

**FIGURE VIII-1: Form 182**

1. Task Number		2. Investigator's ID		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY		
6. Synopsis of Accident or Complaint				UPC
7. Location (Home, School, etc)		8. City	9. State	
10A. First Product	10B. Trade/Brand Name		10C. Model Number	
10D. Manufacturer Name and Address				
11A. Second Product	11B. Trade/Brand Name		11C. Model Number	
11D. Manufacturer Name and Address				
12A. Hispanic or Latino	12B. Race Other:		12C. Race Source	
13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis	
17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational) / Travel)	
21. Attachment(s)	22. Case Source		23. Sample Collection Number	
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 00/00/0000	26. Reviewed By		27. Regional Office Director	
28. Distribution			29. Source Document Number	

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