

001031CWE5665

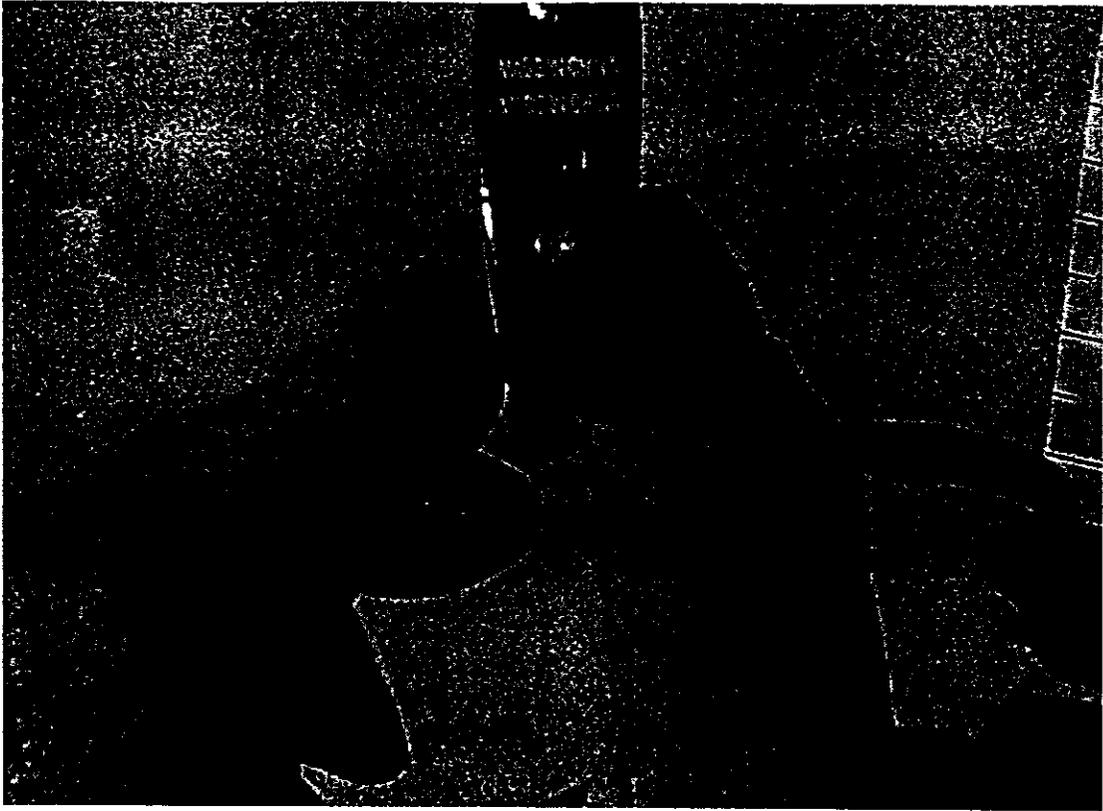


Photo #5 Bottom view of the butane lighter.

001031CWE5665

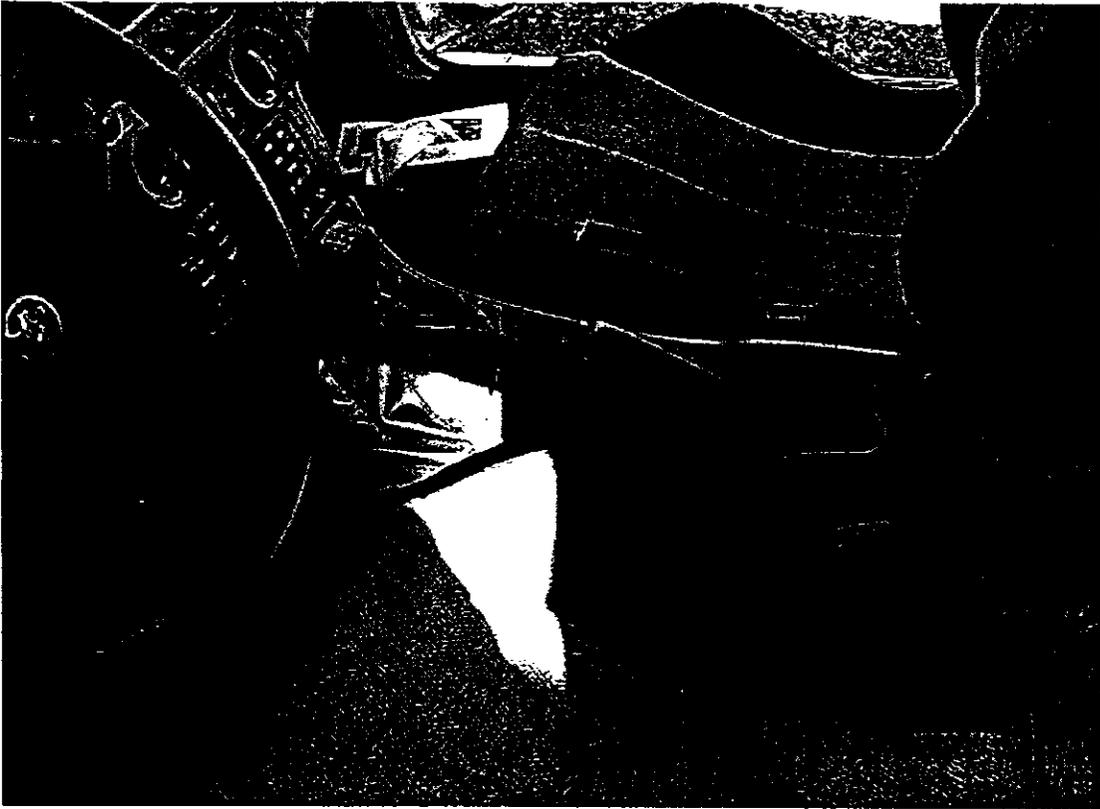


Photo #6 View of the lighter on the front passenger seat. At the time of the incident, the lighter was in this position.

001031CWE5665

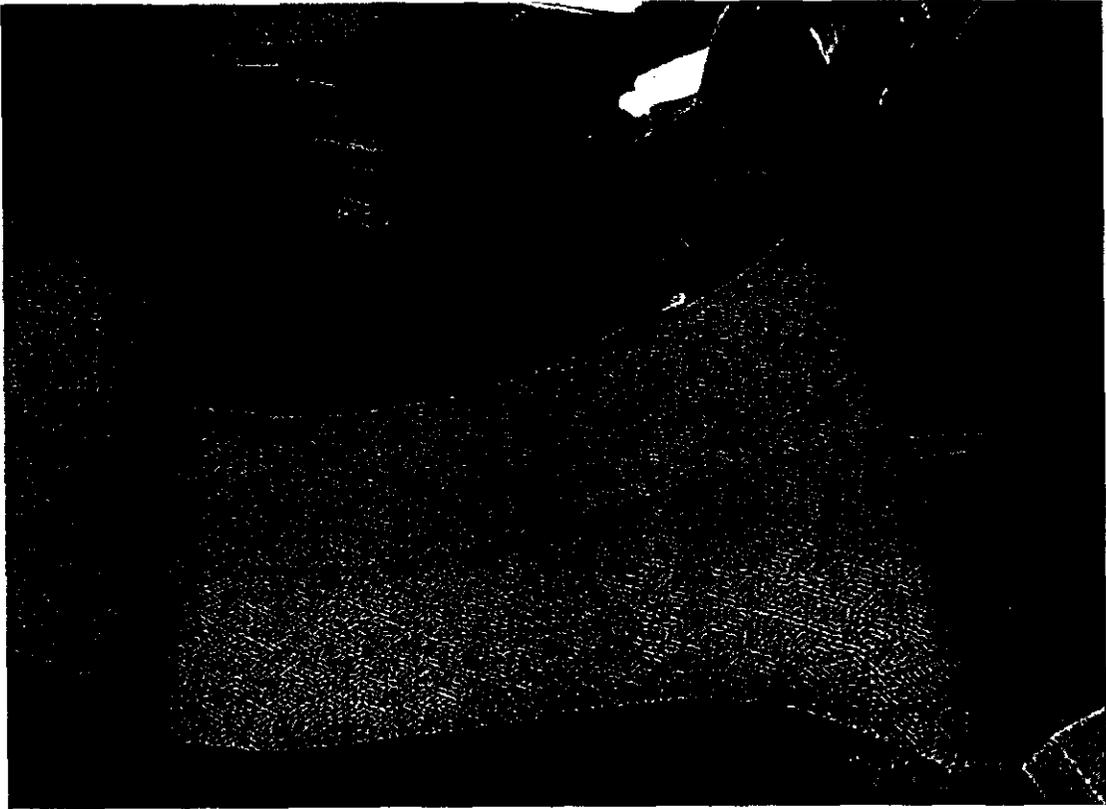


Photo #7 View of the butane lighter on the front passenger seat.

