

15

TC-21

MAR 30 1993

EPDS

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT [REDACTED]		2. TELEPHONE NO. (Home) (Work) [REDACTED]	
3. STREET ADDRESS [REDACTED]		4. CITY STATE ZIP CODE [REDACTED] 17112	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) This consumer reports that she has been using Wilson's Leather protector spray since 1986. She reports that beginning in 1990, she has suffered a number respiratory ailments and had a miscarriage. She claims that all of her medical problems are related to the use of the Aerosol leather protector. See attached correspondence referred by the Minnesota Attorney General.			
6. DATE OF INCIDENT(S) _____	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT AEROSOL LEATHER PROTECTOR		10. BRAND NAME WILSONS	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE WILSON SUEDE & LEATHER 400 HY. 169 So. MINNEAPOLIS, MN 55426		12. MODEL, SERIAL NO.'S MFR/PRVLR NOTIFIED <input checked="" type="checkbox"/> No comments made <input checked="" type="checkbox"/> Comments attached <input checked="" type="checkbox"/> Excisions/Revisions <input checked="" type="checkbox"/> Firm has not requested further notice Am 4/18/95	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO _____ IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____		15. PRODUCT PURCHASED NEW _____ USED _____ DATE PURCHASED _____ AGE _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO _____ IF NOT, ITS DISPOSITION _____	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES _____ NO _____			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 3/17/93	21. RECEIVED BY (Name & Office) D. DONATH / mso		22. DOCUMENT NO. G33-0347
23. FOLLOW-UP ACTION E/F		24. PRODUCT CODE(S) 0952	
25. DISTRIBUTION FOCR, EPDS		26. ENDORSER'S NAME & TITLE Eric B. Cull, Reg. Dir	



# STATE OF MINNESOTA

OFFICE OF THE ATTORNEY GENERAL

HUBERT H. HUMPHREY III  
ATTORNEY GENERAL

March 15, 1993

SUITE 1400  
NCL TOWER  
445 MINNESOTA STREET  
ST. PAUL, MN 55101-2131  
TELEPHONE: (612) 296-7575  
FACSIMILE: (612) 297-4348  
TDD: (612) 297-7206

CONSUMER PRODUCT SAFETY COMMISSION  
FEDERAL COURTS BLDG RM 128  
316 N ROBERT ST  
ST PAUL MN 55101

Re: MS [REDACTED]

[REDACTED] 17112

File No: DGD/93/38518/I

Dear Sir/Madam:

Enclosed is a copy of correspondence received by the Consumer Division of the Attorney General's Office. Since it concerns a matter that appears to be within the jurisdiction of your agency, we would appreciate your assistance. The consumer has been advised that we are sending a copy of the correspondence to you.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Dolores G. Dittel".

DOLORES G. DITTEL  
Consumer Services Unit  
(612) 296-8426

Enclosure

.paw

HOTLINE STATEMENT  
WILSONS LEATHER PROTECTOR

The Commission has received a number of reports that consumers have experienced shortness of breath, coughing and other breathing difficulties following the use of Wilsons Leather Protector, a spray product for the treatment of leather coats and boots. In some cases temporary hospitalization has been required. However, at the present time the Commission is not aware of any permanent injuries or deaths associated with the product.

The Commission is conducting indepth investigations to determine how the product was used in connection with the reported injuries. Samples have been collected and are being analyzed to assure that the product is properly labeled and that it meets all legal requirements. The Commission is working with Wilson's Leather and others to find out specifically why consumers are having adverse reactions to this product.

The company has voluntarily discontinued sale of the product and has withdrawn it from their store shelves. They have also asked consumers to cease using the product and to return it for a full refund. The Commission is monitoring the recall effort to assure its effectiveness. Consumers with additional questions may call the company collect at (612) 541-3561. This withdrawal affects only Wilsons Leather Protector spray and does not affect any other Wilsons leather products.

To reduce exposure to harmful vapors with any aerosol product, consumers should use the product outdoors or with all windows open and active ventilation. Do not spray any aerosol product around your face. Consumers who inhale harmful vapors should call a poison control center or a medical professional for advice.

(Additional information may be provided from the company's 12/28/92 press release.)

OHSU

UHN 52 Mail Code

for Dr. Smilkst.

3181 South West  
Sam Jackson Park Rd  
Portland Oregon 97201

THE WASHINGTON POST

MONDAY, DECEMBER 28, 1992

## 2 Are Hospitalized, 41 Become Ill After Using New Spray Product

Associated Press

PORTLAND, Ore., Dec. 27—A poison center said today that two people were hospitalized and 41 others in four states have reported suffering shortness of breath and coughing after using a spray substance made to protect leather.

One person in Portland and one in Colorado were hospitalized but were in good condition, said Marty Smilkstein of the Oregon Health Sciences University's poison center in Portland.

The afflicted people have contacted hospitals in their areas—all in the West—over the past few days, Smilkstein said.

All had reported using a 5-ounce

spray can of Wilsons Leather Protector, which is used to protect coats, boots and other items.

Wilson's officials could not immediately be reached for comment.

Smilkstein said he had contacted Wilson's, and company officials had asked distributors to remove the 5-ounce cans from shelves while the reports were investigated.

The 5-ounce can, unlike a 7-ounce can, is a new product manufactured with a petroleum distillate used as a substitute propellant to replace chlorofluorocarbons, Smilkstein said.

Exposure to any petroleum distillate, such as gasoline fumes, can cause coughing, shortness of breath, headaches and fever.

- 503-494:5 ?

P. 4-1-13-1 563-494-8968  
+800 452-7165 n/a

RECEIVED  
FOR 13000

1 DIVISION OF CONSUMER PROTECTION  
OFFICE OF ATTORNEY GENERAL  
RECEIVED (717) 787-7109  
MN AG

COMPLAINT FORM

OFFICE OF ATTORNEY GENERAL  
COMMONWEALTH OF PENNSYLVANIA  
BUREAU OF CONSUMER PROTECTION  
HARRISBURG REGIONAL OFFICE  
132 Kline Village  
Harrisburg, PA 17104

Please Note: As part of the complaint handling process, the Bureau may send a copy of this form to the individual or company against whom your complaint is filed.

OFFICE USE ONLY:

Investigator: DAL CODE 1 350 CODE 2 900 COMPLAINT #

YOUR NAME

[REDACTED]

YOUR ADDRESS

[REDACTED]

CITY [REDACTED] COUNTY [REDACTED] STATE [REDACTED] ZIP 17112

YOUR TELEPHONE NUMBER

Home [REDACTED] Work ( ) -

YOUR AGE GROUP - Please check one.

Under 18  18-34  35-60  Over 60

NAME OF COMPANY OR INDIVIDUAL COMPLAINT IS AGAINST

WILSONS LEATHER EXPERTS

ADDRESS

400 HIGHWAY 169 SOUTH SUITE 600

CITY MINNEAPOLIS COUNTY MN STATE 55426 ZIP 1132

COMPANY'S TELEPHONE NUMBER '612'541-3561 PRODUCT/SERVICE PURCHASED WILSONS LEATHER PROTECTOR DATE OF PURCHASE 1988  
THROUGH PRE

NAME OF COMPANY REPRESENTATIVE TO WHOM YOU COMPLAINED N/A DATE OF COMPLAINT

IF YOU FINANCED YOUR PURCHASE, NAME OF COMPANY TO WHOM YOU ARE MAKING PAYMENTS  
N/A

COMPANY ADDRESS CITY STATE ZIP

IF YOU ARE REPRESENTED BY AN ATTORNEY - ATTORNEY NAME  
GOLDBERG, KATZMAN + SHIPMAN PC

ATTORNEY ADDRESS CITY STATE ZIP  
17108

IF COURT ACTION HAS BEEN TAKEN, STATE WHERE AND WHEN

YOUR NAME

OFFICE USE ONLY

DESCRIBE EVENTS IN ORDER IN WHICH THEY HAPPENED. ATTACH COPIES OF ALL CONTRACTS, LETTERS, RECEIPTS, CANCELLED CHECKS (front & back), ADVERTISEMENTS OR ANY OTHER PAPERS THAT WILL SUPPORT YOUR CLAIM.

I have been a user of Wilson's Suede & Leather's, "Leather Protector Spray," for protection of my leather garments since 1986. I used this product personally as a consumer from that time and then was required to use this product in the line of duty after becoming employed by Wilson's in 1988. Commencing with Dec. of 1990 I suffered the onset of a series of respiratory ailments, for which I was medically treated, including, pleurisy, pleurisy pneumonia and most recently a bout of life threatening pneumonia in May of 92 (during a pregnancy which had complications.) In January of 93 I learned through the attached press releases and Consumer Product Safety Commission report that this product was recalled for possible defect.

I believe that my newborn son, miscarried fetus, and I, have been injured by the company's faulty product.

YOUR SIGNATURE

Randi E. Kurtas

DATE

2/11/93



Commonwealth of Pennsylvania

ERNEST D.  
PREATE, JR.

Attorney General

Office of Attorney General

Bureau of Consumer Protection

Harrisburg Regional Office  
132 Kline Village  
Harrisburg, PA 17104  
717-787-7109

February 23, 1993

Randi E. Kurtas  
1600 Woodcrest Road  
Harrisburg, PA 17112

Ref: Wilson's Leather Experts

Dear Ms. Kurtas:

Your correspondence regarding the above matter appears to come within the jurisdiction of another agency or another state. By copy of this letter, your complaint has been forwarded with a request that it be handled by the office listed below. By forwarding your complaint we believe that your problem will be handled by the agency who is primarily responsible for dealing with these kinds of problems.

Please direct any further inquiries about this matter to that office.

If you would like more information on our action to refer your complaint, please feel free to contact our office.

Very truly yours,

Richard A. Lebo  
Agent Supervisor

kln  
23

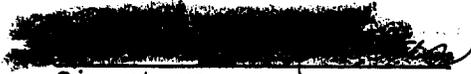
cc: Consumer Protection Division  
Suite 1400, NCL Tower  
445 Minnesota Street  
St. Paul, MN 55101

JUL 12 1993

31

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

  
Signature \_\_\_\_\_ Date 7/14/93

- I request that you do not release my name.
- You may release my name to the manufacturer but I request that you not release it to the general public.
- You may release my name to the manufacturer and to the public.

