AR226 - 3713

Wilson Part 8
Leather

+ G2C0136.A1

19 *** 1999 1 0 JAN 1993 31

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.: 921229CCN0543

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 conducted in response to a consumer's complaint that a 17 Y.O. female experienced severe respiratory distress after being exposed to the fumes from an aerosol fabric protection product being used to treat a new leather jacket on 12/27/92. The victim was hospitalized overnight and treated for the symptoms of chemical pneumonia.

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

8. CITY: Oconto Falls

9. STATE: WI

10A. FIRST PRODUCT: Fabric protection treatment product 0952

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

10B. SECOND PRODUCT: aerosol container leather jacket 1133 1646

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

12. AGE OF VICTIM: 017

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

14. DISPOSITION: treated and transfered for hospitalization — 3

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: 050 Tr:0.0

20. ATTACHMENTS: multiple — 9

21. CASE SOURCE: State Health Dept. — 02

22. REVIEWED BY: 8130 YR 93 MO 01 DAY 12

23. PERMISSION TO DISCLOSE NAMES (NON-MISS 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

6/10/93 pc

X

25C

X

G2C0136 A1

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

CPSC FORM NO. 102 (Revised 10/83) APPROVED FOR USE THROUGH 5/31/94 OMB NO. 3041-0029

921229CCN0543

SUMMARY:

This investigation was conducted in response to a report that a 17 year old female experienced severe respiratory distress after being exposed to the fumes from an aerosol fabric protection product that she was using to treat a new leather jacket on 12/27/92. The victim was hospitalized overnight and treated for the symptoms of chemical pneumonia.

PRE-INCIDENT:

On Sunday, 12/27/92 at approximately 12:30 P.M. the complainant and her boyfriend each purchased a new waist-length brown suede leather jacket from the "Wilson's Suede and Leather Products," retail store located at A-1009 Port Plaza Mall in Green Bay, WI 54301.

As the complaint was purchasing her coat, the store clerk suggested that it would be important to treat the new jackets with a fabric protection product to avoid damage from dirt or moisture. The clerk suggested that the complainant and her boyfriend purchase "Wilson's Leather Protector," an aerosol products sold at the store in 5 ounce cans. The aerosol protector is sold in a two can package, described as a "Leather Care Starter Kit."

The complainant and her boyfriend agreed to purchase four cans of the above described product. They were told by the clerk that they should spray 1/2 the contents of a 5 ounce can on each jacket, then wait 30 minutes and spray another 1/2 can on each coat again.

(Each coat then has been treated with an entire 5 ounce can.) The clerk further suggested that each coat be treated again every 2 months by spraying an additional 1/2 can onto each coat, and, if the coats were subjected to rain or dirt, to spray them again immediately after such exposure.

The complainant paid $19.96 for four 5 ounce containers of the Wilson's Leather Protector product.

The store clerk, whose name is unknown, is described as having short brown hair, and being 20-25 years of age. This clerk provided no further instructions to the complainant and her boyfriend as to how the product should be applied to the coats, and he did not suggest that the product's fumes might be hazardous.

INCIDENT:

Later that same day, 12/27/92 at approximately 3:00 P.M., the 17 year old female complainant and 21 year old boyfriend hung each coat on a hanger and suspended the hanger from a clothesline in the attached and enclosed front porch of the family's farm house. The 17 year old complainant did the actual spraying of the fabric protector product, though her boyfriend was present in the porch for part of the time. The complainant sprayed 1/2 the contents of a 5 ounce can onto each jacket as she had been directed, and estimated that this activity took her less then 5 minutes. Both complainants then left the porch where the spraying had taken place until 30 minutes had elapsed at which time the 17 year old female then re-entered the porch and sprayed 1/2 the contents of a second can of the fabric protector onto each coat. She estimated this activity again took her approximately 5 minutes. The complainant's boyfriend was not present during this second application.

Photographs depicting the complainant's reenactment of the manner in which she used the fabric protection product are attached to the end of this report as exhibit "A".

The complainant stated that before using the fabric protector product, she did read the instruction labels on the can, and noted the warning "Vapor's May Be Harmful." She felt that the unheated, enclosed porch was large enough a space to allow the vapors to dissipate, and she left one of the porch's, crank-out style windows open approximately 6 inches to assist in further ventilating the fumes. The porch area is 26 feet long by 6 feet wide by 7 feet high. The porch has two pedestrian doors that provide excess to the main living areas of the house; both doors were kept closed, except to enter and exit the porch during the spraying periods.

Approximately 20 minutes after treating the coats for the second time, the 17 year old complainant noticed that she could not take deep breaths, and felt like she could not catch her breath. It hurt her to breath, and she experienced a burning sensation in her lungs. The complainant also began coughing uncontrollably, and felt slightly dizzy. The complainant's boyfriend suffered no ill symptoms.

POST INCIDENT:

The complainant's condition continued to deteriorate, and she was later transported to nearby Community Memorial Hospital in Oconto Falls, Wisconsin for emergency treatment. She was diagnosed as suffering from chemical pneumonia, and was admitted to the hospital for treatment. Chest x-rays showed clouding in her lungs, and she received chemical and oxygen therapy. The complainant was released from the hospital late the following day, 12/28/92.

As the female complainant is a juvenile living apart from her parents, she was asked to obtain a parent's signature on the "Authorization for Release of Name" and "Authorization for Medical Records Disclosure" forms, and then return the completed forms to the CPSC Milwaukee Resident Post. When these authorizations are received, the medical records will be obtained and forwarded as an addendum to this report.

SAMPLES COLLECTED:

The complainant still had two full 5 ounce cans of the "Wilson's Leather Protector" product remaining. These containers were purchased from the complainant as a CPCS sample, sample no. R-830-4408, and were later forwarded to HSHL for further analysis.

A copy of the sample collection receipt issued to the consumer is attached to the end of this report as exhibit "B". A copy of the sample collection report is attached as exhibit "C".

APPLICABLE STANDARDS:

The hazardous substances labeling requirements detailed in 16 CFR 1500 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; 5 ounce aerosol container, described as black in color with red and white lettering. SKU no. 18996003. Date coding ink printing on the bottom of the container is apparently smudged and incomplete states "Cl 2".

Manufacturer: Wilson's Suede and Leather, Inc.
Minneapolis, Minnesota.

ATTACHMENTS:

Exhibit "A" Photographs depicting the complainant's reenactment of her use of the product in question.
"B" Copy of the sample collection receipt issued to the complainant on 12/29/92.
"C" Copy of sample collection report number R-830-4408.
"D" Copy of the original consumer complaint.

U.S. CONSUMER PRODUCT SAFETY COMMISSION

1. AREA: Exhibit "B" 12/29/92
Case IDI # 921229CCN0543

2. NAME OF INDIVIDUAL	3. TITLE OF INDIVIDUAL	4. DATE
[redacted] GARTSREEK	Self	12/29/92
5. FIRM NAME		6. SAMPLE NUMBER
7. ADDRESS [redacted]	8. CITY AND STATE (Include Zip Code) Oconto Falls, WI 54154	

9. SAMPLES COLLECTED (Describe fully. List lot, serial, model numbers 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 8(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1195(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 - 5 oz cans of Wilson Leather protector

10. SAMPLES RECEIVED	11. SAMPLES WERE	12. COLLECTOR
a. AMOUNT RECEIVED [redacted] check	☒ PURCHASED	a. NAME (Type or print) Dennis J. Gartsreek
b. SIGNATURE (Person receiving samples) X [redacted]	☐ BORROWED (To be returned)	b. SIGNATURE

CPSC [redacted]

RECEIPT FOR SAMPLES

U. S. CONSUMER PRODUCT S Exhibit "C" 12/29/92

SAMPLE COLLECTIC IDI# 921229CCN0543

1. Flag	2. Date Col...	[X] Physical R-830-4408 [ ] Documentary
	12/29/92	

4a. Product name	4b. Model	4c. NEISS	5. Assignment ref.
fabric treatment product	Wilson's 5oz.	0952	921229CCN0543

6. Complete for import samples	7. MIS	8. Hours:
a. Port of Entry :	32672	a.Activity 2.0
b. Entry # & date :		b.Travel 0.0
c. Country of Origin :		
d. HSUSA code :		
e. Customs Contact :		

9a. Home RO	9b. Collecting RO
FOCR	FOCR

10. Sample Cost	11. Invoice value of lot	12. Size of lot
$ 10.00 (C)	retail value approx.$10.00	two available from consumer

13. Manufacturer/Importer	14. Shipper/Foreign Mfr.	15. Dealer/Import Broker
Wilson's Suede and Leather Inc.	Wilson's Suede&Leather	[redacted]
Minneapolis, MN.	Port Plaza Mall	
	A-1009 Port Plaza Mall	Oconto Falls, WI. 54154
ID #	Green Bay, WI. 54301	ID#
	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 ___ FFPA ___ 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 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-830-4408 DRB 12/29/92"	"R-830-4408 Dennis B. 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-830-4407