001031CWE5665

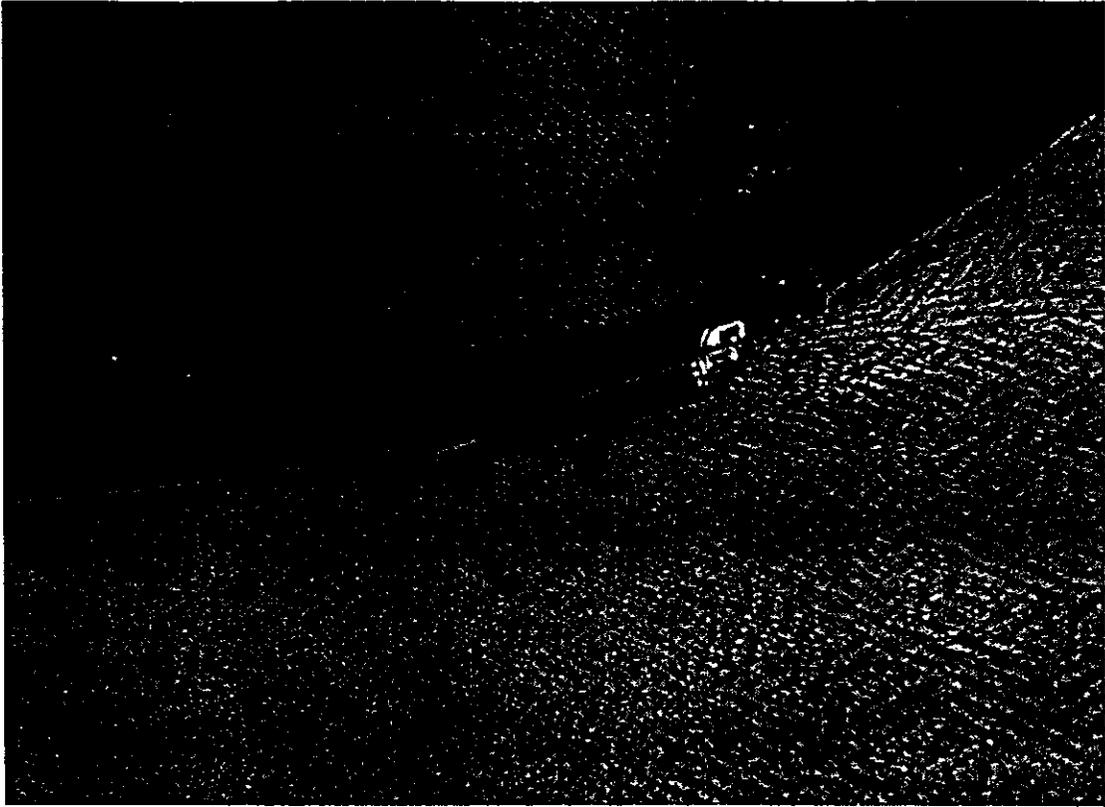


Photo #8 The burnt hole in the front passenger seat.

001031CWE5665

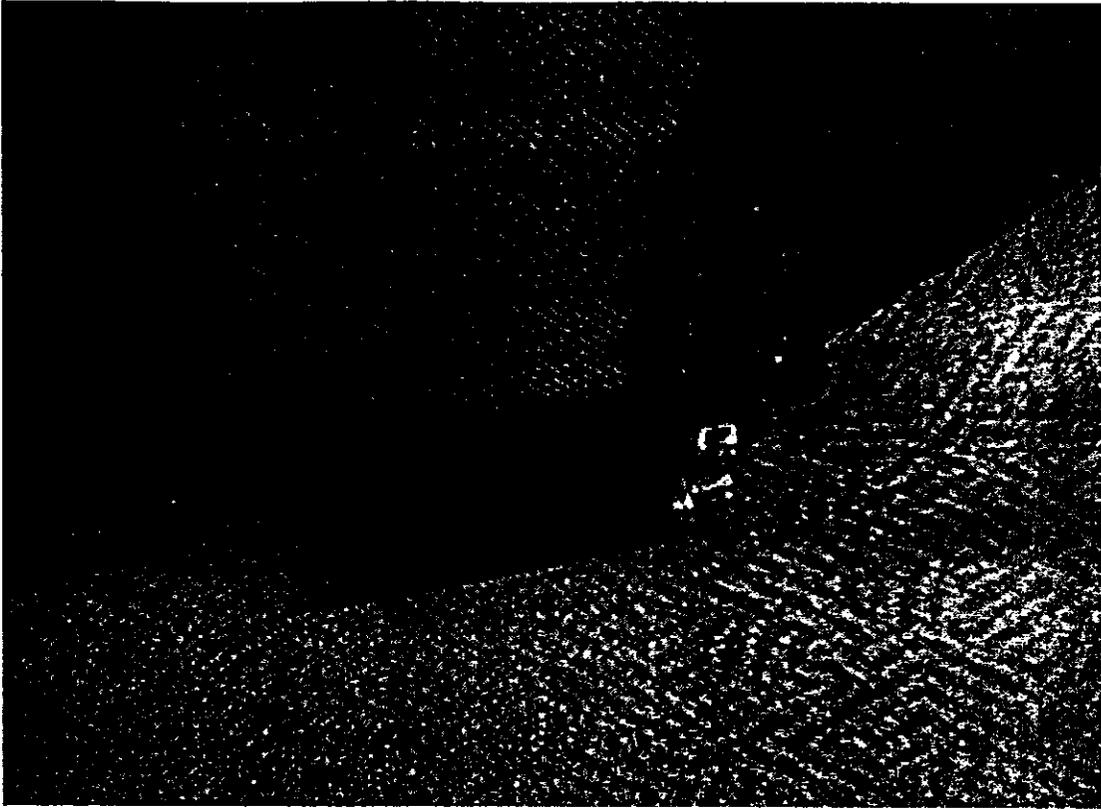


Photo # 9 Close-up view of the lighter and the damaged front passenger seat.

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

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

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

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

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

My identity is to remain confidential.

Arvid P. Hund

(Signature)

Nov. 7, 2000

(Date)

1. TASK NUMBER 000908CNE5748		2. INVESTIGATOR'S ID 9075		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 810	4. DATE OF ACCIDENT YR MO DAY 00/08/14	5. DATE INITIATED YR MO DAY 00/09/08		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT UPC 080692 A 59 year-old male parked his vehicle in a hospital parking lot, placed his cigarettes and several disposable lighters under the armrest, and exited the vehicle. Shortly thereafter the vehicle's passenger compartment was reported to be on fire. The vehicle sustained damages estimated at \$6,984.00. The exact cause could not be determined but fire official believe a disposal lighter was the likely ignition source.				
7. LOCATION (Home, School, etc.) 5-office parking lot		8. CITY Wheeling		9. STATE WV
10A. FIRST PRODUCT Cig. Lighter- 1604		10B. TRADE/BRAND NAME [REDACTED]		10C. MODEL NUMBER not available
10D. MANUFACTURER NAME AND ADDRESS [REDACTED] Atlanta, GA Contact [REDACTED] Weiss				
11A. SECOND PRODUCT motor vehicle-1901		11B. TRADE/BRAND NAME Oldsmobile		11C. MODEL NUMBER 1994 Cutlass
11D. MANUFACTURER NAME AND ADDRESS Oldsmobile, Div. of General Motors				
12. AGE OF VICTIM 059	13. SEX 1-male	14. DISPOSITION 0-no injury	15. INJURY DIAGNOSIS 70- no injury	
16. BODY PART (S) INVOLVED 99-no injury	17. RESPONDENT 1- Fire Invest.	18. TYPE OF INVESTIGATION 3-other	19. TIME SPENT (OPERATIONAL HOURS) 12	
20. ATTACHMENT (S) 9-multiple attach.	21. CASE SOURCE 1-Fire Invest.		22. SAMPLE COLLECTION NUMBER 00-800-2446	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) No				
24. REVIEW DATE 2000/11/15	25. REVIEWED BY 8007		26. REGIONAL OFFICE DIRECTOR Benson	
27. DISTRIBUTION WGentry, EASQ-IDI, JLansing O:EHDS CC:			28. Document Number N0090158A	

000908CNE5748

NOTE: All information for this report was obtained from Fire Department Officials.

PRE-INCIDENT:

The Consumer, a 59 year-old male along with his wife and granddaughter had gone out to eat at a local restaurant prior to a doctor's appointment. After finishing their meal they drove to the local hospital and parked in the hospital lot.

The Consumer and his wife both smoke. The consumer stated he last had a cigarette when he left the restaurant. He stated he placed his lighter and cigarette pack in his pocket. Approximately one half hour lapsed between having his last cigarette and his parking the vehicle. His wife indicated she did not smoke in the car.

When the consumer parked his vehicle he placed his cigarettes and lighter under the center armrest. The vehicle was locked and both front passenger windows were slightly down. It was a bright sunny day.

The Consumer was in the Doctor's office approximately one hour when someone came in and said a car was on fire. Fire personnel were notified by cell phone.

INCIDENT:

The incident occurred on August the 14th of 2000 at approximately 2:31PM.. A security guard noted the smoke coming from the windows and saw the fire on the front center seat area at the armrest. He broke the window out and used a portable extinguisher on the fire prior to the Fire Department's arrival.

POST INCIDENT:

The Fire Department determined the fire to have originated within the front seat area specifically at the armrest in the area of the consumer's cigarettes and lighter. The Investigator at this point is unsure of the specific fire causation due to the facts regarding this incident.

In concluding the summation of facts are as follows: The vehicle was secure at the time of this incident although the windows were slightly open. The vehicle was parked in a highly visible area and near an exterior security guard station, which is manned. One half hour prior to arriving and after lighting his cigarette the consumer placed both his cigarettes and lighter into his pocket which would eliminate any possibility of the lighter staying activated. Upon arriving at the Doctors Office the consumer was inside for approximately one hour and prior to that one half hour since he had been smoking which totals one and a half- hours. Noting the windows was partially open lending adequate ventilation. Examination of the lighter directly affected by fire indicates fracturing of the case which appears to be an overpressure. If over pressure occurred from sunlight/heat what would be the source? As a result of the above mentioned factors it's virtually impossible to come to any conclusion regarding a specific ignition source.

000908CNE5748:

The vehicle involved is a 1994 Oldsmobile Cutlass Cierra S. The vehicle as result of this incident was deemed a total loss (\$6,984.00) and was covered by insurance.

PRODUCT IDENTIFICATION:

The Fire Department official provided samples for this investigation.

