

# United States Fire Administration



Technical Report Series

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## Nine-Fatality Mobile Home Fire Maxton, North Carolina



Federal Emergency Management Agency

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United States Fire Administration  
National Fire Data Center

# **Nine-Fatality Mobile Home Fire Maxton, North Carolina (November 18, 1989)**

**Investigated by: Daniel J. Carpenter, Jr.**

This is Report 037 of the Major Fires Investigation Project conducted by TriData Corporation under contract EMW-88-C-2849 to the United States Fire Administration, Federal Emergency Management Agency.



**Federal Emergency Management Agency**

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**United States Fire Administration  
National Fire Data Center**

## **U.S. Fire Administration Fire Investigations Program**

The U.S. Fire Administration develops reports on selected major fires throughout the country. The fires usually involve multiple deaths or a large loss of property. But the primary criterion for deciding to do a report is whether it will result in significant "lessons learned." In some cases these lessons bring to light new knowledge about fire -- the effect of building construction or contents, human behavior in fire, etc. In other cases, the lessons are not new but are serious enough to highlight once again, with yet another fire tragedy report.

The reports are sent to fire magazines and are distributed at national and regional fire meetings. The International Association of Fire Chiefs assists USFA in disseminating the findings throughout the fire service. On a continuing basis the reports are available on request from USFA.

This body of work provides detailed information on the nature of the fire problem for policymakers who must decide on allocations of resources between fire and other pressing problems, and within the fire service to improve codes and code enforcement, training, public fire education, building technology, and other related areas.

The Fire Administration, which has no regulatory authority, sends an experienced fire investigator into a community after a major incident only after having conferred with the local fire authorities to insure that USFA's assistance and presence would be supportive and in no way interfere with any review of the incident they are themselves conducting. The intent is not to arrive during the event or even immediately after, but rather after the dust settles, so that a complete and objective review of all the important aspects of the incident can be made. Local authorities review USFA's report while it is in draft. The USFA investigator or team is available to local authorities should they wish to request technical assistance for their own investigation.

This report and its recommendations were developed by USFA staff and by TriData Corporation, Arlington, Virginia, its staff and consultants, who are under contract to assist the Fire Administration in carrying out the Fire Reports Program.

The U.S. Fire Administration appreciates the cooperation and assistance received from Robeson, County Fire Marshal Charles M. Britt and County Manager James Martin, as well as the Assistant Director of the North Carolina State Bureau of Investigation Ray Eastman and Special Agents Randy Meyers and Niel Murphy.

Nine-Fatality Mobile Home Fire  
Maxton, North Carolina

November 18, 1989

Investigated by: Daniel J. Carpenter

Local Contacts: Charles M. Britt, Robeson County Fire Marshal  
James Martin, Robeson County Manager  
Agricultural Building  
108 W. 8th Street  
Lumberton, North Carolina 28358

Ray Eastman, Assistant Director  
Randy Meyers, Special Agent  
Niel Murphy, Special Agent  
State Bureau of Investigation  
P. O. Box 29500  
Raleigh, North Carolina 27626-0500

Overview

A mother (Lois Ann Hunt, 32) and her five children: Alisha, 12; Malissa, 11, Larry, 5, Bobby Ray, 3, and Nicki, 2, died in an early morning trailer fire on November 18 in Maxton, North Carolina. Also killed were their three cousins: Crystal Lynn, 6, Glenford, 4, and Daniel Presley Locklear, Jr., 2, of Route 2 in Maxton.

The mother of the three cousins who died in the fire Jo Ann Locklear (Ms. Hunt's niece) and Richard Eugene Tyndall, 22, were asleep on a sofa in the front room of the trailer when the fire occurred and were able to escape by using the front door.

Six children died in the middle bedroom of the mobile home. Jo Ann Locklear suffered minor burns to her hand and left arm when she attempted to reach them through a window from outside the trailer. Lois Hunt died in the back bedroom and the other two children in another room

## The Fire

The fire occurred at approximately 0345 on Saturday. The Smiths Volunteer Fire Department answered the call from a neighbor, who had called the telephone operator.

According to early reports, the fire started in the area of a kerosene heater located in the hallway between the bathroom door and the back door of the 3-bedroom, 60-foot long trailer. The location of the heater and the intensity of the fire prevented the occupants from leaving by the back door of the trailer. According to Robeson County Fire Marshal Charles Britt, the Smiths Volunteer Fire Department was dispatched along with the Prospect Volunteer Fire Department. Both departments arrived at the scene of the fire in 10-12 minutes only to find the trailer fully engulfed in flames.

Neighbors indicated an explosion occurred during the early stages of the fire which may have contributed to the rapid spread of the fire.

## Background

Ms. Locklear, who was visiting the Hunt family, said that Ms. Hunt told her oldest daughter, Alisha, to be sure the kerosene heater was filled before going to bed at approximately 1000 hours the evening before the fire. Early the next morning (0300 hours) she awakened to hear Ms. Hunt again tell Alisha to refill the heater. Alisha responded, but stated the can was too heavy to lift. Ms. Hunt told Alisha to wait and she would help her after she finished getting ready for work. Alisha proceeded to drag the five gallon "Gerry" can down the hall and refill the the heater. Burn patterns indicate that she apparently spilled some liquid on the floor in the area of the heater, which ignited shortly thereafter.

It is not determined if Alisha re-ignited the kerosene heater and went back to bed, but shortly thereafter Jo Ann Locklear and her companion Richard Eugene Tyndall heard Ms. Hunt screaming "save the babies." Ms. Locklear and her companion exited by the front door and proceeded to break

out the children's bedroom window where six of the children were sleeping. They were able to grasp one of the children's hands but were unable to accomplish rescue because of the intense heat and flames. They could also hear some of the other children crying which would indicate that at least some, if not all, of the children were awake at the time of the fire.

Preliminary investigation of the heater revealed that the glass inserts used to view the flame and also the door to adjust the level of the wick were both missing. This could have been the direct ignition source of heat. There were no smoke detectors nor sprinkler systems in the trailer. It is also believed that the bedroom doors were open during the fire, which would help cause the rapid spread of the fire.

#### Lessons Learned

1. Public education and manufacturers' instructions need to focus on proper use and location of portable space heaters, especially those involving kerosene.

Due to misuse they have been involved in many fires resulting in deaths and serious injuries, especially in rural areas in the Southeast, such as where this fire occurred.

2. Families living in mobile homes must have working smoke detectors.

This should be a focus of rural public fire education, and can be directed to concentration of mobile homes.

3. Families living in mobile homes need to plan and practice ways to get out from bedrooms with small windows.

Many people, especially children, die because they cannot escape from these rooms at night.

4. Emergency exit doors are needed and should be encouraged.

Sometimes jalousied windows in mobile homes make escape virtually impossible.

