

U.S. Fire Administration/Technical Report Series

Nine-Fatality Mobile Home Fire

Maxton, North Carolina

USFA-TR-037/November 1989



Homeland
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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. 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.

Revised: March 2011



**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

North Carolina Fire Incident and Casualty Reports

ID—SFC-2 NORTH CAROLINA INCIDENT REPORT		FDID 07822		Department Name		County 078		Exp.		Incident No. 1494	
Mo. Day Yr. 11/18/87		Day of Week 7		Alarm Time 1405		Time Out 1413		Arr. Time 1417		Tot. Time Out 1416/1605	
IDENT ADDRESS		Street		City		State		Zip		FIRE SERVICE RESPONSE	
OCCUPANT NAME		Last, First		Phone		Mutual Aid (check one)		Personnel		Engines	
OWNER NAME		Last, First		Phone		1 <input checked="" type="checkbox"/> Received 2 <input type="checkbox"/> Given 3 <input type="checkbox"/> Not Apply		Aerials		Tankers	
OWNER ADDRESS		Street		City		State ZIP		Other Vehicles		Hazardous Materials Involved	
								1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
METHOD OF ALARM FROM PUBLIC		TYPE OF SITUATION FOUND		19 Fire/explosion not classified 20 Overpressure rupture (no combustion) 30 Rescue 32 EMS only 40 Hazardous condition 50 Service call 60 Good intent call 71 False malicious 73 False malfunction 74 False unintentional 99 Other situation found		TYPE OF ACTION TAKEN		No. Incident-related injuries		Fire Srv. Other	
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		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 (material burning has no value) 16 Explosion, no after-fire 17 Outside spill, leak with fire				1 Extinguishment 2 Rescue 3 Investigation 4 Remove hazard 5 Standby 6 Salvage 7 Ambulance 8 Fill in, move up 9 Cancelled enroute 10 Water supply		Primary Secondary		1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO	
								Is juvenile involved in ignition?		1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO	
								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, 15, 17, 19 ONLY (14, Optional) (Refer to coding sheet)		Fixed Property Use		400		Equipment Involved in Ignition		10		Form of Material Ignited	
Ignition Factor		40		Area of Fire Origin		01		Form of Material Ignited		10	
Form of Heat 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		PROPERTY DAMAGE CLASSIFICATIONS		Total estimated damage	
CONDITION UPON ARRIVAL		MOBILE PROPERTY TYPE		20 Freight road transport 30 Rail transport 40 Water transport 50 Air transport 60 Heavy equipment 70 Special vehicles, containers 99 Other mobile property types		00 Not Apply		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 \$500,000-999,999 9 \$1,000,000 OR MORE 0 NO DOLLAR LOSS	
1 Overheat 2 Smoldering 3 Open flame 6 Out on arrival		11 Automobile 12 Bus 13 All-terrain vehicle 14 Motor home 15 Travel trailer 17 Mobile home						3 Value 3 Damaged		Fire Referred for Investigation to:	
If Mobile Property		Yr. Make Model		St. Lic. Number		Serial Number/VIN		SBI + R.C. Fire Marshal		1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>	
If Equipment Involved in Ignition		Yr. Item Make Model		Serial Number							
NO. OF STORIES		EXTENT OF DAMAGE		Flame		7		DETECTOR PERFORMANCE		1 <input checked="" type="checkbox"/> Present 2 <input type="checkbox"/> Not Present	
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		1 Confined to the object of origin 2 Confined to part of room or area of origin 3 Confined to room of origin 4 Confined to fire-rated comp. of origin 5 Confined to floor of origin 6 Confined to structure of origin 7 Extended beyond structure of origin 9 No damage of this type		Smoke		7		If Present, Type of Closest Unit		1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat	
Building Height		CONSTRUCTION TYPE		SPRINKLER PERFORMANCE		Water		Power Supply		1 <input type="checkbox"/> Battery 2 <input checked="" type="checkbox"/> A/C	
1 of Origin		1 Fire resistive 2 Noncombustible 3 Heavy timber 4 Ordinary 5 Frame 0 Other		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				1 In room of fire: operated 2 Not in room of fire: operated 3 In room of fire: did not operate 4 Not in room of fire: did not operate 5 In room: fire too small to operate 9 Not classified (Not Apply)		9	
Officer in Charge (name, position)		Member Making Report		Remarks							
A.C. Henry: Chief		Charles M. Britt, Jr.		R.C. Fire Marshal							

