

MAY 30 1996

9603070006055

2. INVESTIGATOR'S ID 8978 3. OFFICE CODE 800

EPIDEMIOLOGIC INVESTIGATION REPORT

MO DAY 5. DATE IDI INITIATED 960321 YR MO DAY

INCIDENT OR COMPLAINT

Two male children, ages 4 years and 1 year, died due to smoke inhalation and carbon monoxide poisoning due to a house fire. Reportedly, the 4 year old child was playing with a child-resistant lighter that had the safety device removed, and caught a cloth loveseat on fire.

7. LOCATION Home 10 8. CITY Starr 9. STATE South Carolina SC

10A. FIRST PRODUCT Cigarette Lighter 1604 1A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS

10B. SECOND PRODUCT Love seat 4013 11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unk

12. AGE OF VICTIM 004 13. SEX Male 1 14. DISPOSITION Fatality 8 15. INJURY DIAGNOSIS Anoxia 65

16. BODY PART All parts of body 85 17. RESPONDENT(S) Fire, Police, Medical Officials 3 18. INVESTIGATION TYPE Telephone 2 19. TIME SPENT 13

20. ATTACHMENTS Multi 9 21. CASE SOURCE Newspaper 05 22. REVIEWED BY 8342 YR MO DAY 96 05 23

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) Victim 2 12. 001 13. Male 1 14. Fatality 8 15. Anoxia 65 16. All parts of body 85 25. REGIONAL DIRECTOR REVIEW RDS/mj DATE 5/24/96

(USE ADDITIONAL SHEETS IF NECESSARY)

NOTE: This investigation involved a house fire reportedly started by a four year old child playing with a child-resistant cigarette lighter. The lighter had the safety device removed. Two children died from smoke inhalation and carbon monoxide poisoning in the incident. Information in this report was provided by the investigating fire, police, and medical officials. Efforts to contact the victim's family were unsuccessful.

PRE-ACCIDENT

On January 31, 1996, three of the four occupants of the residence were at home. The occupants included the mother, father, and the victims, two male children. The mother was at work, and the father and the two children were at home. The two victims were approximately 13 months old, 29 1/2 inches tall and weighed 22 pounds; and four years old, 42 inches tall and weighed 50 pounds. The residence is described as a single story, two bedroom, single family dwelling, with sheet rock walls. The weather conditions were cool with no precipitation other than fog.

ACCIDENT

Reportedly, the four year old victim was playing with a cigarette lighter in the children's bedroom, and caught the cloth-covered loveseat on fire.

POST ACCIDENT

The victim's father reports that he was asleep in the bed with the four year old victim, and that the victim woke him up and asked for a drink of water. When the father got up, he found the room full of smoke. The father told the victim to get down on the floor and to stay low. The father started trying to find the door, but was unable to. He reported that the next thing he remembered was that he was outside the residence, being looked over by firefighters.

A neighbor reported that someone came to his door and told him that the house next door was on fire. The neighbor told his wife to call the fire department, and he went next door. He saw flames coming from the bedroom window. He connected a garden hose and fought the fire through the window.

At around 0813, fire officials received several calls reporting a house fire. Fire officials arrived at the scene, and entered the residence. They removed an adult male (the victim's father) and a four year old male from the rear bedroom. A second entry was made, and fire officials located the 13 month old in a baby crib in the first bedroom. The fire officials removed the infant from the structure, and he was pronounced dead on the scene. The four year

old victim and his father were transported to the medical center. The four year was later pronounced dead, and his father was treated and later released.

The victim's parents were interviewed by sheriff and fire officials. The parents reported they had problems with the four year old victim playing with cigarette lighters. The parents confirmed that the four year old could operate a child proof lighter. There were two lighters in the residence, identified as a white one that was not child proof and a red one that was child proof. According to the parents, the lighters had been put up, atop the TV, prior to the incident.

All rooms of the residence suffered smoke and heat damage. The fire was confined to the room of origin which was the children's room. The piling on the carpet on the floor of the room was burned in the center of the room. Burn patterns on the furniture place the area of origin to have been the loveseat in the bedroom. Fire officials report that the loveseat had cloth-covered cushions, but could not provide any other information about the loveseat.

Fire officials found a white cigarette lighter on the floor at the end of the baby crib. The lighter was a "childproof" type, in which the safety catch had been removed.

In the kitchen, fire officials found an infant gate lying on the floor in front of the kitchen sink. In the sink, which was full of water, was a plastic child bucket. This bucket, along with the bruise on the 4 year old victim's forehead, indicate that he probably attempted to dip water from the sink to put on the fire, but the gate, which he was using as a ladder, slipped on the linoleum floor. In the master bedroom, fire officials found a broken jar (candle) on the floor along with what appeared to be blood. Later, it was reported that the victims father was cut in the chest area. The window in the master bedroom was lightly smoke stained and had streaks consistent with someone looking for an exit during the fire.

There were no smoke detectors installed in the structure.

Efforts to contact the family were unsuccessful. There is no telephone listing for the family, and there was no response to written correspondence.

The following copies are attached: Fire report, Attachment 1; Investigation Guideline Data Recording Sheet for Upholstered Furniture Fires, Attachment 2; Sheriff's report, Attachment 3; Coroner's report, Attachment 4.

PRODUCT INFORMATION

The first product is identified as a [REDACTED] disposable cigarette lighter. The model of the lighter is unknown. The fire officials report the lighter was a child-proof lighter, but that the safety mechanism had been removed.

The second product is identified as a loveseat with cloth-covered cushions. No other information is available about the loveseat.

STANDARD INFORMATION

The Safety Standard for Cigarette Lighters monitored by CPSC provides that all disposable and novelty lighters manufactured or imported after July 12, 1994, must meet the child-resistant requirements of 16 CFR-1210.3. The product is identified by fire officials as a child-resistant lighter that had the safety device removed.

ATTACHMENTS

- 1 Fire Report
- 2 Data Recording Sheet for Upholstered Furniture Fires
- 3 Police Incident Report
- 4 Coroner's Report

ANDERSON COUNTY FIRE DEPARTMENT
FIRE INVESTIGATION REPORT

FIRE DISTRICT: 03

CASE #: 96-0175

INV #: 930

DATE OF INCIDENT: 01-31-96

TIME: 0813

DAY: Wed

NATURE OF INCIDENT: Residential structure fire
Fatality (2)

LOCATION: [REDACTED]

CITY: Anderson

ZIP: SC

WEATHER: Fog

TEMP: 35+

WIND DIR:

SPEED:

MPH

=====

OWNER	X TENANT	VICTIM	SUSPECT	WITNESS	WANTED	ARREST
Richey		Christopher	George			
ADDRESS: [REDACTED]				CITY: Anderson	ST: SC	ZIP: 29624
TELEPHONE - HOME:		WORK:	EMPLOYER:			

=====

DBA: _____ PHONE: _____

=====

PROPERTY DESCRIPTION

CONSTRUCTION TYPE: Ordinary OCCUPANCY: Single family dwelling
MAKE: MODEL: TYPE: YEAR: COLOR:
VIN: LIC TAG NO: STATE/YR:
VALUE - STRUCTURE: VEHICLE:

=====

DISPATCH INFORMATION

FIRST DUE COMPANY: 03 ASSISTING DEPARTMENTS:
FGC: Randy Wilson RANK: Chief DEPT: Homeland Park VFD
TIME DISPATCHED: 0813 ARRIVED: 0821 DEPARTED: 1240 1st ARRIVING UNIT:
TIME UNDER CONTROL: TIME FIRE OUT:

INVESTIGATOR	NOTIFIED	ARRIVED	DEPARTED	NOTIFIED BY
Sullivan	01-31-96/0832	/0829	/1324	Wm Smith
Medlock	01-31-96/0835	/0900	/1324	(To AAMC)

FIRE FIRST REPORTED BY: [REDACTED] DOB: _____
ADDRESS: RACE: _____ SEX: _____
TELEPHONE - HOME: WORK: EMPLOYER: _____
COMMENTS: Called in from pay phone

FIRE DISCOVERED BY: Passers-by DOB: _____
ADDRESS: RACE: _____ SEX: _____
TELEPHONE - HOME: WORK: EMPLOYER: _____
TIME OF DISCOVERY: COMMENTS: _____

=====

OTHER AGENCIES ON SCENE

POLICE OFFICER: _____ DEPT: _____ OCA#: 96-04032

=====

Reporting Officer: _____ Number: 9 ATTACHMENT 1
ACFD Form FI-1 9/94 IDI 960307CCC6055
8978 Pg 1 of 5

ANDERSON COUNTY FIRE DEPARTMENT - ARSON UNIT
FIRE INVESTIGATION REPORT
PAGE 2

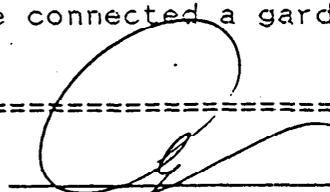
Case Number 96-0175-930
Owner [REDACTED]
Incident Location [REDACTED]
Incident Type Residential structure fire
Fatality (2)

SYNOPSIS OF THE INCIDENT: On 1-31-96 at 0813hrs the Anderson County Fire Department recieved several calls reporting a house fire on [REDACTED] across from Fiberglas. The Homeland Park VFD was dispatched. A fourth call from a niighbor reported victims trapped inside the residence. Engine 3 arrived at 0821 hrs and commenced rescue operations. FF Burgess, Wood and McCollough removed an adult male and a 4 year old male from the rear bedroom. These victims were later identified as Mr. [REDACTED] and [REDACTED], age 4. FF Wood made a second entry to locate the third victim which he found in a baby crib in the first bedroom, and removed the infant from the structure. That victim was later identified as [REDACTED], age 1. [REDACTED] was pronouced dead on the scene. [REDACTED] was given CPR by firefighters and transported to AAMC by Medshore where he was later pronounced dead. Mr. [REDACTED] was transported by Medshore to AAMC, treated and later released. Fire suppression teams found the structure heavily charged with smoke and a room and contents fire in the front bedroom with some extension into the attic space above the fire room. The fire was attacked with an 1 3/4" line via the front door and a smoke ejector used to clear the structure of smoke.

PARTICIPATING INVESTIGATORS: Investigator A J Sullivan, Jr ACFD responded and is the case officer. Anderson Co Fire Chief Glenn Gable responded and assisted in the cause and origin investigation. Investigator Pelham Medlock, ACFD responded to AAMC emergency room and interviewed the family. Lt Steve Gambrell, and Investigators Derrick Roland and Chad Puckhaber, ACSO canvassed the crowd for information. Tommy Clamp, ACSO forensics unit responded and assisted with photography. Coroner Wilton Mackey and Assistant Coroner Greg Shore also responded to the scene.

WITNESS REPORTS: Mr & Mrs [REDACTED] were interviewed at AAMC by INV Medlock. Mrs [REDACTED] stated that they had recent problems with 4 y/o [REDACTED] playing with a lighter. When asked if he could operate a child proof lighter she stated that he could. She also stated that there were two lighters in the house. A white one which was not child proof and a red one which was. Mr [REDACTED] stated that the lighters were put up and the two agreed that they were atop the TV. Mr [REDACTED] stated that he was asleep in his bed with [REDACTED]. That [REDACTED] woke him up asking for a drink of water. When Mr [REDACTED] got up he found the room full of smoke, he told [REDACTED] to get down on the floor, and then started trying to find the door. The next thing he remembered he was outside.

A niighbor, [REDACTED], stated that someone came to his door and told him that the house next door was on fire. He told his wife to call the fire department and he went next door. He states that he saw flames coming from the bedroom window. He connected a garden hose and fought the fire through the window.

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Reporting Officer:  Number: 500

ANDERSON COUNTY FIRE DEPARTMENT - ARSON UNIT
FIRE INVESTIGATION REPORT

Page 3

Case Number 96-0175-930
Owner [REDACTED]
Incident Location [REDACTED]
Incident Date 01-31-96
Incident Type Residential Structure Fire
Fatality (2)

BUILDING CONSTRUCTION: The structure was a single story two bedroom single family dwelling of ordinary construction. The walls were covered with sheet rock.

UTILITIES: The structure was served electrical power by Duke Power and natural gas from Piedmont Natural Gas.

SCENE PROCESSING: I arrived on the scene at 0829 hours and found the deceased infant covered with a blanket in the front yard. [REDACTED] was in the ambulance being treated by EMS personnel and Mr [REDACTED] was laying in the yard being treated by fire personnel. The fire had been knocked down and the exhaust fan was in operation. The exterior exam indicated heavy fire in the front bedroom venting through the window with sooting in various other areas. Entering the front door I found smoke and heat damage in the livingroom. The top of the television had melted do to radiant heat which entered the livingroom from the front bedroom. With exception of this front bedroom (the children's room) all rooms in the house suffered smoke and some heat damage. The fire was confined to the room of origin which was the children's room. The piling on the carpet on the floor of the room was burned in the center of the room and was intact near the bedroom door. The matting was intact throughout the room. Patterns indicate an origin that was above floor level. Burn patterns on the furniture place the area of origin to have been on the loveseat.

On the floor at the end of the baby crib we found a white cigarette lighter. The lighter was a "childproof" type in which the safety catch had been removed.

In the livingroom we also found a small burned spot in the carpet in front of the couch. The cause for this spot has not been determined except that it was not caused by the fire in the bedroom.

In the kitchen we found an infant gate laying on the floor in front of the kitchen sink. In the sink, which was full of water, was a plastic child's bucket. This, along with a bruise found on Zachary's forehead indicate that he'd probably attempted to dip water from the sink to put on the fire but the gate, which he was using as a laddar slipped on the linoleum floor.

In the master bedroom we found a broken jar (candle) on the floor along with what appeared to have been blood. It was later learned that Mr [REDACTED] was cut in the chest area. The window in this room was lightly smoke stained and contained streaks consistant with having been made by someone looking for an exit during the fire.

There were no smoke detectors installed in the structure.

Reporting Officer: _____

Number: 500

ATTACHMENT 1
IDI 960307CCC6055
8978 Pg 3 of 5

ANDERSON COUNTY FIRE DEPARTMENT - ARSON UNIT
FIRE INVESTIGATION REPORT

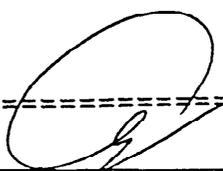
Page 4

Case Number 96-0175-930
Owner [REDACTED]
Incident Location [REDACTED]
Incident Date 01-31-96
Incident Type Residential Structure Fire
Fatality (2)

FIRE PROGRESSION TO OTHER STRUCTURES: There was no progression of fire beyond the structure of origin.

WEATHER CONDITIONS: The weather was cool with no precipitation other than fog which quite possibly delayed the discovery of the fire by passersby.

CONCLUSION: This fire originated in the children's bedroom on the loveseat and was ignited by a child (Zachary) who was playing with a lighter.

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Reporting Officer:  _____ Number: 500

ATTACHMENT 1
IDI 960307CCC6055
8978 Pg 4 of 5

ANDERSON COUNTY FIRE DEPARTMENT - ARSON UNIT
FIRE INVESTIGATION REPORT
Page 5

Case Number 96-0175-930
Owner [REDACTED]
Incident Location [REDACTED]
Incident Date 01-31-96
Incident Type Residential Structure Fire
Fatality (2)

INTERVIEWS: Investigator Medlock responded to AAMC where he interviewed Mr and Mrs [REDACTED]. Mr [REDACTED] stated that he was asleep in his bed when [REDACTED] woke him asking for a drink of water. When Mr [REDACTED] woke he found the room full of smoke. He got up and told Zack to get down on the floor and stay low. Mr [REDACTED] stated that he tried to find the door, but was unable to. He stated that the next thing he remembers he was outside and was being looked over by firefighters.

I asked Mr [REDACTED] if anyone in the house smoked and he replied yes. I asked what was used to light the cigarettes and Mrs [REDACTED] stated that they used lighters. When I asked if they kept the lighters put up he replied yes and she replied no. Mr [REDACTED] stated that they were kept atop the television set. When asked Mrs [REDACTED] stated that one of the lighters, a white one, was not child proof but that the other, a red one was.

Mrs [REDACTED] also stated that they had recently caught [REDACTED] playing with lighters.

While photographing the children at the morgue I observed a bruise, which appeared fresh, on [REDACTED]'s forehead.

A later autopsy conducted by Dr Woodard indicated the children died of carbon monoxide poisoning.



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 960307 @cc 6055 Incident Date 11/31/96

A. **PRODUCT DESCRIPTION:** Sofa/Couch Chair Sofa bed Other LOVE SEAT

1. Was upholstered furniture allcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand UNK

4. Purchased: New 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)
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 UNK

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

*SAFETY
DEVICE
REMOVED*

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

If match, specify type: Book Box Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

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

Yes No Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

Yes No Unknown

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

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

F. VICTIM(S)

2 Number of Deaths _____ Number of Injuries

G. Socio-Economic Data:

UNK

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: _____

Rent Own

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

AGENCY I.D.
SC 0040000

INCIDENT REPORT

CASE NUMBER

960175

ICIC

NO.	ENTD.
No	No

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> In a Vehicle <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Ind. Org. <input type="checkbox"/> Law/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
1. FATAL FIRE INVESTIGATION 90Z		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20 RESIDENCE/HOME	0		
2.							
3.							
EVENT	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
	4800 HWY 813				28824		
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	LOCATION NO.	
	01/31/96	813		01/31/96	813		
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
		ANDERSON		SC	28824		
VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	
	RICHEY CHRISTOPHER GEORGE				Resident	B	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
	8						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
4800 HWY 813		ANDERSON		SC	28824		
VEHICLE DAMAGE (VICT. 1)		EXPLAIN		COMPLAINT OF ANY NON-VISIBLE DAMAGE:			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Other Major		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
VICTIM (NO. 1) HOME: ALCOHOL		VHE		DRUGS			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
TWO-MAN VER.		ONE-MAN VER.		DETECTIVE/SPLASMT.			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
SUSPECT		NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	
<input type="checkbox"/> SUSPECT							
<input type="checkbox"/> SUSPECT		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> SUSPECT		ADDRESS		CITY	STATE	ZIP CODE	
<input type="checkbox"/> SUSPECT							
<input type="checkbox"/> SUSPECT		SUBJECTING (1) HOME: ALCOHOL		ARRESTED NEAR OFFENSE SCENE			
<input type="checkbox"/> SUSPECT		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<input type="checkbox"/> SUSPECT		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
<input type="checkbox"/> SUSPECT		01/31/96 813		11 0			
NARRATIVE	On 1-31-96 at 0813 hours the Homeland Park VFD responded to a residential structure fire on [REDACTED]. Arriving firefighters found three victims inside the residence. Victim #1 ([REDACTED]) was in the master bedroom as was Vict #2 ([REDACTED]). Victim #3 ([REDACTED]) was found in a crib in the second bedroom and was pronounced dead at the scene by Assistant Coroner Greg Shore. Victims 1 & 2 were transported to the AAMC where Vict 2 died. [REDACTED] (Vict 1) was treated for smoke inhalation and released.						
	A cause and origin investigation revealed the room of origin to have been						
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
PROPERTY EST.	TITLE/OWNER					TOTAL VALUE	
	STOLEN					0	
	DAMAGED					0	
	RECOVERED					0	
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ARRESTED UNDER 18	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REASON FOR EXCEPTIONAL CLEARANCE 1.		OFFENSE 2.		EXTRACTION 3.		VICTIM DECLINES COOPERATION 4.	
<input type="checkbox"/> OFFENSE 2.		<input type="checkbox"/> OFFENSE 2.		<input type="checkbox"/> EXTRACTION 3.		<input type="checkbox"/> VICTIM DECLINES COOPERATION 4.	
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
SULLIVAN A		01/31/96	F01			11	
MEDLOCK P		01/31/96	F02	FOLLOW-UP INVESTIGATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

ATTACHMENT 3
IDI 960307CCC6055
8978 Pg 1 of 3

AGENCY I.D.
SC 0040000

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

960175

REC

NO NO

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

VICTIM 1

COMPLAINT
 VICTIM
 SUSPECT
 WANTED
 WARRANT
 ARREST
 JAIL
 PROBATION
 OTHER

NAME (LAST, FIRST, MIDDLE): [REDACTED]
 VICTIM RELATIONSHIP TO SUBJECT: [REDACTED]
 RESIDENT: [REDACTED] RACE: [REDACTED] SEX: [REDACTED] AGE: [REDACTED] D.O.B.: [REDACTED] ETH: [REDACTED]

HEIGHT: [REDACTED] WEIGHT: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: [REDACTED]

ADDRESS: [REDACTED] CITY: ANDERSON STATE: SC ZIP CODE: 29624 LOCATION NO.: [REDACTED] DAY PHONE: [REDACTED] EVENING PHONE: [REDACTED]

VICTIM DRIVING VEHICLE: COMPLAINT OF DRIVING VEHICLE: VICTIM USING ALCOHOL: YES NO UNK. THRU-GLASS VEHICLE: DETROTOR/PLANT: ALARM:

EXPLAIN: Other Major DRUGS: NO YES TYPE: UNK. OTHER VEHICLE: OTHER: OTHER:

SUBJECT DRIVING ALCOHOL: NO YES UNK. SUBJECT DRIVING: NO YES > TYPE: UNK.

VICTIM 2

COMPLAINT
 VICTIM
 SUSPECT
 WANTED
 WARRANT
 ARREST
 JAIL
 PROBATION
 OTHER

NAME (LAST, FIRST, MIDDLE): [REDACTED]
 VICTIM RELATIONSHIP TO SUBJECT: [REDACTED]
 RESIDENT: [REDACTED] RACE: [REDACTED] SEX: [REDACTED] AGE: [REDACTED] D.O.B.: [REDACTED] ETH: [REDACTED]

HEIGHT: [REDACTED] WEIGHT: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: [REDACTED]

ADDRESS: [REDACTED] CITY: ANDERSON STATE: SC ZIP CODE: 29624 LOCATION NO.: [REDACTED] DAY PHONE: [REDACTED] EVENING PHONE: [REDACTED]

VICTIM DRIVING VEHICLE: COMPLAINT OF DRIVING VEHICLE: VICTIM USING ALCOHOL: YES NO UNK. THRU-GLASS VEHICLE: DETROTOR/PLANT: ALARM:

EXPLAIN: Other Major DRUGS: NO YES TYPE: UNK. OTHER VEHICLE: OTHER: OTHER:

SUBJECT DRIVING ALCOHOL: NO YES UNK. SUBJECT DRIVING: NO YES > TYPE: UNK.

the children's bedroom. The area of origin was a love seat. All electrical systems and a television set located in the room were inspected and ruled out as a source of ignition. A disposable lighter was found on the floor of the room near the crib/door.

Mrs. [REDACTED] stated to Investigator Medlock that they have had a problem with 4 y/o [REDACTED] who has been caught playing with lighters. She stated that there should have been two lighters in the house, a child proof red

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY: [REDACTED] JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY: [REDACTED]

VEHICLE REG. I

STATUS: STOLEN RECOVERED FOUND THEFT SUSPECT VEHICLE
 TYPE: VEHICLE SUV BOAT LICENSE PLATE SECURITE/SPOON/STOCKS AIRCRAFT

VEH. REG. LIC. NO.: [REDACTED] BOAT REG. NO. AND/OR REG. NO.: [REDACTED]

REG. AUTHORITY: [REDACTED] STATE: [REDACTED]

YEAR OF REGISTRATION: [REDACTED] YEAR OF EXPIRATION: [REDACTED] YEAR: [REDACTED] MAKE: [REDACTED] TYPE: [REDACTED]

MODEL: [REDACTED] STYLE: [REDACTED] COLOR: [REDACTED] MAKE NAME: [REDACTED] CALIBER: [REDACTED]

INC. NO.: [REDACTED] REGISTRATION: [REDACTED] RECOVER: [REDACTED] RECOVERED DATE: [REDACTED]

MISCELLANEOUS: [REDACTED]

PROPERTY EST.

PROPERTY EST.	TYPE/CLASS	STOLEN	DAMAGED	SURRENDERED	RECOVERED	RECEIVED	TOTAL VALUE
STOLEN							
DAMAGED							
SURRENDERED							
RECOVERED							
RECEIVED							

ADMINISTRATIVE

SUBJECT IDENTIFIED: YES NO
 SUBJECT LOCATED: YES NO
 ACTIVE: ADM. CLOSED: UNPROCESSED:

ARRESTED UNDER 10: ARRESTED 14 AND OVER: EX-CLEAR UNDER 10: EX-CLEAR 10 AND OVER:

REASON FOR CIRCUMSTANTIAL CLEARANCE: 1. OVERSEEN BY ATO 2. NO PROSECUTION 3. EXTRAJURISDICTION 4. VICTIM DECLINES COOPERATION 5. AVAILABLE TO CUSTODY

REPORTING OFFICER: SULLIVAN A DATE: 01/31/88 UNIT NUMBER: FBI APPROVING OFFICER: [REDACTED] DATE: 11 UNIT NUMBER: [REDACTED]

REPORTING OFFICER: MEDLOCK P DATE: 01/31/88 UNIT NUMBER: F02 FOLLOW-UP INVESTIGATION: YES NO OFFICER: [REDACTED] DATE: 11

ATTACHMENT 3
IDI 960307CCC6055
8978 Pg 2 of 3

AGENCY ID

SC 0040000

ANDERSON CO. SHERIFF'S OFFICE
INCIDENT REPORT
Narrative Continuation Page

CASE NUMBER

960175 001

one and a non-child proof white one both of which were ontop of the TV in the livingroom.

Mr. [REDACTED] stated that he was awakened by [REDACTED] who wanted some water. When he awoke he found the house full of smoke and tried to get [REDACTED] and himself out but could not find the door. The next thing he remembered he was outside with the firefighters.

The evidence found at the scene and the information provided by the family indicates the probability that ignition was the result of the 4 y/o playing with a lighter.

Case #

ATTACHMENT 3
IDI 960307CCC6055
8978 Pg 3 of 3

3/26/96

ANDERSON COUNTY CORONER'S OFFICE
CASE REPORT
PUBLIC COPY

PAGE 2

CASE NUMBER: 9-60054

CASE TYPE: ACCIDENTAL MISCELLANOUS

===== ADMINISTRATIVE =====

DATE CALLED: 1/31/1996 TIME CALLED: 8:35 TIME ARRIVED: 8:50

INVESTIGATING AGENCY: FELHAM MEDLOCK, FIRE DEPT

OFFICIER: CORONER: DEF. COR. GREG SHORE

PATHOLOGIST: DR. WOODARD AMBULANCE: MEDSHORE

MORTUARY: JOHNSON FUNERAL HOME BURIAL PMT#: 00000
ANDERSON SC

VEHICLE DISPOSITION:
EVIDENCE DISPOSITION:



AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Pat: [REDACTED]
 Age: 1 YRS Sex: MALE DOB: 11/05/1994
 Med. Rec. #: (0215)090387739 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00008
 Client: ANDERSON COUNTY CORONER
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

WORTHINGTON PATHOLOGY REPORT

AUTOPSY # OA-96-00008

FINAL ANATOMIC DIAGNOSES:

CARBON MONOXIDE POISONING (32.1%).
 MARKED SOOT INHALATION WITH SOOT DEBRIS IN TRACHEA AND BRONCHI.
 EDEMA AND CONGESTION OF THE RIGHT AND LEFT LUNGS, SEVERE.
 SECOND AND THIRD DEGREE BURNING WITH FOCAL CHARRING OF THE EXTERNAL BODY SURFACE.

CAUSE OF DEATH: CARBON MONOXIDE POISONING.

PATHOLOGIST: BRETT H. WOODARD, M. D.

trw:BHW 02/02/96

Brett H. Woodard, M.D.

(Name indicates Electronic Signature)

COMMENT:

This one year old male child was in bed at the time a house fire occurred. He was found dead in his bed by Anderson County Fire Department personnel. Jurisdiction over the body was assumed by Anderson County Assistant Coroner Mr. Greg Shore. Authorization for a complete unrestricted autopsy was granted.

The autopsy demonstrated an elevated carbon monoxide level of 32.1. This was associated with soot debris which was quite prominently seen in the nares, upper airway, trachea, and bronchi. Both right and left lungs are markedly congested in character. Internal organs demonstrate a pinkish red discoloration which correlated with the elevated carbon monoxide levels. There was no evidence of congenital abnormality or prior trauma.

In my opinion, the cause of death is a combination of smoke and carbon monoxide inhalation with resultant carbon monoxide toxicity and pulmonary edema. Based on the findings of this autopsy, the investigations of the Anderson County Arson Investigator and the investigation of the Anderson County Coroner's Office, the manner of death is accidental.

Name: RICHEY, KRISTOPHER D. *** CONTINUED ***
 Account #: PAGE 1
 Admitting Physician:
 Ordering Physician: ANDERSON, COUNTY COR
 Consulting Physician:
 Print Date: 02/05/96

DEPARTMENT OF PATHOLOGY

Needham L. Long, M.D.
 E. Eugene Baillie, M.D.
 Albert S. Hollingaworth, M.D.
 Brett H. Woodard, M.D.
 Thomas P. Crocker, M.D.

PATHOLOGY

ATTACHMENT 4
 IDI 960307CCC6055
 8978 Pg. 3 of 15



AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 1 YRS Sex: MALE DOB: 11/05/1994
 Med. Rec. #: (0215)090387739 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00008
 Client: ANDERSON COUNTY CORONER Patient #: 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM REPORT CONTINUED

AUTOPSY # OA-96-00008

CLINICAL INFORMATION:

DATE OF BIRTH: 11/05/1994 AGE: 1 M SS#: -
 DATE OF DEATH: 01/31/1996 DATE OF PERMIT: 01/31/1996
 DATE OF AUTOPSY: 01/31/1996 TIME: 11:00 A.M.
 TYPE OF AUTOPSY: LEGAL

AUTHORITY BY: Anderson County Coroner's Office RELATION TO DECEASED: None
 IDENTIFICATION BY: Assistant Coroner Mr. Greg Shore

EXAM REQUESTED BY: Anderson County Coroner's Office
 AUTHORIZATION CONFIRMED BY: Mr. Frank Burrow

PERSONNEL PRESENT: Dr. Brett H. Woodard, Mr. Charles Boseman, Mr. Frank Burrow, Pelham Medlock, Anderson County Fire Department, and Assistant Coroner Mr. Greg Shore

HISTORY:

OCCUPATION: None
 MEDICAL HISTORY: None
 CIRCUMSTANCES OF DEATH: Found dead in crib at home with house fire.

EXTERNAL EXAMINATION:

BODY CONDITION: Partially charred
 HEIGHT: 29 1/2 inches WEIGHT: 22 pounds approximate
 RACE: Mixed, black and white
 EYES: Brown
 HAIR: Essentially singed with short hair at left posterior neck
 FACIAL HAIR: Absent
 BODY HEAT: Warm JAUNDICE: Absent
 EDEMA: Absent RIGOR: 3+ LIVOR: Undetectable

EXTERNAL DESCRIPTION:

The body is received in a short jumpsuit with frontal snaps and a disposable diaper.

EVIDENCE OF INJURY:

The body demonstrates diffuse second and third degree burns over the body. Severe third degree charring burns are seen primarily over the back, the right posterior arm, the right posterior leg, the left arm in the area of the elbow, the right posterior aspects of the face, and posterior aspects of the right ear. Spotty second and third degree burns are seen over the anterior

Name: [REDACTED]
 Account #: [REDACTED]
 Admitting Physician:
 Ordering Physician: ANDERSON, COUNTY COR
 Consulting Physician:
 Print Date: 02/05/96

*** CONTINUED ***
 PAGE 2

DEPARTMENT OF PATHOLOGY

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 Albert S. Hollingsworth, M.D.
 Brett H. Woodard, M.D.
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ATTACHMENT 4
 IDI 960307CCC6055
 8978 Pg 4 of 15



AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 1 YRS Sex: MALE DOB: 11/05/1994
 Med. Rec. #: (0215)090387739 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00008
 Client: ANDERSON COUNTY CORONER
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM REPORT CONTINUED

AUTOPSY # OA-96-00008

EXTERNAL EXAMINATION:

surface of the body which are less severe than the areas just described. The hair is essentially totally removed from the top of the head with the exception of the left posterior aspects of the neck. The hand skin is becoming dislodged from both hands. Soot-colored foam is extruding from both nares. The diaper area appears to be well preserved.

INTERNAL GROSS EXAMINATION:

BODY CAVITIES: The body cavities are somewhat congested with a small amount of serosanguinous fluid.

CARDIOVASCULAR: The heart weighs 42 grams. The coronary arteries are in their usual circulation. There is no congenital abnormality seen. The thymus is present in the anterior chest and is markedly reddish pink in color.

NECK: The neck organs are in their usual location. Soot is seen into the tracheal elements beneath the laryngeal cords. The thyroid is unremarkable.

RESPIRATORY TRACT: The respiratory tract is patent throughout but soot debris is seen into the first radicals of the bronchi.

LUNGS: The right lung weighs 90 grams while the left lung weighs 70 grams. Both are congested and markedly pinkish red in color.

GI TRACT: The gastrointestinal tract is studied from the esophagus to the anus. No atresias or abnormalities are seen. A small amount of mucoid material is present within the stomach but no pill debris is noted.

APPENDIX: The appendix is present in its usual location without inflammation.

LIVER: The liver weighs 450 grams. The gallbladder is present. The liver is grossly normal in appearance.

PANCREAS: The pancreas is grossly normal in appearance.

SPLEEN: The spleen weighs 20 grams. Cut section reveals prominent white pulp.

ADRENALS: The adrenals are present in the usual location without hemorrhage or necrosis.