5. Sprinklering mobile homes would surely reduce the high fire death toll from fire's such as this one.

Appendix A

**North Carolina Fire Incident and Casualty Reports**



FDID 0178122		Department Name Smith's				County 0178	Exp. 1	Incident No. 1494			
Mo. 11	Day 18	Yr. 82	Day of Week 7	Alarm Time 1405	Time Out 413	Arr. Time 417	Time In 1416	Tot. Time Out 1:00:5			
Incident Address Route #2, Box 146 HJ Martini							Per. or App. 218364		Personnel 1/17		
Occupant Name Hunt, Lois Ann		Phone		Mutual Aid (check one)		Aerials					
Owner Name Hunt, Lois Ann		Phone		1 <input checked="" type="checkbox"/> Received		Tanks					
Owner Address Route #2, Box 146 HJ Martini		City Martini		State NC		Zip 218364		Other Vehicles			
PLEASE PUT APPROPRIATE CODE NUMBER IN BOX FOR EACH CATEGORY											
MET. CODE OF ALARM FROM P.B.L.C. 1 Telephone 2 Municipal alarm system 3 Private alarm system 4 Radio 5 Verbal 6 Home dialer 7 Tie-line 8 Voice signal; Fire alarm system 9 Other		TYPE OF SITUATION FOUND 11 Structure fire 12 Any fire outside a structure where the material burning has a value 13 Vehicle fire 14 Trees, brush, grass fire 15 Refuse fire (refuse burning has no value) 16 Explosion, no other fire 17 Outside spill, leak with fire			18 Fire/explosion not classified 20 Overpressure rupture (no combustion) 30 Rescue 32 EMS only 40 Hazardous condition 50 Sanitary call 60 Good room call 71 False malicious 73 False malfunction 74 False alarm/hoax 99 Other situation found			TYPE OF ACTION TAKEN 1 Extinguishment 2 Rescue 3 Investigation 4 Remove hazard 5 Standby 6 Salvage 7 Ambulance 8 Fire in, move up 9 Cancelled enroute 12 Water supply		No. Incident-related Injuries Fire Srv. 0 Other 2 No. Incident-related fatalities Fire Srv. 0 Other 1 Is person involved in ignition? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO	
1		11			7		3		1		
Is property abandoned/vacant? 1 <input type="checkbox"/> Yes 2 <input 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)				Fixed Property Use 400	
Ignition Factor 40		Area of Fire Origin 01		Equipment Involved in Ignition 10	
Form of onset of ignition 10		Type of Material Ignited 20		Form of Material Ignited 10	
If Heating Equipment involved, Type of Fuel Used 1 Kerosene 2 LPG 3 Electric 4 Wood 5 Coal 6 Oil 7 Natural Gas 8 Gasoline 9 Other 0 Not Apply		1		PROPERTY DAMAGE CLASSIFICATIONS Total estimated damage 1 \$1-99 2 \$100-999 3 \$1,000-9,999 4 \$10,000-24,999 5 \$25,000-49,999 6 \$50,000-149,999 7 \$150,000-499,999 8 \$500,000-899,999 9 \$1,000,000 OR MORE 0 NO DOLLAR LOSS	
COND. ON UPON ARRIVAL 1 Overheat 2 Smoldering 3 Open flame 9 Out on arrival		MOBILE PROPERTY TYPE 11 Automobile 12 Bus 13 All-terrain vehicle 14 Motor home 15 Travel trailer 17 Mobile home 20 Freight road transport 30 Rail transport 40 Water transport 50 Air transport 60 Heavy equipment 70 Special vehicles, containers 99 Other mobile property type		1	
3		17		1	
If Mobile Property Yr. 73 Mfg. Taylor Model St. Lic. Number Serial Number/VIN		Not Applicable		CH60123 FT 10773	
If Equipment Involved in Ignition Yr. Item Make Model Serial Number					

NO. OF STORIES 1 Single Story 2 Two Stories 3 3 or 4 4 5 or 6 5 7 to 10 6 11 to 20 7 21 to 50 8 Over 50 9 Below Grade		EXTENT OF DAMAGE 1 Confined to fire object of origin 2 Confined to part of room or area of origin 3 Confined to room of origin 4 Confined to line-rated comp. of origin 5 Confined to floor of origin 6 Confined to structure of origin 7 Extended beyond structure of origin 8 No damage of this type		DETECTOR PERFORMANCE 1 <input checked="" type="checkbox"/> Present 2 <input type="checkbox"/> Not Present If Present, Type of Closed Unit 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat Power Supply 1 <input type="checkbox"/> Battery 2 <input checked="" type="checkbox"/> A/C	
Building Height 7		CONSTRUCTION TYPE 1 Fire resistant 2 Noncombustible 3 Heavy timber 4 Ordinary 5 Frame 0 Other		SPRINKLER PERFORMANCE 1 Equipment operated 2 Equipment in service, did not operate 3 Equipment present, fire too small to operate 4 No equipment present in room/space of fire origin 9 Equipment not in control	
1		4		1	

Officer in Charge (name, position) A.C. Lowry, Chief	Member Making Report Charles M. Britt, Jr. R.C. Fire Marshal
Remarks: DEPARTMENT COPY	



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
 P.O. Box 26387  
 RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**

Smith's FIRE DEPARTMENT

1.  DELETE  
 2.  CHANGE

FILE NO. 07922 INCIDENT NO. 11497 EXP. NO. 111889 DAY 7 DAY OF THE WEEK  
 CLAIM TIME 4:05 TIME-SERVICE 141.3

CASUALTY LAST NAME Hunt FIRST NAME Lois MI. A D.O.B. 5-5-33 AGE 31 TIME OF INJURY 4:05

HOME ADDRESS Route #2 Box 146 H5, Maxton, N.C. 28364

SEX: 1.  MALE, 2.  FEMALE  
 CASUALTY TYPE: 1.  FIRE CASUALTY, 2.  NON-FIRE CASUALTY  
 SEVERITY: 1.  INJURY, 2.  DEATH  
 AFFILIATION: 1.  FIRE SERVICE, 2.  OTHER EMERGENCY PERSONNEL, 3.  CIVILIAN

FAMILIARITY WITH STRUCTURE:  
 1.  LESS THAN 1 DAY, 2.  1 TO 7 DAYS, 3.  8 TO 30 DAYS, 4.  1 TO 2 MONTHS, 5.  3 TO 6 MONTHS, 6.  7 TO 12 MONTHS, 7.  EVEN 1 YEAR, 8.  NOT A STRUCTURE.  
 FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION:  
 1.  FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDES IGNITION OF CLOTHING ON A PERSON AND IGNITION OF RECORDING OR JURNITURE ON WHICH A PERSON IS SITTING OR LYING.  
 2.  FIRE CASUALTY IN THE ROOM OF ORIGIN OF FIRE ORIGIN. INCLUDES ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLATFORMS.  
 3.  FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.  
 4.  FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.  
 5.  FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.  
 6.  FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.  
 7.  NOT A FIRE CASUALTY.  
 8.  LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.  
 9.  LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

CONDITION BEFORE INJURY:  
 1.  AWAKE, 2.  DROWSY, 3.  UNIMPAIRED BY DRUGS, ALCOHOL, 4.  UNDER RESTRAINT, 5.  TOO YOUNG TO ACT, 6.  TOO OLD TO ACT, 7.  MENTALLY HANDICAPPED, SENILE, 8.  AWAKE, UNIMPAIRED.  
 CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.  
 CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

