



U.S. Consumer Product Safety Commission

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Includes recalls from the National Highway Traffic Safety Administration

CONSUMER PRODUCT SAFETY REVIEW

SUMMER 1999
VOL. 4, NO. 1

Bike Helmets

Bike helmet use increased to 50% of all U.S. bike riders in 1998, up from 18% of all bikers in 1991, according to a new national survey. Of the bikers who regularly wore a bike helmet, 43% said they always wore a helmet, and 7% said they wore a helmet more than half the time.

This increased bike helmet use was among the findings from a new survey conducted by Yankelovitch Partners and recently released by McDonald's Corporation and the U.S. Consumer Product Safety Commission (CPSC).¹

CPSC conducted the first national survey of bike helmet usage patterns in 1991.² The new survey updated much of the information included in CPSC's earlier one.

Bike Helmet Use and Ownership

According to the new survey, about 38% of adult bike riders reported regularly wearing a bike helmet. About 69% of children under 16, as reported by their parents, regularly wore a bike helmet while riding a bike.

"Regular" helmet usage was defined as wearing a bike helmet "all or almost all the time" or "more than half the time."

In contrast, 43% of all bicyclists reported never or almost never wearing a helmet. Another 7% said they wore a helmet less than half the time.

In the new survey, about 60% of bicyclists overall reported owning a bicycle helmet. About 45% of adults reported owning a helmet. About 84% of children under 16, as reported by their parents, owned a helmet.

Playing Safely

CPSC warns that children should not wear bike helmets when playing on playground equipment.

CPSC has reports of two strangulation deaths to children when their bike helmets became stuck in openings on playground equipment, resulting in hanging.

Children should always wear a bike helmet while riding a bike. But when they stop riding, they should take off their bike helmet.

Reasons for Choosing and Wearing a Bike Helmet

According to the survey, of those who owned or whose child owned a helmet, 95% said that comfort or fit was an important factor in choosing a bike helmet for themselves or a child. Safety certification was an important factor for 93%. Ease of strap adjustment also ranked high among bike helmet owners, with 88% citing this as a factor in choosing a helmet. In addition, 70% mentioned cost as an important factor; 64% cited helmet appearance.

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Of those bikers who wore a helmet all or some of the time, 98% reported that the helmet was worn for safety reasons. In addition, respondents reported that they or their child wore a helmet because a parent or spouse insisted on it (70%), and/or they lived where a law required bike helmet use (44%).

Reasons for Not Wearing a Bike Helmet

Bikers reported several reasons for not wearing a bike helmet. For those who only sometimes wore a helmet, the major reasons included: riding only a short distance (26%), forgetting to wear a helmet (25%), and feeling that the helmet was uncomfortable (20%).

For those who did not own a helmet, the major reasons for not wearing a bike helmet included: they had not gotten around to it (20%), and the helmets were not comfortable (18%).

Bike Riding Patterns

Those interviewed for this survey said they or their child rode bicycles, on average, between six and seven months of the year.

Most bike riders (61%) said they or their child frequently rode bikes on neighborhood streets with little

traffic. Thirty-one percent said they frequently rode on sidewalks or playgrounds. Only 10% said they frequently rode on major thoroughfares, highways, or streets with significant traffic.

Twenty percent said they frequently or sometimes rode bikes at night. However, 80% said they or their child rarely or never rode at night.

Views About Bicycle Deaths and Injuries

Each year, bicycle crashes kill about 900 people; about 200 of those killed are children under age 15.³ Each year, about 567,000 people go to hospital emergency departments with bicycle-related injuries; about 350,000 of those injured are children under 15. Of those children, about 130,000 suffer head injuries.⁴

In the survey, however, most bikers underestimated the annual number of bicycle-related deaths and injuries treated in emergency departments. For example, 72% of those who responded believed there were 500 or fewer bicycle-related deaths every year. Similarly, 96% believed there were fewer than 50,000 bicycle-related injuries treated in hospital emergency departments every year.

Comparisons with 1991 Survey on Bike Helmet Use

In addition to bike helmet use increasing from 18% to 50% between 1991 and 1998, bike helmet ownership rose from 27% to 60% in that time period (*Figure 1*).

Bike ridership also increased. Between 1991 and 1998, bike ridership rose about 20%, or about three times the 7% population increase of the U.S. during this period.

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Get the Helmet Habit

More children, ages 5 to 14, go to hospital emergency departments with injuries related to bicycles than with any other sport. To help prevent these injuries, CPSC and the McDonald's Corporation recently developed a national campaign to promote the use of bike helmets. In addition to the national survey on bike helmet use, the campaign included:

- Bike helmet safety booklets attached to about 13 million McDonald's Happy Meal boxes.
- A television and radio public service announcement featuring teen star Melissa Joan Hart.
- Colorful posters with bike helmet information and safety activities, produced with Scholastic, Inc., reaching 3 million young schoolchildren and 35,000 pediatrician offices.
- A new interactive website, www.bikehelmet.org, devoted entirely to bike helmet safety.

The campaign, *Get the Helmet Habit*, will continue throughout the year.