Product #1 is identified as the cigarette lighter unit damaged by fire. It is labeled in part*** [REDACTED] with a partial label and displays UPC code 0 80692 99930 1 and is yellow in color.

Product #2 is identified as a cigarette lighter labeled in part*** [REDACTED] and displays UPC Code 0 80692 04001 0 and D 23 and is red in color.

Product #3 is identified as a cigarette lighter labeled in part*** [REDACTED] and displays UPC Code 0 80692 04001 0 and C-02 and is light purple in color.

Product #4 is identified as a cigarette lighter labeled in part*** [REDACTED] and displays UPC Code 0 80692 04001 0 and E 018 and is clear in color.

The consumer indicated he obtained all of the above from Smokey's in Stuebenville, Ohio. The manufacturer/importer [REDACTED] of Atlanta, Georgia. The contact person was listed as Barbara Halpern (noting the possibility of association with Halpern Import Co., Inc. 2890 Amwiler Road Atlanta, GA).

SAMPLE COLLECTION:

On 09/06/00 this Investigator received 4 disposable cigarette lighters from Capt. M. Witt, Chief Investigator of the Wheeling Fire Dept. located in Wheeling, WV. The lighters were obtained from Smokey's located in Stuebenville, Ohio by the consumer who suffered a vehicle fire on August the 14th of 2000. All of the lighters were in the consumer's vehicle at the time of this incident. The 4 products were documented as Sample Number 00-800-2446 sub's 1 through 4. The samples were processed and shipped to the lab in MY.

STANDARDS/CERTIFICATION:

None

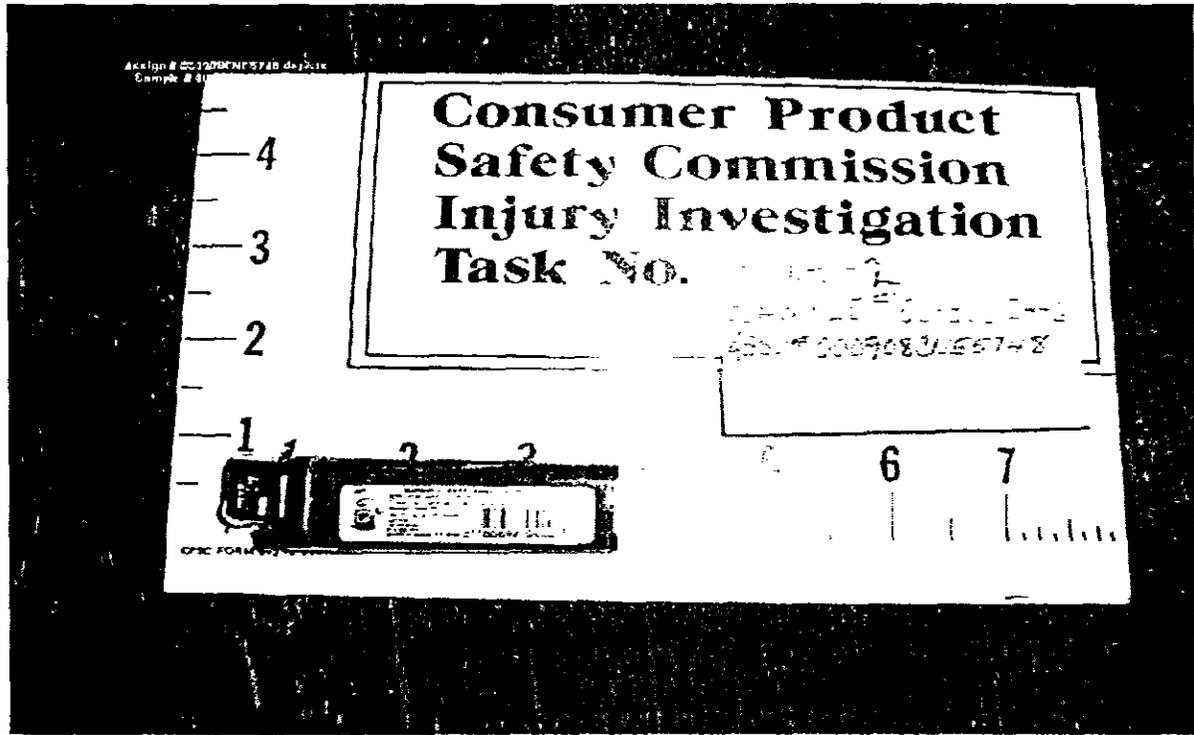
EXHIBITS:

- Attachment # 1: Fire Dept. Report (1 page)
- Attachment # 2: CPSC Receipt for Samples sheet.
- Attachment # 3: CPSC Sample Collection Report.
- Attachment # 4: Photographs of vehicle fire (6)

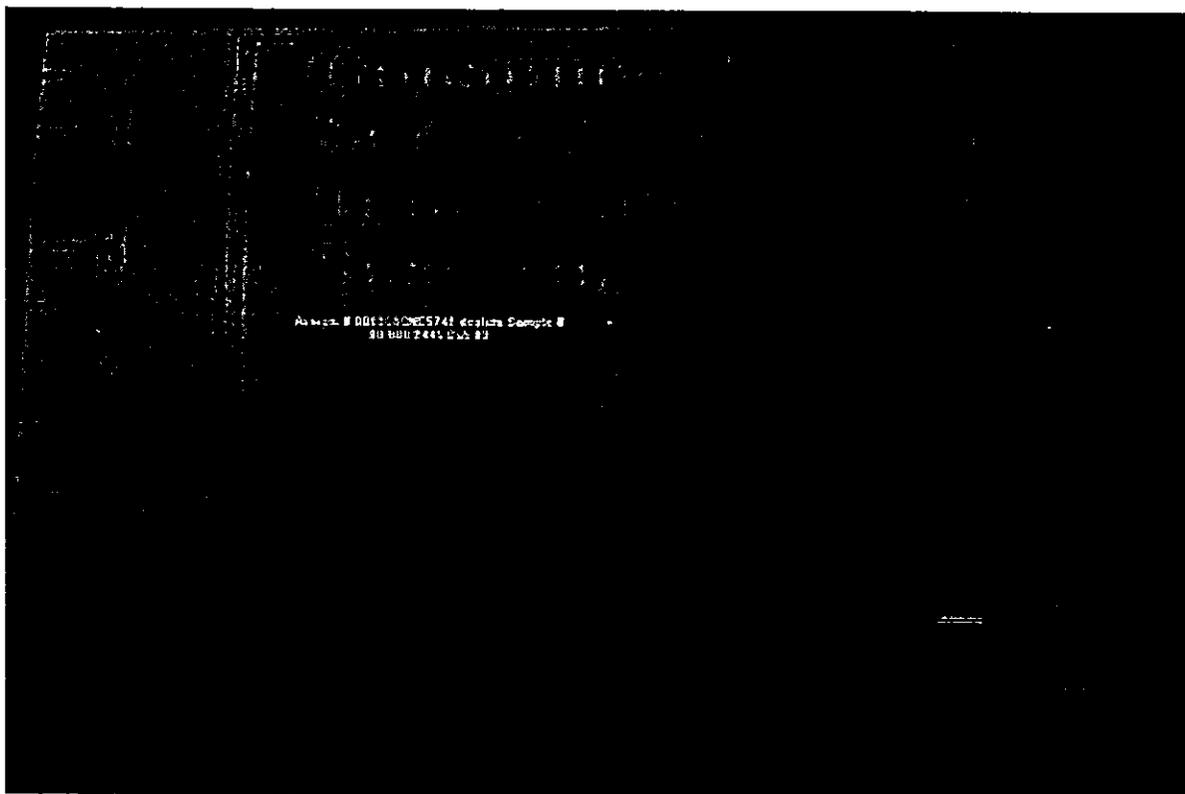
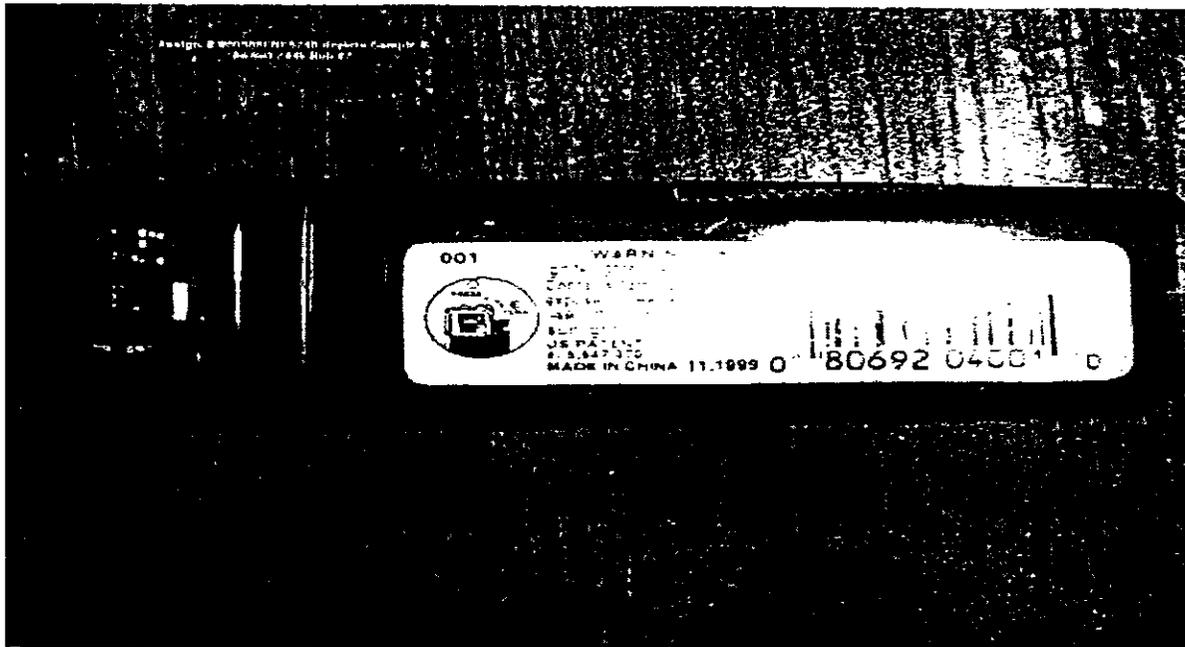
000908CNE5748

Attachment # 5: Photographs of Sample # 000-800-2446 subs 1-4(7).

