

## **Medical Examiner and Coroner Reporting Form**

This is an on-line form which allows Medical Examiners and Coroners to file a MECAP report. If you desire an alternative reporting method, you can report a case by telephone by calling (toll free) (800) 638-8095. Say "This is a MECAP report." You will then be placed in contact with the MECAP Project Manager for your state, who will ask for the information noted below. You can also send a report by email to <a href="mailto:hazard@cpsc.gov">hazard@cpsc.gov</a>, or fax it to (800) 809-0924.

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.

Medical Examiner's/			Your Name	:	
Coroner's Case No: Medical Examiner's/			Office	:	
Coroner's Name:			City	:	
Date of accident:			State	: Please Select	
Date of death:			County	:	
Accident location - city:			Telephone		
Accident location - state:	Please Select		Email address		
			2		
Brief description of accident sequence [plea	se include the age and sex of th	ne victim(s)]:			
Name, address and telephone number of ar	ny state/local personnel who inve	estigated the a	accident:		
	,				E
Type of consumer product involved:					
Manufacturer and brand name of product:					
Product model and serial numbers:					
Cause of death:					
Is product available for examination?	Yes No				
If yes, where?					
		Submit	Clear Form		
		Oubline	Oldar Form		
OMB Cont	trol Number 3041-0029				

Consumer Safety (Home) | About CPSC | Library | Business