CONDITION PREVENTING ESCAPE:  
 1.  NO TIME TO ESCAPE EMULSION OF FIRE PROCEEDED TOO RAPIDLY, 2.  FIRE BETWEEN CASUALTY AND EXIT, 3.  LOCKED DOOR, 4.  PHYSICAL OBSTACLES, WORK, 5.  CLOTHING ON CASUALTY BLENDING, 6.  MOVED TO SLOWLY. INCLUDES ARE FAILURES TO FOLLOW CORRECT AVAILABLE ESCAPE PROCEDURES, 7.  VICTIM INCAPACITATED PRIOR TO IGNITION, 8.  NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR, 9.  CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE, 10.  CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

ACTIVITY AT TIME OF INJURY:  
 1.  ESCAPING, 2.  RESCUE ATTEMPT, 3.  FIRE CONTROL, 4.  RESPONSE/RETURN, 5.  CLEANUP, SALVAGE, WOP-UP, 6.  SLEEPING, 7.  UNABLE TO ACT, 8.  IRRATIONAL ACTION, 9.  ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE, 10.  ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.  
 CAUSE OF INJURY:  
 1.  CAUGHT IN, UNDER, BETWEEN, TRAPPED IN, 2.  EXPOSED TO FIRE PRODUCTS. INCLUDES ARE FLAME, HEAT, SMOKE, AND GAS, 3.  EXPOSED TO CHEMICALS, RADIATION EXCLUDED ARE FIRE PRODUCTS (2), 4.  FELL OR STEPPED ON, OVER, INTO, 5.  OVEREXERTION, 6.  RUBBED BY CONTACT WITH, 7.  STRUCK BY, 8.  NOT APPLICABLE, 9.  CAUSE OF INJURY NOT CLASSIFIED ABOVE, 10.  CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

NATURE OF INJURY (MOST SERIOUS):  
 1.  BURNS AND AMPUTATION, 2.  BURNS ONLY, 3.  SMOKE/VAPE/SMOKE ONLY, 4.  WOUND, CUT, BLEEDING, 5.  DISLOCATION, FRACTURE, 6.  COMPLAINT OF PAIN. INCLUDES ARE HEART ATTACKS AND STROKES, 7.  SHOCK, 8.  STRAIN, SPRAIN, 9.  NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE, 10.  NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

PART OF BODY INJURED:  
 1.  HEAD, NECK, 2.  SHOULDER, BACK, 3.  ARM, 4.  LEG, 5.  HAND, 6.  FOOT, 7.  INTERNAL. INCLUDES ARE RESPIRATORY SYSTEM AND HEART, 8.  MULTIPLE BODY PARTS, 9.  PART OF BODY INJURED NOT CLASSIFIED ABOVE, 10.  PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.  
 DISPOSITION:  
 1.  RECEIVED HELP, 2.  TREATED AT SCENE AND RELEASED, 3.  TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE, 4.  TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE, 5.  TAKEN TO OTHER THAN A HOSPITAL, 6.  DIED, 7.  DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE, 8.  DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

PERSON MAKING REPORT Charles M. Britt, Jr.; Fire Marshal CASUALTY NUMBER 89127



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
 P.O. Box 26387  
 RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**  
*Smith's* FIRE DEPARTMENT

DELETE  
 CHANGE

PSID <i>07822</i>	INCIDENT NO. <i>14494</i>	EXP. NO. <i>1/1/89</i>	NO. DAY YR <i>8/9</i>	DAY OF THE WEEK <i>7</i>	ALARM TIME <i>4:05</i>	FIRE- IN SERVICE <i>4/13</i>
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CASUALTY LAST NAME <i>Lucklear III</i>	FIRST NAME <i>Daniel</i>	MI. <i>P</i>	D.O.B. <i>7/2/86</i>	AGE <i>16</i>	TIME OF INJURY <i>4:05</i>
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HOME ADDRESS  
*Route #3 Box 252A Maxton N.C. 27364*

1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE

1. <input type="checkbox"/> LESS THAN 1 DAY	3. <input type="checkbox"/> 6 TO 30 DAYS	5. <input type="checkbox"/> 9 TO 12 MONTHS	7. <input type="checkbox"/> OVER 1 YEAR
2. <input type="checkbox"/> 1 TO 7 DAYS	4. <input type="checkbox"/> 1 TO 2 MONTHS	6. <input type="checkbox"/> 7 TO 8 MONTHS	8. <input type="checkbox"/> NOT A STRUCTURE

*0.  FAMILIARITY UNDETERMINED OR NOT REPORTED.*

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OR 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 RAINFORESTS.	6. <input type="checkbox"/> FIRE CASUALTY ON PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.
3. <input checked="" 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 type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, WENILE.
2. <input type="checkbox"/> SOBRIQUEN, 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.  CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.  
 0.  CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLANATION ON FIRE MODERATED TOO RAPIDLY.	8. <input type="checkbox"/> MOVED TO SHELTER. INCLUDED ARE PARADES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.
2. <input type="checkbox"/> FEAR BETWEEN CASUALTY AND EXIT.	9. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.
3. <input type="checkbox"/> LOCKED DOOR.	0. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.
4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.	1. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.
5. <input 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"/> WALKING	4. <input type="checkbox"/> RESPONDING RETURN.	CAUSE OF INJURY	4. <input type="checkbox"/> FELL OR STEPPED ON. MOVE INTO.
2. <input type="checkbox"/> RESCUE ATTEMPT.	5. <input type="checkbox"/> CLEANUP, SALVAGE WORK-UP.	1. <input type="checkbox"/> CALDHT IN UNDERWEAR: TRAPPED BY.	5. <input type="checkbox"/> OVERHEATING.
3. <input type="checkbox"/> FIRE CONTROL.	6. <input type="checkbox"/> SLEEPING.	2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT SMOKE, AND GAS.	6. <input type="checkbox"/> RUBBED BY CONTACT WITH.
7. <input type="checkbox"/> UNABLE TO ACT.	7. <input type="checkbox"/> UNABLE TO ACT.	3. <input type="checkbox"/> EXPOSED TO CHEMICAL RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).	7. <input type="checkbox"/> STRUCK BY.
8. <input type="checkbox"/> IRRATIONAL ACTION.	8. <input type="checkbox"/> IRRATIONAL ACTION.	2. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> NOT APPLICABLE.
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.		0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	
0. <input type="checkbox"/> ACTIVITY AT TIME 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

1. <input type="checkbox"/> HEAD, NECK.	7. <input type="checkbox"/> OTHERS. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	DISPOSITION
2. <input type="checkbox"/> BODY, TRUNK, BACK	8. <input type="checkbox"/> MULTIPLE BODY PARTS.	1. <input type="checkbox"/> REFUSED HELP.
3. <input type="checkbox"/> ARM.	9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.
4. <input type="checkbox"/> LEG.	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.
5. <input type="checkbox"/> HAND.		4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE.
6. <input type="checkbox"/> FOOT.		5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.
		6. <input type="checkbox"/> DECEASED.
		7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.
		0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