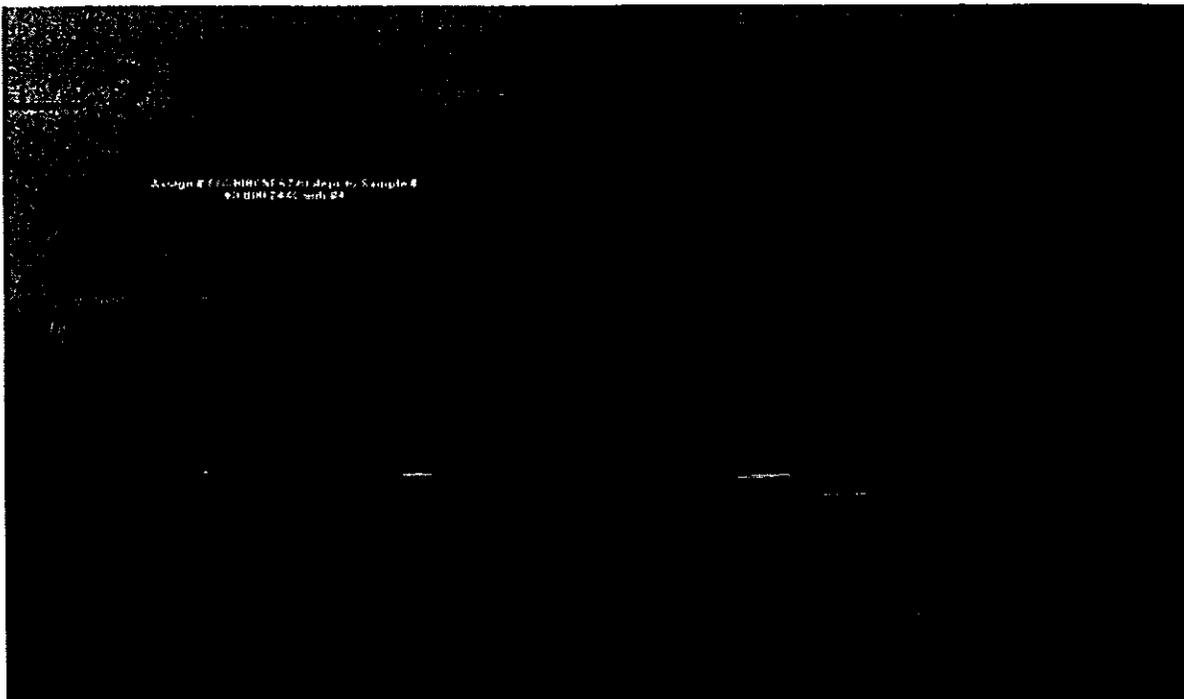
Photographs: 000908CNE5748



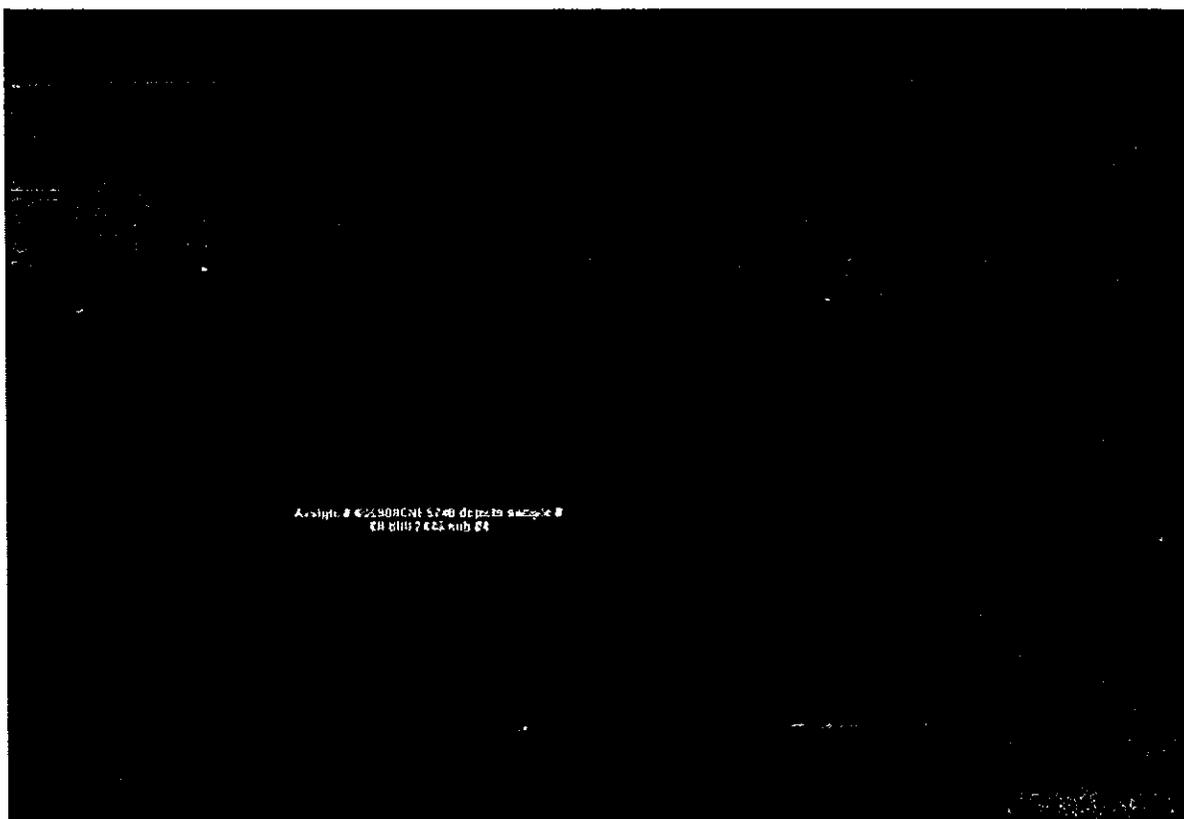
PHOTOGRAPHS: 000908CNE5748



PHOTOGRAPHS: 000908CNE5748



Assign # 000908CNE5748 deposit sample #
EA 0110 2 002 sub 04



Assign # 000908CNE5748 deposit sample #
EA 0110 2 002 sub 04

SUMMARY:

The consumer purchased a disposable butane cigarette lighter from a local convenience store. He left it on the front passenger seat of his car while parked in the parking lot at his place of employment. When he returned to his car at the end of the day he discovered the cigarette lighter had exploded sending small pieces of plastic throughout the vehicle. There was no fire, no damage to the vehicle and no injuries.

PRE-INCIDENT:

The information for this report was obtained through a telephone interview with the consumer. The consumer is not a regular smoker.

On or about July 27, 2000, at approximately 6:00 p.m., the consumer stopped at a convenience store on his way to a friend's house for an evening of Boccé Ball. At the store he purchased a couple of cigars and two cigarette lighters. The lighters were two for a dollar.

Upon arrival to his friend's house he removed one of the lighters from the packaging and tossed the remaining lighter onto the back seat of his car behind the driver's seat. That evening while playing Boccé Ball the consumer used the lighter approximately five times to light his and his friends' cigars. At the end of the evening activities, the consumer tossed the lighter he was using onto the front passenger seat of his automobile and drove home.

The next morning, July 28, 2000, the consumer returned to his vehicle and drove from his home in Novi, MI, to his workplace in Walled Lake, MI. He arrived at work at approximately 9:00am and parked his car in the parking lot with the vehicle facing south.

The vehicle, a [REDACTED], four door sedan with leather interior, was parked facing south, allowing the front seat area, where the lighter was located, unobstructed sun exposure for the entire time the car was parked. The car was parked there approximately nine hours. The outside temperature on that day reached 78.8 degrees with mostly sunny skies.

INCIDENT:

At approximately 6:00 p.m., that same day, July 28, 2000, while driving home from work the consumer noticed pieces of plastic scattered about the front seat and dashboard of his car. He called a friend from his cell phone, thinking the friend was playing a practical joke on him by scattering the plastic in his car. The friend denied any joke had occurred and asked the consumer if he had a disposable cigarette lighter in his car. The friend, a regular smoker, told the consumer the lighter probably exploded and said it has happened to him in the past.

At some time between approximately 9:00 a.m., when the consumer parked his car at work, and 6:00 p.m., when the consumer returned to his car at the end of his workday, the lighter he left on the front passenger's seat of his car exploded.

SUMMARY:

The consumer purchased a disposable butane cigarette lighter from a local convenience store. He left it on the front passenger seat of his car while parked in the parking lot at his place of employment. When he returned to his car at the end of the day he discovered the cigarette lighter had exploded sending small pieces of plastic throughout the vehicle. There was no fire, no damage to the vehicle and no injuries.

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At some time between approximately 9:00 a.m., when the consumer parked his car at work, and 6:00 p.m., when the consumer returned to his car at the end of his workday, the lighter he left on the front passenger's seat of his car exploded.