URINARY TRACT: The urinary tract is patent throughout.

KIDNEY: The right kidney weighs 30 grams while the left kidney weighs 28 grams. Cut sections are grossly unremarkable.

BLADDER: The bladder is void of urine. Urine debris is seen within the diaper.

Name: [REDACTED]
 Account #: [REDACTED]
 Admitting Physician:
 Ordering Physician: ANDERSON, COUNTY COR
 Consulting Physician:
 Print Date: 02/05/96

*** CONTINUED ***
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DEPARTMENT OF PATHOLOGY
 Needham L. Long, M.D.
 E. Eugene Battle, M.D.
 Albert S. Hollingsworth, M.D.
 Brett H. Woodard, M.D.
 Thomas P. Crocker, M.D.

PATHOLOGY

ATTACHMENT 4
 IDI 960307CCC6055
 8978 Pg 5 of 15



AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 1 YRS Sex: MALE DOB: 11/05/1994
 Med. Rec. #: (0215)090387739 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00008
 Client: ANDERSON COUNTY CORONER Patient #: 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM REPORT CONTINUED

AUTOPSY # OA-96-00008

INTERNAL GROSS EXAMINATION:

REPRODUCTIVE TRACT: Male.

MUSCULOSKELETAL SYSTEM: Normal development for age.

IMMUNOLOGIC SYSTEM: Gross normal appearance.

HEAD SCALP: The scalp is intact without contusions, lacerations or abrasions. (See Evidence of Injury)
 CRANIUM: The cranium is intact with normal open sutures. No fracture of periosteous hemorrhage are seen.
 BRAIN: The brain weighs 1,100 grams. Coronal sections through the brain demonstrate no evidence of neoplasia or focal defects. No ventricular dilatations or congenital abnormalities are seen. No hemorrhage is seen in the subarachnoid areas or within the parenchyma of the brain.

SPECIAL STUDIES REQUESTED:

Blood for carbon monoxide levels is obtained.
 Child death kit for SLED is obtained.
 Photographs: Photographs of the child's burn pattern as well as identification photographs are taken.

Name: [REDACTED]
 Account #: [REDACTED]
 Admitting Physician: ANDERSON, COUNTY COR
 Ordering Physician:
 Consulting Physician:
 Print Date: 02/05/96

*** CONTINUED ***
 PAGE 4

DEPARTMENT OF PATHOLOGY

Needham L. Long, M.D.
 E. Eugene Baillie, M.D.
 Albert S. Hollingsworth, M.D.
 Brett H. Woodard, M.D.
 Thomas P. Crocker, M.D.

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ATTACHMENT 4
 IDI 960307CCC6055
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AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 1 YRS Sex: MALE DOB: 11/05/1994
 Med. Rec. #: (0215)090387739 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00008
 Client: ANDERSON COUNTY CORONER Patient #: 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM REPORT CONTINUED

AUTOPSY # OA-96-00008

MICROSCOPIC DESCRIPTION:

HEART: The myocardium is intact without evidence of congenital abnormality, myocarditis or abnormal infiltration.

THYMUS: The thymus is intact with normal cortical and medullary differentiation.

LUNGS: The lungs demonstrate extensive congestion and edema of pulmonary tissues.

LIVER: The liver is intact without evidence of fat deposition or inflammation.

PANCREAS: The pancreas is intact with normal acinar and islet cells.

SPLEEN: The spleen is intact with normal white and red pulp components.

KIDNEY: The kidney is intact with normal glomeruli and tubules.

THYROID: The thyroid is intact with normal architecture and colloid formation.

TRACHEOBRONCHIAL AIRWAY: The tracheobronchial airway demonstrates abundant black soot pigmentation adherent to the mucoid debris of the bronchus.

CENTRAL NERVOUS SYSTEM: The central nervous system is intact without inflammation, necrosis or neoplasia.

A1- left ventricle, right ventricle, thymus, lung

A2- liver, spleen, kidney, pancreas, thyroid.

A3- brain, trachea.

Name: [REDACTED] D. *** END OF REPORT ***
 Account: [REDACTED] PAGE 5
 Admitting Physician: 202334
 Ordering Physician: ANDERSON, COUNTY COR
 Consulting Physician: WOODARD, BRETT H
 Print Date: 02/05/96

DEPARTMENT OF PATHOLOGY

Needham L. Long, M.D.
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 Brett H. Woodard, M.D.
 Thomas P. Crocker, M.D.

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ATTACHMENT 4
 IDI 960307CCC6055
 8978 Pg 7 of 15

CASE REPORT
PUBLIC COPY

CASE NUMBER: 9-60053

CASE TYPE: ACCIDENTAL MISCELLANEOUS

===== ADMINISTRATIVE =====

DATE CALLED: 1/21/1996 TIME CALLED: 8:25 TIME ARRIVED: 8:50

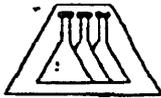
INVESTIGATING AGENCY: PELHAM MEDLOCK, FIRE DEPT.

OFFICIER: CORONER: DEF. COR. GREG SHORE

PATHOLOGIST: DR. WOODARD AMBULANCE: MEDSHORE

MORTUARY: JOHNSON FUNERAL HOME BURIAL PMT#: 00000
ANDERSON SC

VEHICLE DISPOSITION:
EVIDENCE DISPOSITION:



AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Farm St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 4 YRS Sex: MALE DOB: 01/01/1992
 Med. Rec. #: (0215)090387744 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00009
 Client: ANDERSON COUNTY CORONER #: 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM PATHOLOGY REPORT

AUTOPSY # OA-96-00009

FINAL ANATOMIC DIAGNOSES:

CARBON MONOXIDE TOXICITY (52.5%).
 SMOKE AND SOOT INHALATION TO THE TRACHEA AND BRONCHI
 CONTUSION OF THE ANTERIOR FOREHEAD, MILD.

CAUSE OF DEATH: CARBON MONOXIDE TOXICITY

PATHOLOGIST: BRETT H. WOODARD, M.D.

swh:BHW 02/02/96

Brett H. Woodard, M.D.

(Name indicates Electronic Signature)

COMMENT:

SUMMARY AND INTERPRETATION:

This four year old child was allegedly sleeping in his father's bed when he awoke his father and stated that he was thirsty. The father noted that the house was full of smoke and ordered the child to get on the floor. When firemen arrived the child was unconscious on the floor in the area of the father. The child was rushed to Anderson Area Medical Center. Advanced cardiac life support was attempted but the child was pronounced dead. Jurisdiction over the body was assumed by Anderson County Assistant Coroner, Mr. Greg Shore. Authorization for complete unrestricted autopsy was granted.

The autopsy demonstrates an elevated carbon monoxide level of 52.5%. Soot debris is seen in the upper airways from the nares to the distal bronchi. Mild congestion is seen in the lungs. There is a contusion seen in the anterior scalp but no lacerations or abrasions are seen. The contusion is not associated with underlying central nervous system abnormalities.

In my opinion, the cause of death is carbon monoxide toxicity. Based on the investigation of Anderson County Arson investigator's office, the Anderson County Coroner's office and the findings of this study the manner of death is accidental.

Name: [REDACTED]
 Account #: [REDACTED]
 Admitting Physician:
 Ordering Physician: ANDERSON, COUNTY COR
 Consulting Physician:
 Print Date: 02/03/96

*** CONTINUED ***
 PAGE 1

DEPARTMENT OF PATHOLOGY

Noedham L. Long, M.D.
 E. Eugene Ballie, M.D.
 Albert S. Hollingsworth, M.D.
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 Thomas P. Crocker, M.D.

PATHOLOGY

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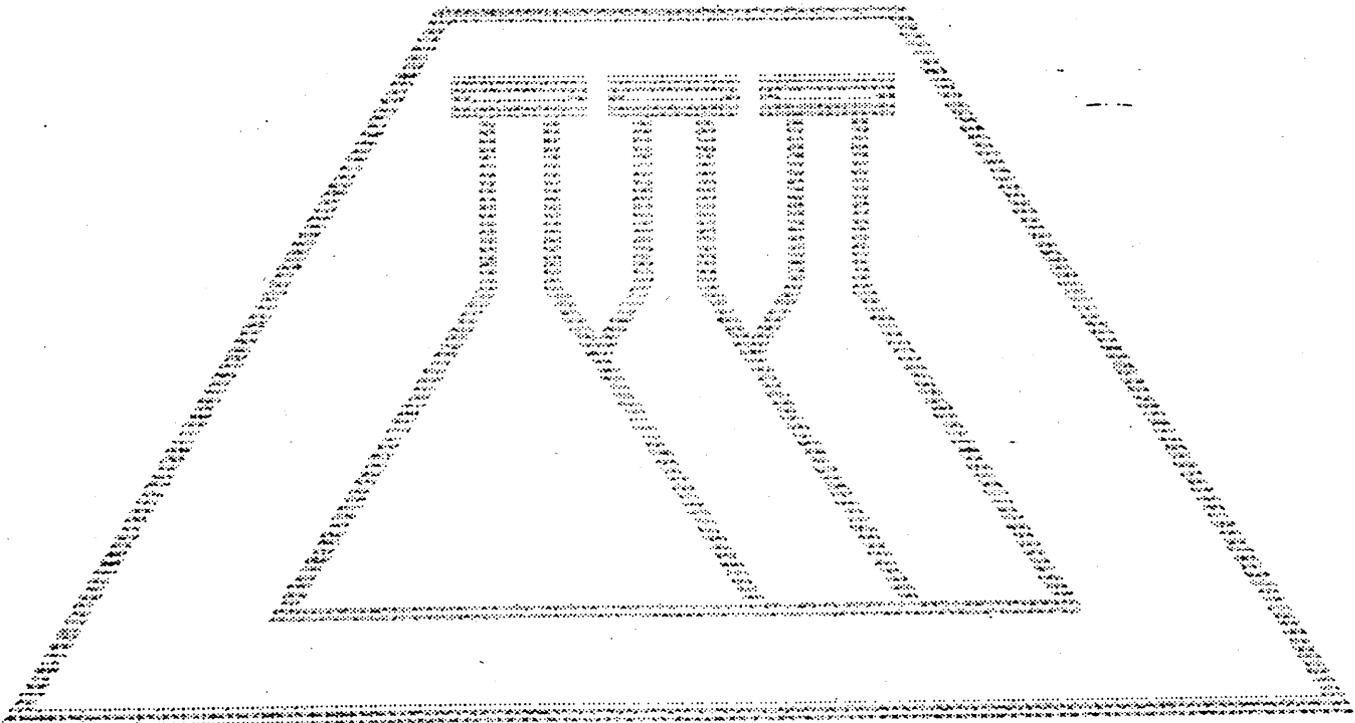
AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 4 YRS Sex: MALE DOB: 01/01/1992
 Med. Rec. #: (0215)090387744 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00009
 Client: ANDERSON COUNTY CORONER Rent #: 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM PATHOLOGY REPORT

AUTOPSY # OA-96-00009

COMMENT:



Name: [REDACTED]
 Account: [REDACTED]
 Admitting Physician:
 Ordering Physician: ANDERSON, COUNTY COR
 Consulting Physician:
 Print Date: 02/03/96

*** CONTINUED ***
 PAGE 2

DEPARTMENT OF PATHOLOGY

Needham L. Long, M.D.
 E. Eugene Bailie, M.D.
 Albert S. Hollingsworth, M.D.
 Brett H. Woodard, M.D.
 Thomas P. Crocker, M.D.

PATHOLOGY

ATTACHMENT 4
 IDI 960307CCC6055
 8978 Pg 11 of 15



AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 4 YRS Sex: MALE DOB: 01/01/1992
 Med. Rec. #: (0215)090387744 Date Rec 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00009
 Client: ANDERSON COUNTY CORONER Permit #: 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM REPORT CONTINUED

AUTOPSY # OA-96-00009

CLINICAL INFORMATION:

DATE OF BIRTH: 1-22-92
 DATE OF DEATH: 1-31-96

AGE: 4 M SS#: [REDACTED]
 DATE OF PERMIT: 1-31-96

DATE OF AUTOPSY: 1-31-96
 TYPE OF AUTOPSY: LEGAL

TIME: 11:30 A.M.

AUTHORITY BY: MR. GREG SHORE, ANDERSON COUNTY ASSISTANT CORONER
 RELATION TO DECEASED: NONE

IDENTIFICATION BY: MR. GREG SHORE, ANDERSON COUNTY ASSISTANT CORONER

EXAM REQUESTED BY: ANDERSON COUNTY CORONER'S OFFICE
 AUTHORIZATION CONFIRMED BY: MR. FRANK BURROW

PERSONNEL PRESENT: Dr. Brett H. Woodard, Mr. Charles Roseman, Mr. Frank Burrow, Mr. Greg Shore, Anderson County Assistant Coroner, Mr. Pelham Medlock, Anderson County Fire Department.

OCCUPATION: None

MEDICAL HISTORY: None

CIRCUMSTANCES OF DEATH: Found dead at home on floor of father's bedroom.

EXTERNAL EXAMINATION:

BODY CONDITION: INTACT

HEIGHT: 42 INCHES

WEIGHT: 50 LBS APPROXIMATE

RACE: MIXED NEGROID/WHITE

EYES: BROWN

HAIR: BLACK

FACIAL HAIR: ABSENT

BODY HEAT: WARM

JAUNDICE: ABSENT

EDEMA: ABSENT

RIGOR: ABSENT

LIVOR: POSTERIOR, NON-FIXED

EXTERNAL DESCRIPTION:

The body is received in a pair of white underwear. A orotracheal tube is in place which is taped about the neck. There is a puncture mark in the right neck associated with a small hematoma. There are two puncture marks over the anterior tibia of both right and left legs. There is a puncture mark in the right antecubital fossa.

EVIDENCE OF INJURY:

A contusion is seen on the anterior forehead in the central portion of the forehead. This is 2 inches below the top of the head and 1 inch above the

DEPARTMENT OF PATHOLOGY

Name: [REDACTED]

Account #: [REDACTED]

Admitting Physician:

ANDERSON, COUNTY COR

Ordering Physician:

Consulting Physician:

Print Date: 02/03/96

*** CONTINUED ***

PAGE

3

Needham L. Long, M.D.

E. Eugene Baillie, M.D.

Albert S. Hollingsworth, M.D.

Brett H. Woodard, M.D.

Thomas P. Crocker, M.D.

PATHOLOGY

ATTACHMENT 4

IDI 960307CCC6055

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AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)281-1814

Patient: [REDACTED]
 Age: 4 YRS Sex: MALE DOB: 01/01/1992
 Med. Rec. #: (0215)090387744 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: CA-96-00009
 Client: ANDERSON COUNTY CORONER # 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM REPORT CONTINUED

AUTOPSY # OA-96-00009

EXTERNAL EXAMINATION:

upper margin of the eyebrows. It is of mixed coloration.

The upper airway to the level of the distal bronchi is filled with thick mucoid material and soot debris. No lacerations, contusions or fractures other than the contusion previously identified are present.

INTERNAL GROSS EXAMINATION:

BODY CAVITIES: The body cavities are mildly congested but no exudate is seen.

CARDIOVASCULAR: Heart: The heart weighs 70 grams. The myocardium is intact without evidence of necrosis. Coronary arteries follow their usual circulation and the pericardial surface is smooth and glistening. The thymus weighs 20 grams and is pink in color.

NECK: The neck organs are in their usual location with a normal thyroid. Abundant mucoid soot colored mucus is present within the upper airway.

RESPIRATORY TRACT:

LUNGS: The right lung weighs 80 grams while the left lung weighs 70 grams. Soot debris is seen into the terminal bronchi but minimal congestion is evident.

GI TRACT: The GI tract is studied from the esophagus to the anus. A small amount of partially digested food is present within the stomach.
APPENDIX: The appendix is present without inflammation.

LIVER: The liver weighs 500 grams. The gallbladder is in its usual location. Cross sections of the liver are grossly unremarkable.

PANCREAS: The pancreas is in the usual location without evidence of hemorrhage, necrosis or gross abnormality.

SPLEEN: The spleen weighs 60 grams. Cross sections demonstrate some prominence to the white pulp. There is no evidence of trauma.

ADRENALS: The adrenals are in their usual location without hemorrhage or necrosis.

URINARY TRACT: The urinary tract is patent throughout.

KIDNEY: The right kidney weighs 65 grams while the left kidney weighs 60 grams. Cross sections through the kidneys demonstrate marked reddish discoloration but no evidence of trauma or atrophy or neoplasia.

BLADDER: The bladder is present with a small amount of urine material within it.

Name: [REDACTED]
 Account #: [REDACTED]
 Admitting Physician: ANDERSON, COUNTY COR
 Ordering Physician:
 Consulting Physician:
 Print Date: 02/03/96

*** CONTINUED ***
 PAGE 4

DEPARTMENT OF PATHOLOGY

Needham L. Long, M.D.
 E. Eugene Baille, M.D.
 Albert S. Hollingsworth, M.D.
 Brett H. Woodard, M.D.
 Thomas P. Crocker, M.D.

PATHOLOGY

ATTACHMENT 4
 IDI 960307CCC6055
 8978 Pg 13 of 15



AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 4 YRS Sex: MALE DOB: 01/01/1992
 Med. Rec. #: (0215)090387744 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00009
 Client: ANDERSON COUNTY CORONER Rent #: 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM REPORT CONTINUED

AUTOPSY # OA-96-00009

INTERNAL GROSS EXAMINATION:

REPRODUCTIVE TRACT: Non-circumcised male.

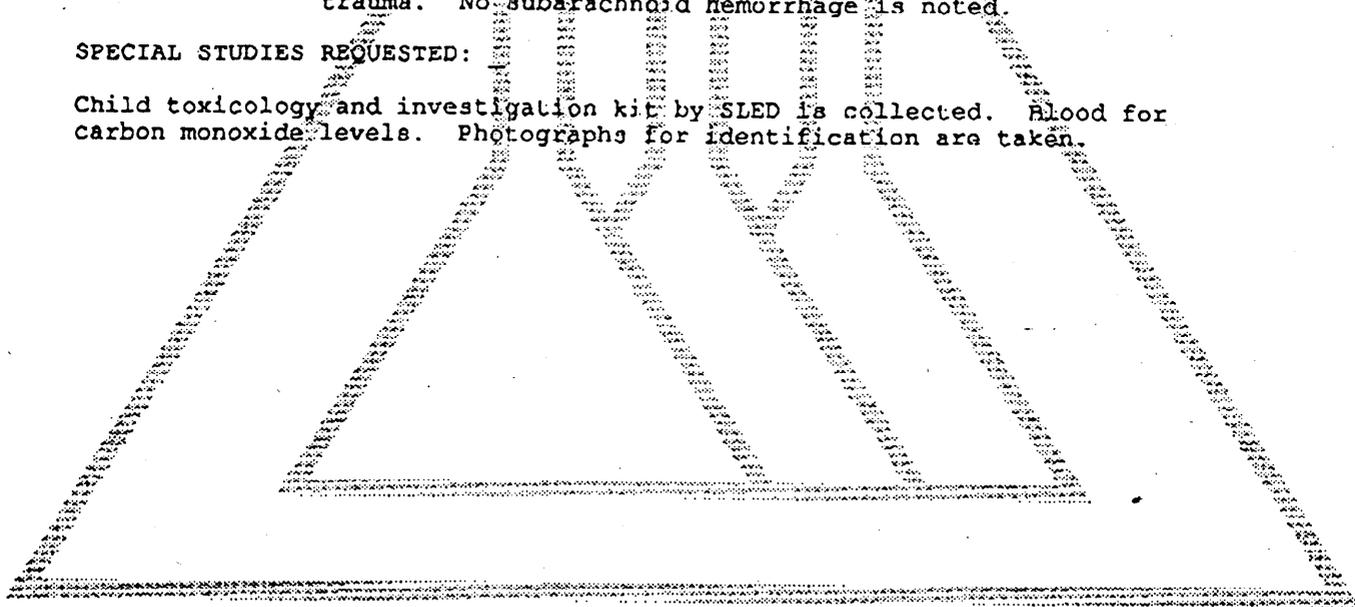
MUSCULOSKELETAL SYSTEM: Normal for age.

IMMUNOLOGIC SYSTEM: Grossly intact.

HEAD SCALP: (See evidence of injury).
 CRANIUM: The cranial bones are without periosteal hemorrhage or fracture.
 BRAIN: The brain weighs 1400 grams. Coronal sections through the brain demonstrate no focal areas of abnormality. No hemorrhage or necrosis is seen. There is no evidence of trauma. No subarachnoid hemorrhage is noted.

SPECIAL STUDIES REQUESTED:

Child toxicology and investigation kit by SLED is collected. Blood for carbon monoxide levels. Photographs for identification are taken.



Name: [REDACTED]
 Account #: [REDACTED]
 Admitting Physician:
 Ordering Physician: ANDERSON, COUNTY COR
 Consulting Physician:
 Print Date: 02/03/96

*** CONTINUED ***
 PAGE 5

DEPARTMENT OF PATHOLOGY

Needham L. Long, M.D.
 E. Eugene Ballie, M.D.
 Albert S. Hollingsworth, M.D.
 Brett H. Woodard, M.D.
 Thomas P. Crocker, M.D.

PATHOLOGY

ATTACHMENT 4
 IDI 960307CCC6055



AMRL / OSC
REFERENCE LABORATORY
Anderson Memorial Hospital
 800 North Fant St., Anderson, SC 29621
 Telephone (803)261-1814

Patient: [REDACTED]
 Age: 4 YRS Sex: MALE DOB: 01/01/1992
 Med. Rec. #: (0215)090387744 Date Rec: 01/31/96
 Surgery Date: 01/31/96 Accession #: OA-96-00009
 Client: ANDERSON COUNTY CORONER Patient #: 0215
 Physician: ANDERSON, COUNTY COR
 Consult Physician: WOODARD, BRETT H
 Social Security #: Chart #: N/A

POSTMORTEM REPORT CONTINUED

AUTOPSY # OA-96-00009

MICROSCOPIC DESCRIPTION:

Heart: The myocardium is intact without myocarditis or evidence of congenital abnormalities.

Lungs: The lungs demonstrate minimal congestion. Some chronic peribronchial inflammation is noted.

Tracheal bronchial airways: The tracheal bronchial airways demonstrate abundant soot debris adherent to the mucosa and mucus debris. Abundant mucus secretions are seen which are thick and tenacious.

Thymus: The thymus is intact with normal cortical medullary differentiation.

Liver: The hepatic parenchyma is intact without fat or necrosis. Focal mild chronic non-specific portal triaditis is seen.

Pancreas: The pancreas is intact with normal islet and acinar tissues.

Spleen: The spleen is intact with normal red and white pulp.

Kidneys: The kidneys are intact with normal glomeruli and tubular systems.

Thyroid: The thyroid is intact with normal morphology and good colloid formation.

Central nervous system: The central nervous system is intact without inflammation, necrosis or neoplasia.

A1- heart, lung, bronchus, thymus.

A2- liver, pancreas, spleen, right and left kidneys.

A3- brain, cerebellum, thyroid.

Name: [REDACTED]
 Account #: [REDACTED]
 Admitting Physician: 5202344
 Ordering Physician: ANDERSON, COUNTY COR
 Consulting Physician: WOODARD, BRETT H
 Print Date: 02/03/96

*** END OF REPORT ***
 PAGE 6

DEPARTMENT OF PATHOLOGY

Needham L. Long, M.D.
 E. Eugene Baillie, M.D.
 Albert S. Hollingsworth, M.D.
 Brett H. Woodard, M.D.

PATHOLOGY

ATTACHMENT 4
 IDI 960307CCC6055
 8978 Pg 15 of 15

Helen Cash
plw 11/3/94

gm

NYCO
G.F. Bodin

ACCIDENT INVESTIGATION REQUEST FORM

Document Number N9620391A

Date of Incident 1-31-96 Category I.D. CARM071996

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact M. Bogumill

Assignment Message Document Type of cigarette
lighter - Brand, Manufacturer &
if lighter had child proof mechanism
or if it had been defective.

3-21

Person(s) to Contact FIRE OFFICIALS
STARR, S.C.

Guideline _____

Requested By MB

Task Number 960307CCC 6055

Assigned to NYCO Date 3/7/96

MLJ - 33758

TC-20

MAR - 6 1995

N962-0391A

Carolina CLIPPING SERVICE
1115 HILLSBORO
RALEIGH, NC 27603
TEL. (919) 833-2079

NEWS & COURIER
CHARLESTON, S.C.
79,150 SUN: 123,448

FEB - 2 96

hear them squealing in pain.

131 Child play suspected
as cause of fatal fire

Assign

STARR -- Two young children
have died in a house fire near Starr
after a 4-year-old boy apparently
sparked the blaze by playing with a
cigarette lighter.

██████████, was pro-
nounced dead on arrival at Ander-
son Area Medical Center Wednes-
day morning, said Greg Shore,
Anderson County's deputy coroner.

██████████ brother, 1-year-old ██████████
██████████ died in his crib.

Wire reports

960307 CCC 6055

NON-NEISS ASSIGNMENTS

Record Type Assignment

03/07/96

Page 20 of 22

Task Number : 960307CCC6055

Office : NYCO

Category Id : CARM071996

Document Number : N9620391A

C - 6/13/96

1604/4013

8978

NYCO 13.0hr

~~P 4/30/96~~

~~Same as~~

~~960307CCC6055~~

ACCIDENT INVESTIGATION REQUEST FORM

Document Number N9620391A

Date of Incident 1-31-96 Category I.D. CARM071996

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact M. Bogumill

Assignment Message Document Type of cigarette
lighter - BRAND, MANUFACTURER &
if lighter had child proof mechanism
or if it had been defective.

Person(s) to Contact Fire Officials
STARR, S.C.

Guideline _____

Requested By MTB

Task Number 960307CCC6055

Assigned to NYCO Date 3/7/96

TC-20

MAR - 6 1996

N962-0391A

Carolina CLIPPING SERVICE
1115 HILLSBORO
RALEIGH, NC 27603
TEL (919) 833-2079

NEWS & COURIER
CHARLESTON, S.C.
79,150 SUN: 123,448

FEB - 2 96

at each other's throats, and you can hear them squealing in pain.

131

Child play suspected as cause of fatal fire

Assign

STARR — Two young children have died in a house fire near Starr after a 4-year-old boy apparently sparked the blaze by playing with a cigarette lighter.

██████████, 4, was pronounced dead on arrival at Anderson Area Medical Center Wednesday morning, said Greg Shore, Anderson County's deputy coroner. ██████████ brother, 1-year-old ██████████ died in his crib.

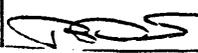
Wire reports

940307 CCC 6055

BUNN 25

JUNE 5 1996

51

1. CASE NUMBER 960315HCC6080		2. INVESTIGATOR'S ID 9041		3. OFFICE CODE 800		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. INCIDENT DATE YR MO DAY 96 03 10		5. DATE IDI INITIATED YR MO DAY 96 04 10					
6. SYNOPSIS OF INCIDENT OR COMPLAINT A 5 year old male, who was playing with matches, set fire to his grandfather's house. The five year old male died of smoke inhalation. ^{A SOFA IN}							
7. LOCATION 10			8. CITY Tewksbury			9. STATE M A	
10A. FIRST PRODUCT Sofa 0679			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS				
10B. SECOND PRODUCT MATCHES 1731 0000			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS UNK.				
12. AGE OF VICTIM 005		13. SEX 1		14. DISPOSITION Death 08		15. INJURY DIAGNOSIS Anoxia 65	
16. BODY PART All 85		17. RESPONDENT(S) Fire Officials 3		18. INVESTIGATION TYPE Telephone 2		19. TIME SPENT 11.0	
20. ATTACHMENTS Multi 9		21. CASE SOURCE Newspaper 05		22. REVIEWED BY 8969		YR MO DAY 96 05 31	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL DIRECTOR REVIEW DATE  5-31-96			

(USE ADDITIONAL SHEETS IF NECESSARY)

960315HCC6080

PRE-ACCIDENT:

All of the information concerning this incident was obtained thorough a fire report and a newspaper article. Attempts to contact the victim's grandfather were unsuccessful. The grandfather was distraught over the loss of his grandson.

The sofa that ignited was over 20 years old and the make and model of the sofa was unknown.

On Sunday, March 10, 1996, the victim, a five year old male, and his two siblings were over their grandfather's house while their mother was out. The grandfather had lived at the one story ranch house for 20 years.

ACCIDENT:

At approximately 6:57pm, fire officials were called to the grandfathers house and when the fire department arrived, the grandfather was outside with his other grandchildren. The grandfather then stated to fire officials that another boy was inside the house. The firemen went inside to rescue the child, but the child had already died from smoke inhalation. The victim was found in the living room near the sofa.

POST-ACCIDENT:

Fire officials stated that the victim was playing with matches and that the victim accidently started the sofa on fire. Fire officials stated that the sofa had been destroyed. A message left on this investigator's voice mail by the grandfather stated that the house will be destroyed and the sofa is no longer available. Any attempts to contact the grandfather after the message were unsuccessful.

Fire officials did not know how the child managed to get the matches. There were no fire detectors present at the time of the fire.

960 315 HCC 6080

SAMPLES COLLECTED:

None.

ATTACHMENTS:

1. Field Activity Coversheet
2. Epidemiologic Investigation Report
3. Investigation Guideline Upholstered Furniture Fires.
4. Tewksbury Fire Department

gm

S. Bobbit: -03/28/96 EASQ

ACCIDENT INVESTIGATION REQUEST FORM

GP II
B EASY
C

DOCUMENT NUMBER: X9631737A

DATE OF INCIDENT: 3/11/96

CATID: BUNN25 1996

FOLLOW-UP REQUESTED

HAZARD ANALYSIS (X) SECT 15 ()

TYPE FOLLOW-UP

TELEPHONE () ON-SITE (X)

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

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

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

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

Person(s) to Contact: SEE ATTACHED

Guidelines: Number 19 Upholstered Furniture Fires

Task Number: 960315HCC6080 Date: 3/18/96

Assigned to: NYCCO

Requested by: *[Signature]*



WORCESTER
POLYTECHNIC
INSTITUTE

FAX COVER SHEET

MAR 15 1996

TC-24

Center for Firesafety Studies
100 Institute Road
Worcester, MA 01609-2280
(508)831-5593
FAX: (508)831-5680

ASSIGN
BUNN25

X963 1737

TO: CPSC. DATE: 3/11/96
Dale Ray PAGES TO FOLLOW _____
FAX () 301-504-0124 CHG. TO Dept
FROM: ED. CLOUGHERTY PHONE (508)831-5945

Dale: I spoke to Chief Ryan of the
Tewksbury Fire Dept and told
him about the CPSC efforts
to investigate open flame ignition
fires in upholstered furniture
He spoke favorably about providing
information to CPSC upon request.
Regarding the fire described in attached.

I have the name of the investigator:
(shift commander)
Capt. Fowler but I have not
spoken to him. (Fire inv. 508-640-4410)

Please call me a 508-831-5945
or later @ 617-323-5797

960315HCC 6080

THE BOSTON GLOBE • MONDAY, MARCH 11, 1996

Tewksbury house fire leaves boy dead

Tewksbury fire leaves boy dead

Continued from Page 18

The father, [redacted], the child's grandfather, told firefighters there was another child inside, Chief Ryan said.

[redacted] who has lived in the house for more than 20 years, was watching his daughter's three children at the time of the fire.

The boy's aunt said [redacted] was "a sweet little kid and was very shy, he liked to spend time with his grandfather."

Officials said the blaze started about 6:57 p.m. Firefighters were still on the scene two hours later, dousing the blaze.

Capt. Ryan said the boy was taken to Saint's Memorial Medical Center in Lowell.

A neighbor said the fire appeared to be in the kitchen and the rear of the house.

Another neighbor said she noticed the flames as she and her family watched television.

The neighbor took the three children into her home to keep them warm as firefighters battled the blaze.

"It's a sad thing to see," she said.

By Donald Martell
and Ryan Sheehy
GLOBE CORRESPONDENTS

A 5-year-old Tewksbury boy died of smoke inhalation after he or a young relative saw his grandfather's house on fire while playing with matches, a fire official said.

Tewksbury Fire Chief Thomas Ryan said last night that firefighters carried the victim out of the burning home, but he would not release the name of the child.

The victim's aunt, [redacted], identified the child as [redacted]. Chief Ryan did say that the child died

of smoke inhalation after he was retrieved from the one-story ranch-style house on [redacted].

He said the first attempt to rescue the boy failed but when firefighters entered the house a second time they found him in a corner of the living room.

Officials believe the blaze started after a child accidentally set a living room couch on fire.

Capt. James L. Ryan said firefighters rushed to the scene and found one adult and three children outside the home. Flames were shooting out of the side and front windows, he said.