PERSON MAKING REPORT  
*Charles M. Britt, Jr. Fire Marshal*

CASUALTY NUMBER  
*819113*



N.C. STATE FIRE COMMISSION  
DEPARTMENT OF INSURANCE  
P.O. Box 26987  
RALEIGH, N.C. 27611  
NORTH CAROLINA FIRE CASUALTY REPORT

*Smith's* FIRE DEPARTMENT

1.  DELETE  
2.  CHANGE

POD *07822* INCIDENT NO. *11/14/89* EXP. NO. *11/18/89* DAY *7* YR. *11* DAY OF THE WEEK *14015* ALARM TIME *14015* TIME IN SERVICE *14113*

GA. CASUALTY LAST NAME *Lickner* FIRST NAME *Glenford* MI. *J* D.O.B. *1/3/54* AGE *34* TIME OF INJURY *1905*

GB. HOME ADDRESS *Route 23 Box 252A Manteo, N.C. 28564*

GC. SEX  MALE  FEMALE CASUALTY TYPE  FIRE CASUALTY  NOT ON CASUALTY SEVERITY  INJURY  DEATH AFFILIATION  APRESERVEE  OTHER EMERGENCY PERSONNEL  CYCLIST

GD. FAMILIARITY WITH STRUCTURE  LESS THAN 3 DAYS  3 TO 30 DAYS  3 TO 6 MONTHS  OVER 1 YEAR  1 TO 9 DAYS  1 TO 2 MONTHS  6 TO 12 MONTHS  NOT A STRUCTURE  0. FAMILIARITY UNDETERMINED OR NOT REPORTED.

GE. LOCATION AT IGNITION  FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION INCLUDED ARE POSITION OF CLOTHING ON A PERSON AND POSITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.  FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.  FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.  FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.  FIRE CASUALTY OUTSIDE OF BUILDING OR FIRE ORIGIN BUT ON PROPERTY.  FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.  NOT A FIRE CASUALTY.  LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.  LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

GF. CONDITION BEFORE INJURY  AWAKE  UNDER RESTRAINT  MENTALLY HANDICAPPED, SENILE  BEDRIDDEN, OTHER PHYSICAL HANDICAP  TOO YOUNG TO ACT  AWAKE, UNIMPAIRED  IMPAIRED BY DRUGS, ALCOHOL  TOO OLD TO ACT  0. CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.  0. CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

GG. CONDITION PREVENTING ESCAPE  NO TIME TO ESCAPE: EXPLOSION OR FIRE PROCEEDED TOO RAPIDLY.  WOVEN TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW COMMONLY AVAILABLE ESCAPE PROCEDURES.  FIRE BETWEEN CASUALTY AND EXIT.  VICTIM INCAPACITATED PRIOR TO IGNITION.  LOCKED DOOR.  NO CONDITION PREVENTED ESCAPE OR NOT A FACTOR.  ILLEGAL GATES, LOCKS.  CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.  CLOTHING ON CASUALTY BURNING.  0. CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

GH. ACTIVITY AT TIME OF INJURY  ESCAPING  RESPONSE/RETURN.  CLEANUP, SALVAGE, REPAIR.  SLEEPING.  UNABLE TO ACT  INTENTIONAL ACTION.  FIRE CONTROL.  0. ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.  0. ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED. CAUSE OF INJURY  CAUGHT IN, UNDEP. BETWEEN FRAMES OR.  FELL OR STEPPED ON, OVER, INTO.  EXPOSED TO FIRE PRODUCTS.  OVEREXERCISE.  INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS.  DRUBBED BY CONTACT WITH.  EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).  0. CAUSE OF INJURY NOT CLASSIFIED ABOVE.  0. CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

GI. NATURE OF INJURY/MOST SERIOUS  COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.  BURNS AND ASPHYXIA/SMOKE.  SHOCK.  BURNS ONLY.  STRAIN, SPRAIN.  ASPHYXIA/SMOKE ONLY.  NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.  WOUND, CUT, BLEEDING.  NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.  DISLOCATION, FRACTURE.

GP. PART OF BODY INJURED  HEAD, NECK.  INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.  ROOF, TRUNK, NECK.  MULTIPLE BODY PARTS.  ARM.  PART OF BODY INJURED NOT CLASSIFIED ABOVE.  LEG.  PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.  HAND.  FOOT.  0. PART OF BODY INJURED UNDETERMINED OR NOT REPORTED. DISPOSITION  REQUIRED HELP.  TREATED AT SCENE AND RELEASED.  TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.  TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE.  TAKEN TO OTHER THAN A HOSPITAL.  DECEASED.  DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.  DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

REPORTING OFFICER'S NAME *Charles M. Britt, Jr. Fire Marshal* CASUALTY NUMBER *89114*



**N.C. STATE FIRE COMMISSION**  
 DEPARTMENT OF INSURANCE  
 P.O. BOX 26387  
 RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**

Smith's FIRE DEPARTMENT

1.  COMPLETE  
 2.  CHANGE

FDG <u>C7522</u>	INCIDENT NO. <u>1494</u>	EXP. NO. <u>11</u>	NO. <u>11889</u>	DAT. TR. <u>7</u>	DAY OF THE WEEK <u>1</u>	ALARM TIME <u>4:25</u>	TIME IN SERVICE <u>1413</u>
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CASUALTY LAST NAME <u>Locklear</u>	FIRST NAME <u>Crystal</u>	MI. <u>L</u>	DOB <u>7/1/83</u>	AGE <u>16</u>	TIME OF INJURY <u>1415</u>
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HOME ADDRESS  
Route #3 Box 252A Maxton, NC 28364

SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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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"/> 31 TO 60 DAYS	5. <input type="checkbox"/> 61 TO 90 DAYS	6. <input type="checkbox"/> 91 TO 12 MONTHS	7. <input type="checkbox"/> OVER 1 YEAR	8. <input type="checkbox"/> NOT A STRUCTURE
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0.  FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INMEDIATELY INVOLVED WITH IGNITION INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF SCORING OF FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, DECK, AND PLAYHOUSES.	3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.	7. <input type="checkbox"/> NOT A FIRE CASUALTY.	8. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.
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CONDITION BEFORE INJURY

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

CONDITION PREVENTING ESCAPE

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

9.  CAUSE OF INJURY NOT CLASSIFIED ABOVE  
 0.  CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

NATURE OF INJURY (MOST SERIOUS)

1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE	2. <input type="checkbox"/> BURNS ONLY	3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY	4. <input type="checkbox"/> WOUNDS, CUT, 2. BLEEDING	5. <input type="checkbox"/> DISLOCATION, FRACTURE	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES	7. <input type="checkbox"/> WHIP	8. <input type="checkbox"/> STRAIN, SPRAIN	9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE	0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED
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PART OF BODY INJURED	1. <input type="checkbox"/> HEAD, NECK	2. <input type="checkbox"/> BODY, TRUNK, BACK	3. <input type="checkbox"/> ARM	4. <input type="checkbox"/> LEG	5. <input type="checkbox"/> HAND	6. <input type="checkbox"/> FOOT	7. <input checked="" type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	8. <input type="checkbox"/> MULTIPLE BODY PARTS	9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED	DISPOSITION	1. <input type="checkbox"/> REFUSED HELP	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE	5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL	6. <input checked="" type="checkbox"/> DECEASED	7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE	8. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED
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REPORT MADE BY: Charles M. Britt, Jr., Fire Marshal CASUALTY NUMBER: 89VF



