

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: ITCF

Symptoms to monitor: CNS ↓, esp irritation & cough

Follow-up schedule: 2-4°

10:15 Line Busy &

10:18 Spoke c Terry. Gave warnings - ventilation etc. & ingredients on front form

10:21 Spoke Terry @ ^{Manager} Minneapolis. Home office closed. They are a retail store. Only had some info off can as mpls store. Home office closed.

10:30 Told caller info. available 12/25/92

12:56 No Ans. BRH

14:43 " " p

16:43 " " p

18:21 No Ans. JWD

20:02 No Ans. Flu in Am JWD

12/25/92

09:31 No Ans. BRH

11:33 No Ans. BRH

14:01 No Ans. BRH

14:53 No Ans. BRH

16:50 No Ans. BRH

20:12 No Ans. BRH

20:48 No Ans. BRH

21:29 No ans. BRH

22:11 No ans. BRH

12/26/92

08:23 No ans. BRH

09:39 No ans. BRH

10:40 No ans. BRH

13:52 No ans. BRH

1802 " " JWD

2116 No Ans DC JWD/JMD

CONSULTANTS/RESOURCES USED:

- Medical director _____
- Other consultant _____
- Texts _____
- Other _____

Poisindex®

FORM INITIATED BY: _____

FORM COMPLETED BY: _____

FORM REVIEWED BY: _____

1 2 3 4 5 6 7 8 9

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: Kinn Person

My relationship to the above person is checked below

Mother

Father

Legal guardian

Self

Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed AG Gollamudi

Date 1/25/93

For Poison Center Use

Date received _____

Case no. _____

14621791

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/24/92 TIME: 1741

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	<input checked="" type="checkbox"/> Accidental 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA
 Name: DAVID Esqiro (grandson)
 Telephone no.: (1) 353-4436
 Address: _____
 Zip: _____
 Age: 18 mo. yr. Weight: _____ lbs. kg.
 Sex: Male Female Unknown

CALLER DATA
 Name: Marian Davis MD RN
 RPh OHP
 Relationship to patient: Self Father Other grandmo
 Mother
 Telephone no.: (1) 357-5247
 Address: _____ Memphis
 Zip: _____ County: _____

Pertinent Medical History: Healthy No chronic meds No known allergies
 Check here if patient is pregnant Medical history unknown
 PMD name & no.: _____

Site of Caller	Site of Exposure
<input checked="" type="checkbox"/> Residence	<input checked="" type="checkbox"/> Residence
<input type="checkbox"/> Workplace	<input type="checkbox"/> Workplace
<input type="checkbox"/> Health Care Facility	<input type="checkbox"/> Health Care Facility
<input type="checkbox"/> School	<input type="checkbox"/> School
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

SUBSTANCE DATA
 Substance: Petrol. Base spray w/son leather preserver
 Amount: 1/2 can
 Ingredients: pet. dist. base
 Manufacturer: _____
 308-9095
 663-9510
 Ti of/Since exposure: 20
 Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) No other products suspected
 Caller's grandson 18 yo boy sprayed above leather preserver 2^o ass & inhaled some of fume & cc initially hurt when he breaths deeply & some nausea. w/other cc's
 Subjective complaints/objective findings No symptoms at this time
 * Hurt when breaths deeply, nausea

Assessment (symptoms expected? rationale?)

- Initial assessment (choose one)
- Asymptomatic
 - Symptomatic, related
 - Symptomatic, unrelated
 - Symptomatic, unknown if related

Pet. dist. - risk of coprostasis - ↑ drying flange
 Rec for fresh air & get home of product/can. 7:0
 Rec to UICF if s/sx persist

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

20C fresh air, get name of container & call SPC observe, to HCF if subsp persist back

Symptoms to monitor:

n/c ↑ coughing/dyspnea

Follow-up schedule:

2-90

1989 Mom said David better now; container only said contains pet distillate. Rec 20C, fresh air for museum no coughing or dyspnea. John in Ben Spoke Grandmen. David is fine & ASX. SRH

2/23/92
09:30

CONSULTANTS/RESOURCES USED:

- Medical director _____
- Other consultant _____
- Texts _____
- Other _____
- Poisindex®

FORM INITIATED BY:

JWD

FORM COMPLETED BY:

SRH

FORM REVIEWED BY:

1 2 3 4 5
1 2 3 4 5 6 7 8 9

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AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: David Esgro
Marion Davis (grandmother said C.K. mother = Judith Esgro
said C.K.)

My relationship to the above person is checked below

- Mother Father Legal guardian
 Self Other, please describe grandmother

Verbal authorization given by telephone on the following date:

Signed Suzette G. Zwick
Date 1/21/93 ~~18~~39

For Poison Center Use
Date received _____
Case no. _____

14621940

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/28/92 TIME: 13:14

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	6. General 7. Occupational 8. Environmental 4. Misuse 5. Unknown	8. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: _____
 Telephone no.: () _____
 Address: _____
 Zip: _____
 Age: 32 mo. yr. Weight: _____ lbs. kg.
 Sex: Male Female Unknown

CALLER DATA

Name: Sheila Herda MD RN
 RPh OHP
 Relationship to patient: Self Father
 Mother Other
 Telephone no.: (901) 285-3443
 Address: Dyersburg Memphis
 Zip: _____ County: _____

Pertinent Medical History: Healthy No chronic meds No known allergies
 Phlegm (cough) from ER
 Doxycycline
 Check here if patient is pregnant Medical history unknown
 PMD name & no.: _____

Site of Caller	Site of Exposure
<input type="checkbox"/> Residence	<input checked="" type="checkbox"/> Residence
<input type="checkbox"/> Workplace	<input type="checkbox"/> Workplace
<input type="checkbox"/> Health Care Facility	<input type="checkbox"/> Health Care Facility
<input type="checkbox"/> School	<input type="checkbox"/> School
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

SUBSTANCE DATA

Substance: Wilson's Leather Protector
 Amount: _____
 Ingredients: _____
 Manufacturer: _____

T: of/Since exposure: 1/26 11am
 Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) No other products suspected
 Caller used above this weekend. Around 1pm she developed sxs below. She went to hospital where she works & doctor in ER didn't sign her in but did X-Rays & Rxed meds above. What are other effects?
 Subjective complaints/objective findings No symptoms at this time
 Cough & SOB ≈ 1pm
 Still some SOB on deep breath

Assessment (symptoms expected? rationale?)

- Initial assessment (choose one)
- Asymptomatic
 - Symptomatic, related
 - Symptomatic, unrelated
 - Symptomatic, unknown if related

No life threatening sxs so far reported.
 Can produce resp. irritation.
 Severity depends on individual & exposure
 Still investigating
 73

Treatment Facility: _____

Code: _____

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: Obs HCF if

Symptoms to monitor: ↑ SOB, cough, CP

Follow-up schedule: every 2 hr in am

2/29/92
9:07 Breathing is much better &

CONSULTANTS/RESOURCES USED:

Medical director _____ Other consultant _____

Texts _____ Other _____ Poisindex®

FORM INITIATED BY: _____

FORM COMPLETED BY: _____

FORM REVIEWED BY: _____

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1 2 3 4 5 6 7 8 9 74

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Sheila
12/28 self

My relationship to the above person is checked below

Mother

Father

Legal guardian

Self

Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed James G. Zulian

Date 1/21/93 1826

7/1989

For Poison Center Use	
Date received	_____
Case no.	_____

75

14622050

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/92 TIME: 9:39

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

See 14622076

PATIENT DATA

Name: Earl Clark

Telephone no.: 1 372-3168 *H

Address: _____

Age: FI mo. yr. Weight: _____ lbs. kg.

Sex: Male Female Unknown

Pertinent Medical History: Healthy No chronic meds No known allergies

Check here if patient is pregnant Medical history unknown

PMD name & no.: _____

CALLER DATA

Name: Mrs. Clark MD RN RPh OHP

Relationship to patient: Self Father Mother Other

Telephone no.: 1 745-9888

Address: _____ Memphis

Zip: _____ County: _____

Site of Caller	Site of Exposure
<input checked="" type="checkbox"/> Residence	<input checked="" type="checkbox"/> Residence
<input checked="" type="checkbox"/> Workplace	<input type="checkbox"/> Workplace
<input type="checkbox"/> Health Care Facility	<input type="checkbox"/> Health Care Facility
<input type="checkbox"/> School	<input type="checkbox"/> School
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

SUBSTANCE DATA

Substance: Wilson's Leather Protect

Amount: _____

Ingredients: _____ Manufacturer: _____

Time of exposure: a few days ago

Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) No other products suspected

Son got a leather coat for Christmas + sprayed this - son has been taking antibiotics - Daughter sprayed the coat, son has had the problems described below. Son was in room - mom & son to the doctor today.

