

# File a Report

INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



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

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.

## \* Indicates required field

\* I am a / I am affiliated with:

- 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:

On 1/13/2016 A mother was driving their new 5 day old Acura MDX with her mother (maternal grandmother) sitting in the passenger seat. [REDACTED] years old son, was sitting in the back seat driver side and his fraternal twin, [REDACTED] was sitting in the back seat passenger side. Both children were restrained in booster car seats. The middle back seat has a hanging shoulder strap that hangs from ceiling to the floor and is anchored at both ends. [REDACTED] was driving and heard [REDACTED] calling from the back seat that he cannot breathe and needs help. Mom looks back and sees that [REDACTED] has the middle strap that was hanging from the ceiling wrapped around his neck multiple times. Mom pulled over the car and tried to get the strap undone and could not get the strap loose. Grandmother called 911. [REDACTED] started to turn blue and cannot breathe. Mom notes that the more he struggled the tighter the seat belt became. EMS arrived and cut middle seat belt strap and transported [REDACTED] Richland Memorial Children's hospital. In the ER, child was intubated (breathing tube was placed ) and admitted to the PICU for further care and was on a breathing machine called a ventilator. He was extubated (breathing tube removed) the next day and sent home from the hospital a few days later.

*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)

1/13/2016

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: 126 near mile marker 101

Apt / Office / Suite:

City:

Columbia

State:

SC

Postal Code:

Country:

USA

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

1

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):

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

Type of Injury (select up to two):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Amputation  | <input type="checkbox"/> Dislocation                            | <input type="checkbox"/> Object Swallowed                      |
| <input type="checkbox"/> Bleeding  | <input type="checkbox"/> Drowning                               | <input type="checkbox"/> Poisoning                             |
| <input type="checkbox"/> Break, Fracture   | <input type="checkbox"/> Electric Shock                         | <input type="checkbox"/> Puncture                              |
| <input type="checkbox"/> Bruising, Scratches                                     | <input type="checkbox"/> Foreign Object Stuck In or On the Body |  |
| <input type="checkbox"/> Burn  | <input type="checkbox"/> Internal Organ Injury                  | <input type="checkbox"/> Severe Bruising                       |
| <input type="checkbox"/> Concussion  | <input checked="" type="checkbox"/> Lack of Oxygen              | <input type="checkbox"/> Skin Tear, Skin Flap, Nail Detachment |
| <input type="checkbox"/> Cut   | <input type="checkbox"/> Nerve Damage                           | <input type="checkbox"/> Strain, Sprain                        |
| <input type="checkbox"/> Dental Injury   | <input type="checkbox"/> Object Inhaled                         | <input type="checkbox"/> Other/Not Stated                      |
| <input type="checkbox"/> Dermatitis, Conjunctivitis, Skin or Eye Irritation/Rash |   |  |

Your relationship to this victim:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Self      | <input type="checkbox"/> Other relative  |
| <input type="checkbox"/> My child  | <input type="checkbox"/> My friend /neighbor / co-worker   |
| <input type="checkbox"/> My parent | <input checked="" type="checkbox"/> My client, patient, student etc. (professional relationship) |
| <input type="checkbox"/> My spouse | <input type="checkbox"/> No relationship   |

Victim's Gender:  Male  Female

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

Victim is of Hispanic/Latino origin  Yes  No

Victim's Race:  White  Other

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

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):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Clothing & Accessories               | <input type="checkbox"/> Hobby                         | <input type="checkbox"/> Sports & Recreation      |
| <input type="checkbox"/> Containers & Packaging               | <input type="checkbox"/> Home Maintenance & Structures | <input type="checkbox"/> Toys, Kids, & Baby       |
| <input type="checkbox"/> Drywall                              | <input type="checkbox"/> Kitchen                       | <input type="checkbox"/> Yard & Garden            |
| <input type="checkbox"/> Electronics                          | <input type="checkbox"/> Personal Care                 | <input checked="" type="checkbox"/> None of these |
| <input type="checkbox"/> Fuel, Lighters & Fireworks           | <input type="checkbox"/> Products at Public Facilities |   |
| <input type="checkbox"/> Furniture, Furnishings & Decorations |  |   |

\*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.

Acura MDX. The car was returned back to the dealer since the car was only 5 days old but the strap that was cut was given to myself (nurse practitioner) who is filling out this report.

Brand Name: 2010 ACURA MDX

Model Name or Number: Serial Number: 2HNYD2H67AH

Manufacturer/Private Labeler Name:

Date Manufactured (mm/dd/yyyy): 2010

Manufactured Date Code:

Manufacturer or Private Labeler Address: (if known)

Purchased From (Store Name or Internet site): McDaniel's Acura Retailer Location (State):

Purchase Date: (mm/dd/yyyy) 01/09/2016 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 your 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: [redacted]  
\*City: Columbia \*State: SC \*Postal Code: [redacted]  
\*Country: USA  
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: [redacted] Last Name: [redacted]  
Phone: [redacted] E-mail: [redacted]  
Address: [redacted] Apt / Office / Suite: [redacted]  
City: [redacted] State: [redacted] Postal Code: [redacted]  
Country: [redacted]

**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.

[redacted signature]

1/21/14  
Date