

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:

- 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:

Jack knife sofa bed in the 2018 Hockwood MiniLite 2109S travel trailer. When opened into the sleeping position: (1) there is a 12" gap between the bed and outside wall. Nothing is provided to properly fill the space, (consumer is left to jerry rig with pillows and/or foam). A child could easily fall into this space and/or become wedged; injury or death could occur if an adult did not see or hear the child. (2) the back cushions are puffier than the seat; therefore, when opened into the sleeping position the bed is not a level surface. The child sleeping on the back-cushion side (gap side) is 5" higher than the child sleeping on the seat cushion side, making it easy for the child to roll off into the gap, or onto the other child. (3) The sofa bed tends to tilt; our granddaughter rolled off onto the floor during the night. Note: The sofa (at 54" inches long) is too short for an adult to sleep upon.

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)

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

Camping in travel trailer

Incident Address:

Apt / Office / Suite:

City:

State:

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):

- | | | |
|--|---|--|
| <input type="checkbox"/> 25 - 50 % of body | <input type="checkbox"/> Foot | <input 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"/> Severe Bruising |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Internal Organ Injury | <input type="checkbox"/> Skin Tear, Skin Flap, Nail Detachment |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Lack of Oxygen | <input type="checkbox"/> Strain, Sprain |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Nerve Damage | <input type="checkbox"/> Other/Not Stated |
| <input type="checkbox"/> Dental Injury | <input type="checkbox"/> Object Inhaled | |
| <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 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 Specify Other Race:

Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Unknown

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 type="checkbox"/> None of these |
| <input type="checkbox"/> Fuel, Lighters & Fireworks | <input type="checkbox"/> Products at Public Facilities | |
| <input checked="" 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.

Jack knife sofa bed in the 2018 Rockwood MiniLite 2109S travel trailer. When opened into the sleeping position: (1) there is a 12" gap between the bed and outside wall. Nothing is provided to properly fill the space, (consumer is left to jerry rig with pillows and/or foam). A child could easily fall into this space and/or become wedged; injury or death could occur if an adult did not see or hear the child. (2) the back cushions are puffier than the seat; therefore, when opened into the sleeping position the bed is not a level surface. The child sleeping on the back-cushion side (gap side) is 5" higher than the child sleeping on the seat cushion side, making it easy for the child to roll off into the gap, or onto the other child. (3) The sofa bed tends to tilt; our granddaughter rolled off onto the floor during the night. Note: The sofa (at 54" inches long) is too short for an adult to sleep on.

Brand Name: 050-Rocker (product line) Lippert Components

Model Name or Number: Storage Sofa 70" w/Notch 2 Serial Number: 4291649

Manufacturer/Private Labeler Name: 050-Rocker Forest River #10T

Date Manufactured (mm/dd/yyyy): 02/01/2018

Manufactured Date Code: N/A

Manufacturer or Private Labeler Address: (if known) Lippert Components - service shop
1701 Century Drive
GOSHEN INDIANA 46528

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

Purchase Date: (mm/dd/yyyy) 06/08/2018 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: *Last Name:

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: Apt / Office / Suite:
*City: *State: *Postal Code:
*Country:
E-mail: Phone:

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.

09-03-18
Date

PADED PARTS SO - 050 - 280080 6EA		FOREST RIVER #10T RPO - 050 - B36164 430T028	
Order Date: 02/01/18	Order No.: D010T - 019278	Order Part: INDIGO (KOLVA LINEN - T70) TAN	Line Number:
SOFA ARMS (LHS) 2018 FR 10		OF	

SKID / BOX

Sofa
ARMS

Lippert Components

Prod. Line: 050 - ROCKER	RPO #  RPO - 050 - B36149
Sales Order #: SO - 050 - 280080	Customer: FOREST RIVER #10T
Quantity: 6EA	Item #: Variant Code: 4291649 
Production Order Due Date: 02/01/18	Customer Part #:
Customer PO #: D010T - 019278 	Fabric: INDIGO (KOLVA LINEN - T70 TAN)
Description: STORAGE SOFA 70" W/ NOTCH 2018 FR10	Unit Number:
SKID / BOX	01



Our steel framed Jackknife Sofa folds flat for sleeping and features high-density foam padding and steel spring seating supports, as well as hidden storage below the seat.

