



National Coroners Information System 57-83 Kavanagh Street Southbank Victoria, Australia 3006



NCIS DATABASE SEARCH

DEATHS ASSOCIATED WITH FIRES CAUSED BY CIGARETTES

Between 1 June 2000 - 30 June 2006

Report produced for NSW Fire Brigades

Compiled by: Marde Hoy and Stephen Morton

National Coroners Information System

October 2006

Version no. 1.5

TELEPHONE: +61 3 9684 4414 FACSIMILE: +61 3 9682 7353 EMAIL: ncis@vifm.org WEB SITE: www.ncis.org.au

Authorship Details

Marde Hoy and Stephen Morton National Coroners Information System

NCIS Disclaimer

This data set does <u>not</u> purport to be representative of <u>all</u> deaths associated with fires caused by cigarettes notified to a Coroner within the specified time period. Due to occasional coding errors, some missing data, and some cases not being closed it is possible that there are relevant deaths not included in this data set.

Accordingly, there is a possibility of under-reporting.

AIMS

The purpose of this report was to provide quantitative and qualitative data to the NSW Fire Brigades on the number and nature of deaths associated with fires caused by cigarettes contained on the National Coroners Information System (NCIS).

METHODOLOGY

Data Source

The data was obtained through conducting a search of the National Coroners Information System (NCIS). The NCIS is a world first electronic database of coronial information containing case detail information from the coronial files of all Australian states and territories, except Queensland, dating back to 1 July 2000. Queensland data is contained from 1 January 2001.

Authorised users of the NCIS are able to access the database on-line at www.ncis.org.au.

Data is then entered into the jurisdiction's Local Case Management System (LCMS) and uploaded to the NCIS within 24 hours of a death being reported. As the circumstances of the death can change as more information is gathered during the investigation, the NCIS contains fields relating to information received when the death is first reported, referred to as "notification" as well as when the death investigation has been completed, referred to as "completion".

Data Quality

Data Elements

All NCIS data elements are subject to regular scrutiny to ensure that where the data item is based upon an external source (National Health Data Dictionary or International Classification of External Causes of injury) that the most current version of this source data is being used.

Regular reviews of the data domains in use also ensure that the data being produced is robust, reliable and comparable to similar national and international statistical collections.

Coding Schemes

The use of a national and international compatible coding scheme allows for the data held within the NCIS to be compared with death incident data held in countries throughout the world.

The majority of data items are based on the definitions outlined in the National Health Data Dictionary (NHDD). This ensures that fields such as Date of Birth, Sex, Indigenous Origin and Marital Status are consistent with other Australian data collections.

A classification based on the International Classification of External Causes of Injury (ICECI) is used for the coding of:

- Activity;
- Context;

- Counterpart;
- Intent:
- Location;
- Mechanism of Injury;
- Mode of Transport;
- Objects or Substances Producing Injury
- Sports and Recreation; and
- User

In certain instances it was necessary to modify the ICECI to ensure that some of the codes including information specific to Australia and coronial cases.

The NCIS classification will convert to ICECI Version 1.2 by the end of 2005-2006 financial year. Where necessary mapping will be utilised to ensure that all data held within the NCIS is compliant with the coding system in use.

Coding Guidelines

There are three main documents available; each provides information on either the core NCIS data fields or an explanation of the coding principals.

1. NCIS Data Dictionary

Released in May 2001, the NCIS Data Dictionary provides a comprehensive listing of all the NCIS data fields and includes a:

- uniform definition and explanation of each data field;
- statement of the type of information required; and
- full description of the classification (codeset) to be used for applicable data fields, including user guidelines.

A review of the NCIS Data Dictionary will be undertaken during the 2005-2006 financial year.

2. NCIS Coding Manual

The Coding Manual provides a step-by-step explanation for the coding and completion of a selection of data fields. The manual provides practical instructions, examples of specific scenarios and guidelines for the entry of more complex and difficult core data items.

Although designed as a guide only, the manual is intended to be used as a daily reference tool by those responsible for the entry and coding of coronial cases in the NCIS.

It should be noted that due to the case variations of coronial cases, the manual cannot provide instruction on how to code each individual coronial case but does offer examples and suggestions on how a particular or similar scenario would be coded.

3. Local Case Management System (LCMS) Data Entry Manual

A more technical manual which provides step-by-step information on areas relevant to LCMS use, areas discussed include:

- logging in and using passwords;
- adding a case to the system;

- · signing off a case;
- · finding and editing a cases; and
- administration features.

Case Identification and Analysis

The methods used to identify cases were as follows:

- The NCIS Query Design function was used to identify all deaths between the time period specified where:
 - 1. the 'Mechanism of Injury' was coded as:

```
Level 1: Heat, cold, electricity, radiation, and sound;
```

Level 2: Heat, cold.

Level 3: Contact with fire or flame; or

Other specified thermal effect.

2. the 'Object or Substances Producing the Injuries Causing Death' was coded as:

V Fire, Flame, Smoke; or

O Personal Use Item.

Tobacco/Tobacco Products; or

O Personal Use Item.

Other specified personal use item.

"cigarette".

■ The NCIS Coroners Screen function was then used to search all available text reports (police summary of circumstances, autopsy and coronial finding) for instances of the keywords 'cigarette & fire', 'cigarette & smoke', 'cigarette & burn*'.

All case returns were then analysed for relevance to the requested search (i.e. fires caused by cigarettes, rather than by cigarette lighters, matches, or other items, negligence, or actions).

LIMITATIONS OF DATA SOURCE

As noted above, the search was dependent largely upon object and mechanism coding, along with keyword searches of attached text reports. Often coded fields may not be completed until the closure of a case, and a number of factors may impact on the extent of document attachment to the NCIS. These factors need to be considered, as the figures provided may be an under-representation of relevant deaths.

The data entered into the NCIS is collected from sources such as the police investigations, autopsy reports, toxicology reports and coronial findings. It is acknowledged that quality and consistency of these documents may vary between and within each jurisdiction. It is also acknowledged that the primary intention of these documents is for the death investigation and legal concerns regarding the circumstances and causes of death. As a result there may be limitations when these documents are considered for statistical use.

