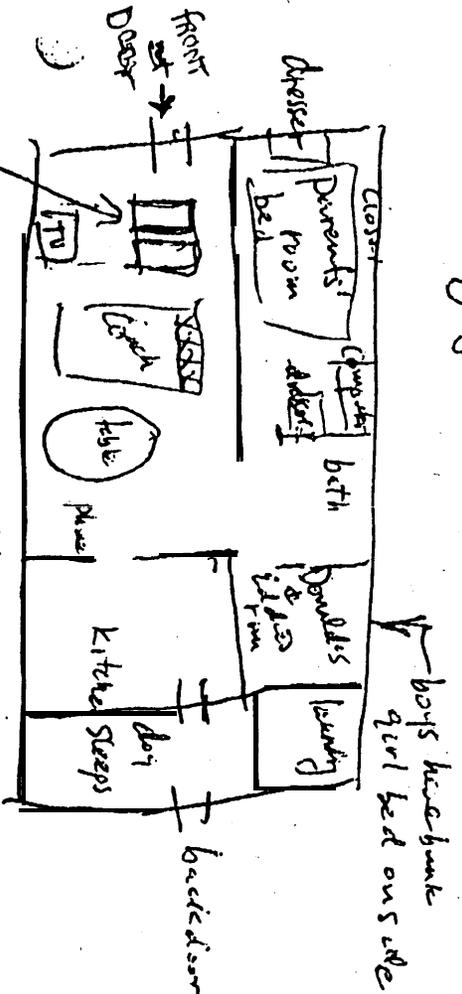
D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

Lighter Match Candle Heater Fireplace

Other (specify) _____

Unknown

941215 AWE 5022
 EXHIBIT # 1
 DIAGRAM



2 reclining / end table between chairs
 held cigarette lighter - found
 below that table after fire.

XXXX at end of couch marks point of
 origin as explained by K. [redacted] and
 confirmed by burn pattern in carpet.

boys bunk
 girl bed outside

MULTNOMAH COUNTY MEDICAL EXAMINER'S OFFICE REPORT FORM

301 N.E. Knott St., Portland, Oregon 97212 Phone 503-248-3746

C

Deputy Medical Examiner: Chamberlain Date: 12/04/94 Case #: 944433

Case Reported: Date: 12/04/94 Time: 09:30 Arrived at Scene: 15:30

Cause of Delay, if any: _____
Eye Bank Notified: NO YES _____ NO _____

A. DECEDENT DATA:

Name: [REDACTED] Age: 7 Yrs Mos. Days. DOB: 04/06/87

Sex: M XX F _____ ss # _____ Other #s _____

Race: White White Black Indian Asian Hispanic Marital Single status: S M W D

Occupation: Employed by: _____ Unemployed _____

Job Title Child Retired _____

Died (DOA) (Found) at: Emanuel Hospital PORTLAND OR 97227

Date: 12/04/94 Hour: 08:42 Found by Whom: Hospital Death.

Stricken/Injured at: [REDACTED]

Date: 12/03/94 Hour: 23:49 County of Incident (Other than Mult.) Cowlitz

Admitted to Hospital: Date: 12/04/94 Hour: 02:10

Decedent's Home Address: [REDACTED] Phone: [REDACTED]

Last Known Alive By: Hospital Death. Date: _____ Time: _____

Address: _____ Phone: _____

8. AGENCY DATA:

Name(s) of Officers/ Detectives: _____
Police: Longview Case # _____

Fire: Longview FD Ambulance: Medix Other: Life Flight

C. TRANSPORT AND MORTUARY DATA:

Body Transported to ME Office: Yes _____ No _____ If Yes, vii: _____

Reason for Transport to ME Office: _____

Funeral Home: Holman's Named by: Family Date: 12/04/94

L. NARRATIVE REPORT:

EXHIBIT #2

Introduction:

This 7 year old white male died 6 hours post-admission to the Oregon Bum Center after being brought there via Life Flight from St John's Hospital in Longview Washington where he had been brought via local ground ambulance last evening after being found down in a structure fire. Cause of death appears to have been the result of smoke inhalation.

Circumstances: (Detailed)

Exact cause and location of the house fire is pending details confirmation with the local Fire Marshall's Office in Longview, WA. What is known at this time is that the subject and two siblings reportedly had escaped the fire when the subject ran back inside to save a family dog. Local Firefighters found the subject inside the home with an approximate down time of twenty minutes. The subject was found asystolic and CPR was initiated and continued during transport to the local hospital (St John's Hospital). The subject arrived at the first hospital with condition unchanged. The subject was found with soot in the airway and a carbon monoxide level of 66% saturation. It was decided that the subject would be taken to Portland for further care and Life Flight was activated. The subject was flown to Portland where he was admitted to the Oregon Burn Center and diagnosed with inhalation injury as well as 5% first degree burns to the face, hands, arms, and legs. The subject remained comatose with pupils fixed and dilated. The subject remained on a ventilator with a very poor prognosis for long term survival. The subject continued to deteriorate until his eventual and not unexpected death.

The hospital Admitting Department was advised to hold the subject in their morgue until our office could confirm details with the Longview FMO.

Multnomah County
Medical Examiner's Office
FOLLOW-UP INFORMATION

941215 HWE 502-2
EXHIBIT # 2

CASE# 94-3433

DATE: 12/04/94

NAME: [REDACTED]

REQUEST DEPUTY:

- 1). Confirm details of fire with Longview FMO. (need exact address and time).
- 2). Advise Emanuel Admitting when body can be released.

ACTION TAKEN:

12/04/94 - 17:16 hrs:

Contacted Longview Fire Department. The fire was at the subject's residence and reported to them at 23:49 last evening.

The subject and two siblings, ages 4 and five, were being watched by a teen-aged male baby-sitter. This baby-sitter reported to investigators that he arrived at the residence about 17:30-18:00 and the children's parent(s) left. Shortly after arriving, the baby-sitter caught the subject playing with a cigarette lighter and took it away from the boy but placed it on the living room coffee table. Later one of the younger children went to his room to bed. Then later yet, the three remaining persons, the subject, his younger sibling and the baby-sitter were watching television and all drifted off to sleep in the living room. The baby-sitter awoke later to find both children awake and flames coming from an area near the end of the couch (in the living room). The baby-sitter attempted to put out the fire to no avail using a pitcher of lemonade. He then evacuated all three children and ran to a neighboring address to call the fire department. The baby-sitter then instructed the subject to open the back door so their dog could escape. The baby-sitter then ran to his parent's house to get help. Upon the arrival of the fire fighters, it was realized that the subject was not around and it was suspected that he had returned to inside the residence. Fire fighters first went to the rear door to find it locked and then entered the residence through the front door, into the living room which was ablaze and the lifeless subject was found. Fire fighters started CPR and the child was rushed to the local hospital.

It is believed that the subject had gone to the rear door to find it locked so then entered by the front door either in order to unlock and open the rear door or to rescue the dog.

The fire investigation indicates that this was an accidental fire, started in the living room, suspected as being either by the subject or his younger sibling. Two lighters were found in the living room near the origin of the blaze.

Emanuel Admitting was called and the child was released to the named funeral home.db



Insurance Report

941215HW E 5027
EXHIBIT # 3

LONGVIEW FIRE DEPARTMENT
740 COMMERCE AVE.
LONGVIEW, WA 98632
(206) 577-3340

SECTION A

Response Data	IR. NO.	Exp. No.	DATE	DISPATCHED	ARRIVED	END TIME
	2259	00	12-03-94	23:49	23:52	25:43
Occupant Data	Incident Location			Room / Apt.	Zip Code	
	[REDACTED]			[REDACTED]	98632	
	First in Co.	District	Automatic or M/A	Method of Alarm		
	811	1	0 NON APPLICABLE	1 TELEPHONE DIRECT TO FIRE DEPT		
Owner Data	Situation Found		11-STRUCTURE FIRE			
	Action Taken		11 RESCUE, VENTILATION, EXTINGUISHMENT, SALVAGE &			
Personnel & Apparatus	Code	Occupant Name				
	EM EMPLOYEE	[REDACTED]				
	(Area Code) Phone	Occupant Address		DOB		
Construction Info	[REDACTED]	[REDACTED]	[REDACTED]		11/4/81	
	Code	Owner Name				
	OO OCCUPANT/OWNER	[REDACTED]				
Personnel & Apparatus	(Area Code) Phone	Owner Address		DOB		
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	
	Responding Personnel		No. of Responding Apparatus			
Paid	10	Engine	[REDACTED]	Comnd	[REDACTED]	
Volunteer	[REDACTED]	Truck	[REDACTED]	EMS	[REDACTED]	
Total	10	Aerial	[REDACTED]	Tanker	[REDACTED]	
Construction Info	General Property Use					
	41 ONE OR TWO FAMILY RESIDENTIAL USE					
	Specific Property Use					
	411-ONE FAMILY DWELLING ALL YEAR					
	Building Code Occupancy Type					
	0R3-DWELLINGS & LODGING HOUSES					
Structure Status						
2 IN USE WITH FURNISHINGS IN PLACE AND BEING USED						
Occupancy Status at Time of Incident						
1 OCCUPIED AT TIME OF INCIDENT						

9412154055002
ENR017 X2

Mobile Property (If involved)

Type Mobile Property	Vehicle License	State	Year	MAKE
Model	Vehicle Identification No.	I.C.C./D.O.T. Permit No.	Drivers License Number	State

Injuries / Fatalities

SECTION B	Civilian Casualties	Fire Casualties		
	Injuries	Fatalities	Injuries	Fatalities
	0	0	0	

SECTION C

C O N T R I B U T I N G	Contributing Factors	Contributing Person(s)	DOB
			>01/01/87
	Area of Origin	Level	
	14-LIVING ROOMS, RECK ROOMS, FAMILY ROOMS,	A01 ABOVE GROUND 1ST STORY	
	Horizontal Distance from Ignition Factor	Ignition Factor	
		23 NEGLIGENCE, 7-17	
	Form of Heat of Ignition	Acres Burned	
	65-MATCH, LIGHTER		
	Material First Ignited	Form	
	Type Mobile Property	21 UPHOLSTERED FURNITURE	
72 COTTON, RAYON, POLYESTER BLENDS			

**E
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T**

If Equipment Involved:

Fuel Model	Type	Mobile Property	Model
Y			
Equipment Make	Serial Number		

Method of Extinguishment	ESTIMATED Property Loss	ESTIMATED Contents Loss
5 WATER CARRIED ON APPARATUS INITIALLY ASSIGNED TO THE INCIDENT	15,000.00	5,000.q

SECTION D

No. of Stories	Construction Type	Roof Covering
1	5 TYPE V STRUCTURAL MEMBERS WHOLLY OF	2 COMPOSITION SHINGLES

E
X
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N

Flaine	Smoke
5 STORY OF ORIGIN	5 CONFINED TO STORY OF ORIGIN
Material Gencrating Most Smoke	
Type Mobile Property	Form
72 COTTON, RAYON, POLYESTER BLENDS	21 UPHOLSTERED FURNITURE
Avenue of Smoke Travel	
2 CORRIDOR	

D
E
T
E
C
T
I
O
N

Type Mobile Property	Power Supply
8 NO DETECTOR PRESENT	1 BATTERY ONLY
Detector Performance	Reason for Failure
8 NO DETECTORS PRESENT	8 NO DETECTOR FAILURE
Extinguish Type	Extinhuisher Performance
98 NO EXTINGUISHING SYSTEM	8 NO EQUIPMENT PRESENT IN ROOM OR SPACE OF FIRE ORIGIN
Reason for Ext. Failure	
8 NO EXTINGUISHING SYSTEM FAILURE	
Sprinkler Heads	Number
Type Mobile Property Activated	

Member Making Report

Officer in charge

LT. MCKAY

Emp. I.D.

HAZARDOUS MATERIALS INFORMATION

SECTION F

Estimated No. of Chemicals Released

Area of Release

Level of Release

Chemical(s) or Trade Name

Release Factors

Haz Mat ID Sources Used

Special Haz Mat Team Actions

Type of Equipment Involved

Disposition of Incident

Cas Number

DOT I.D. Number

DOT Hazard Class

Physical State Stored

Container Description Use

Qty. Released

Qty. Measure

Physical State Released

Container Construction

Extent of Release

Suspected Environmental Contamination

Container Type

Capacity , Qty. Released

Contaminated Material

Fire Service

Haz Mat Casualties

Injuries Fatalities

Member Making Report

Emp. ID.

Officer in charge

LT. MCKAY

2007 83

NARRATIVE

INCIDENT NUMBER 00 LF 2259

EXP NO. 00

INVESTIGATION STATUS

CLOSED

RESPONDED TO REPORT OF HOUSE ON FIRE, FLAMES VISIBLE, PEOPLE EVACUATING. FOUND SMOKE BANKED DOWN TO ABOUT KNEE LEVEL WHEN WE ARRIVED, FLAME VISIBLE IN MIDDLE OF ROOM AND TO RIGHT. JUST INSIDE FRONT DOOR, ADVANCED PRECONNECT IN FRONT DOOR. PEOPLE OUTSIDE SAID THERE WAS ONE CHILD INSIDE WHO ENTERED THROUGH REAR DOOR. SECOND TEAM WENT TO REAR DOOR TO ATTEMPT SEARCH, BUT FOUND DOOR LOCKED, SO RETURNED TO FRONT DOOR TO BEGIN SEARCH. TOOK SECOND LINE IN AND ADVANCED FOR SEARCH. FIRE WAS KNOCKED DOWN & CONTROLLED BY THIS TIME AND VISIBILITY WAS IMPROVING BECAUSE VENT FAN WAS OPERATING. ONE CHILD WAS REMOVED AND GIVEN CPR IMMEDIATELY AS HE WAS REMOVED OUTSIDE. HE WAS TRANSPORTED TO ST. JOHN'S, ACCOMPANIED BY FIREFIGHTER HOLBORN WHO ASSISTED WITH CPR DURING TRANSPORT.

HOUSE WAS OVERHAULED TO CHECK FOR FIRE EXTENSION. PICTURES TAKEN BY TITUS OF POINT OF ORIGIN BEFORE EXTENSIVE OVERHAUL WAS BEGUN (LAST PICTURES ON ROLL). ALL CONTENTS OF FIRE ROOM WERE REMOVED, INCLUDING THE CARPET, CEILING TILES WERE REMOVED TO CHECK FOR FIRE EXTENSION. ARTICLES OF VALUE INCLUDING 3 RINGS, PICTURES AND PICTURE ALBUMS WERE GIVEN TO THE [REDACTED] FOR SAFE KEEPING.

ACCORDING TO [REDACTED] AGE 13, HE WAS HIRED AS BABY SITTER AND BEGAN 12103194 @ 530PM TO 6PM TO CARE FOR THE [REDACTED] CHILDREN: [REDACTED] 4 YOA [REDACTED] 5 YOA [REDACTED] 7 YOA. ABOUT 15 MINUTES AFTER THE PARENTS LEFT, KEN CAUGHT EDDIE PLAYING WITH A LIGHTER. HE TOOK THE LIGHTER AND PLACED IT ON A COFFEE TABLE THAT SAT BETWEEN TWO EASY CHAIRS (ONE RECLINED AND ONE DID NOT) IN THE FRONT ROOM. AFTER KEN TOOK THE LIGHTER, ALL THE CHILDREN PLAYED HIDE AND GO SEEK UNTIL THE YOUNGER CHILDREN (BETH AND DONALD) GOT SCARED BECAUSE OF THE DARK IN THE HOUSE, SO, THEY ALL DECIDED TO WATCH TV. THEY DID NOT USE THE LIGHTER TO SEE WITH WHEN THEY PLAYED HIDE AND SEEK. DONALD WENT TO BED BEFORE "BEN AND STIMPY" WAS OVER AT 9PM. KEN, EDDIE AND BETHANY FELL ASLEEP WATCHING TV. KEN WOKE UP & THE OTHER TWO CHILDREN WERE AWAKE AND WATCHING TV. KEN SAW FLAMES AT THE END OF THE COUCH, GRABBED HIS COAT AND TRIED TO EXTINGUISH THE FIRE, BUT WAS NOT SUCCESSFUL. THEN HE TRIED TO EXTINGUISH THE FIRE WITH A "WATER JUG" WHICH HAD LEMONADE IN IT, OR AT LEAST SMELLED OF LEMONADE. THE FIRE KEPT BURNING, SO KEN EVACUATED THE CHILDREN, INCLUDING DONALD WHO HAD GONE TO HIS ROOM. THEN KEN TOLD THE LADY IN THE PINK HOUSE ABOUT THE FIRE. AS KEN WAS RETURNING, HE TOLD EDDIE TO GO TO THE BACK DOOR AND OPEN IT SO THE DOG COULD GET OUT. WHILE EDDIE WAS DOING THAT, KEN WENT TO WAKE HIS PARENTS. EDDIE MUST HAVE ENTERED THE HOUSE THROUGH THE FRONT DOOR AFTER FINDING THE REAR DOOR WAS LOCKED. KEN THEN TRIED TO OPEN THE FRONT DOOR, BUT IT WAS TOO HARD TO OPEN AND HE BURNED HIS HAIR AND IT WAS HARD TO BREATHE BECAUSE OF THE SMOKE.

OFFICER M. JEWELL, LPD WAS ALSO ON SCENE AND ARRIVED BEFORE LFD. HE SAW SMOKE TOO THICK TO ENTER. FLAMES WERE IN THE CENTER OF THE ROOM, AND TO THE RIGHT OF AND INSIDE THE FRONT DOOR. HE USED HIS PORTABLE EXTINGUISHER ON THE FIRE, BUT WITHOUT MUCH RESULT BECAUSE OF THE DISTANCE FROM THE FIRE THAT HE HAD TO MAINTAIN BECAUSE OF THE SMOKE. HE INTERVIEWED - KEN COOLEY AFTER LFD (MCKAY) DID.

FIRE DAMAGE TO THE FRONT ROOM WAS EXTENSIVE. SOOT, HEAT AND SMOKE DAMAGED THE OTHER ROOMS AS WELL. DURING CLEAN-UP, A LIGHT RED LIGHTER WAS FOUND UNDER THE COFFEE TABLE AT THE REQUEST OF OFFICER JEWELL FOR THE LIGHTER. A SECOND GREEN LIGHTER AS MENTIONED BY KEN [REDACTED] TO OFFICER JEWELL WAS NOT FOUND, MOST OF THE CONTENTS OF THE FRONT ROOM HAVING BEEN PILED ON THE FRONT LAWN BY THIS TIME. MCKAY.

941215HWE 5022
EXHIBIT # 3

LONGVIEW FIRE DEPARTMENT
Office of Fire Marshal

INCIDENT NUMBER 2259

TITLE OF CASE [REDACTED]

FILE NO. 61-92

DATE OF FIRE 12/3/94 TIME INVESTIGATOR

WAGS SMITH / MCKAY

LOCATION [REDACTED]

OWNER _____ OCCUPANT [REDACTED]

OWNER PHONE [REDACTED]

OCCUPANT PHONE [REDACTED]

INSURANCE COMPANY	POLICY NO.	EFFECTIVE DATES	BUILDING COVERAGE	CONTENTS COVERAGE

PREVIOUS FIRE RECORD _____

LOSS PAYABLE TO _____

RECENT INCREASES _____

ADJUSTER _____

PROPERTY INVOLVED RESIDENCE

WHERE FIRE STARTED Couch in front room

PROBABLE CAUSE Children playing w/ lighter

EXTENT OF DAMAGE Flame damage to front room extensive; moderate to kitchen; smoke chat to others.

INJURIES DEATHS [REDACTED] 7 YOA.

FINAL DISPOSITION _____

PICTURES Page 1 NO. 5 (BA-9A)

EVIDENCE re: Lighter LOCATION

<u>LED Jewel</u>	_____
<u>C-II</u>	<u>I</u>

OTHER INFORMATION attached news release

(2) WAFAS (3) Interview

SUMMARY

- (4) FF obs. Reports
- (5) Picture log & negs.