Quick Facts

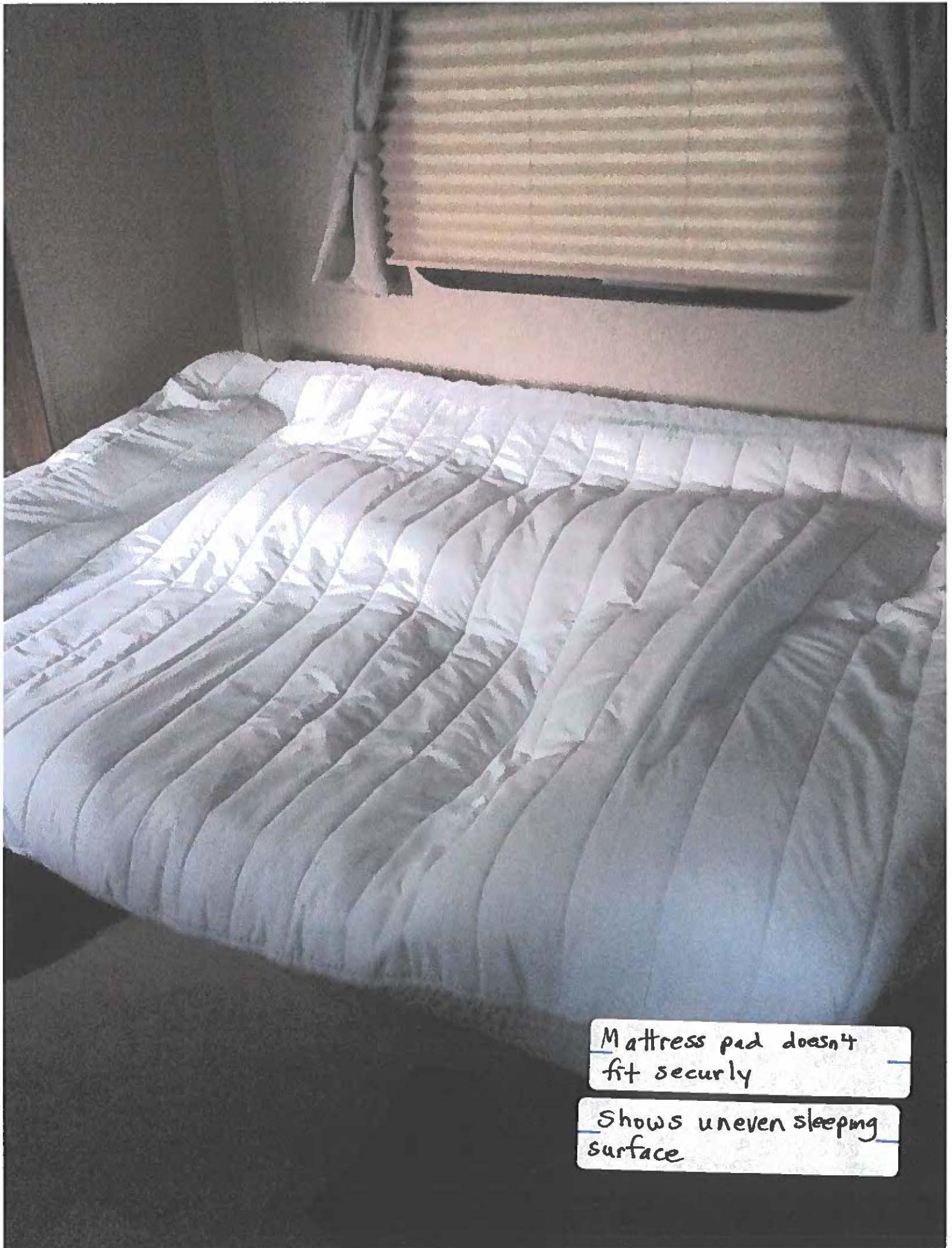
- Doubles as a sofa and sleep surface with one-motion action
- Conserves interior space
- Construction varies from 58 to 76 inch
- Sofa fastens to the coach wall, allowing for additional storage space underneath
- Converts from sofa to sleep surface in seconds
- High-density foam provides a quality and supportive sleep surface
- Multiple design and decor options



