

This is a copy of your Report to the U.S. Consumer Product Safety Commission submitted on 2/25/2019

Incident Details

Document Number: 11920341A

Report Number: 20190225-FAFF7-2147382510

Report Submitted Date: 2/25/2019

Who You Are: Consumer

Incident Description: The heated seat in my vehicle has burned a hole through the seat

Incident Date: 1/7/2019 This is an estimate

Incident Location:

Street or Highway - [REDACTED], Washingtonville, New York, [REDACTED] United States This is my home address

Victim Details

First Name: [REDACTED]

Last Name: [REDACTED]

Injury Information: Incident, No Injury

Victim is of No Hispanic/Latino origin?

Race: White

Other Race/Ethnicity:

My Relationship Self to Victim:

Gender: Male

Age when incident occurred: [REDACTED] Years

Address: [REDACTED], Washingtonville, New York, [REDACTED], United States

E-mail: [REDACTED]

Phone Number: [REDACTED]

Product Details

Product Description: Passenger Vehicle heated seat

Product Category: Automobile

Product Type:

Brand Name: Buick Lesabre 2002

Manufacturer / Buick

Importer / Private Labeler Name:

Model Name or LeSabre Number:

CPSC does not guarantee the accuracy, completeness, or adequacy of the contents of the Publicly Available Consumer Product Safety Information Database on SaferProducts.gov, particularly with respect to information submitted by people outside of CPSC.

Serial Number:

Date 3/1/2002

Manufactured:

Manufacturer

Date Code:

Manufacturer Not specified

Address:

Manufacturer

Website URL:

Manufacturer

Phone Number:

Retailer:

Retailer State:

Additional Details

Purchase Date:

I still have the Yes
product in my
possession.

The product was No
damaged before
the incident.

The product was No
modified before
the incident.

Have you Yes
contacted the
manufacturer?

If not, do you N/A
plan to contact
them?

Explanation:

I have contacted Buick. They have not been helpful to my satisfaction to address these safety concerns and the damaged caused.

Your Contact Information

First Name:

Last Name:

Address: Washingtonville, New York, United States

E-mail:

Phone Number:

Consent

May we include Yes, you may include my Report with any attachments on SaferProducts.gov.
your Report,
including any
documents or
photographs that
you have
attached to your
Report, but
without your
name and
contact

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information, in
CPSC's Public
Database?

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

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

I certify that I Yes
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.

OMB Control Number 3041-0146