Subjective complaints/objective findings No symptoms at this time

Coughing (bad/constant)

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- Asymptomatic
- Symptomatic, related
- Symptomatic, unrelated
- Symptomatic, unknown if related

No specific - if you continuing resp. problems see PMD - He might give supportive care etc as he sees fit - no special tx 7/6

Treatment:
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

PMD

Symptoms to monitor:

Persistent symptoms

Follow-up schedule:

2-4⁰

14:24 Went to PMD. Given shots & Rx. Present status w/k.
V.t. Biz. Dr Wookie saw pt. See 14622076
Mom will be home p 4:30pm. Call her to get pt status

17:02 - Caller is still coughing & was given Biz Shot + PV Jussint
Erythromycin 400mg in case of 'cpxn'. Feels somewhat better. My

2/3/11
10:05 - caller is getting bed rest now, see to continue MD's strict rec
F/c msg

14/93
10:43 Caller is back to nl. Feels better

CONSULTANTS/RESOURCES USED:

Medical director _____ Other consultant _____

Texts _____ Other _____ Poisindex®

FORM INITIATED BY: _____

[Signature]

FORM COMPLETED BY: _____

FORM REVIEWED BY: _____

1 2 3 4 5
1 2 3 4 5 6 7 8 9

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: Earl Clark
also Becky Clark

My relationship to the above person is checked below

- Mother Father Legal guardian
 Self Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Symon G. White

Date 1/21/93 1843

For Poison Center Use
Date received _____
Case no. _____

14622059

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/02 TIME: 10:33

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
<input checked="" type="radio"/> 1. Exposure <input type="radio"/> 2. Drug Information <input type="radio"/> 3. Poison Information <input type="radio"/> 4. Medical/Other	<input checked="" type="radio"/> 1. Human <input type="radio"/> 2. Animal	<input checked="" type="radio"/> 1. Acute <input type="radio"/> 2. Chronic <input type="radio"/> 3. Unknown	<input checked="" type="radio"/> 1. General <input type="radio"/> 2. Occupational <input type="radio"/> 3. Environmental <input type="radio"/> 4. Misuse <input type="radio"/> 5. Unknown	<input type="radio"/> 6. Suicidal <input type="radio"/> 7. Misuse <input type="radio"/> 8. Abuse <input type="radio"/> 9. Unknown	<input type="radio"/> 10. Drug <input type="radio"/> 11. Food <input checked="" type="radio"/> 12. Other	<input type="radio"/> 13. Unknown Reason

PATIENT DATA

Name: _____
 Telephone no.: () _____
 Address: _____
 Zip: _____
 Age: _____ mo. yr. Weight: _____ lbs. kg.
 Sex: Male Female Unknown

CALLER DATA

Name: Eva Davidson MD RN
 RPh OHP
 Relationship to patient: Self Father
 Mother Other _____
 Telephone no.: 1 1377-7777
 Address: 353-4204 home Memphis
 Zip: _____ County: _____

Pertinent Medical History: Healthy No chronic meds No known allergies

Site of Caller	Site of Exposure
<input type="checkbox"/> Residence	<input checked="" type="checkbox"/> Residence
<input checked="" type="checkbox"/> Workplace	<input type="checkbox"/> Workplace
<input type="checkbox"/> Health Care Facility	<input type="checkbox"/> Health Care Facility
<input type="checkbox"/> School	<input type="checkbox"/> School
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

Check here if patient is pregnant

Medical history unknown

PMD name & no.: _____

SUBSTANCE DATA

Substance: Wilson's Leather Proct

Amount: _____

Ingredients: _____ Manufacturer: _____

Ti: if/Since exposure: since Christmas day

Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other _____

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) No other products suspected

Caller gave son leather proct. + Don sprayed it on his coat in the laundry room next to the kitchen - Mom was in the kitchen almost all day. Son went out - Mom has had symptoms below since then - ixi desires

Subjective complaints/objective findings No symptoms at this time

SOB / aching joint

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- Asymptomatic
- Symptomatic, related
- Symptomatic, unrelated
- Symptomatic, unknown related

B/c of persistent symptoms, Rec. ~~fact~~ PMD. We have no specific to give - Rec! PMD for evaluation

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MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

PMD

Symptoms to monitor:

Persistent Symptoms

Follow-up schedule:

2-40

14:43 No Ans @ home. Can't reach @ work &

17:14 - No ans at home or work. pm Baptist Mono Med. Ctr.

18:47 - Spoke & called. Went to M.D. & was told she had chemical poisoning from the pt. Chest x-ray was ~~clear~~ spotty. Was referred to Pulmonary specialist & will be going Monday. Gave Ventolin inhaler & pc. Nuda 40 mg pain in joints. Still exp. some SOB. pm ^{more}

4/43 14:15 Work #, can't reach caller directly. No Ans @ home. Flu @ home later this pm &

17:31 doing a little better appointment on Wednesday to see pulmonologist still o. med. weekly follow up wed or Thurs

16:32 M.D. said there was no permanent damage & SOB should pass before long

CONSULTANTS/RESOURCES USED:

Medical director _____ Other consultant _____
 Texts _____ Other _____ Poisindex®

FORM INITIATED BY: FL

FORM COMPLETED BY: AB

FORM REVIEWED BY: 1 2 3 4 5 6 7 8 9

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: Eva Davidson
12/30

My relationship to the above person is checked below

- Mother Father Legal guardian
 Self Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Demetrius J. White
Date 1/21/93 1848

For Poison Center Use
Date received _____
Case no. _____

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: see PMD

Symptoms to monitor: Persistent symptoms
Resp. Problems

Follow-up schedule: 2-40

12:16 Ans Machine

14:43 " " 9

17:12 Caller not in. Will be in p 8PM. PM/

20:27 Caller not in - please answer the phone again
a Beep # 537-3982 to call /

20:3 Paged caller

21:20 No return call from pager

12/31/12 Ans mach no ans/21/2

9:21 Ans mach

16:15 Sxs resolved. Didnt go to MD &

CONSULTANTS/RESOURCES USED:

- Medical director _____
- Other consultant _____
- Texts _____
- Other _____
- Poisindex® _____

FORM INITIATED BY: [Signature]

FORM COMPLETED BY: _____

FORM REVIEWED BY: _____

1	2	3	4	5	6	7	8	9
		3						

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: James Glenn
Hudson

My relationship to the above person is checked below

Mother

Father

Legal guardian

Self

Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Janice Mitchell

Date 1/26/93

For Poison Center Use	
Date received	<u>1/26/93</u>
Case no.	<u>14622057</u>

SEARCH # 146 220 72
14622064

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/92 TIME: 11:35

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA
 Name: Wife + Child ill
 Telephone no.: _____
 Address: _____ Zip: _____
 Age: _____ mo. _____ yr. Weight: _____ lbs. _____ kg.
 Sex: Male Female Unknown

CALLER DATA
 Name: Bobbie Wms MD RN
 RPh OHP
 Relationship to patient: Self Father
 Mother Other husband
 Telephone no.: (1) 366-5297 home #
735-8148 WK Memphis
 Zip: _____ County: _____

Pertinent Medical History: Healthy No chronic meds No known allergies
 Check here if patient is pregnant Medical history unknown
 PMD name & no.: _____

Site of Caller	Site of Exposure
<input type="checkbox"/> Residence	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Workplace	<input type="checkbox"/>
<input type="checkbox"/> Health Care Facility	<input type="checkbox"/>
<input type="checkbox"/> School	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> Unknown	<input type="checkbox"/>

SUBSTANCE DATA
 Substance: Wilson's Leather Prot. Spray

Amount: _____
 Ingredients: _____ Manufacturer: _____

Time of exposure: Sat. after Christmas Eve
 Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) No other products suspected

Caller has used about 1/2 bottle on a coat & he wants to know if he can wear the coat - Coat received Christmas eve + sprayed Sat. after Christmas - Wife + child have been sick

Subjective complaints/objective findings No symptoms at this time
 6mo child had a cold on the way up there & he's been sick 9 since.
 Product sprayed on porch + he brought the coat inside - Wife has also had flu like symptoms

Assessment (symptoms expected? rationale?)
 Initial assessment (choose one)
 Asymptomatic
 Symptomatic, related
 Symptomatic, unrelated
 Symptomatic, unknown treated

Wife + child have been going to MD - our recommendation would be see PMD - No further rec.