28a. Collector's name, title & employee #	28b. Collector's signature & date
Dennis B. Blasius, Investigator, #9003	Dennis B. 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 "D" 12/29/92

IOI # 921229CCN0543

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF [redacted]	2. TELEPHONE NO. (Home) (Work) [redacted]
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 ____

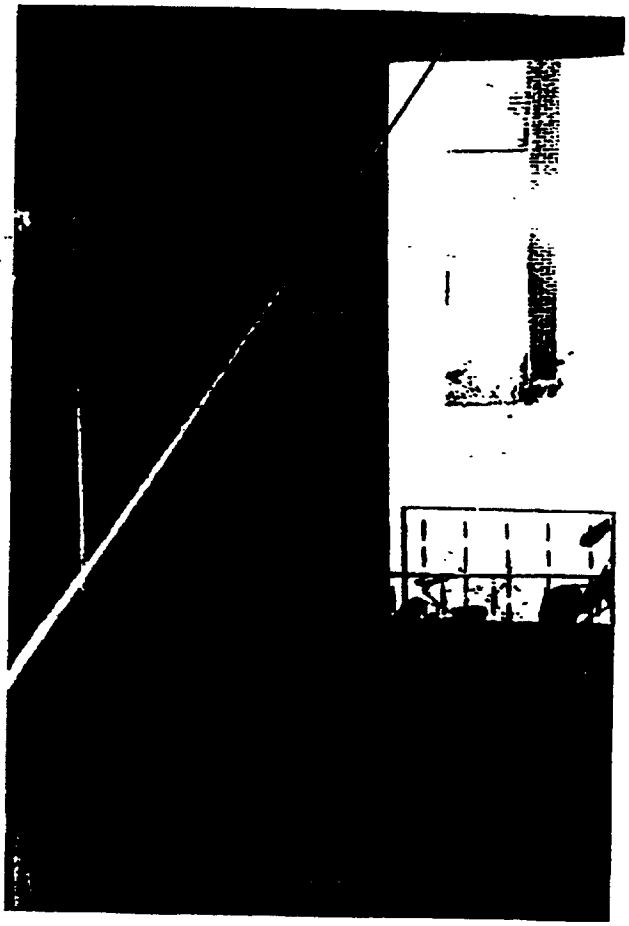
FOR ADMINISTRATION USE

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

CPSC FORM 178 (5/89)

Exhibit "A"
IDI# 921229CCN0543

Photos of the enclosed porch area where this incident occurred.



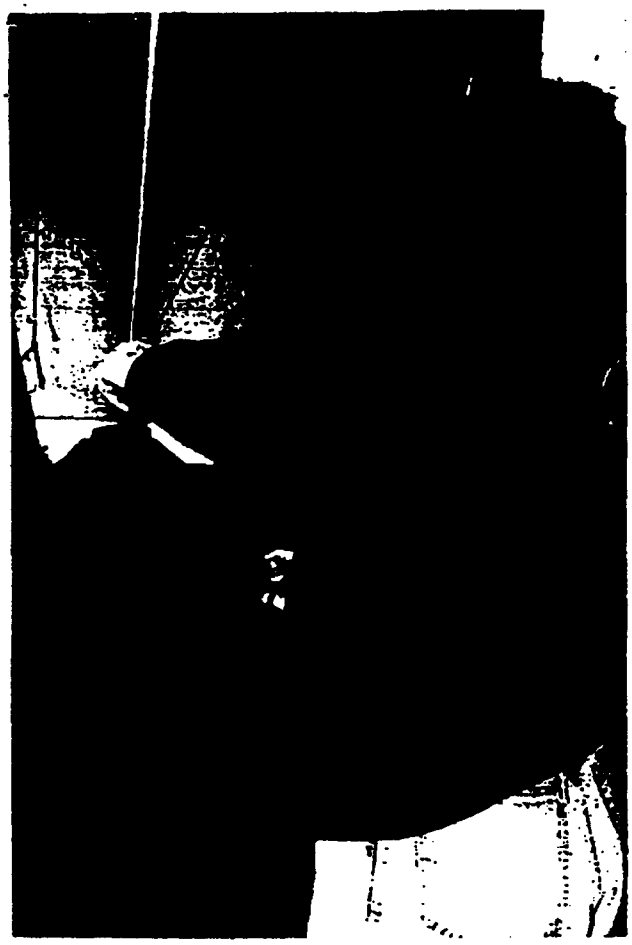


Exhibit "A"
IDI# 921229CCN0543

Photos of victim re-enacting the manner in which she used the product.

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.