FIRE, Page 14

960315 HCC6080



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 960315HCC6080 Incident Date 3/10/96

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

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand Unknown

4. Purchased: New Used Unknown

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

5. Date Furniture Purchased: Unknown Furniture Age 20 years +

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

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

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other Unknown

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

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

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

___ Lighter Match ___ Candle ___ Heater ___ Fireplace

___ Other (specify) _____

___ Unknown

960315 HCC 6080



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 *N/A*

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? 3 minutes

F. VICTIM(S)

1 Number of Deaths

0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: _____

Rent Own

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

TEWKSBURY FIRE DEPARTMENT RUN REPORT

960 315 HCC 6080

REVISED REPORT

PLEASE PRINT

DATE <u>31 10 1996</u>	RUN # <u>65-585</u>	TIME <u>18:57</u>	STILL :
LOCATION <u>8 [REDACTED] Street Rd</u>		ON SCENE <u>19:00</u>	BOX :
		RETURN TO QUARTERS <u>23:44</u>	2ND :
		BACK IN SERVICE <u>3:44</u>	3RD :

PERATUS RESPONDING <u>S/C-4/E-1/E-2/A-1/C-3/P-1/A-2/T-7/C-1/T-6</u>	TYPE OF RUN <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> AUTO ACCIDENT <input type="checkbox"/> MEDICAL <input type="checkbox"/> INSPECTION <input type="checkbox"/> OTHER	KIND OF RUN <u>Structure Fire</u>
TELEPHONE (NAME) <u>Goveia</u>		
AUTOMATIC BOX (NO) <u>657-6167</u>		
POLICE (WHO)		
RADIO (WHO)		
WALK-IN (NAME)		

GIVEN TO
MUTUAL AID RECEIVED FROM Wilmington, Andover

OFF DUTY PERSONNEL REPORTING NO YES - SEE REVERSE SIDE

FIRE

PRE SERVICE: INJURIES DEATHS OTHER: INJURIES DEATHS RESCUES

INITIATION FACTOR

ACTION TAKEN

DAMAGE

ESTIMATED VALUE OF PROPERTY	ESTIMATED VALUE OF DAMAGE	ESTIMATED VALUE OF SAVE
OCCUPANT OR DRIVER NAME	ADDRESS	TELEPHONE
OWNER NAME	ADDRESS	TELEPHONE
INSURANCE COMPANY NAME		VEHICLE REPORTED STOLEN <input type="checkbox"/> YES <input type="checkbox"/> NO
YEAR	MAKE	MODEL
COLOR	LIC #	VIN #
EQUIPMENT INVOLVED	YEAR	MAKE
IN IGNITION	MODEL #	SERIAL #
WEATHER CONDITIONS		

REMARKS: UPON ARRIVAL FLAMES EXTENDING TO OUTSIDE OF FRONT OF STRUCTURE - REPORTED FROM BYSTANDER THAT A CHILD WAS POSSIBLY IN HOUSE - INFORMED RESPONDING APPARATUS OF SUCH - ENG 2 PULLED TO FRONT OF BLDG. + PULLED OFF 1 3/4" PRECONNECT AND WENT IN FRONT DOOR - UPON ENG 1 ARRIVAL, THEY TOOK 2nd 1 3/4" PRECONNECT IN, KNOCKED FIRE DOWN AND STARTED SEARCH + RESCUE - A-1 CREW VENTED ROOF WITH A GROUND LADDERS - FIRE KNOCKED DOWN SUFFICIENTLY TO PERFORM SEARCH - PUT ON A BOX - FIRE EXTENDING INTO ATTIC, STILL NEEDING SEARCH + RESCUE PUT ON A 2nd ALARM - WILMINGTON TO FIRE - ANDOVER TO THE CENTER -> OVER

SIGNED DATE 31 10 1996 REMARKS CONTINUED ON REVERSE SIDE

DISPATCHER WILSON UNIT ON DUTY 4

MEMBER MAKING REPORT Capt. Reed

960315HCC 6080

REMARKS CONTINUED FROM PREVIOUS SIDE: CALLED FOR LIGHTING UNIT AND A-2
TO THE FIRE - CHILD FOUND IN FIRE ROOM (DECEASED).
DURING SECONDARY SEARCH - NOTIFIED MEDICAL EXAMINER
AND FIRE MARSHAL'S OFFICE - ARSON INVESTIGATOR CALLED
TO SCENE - MASS. ELECTRIC CALLED TO SCENE

SIGNED

DATE

/ /

OFF DUTY PERSONNEL REPORTING

NAME	IN	OUT	TOTAL HOURS	NAME	IN	OUT	TOTAL HOURS
J. Ryan	1904	2320		M. Sitar	1904		
Paul Guttalano	1904						
G. Herr	1904						
P. Cote	1904						
J. Haase	1904						
T. Holten	1904						
D. Levy	1904						
B. Ryan & BUBBIS	1904						
B. Fowler	1904						
S. Powers	1904						
A. Rosemond	1904						
G. Yeast	1904						
M. HAZEL	1904						
D. D...	1904						



MASSACHUSETTS FIRE INCIDENT REPORT

DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE STATE FIRE MARSHAL
1010 Commonwealth Avenue Boston, Massachusetts 02215

10	FDID#	17292	Department	Tewksbury	Revised Report		FORM FP-32		
Incident #	1585	If Exposure Fire Only		Day Of Week	1 Sun 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri 7 Sat	2059 1900 2850			
SITUATION FOUND	11 <input type="checkbox"/> Structure fire	17 <input type="checkbox"/> Outside spill with fire	SEE MANUAL FOR OTHER CALLS	ACTION TAKEN	1 <input type="checkbox"/> Extinguishment	5 <input type="checkbox"/> Stand by	MUTUAL AID		
	13 <input type="checkbox"/> Vehicle fire	18 <input type="checkbox"/> Other fires not classified			2 <input type="checkbox"/> Rescue or Assistance	6 <input type="checkbox"/> Salvage		1 <input type="checkbox"/> Rec'd	
	14 <input type="checkbox"/> Brush, grass, leaves	47 <input type="checkbox"/> Chemical spill			3 <input type="checkbox"/> Investigation only	7 <input type="checkbox"/> Ambulance	2 <input type="checkbox"/> Given		
	15 <input type="checkbox"/> Trash, rubbish	44 <input type="checkbox"/> Power line down			4 <input type="checkbox"/> Remove Hazard	8 <input type="checkbox"/> Fill in, Move up	<input type="checkbox"/> N/A		
	16 <input type="checkbox"/> Explosion, No after fire	45 <input type="checkbox"/> Arcing electric equipment							
FIXED PROPERTY USE (Occupancy)			IGNITION FACTOR			INCENDIARY			
CORRECT ADDRESS (Up to maximum of 2 characters)						ZIP CODE	CENSUS TRACT		
11 OCCUPANT NAME						TELEPHONE	ROOM or APT.		
12 OWNER NAME						TELEPHONE			
13	METHOD OF ALARM		CO. INSPECTION DISTRICT	NO. FIRE SERVICE PERSONNEL RESPONDED	NO. ENGINES RESPONDED	NO. AERIAL APPARATUS RESPONDED			
	1 Telephone direct 2 Municipal alarm system 3 Private alarm system 4 Radio 5 Verbal 6 No alarm rec'd 7 Tie line (911) 8 Voice signal municipal alarm signal 9 Not classified above 0 Undetermined or not reported		SHIFT	HAZARDOUS MATERIAL PRESENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NO. TANKERS RESPONDED	NO. OTHER VEHICLES RESPONDED			
	NO. ALARMS		SUBSTANCE		USE FP 33 FOR ALL CASUALTIES				
	Special Equipment Used?								
20	FIRE SERVICE	NUMBER OF INJURIES	NUMBER OF FATALITIES	NUMBER OF INJURIES	NUMBER OF FATALITIES	RESCUES			
MOBILE PROPERTY TYPE			VEHICLE STOLEN? Yes <input type="checkbox"/> No <input type="checkbox"/>						
11 AUTO VAN 12 BUS 13 MOTORCYCLE 21 TRUCK OVER 1 TON		22 TRUCK UNDER 1 TON 41 BOAT, UNDER 65' 08 NONE		ESTIMATED TOTAL DOLLAR LOSS		Insurance Co.			
YEAR MAKE MODEL COLOR LICENSE NO. VIN#				Total Insurance \$		Claim Paid \$			
40	IF EQUIPMENT INVOLVED IN IGNITION	YEAR MAKE MODEL SERIAL NO.							
COMPLEX		AREA OF ORIGIN	EQUIPMENT INVOLVED IN IGNITION						
SINGLE FAMILY		LIVING ROOM	MATCHES						
FORM OF HEAT IGNITION		MATERIAL IGNITED	FORM		TYPE				
			SOFA						
METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN		Number of Stories		CONSTRUCTION TYPE				
	1 <input type="checkbox"/> Self extinguished 2 <input type="checkbox"/> Make shift aids 3 <input type="checkbox"/> Portable extinguisher 4 <input type="checkbox"/> Automatic ext. system 5 <input type="checkbox"/> Pre-connect hose/tank only 6 <input type="checkbox"/> Pre-connect hose/hydrant draft standpipe 7 <input type="checkbox"/> Hand-laid hose-hydrant draft standpipe 8 <input type="checkbox"/> Master stream device		1 <input type="checkbox"/> Grade level to 9 ft 2 <input type="checkbox"/> 10 to 19 feet 3 <input type="checkbox"/> 20 to 29 feet 4 <input type="checkbox"/> 30 to 49 feet 5 <input type="checkbox"/> 50 to 70 feet 6 <input type="checkbox"/> Over 70 feet 7 <input type="checkbox"/> Objects in flight 8 <input type="checkbox"/> Below ground level 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined		1 <input type="checkbox"/> 1 story 2 <input type="checkbox"/> 2 story 3 <input type="checkbox"/> 3 to 4 stories 4 <input type="checkbox"/> 5 to 6 stories 5 <input type="checkbox"/> 7 to 12 stories 6 <input type="checkbox"/> 13 to 24 stories 7 <input type="checkbox"/> 25 to 49 stories 8 <input type="checkbox"/> 50 stories or more		1 <input type="checkbox"/> Fire resistant 2 <input type="checkbox"/> Heavy timber 3 <input type="checkbox"/> Protected noncombustible 4 <input type="checkbox"/> Unprotected noncombustible 5 <input type="checkbox"/> Protected ordinary 6 <input type="checkbox"/> Unprotected ordinary 7 <input type="checkbox"/> Protected wood frame 8 <input type="checkbox"/> Unprotected wood frame 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		
EXTENT OF DAMAGE		DETECTOR PERFORMANCE		SPRINKLER PERFORMANCE					
1 Confined to the object of origin 2 Confined to part of room or area of origin 3 Confined to room of origin 4 Confined to the fire-rated comp. of origin 5 Confined to floor of origin 6 Confined to structure of origin 7 Extended beyond structure of origin 9 No damage of this type (N/A)		Flame <input type="checkbox"/> Smoke <input type="checkbox"/>		1 <input type="checkbox"/> Det. in room or space of fire origin—oper. 2 <input type="checkbox"/> Det. not in rm. or space of fire origin—oper. 3 <input type="checkbox"/> Det. in rm. or space of origin—no oper. 4 <input type="checkbox"/> Det. not in rm. or space of origin—no oper. 5 <input type="checkbox"/> Det. in rm. or space of fire origin but fire too small to oper. 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No detectors present (N/A)		1 <input type="checkbox"/> Equipment operated 2 <input type="checkbox"/> Equipment should have operated—did not 3 <input type="checkbox"/> Equipment pre. but fire too small to oper. 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No equipment present (N/A)			
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		MATERIAL GENERATING MOST SMOKE		FORM		TYPE			
						27			
WEATHER CONDITIONS		AVENUE OF SMOKE TRAVEL		7 <input type="checkbox"/> Utility opening in floor 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No avenue of smoke travel (N/A)					
30'S DRY NIGHT		1 <input type="checkbox"/> Air handling duct 2 <input type="checkbox"/> Corridor 3 <input type="checkbox"/> Elevator shaft 4 <input type="checkbox"/> Stairwell 5 <input type="checkbox"/> Opening in construction 6 <input type="checkbox"/> Utility opening in wall							
MEMBER MAKING REPORT		DATE		Entries contained in this report are intended for the sole use of the State Fire Marshal. Estimations and evaluations made herein represent "most likely" and "most probable" cause and effect. Any representation as to the validity or accuracy of reported conditions outside the State Fire Marshal's office, is neither intended nor implied.					
Captain Bruce A Reed		3-10-96		FIRE MARSHAL FM. Yes 2 No					

TEWKSBURY FIRE DEPARTMENT

960315 HCC 6080

Fire Incident Report

Engine Co. # 2 Report # 65-585
Date 3-10-96
Location [REDACTED]
Time 1857

Brief Description of Emergency HOUSE FIRE
LIVING ROOM & FRONT ENTRANCE FULLY
INVOLVED. MADE ENTRY IN FRONT
DOOR. AND LIVING ROOM KNOCK DOWN
FIRE - HAD VENTION & PRIMARY
SEARCH. FOR YOUTH THAT DID NOT
EXIT FROM. FOUND IN LIVING ROOM
OVER HALLED. TALK TO ST. POLICE
FROM FIRE MARSHAL OFFICE.
CAR 3 RELEASED ENG 2 CREW TO
GO BACK & COVER STATION 2 WITH
ENG 3.

Personnel in Company

HAMM
MACKAY

St P. Zepfeli
Co. Officer (Signed)

49
52

1. CASE NO. 960321HCC6093			2. INVESTIGATOR'S ID 3333			3. OFFICE CODE 591			EPIDEMIOLOGIC INVESTIGATION REPORT		
4. DATE OF ACCIDENT YR MO DAY 96 02 14			5. DATE INVESTIGATION INITIATED YR MO DAY 93 03 26								

8. SYNOPSIS OF ACCIDENT OR COMPLAINT Two children aged two and three obtained a [redacted] lighter and started a fire on an upholstered chair in the living room of a single family home. The children lit the lighter, dropped it on the chair and exited the room. The father noticed the fire and was able to get the children, his girlfriend and himself out without injury. The fire destroyed most of the [redacted]

7. LOCATION (Home, school, etc.) Home		8. CITY 10 Middletown	9. STATE OH
--	--	--------------------------	----------------

10A. FIRST PRODUCT lighter	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS [redacted]
-------------------------------	---

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

12. AGE OF VICTIM 000	13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 0	14. DISPOSITION -	15. INJURY DIAGNOSIS 70
--------------------------	---	----------------------	----------------------------

18. BODY PART 99	17. RESPONDENT(S) (Mother, Friend) Owner of dwelling Occupant of dwelling	19. TIME SPENT 2	16. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 2
---------------------	---	---------------------	--

20. ATTACHMENTS 2	21. CASE SOURCE 05	22. REVIEWED BY 1034	YR MO DAY 96 04 02
----------------------	-----------------------	-------------------------	-----------------------

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

24. NARRATIVE (See instructions on Other Side)	25. REGIONAL OFFICE DIRECTOR REVIEW DATE
--	---

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

1. Can you tell me what happened? Two children ages two and three awoke before their father and obtained a [redacted] lighter from a purse in their father's and girlfriend's bedroom. The children started a fire on the seat of an upholstered chair in the livingroom of a single family home. The children lit the lighter, became startled, and dropped the burning lighter on the seat of the chair. The children exited the livingroom and returned to their bedrooms. Once the chair and nearby wall began to burn the father noticed the fire and was able to get the children, his girlfriend and himself out of the home without injury. Most of the home and its contents were destroyed. Both the chair and the lighter were destroyed in the fire. The chair was purchased from All Rent Co. The owner of the dwelling states that the chair was purchased new. The occupant of the dwelling, however, states that the chair was purchased used. The chair was in the owners possession for about 1.5 years.

TASK NUMBER 960321HCC6093

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

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

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

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

Date 960214 Time of day 7:30 am / pm

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

The living room of a private home
city Middle town state OH

TASK NUMBER 96032/HCC 6093

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

N/A

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

N/A

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

N/A

If performed before, what was different this time? _____

N/A

TASK NUMBER 960321HCC 6093

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

N/A-

10. Did (the iniured party) have any health problems that may have **been** a factor in the incident (e.g. poor eye sight) _____
If yes, describe _____

N/A

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

N/A

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

All but the main structure of the home
was destroyed. Most of the homes contents
were destroyed. The estimated cost to repair
the home is \$25,000.

Tasknumber 960321HCC6093

16. Is product available?

YES _____ NO X if yes proceed to next question
if no go to next page.

* 17. We would like to send a representative from our field office to collect the product as a sample for testing is that ok?

YES _____ NO _____

* Note To EPDS if yes

if sample is available Reassign to
The Regional Office

TASK NUMBER 960321HCC6093

18

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

The chair was purchased from All Rent Co.

The occupant of the dwelling explained that the lighter that was used to start the fire can only be extinguished when the lid is shut. Therefore, if the lid is not shut the lighter will continue to burn.

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

You authorized to disclose my name and address.

My identity is to remain confidential.

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

Yes No

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

Day of week Not specified Time of day Not specified AM/PM

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



Middletown Fire Dept.
2300 Roosevelt Blvd.
Middletown Ohio, 45044
(513) 425-7996



FAX COVER SHEET

TO: Mr. Cosby
LOCATION: _____
FAX NO. 703-821-8272
VOICE NO. _____

FROM: D/C W. Dennis Sorrell
Middletown Division of Fire
FAX NO. (513) 425-1820
VOICE (513) 425-7996



Remarks _____

Middletown Fire Department
2300 Roosevelt Blvd.

Incident Address: [REDACTED]
Date: Wednesday 02-M-96

Incident #: 9600767
Exposure number: 00

time of Dispatch: 07:52AM
Back in Service:

Time on Scene: 07:58AM
Time Completed: 09:00AM

Situation Found: 11 Structure Fire
Action Taken: 1 Extinguishment
Fixed Property Use: 411 Qns-family dwelling: year-round use
Ignition Factor: 36 Children with, child playing

Occupant: [REDACTED]
Owner: [REDACTED]
Address: [REDACTED] NT

Phone:
Phone: 424-7136

Inspection District: 3 Shift: 3 Number of Alarms: 1
Method of Alarm: 7 Telephone tie - line to fire department

Fire Discoverer: [REDACTED]
Discoverer's Address: SAME
Discoverer's Comment: FIRE IN CHAIR IN THE FRONT ROOM
Observation on Arrival: SMOKE SHOWING

Complex : 41 Dwelling complex (one-and two-family)
Mobile Property Type: 08 mobile Property Type not applicable
Fire Origin: 14 Lounge area
Equipment Involved: 98 No equipment involved
Heat Ignition: 46 Lighter (flame type)
Material Type: 71 Man-made fabric, fiber, finished goods
Material Form: 21 Upholstered Sofa, chair. vehicle seats
Method Extinguishment: 6 Preconnect. hose line(s) with water from hydr
Level of Fire: 1 Grade level to 9 feet above grade
Number of stories: 1 1 story
Construction Type: 5 Protected Ordinary
Damage due to Fire: 3 Confined to room 04 origin
Damage due to Smoke: 6 Confined to structure of origin
Detector Performance: 8 No detectors present
Sprinkler Performance: 8 No equipment present in room or space of fire
Material causing smoke: 41 Polyurethane
Ave. of smoke travel: 8 No significant avenue of smoke travel
Form of material: 21 Upholstered sofa, chair, vehicle seats

Air Cleaner:
Cause of the Fire: 3YR OLD PLAYING WITH LIGHTER
Cause of fire Spread:
Injuries to Firefighters: Injuries to Civilian:
Firefighter death: Civilian deaths:
Forcible Entry: No
Ventilation: Yes PPV
Firs Loss - Building: \$ 15000 Contents: \$ 10000
Insurance Agent: STATE FARM, RICK TRUEDALL ON THE BLDG. ONLY
Agent Pddress:

Summary :

Upon arrival units found smoke showing from a 1 story block resident. E3 advanced line into the living room area and extinguished fire. The fire was contained to the living room area. T8 provided PPV thru front door while M2 personnel opened windows for ventilation. E1 laid 4" supply line to E3 and then assisted in fire control and overhaul. There was heavy smoke damage through out structure. A small kitten was found in the bathroom of the house it; was brought out and revived by the occupant and Firefighter Gary Myers.

[REDACTED], the occupant, said that he had gotten up to go to the bathroom and when he entered the living room he saw a fire in the chair in the south wall in the center of the room. He then got his children. [REDACTED] and [REDACTED] 3 and [REDACTED] 2 from their bedroom. He also awakened [REDACTED] his wife, and they all exited. Mr. [REDACTED] said he had to go to the house at the corner of Oxford--State and Navaho to call 911.

[REDACTED] Mother owned the house and lived at [REDACTED] in the front. This house was on the same lot and located in the rear. [REDACTED] arrived and provided information on insurance and the like. The Red Cross was notified to provide assistance. There was no insurance on the contents.

Marshall Beel was called to the scene- tie spoke with the children and the 3 yr. old admitted to playing with a lighter.

Personnel	Equipment	Driver #	Comment
FINK, ANTHONY	M2		
HARVEY, JON DAVID	EN3		
HARDIN, DONALD	EN1		
JOHNSON, P. EDWARD	TR8		
CAPETILLO, FELIPE	CH4		
RAINEY, RICHARD	FM1		
MYERS, GARY L.			
EVANS, GREGORY			
RICHARDSON, SANDRA			
BLEVINS, DREXEL			
HALL? JAMES N.			
BEEL, CHARLES			

Officer in Charge: HALL, JAMES N.

Report made by: HALL, JAMES N.

CENA

CONTRACTOR

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G962-02 18 A

Date of incident 02/14/96 Category I.D. BUNN251996

Follow-Up Requested Hazard Analysis X Section 15

Type Follow-Up Requested Telephone Call X - Site

Headquarters Contact Kimberly Long (301) 504 -0470 Ext 1269
Backup - Linda Smith (301) 50410470 Ext. 1275

Assignment Message

Conduct a investigation of this case where a child playing with matches ignited a chair. If chair is not upholstered, terminate investigation. Find out what part of the furniture ignited (if possible). If second hand furniture, find out how long in possession. If furniture still available, collect sample, following page 9 of guideline for sample collection.

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

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

Complete Data Record Sheet in guideline.

Person(s) to Contact Middletown, Ohio Fire Department and Victims 

Guideline Number 19 Upholstered Furniture Fires

Requested By Kimberly Long

Task Number 960321NCC6093

Assigned to 3333

Date 3/21/96

TC-20

MAR - 6 1996

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

G⁹62 0218

MIDDLETOWN JOURNAL
MIDDLETOWN, OH
PM&SUN CIRC. 24,091

(FEB-14-96)

Child playing with matches starts house fire

Middletown firefighters responded at 7:51 a.m. today to a fire at the residence,

The fire was extinguished quickly, but firefighters were on the scene until 9 a.m.

All family members, including two girls, ages 2 and 3, were able to escape from the residence without injury. The family cat was located by Capt. Donald Hardin behind a locked door and was rescued from the smoke-filled building.

Deputy Chief James Hall said the fire was contained to the living room of the residence, but the house sustained heavy smoke damage.

The fire was started by a child playing with a lighter who set a chair ablaze, Hall said.

Damage to the home is estimated at \$20,000 to the structure and \$10,000 to its contents.

The Middletown Chapter of the American Red Cross was called to assist the family.

960371 HCC 6093



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 960321HCC6093 Incident Date 2-14-96

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

1. Was upholstered furniture & covered? 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.) * see narrative

5. Date Furniture Purchased Summer 1994 Age 1.5 years

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

Not available

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 M a t c h Candle Heater Fireplace

(s p Other i f y) _____

_____ Unknown

1. CASE NO. 960321HCC6094		2. INVESTIGATOR'S ID 4 4 4 4		3. OFFICE CODE 591		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF ACCIDENT YR MO DAY <u>9 6 / 01 / 19</u>		5. DATE INVESTIGATION INITIATED YR NO DAY <u>96 / 03 / 21</u>					
6. SYNOPSIS OF ACCIDENT OR COMPLAINT The victim suffered from smoke inhalation and hyperventilation resulting from a fire which was caused by the victim's 8 year old son. The victim's son was playing with his father's lighter and ignited a "sparkler" (firework) which he then placed between the cushions on the couch, causing the fire in the living room of their home in Rockford, IL . The victim was administered oxygen , at the site of the fire, for the smoke inhalation and hyperventilation and released.							
7. LOCATION (HOME, SCHOOL, ETC.) Home <u>1 0</u>		8. CITY Rockford		9. STATE <u>IL</u>			
10A. FIRST PRODUCT touch - 06 - 7 - 9 -		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown					
10B. SECOND PRODUCT <u>1313</u>		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS <i>Fireworks (sparkler)</i>					
12. AGE OF VICTIM - 0 - 0 - 0		13. SEX (Use numerical code) MALE - 1 FEMALE - 2 <u>1</u> UNKNOWN - 3		14. DISPOSITION Treated at site <u>1</u>		15. INJURY DIAGNOSIS Smoke Inhalation <u>6</u> - <u>L</u>	
16. BODY PART <u>Fire Marshal</u>		17. RESPONDENT(S) (Mother, Friend) <u>3</u>		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 <u>2</u>		19. TIME SPENT <u>1.0</u>	
20. ATTACHMENTS Fire Report <u>2</u>		21. CASE SOURCE <u>0 5</u>		22. REVIEWED BY <u>1 0 3 4</u>		YR MO DAY <u>10/11/0</u>	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPCSC MAY DISCLOSE MY NAME _____ CPCSC MAY NOT DISCLOSE MY NAME _____							
24. NARRATIVE (See instructions on Other Side)				25. REGIONAL OFFICE REVIEW _____ DATE _____			

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)



INVESTIGATION GUIDELINE

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

If match, specify type: Book Box Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source . . . _____ Distance from furniture

E. DETECTION OF FIRE

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

Yes No Unknown

If yes, specify type: _____

8. **Detector** went off (alarmed)?

Yes No Unknown

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

No Batteries

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

F. VICTIM(S)

0 Number of Deaths 1 Number of Injuries

G. Socio-Economic Data: unknown

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: _____

Rent Own

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

TASK NUMBER 960321HCC6094

1. Can you tell me what happened? _____

The Fire Marshal stated that he was on duty January 19, 1996 when a
call was dispatched to him at 1354 to report a fire at [REDACTED]
When he arrived at the scene, the first floor of the home was consumed
in heavy smoke. The fire was centered in the living room of the home.
The Fire Marshal stated that the victim and his family had vacated the
home safely before the fire department had arrived. He stated that the
victim informed him that the fire started when his son was playing with
his lighter which he used to start a "sparkler". The 8 year old son
placed the sparkler in between the seat cushions of the couch. The
victim saw the fire and smoke, called the Fire Department, and vacated
the house. According to the Fire Marshal, there were smoke detectors
located in the house, however, they had no batteries in them.

The Fire Marshal stated that the victim suffered from smoke inhalation
and that the victim had become "over excited", thus requiring oxygen.
The victim was treated at the scene and released. The Fire Marshal
stated that the fire caused about \$30,000 in damage. He concluded by
stating that the family is currently staying with relatives until the
damage to their home is repaired.

TASK NUMBER 960321HCC6094

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

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

	<u>Injured Person #1</u>	<u>Injured Person #2</u>
Who was injured? (Relationship to respondent, ID) . . .	<u>*Father</u>	_____
Age/Sex	<u>Unknown/Male</u>	_____
Type of Injury (e.g. laceration, burn) . .	<u>Smoke Inhalation</u>	_____
Body part injured . .	_____	_____
Type treatment (e.g. hospitalized 5 days)	<u>Oxygen/On Site</u>	_____
Any permanent effects (e.g. nerve damage).	<u>None</u>	_____

(*The victim was the father to the 8 year old that started the fire.
No relations to the Fire Marshal)

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

Date: 01/19/96 Time of day 1:54 PM

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

Living Room on first floor of home.

City Rockford - - State IL

TASK NUMBER 960321HCC6094

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

Upon discovering the fire, the victim called the fire department and vacated his family from the home.

10. Did (the injured party) have any health problems that may have been a factor in the incident (e.g. poor eye sight) Unknown

If yes, describe _____

11. What was the environment like at the time and place of the incident (probe for weather conditions, type terrain, storage of materials in area, etc.) The weather was cold, can not remember

if there was snow on the ground or not.

12. Did you or your family incur any economic loss (e.g. damage to a building, etc.)? \$30,000 If yes, describe including estimated cost

Fire a smoke damaue to the home.

TASK NUMBER 960321HCC6094

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

What is the approximate age 15 years old (Second hand couch.)

Brand name, if known Unknown

Manufacturer Unknown

Model (number) Unknown

Size/Capacity full size (three cushions)

Color/Shape Unknown

Other _____

14. Was the product damaged before or during the incident? Unknown

If yes, please describe _____

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

Unknown (They were unable to locate the lighter to find out if it

had a child safety on it or not.)

16. Is the product still available? No If not, give the status of the product.

TASK NUMBER 960321HCC6094

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

I attempted to contact the victim at his home. However, according to a recording, the telephone had been disconnected.

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

X You are authorized to disclose my name and address.

My identity is to remain confidential.

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

Yes X No

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

Day of week Anytime* . Time of day **AM/PM**
*Leave message will call when on duty. Schedule changes.

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

960321 Acc 6094

ROCKFORD FIRE DEPARTMENT INCIDENT REPORT

PRINT DATE 01/19/96

Inc# [000839-00] addr. [02217 18TH AV zip [61104] CT[18.00]

Occup [REDACTED] phone [REDACTED] apartment#

Owner [REDACTED] Addr. [REDACTED] Phone [REDACTED]

Date [011996] Day [6] Times Disp [1354] arrive [1400] B.I.S. [1520] Mutaid []

Shift: 1 Company still 002
Type sit. found 11 STRUCTURE FIRE # Personnel 019
Action taken 1 EXTINGUISHMENT OF FIRE # Engines 002
Fixed prop use 411 ONE-FAMILY DWELLING..YEAR-ROUND USE # Ladders 002
Ignition factor 36 CHILD PLAYING # 0th vehic 003
Method of alarm 1 TELEPHONE DIRECT FROM PUBLIC # of alarms 1

Officer in Charge: KEVIN MCINTYRE ID# 229 INC# 000839
Signature of officer' in charge Date 1-19-96 EXPOSURE 00
BLDG#: CHG FALSE:

FIRE INCIDENT LOSS \$ 30000 INJURIES FATALITIES
CIVILIAN 001 000
CODE TYPE CODE# DESCRIPTION FIRE SERV 000 000

PROPERTY COMPLEX: 41 ONE-AND TWO-FAMILY DWELLING
MOBILE PROP TYPE: 08 NO MOBILE PROPERTY INVOLVED
AREA OF ORIGIN : 14 LOUNGE AREA
EQUIP INVOLVED : 98 NO EQUIPMENT INVOLVED
FORM OF HEAT/IGN: 63 FIREWORKS
TYPE MAT IGNITED: 72 COTTON..RAYON..COTTON FABRIC..FINISHED GOODS
FORM MAT IGNITED: 21 UPHOLSTERED SOFA...CHAIR...VEHICLE SEATS .
METH EXTINGUISH : 7 HAND-LAID HOSE WITH HYDRANT WATER
LEVEL OF ORIGIN : 1 GRADE LEVEL TO 9 FEET ABOVE GRADE

===structure fire information===

OF STORIES : 3 3-4 STORIES
CONSTRUCTION TYP: 8 UNPROTECTED WOOD FRAME
EXT FLAME DAMAGE: 6 CONFINED TO STRUCTURE OF ORIGIN
EXT SMOKE DAMAGE: 6 CONFINED TO STRUCTURE OF ORIGIN
DETECTOR PERFORM: 3 DETECTOR IN SPACE OF ORIGIN DID NOT OPERATE
SPRINKLR PERFORM: 8 NO EQUIPMENT PRESENT
TY MAT GEN SMOKE: 63 SAWN WOOD
AVE SMOKE TRAVEL: 4 STAIRWELL
FORM MAT GEN SMK: 17 STRUCTURAL MEMBER..FRAMING

vehicle and/or equipment involved=====

YEAR MAKE MODEL SERIAL LIC#
MOBILE PROPERTY
EQUIPMENT INV

760 526 HCC 6074

ROCKFORD FIRE DEPARTMENT

D. WILLIAM ROBERTSON, CHIEF

204 SOUTH FIRST STREET

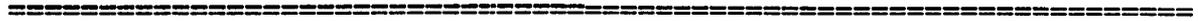
ROCKFORD, IL 61104

(815) **987-5759**

FAX: (815) 987-5737

April 1, 1996

ADC LTD.
Eastern Regional Office
2735 **Hartland** Road, Suite 301
Falls Church, VA 22043

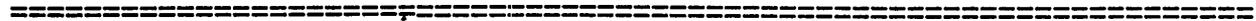


Copy of Fire Incident Report #839-00, 2217 18th Avenue on 01-19-96

TOTAL DUE: \$.30



Make all checks payable to: CITY OF **ROCKFORD** FIRE DEPARTMENT



I N V O I C E

—

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G9620238
 Date of Incident 01/20/96 Category I.D. BUNN251996
 Follow-Up Requested Hazard Analysis Section 15
 Type Follow-Up Requested Telephone Call On-Site
 Headquarters Contact Kimberly Long (301) 504 -0470 Ext 1269
Backup - Linda Smith (301) 504-0470 Ext. 1275

Assignment Message

Conduct a investigation of this case caused by a child playing with a cigarette lighter that ignited a couch. Find out what part of the furniture ignited (if possible). If second hand furniture, find out how long in possession. If furniture still available, collect sample, following page 9 of guideline for sample collection.

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

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

Complete Data Record Sheet in guideline.

Person(s) to Contact Rockford, IL Fire Officials and Victims (████████████████████)

Guideline Number 19 Upholstered Furniture Fires

Requested By Kimberly Long

Task Number 96 03 21 HCC 6094

Assigned to 4444

Date 3/21/96

TC-20

MAR - 6 1996

G62 10238

JAN 20 1996

Rockford
Register Star Ill
7c 196-

Boy playing with lighter burns home

The Register Star

159

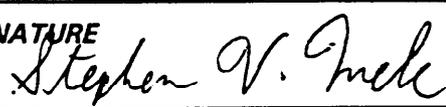
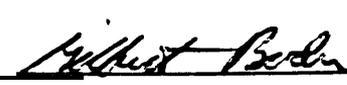
ROCKFORD — An 8-year-old boy playing with a lighter and fireworks started a fire Friday that left his family homeless.

