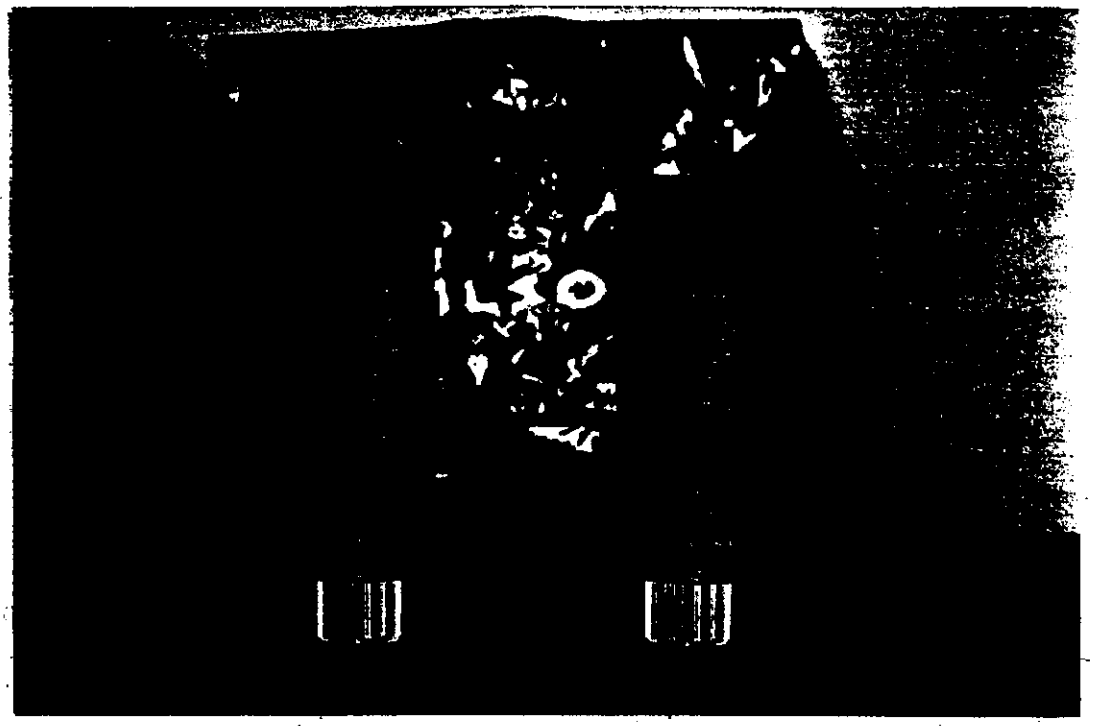
Exhibit "A"
IDI# 921229CCN0543

Photos of the open window providing some outside ventilation (left), and a front view of the suspect product as purchased by the consumer.

Exhibit "A"
IDI# 921229CCN0543



Photos of the labeling on the back panel of the aerosol container.

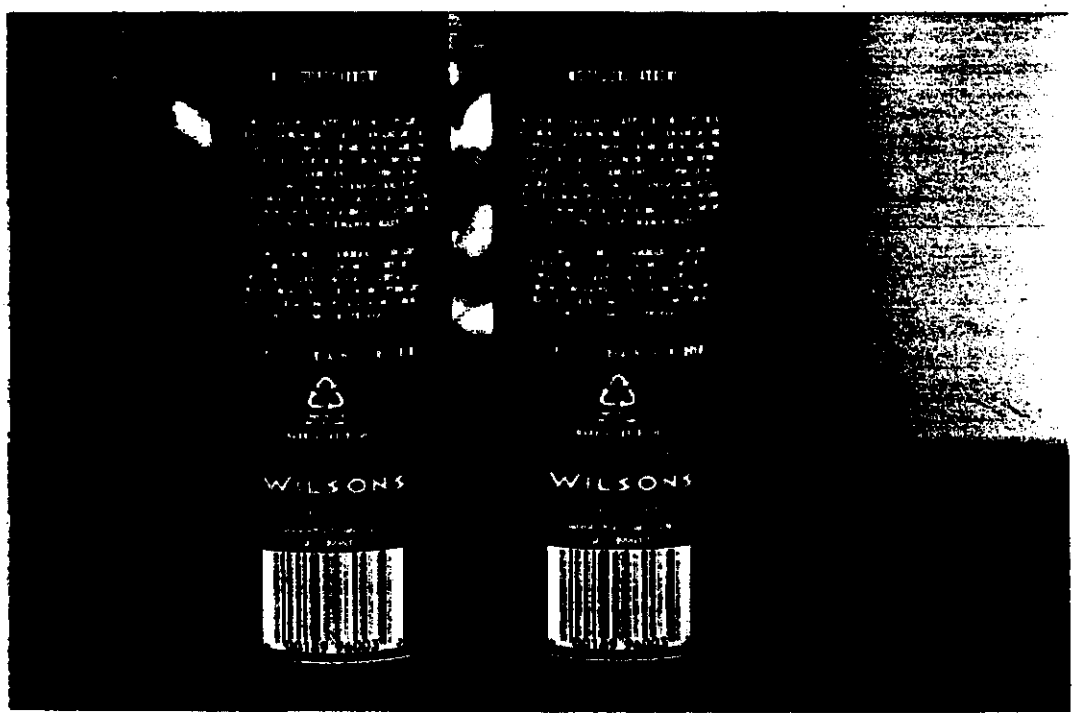


Exhibit "A"
IDI# 921229CCN0543

Date coding marking on bottom of containers (C1292.)

NEGATIVES

12/24/92

U.S. CONSUMER PRODUCT SAFETY COMMISSION

1. AREA: Exhibit "B"
CPSC IDI # 921229 CCN 0543

2. NAME OF INDIVIDUAL	3. TITLE OF INDIVIDUAL	4. DATE
[redacted]	Self	12/24/92
5. FIRM NAME		6. SAMPLE NUMBER

7. NUMBER [redacted]

8. SAMPLES COLLECTED *(Describe fully. List lot, serial, model numbers, or other positive identification)*

The following samples were collected by the Consumer Product Safety Commission pursuant to Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f)) and/or Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b) and/or Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d) and/or Section 704(c) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(c)) [Authority for sample collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)] and receipt for said samples is hereby acknowledged. Sections cited are quoted on the reverse side of this form.

2 ea. 5 oz. cans of Wilson's leather protector

10. SAMPLES	11. SAMPLES WERE	12. COLLECTOR
a. AMOUNT RECEIVED FOR SAMPLE: $16.00 (cash/check)	☒ PURCHASED	a. NAME (Print or type): Dennis A. Blasius
b. SIGNATURE (Person from whom sample received): X [illegible]	☐ BORROWED (To be returned)	b. SIGNATURE: [illegible]

CPSC FORM NO. 163

RECEIPT FOR SAMPLES

Exhibit "C" 12/29/92

U. S. CONSUMER PRODUCT S

SAMPLE COLLECTIC

IDI # 921229CCN0543

1. Flag	2. Date Col... 12/29/92	[X] Physical R-830-4408 [ ] Documentary
4a. Product name fabric treatment product	4b. Model Wilson's 5oz.	4c. NEISS 0952 5. Assignment ref. 921229CCN0543
6. Complete for import samples a. Port of Entry : b. Entry # & date : c. Country of Origin : d. HSUSA code : e. Customs Contact :		7. MIS 32672 8. Hours: a. Activity 2.0 b. Travel 0.0 9a. Home RO FOCR 9b. Collecting RO FOCR
10. Sample Cost $ 10.00 (C)	11. Invoice value of lot retail value approx.$10.00	12. Size of lot two available from consumer
13. Manufacturer/Importer Wilson's Suede and Leather Inc. Minneapolis, MN. ID #	14. Shipper/Foreign Mfr. Wilson's Suede&Leather Port Plaza Mall A-1009 Port Plaza Mall Green Bay, WI. 54301 ID#	15. Dealer/Import Broker [redacted] Oconto Falls, WI. 54154 ID#

16. Supporting documents attached:
a. Invoice # & date: N/A b. Date Shipped:
c. Shipping record # & date:
d. Affidavit signer's name, title & date:

17. Product Identification:
Sample consists of two 5 ounce aerosol can of "Wilson's Leather Protector." Can is black in color with red and white lettering, SKU #18996003. Date coding stamp on container bottom states C1292. Front labeling describes product as "making suede and leather stain and water resistant; keeps dirt on the surface for easy wipe-off;" container further lists various warning and usage instructions.

18. Reason for collection & analysis needed: FHSA X CPSA___ FFA___ PPPA___ RSA___
F/U to IDI# 921229CCN0543. 17 year old female suffered respiratory distress after using the product); content and labeling analysis.

19. Summary of Field Screening:
None

20. Sample Size, Method of Collection:
Sample consists of two unused can as described in #17 above.
Two cans - packaged together in a black cardboard display container. Sample was obtained from consumer at her residence on 12/29/92; it remained in my possession and in the locked CPSC office until shipment to the Sample Custodian on 12/31/92. Sample

21. Identification on sample "R-830-4408 DBB 12/29/92"	22. Identification on seal "R-830-4408 Dennis R. Blasius 12/31/92"	
23a. Sample delivered to Sample Custodian via P.P. MKE	23b. Date 12/31/92	24. Orig. report/records sent to FOCR

25. Laboratory/Office: ESEL [ ] HSHL [X] CERM [ ] CZCA [ ] OTHER [ ]

26. Remarks was shipped in a cardboard box which was sealed and identified as under #22 above; sample itself was tagged and identified as described in #21 above. Sample was mailed via P.P.MKE to the Sample Custodian on 12/31/92, to be forwarded to HSHL for further analysis. Sample collection receipt, copy of original assignment attached.

27. Related Samples R-830-4407

28a. Collector's name, title & employee # Dennis R. Blasius, Investigator, #9003	28b. Collector's signature & date Dennis R. Blasius 12/31/92
29a. Reviewer's name, title & employee #	29b. Reviewer's signature & date

Distribution: Orig [ ] Lab [ ] Fiscal [ ] Data [ ] Hdqtr [ ] Other [ ]
CPSC Form 166 (Rev. 9/91)

422

Exhibit "D" 12/29/92
IDI # 921229CCN0543

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT [redacted]	2. TELEPHONE NO. (Home) (Work) [redacted] (Home)
3. STREET ADDRESS [redacted]	4. CITY STATE ZIP CODE Oconto Falls, WI. 54154

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

Respondent's girlfriend was applying an aerosol leather protector treatment to her newly purchased leather jacket; victim began experiencing severe respiratory distress after several minutes exposure to the product's fumes. Victim was immediately transported to a nearby hospital for treatment, and remains hospitalized to date.