FDID	08M04	WASHINGTON FIELD INCIDENT REPORT				INCIDENT NUMBER	YEAR	19	LF.	2259		
1	CORRECTIONS					MULTIAGENCY INCIDENT NO.						
2	000	Fire Department	LONGVIEW									
3	DATE	DISPATCH TIME	ARRIVAL TIME	END TIME	DAYS	FIRST IN COMPANY	DISTRICT	PROPERTY MANAG				
	12-3-94	23:49	23:52	25:43	00	811	1					
4	AUTOMATIC OR MUTAL AID	METHOD OF ALARM	SITUATIONS FOUND	TYPE OF ACTIONS TAKEN	TYPE WEATHER	AIR TEMP	CENS					
	0	1	11	11	2							
5	INCIDENT ADDRESS LOCATION											
6	ROOM APARTMENT				ZIP CODE	98632		WILDLAND FIRE HAZARD SEVERITY RATING			1 LO	
7	CODE	OCCUPANTS NAME				AC	PHONE					
	EM											
8	OCCUPANTS CITY ADDRESS				INVESTIGATION STATUS				DOB		1/4	
9	CODE					CLOSED				AC		PHONE
	00											
10	ADDRESS CITY											
11	TOTAL FIRE SERVICE PERSONNEL RESPONDED	Paid	Volunteer	NUMBER OF APPARATUS RESPONDED		Engine	Truck	Aerial	Comnd	EMS Tandre	Rescue	Hazmats
	10	1	0									
12	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	BUILDING CODE	OCCU-PACYTYPE	STRUCTURE STATUS	OCCUPIED AT TIME OF INCIDENT						
	4 1	411-			2	1						
13	MOBILE PROPERTY	Type Mobile Property	UCENSE	STATE	YEAR	MAKE						
	Model											
14	(IF IT WAS INVOLVED)	Vehicle Identification Number				I.C.C./D.O.T. PERMIT NUMBER						
						Drivers License Number						
15	SECTION B											
1	FIRE CASUALTY	Injuries	Fatalities	FIRE CASUALTY	Injuries	Fatalities						
		0	0		01	0						
1	SECTION C											
1	CONTRIBUTING FACTOR(S)	No.1	No.2	FIRE ORIGINAL	Area OF ORIGIN	Level	HORIZONTAL DISTANCE FROM	FORM OF HEAT OF IGNITION	IGNITION FACTOR			
				14-	A01			65-M				
2	CONTRIBUTING PERSON(S)	NO 1	SEX	DOB	NO 2	SEX	DOB	MATERIAL FIRST IGNITED	Type	Form	METHOD OF EXTINGUISHMENT	
	EDDIE			01/				72		21		
3	ESTIMATED PROPERTY LOSS	ESTIMATED CONTENTS LOSS		FUEL MODEL	ACRES BURNED							
	15000	5000		Y								
4	IF EQUIPMENT INVOLVED IN IGNITION	Type Mobile Property	Make	Serial Number								
5	SECTION D											
1	CONSTRUCTION TYPE	ROOF COVERING	NUMBER OF STORIES	EXTENT OF DAMAGE								
	5 TYPE V	2	1	Flame 5 Smoke 5								
2	MATERIAL GENERATING MOST SMOKE	Type Mobile Property	AVENUE OF SMOKE TRAVEL	DETECTION SYSTEM	Type Mobile Property	Power Supply	Performance	Reason for Failure				
	21		2	8		1	8	8				
3	EXTINGUISHING SYSTEM	Type Mobile Property	Performance	Reason for Failure	SPRINKLER HEADS	Type Mobile Property	Number Activated					
	8		8									
1	SECTION E											
1	TYPE OF SITUATION FOUND	NUMBER OF PATIENTS	HIGHEST LEVEL OF CARE PROVIDED ON SCENE									
	69-	001	Fire 5 Other 6									
2	SECTION F											
1	NUMBER OF PATIENTS TRANSPORTED BY										PRIMARY TRANSPORT AGENCY	
	Pvt. Amb 01 Pub /amb Fire Dept Other										08X04	
1	AREA OF RELEASE										LEVEL OF RELEASE	RELEASE FACTOR
2	EST. N. CHEMICALS RELEASED		TYPE OF EQUIPMENT INVOLVED IN RELEASE		SPECIAL HAZ MAT TEAM ACTION(S) TAKEN			DISPOSITION OF INCIDENT				
3	HAZ MAT I.D. SOURCES USED			FIRE SERVICE HAZ MAT CASUALTY		INJURIES		FATALITIES				
4	CHEMICAL TRADE NAME			DOT ID NO	DOT HAZARD CLASS	CAS NO						
5	PHYSICAL STATE	STORED	RELEASED	QUANTITY RELEASED	QUANTITY MEASURED	EXTENT OF RELEASE	SUSPECTED ENVIRONMENTAL CONTAMINATION					
6	CONTAINER TYPE	MATERIAL	DESCRIPTION-USE	CONSTRUCTION	CAPACITY	QUANTITY RELEASED						
1	SECTION G											
1	PRINT MEMBER MAKING REPORT										Signature of member making report	Date
2	Employee ID Number										Officer in charge	L.T. MCKAY

NARRATIVE

INCIDENT NUMBER	19 LF 2259	EXP NO.	00	DATE	12/03/94	RESPONSE	114

INVESTIGATION STATUS
CLOSED

RESPONDED TO REPORT OF HOUSE ON FIRE, FLAMES VISIBLE, PEOPLE EVACUATING. FOUND SMOKE BANKED DOWN TO ABOUT KNEE LEVEL WHEN WE ARRIVED, FLAME VISIBLE IN MIDDLE OF ROOM AND TO RIGHT, JUST INSIDE FRONT DOOR. ADVANCED PRECONNECT IN FRONT DOOR. PEOPLE OUTSIDE SAID THERE WAS ONE CHILD INSIDE WHO ENTERED THROUGH REAR DOOR. SECOND TEAM WENT TO REAR DOOR TO ATTEMPT SEARCH, BUT FOUND DOOR LOCKED, SO RETURNED TO FRONT DOOR TO BEGIN SEARCH. TOOK SECOND LINE IN AND ADVANCED FOR SEARCH. FIRE WAS KNOCKED DOWN & CONTROLLED BY THIS TIME AND VISIBILITY WAS IMPROVING BECAUSE VENT FAN WAS OPERATING. ONE CHILD WAS REMOVED AND GIVEN CPR IMMEDIATELY AS HE WAS REMOVED OUTSIDE. HE WAS TRANSPORTED TO ST. JOHN'S, ACCOMPANIED BY FIREFIGHTER HOLBORN WHO ASSISTED WITH CPR DURING TRANSPORT.

HOUSE WAS OVERHAULED TO CHECK FOR FIRE EXTENSION. PICTURES TAKEN BY TITUS OF POINT OF ORIGIN BEFORE EXTENSIVE OVERHAUL WAS BEGUN (LAST PICTURES ON ROLL). ALL CONTENTS OF FIRE ROOM WERE REMOVED, INCLUDING THE CARPET. CEILING TILES WERE REMOVED TO CHECK FOR FIRE EXTENSION. ARTICLES OF VALUE INCLUDING 3 RINGS, PICTURES AND PICTURE ALBUMS WERE GIVEN TO THE ██████████, FOR SAFE KEEPING.

ACCORDING TO KEN B. ██████████ AGE 13, HE WAS HIRED AS BABY SITTER AND BEGAN 12/03/94 @ 530PM TO 6PM TO CARE FOR THE ██████████ CHILDREN: DONALD, 4 YOA; BETHANY, 5 YOA; EDDIE, 7 YOA. ABOUT 15 MINUTES AFTER THE PARENTS LEFT, KEN CAUGHT EDDIE PLAYING WITH A LIGHTER. HE TOOK THE LIGHTER AND PLACED IT ON A COFFEE TABLE THAT SAT BETWEEN TWO EASY CHAIRS (ONE RECLINED AND ONE DID NOT) IN THE FRONT ROOM. AFTER KEN TOOK THE LIGHTER, ALL THE CHILDREN PLAYED HIDE AND GO SEEK UNTIL THE YOUNGER CHILDREN (BETH AND DONALD) GOT SCARED BECAUSE OF THE DARK IN THE HOUSE. SO, THEY ALL DECIDED TO WATCH TV. THEY DID NOT USE THE LIGHTER TO SEE WITH WHEN THEY PLAYED HIDE AND SEEK. DONALD WENT TO BED BEFORE "BEN AND STIMPY" WAS OVER AT 9PM. KEN, EDDIE AND BETHANY FELL ASLEEP WATCHING TV. KEN WOKE UP & THE OTHER TWO CHILDREN WERE AWAKE AND WATCHING TV. KEN SAW FLAMES AT THE END OF THE COUCH, GRABBED HIS COAT AND TRIED TO EXTINGUISH THE FIRE, BUT WAS NOT SUCCESSFUL. THEN HE TRIED TO EXTINGUISH THE FIRE WITH A "WATER JUG" WHICH HAD LEMONADE IN IT, OR AT LEAST SMELLED OF LEMONADE. THE FIRE KEPT BURNING, SO KEN EVACUATED THE CHILDREN, INCLUDING DONALD WHO HAD GONE TO HIS ROOM. THEN KEN TOLD THE LADY IN THE PINK HOUSE ABOUT THE FIRE. AS KEN WAS RETURNING, HE TOLD EDDIE TO GO TO THE BACK DOOR AND OPEN IT SO THE DOG COULD GET OUT. WHILE EDDIE WAS DOING THAT, KEN WENT TO WAKE HIS PARENTS. EDDIE MUST HAVE ENTERED THE HOUSE THROUGH THE FRONT DOOR AFTER FINDING THE REAR DOOR WAS LOCKED KEN THEN TRIED TO OPEN THE FRONT DOOR, BUT IT WAS TOO HARD TO OPEN AND HE BURNED HIS HAIR AND IT WAS HARD TO BREATHE BECAUSE OF THE SMOKE.

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FIRE DAMAGE TO THE FRONT ROOM WAS EXTENSIVE. SOOT, HEAT AND SMOKE DAMAGED THE OTHER ROOMS AS WELL. DURING CLEAN-UP, A LIGHT RED LIGHTER WAS FOUND UNDER THE COFFEE TABLE AT THE REQUEST OF OFFICER JEWELL FOR THE LIGHTER. A SECOND, GREEN LIGHTER AS MENTIONED BY KEN ██████████ TO OFFICER JEWELL WAS NOT FOUND, MOST OF THE CONTENTS OF THE FRONT ROOM HAVING BEEN PILED ON THE FRONT LAWN BY THIS TIME. MCKAY.

4

Tom McKay Interview with ~~Ken Cooley~~ babysitter,
at ~~House Five~~ House Five, Page 1 of 2.

7811 7816 7821

#LF259 1/FIRRES FB/

btwn ~~NP FULLER TENA,~~

/2347 ENTRY HOUSE ON FIRE, FLAMES VISIBLE, PEOPLE EVACUATING
/2347 DISP 8 1 1
/2347 ASST 821
/2347 ASST 816

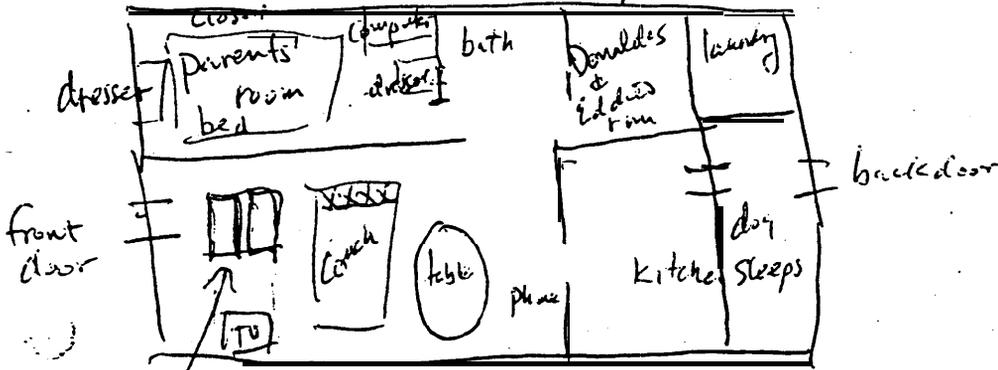
Ken B. Cooley (11/4/91)

5³⁰ - 6⁰⁰ until late

- 3 - Donald - 4
- Bethany - 5
- Eddie - 7 - hospital

about 2 pm went to sleep watching TV, Ben + Shimp
just finished. Eddie & Bethany fell asleep. "Duck" (Donald)
had already gone to his room.

boys have bunk
girl bed outside



2 reclining chairs
end table between chairs
(held cigarette lighter -- found
below that table after fire).

"XXXX" at end of couch marks point of
origin as explained by K. Cooley and
confirmed by burn pattern in carpet.

"811 ?816 ?821

#LF259 1/FIRRES FB/

[redacted]
[redacted]
[redacted] IP FULLER TENA,

'2347 ENTRY HOUSE ON FIRE, FLAMES VISIBLE
'2347 DISP 811
'2347 ASST 821
'2347 ASST 816

,PEOPLE EVACUATING

woke up & children were awake & they were watching TV. Ken saw flames, Eddie was on couch next to fire and Beth was on chair. Ken tried to extinguish fire with ^{a water jug of lemonade.} ~~pan of water~~ Eddie went through front door and alerted ^{the lady in the pink pants.} ~~paranants~~. ^{Ken went to wake his parents.} Eddie must have re entered house and get the dog out. Ken tried to open front door, it was too hard to open and he burned his hair and it was difficult to breathe because of the smoke. Eddie had been playing with a lighter earlier about 6:15, then Ken took it away and put it on the coffee table next to the chairs. After Ken took away the lighter, they played hide and go seek ^{except Eddie.} but it was too dark and the children got scared. So they decided to watch T.V. They did not use the lighter to see with when they played hide & go seek.

[redacted]

Incident Location [redacted] rd 941215HWE5522-
EQUIP # 0
Incident Number 2259 Date of Fire 12-3-94
Report Writer RON SIMMONS Date 12-6-94

RESPONDING

Vehicle responded with ENGINE 821 Position apparatus DRIVER-operator
(private, engine or truck)

Final approach route INDUSTRIAL WAY

Were you first to arrive at scene? NO If not, who was? 811 then 816 then 821
(first, second, third)

Obstruction to response or building access? NO
(Parked or stalled vehicles, traffic, road repair)

APPROACHING THE SCENE

Visible flame? NO (I didn't notice) From where? _____ Color _____

Visible smoke? yes Color _____

Locations from which smoke was emitting _____
(Hindows, doors, chimney; roof, etc.)

Persons or vehicles leaving scene _____
(Color, type, model, license, or physical description of persons)

ARRIVAL AT SCENE

Approximate number of spectators 80 Recognize anyone or anyone acting unusually? No

(Name, address, sex, race, age, height, weight, build, complexion, hair color, etc.)

Did anyone offer their help? NO Who? _____
(Description of individual)

Police Officers on scene? yes Who? JEWELL

Hydrant problems? NO - 1ayer snake 3 1/2 (350 feet)
(Broken stem, tight cap, stripped threads, parked cars)

Siamese or P. I. problems? NO
(Plugged, tight cap, stripped threads, etc.)

SECURITY OF BUILDING

Where did you initially gain entry? _____
Was forcible entry necessary? _____ Was door (window) damaged? _____

Location of window and doors you entered or opened for access or ventilation (were they locked, standing open? broken? etc.) _____

0

Incident Number 0001 Date of fire 12-3-77 Report Writer SI-TIMING

.941215HW5622 EXHIBIT #3

Location of glass from broken windows (which window and was it inside or outside)?

Unusual openings in wall, floor or ceilings? _____ Where? _____

Inoperative sprinkler heads or fire doors? _____ Where? _____

OTHER FACTS:

Describe any unusual odors and in what areas strongest _____

Describe any unusual flammables or combustibles you suspected and their location _____

EXTINGUISHMENT

Describe area first extinguished to area last extinguished _____
(route of travel)

Was this fire unusually easy or difficult to extinguish? Explain. _____

Is there anything unusual about this fire? Explain. _____

NARRATIVE

Very briefly describe - What did you do during the fire? Use this space also to note any other observations you feel important which are not noted above. This material will be kept for your information in the future and as an aid in the investigation of this fire.

Driver of 821 - caught Hydrant at [redacted] [redacted]
Layed 350 feet of 3 1/2" to 811. Helped attach to 811.
Driver of 811 said they needed aid equipment (oxygen) and
(Bag mask) - off of 821. Took aid equipment to front
porch - attached O₂ to Bag mask - gave to Lt. Nichols
who was ventilating small boy.

Ron Jensen
Signature

Incident Location [REDACTED]

Incident Number 2259 Date of Fire 12/3/94

Report Writer CASTILLO Date 4/6/94

RESPONDING

Vehicle responded with private, (engine or truck) Position apparatus Parallel to front of house

Final approach route _____

Were you first to arrive at scene? YES not, who was? 811-816-821
(first, second, third)

Obstruction to response or building access? N/A
(Parked or stalled vehicles, traffic, road repair)

APPROACHING THE SCENE

Visible flame? NO From where? Color _____

Visible smoke? YES Color AT LEAST DARK

Locations from which smoke was emitting EAVES
(Windows, doors, chimney, roof, etc.)

Persons or vehicles leaving scene ? Unknown

(Color, type, model, license, or physical description of persons)

ARRIVAL AT SCENE

Approximate number of spectators Recognize anyone or anyone acting unusually? NO

(Name, address, sex, race, age, height, weight, build, complexion, hair color, etc.)

Did anyone offer their help? YES Who? FATHER BARBISTER
(Description of individual)

Police Officers' on scene? Unknown Who? _____

Hydrant problems? NO
(Broken stem, tight cap, stripped threads, parked cars)

Siamese or P.I. problems? NO
(Plugged, tight cap, stripped threads, etc.)

SECURITY OF BUILDING

Where did you initially gain entry? Front door

Was forcible entry necessary? NO Was door (window) damaged? _____

Location of window and doors you entered or opened for access or ventilation (were they locked, standing open? broken? etc.) Window in back of house for vent.

Incident Number _____ Date of Fire _____ Report Writer _____ EXHIBIT #3

Location of glass from broken windows (which window and was it inside or outside)?

inside

Unusual openings in wall, floor or ceilings? Where? 2 hole in ceiling ~~area~~ Possible opening to chimney removal.

Inoperative-sprinkler heads or fire doors? Where? _____

OTHER FACTS

Describe any unusual odors and in what areas strongest _____

Describe any unusual flammables or combustibles you suspected and their location _____

EXTINGUISHMENT

Describe area first extinguished to area last extinguished Fire mainly in living room - extinguished there. (route of travel) Fire mainly in

Was this fire unusually easy or difficult to extinguish? Explain. With 3 IA-man in - fire was pretty much extinguished there anything unusual about this fire? Explain. no

NARRATIVE

Very briefly describe - What did you do during the fire? Use this space also to note any other observations you feel important which are not noted above. This material will be kept for your information in the future and as an aid in the investigation of this fire.

A 1st fireman in & did very little extinguishment as 1st fireman carry hose line.
A 1st fireman involved in search & rescue initially & involved in the later stages.

Gary Castle
Signature
17

Incident Location [REDACTED] 941215KWE5322
EQUIP #3
Incident Number _____ Date of Fire 12-3-94
Report Writer DUANIE Sorensen Date _____

RESPONDING

Vehicle responded with 811 Position apparatus Driver
(private, engine or truck)

Final approach route [REDACTED] to [REDACTED]

Were you first to arrive at scene? yes If not, who was? _____
(first, second, third)

Obstruction to response or building access? NONE
(Parked or stalled vehicles, traffic, road repair)

APPROACHING THE SCENE

Visible flame? _____ From where? _____ Color _____

Visible smoke? yes Color dark

Locations from which smoke was emitting Front of Bldg
(Windows, doors, chimney, roof, etc.)

Persons or vehicles leaving scene _____

(Color, type, model, license, or physical description of persons)

-ARRIVAL AT SCENE-

Approximate number of spectators 10 Recognize anyone or anyone acting unusually? _____
short heavy dark haired guy, eyes in the corner. Kids
are in there.
(Name, address, sex, race, age, height, weight, build, complexion, hair color, etc.)

Did anyone offer their help? _____ Who? _____
(description of individual)

Police Officers on scene? 1 Who? Javel

Hydrant problems? _____
(Broken stem, tight cap, stripped threads, parked cars)

Siamese or P.I. problems? _____
(Plugged, tight cap, stripped threads, etc.)

SECURITY OF BUILDING

Where did you initially gain entry? _____

Was forcible entry necessary? _____ Was door (window) damaged? _____

Location of window and doors you entered or opened for access Or ventilation (were they locked, standing open? broken? etc.) _____

Incident Number _____ Date of Fire 11-3-94 Report Writer Sorenson EXHIBIT #3

Location of glass from broken windows (which window and was it inside or outside)?

Unusual openings in wall, floor or ceilings? _____ Where? _____

Inoperative-sprinkler heads or fire doors? _____ Where? _____

OTHER FACTS

Describe any unusual odors and in what areas strongest _____

Describe any unusual flammables or combustibles you suspected and their location _____

EXTINGUISHMENT

Describe area first extinguished to area last extinguished _____
(route of travel)

Was this fire unusually easy or difficult to extinguish? Explain. _____

Is there anything unusual about this fire? Explain. _____

NARRATIVE

Very briefly describe - What did you do during the fire? Use this space also to note any other observations you feel important which are not noted above. This material will be kept for your information in the future and as an aid in the investigation of this fire.