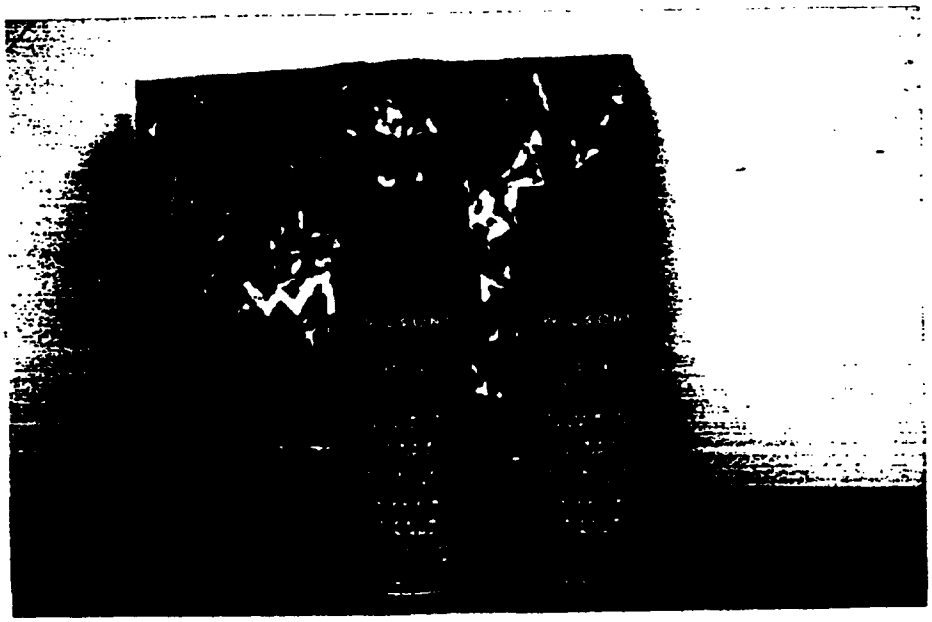
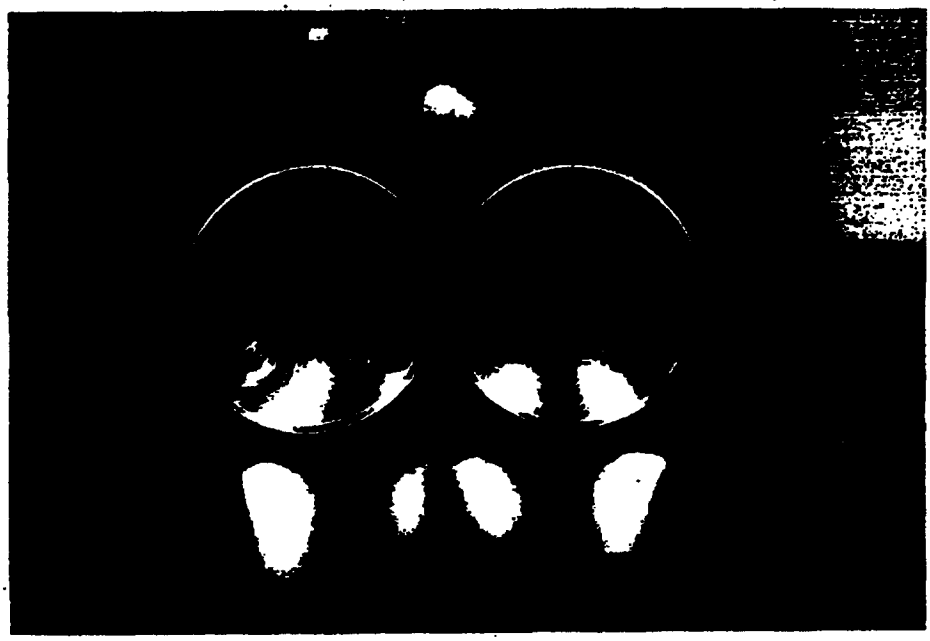