6. DATE OF INCIDENT(S) 12/27/92	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX female AND DESCRIBE INJURY respiratory distress	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP girlfriend
9. DESCRIPTION OF PRODUCT Aerosol spray leather protector		10. BRAND NAME Wilson's Leather Protector
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson Leather Company Minneapolis, MN.		12. MODEL, SERIAL NO.'S 5oz.. can
		13. DEALER'S NAME, ADDRESS & PHONE Wilson's Leather Products Port Plaza Shopping Center Greenbay, WI.
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 12/27/92 AGE one day
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____

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 X NO _____ IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES X NO _____

FOR ADMINISTRATION USE

20. DATE RECEIVED 12/28/92	21. RECEIVED BY (Name & Office) Dennis R. Blasius, MKE-RP	22. DOCUMENT NO. 92 C 0136
23. FOLLOW-UP ACTION Conduct IDI 921229CCN0543		24. PRODUCT CODE(S) 0952
25. DISTRIBUTION C: EPWS; cc: CCKM, Jacobson; cc: CF		26. ENGINEER'S NAME & TITLE [signature] SPE

CPSC FORM 178 (5/88)

423

IDI# 921229CCN0543

On this date, Thursday, January 14, 1993 medical records describing the treatment and hospitalization of the victim in this investigation were received at the Milwaukee Resident Post. These records are being forwarded for attachment as an addendum to the original report.

Dennis R. Blasius
Investiagtor
MKE-RP

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

[X] You are hereby authorized to disclose my name and address with the information collected on this case.

[ ] My identity is to remain confidential.

Stacie Coopman (Signature) Dec. 29-92 (Date)

Claudia Coopman, Mother

U.S. GOVERNMENT PRINTING OFFICE 1984—[illegible]

425

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case)

(the case of Stacie Leigh Coopman
Name
Daughter
Relationship to you)

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

1/4/92
(Date)

Claudia Coopman
(Signature)

Laurie A. Parsey
(Witness)

CPSC FORM NO. 170

COMMUNITY MEMORIAL HOSPITAL

OCONTO FALLS, WISCONSIN 54154

MEDICAL RECORDS NO. 5548

PATIENT

ADMISSION NO.	DATE OF ADMISSION	TIME	ROOM/BED	ROOM TYPE
888871-1	12/26/92	8:27 P M	314	Private

LAST NAME	FIRST	INITIAL	MAIDEN NAME	MARITAL STATUS	PREVIOUS ADM	UNDER WHAT NAME
COOPMAN,	STACIE	L.		S	Yes	Same

ADDRESS	CITY	STATE	ZIP	PHONE NO.	HOME / WORK
249 S. Main St.,	Oconto Falls	WI	54154		HOME 846-8208

AGE	SEX	BIRTHDATE	SOCIAL SECURITY NO.	RELIGION	EMPLOYER NAME AND ADDRESS
17	F	06/13/75		Catholic	Melvin/Egan Machine; Claudia/CMH

CHIEF COMPLAINT: 987.1

ACCIDENT— WHEN, WHERE, HOW:

RELATIVE

PERSON TO NOTIFY	ADDRESS	RELATIONSHIP	PHONE NO.
Melvin Coopman	Same	Father	Same

GUARANTOR	ADDRESS	RELATIONSHIP	PHONE NO.
Melvin J. Coopman	Same	Father	Same

INSURANCE

INSURANCE	POLICY HOLDER'S NAME	POLICY NO.	GROUP THRU	GROUP NO.
1. Metropolitan Life	Melvin J.	392409997		37633
2.				
3.				

ADMITTING PHYS.	ATTENDING PHYS.	DRG	CONTROL NO.	DATE OF DISCHARGE
Price	Price			12-28-92 5 pm.

PRINCIPLE DIAGNOSIS:
① Halocarbon inhalation injury

ICD-9-CM CODES
① 987.1
② 93.99

COMPLICATIONS:

ADDITIONAL DIAGNOSIS:
Dis-9 SW

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IT IS ADDRESSED. IT CAN NOT FURTHER BE
RELEASED TO ANY PARTY WITHOUT THE
PATIENT'S AUTHORIZATION.

OPERATIONS/PROCEDURES:
② RT 12/26/92

DISCHARGE DISPOSITION: ☒ HOME ☐ NURSING HOME _____
☐ TRANSFER _____
☐ EXPIRED CAUSE _____ TIME _____ M

CONSULTANT(S) _____

SURGEON(S) _____ [redacted] MD/DO
12/30/92 Sent copies to [redacted] 1/6/93 - Facesheet, [redacted] PHYSICIAN
Discharge summary H&P medix, Graphic sheet, nursing discharge summary,

COMMUNITY MEMORIAL HOSPITAL
855 SOUTH MAIN STREET
OCONTO FALLS, WISCONSIN 54154

PATIENT: Stacie Coopman MR #: 5548
D.O.B.:

ADMITTED: 12/26/92 ATTENDING PHYSICIAN [redacted]
DISCHARGED: 12/28/92

DISCHARGE DIAGNOSES:
1. Hydrocarbon inhalation injury.

ADMISSION HISTORY/PERT. PHYSICAL: This is a 17 year old white female admitted from the ER on the evening on 12/26 with a history of inhaling leather protector about 4-4:30 p.m. with immediate shortness of breath and has become worse over the last couple of hours with a dry cough along with chest pain. On P.E., respiratory rate was 48, all exam was normal except for shallow inspirations.

LAB/X-RAY REVIEW: Admission blood gases showed a pH of 7.39, pCO of 34.9, pO2 41.4, O2 sat. 75.8, bicarb 20.4 on room air. Patient's blood gases were obtained the next morning on six liters of O2 and pH was 7.338, pCO2 47.1, pO2 119.5, O2 sat 98.2% and bicarb of 24.5. Chest x-ray was read as essentially normal with shallow inspiration.

HOSPITAL COURSE: Patient was admitted and placed on six liters of O2. She continued to be quite short of breath pulse oximetry was monitored. She was decreased to 2 liters of O2 the next morning when ABG's were available and a repeat chest x-ray was done. This again was read as normal with shallow inspiration. Later on that day her O2 sats dropped into the 80's and so was increased up to 4 liters of O2. She was also placed on Tussi Organdin DM for cough. On the 28th patient was still somewhat short of breath, especially when O2 had come off. Later in the day she was decreased down to 2 liters per minute and O2 saturation remained in the mid 90's. She was placed on room air and O2 sat remained from 90-95. She had a mild sore throat, so will be sent home on Cepastat lozenges. Discharged home in good condition on 12/28/92.

MEDS: Cepastat lozenges prn sore throat.

Follow-up appointment by Dr. Culver on Thursday.

cc: [redacted]
D: 12/28/92
T: 12/28/92
I: mk

SIGNED [redacted] M.D.

COMMUNITY MEMORIAL HOSPITAL
855 SOUTH MAIN STREET
OCONTO FALLS, WISCONSIN 54154

PATIENT: Stacie Coopman MR #: 5548
D.O.B.:

ADMITTED: 12/27/92 ATTENDING PHYSICIAN [redacted]

CHIEF COMPLAINT: "I can't breath well.

HISTORY OF PRESENT ILLNESS: This is a 17 year old white female admitted thru the ER last night with a history of inhaling leather protector at about 4-4:30 p.m. She immediately noted shortness of breath which became increasing worse over the next two hours along with a dry cough. She is also noticing some chest pain. In the ER, chest x-ray was normal with no infiltrate. ABG's, pH of 7.39, pO2 41.4, pCO2 34.9, O2 sat 75.8%, bicarb 20.4 on room air.

MEDICATIONS: Triphasil.

PAST MEDICAL HISTORY:
ALLERGIES: None
SURGERIES: None

REVIEW OF SYSTEMS:
GENERAL: Denies recent weight changes, increased weakness, fatigue.
HEAD: Denies headache or trauma.
EENT: Denies vision or hearing changes, denies nasal allergies, history of sinusitis, chronic throat or ear infections.
RESPIRATORY: Denies asthma, cough, shortness of breath, sputum production or TB.
CARDIAC: HU hypertension two years ago but on no meds now. Denies history of angina, palpitations, heart murmur, edema.
GASTROINTESTINAL: Denies history of ulcers, hepatitis, gallstones. Denies nausea, vomiting, diarrhea, indigestion, constipation, hemorrhoids, change in stools.
GYN: G1, P1 with regular menses.
GENITOURINARY: Denies renal calculi, pyelonephritis, dysuria, hematuria, nocturia.
MUSCULOSKELETAL: Denies chronic arthralgias, low back pain, arthritis.
ENDOCRINE: Denies history of diabetes or thyroid disease.
HEMATOLOGIC: Denies anemia or easy bruising.
NEUROLOGICAL: Patient does have a history of migraines. Denies history of seizures, numbness, paralysis, gait problems, or weakness.
DERMATOLOGIC: Denies chronic skin rashes.
FAMILY HISTORY: Positive for hypertension in father, sister, and paternal grandparents. Positive for MI in maternal

grandfather. Positive for CVA maternal grandfather, positive for cancer maternal grandfather, bladder and kidney. Positive for diabetes, day and paternal grandmother.

SOCIAL HISTORY: Tobacco, quit for the last two weeks, light smoker before. Alcohol none. Caffeine five sodas per day. Currently patient is a senior in high school. Physical done at 9:00 a.m.

PHYSICAL EXAMINATION:
GENERAL: Alert, 17 year old white female markedly short of breath.
VITAL SIGNS: Temp 99, pulse 84, resp. 48, B/P 124/52.
HEAD: Normocephalic.
EYES: PERRL. Extraocular muscles intact. Fundi sharp discs, no hemorrhages or exudate.
EARS: TM's clear.
NOSE: Septum midline, normal mucosa.
THROAT: No erythema.
NECK: Supple without lymphadenopathy, thyromegaly, or carotid bruit.
LUNGS: Shallow inspirations but clear to auscultation.
BREASTS: Supple, without mass or nipple discharge or tenderness.
HEART: Regular rate and rhythm without murmurs. Normal S1, S2.
ABDOMEN: Normal bowel sounds, some diaphragmatic tenderness, no organomegaly or masses.
BACK: No CVA pain.
EXTREMITIES: Good pulses, no edema.
NEUROLOGIC: Cranial nerves II-XII are grossly intact. Motor and sensory function intact. DTR's 2+ and symmetrical. Finger to nose and heel to shin intact. Normal gait.

IMPRESSION:
1. Hydrocarbon inhalation injury.
2. HU migraines.

PLAN: Patient initially put on O2 at six liters per minute. Will follow pulse oximetry and ABG's.

D: 12/27/92
T: 12/27/92
I: mk

S[redacted]M.D.
Dr. Robin T. Price, M.D.