There are also inherent differences between the state and territory legislative provisions governing the reporting of a death to a coroner, which impact on the type, quality and quantity of the information collected and reported by each jurisdiction. This will also impact on the quality of information available in the NCIS.

The cause of the fatal fires documented in this report are based upon the following inclusion criteria:

- where the coroner made a determination within the coronial finding that the fire most likely originated from a cigarette;
- that the fire may have been caused by a cigarette;
- or in the absence of a coronial finding being available on the NCIS, if the police summary
 of the circumstances of death gave an indication that the fire was "likely caused by a
 cigarette".

As a result of this inclusion criteria, the numbers identified within this report may differ to figures quoted by other sources such as the Australian Bureau of Statistics, dependant on the inclusion criteria used by those sources to identify such cases.

Searches were based upon coded fields and keyword searches of text documents. As indepth analysis of this material was undertaken for each cigarette related fire/burn death identified, NCIS is extremely confident that all cigarette related fire/burn deaths contained in this report are of relevance. Likewise the identification of all fire-related deaths was based upon data which was coded by the data entry staff within the relevant State/Territory Coroners Office. This data entry is aided by a number of data and coding manuals, along with regular training, feedback, and helpdesk support which provide the entry data staff with uniform coding definitions and explanations. In addition, each jurisdiction conducts various quality activities throughout the data entry and case closure process.

Automated edits and warnings are incorporated into both the LCMS and NCIS to ensure that mandatory data fields are completed prior to the closure of the case. These edits help to ensure that the minimum of information and coding is completed before the case is closed off. A more thorough review of each case is then conducted by the NCIS team upon closure of the case.

RESULTS

Number of Deaths from fire (all causes) by Jurisdiction / Financial Year

Jurisdiction	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2005/06	Total
Australian Capital Territory	4	2	4	3	1	-	14
New South Wales	51	50	93	41	29	20	284
Northern Territory	1	6	7	4	4	1	23
Queensland*	8	31	30	15	19	5	108
South Australia	16	18	20	17	10	11	92
Tasmania	20	4	9	16	3	6	58
Victoria	30	37	47	29	38	17	198
Western Australia	11	14	23	11	10	-	69
Total	141	162	233	136	114	60	846

Number of Deaths from Cigarette Related Fires by Jurisdiction / Financial Year

Jurisdiction	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	Total
Australian Capital Territory	3	1	0	1	0	0	5
New South Wales	3	3	5	2	0	0	13
Northern Territory	0	0	0	0	0	0	0
Queensland*	1	0	1	0	0	0	2
South Australia	1	0	0	0	0	0	1
Tasmania	4	1	2	0	0	0	7
Victoria	8	7	7	4	8	0	34
Western Australia	0	3	0	0	2	0	5
Total	20	15	15	7	10	0	67

Footnotes

Searches were based upon coded data and keyword searches of attached documents. Due to a backlog in document attachment for some jurisdictions, along with the fact that the coding of information may for the most part only be completed once the Coroner has finished his/her investigation, it is highly likely that there will be a degree of under-representation (especially for 2003/04, 2004/05 and 2005/06 for which a large number of cases may still be open and/or not yet be coded on the NCIS).

^{*} QLD data not available for 1 July 2000 - 31 December 2000.

Number of NSW Deaths by Location of Incident Post code / Financial Year

Post code	All Fire Deaths (2000/0 1)	Cigarett e Related Fire Deaths (2000/0 1)	All Fire Deaths (2001/0 2)	Cigarett e Related Fire Deaths (2001/0 2)	All Fire Deaths (2002/0 3)	Cigarett e Related Fire Deaths (2002/0 3)	All Fire Deaths (2003/0 4)	Cigarett e Related Fire Deaths (2003/0 4)	All Fire Deaths (2004/0 5)	Cigarett e Related Fire Deaths (2004/0 5)	All Fire Deaths (2005/0 6)	Cigarett e Related Fire Deaths (2005/0 6)	All Fire Deaths (TOTAL	Cigarett e Related Fire Deaths (TOTAL)
2019	0	0	1	1	1	0	0	0	0	0	0	0	2	1
2024	0	0	0	0	0	0	1	1	0	0	0	0	1	1
2096	0	0	1	1	0	0	0	0	0	0	0	0	1	1
2113	0	0	0	0	0	0	1	1	0	0	0	0	1	1
2122	0	0	0	0	1	1	0	0	0	0	0	0	1	1
2145	2	2	0	0	1	0	1	0	0	0	0	0	4	2
2333	0	0	0	0	1	1	0	0	0	0	0	0	1	1
2560	0	0	0	0	1	1	0	0	0	0	0	0	1	1
2620	1	1	0	0	0	0	1	0	0	0	0	0	2	1
2680	0	0	1	1	0	0	0	0	0	0	0	0	1	1
2749	0	0	1	0	1	1	0	0	0	0	0	0	2	1
2756	0	0	0	0	2	1	0	0	0	0	0	0	2	1

Number of Deaths by Age / Gender

Age / Gender	Male	Female	Total
0 – 9	0	0	0
10 – 19	1	0	1
20 – 29	7	0	7
30 – 39	2	0	2
40 – 49	5	4	9
50 – 59	11	3	14
60 – 69	7	6	13
70 – 79	5	9	14
80 +	2	5	7
Total	40	27	67

Number of Deaths by Time of Incident

12am – 6am	6am – 12pm	12pm – 6pm	6pm -12am	Other*	Total
15	12	4	13	23	5

Other*

Undetermined / unspecified: 8

Between 16:00 and 21:00: 1

Between 17:30 and 06:00: 1

between 00:00 and 09:00: 1

between 10:30 and 16:00: 1

between 11:00 and 20:00: 1

between 14:00 and 01:00: 1

between 16:00 and 04:30: 1

between 17:00 and 07:00: 1

between 17:30 and 00:30: 1

between 18:00 and 03:30: 1

between 18:00 and 11:00: 1

between 21:00 and 08:30: 1

between 16:00 and 13:00: 1

between 14:00 and 22:00: 1

between 17:30 and 10:00: 1

Number of Deaths by Intent

Intent	Total
Unintentional	61
Unlikely to be known	4
Still Enquiring	2
Intentional Self-Harm	0
Interpersonal Violence	0
Total	67