Comparisons between helmet use and helmet ownership, 1991 and 1998

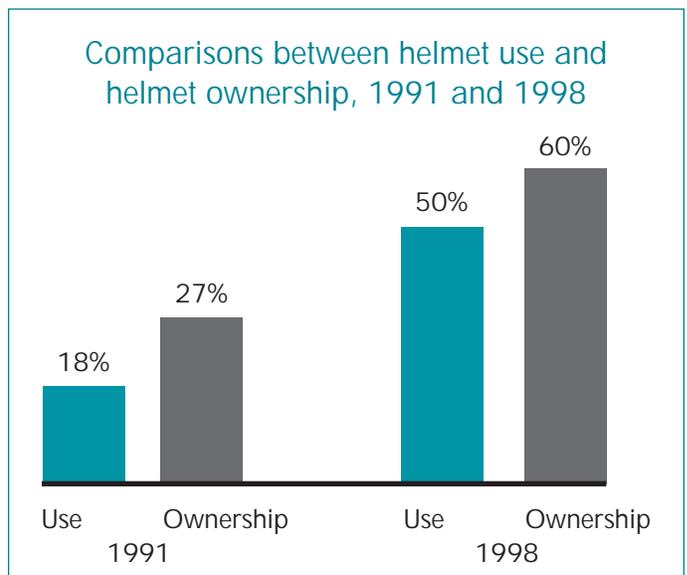


Figure 1

Wearing Helmets

Dr. Gregory B. Rodgers, senior staff coordinator for the Directorate for Economic Analysis, worked on CPSC's original 1991 survey of bike helmet usage patterns. He discussed the new bike helmet study in this interview.

What was a major finding of this new study of bike helmet usage patterns?

There was a significant increase in reported bike helmet use. Bike riders who said they wore helmets all or more than half of the time increased from 18% in 1991 to 50% in 1998. In particular, there was a big jump in reported helmet usage among children under 16 — from 15% in 1991 to 69% in 1998.

What accounts for the increase in bike helmet use?

A major factor is that bike helmet use, especially by children, is required by law in many places. For example, when we did the 1991 study, only a few localities had laws requiring bike helmet use by riders. In 1998, 15 states and more than 60 localities had these laws.

This supports what we found in the survey. For example, in 1991, only 12% cited a legal requirement as a reason for wearing a bike helmet. In the new survey, 44% cited living where a law required bike helmet use.

What other reasons account for the increase in bike helmet use?

Many public education campaigns have drawn attention to the importance of wearing bike helmets. Helmets themselves have become better-looking, better-fitting, and less expensive — all of which make them more acceptable to bike riders. CPSC's bike helmet safety standard, which mandates that all helmets sold or manufactured in the U.S. meet its single safety standard, has made it easier for consumers to know that they are purchasing a safe bike helmet. All of these factors contribute to a climate that encourages helmet use.

Why did children's use of helmets increase so much?

For one thing, state laws and most of the local helmet laws mandate only that children wear bike helmets. For another, much of the public attention

about the importance of wearing bike helmets has been targeted to kids.

The new study also showed us that more bikers than ever before actually own helmets. Reported ownership rates jumped from 27% for both adults and kids in 1991 to 60% in 1998. Reported ownership among just kids who rode bikes was very high — 84%. So, perhaps it's not totally surprising that so many more kids are wearing helmets these days.

Are there regional differences in bike helmet usage?

Yes. Helmet usage and ownership is highest overall among those who live in the Northeast and West, and lowest in the Midwest. For example, while more than 55% of riders from the Northeast and Western states reported that they or their children used helmets all or most of the time, only about 40% of those from the Midwestern states reported that they did so.

Are regional differences in bike helmet usage related to which states have bike helmet usage laws?

It's likely that regional helmet usage rates are related to which states have bike helmet laws. For example, Connecticut, Delaware, Maryland, Massachusetts, New Jersey, New York, Pennsylvania, and Rhode Island in the Northeast, and California and Oregon in the West have bike helmet usage laws. Other states with these laws include Alabama, Georgia, Florida, Tennessee, and West Virginia. You don't find these laws in the Midwest.

Do people wear bike helmets for other sports?

Nationally, 20% of the bikers reported wearing a bike helmet for other activities. Of this group, 67% reported wearing a bike helmet for in-line skating, and 10% said they wore a helmet while skateboarding.

How effective are bike helmets?

Studies have shown that bike helmets can reduce the risk of head injury up to 85%. That's a pretty impressive statistic.

In the new survey, 98% cited safety as a reason for wearing a helmet when riding a bike, and 70% mentioned having family members, such as a parent or spouse, insist upon use of a bike helmet. In the 1991 survey, more than 90% mentioned safety and family members' insistence upon using a helmet as an important reason for wearing a helmet.

In the new survey, 44% of bike riders who wore helmets cited living where a law required bike helmet use. In 1991, only 12% cited a legal requirement as a reason for wearing a bike helmet (*Figure 2*).

For those who did not have a helmet, 11% in the new survey said that helmets were not necessary. In 1991, 21% said that helmets were unnecessary. In the new survey, only 3% said that helmets were too expensive or that they could not afford one. In 1991, 8% felt that helmets were too expensive.