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
 P.O. Box 26387  
 RALPH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**

*Smith's* FIRE DEPARTMENT

1.  DELETE  
 2.  CHANGE

FD# <i>09822</i>	INCIDENT NO. <i>14914</i>	EXP. NO. <i>1</i>	NO. <i>11</i>	DAY <i>18</i>	YR. <i>87</i>	SAT. OF THE WEEK <i>7</i>	ALARM TIME <i>2:05</i>	TIME - FIRE SERVICE <i>1:14/3</i>
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34. CASUALTY LAST NAME: *Hunt* FIRST NAME: *Mikkie* MI.: *1A* DOB.: *7-1-87* AGE: *13* TIME OF INJURY: *1:14:05*

38. HOME ADDRESS: *Route #2, Box 146 Rt. 1, Maxton, N.C. 28364*

36. SEX:  MALE CASUALTY TYPE:  FIRE CASUALTY SEVERITY:  DEATH AFFILIATION:  CIVILIAN

39.1. FAMIL. ARTY WITH STRUCTURE:  LESS THAN 1 DAY,  1 TO 7 DAYS,  8 TO 30 DAYS,  1 TO 2 MONTHS,  3 TO 6 MONTHS,  7 TO 12 MONTHS,  OVER 1 YEAR,  NOT A STRUCTURE.

39.2. LOCATION AT IGNITION:  FIRE CASUALTY IMMEDIATELY INVOLVED WITH IGNITION,  FIRE CASUALTY OUTSIDE OF BUILDING OR FIRE ORIGIN BUT ON PROPERTY,  FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION,  NOT A FIRE CASUALTY,  LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLARIFIED ABOVE,  LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

39.3. CONDITION BEFORE INJURY:  ABLE,  BEDRIDDEN, OTHER PHYSICAL HANDICAP,  IMPAIRED BY DRUGS, ALCOHOL,  UNDER RESTRAINT,  TOO YOUNG TO ACT,  TOO OLD TO ACT,  MENTALLY HANDICAPPED, SENILE,  AWARE & UNIMPAIRED,  CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE,  CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

39.4. CONDITION PREVENTING ESCAPE:  NO TIME TO ESCAPE; FIRE ORIGIN OF FIRE PROCEEDED TOO RAPIDLY,  FIRE BETWEEN CASUALTY AND EXIT,  LOST KEYS,  ILLEGAL GATES, LOCKS,  CLOTHING ON CASUALTY BURNING,  MOVED TO SLOWLY, INCLUDED ARE FAILURES TO FOLLOW CORRECT (ANAL. RUC) ESCAPE PROCEDURES,  VICTIM INCAPACITATED PRIOR TO IGNITION,  NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR,  CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE,  CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

39.5. ACTIVITY AT TIME OF INJURY:  ENCLINING,  PROCEED ATTEMPT,  FIRE CONTROL,  RESPONSE/RETURN,  CLEAN UP, SALVAGE, WOP UP,  SLEEPING,  UNABLE TO ACT,  IRRATIONAL ACTION,  CAUSE OF INJURY:  CAUGHT IN, UNDER, BETWEEN; TRAPPED BY,  EXPOSED TO FIRE PRODUCTS, INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS,  EXPOSED TO CHEMICALS, RADIATION, INCLUDED ARE FIRE PRODUCTS (2),  CAUSE OF INJURY NOT CLASSIFIED ABOVE,  CAUSE OF INJURY UNDETERMINED OR NOT REPORTED,  FALL OR STEPPED ON, OVER INTO,  MISPERCEPTION,  PUNCHED BY, CONTACT WITH,  STRUCK BY,  NOT APPLICABLE.

39.6. NATURE OF INJURY (MOST SERIOUS):  SCALDS AND HEAT BURNS,  BURNS ONLY,  AMPUTATION/SKIN ONLY,  BLOWING, CUT, SLASHING,  DISLOCATION, FRACTURE,  COMPLIMENT OF PAIN, INCLUDED ARE HEART ATTACKS AND STROKES,  SHOCK,  STRAIN, SPRAIN,  NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE,  NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

39.7. PART OF BODY INJURED:  HEAD, NECK,  DOOT, \*PAINL. BACK,  ARM,  LEG,  HAND,  FOOT,  INTERNAL, INCLUDED ARE RESPIRATORY SYSTEM AND HEART,  MULTIPLE BODY PARTS,  PART OF BODY INJURED NOT CLASSIFIED ABOVE,  PART OF BODY INJURED UNDETERMINED OR NOT REPORTED,  DISPOSITION:  REFUSED HELP,  TREATED AT SCENE AND RELEASED,  TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE,  TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE,  TAKEN TO OTHER THAN A HOSPITAL,  DIED,  DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE,  DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

PERSON MAKING REPORT: *Charles M. Britt, Jr., Fire Marshal* CASUALTY NUMBER: *819116*



N.C. STATE FIRE COMMISSION

DEPARTMENT OF INSURANCE

P.O. Box 28387

Raleigh, N.C. 27611

NORTH CAROLINA FIRE CASUALTY REPORT

*Smith's* FIRE DEPARTMENT

1.  DELETE  
2.  CHANGE

FILE NO. <i>07822</i>	INCIDENT NO. <i>11498</i>	REP. NO. <i>11/18/89</i>	DATE <i>7</i>	JARH TYPE <i>405</i>	TIME-OF SERVICE <i>1413</i>
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CASUALTY LAST NAME <i>HUNT, Jr.</i>	FIRST NAME <i>Bobby</i>	MI <i>R</i>	DOB <i>12-35</i>	AGE <i>14</i>	TIME OF INJURY <i>1405</i>
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HOME ADDRESS  
*Route # 2, Box 144 HT, Maxton, N.C. 28364*

SEX 1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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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
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FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY IMMEDIATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, DECKS AND PLANTERS.	3. <input type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	4. <input checked="" type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.	7. <input type="checkbox"/> NOT A FIRE CASUALTY.	8. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.
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CONDITION BEFORE INJURY

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

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	3. <input type="checkbox"/> LOCKED DOOR.	4. <input type="checkbox"/> ILL-LEGAL OBSTACLE, LOCAL.	5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	6. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.	7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.	8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.	9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.	10. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.
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ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT 3. <input type="checkbox"/> FIRE CONTROL.	4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANING, BALANCE, HOP-UP. 6. <input type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION.	9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 10. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	CAUSE OF INJURY 1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN: TRAPPED BY. 2. <input type="checkbox"/> RESPONDED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE AND GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 4. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 5. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	6. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 7. <input type="checkbox"/> OVEREXERTION. 8. <input type="checkbox"/> RUBBED BY CONTACT WITH. 9. <input type="checkbox"/> STRUCK BY. 10. <input type="checkbox"/> NOT APPLICABLE.
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NATURE OF INJURY (MOST SERIOUS)

