SaferProducts.gov is in Soft Launch

Welcome to the new home for consumer product safety reports. Use our new online form to report an unsafe product. If you're a business, register with the new Business Portal to review and comment on reports of harm.

Learn More about SaferProducts.gov
Learn More about Soft Launch

Recent News


Welcome to the new home for consumer product safety reports. Use our new online form to report an unsafe product. If you're a business, register with the new Business Portal to review and comment on reports of harm.

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› Learn More about Soft Launch

Recent News


Watch Video
SaferProducts.gov is in Soft Launch

Welcome to the new home for consumer product safety reports. Use our new online form to report an unsafe product. If you're a business, register with the new Business Portal to review and comment on reports of harm.

Report Lee's Injury on SaferProducts.gov

milk eggs bread

Recent News


File a Report

Please follow the steps below to begin your report to the [U.S. Consumer Product Safety Commission](https://www.cpsc.gov).

* = Required

1) Select Who You Are or Your Affiliation

- Please Select

- Why do you need this?

- How will you use my Information?

- Will my information remain confidential?

2) Enter the Type of the Product

- Please enter the type of the product.

Or--

Select a Product Category

- Please Select

- What if my product is not in this list?
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

1) Select Who You Are or Your Affiliation
   Please Select

   - Why do you need this?
   - How will you use my Information?
   - Will my information remain confidential?

2) Enter the Type of the Product

   --Or--

   Select a Product Category
   Please Select

   - What if my product is not in this list?

3) Select How You Would Like to Report
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

* Required

1) Select Who You Are or Your Affiliation

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

2) Enter the Type of the Product

--- Or ---

Select a Product Category

- Please Select

What if my product is not in this list?

3) Select How You Would Like to Report
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

* - Required

1) Select Who You Are or Your Affiliation
   - Consumer

   - Why do you need this?

   - How will you use my Information?

   - Will my information remain confidential?

2) Enter the Type of the Product
   --Or--
   - Select a Product Category
     - Please Select

   - What if my product is not in this list?

3) Select How You Would Like to Report
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

* - Required

* 1) Select Who You Are or Your Affiliation

   Please Select

   Why do you need this?

Selecting this information will give you the appropriate form for filing a report.

   How will you use my Information?

   Will my information remain confidential?

* 2) Enter the Type of the Product

   --Or--

   Select a Product Category

   Please Select

   What if my product is not in this list?
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

* - Required

1) Select Who You Are or Your Affiliation

Please Select

Why do you need this?

How will you use my Information?

Reports we receive are used to identify products in regard to their safety. CPSC maintains a database regarding the safety of products and substances regulated by the agency. This database is available to the general public and can be accessed over the Internet. At the end of this report form, you can choose to have the report you submit be accessible to others through this database so others can learn of your experiences or concerns with products and substances regulated by CPSC.

Will my information remain confidential?

2) Enter the Type of the Product

---Or---

Select a Product Category

Please Select

What if my product is not in this list?
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

1) Select Who You Are or Your Affiliation

   Please Select

2) Enter the Type of the Product

   --Or--

   Select a Product Category

   Please Select

What if my product is not in this list?
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

* - Required

* 1) Select Who You Are or Your Affiliation

Please Select

- Why do you need this?

- How will you use my Information?

Reports we receive are used to identify products in regard to their safety. CPSC maintains a database regarding the safety of products and substances regulated by the agency. This database is available to the general public and can be accessed over the Internet. At the end of this report form, you can choose to have the report you submit be accessible to others through this database so others can learn of your experiences or concerns with products and substances regulated by CPSC.

- Will my information remain confidential?

* 2) Enter the Type of the Product

---

Select a Product Category

Please Select

- What if my product is not in this list?
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

1) Select Who You Are or Your Affiliation
   - Consumer

   Why do you need this?

   How will you use my information?

   Will my information remain confidential?