[redacted] Sr., 36, and his 3-year-old daughter were awakened shortly before 2 p.m. by smoke and noise in their home in the [redacted] e. He,

his daughter and 8-year-old son safely left the two-story home before firefighters arrived.

The boy playing with a lighter and sparkler set fire to a sofa in the first-floor living room, said district Chief Kevin McIntyre. The fire caused about \$30,000 in damages.

940321 HCC 6094

FIELD ACTIVITY COVERSHEET			
1. REGION/STATE FOEWNICO	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 5/10/96	
		4. NUMBER (For RO Use) 960404CCC6127	
5. ESTABLISHMENT Name : Unknown Address: city : State: zip: Telephone: (513) 381-4800			
6. RELATED FIRM <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other _____ Name: [] city: [] State: []			
7. PRODUCTS COVERED Candle & holder		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 PRODUCT/ON Product Covered <u>U/K</u> Units: Other Products <u>U/K</u> Units:	
71. I.S. BUSINESS % Received - % Shipped -	72. SAMPLES COLLECTED None	13. MIS CODE 32626	74. HOURS Activity <u>5.0</u> Travel <u>0.0</u>
15. REASON FOR ACTIVITY (Assignment Reference) 960404CCC6127 - Newspaper report that candle was involved in a fire that resulted in a death.			
16. ANNOUNCED <input type="checkbox"/> Rationale for Announced Inspection: UNANNOUNCED <input checked="" type="checkbox"/>			
17. EMPLOYEE'S NAME Stephen V. Mele	TITLE Investigator	SIGNATURE 	
18. () ENDORSEMENT () REMARKS () SUMMARY () OTHER [] <p style="margin-left: 40px;">A 71 year old female died from burns sustained in a fire started when a candle was knocked off of a table and onto a couch while she was sleeping.</p> <p style="margin-left: 40px;">Follow-up: Refer to CECA.</p>			
79. REVIEWER'S NAME Gilbert Bodin	TITLE Supervisory Investigator	SIGNATURE 	
20. REVIEW DATE 6/17/96	27. DISTRIBUTION O:EPDS, NEISS, CECA, EHHA, READING, SVM		

1. CASE NUMBER 960404CCC6127			2. INVESTIGATOR'S ID 9001			3. OFFICE CODE 800			EPIDEMIOLOGIC INVESTIGATION REPORT		
4. INCIDENT DATE YR MO DAY 96 02 03			5. DATE IDI INITIATED YR MO DAY 96 05 10								

5. SYNOPSIS OF INCIDENT OR COMPLAINT : 71 year old woman sustained severe burns from a fire caused by a candle that she apparently knocked off of a table onto a couch while she was sleeping. Victim was transported to the hospital where she died three days later.

7. LOCATION Home 1 0		8. CITY Statesville		9. STATE North Carolina N C	
--------------------------------	--	-------------------------------	--	---------------------------------------	--

10A. FIRST PRODUCT Candle & holder 0 4 6 3		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown	
--	--	---	--

10B. SECOND PRODUCT Couch 0 6 7 9		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown	
---	--	---	--

12. AGE OF VICTIM 0 7 1		13. SEX Female		14. DISPOSITION Fatality 2		15. INJURY DIAGNOSIS Burns, Thermal 5 1	
-----------------------------------	--	--------------------------	--	--------------------------------------	--	---	--

16. BODY PART Allpartsofbody 8 5		17. RESPONDENT(S) Fire Marshal 3		18. INVESTIGATION TYPE Telephone 2		19. TIME SPENT 5.0	
--	--	--	--	--	--	------------------------------	--

20. ATTACHMENTS Multiple Attachments 9		21. CASE SOURCE Newspaper 0 5		22. REVIEWED BY 8342		YR MO DAY 96 06 17	
--	--	---	--	--------------------------------	--	------------------------------	--

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

24. NARRATIVE (See Instructions on Page 2)		25. REGIONAL DIRECTOR REVIEW DATE  6/19/96	
---	--	--	--

(USE ADDITIONAL SHEETS IF NECESSARY)

PRE-ACCIDENT.

Information concerning this incident was obtained through a brief telephone interview with and a report received from the Fire Marshal for Statesville, NC. A Medical Examiner's report has been requested, but **has** not been received. Decedent resided in a one story house.

The Fire Marshal **stated** that there was no electricity in the town on the night of the **accident** and this explains why decedent was using a candle. The Fire Marshal stated that it appeared that the candle had been on a table in decedent's living room, which was located next to a couch. He stated **that** there was a glass holder for the candle. The Fire Marshal stated that decedent had apparently been sleeping on the couch (sofa) on the night of the accident.

ACCIDENT.

The accident which occurred on 2/3/96, sometime before 3:00 AM, was unobserved. In the opinion of the Fire Marshal, the victim, a 71 year old female, appeared to have accidentally knocked the candle off of the table onto the couch while she was sleeping. The couch then ignited and victim's clothing caught fire. Victim sustained 2nd and 3rd degree burns over 80% of her body.

POST-ACCIDENT:

Victim was found outside the house in the snow by Statesville Firefighters. Victim had apparently woken up and gotten out of the house on her own. EMS personnel transferred victim to Iredell Memorial Hospital where she died on 2/6/96.

Statesville firefighters found heavy smoke and flames in the front of the house upon their arrival on the scene. Fire Report states that the damage to the house "included heavy fire damage to the front room and dining/kitchen, heavy smoke **and** heat damage to the remainder of the house" [See Exhibit 1, pg. 2] The property damage from the fire amounted to \$45,000.00 according to the Fire Report [Exhibit 1, pg. 1].

The Fire Marshal reported the following findings in his report: **"The** fire originated in the living room area of the dwelling. In the area of fire origin, the remains of a candle was located behind the sofa. This was the area of heaviest charring in the room. The occupant of the dwelling received third degree burns on approximately 80% of her **body**". [See Exhibit 1, pg. 2]

PRODUCT IDENTIFICATION.

The first product is a candle that was held in a glass holder. The second product is a couch/sofa bed. No other product information is available for either product.

STANDARDS INFORMATION.

There does not appear to be any applicable standards or testing requirements for the candle or for the couch/sofa bed.

ATTACHMENTS.

Exhibit 1 - Fire Marshal's report

Exhibit 2 - Fire Casualty Report (NC State Fire Commission
Dept. of Insurance.)

Exhibit 3 - Data Recording Sheet for Upholstered Furniture
Fires,

96040411111111
 ID-SFC-2 NORTH CAROLINA INCIDENT REPORT
 FDID: 04909 Department Name: SFD ECOM Run #: 1848320313 EMS Arr Time: 0607 Response Time: 0607 Gen Alarm Time: 0609 Exp: 960122 Incident No.: 060960122

Exhibit 7
 Sim 5/19/96
 Shift Responding: C
 FIRE SERVICE RESPONSE

Mo. 02	Day 03	Yr. 96	Day of Week 7	Alarm Time 0302	Time Out 0304	Arr. Time 0309	Time 10-8 0659	Tot. Time Out 0357	Personnel 015
Street			Zone 1			Rm. or Apt. N/A			Engines 004
City Statesville			State NC			Zip 28677			Aerials 000
Last, First			Phone			Mutual Aid (check one)			Tankers 000
Last, First			Phone			1 <input type="checkbox"/> Received			Other Vehicles 006
Street			City STATESVILLE			2 <input type="checkbox"/> Given			Hazardous Materials Involved
Street			City STATESVILLE			3 <input checked="" type="checkbox"/> Not Apply			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
State NC			ZIP 28677						

PLEASE PUT APPROPRIATE CODE NUMBER IN BOX FOR EACH CATEGORY

METHOD OF ALARM FROM PUBLIC	TYPE OF SITUATION FOUND	19 Fire/explosion not classified	TYPE OF ACTION TAKEN	No. Incident-related injuries
1 Telephone	11 Structure fire	20 Overpressure rupture (no combustion)	1 Extinguishment	Fire Srv. 00 Other 1
2 Municipal alarm system	12 Any fire outside a structure where the material burning has a value	30 Rescue	2 Rescue/First Aid	No. Incident-related fatalities
3 Private alarm system	13 Vehicle fire	32 EMS only	3 Investigation: Primary	Fire Srv. 0 Other 1
4 Radio	14 Trees, brush, grass fire	40 Hazardous condition	6 Standby/Assist EMS 17 3	Is juvenile involved in ignition?
5 Verbal	15 Refuse fire (material burning has no value)	50 Service call	7 Ambulance Secondary	1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO
6 Home dialer	16 Explosion, no after-fire	60 Good intent call	8 Fill in, move up	
7 Tie-line	17 Outside spill, leak with fire	71 False malicious	9 Cancelled enroute	
8 Voice signal: Fire alarm system		73 False malfunction	10 Water supply	
9 Other		74 False unintentional		
		99 Other situation found	Is property abandoned/vacant?	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No

Fill in this section if "TYPE OF SITUATION FOUND" is 11, 12, 13, 16, 17, 19 ONLY (14. Optional) (Refer to coding sheet)

Ignition Factor: CANDLE TO CLOSE TO MATERIAL 40	Area of Fire Origin: Living Room 14	Fixed Property Use: Residential 400
Form of Heat of Ignition: OPEN FLAME CANDLE 40	Type of Material Ignited: MATERIAL ON COUCH 70	Equipment Involved in Ignition: CANDLE 60
If Hearing Equipment Involved: 1 Kerosene 4 Wood 7 Natural Gas	Type of Fuel Used: 2 Electric 6 Oil 8 Gasoline L-1	Form of Material Ignited: STRUCTURAL 10

PROPERTY DAMAGE CLASSIFICATION

1 \$1-99	6 \$50,000-149,999	c 1 6 Value
2 \$100-999	7 \$150,000-499,999	
3 \$1,000-9,999	8 \$500,000-999,999	
4 \$25,000-49,999	9 NO DAMAGE OR MORE	c 5 1 Damaged

Fire Referred for Investigation to: R. B. THOMPSON 1 2

II Mobile Property	Yr.	Make	Model	St.	Lic. Number	Serial Number/VIN
If Equipment Involved in Ignition	Yr.	Item	Make	Model	Serial Number	

NO. OF STORIES	EXTENT OF DAMAGE	DETECTOR PERFORMANCE
1 Single Story	1 Confined to the object of origin	1 Present
2 Two Stories	2 Confined to part of room or area of origin	If Present, Type of Closest Unit
3 3 or 4	3 Confined to room of origin	1 c 1 Smoke 2 <input type="checkbox"/> Heat
4 5 or 6	4 Confined to fire-rated comp. of origin	Power Supply
5 7 to 10	5 Confined to floor of origin	1 <input checked="" type="checkbox"/> Battery 2 <input type="checkbox"/> A/C
6 11 to 20	6 Confined to structure of origin	1 In room of fire: operated
7 21 to 50	7 Extended beyond structure of origin	2 Not in room of fire: operated
8 Over 50	9 No damage of this type	3 In room of fire: did not operate
9 Below Grade		4 Not in room of fire: did not operate

Building Height	CONSTRUCTION TYPE	SPRINKLER PERFORMANCE	Hose Lines	Water Used
Level of Fire Origin	1 Fire resistive	1 Equipment operated	2 1/2" _____	500 Gallons
	2 Noncombustible	2 Equipment in service, did not operate	3" _____	
	3 Heavy timber	3 Equipment present: fire too small to operate	4" 150	
	4 Ordinary	8 No equipment present in room/space of fire origin		
	5 Frame	9 Equipment not in service		
	6 Other			

Officer in Charge (name, position): Wm Sherry J. Capt
 Member Making Report: Wm Sherry J.
 Shift Commander, Receiving: C.H. Fitzgerald

E-1 Sherrill, Waiwaiole, Quick, Wheeler, E-3 Perry, El-Amin, Johnston, E-6 Armstrong, Jetter, Miller, E-5 Reynolds, Crook, Ostwalt, M-10 Fitzgerald, M-11 Thompson. Upon arrival, we found a one story residential structure with heavy smoke visible and flames visible in the front room of the house. Mrs. McLean was found outside the structure with second and third degree burns on a major portion of her body. EMS arrived at about the same time as SFD personnel and took control of patient care. E-1 and E-6's personnel attacked the fire and extinguished it without incident. The front room was fully involved and some extension occurred in the dining room and kitchen. We conducted a primary search and confirmed there were no victims inside the house. The PPV fan was set up and removed the smoke from the house. We checked the attic and other rooms for extension and found none. Damage in this incident included heavy fire damage to the front room and dining/kitchen, heavy smoke and heat damage to the remainder of the house. Fire Marshal Thompson and the SBI were called to investigate the cause of this incident. Air bottles filled by Air 10: 155, 163, 166, 130, 146, 37, 161, and 169.

FIRE MARSHAL'S REPORT:

The fire originated in the living room area of the dwelling. In the area of fire origin, the remains of a candle was located behind the sofa. This was the area of heaviest charring in the room. The occupant of the dwelling received third degree burns on approximately 80% of her body.

Victim:

[REDACTED]
[REDACTED]
Statesville, NC 28677
[REDACTED]
[REDACTED]

960404CCC6127 SM
 Exhibit 2 5/14/96

ID-SFC-23



N.C. STATE FIRE COMMISSION
 DEPARTMENT OF INSURANCE
 P.O. Box 26367
 RALEIGH, N.C. 27611
 NORTH CAROLINA FIRE CASUALTY REPORT
 Statesville FIRE DEPARTMENT

1. DELETE
 2. CHANGE

FDID 04909	INCIDENT NO. 916101123	EXP. NO. 010	NO. 02	DAY 03	YR. 96	DAY OF THE WEEK SAT.	ALARM TIME 70302	TIME IN SERVICE
---------------	---------------------------	-----------------	-----------	-----------	-----------	-------------------------	---------------------	-----------------

CASUALTY LAST NAME [REDACTED]	FIRST NAME [REDACTED]	MI. R	D.O.B. NO. 02	YR. 24	AGE 71	TIME OF INJURY 0302
----------------------------------	--------------------------	----------	------------------	-----------	-----------	------------------------

HOME ADDRESS
[REDACTED]

SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input checked="" type="checkbox"/> INJURY 2. <input type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
--	--	--	---

FAMILIARITY WITH STRUCTURE

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 type="checkbox"/> 3 TO 6 MONTHS. 6. <input type="checkbox"/> 7 TO 12 MONTHS.	7. <input checked="" type="checkbox"/> OVER 1 YEAR. 8. <input type="checkbox"/> NOT A STRUCTURE.
--	---	---	---

0. FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input checked="" type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARC IGNITION OF CLOTHING ON A PERSON AND IGNITION OF OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.
2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.
3. <input type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	8. <input type="checkbox"/> NOT A FIRE CASUALTY.
4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	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.

CONDITION BEFORE INJURY

1. <input checked="" type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.
2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP.	5. <input type="checkbox"/> TOO YOUNG TO ACT.	8. <input type="checkbox"/> AWAKE, UNIMPAIRED.
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	6. <input type="checkbox"/> TOO OLD TO ACT.	
9. <input type="checkbox"/> CONDITION OF CASUALTY INJURY NOT CLASSIFIED ABOVE.		
0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.		

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.
2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.
3. <input type="checkbox"/> LOCKED DOOR.	8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.
4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.	9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.
5. <input checked="" type="checkbox"/> CLOTHING ON CASUALTY BURNING.	0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

ACTIVITY AT TIME OF INJURY

1. <input type="checkbox"/> ESCAPING.	4. <input type="checkbox"/> RESPONSE/RETURN.	CAUSE OF INJURY	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.
2. <input type="checkbox"/> RESCUE ATTEMPT.	5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.	1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED OR V.	5. <input type="checkbox"/> OVEREXERTION.
3. <input checked="" type="checkbox"/> FIRE CONTROL.	6. <input type="checkbox"/> SLEEPING.	2. <input checked="" type="checkbox"/> EXPOSED TO FIRE OR PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS.	6. <input type="checkbox"/> RUBBED OR Y. CONTACT WITH.
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	7. <input type="checkbox"/> UNABLE TO ACT.	3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLD BLO ARE FIRE PRODUCTS (2).	7. <input type="checkbox"/> STRUCK BY.
0. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	8. <input type="checkbox"/> IRRATIONAL ACTION.	9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> NOT APPLICABLE.
	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	

NATURE OF INJURY (MOST SERIOUS)

1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.
2. <input type="checkbox"/> BURNS ONLY.	7. <input type="checkbox"/> SHOCK.
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	8. <input type="checkbox"/> STRAIN, SPRAIN.
4. <input type="checkbox"/> WOUND, CUT, BLEEDING.	9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> DISLOCATION, FRACTURE.	0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

PART OF BODY INJURED	DISPOSITION
1. <input checked="" type="checkbox"/> HEAD, NECK.	1. <input type="checkbox"/> REFUSED HELP.
2. <input type="checkbox"/> BODY, TRUNK, BACK	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.
3. <input type="checkbox"/> ARM.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.
4. <input checked="" type="checkbox"/> LEG.	4. <input checked="" type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE.
5. <input checked="" type="checkbox"/> HAND.	5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.
6. <input type="checkbox"/> FOOT.	6. <input type="checkbox"/> DIED.
	9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.
	0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

PERSON MAKING REPORT: *Wm Sheriff, Captain* CASUALTY NUMBER: 1001

Exhibit 3
960404CCC6127



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 960404CCC6127 Incident Date 2/3/96

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

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand Unknown

4. Purchased: New Used Unknown

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

5. Date Furniture Purchased: U/K Furniture Age U/K

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

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

skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other Unknown

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

LT 5 yrs. old 5 - 14 15 - 64 66 +

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

Lighter Match Candle Heater Fireplace

Other (specify) _____

Unknown



INVEGUIDELINE

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:

_____ F u e l s o u r c e _____ 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? Unknown

F. VICTIM(S)

_____ Number of Deaths _____ Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household: Unknown

Less than high school High school Some College

12. Total household income: Unknown

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

13. Approximate home market value: \$50,000 - \$49,000.

Rent Own

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

Steve Mele

~~Bill Kennedy~~
pl/la on 4/15/96

ACCIDENT INVESTIGATION REQUEST FORM

Receipt

Document Number N 963 - 0222A

Date of Incident 2/8/96? Category I.D. SecT JH 1996

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested ISI Telephone Call On-Site

Headquarters Contact Judith Hayes as needed

Assignment Message Perform ISI of fire involving
use of candle. Attempt to discover
type of candle; candle in glass container
is of most importance (would have
more of a potential defect) Obtain
photos if possible

Person(s) to Contact ~~Aviation~~ Clipping Service
STATSville Fire Marshall's Office

Guideline _____

Requested By J. LANSING

Task Number 960404 CCC 6127

Assigned to NYCO Date 4/4/96

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

960729HCC5388

PRE-INCIDENT

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

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

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

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

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

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

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

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

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

INCIDENT

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

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

Page 2 - 960729HCC5388

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

POST-INCIDENT

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

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

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

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

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

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

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

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

Page 3 - 960729HCC5388

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

PRODUCT IDENTIFICATION

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

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

ATTACHMENTS

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

EXHIBITS

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

SECT 15

MAY 30 1996

1. TASK NUMBER 960423CCC6174		2. INVESTIGATOR'S ID 8209		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. OFFICE CODE 896	4. DATE OF ACCIDENT YR MO DAY 96 03 29	5. DATE INITIATED YR MO DAY 96 04 30			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT Two adults used melted candle wax to secure 1" tapered candles to the wooden arm of a sofa in their second floor bedroom. The candles ignited the sofa. The home sustained heavy fire damage. No injuries were sustained.					
7. LOCATION (Home, School, etc.) Home 10		8. CITY Reading		9. STATE PA	
10A. FIRST PRODUCT Candles (0463)		10B. TRADE/BRAND NAME Unknown		10C. MODEL NUMBER Unknown	
10D. MANUFACTURER NAME AND ADDRESS Unknown					
11A. SECOND PRODUCT Sofa (0674)		11B. TRADE/BRAND NAME Unknown		11C. MODEL NUMBER Unknown	
11D. MANUFACTURER NAME AND ADDRESS Unknown					
12. AGE OF VICTIM No Injury 999		13. SEX No Injury 0		14. DISPOSITION No Injury 0	
15. INJURY DIAGNOSIS No Injury 70		16. BODY PART (S) INVOLVED No Injury 99		17. RESPONDENT Police 3	
18. TYPE OF INVESTIGATION Other 3		19. TIME SPENT (OPERATIONAL HOURS) 6.0		20. ATTACHMENT (S) Multiple	
21. CASE SOURCE Newspaper 05		22. SAMPLE COLLECTION NUMBER 96 - 896 - - - -			
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) YES NO					
24. REVIEW DATE		25. REVIEWED BY		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:CCA/J. Hayes CC:MASC/BES CC:MASC/JC					

I 5/24
C-6/3/96

Pre-Accident:

Information in this report was obtained from City of Reading Fire Marshal Delores **Lorah**. The family resided in a single family, **1 1/2** story row home. The home, which did not contain smoke detectors, is owned by an invalid, wheelchair bound female. Her grandson and his girlfriend were visiting for two weeks.

On the evening of the fire, the grandmother was asleep on the first floor. The couple were in a second floor, front bedroom. The bedroom contained a standard size sofa. According to the Fire Marshal, the two adults **were** burning **1"** tapered candles in their bedroom. They said they were not smoking.

The couple used melted wax from the candles to secure the candles to the arm of the sofa. The sofa had a low wooden bench. Candle holders, according to the **Fire** Marshal, was not involved in this incident. The grandson told the Fire Marshal that the candles were lit at **9:30** p.m..

Accident:

Around **11:30** p.m., on March 29, 1996, the burning candles ignited the sofa in the bedroom.

Post-Accident:

The couple said they were awakened by the sounds of the fire. When they discovered the sofa on fire, they notified fire officials. The couple left the house, with the grandson carrying his grandmother. None of the occupants were injured.

The Fire Marshal commented that the housekeeping was bad. Piles of dirty clothing lay on the **2nd** floor. Additionally, wood paneling was throughout the house. She said that this contributed to the spread of the fire. Damages to the house were estimated at **\$15,000.00**. The occupants were given shelter by the Red Cross. No other background information was available on the candles or sofa.

Attached as Exhibit **#1** is a copy of the Fire Report. Photographs were not taken at the fire site.

Product Identification:

1st Product: **One** inch Tapered Candles
Brand: Unknown
Manufacturer: Unknown

Product Identification (Con't):

2nd Product: Standard size upholstered sofa with a low, wooden
base.
Brand: Unknown
Manufacturer: Unknown

Attachment:

Exhibit #1 - Fire Report
Exhibit #2 - Data Record Sheet For Upholstered Furniture Fires

MAY 30 1995

INCIDENT REPORT
Reading Fire Department

1 DELETE
2 CHANGE

A	FDID 021	INCIDENT NO	EX 0210	3	DAY	YEAR	DAY OF WEEK	6	ALARM TIME	23:30	ARRIVAL TIME	23:36	TIME IN SERVICE	02:04
B	TYPE OF SITUATION FOUND Structure fire 11				TYPE OF ACTION TAKEN Extinguishment 1				MUTUAL AID 1 RECD 2 GIVEN					
C	FIXED PROPERTY USE 1 & 2 FAMILY DWELLING 410				IGNITION FACTOR Abandoned material 31									
D	CORRECT ADDRESS [REDACTED]				ZIP CODE				CENSUS TRACT 0 0 0 2 . 0 0					
E	OCCUPANT NAME (LAST, FIRST, MI)				TELEPHONE () -				ROOM OR APT					
F	OWNER NAME (LAST, FIRST, MI) [REDACTED]				ADDRESS [REDACTED]				TELEPHONE () -					
G	METHOD OF ALARM FROM PUBLIC 911 Network 6				CO. INSPECTION DISTRICT 11		SHIFT B		NO. ALARMS 1					
H	NO. FIRE SERVICE PERSONNEL RESPONDED 2		NO. ENGINES RESPONDED 3		NO. AERIAL APPARATUS RESPONDED 1		NO. OTHER VEHICLES RESPONDED 3							
I	NUMBER OF INJURIES FIRE SERVICE 0		OTHER a		NUMBER OF FATALITIES FIRE SERVICE 0		OTHER 0							
J	COMPLEX				MOBILE PROPERTY TYPE									
K	AREA OF FIRE ORIGIN Sleeping room for < 5 pers. 2 1				EQUIPMENT INVOLVED IN IGNITION 1b equipment involved 9 8									
L	FORM OF HEAT OF IGNITION Candle, taper 44				TYPE OF MATERIAL IGNITED Multiple types 97				FORM OF MATERIAL IGNITED Furniture 20					
M	METHOD OF EXTINGUISHMENT Hose:precon. to hydr 6				LEVEL OF FIRE ORIGIN 10-19' above ground 2				ESTIMATED LOSS (DOLLARS ONLY) 15000.00					
N	NUMBER OF STORIES 2 stories. 2				CONSTRUCTION TYPE Unprotected wood frame 8									
O	EXTENT OF FLARE DAMAGE Room of origin 3				EXTENT OF SMOKE DAMAGE Floor of origin 3									
P	DETECTOR PERFORMANCE No detectors present 8				SPRINKLER PERFORMANCE No equipment present 8									
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		TYPE OF MATERIAL GENERATING MOST SMOKE Fabric/text/fur 70				AVENUE OF SMOKE TRAVEL Opening in construction 5							
R			FORM OF MATERIAL GENERATING MOST SMOKE Furniture 20											
S	IF MOBILE PROPERTY		YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.							
T	IF EQUIPMENT INVOLVED IN IGNITION		YEAR	MAKE	MODEL	SERIAL NO.								

0 Check if comments on reverse side

OFFICER IN CHARGE (NAME, POSITION)
Steven E. Orlosky, Platoon Chief

MEMBER MAKING REPORT (IF DIFFERENT)

9404230006174
CJW
ExH1

960423 ccc 6174

REMARKS

Reading Firm Department

For Incident: 9762 Exposure: 00 DATE: 03/29/96 TIME: 23:30

Fire in 2nd floor area of a 1 1/2 story structure; heavy smoke was showing upon arrival of the FD; FD attacked the fire with a two handlines confining the fire to the room of origin; the fire apparently started in the area of a love seat and chair possibly caused by abandoned smoking materials or candles; Fire Marshal was notified and responded to investigate the exact cause; also police evidence tech and investigators were summoned; fire was discovered by and occupant [REDACTED] and his girlfriend, [REDACTED], who were sleeping in the room of origin and were awakened by crackling sounds from the fire; they reported seeing flames in the area of origin as they were evacuating the structure; the FD had the fire under control and overhauled by 23:59, 29 minutes after arrival.....



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 9604230006174 Incident Date 3/29/96

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

1. Was upholstered furniture slipcovered? Yes No Unknown

2. Had it been reupholstered? Yes No Unknown

3. Manufacturer/Distributor/Brand UNKNOWN

4. Purchased: New Used Unknown

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

5. Date Furniture Purchased: UNKNOWN Furniture Age UNKNOWN

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

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

Skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other OUTSIDE ARM

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

2442
9604230006174
CJW

- 960 423000-6174



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.?

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

F. VICTIM(S) - N/A

0 Number of Deaths 0 Number of Injuries

G. Socio-Economic Data: UNKNOWN

11. Education level of head of household: UNKNOWN

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: UNKNOWN - Damage: \$15,000.00

Rent Own

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

ACCIDENT INVESTIGATION REQUEST FORM

Gloria e
copy of redacted
FURNITURE QUESTIONNAIRE
TO Kim LONG

Document Number N964 0220A

Date of Incident 3-29-96 Category I.D. SECTJH1996

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact J. Hayes

Assignment Message

conduct IDI to determine the
brand, size, type of candle & holder. Document
accident sequence & place of purchase

Person(s) to Contact Dep. Fire chief Steven E. Galosky
Reading Fire Dept.

2 

Guideline

Requested By JH

Task Number 960423 CCC 6174

Assigned to MASC

Date 4/23/96

APR 22 1996

TC-20

N964-0220A

MUTUAL
PRESS CUPPING SERVICE

APRIL 1, 1996

READING TIMES
READING, PA

AM - 47.117

Candles blamed in city house fire

From our news staff

DuBois

City fire officials said Sunday that a fire late Friday night was accidental, caused when candles ignited a sofa.

Deputy Fire Chief Steven E. Orlosky said the fire started about 11:30 in a second-floor front bedroom at [REDACTED], where [REDACTED] was sleeping.

Orlosky said [REDACTED] awoke, saw the flames spreading up the wall and ran downstairs, where his grandmother, [REDACTED] was staying, and carried her outside.

There were no injuries. Damage was estimated at \$15,000.

960423 CCC 6174

MAY 15 1996

SECTION 5

Case Number 960411CCC6143	2 Investigator ID 8 9 9 5	3 Office Code 8 0 0	EPIDEMIOLOGIC INVESTIGATION REPORT
Accident date 9 6 0 3 2 9	5 ID1 initiated 9 6 0 4 1 5		

Synopsis of Accident or complaint

An eight year old male died when his shirt ignited while he was playing with matches. A furniture throw and a loose seat cushion on a sofa bed also ignited, but it appeared victim had extinguished the flame and in the process igniting his shirt. The shirt burned rapidly and victim expired four days later in a pediatric ICU from burn complications.

Location Home (basement) 1 0	8 city Harrisville	9 State NY
---------------------------------	-----------------------	---------------

1a First Product Cotton/Polyester Shirt 16 4 5	11a Trade/Brand name/Model [REDACTED] Not further identified
---	---

1b Second Product Wooden Stick Matches 1 7 3 0	11b Trade/Brand name/Model [REDACTED]
---	--

2 Age of Victim 0 0 8	13 Sex Male 1	14 Disposition Died in Hospital 8	15 Injury diagnosis Thermal Burns 5 1
--------------------------	------------------	--------------------------------------	--

6 Body part 50% of Body 8 4	17 Repondente Parents 3	18 Investigation type On-site 1	19 Time spent 2 2.0
--------------------------------	----------------------------	------------------------------------	------------------------

20 Attachments MULTI 9	21 Case Source MECAP/Coroner 1 2	22 Reviewed by/Date 8 9 8 8 30 CS0896
---------------------------	-------------------------------------	--

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

24 Narrative	25 Regional Director review date R. O. / [Signature] 5/9/96
--------------	--

See attached narrative.

**CONTINUATION OF BLOCKS 10 & 11

10c Third Product Sofa Bed 0680	11c Trade/Brand name/Model Unknown
------------------------------------	---------------------------------------

10d Fourth Product Furniture Throw 0667	11d Trade/Brand name/Model Doll-y Madison, Sumter, SC 29150 RN# 18696
--	---

PRE-INCIDENT

This investigation was initiated as a result of a MECAP report from the Onondaga County Medical Examiner's Office(OCMEO), Syracuse, NY to CPSC regarding a fire fatality incident involving an eight year old male. This ID1 concurs with the conclusions of investigations performed by the OCMEO and Lewis County Sheriff's Department(LCSD), Lowville, NY. Their conclusion was that victim was playing with matches that ultimately resulted in his shirt catching fire. Victim received 45-50% second and third degree burns to the upper half of his body in a halo fashion.

Investigation determined four products were involved in this incident; matches, a furniture throw, a sofa bed, and a cotton/polyester blend turtle neck shirt. During the on-site investigation, investigators from the OCMEO and LCSD were interviewed as well as victim's parents. Investigative reports were requested and obtained from OCMEO and LCSD and are appended to this report as Attachments 1 and 2 respectively. OCMEO provided polaroid copies of postmortem photographs of victim's burn injuries, but due to their graphic content, they have been held in abeyance at BUF RP; however, they are available upon request. LCSD provided a single copy of scene photographs which are appended as Attachment 3. Photographs were taken during the on-site investigation and CPSC photographs in duplicate are appended as Attachment 4. There was no eye-witness to the actual starting of the fire nor the events between the approximate 30 minute time period when victim returned home from school and when his shirt had ignited and he awoke his father.

This incident occurred in a raised ranch style, wood frame, single family residence located in a rural setting. The parents said they purchased the residence about two years ago and they estimated the current fair market value of the property as \$53,000. The total combined income of the parents is \$25,000 and their education level is high school graduate. Living in the residence were victim and his parents. Victim was the youngest of three boys. Victim had two brothers, ages 23 and 19 years, that no longer lived at home, The mother said victim had no mental or physical handicaps,

The OCMEO report reflects victim, a second grader, was having problems dealing with peers and teachers at his school. Victim had received some mental health intervention at his school which included some behavioral assessment. The report reflects the diagnosis was either Attention Deficit Disorder or Hyperactivity. It was recommended by school officials that victim be prescribed Ritalin, but the mother opposed that course of action. Victim was prescribed CYLERT in 0.5mg tablets, one tablet every morning. The report further reflects victim had been taking the medication regularly for two months, but had not taken any CYLERT for two to three days prior to incident. During this investigator's

interview,' the mother advised that-her son was taking the medication because he was overactive and was not paying attention *in school*. The mother advised victim was sensitive and was often teased by his peers. She told him to report it to the teacher when he was having a problem with a fellow student. This action resulted in victim being labeled a "tattle-tale". The mother reported that she had researched enrolling victim into a local Catholic school. This did not lead to fruition as the Catholic school was beyond the allowable 15 mile radius for public school bus transportation.

