



Saferproducts.gov

This presentation has not been reviewed or approved by the Commission and may not reflect its views.

The Database screens represented in this presentation are not final, and are subject to change for the official launch of the Database.

[Report An Unsafe Product ▸](#)

[Business Login ▸](#)

Questions and Answers
about
the Public Database



[Watch Video](#)


SaferProducts.gov is in Soft Launch



Welcome to the new home for consumer product safety reports. Use our new online form [to report an unsafe product](#). If you're a business, register with the new Business Portal [to review and comment on reports of harm](#).

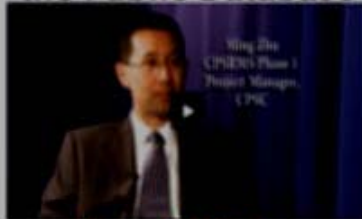
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- [Federal Register Notice](#) – Publicly Available Consumer Product Safety Information Database, Final Rule, 16 CFR 1102, December 9, 2010 
- [Commission Vote](#) – Final Rule, Publicly Available Consumer Product Safety Information Database Final Rule, November 24, 2010 

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Questions and Answers about the Public Database



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Blog

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- > [Commission Vote](#) - Final Rule, Publicly Available Consumer Product Safety Information Database Final Rule, November 24, 2010 📅

Report An Unsafe Product

Business Login

Questions and Answers
about
the Public Database



Watch Video

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- › [Commission Vote](#) – Final Rule, Publicly Available Consumer Product Safety Information Database Final Rule, November 24, 2010 📅



 **Search**
Recalls & Reports

 **File**
Reports

 **Business**
Register & Respond to Reports

[About](#)


[FAQ](#)

File a Report

Please follow the steps below to begin your report to the [U.S. Consumer Product Safety Commission](#).

* = Required

* 1) Select Who You Are or Your Affiliation

Please Select 

Why do you need this?


How will you use my information?

Will my information remain confidential?

* 2) Enter the Type of the Product

--Or--

Select a Product Category

Please Select 

What if my product is not in this list?



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What if my product is not in this list?

3) Select How You Would Like to Report



File a Report

Please follow the steps below to begin your report to the [U.S. Consumer Product Safety Commission](#).

* = Required

* 1) Select Who You Are or Your Affiliation

- Please Select
- Please Select
- Consumer
- Local Government Agency
- State Government Agency
- Federal Government Agency
- Public Safety Entity
- Health Care Professional
- Medical Examiner and Coroner
- Child Service Provider

tion?

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Consumer

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Why do you need this?

Selecting this information will give you the appropriate form for filing a report.

How will you use my Information?

Will my information remain confidential?

* 2) Enter the Type of the Product

--Or--

Select a Product Category

Please Select

What if my product is not in this list?



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Will my information remain confidential?

* 2) Enter the Type of the Product

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--Or--

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Will my information remain confidential?

* 2) Enter the Type of the Product

--Or--

Select a Product Category

Please Select

What if my product is not in this list?

File a Report

Please follow the steps below to begin your report to the [U.S. Consumer Product Safety Commission](#).

* = Required

* 1) Select Who You Are or Your Affiliation

Consumer

Why do you need this?

How will you use my Information?

Will my information remain confidential?

* 2) Enter the Type of the Product

Baby Strollers

--Or--

Select a Product Category

Toys, Kids & Baby

What if my product is not in this list?

3) Select How You Would Like to Report



Online

Begin Now

OR



Phone



E-mail



Postal Mail

File a Report

Please follow the steps below to begin your report to the [U.S. Consumer Product Safety Commission](#).

* = Required

* 1) Select Who You Are or Your Affiliation

Consumer

Why do you need this?

How will you use my Information?

Will my information remain confidential?