2) Enter the Type of the Product
   - Baby Strollers

   - Or -

   Select a Product Category
   - Toys, Kids & Baby

   What if my product is not in this list?

3) Select How You Would Like to Report

   Online
   - Begin Now

   OR

   Phone

   E-mail

   Postal Mail
File a Report

Please follow the steps below to begin your report to the U.S. Consumer Product Safety Commission.

* = Required

1) Select Who You Are or Your Affiliation
   - Consumer

   - Why do you need this?
   - How will you use my Information?
   - Will my information remain confidential?

2) Enter the Type of the Product
   - Baby Strollers

Select a Product Category
   - Toys, Kids & Baby
     - Please Select
     - Clothing and Accessories
     - Containers & Packaging
     - Drywall
     - Electronics
     - Fuel, Lighters and Fireworks
     - Furniture, Furnishings & Decorations
     - Hobby
     - Home Maintenance and Structures
     - Kitchen
     - Personal Care
     - Products at Public Facilities
     - Sports and Recreation
     - Toys, Kids & Baby
     - Yard & Garden

---

Phone
E-mail
Postal Mail
Why do you need this?

How will you use my Information?

Will my information remain confidential?

2) Enter the Type of the Product
   Baby Strollers

-- Or --

Select a Product Category
   Toys, Kids & Baby

What if my product is not in this list?

3) Select How You Would Like to Report

   Online
   Begin Now

OR

   Phone

   E-mail

   Postal Mail

How long will it take to fill out this form?

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.
2) Enter the Type of the Product

Baby Strollers

Or

Select a Product Category

Toys, Kids & Baby

3) Select How You Would Like to Report

Online Begin Now

OR

Phone E-mail Postal Mail

How long will it take to fill out this form?

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.
Your First Visit?
Register.

Benefits:
- Save your info as you go.
- Need to stop? No problem. You can finish later.
- To receive notification regarding your report.

* E-mail: __________________________

* Password: __________________________

Re-type Password: __________________________

- 1 alphabetic
- 1 numeric
- 1 special character
- 8 characters

To continue, type each of the following words into the box below and click Register or Continue Without Registering

ticilega  not

Register  Continue Without Registering
Your First Visit?
Register.

**Benefits:**
- Save your info as you go.
- Need to stop? No problem. You can finish later.
- To receive notification regarding your report.

E-mail: Lpublic3@Server.net

Password: ********

- 1 alphabetic
- 1 numeric
- 1 special character
- 8 characters

To continue, type each of the following words into the box below and click Register or Continue Without Registering

ticilefa  not

Register Continue Without Registering
Your First Visit?
Register.

Benefits:
- Save your info as you go.
- Need to stop? No problem. You can finish later.
- To receive notification regarding your report.

* E-mail: Lpublic3@Server.net
* Password: ********
* Retype Password: ********

1. alphabetic
2. numeric
3. special character
4. 8 characters

To continue, type each of the following words into the box below and click Register or Continue Without Registering:

ticilega not

Register Continue Without Registering
Your First Visit?
Register.

**Benefits:**
- Save your info as you go.
- Need to stop? No problem. You can finish later.
- To receive notification regarding your report.

* E-mail: [public3@Server.net](mailto:public3@Server.net)
* Password: [redacted]
* Retype Password: [redacted]

**To continue,** type each of the following words into the box below and click Register or Continue Without Registering:

```
ticilega not
```

[Register] [Continue Without Registering]
Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

* I am reporting
  - An actual incident or injury involving an unsafe consumer product.
  - The potential for an unsafe consumer product to cause an incident or injury.

* Safety Concern
  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.

* Incident Date
  - [ ] Estimated
Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

- I am reporting
  - An actual incident or injury involving an unsafe consumer product.
  - The potential for an unsafe consumer product to cause an incident or injury.

**Incident Description**

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.