We arrived at scene smoke was visible - I put engine in pump gear & FF's took pressure off. E-2 caught Hyd AT _____

il

Signature

Incident Location 336-23RD 94121SHWESS22
EXHIBIT * 3
Incident Number 2259 Date of Fire 12/3/94
Report Writer T. MCKAY Date 12/6/94

RESPONDING

Vehicle responded with B.I. Position apparatus Acting B.C.
(private, engine or truck)
Final approach route [REDACTED]
Were you first to arrive at scene? Yes If not, who was? NA
(first, second, third)
Obstruction to response or building access? None
(Parked or stalled vehicles, traffic, road repair)

APPROACHING THE SCENE

Visible flame? No From where? None Color N/A
Visible smoke? Light smoke (haze) Color Light
Locations from which smoke was emitting Front door, S. side window
(Windows, doors, chimneys, roof, etc.)
Persons or vehicles leaving scene N/A
(Color, type, model, license, or physical description of persons)

ARRIVAL AT SCENE

Approximate number of spectators, 3 Recognize anyone or anyone acting unusually?
Barker sits on his father, maybe his mother, LPD (Jewell)
(Name, address, sex, race, age, height, weight, build, complexion, hair color, etc.)
Did anyone offer their help? Yes Who? LPD-Jewell
(Description of individual)
Police Officers on scene Yes Who? Jewell
Hydrant problems? None
(Broken stem, tight cap, stripped threads, parked cars)
Siamese or P.I. problems? None
(Plugged, tight cap, stripped threads, etc.)

SECURITY OF BUILDING

Where did you initially gain entry? front door
Was forcible entry necessary? No Was door (window) damaged? No
Location of window and doors you entered or opened for access or ventilation (were they locked, standing open? broken? etc.) S. side window of front room broken. Back door locked. B.I. & ds how to wick in panel pipe returned to front door for rescue.

Incident Number 661 Date of Fire 4/21/11 Report Writer 441215 HWE 5022
J. M. Kay

EXHIBIT # 3 1

Location of glass from broken windows (which window and was it inside or outside)?
outside

Unusual openings in wall, floor or ceilings? No Where? _____

Inoperative sprinkler heads or fire doors? No Where? _____

OTHER FACTS:

Describe any unusual odors and in what areas strongest N/A

Describe any unusual flammables or combustibles you suspected and their location N/A

EXTINGUISHMENT

Describe area first extinguished to area last extinguished LPD Jewell had discharged port. ext. on fire at right of front door (fallen curtains) (route of travel) and in direction of center of room (couch). Attack team entered (Kilgus & Sample), extinguished quickly, front door to rm. etc.

Was this fire unusually easy or difficult to extinguish? Explain. Easy.

Is there anything unusual about this fire? Explain: [redacted] reentered the bldg, through the front door to find a pet dog. He was rescued by 2nd rescue team (not hose team) and CPR begun immediately. He later passed away at Emmanuel hospital in Portland, OR.

NARRATIVE

Very briefly describe - What did you do during the fire? Use this space also to note any other observations you feel important which are not noted above. This material will be kept for your information in the future and as an aid in the investigation of this fire.

Arrived first, directed Bill to extend line to fire, BZ1 caught hydrant fire in 2 places, red smell at couch & to right of door - controlled quickly by hose team (Kilgus & Sample). Formed rescue team (Bradshaw & Titus) to search for child. Attempted entry at rear because that's where we were informed of his entry, but door was locked. Bradshaw kicked in panel of door, but we decided to enter at front to reduce risk of pulling fire & smoke to rear (from hose line). Returned to front door & fan was in operation. Rescue team entered and (Bradshaw?) found child (Eddie) by rear door and brought him to front where Nichols began ventilations (after finding no pulse or breath) and I started compressions, calling for O2 & bag mask. Holburn took over compressions. Ambulance arrived and detected restored heart beat. Holburn went with ambulance to hospital. BZ1 was released from scene to pick up Holburn and replace used equipment at R10. Investigated for source point of origin and cause. Interviews with baby sitter & burn pattern on floor & ceiling & in couch confirmed fire started at end of couch probably because of Eddie playing with a lighter. Lighter later retrieved & taken into custody by LPD officer M. Jewell. Because of screw heads blackened by smoke and smoke layer on area where smoke detector used to be, the smoke detector appears to have been removed and was battery operated (no hard wire access hole).

Norman J. McKay
Signature

12/06/94 15:10:51 PRINT REQUESTED BY TERMINAL LFRT02
Incident History for: #LP94002259 Xref: #LP94028955

Received	12/03/94	23:46:41	BY DT03	TSC19
Entered	12/03/94	23:47:09	BY DT03	TSC19
Dispatched	12/03/94	23:47:21	BY DT02	TSC10
Enroute	12/03/94	23:49:19		
Onscene	12/03/94	23:52:19		
Closed	12/04/94	01:43:28		

Initial Type: FIRRES Initial Alarm Level: 1 Final Alarm Level: 1
Final Type: FIRRES (FIRE RESIDENTIAL) Pri: 1 Dispo:
Police BLK: LP325 Fire BLK: LF100 Map Page: Group: F8 Beat: 81 Src: . 9
Loc: [REDACTED], LV (NV)

Loc Info:

Name:	[REDACTED]	Addr:	[REDACTED]	Phone:	[REDACTED]
/2347	(TSC19)	ENTRY	HOUSE ON FIRE, FLAMES VISIBLE, PEOPLE EVACUATING		
/2347	(TSC10)	DISP	811		
/2347		ASST	821		
/2347		ASST	816		
/2347	(TSC19)	#CROSS	#LP94028955		
/2349	(TSC10)	ENROUT	811		
/2349		ENROUT	821		
/2350	(TSC15)	MISC	, NEIGHBOR. ADVISES THREE SMALL CHILDREN IN THE HOUSE		
/2350		ASSTER	AMA [REDACTED], LV]		
/2351	(TSC10)	CLEAR	AMA		
/2351	(TSC15)	CHANGE	LDC: [REDACTED], LV - [REDACTED]		
/2352	(TSC10)	ONSCNE	811		
/2352		MISC	811		
*** New Date: 12/04/94 ***					
/0007		ONSCNE	821		
/0035		CLEAR	816		
/0143		CLEAR	811		
/0143		CLEAR	821		
/0143		CLOSE	821		

12/06/94 15:12:29 PRINT REQUESTED BY TERMINAL LFBT02
Incident History for: #LP94028955 Xref: #LF94002259

Entered 12/03/94 23:47:40 BY DT03 TSC19
Dispatched 12/03/94 23:48:54 BY DT02 TSC 10
En route 12/03/94 23:48:54
Onscene 12/03/94 23:50:22
Closed 12/04/94 01:56:37

Initial Type: FIREAS Initial Alarm Level: Final Alarm Level:
Final Type: FIREAS (ANY ASST TO FIRE DEPT) Pri: 3 Dispo: 3
Police BLK: LP325 Fire BLK: Map Page: Group: P3 Beat: 3 Src: T
Loc: [REDACTED] LV [REDACTED] (V)

Loc Info:

Name: [REDACTED] Addr: Phone: [REDACTED]

/2347 (TSC19) COPY ,NO MORE INFORMATION
/2347 #CROSS #LF94002259
/2348 (TSC10) DISPER 363 #3L24 JEWELL, MIKE
/2348 ASSTER 362 #3L39 CALDWELL, BILL
/2350 ONSCNE 363
/2351 MISC 363 , REQ AN AMB
/2352 ONSCNE 362
/2355 ASSTOS 36 [REDACTED] LV ,LV]
#3L10 JONES, ED
/2358 MISC 362 , NEED TO BLOCK ALABAMA END OF 23RD
*** New Date: 12/04/94 ***
/0000 MISC 362 , THERE IS CPR IN PROGRESS AT THIS TIME ON A CH
LD, 8 YOA. TELL AMB TO APPROACH ON [REDACTED] END
[REDACTED] AND WILL LEAD THEM IN
/0001 OK 363
/0004 OK 36
/0004 OK 362
/0004 OK 363
/0013 NEWLOC 36 [ST JOHNS]
/0024 NEWLOC 363 [ST JOHNS]
/0026 OK 36
/0026 OK 363
/0027 MISC 362 , THE MOTHER OF THE KIDS IS OUT AND THE GRANDPA
ENTS LIVE IN PORTLAND
/0029 (TSC19) CHANGE LOC: [REDACTED] ,LV --> [REDACTED] ,LV,
BLK: --> LP325,
SRC: --> T
/0033 (TSC10) NEWLOC 36 [REDACTED] ,LV]
/0033 NEWLOC 363 [REDACTED] ,LV]
/0033 ONSCNE 36
/0033 ONSCNE 363
/0036 CLEAR 36
/0037 CLEAR 362
/0108 OK 363
/0112 MISC 363 , THE MOTHER HAS JUST ARRIVED HOME, CONFIRMED T
E BOY IS BEING FLOWN TO EMMAUNAL BURN CENTER IN
PORTLAND
/0133 CHGLOC 363 [ST JOHNS]
/0138 ONSCNE 363
/0156 CLEAR 363 D/3
/0156 CLOSE 363

Event Location [REDACTED]

Incident Number LF 2259

Date of Fire 12-3-94

Report Writer D Titus

Date 12-6-94

RESPONDING

Vehicle responded with 816 Position apparatus DRIVER
(private, engine or truck)

Final approach route [REDACTED] LEFT ON [REDACTED]

Were you first to arrive at scene? NO If not, who was? 811, 816, 821
(first, second, third)

Obstruction to response or building access? NO
(Parked or stalled vehicles, traffic, road repair)

APPROACHING THE SCENE

Visible flame? NO From where? _____ Color _____

Visible smoke? YES Color DARK

Locations from which smoke was emitting FRONT DOOR & SOUTH SIDE
(Windows, doors, chimney, roof, etc.) WINDOW.

Persons or vehicles leaving scene NONE

(Color, type, model, license, or physical description of persons)

ARRIVAL AT SCENE

Approximate number of spectators 10-15 Recognize anyone or anyone acting unusually? _____

(Name, address, sex, race, age, height, weight, build, complexion, hair color, etc.)

Did anyone offer their help? NO Who? _____
(Description of individual)

Police Officers on scene? YES Who? OFFICER JEWELL

Hydrant problems? NO
(Broken stem, tight cap, stripped threads, parked cars)

Siamese or P.I. problems? NO
(Plugged, tight cap, stripped threads, etc.)

SECURITY OF BUILDING

Where did you initially gain entry? FRONT DOOR

Was forcible entry necessary? NO Was door (window) damaged? _____

Location of window and doors you entered or opened for access or ventilation (were they locked, standing open? broken? etc.) FRONT WAS OPEN
BACK WAS LOCKED

at Number LF2259 Date of Fire 12-3-94 Report Writer Titus

Location of glass from broken windows (which window and was it inside or outside)?

Unusual openings in wall, floor or ceilings? Where? HOLE IN CEILING
IN S.E. CORNER OF DINING ROOM 2'X2'

Inoperative-sprinkler heads or fire doors? N/A Where?

OTHER FACTS

Describe any unusual odors and in what areas strongest NO

Describe any unusual flammables or combustibles you suspected and their location NO

EXTINGUISHMENT

Describe area first extinguished to area last extinguished I WAS SEARCH
+ RESCUE ONLY (route of travel)

Was this fire unusually easy or difficult to extinguish? Explain.

Is there anything unusual about this fire? Explain. NO

NARRATIVE

Very briefly describe - What did you do during the fire? Use this space also to note any other observations you feel important which are not noted above. This material will be kept for your information in the future and as an aid in the investigation of this fire.

TOM RANDY + I WENT TO THE BACK OF
THE HOUSE. RANDY BROKE IN BACK DOOR
AND HEAVY BLACK SMOKE CAME OUT. TOM
DECIDED FOR US TO GO IN THROUGH THE
FRONT DOOR, NOT KNOWING WHERE THEY
WERE PUSHING THE FIRE. WENT IN FRONT
AND WENT IN FOR SEARCH + RESCUE. RANDY
FOUND THE BOY BY THE BACK DOOR.

Don Titus
Signature

0412 SHWE 5622
EX 87 #3

Incident Location [REDACTED]

Incident Number 2259

Date of Fire 12-9-94

Report Writer Anthony T. Gallegly

Date 12-6-94

RESPONDING

Vehicle responded with 811 Position apparatus Hoseman
(private, engine or truck)

Final approach route _____

Were you first to arrive at scene? Yes If not, who was? 811 816 821
(first, second, third)

Obstruction to response or building access? _____
(Parked or stalled vehicles, traffic, road repair)

APPROACHING THE SCENE

Visible flame? None From where? _____ Color _____

Visible smoke? Yes Color Black

Locations from which smoke was emitting Front Door, Windows
(Windows, doors, chimney, roof, etc.)

Persons or vehicles leaving scene None Noticed

(Color, type, model, license, or physical description of persons)

ARRIVAL AT SCENE

Approximate number of spectators 12 Recognize anyone or anyone acting unusually? NO

(Name, address, sex, race, age, height, weight, build, complexion, hair color, etc.)

Did anyone offer their help? NO Who? _____
(Description of individual)

Police Officers on scene? Yes Who? Jewell

Hydrant problems? NONE
(Broken stem, tight cap, stripped threads, parked cars)

Siamese or P.I. problems? _____
(Plugged, tight cap, stripped threads, etc.)

SECURITY OF BUILDING

Where did you initially gain entry? Front Door

Was forcible entry necessary? NO Was door (window) damaged? _____

Location of window and doors you entered or opened for access or ventilation (were they locked, standing open? broken, etc.) Front Door open, Rear Door kicked open

Incident Number 2259 Date of Fire 12-3-94 Report Writer Anthony Gallego

Location of glass from broken windows (which window and was it inside or outside)?

Unusual openings in wall, floor or ceilings? Yes Where? Dining Area S.E. Corner in ceiling 2'x9' approx.

Inoperative-sprinkler heads or fire doors? N/A Where? _____

OTHER FACTS

Describe any unusual odors and in what areas strongest _____

Describe any unusual flammables or combustibles you suspected and their location _____

EXTINGUISHMENT

Describe area first extinguished to area last extinguished Through Front Door to approx. middle of living room, extinguished living area then extinguished Dining area
(route of travel)

Was this fire unusually easy or difficult to extinguish? Explain. _____

Is there anything unusual about this fire? Explain. _____

NARRATIVE

Very briefly describe - What did you do during the fire? Use this space also to note any other observations you feel important which are not noted above. This material will be kept for your information in the future and as an aid in the investigation of this fire.

First in hoseman, attacked fire at couch and Dining area. Quick extinguishment. Began search and rescue through Dining area to kitchen to rear porch area. With firefighter Bradshaw a child victim was found unconscious on the floor near the back door. Bradshaw removed the victim while I continued search. No more victims found. Assisted in salvage and overhaul.

Anthony Gallego
Stamps

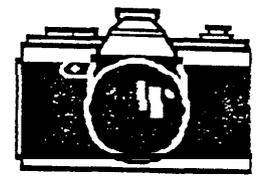
PHOTO INDEX - 1043

INCIDENT
NUMBER 7259

INVESTIGATED BY: McKAY

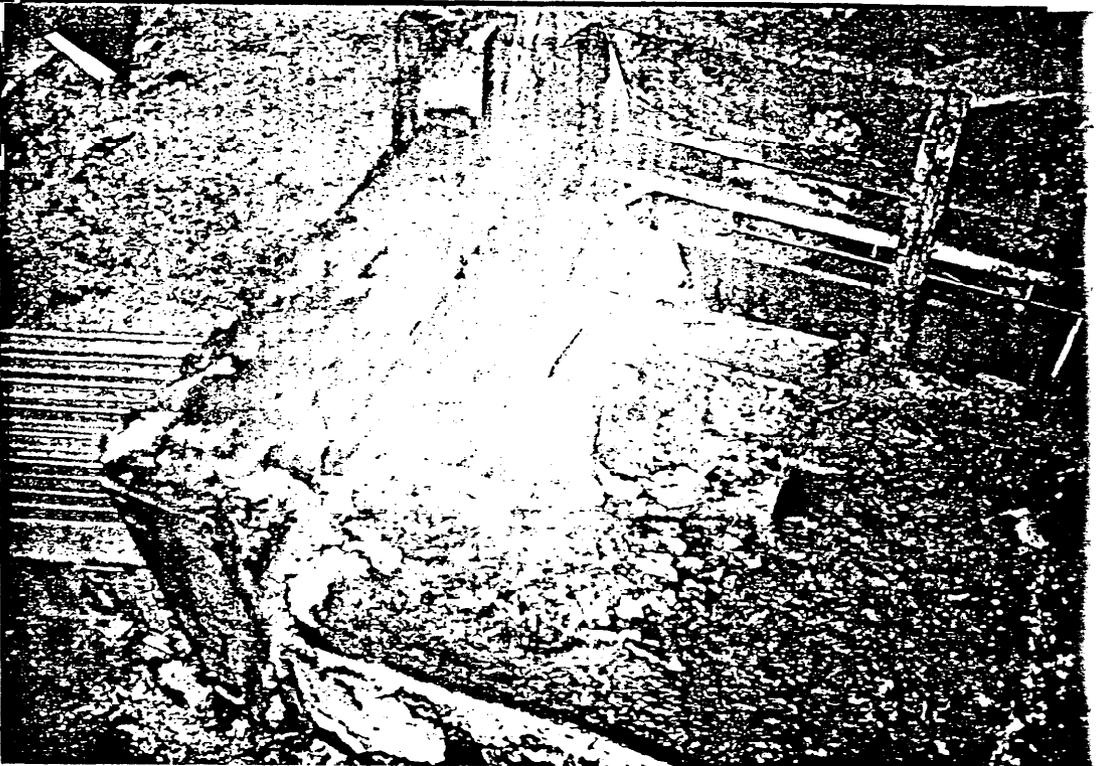
TITLE OF CASE [REDACTED]

LOCATION [REDACTED]



ROLL NUMBER 1
PHOTO NUMBER f A (NEG)

DESCRIPTION
END OF COUCH
SHOWING BURN PATTERN
DEEPEST BURN IN SEAT
DEEP BURN IN ARM REST
AND MISSING BOARD (FRAG)
ALONG ARM REST (BURNED
AWAY)
COMPARE WITH LAST
PHOTO



ROLL NUMBER 1
PHOTO NUMBER 2 (NEG) 7A

DESCRIPTION
SAME AS ABOVE, MORE
CLEAR

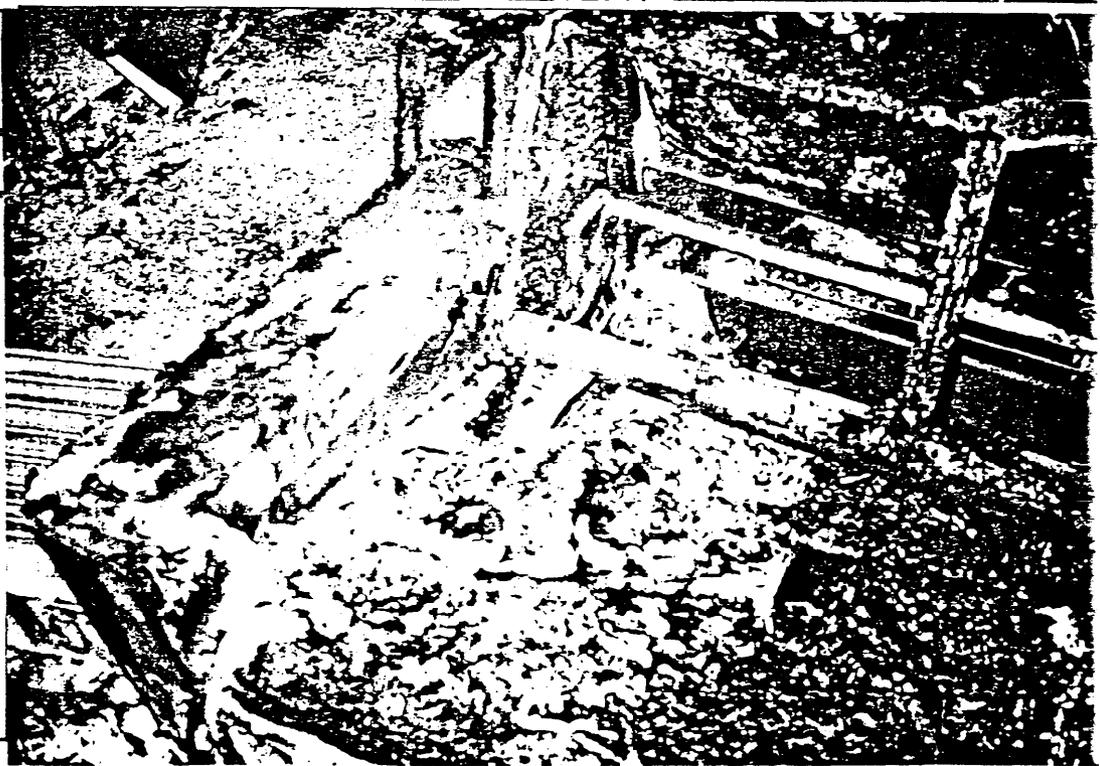


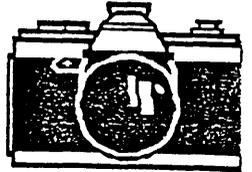
PHOTO INDEX - 2 of 3

INCIDENT
NUMBER 2259

INVESTIGATED BY: MCKAY

TITLE OF CASE [REDACTED]

LOCATION [REDACTED]



ROLL NUMBER 1
PHOTO NUMBER 3 [Neg # 6A]

DESCRIPTION

Front shot of couch,
related furniture,
floor (carpet) burn
localized at (left)
end of couch.