Community Memorial Hospital

Oconto Falls, Wisconsin

PROGRESS RECORD

0000711 17/26/92 5545 314
COOPMAN, STACIE L. 06/13/75
F/17

Note Progress of Case, Complications, Consultations, Change in Diagnosis [redacted]
Condition on Discharge, Instructions to Patients

DATE	Admit Note
12/22/92	S: 17 y/o (W) adm thru ER last nite c hx of inhaling leather protector at work. Noted SOB & became tachy dyspneic throughout over next 2 hrs. Was some chest pain in ER: ⊖ CXR ABG's: 7.34/pO2 41.4/pCO2 34.9/O2 Sat 75% & HCO3 20.4 on room air. Med: Triphasil
	PMH: DNA, Surg: ⊖ For rest see dictated H&P
	O: Gen: alert 17 y/o (W) SOB V.S. 99.84.46-189/52 HEENT: clear, Neck: ⊖ thyromegaly lymphadenopathy Lungs: shallow inspiration clear. Breasts: small Heart: RRR S ⊖, Abd: ⊖ BS, tender, no organomegaly, Back: ⊖ CVA pain, Ext: good pulses, no edema, Neuro: intact.
	A: (1) Hydrocarbon inhalation injury (2) Hx Migraines
	P: O2 at 6 l/m & follow pulse oximetry. ABG [redacted] H&P done.
12/27/92	S: Still SOB, some chest & diaphragm pain.
	O: Afebrile, shallow breath. Lungs: clear ABG's on 6 l pH 7.338/pO2 125/pCO2 47.1/O2 Sat 98.2/HCO3 24.5 CXR: ⊖
	A: Hydrocarbon inhalation injury
	P: ↓ O2 to 2 l/m. Tussi Organidin DM [redacted]
12/28/92	S: Still somewhat SOB. [redacted] comes off.
	O: Lungs: clear, RR - 24 [redacted] on 2 l was 87%
	A: Hydrocarbon inhalation injury
	P: Try on 2 l this afternoon & watch pulse oximetry. [redacted]

27 JUL 92

Community Memorial Hospital

Oconto Falls, Wisconsin

PROGRESS RECORD

8888711 12/26/92 5548 314
COCEMAN, STACIE L. 06/13/75 314
F/17 6/13/75
/17

Note Progress of Case, Complications, Consultations, Change in [redacted] Condition on Discharge, Instructions to Patients

DATE	
12/28/92 PM	S: Not SOB off O2. Some sore thr. O: On O2 now. O2 Sat 90-95% A: Hydrocorbon Inhalation Injury resolved w/dx. P: Home. F/u c Dr. Culver by Thurs. Cepastat lozenge, prn sore thr. Summary done. [redacted]

CMH OCONTO FALLS, WISCONSIN

PHYSICIAN'S ORDERS

SOCIAL 12/26/92 5548 314
STACIE L. 06/13/75
F/17
[redacted]

DATE	TIME	ORDERS	PHYSICIAN		NURSE
12/26/92	2025	Admit to [redacted]			
		Diagnosis: ~~petroleum distillate~~ Hydrocarbon inhalation injury			
		Vitals q 2° x 4 then q 4° if stable			
		Up as tol			
		Regular diet			
		O_2 at 6 LPM			
		Pulse oximetry q shift			
		ABG's on Arr			
		V.O. [redacted] Koopman RN			
		2020	B. Elathon	12-26-92	
		CONFIDENTIAL INFORMATION COMMUNITY MEMORIAL HOSPITAL - Oconto Falls WAS AUTHORIZED TO RELEASE THIS REPORT. IT IS FOR THE INFORMATION ONLY TO WHOM IT IS ADDRESSED. IT CAN NOT FURTHER BE RELEASED TO ANY PARTY WITHOUT THE PATIENT'S AUTHORIZATION.			
12/27/92	7AM	Portable CXR stat			
		+ O_2 2L/NC			
		per pt [redacted]			
		Noted approx [redacted]	12-27-92		
			Stacie WC		745
12/27/92	0900	① Tussi Organidin DM ⅛ 2tsp p.o. q 4° prn cough			
		② May take over the Triphenil [redacted] tab p.o. qd			
			12-27-92	12-27-92	
		Noted approx	Stacie WC		0920

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12/27/92 7:30 Pulmonary Medicine
q 4h pm
A. Price / I. Bryzgalski
CSPNED

PLEASE PRESS HARD - 5 COPIES

June 1992

8888711 12/26/92 5548 314
COOPMAN, STACIE L. 06/13/75
[redacted] F/17

LIST OF NURSING SIGNATURES

Dated: June 1992

LEGAL NAME/TITLE	SIGNATURE/TITLE	INITIALS
Bartle, Carol L. LPN	Carol L. Bartle LPN	CB (PN)
Bauer, Karen M. RN	Karen M. Bauer RN	KMB
Baker, Kay S. RN	Kay S. Baker RN	KB
Bartle, Carolyn L. RN	Carolyn L. Bartle	CB
Bartel, Alice R. RN	Alice R. Bartel	
Beaumont, Judith A. RN	Judith A. Beaumont RN	
Bohnke, Kathleen T. RN	Kathleen T. Bohnke RN	KBNB
Bohnke, Patricia A. RN	Patricia A. Bohnke	
Birr, Florence M. LPN	Florence Birr LPN	FB
Brahmer, Susanne M. RN	Susanne Brahmer RN	SB
Brzezinski, Thelma M. RN	Thelma Brzezinski	TB
Carriveau, Patricia A. LPN	Patricia A. Carriveau	PC
Coopman, Kristin A. RN	Kristin A. Coopman	KC
DeGarmo, Donna M. LPN	Donna DeGarmo LPN	DD
Delzenne, Jane J. RN	Jane Delzenne	JD
Dana, Linda J. RN	Linda J. Dana	RN LD
Dobrzin, Vicki L. RN	Vicki L. Dobrzin RN	VD
Dolata, Courtenay L. RN	Courtenay Dolata	CD
Dorner, Patricia A. RN	Patricia A. Dorner	PD
Elliott, Barbara M. LPN	Barbara M. Elliott LPN	BE
Elseth, Bonnie L. RN	Bonnie L. Elseth RN	BE
Franz, Bryanny M. RN	Bryanny M. Franz RN	BF
French, Jennifer M. RN	Jennifer M. French RN	JF
Glime, Janet L. RN	Janet Glime RN	JG

LEGAL NAME/TITLE	SIGNATURE/TITLE	INITIALS
Graham, Colleen M. RN	Colleen M. Graham RN	CG RN
Gunn, Lila M. LPN	Lila Gunn	LG LPN
Hauck, Shirley A. LPN	Shirley A. Hauck	SH
Hoffmann, Heather L. RN	Heather L. Hoffmann RN	HH RN
Huber, Victoria L. RN	Victoria Huber	
Hanson, Dalia J. RN	Dalia Hanson RN	DH RN
Jensen, Carol J. RN	Carol J. Jensen RN	CJ RN
Kaehler, Sylvia R. RN	Sylvia Kaehler R.N.	SK
Klimko, Charlotte, RN	Charlotte Klimko RN	CK
Kuhlman, Debra J. RN	Debra J. Kuhlman	DK
Kostrzewa, Arlene, RN	Arlene Kostrzewa	AK
Lierman, Julann, RN	Julann Lierman	JL LPN
Marquardt, Wendy, RN	Wendy Marquardt RN	
Meyer, Beryl A. LPN	Beryl Meyer LPN	BM
Mack, Shelby J. RN	Shelby J. Mack RN	SM
Nelson, Gail E. LPN	Gail Nelson LPN	GN
Noack, Anita R. RN	Anita Noack	AN
Nutt, Sharon L. LPN	Sharon L. Nutt LPN	SN LPN
Pociask, Cheryl L. RN	Cheryl Pociask	CP
Rotondi, Kathleen L. RN	Kathy Rotondi RN	KR
Sanzotti, Susan E. RN	Susan E. Sanzotti RN	SS
Sauer, Joyce P. RN	Joyce Sauer RN	JS
Schaal, Sharon L. RN	Sharon Schaal RN	SS
Schroeder, Diane S. LPN	Diane Schroeder LPN	DS
Sons, Patricia L. LPN	Patricia L. Sons LPN	PS
Swanson, Barbara A. RN	Barbara A. Swanson RN	BA

LEGAL NAME/TITLE June 1992	SIGNATURE/TITLE	INITIALS
Stanson, Linnea P. RN	Linnea Stanson	LS
Stall, Jacqueline R. RN	Jacqueline R. Stall	JS
Strobin, Carol M. RN	Carol Strobin	CS
Tolbert, Cynthia S. RN	Cynthia Tolbert	+
Torcher, Shirley M. RN, RN	Shirley Torcher RN NP	ST
Thomson, Jean M. CNA Aide	Jean M. Thomson	JT
Timan, Lauria A. RN	Lauria Timan	LT
Thornton, Anne P. RN	Anne P. Thornton RN	AT
Wendel, Carol J. RN	Carol Wendel RN	CW
Vanderson, Collie J. LPN	Collie Vanderson	CV
Walker, Angela J. CNA	Angela Walker CNA	AW
Weybold, Laura J. RN	Laura J. Weybold RN	LW
Volin, Jean L. RN		
Wesolowski, Deborah J. RN	Deborah J. Wesolowski	DW
Winkler, Ellen C. LPN	Ellen Winkler	
Woodke, Penny L. LPN	Penny L. Woodke LPN	PW
Zellner, Janice M. RN	Janice M. Zellner	JZ
Fitzpatrick, Barbara, RN	Barbara Fitzpatrick	BF
Zanella, Angela J. RN	Angela Zanella	AZ
Olson, Judy K. CNA	Judy K. Olson CNA	JO
Nagel, Frances J. RN	Frances Nagel RN	FN
Sullivan, Teresa A. RN	Teresa A. Sullivan RN	TS
Ryan, Nancy L. RN	Nancy Ryan	NR

LEGAL NAME/TITLE	SIGNATURE/TITLE	INITIALS
Barbara Leonard-Nelson, R.N.	Barbara Leonard-Nelson RN	BLN
Verna M. Torrie, CST	Verna Torrie CST	VMT
Beth Adsit, ST	Beth Adsit ST	BA
Doris J. Welsh, LPN	Doris J. Welsh LPN	DJ

CONFIDENTIAL INFORMATION
COMMUNITY MEMORIAL HOSPITAL - Oconto Falls
WAS AUTHORIZED TO RELEASE THIS REPORT.
IT IS FOR THE INFORMATION ONLY TO WHOM
IT IS ADDRESSED. IT CAN NOT FURTHER BE
RELEASED TO ANY PARTY WITHOUT THE
PATIENT'S AUTHORIZATION.

REVISED; 7/14/92, 9/17/92, 11/4/92, 12/3/92 12/15/92, 12/13/92

434

From St. VS Poison Control

December 27, 1992 @1557 PST

Memo
To: Regional Poison Centers
From: Marty Smilkstein, MD, Oregon Poison Center
Re: Wilsons Leather Protector

We are aware of 29 persons (and 1 dog) with symptoms following use of Wilsons Leather Protector spray. Quick survey of a few other centers found similar cases noted by Seattle, San Francisco, and Denver. The following fact sheet may prove useful to you:

1. The product is the 5 oz aerosol can, a new formulation distinct from the former 7 oz. size. To eliminate CFCs, the new product contains: 80% isooctane, 1% Vyvar (polymerized alpha olefins by Petrolite), 1% Scotchguard, 18% propane.

2 This is a new product, sold in Oregon only for a few days. Availability nationwide is unclear at present. Wilsons distributes the product to its own stores and several others - probably about 900 outlets total nationwide.

3. An entire can (or 2) may be used, so people are getting several minutes of exposure. There are no guidelines for use on the can.

4. The most consistent pattern of symptoms is nearly immediate cough and shortness of breath with symptoms frequently persisting for hours. Some have also described tightness or burning in the chest, headache, malaise, and fever.

5. About half of our cases have been evaluated and released from EDs, one has been hospitalized, the remainder have been followed at home. We are aware of at least 2 cases with xray infiltrates and hypoxemia.

6. No life-threatening signs or symptoms have yet been noted.

7 The company has pulled all product from the shelves, a decision about recall, etc will have to await some investigation to establish how much of the problem is the product and how much is the method of use. There does seem to be a significant discrepancy between the labelling and the risk, however, and I would anticipate a recall. The company will refund any purchase.