A review of the LCSD report reflects victim's teacher did not observe any behavior or incidents out of the ordinary on Friday, 29 MAR 96, the day of the incident. There were no science experiments in school that day involving fire or its effects.

The LCSD investigator also interviewed victim's school bus driver. She advised that victim was preoccupied that Friday morning and did not talk to his seat mate as usual or, for that matter, anyone else. She said victim seemed to be in a much better mood when she delivered him to his residence that afternoon.

No one at victim's school had ever seen or known victim to play with matches or fire. Victim's mother reported that she had worked in a burn unit in an Atlanta hospital for eight years and had educated victim on the dangers of fire, playing with matches and the consequences of such behavior. She had even taken him to the burn unit on several occasions. The parents both stated that they had never known victim to play with matches or lighters which were available as they both smoked. They never knew victim to have any fascination with fire.

The parents described the routine of a typical week day, which included the day of incident. Mother and victim would awake at 6:00AM. Victim vacuums the rug and gets dressed. He eats breakfast at school. The school bus picks him up at 7:00AM. The mother leaves for work at 2:00PM and works until either 6:00PM or 10:00pm, depending on her shift. The father works from midnight until 8:00AM. He goes to bed at 10:00AM. Victim was supposed to wake his father up at 3:15PM when he gets home from school if he is not already awake.

INCIDENT

On the day of incident, Friday, 29 MAR 96, victim did not wake up his father as usual upon his return from school. The father advised that the first time he heard victim in the house was he was awakened from his first floor bedroom by victim's screaming for help. He observed victim run up the stairs to the hallway in front of his master bedroom all afire. The time was about 3:40PM-3:50PM.

POST-INCIDENT

As victim ran up the stairs, the father said both battery powered smoke detectors in the residence were alarming. One was located at the entrance to the basement and the other was located on the ceiling in the hallway. The father had 'victim stop-drop- and-roll which did not extinguish the fire. He also attempted to pat out the fire with a towel and his hands, which was also unsuccessful. He then picked victim up and placed him in the bathtub located in the adjacent bathroom. He ran cold water over victim until the flames were extinguished. The father suffered burns to both his hands.

Once the fire was out the father called 911 for an ambulance. Victim was transported to a local hospital in Carthage, NY. He was met there by his mother who was a Medical Technician employee on duty at the time. She worked in the lab which is directly adjacent to the ER. Victim was conscious at the time and his mother was able to ask him what happened. Victim stated that he had climbed onto his father's workbench in the basement of their home and obtained matches that his father used to light a wood furnace which is also located in the basement. He stated that he was playing with said matches.

Victim was transferred via ambulance to State University of NY(SUNY)Health Science Center(HSC), Syracuse, NY at about 8:00pm on the evening of incident. The Certificate of Death reflects victim expired four days later at 4:07PM on 02 APR 96, cause of death listed as Complications of Burns, accidental.

The sequence of events based on all three independent investigations of this incident appears to be as follows:

- a) two spent matches burned 0.25" to 0.50" beyond their sulphur tips were located in the vicinity of a sofa bed located in the basement in a room adjacent to the room in which the matches were stored
- b) the matches were long, approximately 11" and required a striker located on its box in order to be lit
- c) the sofa bed was covered by a furniture throw that had a burn hole in it
- d) the loose seat cushion under the furniture throw had a half dollar size burn area on it
- e) there was no fire in the basement upon the father's inspection and it appears victim had put the fire out, but that his shirt ignited in the process.

The father said that the shirt was extremely flammable in his opinion as it flamed quickly and was difficult to extinguish, even with water, and some of the material melted onto victim's torso. The father also observed ashes of the involved shirt on the floor of the basement and hallway that disintegrated into his hand upon touch. Victim had suffered approximately a 50% burn, with the majority of burn on his torso, neck and arms. Investigation did not develop the presence of any flammable liquids or accelerants related to this incident.

Two identical shirts as the involved shirt were impounded by the LCSD. One identical shirt was hung on a hanger in a Lewis County garage and ignited by a match from its bottom as a test by the LCSD. The test was video taped. The shirt was observed to be . totally consumed by flame in approximately one minute. The . remains of the shirt was then extinguished via water. The flames were tenacious and were difficult to extinguish with water.

The remaining shirt is in the custody of the OCMEO. The parents were queried if they would release the shirt to CPSC as a sample for flammability testing. The parents, who do not have medical insurance, advised that they may pursue a product liability case against the importer/manufacturer [REDACTED] and would like to keep the shirt as evidence. The mother said her niece from Georgia was visiting her when she purchased the involved shirt and that her niece also purchased some of the same shirts. The mother has contacted her niece and she is sending the shirts to the mother who will in turn notify BUF RP and then send them to BUF RP. If and when the shirt/s are received by BUF RP, they will be processed as an official sample for flammability testing.

The father was treated and released for burns to his hands at a local hospital. At the time of the on-site investigation, he had fully recovered.

PRODUCT IDENTIFICATION

There were four products involved in this incident.

1. SOFA BED: The involved sofa bed was given to the parents by victim's grandmother a day before incident. The sofa bed contained no labeling reflecting brand/manufacturer. The sofa bed measured 35" wide and 71" long. Based upon observation and information provided by the! parents, the sofa bed was approximately 15 to 20 years old. It was observed to be in "good" condition. The parents estimated its original price as about \$500. The sofa bed had a pull-out bed feature. The two loose seat cushions rested on the folded bed portion which functioned as the seat support system. The fire incident involved only one seat cushion. The actual area of burn involved only the seat cushion fabric. There were two adjacent circular burn areas on each cushion approximately the diameter of a

quarter. The sofa bed contained its original fabric and had not been reupholstered. The outer upholstery fabric covering appeared to be manufactured from some type of synthetic material. There were no slipcovers on the sofa bed, but it was covered by a furniture throw that is identified/described below. Each of the two seat cushions contained the same sewn in label that read in full "THIS TAG NOT TO BE REMOVED EXCEPT BY THE CONSUMER, ALL NEW MATERIAL CONSISTING OF 100% URETHANE FOAM, LIC. NO. MASS. 546, Certification is made by the manufacturer that the materials in this article are described in accordance with law, This article is made in accordance with an Act of the Dist. of Columbia approved July 3, 1926, Kansas approved March 1923, Minn. approved April 24, 1929, NJ revised statutes 26, 10-6 to 18 La Act 467-1948, Sold By, Date of Delivery? There was an identical sewn in label on the bed portion of the sofa bed that read the same, except with the deletion of "100%". A fabric sample was not taken during the on-site investigation at the homeowner's request because they are going to continue using the sofa bed. The filling of the loose seat cushions was observed to be "foam". Completed DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES is appended as Attachment A.

2. Furniture Throw: The involved furniture throw had a burn hole in it approximately 5" long. The throw had a floral pattern. The homeowner had an identical furniture throw that was still in its original retail packaging. The clear plastic packaging was labeled in part "***furniture throw with non-slip polyurethane foam backing***Size 60"x70"***ideal for beautifying and protecting chairs, sofas, daybeds, bedspreads, sectionals, auto seats, patio furniture***Made in USA***RN 18696***
UPC: 2694411896".

3. Stick Matches: At the time of this on-site investigation, the involved stick matches were sealed in a paper bag which in turn was sealed in a plastic evidence bag at the OCMEQ. A photograph of the two involved stick matches was provided by the LCSD. The cardboard retail box packaging was photographed through the plastic evidence bag. The box was labeled in part "***60 STICKS***UPC: 043055664698***MADE FOR
***". The retail match box measured 11.25" long. Investigation determined the matches had sulphur tips which required a striker located on the box for ignition.

4. Long Sleeve Turtle Neck Shirt: The involved shirt was totally destroyed in the fire incident. An identical shirt was examined while in the custody of the OCMEQ. The shirt was observed to be black in color, long sleeved with a turtle neck. A hang tag indicated the shirt was constructed of a cotton/polyester blend fabric. The hang tag sewn to the inside collar of the shirt read in part "***L-14/16***65% COTTON***35% POLYESTER***MADE IN ROMANIA***RN # 60194***CARE ON REVERSE***". An adjacent cloth

960411CCC6143, page 7

tag read in full "E Z GEAR".

SAFETY STANDARDS

The manufacturer for sale, the sale, or the offering for sale, in commerce, or the importation into the United States of any article of wearing apparel which under the provisions of the Flammable Fabrics Act is so highly flammable as to be dangerous when worn by consumers, shall be unlawful. The identical shirt was not labeled to reflect compliance with any flammability standard.

ATTACHMENTS

1. Report of Death/Investigation with supplemental documents, Onondaga County Medical Examiner's Office, Syracuse, NY (8 pages).
 2. Fire Investigation Report, Lewis County Sheriff's Department, Lowville, NY (5 pages).
 3. Photographs taken by the Lewis County Sheriff's Department, Lowville, NY.
 4. CPSC Photographs & Negatives.
- A. DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES.

D. Pinheiro - 04/16/96

SP II
Peng

ACCIDENT INVESTIGATION REQUEST FORM

Document Number X 9641923

Date of Incident 3-29-96 Category I.D. _____

Follow-Up Requested _____ Hazard Analysis _____

Type Follow-Up Requested _____ Telephone Call _____

Headquarters Contact R. Poth

Assignment Message _____

Conduct IDI to obtain details of clothing ignition, accessibility of matches, prior history of fire play, etc. obtain sample.

Person(s) to Contact 1-Mo Lupia - Forensic Invest.

Onondaga Co. ME office

Syracuse, NY

2- Parents - to obtain samples.

Guideline _____

Requested By R. Poth

Task Number 960411 CCC 6143

Assigned to NYCO Date 4-11-96

(Continued)

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

According to the investigating police agency the fire may have first ignited a sofa cushion that the boy was on or near while playing with the matches. A small area of the cushion had been burned and there is speculation that the child may have ignited his shirt while putting out the fire on the sofa. The matches *involved were a long wooden type used to start a fire-place or woodstove fire. They belonged to the boy's father and were kept on a workbench in the home. The boy had apparently climbed onto the workbench to get the matches. Two burnt matches were retrieved from the scene. Both matches were burnt no more than 1/2" beyond their sulfur tips. The matches were the type that could only be ignited by striking against a match striker. They were not the type that could be ignited by striking on my rough surface.

960411000 6143

96041/CCC 6143

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

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

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

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

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

My identity is to remain confidential.

Virginia Green
(Signature)
Joseph Green

4-18-96
(Date)
4-18-96

960370

Attachment 1
960411CCC6143
DRP d-30-96
8 Pages

REPORT OF DEATH/INVESTIGATION: TYPE: HOSP. SCENE BVS
 OTHER _____

NAME Michael K. Guenet SEX M AGE W8 D RACE W
ADDRESS RR 1 Box 23 E TOWN Harrisville, NY
OCCUPATION student S S NO. - DOB 11 / 24 / 1987
CALL RECEIVED BY L. Farrell TIME 4:50pm DATE 4 / 2 / 1996
NOTIFIED BY Dr. Kantor AGENCY SUH/Peds. ICU
SUPV. NOTIFIED M. Lupia TIME same
PLACE OF DEATH SUH/Peds ICU C/T/V/ Syracuse
PRONOUNCED DEAD BY Dr. Kawatu TIME 4:07pm DATE 4 / 2 / 1996
AMBULANCE OR RESCUE DEPT. _____
POLICE INVESTIGATION BY Lewis Co. S.D. OFFICER: Inv. Michael Tabolt
BODY REMOVED TO MED. EXAM. OFC. NOT REMOVED OTHER _____
IF BODY REMOVED, BY TLC D A T / 2 / 1996 TIME _____
IDENTIFIED BY Virginia Guenet RELATIONSHIP Mother
ADDRESS S/A PHONE 543-7304

NEXT OF KIN:	RELATIONSHIP	ADDRESS/PHONE:
<u>Virginia Guenet</u>	<u>Mother</u>	<u>S/A 315-543-7304</u>
<u>Joseph Guenet</u>	<u>Father</u>	<u>S/A 315-543-7304</u>
_____	_____	_____
_____	_____	_____

MANNER OF DEATH: NATURAL ACCIDENT SUICIDE PENDING
 HOMICIDE UNDETERMINED
IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN BICYCLIST
 OTHER _____
AUTOPSY YES NO DR. Jumbelic
PROBABLE CAUSE OF DEATH: A) Complications of burnis
B) Clothing fire
C) _____
CONTRIBUTED BY: _____
DEATH CERTIFICATE SIGNED BY DR. Jumbelic DATE 04/03/96
AMENDED DEATH CERTIFICATE SIGNED BY DR. _____ DATE / /
BODY RELEASED TO Maven TIME 5:45p DATE 4 / 3 / 96
'PERSONAL EFFECTS RELEASED, IF ANY? YES NO, REASON _____

PROPERTY FORM
ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE

960411000193

PROPERTY TAKEN FROM THE DECEDENT Michael K. Guenet CASE # 96-0376

ITEM	QUANTITY	DESCRIPTION
1	One	Purple Shirt [REDACTED] 60% Cotton/40% Polyester" Size 12/14 60194
2	One	Green Shirt [REDACTED] 60% Cotton/40% Polyester" Size 12/14
3	One	Yellow Shirt [REDACTED] 60% Cotton/40% Polyester" Size 12/14
4	One	Black Shirt " [REDACTED] 100% Cotton" Size 10-12
5	One	Black Shirt [REDACTED] 65% Cotton/35% Polyester" Size 14/16 RN#60194
6	Last Item Line Five-----	
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

ACTION	DATE	TIME	SIGNATURE	WITNESS
IMPOUNDED	4/11/96	3:24pm	<i>M. Lupina</i>	<i>Mary Kolodziejczyk</i>
RECEIVED				
RECEIVED				
RECEIVED				

96-411 300 2143

SE FILE NUMBER 96-0376

PAGE 1 OF 1

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE

; SUPPLEMENTAL CASE INFORMATION SHEET ;

DECEDENT Michael Guenet DATE 4/9/96 TIME 4:55PM

I spoke to the decedent's father
Joseph Guenet. He said that Michael
had been allowed to sleep in this
shirt on several occasions.

- AM 

SIGNATURE _____

CERTIFICATE OF DEATH

4604110006143

3300 REGISTER NUMBER

1246

1. NAME FIRST MIDDLE LAST Michael K. GUENET 2. SEX MALE FEMALE [X] [] 3A. DATE OF DEATH MONTH DAY YEAR 04 02 1996 3B. HOUR 4:07 PM

4A. PLACE OF DEATH (Check only one) HOSPITAL DOA ER [] HOSPITAL OUTPATIENT [] HOSPITAL INPATIENT [X] NURSING HOME [] PRIVATE RESIDENCE [] OTHER (Specify) [] a. IF FACILITY DATE ADMITTED MONTH DAY YEAR 03 29 1996

4C. NAME OF FACILITY (If not facility give address) University Hospital 4D. LOCALITY (Check one and specify) CITY OF [X] VILLAGE OF [] TOWN OF [] Syracuse 4E. COUNTY OF DEATH Onondaga

4F. MEDICAL RECORD NO 815718 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) [X] NO [] YES []

5. DATE OF BIRTH MONTH DAY YEAR 11 24 1987 6. AGE 8 yrs IF UNDER 1 YEAR [] IF UNDER 1 DAY [] 7A. CITY AND STATE OF BIRTH (Country if not U.S.A.) Augusta, Georgia 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH []

8. SERVED IN U.S. ARMED FORCES? [X] NO [] YES [] (Specify years) 9. RACE (Black, White, etc.) White 10. HISPANIC ORIGIN? (If yes, specify) [X] NO [] YES [] 11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5-) []

12. SOCIAL SECURITY NUMBER 255-73-6881 13. MARITAL STATUS NEVER MARRIED [X] MARRIED OR SEPARATED [] WIDOWED [] DIVORCED [] 14. SURVIVING SPOUSE: (If wife, provide maiden name) []

15A. USUAL OCCUPATION (Do not enter retired) Student 15B. KIND OF BUSINESS OR INDUSTRY Education 15C. NAME AND LOCALITY OF COMPANY OR FIRM Harrisville Central School Harrisville, New York

15A. RESIDENT STATE New York 15B. COUNTY Lewis 16C. LOCALITY (Check one and specify) CITY OF [] VILLAGE OF [] TOWN OF [X] Diana 16F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [] NO [X] IF NO, SPECIFY TOWN []

15D. STREET AND NUMBER OF RESIDENCE RRI Box 23E 16E. ZIP CODE 13648

17. NAME OF FATHER FIRST MI LAST Joseph A. Guenet 18. MAIDEN NAME OF MOTHER FIRST MI LAST Virginia D. Dutch

19A. NAME OF INFORMANT Virginia Guenet 19B. MAILING ADDRESS (Include zip code) RRI Box 23E Harrisville, New York 13648

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (Specify) Cremation 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION. Oakwood Cemeteries Crematorium 20C. LOCATION (City or town and state) Syracuse, New York

21A. NAME AND ADDRESS OF FUNERAL HOME Maurer Funeral Home, Inc. 300 Second St., Liverpool, New York 13088 21B. REGISTRATION NUMBER 01229

22A. NAME OF FUNERAL DIRECTOR Theodore W. Corwin 22B. SIGNATURE OF FUNERAL DIRECTOR [Signature] 22C. REGISTRATION NUMBER 01005

23A. SIGNATURE OF REGISTRAR [Signature] 23B. DATE FILED. MONTH DAY YEAR Apr 4 1996 24A. BURIAL OR REMOVAL PERMIT ISSUED BY Bonnie J. Romano / MK 24B. DATE ISSUED. MONTH DAY YEAR 04 04 1996

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED SIGNATURE [Signature] MONTH DAY YEAR [] [] [] 25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. [] CORONER [] PHYSICIAN [] MEDICAL EXAMINER [X] SIGNATURE AND TITLE: Mary Jumbelic

25B. THE PHYSICIAN ATTENDED THE DECEASED 25C. LAST SEEN ALIVE BY ATTENDANT. FROM MONTH DAY YEAR TO MONTH DAY YEAR 25B. PRONOUNCED DEAD 25C. HOUR 4:07 pm 25D. DATE SIGNED MONTH DAY YEAR Apr 03 96

25D. NAME OF ATTENDING PHYSICIAN Mary I. Jumbelic, M.D. 25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER. [Signature]

25D. ATTENDING PHYSICIAN LICENSE NUMBER 200299 25F. ME/COR. PHYS. LICENSE NUMBER 200299

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A. Mary I. Jumbelic, M.D. 330 W. Onondaga St. Syracuse, NY 13202

27. MANNER OF DEATH NATURAL CAUSE [] ACCIDENT [X] HOMICIDE [] SUICIDE [] UNDETERMINED CIRCUMSTANCES [] PENDING INVESTIGATION [] 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? [] NO [X] YES [] 29A. AUTOPSY? YES [] REFUSED [X] 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? YES [X] NO []

30. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I: IMMEDIATE CAUSE

A. Complications of burns B. Clothing fire C. [] PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: (A)

31A. IF INJURY, DATE MONTH DAY YEAR 03 29 96 HOUR between 3:15-3:50 pm 31B. LOCALITY (City or town and county and state) Town of Diana, County of Lewis, State of New York 31C. DESCRIBE HOW INJURY OCCURRED Lit clothing on fire

32. PLACE OF INJURY Home 33A. IF FEMALE WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO [X] YES [] 33B. DATE OF DELIVERY MONTH DAY YEAR [] [] []

RECEIVED APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APR - 8 1996 ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE

NAME OF DECEASED: GUENET, MICHAEL K. TIME OF DEATH: 4:07 PM DATE OF DEATH: 04/02/96

**LEWIS COUNTY SHERIFF'S DEPARTMENT
FIRE INVESTIGATION REPORT**

DATE: March 30, 1996

TIME REPORTED: 15:44

Attachment 2
960411CCC6143
DRP 4-30-96
5 Pages

REPORTED BY: HARRISVILLE FIRE DEPT ADDRESS: RTE 812
HARRISVILLE

STREET/ROAD: RTE-812 TOWN/VILLAGE: DIANA

OWNER: JOSEPH A GUNET ADDRESS: BOX 23-E HARRISVILLE

O C C U P A N T : SAME ADDRESS: _____

TYPE OF BUILDING: 2-STORY WOOD FRAME SIZE: _____

DAMAGE TO BUILDING: MINOR DAMAGE TO CONTENTS: MINOR

INSURANCE COMPANY/AGENT: UNKNOWN

DETAILS:

CHILD CAME HOME FROM SCHOOL, FOUND FATHER ASLEEP, APPARENTLY DID NOT WAKE HIM AND WENT DOWNSTAIRS AND LOCATED FIREPLACE MATCHES ON A SHELF, TOOK THEM INTO ANOTHER ROOM IN THE DOWNSTAIRS BASEMENT OF SPLIT LEVEL AND CAUSED IGNITION OF TWO OF THE MATCHES, APPARENTLY CATCHING CLOTHS AFIRE. NO INDICATION AN EXCELLERANT WAS PRESENT OTHER THEN BURNED CLOTHING.

CAUSE OF FIRE:

CHILD PLAYING WITH MATCHES. CHILD IS 8 YEAR OLD SON -MICHAEL DOB 11/24/87- ONLY CHILD IN THE RESIDENCE. NO APPARENT OTHER SOURCE OF IGNITION PRESENT.

FIRE DEPARTMENT INFORMATION

DEPARTMENT AREA: HARRISVILLE- FIRE CHIEF AT SCENE: JOSEPH CORBINE

MUTUAL AID ASSISTANCE NEEDED FROM: _____ FIRE COORDINATOR: _____

1. NONE	2.	3.	4.
5.	6.	7.	8.

INJURIES:

NAME	DEPARTMENT	INJURY
MICHAEL GUENET	OWNERS SON	BURNS EXTENSIVE 70 % OF BODY
JOSEPH A GUENET	OWNER	BURNSTO HANDS

INVESTIGATION INFORMATION:

REFERRED TO INVESTIGATOR? ARSON SUSPECTED? PHOTOS TAKEN?

INVESTIGATING OFFICER(S): FIRE CHIEF JOE CORBINE- INV SGT MIKE TABOLT

**LEWIS COUNTY SHERIFF'S OFFICE
COMPLAINT LOG PRINT-OUT**

7604110006142

Complaint #	96-2215	Time	1544	Date	03/29/96	Type	FIR	Dispatcher	BOLIVER
Complainant	HARRISVILLE	A181	Telephone		RADIO		Against		
Address		RTE.812		Village/Town			DIANA/T		
							Officer		
							DUBACH		

REQUESTING OVER RADIO TO SET TONES FOR HARRISVILLE FIRE TO A HOUSE FIRE ON RTE.812 HEADED TOWARDS CROGHAN AND THEY ARE ALSO EN ROUTE AS A CHILD HAS BEEN BURNED AT THAT LOCATION.

HARRISVILLE TONES SET AND 726/DUBACH AND 601/INV TABOLT EN ROUTE.....LATER ADVISED THE TROMBLEY RESIDENCE. . . .15:53 HARRISVILLE A181 REQUESTS CARTHAGE ALS TO HOOKUP WITH THEM AS THE CHILD ON BOARD HAS 3RD DEGREE BURNS TO OVER 50% OF HIS BODY...CARTHAGE TONED AND 1192 OOS@15:54....15:55 HARRISVILLE E181 REQUESTS NATURAL BRIDGE AMBULANCE BE DISPATCHED TO THE RESIDENCE AS THERE IS ANOTHER SUBJECT THERE WITH BURNS ALSO, CONTACTED JEFF FIRE AND THEY DISPATCHED NATURAL BRIDGE 31-91. 8 YEAR OLD MICHAEL GUENET WAS SEVERLY BURNED AND TRASPORTED TO SUNY SYRACUSE IN SERIOUS CONDITION. INVESTIGATION TO CONTINUE. APPARENT CAUSE -CHILD PLAYING WITH MATCHES.

*Cont Algodon /
1st call
2nd
3rd
4th
5th*

96-0411 000 6143

PAGE 2 CONTINUED- FIRE -HARRISVILLE-

INTERVIEW WITH BILL KHELLERHOUSE- PRINCIPAL OF HARRISVILLE SCHOOL AND RICHARD KAHN, SUPERINTENDENT OF SAME SCHOOL.

THEY BOTH RELATE TO HAVING PROBLEMS WITH MICHAEL IN SCHOOL BUT **DIDN'T** GO INTO DETAIL. HE SAID THAT THEY HAVE NO KNOWN PROBLEMS WITH **FIRES** OR MATCHES TO THERE KNOWLEDGE.

MICHAEL **CLARK**- IS THE 2ND GRADE TEACHER FOR **HARRISVILLE**- SHE WAS NOT INTERVIEWED BECAUSE OF CLASS HOWEVER, MR. KAHN STATED THAT HE HAS SPOKE TO HER ABOUT THIS INCIDENT AND THAT THERE WAS **NOTHING-OUT** OF THE ORDINARY FRIDAY WHICH MIGHT HAVE EFFECTED MICHAEL, OTHER THAN NORMAL PROBLEMS **WHICH** HE OFTEN HAS. THERE WERE NO SCIENCE EXPERIMENT'S IN SCHOOL, WHICH WOULD USE FIRE, OR ITS EFFECTS.

INTERVIEW WITH SUSAN **HADDEN**- BUS DRIVER OF HARRISVILLE SCHOOL- SHE SAID THAT MICHAEL SEEMED PRE-OCCUPIED FRIDAY **MORNING** WHEN HE GOT ON THE BUS. HE **DIDN'T** TALK TO ANYONE AND THAT IS UNUSUAL. EVEN HIS SEAT MATE TRIED TO TALK TO HIM, BUT HE JUST DIDN'T RESPOND. SHE DID SAY THAT HE SEEMED IN A MUCH BETTER MOOD WHEN HE GOT OFF THE BUS. SHE HAS NOT HAD ANY PROBLEMS WITH MATCHES OR FIRE'S WITH HIM ALTHOUGH, SHE DID TAKE MATCHES AWAY FROM A CLASSMATE THAT USED TO SET IN THAT SAME SEAT, BUT MICHAEL DIDN'T HAVE THEM, AND TO HER KNOWLEDGE NEVER HAS.

DURING PHONE INTERVIEW **WITH** VIRGINIA SHE RELATED THAT THE SHIRTS WERE ALL THE SAME TYPE AND THAT THEY WOULD HAVE BEEN A PRESENT FROM HIS AUNT IN RHODE ISLAND. THEY WOULD BE OF **DIFFERENT** COLORS BUT THAT THEY WOULD BE ALL THE SAME TYPE. SHE USUALLY BOUGHT **IN** BULK. SHE **DOESN'T** REMEMBER MICHAEL HAVING ANY TYPE OF CAMOUFLAGE SHIRT **IN** THE HOUSE, EXCEPT THAT WHICH WOULD HAVE BEEN AN AUTHENTIC ARMY JACKET, HEAVY **CONSTRUCTION** TYPE. SHE DID SAY THAT MICHAELS FAVORITE COLOR WAS GREEN AND THAT HE WOULD USUALLY HAVE ANOTHER **SHIRT** ON OVER THE TURTLE NECK SHE GAVE PERMISSION TO TAKE THE SHIRTS FOR PROCESSING IF WE NEEDED, TO BURN ONE.

ONE OF THESE SHIRTS WAS PRODUCED FOR THIS PROCESS BY **GERRID**, AN OLDER BROTHER WHO IS IN THE NAVY **AND HOME** BECAUSE OF THE ACCIDENT. THE HEAVY ARMY JACKET WAS FOUND IN THE CLOSET, UNDAMAGED. MICHAEL WAS NOT WEARING THIS JACKET AT THE TIME OF **THE FIRE**.

960411000 6143

PAGE 3- 96-2215 CONTINUED

04/02/96- CONTACTED BY ONONDAGA CO MEDICAL EXAMINOR'S OFFICE- ADVISED THAT MICHAEL GUENET HAD PASSED AWAY. SEVERAL CONVERSATIONS WITH MO- LUPLA, INVESTIGATOR - HE WAS ADVISED OF CASE INFORMATION- AUTOPSY WILL BE PERFORMED THERE 04/03/96 SHERIFF- D.A-UNDERSHERIFF ADVISED LMT

04/03/96 DR. HERRMAN 503- INV SGT MIKE TABOLT- 601 -RESPONDED TO THE ONONDAGA MEDICAL EXAMINOR'S OFFICE AND WAS PRESENT WHEN AUTOPSY WAS BEING CONDUCTED BY DR. MARY JUMBRICA- CAUSE OF DEATH WAS DETERMINED -REPORT TO FOLLOW FOR CASE FILE HERE- DEATH LISTED As ACCIDENTAL FOR OUR FILES-

ITEMS RECIPTED TO ONONDAGA'S TEAM AND SOME ARTICLES NOT NEEDED FOR THEIR INVESTIGATION WERE RECIPTED BACK TO OUR DEPT AND PLACED IN EVIDENCE ROOM, SECURED.

AUTOPSY REPORT AND COPY'S OF PHOTO'S TAKEN DURING AUTOPSY WILL BE FORWARDED BY ONONADAGA . ACCIDENTAL DEATH.

CASE CLOSED. LMT. 04/04/96

Lmt



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 960411CCC6143 Incident Date 29 MAR 96

A. PRODUCT DESCRIPTION: Sofa/Couch Chair Sofa b e d 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.) GIFT FROM RELATIVE

5. Date Furniture Purchased: UNKNOWN Furniture Age APPROX 15-20 YRS

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

YES - SEE IDI PHOTOGRAPHS

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

0 skirt Seat cushion Inside back Inside arm

Back Side Underside Crevice

Welt Cord Tuft Other FURNITURE THROW

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): 8 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



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: *11" match used to start fires in stoves & fire places*

_____ 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 2 UNITS - BOTH ALARMED

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.?

N/A

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

F. VICTIM(S)

1 Number of Deaths Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

Less than high school High school Some College

12. Total household income:

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

13. Approximate home market value: \$ 53,000

Rent Own

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

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE

-----III-----
 ; SUPPLEMENTAL CASE INFORMATION **SECRET** ;

96-0376-006143

DECEDENT Michael K. Guenet DATE 04 / 02 / 1996 TIME _____

Joseph and Virginia Guenet described their home as a raised ranch. They said that the fire had apparently started near or on a sofa located in the basement of their home, They explained that the matches involved were kept on a workbench also located in the basement and were used to start fires in the wood furnace which is also located in the basement. Joseph explained that the matches were long and required the striker supplied on the box in order to ignite them. They were not the type that could be ignited by striking them on other rough surfaces. Joseph also said that after the fire he went downstairs to see how the fire might have started. He said that there was no fire in the wood furnace when he checked. He did say however that he found two long wooden matches by the sofa located in the basement. He said that both matches had been lit but each was burnt only $\frac{1}{4}$ " to $\frac{1}{2}$ " beyond their sulfur tips. He also said that he noticed a small half-dollar size burned area on the cushion of the sofa. He saw no signs of a major fire in any area of the home. He also said that when he was first awakened by his son the smoke detectors located in the basement and first floor of the home were both sounding and there was smoke on both levels of the residence. I asked Joseph if he had seen the matchbox anywhere near the sofa. He said that he had later located it back on the workbench but that he may have picked it up earlier from near the sofa and tossed it back onto the workbench. He said that in all the excitement he could not recall if he had moved the matchbox. Joseph also mentioned the fact that it was very odd that Michael did not wake him up or make enough noise to wake him up when he returned home from school that day.

Joseph and Virginia described Michael as the youngest of three boys. They said that he has a brother Jay who is 23 yrs. old and no longer lives in their home. He also has a brother, Jerrad who is 19 yrs. old and in the Navy also no longer living at home. They explained that Michael had been having problems dealing with peers and teachers at his school. He is in the second grad and has had some Psychological evaluation through the school. His mother described his Dx as either an Attention Deficit Disorder or Hyperactivity. She said that it was recommended that he start taking Ritalin but she was opposed to this. She said that instead another similar Rx was prescribed which he began taking @ two months ago. She could not recall the name of this Rx but provided the name of his A.P. and the PA who had treated him and suggested that we contact them for further information regarding this medication. Virginia also explained that their family had recently moved to their present home two years ago. She explained that they had previously lived in the South and she had been employed at the Augusta Georgia Regional Medical Center. She explained that she had worked in a burn unit there and had at times taken Michael to work there at a very early age. She went on to say that she had taught Michael not to play with matches and the dangers associated with such behavior. Both She and Joseph said that they never knew Michael to play with matches on any previous occasion. Virginia went on to say that Michael was a very sensitive boy who had often been made fun of by his peers. She said that she had always told him to tell his teacher when he was having a problem with classmates but that this had resulted in his being labeled a "tattle-tale" by his peers. She also said that up until recently they were planning to switch him to a Catholic school but this did not happen because the School system would not agree to bus him to the Catholic school because it was more than the fifteen mile radius from their home which would have permitted public bussing. Virginia then explained that on the day of the fire she had sent Michael to school with two letters. One for his teacher Mrs Clock, and the other for the school principle. She explained that the letters were instructive from her that stated that when Michael had a problem in class he was to leave the class and go to the principal's office and ask that one of his parents be called. A parent would then go to the school and help Michael deal with the problem along with the school officials. Virginia said that Michael was aware of the contents of these letters but did not know if he had delivered them or if he had whether or not he had gotten a response from his teacher or principal that might have upset him.