Description of Bike Riders Surveyed

Of the bike riders surveyed, 51% were male. Sixty-two percent were 16 years or older. About three-quarters identified themselves as Caucasian. Ten percent identified themselves as African-American, 6% as Hispanic, and 1% as Asian. Seven percent were from another ethnic background or did not respond to the question.

Description of New Bike Helmet Survey

The new survey, conducted during August 1998, was based on telephone interviews completed with a nation-

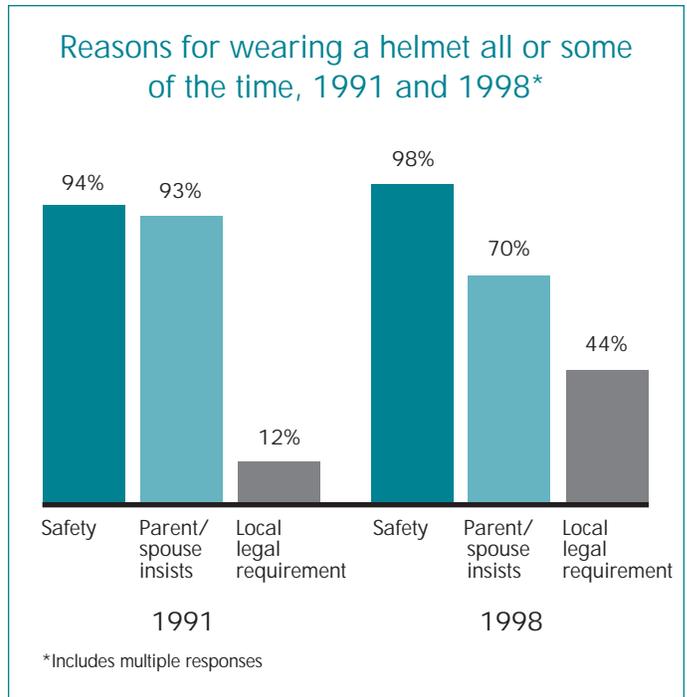


Figure 2

ally representative sample of 1,020 bicycle riders in the United States. The sample was weighted to make population projections of bicycle riders in the continental United States.

— Gregory B. Rodgers, Ph.D., Directorate for Economic Analysis, and Deborah Tinsworth, Directorate for Epidemiology and Health Sciences

References:

- ¹National bike helmet use survey. Yankelovich Partners, April 1999.
- ²Rodgers GB. Bicycle helmet patterns in the United States: a description and analysis of national survey data. *Accident Analysis and Prevention* 1995;27:43-56.
- ³National Center for Health Statistics.
- ⁴CPSC. National Electronic Injury Surveillance System (NEISS). NEISS is a statistical sample of hospitals nationwide that have emergency departments. Each day, NEISS hospitals report to CPSC all emergency room-treated injuries associated with consumer products and related activities.

Setting the Standard

CPSC's new safety standard for bike helmets became effective this year. The standard provides, for the first time, one uniform mandatory safety standard that all bike helmets must meet.

All bike helmets manufactured or imported for sale in the U.S. must now meet the CPSC safety standard. The standard ensures that bike helmets will adequately protect the head and that chin straps will be strong enough to prevent the helmet from coming off in a crash. In addition, the new standard requires that helmets for children up to age 5 cover more of a young child's head.

Prior to CPSC's new safety standard, bike helmets met various voluntary safety standards.

If you are buying a new bike helmet – because an old one has been outgrown or damaged in a crash – look for the label that says the helmet meets CPSC's safety standard.

For More Information

For a complete copy of the *National Bike Helmet Use Survey*, visit CPSC's website at www.cpsc.gov.

Testing Cigarette Lighters

Since July 1994, CPSC has required disposable and novelty cigarette lighters to be child-resistant to younger children (under age 5). To determine whether a lighter is child-resistant, it must be tested with young children. Because of the obvious danger of burns to children who handle cigarette lighters, a “surrogate” lighter must be used in testing.

CPSC laboratory staff designed and developed an electronic mechanism that could be adapted to an actual lighter to create a surrogate for child testing. The surrogate looks and works like a real lighter, but produces a beep instead of a flame. This change makes it safe to test with children.

When CPSC staff identifies a cigarette lighter to be tested for child-resistance, CPSC engineers modify the original lighter in several ways. They remove the fuel from the lighter and change the lighter’s gas valve to act like an electrical switch to indicate when gas would have been released. They place a small circuit board, containing a battery, buzzer, infra-red detector to recognize the spark, microcontroller chip, and 4Mhz clock crystal, where the fuel used to be. Then they put an optical fiber through the gas nozzle that carries fuel up to where the flame would be. The fiber carries light from the ignition spark down to the detector on the circuit board (*Figure 1*).

Except to eliminate the flame, these alterations do not affect the appearance or function of the lighter.



Figure 1

Testing Lighters

When cigarette lighters are tested with children under 5, an adult tester “beeps” the lighter without showing the children how to operate it. Then, the children are given the lighter and asked to try to reproduce the sound.