8. We currently are managing this as a traditional petroleum distillate exposure, and are only recommending evaluation in instances of persistent respiratory complaints. ED and hospital management are according to standard management protocols.

9. From now on, we will turn matters over to the appropriate investigational agencies and to you, and only issue further information if we find something that would change the above plan.

U.S. CONSUMER PRODUCT SAFETY COMMISSION
Midwestern Regional Office
230 South Dearborn Street
Suite 2944
Chicago, Illinois 60604
(312) 353-8260

January 11, 1993

Community Memorial Hospital
855 S. Main Street
Oconto Falls, WI. 54154

Att: Medical Records Dept.:

Our Agency is investigating reports of consumers suffering ill effects from the apparent use of fabric protection treatments. On December 27, 1992 Stacie L. Coopman, 17 years of age, was treated at your hospital's emergency room and subsequently admitted to the hospital after using such a product.

Enclosed is a signed medical records release form. As the victim is a juvenile, the release is signed by her mother, Claudia Coopman. Please send a complete copy of this patient's medical records to the following office:

U.S. Consumer Product Safety Commission
Milwaukee Resident Post
310 W. Wisconsin Avenue
Box 244
Milwaukee, WI. 53203
Att: Investigator Dennis Blasius

The U.S. Consumer Product Safety Commission is an investigative agency of the Federal Government; please send an invoice for payment with the requested records, and it will be immediately honored. I this is not satisfactory, please call our office immediately at (414)297-1468 so that other arrangements can be made.

Thank you for your assistance.

Sincerely,

Dennis B. Blasius
INVESTIGATOR

United States Government
Consumer Product Safety
Commission

CPSC

DENNIS R. BLASIUS
Investigator

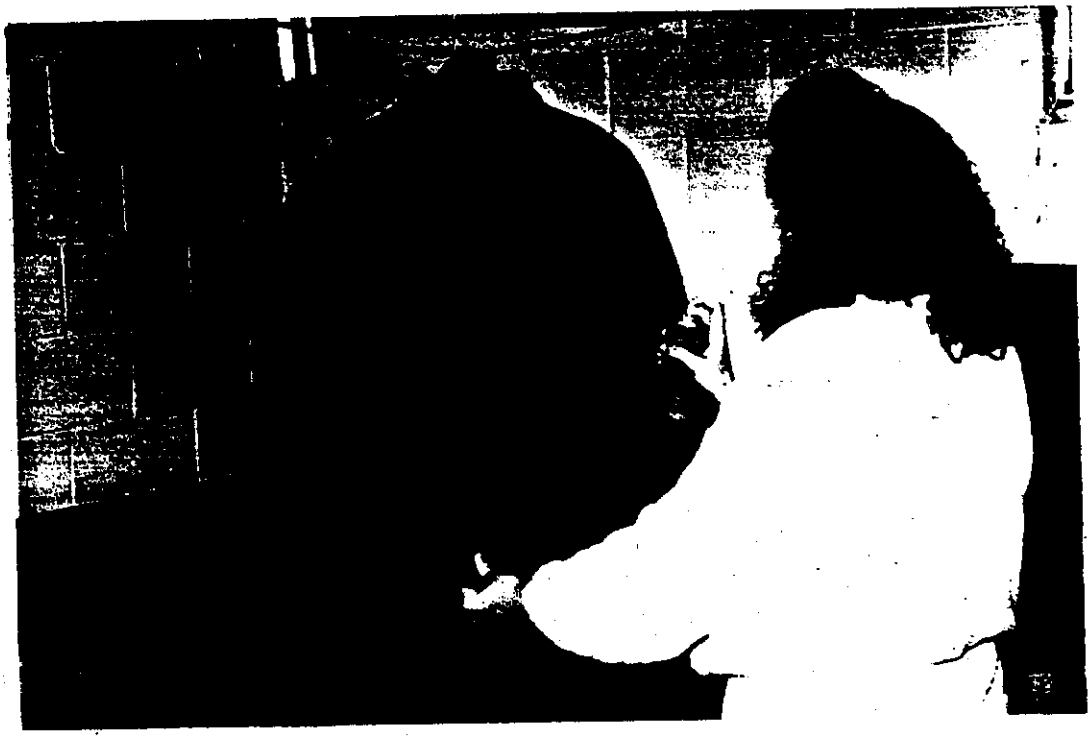
Milwaukee Resident Post
310 W. Wisconsin Ave.
P.O. Box 244
Milwaukee, WI 53203
(414) 297-1468

Chicago Regional Office
230 S. Dearborn St.
Room 2944
Chicago, IL 60604
(312) 353-8260

436

Exhibit "A"

IDI# 921229CCN0544



Photos of complainant re-enacting her use of the suspect product.

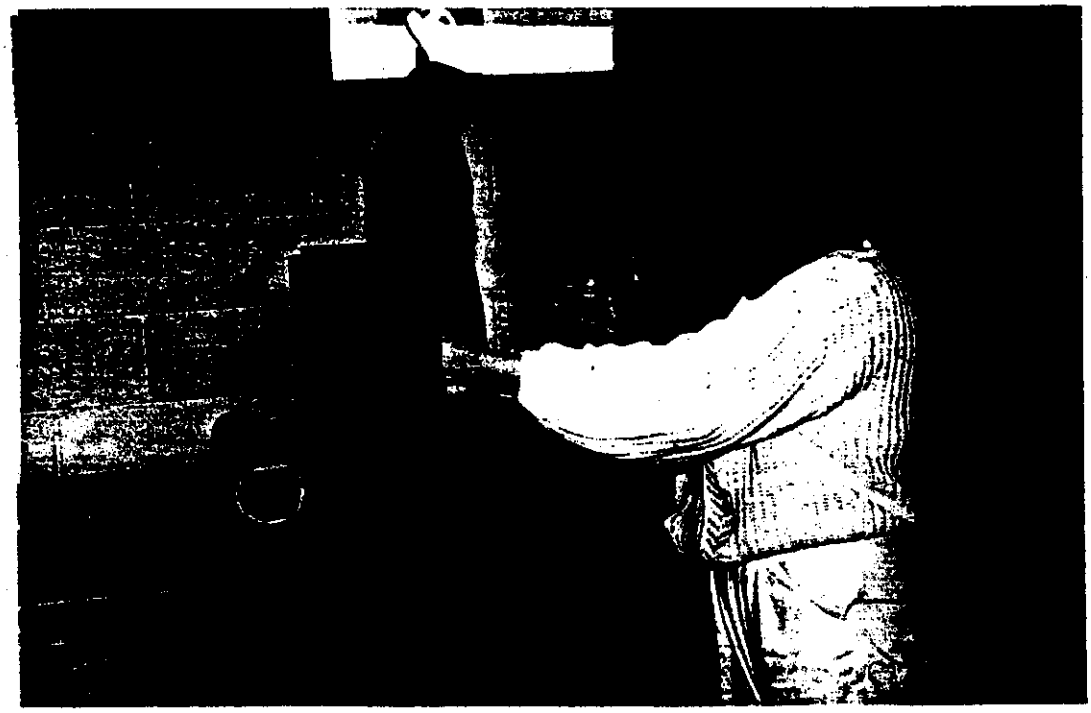


Exhibit "A"

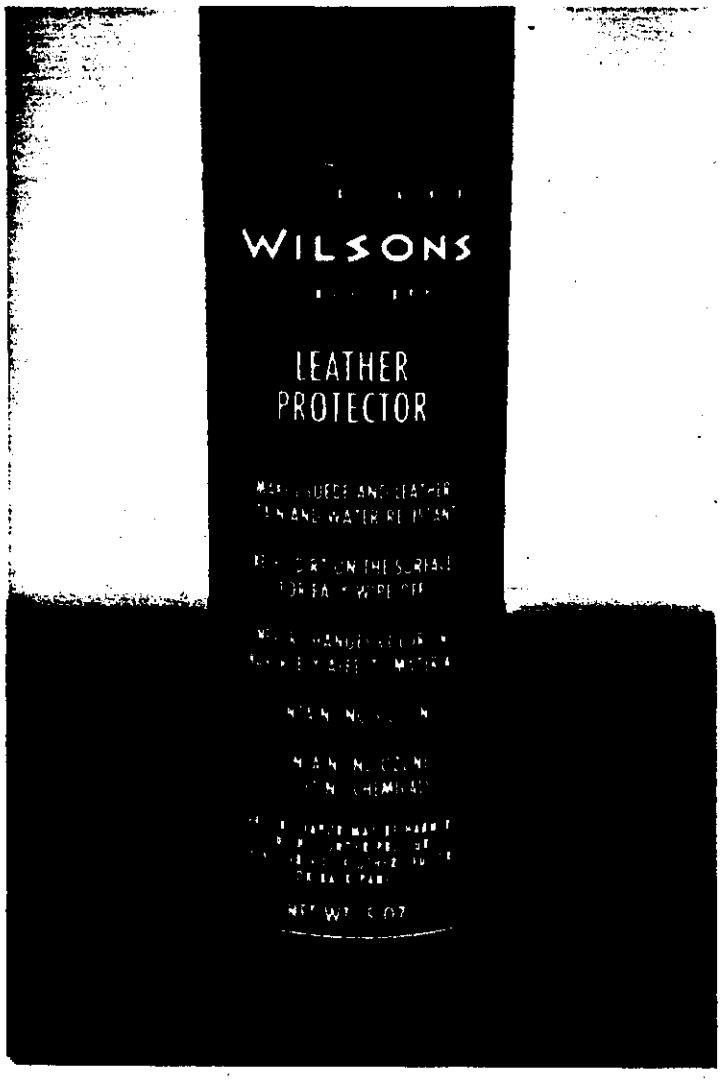
IDI# 921229CCN0544

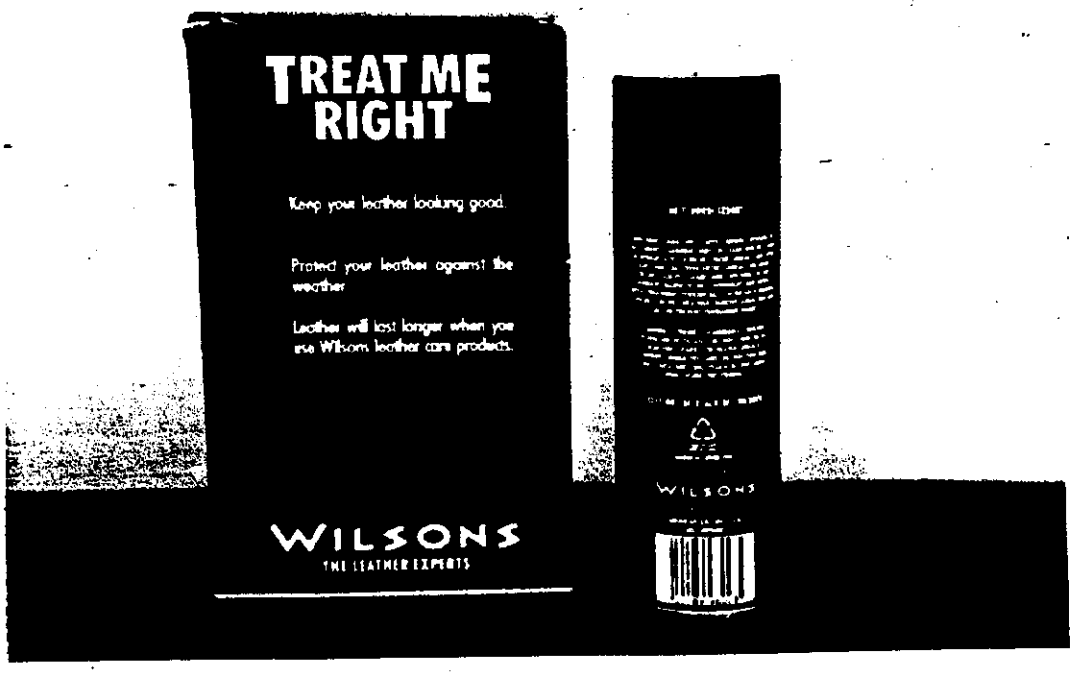
Above: Complainant and her sister re-enacting their use of the fabric protector product.
Below: Photo of the product in question, as purchased by the consumer.

Exhibit "A"

IDI# 921229CCN0544

Photos of the suspect product.





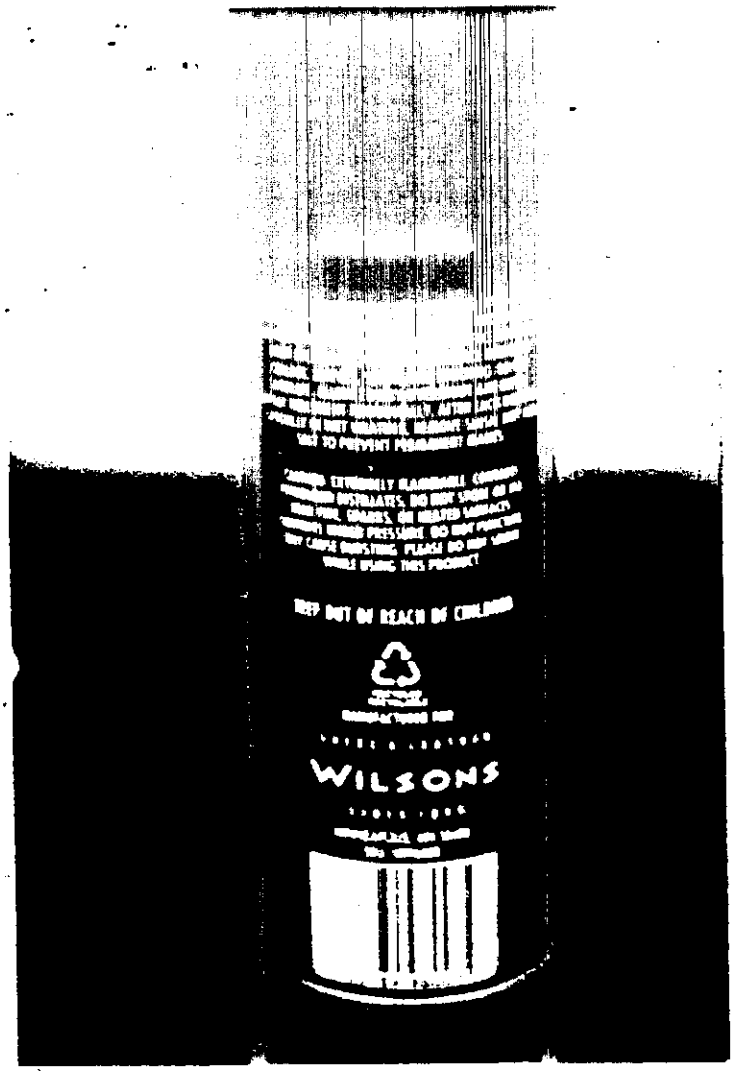


Exhibit "A"

IDI# 921229CCN0544

Additional photos of the instruction and warning labeling on the product container.

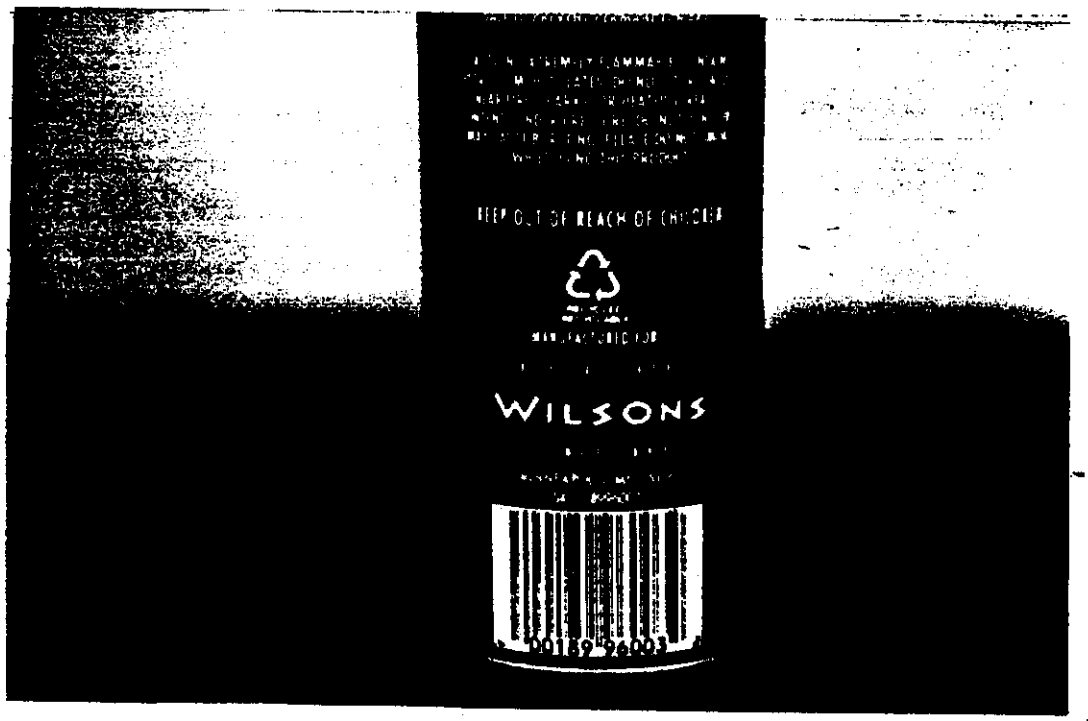
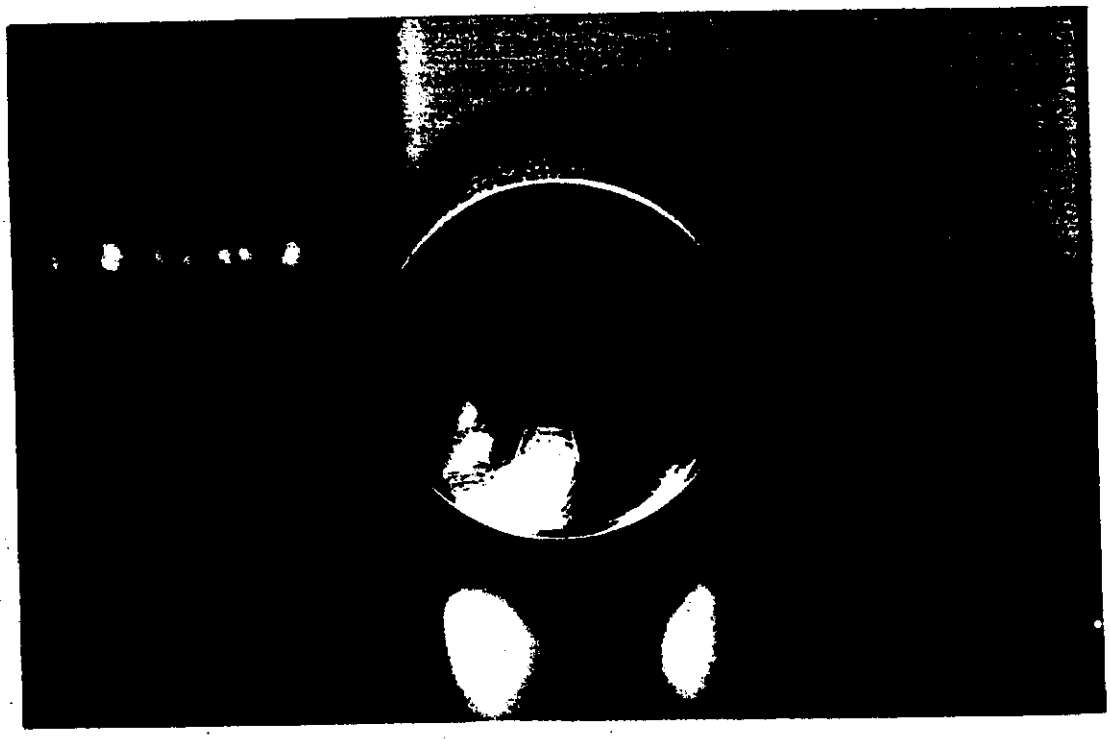


Exhibit "A"

IDI# 921229CCN0544



Date coding information on the bottom of the container; states "C1..2"

NEGATIVES

U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE 12-24-92	3. FROM (Area Office and Address) CPSC - Milwaukee Resident Post. 310 W Wisconsin Avenue Milwaukee, WI 53203
2. TIME ____ A.M. 2:10 P.M.	

4. TO

A. NAME AND TITLE OF INDIVIDUAL: Peggy Gurney, manager

B. FIRM NAME: Wilson's Leather Products

C. NUMBER AND STREET ADDRESS: Port Plaza Mall

D. CITY, STATE AND ZIP CODE: Green Bay, WI (414) 430-3121

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

6. FREEDOM OF INFORMATION REQUIREMENTS

Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (15 U.S.C. 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations. 16 CFR Part 1015.

7. SIGNATURE (Authorized CPSC Official)

Dan A. Blum

CPSC Form 296 (9/79)

U.S. GOVERNMENT PRINTING OFFICE: 1981-619-102

1115

FIELD ACTIVITY COVERSHEET

1. REGION/STATE	2. OPERATION (Check One)	3. DATE
FOCR	( ) Inspection ( ) Establishment Visit ( ) Telephone Contact (X) Investigation ( ) Other	12-97-92
		4. NUMBER (For RO Use) 921229CCN0544

5. ESTABLISHMENT
Name Wilson's Suede and Leather, Inc.
Address
City Minneapolis State MN Zip Telephone No.

6. RELATED FIRM ( ) Parent ( ) Headquarters ( ) Subsidiary ( ) Other
Name City State

7. PRODUCTS COVERED
Wilson's Leather Protector

8. OTHER CONSUMER PRODUCTS

9. ESTABLISHMENT TYPE
( ) Manufacturer ( ) Importer
( ) Wholesaler ( ) Own Label Distributor
( ) Retailer ( ) Repackager
( ) Other

10. ANNUAL PRODUCTION
Product Covered $ Units
Other Products $ Units

11. I.S. BUSINESS
% Received
% Shipped

12. SAMPLES COLLECTED

13. MIS CODE

14. HOURS
Activity
Travel

15. REASON FOR ACTIVITY (Assignment Reference)

16. ANNOUNCED ( ) Rationale for Announced Inspection
UNANNOUNCED ( )

EMPLOYEE'S NAME	TITLE	SIGNATURE

18. (X) ENDORSEMENT ( ) REMARKS ( ) SUMMARY ( ) OTHER

A 19 yr. old girl and her 10 yr. old sister experienced severe respiratory distress after using Wilson's Leather Protector spray to treat a leather coat. The 2 were taken to the hospital and were diagnosed as suffering from chemical pneumonia.