Presence of Alcohol/Drugs

Indication of alcohol/drug detection	Total
Alcohol	29
Drugs	5
Alcohol and Drugs	6
Not Detected	19
Not Specified	8
Total	67

Number of Deaths by Location Type

Location	Description	Total
	Free-standing house	39
	Flat, apartment, terrace house	14
Home	Other specified home*	5
	Caravan, mobile home (residential)	2
	Boarding house, hostel, private hotel	1
Residential/Correctional Facility	Home for elderly/frail	3
Street or highway (public road)	Other specified (car park)	3
Total		67

^{*} Other specified: bungalow x 2, bus located in backyard x 1, dugout x 1, corrugated iron structure x 1.

Number of Deaths by Medical Cause of Death (Primary)

Medical Cause of Death (Primary)	Total
ASPHYXIA DUE TO SMOKE INHALATION	2
BRONCHPNEUMONIA IN A WOMAN WITH BURNS	1
BURNS	6
CARBON MONOXIDE POISONING	7
CARDIAC ARRHYTHMIA	2
COMBINED EFFECTS OF SMOKE INHALATION AND BURNS	1
COMPLICATIONS OF BURNS	2
ASPHYXIA DUE TO SMOKE INHALATION AND CARBON MONOXIDE POISONING.	1
DIFFUSE ALVEOLAR DAMAGE DUE TO 15% BURNS	1
EFFECTS OF FIRE	5
EFFECTS OF FIRE IN AN INDIVIDUAL WITH CARDIOMEGALLY AND CORONARY ARTERY ATHERSCLEROSIS	1
EPILEPSY (CHEMICAL EFFECT (CARBON MONOXIDE 10%), CORONARY ARTERY STENOSIS)	1
FIRE EXPOSURE IN A MAN WITH ISCHAEMIC HEART DISEASE	1
FIRE FUME INHALATION	1
GENERALISED BURNS FOLLOWING ASPIRATION PNEUMONIA	1
GLOBAL THERMAL INJURY AND SMOKE INHALATION	1
HYPOPXIC ENCEPHALOPATHY FOLLOWING SMOKE INHALATION AND PROBABLE CARBON MONOXIDE POISONING	1
INHALATION OF FIRE FUMES	2
INHALATION OF PRODUCTS OF COMBUSTION	
INHALATION OF SMOKE AND FIRE GASES	1
MULTI-ORGAN FAILURE	3
OPIATE TOXICITY	1
OVERWHELMING SEPSIS	1
SEPTICAEMIA COMPLICATING CUTANEOUS BURNS IN A WOMAN WITH CHRONIC LIVER DISEASE.	1
SMOKE INHALATION	14
SMOKE INHALATION AND THERMAL INJURY	3
SMOKE INHALATION WITH HIGH CARBOXYHAEMOGLOBIN LEVELS IN BLOOD AND PROBABLY CONTRIBUTED TO BY ISCHAEMIC HEART DISEASE (SEVERE CORONARY ARTERY DISEASE)	1
THERMAL BURNS AND SMOKE INHALATION	1
THERMAL INJURY	1
TOXAEMIC BURNS TO BOTH LEGS AND GANGRENE TO THE LEFT LEG BELOW THE KNEE	1
CARDIAC ARREST IN A WOMAN WITH MODERATE CARDIAC ENLARGEMENT AND MYOCARDIAL FIBROSIS IN TANDEM WITH ISCHAEMIC CORONARY ARTERY DISEASE; FOCAL THERMAL INJURY AND LOW LEVEL SMOKE INHALATION	1
Total	67

Summary of Incident

A FIRE STARTED IN LOUNGE ROOM POSSIBLY FROM A DISCARDED CIGARETTE. FATAL INJURIES IN THE FORM OF SMOKE INHALATION.

ALTHOUGH THE PRECISE CIRCUMSTANCES WILL REMAIN UNKNOWN, IT IS PROBABLE THAT WHILE EITHER AFFECTED BY DRINK OR BY SLEEP, THE DECEASED HAS LET A LIT CIGARETTE FALL ONTO HIS CLOTHING OR THE CHAIR IN WHICH HE SITTING AND THAT RESULTED IN THE FIRE WHICH CAUSED HIS DEATH.

APPEARS FIRE CAUSED BY BURNING CIGARETTE IN WASTE BIN UNDER DINING TABLE. IT IS PROBABLE THAT THE DECEASED PLACED A CIGARETTE IN THE BIN PRIOR TO COMPLETELY PUTTING IT OUT. DUE TO THE DECEASED'S LACK OF MOBILITY THE CIGARETTE WOULD HAVE HAD TIME TO IGNITE OTHER RUBBISH BEFORE THE DECEASED COULD GET TO THE BIN IN ORDER TO EXTINGUISH THE FIRE. FAMILY HAD BEEN CONCERNED WITH ISSUES SUCH AS THE POTENTIAL FIRE HAZARD RELATING TO THE DECEASED PLACING BURNING CIGARETTES IN WASTE BIN UNDER DINING TABLE, AND HAD THEREFORE PURCHASED A FIRE ESTINGUISHER FOR THE RESIDENCE.

APPEARS THE DECEASED PLACED THE CIGARETTE IN A BROKEN ASHTRAY ON THE BED, SETTING THE MATTRESS ALIGHT. THE DECEASED LEFT THE ROOM AFTER PLACING THE CIGARETTE IN THE ASHTRAY, BUT RETURNED TO THE ROOM AFTER SMELLING SMOKE. WHILE IN THE ROOM THE DECEASED WAS OVERCOME BY THE SMOKE AND COLLAPSED ONTO THE BURNING BED, SUSTAINING 25% BURNS TO HIS BACK AND UNDER HIS ARMS.