SIGNATURE _____

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE

767 411 006 113

: SUPPLEMENTAL CASE INFORMATION SHEET :

DECEDENT Michael K. Guenet DATE 04 02 / 1996 TIME _____

While at the SUNY HSC I discussed the need for autopsy with Virginia and Joseph Guenet. Both replied that they wanted more information about Michael's death but both said that they didn't like the idea of autopsy. We discussed at length the benefit of an autopsy in a case such as this. They said that they wanted to discuss this further with their son's before coming to a decision. Joseph also said that I was welcome to inspect the scene at their home if this would help at all. The interview then ended. After returning to the MEO I received a telephone call from Joseph. He said at that time that he and his wife and their two sons had decided that the Medical Examiner should proceed with the autopsy.

I later contacted the Carthage Area Hospital Lab at (315)-493-1000. I spoke with a lab tech by the name of Linda Thomas who said that no specimens had been drawn at this hospital prior to Michael's transfer to the SUNY HSC.

I also contacted the Lewis County S.D. and learned that Inv. Michael Tabolt was in charge of this case. I later contacted Inv. Tabolt at his home (315)376-2533. Inv. Tabolt said that it was his opinion that the fire had started with Michael playing with matches as his parents had said. He went on to say that it appeared to him after inspecting the scene that the fire, most likely started on the sofa and that Michael's shirt might have caught fire when Michael attempted to extinguish the small area on the sofa cushion that had burned. He went on to say that the cushion fire had been extinguished. He explained that there was a trail of tiny burnt particals leading from the sofa located in the basement up to the first floor hallway in front of his father's bedroom. He also said that he had located the two long wooden matches that had apparently ignited the sofa. He explained that these matches were burnt about 1/2" beyond their sulfur tips. He also said that he retrived a small part of a sleeve from the shirt that Michael had been wearing. This he retrived from the bathtub. He also impounded the other clothing that he had been wearing at the time of the fire. Inv. Tabolt also photographed the scene. He also said that he had retrived from Michael's home one of the shirts similar to the one that Michael had been wearing. He said that after returning to the police station this was hung on a hanger and a match was touched to the bottom of the shirt. He explained that the shirt burned rapidly in @ one minute. A videotape of this was made by Inv. Tabolt. Inv. Tabolt is willing to come to the MEO tomorrow and bring with him a copy of this video along with the police reports, photographs of the scene, clothing, and anything else the Medical Examiner might require. He will be contacting Inv. D. Delucia in the morning for any further instructions prior to coming to Syracuse.

I later contacted the Lwisc Co. S.D. and left a message with the dispatcher for Inv. Tabolt. I requested that Inv. Tabolt impound the box of matches that Michael had allegedly used to start the fire. I explained that this box should be handled in such a way that fingerprints could be developed from it at a later time if need be. Inv. Tabolt should be reminded of this when he calls the MEO in the morning.

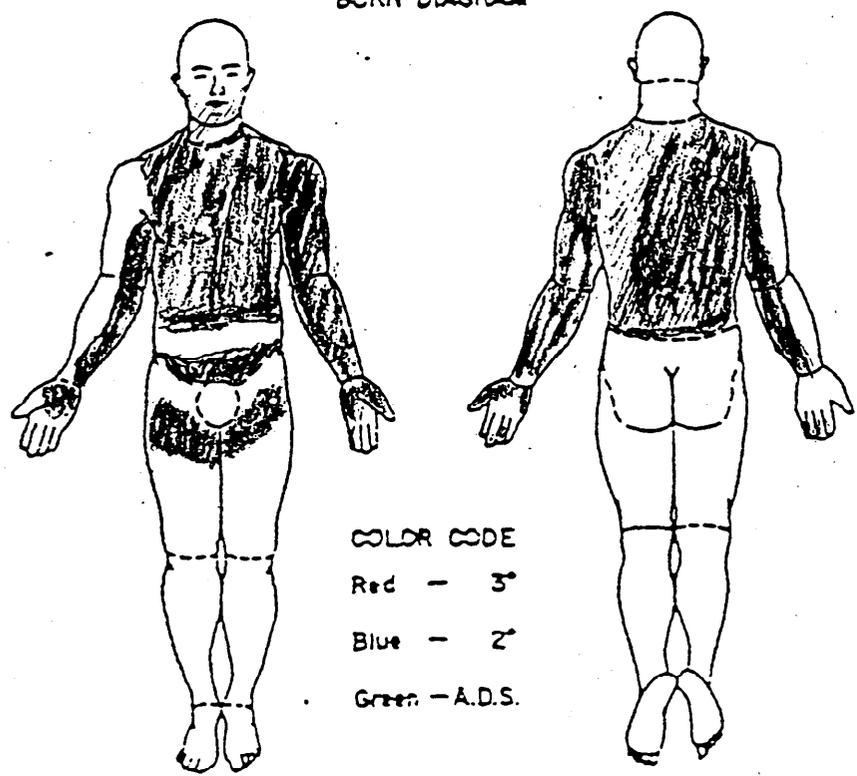
MML
Ma. J. J. J.

SIGNATURE _____

Area	Birth 1 yr.	1-4 yr.	5-9 yr.	10-14 yr.	15 yr.	Adult	2°	3°	Total	Donor Areas
Head	19	17	13	11	9	7	1 1/2			
Neck	2	2	2	2	2	2		1		
Ax. Trunk	13	13	13	13	13	13		11		
Post. Trunk	13	13	13	13	13	13		13		
R. Buttock	2 1/2	2 1/2	2 1/2	2 1/2	2 1/2	2 1/2				
L. Buttock	2 1/2	2 1/2	2 1/2	2 1/2	2 1/2	2 1/2				
Genitalia	1	1	1	1	1	1				
R. U. Arm	4	4	4	4	4	4		2		
L. U. Arm	4	4	4	4	4	4		4		
R. L. Arm	3	3	3	3	3	3		1 1/2		
L. L. Arm	3	3	3	3	3	3		3		
R. Hand	2 1/2	2 1/2	2 1/2	2 1/2	2 1/2	2 1/2		1.50		
L. Hand	2 1/2	2 1/2	2 1/2	2 1/2	2 1/2	2 1/2		2		
R. Thigh	5 1/2	6 1/2	8	8 1/2	9	9 1/2		2		
L. Thigh	5 1/2	6 1/2	8	8 1/2	9	9 1/2		2		
R. Leg	5	5	5 1/2	6	6 1/2	7				
L. Leg	5	5	5 1/2	6	6 1/2	7				
R. Foot	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2				
L. Foot	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2	3 1/2				
TOTAL							1.5	42	43.5	

TOTAL 1.5 42 43.5
 BURN DIAGRAM

AGE 8
 SEX M
 WEIGHT 40 k est.

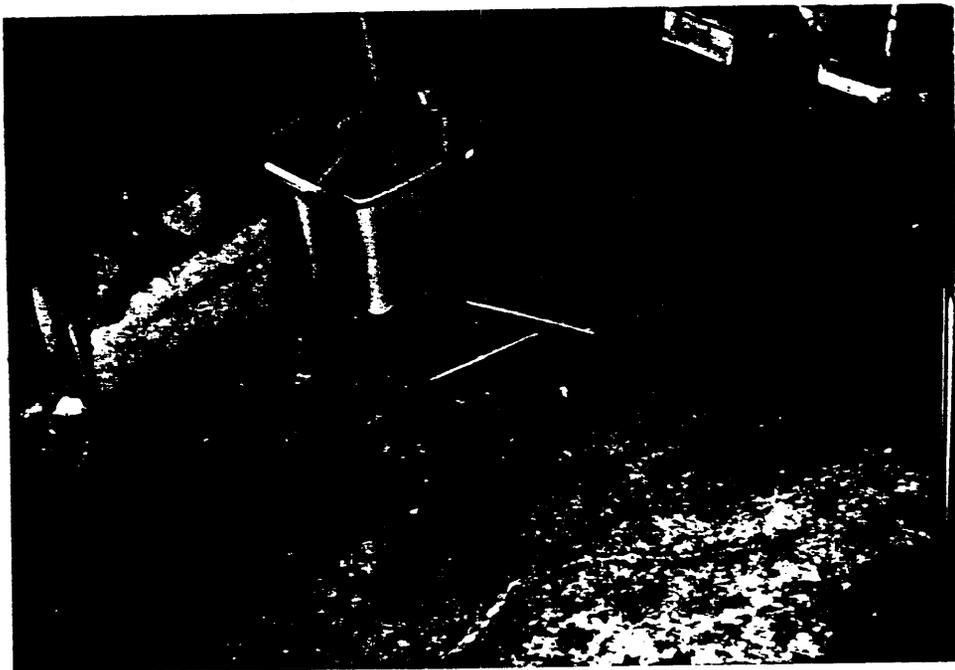


COLOR CODE
 Red - 3°
 Blue - 2°
 Green - A.D.S.

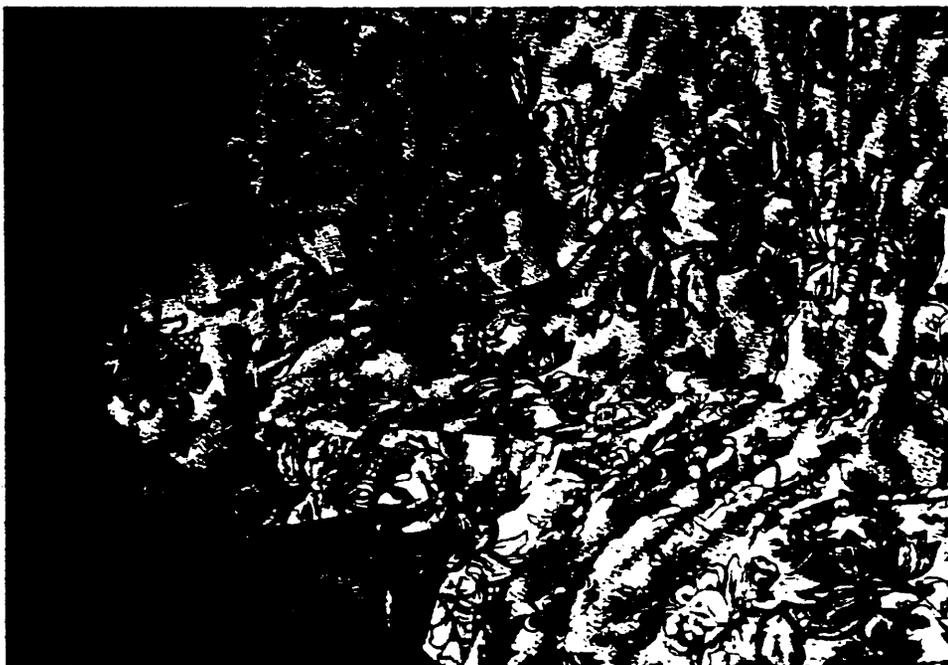
2001 Form 6-64
 13 Dec 61

Lewis County Sheriff's Department Photographs

Attachment 3
960411CCC6143



1. View of involved stick matches.



2. View of burn to furniture throw.



3. View of burn to furniture throw.



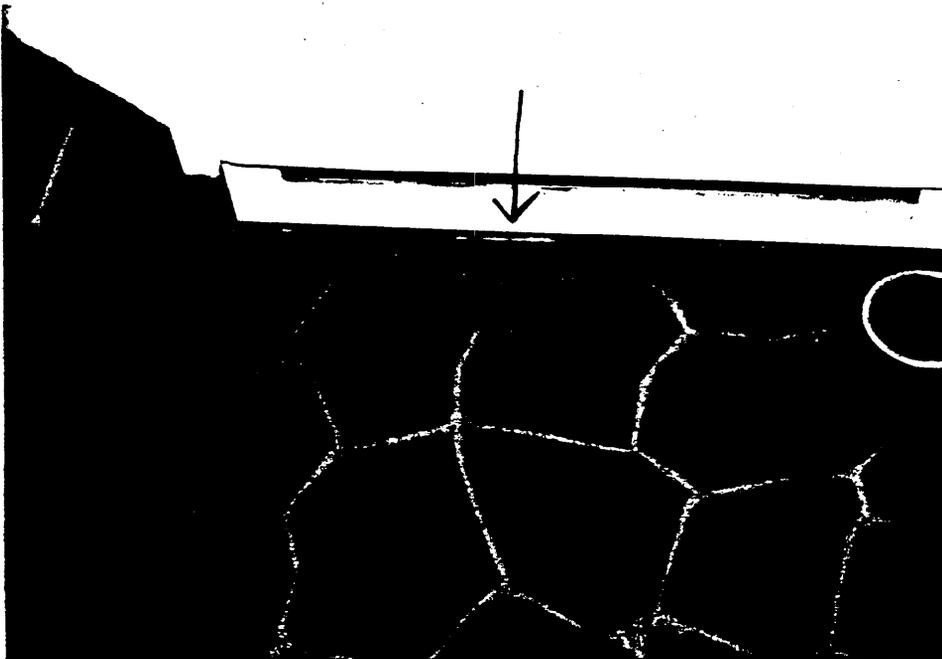
4. Close-up view of burn to furniture throw.

Lewis County Sheriff's Department Photographs

Attachment 3
960411CCC6143



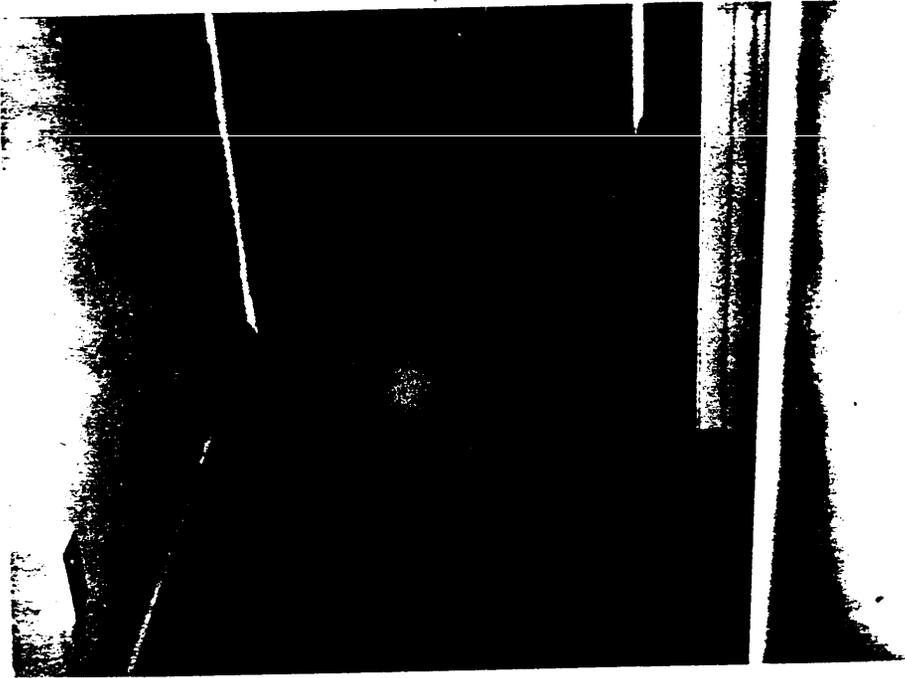
5. View of burn to fabric on loose cushion seat under furniture throw.



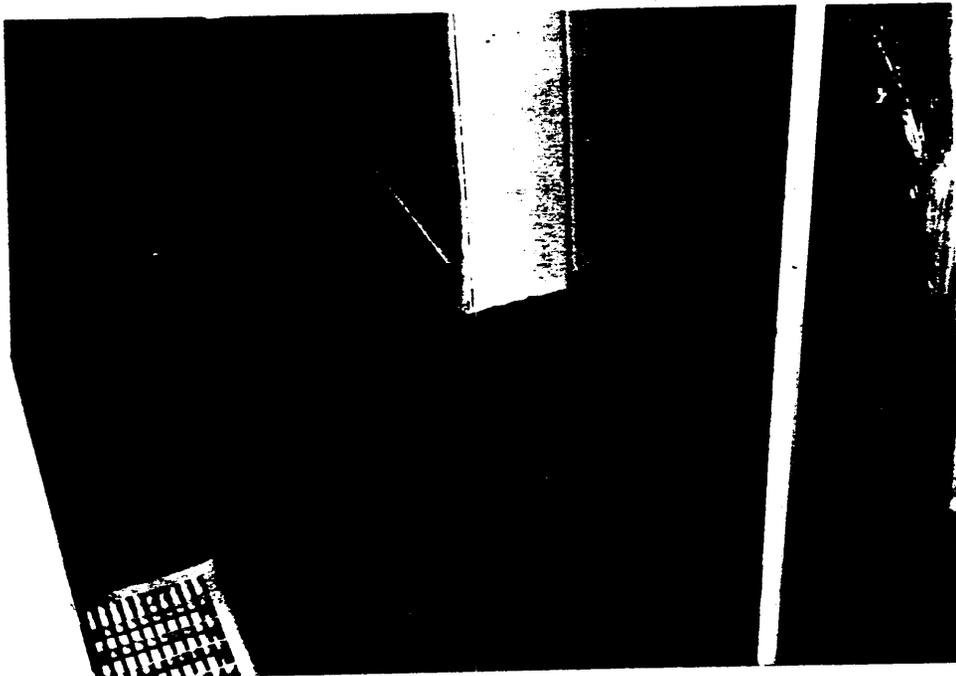
6. View of fabric ash located in foyer (see arrow).

Lewis County Sheriff's Department Photographs

Attachment 3
960411CCC6143



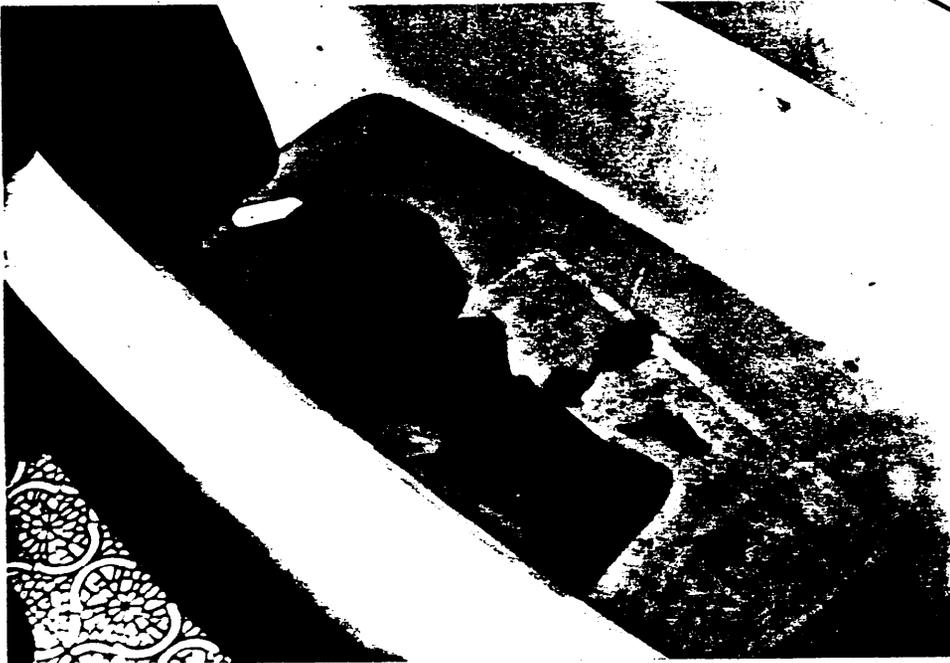
7. View of burn to carpet and ashes from involved shirt.



8. Additional view of photograph # 7.

Lewis County Sheriff's Department Photographs

Attachment 3
960411CCC6143



9. View of victim's hat and boots in bathtub in which the shirt fire was extinguished.

Date 01 MAY 96

Subject 960411CCC6143

IDI

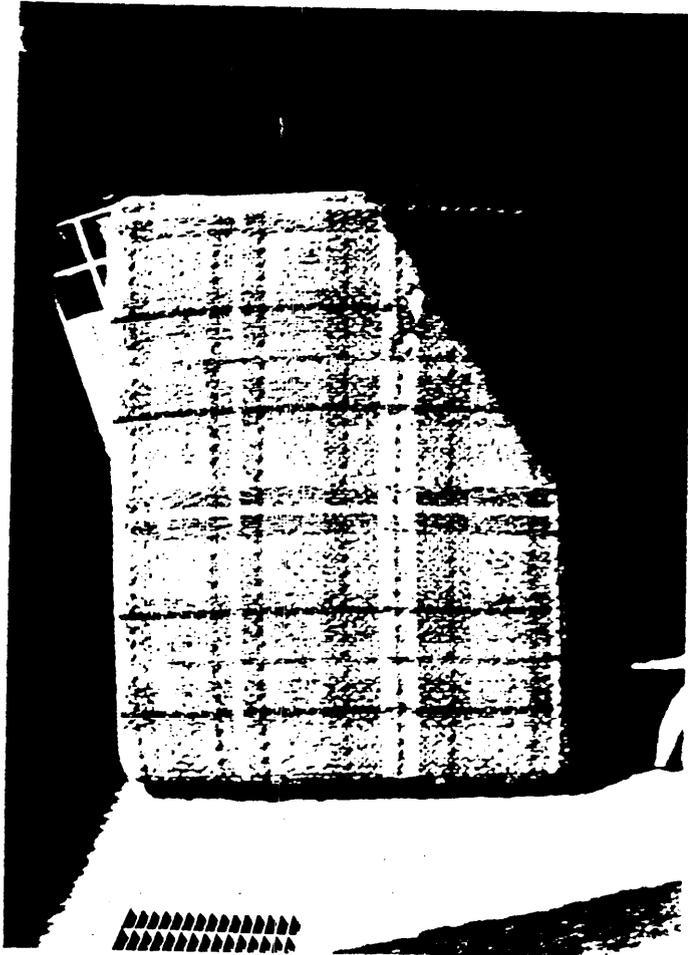
oto

QUALITY. CONVENIENCE & VALUE

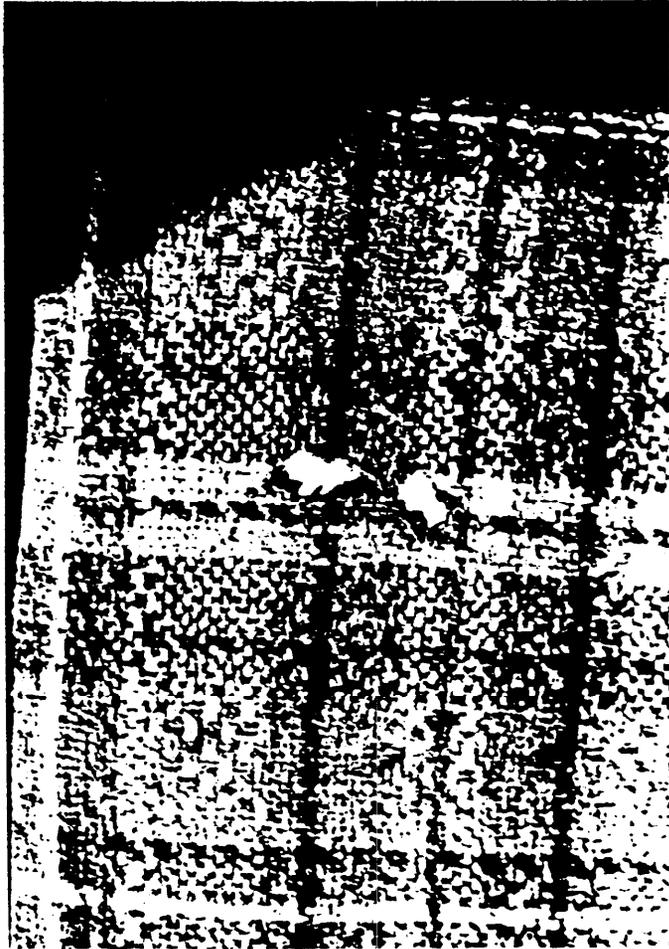


MADE AND PRINTED IN U.S.A.

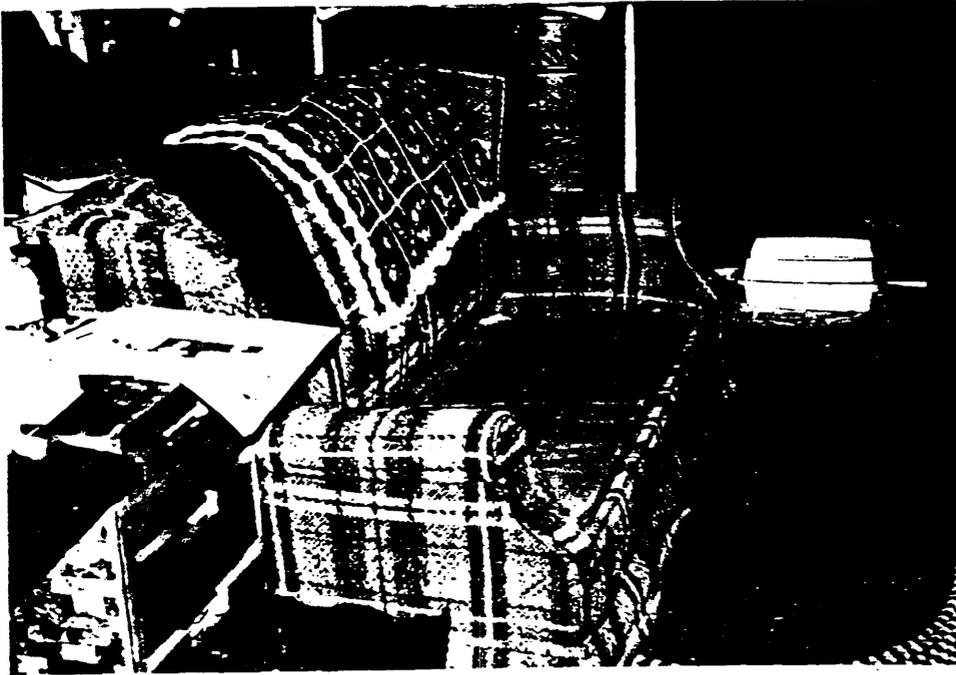
Attachment 4
960411CCC6143



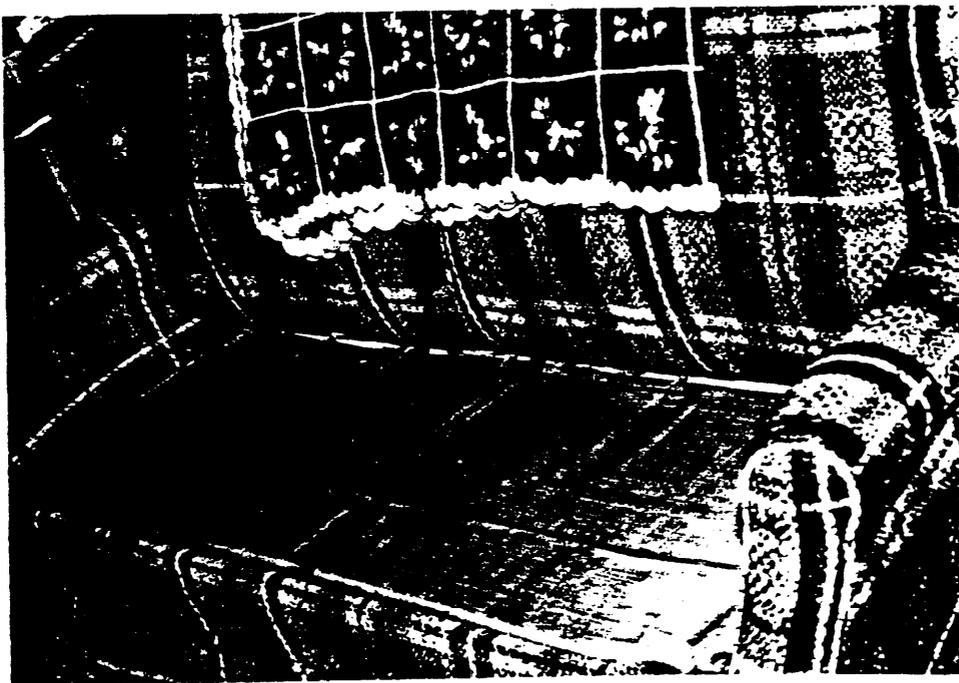
1. Over-all view of burn in loose seat cushion of sofa bed.



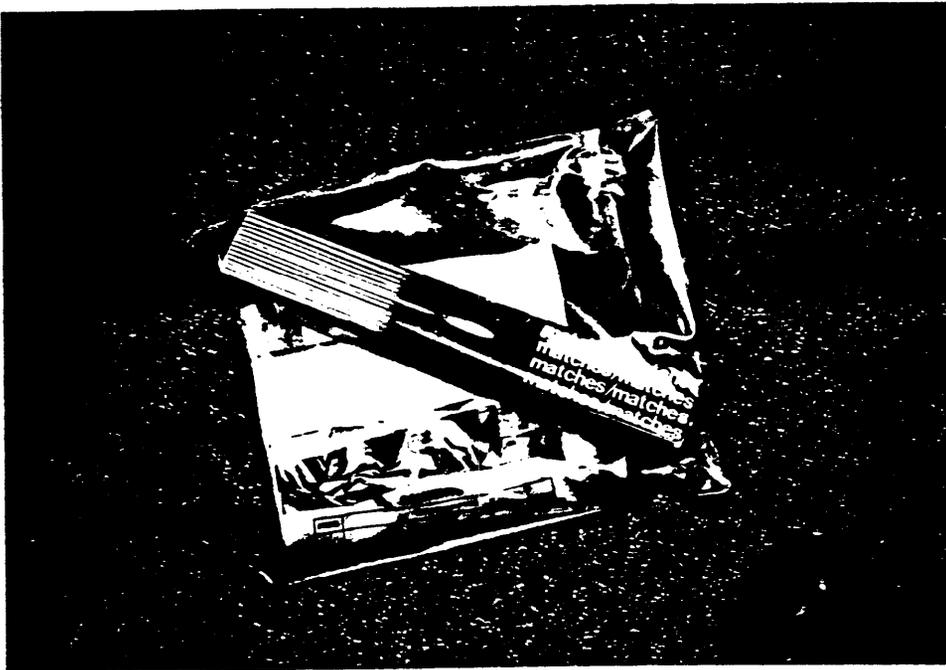
2. Close-up view of burn to loose seat cushion.



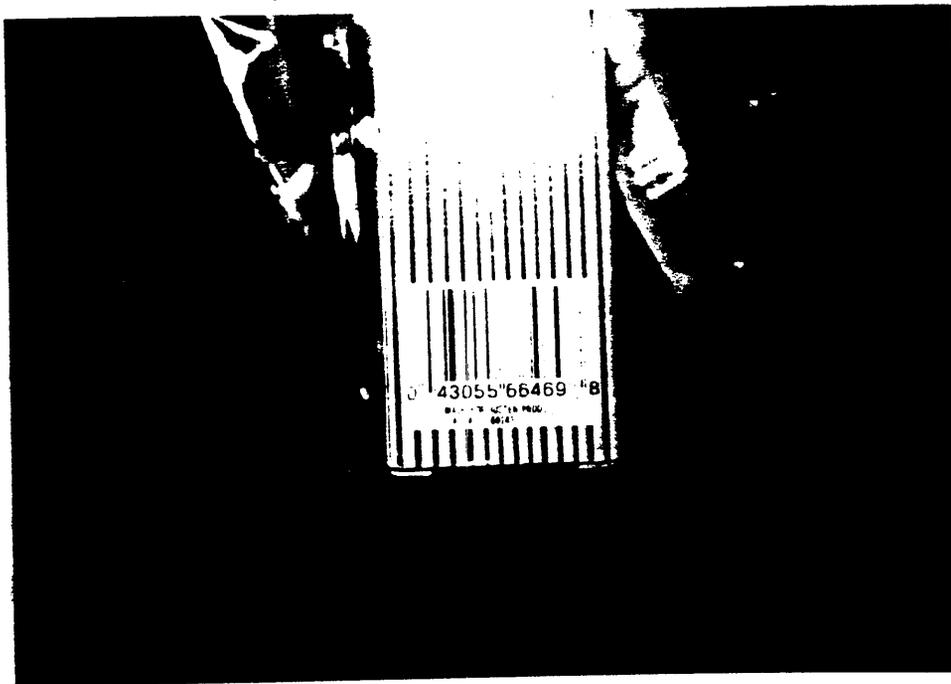
3, Over-all view of sofa bed with loose cushion seats removed.



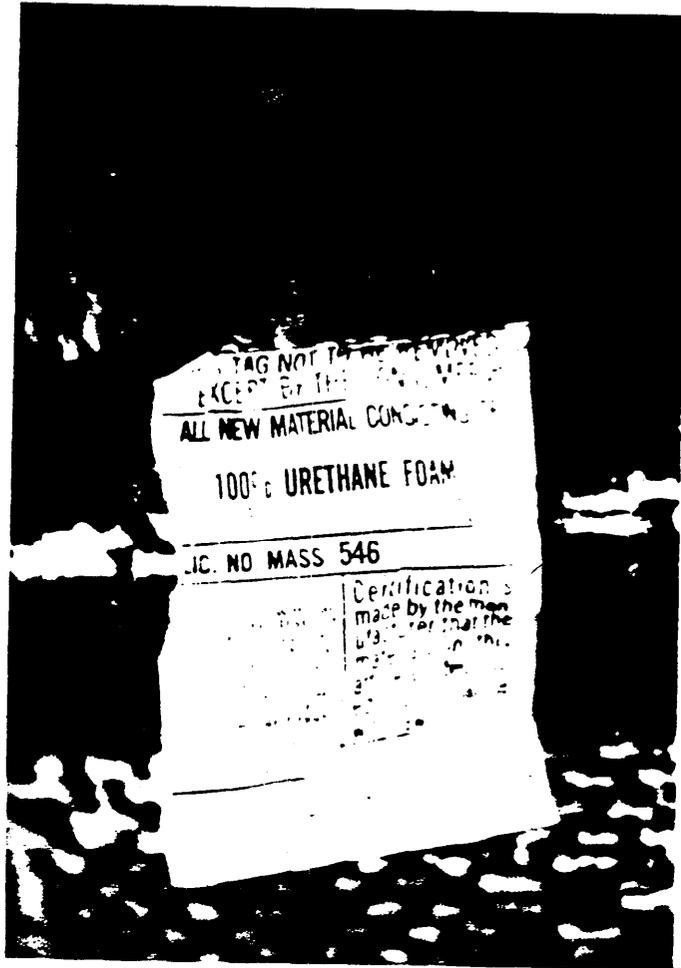
4. Additional view of sofa 'bed with loose cushion seats removed.



