

U.S. Fire Administration/Technical Report Series

# Nine-Fatality Mobile Home Fire

Maxton, North Carolina

USFA-TR-037/November 1989



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Security



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

**T**he 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. In some cases, special reports are developed to discuss events, drills, or new technologies which are of interest to the fire service.

The reports are sent to fire magazines and are distributed at National and Regional fire meetings. The International Association of Fire Chiefs assists the USFA in disseminating the findings throughout the fire service. On a continuing basis the reports are available on request from the USFA; announcements of their availability are published widely in fire journals and newsletters.

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 the assistance and presence of the USFA would be supportive and would 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 the 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 USFA in carrying out the Fire Reports Program.

The USFA 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.

For additional copies of this report write to the U.S. Fire Administration, 16825 South Seton Avenue, Emmitsburg, Maryland 21727. The report is available on the Administration’s Web site at <http://www.usfa.dhs.gov/>



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

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-2649 to the United States Fire Administration, Federal Emergency Management Agency.



**Homeland  
Security**

Department of Homeland Security  
United States Fire Administration  
National Fire Data Center



## **U.S. Fire Administration**

### **Mission Statement**

*As an entity of the Department of Homeland Security, the mission of the USFA is to reduce life and economic losses due to fire and related emergencies, through leadership, advocacy, coordination, and support. We serve the Nation independently, in coordination with other Federal agencies, and in partnership with fire protection and emergency service communities. With a commitment to excellence, we provide public education, training, technology, and data initiatives.*



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

Local Contacts: Charles M. Britt, Robeson County Fire Marshal  
James Martin, Robeson County Manager  
Agricultural Building  
108 West 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 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 fires such as this one.**

## **APPENDIX A**

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### **North Carolina Fire Incident and Casualty Reports**

ID—SFC-2  
NORTH CAROLINA  
INCIDENT  
REPORT

FDID 017822	Department Name Smith's	County 0178	Exp.	Incident No. 1494				
Mo. 11	Day 18	Yr. 87	Day of Week 7	Alarm Time 1405	Time Out 1413	Arr. Time 1417	Time In 1416	Tot. Time Out 1005

IDENT ADDRESS	Street Route #2, Box 146 HJ	Rm. or Apt.	Personnel 117
	City MARTIN	State NC	Zip 28364

OCCUPANT NAME	Last, First Hunt, Lois Ann	Phone	Mutual Aid (check one)	Aerials
OWNER NAME	Last, First Hunt, Lois Ann	Phone	1 <input checked="" type="checkbox"/> Received	Tankers
			2 <input type="checkbox"/> Given	
			3 <input type="checkbox"/> Not Apply	Other Vehicles

OWNER ADDRESS	Street Route #2, Box 146 HJ	State NC	ZIP 28364	Hazardous Materials Involved
	City MARTIN			1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No

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 <input checked="" type="checkbox"/> 7	Fire Srv. <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> 2
2 Municipal alarm system	12 Any fire outside a structure where the material burning has a value	30 Rescue	2 Rescue	No. Incident-related fatalities
3 Private alarm system	13 Vehicle fire	32 EMS only	3 Investigation Primary	Fire Srv. <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> 9
4 Radio	14 Trees, brush, grass fire	40 Hazardous condition	4 Remove hazard	Is juvenile involved in ignition?
5 Verbal	15 Refuse fire (material burning has no value)	50 Service call	5 Standby <input checked="" type="checkbox"/> 3	1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO
6 Home dialer	16 Explosion, no after-fire	60 Good intent call	6 Salvage	
7 Tie-line	17 Outside spill, leak with fire	71 False malicious	7 Ambulance Secondary	
8 Voice signal: Fire alarm system		73 False malfunction	8 Fill in, move up	
9 Other <input checked="" type="checkbox"/> 7		74 False unintentional	9 Cancelled enroute	
		99 Other situation found	10 Water supply	

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	Equipment Involved in Ignition	10
Area of Fire Origin 01	Form of Material Ignited	10
Form of Heat of Ignition 10	Type of Material Ignited	20