TRANSFERRED TO HOSPITAL, HOWEVER PASSED AWAY DUE TO

COMPLICATIONS AS A RESULT FROM THE BURN INJURIES. FIRE CONTAINED TO ONE CORNER OF THE BEDROOM AND THE MATTRESS.

APPEARS THE DECEASED WAS SMOKING IN BED. THE SEAT OF THE FIRE WAS EITHER THE BED ITSELF OR THE FLOOR BESIDE THE BED, A PARTIALLY FULL PACKET OF CIGARETTES WERE LOCATED AMONGST THE CHARRED BEDCLOTHES. IT APPEARS THE DECEASED MAY HAVE BEEN OVERCOME BY THE SMOKE AND CONSIDERING HER STATE OF INTOXICATION AT THE TIME HAS BECOME DISORIENTED AND GONE TO THE OTHER BEDROOM RATHER THAN MAKING HER WAY TO THE DOOR.

APPEARS THE DECEASED WAS SMOKING IN HER ROOM WHEN HER CLOTHING AND THE MATTRESS CAUGHT ALIGHT CAUSING BURNS TO APPROX 83% OF HER BODY.

DEATH CODED AS FIRE CAUSED EITHER BY CIGARETTE OR ELECTRIC BLANKET.
FROM INFORMATION GATHERED FROM NEIGHBOURS, FAMILY MEMBERS AND WITNESSES, IT WAS APPARENT THAT THE DECEASED WAS AN ALCOHOLIC AND HEAVY SMOKER WHO SMOKED WHILST IN BED. DECEASED SUSTAINED BURNS TO THE LOWER PART OF HER LEGS DURING THE FIRE, AND PASSED AWAY IN HOSPITAL AFTER DEVELOPING AN INFECTION FROM THE BURNS.

DEATH CODED AS IGNITION OF CLOTHING / TOBACCO PRODUCT. POLICE SUMMARY DOES NOT INDICATE THE BASIS OF THE FIRE, HOWEVER FROM THE CODING (AND THE CONTRIBUTION OF ALCOHOL) IT APPEARS THE FIRE WAS THE RESULT OF A CIGARETTE.

DEATH RESULTED FROM THE COMBINED EFFECTS OF SMOKE INHALATION AND BURNS, SUSTAINED WHEN THE MOTOR VEHICLE IN WHICH HE WAS SLEEPING ACCIDENTALLY CAUGHT FIRE FROM AN UNEXTINGUISHED CIGARETTE.

DECEASED FELL ASLEEP WHILST SMOKING A CIGARETTE IN REAR YARD OF HOME ADDRESS. HE WAS WEARING NYLON CLOTHING WHICH CAUGHT ALIGHT. DEATH RESULTED FROM COMPLICATIONS OF CUTANEOUS BURNS.

DECEASED INJECTED HEROIN AND THEN STARTED SMOKING IN BED. WHEN BEDDING CAUGHT FIRE, SMOKE AND HEROIN USE WOULD HAVE CAUSED CONFUSION AND PERISHED.

DECEASED SUFFERED FROM DEMENTIA AND WAS A HEAVY SMOKER AND KNOWN TO CONSUME ALCOHOL. THE DECEASED AWOKE ONE MORNING WITH BURNS OVER HER BODY. IT APPEARS THAT THIS WAS THE RESULT OF FALLING ASLEEP WHILE HAVING A CIGARETTE, WITH THE CIGARETTE IGNITING HER BED CLOTHES. TO THIS END, THE DECEASED'S BURNT BED CLOTHES WERE DISCOVERED IN THE LOUNGE ROOM. THE DECEASED WAS TRANSFERRED TO HOSPITAL WITH 12% FULL THICKNESS BURNS TO HER TORSO. DESPITE MEDICAL TREATMENT AND GRAFTING OF THE BURNS, HER CONDITION DETERIORATED, WITH DEATH THE LIKELY RESULT OF AN INFECTION ASSOCIATED WITH THE BURNS SUSTAINED.

DECEASED WAS A HEAVY SMOKER AND WOULD OFTEN SMOKE IN BED. EVIDENCE HIGHLIGHTS THE FACT THAT THE DECEASED FELL ASLEEP WHILST SMOKING 5 YEARS PREVIOUSLY, AND AS A RESULT HIS MATRESS CAUGHT FIRE AND BURNT HIS LEG. HE AWOKE AND PUT THE FIRE OUT BEFORE ANY MAJOR DAMAGE OCCURED.

IT APPEARS THAT SIMILAR CIRCUMSTANCES (IE. A DISCARDED CIGARETTE) LED TO HIS DEATH, WITH A NUMBER OF CIGARETTE BUTTS AND A LARGE NUMBER OF CIGARETTE LIGHTERS FOUND BY POLICE AT THE SCENE OF THE FATAL FIRE.

DECEASED WAS LOCATED ON THE BED FOLLOWING A FIRE IN HER UNIT.

CORONER FOUND THAT CAUSE OF THE FIRE WAS PROBABLY FROM A CIGARETTE IGNITING A SLOW SMOULDERING FIRE ON THE SOFA IN THE LOUNGE ROOM OF THE RESIDENCE. DECEASED WAS DESCRIBED BY NEIGHBOURS AS A HEAVY SMOKER WHO SMOKED INSIDE HER UNIT. RECOMMENDATION: THAT CONSIDERATION BE GIVEN IN APPROPRIATE CIRCUMSTANCES TO WIRING SMOKE DETECTORS IN PREMISES OWNED BY A.C.T. GOVERNMENT AND USED FOR AGED CARE PURPOSES – BACK TO A MONITORED BASE IF AT ALL FEASIBLE.

FIRE IN BEDROOM APPEARS TO BE DUE TO LIT CIGARETTE.