Treatment Facility: _____

Code: _____

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

continue seeing MD

Symptoms to monitor:

Follow-up schedule:

Tomorrow

12/3/12

8:24

MR Wims says wife & child are about the same & wife taking antibiotics into see PAW. y x's worsen / 7/8/12

1/1/13

2:34

Feeling better. On ABs

CONSULTANTS/RESOURCES USED:

- Medical director _____
- Other consultant _____
- Texts _____
- Other _____
- Poisindex®

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: Mrs. Williams (wife)
Steven Williams
12/30 Bobbie Williams

My relationship to the above person is checked below

- Mother Father Legal guardian
 Self Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Lynette G. Zolich

Date 1/21/93 1831

For Poison Center Use
Date received _____
Case no. _____

See case # 14622064
14622072

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/3/82 TIME: 11:35

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA
 Name: Child Stevens Williams
 Telephone no.:
 Address:
 Zip:
 Age: 6x mo. yr. Weight: _____ lbs. _____ kg.
 Sex: Male Female Unknown

CALLER DATA
 Name: Bobbie Wms MD RN
 RPh OHP
 Relationship to patient: Self Father
 Mother Other
 Telephone no.: () 306-5297 home
 Address: 735-848 W Memphis
 Zip: _____ County: _____

Pertinent Medical History: Healthy No chronic meds No known allergies
 Check here if patient is pregnant Medical history unknown
 PMD name & no.:

Site of Caller	Site of Exposure
<input type="checkbox"/> Residence	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Workplace	<input type="checkbox"/>
<input type="checkbox"/> Health Care Facility	<input type="checkbox"/>
<input type="checkbox"/> School	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> Unknown	<input type="checkbox"/>

SUBSTANCE DATA
 Substance: Wilson Leather Prod

Amount:
 Ingredients:
 Manufacturer:

Time of exposure: Sat. after Christmas eve
 Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) No other products suspected

See case # 14622064
 Child has seen MD

Subjective complaints/objective findings No symptoms at this time

Child has been sick
 She has had a cold

Assessment (symptoms expected? rationale?)

- Initial assessment (choose one)
- Asymptomatic
 - Symptomatic, related
 - Symptomatic, unrelated
 - Symptomatic, unknown treated

Rec'd PMD for continued evaluation
 No further info given
 updated will probably be given

Treatment:

Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

Continue seeing P M D

Symptoms to monitor:

Follow-up schedule:

tomorrow

12/1/93
8:00 AM
1/1/93
12:34
In Wns says wife/child are ahead the Rami not better, taking antibiotics, Rec to see P M D if sx's worsen / 2/2/93 F/U in 2 days

Feeling better. On AB 80

CONSULTANTS/RESOURCES USED:

- Medical director _____
- Other consultant _____
- Texts _____
- Other _____
- Poisindex®

FORM INITIATED BY: _____

FORM COMPLETED BY: G

FORM REVIEWED BY:

1 2 3 4 5
1 2 3 4 5 6 7 8 9

89

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: Mrs. Williams (wife)
Steven Williams
12/30 Bobbie Williams

My relationship to the above person is checked below

- Mother Father Legal guardian
 Self Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Lynette G. Zwick

Date 1/21/93 1831

For Poison Center Use
Date received _____
Case no. _____

14622070

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/91 TIME: 11:59

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA

Name: _____

Telephone no.: () _____

Address: _____

Zip: _____

Age: A mo. yr. Weight: _____ lbs. kg.

Sex: Male Female Unknown

Pertinent Medical History: Healthy No chronic meds No known allergies

Check here if patient is pregnant

Medical history unknown

PMD name & no.: _____

CALLER DATA

Name: Barbara Sharp MD RN RPh OHP

Relationship to patient: Self Father Mother Other

Telephone no.: () 744-2839

Address: _____ Memphis

Zip: _____ County: _____

Site of Caller

Site of Exposure

- Residence
- Workplace
- Health Care Facility
- School
- Other
- Unknown

SUBSTANCE DATA

Substance: Wilson's Leather Prot. Spray

Amount: _____

Ingredients: _____

Manufacturer: _____

Time of/Since exposure: _____

Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) No other products suspected

Caller bought son a leather coat Dec. 11 & she sprayed the coat - she's been sick since then - MD called in an antibiotic for

Subjective complaints/objective findings No symptoms at this time

Sinus problem anyway - she sometimes has weak / sore throat sore

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

- Asymptomatic
- Symptomatic, related
- Symptomatic, unrelated
- Symptomatic, unknown if treated

If symptoms persist, Rec: see PMD
Rec: see PMD for evaluation of condition + not just get him to call in an antibiotic for use. 91

Treatment:
Facility:

Code:

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: see PMD

Symptoms to monitor:

Persistent Symptoms

Follow-up schedule:

2-40

- 14.12 Caller is awaiting National HQ for info. on what to do. Dr's office will see her p she gets this info.
- 16:55 Spelle & M.D. was told that pdt only causes probs year after 2-3 days. He feels that pdt. only aggravated her sinus condition. She's feeling much better today. Has not heard back from National H.Q. ~~for info~~ ^{center} to information. PM/y
- 2/3/12 8:5. Caller says already have allergies, but allergies seemed to have been affected last year.
- 14/12 10:40 Caller is fine. Only allergies are still left & New saw MD. He called in Lx for AB

CONSULTANTS/RESOURCES USED:

- Medical director _____
- Other consultant _____
- Texts _____
- Other _____
- Poisindex®

FORM INITIATED BY:

JL

FORM COMPLETED BY:

[Signature]

FORM REVIEWED BY:

1 2 ③ 4 5
1 2 3 4 5 6 7 8 9

92

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product
Safety Commission, Tennessee Agent: Janice Mitchell to
investigate incident.

the case data that involved the following person: Barbara Sharp
12/30

My relationship to the above person is checked below

Mother
 Self

Father

Legal guardian

Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Lucretia G. White

Date 1/21/93 1841

For Poison Center Use
Date received _____
Case no. _____

14622077

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30/92 TIME: 13:08

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. Domestic 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA
 Name: _____
 Telephone no.: () _____
 Address: _____
 Zip: _____
 Age: 35 mo. yr. Weight: _____ lbs. kg.
 Sex: Male Female Unknown

CALLER DATA
 Name: Carol Hedson MD RN RPh OHP
 Relationship to patient: Self Father Mother Other
 Telephone no.: (901) 395-3439
 Address: _____ Memphis
 Zip: _____ County: _____

Pertinent Medical History: Healthy No chronic meds No known allergies
 Check here if patient is pregnant Medical history unknown
 PMD name & no.: _____

Site of Caller **Site of Exposure**
 Residence
 Workplace
 Health Care Facility
 School
 Other
 Unknown

SUBSTANCE DATA
 Substance: Wilson Leather Protectant
 Amount: _____

Ingredients: _____ Manufacturer: _____
 Time of/Since exposure: Christmas 12/25/92
 Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS

History (witnessed? amount verified? other products/victims?) No other products suspected
 Caller applied to coat. Had no sxs. Next day she wore coat & had sxs. Resolved the next day. Can she get lab done to detect it in the blood?
 Subjective complaints/objective findings No symptoms at this time

Nausea - Mom Asx now
 SOB, CP

Assessment (symptoms expected? rationale?)
 Initial assessment (choose one)

- Asymptomatic
- Symptomatic, related
- Symptomatic, unrelated
- Symptomatic, unknown if related

Sxs seen usually @ time of exposure ^{Application} No lab test to do on exposure. 94

Treatment
Facility: _____

Code: _____

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: *None*

Symptoms to monitor: *SOB, CP, malaise, cough. HA*

Follow-up schedule: *None Sxs resolved*

CONSULTANTS/RESOURCES USED:

- Medical director _____ Other consultant _____
 Texts _____ Other _____ Poisindex®

FORM
INITIATED BY: _____

FORM
COMPLETED BY: _____

FORM
REVIEWED BY: _____

1 2 3 4 5
1 2 3 4 5 6 7 8 9 *95*

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: Carol Henderson

My relationship to the above person is checked below

- Mother Father Legal guardian
 Self Other, please describe _____

Verbal authorization given by telephone on the following date:

Signed Dr. Gollamudi

Date 1/25/93

For Poison Center Use
Date received _____
Case no. _____

22
01

14621966

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/30 TIME: 1345

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. Accidental 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Abuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA
 Name: Beth
 Telephone no.: ()
 Address: _____
 Zip: _____
 Age: 28 mo. yr. Weight: _____ lbs. kg.
 Sex: Male Female Unknown

CALLER DATA
 Name: Terry Butner MD RN RPh OHP
 Relationship to patient: Self Father Mother Other
 Telephone no.: 1 342-4073
 Address: Southover Memphis
 Zip: _____ County: _____

Pertinent Medical History: Healthy No chronic meds No known allergies
 Check here if patient is pregnant Medical history unknown
 PMD name & no.: _____

Site of Caller **Site of Exposure**
 Residence
 Workplace
 Health Care Facility
 School
 Other
 Unknown

SUBSTANCE DATA
 Substance: Leather Protector by Wilson

Amount: _____
 Ingredients: _____
 Manufacturer: _____

Time of exposure: 2 days ago
 Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS
 History (witnessed? amount verified? other products/victims?) No other products suspected
sprayed on coat - became ill 30-45 min later
This product was recalled on Tuesday - Mr Butner
 Subjective complaints/objective findings No symptoms at this time
wanted to contact the poison center so we would be aware that people in the area have been exposed.
Nausea, burping/heartburn, saw recall on Tues.
Saw MD yesterday gave ABX & pain pills
 Assessment (symptoms expected? rationale?)
 Initial assessment (choose one)
 Asymptomatic
 Symptomatic, related
 Symptomatic, unrelated
 Symptomatic, unknown if related

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested:

Symptoms to monitor:

Follow-up schedule:

12/30/92
14:40 Pt has already gone to "chest doctor" who took CXR that was clear. Today she has some epigastric discomfort and mild coughing - only mild episode SOB. If sx worsen see MD earlier than scheduled for tomorrow.

21:29 Both not doing any better. to return to chest doctor tomorrow AM by

12/31/92
9:29 Sx's actually worse than appr'd at 11am today / TBeggs - 470 in room

16:13 went to Dr. Sxs resolved. CP from excessive cough. Given cortisone tabs

CONSULTANTS/RESOURCES USED:

- Medical director _____
- Other consultant _____
- Texts _____
- Other _____
- Poisindex[®]

FORM INITIATED BY: PC

FORM COMPLETED BY: _____

FORM REVIEWED BY: _____

0 2 3 4 5 98
1 2 3 4 5 6 7 8 9

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: Beth Butner

My relationship to the above person is checked below

- Mother Father Legal guardian
 Self Other, please describe Spouse

Verbal authorization given by telephone on the following date:

Signed ASG Manudi

Date 1/25/93

For Poison Center Use
Date received _____
Case no. _____

14622107

AAPCC COOPERATIVE POISON CENTER REPORT FORM

DATE: 12/31 TIME: 10:07

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (one only)			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Exposure 2. Drug Information 3. Poison Information 4. Medical/Other	1. Human 2. Animal	1. Acute 2. Chronic 3. Unknown	1. General 2. Occupational 3. Environmental 4. Misuse 5. Unknown	6. Suicidal 7. Misuse 8. Abuse 9. Unknown	10. Drug 11. Food 12. Other	13. Unknown Reason

PATIENT DATA
 Name: Jason Branden
 Telephone no.: (1) (G'mon's) 372-8005 (W)
 Address: Melissa Branden
 grandson 755-0385 (H)
 Zip: _____

CALLER DATA
 Name: Kay Nabors MD RN
 RPh OHP
 Relationship to patient: Self Father
 Mother Other
 Telephone no.: 901, G'mon 357-6078
 Address: _____ Memphis

Age: 19 mo. yr. Weight: _____ lbs. kg.
 Sex: Male Female Unknown

Pertinent Medical History: Healthy No chronic meds No known allergies
 Check here if patient is pregnant Medical history unknown
 PMD name & no.: _____

- | Site of Caller | Site of Exposure |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> Residence | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Workplace | <input type="checkbox"/> |
| <input type="checkbox"/> Health Care Facility | <input type="checkbox"/> |
| <input type="checkbox"/> School | <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> |

SUBSTANCE DATA
 Substance: Wilson leather Product Protector
 Amount: "sprayed on coat" unknown amt.
 Ingredients: _____ Manufacturer: _____

Time of exposure: used on Dec. 22nd
 Route of Exposure: Ingestion Inhalation/Nasal Ocular Dermal Bite/Sting Parenteral Unknown Other

HISTORY, ASSESSMENT, SYMPTOMS & CALCULATIONS
 History (witnessed? amount verified? other products/victims?) No other products suspected
 Sprayed coat 1 time in house, was found lying on couch with sx's below. Unknown if still symptomatic.
 Subjective complaints/objective findings No symptoms at this time

Assessment (symptoms expected? rationale?)
 Initial assessment (choose one)
 Asymptomatic
 Symptomatic, related
 Symptomatic, unrelated
 Symptomatic, unknown if related
 (HA, sore throat) mom had week before the flu - they thought he was getting a touch of the flu.
 Rec that - need to find out how g'son is doing. I'd will call with the.

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

Treatment suggested: if sx's persist have evaluated by PMD/HCF

Symptoms to monitor: (persistent sx's) congestion, drainage, nosebleed, respiratory complaints

Follow-up schedule: 2-4/0

12/31/92 10:12 Line busy at work, Ans mach on other, called Jimmie back to hear that if respiratory conditions are persisted to have evaluated by PMD/HCF. /Bog

10:39 Mom says son is still coughing but getting better, will have son see MD for sx's /Bog Flo in 2-3dys

1/1/93 9:15 Jimmie states she hasn't heard from pt. He was to go to Dr Yestge (No Ans @ home)

12:38 Ans Machine 8

14:44 Ans Machine 8

16:45 785 Spoke w Mom: 758-0885. She hasn't reached son for Flu & Mom will Flu & call SPC back.

752 Mom called to say Jimmie is in McChes, MS and she does not trust the HCF there so will try to get him to come to Memphis on Monday for MD appt.

CONSULTANTS/RESOURCES USED: Medical/director Other consultant Other Poisindex

1/5/93 7:43 Ans. machine @ home #12
9:49 Ans. machine @ home #12
11:46 Ans. machine @ home #12

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
VIA TELEPHONE**

TO: Peter A. Chyka, Pharm.D.
Executive Director
Southern Poison Center, Inc.
848 Adams Avenue
Memphis, TN 38103

You are hereby authorized to release to the US Consumer Product Safety Commission, Tennessee Agent: Janice Mitchell to investigate incident.

the case data that involved the following person: Jason Brandon
12/31 Kay Nabors at 357-6078

My relationship to the above person is checked below

Mother
 Self

Father

Legal guardian

Other, please describe grandmother

Verbal authorization given by telephone on the following date:

Signed Lynette D. White

Date 1/21/93 831

For Poison Center Use
Date received _____
Case no. _____

UNITED STATES GOVERNMENT

U.S. CONSUMER PRODUCT
SAFETY COMMISSION
WASHINGTON, D.C. 20207

MEMORANDUM

TO : File

January 26, 1993

FROM : Robert B. Johnston
Compliance Officer, FOCR

SUBJECT: Memorandum Of Telephone Conversation
Wilson's Leather Protector
Vanguard Leather Protector
St. Louis, MO

On January 26, 1993, I held a telephone conversation with Charles Jacobson, CERM regarding the inspection report for Vanguard Chemical Corp. Vanguard was the manufacturer of the aerosol leather protector distributed by Wilson Leather Goods, Minneapolis, MN.

Mr. Jacobson was told that his copy of the inspection report for Vanguard would be mailed today. He was also asked to provide guidance to FOCR. He said he would review the report and let HS review the report also.

Mr. Jacobson said he had a theory about the problem with the leather protector. He said that the evaporation rate for isooctane was approximately one-third that of 1,1,1-trichloroethane. He said if the evaporation rate was slower, the user may be inhaling droplets of petroleum distillates as they have a longer exposure.

1/18/93
Final B.

E/F

CONSUMER PRODUCT INCIDENT REPORT

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

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

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 VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____
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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? _____ DAMAGE _____	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 LABEL? YES IF NO, 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 DEPOSITION: <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		24. PRODUCT CODE(S) 0952

25. DISTRIBUTION GPO5 / FOUR CP (FOUR) / P1	26. REPORTER'S NAME & TITLE R E R
--	--------------------------------------

FIELD ACTIVITY COVERSHEET

E/F

1. REGION/STATE Dallas Satellite Office -FOWR	2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other	3. DATE January 15, 1993 4. NUMBER
---	---	--

5. ESTABLISHMENT
 Name: WILSONS
 Address: _____
 City: MINNEAPOLIS, Phone: () _____
 State: MN ZIP: 55426

6. RELATED FIRM Parent Headquarters Subsidiary Other
 Name: _____ City: _____ State: _____

7. PRODUCTS COVERED Leather Protector Spray	8. OTHER CONSUMER PRODUCTS
---	-----------------------------------

9. ESTABLISHMENT TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Dist. <input type="checkbox"/> Retailers <input type="checkbox"/> Repackager <input type="checkbox"/> Other	10. ANNUAL PRODUCTION Regulated Products \$ _____ Units _____ Other Products \$ _____ Units _____
---	--

11. INTERSTATE BUSINESS Received _____ % Shipped _____ %	12. SAMPLES COLLECTED	13. MIS CODE 32626	14. HOURS Activity <u>6.0</u> Travel <u>2.0</u>
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15. REASON FOR ACTIVITY (Assignment Reference)
 IDI # 930115 CWE 7005

16. EMPLOYEE'S NAME William L. McMillen	TITLE Investigator	SIGNATURE <i>William L. McMillen</i>
---	------------------------------	--

17. ENDORSEMENT REMARKS SUMMARY OTHER

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.

F/u: Copy sent to CERIM for review

CPSC Form 167 (2/88)
 93 JAN 15 1993

19. REVIEWER'S NAME Claude E. Tolbert	TITLE Supervisor	SIGNATURE <i>C. Tolbert</i>
---	----------------------------	---------------------------------------

20. REVIEW DATE 2-5-93	21. DISTRIBUTION Orig: <i>EFDS</i> cc: <i>DSC</i> cc: <i>CERIM</i> cc: <i>Coversheet to CER/DOS</i> <i>C. Jackson</i>
----------------------------------	--

1. Case Number 930115 CWE 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 (93 / 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			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 (/ / /) 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 Invstgton 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 / 7)		YR MO DY (93 / 02 / 05)	
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 / /			
Continued on Page 2							

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 Burleson Police Report

<u>CONTACT</u>	<u>PURPOSE</u>	<u>RESULTS</u>
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 7005K W13

1. NAME OF RESPONDENT Robert Wagstaff (attorney)	2. PHONE NO. (HOME) 907-277-8611 same	WORR
3. STREET ADDRESS 912 W. 6th Ave.	4. CITY Anchorage	STATE AK
5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED) Respondent is filing complaint for client, [REDACTED] (street address unknown) Burleson, TX (zip code unknown) TEL [REDACTED]		ZIP CODE 99501

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 [REDACTED] RELATIONSHIP 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
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:		13. DEALER'S NAME, ADDRESS & PHONE unknown unknown unknown unknown
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 [Signature] 1/15	

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. 930069T

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

DAVID CARPENTER
CHIEF MEDICAL INVESTIGATOR

DECEASED (F.M.L.)

ADDRESS:

BURLESON

TX 76028

AGE: 017 BIRTH DATE: 11/04/1975 MARITAL STATUS: S PHONE

EXAMREPT (ASCII, CR/LF) (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 **

BURLINSON POLIC
OFFENSE

Attachment #4
930115 CME 7005
Leather Spray Protector
Inhalation Fatality

CFS 93-00660 OFFENSE UNATTENDED DEATH

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 [redacted] SEX M RACE W AGE 17 DOB 11/05/75

VICTIM

RESIDENCE [redacted] ZIP 76028 PHONE [redacted]

BUSINESS N/A ZIP PHONE

NAME [redacted] SEX F RACE W AGE DOB

COMP.

RESIDENCE [redacted] ZIP 76028 PHONE [redacted]

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 [redacted] 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 [redacted] who is V's mother. Com [redacted] was hysterical and yelling at us to hurry and help her son. Upon making entry into the residence Officers observed V [redacted] 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 [redacted] none could be found at which time Officers began conducting C.P.R.

REPORT BY: [redacted] DATE: 1/7/93 CASE ASSIGNED

SUPPLEMENTARY REPORT

BPD 100A-86

(X) CONTINUATION
() SUPPLEMENTAL UNATTENDED DEATH

CASE FILE NO:
93-00660

OFFENSE

Name of Complainant Address Phone No.

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC
(Investigating Officer Must Sign)

PAGE 2 of 3 DATE 01/07/93

OFFICERS OBSERVATION/INVESTIGATION (CONTINUED)

V/ [redacted] was blue in facial color however warm to the touch. Officers continued C.P.R. until Medstar and Fire Dept. personel arrived and took over the scene. V/ [redacted] never regained consciousness or showed any vital signs when given medical treatment. V/ [redacted] was then transported to Huguley Hospital by Medstar ambulance.

Officers then met with Com/ [redacted] who advised that she had went to bed on 01/06/93 @2230 hrs. and the last time she saw her son (V/ [redacted]) he was watching television. When she awoke she went out to the living room because she saw the lights on and discovered [redacted] in a fetal position on his knees and head with a video tape in his hand like he was attempting to put in the video tape when he was suddenly stricken with the unknown problem. Com/Cole then advised she rolled him over onto his back and discovered that he was not breathing and was unconcious at which time she called 911. Com/ [redacted] also advised that V/ [redacted] had been home all day and did not have any visitors to her knowledge and that he did not have any medical problems and was not taking any medication.

I then went to Huguley Hospital were I met with [redacted] who advised me that V/ [redacted] did not survive and at this time did not know the cause of death and that Tarrant Co. Medical Examiners office was enroutte to the hospital.

Upon Tarrant Co. Medical Examiner arrived I met with Investigator Bill Young and advised him of what I had observed and heard up to that point. I was then called by Cpl. Carson #323 who advised that V/ [redacted] may have been inhaling leather cleaner at which time I relayed that information to Mr. Young.

EVIDENCE

See Detective Pollards report

POINT/METHOD OF ENTRY/EXIT

N/A

REPORT MADE BY [Signature]

APPROVED BY [Signature]

BPD 100A-86

SUPPLEMENTARY REPORT

(X) CONTINUATION
() SUPPLEMENTAL

UNATTENDED DEATH

CASE FILE NO
93-00660

OFFENSE

WITNESSES

Com [redacted] who discovered her son (V [redacted])
(See Crime Scene log for other Fire, Police and Medstar Personnel)

ADDITIONAL

Com [redacted] also advised me that V/ [redacted] 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 CFS*

REPORT MADE BY [Signature] APPROVED BY [Signature]

LOCATION
SERVICE NO. 93-00600

CRIME SCENE LOG

PAGE 1 OF 1

NAME OF PERSON ENTERING	RANK	DEPARTMENT/ORGANIZATION	TIME-IN	TIME-OUT	REASON FOR ENTRY	PER. INITIAL
J.C. POLLEY		BURGESON P.D.	1232	0128	CRIME SCENE	JP 302
S. EARNS		BURGESON P.D.	1232	0220	CRIME SCENE	
B. POSTER		BURGESON F.D.	1235	1247	MEDICAL	
L. BRYANT		BURGESON F.D.	1235	1247	MEDICAL	
G. MASON		BURGESON F.D.	1235	1251	MEDICAL	
R. BAKER		BURGESON F.D.	1235	1251	MEDICAL	
J. JONES		MED-STAR #52	1235	1251	MEDICAL	
P. CARSON		BURGESON P.D.	1234	1245	BURGESON P.D.	
R. MATTY	SGT	BURGESON P.D.	1234	0209	CRIME SCENE	
RUSSELL HELMICK		504 FRANK FAMILY FRIENDS	1242	1251	FRIEND	
KIM HELMICK		504 FRANK FAMILY FRIEND	1242	1251	FRIEND	
POWELL MIKE	DET.	BURGESON P.D.	0117	0245	CRIME SCENE	MP 310
D. HAINES		BURGESON P.D.	0208	0203	CRIME SCENE	
L. WICKES		BURGESON P.D.	1237	0226	CRIME SCENE	
P. COOK		Medstar #52	1235	1251	Medical	

LOG OFFICER'S NAME: L. WICKES #337 DATE: 01/26/93 TIME BEGIN: 1232 TIME END: 0245

CONTINUATION
SUPPLEMENTAL

INVESTIGATORY REPORT

CASE FILE NO.
93-00660

Classification

BPD 100A-86

Name of Complainant

Address

Phone N

UNattended Death

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

Page No. 1 of 1

DATE 01-07-93

On above date at 0026 hours this Officer responded to [redacted] reference to an unconscious person who was not breathing. Upon this Officer's arrival, Officers Polley 302 and Officer Eakins 320 who were already on scene, were performing CPR on an unconscious white male who was later identified as V/[redacted]. V/[redacted] was laying unconscious in the living room in front of the TV. Com. [redacted] who is V/[redacted] mother, was on scene and was very upset. This Officer then took Com. [redacted] into the kitchen area to try to calm her down. Med. Star and Fire Dept. personnel arrived on scene to treat V/[redacted], with Med. Star transporting him to Huguley a spital. 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. [redacted]) and cleared the scene with Det. Pollard 310.