**Incident Date**

- Estimated

**Incident Location**

Please Select

**Address Line 1:**

**Address Line 2:**

**City:**

**State / Province:**

**Postal Code:**

**Country:** United States

☐ This is my home address
Tell Us What Happened
Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

* I am reporting
  - An actual incident or injury involving an unsafe consumer product.
  - The potential for an unsafe consumer product to cause an incident or injury.

* Incident Description
My child’s finger was cut by the hinge of her stroller as we were closing it.

* Incident Date

Incident Location: Please Select

Address Line 1:

Address Line 2:

City:

State / Province:

Postal Code:

Country: United States

☐ This is my home address
Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate the safety of products and helps us take action if needed.

* I am reporting
  - An actual incident or injury involving an unsafe consumer product
  - The potential for an unsafe consumer product to cause an incident

* Incident Description: My child's finger was cut by the hinge of her stroller as we were closing it.

* Incident Date: 
  - [Calendar]
  - [Estimated]

Incident Location: Please Select

Address Line 1: 
Address Line 2: 
City: 
State / Province: 
Postal Code: 
Country: United States

- [This is my home address]

Reports we receive are used to identify products to be investigated in regards to their safety, and, if necessary, to be recalled. CPSC maintains a database regarding the safety of products and substances regulated by the agency. This database is available to the general public and can be accessed over the internet. At the end of this report, you can choose to have the report you submit be accessible to others through SaferProducts.gov so others can learn of your experiences or concerns with products and substances regulated by CPSC.
Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

* I am reporting
  - An actual incident or injury involving an unsafe consumer product.
  - The potential for an unsafe consumer product to cause an incident or injury.

* Incident Description

My child's finger was cut by the hinge of her stroller as we were closing it.

* Incident Date

Incident Location

Address Line 1

Address Line 2

City

State / Province

Postal Code

Country: United States

This is my home address
Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

* I am reporting
  ○ An actual incident or injury involving an unsafe consumer product.
  ○ The potential for an unsafe consumer product to cause an incident or injury.

* Incident Description
  My child’s finger was cut by the hinge of her stroller as we were closing it.

* Incident Date
  01/05/2011

Incident Location
  Please Select

  Home/Apartment/Condominium
  Mobile/Manufactured Home
  Place of recreation or sports
  Street or Highway
  School
  Industrial
  Farm/Ranch
  Other public property / office
  Other

Postal Code:

Country: United States

☐ This is my home address
Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

* I am reporting
  - An actual incident or injury involving an unsafe consumer product.
  - The potential for an unsafe consumer product to cause an incident or injury.

* Incident Description
  My child's finger was cut by the hinge of her stroller as we were closing it.

* Incident Date: 01/05/2011

Incident Location: Home/Apartment/Condominium
Address Line 1: Lee Public, 1234 Fifth St
Address Line 2:
City: Anytown
State / Province: MO – Missouri
Postal Code: 11111
Country: United States

✓ This is my home address
Tell Us What Happened

Please provide us as many details as you can. More information helps CPSC evaluate your Report. * = Required

- I am reporting:
  - An actual incident or injury involving an unsafe consumer product.
  - The potential for an unsafe consumer product to cause an incident or injury.

* Incident Description:

My child's finger was cut by the hinge of her stroller as we were closing it.

* Incident Date: 01/05/2011

Incident Location: Home/Apartment/Condominium

Address Line 1: Lee Public, 1234 Fifth St

Address Line 2:

City: Anytown

State / Province: MO - Missouri

Postal Code: 11111

Country: United States

This is my home address

Next ➤ Save ➤ Close ✗
People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved: 1

Victim 1 (Most Severely Injured)

- **Injury Information**: Select One
- **My Relationship to this victim**: Select Relationship

**Victim's Gender**
- Female
- Male

**Victim's Age at the time of the incident**:
- Years
- Months
  
  For children under age 3, please specify years and months

**Victim is of Hispanic/Latino origin**
- Yes
- No

**Victim's Race**
- Select Race
- Specify Other Race:

**Victim's First Name**

**Victim's Last Name**

**Victim's E-mail**

**Victim's Phone**

- Address specified previously

**Victim's Address**

- Address Line 1:
- Address Line 2:
- City:
People Involved & Their Injuries
Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved: 1