ROLL NUMBER 1
PHOTO NUMBER 4 [Neg # 5A]

DESCRIPTION

Left end of couch
showing out panel
burned out, clear
pattern on carpet.

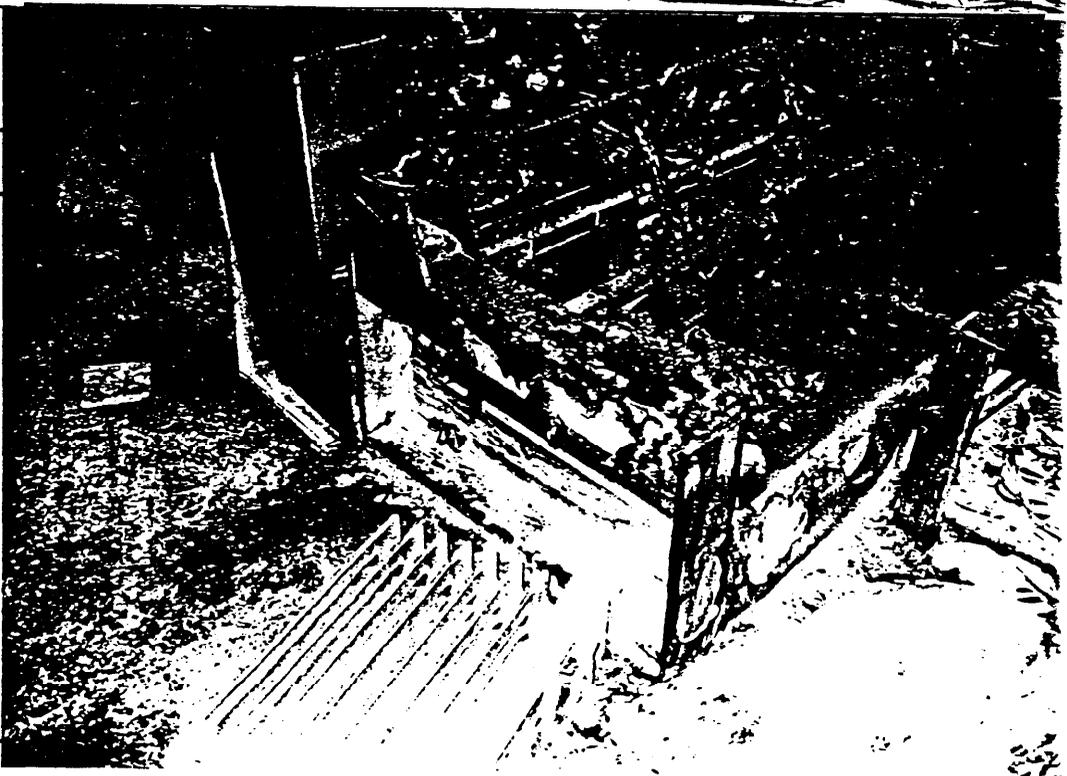


PHOTO INDEX - 3 of 3

INCIDENT

NUMBER 7259

INVESTIGATED BY: McKAY

TITLE OF CASE [REDACTED]

LOCATION [REDACTED]

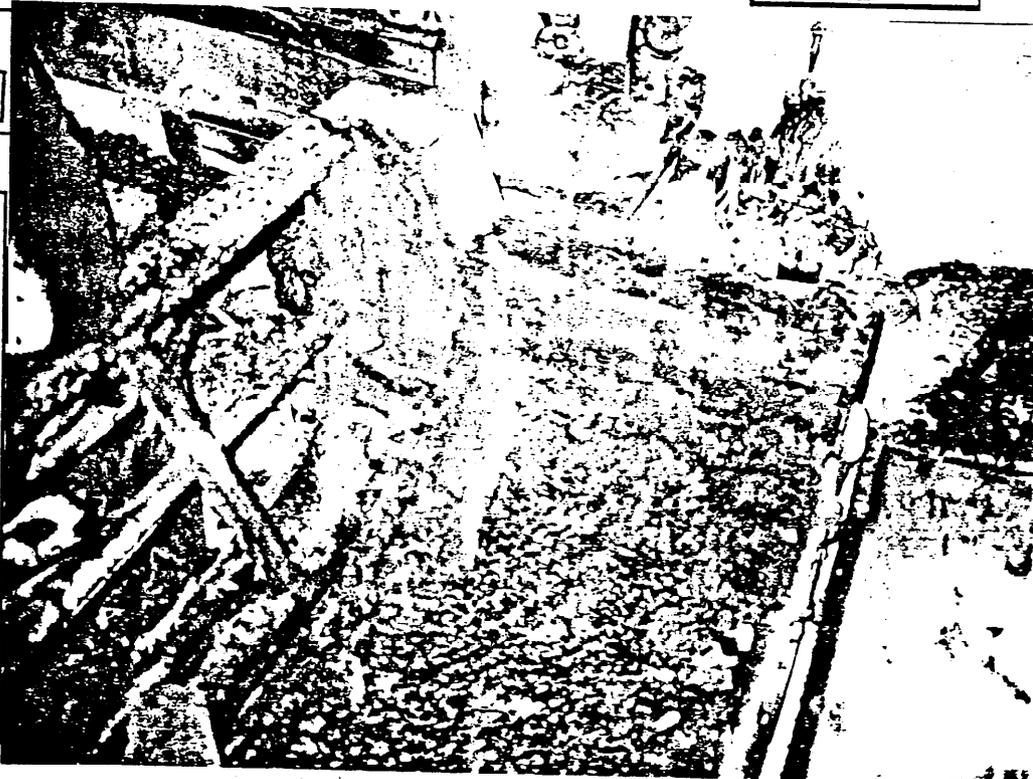


ROLL NUMBER 1

PHOTO NUMBER 5 [No. 4-A]

DESCRIPTION

Other (right) end of couch to show less burn in seat, less damage to arm, panel above arm rest still in place.



ROLL NUMBER

PHOTO NUMBER

DESCRIPTION

[Empty description box for the second entry]

[Empty photo area for the second entry]



Photo # 1: View of the living room.



Photo # 2: View of the end of the couch.

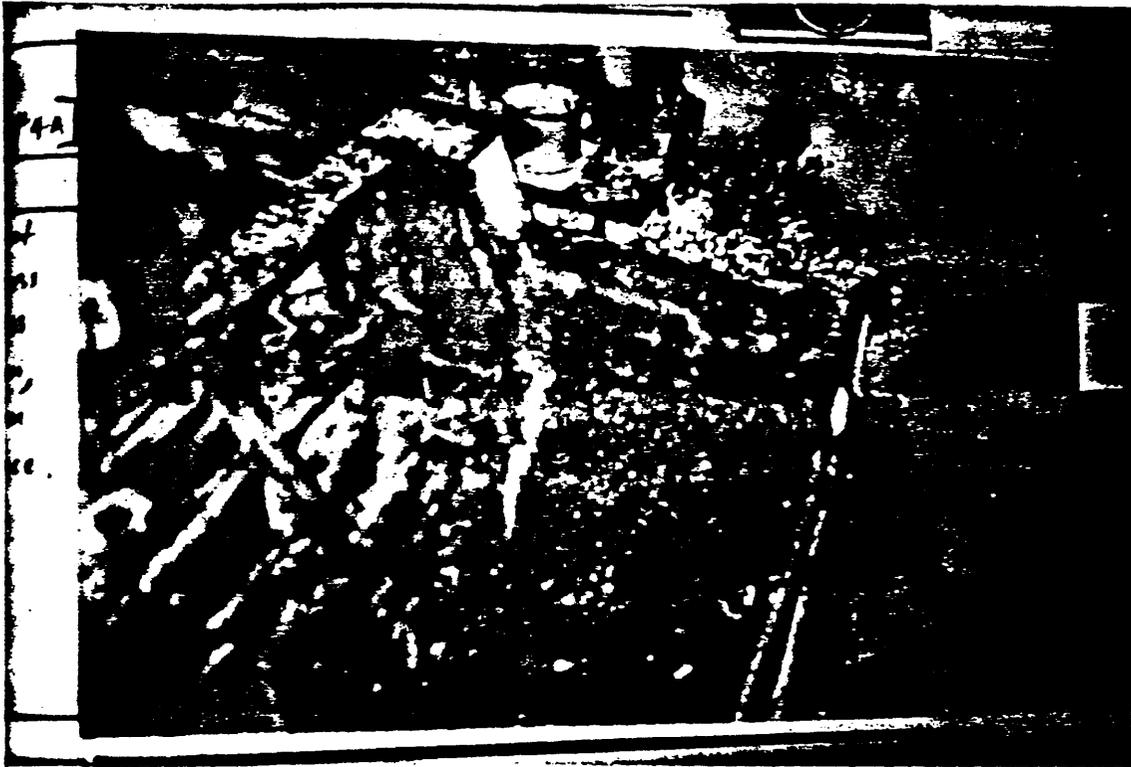


Photo # 3: View of the interior of the couch.

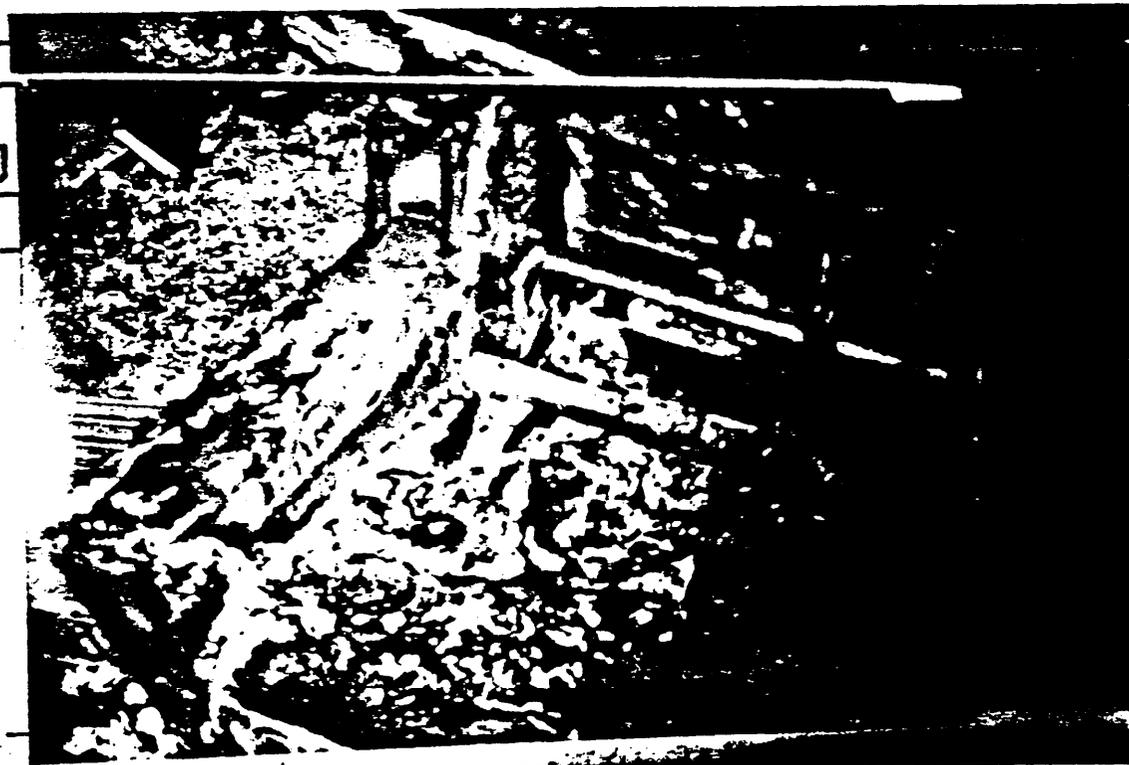


Photo # 4: View of the interior of the couch.

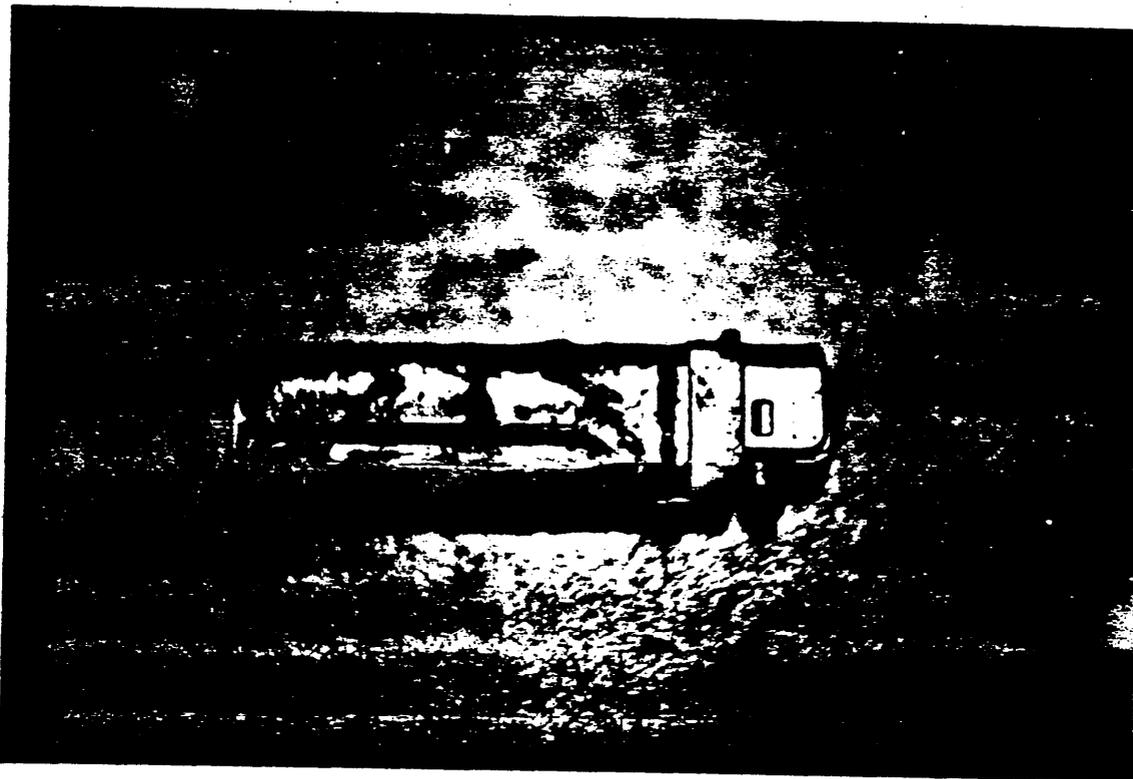


Photo # 5: View of the front of the lighter.

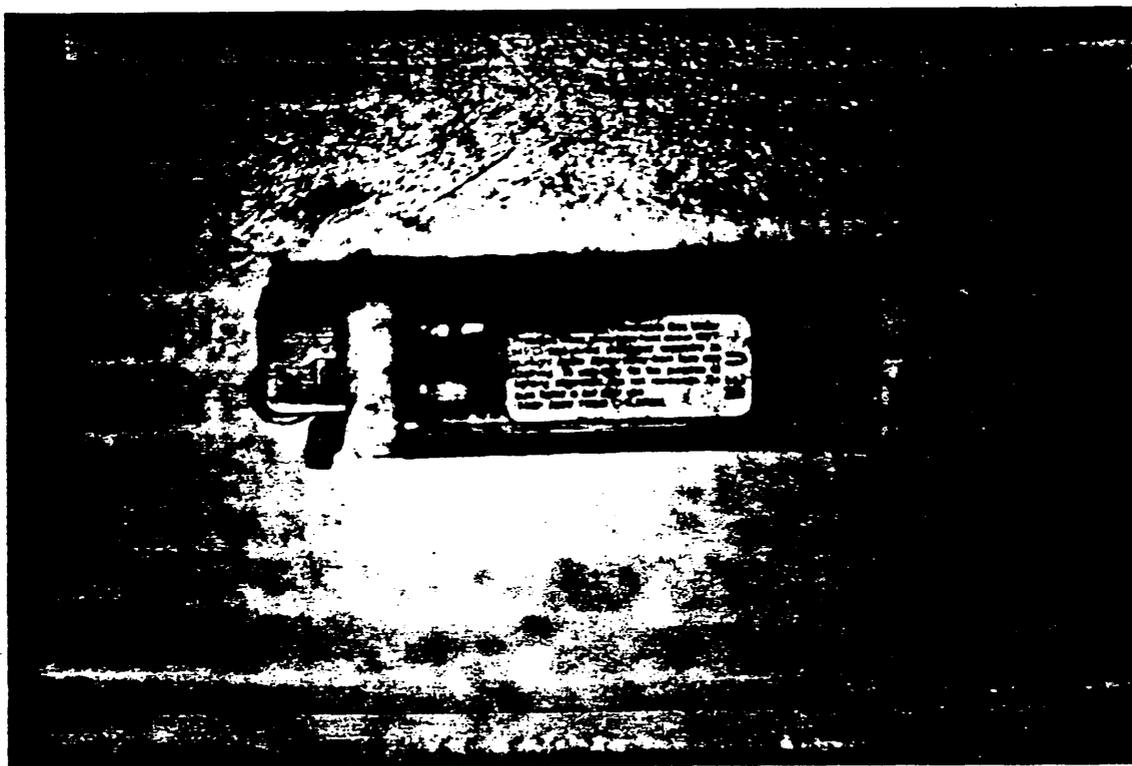
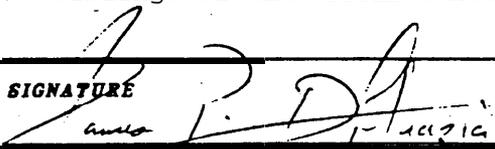


Photo # 6: View of the back of the lighter.

FIELD ACTIVITY COVERSHEET

1. REGION/STATE FOWR		2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other []		3. DATE 02-08-95	
				4. NUMBER (For RO Use) 941215HWE5022	
5. ESTABLISHMENT Name [unknown] Address [] City [] State [1] Zip [-] Telephone [/ -]					
6. RELATED FIRM () Parent () Headquarters () subsidiary () other _____ Name [] City [] State []					
7. PRODUCTS COVERED [upholstered furniture] [cigarette lighter]			8. OTHER CONSUMER PRODUCTS []		
9. ESTABLISHMENT TYPE <input 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. I.S. BUSINESS X Received [] X Shipped []		12. SAMPLES COLLECTED none		13. MIS CODE 12165	14. HOURS Activity [16] Travel [2]
15. REASON FOR ACTIVITY (Assignment Reference) regional initiated investigation-FY 95 fire program					
16. ANNOUNCED () Rationale for Announced Inspection UNANNOUNCED () n/a					
17. EMPLOYEE'S NAME Joseph S. Burchyski		TITLE SRI	SIGNATURE 		
18. (X) ENDORSEMENT () REMARKS () SUMMARY () OTHER _____ ID1 conducted in response to a newspaper account of a fatality associated with a residential fire. A 7 year old boy died when he re-entered the home to save his dog. Fire officials concluded the victim used a cigarette lighter to ignite a sofa bed. The lighter is not equipped with a child resistant feature. We are attempting to determine when and where the lighter was purchase. Siblings of the victim contend a candle ignited the sofa.					
19. REVIEWER'S NAME James P. DiGrazia		TITLE Supervisor	SIGNATURE 		
20. RE VIEW DATE 2/14/95		21. DISTRIBUTION 0: EPDS cc: SFRO 'cc c/s: LGC, LDB			

51 JAN 1995

1. CASB NUMBER 9 5 0 1 0 3 H W E 5 0 0 1		2. INVESTIGATOR'S ID 8 9 5 3		BPIDBHIOLGIC INVESTIGATION REPORT
3. OFFICE CODE 8 6 0	4. DATE OF ACCIDENT 9 4 1 2 1 1	5. DATE INITIATED 9 5 0 1 0 5		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT four year old boy was playing with-a disposable butane cigarette lighter, when he ignited the sofa. He escaped to safety with his mother, and there were no injuries. The fire department extinguished the flames, but did not conduct an investigation. The sofa and lighter were totally destroyed in the fire.				
7. LOCATION (Home, School, etc.) home		8. CITY 1 0 Fremont	9. STATE California C A	
10A. FIRST PRODVCT sofa		10B. TRADE/BRAND NAME 0 6 7 9 unknown	10C. HODBL NUMBER	
10D. MANUFACTURER NAHB AND ADDRBS unknown				
11A. SECOND PRODUCT disposable butane cigarette lighter		11B. TRADE/BRAND NAME 1 6 0 4 unknown	11C. MODEL NUMBER	
11D. MANUFACTURER NAME AND ADDRESS unknown				
12. AGE OF VICTIM no injury 9 9 9	13. SEX M	14. DISPOSITION 0	15. INJURY DIAGNOSIS 7 C)	
16. BODY PART(S) INVOLVED 9 9	17. RESPONDENT. 2nd hand info 3	18. TYPE OF INVESTIGATION other 3	19. TIME SPENT (Operational hours) 0 4 . 0	
20. CATEGORY ID B U N N 2 5	21. CASB SOURCE newspaper 0 5	22. SAMPLE COLLECTION NUMBER - - - - -		
23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only) YES: N O : X X				
24. REVIBWDATB - - - w - -	25. REVIEW BP - - - - -	26. REGIONAL OFFICE DIRECTOR		
27. DISTRIBUTION				

The following information was obtained from a telephone conversation with the fire official at the incident scene, along with the fire incident report. A fire investigation was not conducted. Photographs were taken of the exterior of the residence only, and not of the sofa or butane cigarette lighter involved in the incident. If follow-up information is **received** as a result of a letter sent to the residence, it will be forwarded as an addendum.