IT APPEARS THE DECEASED WAS SMOKING A CIGARETTE IN BED, WHICH DROPPED ONTO THE MATTRESS AND CAUGHT FIRE WHILST THE DECEASED WAS OUT OF THE ROOM. HE THEN BECAME OVERWHELMED BY SMOKE AND COLLAPSED.

FIRE IN FLAT, CONFINED TO ONE BEDROOM. THE ORIGIN OF THE FIRE COULD NOT BE DETERMINED BUT INVESTIGATORS BELIEVED A SMOULDERING CIGARETTE WAS A PROBABLE CAUSE. THIS WITNESS ALSO EXAMINED A SMOKE ALARM WHICH DID NOT HAVE A BATTERY FITTED TO IT.

FIRE OCCURRED IN PARKED CAR. IT IS KNOWN THAT THE JERRY CAN WAS USUALLY SITUATED IN THE REAR PASSENGER FOOT WELL OF THE VEHICLE. WHAT IT WAS DOING IN THE FRONT WITH THE DECEASED IS A MATTER OF SPECULATION. GIVEN HIS KNOWN HISTORY AND FASCINATION WITH FIRE, IT IS POSSIBLE THAT HE WAS "PLAYING" WITH THE FUEL, AND IN HIS DRUNKEN STATE ACCIDENTALLY IGNITED THE FUEL WITH A CIGARETTE HE MAY HAVE BEEN SMOKING. IT IS ALSO POSSIBLE THAT THE DECEASED HAS FALLEN ASLEEP, DUE TO HIS LEVEL OF INTOXICATION, WHILST SMOKING AND THE LIT BUTT HAS FALLEN ONTO A FLAMMABLE OBJECT, CAUSING THE SUBSEQUENT FIRE.

FIRE PROBABLY STARTED AS A RESULT OF THE DECEASED FALLING ASLEEP WITH A CIGARETTE INHER HANDS. IT APPEARS THE CIGARETTE MUST HAVE FALLEN BETWEEN THE CUSHIONS IN THE LOUNGE, THIS SMOTHERING WOULD OF CAUSED A FIRE.

FIRE STARTED IN CAR MOST LIKLEY FROM CIGARETTE DROPPED ONTO CLOTHING OR SEAT WHEN FELL ASLEEP.

FIRE STARTED MOST LIKLEY BY LIT CIGARETTE WHEN SMOKING IN A LOUNGE CHAIR AND SUFFERED AN EPILEPTIC FIT, CAUSING HIM TO DROP CIGARETTE. CLOTHING THEN CAUGHT ON FIRE, LEADING TO SMOKE INHALATION.

FIRE STARTED ON COUCH WHEN DECEASED MOST LIKLEY FELL ASLEEP WITH LIT CIGARETTE.

FIRE STARTED WHEN DECEASED LEFT CIGARETTE BURNING, OR FAILED TO EXTINGUISH IT COMPLETELY BEFORE PLACING IT ON A DRESSING TABLE. DECEASED DIED AS A RESULT OF ASPHYXIA DUE TO INHALING TOXIC FUMES IN THE FIRE.

FIRE WHICH STARTED IN THE LOUNGEROOM. NO ACCELERANT WAS FOUND BUT A NUMBER OF CIGARETTE BUTTS WERE FOUND ON FLOOR.

HOUSE FIRE. ON THE HISTORY OF THE DECEASED THE PROBABILITIES ARE THAT EITHER THE HEATER BY THE CHAIR WAS OVERTURNED AND IGNITED FURNISHINGS OR A CIGARETTE BEING SMOKED BY THE DECEASED IGNITED HER CLOTHING.

HOUSE WAS COMPLETELY BURNT OUT - FIRE PROBABLY CAUSED BY A DISCARDED MATCH OR CIGARETTE WHICH SET BED CLOTHING ALIGHT.

HOUSE WAS DESTROYED BY FIRE MOST PROBABLY STARTED BY AN INEXTINGUISHABLE CIGARETTE IGNITING THE TOP HALF OF THE SINGLE BED.

IGNITION OF BEDSIDE TABLE IN BUNGALOW DUE TO LIGHTED CIGARETTE.

INADVERTEDLY A FIRE IN THE DECEASED'S RENTED PREMISES STARTED PROBABLY AS A RESULT OF THE DECEASED FALLING ASLEEP WITH A LIT CIGARETTE AND SPREAD THROUGH THE PREMISES WAKING THE DECEASED. DUE TO THE EXTENT OF THE FIRE AND SMOKE THROUGHOUT THE PREMISES COMBINED WITH HIS ILL HEALTH AND INTOXICATED STATE THE DECEASED HAS BEEN HINDERED IN AN ATTEMPT TO LEAVE THE HOUSE CAUSING HIM TO COLLAPSE IN THE HALLWAY AND INHALING A LARGE AMOUNT OF SMOKE AND TRAGICALLY BEING SERIOUSLY BURNT CAUSING HIS DEATH.

INVESTIGATION REVEALED THAT THE FIRE STARTED IN THE LIVING ROOM, WHERE THERE WAS A DOONA AND A PILLOW ON THE COUCH. THE FIRE WAS THOUGHT TO HAVE BEEN STARTED BY A CIGARETTE BUTT ON THE COUCH WHICH WAS NOT PROPERLY PUT OUT. THERE WAS NO SMOKE ALARM FOUND IN THE HOME. TWO DEATHS.

INVESTIGATIONS CONCLUDED THAT THERE WAS A STRONG POSSIBILITY THAT THE FIRE WAS CAUSED WHEN THE DECEASED DROPPED A LIT CIGARETTE ON FURNITURE AFTER CONSUMING ALCOHOL AND BECAME UNCONSCIOUS WHILST SEATED IN THE LIVING/DINING AREA. ENQUIRIES REVEAL OTHER INCIDENTS OF SMALL FIRES AT RESIDENCE RESULTING FROM CIGARETTES BEING DROPPED IN PREMISES.