Victim 1 (Most Severely Injured): Add Another Victim

* Injury Information: Select One

My Relationship to this victim: Select Relationship
- Select Relationship
- My parent
- My spouse
- Other relative
- My friend / neighbor / co-worker
- My client, patient, student, etc. (professional relationship)
- No relationship

Victim’s Gender: My child

Victim’s Age at the time of the incident: [ ] years and months

Victim is of Hispanic/Latino origin: No

Victim’s Race: Select Race

Victim’s First Name: [ ]

Victim’s Last Name: [ ]

Victim’s E-mail: [ ]

Victim’s Phone: [ ]

Address specified previously: [ ]

Victim’s Address
Address Line 1: [ ]
Address Line 2: [ ]
City: [ ]
People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved: 1

Victim 1 (Most Severely Injured): 1

* Injury Information: Injury, First Aid Received

Primary Injury:

Location of Injury: Hand

Type of Injury: Select Injury

Secondary Injury:

Location of Injury: 

Type of Injury: 

My Relationship to this victim: 

Victim's Gender: 

Victim's Age at the time of the incident: 

Victim is of Hispanic/Latino origin: 

Victim's Race: 

Victim's First Name: 

Victim's Last Name: 

Questions? Call (800) 638-2772
**Injury Information**

<table>
<thead>
<tr>
<th>Injury Information</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury, First Aid Received</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Injury**

<table>
<thead>
<tr>
<th>Location of Injury</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut</td>
<td></td>
</tr>
</tbody>
</table>

**Secondary Injury**

<table>
<thead>
<tr>
<th>Location of Injury</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Location Of Injury</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Injury</td>
<td></td>
</tr>
</tbody>
</table>

**My Relationship to this victim**

<table>
<thead>
<tr>
<th>My Relationship to this victim</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child</td>
<td></td>
</tr>
</tbody>
</table>

**Victim's Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
</tbody>
</table>

**Victim's Age at the time of the incident**

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

For children under age 3, please specify years and months.

**Victim is of Hispanic/Latino origin**

<table>
<thead>
<tr>
<th>Hispanic/Latino origin</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Victim's Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td></td>
</tr>
</tbody>
</table>

**Victim's First Name**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris</td>
<td></td>
</tr>
</tbody>
</table>

**Victim's Last Name**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td></td>
</tr>
</tbody>
</table>

**Victim's E-mail**

<table>
<thead>
<tr>
<th>E-mail</th>
<th>Value</th>
</tr>
</thead>
</table>

**Victim's Phone**

<table>
<thead>
<tr>
<th>Phone</th>
<th>Value</th>
</tr>
</thead>
</table>

Address specified previously

**Same as**

<table>
<thead>
<tr>
<th>Incident Location</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Options

- [ ] Back
- [ ] Next
- [ ] Save
- [ ] Close
### People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

**Victims Involved:** 1

**Victim 1 (Most Severely Injured):**

- **Injury Information:**
  - Location of Injury: [Dropdown]
  - Type of Injury: [Dropdown]

**Secondary Injury:**

- **Location of Injury:** Select Location Of Injury
- **Type of Injury:** Select Injury

**My Relationship to this victim:** My child

**Victim's Gender:**
- Female
- Male

**Victim's Age at the time of the incident:**
- Years
- Months
  - For children under age 3, please specify years and months

**Victim is of Hispanic/Latino origin:**
- Yes
- No

**Victim's Race:** Select Race

**Victim's First Name:**

**Victim's Last Name:**
* Injury Information: Injury, First Aid Received

Primary Injury:
- Location of Injury: Hand
- Type of Injury: Cut

Secondary Injury:
- Location of Injury: Select Location Of Injury
- Type of Injury: Select Injury