PRE-INCIDENT:

The incident involved a single family residence, a mother, and her four year old son.

There is no background information known about the sofa or cigarette lighter involved in the incident.

INCIDENT:

The date of the incident was Sunday, December 11, 1994. The time was shortly before 10 am. The son was in the family room. The mother was in the next room decorating the Christmas tree. **The** mother reported to the fire officials that her son came into the room that she was in and said, "I'm sorry." When the mother turned around to look at him and inquire as to what he was sorry about, she observed a fire in the family room, specifically she saw that the sofa was on fire. She tried to extinguish the flames. Unable to do so, she called 911 and evacuated the residence with her son.

POST INCIDENT:

The fire department arrived on the scene and extinguished the fire. Based on statements made by the mother and son at the incident scene, along with a cursory check of the scene, arson as the cause of the fire was ruled out, and a fire investigation was not conducted.

The child reported that he had been playing with a cigarette

lighter when the sofa started on fire. **The newspaper article** (attached to assignment) -erroneously states that the child had been playing with matches. The exact point of fire ignition on the sofa is unknown.

There were no injuries. Fire structure damage is listed at \$20,000, and contents damage at **\$10,000**.

The fire official stated that he was on the scene, and all that remained of the sofa were the springs. The fabric was totally consumed by the flames.

The butane cigarette lighter was not found at the scene. The fire official did not know if the disposable butane cigarette lighter was child-resistant.

The fire report reveals that the smoke detector in the room alerted, and that there was no detector failure.

PRODUCT IDENTIFICATION:

The only information known about the sofa is that the fabric consisted of a cotton/rayon blend, as reported by the consumer at the fire scene. However, it is not known if this fabric was upholstery fabric or a slipcover. The remains of the sofa, as observed **by the** fire official, consisted of only the springs. The fire official was unable to offer **a description** or product identification, based on the remains of the sofa.

All that is known about the cigarette lighter is that it was a **disposable butane** lighter, from statements made by the mother. The cigarette lighter was destroyed in the fire.

EXHIBITS:

1. Fire report.
2. Data Recording Sheet for Upholstered Furniture Fires.

January 5, 1995

[REDACTED]

Dear Ms. [REDACTED]

The U.S. Consumer Product Safety Commission was alerted to an upholstered furniture fire which occurred in your home on **12/11/94**. The U.S. Consumer Product Safety Commission is a federal agency responsible for reducing accidents in the **home**. As part of this responsibility, we are conducting a special study on open flame ignitions of upholstered furniture in order to determine if additional safety standards need to be addressed.

I would like to ask you questions about the incident, particularly about the sofa involved. Please complete the bottom portion of this letter indicating a date and time that is convenient for us to talk. Also, please include a daytime telephone number where I can reach you.

I have enclosed an "AUTHORIZATION FOR RELEASE OF NAME". Please complete that form, and return all information in the envelope provided.

Thank you for your cooperation.

Sincerely,

Joy Rizzitello
Product Safety Investigator

- RETURN THIS PORTION -

Case #950103HWE5001

Please call between the hours of _____ and _____ on ___ one of the following days _____ at telephone number _____

Signed _____ date _____

SECTION A Time Disp: 10:11:33 Time Arrv: 10:16:23 End Time: 11:35:40 Shift: B Add Days: 0
 First In Unit: ENGINE 3846 - 3846 First Due Unit: ENGINE 3846
 Juris: 06 Res Juris: 06 Mutual Aid: No Aid received or pro- 0
 Method Alarm: Telephone pro- 7 Type Weather: Air Temp: 0
 Incident Address: [REDACTED] Room/Apt: Pro Mang: Private tax-pa 1
 Zip Code: Tract-No.: Fire Dist: 08A1
 Staffing: 15 Careers: 15 Truck: 1 Rescue/Med: 0 Explorers: 0 Other: 3
 No. Apparatus: Engine: 3 Name: Name: Phone: St: Zip:
 Invl: Invl: Name: Phone: St: Zip:
 Addr: Name: State: State: Years: 0
 Gen Use: One- or two-family resi - 41 Spec Use: One- family dwellings: - 41 Occup Type: Dwelling, lodging house- R
 Str Type: Building with one spec - 1 Str Stat: In use w/furnishings in - 2 Occ Time: YES
 For Mobile Property Involved

Type: Veh Lic: No.: State: Permit No.: State: Years: 0
 Make: Model: Dr No.: State: State: Years: 0
 VIN: Model: Dr No.: State: State: Years: 0

SECTION B - COMPLETE FOR ALL FIRES
 Prim Act-Tak: Ventilate, extinguish, salvage, ove - 12 Area Origin: Small area w/ or w/d fixed seats - 13
 Level Origin: A01 Hor Dist: 0 Form Heat: Heat from liquid fueled equipmen - 17
 Ignition Factor: Intentionally set, non-criminal - 12 Material Type: Cotton, rayon, cotton fabric - 72
 Material Form: Upholstered sofa, chair, vehicle - 21 Contrib Fact1: Method Ext: Water carried on apparatus - 5
 Contrib Fact2: Loss Cont: 10000 Fuel Model: Acres Burned: 0
 Loss Prop: 20000 Equipment Invl: Equipment Involved in ignition or - 99 Licence: Serial No.:
 Model: Make: Year: 0

SECTION C - COMPLETE FOR STRUCTURE FIRES
 Cons Type: Type V - Wood frame - 5 Roof Cover: Composition shingles - 2 Stories: 0
 Fire Dam: Confined to room of ori - 3 Smoke Dam: Confined to structure 0 - 6 Type Mat: Cotton, rayon, cotton fab - 72
 Form Mat: Upholstered sofa, chair - 21 Ave Travel: Doorway, passageway - 7 Det Type: Smoke detector, ionizat - 1
 Power Supp: Battery only - 1 Perf: Detector in room, alerte - 1 Failure: No detector failure - 7
 Ext Type: No extinguishing system - 98 Perf: Number Act: 0

SECTION D - COMPLETE FOR FIRE AND NON-FIRE SERVICE CASUALTY
 Fire Inj: 0 Fire Fat: 0 Civ Inj: 0 Civ Fat: 0

SECTION E - COMPLETE E. M. S.
 Nbr Pats: 0 EMS Type: Cap Fire: Prov Fire: Prov Othr:
 Highest Level Care: Cap Fire: Cap Othr: Coroner: Othr:
 No. Pats Transport: Fire Dpt: Pvt Amb: 0

SECTION G - COMPLETE FOR VEHICLE COLLISION INKRN
 Police Rpt No.: Rpt Officers: MULVHILL, THOMAS
 Review By:

SECTION F - COMPLETE FOR HAZ. MAT.

DES Cnt No.: Area Rel: Cont Fact1: Level Rel: Haz Class: 0
 Rel Fac: Equip Invt: Cont Fact2: Act Taki: Cont Rel: 0
 No. Rel: 0 Haz Src: Ref Mat: Cont Type: Capacity: 0
 Dispo: Fire Fat: 0 Civ Inj: 0
 Fire Inj: 0
 Top Three Chemicals Released
 Chem Name: State Str: DOT No.: Haz Class: 0
 Cas-No.: Ext Rel: State Rel: Out Rel: 0
 Unit Mstr: Desc Use: Susp Envi: Cont Type: Capacity: 0
 Cont Mat: Desc Use: Feature:
 Unit Mstr:

SECTION H - UNIT LOG INFORMATION

Unit	Dis-Time	Arr-Time	End-Time	Staffing
Unit: 3846	Dis-Time: 1:11:33	Arr-Time: 10:16:28	End-Time: 11:35:40	Staffing: 3
Unit: 3848	Dis-Time: 1:11:33	Arr-Time: 10:17:23	End-Time: 11:25:11	Staffing: 3
Unit: 3871	Dis-Time: 1:11:33	Arr-Time: 10:19:27	End-Time: 11:31:16	Staffing: 3
Unit: 3811	Dis-Time: 1:13:11	Arr-Time: 10:20:40	End-Time: 11:18:29	Staffing: 1
Unit: 3898	Dis-Time: 1:13:37	Arr-Time: 10:24:53	End-Time: 11:07:15	Staffing: 1
Unit: 3841	Dis-Time: 1:16:47	Arr-Time: 10:23:25	End-Time: 10:36:35	Staffing: 1
Unit: 3823	Dis-Time: 1:17:51	Arr-Time: 10:32:07	End-Time: 11:24:57	Staffing: 1

SECTION I - COMMENTS

Reporting Unit: ENGINE 3846
 ENGINE 3846, ENGINE 3841, TRUCK 3871, AND CHIEF 3811 RESPONDED TO A REPORTED STRUCTURE FIRE AT [REDACTED] UPON ARRIVAL, A WORKING FIRE WAS DECLARED BY ENGINE 3846, ENGINE 3846 LAY ED A SUPPLY LINE TO THE FRONT OF THE FIRE BUILDING. COMMAND POST WAS ESTABLISHED AT THIS LOCATION. IC DIRECTED E-3848 TO ADVANCE A PRECONNECTED LINE FROM E-3846 IN TO THE FIRE BUILDING (DIV. ONE). TRUCK 3871 WAS ASSIGNED VENTILATION GROUP. E-3841 WAS ASSIGNED TO BACKUP DIVISION ONE WITH AN ADDITIONAL PRECONNECTED LINE (DIV. ONE), TEAM TWO. CHIEF 3811 ARRIVED ON SCENE, AND I PASSED COMMAND AT THAT TIME. THE FIRE WAS EXTINGUISHED, OVERHAUL OPERATIONS WERE STARTED. THE FIRE BUILDING WAS SECURED, RESIDENCE TURNED OVER TO THE HOMEOWNER, MR. CAND. IT IS THE FEELING OF THIS INVESTIGATOR THAT THE FIRE WAS CAUSED BY MISUSE OF A BUTANE LIGHTER BY THE FOUR YEAR OLD SON OF THE HOME OWNER. THE FIRE ORIGINATED ON THE SOFA, IN THE FAMILY ROOM. THE FIRE WAS CONTAINED TO ROOM AND CONTENTS. REPORTED BY SANCHEZ, MICHAEL, CAPTAIN 3844.



INVESTIGATION GUIDELINE

EXHIBIT 2

↓ **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 950103#WE5001 Incident Date 12/11/94

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 0 Used Unknown

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

5. Date Furniture Purchased: unk . Furniture Age _____

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): Age 4, male

LT 5 yrs. old 5 - 14 15 - 64 0 65 +

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

lighter _____ Match _____ Candle Heater Fireplace

_____ Other (specify) _____

_____ Unknown



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: SMOKE

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)

Number of Deaths

0 Number of Injuries

d

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 + unk.

13. Approximate home market value: unknown

Rent

Own

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

memorandum

DATE:

1-3-95

REPLY TO
ATTN OF:

FJD

SUBJECT:

Work Assignment

TO:

FJZ

ON Approved
Leave 1/3 & 1/4

Received
1/5/95

171 950103 HWE5001, coach, Hayward

This is a special Epi study of fires
associated with upholstered furniture where
ignition source is open flame. Pls follow
new guidelines. Thank you

MIS: 12165

BUNN 25 1995

F515001

950103 HWE 5001

Hayward, CA :
(Alameda Co.)
Review
(Cir. D. 48,575)
(Cir. S. 50,500)

DEC 1 2 1994

Allen's P. C. B. Est. 1888

Around the towns

Fremont

3569

Boy sets fire to house: A four-year-old boy playing with matches set fire to the family room couch Sunday morning while his mother was putting up Christmas decorations. The boy's mother, at first tried to contain the fire herself. Finding no luck, she called 911 just after 10 a.m. and safely evacuated the house with her son. Firefighters contained the blaze to the family room and kitchen, and had it under control by 10:26 a.m., a spokesman said. The fire caused \$30,000 damage. This reportedly is the fourth residential fire in Fremont caused by children under 4 since Oct. 25.

Burglary suspects nabbed:

Two suspects have been arrested in connection with a burglary Sunday afternoon at a Warm Springs res-

taurant, police said. The Tsang family, which owns Furama Restaurant, 46850 Warm Springs Blvd., found a man rummaging through a back office around 1:30 p.m., in the middle of a brisk lunch hour, police said. They followed the man out to the parking lot, where he jumped into a white Chevrolet Camero driven by a second man. The pair escaped under a hail of pots and pans, said Fremont police Officer Mark Williamson. James McCoy, 25, and Mewail Berhe, 19, both of Oakland, were stopped by police as they cruised north Interstate 680 freeway just short of Sunol. McCoy was found with \$150 in dollar bills, the same amount reported missing from the office safe, Williamson said. The Tsangs positively identified the men and police took them into custody. Police will recommend charges of burglary for both men.

FROM STAFF REPORTS

7 MAY 1995

6

1. CASE NO. 950123HWE5026		2. INVESTIGATOR'S ID [8][2][3][2]		3. OFFICE CODE [8][7][0]		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF INCIDENT YR MO DAY [9][5][0][1][1][2]		5. DATE INVESTIGATION INITIATED		YR MO DAY [9][5][0][1][2][4]			
6. SYNOPSIS OF INCIDENT OR COMPLAINT A four year ^{month} old female, a three year old male and a five year old male died of injuries sustained in a fire at their apartment. The children's father escaped without serious injury. The cause of the fire appears to be a result of the three year old playing with a non-child resistant lighter. An upholstered love seat located in the: area of origin was completely consumed by the fire. Investigators were unable to determine the exact first material ignited.							
7. LOCATION (Home, school, etc.) home interior [1][0]			a CITY Wilsonville			8. STATE Oregon [OR]	
10A. FIRST PRODUCT cigarette lighter [1][6][0][8]			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Country of Origin: Thailand				
10B. SECOND PRODUCT love seat [4][0][5][2]			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Model: unknown				
12. AGE OF VICTIM [2][0][4]		13. SEX (USE NUMERICAL CODE) MALE -1 [2] FEMALE -2 UNKNOWN-3		14. DISPOSITION died at scene [8]		15. INJURY DIAGNOSIS anoxia [6][5]	
16. BODY PART all parts [8][5]		17. RESPONDENT(S) (Mother, Friend) fire investigators [3]		18. TYPE INVESTIGATION ON SITE - 1 OTHERPHONES - 2 [3]		19. TIME SPENT [1][4][0]	
20. ATTACHMENTS [9] reports, diagrams, photos		21. CASE SOURCE [0][5] newspaper F515026		22. REVIEWED BY [8][7][0][7]		23. YR MO DAY [9][5][0][5][0][2]	
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)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			
<p>The respondents were the Deputy Fire Marshal who investigated the fire for the responding fire department, and the private investigator who investigated the fire for the insurance company.</p>							
(USE ADDITIONAL SHEETS IF NECESSARY)							

Pre-Event

The fire occurred in a suburban apartment complex. The complex contained 42 apartments which are contained in two story wood framed buildings which were constructed in 1988. The value of building involved in the fire was approximately \$300,000 according to the fire report.

The apartment where the fire originated was a three bedroom ground level apartment. The apartment was protected by an ionization type smoke detector which was located in the hall outside the bedrooms. The detector was hard wired to a 120 volt AC branch circuit and contained a standard 9 volt battery as a backup power source.

The apartment was occupied by a married couple with three children, a five year old male, a three year old male, and a four ~~year~~ old female. The father works for a freight company. The children were the victims. The investigating official did not identify drugs, alcohol, physical impairments or pre-existing medical conditions as contributing factors. The Deputy Fire Marshal said that the three year old apparently had played with a cigarette lighter three weeks before the fire.

The Deputy Fire Marshal said that the family moved into the apartment during October 1994, approximately three months before the fire. A private investigator said that the family members indicated that they smelled an odor of something overheating in the hall of the apartment after moving in. He said that they subsequently traced the odor to the smoke detector.

The private investigator said that the apartment maintenance staff replaced the smoke detector with a new unit and battery during November 1994. He said that the father said that the five year old had received fire safety training at his school so the family tested the smoke detector each night before the children went to bed. He said that the father tested the smoke detector by pushing the test button. He said that the father did not report any problems with the operation of the smoke detector before the fire. He said that the father did not report any deviation from the usual routine the night before the fire occurred.

The Deputy Fire Marshal said that the father and mother each possessed a cigarette lighter. He said that the mother carried her cigarette lighter in her purse. He said that the father indicated that he usually stored the lighter with his cigarettes in the night stand next to his bed. He said that the father indicated that he sometimes placed his lighter on the top of the microwave oven in the kitchen.

950123HWE5026

The Deputy Fire **Marshal** said that the fire occurred during the early evening. He said that the mother indicated that she needed to make a quick trip to a store. He said that she informed him that the three year **old** wanted to go with her but she was in a hurry and the three year old was not-dressed to go outside. He said that she left the children in the care of the father. **He** said that the parents informed him that the **three** year old was upset about not being allowed to go to the store with his mother.

The Deputy Fire Marshal **said that** the father apparently was alone with the three children immediately **before** the fire. He said that the four month old female was in a play pen in the living room. **He** said that the five year old **male** apparently was sleeping in the top bunk of a bunk bed in the **boy's** bedroom. He said that the three year old was awake and was last seen sitting' in the love seat in **the living** room. He **said** that the father apparently **was** tired from working and fell asleep in a recliner chair in the living room.

Event

The Deputy Fire Marshal said that the father stated that he was awakened by radiant heat from the fire. He said that the father reported seeing the fire burning in the area of the love seat in the living room. He said that the father stated that the flames extended to the ceiling and were rolling across the room. He said that the father stated that he could see the baby in the play pen under the smoke and flames.

He said that the father stated that he opened the sliding patio door which was adjacent to the recliner chair and pushed through the screen door to get away from the heat 'and smoke. He said that the father ran around to the front door of the apartment and entered the front door to try to rescue the **baby** in the play pen. He said that the father was unable to reach **the** ~~from~~ from the front door because of the heat and intensity of the fire.

The private investigator said that the neighbor who lives above the victims heard noise and looked out of her patio door. **He** said that she reported seeing the father exit. He said that she reported seeing flames roll out of the patio door behind the father. He said that the room **may** have flashed over when the father' exited.

The fire was reported by neighbors at **7:16** p.m. according to the fire report. The private investigator said that neighbors attempted to rescue **the** children by entering bedroom windows but were unsuccessful. The Deputy Fire Marshal said that the first engine called a second alarm as it approached the apartment because of the severity of the fire.

950123HWE5026

The **Deputy** Fire Marshal said that the crew of the first engine did not activate the button which recorded the arrival time. He said that the arrival time of the first engine was not identified on the fire report. The arrival time listed **on the** fire report was listed as **7:23** p.m.

The Deputy **Fire** Marshal said that the five year old male was found deceased in the top bunk of the bunk **bed**. He said that the three year old **was** found deceased in the lower bunk of the bunk bed. He said that the three year **old was** positioned face down as if he may have been attempting to hide from the fire. He said that the remains of the infant were found at the location of the play pen after the fire was extinguished.

The fire burned up through the apartments above the victim's apartment. Occupants of the other apartments escaped with out injuries. Total fire damage was estimated at \$255,000 according to the fire report.

Post Event

The cause of the fire was investigated by the local Fire Marshal's office. The Deputy in charge of the fire investigation said that the burn patterns were consistent with a fire starting in the living room in the area of the love seat. He said that the love seat was almost completely consumed by the fire. He said that damage to other items in the room decreased as the distance from the love seat increased. He said that the love seat upholstery material was completely consumed by the fire.