INVESTIGATIONS INDICATED THAT THE DECEASED WAS SITTING IN A CHAIR IN FRONT OF A WALL HEATER; THAT A CIGARETTE HAS FALLEN BETWEEN THE ARM OF THE CHAIR AND A CUSHION WHICH IGNITED THE FIRE.

INVESTIGATIONS REVEALED THAT THE FIRE WAS CAUSED BY THE IGNITION OF AVAILABLE MATERIAL IN THE VICINTIY OF BEDDING MATERIAL IN THE LOUNGEROOM OF THE PREMISES. THE SOURCE OF THE IGNITION WAS A LIT CIGARETTE WHICH WAS DROPPED BY THE DECEASED WHO HAD FALLEN ASLEEP IN AN INTOXICATED STATE AFTER CONSUMING A LARGE AMOUNT OF ALCOHOL AND SMOKING MARIJUANA THROUGHOUT THE DAY AND EVENING.

IT APPEARS FROM THE EVIDENCE THAT THE MOST PROBABLE CAUSE OF THE FIRE WAS A DISCARDED CIGARETTE. INVESTIGATION OF THE SCENE SHOW THE CHARACTERISTICS OF THE FIRE INDICATE THAT THE POINT OF ORIGIN WAS AT OR NEAR FLOOR LEVEL, WHERE IT IS BELIEVED A WASTE BIN WOULD HAVE BEEN LOCATED.

IT APPEARS THAT THE FIRE ORIGINATED IN THE LAUNDRY AREA OF THE HOUSE, WITH THE LIKELY CAUSE BEING A DISCARDED CIGARETTE BUTT. THE FIRE THEN SPREAD UP THE HALLWAY TOWARDS THE FRONT DOOR. IT APPEARS THE DECEASED HAS POSSIBLY BEEN ASLEEP IN THE LOUNGE COUCH, WOKEN TO THE FIRE/SMOKE AND BEEN OVERCOME BY SMOKE TRYING TO ESCAPE FROM THE HOUSE. THE FIRE HAD EXTINGUISHED ITSELF WHEN DISCOVERED BY NEIGHBOURS. DEATH RESULTED FROM SMOKE INHALATION AND ISCHAEMIC HEART DISEASE.

IT APPEARS THE DECEASED MAY HAVE FALLEN ASLEEP WHILST SMOKING. THE FIRE LANGUAGE IN THE PREMISES WAS CONSISTENT WITH A SLOW, SMOULDERING FIRE INDICATIVE OF ONE CAUSED BY A CIGARETTE.

IT APPEARS THE DECEASED WAS IN AN INTOXICATED AND MEDICATED STATE, HAS DISCARDED OR LEFT UNATTENDED, A CIGARETTE IN OR ON THE COUCH CAUSING THE FIRE. THE FIRE HAS SPREAD THROUGHOUT THE PREMISES AND HAS BECOME HEAVILY SMOKE LOGGED. THE DECEASED APPEARS TO HAVE BECOME DISORIENTED WHEN ATTEMPTING TO GET OUT OF THE PREMISES AND HAS BEEN OVERCOME BY SMOKE. SHE WAS A SMOKER AND LIKED TO HAVE CANDLES IN THE HOUSE.

IT APPEARS THE DECEASED WAS SMOKING IN BED WHEN THE MATTRESS CAUGHT ALIGHT. THE RESULTING SMOULDERING OF THE MATTRESS FILLED THE HOUSE WITH SMOKE AND ATTEMPTS BY THE DECEASED TO PUT OUT THE FIRE WERE UNSUCCESSFUL, AND HE WAS OVERCOME BY THE SMOKE.

IT IS BELIEVED THAT THE DECEASED HAS INADVERTENTLY DROPPED A LIT CIGARETTE BUTT ONTO THE CHAIR. DURING THE NIGHT, THE CHAIR HAS SMOULDERED, WITH THE SMOKE EVENTUALLY WAKING THE DECEASED IN HER ROOM. THE DECEASED HAS GONE TO THE BACK ROOM, AND ON OPENING THE DOOR, HAS BEEN INSTANTLY AFFECTED BY THE INTENSE HEAT AND THE SMOKE. IT IS DURING THIS TIME SHE HAS BEEN OVERCOME BY THE SMOKE, EVENTUALLY PASSING OUT AND SUFFOCATING. DUE TO THE ARTHRITIS PAIN THE DECEASED SUFFERED, A LARGE AMOUNT OF PAIN KILLERS (PANADENE FORTE, ASPRIN, ETC) AND ALSO AMOUNTS OF VALIUM AND OTHER PRESCRIPTION DRUGS WERE LOCATED THROUGHOUT THE

HOUSE. IT IS NOT KNOWN TO WHAT AFFECT, IF ANY, THE DECEASED MAY HAVE BEEN AFFECTED BY DRUGS OF THIS TYPE DEPENDING ON WHAT SHE TOOK PRIOR TO BED.

IT IS IN THE OPINION OF THE INVESTIGATORS THAT THIS WAS AN ACCIDENTAL FIRE STARTING FROM A DROPPED CIGARETTE ON THE LOUNGE.

IT IS NOT KNOWN HOW THE FIRE STARTED IN THE BUS (WHERE THE DECEASED RESIDED) BUT IT IS NOTED THAT A NEIGHBOUR HAD PUT OUT A FIRE FROM A SMOULDERING BLANKET IN THE BUS ON A PREVIOUS OCCASION. THE EVIDENCE SUGGESTS THAT FURNISHINGS WITHIN THE BUS IGNITED FROM A CIGARETTE OR DISCARDED BUTT AND ENVELOPED THE BUS IN FIRE.

IT LIKELY THAT THE FIRE BEGAN IN THE VICINITY OF THE WALL SEPARATING THE BEDROOM FROM THE LOUNGEROOM. IT IS POSSIBLE THAT THE FIRE WAS ACCIDENTLY CAUSED BY A DISCARDED CIGARETTE, AS THE DECEASED WAS A SMOKER. SMOKE DETECTOR WORKING.

