

# CONSUMER PRODUCT INCIDENT REPORT

1. Name of Respondent		2. Telephone No. (Home) (Work)	
3. Street Address		4. City State Zip Code	
5. Describe accident situation or hazard, including data on injuries. (Use second page if necessary.)			
6. Date of Incident(s)	7. If injury or near miss, obtain Age [ ] Sex [ ] and describe injury	8. If victim different from respondent, provide Name : Relationship:	
9. Description of Product		10. Brand Name	
11. Manufacturer/Distributor Name, Address & Phone		12. Model, Serial No.'s	
14. Was the product damaged, repaired or modified? Yes [ ] No [ ] If yes, before or after the incident? Describe:		13. Dealer's Name, Address, & Phone	
17. Have you contacted the manufacturer? Yes [ ] No [ ] If not, Do you plan to contact them? Yes [ ] No [ ] Other		15. Product purchased New [ ] Used [ ] Date purchased [ ] Age [ ]	
18. Is the product still available? Yes [ ] No [ ] If not, its disposition		16. Does product have warning labels? If so, Note:	
19. May we use your name with this report? Yes [ ] No [ ]			
<b>FOR ADMINISTRATION USE</b>			
20. Date Received	21. Received by (Name & Office)	22. Document No.	
23. Follow-Up Action		24. Product Code(s)	
25. Distribution		26. Endorser's Name & Title	