The Deputy Fire Marshal said that the mother's cigarette lighter was found in her purse after the fire. He said that investigator's did not find the father's cigarette lighter in the bedroom nightstand or the kitchen location where the father said that the lighter was usually stored. He said that a fire damaged lighter was found in the living room near the area of origin of the fire.

The Deputy said that the investigator's eliminated other causes of the fire and concluded that the most probable cause of the fire was the three year old son playing with the lighter. He said that the love seat appeared to be the point of origin of the fire. He said that the first material ignited at the point of origin was completely consumed and there were no surviving witnesses to identify the exact point of origin on the love seat. He said the parents did not know if a pillow, paper or some other object was located on the love seat at the time the fire started.

950123HWE5026

The private investigator said that he examined the wall heater, and electrical cords in the living room. He said that he **did** not find any evidence of the heater or electrical equipment being involved in the cause of the fire. He said that the heater and electrical equipment were eliminated **as** causes of the fire.

The private investigator said that he was involved in the search for evidence at the **fire** scene. He said that the parents indicated that the three year old frequently played at a sewing machine table in the living room. He said that a careful search of the **table** top revealed the fire damaged remains of a cigarette lighter. He said the table was located on the route between the area of origin and the bed room where the three year old was found. **He** said that the parents did not recognize the lighter found on the table. He said that they did not know the source of the lighter found on the sewing machine table.

The Deputy Fire Marshal and private investigator said that the father stated that he did not hear the smoke detector sound an **alarm**. The private investigator said that neighbors also indicated that they did not hear the smoke detector sound an alarm in the apartment where the fire started. He said that witnesses said that they heard smoke detectors sounding in other apartments as the fire spread through the building.

The private investigator collected the remains of the smoke detector as evidence. He said that the remains of the smoke detector were submitted to a forensic engineer for examination. He said that parts were missing and the smoke detector sustained too much damage for analysis of **it's** ability to function. He said that the smoke detector battery was found connected to the terminals. He said that a **test with** a volt meter immediately after the fire found a small electrical charge remaining in the battery.

First Product Identification


County of Origin: Thailand

The product identification information was obtained from the lighter. The subject cigarette lighter is a disposable butane fueled lighter with a wheel and striker ignition mechanism, The lighter is non-child resistant. The private investigator said that the flame height control was set at the highest setting. **He** said that the parents stated that they did not know the source of the lighter.

950123HWE5026

The private investigator said that he visited numerous retailers looking for the type of lighter found at the fire scene. He said that he found and purchased a similar lighter at 'a rural gas station-mini mart while traveling. He said that the lighter purchased at the gas station has the identical brand name and country of origin printed on the top of the lighter. He said that the ignition mechanism, flame height control and top of the lighter is an identical match with the lighter found at the fire scene.

Photographs of the lighter found at the fires scene and the exemplar are attached to this report as exhibits.

Second Product Identification

Manufacturer: 

Model: Unknown

An upholstered love seat was identified as the product in the area of origin of the fire. The Deputy Fire Marshal obtained the identification information from the victim's mother and father. The seat was approximately six years old and covered with a ' corduroy type fabric according to information obtained by the Deputy Fire Marshal. The upholstery material **was** completely consumed by the fire and only a portion of the wood frame remained according to the fire investigators. The exact point of origin and the first material ignited are not known according to the investigators. The remains of the love **seat are** shown in photographs attached to this report as exhibits.

Third Product

Manufacturer: 

Model: FX1218

Lot Number:- 9 4 2 5 2

950123HWE5026

The product identification information was obtained from an exemplar smoke detector collected by the private investigator. The private investigator said that the exemplar smoke detector was collected from the building management who said that the exemplar was from the same lot of smoke detectors as the unit located in the victim's apartment. The smoke detector is a hard wired 120 volt AC powered ionization detector. The smoke detector is equipped with a standard 9 volt battery as 'a back-up power supply. Photographs of the remains of the detector and exemplar are attached to this report as exhibits.

Standards Information

The cigarette lighter is subject to mandatory standards if imported after 07-12-94. The origin of the lighter is under investigation and the applicability of standards is not known at the writing of this report.

The love seat is subject to voluntary standards. Information concerning compliance with standards is not known at this time.

The smoke detector is subject to voluntary standards. The smoke detector label bears Underwriter's Laboratories listing information.

Attachments

Attachment A: Data Sheet

Exhibit # 1: Fire Department Diagrams

Exhibit # 2: Fire Department Report

Exhibit # 3: Medical Examiner's Report-

Exhibit # 4: Photographs

BANN 25 1995
FS15026 A4
950123 HWES026

INSIDE
OBITUARIES,
B8
OP-ED,
B10-11
CLASSIFIED,
B12-18

METRO

tunned Wilsonville reaches out to help victims of deadly blaze

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By STEVEN AMICK
of The Oregonian staff

WILSONVILLE — Firefighter Carol Staropoli knelt beside the baby girl's body on the floor of the burning apartment and said a prayer.

She prayed for the soul of the baby, but she still couldn't fathom that she had discovered an infant lying under the beam of her flashlight in the dense smoke of the charred apartment. When she left the apartment, the new firefighter simply stood outside, dazed.

"The grief is far-reaching," said Staropoli, 36. "It extends to friends, neighbors, members of the community, and to the firefighters."

The senselessness of the deaths of the infant and her two brothers Thursday night was particularly wrenching because firefighters say the blaze was caused by a deadly, but common

mistake — a child playing with a cigarette lighter.

On Friday, firefighters and the community of Wilsonville mourned the loss of [redacted], 3, and 4 months, and her brothers, [redacted], 3, and [redacted], 5.

Their father, [redacted], who was shocked awake by the fire and ran outside, then tried to go back in to save the children — escaped injury. Their mother, [redacted], came home to find her apartment an inferno.

The [redacted] were too grief stricken to talk Friday about their loss. But their neighbors and co-workers rallied to help them and the occupants of three other units in the Autumn Park Apartments left homeless.

A stream of people took clothing, bedding and food to the Wilsonville Senior Center. Bank accounts for the [redacted] and the other families

displaced were set up at the First Interstate Bank in Wilsonville. The Red Cross gave lodging and food to the families, none of whom had fire insurance.

It seemed the whole city of 10,500 was pitching in, said City Council member Joanna Hawkins, among volunteers sorting through donations at the senior center. "Here in Wilsonville, we're family," she said.

[redacted] has worked as a truck driver for [redacted] in Portland. "We're trying to go a bout our work," said [redacted] But everyone's pretty much devastated."

[redacted] worked a local-run day shift so he could be home with his family every night.

Please turn to
BLAZE, Page B6

FIRE SAFETY TIPS

Authorities from the Oregon State Fire Marshal's office say the following safety tips could someday save a life in the event of a fire:

- Install smoke detectors on all levels of your home and check the batteries monthly.
- Mount fire extinguishers, rely on them only for small fires.
- If you have a chimney, have it professionally cleaned and inspected on a regular basis.
- Discuss a fire escape plan with your family.
- Keep matches and lighters out of sight and away from the reach of young children.
- Keep blankets, clothes, papers and other flammable objects away from heaters.
- Don't leave newspapers too close to fireplaces or wood stoves.

Blaze: Firefighter feels 'deep grief Inside'

Continued from Page B1

believe that he liked being home every night and that's an advantage to driving locally, being home every night," [redacted] said. "He was very family-oriented. He talked about his kids frequently."

The tragedy particularly hurt students at the [redacted] Middle School, across the street from the apartments. At least three of the children displaced by the fire attend the school and many students saw the fire as they left school activities Thursday night.

Counselors and teachers spent much of Friday trying to tend to the fears and anxieties of students.

"It's something they probably never dealt with before and so that's why we're spending a lot of time dealing with their emotions," said Vice Principal [redacted].

Several students walked across the street after class Friday to get a close-up look at the destruction.

[redacted], 2, said she watched with her mother and brother as the apartments burned. [redacted] didn't know the victims, but she said she was sad anyway.

[redacted], an 11-year-old Wood sixth-grader, said he used to play with [redacted]. "He liked to ride his bike and chase me," Clayton said. "I don't think he should have died. He didn't do nothing wrong."

The deaths are the fifth fire fatalities in less than a week in the Portland area and the seventh deaths in residential fires in Oregon already this year.

Improperly discarded cigarettes were the leading cause of fires last year, followed by children playing with cigarette lighters.

Investigators said the fire started about 7 p.m. Thursday when one of the older [redacted] children started a love seat on fire. Their father was sleeping in a recliner and the baby slept in a crib in the living room.

"When the father woke up, smoke was halfway down the wall," said Jim Washburn, a spokesman for Tualatin Valley Fire and Rescue.

HOW TO HELP

FINANCIAL DONATIONS: Accounts were set up at the First Interstate Bank in Wilsonville for four families displaced by the fire. [redacted] employer also set up the [redacted] and [redacted] Family Fund at all First Interstate branches.

HOUSEHOLD ITEMS: Tualatin Valley Fire and Rescue stations will be accepting items for the displaced families through the weekend.

FUND-RAISER: The Wilsonville Rotary is organizing a breakfast to raise money for the displaced families from 8 a.m. to 2 p.m. Jan. 22 at the Wilsonville Senior Center.

SCHOOL HELP: The Wood Middle School Parent Group is working to help the fire victims. The school's number is 682-0101.

[redacted], barefoot in a T-shirt and sweat pants, ran out a sliding glass door, leaving it open behind him, Washburn said. Once outside, neighbors said, the frantic man tried to go back inside for his children but the heat, smoke and flames were too intense.

Tragically, Washburn said, the open door and windows smashed by well-meaning neighbors trying to save the children created a "cross draft" that swiftly fanned the flames throughout the apartment, up into the one above and through an attic

to the two units next door. A one-hour fire wall blocked the fire from spreading farther.

The apartment had properly installed smoke detectors, Washburn said. But they were "hard-wired" into the building's electrical system, instead of being battery operated or backed-up, as fire officials recommend. They might have failed, Washburn said, when flames damaged the wires.

[redacted] told investigators he did not hear a smoke alarm.

Staropoli was on the first engine to reach the scene. The building was full of flames that she and a nozzle man attacked with a hose they dragged through the [redacted] front door.

First they hit the entryway, then the bedroom, where tire on the walls and ceiling was dumping debris onto them and there was too much smoke to see the boys' bodies, which other firefighters later found.

Staropoli and another firefighter found [redacted] remains on the living room floor. Following orders, she stayed with the remains for 8 or 10 minutes making sure the body was not disturbed.

Staropoli has been a firefighter for six months and it was her first fatal fire. Throughout most of the evening, she said, "I was OK," even through a grief session for firefighters.

Afterward, though, she went to the session leader and told him she

“

I don't think he should have died. He didn't do nothing wrong.

”

wanted to speak with him alone.

Then the tears came, she said, adding that the fire had left her like so many others whose lives it touched — with a lot of pain.

"There is," Staropoli said, "a real deep grief inside."

Also contributing to this story were Holly Danks and Jim Kadera of The Oregonian's staff.



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 95 0123HWE5026 Incident Date 1-12-95 95T-0952

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

1. Was upholstered furniture slipcovered? Yes No Unknown ORIGINAL CORDUROY COVER
2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand MANUFACTURED AT STANTON FURNITURE

4. Purchased: New PURCHASED AT LEVITE FURNITURE
 Used Unknown
If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: Jan 1989 Furniture Age 6 YEARS

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

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 Undetermined

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): 3 YRS - MALE

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

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: Firex model FX 1218

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.?

Detector connected to house current w/ battery backup

10. About how soon was the fire discovered after it started? Within 5 minutes

F. VICTIM(S)

3 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 - 334,399 \$35,000 +

13. Approximate home market value: \$300,000 (APT. BLDG VALUE)

Rent Own MONTHLY RENT: \$500

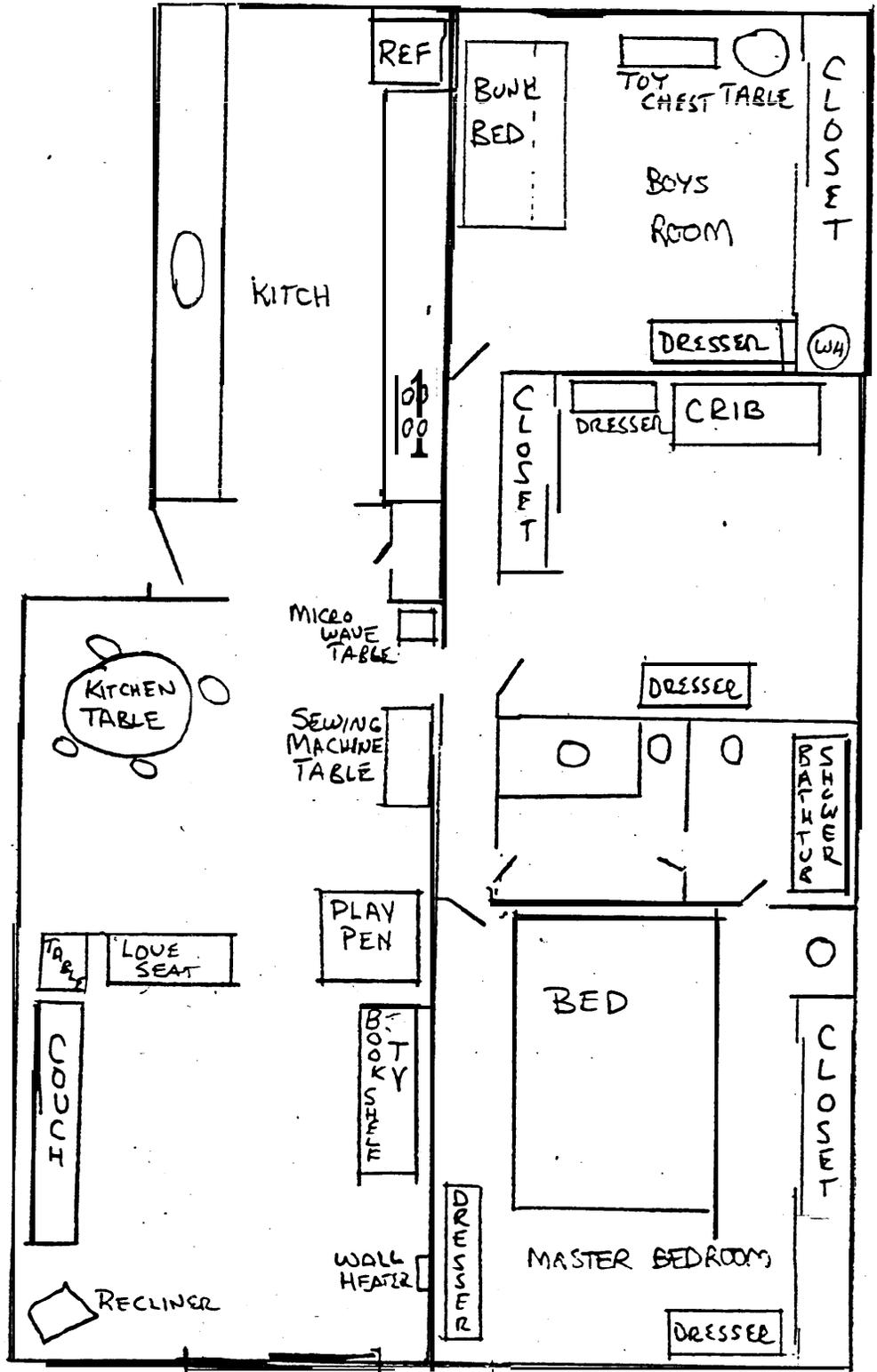
General Description: Provide general description, including all other relevant factors and information on the investigation form.

INCIDENT 900952

DATE: 1-12-95

TIME: 19:15

~~REDACTED~~ APT 950123 AWE 5026
~~REDACTED~~ EXHIBIT #1



NOT TO SCALE

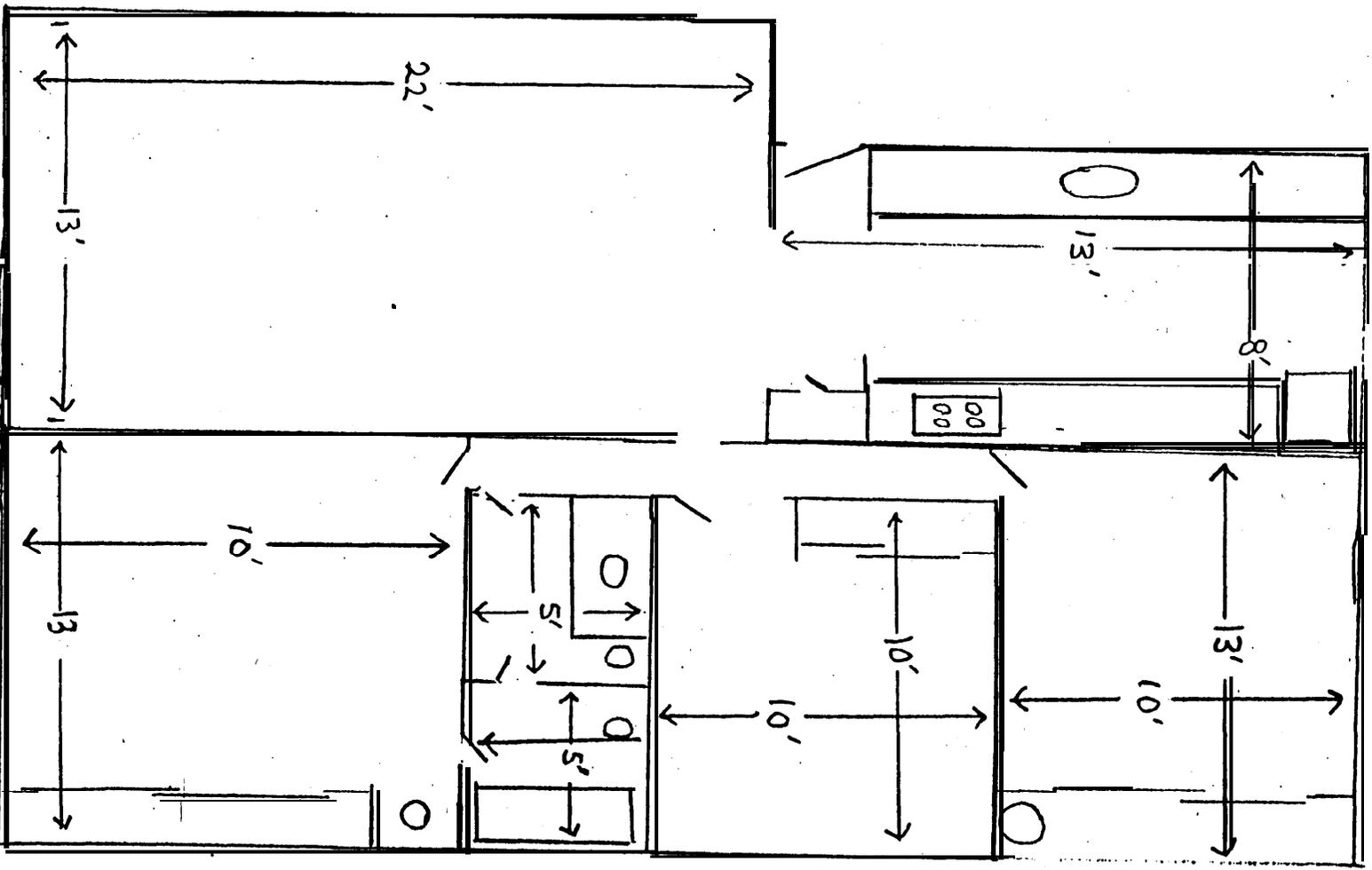
↑
PATIO DOORS

AET

INCIDENT: 900952
DATE: 1-12-95
TIME: 19:15

APT # 1

950123 RUE 5025
APT EXHIBIT # 1



NOT TO SCALE

DO NOT WRITE IN THIS SPACE

CIVILIAN CASUALTY REPORT
OFFICE OF STATE FIRE MARSHAL

EXHIBIT #2

Control No.

EXP. NO.

FIRE DEPT. ALARM NO.