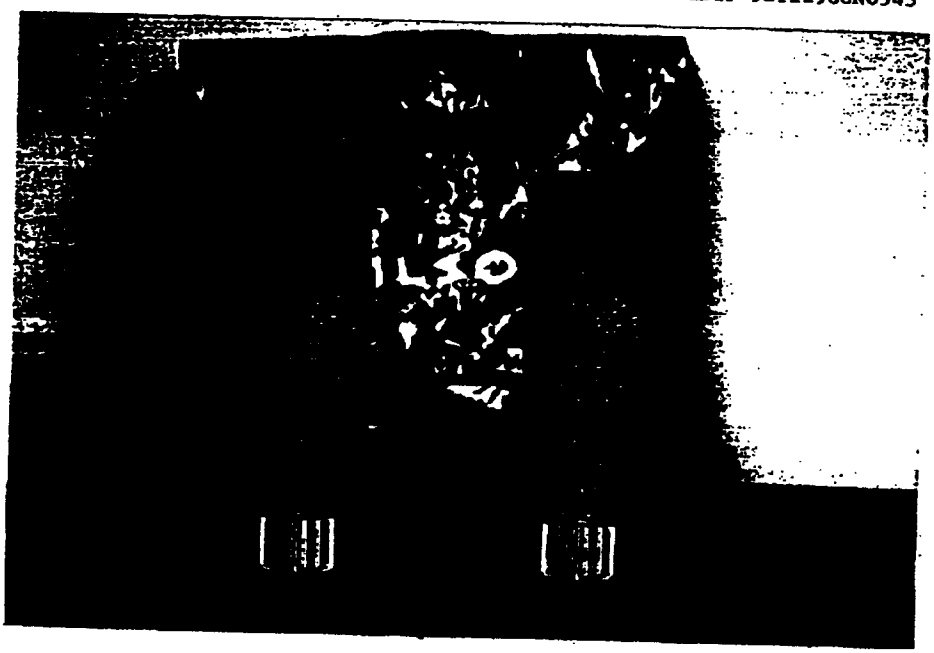
Exhibit "A"
IDI# 921229CCN0543



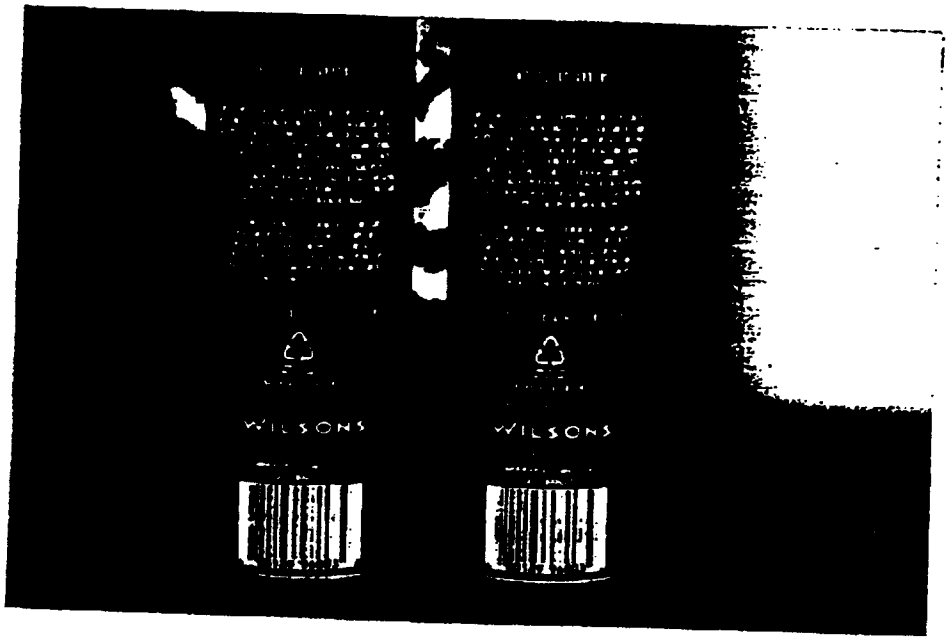
Date coding marking on bottom of containers (C1292.)

NEGATIVES

Exhibit "A"
IDI# 921229CCN0543



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



+G2C0137

13 JAN 1993 JI

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 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 Suede and Leather, Inc.; Minneapolis, MN. Wilson's Leather Protector (5 oz.)

10B. SECOND PRODUCT: Aerosol Container 1733 [redacted]

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

12. AGE OF VICTIM: 019

13. SEX: 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): 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: 8/30 YR 93 MO 01 DAY 08

23. PERMISSION TO DISCLOSE NAMES (NON-NIOSS 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

[redacted] 6/10/93 pc
X
23c
X

G2C0137

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

CPSC FORM NO. 102 (Revised 10/83)

APPROVED FOR USE THROUGH 5/31/94 OMB NO. 3041-0029

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 Dr. Wallace. 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

Michelle Rodefer.

Exhibit C - Authorization for release of name form signed by the parent of Lindsey Rodefer, a Juvenile.

Exhibit D - Authorization for Medical Records disclosure form signed by Michelle Rodefer.

Exhibit E - Authorization for Medical Records disclosure form signed by the mother of Lindsey Rodefer.