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	PROPERTY DAMAGE CLASSIFICATIONS
CONDITION UPON ARRIVAL	MOBILE PROPERTY TYPE	20 Freight road transport	00 Not Apply	Total estimated damage
1 Overheat	11 Automobile	30 Rail transport		1 \$1-99
2 Smoldering	12 Bus	40 Water transport		2 \$100-999
3 Open flame <input checked="" type="checkbox"/> 3	13 All-terrain vehicle	50 Air transport		3 \$1,000-9,999
6 Out on arrival	14 Motor home	60 Heavy equipment		4 \$10,000-24,999
	15 Travel trailer	70 Special vehicles, containers		5 \$25,000-49,999
	17 Mobile home	99 Other mobile property types		0 NO DOLLAR LOSS
				Value <input checked="" type="checkbox"/> 3
				Damaged <input checked="" type="checkbox"/> 3

If Mobile Property	Yr. 73	Make Taylor	Model	St.	Lic. Number Not Applicable	Serial Number/VIN CH60123FK10773
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 <input checked="" type="checkbox"/> Present 2 <input type="checkbox"/> Not 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 <input checked="" type="checkbox"/> 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 type="checkbox"/> Battery 2 <input checked="" 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 <input checked="" type="checkbox"/> 7	CONSTRUCTION TYPE	5 In room: fire too small to operate
Point of Origin <input checked="" type="checkbox"/> 7	1 Fire resistive	9 Not classified (Not Apply) <input checked="" type="checkbox"/> 9
	2 Noncombustible	
	3 Heavy timber	
	4 Ordinary	
	5 Frame <input checked="" type="checkbox"/> 4	
	0 Other	
	SPRINKLER PERFORMANCE	
	1 Equipment operated	
	2 Equipment in service, did not operate	
	3 Equipment present: fire too small to operate	
	8 No equipment present in room/space of fire origin	
	9 Equipment not in service	

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

ID-SFC-23



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 <u>07922</u>		INCIDENT NO. <u>11494</u>		EXP. NO. <u>1</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TIME-IN SERVICE <u>1413</u>
CASUALTY LAST NAME <u>Hunt</u>			FIRST NAME <u>Lois</u>			MI. <u>A</u>	D.O.B. <u>5-53</u>	AGE <u>31</u>	TIME OF INJURY <u>4:05</u>	
HOME ADDRESS <u>Route #2, Box 14645; Maxton, N.C. 28364</u>										
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				
FAMILIARITY WITH STRUCTURE 1. <input type="checkbox"/> LESS THAN 1 DAY.      3. <input type="checkbox"/> 8 TO 30 DAYS.      5. <input type="checkbox"/> 3 TO 6 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. 0. <input type="checkbox"/> 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 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. 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.										
CONDITION BEFORE INJURY 1. <input type="checkbox"/> ASLEEP.      4. <input type="checkbox"/> UNDER RESTRAINT.      7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE. 2. <input type="checkbox"/> SCORCHEN. OTHER PHYSICAL HANDICAP.      5. <input type="checkbox"/> TOO YOUNG TO ACT.      8. <input checked="" 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. 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. 2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT. 3. <input type="checkbox"/> LOCKED DOOR. 4. <input type="checkbox"/> ILLEGAL GATES, LOCKS. 5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING. 6. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. 7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION. 8. <input 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.										
ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING.      4. <input type="checkbox"/> RESPONSE/RETURN.      7. <input type="checkbox"/> UNABLE TO ACT. 2. <input type="checkbox"/> RESCUE ATTEMPT.      5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.      8. <input type="checkbox"/> IRRATIONAL ACTION. 3. <input type="checkbox"/> FIRE CONTROL.      6. <input type="checkbox"/> SLEEPING. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" 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"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 2. <input type="checkbox"/> BODY, TRUNK, BACK.      8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS. 3. <input type="checkbox"/> ARM.      9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 4. <input type="checkbox"/> LEG.      0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT.										
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 checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.										
PERSON MAKING REPORT <u>Charles M. Britt, Jr. Fire Marshal</u>								CASUALTY NUMBER <u>89127</u>		