ISSUE 27  
G 330347  
0952

13

REC'D  
HARRISBURG PA. 17112  
717-657-9964 (HF)

TC-21  
EVP05  
FEB 24 1993

C320024

February 11, 1993 '93 FEB 16 12:25

Consumer Product Safety Commission  
Office of the Secretary  
Washington, D.C. 20207

Re: Recall of Wilson's Leather Protector.

Gentlemen:

The purpose of this letter is to file a personal complaint regarding the above captioned product. I believe that my newborn son, my miscarried fetus as well as myself, have been injured by exposure to this product.

Information required by your office to process my complaint, as per our phone conversation follows;

Product: Wilson's Leather Protector  
Wilson's Leather Experts  
400 Highway 169 South  
Suite 600  
Minneapolis, Minn. 55426-1132

MFR/PRVLR NOTIFIED  
 No comments made  
 Comments attached  
 Excisions/Revisions  
 Firm has not requested further notice  
AM 4/18/95

0952

SKU #: 18996003

Age of product: My use of the product occurred from 1986 through 1992.

Nature of Injury:

I have used Wilson's Leather Protector regularly since 1986 to protect my leather garments. Commencing in December of 1990 I experienced the onset of a series of respiratory ailments for which I received medical treatment. Diagnoses included pleurisy, pleuridynea, costacondritis among others. Most recently I suffered from a bout of life threatening pneumonia in May of 1992, during the second trimester of a pregnancy, for which I was hospitalized. Complications including the possible spontaneous miscarriage of a twin were experienced. Our third child was born on 9/29/92 and was admitted to Newborn Intensive Care after birth due to an episode of internal and rectal bleeding. In January of 1993, I learned through the attached press releases and Consumer Product Safety Commission reports, that this product was recalled for causing symptoms and injuries consistent with those which I suffered. I believe that my newborn son, miscarried fetus and I, have been injured by this company's faulty product.

I am presently seeking a medical professional's

1-22

opinion to determine if there is a link to my medical  
problems and am being represented by an attorney;

Mr. [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED] 17108-

Very truly yours,

[REDACTED]  
[REDACTED]

**HOTLINE STATEMENT  
WILSONS LEATHER PROTECTOR**

The Commission has received a number of reports that consumers have experienced shortness of breath, coughing and other breathing difficulties following the use of Wilsons Leather Protector, a spray product for the treatment of leather coats and boots. In some cases temporary hospitalization has been required. However, at the present time the Commission is not aware of any permanent injuries or deaths associated with the product.

The Commission is conducting indepth investigations to determine how the product was used in connection with the reported injuries. Samples have been collected and are being analyzed to assure that the product is properly labeled and that it meets all legal requirements. The Commission is working with Wilsons Leather and others to find out specifically why consumers are having adverse reactions to this product.

The company has voluntarily discontinued sale of the product and has withdrawn it from their store shelves. They have also asked consumers to cease using the product and to return it for a full refund. The Commission is monitoring the recall effort to assure its effectiveness. Consumers with additional questions may call the company collect at (612) 541-3561. This withdrawal affects only Wilsons Leather Protector spray and does not affect any other Wilsons leather products.

To reduce exposure to harmful vapors with any aerosol product, consumers should use the product outdoors or with all windows open and active ventilation. Do not spray any aerosol product around your face. Consumers who inhale harmful vapors should call a poison control center or a medical professional for advice.

(Additional information may be provided from the company's 12/28/92 press release.)

OHSU

UHN-52 Mail Code

for Dr. Smilkst.

3181 South West  
Sam Jackson Park Rd.  
Portland Oregon 97201

THE WASHINGTON POST

MONDAY, DECEMBER 28, 1992 ..

## 2 Are Hospitalized, 41 Become Ill After Using New Spray Product

Associated Press

PORTLAND, Ore., Dec. 27—A poison center said today that two people were hospitalized and 41 others in four states have reported suffering shortness of breath and coughing after using a spray substance made to protect leather.

One person in Portland and one in Colorado were hospitalized but were in good condition, said Marty Smilkstein of the Oregon Health Sciences University's poison center in Portland.

The afflicted people have contacted hospitals in their areas—all in the West—over the past few days, Smilkstein said.

All had reported using a 5-ounce

spray can of Wilsons Leather Protector, which is used to protect coats, boots and other items.

Wilson's officials could not immediately be reached for comment.

Smilkstein said he had contacted Wilson's, and company officials had asked distributors to remove the 5-ounce cans from shelves while the reports were investigated.

The 5-ounce can, unlike a 7-ounce can, is a new product manufactured with a petroleum distillate used as a substitute propellant to replace chlorofluorocarbons, Smilkstein said.

Exposure to any petroleum distillate, such as gasoline fumes, can cause coughing, shortness of breath, headaches and fever.

- 503-494-8311

Portland 503-494-8968  
+800 452-7165 n/a

MAY 12 1993

31

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

*I have a wealth of additional information concerning this claim. please feel free to contact me for any specific information you desire.*

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

  
Signature

5-21-93  
Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

ISSUE 22  
C320024  
0952

15

TC-21

Frank D. L

### CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Brenda Whitehead	2. TELEPHONE NO 412-673-1365	HOME 412-664-2336
---	---------------------------------	----------------------

3. STREET ADDRESS 3007 York St.	4. CITY McKeesport	STATE PA	ZIP CODE 15132
------------------------------------	-----------------------	-------------	-------------------

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES (USE REVERSE SIDE IF NEEDED)

Respondent reports that she became ill (severe heartburn pains in lower rib cage and nauseous) on 01/01/93 after spraying partial contents of leather conditioner on her 1 year old leather coat. These symptoms have not really gone away and last night 01/07 93, she suffered severe chest pains while wearing her coat in a closed up car. Pain and nausea subsided somewhat after she got out of car and into open air. Hearing of the recall on the leather conditioner, and getting ill after its use, she contacted the retailer. They informed her that symptoms shouldn't last that long. Poison Control Center referred her to CPSC to report incident.

She reports when she isn't near or wearing coat symptoms subside. Husband not affected.

6. DATE OF INCIDENT 01/01 and 01/17/93	7. IF INJURY OR NEAR MISS, OBTAIN AGE <u>36</u> SEX <u>F</u> AND DESCRIBE INJURY <u>nausea chest pains rib area</u>	8. IF YOU ARE DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____
---	---	--

9. DESCRIPTION OF PRODUCT leather conditioner	10. BRAND NAME Wilson's leather conditioner
--	--

11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's Leather Products Minneapolis, MN	MFR/PRVLR NOTIFIED <input checked="" type="checkbox"/> No comments made <input type="checkbox"/> Comments attached <input type="checkbox"/> Excisions/Revisions <input checked="" type="checkbox"/> Firm has not requested further notice <i>AM 4/18/95</i>	12. MODEL SERIAL NO. black small can with red/white lettering	13. DEALER'S NAME ADDRESS & PHONE Wilson's Leather West Mifflin, PA
--	--	--	---

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT _____	15. PRODUCT PURCHASED NEW <u>X</u> USED _____ DATE PURCHASED <u>12/92</u> AGE <u>1-2 wks</u>
--	---

16. DOES PRODUCT HAVE WARNING LABELS? YES F I.D. NOTE <u>use in adequate ventilation</u>
---

17. HAVE YOU CONTACTED THE MANUFACTURER? YES <u>X</u> NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES <u>X</u> NO _____ IF NOT, ITS DISPOSITION: <u>has 3 cans 2 partial</u>	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>X</u> NO _____
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FOR ADMINISTRATION USE

20. DATE RECEIVED 01/18/93	21. RECEIVED BY (NAME & ORGANIZATION) HPG PIT	22. DOCUMENT NO. N32-0003
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23. FOLLOW-UP ACTION FEB - 5 1993	24. PRODUCT CODES 0952, 11410
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25. DISTRIBUTION GPOS / FOCR CF / FOCR / P1	26. INCIDENT'S NAME & TITLE L E E
--	--------------------------------------

15

707-1

fruit

# CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Brenda Whitehead		2. TELEPHONE NO. 412-673-1365		412-664-2336	
3. STREET ADDRESS 3007 York St.		4. CITY McKeesport		STATE OF CODE PA 15132	

5. DESCRIBE ACCIDENT SITUATION OF HAZARD, INCLUDING DATA ON INJURIES (USE REVERSE SIDE IF NEEDED)

Respondent reports that she became ill (severe heartburn pains in lower rib cage and nauseous) on 01/01/93 after spraying partial contents of leather conditioner on her 1 year old leather coat. These symptoms have not really gone away and last night 01/07/93, she suffered severe chest pains while wearing her coat in a closed up car. Pain and nausea subsided somewhat after she got out of car and into open air. Hearing of the recall on the leather conditioner, and getting ill after its use, she contacted the retailer. They informed her that symptoms shouldn't last that long. Poison Control Center referred her to CPSC to report incident.

She reports when she isn't near or wearing coat symptoms subside. Husband not affected.

6. DATE OF INCIDENT(S) 01/01 and 01/17/93	7. IF INJURY OR NEAR MISS, OBTAIN AGE <u>36</u> SEX <u>F</u> AND DESCRIBE INJURY <u>nausea chest pains rib area</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____
--	---	---

9. DESCRIPTION OF PRODUCT leather conditioner	10. BRAND NAME Wilson's leather conditioner
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's Leather Products Minneapolis, MN	12. MODEL SERIAL NO.'S black small can with red/white lettering
	13. DEALER'S NAME ADDRESS & PHONE Wilson's Leather West Mifflin, PA

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____	15. PRODUCT PURCHASED NEW <u>X</u> USED _____ DATE PURCHASED <u>12/92</u> AGE <u>1-2 wks</u>
	16. DOES PRODUCT HAVE WARNING LABELS? YES IF SO, NOTE <u>use in adequate ventilation</u>

17. HAVE YOU CONTACTED THE MANUFACTURER? YES <u>X</u> NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES <u>X</u> NO _____ IF NOT, ITS DISPOSITION <u>has 3 cans 2 partial</u>	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>X</u> NO _____
---	---	---

**FOR ADMINISTRATION USE**

20. DATE RECEIVED 01/18/93	21. RECEIVED BY (NAME & OFFICE) HPG PIT	22. DOCUMENT NO. N32-0003
23. FOLLOW-UP ACTION FEB - 5 1993		24. PRODUCT CODE(S) 0952, 1446
25. DISTRIBUTION (9905) / FOCR CP / FOCR / P1		26. INCIDENT'S NAME & TITLE L E E



LAW OFFICES

Feder, Connick & Goldstein, P.C.