INVESTIGATING OFFICER(S)

REPORT MADE BY

[Signature]

DATE

APPROVED BY:

117

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93 00660

Incident
Classification

BPD 100A-86

Name of Complainant: [REDACTED] Address: [REDACTED] Phone: [REDACTED]

Offense: Unattended Death

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

Page No. 1

DATE 1-7-93

On 1-7-93 at 0700 Hours this officer arrived at the above address as requested by Cpl. Carson 323 to remove the medical waste. This officer gathered the waste and left the scene at 0703 hours in route to Med Star to dispose of the waste.

INVESTIGATING OFFICER(S)

REPORT MADE BY

[Signature] 315 DATE 1/7/93

APPROVED BY:

110

() CONTINUATION
(✓) SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00460

Investigation
Classification

BPD 100A-86

Name of Complainant _____ Address Burlington, TN 37605 Phone No. _____

Charge 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.C. Mott) responded to _____ to assist Officer T.C. Polley 302 regarding a reported unconscious person who was not breathing. I was accompanied by Cpl. E.P. Casper #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. Perkins 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 _____ D.O.B. 11-05-75. This identification was obtained from a female who identified herself as the victim's mother. (_____) _____ 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. _____ reportedly last observed her son when she went to bed at 2230hrs

INVESTIGATING OFFICER(S) _____

REPORT MADE BY Sgt R.C. Mott DATE 01079

THIS CASE IS:

APPROVED BY: _____ 119

CONTINUATION
 SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660

Investigation
Classification

BPD 100A-86

Name of Complainant _____ Address Burleson Tx. 76028 Phone _____

Offense Unattended Death

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

Page 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. Wick # 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. Peacey # 317 and C.I.S supervisor Sgt. C.K. Aaron # 311. At the direction of Sgt. Aaron # 311, Det. M. Palled # 310 was called to the scene and was designated the Officer in charge of crime scene search. Det. Palled # 310 accomplished this assignment with the assistance of on-scene officers who acted at his direction. Officer Paller 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. C.E. Miller

DATE 01079

APPROVED BY: _____ 120

CONTINUATION SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.

93-00660

Investigation Classification

BPD 100A-86

Name of Complainant

Address

Phone No

[Redacted Name] [Redacted Address] TX 76028 [Redacted Phone]

Unattended Death

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

Page No. 3 of 3

DATE January 7, 1993

had been requested at the hospital facility. Upon completion of crime scene processing / search officer Patin # 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 02:30 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. P.E. Miller

DA 010798

THIS CASE IS:

APPROVED BY:

[Signature] 121

() CONTINUATION
(x) SUPPLEMENTAL.

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660

Offense
Classification

BPD 100A-86

Name of Complainant Address Phone N

[Redacted Name] [Redacted Address] 447-9283

Incident Unattended Death

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

Page No. 1 of 2 DATE 1-7-93

On 1-7-93 at 0026 hrs this officer and officer Pelley #302 responded to a person not breathing at [Redacted] St. Officer Pelley #302 and this officer arrived on scene at approximately the same time. Officer Pelley #302 entered his vehicle going to the trunk to remove a BMV. As both officers approached the front door of the residence, [Redacted] advised his son [Redacted] was not breathing. Upon making entry into the residence [Redacted] was observed lying on his back in the living room next to an entertainment center.

Officer Pelley immediately checked [Redacted] for vital signs. Officer Pelley #302 advised he could not detect any pulse. This officer advised [Redacted] that CPR would be started on [Redacted]. After several CPR compression cycles, Med Star and the Fire Department arrived on scene and took over the treatment of [Redacted]. [Redacted] was transported to Haysley Hospital for treatment.

INVESTIGATING OFFICER(S) S. [Redacted] #320 REPORT MADE BY DATE 1-7-93

APPROVED BY

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.

93-00660

Offense
Classification

BPD 100A-86

Name of Complainant

Address

Phone No

Crime

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. Mottie #321 and Cpl. Coonan #323 while Officer Pally #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 room where [redacted] had been lying, also a can of leather Polish was observed sitting in the same room.

At approximately 0230 hrs this officer cleared the scene.

INVESTIGATING OFFICER(S)

J. [Signature] #320

REPORT MADE BY

DATE

1-8-93

THIS CASE IS:

APPROVED BY:

173

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660

OFFENSE
Classification

BPD 100A-86

Date of Completion [REDACTED] Address BURNESON, TX Phone No [REDACTED]

Offense UNATTENDED DEATH

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

Report No. 1061 DATE 01/07/93

ON 01/06/93 AT APPROX. 0026 HRS OFFICERS POLLEY #322 AND EAKINS #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 ICE 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

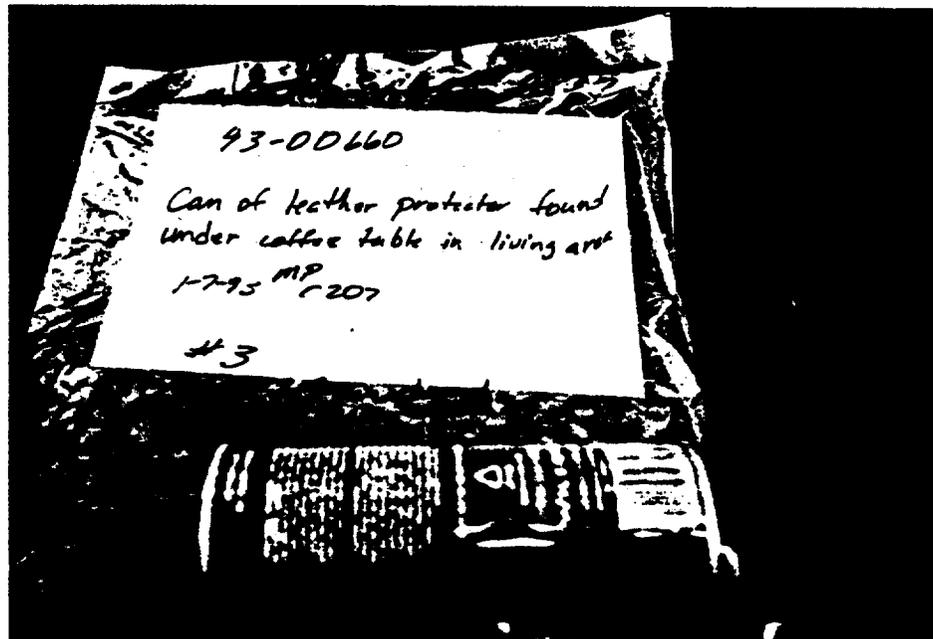
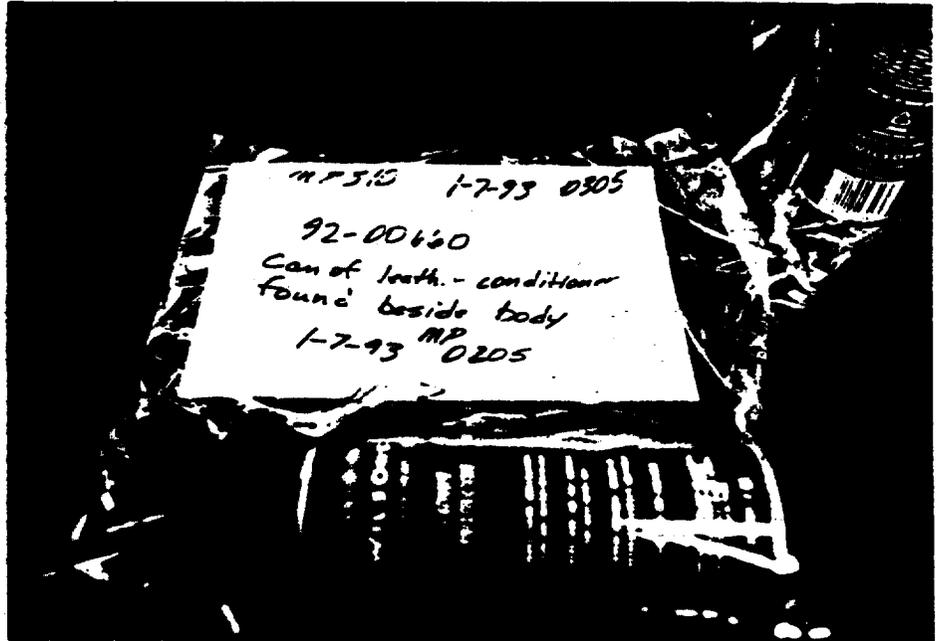
INVESTIGATING OFFICER(S) [REDACTED] REPORT MADE BY [REDACTED] DATE 01/07/93

THIS CASE IS:

APPROVED BY: [REDACTED] 124

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

Attachment #2
930115 CWE 7005
Leather Spray Cleaner
Inhalation Fatality



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 #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".

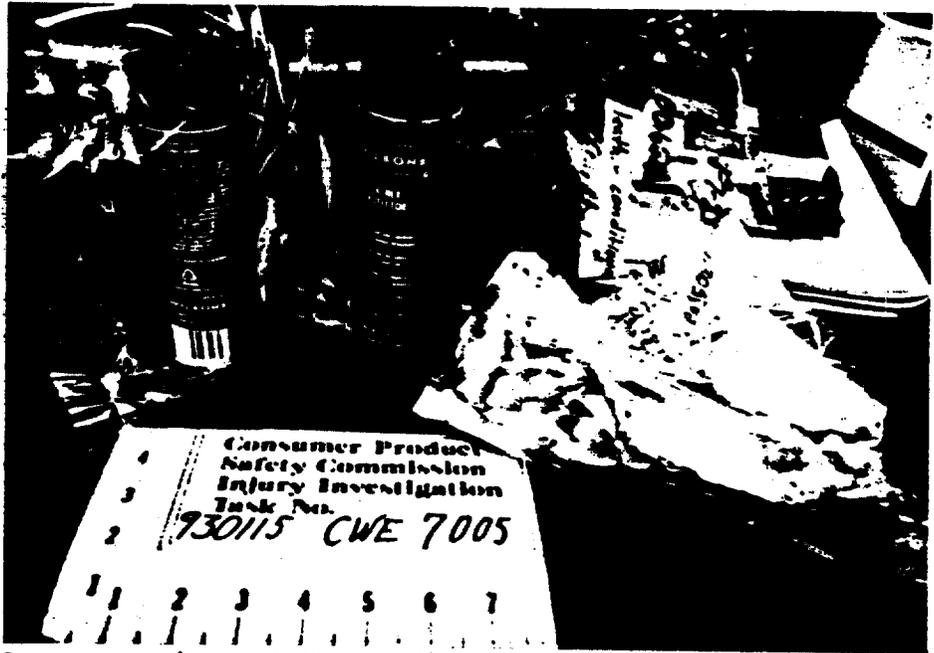


Photo #9 - An over view of the evidence in this case.

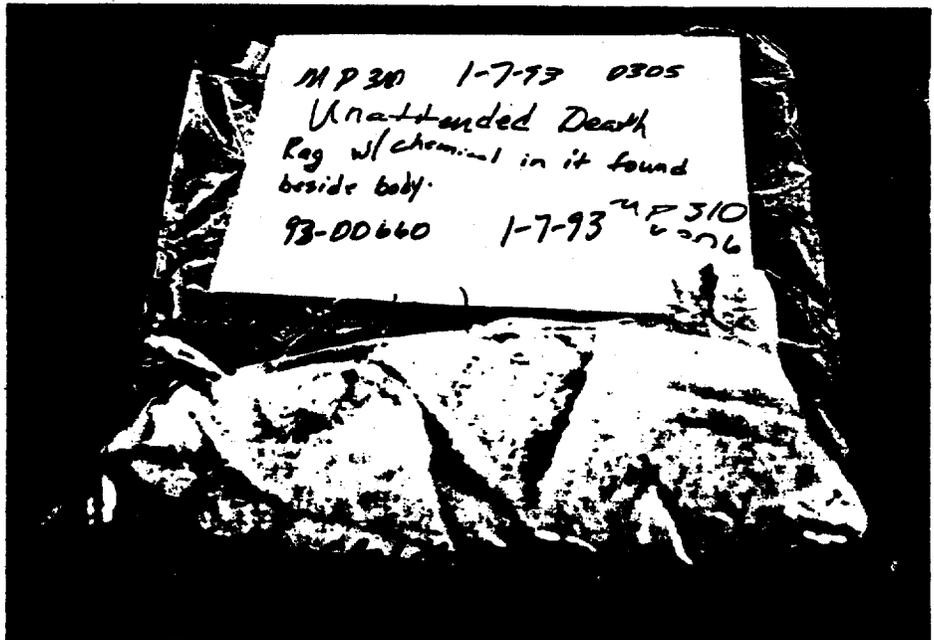


Photo #10 - The cloth used to clean the leather goods. The "rag with chemical in it", was found beside the victim.

CONSUMER PRODUCT INCIDENT REPORT

E/F Bruce 11/5/92

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) Neusea, dizziness, fever, shortness of breath, headaches Diagnosed AS Acute Chemical pneumonia Lungs are chemically burnt			
6. DATE OF INCIDENT(S) 12/31/1992	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# 189916003	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____		13. DEALER'S NAME, ADDRESS & PHONE WILSONS LEATHER Liberty tree Mall Rebody ma.	
15. PRODUCT PURCHASED NEW _____ USED _____ DATE PURCHASED 12/23/92 AGE _____		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: CAUTION: VAPOR may be harmful contents under pressure	
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 <input checked="" type="checkbox"/> IF NOT, ITS DISPOSITION IT WAS RECALLED	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO _____	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 1/15/93	21. RECEIVED BY (Name & Office) Boston R.P.	22. DOCUMENT NO. N32-0021	
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0952	
25. DISTRIBUTION epos/FOURCA/FOURCA		26. ENDORSER'S NAME & TITLE [Signature]	

1/13/93

FOOR E/F

FOR OFFICIAL USE ONLY

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Mercedes Murillo	2. PHONE NO. (HOME) 818-794-6607 310-699-7411
---	--

YOU 1/30 WORK

3. STREET ADDRESS 926 Alta Vista Drive	4. CITY Altadena	STATE CA	ZIP CODE 91101
---	---------------------	-------------	-------------------

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED)
After using spray as instructed in unventilated room, consumer immediately experienced coughing and shortness of breath. Two hours after use, consumer had difficulty breathing and was taken to an emergency clinic (name unknown), diagnosed with angio edema was treated and released.

1/6/93 Consumer called manufacturer (name and title unknown) explained incident and was told manufacturer (name and title unknown) -cont-

6. DATE OF INCIDENTS 12/27/92	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 37 YR/F see narrative	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
----------------------------------	---	--

9. DESCRIPTION OF PRODUCT 5-ounce can of leather spray protector	10. BRAND NAME Wilson's Leather Protector
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Wilson Suede and Leather Co. unknown Minneapolis, Minnesota 55437 unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE Wilson Suede and Leather Store Santa Anita Shopping Mall Arcadia, CA zip code unknown unknown
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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 12/23/92 AGE 4 days
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16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Do not smoke while using this product."

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
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FOR ADMINISTRATION USE

20. DATE RECEIVED 01/13/93	21. RECEIVED BY (NAME & OFFICE) kgw/h1	22. DOCUMENT NO. H310096A1
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23. FOLLOW-UP ACTION	24. PRODUCT CODE(S)
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25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE ack
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ack 1/14

CONSUMER PRODUCT INCIDENT REPORT

H310096A1

would call consumer back (date unknown).

Consumer read about recall from an article in the Minneapolis Star Tribune newspaper.

Consumer got CPSC hotline number from the information operator.