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

ID-SFC-23



N.C. STATE FIRE COMMISSION  
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 NORTH CAROLINA FIRE CASUALTY REPORT

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FDID <i>07822</i>		INCIDENT NO. <i>11494</i>		EXP. NO.	MO. <i>11</i>	DAY <i>18</i>	YR. <i>89</i>	DAY OF THE WEEK <i>7</i>	ALARM TIME <i>4:05</i>	TIME IN SERVICE <i>4:13</i>			
GA.	CASUALTY LAST NAME <i>Locklear, III</i>		FIRST NAME <i>Daniel</i>		MI. <i>P</i>	D.O.B. MO. <i>12</i>	YR. <i>86</i>	AGE <i>16</i>	TIME OF INJURY <i>14105</i>				
GB.	HOME ADDRESS <i>Route #3 Box 252A Maxton N.C. 28264</i>												
GC.	SEX 1. <input 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						
GD-1.	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. 0. <input checked="" type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.												
GD-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, TENTS, 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. 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.												
GD-3.	CONDITION BEFORE INJURY 1. <input type="checkbox"/> ASLEEP. 2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL. 4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> TOO OLD TO ACT. 7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE. 8. <input type="checkbox"/> AWAKE, UNIMPAIRED. 9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.												
GE-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 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 checked="" type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.												
GE-2.	ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.		4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 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 checked="" 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). 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.				4. <input type="checkbox"/> FELL OR STEPPED ON, OVER INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE.				
GF-1.	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 ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.												
GF-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 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.		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"/> 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 <i>Charles M. Britt, Jr., Fire Marshal</i>								CASUALTY NUMBER <i>819113</i>					

ID-SFC-23



**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 <u>07822</u>	INCIDENT NO. <u>11494</u>	EXP. NO.	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:15</u>	TIME - "IN SERVICE" <u>11/18/89</u>
GA.	CASUALTY LAST NAME <u>Lickner</u>		FIRST NAME <u>Glenford</u>		MI.	D.O.B. MO. <u>3</u> YR. <u>55</u>	AGE <u>14</u>	TIME OF INJURY <u>11/18/89</u>	
GB.	HOME ADDRESS <u>Road #3, Box 252A Maxton, N.C. 27364</u>								
GC.	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 SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN					
ID-1.	FAMILIARITY WITH STRUCTURE 1. <input type="checkbox"/> LESS THAN 1 DAY.      3. <input type="checkbox"/> 9 TO 30 DAYS.      5. <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"/> 1 TO 2 MONTHS.      6. <input type="checkbox"/> 7 TO 12 MONTHS.      8. <input type="checkbox"/> NOT A STRUCTURE. 0. <input checked="" type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.								
D-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, TENTS, 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. 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.								
ID-3.	CONDITION BEFORE INJURY 1. <input 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 BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.								
IE-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 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.								
SE-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, MOP-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. 0. <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 checked="" 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"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.								
GF-1.	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 ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.								
SP-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 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. 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 checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.								
	PERSON MAKING REPORT <u>Charles M. Britt, Jr., Fire Marshal</u>							CASUALTY NUMBER <u>819114</u>	

ID-SFC-23



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	INCIDENT NO.	EXP. NO.	MO.	DAY	YR.	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"		
07822	11494		11	15	89	7	405	1413		
CASUALTY LAST NAME		FIRST NAME		MI.	MO.	YR.	AGE	TIME OF INJURY		
Locklear		Crystal		L	11	83	16	1405		
HOME ADDRESS										
Route #3 Box 252A Maxton, NC 28364										
SEX		CASUALTY TYPE		SEVERITY		AFFILIATION				
1. <input type="checkbox"/> MALE 2. <input checked="" 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		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 type="checkbox"/> OVER 1 YEAR. 8. <input type="checkbox"/> NOT A STRUCTURE.				
0. <input checked="" type="checkbox"/> 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 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 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, SENILE.			8. <input type="checkbox"/> AWAKE, UNIMPAIRED.			
2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP.		5. <input type="checkbox"/> TOO YOUNG TO ACT.		9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.			0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.			
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.		6. <input type="checkbox"/> TOO OLD TO ACT.								
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 type="checkbox"/> CLOTHING ON CASUALTY BURNING.				0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.						
ACTIVITY AT TIME OF INJURY			4. <input type="checkbox"/> RESPONSE/RETURN.		CAUSE OF INJURY			4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.		
1. <input type="checkbox"/> ESCAPING.			5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.		1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY.			5. <input type="checkbox"/> OVEREXERTION.		
2. <input type="checkbox"/> RESCUE ATTEMPT.			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.		
3. <input type="checkbox"/> FIRE CONTROL.			7. <input type="checkbox"/> UNABLE TO ACT.		3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. INCLUDED ARE FIRE PRODUCTS (2).			7. <input type="checkbox"/> STRUCK BY.		
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.			8. <input type="checkbox"/> IRRATIONAL ACTION.		9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.			8. <input type="checkbox"/> NOT APPLICABLE.		
0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY 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			7. <input checked="" type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.		DISPOSITION					
1. <input type="checkbox"/> HEAD, NECK.			8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS.		1. <input type="checkbox"/> REFUSED HELP.					
2. <input type="checkbox"/> BODY, TRUNK, BACK			9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.		2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.					
3. <input type="checkbox"/> ARM.			0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.		3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.					
4. <input type="checkbox"/> LEG.					4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE.					
5. <input type="checkbox"/> HAND.					5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.					
6. <input type="checkbox"/> FOOT.					6. <input checked="" type="checkbox"/> DIED.					
9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.										
0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.										
PERSON MAKING REPORT						CASUALTY NUMBER				
Charles M. Britt, Jr., Fire Marshal						81915				