If a child succeeds in creating a spark and then pressing the gas valve lever within 0.3 seconds, the optical fiber and then the modified gas valve send a signal to the microcontroller. This activates the buzzer to indicate that the child would have succeeded in producing a flame with the real lighter.¹

Cigarette lighters that do not pass CPSC’s child resistance test may not be manufactured or sold in the U.S. A cigarette lighter passes the test when it resists operation by at least 85% of a child-test panel.

Because these new surrogate lighters are programmable, they have a high degree of flexibility. While using the same basic components, they can be produced for a wide range of lighters.

Injury Data

Requiring cigarette lighters to be child resistant addresses a serious fire hazard involving young children.

Before this standard took effect, an estimated 7,250 home fires were started by children under 5 playing with lighters each year. About 190 people died, and 1,290 were injured annually in these fires. CPSC staff is currently conducting a study to determine the effectiveness of the cigarette lighter standard in reducing the number of these deaths and injuries.

— *Ted Gordon, Directorate for Laboratory Sciences*

Reference:

¹To conserve battery power, the microcontroller is normally in a “sleep mode” until awakened by a spark. If the microcontroller does not receive a signal from the gas valve within the 0.3 second interval, it returns to the “sleep mode”, which enables the battery to last for months.

Preventing Home Fires: AFCIs

Problems in home wiring, like arcing and sparking, are associated with more than 40,000 home fires each year. These fires claim over 350 lives and injure 1,400 victims annually.

A new electrical safety device for homes, called an arc fault circuit interrupter or AFCI, is expected to provide enhanced protection from fires resulting from these unsafe home wiring conditions.

Typical household fuses and circuit breakers do not respond to early arcing and sparking conditions in home wiring. By the time a fuse or circuit breaker opens a circuit to defuse these conditions, a fire may already have begun.

Several years ago, a CPSC study identified arc fault detection as a promising new technology. Since then, CPSC electrical engineers have tested the new AFCIs on the market and found these products to be effective.

Requiring AFCIs

AFCIs are already recognized for their effectiveness in preventing fires. The most recent edition of the National Electrical Code, the widely-adopted model code for electrical wiring, will require AFCIs for bedroom circuits in new residential construction, effective January 2002.

Future editions of the code, which is updated every three years, could expand coverage.

AFCIs vs. GFCIs

AFCIs should not be confused with ground fault circuit interrupters or GFCIs. The popular GFCI devices are designed to provide protection from the serious consequences of electric shock.

While both AFCIs and GFCIs are important safety devices, they have different functions. AFCIs are intended to address fire hazards; GFCIs address shock hazards. Combination devices that include both AFCI and GFCI protection in one unit will become available soon.

AFCIs can be installed in any 15 or 20-ampere branch circuit in homes today and are currently available as circuit breakers with built-in AFCI features. In the near future, other types of devices with AFCI protection will be available.

— William H. King, Jr., Directorate for Engineering Sciences

Should You Install AFCIs?

You may want to consider adding AFCI protection for both new and existing homes. Older homes with ordinary circuit breakers especially may benefit from the added protection against the arcing faults that can occur in aging wiring systems.

For more information about AFCIs, contact an electrical supply store, an electrician, or the manufacturer of the circuit breakers already installed in your home. Sometimes these components can be replaced with AFCIs in the existing electrical panel box.

Be sure to have a qualified electrician install AFCIs; do not attempt this work yourself. The installation involves working within electrical panel boxes that are usually electrically live, even with the main circuit breakers turned off.

Check Your GPS Receiver

If you use a navigation system that relies on the Global Positioning System (GPS), be forewarned about possible false receiver readings in the coming year.

GPS is a satellite-based system that allows users with a GPS receiver to determine their location. Used in cars, boats, planes, and as a hand-held navigational tool, older GPS receivers may not interpret correctly the End-of-Week (EOW) Rollover on August 22, 1999 and the Year 2000 (Y2K) bug on January 1, 2000.

The EOW rollover problem occurs about every 1,024 weeks. At midnight on August 21, 1999, the GPS week "counter" rolled over from week 1,023 to week zero. Your receiver could interpret this as an invalid date.

The Y2K bug stems from many computer programs that use a two-digit date field and assume the year is 19xx. When the year 2000 arrives, a two-digit date becomes "00" and your receiver could interpret this as an invalid date.

To find out if your satellite navigation system is EOW rollover- and Y2K-compliant, check with the GPS receiver manufacturer. Call the Y2K hotline (888-USA4Y2K) for help.

— Arthur Lee, Directorate for Engineering Sciences

Consumer Product Incident Report

Please contact us about any injury or death involving consumer products. Call us toll free at: 1-800-638-8095. Visit our website at www.cpsc.gov. Or, fill out the form below. Send it to: U.S. Consumer Product Safety Commission/EHDS, Washington, DC 20207 or fax it to: 1-800-809-0924. We may contact you for further details. Please provide as much information as possible. Thank you.

YOUR NAME _____

YOUR ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOUR TELEPHONE _____

NAME OF VICTIM (IF DIFFERENT FROM ABOVE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

DESCRIBE THE INCIDENT OR HAZARD, INCLUDING DESCRIPTION OF INJURIES _____

VICTIM'S AGE _____ SEX _____ DATE OF INCIDENT _____

DESCRIBE PRODUCT INVOLVED _____

PRODUCT BRAND NAME/MANUFACTURER _____

IS PRODUCT INVOLVED STILL AVAILABLE? YES NO PRODUCT MODEL AND SERIAL NUMBER _____

WHEN WAS THE PRODUCT PURCHASED? _____

This information is collected by authority of 15 U.S.C. 2054 and may be shared with product manufacturers, distributors, or retailers. No names or other personal information, however, will be disclosed without explicit permission.