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 07522		INCIDENT NO. 11494		EXP. NO. 11	MO. 11	DAY 18	YR. 89	DAY OF THE WEEK 7	ALARM TIME 4:05	TIME IN SERVICE 1413
CASUALTY LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI. [REDACTED]	MO. [REDACTED]	DO.B. [REDACTED]	YR. [REDACTED]	AGE [REDACTED]	TIME OF INJURY [REDACTED]	
HOME ADDRESS [REDACTED]										
SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE		CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY		SEVERITY 1. <input 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. 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. 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.										
CONDITION BEFORE INJURY 1. <input type="checkbox"/> ASLEEP. 2. <input type="checkbox"/> SCORCHEN, 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 checked="" type="checkbox"/> AWAKE, UNIMPAIRED. 9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 10. <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. 10. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.										
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"/> 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 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. 10. <input type="checkbox"/> 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"/> 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.										
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"/> 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

Charles M. Britt, Jr.; Fire Marshal

CASUALTY

NUMBER 89121

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 <i>07522</i>		INCIDENT NO. <i>11494</i>		EXP. NO.	MO. <i>11</i>	DAY <i>18</i>	YR. <i>87</i>	DAY OF THE WEEK <i>7</i>	ALARM TIME <i>4:05</i>	TIME IN SERVICE <i>4:13</i>	
CASUALTY LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI. [REDACTED]	D.O.B. [REDACTED]	YR. [REDACTED]	AGE [REDACTED]	TIME OF INJURY [REDACTED]			
HOME ADDRESS [REDACTED]											
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					
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.							
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.						
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 checked="" type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.						
ACTIVITY AT TIME OF INJURY											
1. <input type="checkbox"/> ESCAPING.		4. <input type="checkbox"/> RESPONSE/RETURN.		CAUSE OF INJURY					4. <input type="checkbox"/> FELL OR STEPPED ON. OVER. INTO.		
2. <input type="checkbox"/> RESCUE ATTEMPT.		5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.		1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY.					5. <input type="checkbox"/> OVEREXERTION.		
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.		
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.		7. <input type="checkbox"/> UNABLE TO ACT.		3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).					7. <input type="checkbox"/> STRUCK BY.		
0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.		8. <input type="checkbox"/> IRRATIONAL ACTION.		9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.					8. <input type="checkbox"/> NOT APPLICABLE.		
					0. <input checked="" type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.						
NATURE OF INJURY (MOST SERIOUS)											
1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.					5. <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 checked="" type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.		DISPOSITION					1. <input type="checkbox"/> REFUSED HELP.		
2. <input type="checkbox"/> BODY, TRUNK, BACK.		8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS.		2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.					2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.		
3. <input type="checkbox"/> ARM.		9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.		3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.					3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.		
4. <input type="checkbox"/> LEG.		0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.		4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE.					4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE.		
5. <input type="checkbox"/> HAND.				5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.					5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.		
6. <input type="checkbox"/> FOOT.				6. <input type="checkbox"/> NOTED.					6. <input type="checkbox"/> NOTED.		
					9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.					9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.	
					0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.					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>											

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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 <u>07822</u>		INCIDENT NO. <u>1494</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>
CASUALTY LAST NAME <u>[REDACTED]</u>		FIRST NAME <u>[REDACTED]</u>		MI. <u>[REDACTED]</u>	D.O.B. <u>[REDACTED]</u>	AGE <u>[REDACTED]</u>	TIME OF INJURY <u>[REDACTED]</u>			
HOME ADDRESS <u>[REDACTED]</u>										
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				
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 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.										
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. 10. <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. 10. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.										
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. 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 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. 10. <input type="checkbox"/> 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"/> 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.										
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 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.										
PERSON MAKING REPORT <u>Charles M. Britt, Jr. Fire Marshal</u>										CASUALTY NUMBER <u>819114</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 07822	INCIDENT NO. 14194	EXP. NO. 1	MO. 1	DAY 15	YR. 89	DAY OF THE WEEK 7	ALARM TIME 4:05	TIME "IN SERVICE" 1413
CASUALTY LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI [REDACTED]	DOB [REDACTED]	AGE [REDACTED]	TIME OF INJURY [REDACTED]	
HOME ADDRESS [REDACTED]								
SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE		CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY		SEVERITY 1. <input 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. 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. 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 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 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"/> OVEREXERCITION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.								
NATURE OF INJURY (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 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