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT [REDACTED]		2. PHONE NO. (HOME) (WORK) [REDACTED]	
3. STREET ADDRESS [REDACTED]		4. CITY Magnolia	STATE ZIP CODE NJ 08049

4a. E-MAIL ADDRESS:

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Consumer left cigarette lighter in his can in the ashtray (it was open) and consumer doesn't think the lighter was in direct sunlight. Consumer said it
 -cont-

6. DATE OF INCIDENTS 6/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
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9. DESCRIPTION OF PRODUCT 2 hard plastic & metal adjustable flame disposable cigarette lighters	10. BRAND NAME [REDACTED]
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown, made in China (U.S. patented) unknown unknown unknown unknown JUN 21 2000	12. MODEL, SERIAL NUMBERS [REDACTED]	13. DEALER'S NAME, ADDRESS & PHONE Dollarland unknown unknown unknown
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 5/2000 AGE 3 wks.	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: see narrative
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? no	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
--	--	--

FOR ADMINISTRATION USE

20. DATE RECEIVED 06/20/2000	21. RECEIVED BY (NAME & OFFICE) ldm/HL	22. DOCUMENT NO. H0060245A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE LDM 06/20/2000	

CONSUMER PRODUCT INCIDENT REPORT

H0060245A

Narrative Continued

was probably a hot day (exact outdoor temperature unknown). Consumer found 3/4 of the lighter exploded apart on the front driver's side of the car's floor board and smaller shattered pieces of hard plastic (sizes unknown) in the middle of the car's back seat (distance from ashtray unknown).

6/20/00 Consumer noticed stress cracks in the top hard plastic portion of an identical lighter.

Lighters were sold 3 for \$1.

Warnings: "Keep away from children. Contains flammable gas under pressure. Be sure flame is out after use. Don't puncture or put in fire. Ignite lighter away from face or clothing. Never expose to heat over 120 degrees F or direct sunlight."

Unknown if the lighter is child-resistant.

CPSC Source: FED-FIC

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.


Signature

JULY 17, 00
Date

+---+
| |
+---+

I request that you do not release my name.

+---+
 | |
+---+

You may release my name to the manufacturer but
I request that you not release it to the general
public.

+---+
| |
+---+

You may release my name to the manufacturer and to
the public.

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT [REDACTED]		2. PHONE NO. (HOME) (WORK) [REDACTED] same	
3. STREET ADDRESS [REDACTED]		4. CITY STATE ZIP CODE Hughesville MD 20637	
4a. E-MAIL ADDRESS: housewrenn@aol.com			

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 It was approximately 85 degrees outside of the car (temperature of inside unknown), when cigarette lighter was in cigarette case on seat of car for
 -cont-

6. DATE OF INCIDENTS 6/26/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 55 Y/F none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
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9. DESCRIPTION OF PRODUCT hard plastic cigarette lighter	10. BRAND NAME [REDACTED]
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE [REDACTED] unknown unknown unknown unknown ISSUE 42 JUL 12 2000	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE Seiberts Texaco unknown unknown unknown
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: shattered	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 6/19/2000 AGE 3 wks	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? yes	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 07/10/2000	21. RECEIVED BY (NAME & OFFICE) tlw/HL	22. DOCUMENT NO. H0070063A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE TLW 07/10/2000	

CONSUMER PRODUCT INCIDENT REPORT

H0070063A

Narrative Continued

approximately 15 minutes. Consumer returned to car to find that the lighter had shattered into many small pieces.

It's unknown if the lighter was in direct sunlight but the car windows were up at the time of the incident.

7/3/2000 Consumer went to dealer and explained incident to cashier (name unknown). Cashier told consumer she had also had an incident with the lighter, but she never offered to do anything about the incident. Cashier then stated there were other consumer's complaining of the same incident.

CPSC Source: TV

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.


Signature

7/24/2000
Date

+---+
| |
+---+

I request that you do not release my name.

+---+
|X|
+---+

You may release my name to the manufacturer but I request that you not release it to the general public.

+---+
| |
+---+

You may release my name to the manufacturer and to the public.

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT Denise Barile	2. PHONE NO. (HOME) (WORK) 860-292-1617 same
3. STREET ADDRESS 26 Walnut Circle	4. CITY STATE ZIP CODE Windsor Locks CT 06096

4a. E-MAIL ADDRESS: none

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer received the lighter as a free gift with the purchase of a carton of cigarettes.
-cont-

6. DATE OF INCIDENTS 7/10/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 33 Y/F none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
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9. DESCRIPTION OF PRODUCT set of 2 hard plastic cigarette lighter	10. BRAND NAME [REDACTED]
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE [REDACTED] unknown unknown unknown unknown ISSUE 42 JUL 12 2000	12. MODEL, SERIAL NUMBERS unknown
	13. DEALER'S NAME, ADDRESS & PHONE Exxon Ella Grasso Turnpike Windsor Locks, CT 06092 unknown

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: plastic body shattered from top	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 7/3/2000 AGE 7 days
	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? yes	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 07/11/2000	21. RECEIVED BY (NAME & OFFICE) tlw/HL	22. DOCUMENT NO. H0070088A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE TLW 07/11/2000	

CONSUMER PRODUCT INCIDENT REPORT

H0070088A

Narrative Continued

2 days prior to the incident consumer noticed the one of the lighters began making a hissing noise as if the butane was leaking out. Consumer immediately threw the lighter away; no injuries.

Lighter was sitting on an open console in car (amount of time unknown) with the windows down in seventy degree weather. Consumer noticed that the lighter had shattered (unknown how) no injuries.

CPSC Source: PHONEBOOK

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Denise Baile 7-20-00
Signature Date

+--+
| | I request that you do not release my name.
+--+

+--+ You may release my name to the manufacturer but-
| | I request that you not release it to the general
+--+ public.

+--+
 | | You may release my name to the manufacturer and to
+--+ the public.

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

1. NAME OF RESPONDENT [REDACTED]		2. PHONE NO. (HOME) (WORK) [REDACTED] none	
3. STREET ADDRESS [REDACTED]		4. CITY Everett	STATE ZIP CODE WA 98201

4a. E-MAIL ADDRESS: none

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Lighter was sitting in consumer's car for 2-3 hours in 80 degree weather. Consumer's wife was outside and heard a loud noise
 -cont-

6. DATE OF INCIDENTS 7/20/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/M none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP none none
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9. DESCRIPTION OF PRODUCT disposable cigarette lighter	10. BRAND NAME [REDACTED]
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE [REDACTED] unknown unknown, UN 00000 unknown unknown	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE unknown unknown unknown unknown ISSUE 44 JUL 28 2000
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED unknown AGE unknown	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: Warning-"Keep away from children."
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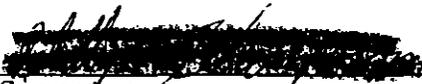
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 07/27/2000	21. RECEIVED BY (NAME & OFFICE) dcj/HL	22. DOCUMENT NO. H0070267A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE DCJ 07/27/2000	

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.


Signature 8/4/2000
Date

+--+
| |
+--+

I request that you do not release my name.

+--+
| X |
+--+

You may release my name to the manufacturer but I request that you not release it to the general public.

+--+
| |
+--+

You may release my name to the manufacturer and to the public.

CONSUMER PRODUCT INCIDENT REPORT

Region:CENTRAL

1. NAME OF RESPONDENT William Vogt [sic]		2. PHONE NO. (HOME)	(WORK)
3. STREET ADDRESS 1860 North New Haven		918-838-2712	918-640-0997
4. CITY		STATE ZIP CODE	
Tulsa		OK 74115	

4a. E-MAIL ADDRESS: none

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Consumer had used the lighter about 15 minutes before putting it in his front shirt pocket when it unexpectedly exploded in his pocket while he was
 -cont-

6. DATE OF INCIDENTS 11/18/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP none none
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9. DESCRIPTION OF PRODUCT plastic clear blue cigarette lighter with flint wheel	10. BRAND NAME XXXXXXXXXX lighter
--	---

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown (Made in China) unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS ISSUE 8 NOV 24 2000	13. DEALER'S NAME, ADDRESS & PHONE unknown
--	---	---

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: plastic lighter fluid container is shattered	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED unknown AGE unknown	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: see narrative
--	---	--

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? yes	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
---	--	---

FOR ADMINISTRATION USE

20. DATE RECEIVED 11/22/2000	21. RECEIVED BY (NAME & OFFICE) slt/HL	22. DOCUMENT NO. H00B0251A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE SLT 11/22/2000	

CONSUMER PRODUCT INCIDENT REPORT

H00B0251A

Narrative Continued

driving his truck. Consumer heard a loud pop and the plastic container piece exploded up and out and hit consumer in his jaw; no Rx needed. Consumer then noticed that his front shirt pocket was wet from lighter fluid. Consumer inspected the lighter and saw that a 2" piece of the lighter fluid container was shattered.

Consumer stated that the lighter may have been exposed to direct sunlight through the windshield of his truck window (length of time unknown). In addition, consumer said that he was driving his truck from Illinois to Denver Colorado and the altitude change may have contributed to the flammable liquid to become unstable.

Warning: "...contains flammable gas under pressure, ignite lighter away from heat or clothing. Do not expose to heat over 120 degrees Fahrenheit or prolonged sunlight."

CPSC Source: WOM

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

William Vogt 12-10-80
Signature Date

+--+
| | I request that you do not release my name.
+--+

+--+ You may release my name to the manufacturer but
| | I request that you not release it to the general
+--+ public.

~~+--+~~
~~| |~~ You may release my name to the manufacturer and to
~~+--+~~ the public.

8-21-98

Record is in EPIR but
not in Acrobat

960820CWE 5017/1604

Not on big files list.