U.S. Consumer Product Safety Commission
Washington, DC 20207

MECAP NEWS

Medical Examiners and Coroners Alert Project and Emergency Physicians Reporting System

The MECAP-EPRS Project is designed to collect timely information on deaths and injuries involving consumer products. Please contact us whenever you encounter a death or situation that you believe should be considered during a safety evaluation of a product.

To report a case or ask for information about MECAP, please call our toll-free number, 1-800-638-8095, or our toll-free fax number, 1-800-809-0924, or send a message via Internet to AMCDONAL@CPSC.GOV.

*Indicates cases selected for CPSC follow-up investigations. Cases reported but not selected for follow-up also are important to CPSC. Every MECAP report is included in CPSC's injury data base and will be used to assess the hazards associated with consumer products.

During the months of April, May and June 1999, 662 cases were reported to CPSC. Included here are samples of cases to illustrate the type and nature of the reported incidents.

ASPHYXIATIONS/ SUFFOCATIONS

*A female, 3, was playing on a swing and slide set outside her home. A cord from her jacket caught on the slide. The child's mother, who was gardening, found her hanging from the slide. The cause of death was asphyxia. (Keith T. Preston, Chief Deputy Coroner, Bucks County, PA)

*A male, 6 months, was put in a toddler's bed for a nap. He was later found dead with his head lodged between the mattress and edge of the bed. The cause of death was asphyxia. (Nancy Moore for John Butts, M.D., Chief Medical Examiner, Chapel Hill, NC)

A female, 6 months, was found with her head and arms trapped in the slotted metal headboard of her parents' bed. The cause of death was asphyxia. (Toni Clement, RN, for Ted Soboslay, M.D., Coroner and Humphrey Germaniak, M.D., Chief Medical Examiner, Trumbull County, Warren, OH)

A male, 7 weeks, was found in a bassinet that had a large adult-sized thick quilt, smaller blankets, and a baby pillow. The cause of death was asphyxia due to suffocation. (Kurt Wetzler, M.D., Medical Examiner, Richmond, VA)

A male, 6 months, was placed in a bed with blankets and pillows around him. He was later found unresponsive, trapped between the bed and nightstand. The cause of death was positional asphyxia. (Roger Mittleman, M.D., Chief Medical Examiner, Dade County, Miami, FL)

POISONINGS

A man, 46, and his wife, were found unresponsive by relatives at a friend's vacation cabin. A propane refrigerator in the cabin had malfunctioned, releasing

fumes into the cabin. The cause of death was carbon monoxide poisoning. (Marvin S. Platt, M.D., Medical Examiner, Summit County, Akron, OH)

A female, 12, was sleeping in a basement bedroom. An indoor pool was also located in the basement. Because of a malfunctioning circuit, the pool heater's exhaust was vented into the home. The cause of death was carbon monoxide poisoning. (Roberta J. Geiselhart for Garry F. Peterson, M.D., Chief Medical Examiner, Hennepin County, Minneapolis, MN)

Two males, 35 and 29, were found dead in their apartment. They had vented a space heater to the outside, but a broken vent pipe allowed fumes into the room. The cause of death was carbon monoxide poisoning. (Rae H. Wooten, Chief Deputy Coroner, Charleston County, SC)

DROWNING

A male, 3, was found submerged in a hot tub near an outdoor swimming pool. The hot tub was located in a fenced enclosure at an apartment complex. The fence gate had a latch but no lock. The child apparently had left his home and was seen playing around the pool. The cause of death was drowning. (Diane Stephan for Dr. Gunson, Washington County, OR)

A male, 21 months, was left unattended by a baby sitter for a few minutes. The victim walked out of the house through an open door and fell into a swimming pool. There was no security fence around the pool. Police found the victim at the bottom of the pool. The cause of death was drowning. (Shashi Gore, M.D., Chief Medical Examiner, Orlando, FL)

A male, 14 months, fell into a swimming pool at his home. The child and his father were on the back patio while the father was using a vacuum cleaner. The child entered the pool area through an unlatched gate. He was discovered in the pool by his father. The cause of death was drowning. (Ellis Abrams for John Thogmartin, M.D., Medical Examiner, Palm Beach County, West Palm, FL)

FIRES

*A female, 18 months, died in a house fire. The victim's 3 year-old brother had been playing with a butane grill lighter as if it were a gun. He unintentionally ignited a chair. The cause of death was carbon monoxide intoxication with smoke and soot inhalation and thermal injuries. (Peggy Johnson, Vermilion County Coroner, Danville, IL)

A female, 9, went to bed while a gas dryer was drying clothes. The dryer's vent hose became compressed when clothes were left lying on top of it. The heat from the dryer ignited the lint in the compressed hose. The victim died from burns and smoke inhalation. The other family members escaped from the house unharmed. (Janice L. Wamphoff, Coroner, Princeton, IL)

