This is a copy of your Report to the U.S. Consumer Product Safety Commission submitted on 10/26/2017

Incident Details

Document Number:	I17A0435A
Report Number:	20171026-9AD53-2147396452
Report Submitted Date:	10/26/2017
Who You Are:	Consumer
Incident Description:	Seats in 2000 cadilac eldorado suddenly deteriorated and wiring inside cushions seams exposed as both driver and passenger felt electrical pulsating sensations from back and back of thighs close to the backs of Near left knee for driver and right knee for passenger. Also both chairs seem elevated towatds to bottom out near the back end seams and slants downward from back of knees to where bottom and top connect causing severe painful spazms to lower back area and left seat left side leg pain and also others felt reat right side right seat.
Incident Date:	3/1/2017 This is an estimate
Incident Location:	Street or Highway - [redacted] Rosemead, California [redacted], United States

Victim Details

First Name:	
Last Name:	
Injury Information:	Injury, Seen by Medical Professional
Victim is of Hispanic/Latino origin?	No
Race:	Unspecified
Other Race/Ethnicity:	
My Relationship to Victim:	Other Relative
Gender:	Female
Age when incident occurred:	[redacted] Years
Address:	
E-mail:	
Phone Number:	

First Name:	[redacted]
Last Name:	[redacted]
Injury Information:	Injury, Emergency Department Treatment Received
Victim is of Hispanic/Latino origin?	Yes
Race:	Unspecified
Other Race/Ethnicity:	

My Relationship to Victim:	Self
Gender:	Male
Age when incident occurred:	[redacted] Years
Address:	
E-mail:	[redacted]
Phone Number:	[redacted]

Product Details

Product Description:	Front seats in a cadilac eldorado built 1999 first sold 2000 year and malfuction
Product Category:	Furniture, Furnishings & Decorations
Product Type:	Other
Brand Name:	
Manufacturer / Importer / Private Labeler Name:	Gmc
Model Name or Number:	
Serial Number:	
Date Manufactured:	
Manufacturer Date Code:	
Manufacturer Address:	Not specified
Manufacturer Website URL:	
Manufacturer Phone Number:	
Retailer:	
Retailer State:	

Additional Details

Purchase Date:	
I still have the product in my possession.	Yes
The product was damaged before the incident.	No
The product was modified before the incident.	No

Have you contacted the manufacturer?	Yes
If not, do you plan to contact them?	Yes
Explanation:	No response

Your Contact Information

First Name:	[redacted]
Last Name:	[redacted]
Address:	[redacted] California, [redacted] United States
E-mail	[redacted]
Phone Number:	[redacted]

Consent

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 with any attachments on SaferProducts.gov.
May we release your name and contact information to the product manufacturer / importer / private labeler identified in your Report?	Yes, you may release my name and contact information to the product manufacturer /importer / private labeler.
I certify that I have reviewed the Report and that the information provided in this Report is true and accurate to the best of my knowledge, information, and belief.	Yes

OMB Control Number 3041-0146