31  
SP/POV

A PROFESSIONAL CORPORATION  
114 OLD COUNTRY ROAD  
MINEOLA, NEW YORK 11501  
TELEPHONE (516) 873-3900  
FAX (516) 873-3904

C 345035

TC-24  
15

MORTON H. FEDER  
CHARLES X. CONNICK  
STEVEN F. GOLDSTEIN

THOMAS J. BENVENUTO  
BARBARA A. MYERS  
STUART HAAS

NANCY LANE, LEGAL ASST.

ANN BALL  
OF COUNSEL

MAY 5 1993

0952

April 9, 1993

Consumer Product Safety Commission  
Office of the Secretary  
Washington, D.C. 20207

MS

0913

Dear Sir or Madam:

This law firm has been retained by, Michael Murray, to prosecute a claim on his behalf for personal injuries sustained by him as result of his inhalation of a leather protectant product purchased at Wilson Leathers in Roosevelt Field, Westbury, New York, on December 24, 1992.

edc  
5/11

We would appreciate if you would forward a copy of any information regarding the the foregoing to our attention at your earliest opportunity.

Should you have any questions or comments in regard to the foregoing please feel free to contact the undersigned at any time to expedite this matter.

Thank you for your cooperation herein.

- MFR/PRV/LBR NOTIFIED
- No comments made
- Comments attached
- Excisions/Revisions
- Firm has not requested further notice

Am 4/18/95

Very truly yours,

FEDER, CONNICK & GOLDSTEIN

Steven F. Goldstein

SFG/rg  
Enclosure

S204158

LAW OFFICES

Feder, Connick & Goldstein, P.C.

31  
SPM/POJ

A PROFESSIONAL CORPORATION  
114 OLD COUNTRY ROAD  
MINEOLA, NEW YORK 11501  
TELEPHONE (516) 873-3900  
FAX (516) 873-3904

C 345035

TL-24  
15

MORTON H. FEDER  
CHARLES X. CONNICK  
STEVEN F. GOLDSTEIN

THOMAS J. BENVENUTO  
BARBARA A. MYERS  
STUART HAAS

NANCY LANE, LEGAL ASST.

ANN BALL  
OF COUNSEL

MAY 5 1993

0952

April 9, 1993

Consumer Product Safety Commission  
Office of the Secretary  
Washington, D.C. 20207

115

0913

Dear Sir or Madam:

This law firm has been retained by, Michael Murray, to prosecute a claim on his behalf for personal injuries sustained by him as result of his inhalation of a leather protectant product purchased at Wilson Leathers in Roosevelt Field, Westbury, New York, on December 24, 1992.

SFC  
5/11

We would appreciate if you would forward a copy of any information regarding the the foregoing to our attention at your earliest opportunity.

Should you have any questions or comments in regard to the foregoing please feel free to contact the undersigned at any time to expedite this matter.

Thank you for your cooperation herein.

Very truly yours,

FEDER, CONNICK & GOLDSTEIN

Steven F. Goldstein

SFG/rg  
Enclosure

S304158

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT <b>MICHAEL MURRAY</b>		2. TELEPHONE NO. (Home) (Work) <b>(516) 873-3900</b>	
3. STREET ADDRESS <b>2710 GROVE STREET</b>		4. CITY STATE ZIP CODE <b>EAST MEADOW, NY 11554</b>	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) <b>Respondent's wife bought leather jacket at Wilson's leather store, and protector. Respondent sprayed said jacket with leather protectant, and after felt ill.</b>			
6. DATE OF INCIDENT(S) <b>12-24-92</b>	7. IF INJURY OR NEAR MISS, OBTAIN AGE <b>42</b> SEX <b>Male</b> AND DESCRIBE INJURY <b>FU symptoms, fever wheezing, BRONCHITIS.</b>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT <b>Leather Protectant spray</b>		10. BRAND NAME <b>Wilson's Leather Protectant.</b>	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE <b>Wilson's Leather Store Roosevelt Field Mall Garden City, NY 11530</b>		12. MODEL, SERIAL NO.'S <b>UNKNOWN.</b>	
		13. DEALER'S NAME, ADDRESS & PHONE <b>Wilson's Leather.</b>	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____		15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED _____ DATE PURCHASED <b>12-92</b> AGE _____	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: <b>-NO-</b>	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES <input checked="" type="checkbox"/> NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO _____ ? IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO _____	
<b>FOR ADMINISTRATION USE</b>			
20. DATE RECEIVED	21. RECEIVED BY (Name & Office)	22. DOCUMENT NO.	
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S)	
25. DISTRIBUTION		26. ENDORSER'S NAME & TITLE	



73.22 JK 21  
FEB 26 1993

CONSUMER PRODUCT INCIDENT REPORT

FOR OFFICIAL USE ONLY  
1/26/13

1. NAME OF RESPONDENT Gerardo Sanchez		2. PHONE NO. (HOME) 209-252-1055		WORK none
3. STREET ADDRESS 5032 East Balch		4. CITY Fresno	STATE CA	ZIP CODE 93727

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED)  
5-ounce can of leather protector was recalled by the manufacturer.

While outdoors, consumer and wife sprayed cleaner on a leather jacket (duration unknown) and began experiencing nausea, headaches and shortness of breath. Consumer went indoors, went to sleep and his symptoms went away. Wife did not receive any medical attention at this time.  
-continued-

6. DATE OF INCIDENTS 12/25/92	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 29 YR/F 37 YR/M see narrative	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP Doreen and self wife and self
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9. DESCRIPTION OF PRODUCT 7-ounce can of leather spray protector	10. BRAND NAME Wilson's Leather Protector
---	--

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Wilson's Suede & Leather unknown Minneapolis, MN 55426 unknown unknown unknown unknown	MFR/PRVLR NOTIFIED <input checked="" type="checkbox"/> No comments made <input type="checkbox"/> Comments attached <input type="checkbox"/> Excisions/Revisions <input checked="" type="checkbox"/> Firm has not requested further notice Ann 4/18/95	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE Wilson's Sierra Vista Mall Clovic, CA (zip unknown) 209-298-8625
---	--	--------------------------------------	---

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 12/22/92 AGE 3 days
---	--

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: see narrative
--

17. HAVE YOU CONTACTED THE MANUFACTURER? YES x NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES: x NO
---	---	---

20. DATE RECEIVED 02/17/93	FOR ADMINISTRATION USE	
21. RECEIVED BY (NAME & OFFICE) tem/hl	22. DOCUMENT NO. H320129A2	

23. FOLLOW-UP ACTION	24. PRODUCT CODE(S) 0952
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25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE <i>[Signature]</i>
------------------	---

372 JK 21  
 FEB 26 1993

15)

FOR OFFICIAL USE ONLY

CONSUMER PRODUCT INCIDENT REPORT

Jh/13

1. NAME OF RESPONDENT Gerardo Sanchez		2. PHONE NO. (HOME) 209-252-1055		WORK none
3. STREET ADDRESS 5032 East Balch		4. CITY Fresno	STATE CA	ZIP CODE 93727

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED)  
 5-ounce can of leather protector was recalled by the manufacturer.

While outdoors, consumer and wife sprayed cleaner on a leather jacket (duration unknown) and began experiencing nausea, headaches and shortness of breath. Consumer went indoors, went to sleep and his symptoms went away. Wife did not receive any medical attention at this time.

-continued-

6. DATE OF INCIDENTS 12/25/92	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 29 YR/F 37 YR/M see narrative	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME AND RELATIONSHIP Doreen and self wife and self
9. DESCRIPTION OF PRODUCT 7-ounce can of leather spray protector		10. BRAND NAME Wilsons Leather Protector

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Wilsons Suede & Leather unknown Minneapolis, MN 55426 unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE Wilsons Sierra Vista Mall Clovic, CA (zip unknown) 209-298-8625
--	--------------------------------------	--

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 12/22/92 AGE 3 days	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: see narrative
---	--	--

17. HAVE YOU CONTACTED THE MANUFACTURER? YES x NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES: x NO
---	---	--

FOR ADMINISTRATION USE

20. DATE RECEIVED 02/17/93	21. RECEIVED BY (NAME & OFFICE) tem/hl	22. DOCUMENT NO. H320129A2
-------------------------------	---	-------------------------------

23. FOLLOW-UP ACTION	24. PRODUCT CODE(S) 0952
----------------------	-----------------------------

25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE <i>[Signature]</i>
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Instructions: "Vapors may be harmful. Contents under pressure. Shake well. Apply before exposure to element. Garment must be cleaned and dried. Hold can upright 8-10" away from surface and spray light even coat over entire surface including collars, sleeves, seams and stitching. Do not saturate. Repeat treatment periodically. After each wearing, remove slush, dirt and salt to prevent permanent marks. Contains 1-1-1-Trichloroethane. Keep away from heat, sparks and open flames. Use with adequate ventilation."

12/28/92 Consumer called and explained incident to dealer's manager (name unknown), who gave consumer manufacturer's phone number to call for more information.

Same day, consumer called and explained incident to manufacturer (name unknown), who said manufacturer would pay the remainder of wife's medical expenses that her insurance company did not cover. Person said someone from manufacturer would call consumer back.