A male, 86, died in a house fire. The victim was putting kerosene in a kerosene heater next to his bed. Some of the kerosene spilled on the carpet. When the victim started the heater, the spilled kerosene ignited and the room caught on fire. The cause of death was smoke inhalation. (James H. Moore for Margarita A. Korell, M.D., Medical Examiner, Baltimore, MD)

A male, 71, attempted to re-light the pilot light of his gas furnace. It exploded, engulfing him in flames. The victim was blown back approximately 10 feet. He crawled out of his home and rolled in the mud to extinguish the flames. The cause of death was complications from 91% total body surface burns. (Marvin S. Platt, M.D., Medical Examiner, Summit County, Akron, OH)

A female, 93, died in a mobile home fire caused by an electrical short in a forced-air electrical heater. The cause of death was smoke inhalation. (Spencer Smith, Investigator, Jackson County, OR)

*A male, 76, died in a fire when sparks were emitted from a space heater connected to an extension cord. The sparks ignited the blankets on the victim's bed. The cause of death was smoke inhalation. (James H. Moore for J. Laron Locke, M.D., Medical Examiner, Baltimore, MD)

A male, 72, was riding on a lawn mower on a slight incline. The mower turned over, entrapping the victim underneath. The mower leaked fuel and ignited. The cause of death was thermal injuries. (Paul Smith, Coroner, Sacramento County, CA)

A male, 50, and two other males were working on a car's gasoline tank in a garage. The men siphoned out from the tank several gallons of gasoline, which were in open containers. In addition, several gallons of gasoline had spilled on the floor. A space heater on the garage wall ignited the gasoline fumes, causing an explosion. The 50 year-old male was killed. Another man was critically injured, and the third man suffered burns. The cause of death was soot and smoke inhalation with severe body burns. (Zia Sabet, M.D., Deputy Chief Medical Examiner, South Charleston, WV)

ELECTROCUTIONS

A male, 68, was installing an electric stove and was found unresponsive behind the stove. The cause of death was electrocution. (R.B. Seal, M.D., Medical Examiner, Portsmouth, VA)

A male, 35, received an electrical shock while installing shelves with an electric drill. There was a small amount of standing water on the floor. The cause of death was electrocution. (Paul Vasallo, M.D., Medical Examiner, District 18, Rockledge, FL)

MISCELLANEOUS

A male, 11, fell off of his bike and hit his head. He was not wearing a helmet. The child lapsed into unconsciousness while being taken to the hospital. He was hospitalized for a month and then died. The cause of death was head injury. (Ellis Abrams for John Thogmartin, M.D., Medical Examiner, Palm Beach County, West Palm, FL)

*A female, 3, was playing with other siblings on a couch located below an open window. She leaned on the window screen, which gave way. The victim fell from the third-floor apartment and

landed on the concrete sidewalk below. The cause of death was closed head injury. (Ron Flud, M.P.A., Coroner, Clark County, Las Vegas, NV)

A male, 28, was snowboarding in a ski area. He lost control of the snowboard and tumbled down the ski area, landing on his back. He was taken by helicopter to the hospital, where he died. The cause of death was blunt force abdominal trauma with massive blood loss. (Laura F. Robin for Dr. Nelson, Medical Examiner, Deschutes County, OR)

*A male, 28, was playing shortstop on a softball team. A batter hit the ball, which was picked up by an outfielder. The outfielder threw the ball towards infield, striking the victim on the right side of his head just above his ear. The cause of death was cerebral edema. (Ron Flud, M.P.A., Coroner, Clark County, Las Vegas, NV)

*A female, 45, was entering a condominium complex parking garage to place her bicycle in the storage room. The garage had an automatic sliding gate. She reached through the gate bars to place her key in the inner, rather than outer, gate control. While she was doing this, the gate closed, wedging the victim by her right arm and shoulder and upper trunk between the sliding gate and the stationary gatepost. The cause of death was crushing. (William Pearson Clack, M.D., Medical Examiner, District 12, Sarasota, FL)

*A male, 55, was standing on a 20-foot ladder to cut off branches from a tree with an electric chain saw. The saw cut the victim's neck. He fell off the ladder, landing on his back. The cause of death was sharp force injuries of the neck. (Rose Wilson for A. Wayne Williams, M.D., Assistant Medical Examiner and Geetha Natarajan, M.D., Chief Medical Examiner, Newark, NJ)

— *Suzanne Newman, Directorate for Epidemiology*



CPSC Recalls

The following product recalls were conducted by firms in cooperation with CPSC. For more information about recalls, visit CPSC's website at www.cpsc.gov.

Product: About 327,000 **soft infant carriers** by Evenflo Company, Inc. and Hufco-Delaware, Inc. The carriers were sold under the "Snugli®" brand name and have model numbers beginning with 075 or 080. These carriers can be used as both front carriers and backpack carriers and feature a unique vertical strap to adjust the seat height. Retail stores nationwide sold these carriers between January 1996 and May 1999 for about \$40.

Problem: Small infants can shift to one side, slip through the leg opening and fall from the carriers. CPSC is aware of 13 reports of infants slipping through a leg opening, including a report of a skull fracture and two infants who were bruised in falls from the carrier.

What to do: Stop using the carriers and call Evenflo toll-free at **1-800-398-8636** anytime for a free replacement carrier with smaller leg openings.

Product: About 670,000 Arriva™ and Turnabout™ infant car seat/carriers made by Cosco, Inc. The carriers were made between March 1, 1995 and September 9, 1997. The manufacture date and model number are on a label located on the side of the seat. The recalled carriers have the following model numbers: Arriva 02-665, 02-729, 02-731, 02-732, 02-733, 02-751, 02-756, 02-757; Turnabout 02-758, 02-759, 02-760, 02-761, 02-762, 02-763, 02-764, 02-765, 02-767. Some of the car seat/carriers were sold with strollers. These car seat/carriers were sold beginning in March 1995 for about \$29 to \$59 sold alone, or \$89 to \$139 sold with strollers.

Problem: When used as an infant carrier, the handle locks on each side of the seat can unexpectedly release, causing the seat to flip forward. An infant can fall to the ground and suffer serious injuries. There have been 151 reports of the handle unexpectedly releasing, resulting in 29 injuries to children, including skull fractures, a broken arm, bumps to the head, black eyes, scrapes, and bruises.

What to do: Until repaired, stop using the handle to carry the car seat/carrier. **The seat can and should still be used as a car seat.** Contact Cosco at 1-800-221-6736 between 8 a.m. and 4:30 p.m. EDT M-F or at www.coscoinc.com for a free repair kit.

Product: About 19 million **dive sticks** distributed by 15 firms for use in swimming pools. The recalled dive sticks are hard plastic and either cylinder-shaped or shark-shaped.

Most measure about 4 to 8 inches long and are about 1" or less in diameter. The shark-shaped ones are about 7" long with an egg-shaped bottom. They sink to the bottom of a pool and stand upright so that children can swim or dive down and retrieve them. The dive sticks were sold nationwide for about \$4 to \$7 per set in grocery, drug, pool, and discount stores.

Problem: In shallow water, children can fall or land on a dive stick and suffer rectal or vaginal impalement. Six children from 6 to 9 years old have suffered impalement injuries.

What to do: CPSC recommends that consumers stop using dive sticks immediately and throw them out. Depending on the sticks owned, consumers can receive a refund, replacement, or repair. For Florida Pool brand dive sticks, sold primarily at Wal-Mart, get a repair kit at any Wal-Mart. For Poolmaster brand dive sticks with "Poolmaster" imprinted on each dive stick, call 1-800-854-1492 for a replacement product. For J&M Industries dive sticks with "made in USA" imprinted on them, get a replacement stick at store where purchased. For all others, return to store where purchased for a refund or repair.

Product: About 100,000 **television carts** distributed by Bush Industries. The carts have wheels and are laminated wood in black (model 5414) or brown (model 5014). There is no identifying information on the cart, but the Bush name and model number are on the instruction booklet. The carts, measuring 32.25" wide by 26.25" high by 15.5" deep, hold a 27" television and a VCR, and have a bottom cabinet with hinged double doors. They were sold unassembled in discount, home, and furniture stores nationwide from June 1992 through August 1998 for about \$60 to \$100.

Problem: The carts can tip over. If the cart tips and the television falls, children and adults can be injured. Bush has received two reports of carts tipping over, resulting in one minor injury.

What to do: Remove televisions and VCRs from the carts immediately and contact Bush Industries at 1-800-950-4782 between 9 a.m. and 11 p.m. EDT M-F or at www.bushfurniture.com for a free repair kit and help identifying carts that are recalled.

— Marc Schoem and Terri Rogers, Office of Compliance



The National Highway Traffic Safety Administration (NHTSA) is the government agency responsible for improving safety on our Nation's highways. As part of its efforts to achieve this goal, NHTSA is authorized to order manufacturers to recall and repair vehicles or items of motor vehicle equipment (including air bags, tires, and child safety seats).

The following safety recall campaigns are being conducted in cooperation with NHTSA. For more information about NHTSA recall activities, you can access NHTSA on the Internet at <http://www.nhtsa.dot.gov> or by calling the NHTSA Auto Safety Hotline at 1-888-DASH-2-DOT (1-888-327-4236).

Buell Motorcycle Company

Buell is recalling 12,321 **1996-1998 S1 Lightning, 1998 S1 White Lightning, 1997-1999 M2 Cyclone, 1995-1996 S2 Thunderbolt, 1996 S2T Thunderbolt, 1997-1999 S3 Thunderbolt, 1997-1998 S3T Thunderbolt, and 1999 X1 Lightning** model motorcycles manufactured from February 1994 through April 1999. These motorcycles were built with a fuel tank vent valve assembly that could become plugged. Under certain conditions, this could cause the carburetor to overflow fuel, which could result in a fire. This condition could also prevent sufficient fuel flow, which could cause the engine to misfire or stall. Dealers will replace the fuel tank vent valve assembly. Owners who do not receive the free remedy within a reasonable time should contact Buell at 1-414-343-8400. [NHTSA Recall No. 99V-105]