* 2) Enter the Type of the Product

Baby Strollers

--Or--

Select a Product Category

- Toys, Kids & Baby
- Please Select
- Clothing and Accessories
- Containers & Packaging
- Drywall
- Electronics
- Fuel, Lighters and Fireworks
- Furniture, Furnishings & Decorations
- Hobby
- Home Maintenance and Structures
- Kitchen
- Personal Care
- Products at Public Facilities
- Sports and Recreation
- Toys, Kids & Baby
- Yard & Garden

3) How do you want to report?



Phone



E-mail



Postal Mail

Why do you need this?

How will you use my Information?

Will my information remain confidential?

* 2) Enter the Type of the Product

Baby Strollers

--Or--

Select a Product Category

Toys, Kids & Baby

What if my product is not in this list?

3) Select How You Would Like to Report



OR



How long will it take to fill out this form?

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Why do you need this?

How will you use my Information?

Will my information remain confidential?

* 2) Enter the Type of the Product

Baby Strollers

--Or--

Select a Product Category

Toys, Kids & Baby

What if my product is not in this list?

3) Select How You Would Like to Report

 Online Begin Now	OR	 Phone
		 E-mail
		 Postal Mail

How long will it take to fill out this form?

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Your First Visit?
Register.

★ **Benefits:**

- Save your info as you go.
- Need to stop? No problem. You can finish later.
- To receive notification regarding your report.

* E-mail:

* Password:

* Retype Password:

- 1 alphabetic
- 1 numeric
- 1 special character
- 8 characters

To continue, type each of the following words into the box below and click Register or Continue Without Registering

ticileba not



stop spam.
read books.

Register

Continue Without Registering

Already registered?

E-mail

Password

Login

[Forgot password](#)

Your First Visit? Register.

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* Retype Password:

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- 1 special character
- 8 characters

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stop spam.
read books.

Register

Continue Without Registering

Already registered?

E-mail

Password

Login

[Forgot password](#)

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- 1 alphabetic
- 1 numeric
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- 8 characters

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Register

Continue Without Registering

Already registered?

E-mail

Password

Login

[Forgot password](#)

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stop spam.
read books.

Register

Continue Without Registering



Already registered?

E-mail

Password

Login

[Forgot password](#)

What Happened

Product

Contact

Review

Consent & Submit

[? How will you use my information?](#)



Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

- * I am reporting An actual incident or injury involving an unsafe consumer product.
 The potential for an unsafe consumer product to cause an incident or injury.

* Safety Concern [?](#)

* Incident Date Estimated [?](#)

[← Back](#)

[Next →](#)

[Save](#)

[Close](#)

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

* I am reporting

- An actual incident or injury involving an unsafe consumer product.
- The potential for an unsafe consumer product to cause an incident or injury.

* Incident Description

Important: Include details such as how the product was being used, what happened to prompt your report and any injuries that were sustained. Do not provide personally identifiable information in this box. ?

* Incident Date Estimated

Incident Location

Address Line 1:

Address Line 2: ?

City:

State / Province:

Postal Code:

Country:

This is my home address

Back

Next

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

- * I am reporting
- An actual incident or injury involving an unsafe consumer product.
 - The potential for an unsafe consumer product to cause an incident or injury.

* Incident Description

My child's finger was cut by the hinge of her stroller as we were closing it.



* Incident Date Estimated

Incident Location

Address Line 1:

Address Line 2:

City:

State / Province:

Postal Code:

Country:

This is my home address

Back

Next

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate

- * I am reporting An actual incident or injury involving an unsafe consumer product The potential for an unsafe consumer product to cause an incident

* Incident Description



Reports we receive are used to identify products to be investigated in regards to their safety, and, if necessary, to be recalled. CPSC maintains a database regarding the safety of products and substances regulated by the agency. This database is available to the general public and can be accessed over the Internet. At the end of this report, you can choose to have the report you submit be accessible to others through SaferProducts.gov so others can learn of your experiences or concerns with products and substances regulated by CPSC.