12/31/92 Wife went to Clovic Community Hospital ER, was treated for respiratory problems and was given medication (type unknown) to relieve symptoms.

1/93 Wife's symptoms continued so internal medicine and weight control specialist, Dr. Pam Janda, examined wife and found no apparent problems.

1/93 Mr. Donley from manufacturer (TEL: 612-541-3308) called consumer and said tests (type unknown) were being done on cleaner and someone would call consumer when results were available.

2/12/93 Consumer called manufacturer (TEL: 612-541-3561), and left his name, phone number and a brief message regarding his concerns.

Presently wife's respiratory symptoms have lessened, but she is still experiencing headaches. Wife is taking Tylenol to relieve headaches.

BBB referred consumer to CPSC hotline.

MAY 20 1993

8

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

Item 13. Dealers Name + Address: Should read - Clovis

On February 17, 1993 Consumer contacted manufacturer Mr. Donley, Tel (612) 541-3308. He stated again that test results were not in and that as soon as test results were in, consumer would get copy. manufacturer said results would be in any day.

On February 23, 1993, consumer contacted Mr. Donley. He said test results were in and that I would not be able to obtain a copy nor would he tell me what findings were.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

David L. Smith  
Signature

June 3 93  
Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

ISSUES 20  
H320129  
0952

TC21

EPOS  
08 JAN 1993

# CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Heather Hines	2. TELEPHONE NO. (Home) (Work) (612) 481-3952
3. STREET ADDRESS 2599 Lexington Ave. No.	4. CITY STATE ZIP CODE Roseville, MN 55113

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

The respondent reported that both her and her female roommate experienced respiratory problems after the product was used. On the nite of 12-25-92, the room mate sprayed the product on her new leather coat in the bathroom of their residence. After about 30 minutes the respondent began to cough, was wheezing, felt dizzy and couldn't stop her coughing. A short time later her room mate also began to cough. The symptoms lasted for about 5 hours. The next morning, the product was again used on the coat and a short time later both woman began to react as they had the night before. They are today still experiencing headaches and bodyaches. The 18 year old room mate was being treated for bronchitis at the time this incident occurred.

6. DATE OF INCIDENT(S) 12-25-92	7. IF INJURY OR NEAR MISS, OBTAIN AGE <u>19</u> SEX <u>F</u> AND DESCRIBE INJURY <u>respiratory problems</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME <u>Nichole Carlson</u> RELATIONSHIP <u>room mate</u>
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9. DESCRIPTION OF PRODUCT aerosol leather protector (5 oz. can)	10. BRAND NAME Wilson's Leather Protector
--	--

11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's The Leather Experts 400 Hiway 169 South Mpls, MN 55426	MFR/PRVLR NOTIFIED <input checked="" type="checkbox"/> No comments made <input type="checkbox"/> Comments attached <input type="checkbox"/> Excisions/Revisions <input checked="" type="checkbox"/> Firm has not requested further notice <i>Am 4/18/95</i>	12. MODEL, SERIAL NO.'S UPC SKU 18996003, Bottom of can 1292	13. DEALER'S NAME, ADDRESS & PHONE ?
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____	15. PRODUCT PURCHASED NEW <input type="checkbox"/> USED <input type="checkbox"/> DATE PURCHASED <u>X-mas gift</u> AGE _____	16. DOES PRODUCT HAVE WARNING LABELS? Yes <input type="checkbox"/> No <input type="checkbox"/> IF SO, NOTE: <u>Caution: Vapor May Be Harmful</u>
---	--	---

17. HAVE YOU CONTACTED THE MANUFACTURER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? ?? YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <u>Called the Poison Center.</u>	18. IS THE PRODUCT STILL AVAILABLE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	---	---

### FOR ADMINISTRATION USE

20. DATE RECEIVED 12-28-92	21. RECEIVED BY (Name & Office) Carolyn A. Schultz, MSP-RP	22. DOCUMENT NO.  C 0164
23. FOLLOW-UP ACTION <u>File</u>		24. PRODUCT CODE(S) 0952

25. DISTRIBUTION <u>D: EPOS; cc: Cedun Jacobson; cc: EA</u>	26. ENDORSEER'S NAME & TITLE <u>[Signature]</u>
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EPDS  
08 JAN 1993

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Heather Hines		2. TELEPHONE NO. (Home) (Work) (612) 481-3952	
3. STREET ADDRESS 2599 Lexington Ave. No.		4. CITY STATE ZIP CODE Roseville, MN 55113	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) The respondent reported that both her and her female roommate experienced respiratory problems after the product was used. On the nite of 12-25-92, the room mate sprayed the product on her new leather coat in the bathroom of their residence. After about 30 minutes the respondent began to cough, was wheezing, felt dizzy and couldn't stop her coughing. A short time later her room mate also began to cough. The symptoms lasted for about 5 hours. The next morning, the product was again used on the coat and a short time later both woman began to react as they had the night before. They are today still experiencing headaches and bodyaches. The 18 year old room mate was being treated for bronchitis at the time this incident occurred.			
6. DATE OF INCIDENT(S) 12-25-92	7. IF INJURY OR NEAR MISS, OBTAIN AGE <u>18</u> SEX <u>F</u> AND DESCRIBE INJURY <u>respiratory problems</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME <u>Nichole Carlson</u> RELATIONSHIP <u>room mate</u>	
9. DESCRIPTION OF PRODUCT aerosol leather protector (5 oz. can)		10. BRAND NAME Wilson's Leather Protector	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's The Leather Experts 400 Hiway 169 South Mpls, MN 55426		12. MODEL, SERIAL NO.'S UPC SKU 18996003, Bottom of can 1292	
		13. DEALER'S NAME, ADDRESS & PHONE ?	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____		15. PRODUCT PURCHASED NEW _____ USED _____ DATE PURCHASED <u>X-mas gift</u> AGE _____	
		16. DOES PRODUCT HAVE WARNING LABELS? Yes IF SO, NOTE: <u>Caution: Vapor May Be Harmful</u>	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <u>X</u> IF NOT, DO YOU PLAN TO CONTACT THEM? ?? YES _____ NO _____ OTHER <u>Called the Poison Center.</u>	18. IS THE PRODUCT STILL AVAILABLE? YES <u>XX</u> NO _____ IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>X</u> NO _____	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 12-28-92	21. RECEIVED BY (Name & Office) Carolyn A. Schultz, MSP-RP	22. DOCUMENT NO.  C 0164	
23. FOLLOW-UP ACTION <u>File</u>		24. PRODUCT CODE(S) 0952	
25. DISTRIBUTION O: EPDS; cc: (Edwin Jacobson); cc: EA		26. ENDORSEER'S NAME & TITLE <u>[Signature]</u>	



TC 21

(15)

## CONSUMER PRODUCT INCIDENT REPORT

EPOS

1. NAME OF RESPONDENT Sandra McGee		2. TELEPHONE NO. (Home) (Work) (309) 274-4426	
3. STREET ADDRESS 5204 E. Cambron Ave.		4. CITY STATE ZIP CODE Chillicothe IL 60152	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) The respondent stated that she purchased 3 leather coats in Dec. 1992. With the coats she also purchased 3 cans of 5 oz size Wilson Leather Protector to treat the coats. On 12/26/92 she sprayed all 3 coats in her garage. 2-3 cans of the Leather Protector were used. Within 1-2 hrs. after spraying the coats she developed tightness in her chest, difficulty breathing and coughing. The symptoms continued and worsened into the next day when she went into work at a local hospital. Because she was feeling worse she went to the hospital emergency room and was examined. She was given oxygen and a chest xray was taken. The xray was negative. She was also given an antibiotic. <u>The doctor feels that her problem was caused by exposure to the Leather Protector.</u> The respondent does not smoke and does not suffer from any respiratory problems.			
6. DATE OF INCIDENT(S) 12/26/92	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT Leather Spray		10. BRAND NAME Wilson Leather Protector 5 oz. size	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson Suede & Leather 400 Hwy 169 South Minneapolis, Mn. 55426		12. MODEL, SERIAL NO.'S 5 oz. size	
MFR/PRVLR NOTIFIED <input checked="" type="checkbox"/> No comments made <input type="checkbox"/> Comments attached <input type="checkbox"/> Excisions/Revisions, <input checked="" type="checkbox"/> Firm has not requested further notice. <i>AM 4/18/95</i>		13. DEALER'S NAME, ADDRESS & PHONE Wilsons Northwood Mall Peoria, Il.	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____		15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED _____ DATE PURCHASED 12/92 AGE _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <input checked="" type="checkbox"/> NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO <input checked="" type="checkbox"/> IF NOT, ITS DISPOSITION Just the empty cans	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO _____			
<b>FOR ADMINISTRATION USE</b>			
20. DATE RECEIVED 12-31-92		21. RECEIVED BY (Name & Office) JRV/FOCR	
23. FOLLOW-UP ACTION <i>File</i>		22. DOCUMENT NO. <b>G31-0094 A-93</b>	
25. DISTRIBUTION <i>D: EPOS; cc: CEM, Jackson; cc EF</i>		24. PRODUCT CODE(S) 0952	
26. ENDORSER'S NAME & TITLE <i>[Signature]</i>			

TC 21

(B)