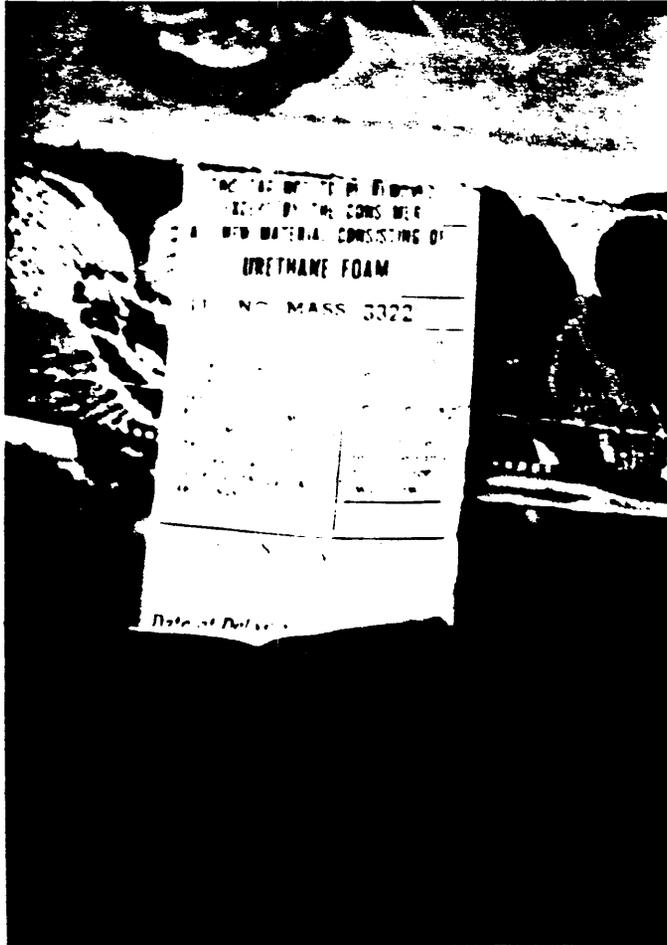
5. View of the match retail packaging.



6. View of the UPC code on the matches.



7. View of hang tag located on both loose seat cushions.



7. View of hang tag located on sleeper portion of the sofa bed.



8. View of the retail packaging of the furniture throw.



9. Over-all view of identical shirt



10. Close-up view of hang tag located in the collar of the shirt.

1. CASE NO. 960522CCL6230	2. INVESTIGATOR'S ID 3333	3. OFFICE CODE 591	EPIDEMIOLOGIC INVESTIGATION REPORT
4. DATE OF ACCIDENT YR MO DAY 96 04 05	5. DATE INVESTIGATION INITIATED YR MO DAY 96 05 28		

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 74 YEAR OLD MALE VICTIM DIED IN THE HOSPITAL AS A RESULT OF THERMAL BURNS TO MORE THAN 85% OF HIS ENTIRE BODY. BURNS RESULTED WHEN TWO YOUNG FEMALE CHILDREN (AGES 2 AND 4) UNDER VICTIM'S SUPERVISION, LIT A WOODEN STICK, STRIKE ANYWHERE MATCH TO AID THEIR SEARCH FOR A BIRD (OR BIRDS) WHO WERE HIDDEN UNDER THE COUCH ON WHICH MALE VICTIM WAS ASLEEP. ALL VICTIMS WERE HOSPITALIZED, MALE VICTIM DIED IN THE HOSPITAL AND DEATH OF OTHERS IS UNKN.

7. LOCATION (Home, school, etc.) HOME, INDOORS	8. CITY 10 SAN ELIZARIO	9. STATE TX
---	----------------------------	----------------

10A. FIRST PRODUCT WOODEN MATCHES 1730	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS UNKNOWN
--	--

10B. SECOND PRODUCT SOFA 0679	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS UNKNOWN
-------------------------------------	--

12. AGE OF VICTIM 074	13. SEX (Use numerical code) MALE - 1 FEMALE - 2 UNKNOWN - 3 1	14. DISPOSITION EXPIRED - IN HOSPITAL 8	15. INJURY DIAGNOSIS THERMAL BURNS 51
--------------------------	--	--	---

16. BODY PART + 85% OF ENTIRE BODY 85	17. RESPONDENT(S) (Mother, Friend) ME POLICE, FIRE FIRE MARSHAL 3	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 2	19. TIME SPENT 2.5
---	--	--	-----------------------

20. ATTACHMENTS ME, FIRE, FIRE MARSHALS RPTS. QUESTIONNAIRE 9	21. CASE SOURCE MECAP 12	22. REVIEWED BY 0422 960621
--	--------------------------------	-----------------------------------

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

* OFFICIALS ONLY CONTACTED

CPSC MAY DISCLOSE MY NAME CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side) X	25. REGIONAL OFFICE DIRECTOR REVIEW DATE
---	---

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

GENERIC TELEPHONE INTERVIEW QUESTIONNAIRE

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

RECORD OF CALLS'

Date	Day of Wk	Time	Result	Date	Day of Wk	Time	Result
5/29/96	TUESDAY		C	5/31/96	FRI.	12:50pm	C
5/30/96	THURS.	4:15pm	C	5/31/96	FRI.	1pm	C
5/31/96	FRI.	12:30pm	C	6/3/96	MON	1:20pm	NA

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

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

Hello. May I please speak with _____?

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

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

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

Victim _____
 Parent _____
 Other, specify relationship POLICE, ME, FIRE DEPT / FIRE MARSHALL

TASK NUMBER 960522 CCL 6230

1. Can you tell me what happened? ACCORDING TO
OFFICIALS CONTACTED, A 74 YEAR OLD MALE
WAS ASLEEP ON A SOFA MADE OF COTTON
FABRIC. TWO YOUNG CHILDREN, UNDER THE ELDERLY
GENTLEMAN'S SUPERVISION, WERE PLAYING WITH A
YOUNG BIRD THAT MAY HAVE ENTERED THROUGH
AN OPEN ROOM UNDER CONSTRUCTION. THE BIRD
(OR BIRDS) TOOK REFUGE UNDER THE SOFA ON
WHICH THE VICTIM WAS ASLEEP. THE YOUNG
CHILDREN, IN AN ATTEMPT TO LOCATE THE BIRDS
UNDER THE COUCH, IGNITED A WOODEN STICK, STRIKE
ANYWHERE TYPE MATCH. THE MATCH WAS, THEN,
HELD UNDER THE COUCH FOR LIGHTING PURPOSES.
IT IS BELIEVED THAT WHILE THE MATCH WAS
BEING HELD UNDER THE SOFA. SOME OF THE
FABRIC IGNITED. THE SOFA, THEREFORE, IGNITED
CAUSING SEVERE THERMAL BURNS ON THE SLEEPING
MALE VICTIM. LIKEWISE, THE TWO YOUNG FEMALE
VICTIMS AGES 2 AND 4 SUSTAINED SMOKE INHALATION
INJURIES AND WERE TREATED AT THE HOSPITAL.
ALL THE VICTIMS WERE TRANSPORTED TO THE
HOSPITAL (FOR TREATMENT) BY AMBULANCE. NEIGHBORS
REPORTED THE INCIDENT AND ALL THREE VICTIMS
WERE GIVEN FIRST AID UNTIL AMBULANCE ARRIVED.
THE 74 YEAR OLD MALE VICTIM EXPIRED IN THE
HOSPITAL DUE TO THERMAL BURNS COVERING MORE
THAN 85% OF HIS ENTIRE BODY. THE DISPOSITION
OF THE 2 YOUNG FEMALES WAS NOT SPECIFIED.

TASK NUMBER 960522 CCC 6230

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

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

	<u>Injured Person # 1</u>	<u>Injured Person # 2</u>
Who was injured? (Relationship to respondent, ID)...	<u>PILAR LOPEZ</u>	<u>TWO YOUNG FEMALES</u>
Age/Sex.....	<u>74 / M</u>	<u>2 & 4 / F</u>
Type of Injury (e.g. laceration, burn)..	<u>THERMAL BURNS</u>	<u>SMOKE INHALATION</u>
Body part injured..	<u>+ 85% OF BODY</u>	<u>ALL PARTS</u>
Type treatment (e.g. hospitalized 5 days)	<u>HOSPITALIZED 2 DAYS BEFORE EXPIRING</u>	<u>HOSPITALIZED</u>
Any permanent effects (e.g. nerve damage) .	<u>DECEASED</u>	<u>NOT SPECIFIED</u>

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

Date 4/5/96 Time of day ~5, EVENING am/pm (pm)

5. *Where did the accident occur? (e.g. backyard, school, kitchen)
520 MAYAPAN ST. (LIVING ROOM)
City SAN ELIZARIO State TX

* NOTE: FIRE DEPT. CLAIMS FIRE WAS AT 533 MAYAPAN ST, SAN ELIZARIO, TX BUT SHERIFF'S DEPT AND ME SHOW 520 MAYAPAN ST. SAN ELIZARIO, TX

TASK NUMBER 960 522 CLL 6230

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

THE 74 YEAR OLD MALE VICTIM WAS
ASLEEP ON THE FABRIC SOFA.

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

TWO YOUNG FEMALES (AGES 2 AND 4) WERE
PLAYING WITH BIRDS WHO MAY HAVE ENTERED
THROUGH AN OPEN ROOM OF THE HOUSE WHICH WAS
UNDER CONSTRUCTION. THE BIRDS WENT UNDER THE COUCH
AND THE YOUNG CHILDREN LIT A WOODEN STICK, STRIKE
ANYWHERE MATCH AND HELD IT UNDER THE SOFA.

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

IT IS UNKNOWN IF
THE VICTIM SUPERVISED THE CHILDREN REGULARLY
OR NOT. IT IS ALSO UNCLEAR WHETHER THE
CHILDREN PLAYED WITH MATCHES ON ANY
PREVIOUS OCCASIONS.

If performed before,, what was different this time? _____

ON THIS PARTICULAR DAY OF THE INCIDENT
THE CHILDREN'S ADULT SUPERVISOR HAD FALLEN
ASLEEP AND THE CHILDREN USED MATCHES
TO AID THEIR SEARCH FOR YOUNG BIRDS HIDDEN
UNDER THE COUCH. THE MATCH SUBSEQUENTLY
IGNITED THE FABRIC OF THE COUCH.

TASK NUMBER 960522CCC.6230

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

NEIGHBORS PLACED A CALL FOR HELP AND
ALL THREE VICTIMS WERE GIVEN FIRST AID
UNTIL TRANSPORTED TO THE HOSPITAL FOR
TREATMENT. THE 74 YEAR OLD MALE EXPIRED
IN THE HOSPITAL. THE DISPOSITION OF THE YOUNG
CHILDREN WAS UNSPECIFIED.

10. Did (the injured party) have any health problems that may have been a factor in-the incident (e.g. poor eye sight) _____
If yes, describe

NONE SPECIFIED.

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

PLASTIC TRASH CAN AND ASHTRAY
WERE NEARBY. A GAS SPACE HEATER WAS ALSO
ADJACENT TO COUCH BUT FAR ENOUGH AWAY FROM
FIRE'S ORIGINATION POINT (AND APPARENTLY UNINVOLVED
IN THE FIRE) TO BE CONSIDERED UNRELATED.

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

COUCH WAS DESTROYED TOTALLY AND HOUSE
SUSTAINED MINOR FIRE, SMOKE AND WATER
DAMAGE. ESTIMATED LOSS \$ 11,000.

TASK NUMBER 960522CCC6230

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

What is the approximate age UNKNOWN

Brand name, if known UNKNOWN

Manufacturer - UNKNOWN

Model (number) UNKNOWN

Size/capacity UNKNOWN

Color/shape COUCH WAS WOODEN FRAME W/ COTTON FABRIC & UPHOLSTER

other MATCHES WERE WOODEN STICK, STRIKE ANYWHERE TYPE

14. Was the product damaged before or during the incident?

If yes,, please describe.

YES, THE SOFA WAS FIRE & WATER

DAMAGED.

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

NO SMOKE DETECTORS PRESENT.

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

APPARENTLY NO SAMPLES WERE COLLECTED BY ANY DEPARTMENTS ON THE SCENE SINCE IT WAS AN ACCIDENTAL FIRE

960522 LCC 6230

TEXAS FIRE INCIDENT REPORTING SYSTEM
SAN ELIZARIO VOL FIRE DEPT INCIDENT REPORT

1

A FDID Incident No. Exp Date Day of the Week Alarm Fire Tire in Service
GB409 960052 00 04/05/1996 Friday 6 1713 1829

B CORRECT No. Street Name Zip Code Census Tract
LOCATION 533 MAYAPAN 79849

C Occupant Name Telephone Room or Apt
SAM (915) 591-4575

D Owner Name Address Telephone
LOPEZ PILAR SAME (915) 591.4575

E Method of Alarm From Public Type of Situation Pound
TELEPHONE TIE-LINE TO FIRE DEPARTMENT 7 STRUCTURE F JR3 11

F Type of Action Taken Co. Inspection Shift No. Alarms Mutual Aid
RESCUE ONLY 2 District 000 1 Rec'd Given

G No Fire Service Personnel No. Engines No. Aerial Apparatus No. Other Vehicles
Used at Scene Used at Scene 001 Used at Scene 000 Used at Scene 002

H No. Incident-related Injuries No. Incident-related Fatalities Complex
Fire Service 000 Others 3 Fire Service 000 Others 000 DWELLING COMPLEX (1 & 2 FAMILY) 41

I Fixed Property Use Mobile Property Type
ONE FAMILY DWELLING; YBAR ROUND USE 411 MOBILE PROPERTY TYPEB NOT APPLICABLE 08

J Area of Fire Origin Level of Fire Origin Termination St age
SLEEPING ROOMS FOR UNDER 5 PERSONS 21 GRADE LEVEL TO 9 FEET ABOVE GRADE 1 FIRE TERM. IN OR AFTER THE FLAME ST 3

K Equipment Involved Form of Beat of Ignition
EQUIPMENT INVOLVED UNDETERMINED/NOT REPORTED 00 MATCH 45

L Type of Material Ignited Form of Material Ignited Ignition Factor
COTTON, RAYON, COTTON FABRIC, FINISH 72 UPHOLSTERED SOFA, CHAIR, VEHICLESBA 21 CHILDREN WITH CHILD PLAYING 36

M Structure Type Construction Type Construction Method
BUILDING WITH ONE FIXED PROPERTY USE 1 CONSTRUCTION TYPE UNDETERMINED OR NO 0 SITE BUILT STRUCTURE 1

N Extent of Flame Damage Extent of Smoke Damage Extent of Water Damage
CONFINED TO PART/ROOM OR AREA/ORIGIN 2 CONFINED TO PART/ROOM OR AREA/ORIGIN 2 CONFINED TO PART OF ROOM OR AREA/OR 2

O Extent of Fire Control Damage Detector Performance Sprinkler Performance
CONFINED TO PART/ROOM OR AREA OF ORI 2 NO DETECTORS PRESENT 8 NO EQUIPMENT PRESENT IN ROOM/SPACE 8

P IF FLAME SPREAD Type Material Generating Most Flame Avenue of Flame Travel
BEYOND ROOM

Q IF SMOKE SPREAD Type Material Generating Most Smoke Avenue of Smoke Travel
BEYOND ROOM

R Method of extinguishment
METHOD/EXTINGUISHMENT UNDETERMINED/NOT REPORTED 0

Es timated Total Property Damage Classification Time From Alarm/Agent Applied
s 00020300 10,000-24,999 DOLLARS 4 2-5 MINUTES 3

Officer in Charge Date
LEE F MURATI 04/05/1996

T Member Making Report Date
CYNTHIA TREVI 20 04/05/1996

U If Mobile Property Year Make Model Serial Number License No. (If Any)

V If Equipment Involved Year Make Model Serial Number Voltage (If Any)
In Ignition

CALLING PARTY WAS PAGED BY SHERIFF DEPT.

960522 CCC 6230

GOT CALL AS A STRUCTURE FIRE, UPON ARRIVAL FIRE HAD BEEN EXTINGUISHED BY NEIGHBORS, THERE WAS TWO CHILDREN AGES 2 AND 4, WITH SEVERE SMOKE INHALATION, AND ALSO A 34 YEAR OLD MALE WITH SEVERE SMOKE INHALATION, AND SEVERE BURNS TO HIS ENTIRE BODY. OUR DEPARTMENT GAVE FIRST AID, UNTIL THE ARRIVAL OF THE AMBULANCE, ALL THREE PAT-TENTS WERE TRANSPORTED TO HOSPITAL BY AMBULANCE. 04/05/1996 CT.

AD
RR

CT

CV

BZ

GA

LM

RA

960522 CCC 6230

1

TEXAS FIRE INCIDENT REPORTING SYSTEM
SAN ELIZARIO VOL FIRE DEPT INCIDENT REPORT

A FDIID GB409 Incident No. Exp 9600052 00 Date 04/05/1996 Day of the Week Friday 6 Alan Time Tiae in Service 1713 1823
B CORRECT No. Street Name 533 MAYAPAN Zip Code 79849 Census Tract
C Occupant Name SAME Telephone (915) 591-4575 Room of Apt
D Owner Name LOPEZ PILAR Address SAME Telephone (915) 591-4575
E Method of Alarm From Public TELEPHONE TIE-LINE TO FIRE DEPARTMENT. 7 Type of Situation Pound STRUCTURE FIRE 11
F Type of Action Taken RESCUE ONLY 2 District 000 Shift No. Alarms 1 Mutual Aid Rec'd Given
G Ho Fire Service Personnel Used at Scene 8 No. Engines Used at Scene 001 No. Aerial Apparatus Used at Scene 000 No. Other Vehicles Used at Scene 002

H No. Incident-related Injuries Fire Service 000 Others 3 No. Incident-related Fatalities Complex Fire Service 000 Others 000 DWELLING COMPLEX (1 & 2 FAMILY) 41
I Fixed Property Use ONE FAMILY DWELLING: YEAR ROUND USE 411 Mobile Property Type MOBILE PROPERTY TYPB NOT APPLICABLE 08

J Area of Fire Origin SLEEPING ROOMS FOR UNDER 5 PERSONS Level of Fire Origin 21 GRADE LEVEL TO 9 FEET ABOVE GRADE Termination Stage 1 FIRE TERM. IN OR AFTER THE FLAME ST 3
K Equipment Involved EQUIPMENT INVOLVED UNDETERMINED/NOT REPORTED 00 Form of Beat of Ignition MATCH 45
L Type of Material Ignited COTTON, RAYON, COTTON FABRIC, FINISH 72 UPHOLSTERED SOFA, CHAIR, VEHICLE SBA 21 Ignition Factor : CHILDREN WITH CHILD PLAYING 36

M Structure Type BUILDING WITH ONE FIXED PROPERTY USE 1 Construction Type CONSTRUCTION TYPE UNDETERMINED OR NO 0 SITE BUILT STRUCTURE 1
N Extent of Flame Damage CONFINED TO PART/ROOK OR AREA/ORIGIN 2 Extent of Smoke Damage CONFINED TO PART/ROOM OR AREA/ORIGIN 2 Extent of Water Damage CONFINED TO PART OF ROOM OR AREA/OR 2
O Extent of Fire Control Damage CONFINED TO PART/ROOM OR AREA OF ORI 2 Detector Performance NO DETECTORS PRESENT Sprinkler Performance NO EQUIPMENT PRESENT IN ROOM/SPACE 8
P IF FLAME SPREAD BEYOND ROOM Type Material Generating Most Flame Avenue of Flame Travel
Q IF SMOKE SPREAD BEYOND ROOM Type Material Cenerating Most Smoke Avenue of Saoke Travel

Method of Ext inguishment R METHOD/EXTINGUISHMENT UNDETERMINED/NOT REPORTED 0
s 00029000 Estioated Total 10,000-24,999 DOLLARS Property Damage Classification 4 2-5 MINUTES Time From Alarm/Agent Applied 3
Officer in Charge LEB F MURATI Date 04/05/1996
T Member Making Report CYNTH IA TREVI ZO Date 04/05/1996

U If Mobile Property Year Make Model Serial Number License No. (If Any)
V If Equipment Involved In Ignition Year Make Model 1 Serial Number Voltage (If Any)

CALLING PARTY WAS PAGED BY SHERIFF DEPT.

960522ccc 6230

GOT CALL AS A STRUCTURE FIRE, UPON ARRIVAL FIRE HAD BEEN EXTINGUISHED BY NEIGHBORS, THERE WAS TWO CHILDREN AGES 2 AND 4, WITH SEVERE SMOKE INHALATION, AND ALSO A 74 YEAR, OLD MALE WITH SEVERE SMOKE INHALATION, AND SEVERE BURNS TO HIS ENTIRE BODY. OUR DEPARTMENT GAVE FIRST AID, UNTIL THE ARRIVAL OF THE AMBULANCE, ALL THREE PATIENTS WERE TRANSPORTED TO HOSPITAL BY AMBULANCE, 04/05/1996 CT.

AD
RR

CT

cv

BZ

CA .

LM

RA

ACCIDENT INVESTIGATION REQUEST FORM

Document Number X 9642072
Date of Incident 04/07/96 Category I.D. BUNN251996
Follow-Up Requested Hazard Analysis X Section 15 _____
Type Follow-Up Requested Telephone Call X On-Site _____
Headquarters Contact Kimberly Long (301) 504 -0470 Ext 1269
Backup - Linda Smith (301) 504-0470 Ext. 1275

Assignment Message

Conduct a investigation of this case where a child playing with-matches ignited a couch. **Find out what part of the furniture ignited (if possible).** if second hand furniture, find out how long in possession. If furniture still available, collect sample, following page 9 of guideline for sample collection.

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

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

officials only

Complete Data Record Sheet in guideline.

Person(s) to Contact Galveston County, TX Fire Department

Guideline Number 19 Upholstered Furniture Fires

Requested By Kimberly Lona

Task Number 960522 CCC 6230

Assigned to WESQ 3333

Date 05/22/96

EL PASO FIRE MARSHAL DIVISION
COMPLAINT REPORT

FD# 96-1 14
PD# S. O. Case
96-002849

960522 CCC 6230

Location of Occurrence- 520 Mayapan					
When Occurred	Month 04	Day 05	Year 96	APR -9 84:01 Day of Week Friday	Time of Day 1742
Name of Complainant Unknown (transported by Ambulance)		Address		Hm/Ph	Bus./Ph
Name of Owner SAA		Address		Hm/Ph	Bus./Ph
Name of Occupant SAA		Address		Hm/Ph	Bus./Ph
Type of Incident House fire / Accidental-child w/matches			Photos no	Prints	Evidence Lab. Name
Color/Code	Year	Make	Model	Style	
State & License #	VIN #		Remarks		
Insurance Information Unknown				Estimated Loss 11,000*****	

I responded to the address of occurrence with 935, L. Marquez to assist Sheriffs Officer with origin and cause investigation. Upon arrival I met with SO unit 258, Officer Andrade who stated that they had transported the three occupants to the hospital, and the fire companies had left the scene. I examined the one story structure starting from the exterior. I found the point of origin to be on the right-hand side of a sofa which was against the East wall of the living room There had been a plastic trash can, a plastic & metal ash tray and a quart glass beer bottle on this side. Burn patterns on the sofa's wood portions suggested that the fire started a few inches above the floor level. The remains of a small bird were found immediately under the point of origin, and another small bird's body was on the floor just past the center of the sofa. No possible sources of ignition were found at the point of origin. A space gas heater was next to the sofa but far enough and away from the point of origin, and evidently not involved in the fire. A box full of strike anywhere wooden matches was on a partition separating the living room from the kitchen. I asked a visitor to the residence who stated that there was another box of the same kind of matches with just a few, near the stove, where he left them after cooking. The same person stated that there were no pet birds in the house, he said the only birds are the ones in the next room which is still open, and under construction. The grandfather had been caring for the two children. It is possible that the older child may have been playing with matches or was using the matches trying to find the birds that were inside the sofa's cavities, with the aid of a match, accidentally igniting some fabric at the point of origin.

This Case Is Declared To Be	Investigator(s): M. L. Torres, F918
<input type="checkbox"/> Unfounded	Signature: 
<input type="checkbox"/> Cleared by Arrest	Date: 04/09/96
<input checked="" type="checkbox"/> Exceptionally Cleared	
<input type="checkbox"/> Inactive (Not Cleared)	

960522 CCC 6230

EL PASO COUNTY SHERIFF'S DEPARTMENT

[] FACILITY INCIDENT
[x] COMPLAINT REPORT

District	Shift No.	Reviewer
258	2nd	<i>[Signature]</i>

Class	Case/Inc. No.
X	96-DO2845

Address / Location of Occurrence
520 Mayapan, San Elizario, TX. 79849

'96 APR -8 A8 :43

Type of Complaint	officer (s)	Division
STRUCTURE FIRE/INJURED PARTY	Jorge Andrade #1277	Ptrl.
Date occurred	Time Occurred	Date Reported
04-05-96	1710 hrs.	04-05-96
		Time
		1718 hrs.
		<input type="checkbox"/> Tele. <input type="checkbox"/> Obsv.
		<input checked="" type="checkbox"/> Disp. <input type="checkbox"/> Flag.

Complainant	Address	P.O. BOX (Mailing Address)	Bus:
Pilar Lopez,	520 Mayapan, San Elizario, TX. 79849		Home: None
Person Reporting	Address	P.O. BOX (Mailing Address)	Bus:
Unknown			Home:

Vehicle Involved:	License No.:	Year/Make/Model/Style/Color	V.I.N.
None	State:		Remarks

DETAILS OF COMPLAINT:

718 hrs. I was dispatched to 520 Mayapan in reference to a structure fire.

721 hrs. I arrived at 520 Mayapan. The fire had been put out. I saw two young girls laying on the ground in front of the house. The girls were unconscious and were being assisted by two members of the San Elizario Volunteer fire dept. The girls were on their back facing up. I proceeded inside the house where I saw a male laying on his stomach. The male was just outside the kitchen door on the house's back yard. The male had third degree burn from his waist up and was being assisted by two members of the San Elizario Fire Dept. I requested Life Ambulance to the scene.

734 hrs. Two units of Life Ambulance arrived to the scene. Life transported the two girls smoke inhalation and the male with burns to Thomason Hospital. I requested ID and R the Fire Marshalls to the scene. Gas Company was also dispatched because the Fire Dept. was unable to shut the gas off.

15 hrs. Service Technician, Rick Armendariz from the Gas Company arrived to the scene. Armendariz checked all the house's gas lines and stated that there was no gas leaks. Armendariz then shut the gas off.

34 hrs. El Paso Fire Marshalls Mario Torres #918 and Larry Marquez #932 arrived. Fire Investigated the scene.

51 hrs. ID and R Technician arrived and photographed the scene.

[Signature]
Dep. Jorge Andrade #1277



9605220006230

THE COUNTY OF GALVESTON
MEDICAL EXAMINER'S OFFICE

8807 Highway 1764
Texas City, Texas 77691

W.E. KORNDORFFER, M.D.
CHIEF MEDICAL EXAMINER

PHONE (409) 9359274
FAX (409) 935-8305

FAX MESSAGE

DATE: 6-12-96

NUMBER OF PAGES: 18
(including cover sheet)

TO: Equifax : Attn: Mark Perrone

FROM: M.E. Office

MESSAGE: Complete autopsy report
on (ML-96-261-Pilon Lopez)

IF ERROR OCCURS IN TRANSMISSION, PLEASE NOTIFY US AT THE NUMBER LIST ABOVE.

****CONFIDENTIALITY NOTICE****

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Patient Account: 10000054-000

Med. Rec. No.: (0000)1469860

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race:

Admitting Dr.: DESAI MD, MANUJAL H

Attending Dr.: DESAI MD, MANUJAL H

Date / Time Admitted: 04/07/96 1450

Copies to: ARAMEURO MD, CHARLES

9605220006230 96 261 UTMB

University of Texas Medical Branch

Galveston, Texas 77555.0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

ARAMEURO MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-001 81

CLINICAL SUMMARY:

This 75 year old Hispanic male suffered an 85% total body surface area burn on 04/05. He was taken to Columbia Medical Center in El Paso. The assessment there revealed 2nd and 3rd degree burns on the patient's face, arms, upper torso, back, abdomen, and extremities. Approximately 50% of the burns were estimated to be 3rd degree. On admission his urine output was negligible. He was treated with aggressive intravenous fluid therapy, antibiotics, and was intubated for ventilatory support. By 04/06 his BUN and creatinine were elevated, and he had hyperkalemia, 300 mg/dl of protein in the urine, and gross hematuria. He was also acidotic (pH 7.6, PCO2 52, PO2 92, HCO3 23.9). The clinical assessment at that time included the following: acute renal insufficiency, ? rhabdomyolysis, myoglobinuria, respiratory failure with respiratory acidosis, and possible UTI. The patient was transferred to UTMB on 04/07. On arrival, he had anasarca, and his systolic blood pressure was in the 60's on norepinephrine. Urine output was negligible on admission and was documented at near 0 for the previous 24 hours. Urine output was not increased appreciably after 40 mg of Lasix and 2 mg of Bumex x 2 doses. On admission, his potassium was 6 mEq/l, and he had creatinine of 3.3 mg/dl. He had 1+ myoglobin and 3+ hemoglobin in the urine. His fibrinogen was 126 mg/dl, on the low side of normal. At 6:30 p.m. on 04/07 his systolic blood pressure dropped to the 40's, and CPR was performed. Following successful resuscitation, a second episode of bradycardia and hypotension led to another resuscitation at 8:00 p.m. The second resuscitation was again successful, but a third episode of bradycardia necessitated another resuscitation. The third resuscitation was again successful. A fourth episode of bradycardia and asystole prompted a fourth resuscitation which was again successful. The fourth resuscitation was at 21:20 on 04/07. Following this resuscitation high doses of Lasix (300 mg IV) and 20 mg Zaroxolyn were give with minimal effect on urine output. A fifth episode of bradycardia occurred around 10:00 p.m., leading to death. Permission for a complete autopsy was granted, and an autopsy was performed on 04/08 at 12:00, 13 hours and 47 minutes after death.

DW /AV
04/22/96Patient Name: LOPEZ, PILAR
Patient Location: BURN INTENSIVE CARE
Room/Bed: BICU - 08
Printed Date / Time: 05/11/96 - 1039

Page: 2

Continued....

Patient Account: 10000054-390

Med. Rec. No.: (0000)146996Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race: ☉ I--

Admitting Dr.: DESAI MU, MANUBHATH

Attending Dr.: DESAI MD, MANUBHATH

Date / Time Admitted: 04/07/96 1450

Copies to: ARAMPURO MD, CHARLES

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University of Texas Medical Branch

Galveston, Texas 77555-0543

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Fax (409) 772-5683

Pathology Report

AKAMBORO III, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-00181

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The body is that of a 75 year old Hispanic male. Marked anasarca is present. A moderate amount of rigor mortis is present on the extremities, and there is dependent lividity. 3rd degree burns are present on the face, shoulders, torso, abdomen, arms, legs and a portion of the lower back. Smaller areas of 2nd degree burns are also present on the abdomen and lower extremities. The head is normocephalic with short gray hair. Because of the marked amount of subcutaneous edema, the eyelids are swollen shut. The lids can be pulled apart, but a marked amount of edema of the bulbar conjunctiva makes it impossible to evaluate the pupils. The nares are patent, and pooled clear straw-colored fluid is present. A nasogastric tube is present. An endotracheal tube is present. The abdomen appears distended. An irregularly-shaped skin incision extends from the right shoulder to the right wrist. Subcutaneous tissue can be visualized through the open skin incision. The width of the incision measures 1 1/2 to 3 cm. This incision was bandaged, but no sutures are present. A central line is present in the subclavian areas bilaterally, an IV line is also present in the right femoral area. The genitalia are those of a normal circumcised male. Marked penile and scrotal edema is present.

INTERNAL EXAMINATION: A complete autopsy is performed. The body is opened using a standard Y-incision and reveals a 4 cm panniculus at the level of the umbilicus. The subcutaneous tissues show a marked degree of edema, consistent with the external finding of anasarca. This is strikingly noticeable in the scalp tissues, which are thickened to approximately 3-4 cm. The thoracic and abdominal organs are in the normal anatomic positions. The left and right pleural cavities each contain approximately 450 cc of clear straw-colored fluid. The pericardial sac contains approximately 60 cc of clear straw-colored fluid, and the peritoneal cavity contains 800 cc of clear straw-colored fluid. The left ribs, numbers 4, 5 and 6, are each fractured (recent fractures) just lateral of the mid-clavicular line. No thrombi are found within the pulmonary artery.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 400 gm. The epicardium appears normal, without adhesions to the pericardial sac. While fresh the heart is partially serially cross-sectioned from the apex, and three sections are placed in Triphenyl Tetrazolium Chloride (TTC) to reveal a single small area of non-staining myocardium. This area measures approximately 0.3 cm in diameter and is located in the septum. The remaining myocardium is homogeneous red-brown without evidence of recent or remote infarction. The endocardium appears normal. The right ventricle is hypertrophied and has a moderate amount of fatty infiltration at the periphery. The measurements are as follows: Left ventricle 1.5 cm, right ventricle 0.5 cm, circumference of tricuspid ring 12 cm, pulmonic ring 8 cm, mitral ring 10 cm, and aortic ring 7 cm. The valve leaflets and cusps are tan, delicate and membranous. A moderate amount of calcification is present in the mitral annulus.