My Relationship to this victim: My child

Victim’s Gender:
- Female
- Male

Victim’s Age at the time of the incident:
- Years: 3
- Months: 0

Victim is of Hispanic/Latino origin:
- Yes
- No

Victim’s Race: Asian

Victim’s First Name: Chris
Victim’s Last Name: Public
Victim’s E-mail: 
Victim’s Phone: 
Address specified previously

Same as: Incident Location
Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States
Tell Us About the Product

Please provide any details that you know about the product. * = Required

- **Product Category**: Toys, Kids & Baby
- **Product Type**: Strollers & Car Seats
- **Product Description**: Blue collapsible stroller

Please provide details including:
- The type of product
- What is the product's intended use
- What the product was used with (other products, attachments, or other accessories)
- Who installed the product
- The condition of the product

**Product Brand / Model**

- **Brand Name**
- **Model Name or Number**
- **Serial Number**

**Manufacturer or Private Labeler**

- **Manufacturer/Private Labeler Name**
- **I know the address for this organization**
- **Date Manufactured**
- **Manufacturer Date Code**

**Purchase Info**

- **Purchased from**
- **Retailer Location (State)**
Tell Us About the Product

Please provide any details that you know about the product. * = Required

* Product Category: Toys, Kids & Baby

Product Type: Strollers & Car Seats

* Product Description: Blue collapsible stroller

Product Brand / Model

Brand Name: XYZ

Model Name or Number: Deluxe

Serial Number: 012345

Manufacturer or Private Labeler

Manufacturer/Private Labeler Name:

I know the address for this organization

Date Manufactured:

Manufacturer Date Code:

Purchase Info

Purchased from:

Retailer Location (State):
Tell Us About the Product

Please provide any details that you know about the product. *= Required

* Product Category: Toys, Kids & Baby
* Product Type: Strollers & Car Seats
* Product Description: Blue collapsible stroller

Product Brand / Model

Brand Name: XYZ
Model Name or Number: Deluxe
Serial Number: 012345

Manufacturer or Private Labeler

Manufacturer/Private Labeler Name: XYZ
I know the address for this organization
Date Manufactured:
Manufacturer Date Code:

Purchase Info

Purchased from:
Retailer Location (State):
Select the Add files button to find pictures or documents on your computer of the product, its packaging, bar code, or other identifying information.

Size limit is 100 megabytes, and you can upload up to 25 files.

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.
Purchase Info

- Purchased from
- Retailer Location (State)
- Purchase Date

Add Photos/Documents

Select the Add files button to find pictures or documents on your computer of the product, its packaging, bar code, or other identifying information.

Size limit is 100 megabytes, and you can upload up to 25 files.

Add Files

Important Questions About the Product

- I still have the product
  - Yes
  - No
  - N/A
  - Try to keep it for 30 days after submitting report for CPSC's use

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

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

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Contact Information
Please provide your contact information below. Your name and contact information will never appear in the public database. * = Required

☑ I would like to submit this report anonymously

Your Name

* First Name

* Last Name

☑ I am 18 years of age or older

Parent/Custodian’s Name

* First Name

* Last Name

Parent/Custodian’s Contact Info

☑ Address specified previously

* Address Line 1

Address Line 2

* City

* State/Province

* Postal Code

* Country: United States

E-mail: lpublic3@server.net

Phone
Contact Information

Please provide your contact information below. Your name and contact information will never appear in the public database. * = Required

☐ I would like to submit this report anonymously

Your Name

* First Name: Lee
* Last Name: Public

☐ I am 18 years of age or older

Parent/Caregiver’s Name

* First Name
* Last Name

Parent/Caregiver’s Contact Info

- Address specified previously
- Incident Location

Same as:

Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States

E-mail: lp@public3@server.net

Phone:
Contact Information

Please provide your contact information below. Your name and contact information will never appear in the public database. * = Required