Checked files

This is all
that is
in file

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT ANDRE		2. TELEPHONE NO. (Home) (Work) 510/274-1491	
3. STREET ADDRESS 111 Cleveland Ave Apt 8		CITY STATE ZIP CODE PLEASANT HILL, CA 94523	
4. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURY. (Use second page if necessary.) Respondent purchased one disposable, child-resistant cigarette lighter. He is a smoker. He was smoking and drinking tea. The lighter was on a coffee table. It burst into flames at the head (top) of the lighter. He put the fire out. He subsequently purchased a twin pack of the same lighter. One failed like the first. The second incident was more severe in that the lighter exploded. DOT has told him these lighters are not registered with DOT and thus can not be shipped.			
5. DATE OF INCIDENT(S) of 6-20-96	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY None	6. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT cigarette lighter, disposable		10. BRAND NAME 50	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE MADE IN CHINA		12. MODEL, SERIAL NO.'S	
		13. DEALER'S NAME, ADDRESS & PHONE SEP 10 1996 Long's Drugs Moraga, CA	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO _____ IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____		15. PRODUCT PURCHASED NEW _____ USED _____ DATE PURCHASED _____ AGE _____	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: Yes	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO <input checked="" type="checkbox"/> OTHER contacted Long's which pulled lighters from sale		18. IS THE PRODUCT STILL AVAILABLE? YES <input checked="" type="checkbox"/> NO _____ IF NOT, ITS DISPOSITION _____	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO _____			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 8-20-96		21. RECEIVED BY (Name & Office) JPD / SF20	
22. FOLLOWUP SECT 15 1996		23. DOCUMENT NO. F9685017A	
24. DISTRIBUTION 0 SUPPLY CEN NYRO SERO		25. PRODUCT CODE(S) 1604 & 4057	
26. ENDORSEMENT JPD, Sup			

Consulting EXHIBIT #12

Certified training

Emergency response

Mr. Anthony Smialek
U.S. Department of Transportation
Western Region
3200 Western Inland Empire Blvd.
Suite 230 Ontario, California 91764

August 20, 1996

Dear Mr. Smialek,

This confirms our conversation today concerning two butane cigarette lighters which failed in normal use and resulted in a fire or explosion.

The purple lighter, enclosed, caught fire while sitting on my table next to my chair, within about 8 inches of my hand. I had used the lighter about 7 minutes prior to the explosion and fire to light a cigarette. I had extinguished the cigarette and was watching the television when the incident occurred. I was fortunately close with a glass of ice tea and was able to quickly put the fire out. I took the lighter outside in a vacant lot and hit it with a stone to allow the remaining butane to escape.

The green lighter, enclosed, exploded without fire on a table in my apartment patio. Clearly all of the butane escaped as a result of the failure of the butane container.

The "bubble package," enclosed, originally held two lighters, one of which was the green lighter. I purchased the lighters after the incident with the purple lighter, to determine if it had the necessary approval. I was not expecting a similar failure a second time so I used the lighter for one day after purchasing the lighters in the bubble pack. In talking with Ms Linda Cooper of your Exemptions and Approval Branch, she could find no approval associated with the name ~~XXXXXX~~ and suggested that I pass the information to you.

If I had not been present when the first lighter failed, it could have caused a serious fire in my apartment complex. If it had happened with the lighter in my pocket, I no doubt would have had serious burns from the fire/explosion. The second failure did happen in the open, in my patio, which allowed the gas to disperse and no fire resulted, but I would have probably suffered "freeze burns" from the lighter if it had been in my pocket.

I have reviewed these incidents with the Consumer Product Safety Commission in San Francisco, as you suggested.



Photo #9 View of the top of the cigarette lighter.



Photo #10 View of the front packaging.

Part. No.
APL-2

Child
RESISTANT



1 PUSH IN CHILD
RESISTANT LOCK



2 ROTATE SPARKWHEEL AND
PUSH DOWN ON LEVER

NO LIGHTER IS "CHILDPROOF"

Child resistant feature is no substitute for proper adult supervision.

DANGER

Read carefully and follow instructions. Improper usage may result in burn injury.

W A R N I N G

KEEP OUT OF REACH OF CHILDREN

CONTAINS EXTREMELY FLAMMABLE GAS UNDER PRESSURE. KEEP AWAY FROM FACE AND CLOTHING WHEN IGNITING. BE SURE FLAME IS COMPLETELY OUT AFTER EACH USE. KEEP AWAY FROM HEAT ABOVE 120 F (49 C). DO NOT INCINERATE AND AVOID PROLONGED EXPOSURE TO SUNLIGHT. DO NOT ATTEMPT TO REFILL.



0 31808 63370 1



Photo #11 Back view of the packaging

1. CASE NO. 980903CCN0406		2. INVESTIGATOR'S ID [9][0][6][0]		3. OFFICE CODE [8][3][0]		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF INCIDENT YR MO DAY [9][8][0][8][3][0]		5. DATE INVESTIGATION YR MO DAY INITIATED [9][8][0][9][2][8]					
6. SYNOPSIS OF INCIDENT OR COMPLAINT The control mechanism of a lighter blew off spewing the contents on the operator. The operator of the lighter was an adult female who did not sustain any injuries as a result of this incident.							
7. LOCATION (Home, school, etc.) [0][1]			8. CITY Moline			9. STATE Illinois	
10A. FIRST PRODUCT Disposable lighter [1][6][0][4]			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS [REDACTED] with safety lock made in China				
10B. SECOND PRODUCT None [0][0][0][0]			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS N/A				
12. AGE OF VICTIM No Injury [9][9][9]		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [9] UNKNOWN - 3		14. DISPOSITION no-injury [0]		15. INJURY DIAGNOSIS No Injury [7][0]	
16. BODY PART No Injury [9][9]		17. RESPONDENT(S) (Mother, Friend) Victim [1]		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [2] OTHER - 3		19. TIME SPENT [0][2][5]	
20. ATTACHMENTS multiple [9]		21. CASE SOURCE [0][7]		22. REVIEWED BY [8][1][3][0]		YR MO DAY [9][8][1][0][2][7]	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [] CPSC MAY NOT DISCLOSE MY NAME []							
24. NARRATIVE (See Instructions on Page 2) See page two				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			
(USE ADDITIONAL SHEETS IF NECESSARY)							

980903CCN0406

Summary:

This investigation was initiated through a Consumer Product Incident report generated by the fire chief of Moline, Illinois.

This chief was contacted by a resident of Moline who experienced a disposable lighter malfunction. The incident did not result in any injuries but posed both a burn and eye hazard.

Pre-incident:

On August 30, 1998, the victim, an adult female, attempted to light a cigarette with the above listed lighter while she was alone in her kitchen. The victim was facing her kitchen cabinets. She had never experienced any similar lighter problems in her smoking life.

The lighter was approximately eighty percent full of fluid and had no prior malfunctions/damage prior to this incident.

The lighter was purchased for approximately one dollar by the victim at an unnamed store several weeks prior to this incident. The victim stated that she buys several lighters per month from local gas stations and grocery stores in the area. She could not remember where she had purchased this lighter.

Incident:

The victim pushed down on the spark wheel and push button to light a cigarette. As she did this the top of the lighter and all of the contents of the lighter body flew out. She described it as the 'lighter top exploding off and the fluid spewing out' covering her hands and face. None of the fluid reached her eyes but she did taste some of the fluid in her mouth after the incident. There was no ignition and she did not suffer any injuries as a result of this incident. The victim described herself as being familiar with lighters and had no problems with this lighter prior to this incident.

The fluid escaped from the lighter under pressure and it was not as a result of her shaking or moving the lighter as she lit it.

The victim's husband was in an adjacent room and described hearing what he believed was a .22 caliber bullet going off. When he went to investigate he discovered, through his wife, that this was the noise the lighter made when she attempted to light it and it exploded.

980903CCN0406

Post-incident:

The victim stated that after the lighter "exploded", her clothing, hands and face were covered with lighter fluid. The top (metal lighting mechanism) of the lighter landed on the kitchen floor approximately 5 feet from the victim. The victim washed the lighter fluid from her face and hands and did not seek medical attention. The lighter was later turned over to the fire chief who in turn contacted our agency.

Product information:

Plastic violet-colored disposable lighter with a silver metal top. Lighter has an adjustable flame mechanism and the words [REDACTED] with safety lock' imprinted on the metal top. It is approximately 3 inches in height.

Samples:

The lighter involved was collected as sample 98-830-3351 and sent to Michael Bogumill, CRC.

Attachments:

Exhibit A: Consumer Product Incident Report

Exhibit B: Photostat copy of lighter

Exhibit C: Photographs of lighter

Exhibit D: Sample Collection Report

1-980903CCN406 EXHIBIT A

Consumer Product Incident Report

Please contact us about any injury or death involving consumer products. Call us toll free at: 1-800-638-2772. Or, fill out the form below. Send it to: U.S. Consumer Product Safety Commission/EHDS, Washington, DC 20207 or fax it to: 1-800-809-0924. We may contact you for further details. Please provide as much information as possible. Thank you.

YOUR NAME: [REDACTED]

YOUR ADDRESS: [REDACTED]

CITY: Moline, STATE: Illinois ZIP: 61265

YOUR TELEPHONE: [REDACTED]

NAME OF VICTIM (IF DIFFERENT FROM ABOVE): [REDACTED]

ADDRESS: [REDACTED]

CITY: Moline, STATE: Illinois ZIP: 61265

TELEPHONE: [REDACTED]

DESCRIBE THE INCIDENT OR HAZARD, INCLUDING DESCRIPTION OF INJURIES Control mechanism on top of lighter blew off under pressure spewing contents on the operator. Top of lighter was propelled across the room. Fortunately, no significant injuries were sustained. However, both burn and eye hazards existed.

