



**US Consumer Product Safety Commission**

**Fire, Police, and Insurance Investigator Consumer Product Incident Report**

This form is for use by **fire, police, and insurance investigators** to report injuries or deaths involving consumer products, or unsafe products, to CPSC. We may contact you by mail, phone or Internet email for further details. In addition, you will be contacted to confirm the information you sent. Please provide as much information as possible. Your name, address, and telephone number are optional, but we can't contact you without that information. You can also report an incident or unsafe product by calling toll-free at 1-800-638-8095 or by sending an e-mail to [info@cpsc.gov](mailto:info@cpsc.gov)

CPSC does not have jurisdiction over **automobiles, trucks and motorcycles, car seats protecting children in on-road vehicles, foods, medicines, cosmetics, and medical devices, or dissatisfaction with business practices** (links to the proper agencies can be found on the "[Report Unsafe Products](#)" page).

When filling out the form, use the TAB key or your mouse to go to the next data area. Use the scroll bar to scroll down the form.

The term 'Victim' covers any individual killed, injured or exposed to a possible product-related hazard and does not imply that the product caused an incident.

Name of Investigator: <input type="text"/>	Name of victim: <input type="text"/>
Department/Affiliation: <input type="text"/>	Victim's address: <input type="text"/>
Your address: <input type="text"/>	Victim's city: <input type="text"/>
City: <input type="text"/>	Victim's state: Please Select
State: Please Select <input type="text"/>	Victim's zip code: <input type="text"/>
Zip code: <input type="text"/>	Victim's telephone: <input type="text"/>
Your email address: <input type="text"/>	Victim's age: <input type="text"/> (at time of incident)
Your telephone: <input type="text"/>	Victim's sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Please describe the incident or hazard, including description of injuries:

Date of Incident:

Describe product involved:

Product Brand Name/Manufacturer:

Manufacturer street address: