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
		13. Dealer's Name, Address, & Phone
14. Was the product damaged, repaired or modified? Yes [ ] No [ ] If yes, before or after the incident? Describe:		15. Product purchased New [ ] Used [ ] Date purchased [ ] Age [ ]
		16. Does product have warning labels? If so, Note:

17. Have you contacted the manufacturer? Yes [ ] No [ ] If not, Do you plan to contact them? Yes [ ] No [ ] Other	18. Is the product still available? Yes [ ] No [ ] If not, its disposition	19. May we use your name with this report? Yes [ ] No [ ]

FOR ADMINISTRATION USE

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	

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