Exhibit F - Copy of the Sample Collection Receipt issued to Linda Rodefer 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.

exhibit "D" 12/29/92

TAX #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]
(Signature)

[redacted]
(Witness)

CPSC FORM NO. 176

Exhibit "E" 12/29/92

U.S. CONSUMER PRODUC IOI#921229CCNC544

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 [redacted] 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
(Date)

[redacted]
(Signature)

[redacted]
(Witness)

CPSC FORM NO. 176

Exhibit "F" 12/29/92

U.S. CONSUMER PRODUCT SAFETY COMMISSION

1. AREA
CPSC - [redacted]
310 W. Wisconsin Ave.
Milwaukee, WI 53203
TOI # 921229CCN054V

2. NAME OF INDIVIDUAL [redacted]

3. TITLE OF INDIVIDUAL
Self

4. DATE
12/29/92

FIRM NAME [redacted]

5. SAMPLE NUMBER

7. NUMBER AND STREET [redacted]

8. CITY AND STATE (Include Zip Code)
Gilman, WI 54124

9. SAMPLE [redacted] (Describe fully. Use lot, serial, model numbers 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(e) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(e)). 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 DRK 5oz can of Wilson's Leather protector

10. SAMPLES	11. SAMPLES WERE	12. COLLECTOR
a. AMOUNT RECEIVED FOR SAMPLE	☒ PURCHASED	a. NAME (Print or type) Dennis R. Blasius
b. SIGNATURE (Person from whom sample received) X Lisa Rodifer	☐ BORROWED (To be returned)	b. SIGNATURE

CPSC FORM NO. 163 RECEIPT FOR SAMPLES

Exhibit "G" 12/29/92

U. S. CONSUMER PRODUCT SAMPLE COLLECTI

FOI # 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	7. MIS	8. Hours:
a. Port of Entry :	32672	a.Activity 2.0
b. Entry # & date :		b.Travel 0.0
c. Country of Origin :		
d. HSUSA code :		
e. Customs Contact :		

9a. Home RO	9b. Collecting RO

10. Sample Cost	11. Invoice value of lot	12. Size of lot
$0.	retail value approx. $5.00	one available from consumer

13. Manufacturer/Importer	14. Shipper/Foreign Mfr.	15. [redacted]
Wilson's Suede and Leather Inc. Minneapolis, MN. ID #	Wilson's SuedeLeather Port Plaza Mall A-1009 Port Plaza Mall Green Bay, WI. 54301 ID#	[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 reads "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 FPPA 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 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	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" 12/24/92

CONSUMER PRODUCT INC

IOI #921229CCNC544

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

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 RISK OF RISK, CERTAIN 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 E. Blasius, MKE-EP	22. DOCUMENT NO. 62 C. 0137
23. FOLLOW-UP ACTION Conduct IDI 921229CCN0544		24. PRODUCT CODE(S) 0952
25. DISTRIBUTION O: EPOS; cc CERM, Jacobson; rc: EP	26. ENGINEER'S NAME & TITLE [signature] JPSE	

CPSC FORM 178 (5/88)

Exhibit "C" 12/29/92
IDI#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.

[√] My identity is to remain confidential.

[redacted]
(Signature)

12-29-92
(Date)

(for 10 to [redacted])

U.S. GOVERNMENT PRINTING OFFICE 1991—304-728

Exhibit "B" 12/29/92
IOI # 921229CCN2544

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]

12-29-92
(Date)