Futon Series

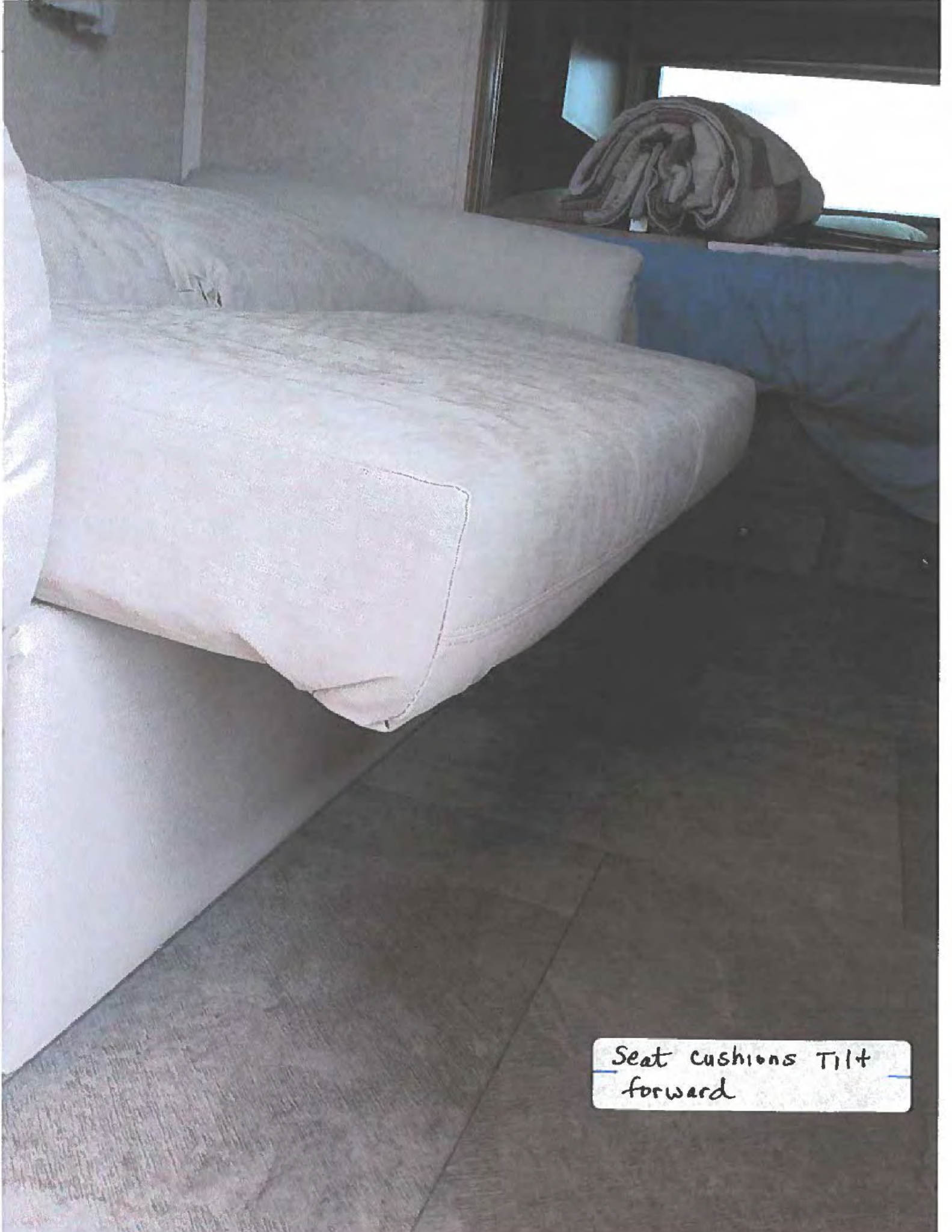
Example of a

- "flat" sleeping surface

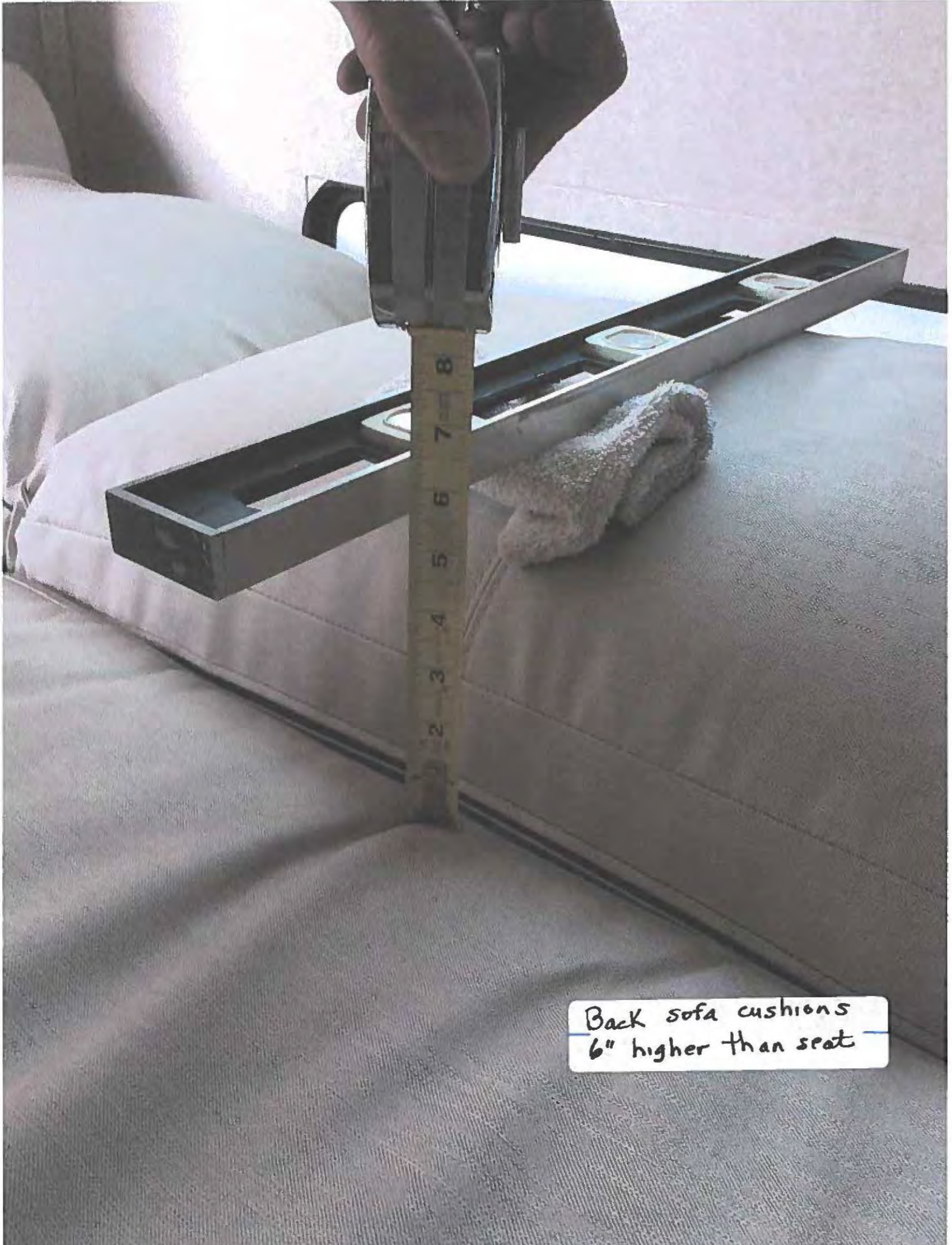