DaimlerChrysler/Mitsubishi Corporation

DaimlerChrysler and Mitsubishi are recalling approximately **465,700 1994-1996 Galant, 1995-1996 Eclipse, 1996 Eclipse Spyder, 1995-1996 Eagle Talon, Dodge Avenger, and Chrysler Sebring** model vehicles manufactured from March 1993 through June 1996. The rubber boot on the lower lateral arm ball joint can become damaged and allow dirt and water intrusion causing extraordinary wear on the ball joint. The ball joint could separate. Dealers will inspect the ball joint boots and, if cut or damaged, the lower lateral arm will be replaced. Owners who do not receive the free remedy within a reasonable time should contact DaimlerChrysler at 1-800-992-1997 or Mitsubishi at 1-800-222-0037. [NHTSA Recall No. 99V066]

DaimlerChrysler is also recalling **860,000 1994-1995 Town & Country, Dodge Caravan/Grand Caravan, and Plymouth Voyager/Grand Voyager** model vehicles manufactured from March 1993 through March 1995. An intermittent short circuit in the air bag initiator wire that occurs between 1.5 and 1.70005 seconds after vehicle startup could lead to an inadvertent air bag deployment. Dealers will perform an electronic diagnostic check. Any short circuits identified in either the driver or passenger side air bag initiator wire circuit will be repaired. Owners who do not receive the free remedy within a reasonable time should contact DaimlerChrysler at 1-800-992-1997. [NHTSA Recall No. 99V-113/DaimlerChrysler Recall No. 818]

Ford Motor Company

Ford is recalling **602,000 1996-1998 Contour and Mercury Mystique** vehicles manufactured from April 1995 through August 1998. The terminals at the headlight switch and wiring harness connector can experience heat damage as a result of overheating. The damage could result in distortion of the terminal causing an open circuit in the instrument panel illumination, parking lamp, and tail lamp circuits. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-392-3673. [NHTSA Recall No. 99V-103/Ford Recall No. 99S14]

Ford will also recall **279,000 Ford 1992-1993 Lincoln Town Car vehicles and certain 1992-1993 Ford Crown Victoria and Mercury Grand Marquis** model vehicles manufactured from November 1991 through November 1992. A fire can originate in the left front underhood area as a result of electrical overheating of the speed control deactivation switch. Dealers will install a new speed control deactivation switch and connector shell. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-392-3673. [NHTSA Recall No. 99V-124/Ford Recall No. 99S15]

Ford is also recalling **845,000 1998-1999 Explorer and Mercury Mountaineer** model vehicles manufactured from April 25, 1997 through May 17, 1999. The secondary hood latch could corrode at the latch pivot and stick in the open position. If this occurs and the primary hood latch is either not engaged or is released, a hood fly-up could occur. Dealers will install a secondary hood latch with components that are coated prior to assembly for improved latch pivot corrosion protection. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-392-3673. [NHTSA Recall No. 99V-164/Ford Recall No. 99S18]

General Motors Corporation

GM is recalling **99,269 1999 Buick LeSabre, Pontiac Bonneville** model vehicles manufactured from August 1998 through January 1999, and **Oldsmobile Eighty-Eight** model vehicles manufactured from August through December 1998. These vehicles fail to conform to the requirements of FMVSS No. 102, "Transmission Shift Lever Sequence." A retaining clip, which secures the manual valve to the linkage of the transmission detent lever, can become loose under a combination of possible driver shifting maneuvers and allow the link to become disconnected from the manual valve. If the link disconnects, the driver's indicated PRNDL state may differ from the hydraulic state of the transmission. If the driver selects "drive" and the transmission is actually in "reverse", a vehicle crash could occur. Owners who do not receive the free remedy within a reasonable time should contact Buick at 1-800-521-7300, Pontiac at 1-800-762-2737, and Oldsmobile at 1-800-442-6537. [NHTSA Recall No. 99V-089/GM Recall No. 99011]

American Honda Motor Company

Honda is recalling **125,380 1996-1998 Acura RL, TL, 1997-1998 Acura CL, Accord, 1996-1998 Prelude, 1997-1998 Odyssey and Isuzu Oasis** model vehicles manufactured from December 1995 through February 1998. Certain vehicles were manufactured with ball joints that may prematurely wear out and possibly separate from the knuckle. Dealers will replace the lower control ball joints. Owners who do not receive the free remedy within a reasonable time should contact Honda at 1-800-999-1009 or Acura at 1-382-2238. [NHTSA Recall No. 99V-069]

Honda is also recalling **661,615 accessory Honda driver-side floor mats** manufactured from August 1995 to August 1998 and used in **1996-1998 Honda Civic** vehicles. Due to the shape of the floor on these vehicles, a mispositioned floor mat could interfere with the accelerator pedal, preventing the pedals return to the idle position. If a customer has a genuine Honda driver-side floor mat, dealers will install a positive floor mat retention system consisting of a grommet in the floor mat and a pin bracket in the car. Owners who do not receive the free remedy within a reasonable time should contact Honda at 1-800-999-1009. [NHTSA Recall No. 99E-015]

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Consumer Product Safety Review is published quarterly by the U.S.
Consumer Product Safety Commission, Washington, DC 20207.

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