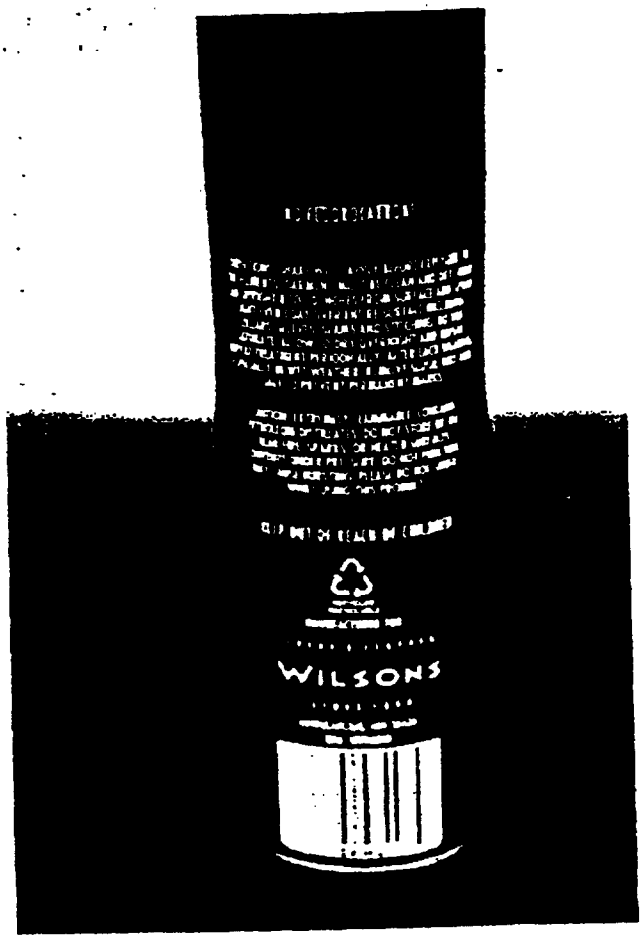


Exhibit "A"

IDI# 921229CCN0544

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

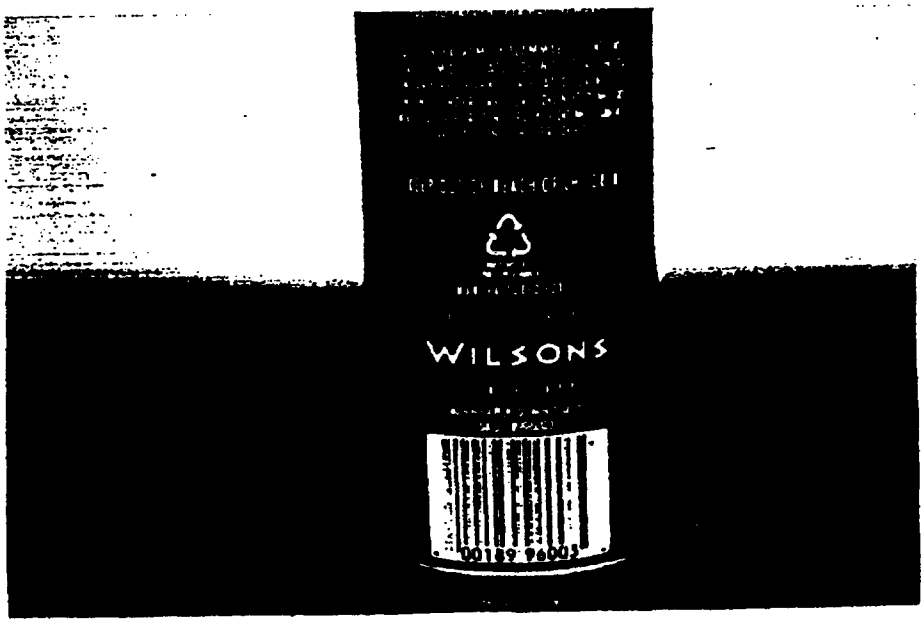


Exhibit "A"

IDI# 921229CCN0544

Photos of the suspect product.