VICTIM'S AGE: _____ SEX: F DATE OF INCIDENT: August 30, 1998

DESCRIBE PRODUCT INVOLVED: Disposable lighter

PRODUCT BRAND NAME/MANUFACTURER: [REDACTED] w/safety lock

IS PRODUCT INVOLVED STILL AVAILABLE? YES NO PRODUCT MODEL AND SERIAL NUMBER: none found

WHEN WAS THE PRODUCT PURCHASED? unknown

This information is collected by authority of 15 U.S.C. 2054 and may be shared with product manufacturers, distributors, or retailers. No names or other personal information, however, will be disclosed without explicit permission.

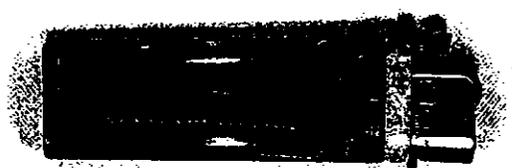


U.S. Consumer Product Safety Commission
Washington, DC 20207

PLEASE DUPLICATE THIS FORM FOR FUTURE USE.

FAKED & Mailed 9/13/98

*Wm. P. ...
230 ...
1-800-809-0924
CPSC FORM 175A (6/95) OMB CLEARANCE NO. 3041-0029
Chicago, IL
60304-1601*



980903CCN406 EXHIBIT B 1 of 1

980903CCN406 Exhibit A 1 of 1

Consumer Product Incident Report

Please contact us about any injury or death involving consumer products. Call us toll free at: 1-800-638-2772. Or, fill out the form below. Send it to: U.S. Consumer Product Safety Commission/EHDS, Washington, DC 20207 or fax it to: 1-800-809-0924. We may contact you for further details. Please provide as much information as possible. Thank you.

YOUR NAME Robert Polk, Fire Chief

YOUR ADDRESS 1630 - 8th Avenue

CITY Moline, STATE Illinois ZIP 61265

YOUR TELEPHONE (309) 797-0416

NAME OF VICTIM (IF DIFFERENT FROM ABOVE) _____

ADDRESS _____

CITY Moline, STATE Illinois ZIP 61265

TELEPHONE _____

DESCRIBE THE INCIDENT OR HAZARD, INCLUDING DESCRIPTION OF INJURIES Control mechanism on top of lighter blew off under pressure spewing contents on the operator. Top of lighter was propelled across the room. Fortunately, no significant injuries were sustained. However, both burn and eye hazards existed.

VICTIM'S AGE _____ SEX F DATE OF INCIDENT August 30, 1998

DESCRIBE PRODUCT INVOLVED Disposable lighter

PRODUCT BRAND NAME/MANUFACTURER [redacted] w/safety lock

IS PRODUCT INVOLVED STILL AVAILABLE? YES NO PRODUCT MODEL AND SERIAL NUMBER none found

WHEN WAS THE PRODUCT PURCHASED? unknown

This information is collected by authority of 15 U.S.C. 2054 and may be shared with product manufacturers, distributors, or retailers. No names or other personal information, however, will be disclosed without explicit permission.



U.S. Consumer Product Safety Commission
Washington, DC 20207

PLEASE DUPLICATE THIS FORM FOR FUTURE USE.

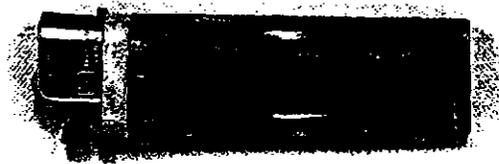
FIVE - Mod. 6/1/88

*Win Polk
2120 S. 8th Ave
Moline, IL 61265*

CPSC FORM 175A (6/96) OMB CLEARANCE NO. 3041-0029

11-11-91

: 980903CCN406 Exhibit B 1 of 1



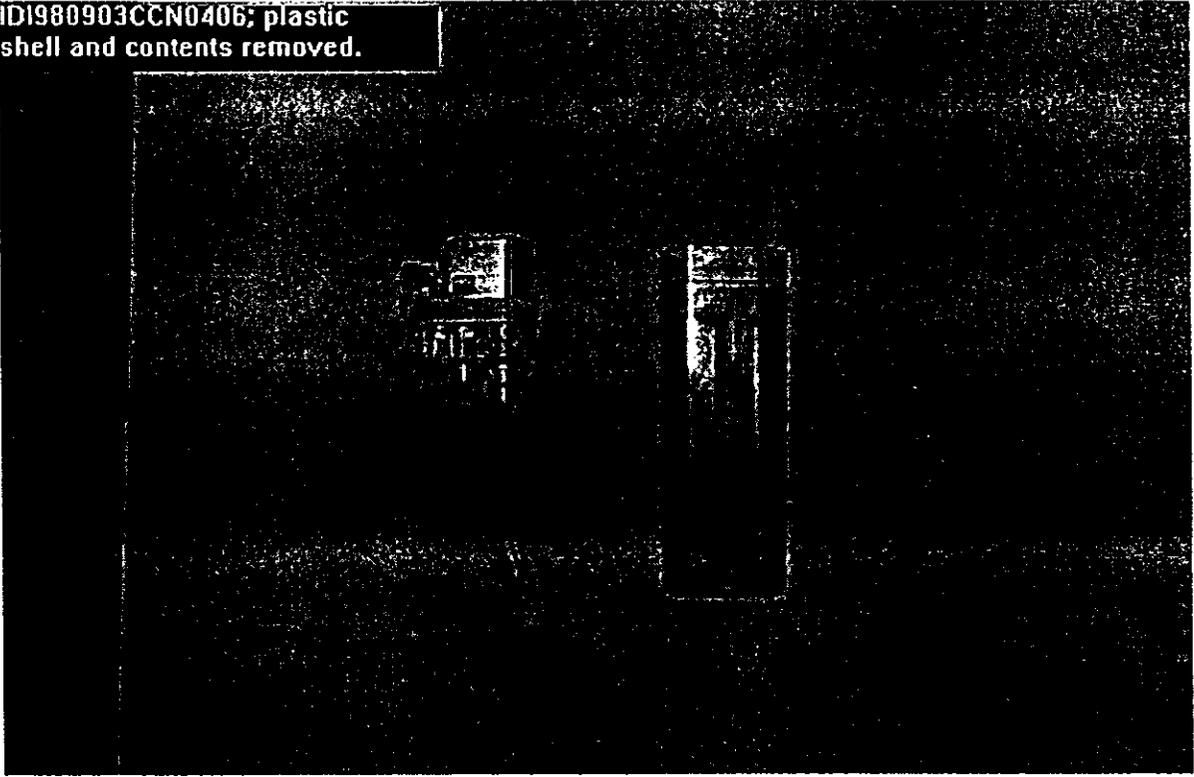
**U.S. Consumer Product Safety Commission
SAMPLE COLLECTION REPORT**

1. Sample Flag		2. Date Collected: 10/2/98	3. Sample Type and Number: 99-830-3351 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4a. Product Name DISPOSABLE LIGHTER		4b Model UNKNOWN	4c NEISS 1687	5. Assignment Number 980903CCN0406
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		7. MIS 31133	8. Hours Activity _____ Travel _____ 6 0	
		9a Home RO FOCR	9b Collecting RO FOCR	
10. Sample Cost \$0.00	11. Invoice Value of Lot		12. Size of Lot Units	
13. Manufacturer/Importer #	14. Shipper/Foreign Manufacturer		15. Dealer/Import Broker # BONNIE HAYDEN 2305 - 45TH STREET MOLINE, IL 61265	
16. Supporting documents attached: Invoice No. and Date: _____ Date Shipped: _____ Shipping Record and Date: _____ Affidavit Signer's name, title and date: _____				
17. Product Identification: Plastic, violet colored, 3", disposable lighter with a silver metal top. Lighter has an adjustable flame mechanism and the letters with safety lock' imprinted on the metal top.				
18. Reason for collection/analysis needed: <input type="radio"/> FHSA <input checked="" type="radio"/> CPSA <input type="radio"/> FFA <input type="radio"/> PPPA <input type="radio"/> RSA Reference to IDI 980903CCN0406 consumer complaint.				
19. Summary of Field Screening: Item being sent to FPE attention Mike Bogumill for testing.				
20. Sample size/Method of Collection: Sample collected from consumer/complainant by the Moline Fire Chief who services complainants residence. Chief then mailed sample to this investigator. Sample kept locked in investigator's desk drawer until				
21. Identification on sample: 99-830-3351 SUB 1 WPF 10/2/98		22. Identification on seal and date: 99-830-3351 William P Fergus 10/6/98		
23a. Sample delivered to: UPS		23b Date 10/6/98	24. Report/Record Sent to: FOCR	
25. Laboratory/Office: LSE ___ CCH ___ FPE X FTR ___ SIU ___ LSC ___ CHP ___ ELC ___ CLD ___ WHSE ___ Other MIKE BOGUMILL				
26. Remarks: Sample being sent to FPE for testing. The complainant does not recall where the sample was purchased and could not provide any receipts or packaging material in reference to the sample.				
27. Related Samples:				
28a Collector's name/title: William P. Fergus Investigator		28b Collector's signature/date: <i>William P. Fergus</i> 10/6/98		
29a Reviewer's name/title: John R. Vece Supervisor		29b Reviewer's signature/date: <i>John R. Vece</i> 10/6/98		

METHOD OF COLLECTION

sealed. Sample identified with bar code label as in block 21 below.
Sample placed into a bag which was sealed as in in block 22 below.
Bag placed into a padded envelope and 165 attached.