## CONSUMER PRODUCT INCIDENT REPORT

EPOS

<b>1. NAME OF RESPONDENT</b> Sandra McGee		<b>2. TELEPHONE NO.</b> (Home) (Work) (309) 274-4426		<b>JAN 2 2 1993</b>
<b>3. STREET ADDRESS</b> 5204 E. Cambron Ave.		<b>4. CITY STATE ZIP CODE</b> Chillicothe IL 60152		
<b>5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)</b> The respondent stated that she purchased 3 leather coats in Dec. 1992. With the coats she also purchased 3 cans of 5 oz size Wilson Leather Protector to treat the coats. On 12/26/92 she sprayed all 3 coats in her garage. 2-3 cans of the Leather Protector were used. Within 1-2 hrs. after spraying the coats she developed tightness in her chest, difficulty breathing and coughing. The symptoms continued and worsened into the next day when she went into work at a local hospital. Because she was feeling worse she went to the hospital emergency room and was examined. She was given oxygen and a chest xray was taken. The xray was negative. She was also given an antibiotic. <u>The doctor feels that her problem was caused by exposure to the Leather Protector.</u> The respondent does not smoke and does not suffer from any respiratory problems.				
<b>6. DATE OF INCIDENT(S)</b> 12/26/92	<b>7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____</b>	<b>8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____</b>		
<b>9. DESCRIPTION OF PRODUCT</b> Leather Spray		<b>10. BRAND NAME</b> Wilson Leather Protector 5 oz. size		
<b>11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS &amp; PHONE</b> Wilson Suede & Leather 400 Hwy 169 South Minneapolis, Mn. 55426		<b>12. MODEL, SERIAL NO.'S</b> 5 oz size		
<b>14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?</b> YES _____ NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____		<b>13. DEALER'S NAME, ADDRESS &amp; PHONE</b> Wilsons Northwood Mall Peoria, Il.		
<b>17. HAVE YOU CONTACTED THE MANUFACTURER?</b> YES _____ NO <u>X</u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <u>X</u> NO _____ OTHER _____		<b>18. IS THE PRODUCT STILL AVAILABLE?</b> YES _____ NO <u>X</u> IF NOT, ITS DISPOSITION Just the empty cans		<b>15. PRODUCT PURCHASED NEW <u>X</u> USED _____</b> DATE PURCHASED <u>12/92</u> AGE _____
<b>16. DOES PRODUCT HAVE WARNING LABELS?</b> IF SO, NOTE: _____		<b>19. MAY WE USE YOUR NAME WITH THIS REPORT?</b> YES <u>XX</u> NO _____		
<b>FOR ADMINISTRATION USE</b>				
<b>20. DATE RECEIVED</b> 12-31-92		<b>21. RECEIVED BY (Name &amp; Office)</b> JRV/FOCR		<b>22. DOCUMENT NO.</b> <b>G31-0094 A1-93</b>
<b>23. FOLLOW-UP ACTION</b> <i>File</i>			<b>24. PRODUCT CODE(S)</b> 0952	
<b>25. DISTRIBUTION</b> <i>O: EPOS; cc: CER, Jackson; cc EF</i>			<b>26. ENDORSER'S NAME &amp; TITLE</b> <i>Sandra McGee SPS II</i>	

15

Tc-21

CONSUMER PRODUCT INCIDENT REPORT

FEB 8 1993

Bruce 44

1. NAME OF RESPONDENT JENNIFER HIGGINS		2. TELEPHONE NO. (Home) (Work) (617) 321-0354 (617) 437-1453	
3. STREET ADDRESS 36 CRESTVIEW DR		4. CITY STATE ZIP CODE Malden ma 02148	

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)  
 I Used the WILSONS LEATHER PROTECTOR and I WAS having trouble breathing, (hurts to inhale and exhale and I choked trying) Nausea, dizziness, fever, shortness of breath, headaches  
 Diagnosed AS Acute Chemical pneumonia  
 Lungs are chemically burnt

6. DATE OF INCIDENT(S) Dec. 31, 1992	7. IF INJURY OR NEAR MISS, OBTAIN AGE <u>22</u> SEX <u>F</u> AND DESCRIBE INJURY <u>Lungs Chemically burnt.</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____
---	---	---

9. DESCRIPTION OF PRODUCT MAKES SUEDE & leather stain & water resistant	10. BRAND NAME WILSONS LEATHER PROTECTOR CO2 propellant
--	--

11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE WILSONS LEATHER 400 Hwy. 169 South Suite 600 Minneapolis, MN. 55426	12. MODEL, SERIAL NO.'S SKU# 18291003	13. DEALER'S NAME, ADDRESS & PHONE WILSONS LEATHER Liberty tree Mall Rehoboth Ma.
--	--	--

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____ Excisions/Revisions _____ Firm has not requested further notice Date 4/18/95	15. PRODUCT PURCHASED NEW _____ USED _____ DATE PURCHASED <u>12/23/92</u> AGE _____	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: <u>CAUTION: Vapor may be harmful contents under pressure.</u>
---	--	---

17. HAVE YOU CONTACTED THE MANUFACTURER? YES <u>✓</u> NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO <u>X</u> IF NOT, ITS DISPOSITION <u>IT WAS RECALLED</u>	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>✓</u> NO _____
--	---	---

FOR ADMINISTRATION USE

20. DATE RECEIVED 1/15/93	21. RECEIVED BY (Name & Office) Boston R.P.	22. DOCUMENT NO. N32-0021
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23. FOLLOW-UP ACTION	24. PRODUCT CODE(S) <u>0952</u>
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25. DISTRIBUTION <u>ERAS</u> / FORCE / Foca / P.P.	26. ENDORSER'S NAME & TITLE <u>LC &amp; SP</u>
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H31010A1

1 2 3 4 5 6 7 8 9 10 11 12

1. Case Number 930115 CWK 7005		2. Invest. I. D. ( 8 / 2 / 0 / 0 )		3. Office Code ( 8 / 6 / 2 )		E P I D E M I O L O G I C I N V E S T I G A T I O N R E P O R T	
4. Date of Accident ( 33 / 01 / 07 )		5. Date Invest Initiated ( 93 / 01 / 15 )					
6. Synopsis of Accident or Complaint: This case involved a 17 year old victim found dead with a spray can of leather protector and a cloth saturated with the protector on the floor near the body. The victim died of respiratory failure due to inhalation of high concentrations of the product.							
7. Location (Home, School, Etc.) Home ( 1 / 0 )			8. City Burleson,			9. State Texas ( T / X )	
10A. First Product ( 1 / 1 / 3 / 3 ) Leather Protector		11A. Trade/Brand, Model, Mfgr & Address: Wilsons SKU 18996003 Minneapolis, MN. 55426					
10B. Second Product ( 0 / 9 / 5 / 2 ) NONE		11B. Trade/Brand, Model, Mfgr & Address N/A					
12. Age of Victim ( 0 / 1 / 7 )		13. Sex (Use No. Code) Male.....1 Female....2 ( 1 ) Unknown...3		14. Disposition - Fatality ( 8 )		15. Injury Diagnosis vapor inhalation ( 6 / 8 )	
16. Body Part All parts ( 8 / 5 )		17. Respondent(s) (Mother, Friend, etc.) Grandfather Police records Medical Examiner ( 3 )		18. Type Invstgion On Site....1 Telephone..2 ( 2 ) Other.....3		19. Time Spent ( ___ / 8 ) . ( 0 )	
20. Attachments multiple ( 9 )		21. Case Source complaint ( 0 / 7 )		22. Reviewed by ( 9 / 2 / 5 / 17 )		YR MO DY ( 93 / 02 / 25 )	
23. Permission To Disclose Names (Non-NEISS Cases ONLY) CPSC May Disclose My Name ( ___ ) CPSC May NOT Disclose My Name ( X )							
24. Narrative  <u>Summary of Event:</u>  The victim was in good health when he settled in front of the television to watch a video tape and clean the jacket or gloves that he had received for Christmas. His mother told authorities that she went to bed around 2230 hours and awoke at 0030 hours on 01-07-93 to find the lights still on. According to the Medical Investigator's report, "She went into the living room and saw her son face down on a bean bag chair." When she found him to be unresponsive and blue around the mouth, she called 9-1-1. (See Investigator's Report, Attachment #3.) The victim was taken to Huguley Memorial Hospital ER by Med-Star Ambulance. The victim was pronounced dead on arrival. The Burleson Police collected two aerosol cans of the product and a rag that was saturated with the subject product. The victim's grandfather was briefly interviewed by telephone. He indicated that the victim had been using the rag to clean his leather items appropriately since he received them. He indicated that the police had taken the cans of leather protector and the rag. This investigator called the Burleson Police and was told that the items involved had all been turned over to the Tarrant County Medical Examiner's office to assist in their determination. The victim appears to have died from massive respiratory failure from inhaling large amounts of the subject product. The victim appears to have saturated the rag for the purpose of breathing the vapors.				25. Regional Office Director Review Date  / /			

01/10/93 pe  
X  
Comments made  
attached

Revisions  
from has not requested  
further notice

Continued on Page 2

H31010A1



PRODUCT IDENTIFICATION:

The product in this case was the 7 ounce size, WILSONS brand, aerosol leather protector. The front panel was labeled in part as follows:

"\*\*\* SUEDE & LEATHER \*\*\* WILSONS \*\*\* SINCE 1899 \*\*\* LEATHER PROTECTOR \*\*\* MAKES SUEDE AND LEATHER STAIN AND WATER RESISTANT \*\*\* KEEPS DIRT ON THE SURFACE FOR EASY WIPE OFF \*\*\* NEVER CHANGES COLOR OR ADVERSELY EFFECTS MATERIAL \*\*\* CONTAINS NO SILICONE \*\*\* CAUTION: VAPER MAY BE HARMFUL CONTENTS UNDER PREASURE. READ CAREFULLY OTHER CAUTION ON BACK PANEL. \*\*\* NET WT. 7 OZ. \*\*\*"

The back panel was labeled in part as follows:

"\*\*\*CO2 PROPELLANT \*\*\* NO FLUOROCARBONS \*\*\* CAUTION: CONTAINS 1,1,1 TRICHLOROETHANE. KEEP AWAY FROM HEAT, SPARKS AND OPEN FLAME. DO NOT PUNCTURE OR INCINERATE (BURN) CONTAINER. EXPOSURE TO HEAT OR PROLONGED EXPOSURE TO SUN MAY CAUSE BURSTING. \*\*\* AVOID BREATHING OF VAPOR OR SPRAY MIST. AVOID CONTACT WITH SKIN OR EYES. IF SPRAYED IN EYES, FLUSH THOROUGHLY WITH WATER. CALL PHYSICIAN IMMEDIATELY USE WITH ADEQUATTE VENTILATION. \*\*\* KEEP OUT OF REACH OF CHILDREN \*\*\* MANUFACTURED FOR: \*\*\* SUEDE & LEATHER \*\*\* WILSONS \*\*\* SINCE 1899 \*\*\* MINNEAPOLIS, MN 55426 SKU 18996003 \*\*\*"

The Medical Examiner was visited and interviewed concerning this case and it appeared that the victim's lungs contained more of the products chemicals than might be expected under normal use. The Autopsy Report had not yet been completed and will be forwarded on receipt.

