

**Incident Details**

Document Number: **111C0712A**  
Report Number: 20111231-AA3D9-2147471841  
Report Submitted Date: 12/31/2011  
Who You Are: Consumer  
Incident Description: My son died of SUID while asleep in a [REDACTED]  
Incident Date: 11/21/2011  
Incident Location: Home/Apartment/Condominium -

**Victim Details**

First Name: [REDACTED]  
Last Name: [REDACTED]  
Injury Information: Death  
Victim is of Hispanic/Latino origin? No  
Race: White  
Other Race/Ethnicity:  
Source of Race Information: Respondent - Self/Family  
My Relationship to Victim: My Child  
Gender: Male  
Age when incident occurred: 0 Years 4 Months  
Address:  
E-mail:  
Phone Number:

**Product Details**

Product Description: [Portable Recliner]  
Product Category: Baby  
Product Type: Nursery Equipment & Supplies  
Brand Name: [REDACTED]  
Manufacturer / Importer / Private Labeler Name: [REDACTED]

Model Name or  
Number:

Serial Number:

Date  
Manufactured:

Manufacturer  
Date Code:

Manufacturer  
Address:

Manufacturer  
Website URL:

Manufacturer  
Phone Number:

Retailer: diapers.com

Retailer State:

#### Additional Details

Purchase Date:

I still have the No  
product in my  
possession.

The product No  
was damaged  
before the  
incident.

The product No  
was modified  
before the  
incident.

Have you No  
contacted the  
manufacturer?

If not, do you No  
plan to contact  
them?

Explanation:

#### Your Contact Information

First Name:

Last Name

Address:

E-mail

Phone Number:

#### Consent

May we include Yes, you may include my Report with any attachments on SaferProducts.gov.  
your Report,  
including any

---

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

documents or  
photographs  
that you have  
attached to  
your Report,  
but without  
your name and  
contact  
information, in  
CPSC's Public  
Database?

May we release your name and contact information to the product manufacturer / importer / private labeler.

contact  
information to  
the product  
manufacturer /  
importer /  
private labeler  
identified in  
your Report?

I certify that I have reviewed the Report and that the information provided in this Report is true and accurate to the best of my knowledge, information, and belief.

OMB Control Number 3041-0146