Charles M. Britt, Jr., Fire Marshal

CASUALTY NUMBER

81915

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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>11494</u>		EXP. NO. <u>11</u>	MO. <u>11</u>	DAY <u>15</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TIME IN SERVICE <u>14/13</u>
CASUALTY LAST NAME <u>[REDACTED]</u>		FIRST NAME <u>[REDACTED]</u>		MI. <u>[REDACTED]</u>	DO.B. <u>[REDACTED]</u>	AGE <u>[REDACTED]</u>	TIME OF INJURY <u>[REDACTED]</u>			
HOME ADDRESS <u>[REDACTED]</u>										
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				
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.										
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.				
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.					
CONDITION PREVENTING ESCAPE										
1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.					5. <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 checked="" type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.					
ACTIVITY AT TIME OF INJURY										
1. <input type="checkbox"/> ESCAPING.					4. <input type="checkbox"/> RESPONSE/RETURN.			CAUSE OF INJURY		
2. <input type="checkbox"/> RESCUE ATTEMPT.					5. <input type="checkbox"/> CLEANUP, SALVAGE, HOP-UP.			1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY.		
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.		
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.					7. <input type="checkbox"/> UNABLE TO ACT.			3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).		
0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.					8. <input type="checkbox"/> IRRATIONAL ACTION.			4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.		
								5. <input type="checkbox"/> OVEREXERTION.		
								6. <input type="checkbox"/> RUBBED BY CONTACT WITH.		
								7. <input type="checkbox"/> STRUCK BY.		
								8. <input type="checkbox"/> NOT APPLICABLE.		
								9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.		
								0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.		
NATURE OF INJURY (MOST SERIOUS)										
1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.					5. <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.			DISPOSITION		
2. <input type="checkbox"/> BODY, TRUNK, BACK.					8. <input checked="" 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"/> 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>819116</u>										

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

Smith's FIRE DEPARTMENT

1. ☐ DELETE
 2. ☐ CHANGE

FDID <u>07522</u>		INCIDENT NO. <u>11494</u>		EXP. NO. <u>11</u>	MO. <u>18</u>	DAY <u>8</u>	YR. <u>9</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:5</u>	TIME IN SERVICE <u>4/13</u>
CASUALTY LAST NAME <u>[REDACTED]</u>		FIRST NAME <u>[REDACTED]</u>		MI. <u>[REDACTED]</u>	D.O.B. <u>[REDACTED]</u>	YR. <u>[REDACTED]</u>	AGE <u>[REDACTED]</u>	TIME OF INJURY <u>[REDACTED]</u>		
HOME ADDRESS <u>[REDACTED]</u>										
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				
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 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 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.										
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 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 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>8917</u>

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 <i>07822</i>	INCIDENT NO. <i>11/14/94</i>	EXP. NO. <i>1</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>14/13</i>
CASUALTY LAST NAME <i>[REDACTED]</i>		FIRST NAME <i>[REDACTED]</i>		MI. <i>[REDACTED]</i>	MO. <i>[REDACTED]</i>	D.O.B. <i>[REDACTED]</i>	AGE <i>[REDACTED]</i>	TIME OF INJURY <i>[REDACTED]</i>
HOME ADDRESS <i>[REDACTED]</i>								
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		
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. 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.								
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. 10. <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 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.								
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, MOR-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 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. 10. <input type="checkbox"/> 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"/> 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.								
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 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.								