* Incident Date Estimated

Incident Location

Address Line 1:

Address Line 2:

City:

State / Province:

Postal Code:

Country:

This is my home address

Back

Next

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



Tell Us What Happened

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* Incident Date Estimated

Incident Location

Address Line 1:

Address Line 2:

City:

State / Province:

Postal Code:

Country:

This is my home address

Jan		2011				
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8 ?
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Back

Next

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

[? How will you use my information?](#)



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 The potential for an unsafe consumer product to cause an incident or injury.

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* Incident Date Estimated

Incident Location

Address Line 1:

Address Line 2:

City:

State / Province:

Postal Code:

Country:

This is my home address

[← Back](#)

[Next →](#)

[Save](#)

[Close](#)

What Happened

People & Injuries

Product

Contact

Review

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How will you use my information?



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 - The potential for an unsafe consumer product to cause an incident or injury.

* Incident Description

My child's finger was cut by the hinge of her stroller as we were closing it. ?

* Incident Date

01/05/2011 Estimated

Incident Location

Home/Apartment/Condominium

Address Line 1:

Lee Public, 1234 Fifth St.

Address Line 2:

City:

Anytown

State / Province:

MO - Missouri

Postal Code:

11111

Country:

United States

This is my home address

Back

Next

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



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Postal Code:

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Country:

United States

This is my home address

Back

Next

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved ?

Victim 1 (Most Severely Injured)

+ Add Another Victim

* Injury Information

My Relationship to this victim

Victim's Gender Female Male

Victim's Age at the time of the incident: Years Months For children under age 3, please specify years and months

Victim is of Hispanic/Latino origin Yes No

Victim's Race Specify Other Race:

Victim's First Name

Victim's Last Name

Victim's E-mail

Victim's Phone

Address specified previously

Victim's Address

Address Line 1:

Address Line 2: ?

City:

What Happened

People & Injuries

Product

Contact

Review

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How will you use my information?



People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved ?

Victim 1 (Most Severely Injured) [+ Add Another Victim](#)

* Injury Information

Select One

My Relationship to this victim

Select One

Victim's Gender

Victim's Age at the time of the incident:

- Incident, No Injury
- Injury, No First Aid or Medical Attention Received
- Injury, First Aid Received**
- Injury, Medical Attention Received
- Injury, Emergency Department Treatment Received
- Injury, Hospital Admission
- Death

Specify years and months

Victim is of **Hispanic/Latino** origin Yes No

Victim's Race Specify Other Race:

Victim's First Name

Victim's Last Name

Victim's E-mail

Victim's Phone

Address specified previously

Victim's Address

Address Line 1:

Address Line 2: ?

City:

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved ?

Victim 1 (Most Severely Injured)

+ Add Another Victim

* Injury Information

Select One

My Relationship to this victim

Select Relationship

Victim's Gender

Self

Victim's Age at the time of the incident:

My child

My parent

My spouse

Other relative

My friend / neighbor / co-worker

My client, patient, student, etc. (professional relationship)

No relationship

years and months

Victim is of Hispanic/Latino origin

Victim's Race

Select Race

Specify Other Race:

Victim's First Name

Victim's Last Name

Victim's E-mail

Victim's Phone

Address specified previously

Victim's Address

Address Line 1:

Address Line 2:

?

City:

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved 1

Victim 1 (Most Severely Injured) + Add Another Victim

* Injury Information Injury, First Aid Received

Primary Injury

Location of Injury Hand

Type of Injury Select Injury

Secondary Injury:

Location of Injury

Type of Injury

My Relationship to this victim

Victim's Gender

Victim's Age at the time of the incident: Specify years and months

Victim is of Hispanic/Latino origin

Victim's Race

Victim's First Name

Victim's Last Name

- Select Injury
- Amputation
- Bleeding
- Break, Fracture
- Bruising, Scratches
- Burn
- Concussion
- Cut
- Dental Injury
- Dermatitis, Conjunctivitis, Skin or Eye Irritation/Rash
- Dislocation
- Drowning
- Electric Shock
- Foreign Object Stuck in or on the body
- Internal Organ Injury
- Lack of oxygen
- Nerve Damage
- Object Inhaled
- Object swallowed
- Other/Not Stated
- Poisoning
- Puncture
- Severe Bruising
- Skin Tear, Skin Flap, Nail Detachment
- Strain / Sprain