Mattress pad doesn't
fit securly

Shows uneven sleeping
surface



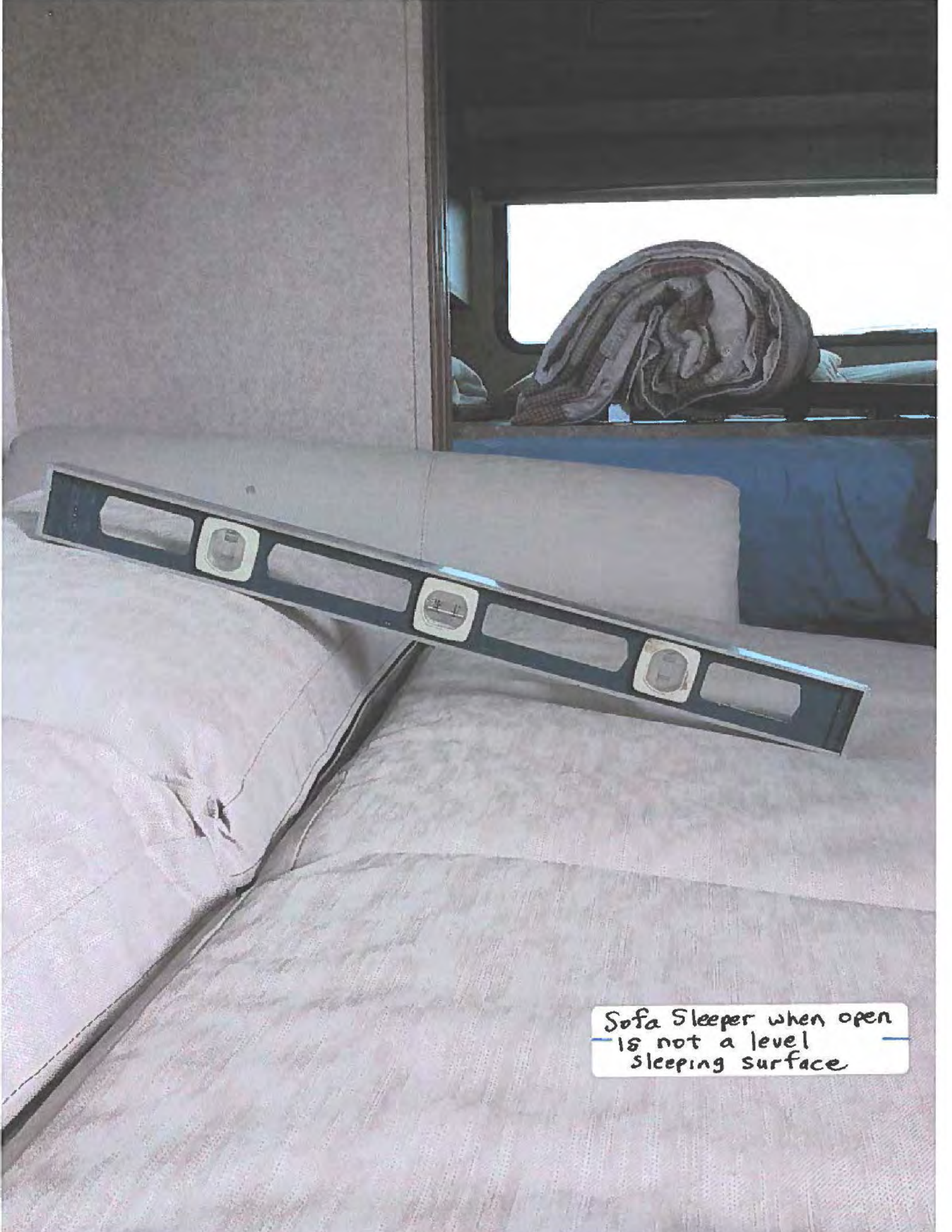