STANDARDS INFORMATION:

There are no applicable Federal Standards for this product.

ATTACHMENTS:

1. Assignment and complaint report.
2. Photographs of the product
3. Copy of the Medical Investigator's Report
4. Copy of the Burluson Police Report

CONTACT

PURPOSE

RESULTS

Medical Examiner	To obtain event scenario, and investigators reports from interview records.	Pending completion
Police Department	To obtain event scenario, and investigators reports from interview records.	Pending completion
Victim's grandfather	Product identification and history.	Provided history of product use.

CONSUMER PRODUCT INCIDENT REPORT

FOR OFFICIAL USE ONLY  
Attachment #1  
930111 CWE 7005 KAW133

1. NAME OF RESPONDENT  
Robert Wagstaff (attorney)

2. PHONE NO. (HOME)  
907-277-8611 same

3. STREET ADDRESS  
912 W. 6th Ave.

4. CITY STATE ZIP CODE  
Anchorage AK 99501

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED)  
Respondent is filing complaint for client, Duane Cole, (street address unknown) Burleson, TX (zip code unknown) TEL: 817-295-4582.

Consumer woke-up at 3 a.m. and found son laying unconscious on the living room floor (position unknown) and his lips were blue. Consumer called local police and son was taken to local hospital and was pronounced dead upon arrival. Autopsy was performed which stated son died of -cont-

6. DATE OF INCIDENTS  
1/7/93

7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY:  
17 YR/M  
death

8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP  
Timothy Cole  
client's grandson

9. DESCRIPTION OF PRODUCT  
7-ounce leather protector spray

10. BRAND NAME  
Wilsons Leather Spray

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE  
Wilsons Leather  
unknown  
Minneapolis, MN 33437  
612-541-3561  
unknown  
unknown  
unknown

12. MODEL, SERIAL NUMBERS  
unknown

13. DEALER'S NAME, ADDRESS & PHONE  
unknown  
unknown  
unknown  
unknown

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:

15. PRODUCT PURCHASED NEW x USED DATE PURCHASED unknown AGE unknown

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES x NO OTHER?

18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION  
In local police possession.

19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED  
01/15/93

21. RECEIVED BY (NAME & OFFICE)  
kgw/hl

22. DOCUMENT NO.  
H310110A1

23. FOLLOW-UP ACTION

24. PRODUCT CODE(S)

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE

## CONSUMER PRODUCT INCIDENT REPORT

H310110A1

massive respiratory failure.

Grandfather said son used spray as instructed earlier the same day (time and duration unknown).

Medical examiner's office in Fort Worth, TX is investigating son's death and suspects leather protector is the cause of death.

Consumer got CPSC hotline number from the information operator.

Attachment #3  
930115 CWE 7005  
Leather Spray  
Inhalation Fatality

TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT  
SERVING TARRANT, PARKER, & DENTON COUNTIES

01/19/93  
PAGE: 1

I N V E S T I G A T O R S R E P O R T

CASE NO. 930068T

NIZAM PEERWANI, M.D.  
CHIEF MEDICAL EXAMINER  
ME-CASE

DAVID CARPENTER  
CHIEF MEDICAL INVESTIGATOR

-----  
DECEASED (F.M.L.): TIMOTHY N TWADDLE  
ADDRESS: 484 IRENE BURLESON TX 76028  
AGE: 017 BIRTH DATE: 11/04/1975 MARITAL STATUS: S PHONE (817) 447-9283

EXAMREPT (ASCII CRLF ) (WT66 01/07/93) WT66 01/07/93 07:34:46  
BODY IS VIEWED IN THE EMERGENCY ROOM OF HUGM. BODY IS COLL.  
DRESSED IN T-SHIRT, OTHER CLOTHING HAD BEEN CUT AWAY. BODY WAS  
BROUGHT TO HOSPITAL BY MED-STAR AMBULANCE AFTER HE WAS FOUND  
UNRESPONSIVE. BY HIS MOTHER, AT THEIR RESIDENCE.

MOTHER STATES HER SON HAS NO KNOWN MEDICAL HISTORY, WAS NOT  
UNDER THE CARE OF A DOCTOR AND WAS NOT TAKING ANY PRESCRIPTION  
MEDICATIONS. SHE STATES HE HAD COMPLAINED OF A HEADACHE ON 01-05-  
93 AND HE HAD EATEN SOME MEXICAN FOOD ON 01-06-93. SHE STATES SHE  
WENT TO BED AROUND 2230. 01-06-93 AND AWOKE AROUND 0030. 01-07-93  
AND THE LIGHTS WERE STILL ON. SHE WENT INTO THE LIVING ROOM AND  
SAW HER SON FACE DOWN ON A BEAN BAG CHAIR. SHE APPROACHED HIM AND  
TURNED HIM OVER AND HE WAS BLUE AROUND THE MOUTH AND WAS HOLDING A  
VCR TAPE IN HIS HAND. SHE THEN CALLED 9-1-1.

OFFICER J. POLLEY #302, BURLESON P.D. SERVICE NUMBER #9300660,  
RECEIVED A CALL FROM HIS SUPERVISOR WHO WAS AT THE RESIDENCE. THE  
SUPERVISOR STATED THEY HAD LOCATED A CLOTH SATURATED WITH "WILSON'S  
LEATHER CLEANER".

BILL YOUNG, M.I.  
01-07-93

\*\* END OF NARRATIVE \*\*

BURLESON POLIC  
OFFENSE

Attachment #4  
930115 CWE 7005  
Leather Spray Protector  
Inhalation Fatality

CFS OFFENSE  
93-00660 UNATTENDED DEATH 484 IRENE

DATE/TIME MONTH DAY YEAR TIME OFFENSE OCCURRED MONTH DATE YEAR TIME  
REPORTED 01 07 93 0026 ON/OR BETWEEN 01 07 93 @ 0026

ATTACK FIELD UCR CODE

CONNECTING CASE # PROPERTY CODE

CODES: V-VICTIM W-WITNESS COM-COMPLAINANT S-SUSPECT JUV-JUVENILE

NAME TWADDLE, TIMOTHY NEAL SEX M RACE W AGE 17 DOB 11/05/75

RESIDENCE 484 IRENE ZIP 76028 PHONE 447-9283

BUSINESS N/A ZIP PHONE

NAME COLE, KAREN M. SEX F RACE W AGE DOB

RESIDENCE 484 IRENE ZIP 76028 PHONE 447-9283

BUSINESS N/A ZIP PHONE

YEAR MAKE MODEL STYLE COLOR VIN

LICENSE NUMBER TYPE YEAR/STATE MISCELLANEOUS

DESCRIPTION OF DAMAGED PROPERTY:

VALUE

\$

\$

CASE SUMMARY:

SOURCE OF ACTIVITY/BACKGROUND

On 01/07/93 at 0026 hrs. I (Officer Polley#302) was dispatched to 484 Irene in reference to an unconscious person who was not breathing.

OFFICERS OBSERVATION/INVESTIGATION

Upon arrival I and Officer Eakins were met at the front door of the residence by Com/Cole who is V/Twaddle mother. Com/Cole was hysterical and yelling at us to hurry and help her son. Upon making entry into the residence Officers observed V/Twaddle laying on his back in the living room with his head towards the front door and his feet towards the back door of the residence. Upon checking vital signs on V/Twaddle none could be found at which time Officers began conducting C.P.R.



BPD 100A-86

SUPPLEMENTARY REPORT

CONTINUATION

SUPPLEMENTAL

UNATTENDED DEATH

CASE FILE NO

93-00660

OFFENSE

WITNESSES

Com/Cole who discovered her son (V/Twaddle)  
(See Crime Scene log for other Fire, Police and Medstar Personnel)

ADDITIONAL

Com/Cole also advised me that V/Twaddle had complained of a headache yesterday, but every thing was normal around the house and that there had not been any argument between the two or any one else to her knowledge.

UNDEVELOPED LEADS

N/A

STATUS *Refer to CIS*

LOCATION 484 IRENE  
 SERVICE NO. 93-00600

NAME OF PERSON ENTERING	RANK	DEPARTMENT/ORGANIZATION	TIME-IN	TIME-OUT	REASON FOR ENTRY	PER. INITIAL
J.C. POLLEY		BURLESON P.D.	1232	0128	CRIME SCENE	JP BR
S. EAKINS		BURLESON P.D.	1232	0220	CRIME SCENE	
B. POSTER		BURLESON F.D.	1235	1247	MEDICAL	
L. BRYANT		BURLESON F.D.	1235	1247	MEDICAL	
G. MASON		BURLESON F.D.	1235	1251	MEDICAL	
R. BAKER		BURLESON F.D.	1235	1251	MEDICAL	
J. JONES		MED-STAR #52	1235	1251	MEDICAL	
I. P. CARSON		BURLESON P.D.	1234	0245	BURLESON P.D.	
R. MATTIX	SGT	BURLESON P.D.	1234	0209	CRIME SCENE	
RUSSELL HELMICK		504 IRENE FAMILY FRIENDS	1242	1251	FRIEND	
KIM HELMICK		504 IRENE FAMILY FRIEND	1242	1251	FRIEND	
POUARO MIKE	DET.	BURLESON P.D.	0117	0245	CRIME SCENE	MP 710
D. HAINES		BURLESON P.D.	0200	0203	CRIME SCENE	
L. WICKES		BURLESON P.D.	1237	0226	CRIME SCENE	
P. Cook		Medstar #52	1235	1251	Medical	

LOG OFFICER'S NAME: L. WICKES #337 DATE: 01/20/93 TIME BEGIN: 1232 TIME END: 0245

CONTINUATION  
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.  
93-00660

Classification

BPD 100A-86

Name of Complainant: Cole, KAREN M. Address: 484 Irene Phone No: 447-9283

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.  
(Investigating Officer must sign)

No. 1 of 1

DATE 01-07-93

On above date at 0026 hours this Officer responded to 484 Irene reference to an unconscious person who was not breathing. Upon this Officer's arrival, Officers Polley 302 and Officers Ekins 320 who were already on scene, were performing C.P.R. on an unconscious white male who was later identified as V/Twaddle. V/Twaddle was laying unconscious in the living room in front of the TV. Com/Cole, who is V/Twaddle's mother, was on scene and was very upset. This Officer then took Com/Cole into the kitchen area to try to calm her down. Med. Stars and Fire Dept. personnel arrived on scene to treat V/Twaddle, with Med. Stars transporting him to Huguley hospital. Det. Pollard 310 was contacted and arrived on scene for further investigation. This Officer remained on scene while Det. Pollard 310 completed his investigation. This Officer is unsure of Det. Pollard's conclusions but did observe Det. Pollard 310 take 2 cans of Leather Protector and a wash cloth in for evidence. This Officer then secured the residence (as requested by Com/Cole) and cleared the scene with Det. Pollard 310.

