OMB Control Number 3041-0146

VQ-10463770-4665

File a Report

This form provides a way for you to collect the information you will need to submit when you are ready to submit this form online. We encourage you to use the online form to formally submit a report. However, if you can't fill in the online form, you may choose to print this form and mail a signed copy to the address on the right. Do not send in the form **and** fill it out online, only submit it once.

If you are unsure about how to fill in a multiple-selection field in this form skip it. Please make sure that you provide full detail in the description of the hazardous incident or safety concern.

US Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814
Attention: Safety Complaint
Phone: 1-800-638-2772
E-mail: info@cpsc.gov
www.saferproducts.gov

*** Indicates required field**

* I am a / I am affiliated with:

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

Tell Us What Happened

* I am reporting:

- [ ] A hazardous incident: An actual incident or injury involving an unsafe consumer product.
- [ ] A safety concern: The potential for an unsafe consumer product to cause an incident or injury.

* Please describe the hazardous incident or safety concern:

Please refer to the attached letter.
I was sold a bad cylinder head by
D & S Light Truck & Auto Parts, Inc. They
have refused to refund by monies OK
replace the part.

[redacted]

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.

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.

Tell Us What Happened (continued)

*Incident Date: (mm/dd/yyyy) Approx 10/19/11

Is this an Estimated Date? ☑ Yes ☐ No

Location:

- ☐ Home / Apartment / Condominium
- ☐ Mobile / Manufactured Home
- ☐ Place of Recreation or Sports
- ☑ Street or Highway
- ☐ School
- ☐ Industrial
- ☐ Farm / Ranch
- ☐ Other Public Property /Office
- ☐ Unknown

Incident Address: [redacted]

Apt / Office / Suite:

City: Anchorage

State: Alaska

Postal Code:

Country:

☑ This is my home address

People Involved and Their Injuries

This section only applies if you are reporting a hazardous incident, not a safety concern.

For each victim involved you will need to provide the following information. We have provided space for one victim, when you fill in the online report you can enter the information for many victims.

Number of Victims Involved

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.

*Injury Information (select one):

- ☐ 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

Location of Injury (if applicable):

- ☐ 25 - 50 % of body
- ☐ All parts of body (more than 50% of body)
- ☐ Ankle
- ☐ Arm
- ☐ Ear
- ☐ Elbow
- ☐ Eyeball
- ☐ Face (including eyelid, eye area, and nose)
- ☐ Finger
- ☐ Foot
- ☐ Hand
- ☐ Head
- ☐ Internal (use with Aspiration and Ingestion)
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Neck
- ☐ Pubic Region
- ☐ Shoulder (including clavicle, collarbone)
- ☐ Toe
- ☐ Torso
- ☐ Wrist
- ☐ Not Recorded

Type of Injury (select up to two):

- ☐ 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
- ☐ Poisoning
- ☐ Puncture
- ☐ Severe Bruising
- ☐ Skin Tear, Skin Flap, Nail Detachment
- ☐ Strain, Sprain
- ☐ Other/Not Stated

Your relationship to this victim:

- ☐ Self
- ☐ My child
- ☐ My parent
- ☐ My spouse
- ☐ Other relative
- ☐ My friend /neighbor / co-worker
- ☐ My client, patient, student etc. (professional relationship)
- ☐ No relationship

Victim's Gender: ☐ Male ☐ Female

Victim's age at the time of the incident:
For children under age 3, provide the age in years and months ☐ Years ☐ Months

Victim is of Hispanic/Latino origin ☐ Yes ☐ No

Victim's Race:

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Unknown
- ☐ Other

Specify Other Race: _____

Victim's First Name: _____ E-mail: _____

Victim's Last Name: _____ Phone: _____

☐ The victim's address is the same as the incident address.
☐ Use the address below.

Victim's Address: _____ Apt / Office / Suite: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Tell Us About the Product

In order to investigate your report, CPSC needs to know about the product. Product identification found on labels or manuals is especially important. We ask that you fill in as much information as you can about the product.

*Product Category (select one):

- ☐ Clothing & Accessories
- ☐ Containers & Packaging
- ☐ Drywall
- ☐ Electronics
- ☐ Fuel, Lighters & Fireworks
- ☐ Furniture, Furnishings & Decorations
- ☐ Hobby
- ☐ Home Maintenance & Structures
- ☐ Kitchen
- ☐ Personal Care
- ☐ Products at Public Facilities
- ☐ Sports & Recreation
- ☐ Toys, Kids, & Baby
- ☐ Yard & Garden
- ☐ None of these

*Product Description:

Important: Please write a description of the product, including the product name and any other information that will help us identify the product and purpose for which it is used.

1991 Mitsubishi Mirage Cylinder Head Purchased Thru D&S Light Truck & Auto Parts, Inc, 5403 Dike Road, Longview, WA 98632

Brand Name:

Model Name or Number: Serial Number:

Manufacturer/Private Labeler Name:

Date Manufactured (mm/dd/yyyy):

Manufactured Date Code:

Manufacturer or Private Labeler Address: (if known)

Purchased From (Store Name or Internet site): Retailer Location (State):

Purchase Date: (mm/dd/yyyy) 10-19-11 Is this an Estimated Date? ☑ Yes ☐ No

More Important Questions About the Product

I still have the product. ☑ Yes ☐ No ☐ N/A
(Please try to keep the product for at least 30 days after submitting the report for CPSC's use.)

The product was damaged before the incident. ☐ Yes ☐ No ☐ N/A

The product was repaired before the incident. ☐ Yes ☐ No ☐ N/A

The product was modified before the incident. ☐ Yes ☐ No ☐ N/A

Have you contacted the manufacturer? ☐ Yes ☐ No ☐ N/A

If not, do you plan to contact them? ☐ Yes ☐ No ☐ N/A

NOTE: The online form contains a section where you may upload pictures or similar documentation from your computer. You are encouraged to submit pictures of the product, its packaging, bar code or other identifying information.

Your Contact Information

Please provide you contact information below. Your name and contact information will never appear in the Public Database.

*First Name: [redacted] *Last Name: [redacted]

You must be 18 years old to submit a report. If you are not 18, please skip down the form and provide the contact information for your parent or guardian. CPSC will contact this person to verify this report.

☑ I am 18 years of age or older.

☐ My contact address is the same as the incident address.

☐ Use the address below.

*Address: [redacted] Apt / Office / Suite:

*City: Anchorage *State: AK *Postal Code: [redacted]

*Country:

E-mail: [redacted] Phone: [redacted]

Please provide a parent or guardian's information below only if you are younger than 18 years old.

First Name: Last Name:

Phone: E-mail:

Address: Apt / Office / Suite:

City: State: Postal Code:

Country:

Consent & Submit

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

*May we include your report including any documents or photographs that you have attached to your report, but **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 or private labeler?

☐ Yes, you may release my name and contact information to the product manufacturer or private labeler.

☐ No, do not release my name and contact information to the product manufacturer or private labeler.

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

Signature [redacted]

Date 12-5-11