0952

FIRE DEPARTMENT

A	MO DAY YEAR	DAY OF WEEK	ALARM TIME	CASUALTY NUMBER
	01112915	Thurs	119116	

GA	CASUALTY NAME (LAST, FIRST, MI)	DOB	AGE	TIME OF INJURY
		MO YR		
GB	HOME ADDRESS	013189	015	119116

GB	HOME ADDRESS	TELEPHONE		
GC	SEX	CASUALTY	SEVERITY	AFFILIATION

GC	SEX	CASUALTY	SEVERITY	AFFILIATION
	1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	1. <input checked="" type="checkbox"/> FIRE (A PERSON INJURED OR KILLED AS A DIRECT RESULT OF A FIRE EITHER BEFORE OR AFTER THE ALARM FOR THE INCIDENT) 2. <input type="checkbox"/> ACTION (A PERSON INJURED OR KILLED AFTER THE ALARM FOR THE INCIDENT IS RECEIVED, BUT NOT A FIRE CASUALTY)	1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN

GD	FAMILIARITY WITH STRUCTURE	LOCATION AT IGNITION	CONDITION BEFORE INJURY
	1. <input type="checkbox"/> LESS THAN 1 DAY 2. <input type="checkbox"/> 1 TO 7 DAYS 3. <input type="checkbox"/> 8 TO 30 DAYS 4. <input type="checkbox"/> 1 TO 2 MONTHS 5. <input checked="" type="checkbox"/> 3 TO 6 MONTHS 6. <input type="checkbox"/> 7 TO 12 MONTHS 7. <input type="checkbox"/> OVER 1 YEAR 8. <input type="checkbox"/> NOT A STRUCTURE 0. <input type="checkbox"/> FAMILIARITY WITH THE STRUCTURE UNDETERMINED OR NOT REPORTED	1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON & IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING. 2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. 3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE. 4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE. 5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY. 6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION. 8. <input type="checkbox"/> NOT A FIRE CASUALTY. 9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.	1. <input checked="" type="checkbox"/> ASLEEP. 2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL. 4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> MENTALLY HANDICAP, SENSILE. a. <input type="checkbox"/> AWAKE, UNIMPAIRED. 9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

GE	CONDITION PREVENTING ESCAPE	ACTIVITY AT TIME OF INJURY	CAUSE OF INJURY
	1. <input type="checkbox"/> NO TIME TO ESCAPE; EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. 2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT. 3. <input type="checkbox"/> LOCKED DOOR. 4. <input type="checkbox"/> ILLEGAL GATES, LOCKS. 5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING. 6. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. 7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION. 8. <input checked="" type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR. 9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.	1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. c. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 6. <input checked="" type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN, TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE & GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. a. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

GF	NATURE OF INJURY	PART OF BODY INJURED	DISPOSITION
	1. <input type="checkbox"/> BURNS & ASPHYXIA/SMOKE. 2. <input type="checkbox"/> BURNS ONLY. 3. <input checked="" type="checkbox"/> ASPHYXIA/SMOKE ONLY. 4. <input type="checkbox"/> WOUND, CUT, BLEEDING. 5. <input type="checkbox"/> DISLOCATION, FRACTURE. 6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED HEART ATTACKS AND STROKES. 7. <input type="checkbox"/> SHOCK. 8. <input type="checkbox"/> STRAIN, SPRAIN. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.	1. <input type="checkbox"/> HEAD, NECK. 2. <input type="checkbox"/> BODY, TRUNK, BACK. 3. <input type="checkbox"/> ARM. 4. <input type="checkbox"/> LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT. 7. <input checked="" type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. <input type="checkbox"/> MULTIPLE PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPT. VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPT. VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN HOSPITAL. 6. <input checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

SEE REMARKS ON BACK

SEE ADDITIONAL REPORT

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT)

DATE

Colleen A. Reason

1-13-95

MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)

DATE

DO NOT WRITE IN THIS SPACE
Control No. EXP. NO.

CIVILIAN CASUALTY REPORT
OFFICE OF STATE FIRE MARSHAL

FIRE DEPT. ALARM NO. 0952

FIRE DEPARTMENT

MO DAY YEAR	DAY OF WEEK	ALARM TIME	CASUALTY NUMBER
01112/95	Thurs	119116	

CASUALTY NAME (LAST, FIRST, MI)	DOB MO YR	AGE	TIME OF INJURY
[REDACTED]	09/91	03	119116
HOME ADDRESS	TELEPHONE		
[REDACTED] Slo [REDACTED] Rd	[REDACTED]		

SEX	CASUALTY	SEVERITY	AFFILIATION
1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	1. <input checked="" type="checkbox"/> FIRE (A PERSON INJURED OR KILLED AS A DIRECT RESULT OF A FIRE EITHER BEFORE OR AFTER THE ALARM FOR THE INCIDENT) 2. <input type="checkbox"/> ACTION (A PERSON INJURED OR KILLED AFTER THE ALARM FOR THE INCIDENT IS RECEIVED, BUT NOT A FIRE CASUALTY)	1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN

FAMILIARITY WITH STRUCTURE	LOCATION AT IGNITION	CONDITION BEFORE INJURY
1. 0 LESS THAN 1 DAY 2. 0 1 TO 7 DAYS 3. 0 8 TO 30 DAYS 4. 0 1 TO 2 MONTHS 5. <input checked="" type="checkbox"/> 3 TO 6 MONTHS 6. <input type="checkbox"/> 7 TO 12 MONTHS 7. 0 OVER 1 YEAR 8. 0 NOT A STRUCTURE 9. 0 FAMILIARITY WITH THE STRUCTURE UNDETERMINED OR NOT REPORTED	1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON & IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING. 2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. 3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE. 4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE. 5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY. 6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION. 8. <input type="checkbox"/> NOT A FIRE CASUALTY. 9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.	1. 0 ASLEEP. 2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. 0 IMPAIRED BY DRUGS, ALCOHOL. 4. 0 UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. 0 MENTALLY HANDICAP, SENILE. 7. 0 AWAKE, UNIMPAIRED. 8. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE 9. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

CONDITION PREVENTING ESCAPE	ACTIVITY AT TIME OF INJURY	CAUSE OF INJURY
1. <input type="checkbox"/> NO TIME TO ESCAPE; EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. 2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXT. 3. <input type="checkbox"/> LOCKED DOOR. 4. 0 ILLEGAL GATES, LOCKS. 5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING. 6. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. 7. 0 VICTIM INCAPACITATED PRIOR TO IGNITION. 8. <input checked="" type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR. 9. 0 CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.	1. 0 ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. 0 FIRE CONTROL. 4. 0 RESPONSE/RETURN. 5. 0 CLEANUP, SALVAGE, MOP-UP. 6. 0 SLEEPING. 7. 0 UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION. 9. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN, TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE & GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

NATURE OF INJURY	PART OF BODY INJURED	DISPOSITION
1. <input type="checkbox"/> BURNS & ASPHYXIA/SMOKE 2. 0 BURNS ONLY. 3. <input checked="" type="checkbox"/> ASPHYXIA/SMOKE ONLY. 4. <input type="checkbox"/> WOUND, CUT, BLEEDING. 5. <input type="checkbox"/> DISLOCATION, FRACTURE. 6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED HEART ATTACKS AND STROKES. 7. <input type="checkbox"/> SHOCK 8. <input type="checkbox"/> STRAIN, SPRAIN. 9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.	1. 0 HEAD, NECK 2. 0 BODY, TRUNK, BACK 3. 0 ARM. 4. 0 LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT. 7. <input checked="" type="checkbox"/> INTERNAL INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. 0 MULTIPLE PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPT. VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPT. VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN HOSPITAL. 6. <input checked="" type="checkbox"/> DIED. 7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 8. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

SEE REMARKS ON BACK SEE ADDITIONAL REPORT

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) DATE
Debra A. Reeler 1-13-95
 MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) DATE

DO NOT WRITE IN THIS SPACE
Control No. EXP. NO.

CIVILIAN CASUAL-W REPORT
OFFICE OF STATE FIRE MARSHAL

EXHIBIT # 2
FIRE DEPT. ALARM NO. 0952

FIRE DEPARTMENT

MO	DAY	YEAR	DAY OF WEEK	ALARM TIME	CASUALTY NUMBER
01	12	95	Thurs	119116	

CASUALTY NAME (LAST, FIRST, MI)	DOB	AGE	TIME OF INJURY
[REDACTED]	09/94	4 months	119116

HOME ADDRESS	TELEPHONE
[REDACTED] Sw [REDACTED] Rd	[REDACTED]

SEX	CASUALTY	SEVERITY	AFFILIATION
1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	1. <input checked="" type="checkbox"/> FIRE (A PERSON INJURED OR KILLED AS A DIRECT RESULT OF A FIRE EITHER BEFORE OR AFTER THE ALARM FOR THE INCIDENT) 2. <input type="checkbox"/> ACTION (A PERSON INJURED OR KILLED AFTER THE ALARM FOR THE INCIDENT IS AT A FIRE CASUALTY)	1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN

FAMILIARITY WITH STRUCTURE RECEIVED, BUT NOT	LOCATION AT IGNITION	CONDITION BEFORE INJURY
1. 0 LESS THAN 1 DAY 2. 0 1 TO 7 DAYS 3. 0 8 TO 30 DAYS 4. 0 1 TO 2 MONTHS 5. <input checked="" type="checkbox"/> 3 TO 6 MONTHS 6. 0 7 TO 12 MONTHS 7. 0 OVER 1 YEAR 8. <input type="checkbox"/> NOT A STRUCTURE 9. 0 FAMILIARITY WITH THE STRUCTURE UNDETERMINED OR NOT REPORTED	1. 0 FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON & IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING. 2. <input checked="" type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. 3. 0 FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE. 4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE. 5. 0 FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY. 6. 0 FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION. 8. <input type="checkbox"/> NOT A FIRE CASUALTY. 0. 0 LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE. 0. 0 LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.	1. 0 ASLEEP. 2. 0 BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. 0 IMPAIRED BY DRUGS, ALCOHOL. 4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input checked="" type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> MENTALLY HANDICAP, SENILE. 8. 0 AWAKE, UNIMPAIRED. 9. 0 CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 0. 0 CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

CONDITION PREVENTING ESCAPE	ACTIVITY AT TIME OF INJURY	CAUSE OF INJURY
1. 0 NO TIME TO ESCAPE; EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. L 0 FIRE BETWEEN CASUALTY AND EXIT. C 0 LOCKED DOOR. <input type="checkbox"/> ILLEGAL GATES, LOCKS. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR. 1. <input checked="" type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE. 1. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.	1. <input type="checkbox"/> ESCAPING. 2. 0 RESCUE ATTEMPT. 3. 0 FIRE CONTROL. 4. 0 RESPONSE/RETURN. 5. 0 CLEANUP, SALVAGE, MOP-UP. 6. <input checked="" type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 3. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	1. 0 CAUGHT IN, UNDER, BETWEEN, TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE & GAS. 1. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). L 0 FELL OR STEPPED ON, OVER, INTO. 5. 0 OVEREXERTION. 1. 0 RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. L 0 NOT APPLICABLE. 1. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 2. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

NATURE OF INJURY	PART OF BODY INJURED	DISPOSITION
<input type="checkbox"/> BURNS & ASPHYXIA/SMOKE <input type="checkbox"/> BURNS ONLY. 1. <input checked="" type="checkbox"/> ASPHYXIA/SMOKE ONLY. <input type="checkbox"/> WOUND, CUT, BLEEDING. <input type="checkbox"/> DISLOCATION, FRACTURE. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED HEART ATTACKS AND STROKES. <input type="checkbox"/> SHOCK. <input type="checkbox"/> STRAIN, SPRAIN. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.	1. 0 HEAD, NECK. 2. 0 BODY, TRUNK, BACK. 3. <input type="checkbox"/> ARM. 4. 0 LEG. 5. 0 HAND. 5. 0 FOOT. 7. <input checked="" type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 9. 0 MULTIPLE PARTS. 2. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 1. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	1. 0 REFUSED HELP. 2. 0 TREATED AT SCENE AND RELEASED. 1. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPT. VEHICLE. 1. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPT. VEHICLE. 1. <input type="checkbox"/> TAKEN TO OTHER THAN HOSPITAL. 1. <input checked="" type="checkbox"/> DIED. 1. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 1. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

SEE REMARKS ON BACK

SEE ADDITIONAL REPORT

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT)	DATE
<i>Odessa Reelas</i>	1-13-95
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE



STATE MEDICAL EXAMINER
BLOOD ALCOHOL TEST REPORT

MEQ-95 0051
OHSU TOXICOLOGY

O.R.S. 146.113

MAIL REPORT TO:

(Print or type - press firmly)

1

for lab use only

RESULTS:

Test Date January 17, 1995

The concentration of ethyl alcohol in this blood sample is:

0 % (gms./100 cc.)

Carbon Monoxide

% Saturation 48

1/17/95 K2J

1. Name [REDACTED] [REDACTED] Middle [REDACTED] Age _____

2. Date of Death 1/13/95

3. Name of person drawing and sending sample Ken Johnson Date 1/13/95

4. Ordered by Dr. Wilson County Clatsop

5. Traffic Fatality Fire (Brief Description)
 Driver Auto Other (Explain)
 Passenger Truck House FIRE 1 of Three
 Pedestrian Cycle: siblings

6. Perform Carbon Monoxide analysis

DRUG SCREENS REQUESTED ON THIS FORM WILL BE
DISREGARDED. REQUESTS FOR SUCH TESTS **MUST** GO THROUGH
THE STATE MEDICAL EXAMINER'S OFFICE.

-REMEMBER

- Use • Red stoppered tubes for urine; gray - stoppered tubes for blood.
- Label - Tubes with correct first and last names and date drawn.
- Mail - Put tubes in metal mailing canister and tighten lid. Wrap form around canister and place in cardboard mailing canister.

STATE MEDICAL EXAMINER BLOOD ALCOHOL TEST REPORT

O.R.S. 146.113

MAIL REPORT TO:

(Print or type - press firmly)

for lab use only

RESULTS:

Test Date January 17, 1995

The concentration of ethyl alcohol in this blood sample is:

0. % (gms./100 cc.)

Carbon Monoxide

% Saturation 62

1/17/95 Kay

1. Name [REDACTED] [REDACTED] Middle Age _____

2. Date of Death 1/13/95

3. Name of person drawing and sending sample Ken Johnson Date 1/13/95

4. Ordered by Dr. Wilson County Multnomah CLARK

5. Traffic Fatality Fire (Brief Description)
 Driver Auto Other (Explain)
 Passenger Truck House Fire 1 of Three
 Pedestrian Cycle Siblings
6. Perform Carbon Monoxide analysis

DRUG SCREENS REQUESTED ON THIS FORM WILL BE DISREGARDED. REQUESTS FOR SUCH TESTS MUST GO THROUGH THE STATE MEDICAL EXAMINERS OFFICE.

• REMEMBER •

- Use • Red stoppered tubes for urine; gray • stoppered tubes for blood.
- Label • Tubes with correct first and last names and date drawn.
- Mail • Put tubes in metal mailing canister and tighten. lid. Wrap form around canister and place in cardboard mailing canister.

CLACKAMAS COUNTY

EXTERNAL EXAMINATION:

BY: Edward F. Wilson, M.D.
AT: 301 N.E. Knott Street, Portland, Oregon 97212
ON: Friday, January 13, 1995 - 1:25 p.m.

CAUSE OF DEATH: INHALATION OF SMOKE CONTAINING TOXIC GASES
INCLUDING CARBON MONOXIDE (62.3% CARBOXY-
HEMOGLOBIN)

INTRODUCTION:

This is a fire.-related death.

CLOTHING ON BODY:

1. Blue jeans with fly zipped to the top, waist properly buttoned and no belt in the loops. The sides and backs of the legs and seat of the jeans are absent due to the fire.
2. Brief white underpants.

EXTERNAL EXAMINATION:

Body is that of a blackened and browned but not charred white. male child, measuring 3'3" in length, weighing approximately 35 to 40 pounds and appearing the listed age of three years.

Blackened and browned but not charred skin covers the right side of the face, sides' and back of the head, sides and back of the trunk of the body, circumferences of the

CLACKAMAS COUNTY

Page 2

arms, (sparing the back of the right hand and left palm), circumstances of both legs with sparing of the underpants area.

Scalp hair on the back and sides is blackened and burned down to a 1/16" stubble. The only hair that remains is in the midline of the front of the top of the head and it is blond, straight and approximately 2" in length.

Eye color is blue. Petechial hemorrhages are absent from the white of the eyes, lining of the eyelids and skin of the eyelids. Whites of the eyes are congested.

Nose is normally formed, symmetrical and uninjured. Right nostril contains a plug of moist black soot

Lips are healthy and uninjured. Lining of the lips is **without** petechial hemorrhage. Teeth are natural and in good repair. Distal 1" of tongue is clenched tightly between natural teeth. Upper and lower frenulum are healthy and uninjured.

Neck, chest and abdomen are normally formed, symmetrical, uninjured and unscarred.

Genitalia are those of a circumcised normal male child.

Arms including hands and fingers are normally formed, symmetrical and uninjured. Fingernails are natural, healthy, uninjured and extend just beyond the tips of the fingers. Both palms appear uninjured.

CLACKAMAS COUNTY

Page 3

Legs including feet and toes are normally formed and symmetrical. Toenails are natural, healthy, uninjured and they extend almost to the tips of the toes. Soles are healthy.

On the back of the body, skin is blackened except for the underpants area. Anal opening and skin around the anal opening are healthy and uninjured.

TOXICOLOGY:

Blood is drawn from the heart through the chest and submitted for analysis.

EFW:clg

950123HWE5026
EXHIBIT #3



STATE MEDICAL EXAMINER
BLOOD ALCOHOL TEST REPORT

MEO-95 0050

OHSU TOXICOLOGY

O.R.S. 146.113

MAIL REPORT TO:

for lab use only

(Print or type - press firmly)

RESULTS:

Test Date January 17, 1995

The concentration of ethyl alcohol in this blood sample is:

0 % (gms./100 cc.)

Carbon Monoxide

% Saturation 50 1/17/95 KOU

1. Name [REDACTED] [REDACTED] Middle Age 5 YRS
2. Date of Death 1/13/95
3. Name of person drawing and sending sample Ken Johnson Date 1/13/95
4. Ordered by Dr. Wilson County Multnomah
5. Traffic Fatality Fire (Brief Description)
 Driver Auto Other (Explain)
 Passenger Truck House Fire 1 of Three
 Pedestrian Cycle Siblings
6. Perform Carbon Monoxide analysis

DRUG SCREENS REQUESTED ON THIS FORM WILL BE
DISREGARDED. REQUESTS FOR SUCH TESTS MUST GO THROUGH
THE STATE MEDICAL EXAMINER'S OFFICE.

• REMEMBER •

Use • Red stoppered tubes for urine; gray • stoppered tubes for blood.

Label • Tubes with correct first and last names and date drawn.

Mail • Put tubes in metal mailing canister and tighten lid. Wrap form around canister and place in cardboard mailing canister.

CLACKAMAS COUNTY
[REDACTED]

EXTERNAL EXAMINATION:-

BY: Edward F. Wilson, M.D.
AT: 301 N.E. Knott Street, Portland, Oregon 97212.
ON: Friday, January 13, 1995 - 1:10 p.m.

CAUSE OF DEATH: INHALATION OF SMOKE CONTAINING TOXIC GASES
INCLUDING CARBON MONOXIDE (48.4% CARBOXY-
HEMOGLOBIN)

INTRODUCTION:

This is a fire-related death.

CLOTHING ON BODY:

1. Around the left shoulder and upper arm is a blackened, charred remnant of maroon baby clothing;

EXTERNAL EXAMINATION:

Body is that of a browned, blackened and charred infant female, measuring 20-1/2" in length, weighing an estimated 8 pounds and with the listed age of four months.

Black, charred skin covers the back and sides of the head except for a 3" x 2" area of scalp and skull in back absent clue to incineration allowing the brain to herniate, back and sides of the neck, back and sides of the trunk of the body exposing the shoulder blades, ribs, iliac crests and allowing herniation of a large portion of small and large intestines, circumference of the arms, (the hands of which are probably absent), and the circumference of the legs, (the toes of which are probably absent).

CLACKAMAS COUNTY


AUTOPSY PERFORMED:

BY: Edward F. Wilson; M.D.
AT: 301 N.E. Knott Street, Portland, Oregon 97272
ON: Friday, January 13, 1995 - 10:22 a.m.

CAUSE OF DEATH: INHALATION OF SMOKE CONTAINING TOXIC GASES
INCLUDING CARBON MONOXIDE (50% CARBOXY-
HEMOGLOBIN)

ANATOMIC DIAGNOSES:

- I. Inhalation of smoke containing toxic gases including carbon monoxide
 - A. Body and clothing charred
 - B. Airway from larynx to lung coated by soot (+2/4)
 - C. Esophagus and stomach coated by soot (+0.5/4)

- II. Natural disease
 - A. Absent



Photo # 1: Fire Dept. photo of the apartment during the fire.



Photo # 2: Fire Dept. photo of the apartment **after** the fire.



Photo # 3: Fire Dept. photo of the remains of the love seat.