* **Injury Information** Injury, First Aid Received

Primary Injury

Location of Injury Hand

Type of Injury Cut

Secondary Injury:

Location of Injury Select Location Of Injury

Type of Injury Select Injury

My **Relationship** to this victim My child

Victim's **Gender** Female Male

Victim's **Age** at the time of the incident: Years Months
3 0 For children under age 3, please specify years and months

Victim is of **Hispanic/Latino** origin Yes No

Victim's **Race** Asian Specify Other Race:

Victim's **First Name** Chris

Victim's **Last Name** Public

Victim's **E-mail**

Victim's **Phone**

Address specified previously

Same as: Incident Location

← Back

Next →

Save

Close X

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved

1

0 - No victims involved

Victim 1 (Most Severely Injured)

* Injury Information

Primary Injury

Location of Injury

Type of Injury

Secondary Injury:

Location of Injury

Type of Injury

My Relationship to this victim

Victim's Gender

Victim's Age at the time of the incident:

Victim is of Hispanic/Latino origin

Victim's Race

Victim's First Name

Victim's Last Name

* **Injury Information** Injury, First Aid Received

Primary Injury

Location of Injury Hand
Type of Injury Cut

Secondary Injury:

Location of Injury Select Location Of Injury
Type of Injury Select Injury

My **Relationship** to this victim My child

Victim's **Gender** Female Male

Victim's **Age** at the time of the incident: Years 3 Months 0 For children under age 3, please specify years and months

Victim is of **Hispanic/Latino** origin Yes No

Victim's **Race** Asian Specify Other Race:

Victim's **First Name** Chris

Victim's **Last Name** Public

Victim's **E-mail**

Victim's **Phone**

Address specified previously

Same as: Incident Location
Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States



← Back

Next →

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

[? How will you use my information?](#)



Tell Us About the Product

Please provide any details that you know about the product. * = Required

* Product **Category** Toys, Kids & Baby

Product **Type** Strollers & Car Seats

* Product **Description** Important: Please write a description of the product including information that will help us identify the product and the purpose for which it is used. [?](#)

[Product Brand / Model](#)

Brand Name

Model Name or Number

Serial Number

[Manufacturer or Private Labeler](#)

Manufacturer/Private Labeler **Name** [?](#)

I know the address for this organization

Date Manufactured

Manufacturer Date Code

[Purchase Info](#)

Purchased from [?](#)

Retailer Location (State)

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

? How will you use my information?



Tell Us About the Product

Please provide any details that you know about the product. * = Required

* Product **Category** Toys, Kids & Baby

Product **Type** Strollers & Car Seats

* Product **Description** Blue collapsible stroller

Please provide details including:

- The type of product
- What is the product's intended use
- What the product was used with (other products, attachments, or other accessories)
- Who installed the product
- The condition of the product

Product Brand / Model

Brand Name

Model Name or Number

Serial Number

Manufacturer or Private Labeler

Manufacturer/Private Labeler **Name**

I know the address for this organization

Date Manufactured

Manufacturer Date Code

Purchase Info

Purchased from

Retailer Location (State)



Tell Us About the Product

Please provide any details that you know about the product. * = Required

* Product **Category** Toys, Kids & Baby

Product **Type** Strollers & Car Seats

* Product **Description** Blue collapsible stroller ?

Product Brand / Model

Brand Name XYZ

Model Name or Number Deluxe

Serial Number 012345

Manufacturer or Private Labeler

Manufacturer/Private Labeler **Name** ?

I know the address for this organization

Date Manufactured

Manufacturer Date Code

Purchase Info

Purchased from ?

Retailer Location (State)



Tell Us About the Product

Please provide any details that you know about the product. * = Required

* Product **Category** Toys, Kids & Baby

Product **Type** Strollers & Car Seats

* Product **Description** Blue collapsible stroller ?