F/U: Refer to Compliance.

19. REVIEWER'S NAME	TITLE	SIGNATURE
John R. Vece	S.P.S.I.	John R. Vece

20. REVIEW DATE	21. DISTRIBUTION
1-8-93	O: EPDS; cc: CERM, C. Jacobson; cc: EF; cc: FOCR.

CPSC FORM NO. 167 (Revised 8/86)

002

CF

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO. 921229CCN0544

2. INVESTIGATOR'S ID 9003

3. OFFICE CODE 830

4. DATE OF ACCIDENT YR 92 MO 12 DAY 27

5. DATE INVESTIGATION INITIATED YR 92 MO 12 DAY 29

6. SYNOPSIS OF ACCIDENT OR COMPLAINT This investigation was initiated in response to a report that two sisters, ages 10 and 19, experienced severe respiratory distress after being exposed to the fumes from an aerosol fabric protection product they were treating a new leather jacket with in their basement. Both victims were treated and released at a local hospital emergency room.

7. LOCATION (Home, school, etc.) home 10

8. CITY Gillett

9. STATE WI WI

10A. FIRST PRODUCT fabric treatment product 0952

11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Wilson's Leather Protector(5 oz.) Wilson's Suede and Leather, Inc.; Minneapolis, MN.

10B. SECOND PRODUCT leather jacket 1646

11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Same as above.

12. AGE OF VICTIM 019

13. SEX (Use numerical code) MALE 1, FEMALE 2, UNKNOWN 3: 2

14. DISPOSITION treated at E.R. and released 1

15. INJURY DIAGNOSIS chemical pneumonia 71

16. BODY PART all parts 85

17. RESPONDENT(S) (Mother, Friend) victim 1

18. TYPE INVESTIGATION ON SITE 1, TELEPHONE 2, OTHER 3: 1

19. TIME SPENT Tr:8.0 070

20. ATTACHMENTS multiple 9

21. CASE SOURCE State Health Dept. 02

22. REVIEWED BY 8130 YR 93 MO 01 DAY 08

23. PERMISSION TO DISCLOSE NAMES (NON-HESS CASES ONLY) CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [X]

24. NARRATIVE (See Instructions on Other Side) See attached narrative.

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

SELLER NOTIFIED
✓ No comments made
Comments attached
Excisions/Revisions
✓ Firm has not requested further notice
6/28/94 SAP

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

CPSC FORM NO. 182 (Revised 10/90) APPROVED FOR USE THROUGH 5/31/94 OMB NO. 3041-0029

444

921229CCN0544

SUMMARY:

This investigation was conducted in response to a report that two sister, ages ten and nineteen, experienced severe respiratory distress after treating a new leather coat with an aerosol fabric protection product. Both victims were treated at a local hospital emergency room and released.

PRE-INCIDENT:

On Sunday 12/27/92, at approximately 3:30 p.m. the nineteen year old female complainant purchased a new black leather waist length jacket from the "Wilson's Suede and Leather Products" retail store located at A-1009 Port Plaza Mall, located in Green Bay, Wis. 54301, phone # 414-432-3121.

The complainant was assisted in making this purchase by a female clerk named Darla, last name unknown, who is believed to be a store manager. The store manager suggested to the complainant that it would be important to treat the new jacket with a fabric protection product to avoid damage to the coat from dirt or moisture. The clerk suggested that the complainant purchase "Wilson's Leather Protector", which is an aerosol product sold at the store in 5 oz. aerosol cans. This aerosol fabric protector is sold in a two can cardboard display packaged, described as a "Leather Care Starter Set". The two container set retails for approximately $10.00.

The complainant agreed to purchased the fabric protector product. She was told by the manager that the entire contents of a five ounce can of the product should be sprayed on the coat before it was worn, and that the coat should be retreated every six months afterwards by spraying an additional one-half container of the five ounce size can onto the coat. The clerk provided no further direction as to how the fabric protector should be applied, and provided no cautionary warning that the product's fumes might be hazardous.

INCIDENT:

Later that same day, 12/27/92, at approximately 6:30 p.m., the nineteen year old complainant sprayed the entire content of a five ounce aerosol can of Wilson's Leather Protector onto her new jacket. This jacket was treated in the basement area of the family's twostory single family residence. The basement is unfinished, though a portion of the basement area is used by the complainant's ten year old sister as a playroom. The area where the coat was treated is described as being approximately 16ft. long x 14ft. wide x 8ft. high, and is adjacent to the home's gas forced air furnace. There are several windows in the basement of the home, however none of the windows were opened during the time period that this incident occurred.

The spraying of the jacket took approximately five to ten minutes. The complainant stated that she read the instruction and warning labeling on the aerosol can before starting to use the product. She noted that the labeling stated that "Vapors may be harmful", and "Please do not smoke while using this product". The complainant felt that the open basement area was large enough to preclude her from having any problems with the product's fumes, so she sprayed the can's entire five ounce contents on the coat in one application. She did not find the fumes particularly offensive or overpowering, and noticed no adverse physical effects while using the product. Photographs attached to the end of this report as exhibit "A" depict the complainant reenacting the manner in which she sprayed the coat.

The complainant's ten-year old sister was playing approximately twelve feet from where the coat was being treated. At one point the ten year old was asked by the complainant to assist in holding the jacket open during the spraying procedure; the ten year old did so for approximately one minute. A photograph of this procedure, reenacted by the sisters, is also contained in Exhibit "A".

Approximately fifteen to twenty minutes after finishing the leather protector treatment of the jacket, the ten year old daughter complained to her mother that she was having difficulty breathing. The ten year old complained that she had a burning sensation in her lungs if she took a deep breath, and that "it feels like somebody is sitting on my chest". The ten year old laid down on the living room couch to rest, at which time the nineteen year old complainant came downstairs from her bedroom also complaining to her mother that she felt like she could not breath. The nineteen year old could only take short, shallow breathes, and she began coughing uncontrollably, feeling like she needed to vomited. The nineteen year old also complained of the same burning sensation in her lungs.

POST-INCIDENT:

The girl's mother suspected that the victims were having some reaction to the fabric protector; she immediately called the local poison control center but was told that the "Wilson's Leather Protector" product was not listed in their files, and that she should immediately take both girls to a local hospital for emergency treatment of their symptoms. The victims' mother drove the girls to the near by Oconto Falls Community Memorial Hospital, 855 S. Main Street, Oconto Falls, Wi. 54154, where they both received emergency treatment from [redacted]. Both girls were giving oxygen tests, chest x-rays, and were found to be suffering from symptoms usually associated with chemical pneumonia. The symptoms begin to subside, and the two victims were released from the hospital approximately two hours after admittance. As of the

date of this investigator's interviews with the victims, 12/29/92, both victims complained only of a lingering cough and no further symptoms.

Attached the end to this report as Exhibits "B-E", are "Authorization for Release of Name" and "Authorization for Medical Records Disclosure" forms sign by the victims. The victims did not wish their identities revealed, except as necessary to interact with other investigative government agencies.

SAMPLES COLLECTED:

Of the two five ounce cans of "Wilson's Leather Protector" fabric protection product purchased by the consumer, they had one full unused container remaining. The other used container had been given to a local Television Station. The remaining container was collected by this investigator as a CPSC sample, sample number R-8304407, and forwarded to HSHL for further analysis.

A copy of the sample collection receipt issued to the consumer is attached as Exhibit "F". A copy of the sample collection receipt is attached as Exhibit "G".

APPLICABLE STANDARDS:

The hazardous substances labeling requirements detailed in 16CFR1500 may apply to this product; the adequacy of the present warning labeling could not be evaluated, as the product's actual content ingredients are not known at this time.

PRODUCT IDENTIFICATION:

Product: "Wilson's Leather Protector" fabric protection treatment; five ounce aerosol container, container described as being black with red and white lettering. SKU number 18996003. Date coding ink print on bottom of container is apparently incomplete, states "C1--2".

MANUFACTURER: Wilson's Suede and Leather, Inc., Minneapolis, Mn.

ATTACHMENTS:

Exhibit A - Photographs of the product use reenactment as well as photographs of the product container itself.

Exhibit B - Authorization for release of name forms signed by

[redacted]

Exhibit C - Authorization for release of name form signed by the parent of [redacted] a Juvenile.

Exhibit D - Authorization for Medical Records disclosure form signed by [redacted]

Exhibit E - Authorization for Medical Records disclosure form signed by the mother [redacted]

Exhibit F - Copy of the Sample Collection Receipt issued to [redacted] for the sample of "Wilson's Leather Protector" obtained as a sample.

Exhibit G - Copy of the Sample Report, sample number R-830-4407.

Exhibit H - Copy of the orignal Consumer Product Incident Report, dated 12/28/92.

Medical Records pertaining to both victim's hospital treatment were requested on 1/4/93, and that information will be forwarded as a addendum to this report when it is received by the Milwaukee Resident Post.

From uucp Thu Jun 10 14:09:00 1993
>From els Thu Jun 10 14:36 EDT 1993 remote from pink
To: mwro!rbj
Cc: mwro!mnm
Message-id: <pink.150.7408.7397373811@pink.QMAIL>
Type: Document
Priority: Regular
Security: None
Classification: 1stclass
Full-name: Stone, Eric L.
Attachments: Wilson

Here is a draft letter from Dennis to Wilson/Melville. Let me know if you have any suggestions. I faxed to Dennis. Eric

From uucp Mon Jun 14 08:59:00 1993
>From els Mon Jun 14 10:04 EDT 1993 remote from pink
To: mwro!rbj
Message-id: <pink.150.29868.740066675@pink.QMAIL>
Subject: Wilsons
Type: Document
Priority: Regular
Security: None
Classification: 1stclass
Full-name: Stone, Eric L.

Bob- I'd hold off on contacting Wilson to close file until after they respond to Dennis Donath's letter. Let's discuss then.
Eric Stone

15

[redacted]

TC-21 FEB 24 1993

C320024

February 11, 1993 '93 FEB 6 12:25

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

Re: Recall of Wilson's Leather Protector.

Gentlemen:

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

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

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

$952

Sku #: 18996003

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

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

I am presently seeking a medical professional's

MANUFACTURER NOTIFIED
✓ No comments made
✓ Comments attached
✓ Excisions/~~Revisions~~
✓ Firm has not requested further notice
6/28/94
451

[illegible] to determine [illegible] is a [illegible] as my medical problems and am being represented by an attorney:

Mr. Guy Brooks
Goldberg, Katzman & Shipman P.C.
320 E. Market St. Box 1268
Strawberry Square
Harrisburg, Pa. 17108-1268

Very truly yours,

[redacted]

HOTLINE STATEMENT
WILSONS LEATHER PROTECTOR

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

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

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

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

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

12/30/92-c

OHSU [UHN-52 Mail Code] for Dr. Smilkst.
3181 South West
Sam Jackson Park Rd.
Portland Oregon 97201

THE WASHINGTON POST

MONDAY, DECEMBER 28, 1992

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

Associated Press

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

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

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

All had reported using a 5-ounce spray can of Wilsons Leather Protector, which is used to protect coats, boots and other items.