1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.	2. <input type="checkbox"/> BURNS ONLY.	3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	4. <input type="checkbox"/> WOUND, CUT, BLEEDING.	5. <input type="checkbox"/> DISLOCATION, FRACTURE.	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.	7. <input type="checkbox"/> SHOCK.	8. <input type="checkbox"/> STRAIN, SPRAIN.	9. <input type="checkbox"/> NATURE OF INJURY OR LIMBS NOT CLASSIFIED ABOVE.	10. <input type="checkbox"/> NATURE OF INJURY OR LIMBS UNDETERMINED OR NOT REPORTED.
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PART OF BODY INJURED 1. <input type="checkbox"/> HEAD, NECK. 2. <input type="checkbox"/> BODY, TRUNK, BACK. 3. <input type="checkbox"/> ARM. 4. <input type="checkbox"/> LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT.	7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 10. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	DISPOSITION 1. <input type="checkbox"/> REQUIRED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL. 6. <input checked="" type="checkbox"/> DIED. 7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 8. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
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PERSON MAKING REPORT  
*Charles M. Britt, Jr., Fire Marshal*

CASUALTY NUMBER  
*8807*



**N.C. STATE FIRE COMMISSION**  
 DEPARTMENT OF INSURANCE  
 P.O. BOX 26387  
 RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**  
*Smith's* FIRE DEPARTMENT

1.  DELETE  
 2.  CHANGE

FDID <i>07922</i>	INCIDENT NO. <i>14494</i>	EXP. NO. <i>1</i>	MO. <i>11</i>	DAY <i>18</i>	YR. <i>84</i>	DAY OF THE WEEK <i>7</i>	ALARM TIME <i>4:5</i>	TIME IN SERVICE <i>14:13</i>
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CASUALTY LAST NAME <i>Dial</i>	FIRST NAME <i>Larry</i>	MI. <i>J</i>	D.O.B. MO. <i>12</i> YR. <i>83</i>	AGE <i>15</i>	TIME OF INJURY <i>4:15</i>
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HOME ADDRESS  
*Route #2, Box 146 N5; Macon, N.C. 28364*

SEX 1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input type="checkbox"/> CIVILIAN
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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.
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0.  FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INITIALLY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND BATHHOUSES.	3. <input type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OR FIRE ORIGIN BUT ON PROPERTY.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.	8. <input type="checkbox"/> NOT A FIRE CASUALTY.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.
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CONDITION BEFORE INJURY

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

CONDITION PREVENTING ESCAPE.

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

1. <input type="checkbox"/> COGGING.	2. <input type="checkbox"/> RESCUE ATTEMPT.	3. <input type="checkbox"/> FIRE CONTROL.	4. <input type="checkbox"/> RESPONSE/RETURN.	5. <input type="checkbox"/> CLEANUP, SALVAGE, WORKUP.	6. <input type="checkbox"/> SLEEPING.	7. <input type="checkbox"/> UNABLE TO ACT.	8. <input type="checkbox"/> IRRATIONAL ACTION.	9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.
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CAUSE OF INJURY

1. <input type="checkbox"/> CAUGHT IN LINGER, BETWEEN; TRAPPED BY.	2. <input type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE AND GAS.	3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. INCLUDED ARE FIRE PRODUCTS (2).	4. <input type="checkbox"/> FELL ON STAIRS OR OVER, INTO.	5. <input type="checkbox"/> OVEREXERCITION.	6. <input type="checkbox"/> SLIPPED BY CONTACT WITH.	7. <input type="checkbox"/> STRUCK BY.	8. <input type="checkbox"/> NOT APPLICABLE.	9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.
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NATURE OF INJURY (MOST SERIOUS)

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

1. <input type="checkbox"/> HEAD, NECK.	2. <input type="checkbox"/> BODY, TRUNK, BACK	3. <input type="checkbox"/> ARM.	4. <input type="checkbox"/> LEG.	5. <input type="checkbox"/> HAND.	6. <input type="checkbox"/> FOOT.	7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS.	9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.
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DISPOSITION

1. <input type="checkbox"/> REFUSED HELP.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE.	5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.	6. <input type="checkbox"/> DECEASED.	9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
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PERSON MAKING REPORT  
*Charles M. Britt, Jr. : Fire Marshal*

CASUALTY NUMBER  
*819118*

WHITE, DEPARTMENT COPY - CANARY, COUNTY COPY - PINK, STATE COPY





N.C. STATE FIRE COMMISSION  
 DEPARTMENT OF INSURANCE  
 P.O. Box 26387  
 RALEIGH, N.C. 27611  
 NORTH CAROLINA FIRE CASUALTY REPORT

Smith's FIRE DEPARTMENT

1.  DELETE  
 2.  CHANGE

FILE NO. <u>07822</u>	INCIDENT NO. <u>11494</u>	EXP. NO. <u>11</u>	DAY <u>18</u>	MO. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TIME IN SERVICE <u>1413</u>
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CASUALTY LAST NAME: Hunt FIRST NAME: Melissa MI: 5 DOB: 7-78 AGE: 11 TIME OF INJURY: 1405

HOME ADDRESS: Rt 2, Box 144 HT, Market, N.C. 28364

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 type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE DEPT. EMP. 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE  
 1.  LESS THAN 1 DAY  
 2.  1 TO 7 DAYS  
 3.  8 TO 30 DAYS  
 4.  1 TO 2 MONTHS  
 5.  3 TO 6 MONTHS  
 6.  7 TO 12 MONTHS  
 7.  OVER 1 YEAR  
 8.  NOT A STRUCTURE  
 9.  FAMILIARITY UNDETERMINED OR NOT REPORTED

LOCATION AT IGNITION  
 1.  FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION (INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING)  
 2.  FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN (INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES)  
 3.  FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE  
 4.  FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE  
 5.  FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY  
 6.  FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION  
 7.  NOT A FIRE CASUALTY  
 8.  LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE  
 9.  LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED

CONDITION BEFORE INJURY  
 1.  SLEEPING  
 2.  OCCURRED OTHER PHYSICAL HANDICAP  
 3.  IMPAIRED BY DRUGS, ALCOHOL  
 4.  UNDER RESTRAINT  
 5.  TOO YOUNG TO ACT  
 6.  TOO OLD TO ACT  
 7.  MENTALLY HANDICAPPED, JUVENILE  
 8.  AAAAS UNIMPAIRED  
 9.  CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE  
 10.  CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED

CONDITION PREVENTING ESCAPE  
 1.  NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY  
 2.  FIRE BETWEEN CASUALTY AND EXIT  
 3.  LOCKED DOOR  
 4.  ILL-FITTING GATES, LOCKS  
 5.  CLOTHING ON CASUALTY MIRRING  
 6.  MOVED TO SLEEPER (INCLUDED ARE FAILURES TO FOLLOW CORRECT AVAILABLE ESCAPE PROCEDURES)  
 7.  VICTIM INCAPACITATED PRIOR TO IGNITION  
 8.  NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR  
 9.  CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE  
 10.  CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED

ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> SLEEPING 2. <input type="checkbox"/> PEACEFUL ACTIVITY 3. <input type="checkbox"/> FIRE CONTROL 4. <input type="checkbox"/> RESPONSE/RETURN 5. <input type="checkbox"/> CLEANUP, SALVAGE, WORKUP 6. <input type="checkbox"/> SLEEPING 7. <input type="checkbox"/> UNABLE TO ACT 8. <input type="checkbox"/> INTENTIONAL ACTION 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE 10. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED	CAUSE OF INJURY 1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN, TRAPPED BY 2. <input type="checkbox"/> EXPOSED TO FIRE PRODUCTS (INCLUDED ARE FLAME, HEAT, SMOKE AND GAS) 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION (INCLUDED ARE FIRE PRODUCTS (2)) 4. <input type="checkbox"/> FALL OR STEPPED ON OVER INTO 5. <input type="checkbox"/> OVEREXERCISE OR 6. <input type="checkbox"/> RUBBED BY CONTACT WITH 7. <input type="checkbox"/> STUCK BY 8. <input type="checkbox"/> NOT APPLICABLE 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE 10. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED
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NATURE OF INJURY (MOST SERIOUS)  
 1.  BURNS AND AMPUTATION  
 2.  BURNS ONLY  
 3.  AMPUTATION, SMOKE ONLY  
 4.  WOUND, CUT, BLEEDING  
 5.  DISLOCATION, FRACTURE  
 6.  COMPLAINT OF PAIN (INCLUDED ARE HEART ATTACKS AND HYPOTHERMIA)  
 7.  SHOCK  
 8.  STRAIN, SPRAIN  
 9.  NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE  
 10.  NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED

PART OF BODY INJURED 1. <input type="checkbox"/> HEAD, NECK 2. <input type="checkbox"/> BODY, TRUNK, BACK 3. <input type="checkbox"/> ARM 4. <input type="checkbox"/> LEG 5. <input type="checkbox"/> HAND 6. <input type="checkbox"/> FOOT 7. <input type="checkbox"/> OTHER (INCLUDED ARE HEAD AND NECK, SYSTEM AND HEART) 8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE 10. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED	DISPOSITION 1. <input type="checkbox"/> REQUESTED HELP 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE 5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL 6. <input type="checkbox"/> DECEASED 7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE 8. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED
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PERSON MAKING REPORT: Charles M. Britt, Jr., Fire Marshal CASUALTY NUMBER: 919119



N.C. STATE FIRE COMMISSION  
DEPARTMENT OF INSURANCE  
P.O. BOX 20387  
RALEIGH, N.C. 27611  
NORTH CAROLINA FIRE CASUALTY REPORT

*Smith's* FIRE DEPARTMENT

1.  DELETE  
2.  CHANGE

FCID <i>07522</i>	INCIDENT NO. <i>11/1494</i>	EXP. NO. <i>1</i>	NO. <i>11</i>	DAY <i>18</i>	YR. <i>89</i>	DAY OF THE WEEK <i>7</i>	ALARM TIME <i>17:15</i>	TIME - IN SERVICE <i>4/15</i>
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CASUALTY LAST NAME <i>Hant</i>	FIRST NAME <i>Alisha</i>	MI. <i>A</i>	D.O.B. <i>7/77</i>	AGE <i>12</i>	TYPE OF INJURY <i>1405</i>
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HOME ADDRESS  
*Route #2 Box 146 HT, Maxton, N.C. 28364*

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

1. <input type="checkbox"/> LESS THAN 1 DAY	3. <input type="checkbox"/> 30 TO 30 DAYS	5. <input type="checkbox"/> 3 TO 5 MONTHS	7. <input checked="" type="checkbox"/> OVER 1 YEAR
2. <input type="checkbox"/> 1 TO 7 DAYS	4. <input type="checkbox"/> 1 TO 2 MONTHS	6. <input type="checkbox"/> 7 TO 12 MONTHS	8. <input type="checkbox"/> NOT A STRUCTURE

FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING. 2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYSQUES. 3. <input type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE. 4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY. 6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION. 7. <input type="checkbox"/> NOT A FIRE CASUALTY. 8. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE. 9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.
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CONDITION BEFORE INJURY

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

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE; EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. 2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT. 3. <input type="checkbox"/> LOCKED DOOR. 4. <input type="checkbox"/> OBSTACLES, DOGS. 5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. 7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION. 8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR. 9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE. 10. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.
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ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP/SALVAGE WORK. 6. <input type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 10. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	CAUSE OF INJURY 1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE AND GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. INCLUDED ARE FIRE PRODUCTS (2). 4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> PUSHED BY CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 10. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.
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NATURE OF INJURY (MOST SERIOUS)

1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE. 2. <input type="checkbox"/> BURNS ONLY. 3. <input type="checkbox"/> WHIPPLE/SHOCK ON L.T. 4. <input type="checkbox"/> WOUNDS, CUT, BLEEDING. 5. <input type="checkbox"/> DISLOCATION, FRACTURE.	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES. 7. <input type="checkbox"/> INCHES. 8. <input type="checkbox"/> WHIPLASH, SPRAIN. 9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE. 10. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.
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PART OF BODY INJURED 1. <input type="checkbox"/> HEAD, NECK. 2. <input type="checkbox"/> BODY, TRUNK, BACK. 3. <input type="checkbox"/> ARM. 4. <input type="checkbox"/> LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT. 7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 10. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	DISPOSITION 1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL. 6. <input type="checkbox"/> DECEASED. 7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 8. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
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PERSON MAKING REPORT: *Charles M. Britt, Jr. Fire Marshal*

CASUALTY NUMBER: *89220*

WHITE, DEPARTMENT COPY - CANARY, COUNTY COPY - PINK, STATE COPY



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
 P.O. Box 20987  
 RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**

*Smith's* FIRE DEPARTMENT

1.  DELETE  
 2.  CHANGE

FD# <b>07922</b>	INCIDENT NO. <b>11/47/14</b>	EXP. NO. <b>11</b>	NO. <b>11</b>	DA. <b>18</b>	MO. <b>8/17</b>	DAY OF THE WEEK <b>7</b>	ALARM TIME <b>4:05</b>	TIME OF SERVICE <b>4:13</b>
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CASUALTY LAST NAME <b>Tyndall</b>	FIRST NAME <b>Richard</b>	MI. <b>E.</b>	NO. <b>1</b>	AGE <b>22</b>	TIME OF INJURY <b>4:05</b>
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HOME ADDRESS  
**Rt 2, Meadow, NC 28364 Red Hill Trailer Park RR 1305 & 1312**

SEX 1. <input type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input type="checkbox"/> FIRE CASUALTY 2. <input checked="" 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 type="checkbox"/> SOLICITOR
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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 type="checkbox"/> OVER 1 YEAR.	8. <input type="checkbox"/> NOT A STRUCTURE.
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0. FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE REMOVAL OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, PATIOS, AND PLANTERS.	3. <input type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.	7. <input type="checkbox"/> NOT A FIRE CASUALTY.	8. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.
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CONDITION BEFORE INJURY