Patient Name: LOPEZ, PILAR

Patient Location: BURN INTENSIVE CARE

Room/Bed: BICU - 08

Printed Date / Time: 05/11/96 - 1039

Page: 3

Continued....

Patient Account: 10000054-290

Med. Rec. No.: (0000)148996Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race:

Admitting Dr.: DESAI MD, MANUJIAT H

Attending Dr.: DESAI MD, MANUJIAT H

Date / Time Admitted: 04/07/96 1450

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University of Texas Medical Branch

Galveston, Texas 77555-0543

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Pathology Report

ARAMBURU MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-98-00181

GROSS DESCRIPTION:

Blood Vessels: The coronary arteries are serially sectioned in situ to reveal only a slight amount of non-calcific atherosclerosis. The maximum amount of stenosis is less than 10%. The aorta exhibits a mild to moderate degree of atherosclerotic changes with some calcification, especially in the abdominal segment. The coeliac, superior and inferior mesenteric, renal and iliac arteries are all patent. The venous system is normal.

RESPIRATORY SYSTEM: Larynx and Trachea: The laryngeal mucosa is gray-brown granular, and focally ulcerated. Within the ulcerated areas focal green-tan adherent exudates are present. This gross appearance is consistent with inhalational burn injury. A few small black dots are noted on the laryngeal mucosa, and these presumably represent soot. The appearance of the tracheal mucosa and bronchial mucosa are similar to the larynx. Ulceration and exudates are slightly more severe in the trachea and mainstem bronchi.

Lungs: The lungs are congested, and have a combined weight of 1500 gm. The pleural surfaces are smooth, blue-grey and demonstrate anthracotic staining in a honeycomb pattern. Both lungs are inflated with formalin before sectioning. Hilar dissection reveals hemorrhagic softened and enlarged lymph nodes. The pulmonary tree has a normal configuration. The mucosa of the pulmonary tree demonstrates similar lesions as in the laryngeal and tracheobronchial mucosa. These are gray-brown and granular, with focal ulceration. The lung parenchyma is firm and has patchy areas of consolidation. These changes are most severe in the left lower lobe, but the left upper lobe, and right lower lobe also have similar changes. In the areas of consolidation, formalin penetration was not complete, and these areas are stained with blood. Mild centrilobular emphysema is present in both upper lobes. Other focal areas of paracicatricial emphysema are noted throughout both lungs.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is white and demonstrates normal mucosal folds.

Stomach and Duodenum: The stomach contains a small amount of yellow-brown semisolid material. The wall displays normal rugae, and the mucosa is tan-brown. A lesion probably representing an ulcer is present in the antrum, is oval in shape and measures 1.3 x 0.3 cm in diameter. This lesion is covered by a green-gray granular adherent exudate. A small ulcerated lesion is also present in the duodenal bulb. This ulcer is round, depressed, and measures approximately 0.3 cm in diameter.

Pancreas: The pancreas is tan-yellow, lobulated and normally firm. The pancreatic duct is patent.

Gallbladder: The gallbladder serosa is gray-green and glistening. The gallbladder contains a moderate amount of green-brown viscous bile, and a single mulberry-shaped stone, consistent with a mixed type stone. The mucosa demonstrates cholesterosis. The wall is uniform in thickness, measuring 2 mm. The cystic duct and hepatic ducts are patent, and bile can be expressed

Patient Name: LOPEZ, PILAR

Patient Location: BURN INTENSIVE CARE

Room/Bed: BICU - 08

Printed Date / Time: 05/14/96 - 1039

Page: 4

Continued....

Patient Account: 10000054-100

Med. Rec. No.: (0000)146996Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race: S

Admitting Dr.: DESAI MD, MANUPHAI H

Attending Dr.: DESAI MD, MANUPHAI H

Date / Time Admitted: 04/07/96 1400

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Pathology Report

ARAMBURO MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-00181

GROSS DESCRIPTION:

through the ampulla of Vater.

Liver: The liver weighs 1400 gm. The capsule is tan-gray and glistening. The cut surface is uniformly brown; a lobular architecture is not detectable. The consistency is slightly pasty (the latter may be due to autolysis or, less likely, necrosis).

Small Bowel: The serosal surface is tan, and demonstrates mild to moderate congestion in the distal (ileum) segment. The mucosa is tan in the proximal segment, and demonstrates normal folds. In the more distal segments, focal areas of hemorrhages and erosions with adherent clots of blood are present. These changes are progressively more severe in the distal areas.

Large Bowel: The serosal surface demonstrates patchy areas of hyperemia and congestion. A small amount clotted blood is present within the lumen. The mucosa demonstrates multiple areas of ischemic necrosis, consisting of granular gray irregularly-shaped patches covered by a tan exudate. The areas of ischemic necrosis are most severe and concentrated in the cecum. No diverticula are present. The appendix is present and is in a normal anatomic position. A small (0.2 cm) pedunculated polyp is present in the sigmoid colon. A second pedunculated polyp measuring approximately 1 cm is present in the rectum. No lesions are noted and no abnormalities of the anal opening are present.

RETICULO-ENDOTHELIAL SYSTEM: Spleen: The spleen weighs 137 gm, and the capsule is gray-blue and smooth. The spleen has a normally firm consistency, and the cut surface reveals a deep red-brown parenchyma.

Lymph Nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Bone Marrow: The thoracic and lumbar spine bone marrow samples show an adequate quantity of brown marrow. The marrow spaces are slightly softer than normal.

GENITO-URINARY SYSTEM: Kidneys: The right kidney weighs 190 gm, and the left 200 gm. The capsules strip with ease to reveal smooth tan cortical surfaces. A 1 cm cortical cyst is present in the left kidney. The cut surfaces reveal a well-demarcated cortico-medullary junction, without gross evidence of infarction, necrosis or abscesses. The renal pelvic mucosa is white, smooth and without lesions. The renal pelvis is not dilated.

Ureters: The ureters are unobstructed with a tan, smooth glistening mucosa. The distal ureters are probe patent into the bladder.

Bladder: The bladder is not dilated, and contains approximately 25 cc of clear urine. The mucosa is white with focal areas of mucosal hemorrhages (Foley catheter in place), and the bladder wall is unremarkable.

Prostate: The prostate is firm. The cut surface is nodular. Some of these nodules have a gray-brown discoloration.

Testes: The right testis weighs 21.5 gm, and the left 19.7 gm. The tunica albuginea is tan-white and glistening. The cut surface reveals a soft,

Patient Name: LOPEZ, PILAR

Patient Location: BURN INTENSIVE CARE

Room/Bed: BICU-08

Printed Date / Time: 05/14/96 - 1039

Page: 5

Continued....

Patient Account: 10000034 090

Med. Rec. No.: (0000)146896Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M

Race: F

Admitting Dr.: DESAI MD, MANUEHAJ H

Attending Dr.: DESAI MD, MANUEHAJ H

Date / Time Admitted: 04/07/96 1450

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Pathology Report

ARAMBURO MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-001 81

GROSS DESCRIPTION:

tan-brown parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 11.9 gm, and is red-brown and glistening. The cut surface is homogeneous, red-brown.

Adrenals: The right adrenal weighs 7.1 gm, the left 5.8 gm. The adrenals occupy the normal position at the upper poles of the kidneys. The cut surfaces reveal a firm yellow cortex, with a gray-brown soft hemorrhagic medulla.

BRAIN: The brain weighs 1090 gm. The gyri and sulci display a normal pattern with a small amount degree of atrophy. The meninges are thin and delicate. The circle of Willis, basilar and vertebral arterics show a mild degree of atherosclerosis.

SPECIAL STUDIES: During the autopsy, cultures of blood, and right lower lobe of lung were taken. The postmortem blood culture was reported as negative. *Torulopsa glabrata*, a yeast, was isolated from broth culture only from the lung. This probably represents a low level colonization in this patient (perhaps from terminal aspiration). No bacteria were isolated from the lung. Blood samples were retained. Liver, heart, and spleen samples were frozen for potential further examination.

DW /AV
04/27/96

Patient Name: LOPEZ, PILAR
Patient Location: BURN INTENSIVE CARE
Room/Bed: BICU - 08
Printed Date / Time: 05/14/96 - 1039

Name LOPEZ, TILAR

960522CCC 6230

76-261
Autopsy Number 196-181

WEIGHTS AND MEASUREMENTS

	Actual Wt.	Average Normal Wt.
BODY WEIGHT	kg	
BODY LENGTH		
PUPILS R	mm	
PUPILS L	mm	
HEART <u>1100</u>	gm	270-360gm (M) 250-280gm (F) -
thickness of left ventricle <u>1.5</u>	cm	1.0-1.8cm
thickness of right ventricle <u>0.5</u>	cm	0.25-0.3cm
circumference of tricuspid ring <u>12</u>	cm	12-13cm
circumference of pulmonic ring <u>8</u>	cm	8.5-9.0cm
circumference of mitral ring <u>10</u>	cm	10.5-11.5cm
circumference of aortic ring <u>7</u>	cm	7.7-8.0cm
LUNG, RIGHT <u>2150g, conds</u>	gm	435gm (M) 415gm (F)
LUNG, LEFT	gm	385gm (M) 365gm (F)
HEIGHT OF DIAPHRAGM R		
HEIGHT OF DIAPHRAGM L		
LIVER <u>1400</u>	gm	1400-1900gm (M) 1200-1700gm
SPLEEN <u>37g, firm, dark red</u>	gm	125-195gm
PANCREAS	gm	60-180gm
KIDNEY, RIGHT <u>190</u>	gm	125-170gm (M) 115-155gm (F)
KIDNEY, LEFT <u>200</u>	gm	125-170 gm (M) 115-155gm (F)
ADRENAL, RIGHT <u>7.1</u>	gm	5-6gm
ADRENAL, LEFT <u>5.8</u>	gm	5-6gm
PROSTATE <u>rod by</u>	gm	22gm (M)
TESTIS OR OVARY, RIGHT <u>21.5</u>	gm	20-25gm (M) 4-8gm (F)
TESTIS OR OVARY, LEFT <u>19.7</u>	gm	20-25gm (M) 4-8gm (F)
THYROID <u>11.9</u>	gm	10-22gm
BRAIN <u>1090</u>	gm	1200-1400gm (M) 1100-1350gm
PITUITARY	mg	300-600mg
OTHER		
PERITONEAL FLUID <u>800cc</u>	ml	
PLEURAL FLUID, RIGHT <u>450</u>	ml	
PLEURAL FLUID, LEFT <u>450</u>	ml	
PERICARDIAL FLUID <u>60cc</u>	ml	

POSTMORTEM SPECIMENS

BLOOD CULTURE <input checked="" type="checkbox"/>	
SERUM VOLUME	ml
VITREOUS HUMOR	ml
OTHER	

Pancreas 4cm
fix rib 4, 5, 6
Lung - RLL
consolidation RLL > LLL
RLL > RUL
paracardiac emphysema

NAME: LOPEZ, TIVAR

AUTOPSY NO. AGG-181

960522 LCC 6230

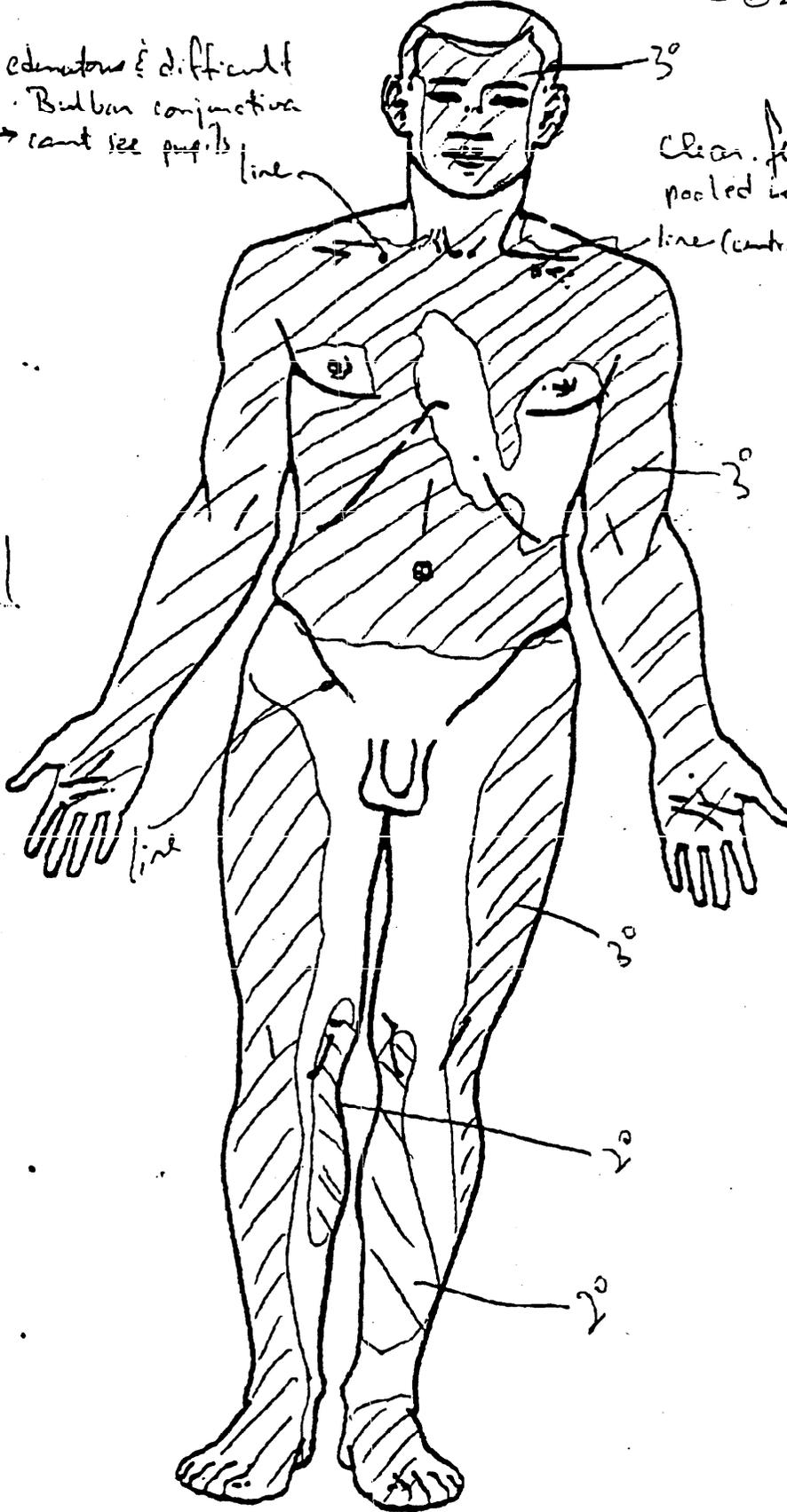
Eyelids edematous & difficult to separate. Bulbar conjunctiva edematous -> cant see pupils

Clear fluid (straw-colored) pooled in nares - NOT present

line (central)

ANASARCA

Circumcised penis and scrotal edema



Patient Account: 10000054-290

Med. Rec. No.: (0000)146996Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race: S

Admitting Dr.: DESAI MD, MANUEHAI H

Attending Dr.: DESAI MD, MANUEHAI H

Date/Time Admitted: 04/07/96 1450

Copies to: ARAMBURG MD, CHARLES

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University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

AKAMBURGO MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-00181

MICROSCOPIC DESCRIPTION:

HEART, Slides 1-2 (2 H&E): Myocardial nuclei of both the left ventricle and especially the right ventricle are enlarged, consistent with hypertrophy. No changes of ischemia.

LUNGS, Slides 3-5 (3 H&E, 1 GMS, and 1 Gram stain): Acute bronchopneumonia is present in both lungs and is most severe in the lower lobes, especially the left (slides 3 & 5). Alveolar proteinaceous fluids are associated with the pneumonic process. Small bronchi have inhalational injury consisting of epithelial necrosis and ulceration with fibrinous and fibrinopurulent exudation. Submucosal congestion is also present in the bronchi. Bronchial epithelium at the edges of the ulcerations often demonstrate squamous metaplasia. Sloughed epithelium, fibrinous exudates and mucus is present within the some alveoli and respiratory bronchioles. These findings appear to represent aspiration of damaged bronchial epithelium and exudate. In the bronchi, and in the aspirated material within the lung parenchyma, black pigment consistent with inhaled soot is present both free within the exudates, and is also present within macrophages. Emphysema and focal fibrosis are present in the section of left upper lobe (slide 4). Bacterial or fungal organisms are not identified on GMS or Gram stain, respectively (slide 3).

BRONCHI, Slides 6-7 (2 H&E): Submucosal congestion and edema, mucosal necrosis and fibrinous exudate, consistent with inhalational burn injury.

ADRENAL GLANDS, Slide 8 (1 H&E): Hemorrhagic cortical necrosis is severe and is present in both glands. The remaining non-necrotic areas of zona fasciculata demonstrate lipid depletion.

KIDNEYS, Slides 9-10 (2 H&E and 1 iron stain): The tubular epithelium of both kidneys have several changes: 1) the tubular epithelium is vacuolated, and the epithelial cells appear swollen, 2) the epithelial cells often have faded non-staining nuclei, and 3) the epithelium is often sloughed with denudation of underlying basement membranes (the latter is so widespread as to argue against true "tubular necrosis"). The autolytic changes make the presence or absence of classic "single cell necrosis" of acute tubular necrosis (ATN) impossible to evaluate adequately. Nevertheless, indirect evidence for some minor degree of ATN is present. These features include mild interstitial edema and occasional dilated tubules containing flattened epithelium and occasional cellular and proteinaceous casts. These features are not, however, prominent. Occasional brown-stained casts and brown intracytoplasmic pigment are present in the tubules, especially in the renal medulla (in the thin loops of Henle and the collecting ducts). It is not clear whether this brown staining material is myoglobin-containing deposits or hemoglobin-containing material. The brown pigment does not stain positively for iron. The glomeruli are often shrunken, and the corresponding expanded Bowman's space contains eosinophilic granular material.

Patient Name: LOPEZ, PILAR

Patient Location: BURN INTENSIVE CARE

Room/Bed: BICU - 08

Printed Date/Time: 05/14/96 - 1039

Page: 7

Continued....

Patient Account: 10000054-290

Med. Rec. No.: (0000)145996Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: F Race: C

Admitting Dr.: DESAI MD, MANUEHAJ H

Attending Dr.: DESAI MD, MANUEHAJ H

Date / Time Admitted: 04/07/96 1450

Copies to: ARAMBURO MD, CHARLES

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96 261 UTMB

University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

ARAMBURO MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-001 87

MICROSCOPIC DESCRIPTION:

THYROID, Slide 11 (1 H&E): Scarring and fibrosis.

ESOPHAGUS, Slide 12 (1 H&E): Marked congestion.

STOMACH, Slide 13 (1 H&E): Focal epithelial ulcerations with fibrin deposition. The surrounding mucosa demonstrates mild chronic gastritis.

LIVER, Slide 15 (1 H&E): Congestion. Mild to moderate lymphocytic infiltrates in the portal triads (non-specific triaditis). Focal mild macrovesicular fatty change. No lobular inflammation, piecemeal necrosis or significant fibrosis is present.

PANCREAS, Slide 16 (1 H&E): Focal ductal papillomatosis. No other pathologic changes.

SPLEEN, Slide 17 (1 H&E): Marked congestion obscures the details of the red pulp. The white pulp appears normal.

PROSTATE, Slide 18 (1 H&E): Nodular glandular and stromal hyperplasia. Mild chronic prostatitis.

TESTES, Slide 19 (1 H&E): Focal small interstitial hemorrhages.

ILEUM, Slide 20 (1 H&E): Focal submucosal hemorrhage. Patchy mucosal necrosis with marked inflammation and submucosal acute inflammation and fibrinopurulent exudate consistent with ischemic necrosis.

COLON, SIGMOID, Slide 14 (1 H&E): Pedunculated tubular adenoma.

COLON, CECUM, Slide 21 (1 H&E): Submucosal hemorrhage and congestion. Patchy necrosis of the mucosa with ulceration extending to the muscularis mucosa and corresponding acute inflammation in the submucosa, consistent with ischemic necrosis.

LARYNX, Slide 25 (1 H&E): Mucosal ulceration and fibrinous exudate. Foci of acute hemorrhage are noted in the surrounding deep soft tissues.

SKIN, RIGHT HIP, LEFT ARM, LEG, Slides 22-24 (3 H&E): 2nd and 3rd degree burns.

DW /SM
04/27/96

Patient Name: LOPEZ, PILAR

Patient Location: BURN INTENSIVE CARE

Room/Bed: BICU - 08

Printed Date / Time: 05/14/96 - 1039

Page: 8

Continued....

Patient Account: 10000054-290

Med. Rec. No.: (0000)146996Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race: S

Admitting Dr.: DESAI MD, MANUJIAI H

Attending Dr.: DESAI MD, MANUJIAI H

Date / Time Admitted: 04/07/96 1450

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University of Texas Medical Branch

Galveston, Texas 77556-0543

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Fax (409) 772-5683

Pathology Report

ARAMBURU MD, CHARLES

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

ML96-261

Autopsy No.: AU-96-00181

CLINICAL HISTORY:

This was a 75-year-old man with extensive burns.

Date/Time of Death: 04/07/96 22:13 Date/Time of Autopsy: 04/08/96 12:00

Pathologist/Resident: WALKER /WOLF

GROSS DESCRIPTION:

Brain, spinal cord, fragments of duramater and pituitary gland are submitted. The brain is normally formed and has mild sulcal widening. There is no inflammatory exudate. Atherosclerosis of the vertebro-basilar and internal carotid systems is minimal. When sliced, the sizes and shapes of the ventricular systems shows some expansion that is consistent with a septigenarian. When sliced, no territorial infarcts are evident. Slices of brainstem and spinal cord do not contain any abnormalities. The horizontal slices of cerebellum are normal. The fragment of dura mater submitted also is normal as is the pituitary slice.

Dictated by: BENJAMIN B. GELMAN, M.D., PATHOLOGIST
04/26/96

SECTIONS TAKEN:

N-1) Pituitary, N-2) Left area 8, N-3) Left hippocampus, N-4) Cerebellum.

FINAL DIAGNOSES:

BRAIN: Mild ventricular expansion.

SPINAL CORD: No abnormalities.

PITUITARY GLAND: No abnormalities.

BENJAMIN B. GELMAN, M.D., PATHOLOGIST
Division of Neuropathology.
(Electronic Signature).

Gross: 04/26/96
Final: 05/03/96

Patient Name: LOPEZ, PILAR
Patient Location: BURN INTENSIVE CARE
Room/Bed: BICU - 08
Printed Date / Time: 05/07/96 - 0856

END OF REPORT

Patient Account: 10000054-090

Med. Rec. No.: (0000)146996Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race: S

Admitting Dr.: DESAI MD, MANUJIAI H

Attending Dr.: DESAI MD, MANUJIAI H

Date / Time Admitted: 04/07/96 1450

Copies to: ARAMBURU MD, CHARLES

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Galveston, Texas 77555-0543

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Fax (409) 772-5683

Pathology Report

ARAMBURU MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-00181

CLINICOPATHOLOGIC CORRELATION:

This 75-year-old male was admitted to an El Paso hospital on 4/5/96 with 2nd and 3rd degree thermal burn injuries to approximately 85% of his total body surface area. He was transferred to UTMB on 4/7/96. Despite aggressive fluid and diuretic therapy, his renal function rapidly declined. He required pressor support, and finally on the evening of 4/7/96, underwent 5 repeated episodes of cardiopulmonary resuscitation. He was pronounced dead in the late evening of 4/7/96. Significant findings at autopsy included: 1) burns to the external surface of his body (approximately 85% as described elsewhere), 2) tracheobronchial inhalational burn injuries, 3) anasarca, 4) hemorrhagic necrosis of the adrenal glands, 5) abnormalities of the kidneys suggesting a mild component of both acute tubular necrosis (ATN) and possibly myoglobinuria, 6) pulmonary edema, pleural effusions, and ascites, 7) bronchopneumonia, and 8) patchy ischemic necrosis of the ileum and colon.

The underlying cause of death in this patient was thermal burn injury. Inhalational damage to the tracheobronchial tree is a direct consequence of this injury. In large series of burn victims, factors important in determining prognosis include burn size, age, and the presence or absence of inhalational injury (Smith et al., 1994). In this particular case, the patient's age was one of the greatest negative prognostic indicators; mortality for all burn victims greater than or less than 70 years of age are 28.1 and 7.8%, respectively. Although calculations based on population analyses do not necessarily predict outcome in individual patients, based on the equations developed by Smith et al., the expected mortality in this patient (based solely on burn size, age, and inhalation injury) was 87%. A second pulmonary complication in this patient was bronchopneumonia. The source of infection in this case may have been related to his ventilator-dependent status. Further, inhalational injury may have a direct consequence on the susceptibility of the lung to infectious agents. In an in vitro assay of sheep alveolar macrophages, Herlihy et al. (1995) demonstrated an impaired phagocytic function of alveolar macrophages from smoke exposed lungs relative to controls. Their assay involved in vitro phagocytosis of *Pseudomonas aeruginosa* organisms. A bacterial culture from the lung of the present patient was, however, negative, possibly reflecting prior antibiotic therapy. A gram stain of the lung tissue in this case also did not reveal bacterial organisms.

This patient had clinical evidence of shock and probably also sepsis. A postmortem blood culture was negative. This negative result possibly reflects antibiotic treatment prior to death. The lungs and the burn injuries on the skin are possible septic sources. Another possible source is the intestines; the latter is likely since ischemic necrosis of both the small bowel and colon was present. Several consequences of shock were evident. First, as mentioned, the intestines showed ischemic damage. Secondly, the kidneys had microscopic evidence of a minor degree of ATN; more importantly however this patient had

Patient Name: LOPEZ, PILAR

Patient Location: BURN INTENSIVE CARE

Room/Bed: BICU - 08

Printed Date / Time: 05/14/96 - 10:39

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Continued....

Patient Account: 10000054-290

Med. Rec. No.: (0000)1469960

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race: S

Admitting Dr.: DESAI MD, MANUJAL H

Attending Dr.: DESAI MD, MANUJAL H

Date / Time Admitted: 04/07/96 1450

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Pathology Report

ARAMBURG MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-00181

CLINICOPATHOLOGIC CORRELATION:

clinical anuric renal failure. The renal failure, in turn had several additional consequences, namely anasarca, pulmonary edema, pleural effusions, ascites and electrolyte imbalances (eg. hyperkalemia). A third complication of shock noted at autopsy was acute hemorrhagic necrosis of the adrenal cortices.

The histologic renal findings in this case (i.e., a component of ATN with possible myoglobin pigment) were not severe. This presents a discrepancy regarding clinical and pathologic correlation. The cause of anuric renal failure in this patient may best be ascribed to his multiple hypotensive episodes, that is, a pre-renal etiology. Nevertheless, ATN is a well-known sequela of shock and ischemia. An additional complicating feature in this patient was laboratory evidence of myoglobinuria. The latter was reflected at autopsy by the presence of occasional brown-staining casts and brown pigments in some renal tubular epithelial cells. The presence of myoglobinuria clinically suggests rhabdomyolysis. Rhabdomyolysis has been reported in severely burned patients by Walsh et al. (1982). They found hypermyoglobinemia in 23 of 26 burn patients tested; the level of myoglobinemia correlated with the percent of total body surface area covered by 3rd degree burns. Further, the presence of myoglobinuria correlated with myoglobinemia. Importantly, in the series by Walsh et al. (1982), none of the patients had clinical evidence of acute renal failure (as assessed by creatinine and BUN), although 8 of 17 had proteinuria and urinary casts. This again is consistent with the idea that this patient's renal failure had a pre-renal etiology, as discussed above.

In conclusion, this patient's underlying process was thermal burn injury. The mechanism of death was related to multiple organ failure, with prominent involvement of renal and pulmonary systems.

REFERENCES:

1. Smith DL, Cairns BA, Ramadan F, Dalston JS, Jakhry SM, Rutledge R, Meyer AA and Peterson HD. Effect of inhalation injury, burn size, and age on mortality: A study of 1447 consecutive burn patients. J Trauma. (1994) 37:655-659.
2. Helihy JP, Vermeulen MD, Joseph FM and Hales CA. Impaired alveolar macrophage function in smoke inhalation injury. J Cellular Physiol. (1995) 163:1-8.
3. Walsh MB, Miller SL and Kagen LJ. Myoglobinemia in severely burned patients: Correlations with severity and survival. J Trauma. (1982) 22:6-10.

Patient Name: LOPEZ, PILAR

Patient Location: BURN INTENSIVE CARE

Room/Bed: BICU-08

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Continued....

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Patient Account: 10000054-290

Med. Rec. No.: (0000)146996Q

Patient Name: LOPEZ, PILAR

Age: 74 YRS DOB: 09/06/21 Sex: M Race: P

Admitting Dr.: DESAI MD, MANUBHAT II

Attending Dr.: DESAI MD, MANUBHAT II

Date / Time Admitted: 04/07/96 1450

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Pathology Report

ARAMBURO MD, CHARLES

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-96-001 81

CLINICOPATHOLOGIC CORRELATION:

DW /AV
04/27796



W.E. Korndorffer, Jr., M.D.

DAVID H. WALKER, M.D., PATHOLOGIST
DWAYNE A. WOLF, M.D.
05/13/96

(Electronic Signature)

Patient Name: LOPEZ, PILAR
Patient Location: BURN INTENSIVE CARE
Room/Bed: BICU - 08
Printed Date / Time: 05/14/96 - 1039

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END OF REPORT

GALVESTON COUNTY MEXAMINER INVESTIGATOR'S REPORT

ML#	PD#	AUT/VIEW:	DATE/TIME:
96-261			960 522 C.C. 6730
DECEDENT'S NAME:		ADDRESS:	
Pilar Lopez		520 Mayapan, San Elizario, Texas	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	AGE/RACE/SEX:	
9-6-21		74 W M	
REPORTED BY:		DATE/TIME OF REPORT:	
UTMB (Blocker Burns Unit)		4-7-96	
DATE/TIME OF DEATH:		PLACE OF DEATH:	
4-7-96 @ 10:13 p.m.		UTMB (Blocker Burns Unit)	
PLACE/DATE/TIME OF INQUEST:		PRONOUNCING PHYSICIAN:	
		Dr. C. Aramburo	
BROUGHT TO HOSPITAL BY: DATE/TIME: () DOA (X) ADMIT () OTHER DATE/TIME:			
4-7-96 @ 6:50 p.m.			
WHERE WAS DECEDENT ORIGINALLY FOUND:		WHO FOUND DECEDENT:	
Columbia Medical Center, El Paso, Texas			
CLOTHING:	PROPERTY:	PROPERTY RELEASED TO:	
N/A	N/A	N/A	
I.D. OF DECEDENT BY:	RELATION:	INFORMATION FURNISHED BY:	
N/A	N/A	N/A	
PAST MEDICAL HISTORY:	PHYSICIAN:	NECESSARY FOLLOW UP:	
N/A	N/A	N/A	
LAW ENFORCEMENT AGENCY:	OFFICER:	NEXT-OF-KIN NOTIFIED BY:	
El Paso County Sheriff's Office (Deputy Jorge Andrade)			
NEXT-OF-KIN/RELATION TO DECEDENT:		ADDRESS/TELEPHONE NO:	
Juan Lopez (son)			
NATURE OF DEATH AND DESCRIBE ALL INJURIES:			
85% Total Body Surface Area Burns received in a housefire			
DATE, TIME, PLACE OF INJURY (IF ANY AT AU):			
4-5-96 @ approx. 5:10 p.m. at 520 Mayapan, San Elizario, Texas			
SIGNS OF STRUGGLE OR VIOLENCE AT SCENE (IF VISITED):			
N/A			
DEATH OCCURRED: () AT WORK (X) NOT AT WORK () UNKNOWN			
EMERGENCY ROOM PROCEDURES: N/A			
ACCIDENT VICTIM: N/A			
BODY TRANSFERRED TO:	BODY TRANSFERRED BY:	FH CONDUCTING SERVICES:	
UTMB Morgue	Decedent Affairs Office	San Jose F.H.	
DATE OF REPORT:	DAY OF REPORT:	M.E. INVESTIGATOR:	
4-7-96	Sunday	Joe Howell	

960522 ecc 6230

MEDICAL ON CO. EXAMINER INVESTIGATOR'S

ML-96-261
PILAR LOPEZ
Page 2

INVESTIGATOR'S NARRATIVE, REMARKS, COMMENTS AND/OR
OPINIONS OF THIS CASE:

This decedent was transferred from Columbia Hospital in El Paso, Texas to the University of Texas Medical Branch Blocker Burns unit on April 7, 1996. The decedent had been involved in a gas heater explosion at his home on April 4, 1996 in San Elizario, Texas. The decedent suffered 85% total body surface burns. The decedent was pronounced dead at 10:13 p.m., April 7, 1996 by Dr. Aramburo.

DATE OF REPORT: DAY OF REPORT: ME INVESTIGATOR:
April 7, 1996 Sunday Joe Howell