I would like to submit this report anonymously

Your Name
* First Name: Lee
* Last Name: Public

I am 18 years of age or older

Your Contact Info

* Address Line 1: 
* Address Line 2: 
* City: 
* State/Province: 
* Postal Code: 
* Country: United States

E-mail: lpublic3@server.net
Phone: 

Questions? Call (800) 638-2772

How will you use my information?
Contact Information

Please provide your contact information below. Your name and contact information will never appear in the public database. * = Required

I would like to submit this report anonymously

Your Name

* First Name Lee
* Last Name Public

I am 18 years of age or older

Your Contact Info

Address specified previously

Same as: Incident Location

Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States

E-mail public3@server.net

Phone

Report an Unsafe Product
Contact Information

Please provide your contact information below. Your name and contact information will never appear in the public database. * = Required

I would like to submit this report anonymously

Your Name

* First Name: Lee
* Last Name: Public

I am 18 years of age or older

Your Contact Info

- Address specified previously

Same as:
- Incident Location
  Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States

E-mail: public3@server.net
Phone: 

Next ➔
Review Your Report

Please review the information you have supplied to ensure it is true and accurate. Click "Edit" to make corrections.

Incident ID: 20110109-C1AD5-25
Incident Type Reporting: An incident where a product acted in a dangerous or unsafe manner.
Incident Description: My child’s finger was cut by the hinge of her stroller as we were closing it.
Date of Incident: 1/5/2011
Location of Incident: Home/Apartment/Condominium - Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States This is my home address

Victim Details

First Name: Chris
Last Name: Public
Severity: Injury, First Aid Received
Victim is of Hispanic/Latino origin?: No
Race: Asian
Other Race/Ethnicity:
Primary Injury: Hand - Cut
My Relationship to Victim: My child
Gender: Unspecified
Age when incident occurred: 3 Years
Address: Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States
E-mail:
Review Your Report
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Other Race/Ethnicity:
Primary Injury: Hand - Cut
My Relationship to Victim: My child
Gender: Unspecified
Age when incident occurred: 3 Years
Address: Lee Public, 1234 Fifth St., Anytown, Missouri, 11111, United States
E-mail:
Product Details

Product Description: Blue collapsible stroller
Product Category: Toys, Kids & Baby
Product Type: Strollers & Car Seats
Brand Name: XYZ
Model Name or Number: Deluxe
Serial Number: 012345
Manufacturer or Importer Name: XYZ
Date Manufactured:
Manufacturer Date Code:
Manufacturer Address: Not specified
Retailer Product Purchased From:
State Retailer Is Located:
Purchase Date:
I still have the product in my possession: Yes
The product was damaged prior to the incident: Not specified
The product was modified prior to the incident (e.g.):

Your Contact Information

First Name: Lee
Last Name: Public
Address: United States
E-mail: lpublic33@server.net
Phone Number:
Consent & Submit

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

May we include your report, **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 / private labeler?

- [ ] Yes, you may release my name and contact information to the product manufacturer.
- [ ] No, do not release my name and contact information to the product manufacturer.

☐ I certify that the information provided in this report is true and accurate to the best of my knowledge, information, and belief.
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[Submit]
Your Report has been successfully submitted.


Your Report reference number is listed below. Please keep this Report number for your reference.

🌟 Important Information Regarding Your Report

- Report Number: 20110109-C1AD5-25
- Date Submitted: 1/9/2011
- Report Status: Submitted and Certified

Go to SaferProducts.gov
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- Report Status: Submitted and Certified

Go to SaferProducts.gov
CPSC has five business days, where practicable, to send your report to the manufacturer.

The manufacturer then has 10 business days to respond to CPSC and add comments before we publish your report on SaferProducts.gov.

Manufacturers will also be able to add comments after your report is posted.
SaferProducts.gov is in Soft Launch

Welcome to the new home for consumer product safety reports. Use our new online form to report an unsafe product. If you're a business, register with the new Business Portal to review and comment on reports of harm.

- Learn More about SaferProducts.gov
- Learn More about Soft Launch

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