Wilsons officials could not immediately be reached for comment.

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

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

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

-503-494-8311

Portland 503-494-8968

~~1800~~ 452-7165 n/a

31

MAY 12 1993

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

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

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

[redacted] 5-21-93

Signature Date

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

ISSUE 22
C320024
Ø952

455

111 JAN 1993

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT [redacted]	2. TELEPHONE NO. (Home) (Work) [redacted]
3. STREET ADDRESS [redacted]s	4. CITY STATE ZIP CODE Waupaca WI 54981

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

Through a referral from the Wisconsin Consumer Protection Agency, the complainant was contacted due to a complaint of illness from leather aerosol water and stain protector. She stated that her husband went to the laundry room in the basement of her home to spray one pair of shoes. Her sons were in the basement area with the father. Complainant estimated the amount of time it took to spray the shoes as being less than 5 minutes. Complainant stated that a couple of hours after spraying her husband experienced shortness of breath and began to cough. Her sons were also affected in the same way. All 3 visited the hospital where they were tested for carbon monoxide poisoning, since they had no idea at the time what was causing their problems. Complainant saw a news piece on similar leather protectant on the television and contacted her local Consumer Protection Agency to complain.

6. DATE OF INCIDENT(S) 12/27/92	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX Male AND DESCRIBE INJURY _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP Husband and Children
9. DESCRIPTION OF PRODUCT Stain and Water Protectant for Leather		10. BRAND NAME Bass (15)
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Manufactured for G.H. Bass & Co. Wilson, ME		12. MODEL, SERIAL NO.'S SKU #195339-5 oz MANUFACTURER NOTIFIED
		13. DEALER'S NAME, ADDRESS & PHONE Bass Shoe Store Plover, WI 25(c) ✓ No comments made ✓ Comments attached ✓ Exclusions/~~Revisions~~ ✓ Firm has not requested further notice 6/28/94 RAP
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO XX IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____		15. PRODUCT PURCHASED NEW XX USED _____ DATE PURCHASED _____ AGE _____
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: Flammable-Keep Away from Children Do not smoke while using-Do not puncture or incinerate
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO XX IF NOT, DO YOU PLAN TO CONTACT THEM? YES XX NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES X NO _____ IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES X NO _____

FOR ADMINISTRATION USE

20. DATE RECEIVED 12/28/92	21. RECEIVED BY (Name & Office) Robin M. Ross-Milwaukee RP	22. DOCUMENT NO. G2 C 1252
23. FOLLOW-UP ACTION E/F: WILSON LEATHER		24. PRODUCT CODE(S) 0952
25. DISTRIBUTION FOCR, EPDS, CERM JACOBSON	26. ENDORSER'S NAME & TITLE [illegible], Reg. Dir	

CPSC FORM 175 (9/89)

456
I-16

We have also received doctor Bills totaling up to $400.00 (2 Emergency Rm. visits plus care) and my husband is self-employed & missed a half-a-day work.

[redacted]

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

[redacted] 4-24-93

Signature Date

☐ I request that you do not release my name.

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

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

ISSUED
GRC 0252
0952

APR 12 1993

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

The laundry Room is on our first floor. And it was with a Son & Daughter. Everything else is correct.

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

[redacted] 9-24-93
Date

☐ I request that you do not release my name.

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

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

ISSUE 6
GRC 0252
0952

458

mf

Lubinski, Rottier, Reed & Klass, S.C.

LAWYERS

200 EAST WISCONSIN STREET, P.O. BOX 67
SEYMOUR, WI 54165-0067

C335056

Richard Lubinski
Kenneth F. Rottier
Robert Lubinski
Ann Lubinski Reed
Mary Lubinski Klass

Vernon Lubinski

AREA CODE (414)

Seymour 833-2356
Pulaski 822-3115
Appleton 735-0834

Telecopier 833-2358

MAR 2 2 1993

March 11, 1993

Mr. Todd Stevenson
Freedom of Information Officer
Consumer Product Safety Commission
Office of the Secretary
5401 Westbard Ave.
Bethesda, MD 20207

RE: Wilson's Leather Protector
[redacted]

Dear Mr. Stevenson:

Please be advised that this office has been retained by [redacted] and [redacted] on behalf of their minor child, [redacted], regarding their exposure to Wilson's Leather Spray and consequential injury on December 27, 1992.

I am hereby requesting photocopies of your investigation information regarding Wilson's Leather Spray under the Freedom of Information Act.

I am especially concerned regarding the identification of the substance contained in the spray which caused the medical complications, the long-term affects of the exposure and the knowledge of Wilson's regarding the hazard.

Thank you for your anticipated cooperation.

Sincerely yours,

LUBINSKI, ROTTIER, REED & KLASS, S.C.

Ann Reed

MFR/PRVLBR NOTIFIED
No comments made
Comments attached
25(c) Excisions/~~Revisions~~
Firm has not requested further notice

AR:kl
Encs.
ar\rodefDAN.L1

S303144

7/7/95

Exhibit "B" 12/29/92
IOI # 921229CCN0544

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

[ ] You are hereby authorized to disclose my name and address with the information collected on this case.

[X] My identity is to remain confidential.

[redacted]
(Signature)

12-29-92
(Date)

U.S. GOVERNMENT PRINTING OFFICE: 1984—404-728

460

EXHIBIT D 12/29/92
TQI #921229CCN0544

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case)

(the case of [redacted]
Name

Relationship to you)

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

12-29-92
(Date)

[redacted]

(Witness)

CPSC FORM NO. 170

Exhibit "E" 12/29/92

U.S. CONSUMER PRODUC IOI#921229ECN0544

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case)

(the case of [redacted]
Name
my daughter)
Relationship to you

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

12-29-92 [redacted]
(Date) (Signature)

Dan R. Blain
(Witness)

CPSC FORM NO. 170

462

Exhib. 1 "G" 12/24/94

U. S. CONSUMER PRODUCT SAMPLE COLLECTI

IDI # 921229CCN0544

1. Flag	2. Date Collected	3. Sample type & number
	12/29/92	[X] Physical R-830-4407 [ ] Documentary

4a. Product name	4b. Model	4c. NEISS	5. Assignment ref.
fabric treatment product	Wilson's 5oz.	0952	921229CCN0544

6. Complete for import samples
- a. Port of Entry :
- b. Entry # & date :
- c. Country of Origin :
- d. HSUSA code :
- e. Customs Contact :

7. MIS: 32672

8. Hours: a. Activity 2.0; b. Travel 0.0

9a. Home RO:

9b. Collecting RO:

10. Sample Cost: $0.

11. Invoice value of lot: retail value approx. $5.00

12. Size of lot: one available from consumer

13. Manufacturer/Importer: Wilson's Suede and Leather Inc. Minneapolis, MN. ID #

14. Shipper/Foreign Mfr.: Wilson's Suede&Leather Port Plaza Mall A-1009 Port Plaza Mall Green Bay, WI. 54301 ID#

15. Dealer/Import Broker: [redacted] Gillett, WI. 54124 ID#

16. Supporting documents attached:
- a. Invoice # & date: N/A
- b. Date Shipped:
- c. Shipping record # & date:
- d. Affidavit signer's name, title & date:

17. Product Identification:
Sample consists of one 5 ounce aerosol can of "Wilson's Leather Protector." Can is black in color with red and white lettering, SKU #18996003. Date coding stamp on container bottom states "C1 2." Front labeling describes product as "making suede and leather stain and water resistant, keeps dirt on the surface for easy wipe-off;" container further lists various warning and usage instructions.

18. Reason for collection & analysis needed: FHSA X CPSA___ FFA___ PPPA___ RSA___
F/U to IDI# 921229CCN0544 (10 Y.O. and 19 Y.O. suffered respiratory distress after using the product); content and labeling analysis.

19. Summary of Field Screening:
None

20. Sample Size, Method of Collection:
Sample consists of one unused can as described in #17 above. This can was one of a two can set packaged together in a black cardboard display container. Sample was obtained from consumer at her rsidence on 12/29/92; it remained in my possession and in the locked CPSC office until shipment to the Sample Custodian on 12/31/92. Sample

21. Identification on sample	22. Identification on seal
"R-830-4407 DRB 12/29/92"	"R-830-4407 Dennis R. Blasius-12/31/92"

23a. Sample delivered to	23b. Date	24. Orig. report/records sent to
Sample Custodian via P.P. MKE	12/31/92	FOCR

25. Laboratory/Office: ESEL [ ] HSHL [X] CERM [ ] CECA [ ] OTHER [ ]

26. Remarks was shipped in a cardboard box which was sealed and identified as under #22 above; sample itself was tagged and identified as described in #21 above. Sample was mailed via P.P.MKE to the Sample Custodian on 12/31/92, to be forwarded to HSHL for further analysis. Sample collection receipt, copy of original assignment attached.

27. Related Samples R-830-4408

28a. Collector's name, title & employee #	28b. Collector's signature & date
Dennis R. Blasius, Investigator, #9003	Dennis R. Blasius 12/31/92

29a. Reviewer's name, title & employee #	29b. Reviewer's signature & date

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

CPSC Form 166 (Rev. 9/91)

Exhibit "H" 12/29/92

CONSUMER PRODUCT INC

IOI #921229CCNC544

1. NAME OF RESPONDENT [redacted]	2. TELEPHONE NO. (Home) (Work) [redacted] (Home)
3. STREET ADDRESS [redacted]	4. CITY STATE ZIP CODE Gillett, WI. 54124

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

Respondent's two daughters, ages 19 and 10, were in the basement of their home treating a new leather coat with an aerosol leather protector product. After several minutes of exposure to the product's fumes both individuals began experiencing severe respiratory distress, including difficulty breathing, coughing, and tightness in their chests. Both victims were transported to a local hospital, where they were treated and released.

6. DATE OF INCIDENT(S) 12/27/92	7. IF INJURY OR NEAR MISS, OBTAIN AGE 19 SEX Female AND DESCRIBE INJURY respiratory distress	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP daughters
9. DESCRIPTION OF PRODUCT aerosol spray leather protector		10. BRAND NAME Wilson's Leather Protector
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's Leather Company Minneapolis, MN.		12. MODEL, SERIAL NO.'S 5oz. and 7oz. cans
		13. DEALER'S NAME, ADDRESS & PHONE Wilson's Leather Products Port Plaza Shopping Center Greenbay, WI.
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 12/27/92 AGE one day
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:
17. HAVE YOU CONTACTED THE MANUFACTURER? YES X NO ____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES ____ NO ____ OTHER	18. IS THE PRODUCT STILL AVAILABLE? YES X NO ____ IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES X NO ____

FOR ADMINISTRATION USE

20. DATE RECEIVED 12/28/92	21. RECEIVED BY (Name & Office) Dennis R. Blasius, MKE-BP	22. DOCUMENT NO. 62 C 0137
23. FOLLOW-UP ACTION Conduct IDI 921229CCNO544		24. PRODUCT CODE(S) 0952
25. DISTRIBUTION O. EPDS; cc CERM, Jacobson; cc: EP	26. ENGRAVER'S NAME & TITLE [illegible] DPSE	

CPSC FORM 178 (2/88)

464

U.S. CONSUMER PRODUCT SAFETY COMMISSION	1. AREA OFFICE ADDRESS CPSC - Milwaukee Resident post 310 W. Wisconsin Ave. Milwaukee, WI. 53203	
2. NAME OF INDIVIDUAL [redacted]	3. TITLE OF INDIVIDUAL Self	4. DATE 12/29/92
5. FIRM NAME —		6. SAMPLE NUMBER
7. NUMBER AND STREET [redacted]	8. CITY AND STATE *(Include Zip Code)* Gillett, WI. 54124	
9. [redacted] *umbers and other positive identification)*		

The following samples were collected by the Consumer Product Safety Commission pursuant to Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f) and/or Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b) and/or Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d) and/or Section 704(c) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(c)) [Authority for sample collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)], and receipt for said samples is hereby acknowledged. Sections cited are quoted on the reverse side of this form.