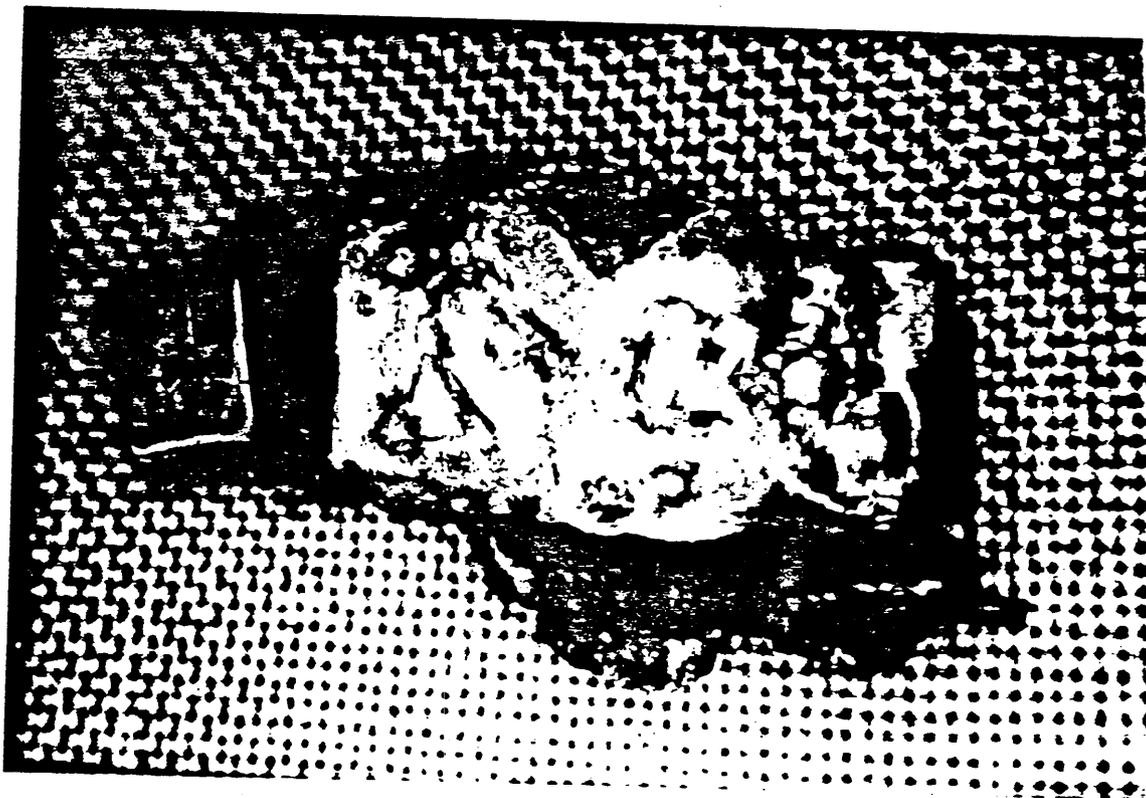


Photo # 4: Fire Dept. photo of the remains of the lighter.



Phbto # 5: View of the lighter with an exemplar.

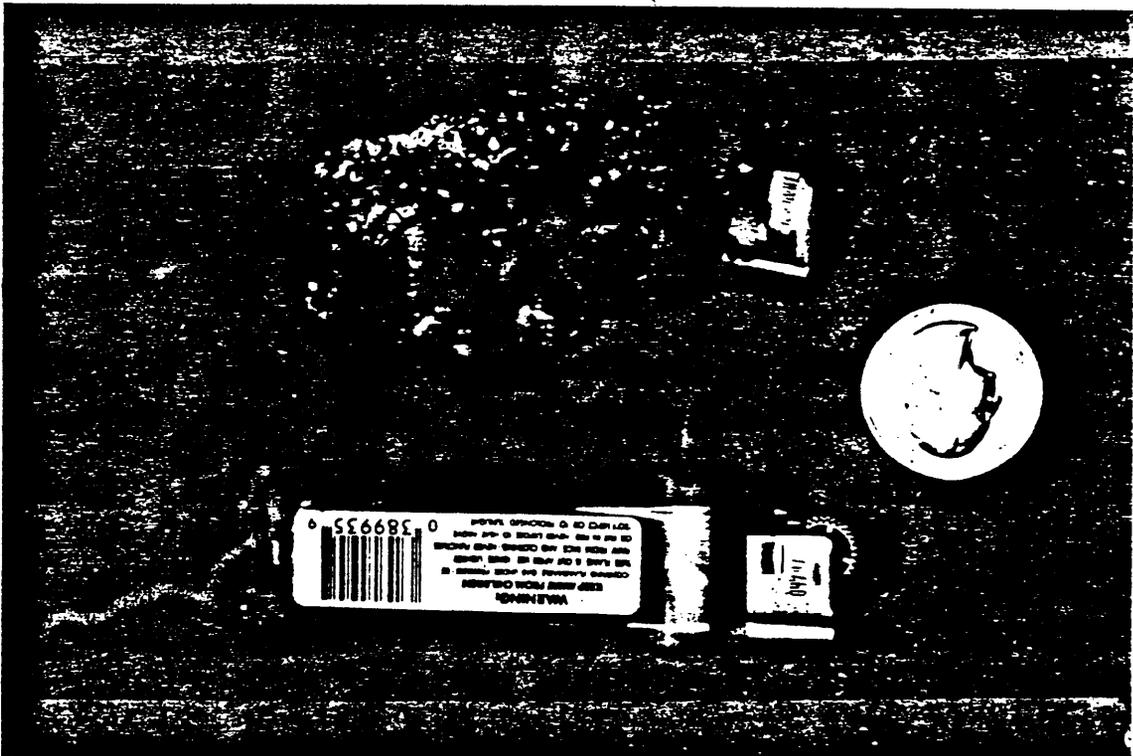


Photo # 6: View of the lighter with the exemplar.



Photo # 7: Close-up view of the tops of the lighters.



Photo # 8: Close-up view of the tops of the lighters.

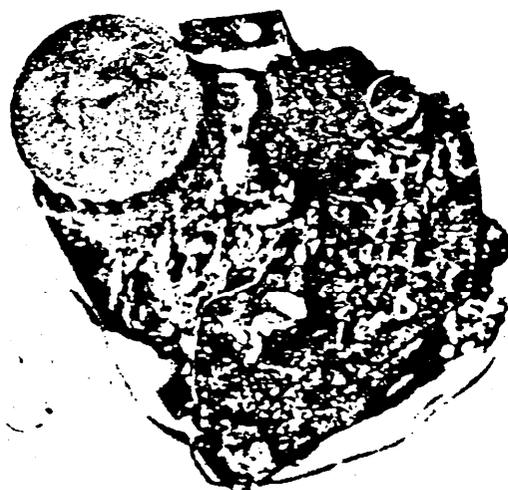


Photo # 9: View of the remains of the smoke detector.

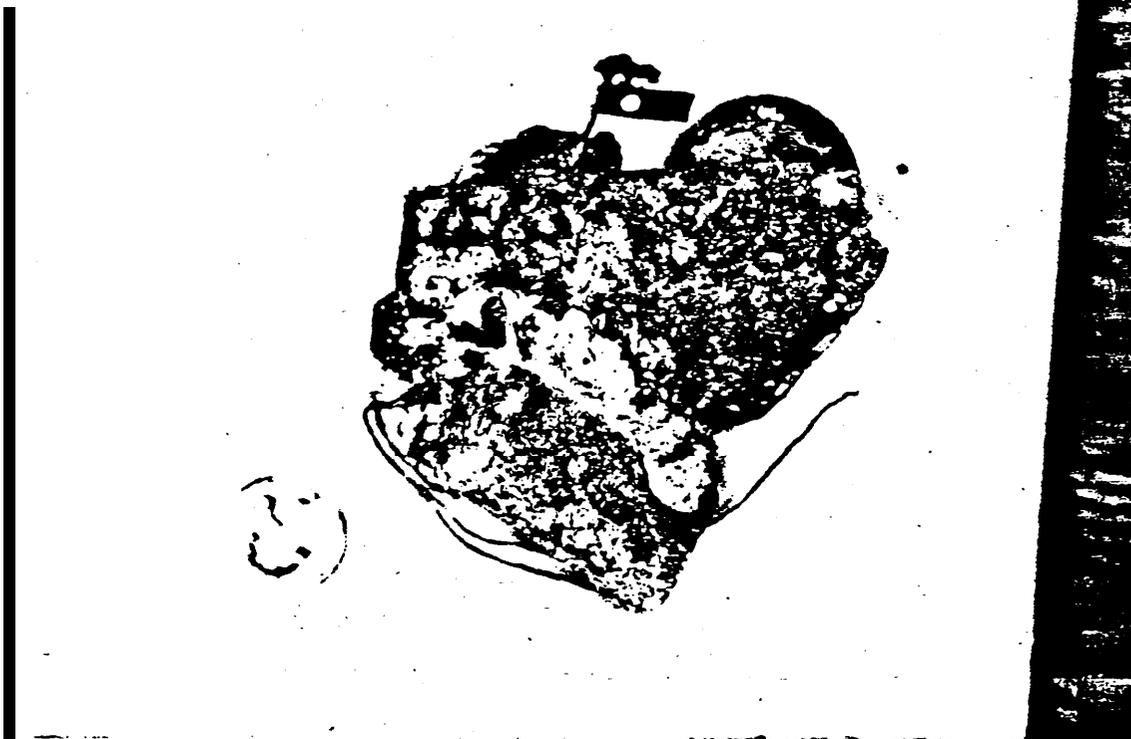


Photo # 10: View of the remains of the smoke detector.



Photo # 11: Close-up showing the battery connected to the terminals.



Photo # 12: View of other parts of the smoke detector.



Photo # 13: Close-up of the remains.



Photo # 14: View of the exemplar smoke detector.

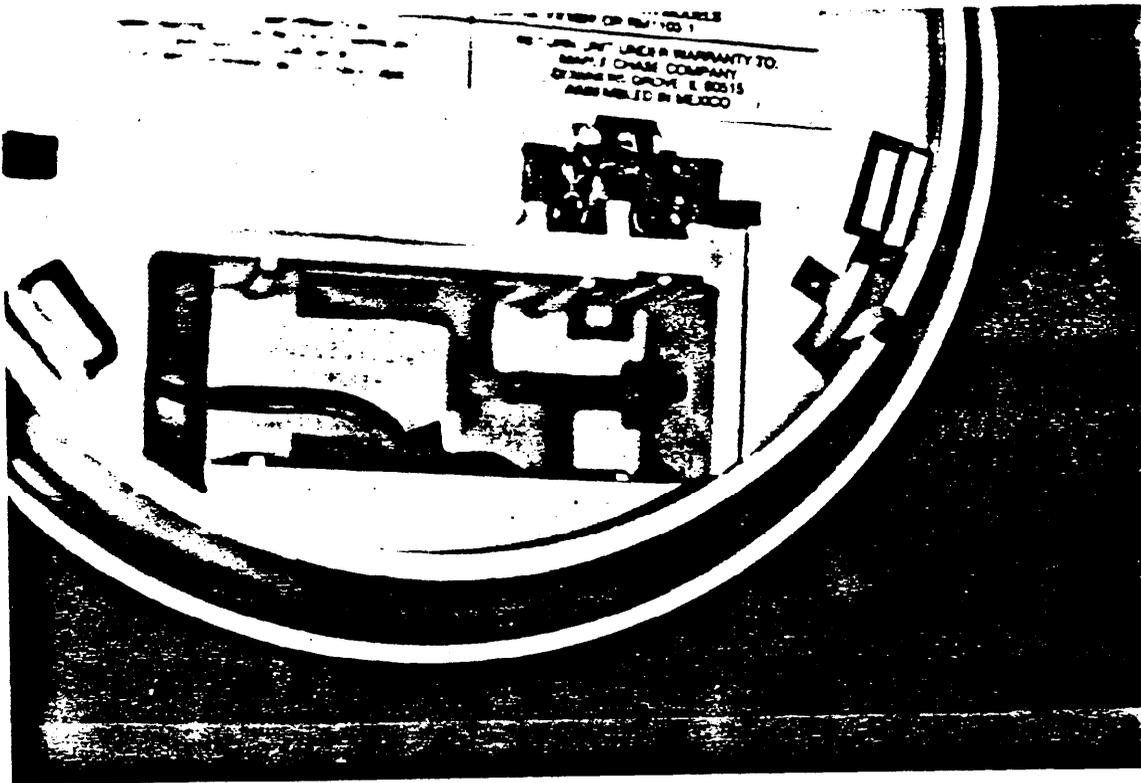


Photo # 15: View of the red plastic lever in the battery compartment.

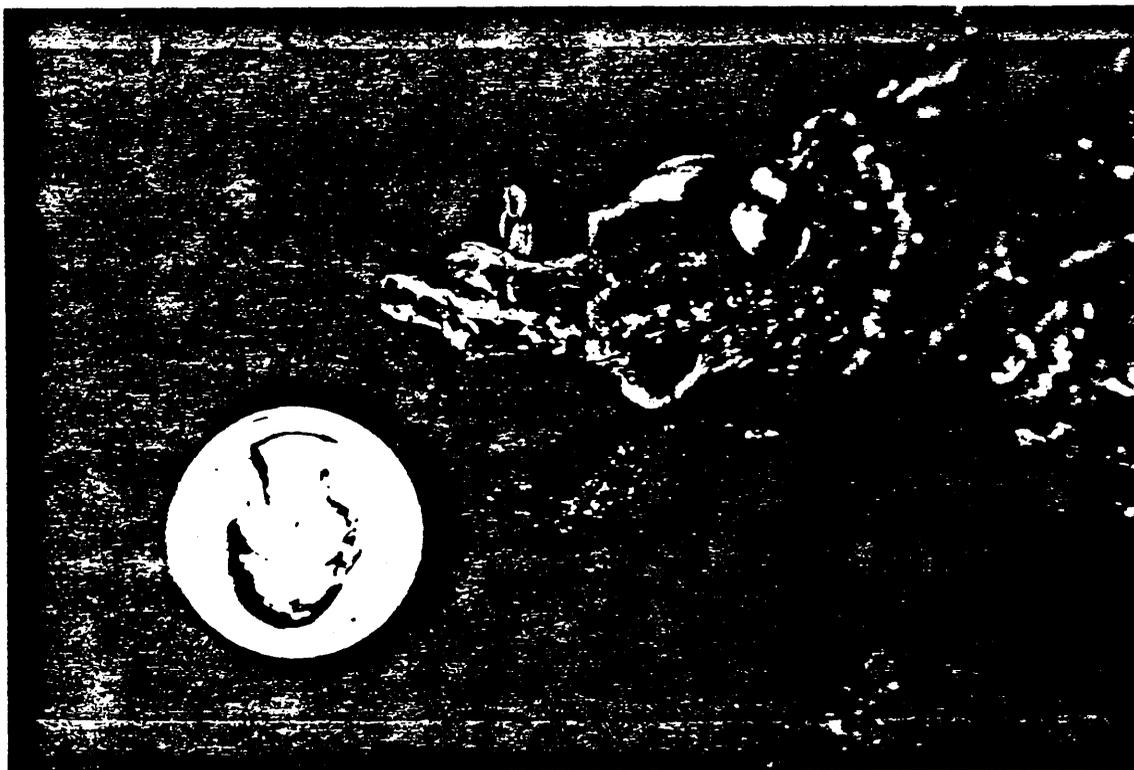


Photo # 16: View of what appears to be the remains of the red plastic lever in the battery compartment.

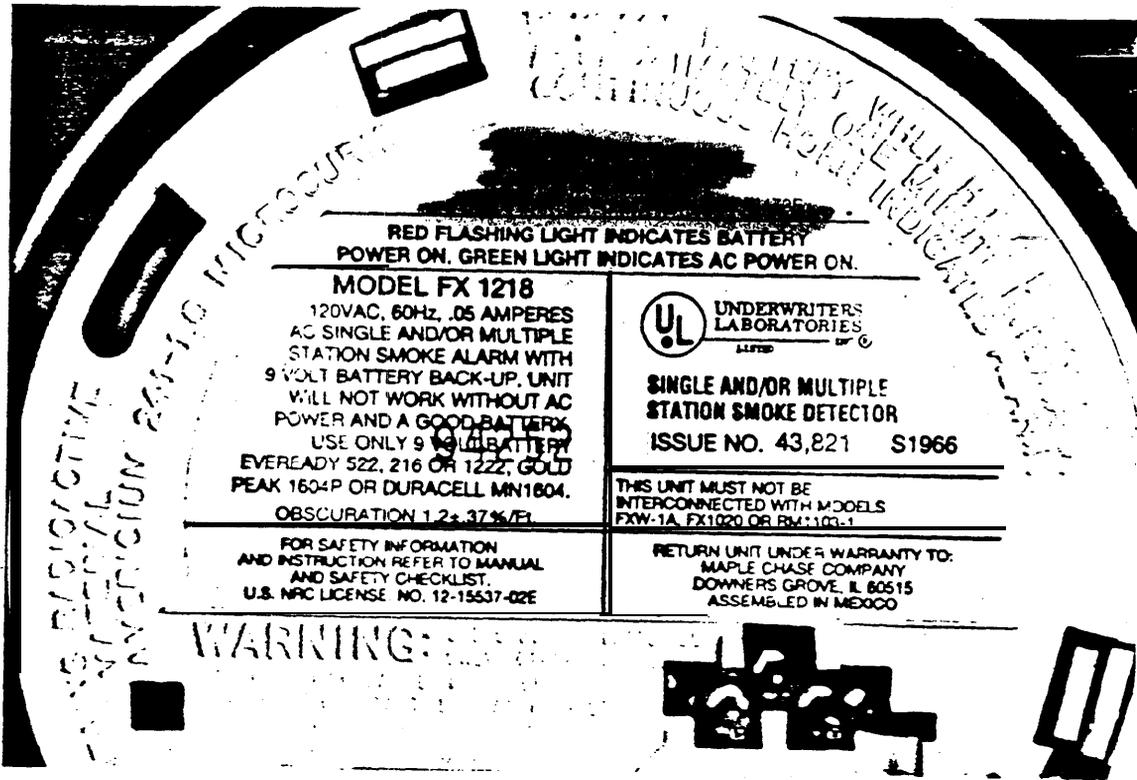


Photo # 17: Close-up of the exemplar label.

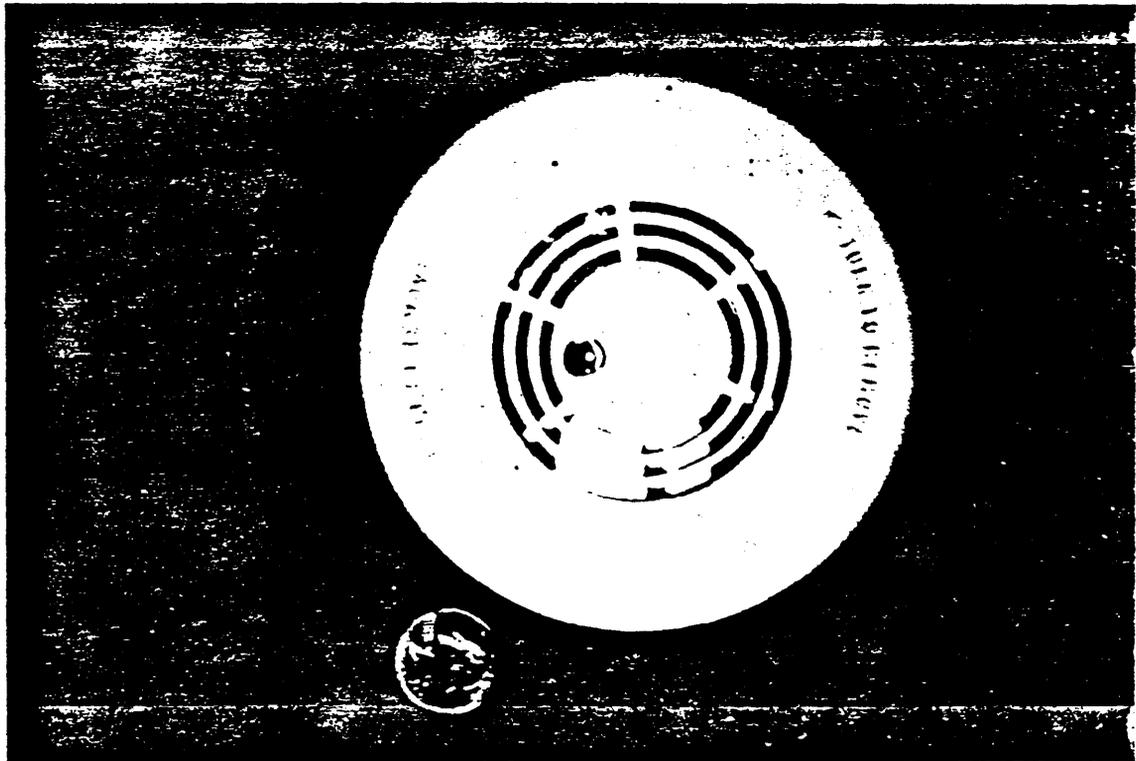


Photo # 18: View of the exemplar exterior cover.