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

ID-SFC-23



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		INCIDENT NO.		EXP. NO.	MO.	DAY	YR.	DAY OF THE WEEK	ALARM TIME	TIME IN SERVICE	
07822		11494		1	11	15	89	7	4:05	1413	
GA.	CASUALTY LAST NAME		FIRST NAME		MI.	MO.	D.O.B. YR.	AGE	TIME OF INJURY		
	Hunt		Mikkie		M	1	87	3	4:05		
GB.	HOME ADDRESS										
	Route #2, Box 146 HS; Maxton, N.C. 28364										
GC.	SEX		CASUALTY TYPE		SEVERITY		AFFILIATION				
	2. <input checked="" type="checkbox"/> FEMALE		1. <input checked="" type="checkbox"/> FIRE CASUALTY		2. <input checked="" type="checkbox"/> DEATH		3. <input checked="" type="checkbox"/> CIVILIAN				
GD-1.	FAMILIARITY WITH STRUCTURE										
	1. <input type="checkbox"/> LESS THAN 1 DAY.      3. <input type="checkbox"/> 8 TO 30 DAYS.      5. <input type="checkbox"/> 3 TO 6 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. 0. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.										
GD-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, TENTS, 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. 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.										
GD-3.	CONDITION BEFORE INJURY										
	1. <input 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 BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.										
GE-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 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.										
GE-2.	ACTIVITY AT TIME OF INJURY		4. <input type="checkbox"/> RESPONSE/RETURN.		CAUSE OF INJURY		4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.				
	1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.		5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 6. <input type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION.		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. EXCLUDED ARE FIRE PRODUCTS (2). 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.		5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE.				
GF-1.	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 ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.										
GF-2.	PART OF BODY INJURED		7. <input checked="" type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.		DISPOSITION						
	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.		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.		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"/> 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								CASUALTY NUMBER			
Charles M. Britt, Jr.; Fire Marshal								819116			

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ID-SFC-23



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	INCIDENT NO.	EXP. NO.	MO.	DAY	YR.	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"	
07822	11494		11	18	89	7	405	413	
GA.	CASUALTY LAST NAME <u>Hunt, Jr.</u>		FIRST NAME <u>Bobby</u>		MI. <u>R</u>	D.O.B. MO. <u>12</u>	YR. <u>85</u>	AGE <u>4</u>	TIME OF INJURY <u>405</u>
GB.	HOME ADDRESS <u>Route #2, Box 146 HT, Maxton, N.C. 28364</u>								
GC.	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		
GD-1.	FAMILIARITY WITH STRUCTURE 1. <input type="checkbox"/> LESS THAN 1 DAY.      3. <input type="checkbox"/> 8 TO 30 DAYS.      5. <input type="checkbox"/> 3 TO 6 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. 9. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.								
GD-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, TENTS, 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. 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.								
GD-3.	CONDITION BEFORE INJURY 1. <input 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 BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.								
GE-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 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.								
GE-2.	ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 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.				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. EXCLUDED ARE FIRE PRODUCTS (2). 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.		4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE.		
GF-1.	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 ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.								
GF-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 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.				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 checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.				
PERSON MAKING REPORT <u>Charles M. Britt, Jr.; Fire Marshal</u>						CASUALTY NUMBER <u>89V17</u>			