11/4/93

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected 1-4-93		3. Sample type & number [XX] Physical R-830-4206 [] Documentary	
4a. Product name Aerosol Container of Leather/ Suede Protector		4b. Model 5 Oz. Can SKU 18996003		4c. NEISS 0952	
5. Assignment ref. IDI# 921230CCN0568		6. Complete for import samples		7. MIS	
a. Port of Entry		b. Entry # & date		8. Hours: a. Activity 4 b. Travel 1	
c. Country of Origin		d. HSUSA code		9a. Home RO FOCR	
e. Customs Contact				9b. Collecting RO MSP-RP	
10. Sample Cost \$5.00 cash		11. Invoice value of lot \$.00		12. Size of lot 1 Can	
13. XXXXXXXXXXXXXXXXXXXX Distributor Wilsons 400 HiWy# 169 So., St#600 Mpls, MN. 55426		14. XXXXXXXXXXXXXXXXXXXX Retail Store Wilsons Maplewood Mall St. Paul, MN. 55109		15. XXXXXXXXXXXXXXXXXXXX Consumer [Redacted] White Bear Lake, MN. 55110	
16. Supporting documents attached: None					
a. Invoice # & date:		b. Date Shipped:			
c. Shipping record # & date:					
d. Affidavit signer's name, title & date:					
17. Product Identification: METAL AEROSOL CONTAINER OF LEATHER PROTECTOR/Labeled in part, "SUEDE & LEATHER WILSONS *** LEATHER PROTECTOR *** CAUTION: VAPOR MAY BE HARMFUL *** NET WT. 5 OZ. ***NO FLUOROCARBONS *** CAUTION: EXTREMELY FLAMMABLE. CONTAINS PETROLEUM DISTILLATES ***KEEP OUT OF REACH OF CHILDREN *** MANUFACTURED FOR: WILSONS *** MINNEAPOLIS, MN 55426 SKU 189960003 ***C129***".					
18. Reason for collection & analysis needed: FHSA XX CPSA FFA PPPA RSA Sample collected as F/U to IDI#921230CCN5668 regarding complainant's reaction to aerosol product after use. Assign from FOCR (Vece).					
19. Summary of Field Screening: None					
20. Sample Size, Method of Collection: The above consumers partially used can of the aerosol product was collected as requested by FOCR (Vece). The unit was identified, placed in a paper bag, sealed and prepared for shipment to HSHL for evaluation.					
21. Identification on sample "R-830-4206 1-4-93 JRB"		22. Identification on seal "R-830-4206 1-4-93 Jerome R. Boog"			
23a. Sample delivered to U.S. Mail; St. Paul, MN.		23b. Date 1-5-93		24. Orig. report/records sent to FOCR	
25. Laboratory/Office: ESEL [] HSHL [XX] CERM [] CECA [] OTHER []					
26. Remarks The consumer used the above product of her new leather coat and a pair of boots. Used for about 15 minutes inside home. Four later she experienced SOB, tightness in chest, coughing and respiratory distress. Four later her son (6 yrs) began coughing, neck pain and sore throat. Family has recovered.					
27. Related Samples None					
28a. Collector's name, title & employee # Jerome R. Boog, Investigator 8156			28b. Collector's signature & date [Signature] 1-5-93		
29a. Reviewer's name, title & employee # John R. Vece, Supv. 8/30			29b. Reviewer's signature & date [Signature] 11/11/93		

File

Distribution: Orig [] Lab [] Fiscal [] Data [] Hdqtr [] Other [X]

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CONSUMER PRODUCT INCIDENT REPORT

20
12/31/92

1. NAME OF RESPONDENT Barbara A. Yaeger		2. TELEPHONE NO. (Home) (Work) (414) 499-6143 (Home)	
3. STREET ADDRESS 800 Stoneybrook Lane		4. CITY STATE ZIP CODE Green Bay, WI. 54304	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Respondent was spraying her newly purchased leather jacket with an aerosol fabric protection treatment; she began experiencing severe respiratory distress after several minutes exposure to the fumes. Victim's condition continued to deteriorate, and she was transported by ambulance to a local hospital for emergency treatment. She was diagnosed as suffering from chemical pneumonia; she was released the following day.			
6. DATE OF INCIDENT(S) 12/24/92	7. IF INJURY OR NEAR MISS, OBTAIN AGE SEX AND DESCRIBE INJURY AGE <u>37</u> SEX <u>female</u> AND DESCRIBE INJURY <u>chemical pneumonia</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP _____ _____	
9. DESCRIPTION OF PRODUCT aerosol fabric protection treatment		10. BRAND NAME Wilson's Leather Protector	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson Suede and Leather, Inc. Minneapolis, MN.		12. MODEL, SERIAL NO.'S 5 ounce can 13. DEALER'S NAME, ADDRESS & PHONE Wilson's Suede and Leather Port Plaza Shopping Center Green Bay, WI. 54304	
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 <u>12/24/92</u> USED <u>_____</u> DATE PURCHASED _____ AGE <u>hours</u> 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: <u>vapor's may be harmful.</u>	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO <input checked="" type="checkbox"/> IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO _____	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 12/31/92	21. RECEIVED BY (Name & Office) Dennis R. Blasius, MKE-RP	22. DOCUMENT NO. 666 G2C0251	
23. FOLLOW-UP ACTION Conduct ITRI 930104 CCA 0580		24. PRODUCT CODE(S) 0952	
25. DISTRIBUTION O: EPOS; cc: Cream, Jacobson; cc: FOCR		26. ENDORSER'S NAME & TITLE <i>[Signature]</i> SVP	

CONSUMER PRODUCT INCIDENT REPORT

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. The doctor feels that her problem was caused by exposure to the Leather Protector. 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	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____		13. DEALER'S NAME, ADDRESS & PHONE Wilsons Northwood Mall Peoria, Il.	
15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED _____ DATE PURCHASED <u>12/92</u> AGE _____		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____	
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	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 12-31-92	21. RECEIVED BY (Name & Office) JRV/FOCR	22. DOCUMENT NO. G31-0094	
23. FOLLOW-UP ACTION File		24. PRODUCT CODE(S) 0952	
25. DISTRIBUTION O: EPUS; cc: CERN, Jacobson; cc ET		26. ENDORSER'S NAME & TITLE Sandra McGee SPSI	

FIELD ACTIVITY COVER SHEET

1. REGION/STATE FOCR	2. OPERATION (Check One) <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input type="checkbox"/> Investigation <input type="checkbox"/> Other _____	3. DATE 12-30-92 4. NUMBER (For RC Use)
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6. ESTABLISHMENT
 Name Vanguard Chemical Corporation
 Address 1110 Washington
 City St. Louis State MO Zip 63101 Telephone No. _____

7. RELATED FIRM Parent Headquarters Subsidiary Other _____
 Name _____ City _____ State _____

7. PRODUCTS COVERED
leather finishes

8. OTHER CONSUMER PRODUCTS
none

9. ESTABLISHMENT TYPE
 Manufacturer Importer
 Wholesaler Can Label Distributor
 Retailer Repackager
 Other _____

10. ANNUAL PRODUCTION
 Products Covered \$ est 1,000,000 Units _____
 Other Products \$ _____ Units _____

11. U.S. BUSINESS
 % Received 50
 % Shipped 50

12. SAMPLES COLLECTED
none

13. MIS CODE
33567

14. HOURS
 Activity 27
 Travel 4

15. REASON FOR ACTIVITY (Assignment Reference)
followup to reported incidents of adverse reaction to Wilsons Suede & Leather Protector

16. EMPLOYEE'S NAME Sandra L. Glazier	TITLE Investigator	SIGNATURE <i>Sandra Glazier</i>
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ENDORSEMENT REMARKS SUMMARY OTHER _____

This inspection was conducted as a F/U to the reports of people suffering respiratory distress after using Wilsons Leather Protector spray. Vanguard manufacturers the Leather Protector for Wilsons.

The inspection revealed that Vanguard Chemical Corp. is a manufacturer of chemical leather care products primarily for private label customers. They began making the Wilsons Leather Protector spray in 1989. At that thime the product came in a 7 oz. aerosol size and its formula was 96% 1,1,1 trichloroethane. They sold 2-3 million cans of this product exclusively to Wilsons Suede and Leather in Minneapolis, Mn. In Nov. 1992 the formula of the product was changed to eliminate the 1,1,1 trichloroethane. The change was made in consultation with Wilsons and 3M Co., the supplier of the Scotchgard resin that is the other ingredient in the Leather Protector. 80% Isooctane was substituted for the 1,1,1 trichloroethane. The propellant was also changed from carbon dioxide to propane. A new ingredient (continued)

17. REVIEWER'S NAME John R. Vece	TITLE S.P.S.I.	SIGNATURE <i>John R. Vece</i>
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18. REVIEW DATE 1-26-93 **DISTRIBUTION** O: FOCR; cc: CERM, C. Jacobson; cc: STL-RP.

19. COMMENTS
 Comments made
 Comments attached
 Excisions/Revisions
 Firm has not requested further notice

EIR 12/30/92 SLG

Vanguard Chemical Corp.
St. Louis, Mo. 63101

ENDORSEMENT CONTINUED

Vybar (a polymerized alpha alkene reportedly non hazardous) was also added. Vanguard did no testing of the new or old formula other than efficacy testing. They began shipping the new formula Leather Protector to Wilsons in Nov 1992. The new product now came in a 5 oz. aerosol can. They sold 440,000 cans of the new formula to Wilsons.

Vanguard stated that prior to the problems reported to Wilsons with the new formula, they had never received any complaints of illness or injury caused by the Leather Protector.

F/U: Refer to Compliance.