Product Brand / Model

Brand Name XYZ

Model Name or Number Deluxe

Serial Number 012345

Manufacturer or Private Labeler

Manufacturer/Private Labeler **Name** XYZ ?

I know the address for this organization

Date Manufactured [calendar icon]

Manufacturer Date Code

- The term **manufacturer** means any person who manufactures or imports a consumer product.
- The term **private labeler** means an owner of a brand or trademark on the label of a consumer product which bears a private label.

Purchase Info

Purchased from [?] ?

Retailer Location (State)

Purchase Info

Purchased from ?

Retailer Location (State)

Purchase Date Estimated

Add Photos/Documents

Select the Add files button to find pictures or documents on your computer of the product, its packaging, bar code, or other identifying information.

Size limit is 100 megabytes, and you can upload up to 25 files.

[Add Files](#)

Important Questions About the Product

I still have the product

Yes No N/A

Try to keep it for 30 days after submitting report for CPSC's use

The product was damaged before the incident

Yes No N/A

The product was modified before the incident

Yes No N/A

[← Back](#)

[Next →](#)

[Save](#)

[Close](#)

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Purchase Info

Purchased from ?

Retailer Location (State)

Purchase Date Estimated

Add Photos/Documents

Select the Add files button to find pictures or documents on your computer of the product, its packaging, bar code, or other identifying information.

Size limit is 100 megabytes, and you can upload up to 25 files.

Add Files

Important Questions About the Product

I still have the product

Yes No N/A

Try to keep it for 30 days after submitting report for CPSC's use

The product was damaged before the incident

Yes No N/A

The product was modified before the incident

Yes No N/A

← Back

Next →

Save

Close

Disclaimer: The Commission does not guarantee the accuracy, completeness or adequacy of the contents of the Consumer Product Safety Information Database, particularly with respect to the accuracy, completeness, or adequacy of information submitted by persons outside of the CPSC.

Purchase Info

Purchased from ?

Retailer Location (State)

Purchase Date Estimated

Add Photos/Documents

Select the Add files button to find pictures or documents on your computer of the product, its packaging, bar code, or other identifying information.

Size limit is 100 megabytes, and you can upload up to 25 files.

Add Files

Important Questions About the Product

I still have the product

Yes No N/A

Try to keep it for 30 days after submitting report for CPSC's use

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Yes No N/A

The product was modified before the incident

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← Back

Next →

Save

Close

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What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

? How will you use my information?



Contact Information

Please provide your contact information below. Your name and contact information will never appear in the public database. * = Required

I would like to submit this report anonymously

Your Name

* First Name

* Last Name

I am 18 years of age or older

Parent/Guardian's Name

* First Name

* Last Name

Parent/Guardian's Contact Info

Address specified previously

* Address Line 1:

Address Line 2:

* City:

* State / Province:

* Postal Code:

* Country:

E-mail



Phone

← Back

Next →

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

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Your Name

* First Name

Lee

* Last Name

Public

I am 18 years of age or older

Parent/Guardian's Name

* First Name

* Last Name

Parent/Guardian's Contact Info

Address specified previously

Same as: Incident Location

Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States


E-mail

lpublic3@server.net



Phone

 Back

Next 

Save 

Close 

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

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[← Back](#)

[Next →](#)

[Save](#)

[Close](#)

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

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← Back

Next →

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

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← Back

Next →

Save

Close

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People & Injuries

Product

Contact

Review

Consent & Submit

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Phone

← Back

Next →

Save

Close

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

How will you use my information?



Review Your Report

Please review the information you have supplied to ensure it is true and accurate. Click "Edit" to make corrections.

[View Print Version](#)

Incident Details

[Edit](#)

Incident ID: 20110109-C1AD5-25

Incident Type Reporting: an incident where a product acted in a dangerous or unsafe manner.

Incident Description: My child's finger was cut by the hinge of her stroller as we were closing it.