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

CASUALTY NUMBER
819118

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 07522		INCIDENT NO. 11494		EXP. NO. 11	MO. 11	DAY 18	YR. 89	DAY OF THE WEEK 7	ALARM TIME 405	TIME "IN SERVICE" 1413
CASUALTY LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI. [REDACTED]	MO. [REDACTED]	YR. [REDACTED]	AGE [REDACTED]		TIME OF INJURY [REDACTED]	
HOME ADDRESS [REDACTED]										
SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE		CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY		SEVERITY 1. <input 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. 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.										
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.						
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.										
CONDITION PREVENTING ESCAPE										
1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.		5. <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										
1. <input type="checkbox"/> ESCAPING.		4. <input type="checkbox"/> RESPONSE/RETURN.		CAUSE OF INJURY						
2. <input type="checkbox"/> RESCUE ATTEMPT.		5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.		1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY.		4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.				
3. <input type="checkbox"/> FIRE CONTROL.		6. <input type="checkbox"/> SLEEPING.		2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS.		5. <input type="checkbox"/> OVEREXERCITION.				
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.		7. <input type="checkbox"/> UNABLE TO ACT.		3. <input type="checkbox"/> INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS.		6. <input type="checkbox"/> RUBBED BY, CONTACT WITH.				
0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.		8. <input type="checkbox"/> IRRATIONAL ACTION.		4. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).		7. <input type="checkbox"/> STRUCK BY.				
9. <input 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 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.		DISPOSITION						
2. <input type="checkbox"/> BODY, TRUNK, BACK.		8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS.		1. <input type="checkbox"/> REFUSED HELP.		2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.				
3. <input type="checkbox"/> ARM.		9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.		3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.		4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE.				
4. <input type="checkbox"/> LEG.		0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.		5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.		6. <input type="checkbox"/> DIED.				
5. <input type="checkbox"/> HAND.				9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.		0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.				
6. <input type="checkbox"/> FOOT.										

PERSON MAKING REPORT

Charles M. Britt, Jr. Fire Marshal

CASUALTY NUMBER

819119

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

10-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>11/14914</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>4:13</u>
GA.	CASUALTY LAST NAME <u>[REDACTED]</u>		FIRST NAME <u>[REDACTED]</u>		MI <u>[REDACTED]</u>	D.O.B. <u>[REDACTED]</u>		AGE <u>[REDACTED]</u>	TIME OF INJURY <u>[REDACTED]</u>
GB.	HOME ADDRESS <u>[REDACTED]</u>								
GC.	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. 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. 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.								
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. 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.								
GF-1.	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-2.	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 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 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>8191210</u>	

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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 <u>07922</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>4:05</u>	TIME OF INJURY <u>4/13</u>
CASUALTY LAST NAME <u>[REDACTED]</u>		FIRST NAME <u>[REDACTED]</u>		MI. <u>[REDACTED]</u>	DOB MO. <u>[REDACTED]</u> YR. <u>[REDACTED]</u>		AGE <u>[REDACTED]</u>		TIME OF INJURY <u>[REDACTED]</u>
HOME ADDRESS <u>[REDACTED]</u>									
1. <input checked="" 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 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 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. 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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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. 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 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 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 <u>Charles M. Britt, Jr., Fire Marshal</u>									
CASUALTY NUMBER <u>891213</u>									

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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 07822		INCIDENT NO. 11494		EXP. NO. 11	MO. 11	DAY 18	YR. 89	DAY OF THE WEEK 7	ALARM TIME 4:05	TIME IN SERVICE 4:13	
CASUALTY LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI. [REDACTED]	D.O.B. [REDACTED]		AGE [REDACTED]		TIME OF INJURY [REDACTED]		
HOME ADDRESS [REDACTED]											
SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE		CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY		SEVERITY 1. <input checked="" type="checkbox"/> INJURY 2. <input type="checkbox"/> DEATH		AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN					
FAMILIARITY WITH STRUCTURE 1. <input type="checkbox"/> LESS THAN 1 DAY. 2. <input type="checkbox"/> 1 TO 7 DAYS. 3. <input type="checkbox"/> 8 TO 30 DAYS. 4. <input type="checkbox"/> 1 TO 2 MONTHS. 5. <input type="checkbox"/> 3 TO 6 MONTHS. 6. <input type="checkbox"/> 7 TO 12 MONTHS. 7. <input 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. 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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PERSON MAKING REPORT Charles M. Britt, Jr.; Fire Marshal								CASUALTY NUMBER 8191212			

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