IT WAS THE INVESTIGATOR'S OPINION THAT THE FIRE HAD ORIGINATED IN THE AREA OF A SINGLE BED LOCATED IN THE SECOND BEDROOM/OFFICE AND MAY HAVE BEEN ATTRIBUTABLE TO A SMOULDERING CIGARETTE WHICH HAD BEEN EITHER PLACED OR DROPPED ON THE BEDDING.

IT WOULD APPEAR THE DECEASED MAY HAVE BEEN SITTING IN THE SINGLE LOUNGE SEAT IN HER NIGHTIE SMOKING A CIGARETTE AND SHE MAY HAVE BEEN UNDER THE INFLUENCE OF AN INTOXICATING SUBSTANCE AT THIS TIME. THE DECEASED MAY HAVE FALLEN ASLEEP AND AT THIS TIME DROPPED HER CIGARETTE WHERE SHE SAT. THE BURNING CIGARETTE HAS THEN IGNITED HER NIGHTIE AND THE DECEASED HAS BECOME AWAKE, PROCEEDING TO THE BATHROOM TO EXTINGUISH THE IGNITED CLOTHING. SHORTLY THEREAFTER IT APPEARS THE DECEASED COLLAPSED ON THE FLOOR AND DIED.

NO DOCUMENTS, HOWEVER CODING SUGGESTS TOBACCO PRODUCT WHILE IN BED.

POLICE BELIEVE THE DECEASED HAD BEEN SEATED IN THE LOUNGE AREA WATCHING TV AND HAVING A CIGARETTE. THAT SHE ACCIDENTALLY DROPPED SOME CIGARETTE ASH ONTO HER CLOTHING, PUT THE CIGARETTE ONTO THE ASHTRAY, INTENDING TO BRUSH OFF THE BURNISH ASH ON HER CLOTHING. THE DECEASED'S UPPER GARMENTS CAUGHT FIRE CAUSING HER TO GET UP FROM THE LOUNGE AND HEAD FOR THE CLOSEST POINT OF WATER, WHICH WAS THE BATHROOM. ON MAKING HER WAY TO THE BATHROOM THE FLAMES ENGULFED THE DECEASED'S CARDIGAN, SHE THEN WENT TOWARDS THE SHOWER BUT WAS OVERCOME WITH FLAMES FROM HER CLOTHING AND HAS FALLEN ONTO THE SHOWER.

THE DECEASED WAS LOCATED IN A BATHROOM AT THE HOME ADDRESS. THE DECEASED HAD APPARENTLY BEEN SMOKING A CIGARETTE IN THE LOUNGEROOM WHEN THE COUCH CAUGHT ON FIRE. IT SEEMS THAT THE DECEASED WENT TO THE BATHROOM TO EXTINGUISH BURNING CLOTHING AND COLLAPSED.

SMOKING IN BED AND UNEXTINGUISHED CIGARETTE CAUSED BEDDING TO ALIGHT.

SMOKING IN BED, CIGARETTE ALIGHTED BEDSIDE FURNITURE, BEDDING AND CURTAINS.

THE AREA OF ORIGIN OF THE FIRE WAS THE BED OF THE DECEASED, IN HER BEDROOM, WHERE SHE WAS LOCATED. NO OBVIOUS CAUSE WAS LOCATED, HOWEVER THE IGNITION SOURCE WAS LIKELY TO BE AN ERRANT CIGARETTE. THE DECEASED (WHO SUFFERED FROM A PSYCHIATRIC ILLNESS) WAS HEARD BY NEIGHBOURS TO YELL OUT THAT SHE WOULD BURN THE HOUSE DOWN. INTENT DEEMED TO BE UNLIKELY TO BE KNOWN.

THE CAUSE OF THE FIRE APPEARED TO BE THE IGNITION OF AVAILABLE COMBUSTIBLE MATERIALS SUCH AS THE TIMBER SHELVING, TARPAULIN AND PLASTIC BAGS CONTAINING DRY DOG FOOD IN THE SOUTH-WESTERN CORNER OF THE GARAGE. IN THE CIRCUMSTANCES ACCIDENTAL SOURCE OF IGNITION SUCH AS THAT FROM AN IMPROPERLY EXTINGUISHED CIGARETTE COULD NOT BE EXCLUDED.

THE DAMAGE PATTERN WAS CONSISTENT WITH A FIRE STARTING IN THAT AREA OF SEVERE DAMAGE IN THE LOUNGEROOM AND SPREADING TO THE KITCHEN AND LAUNDRY. THE ONLY OBVIOUS SOURCE OF IGNITION WAS A SMALL ELECTRIC HEATER, BUT GIVEN THE EVIDENCE OF SMOKING ELSEWHERE IN THE HOUSE, IGNITION BY A SMOULDERING CIGARETTE IN CONTACT WITH COMBUSTIBLE MATERIAL SUCH AS THE COUCH COULD NOT BE EXCLUDED.

THE DECEASED (WHO WAS WHEELCHAIR BOUND) WAS SMOKING A CIGARETTE WHEN IT APPEARS SHE DROPPED THE CIGARETTE ONTO HER LAP, IGNITING HER CLOTHING AND NEWSPAPERS SHE KEPT IN HER WHEELCHAIR. WHEN PARAMEDICS ARRIVED THE DECEASED CLOTHES WERE ON FIRE. THE DECEASED WAS TRANSPORTED TO HOSPITAL WITH 80-85% BURNS TO HER FACE AND UPPER BODY. DESPITE TREATMENT SHE PASSED AWAY IN HOSPITAL. FOLLOWING HER DEATH, POLICE EXAMINATION OF HER WARDROBE REVEALED SEVERAL ITEMS OF CLOTHING WITH OLD CIGARETTE BURNS. IT WAS ALSO ASCERTAINED THAT THE DECEASED WOULD THROW AWAY HALF-SMOKED CIGARETTES OR DROP THEM ON THE GROUND WITHOUT REALIZING SHE HADN'T PUT THEM OUT.