Date of Incident: 1/5/2011

Location of Incident: Home/Apartment/Condominium - Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States This is my home address

Victim Details

[Edit](#)

First Name: Chris

Last Name: Public

Severity: Injury, First Aid Received

Victim is of Hispanic/Latino origin?: No

Race: Asian

Other Race/Ethnicity:

Primary Injury: Hand - Cut

My Relationship to Victim: My child

Gender: Unspecified

Age when incident occurred: 3 Years

Address: Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States

E-mail:



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Last Name: Public

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Race: Asian

Other Race/Ethnicity:

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Gender: Unspecified

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What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

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Gender: Unspecified

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E-mail:



Product Details

Edit

Product Description: Blue collapsible stroller
Product Category: Toys, Kids & Baby
Product Type: Strollers & Car Seats
Brand Name: XYZ
Model Name or Number: Deluxe
Serial Number 012345
Manufacturer or Importer Name: XYZ
Date Manufactured
Manufacturer Date Code
Manufacturer Address: Not specified
Retailer Product Purchased From
State Retailer Is Located
Purchase Date
I still have the product in my possession: Yes
The product was damaged prior to the incident: Not specified
The product was modified prior to the incident (e.g.): Not specified

Your Contact Information

Edit

First Name: Lee
Last Name: Public
Address: United States
E-mail: lpublic3@server.net
Phone Number:

Back

Next

Save

Close



What Happened


People & Injuries

Product

Contact

Review

Consent & Submit

 How will you use my information?



Consent & Submit

Please let us know how you would like us to handle your report.

May we include your report, **without your name and contact information**, in CPSC's Public Database?


- Yes, you may include my report in the Public Database.
- No, do not include my report in the Public Database.


May we release your name and contact information to the product manufacturer / private labeler?

- Yes, you may release my name and contact information to the product manufacturer.
- No, do not release my name and contact information to the product manufacturer.



I certify that the information provided in this report is true and accurate to the best of my knowledge, information, and belief.

 Back

Submit 

Save 

Close 

What Happened

People & Injuries

Product

Contact

Review

Consent & Submit

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 Back

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Save 

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What Happened


People & Injuries

Product

Contact

Review

Consent & Submit

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Save 

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What Happened


People & Injuries

Product

Contact

Review

Consent & Submit

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 Back

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Save 

Close 

What Happened


People & Injuries

Product

Contact

Review

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 Back

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Save 

Close 



Your Report has been successfully submitted.

Thank you for submitting your Report to U.S. Consumer Product Safety Commission (CPSC).

Your Report reference number is listed below. Please keep this Report number for your reference.

★ Important Information Regarding Your Report

- Report Number: 20110109-C1AD5-25
- Date Submitted: 1/9/2011
- Report Status: Submitted and Certified

[Go to SaferProducts.gov](http://SaferProducts.gov)

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CPSC has five business days, where practicable, to send your report to the manufacturer.

The manufacturer then has 10 business days to respond to CPSC and add comments before we publish your report on [SaferProducts.gov](https://www.saferproducts.gov).

Manufacturers will also be able to add comments after your report is posted.

[Report An Unsafe Product ▸](#)

[Business Login ▸](#)

Questions and Answers
about
the Public Database



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SaferProducts.gov is in Soft Launch



Welcome to the new home for consumer product safety reports. Use our new online form [to report an unsafe product](#). If you're a business, register with the new Business Portal [to review and comment on reports of harm](#).

- [Learn More about SaferProducts.gov](#)
- [Learn More about Soft Launch](#)

Recent News

- [Notice of Public Web Conference](#) – Publicly Available Consumer Product Safety Information Database 
- [Federal Register Notice](#) – Publicly Available Consumer Product Safety Information Database, Final Rule, 16 CFR 1102, December 9, 2010 
- [Commission Vote](#) – Final Rule, Publicly Available Consumer Product Safety Information Database Final Rule, November 24, 2010 



Saferproducts.gov