

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM (MECAP)

Submit MECAP reports to the CPSC via the following options: online, email, or by fax. To file an online MECAP report, please visit: <http://www.saferproducts.gov/>; Email a report to: mecaps@cpsc.gov or your project officer, or Fax the report to 301-504-0038.

Source code: _____ Date of incident: _____

Type of consumer product involved: _____

Cause of Death: _____

Date of Death: _____

The location involved in the incident:

- Home Farm Street Industrial
 School Place of Recreation Not Recorded Other

Victim Age: _____ Victim Sex: _____

Brief description of incident sequence:

Medical Examiner's/Coroner's Case No.: _____

Medical Examiner's Telephone No.: _____

Medical Examiner's E-mail: _____

Medical Examiner's/Coroner's Office: (Include City, County, & State)

Submitter's Name: _____ Date Reported: _____

The information below is **optional** to provide:

Manufacturer, Model, Brand name, and Serial No. of product:

Is product available for examination? No Yes If yes, where? _____

Decedent's name: _____

Race: _____ Ethnicity: _____ Gender Identity: _____

City/State where the incident occurred: _____