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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 <u>07822</u>	INCIDENT NO. <u>114914</u>	EXP. NO. <u>1</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>1405</u>	TIME IN SERVICE <u>1413</u>
GA.	CASUALTY LAST NAME <u>Dial</u>		FIRST NAME <u>Larry</u>		MI. <u>J</u>	NO. <u>12</u>	D.O.S. YR. <u>83</u>	AGE <u>15</u>	TIME OF INJURY <u>1405</u>
GB.	HOME ADDRESS <u>Route #2, Box 146 HJ; Maxton N.C. 28364</u>								
GC.	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		
ID-1.	FAMILIARITY WITH STRUCTURE 1. <input type="checkbox"/> LESS THAN 1 DAY.      3. <input type="checkbox"/> 8 TO 30 DAYS.      5. <input type="checkbox"/> 3 TO 6 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. 0. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.								
ID-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, TENTS, 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. 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.								
ID-3.	CONDITION BEFORE INJURY 1. <input 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 BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.								
IE-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 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 checked="" type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.								
GE-2.	ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.				4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 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 checked="" 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). 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.		4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE.
GF-1.	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 ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.								
GF-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 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.				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 checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.				
PERSON MAKING REPORT <u>Charles M. Britt, Jr. ; Fire Marshal</u>						CASUALTY NUMBER <u>819118</u>			

ID-SFC-23



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	INCIDENT NO.	EXP. NO.	MO.	DAY	YR.	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
07522	11494		11	18	89	7	405	1413
CASUALTY LAST NAME		FIRST NAME		MI.	D.O.B.	AGE	TIME OF INJURY	
HUNT		Melissa		S	4-78	111	405	
HOME ADDRESS								
Route #2, Box 146 HJ, Maxton, N.C. 28364								
SEX		CASUALTY TYPE		SEVERITY		AFFILIATION		
1. <input type="checkbox"/> MALE 2. <input checked="" 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		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. 9. <input type="checkbox"/> 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 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. 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.								
CONDITION BEFORE INJURY								
1. <input type="checkbox"/> ASLEEP. 2. <input checked="" type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL. 4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> TOO OLD TO ACT. 7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE. 8. <input type="checkbox"/> AWAKE, UNIMPAIRED. 9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" 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. 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 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 checked="" type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.								
ACTIVITY AT TIME OF INJURY			CAUSE OF INJURY			DISPOSITION		
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, MOP-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. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.			1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN: TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.			1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE 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. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY 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"/> 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. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.								
PART OF BODY INJURED				DISPOSITION				
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.				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"/> 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						CASUALTY NUMBER		
Charles M. Britt, Jr., Fire Marshal						819119		

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ID-SFC-23



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>07822</i>	INCIDENT NO. <i>11/14914</i>	EXP. NO. <i>11</i>	MO. <i>11</i>	DAY <i>18</i>	YR. <i>89</i>	DAY OF THE WEEK <i>7</i>	ALARM TIME <i>4:05</i>	TIME "IN SERVICE" <i>1413</i>
CA	CASUALTY LAST NAME <i>HUNT</i>		FIRST NAME <i>Alisha</i>		MI. <i>A</i>	D.O.B. <i>7/77</i>	AGE <i>12</i>	TIME OF INJURY <i>1405</i>	
CB	HOME ADDRESS <i>Route #2, Box 146 HWY 1; Maxton N.C. 28364</i>								
CC	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 SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN			
GD-1	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. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.								
GD-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, TENTS, 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. 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.								
GD-3	CONDITION BEFORE INJURY 1. <input type="checkbox"/> ASLEEP. 2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL. 4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> TOO OLD TO ACT. 7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE. 8. <input type="checkbox"/> AWAKE, UNIMPAIRED. 9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.								
GE-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 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.								
GE-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, MOP-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. 0. <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 checked="" 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"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.				
GP-1	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 ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS 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 type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.				
GP-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 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.								
	PERSON MAKING REPORT <i>Charles M. Britt, Jr. Fire Marshal</i>						CASUALTY NUMBER <i>891210</i>		