CONTINUATION  
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.  
93-20660

Incident  
Classification

BPD 100A-86

Name of Complainant	Address	Phone
COLE, KAREN M. Offense: Unattended Death	184 TRENE	447-9283

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.  
(Investigating Officer must sign)

Page No. 1

DATE 1-7-93

On 1-7-93 at 0200 Hours this officer arrived at the above address as requested by Cpt. Carson 323 to remove the medical waste. This officer gathered the waste and left the scene at 0203 Hours in route to Med Star to dispose of the waste.

*[Handwritten initials]*

CONTINUATION  
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.

93-00660

Investigation  
Classification

BPD 100A-86

Name of Complainant Cole Karen M. Address 484 Irene Burleson Tr. 76028 Phone No 817-447-9283  
Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.  
(Investigating Officer must sign)

Page No. 1 of 3 DATE January 07, 1993

On Thursday January 7, 1993 at 00:26 hours I, (Sgt R.E. Mathis) responded to 484 Irene to assist Officer J.C. Polley 302 regarding a reported unconscious person who was not breathing. I was accompanied by Cpl. E.P. Carson # 323 who was a second officer in my patrol unit.

Upon my arrival some five minutes after dispatch time I observed Officer Polley and secondary assist unit S. Collins #320 administering "C.P.R." to a white male who was lying on his back in the living room area adjacent to a television set. The white male was identified as Twaddle Timothy N. D.O.B. 11-05-75. This identification was obtained from a female who identified herself as the victim's mother (Cole Karen M.). Mrs. Cole frantically stated that she had awoken from her sleep, traveled to the living room and found her son unconscious lying in the floor grasping a "V.C.R" tape adjacent to the television set. Mrs. Cole reportedly last observed her son when she went to bed at 2230 hrs.

CONTINUATION  
SUPPLEMENTAL

SUPPLEMENTARY REPORT

Investigation  
Classification

CASE FILE NO.  
93-00660

BPD 100A-86

Name of Complainant: Cole Karen M. Address: 484 Irene Burleson Tx. 76028 Phone #: 817-447-9283  
Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.  
(Investigating Officer must sign)

No. 2 of 3

DATE January 07, 1993

Shortly after my arrival, Med Star Ambulance Service arrived and initiated procedures attempting to revive the victims. Medstar personell were assisted by several Burleson Volunteer Fire Department Personnel. As emergency medical service was rendered I began establishing the necessary protocol for crime scene security and processing. Officer T. Wickert #337 was summoned to the scene and instructed to begin crime scene logs documenting entry and exit by authorized persons into the area. I then notified Captain C.W. Percy #317 and C.I.S. supervisor Sgt. C.K. Arson #311. At the direction of Sgt. Arson #311, Det. M. Pollard #310 was called to the scene and was designated the Officer in charge of crime scene search. Det. Pollard #310 accomplished this assignment with the assistance of on-scene officers who acted at his direction. Officer Falley was instructed to travel to the hospital (Huguley Memorial) and continue his investigation with the assistance of Victims Assistance Personell who

INVESTIGATING OFFICER(S)

REPORT MADE BY Sgt. R.E. Martin

DATE 01079

CONTINUATION  
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.  
93-00660

Investigation  
Classification

BPD 100A-86

Name of Complainant: Cole Karen M. Address: 484 Irene Burleson Tr. 76028 Phone No: 817-447-9283

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.  
(Investigating Officer must sign)

No. 3 OF 3

DATE January 7, 1993

had been requested at the hospital facility.  
Upon completion of crime scene processing / search  
Officer Paxton # 320 and Det Pallard # 310 had located  
a white in color "wash type rag" that smelled of  
unidentified chemical substance. This rag  
was found near the victims body in the  
floor area. Also located in the vicinity of  
the body was two spray cans of a shoe or  
boot preservative / cleaner. These items were  
taken into custody by Det. Pallard # 310 and  
removed from the scene for evidentiary  
purposes.

At approximately 02:20 hours I departed the  
scene and arrived at the Police Department  
shortly thereafter for conclusion of my tour  
of duty.

INVESTIGATING OFFICER(S)

REPORT MADE BY

Sgt. R.E. Nally

DATE 010793

CONTINUATION  
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.  
93-00660

Offense  
Classification

BPD 100A-86

Name of Complainant Address Phone No.

Cole, Karen M 484 Irene St 447-9283

1100

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.  
(Investigating Officer must sign)

No. 1 of 2

DATE 1-7-93

On 1-7-93 at 0026 hrs this officer and officer Polley #302 responded to a person not breathing at 484 Irene St. Officer Polley #302 and this officer arrived on scene at approximately the same time. Officer Polley #302 exited his vehicle going to the trunk to remove a BMV. As both officers approached the front door of the residence Cam/Cole advised her son VJ Twaddle was not breathing. Upon making entry into the residence VJ Twaddle was observed lying on his back in the living room next to an entertainment center.

Officer Polley immediately checked VJ Twaddle for vital signs. Officer Polley #302 advised he could not detect any pulse. This officer advised dispatched that CPR would be started on VJ Twaddle. After several CPR compression cycles Med Star and the Fire Department arrived on scene and took over the treatment of VJ Twaddle.

VJ Twaddle was transported to Huxley Hospital for treatment.

1-7-93

INVESTIGATING OFFICER(S) S. E. Jones #320

REPORT MADE BY

DATE

CONTINUATION  
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.

93-00660

Offense  
Classification

BPD 100A-86

of Complainant	Address	Phone No
Cole, Karen M.	484 Teane St	447-9283

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.  
(Investigating Officer must sign)

No. 2 of 2

DATE 1-7-93

This officer remained at the residence with Sgt. Mathis #321 and Cpl. Coorsen #323 while Officer Palley #302 went to Huxley Hospital. Det. Pollard #310 came to the residence to investigate the death.

During the investigation a white wash cloth was located on the floor in the area where V/Turdelle had been lying, also a can of leather Polish was observed sitting in the same area.

At approximately 0230 hrs this officer cleaned the scene.

1-8-93

8/1 #210

CONTINUATION  
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.

93-00660

OFFENSE  
Classification

BPD 100A-86

Name of Complainant

COLE, KAREN M

Address

484 IRENE BURLESON, TX

Phone No

447-9280

UNATTENDED DEATH

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.  
(Investigating Officer must sign)

No. 1041

DATE 01/07/93

ON 01/06/93 AT APPROX. 0026 HRS OFFICERS POLLEY #322 AND  
AKINS #320 RESPONDED TO AN UNCONSCIOUS PERSON WHO WAS NOT  
BREATHING. UPON ARRIVING OFFICER EAKINS #320 ADVISED DISPATCH  
THEY WERE CONDUCTING C.P.R.

SGT. MATTIX #321 AND CPL CARSON #323 ARRIVED ON SCENE, ALONG  
WITH MEDICAL PERSONEL.

SGT. MATTIX #321 IMMEDIATELY CALLED FOR ANOTHER  
ASSISTING OFFICER (L WICKLES #337) TO CONTROL THE CRIME  
SCENE. REPORTING OFFICER L. WICKLES #337 ARRIVED AND OBSERVED  
MEDICAL PERSONEL PERFORMING C.P.R. ON A WHITE MALE LAYING  
FACE UP WITH HIS HEAD TOWARD THE FRONT DOOR. I THEN OBTAINED  
THE NAMES OF THE PERSONEL ALREADY WITHIN THE CRIME SCENE  
AND MONITORED ANY OTHERS GAINING ENTRY.