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

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE; EXPLOSION OR FIRE PROCEEDED TOO RAPIDLY.	2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	3. <input type="checkbox"/> LOCKED DOOR.	4. <input type="checkbox"/> ILLUMINATED, WATER, SMOKE.	5. <input type="checkbox"/> CLIMBING ON CASUALTY BURNING.	6. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURE TO FOLLOW CORRECT AVAILABLE ESCAPE PROCEDURES.	7. <input type="checkbox"/> WEIGHING INCARCERATED PRIOR TO IGNITION.	8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.	9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.
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ACTIVITY AT TIME OF INJURY

1. <input type="checkbox"/> ESCAPING.	2. <input type="checkbox"/> RESCUE ATTEMPT.	3. <input type="checkbox"/> FIRE CONTROL.	4. <input type="checkbox"/> RESPONDING/RETURN.	5. <input type="checkbox"/> CLEANUP, REPAIRS, NON-UP.	6. <input type="checkbox"/> SLEEPING.	7. <input type="checkbox"/> UNABLE TO ACT.	8. <input type="checkbox"/> PASSIVE ACTION.	9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.
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CAUSE OF INJURY

1. <input type="checkbox"/> CAUGHT IN, INJURY BETWEEN; TRAPPED BY.	2. <input type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE AND GAS.	3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. INCLUDED ARE FIRE PRODUCTS (CZ).	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER INFO.	5. <input type="checkbox"/> OVEREXERCISE.	6. <input type="checkbox"/> PUSHER BY CONTACT WITH.	7. <input type="checkbox"/> STRUCK BY.	8. <input type="checkbox"/> NOT APPLICABLE.
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9.  CAUSE OF INJURY NOT CLASSIFIED ABOVE.  
 0.  CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

NATURE OF INJURY (MOST SERIOUS)

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

1. <input type="checkbox"/> HEAD, NECK.	2. <input type="checkbox"/> BODY, TRUNK, BACK.	3. <input type="checkbox"/> ARM.	4. <input type="checkbox"/> LEG.	5. <input type="checkbox"/> HAND.	6. <input type="checkbox"/> FOOT.	7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	8. <input type="checkbox"/> MULTIPLE BODY PARTS.	9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.
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DISPOSITION

1. <input type="checkbox"/> REQUIRED HELP.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE.	5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.	6. <input type="checkbox"/> DEAD.	7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
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PERSON MAKING REPORT  
**Charles M. Britt, Jr.; Fire Marshal**

CASUALTY NUMBER  
**819213**



N.C. STATE FIRE COMMISSION  
 DEPARTMENT OF INSURANCE  
 P.O. BOX 26387  
 RALEIGH, N.C. 27611  
 NORTH CAROLINA FIRE CASUALTY REPORT

Smith's FIRE DEPARTMENT

1.  DELETE /  
 2.  CHANGE

#00 <u>07822</u>	INCIDENT NO <u>1494</u>	REP. NO. <u>111887</u>	MO <u>11</u>	DAY <u>18</u>	YR <u>87</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TYPE - IN SERVICE <u>41.3</u>
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CA. CASUALTY LAST NAME <u>Locklear</u>	FIRST NAME <u>Joanne</u>	MI.	D.O.B. <u>70.24</u>	AGE <u>25</u>	TIME OF INJURY <u>4:05</u>
GB. HOME ADDRESS <u>Route # 9 Box 252 A Marion N.C. 28364</u>					

DC. 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 SERVICES 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input type="checkbox"/> OTHER
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GB-1. FAMILIARITY WITH STRUCTURE			
1. <input type="checkbox"/> LESS THAN 1 DAY	2. <input type="checkbox"/> 8 TO 30 DAYS	3. <input type="checkbox"/> 3 TO 6 MONTHS	7. <input type="checkbox"/> OVER 1 YEAR
2. <input type="checkbox"/> 1 TO 7 DAYS	4. <input type="checkbox"/> 7 TO 2 MONTHS	6. <input type="checkbox"/> 7 TO 12 MONTHS	8. <input type="checkbox"/> NOT A STRUCTURE

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

GB-3. CONDITION BEFORE INJURY		
1. <input checked="" type="checkbox"/> AWAKE	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENSE
2. <input type="checkbox"/> NEAR SLEEP, OTHER PHYSICAL HAND CAP.	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 BEFORE INJURY NOT CLASSIFIED ABOVE.	10. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.	

GB-1. CONDITION PREVENTING ESCAPE	
1. <input type="checkbox"/> NO TIME TO ESCAPE, EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.
3. <input type="checkbox"/> LOCKED DOOR	4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.
5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	6. <input type="checkbox"/> MOVED TO SAFELY.
7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.	8. <input checked="" type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.
9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.	10. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

GB-2. ACTIVITY AT TIME OF INJURY	
1. <input type="checkbox"/> ESCAPING	2. <input type="checkbox"/> RESCUE ATTEMPT.
3. <input type="checkbox"/> FIRE CONTROL.	4. <input type="checkbox"/> RESPONSE/RETURN
5. <input type="checkbox"/> CLEANUP, SALVAGE, WOP-UP.	6. <input type="checkbox"/> SLEEPING.
7. <input type="checkbox"/> UNABLE TO ACT.	8. <input type="checkbox"/> RATIONAL ACTION.
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	10. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.
CAUSE OF INJURY	
1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN, TRAPPED BY.	2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE AND GAS.
3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. INCLUDED ARE FIRE PRODUCTS (2).	4. <input type="checkbox"/> FELL OR STEPPED ON. DIED INTO.
5. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	6. <input type="checkbox"/> OVEREXERCITION.
7. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	8. <input type="checkbox"/> RUCCED BY CONTACT WITH.
	9. <input type="checkbox"/> STRUCK BY.
	10. <input type="checkbox"/> NOT APPLICABLE.

GB-1. NATURE OF INJURY (MOST SERIOUS)	
1. <input type="checkbox"/> BURNS AND ASPHYXIA/SMOKE	2. <input type="checkbox"/> BURNS ONLY.
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	4. <input type="checkbox"/> WOUND, CUT, BLEEDING.
5. <input type="checkbox"/> DISLOCATION, FRACTURE	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.
7. <input type="checkbox"/> SHOCK.	8. <input type="checkbox"/> STRAIN, SPRAIN.
9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.	10. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

GB-2. PART OF BODY INJURED	
1. <input type="checkbox"/> HEAD, NECK.	2. <input type="checkbox"/> BODY, TRUNK, BACK
3. <input type="checkbox"/> ARM.	4. <input type="checkbox"/> LEG.
5. <input type="checkbox"/> HAND.	6. <input type="checkbox"/> FOOT.
7. <input checked="" type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	8. <input type="checkbox"/> MULTIPLE BODY PARTS.
9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	10. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.
DISPOSITION	
1. <input type="checkbox"/> REFUSED HELP.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.
3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE.
5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.	6. <input type="checkbox"/> DIED.
7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

PERSON MAKING REPORT <u>Charles M. Britt, Jr., Fire Marshal</u>	CASUALTY NUMBER <u>8191212</u>
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