1 — Drink Soz. can of "Wilson's Leather protector" purchased TO # 0018996003.

10. SAMPLES	11. SAMPLES WERE	12. COLLECTOR
a. AMOUNT RECEIVED FOR SAMPLE —	☒ PURCHASED	a. NAME *(Print or type)* DENNIS R. BLASIUS
b. SIGNATURE X [redacted]	☐ BORROWED *(To be returned)*	b. SIGNATURE Dennis R. Blasius

CPSC FORM NO. 182

RECEIPT FOR SAMPLES

Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f) is quoted below:

(f) For purposes of carrying out this Act, the Commission may purchase any consumer product and it may require any manufacturer, distributor, or retailer of a consumer product to sell the product to the Commission at manufacturer's, distributor's, or retailer's cost.

Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b)) is quoted below:

(b) For purposes of enforcement of this Act, officers or employees duly designated by the Secretary, upon presenting appropriate credentials and a written notice to the owner, operator, or agent in charge, are authorized (1) to enter, at reasonable times, any factory, warehouse, or establishment in which hazardous substances are manufactured, processed, packed, or held for introduction into interstate commerce or are held after such introduction, or to enter any vehicle being used to transport or hold such hazardous substances in interstate commerce; (2) to inspect, at reasonable times and within reasonable limits and in a reasonable manner, such factory, warehouse, establishment, or vehicle, and all pertinent equipment, finished and unfinished materials, and labeling therein; and (3) to obtain samples of such materials or packages thereof, or of such labeling. A separate notice shall be given for each such inspection, but a notice shall not be required for each entry made during the period covered by the inspection. Each such inspection shall be commenced and completed with reasonable promptness.

NOTE: The term "Secretary" in the Federal Hazardous Substances Act section should be substituted by the term "Consumer Product Safety Commission".

Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d)) is quoted below:

(c) The Commission is authorized and directed to prescribe such rules and regulations, including provisions for maintenance of records relating to fabrics, related materials, and products, as may be necessary and proper for administration and enforcement of this Act. The violation of such rules and regulations shall be unlawful and shall be an unfair method of competition and an unfair and deceptive act or practice, in commerce, under the Federal Trade Commission Act.

(d) The Commission is authorized to-

(1) cause inspections, analyses, tests, and examinations to be made of any product, fabric or related material which it has reason to believe falls within the prohibitions of this Act; and

(2) cooperate on matters related to the purposes of this Act with any department or agency of the Government; with any State or territory or with the District of Columbia or the Commonwealth of Puerto Rico; or with any department, agency, or political subdivision thereof; or with any person.

Section 704(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(c)). [(Authority for Sample Collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)] is quoted below:

(c) If the officer or employee making any such inspection of a factory, warehouse, or other establishment has obtained any sample in the course of the inspection, upon completion of the inspection and prior to leaving the premises he shall give to the owner, operator, or agent in charge a receipt describing the samples obtained.

NOTE: The term "Commission" meaning the "Federal Trade Commission" in the Flammable Fabrics Act section should be substituted by the term "Consumer Product Safety Commission".

Conf
TC24

Guelzow & Senteney, Ltd.
Trial Lawyers
703 Fifth Avenue ♦ P. O. Box 1243 ♦ Eau Claire, Wisconsin 54702
Telephone 715-834-0508 ♦ Fax 715-834-4043 ♦ 1-800-383-4200

C325048

February 15, 1993

$952

Todd Stevenson
F.O.I.A. for C.P.S.C.
5401 Westbard Ave., Rm. 412
Washington D.C. 20207

MAR 9 1993

RE: Wilson Leather Protectant
Client's Name: [redacted]

Dear Mr. Stevenson:

This letter is written pursuant to the Consumer Product Safety Commission - National Injury Information Clearinghouse's referral. This letter should be construed as a written request in accordance with the Freedom of Information Act. Please advise the undersigned of any forms available for future Freedom of Information Act requests.

We represent a 22 year old who has spent several weeks in coma after being hospitalized in early January 1993. She has been diagnosed with Adult Respiratory Distress Syndrome, kidney failure, and liver failure with no medical explanation available. Wilson's Leather Protectant has not been discharged as a possible cause for our client's health condition.

My understanding is Wilson voluntarily recalled their Leather Protectant in late December 1992. Therefore, please provide the undersigned with the following information on Wilson Leather Protectant and its subsequent recall: first, the number and demographics of complaints, the number and demographics of confirmed cases, and the signs & symptoms exhibited in these cases. Secondly, who is conducting investigations and the scope of these investigations.

S303025

Leather Protectant C21

MFR/SUBMITTER NOTIFIED
✓ No comments made
✓ Comments attached
✓ Excisions/Revisions
✓ Firm has not requested other notice
7/7/95

Thomas Kent Guelzow* ♦ George H. Senteney ♦ Robin A. Nelson
*Certified Trial Advocate: National Board of Trial Advocacy

Also, please advise the undersigned at 1-800-383-4200 with the volume of this request and whether a personal independent review would be beneficial. Arrangements can be made at this time for any costs associated with this request. We are more than willing to provide any information with others who are in similar circumstances.

Our client, and her family appreciate your cooperation with us.

Sincerely,

GUELZOW & SENTENEY, LTD.

Gwen Janell Anderson

Gwen Janell Anderson,
Paralegal

JUN 3 1993

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home) (Work)
[redacted]	[redacted] —
3. STREET ADDRESS	**4. CITY / STATE / ZIP CODE**
[redacted]	Superior WI 54880

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

Around the middle of November of 1992 I used a can of Wilson's Leather spray on a coat, gloves and a book bag. Shortly after use I became weak and achy. On December 10 of '92 I went to a doctor. He prescribed pain pills. These, however, did not work. On December 25, 1992 I came down with a high temperature and again was given an antibiotic. Then, on January 4, 1993 I was admitted to the hospital because my lungs had filled up and I had a shortness of breath. Overall, my symptoms included a high temperature, adult respiratory distress syndrome, multi-organ failure and body aches + weakness.

6. DATE OF INCIDENT(S)	7. IF INJURY OR NEAR MISS, OBTAIN	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE
Mid-Nov '92	AGE 22 SEX F AND DESCRIBE INJURY See above	NAME ____ RELATIONSHIP ____

9. DESCRIPTION OF PRODUCT	10. BRAND NAME
Leather protectant spray (7 ounce can)	Wilson's

11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE	12. MODEL, SERIAL NO.'S
Wilson's Minneapolis, MN 55426	Lot # 7892 SKU 189960003
	13. DEALER'S NAME, ADDRESS & PHONE Wilson's Leather (715) 832-5616 Galleria Mall 4800 Golf Road Space #330 Eau Claire, WI 54701

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?	15. PRODUCT PURCHASED
YES ____ NO X IF YES, BEFORE OR AFTER THE INCIDENT? ____ Describe ____	NEW X USED ____ DATE PURCHASED Mid-Nov '92 AGE ____
	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: ____

17. HAVE YOU CONTACTED THE MANUFACTURER?	18. IS THE PRODUCT STILL AVAILABLE?	19. MAY WE USE YOUR NAME WITH THIS REPORT?
YES ____ NO X IF NOT, DO YOU PLAN TO CONTACT THEM? YES ____ NO ____ OTHER Depends on cause of illness	YES X NO ____ IF NOT, ITS DISPOSITION ____	YES X NO ____

FOR ADMINISTRATION USE

20. DATE RECEIVED	21. RECEIVED BY (Name & Office)	22. DOCUMENT NO.
23. FOLLOW-UP ACTION		**24. PRODUCT CODE(S)**
25. DISTRIBUTION	**26. ENDORSER'S NAME & TITLE**	

CPSC FORM 175 (9/89)

ISSUE 24 4/81
C 325948

3/

JUN 3 1993

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

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

[redacted] 6-28-93

Signature Date

☐ I request that you do not release my name.

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

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

ISSUE 24
C325048
0952

4/7

LAW OFFICES

Feder, Connick & Goldstein, P.C.

A PROFESSIONAL CORPORATION
114 OLD COUNTRY ROAD
MINEOLA, NEW YORK 11501
TELEPHONE (516) 873-3900
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MORTON H. FEDER
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STUART HAAS

NANCY LANE, LEGAL ASST.

ANN BALL
OF COUNSEL

C 345035

TC-24

15

MAY 5 1993

0952

April 9, 1993

115

0913

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

Dear Sir or Madam:

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

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

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

Thank you for your cooperation herein.

Very truly yours,

FEDER, CONNICK & GOLDSTEIN

Steven F. Goldstein

SFG/rg
Enclosure

MFR/PR/LBR NOTIFIED
No comments made
Comments attached
Excisions/Revisions
Firm has not requested further notice
7/7/93

S304158

47

JUL 30 1993

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT [redacted]	2. TELEPHONE NO. (Home) (Work) [redacted]
3. STREET ADDRESS [redacted]	4. CITY STATE ZIP CODE EAST MEADOW, NY 11554

5. DESCRIPTION OF INCIDENT, INFORMATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

Respondent's wife Bought Leather Jacket at Wilson's Leather Store, and Protector. Respondent sprayed said Jacket with Leather Protectant, and after Felt ill.

6. DATE OF INCIDENT(S) 12-24-92	7. IF INJURY OR NEAR MISS, OBTAIN AGE 42 SEX Male AND DESCRIBE INJURY Flu symptoms, Fever wheezing, BRONCHITIS	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME ____ RELATIONSHIP ____
9. DESCRIPTION OF PRODUCT Leather Protectant Spray		10. BRAND NAME Wilsons Leather Protectant.
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilsons Leather Store Roosevelt Field Mall Garden City, NY 11530		12. MODEL, SERIAL NO.'S Unknown.
		13. DEALER'S NAME, ADDRESS & PHONE Wilsons Leather.
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 12-92 AGE ____
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: NO
17. HAVE YOU CONTACTED THE MANUFACTURER? YES ✓ NO ____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES ____ NO ____ OTHER ____	18. IS THE PRODUCT STILL AVAILABLE? YES ____ NO ____ ? IF NOT, ITS DISPOSITION ____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES ✓ NO ____

FOR ADMINISTRATION USE

20. DATE RECEIVED	21. RECEIVED BY (Name & Office)	22. DOCUMENT NO.
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S)
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE	

CPSC FORM 175 (9/89)

ISSUE 32 479
C345035

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JUL 30 1993

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

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

[redacted] 9/27/93

Signature Date

☐ I request that you do not release my name.

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

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

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