MEDICAL PERSONEL TRANSPORTED THE WHITE MALE VIA MED-STAR  
TO HUGULEY

UPON DET. POLLARD'S ARRIVAL I ASSISTED DET. POLLARD WITH  
THE CRIME SCENE

INVESTIGATING OFFICER(S)

REPORT MADE BY

*[Signature]* 337

DATE

01/07/93

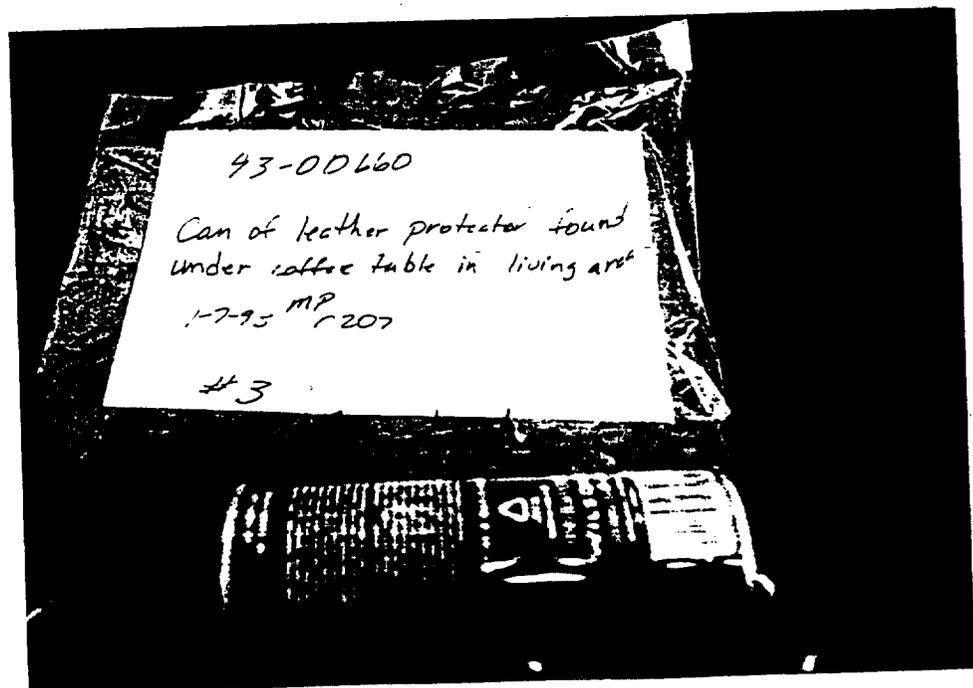
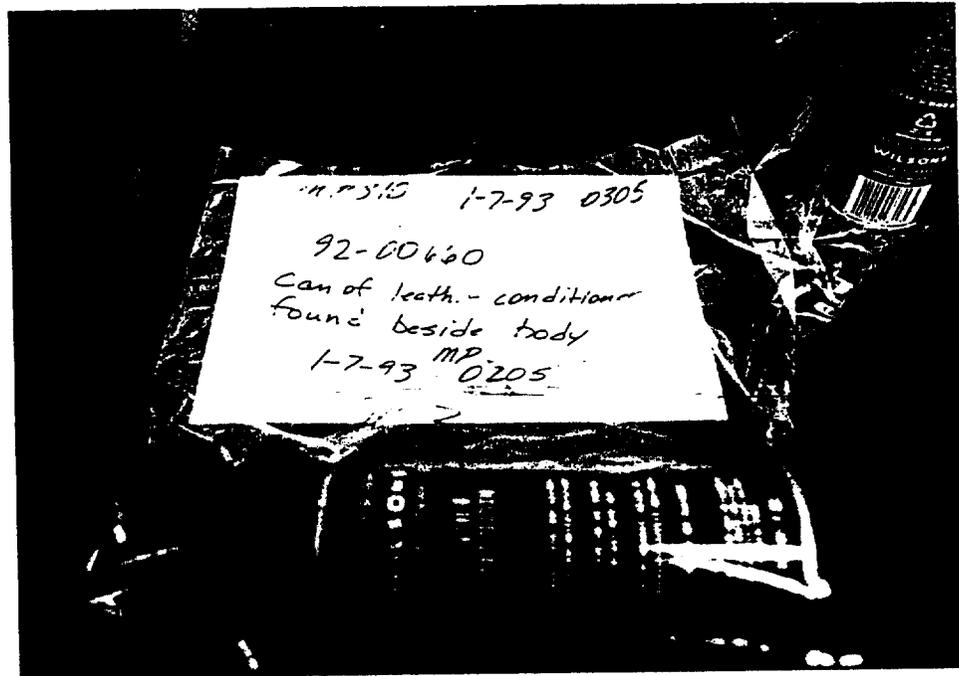
Photos #3 & #4 - Views of the front of the spray can;  
labeled in part as follows:

"\*\*\* SUEDE & LEATHER \*\*\* WILSONS \*\*\* SINCE 1899  
\*\*\* LEATHER PROTECTOR \*\*\* MAKES SUEDE AND LEATHER  
STAIN AND WATER RESISTANT \*\*\* KEEPS DIRT ON THE  
SURFACE FOR EASY WIPE OFF \*\*\* NEVER CHANGES COLOR  
OR ADVERSELY EFFECTS MATERIAL \*\*\* CONTAINS NO  
SILICONE \*\*\* CAUTION: VAPER MAY BE HARMFUL CONTENTS  
UNDER PREASURE. READ CAREFULLY OTHER CAUTION ON  
BACK PANEL. \*\*\* NET WT. 7 OZ. \*\*\*"



Photos #1 & #2 - Two cans in evidence at the ME's laboratory.

Attachment #2  
930115 CWE 7005  
Leather Spray Cleaner  
Inhalation Fatality



Photos #5 - #7 - Views of the back of the spray cans and labeled in part as follows:

"\*\*\*CO2 PROPELLANT \*\*\* NO FLUOROCARBONS \*\*\*  
CAUTION: CONTAINS 1,1,1 TRICHLOROETHANE. KEEP AWAY FROM HEAT, SPARKS AND OPEN FLAME. DO NOT PUNCTURE OR INCINERATE (BURN) CONTAINER. EXPOSURE TO HEAT OR PROLONGED EXPOSURE TO SUN MAY CAUSE BURSTING. \*\*\* AVOID BREATHING OF VAPOR OR SPRAY MIST. AVOID CONTACT WITH SKIN OR EYES. IF SPRAYED IN EYES, FLUSH THOROUGHLY WITH WATER. CALL PHYSICIAN IMMEDIATELY USE WITH ADEQUATE VENTILATION. \*\*\* KEEP OUT OF REACH OF CHILDREN \*\*\* MANUFACTURED FOR: \*\*\* SUEDE & LEATHER \*\*\* WILSONS \*\*\* SINCE 1899 \*\*\* MINNEAPOLIS, MN 55426 SKU 18996003 \*\*\*"



Attachment #2  
930115 CWE 7005  
Leather Spray Cleaner  
Inhalation Fatality

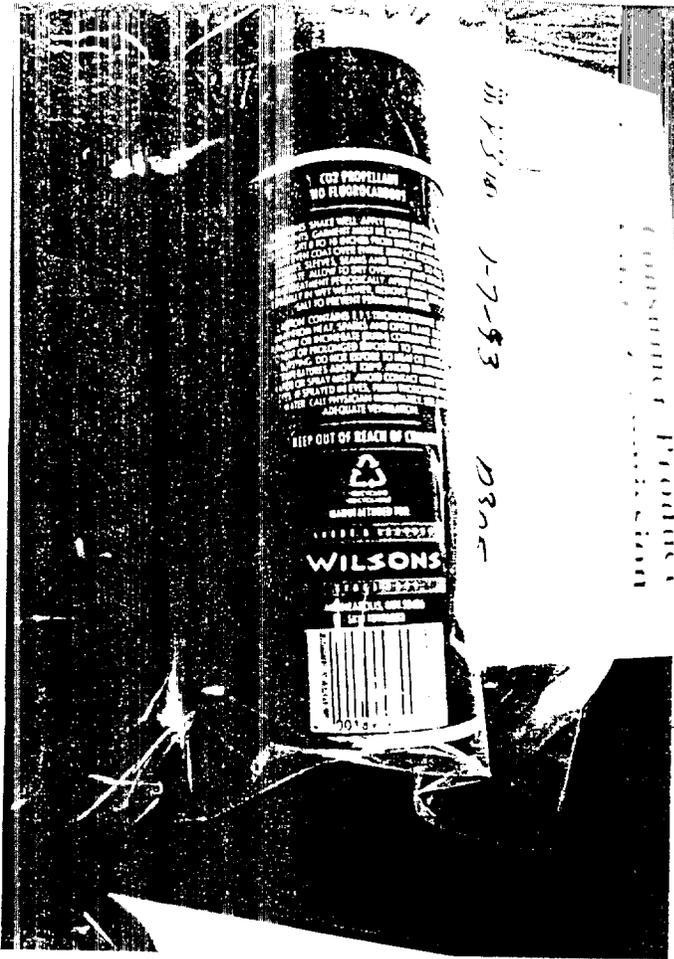


Photo #7 - Another view of the back of the can.  
(See photo #5 for labeling.)



Photo #8 - The bottom of the can was stamped "91492".



Photo #9 - An over view of the evidence in this case.

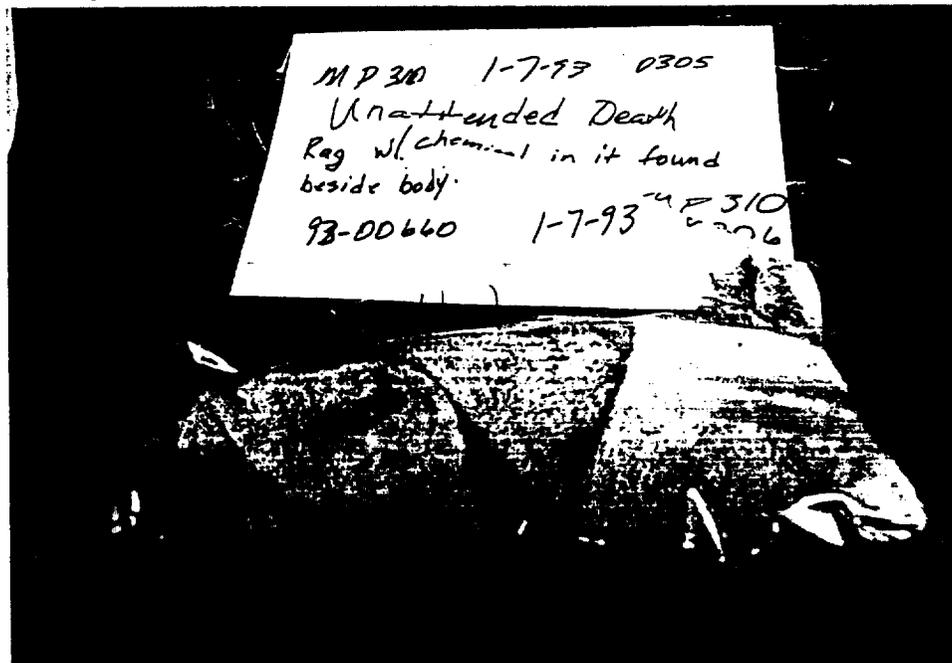


Photo #10 - The cloth used to clean the leather goods. The "rag with chemical in it", was found beside the victim.