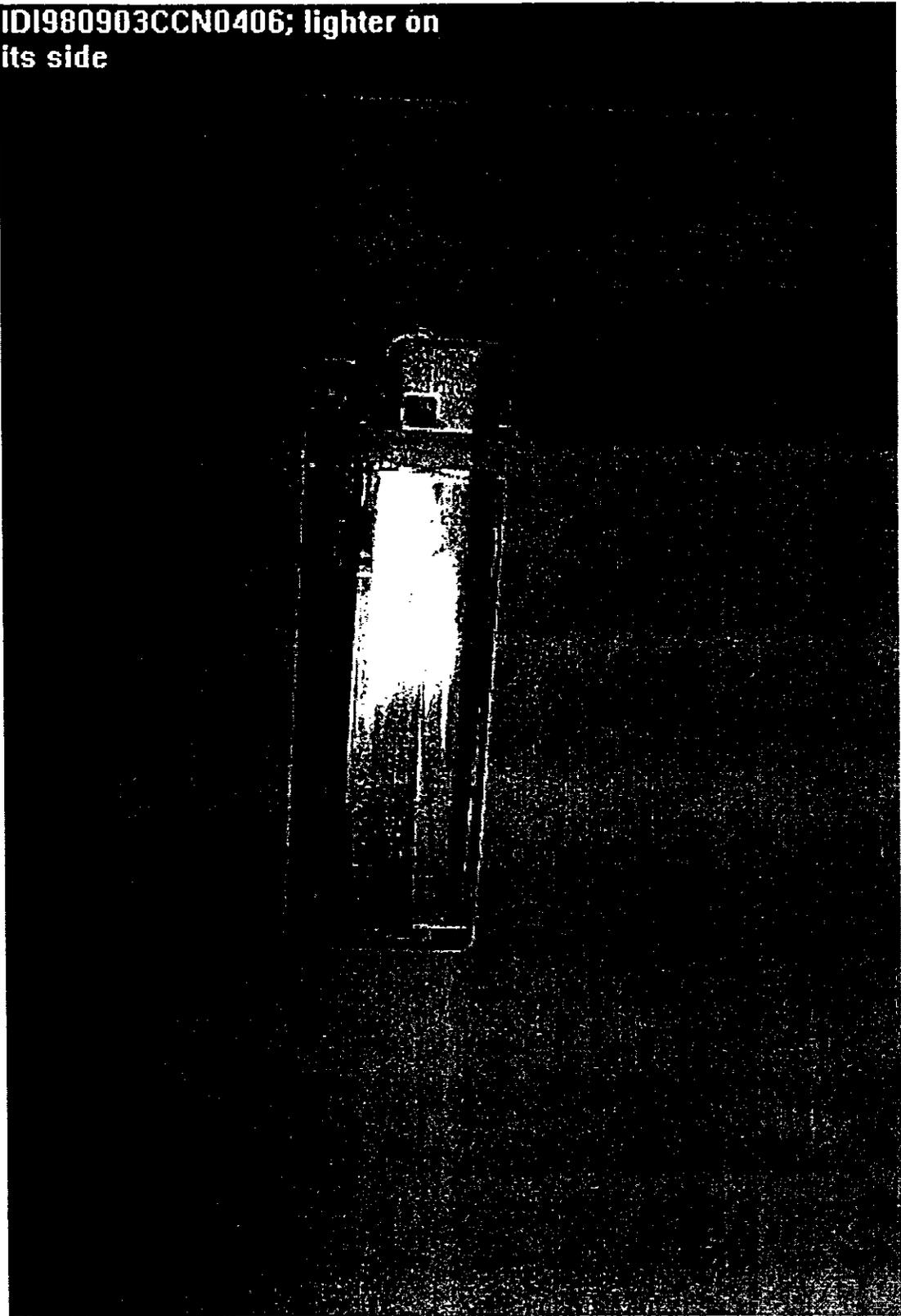
ID1980903CCN0406; plastic shell and contents removed.



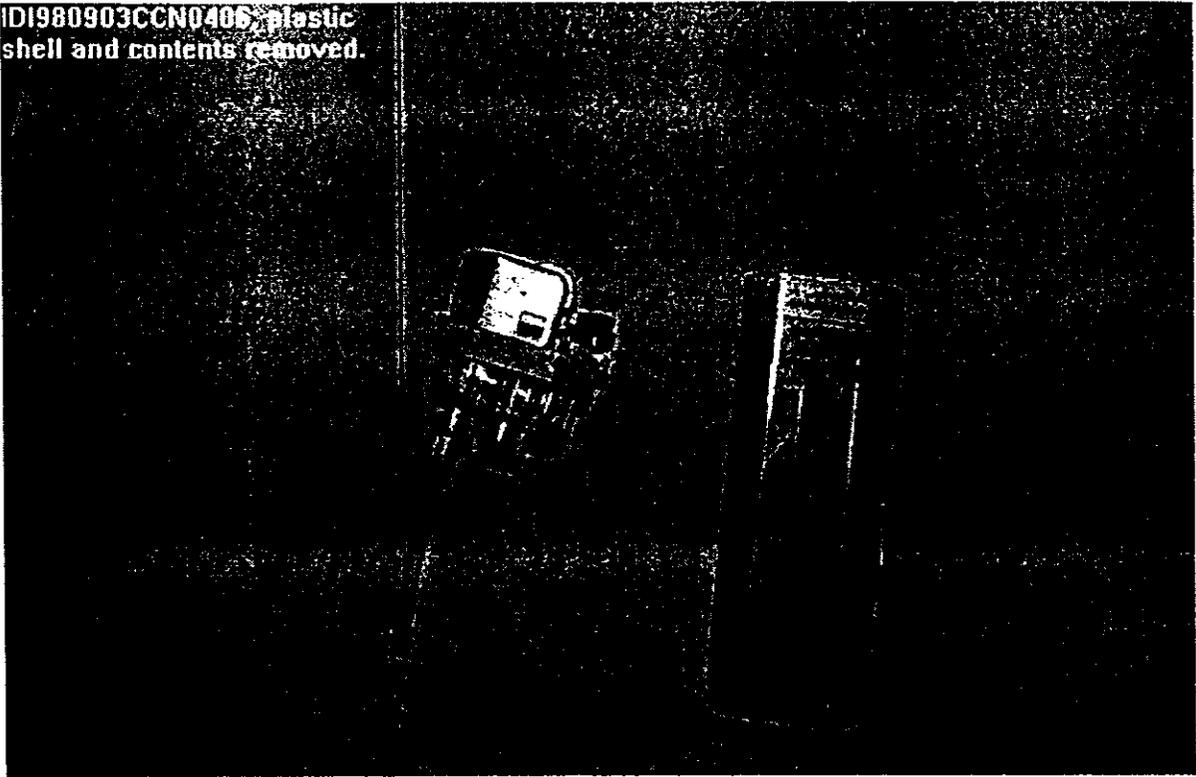
IDI 980903CCN0406; lighter on
its side



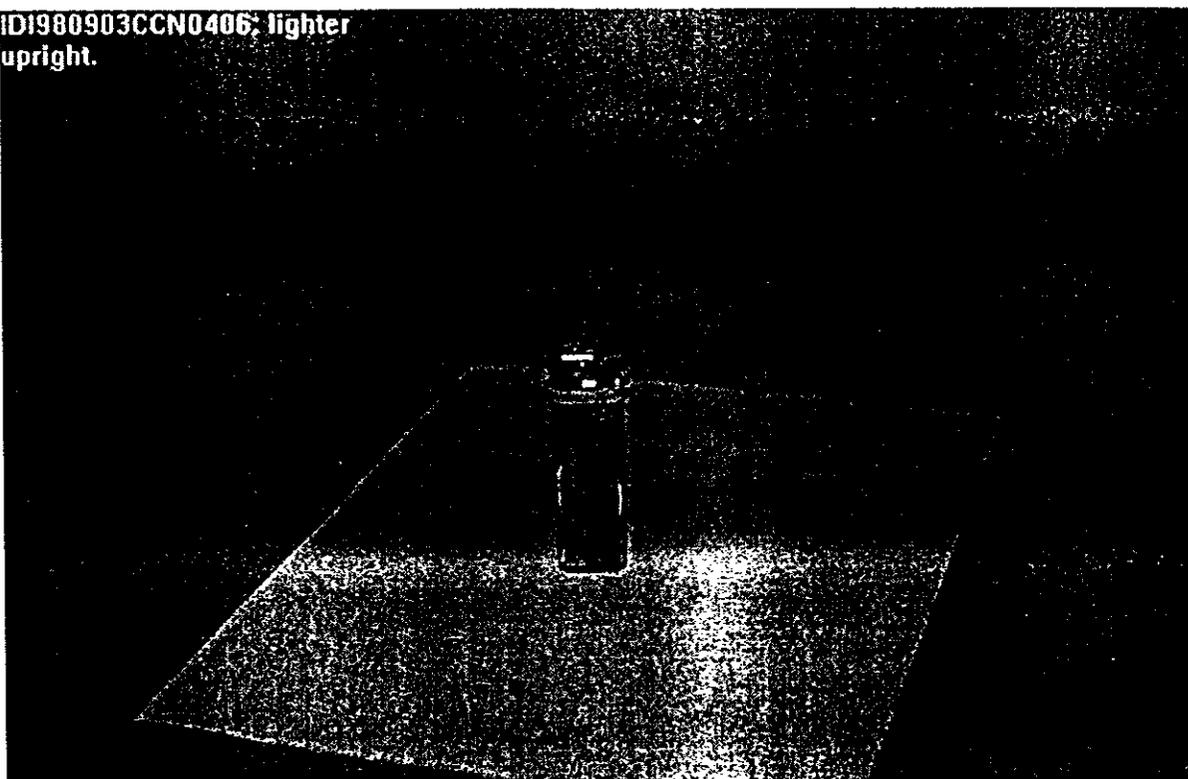
**IDI980903CCN0406; lighter on
its side**



ID1980903CCN0406 plastic
shell and contents removed.



ID1980903CCN0406; lighter
upright.



(D)980903CCN0406; lighter
and contents removed