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

ID-SFC-23



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	INCIDENT NO.	EXP. NO.	MO.	DAY	YR.	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
07822	114914		11	18	1989	7	4:05	4:13
CASUALTY LAST NAME	FIRST NAME	MI.	D.O.B.	YR.	AGE	TIME OF INJURY		
Tyndall	Richard	E.			22	4:05		
HOME ADDRESS								
Route #6 Market, NC 28364 Red Hill Trailer Park RPR 1308+1312								
SEX	CASUALTY TYPE	SEVERITY		AFFILIATION				
1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	1. <input type="checkbox"/> FIRE CASUALTY 2. <input checked="" type="checkbox"/> ACTION CASUALTY	1. <input checked="" type="checkbox"/> INJURY 2. <input type="checkbox"/> DEATH		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 type="checkbox"/> OVER 1 YEAR. 8. <input type="checkbox"/> NOT A STRUCTURE. 9. <input checked="" type="checkbox"/> 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 PLAYHOUSES. 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. 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.								
CONDITION BEFORE INJURY								
1. <input checked="" type="checkbox"/> ASLEEP. 2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL. 4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> TOO OLD TO ACT. 7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE. 8. <input type="checkbox"/> AWAKE, UNIMPAIRED. 9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.								
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 SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. 7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION. 8. <input checked="" type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR. 9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.								
ACTIVITY AT TIME OF INJURY								
1. <input type="checkbox"/> ESCAPING. 2. <input checked="" type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-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. 0. <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. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 2. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input checked="" type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> 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 checked="" 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. 0. <input type="checkbox"/> 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 checked="" 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.								
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 checked="" type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL. 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							CASUALTY NUMBER	
Charles M. Britt, Jr.; Fire Marshal							8191213	

ID-SFC-23



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 <u>07822</u>	INCIDENT NO. <u>114914</u>	EXP. NO. <u>11</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TIME IN SERVICE <u>4:13</u>
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GA. CASUALTY LAST NAME Locklear FIRST NAME JOANNE MI. NC D.O.B. 10-24-25 AGE 25 TIME OF INJURY 4:15

GB. HOME ADDRESS Route #3 Box 252A Markers N.C. 27364 844-5503

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

GD-1. 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.

GD-2. 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. 8.  NOT A FIRE CASUALTY. 9.  LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE. 0.  LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

GD-3. CONDITION BEFORE INJURY: 1.  ASLEEP, 2.  BEDRIDDEN, OTHER PHYSICAL HANDICAP, 3.  IMPAIRED BY DRUGS, ALCOHOL, 4.  UNDER RESTRAINT, 5.  TOO YOUNG TO ACT, 6.  TOO OLD TO ACT, 7.  MENTALLY HANDICAPPED, SENILE, 8.  AWAKE, UNIMPAIRED, 9.  CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE, 0.  CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

GE-1. CONDITION PREVENTING ESCAPE: 1.  NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. 2.  FIRE BETWEEN CASUALTY AND EXIT. 3.  LOCKED DOOR. 4.  ILLEGAL GATES, LOCKS. 5.  CLOTHING ON CASUALTY BURNING. 6.  MOVED TO SLOWLY. 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. 0.  CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

GE-2. ACTIVITY AT TIME OF INJURY: 1.  ESCAPING, 2.  RESCUE ATTEMPT, 3.  FIRE CONTROL, 4.  RESPONSE/RETURN, 5.  CLEANUP, SALVAGE, MOP-UP, 6.  SLEEPING, 7.  UNABLE TO ACT, 8.  IRRATIONAL ACTION, 9.  ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE, 0.  ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.  
 CAUSE OF INJURY: 1.  CAUGHT IN, UNDER, BETWEEN: TRAPPED BY. 2.  EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 3.  EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 9.  CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0.  CAUSE OF INJURY UNDETERMINED OR NOT REPORTED. 4.  FELL OR STEPPED ON, OVER, INTO. 5.  OVEREXERTION. 6.  RUBBED BY CONTACT WITH. 7.  STRUCK BY. 8.  NOT APPLICABLE.

GF-1. NATURE OF INJURY (MOST SERIOUS): 1.  BURNS AND ASPHYXIA/SMOKE, 2.  BURNS ONLY, 3.  ASPHYXIA/SMOKE ONLY, 4.  WOUND, CUT, BLEEDING, 5.  DISLOCATION, FRACTURE, 6.  COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES. 7.  SHOCK, 8.  STRAIN, SPRAIN, 9.  NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE, 0.  NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

GF-2. PART OF BODY INJURED: 1.  HEAD, NECK, 2.  BODY, TRUNK, BACK, 3.  ARM, 4.  LEG, 5.  HAND, 6.  FOOT, 7.  INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART, 8.  MULTIPLE BODY PARTS, 9.  PART OF BODY INJURED NOT CLASSIFIED ABOVE, 0.  PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.  
 DISPOSITION: 1.  REFUSED 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, 9.  DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE, 0.  DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

PERSON MAKING REPORT Charles M. Britt, Jr., Fire Marshal CASUALTY NUMBER 8191212