THE DECEASED HAD A HISTORY OF ALCOHOL DEPENDENCY, WAS A HEAVY SMOKER AND SUFFERED FROM DEPRESSION. IT WAS A PRACTICE OF THE DECEASED TO SMOKE IN BED, AND ON A NUMBER OF OCCASIONS SHE WAS KNOWN TO FALL ASLEEP WITH A LIGHTED CIGARETTE. IT APPEARS THE DECEASED MAY HAVE FALLEN ASLEEP WHILE SMOKING IN HER BED AND SUFFERED BURNS TO HER BODY WHEN THE BED CAUGHT ON FIRE. FIRE WAS RESTRICTED TO THE BEDROOM ONLY. PASSED AWAY IN HOSPITAL

THE DECEASED WAS A RELATIVELY HEAVY SMOKER, HAVING AT LEAST TEN (10) CIGARETTES PER DAY. SHE HAD BEEN SUPPLIED WITH A "SMOKERS APRON" WHICH SHE WAS SUPPOSED TO WEAR AT ALL TIMES WHEN SMOKING, HOWEVER SHE WOULD RARELY WEAR IT. IT APPEARS THAT THE DECEASED HAD BEEN SITTING IN THE OUTDOOR COURTYARD RESERVED FOR SMOKERS WHEN THE CIGARETTE SHE WAS SMOKING DROPPED INTO HER LAP. THE CIGARETTE HAS IMMEDIATELY IGNITED THE DRESS SHE WAS WEARING, ENGULFING HER IN FLAMES. TRANSFERRED TO HOSPITAL WITH SERIOUS BURNS TO 45 TO 50 PERCENT OF HER BODY, WHERE SHE PASSED AWAY DESPITE TREATMENT.

THE DECEASED WAS ADMITTED TO HOSPITAL WITH 30% CUTANEOUS BURNS TO HER LEGS, BUTTOCKS AND ABDOMEN APPARENTLY AFTER FALLING ASLEEP WITH A LIT CIGARETTE WHICH RESULTED IN HER NYLON NIGHTDRESS CATCHING ALIGHT. DESPITE TREATMENT AND PALLIATIVE CARE, THE DECEASED PASSED AWAY IN HOSPITAL.

THE DECEASED WAS IN HIS ROOM SMOKING A CIGARETTE. ALSO AT THE SAME TIME THE DECEASED WAS ON OXYGEN AS HE WAS REQUIRED TO DO THIS FOR HEALTH REASONS. DURING THIS TIME THE CIGARETTE INITIATED A FIRE AFTER COMING IN CONTACT WITH THE OXYGEN CAUSING A FIRE. FROM THE FIRE THE DECEASED RECEIVED BURNS TO HIS UPPER TORSO AND SOME PARTS OF HIS FACE AND LIMBS. DESPITE TREATMENT IN HOSPITAL, THE DECEASED PASSED AWAY.

THE DECEASED WAS SMOKING A CIGARETTE ON THE FRONT VERANDAH. THE DECEASED HAS PLACED THE LIT CIGERETTE IN AN ASH TRAY AT HER FEET. A FLAMMABLE GARMENT THAT WAS BEING WORN BY THE DECEASED HAS COME INTO CONTACT WITH THE CIGERETTE AND IGNITED, LEADING TO THE DECEASED BEING TOTALLY COVERED IN FLAMES. DESPITE TREATMENT, THE DECEASED PASSED AWAY IN HOSPITAL.

THE EVIDENCE SUGGESTS THAT THE DECEASED DIED OF SMOKE INHALATION FROM A FIRE CAUSED BY A CIGARETTE CARELESSLY DROPPED OR DISCARDED POSSIBLY WHEN THE DECEASED FELL ASLEEP DUE TO EXCESSIVE CONSUMPTION OF ALCOHOL.

THE FIRE SCENE EXAMINATION FOUND THAT THE FIRE ORIGINATED FROM THE INAPPROPRIATE DISPOSAL BY THE DECEASED OF A LIT CIGARETTE. LIKELY SCENARIO IS THAT DECEASED MAY HAVE FALLEN TO SLEEP WHILST SMOKING. NO APPROPRIATE ASHTRAYS WERE LOCATED IN THE HOUSE.

THE MOST PROBABLE CAUSE OF THE FIRE WAS THAT THE DECEASED WAS SITTING ON THE END OF THE BED SMOKING. HE ACCIDENTALLY DROPPED A CIGARETTE ONTO HIS CLOTHING, CAUSING HIS CLOTHING TO CATCH FIRE. FIRE APPEARS TO HAVE BEEN CONTAINED TO ONE ROOM. THE INJURIES WERE EXTENSIVE AND JUDGED TO BE NON-SURVIVABLE BY MEDICAL STAFF IN THE BURNS UNIT AT THE HOSPITAL HE WAS TRANSFERRED TO. FOLLOWING PALLIATIVE CARE, THE DECEASED DIED FROM HIS BURNS AND COMPLICATIONS.

THE SCENE REVEALED THAT THE FIRE STARTED ON OR NEAR THE MATTRESS IN THE MASTER BEDROOM OF THE PREMISES WITHIN HIS BEDROOM. IT APPEARS DECEASED HAS EITHER LEFT AN IMPROPERLY EXTINGUISHED CIGARETTE IN ASHTRAY NEAR HIS BED OR DROPPED A LIT CIGARETTE ON THE BED WHILE HE WAS ASLEEP. THE DECEASED WOULD AT TIMES SMOKE HALF A CIGARETTE BEFORE STUBBING IT OUT AND RELIGHTING IT AT A LATER TIME.

TOXEMIA CAUSED DEATH AS A RESULT OF LOSING LEGS FROM BURNS CAUSED BY LIT CIGARETTE. DEATH OCCURRED 6 WEEKS AFTER INCIDENT.

WHILE SMOKING, CLOTHING CAUSED ALIGHT AND WHEN TRIED TO FLEE FROM CARAVAN, ISCEMIC HEART DECEASE CAUSED DEATH.