Seat cushions Tilt forward



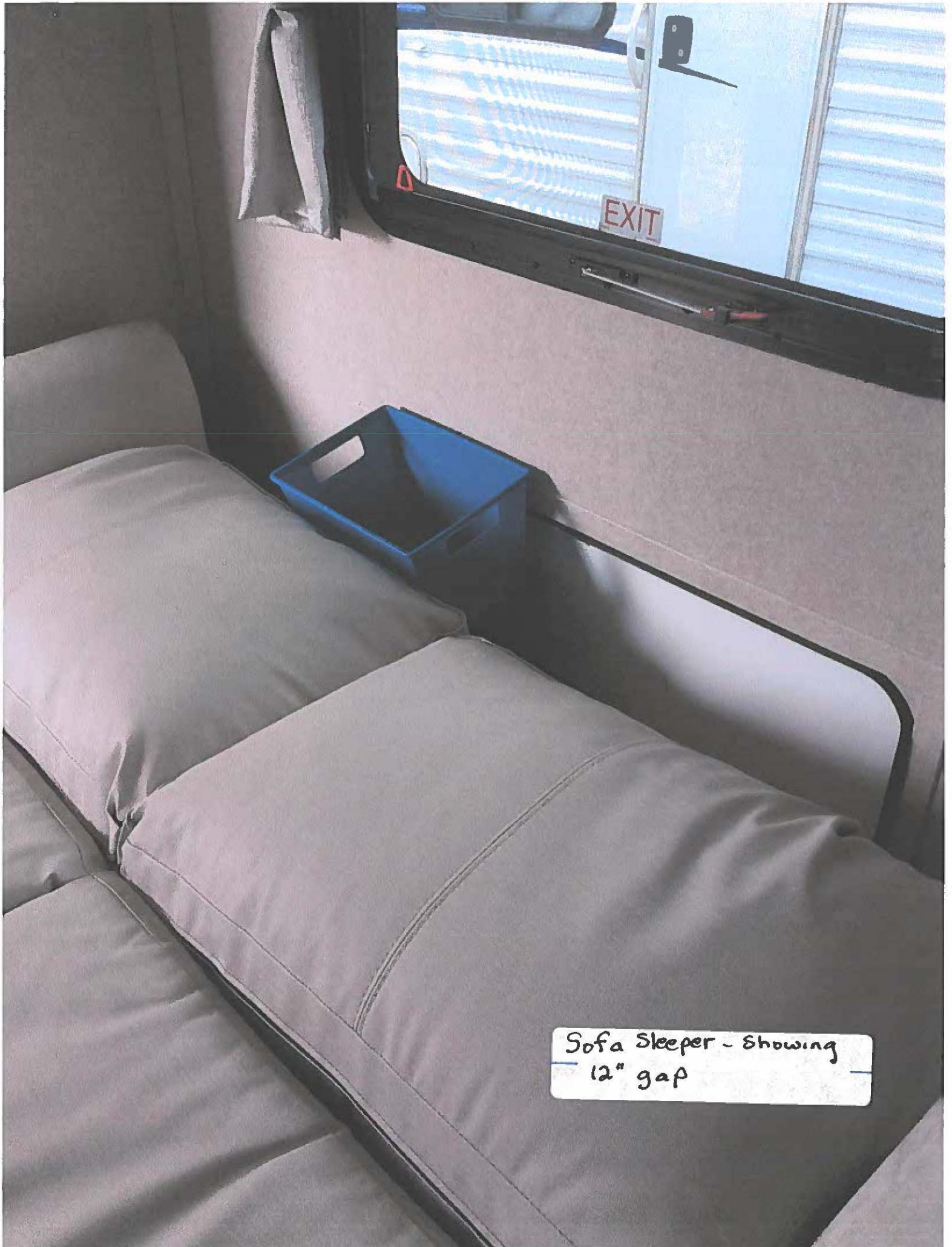
Back sofa cushions
6" higher than seat



"Jerry rigged" with
King-size pillows



Sofa Sleeper when open
is not a level
sleeping surface



Sofa Sleeper - showing
12" gap