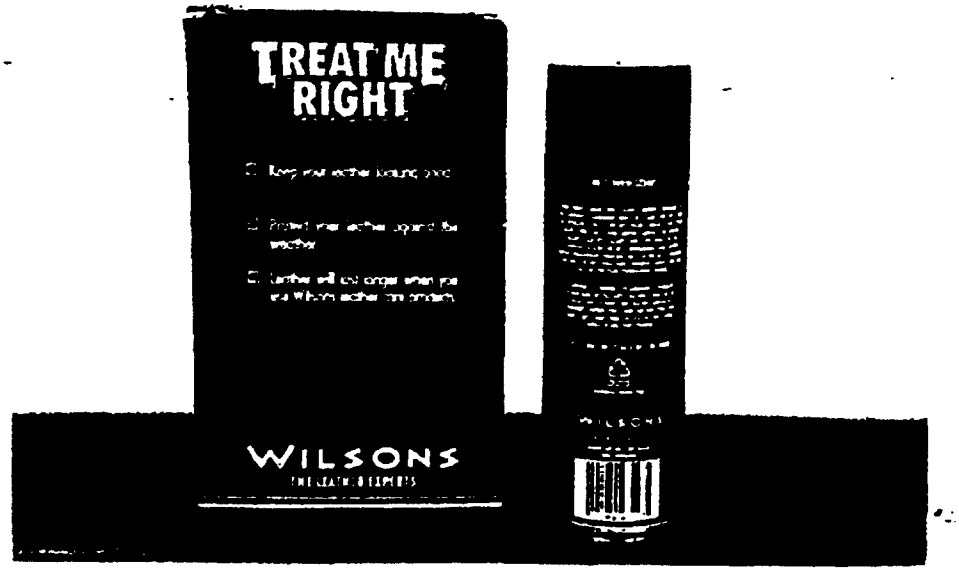


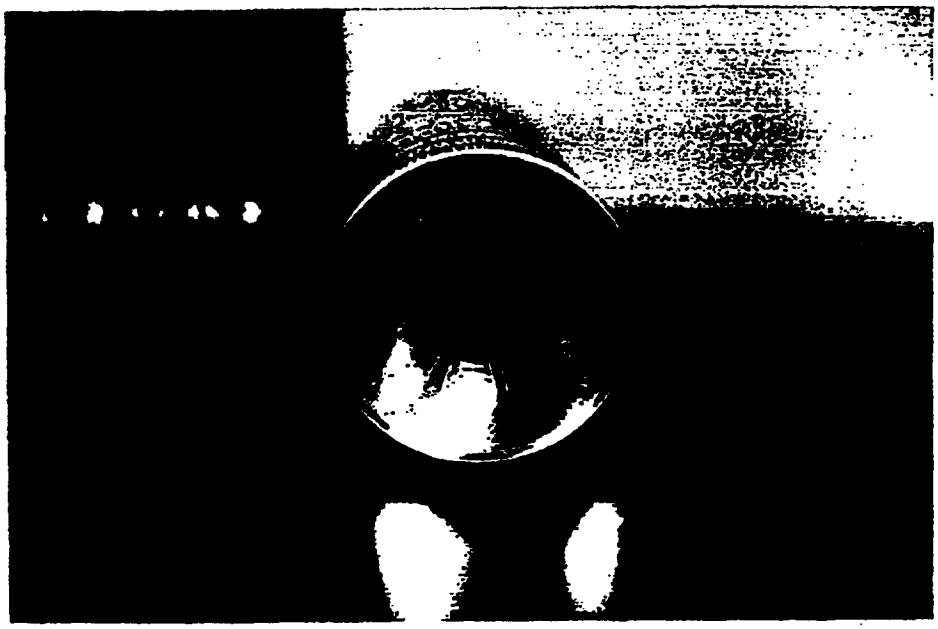
Exhibit "A"

IDI# 921229CCN0544

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

Exhibit "A"

IDI# 921229CCN0544



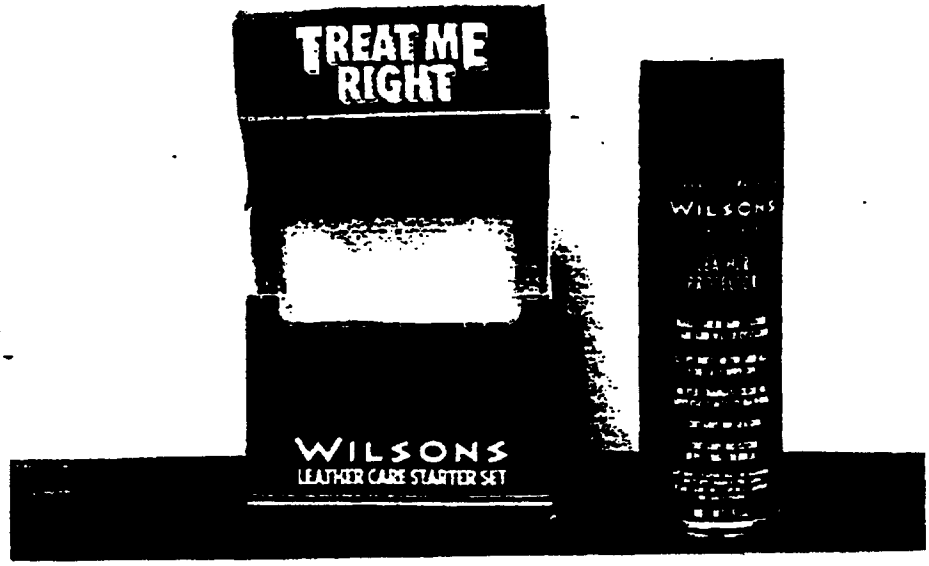
Date coding information on the bottom of the container; states "Cl..2"

NEGATIVES

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.



MAR 4 1993 31

+G310081

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.	2. INVESTIGATOR'S ID	3. OFFICE CODE
930111CCN0667	8111	830

4. DATE OF ACCIDENT (YR MO DAY)	5. DATE INVESTIGATION INITIATED (YR MO DAY)
92 12 25	93 01 28

6. SYNOPSIS OF ACCIDENT OR COMPLAINT: On 12-25-92 at approximately 0830 hours, a 43 year old male and his 17 year old son suffered chemical pneumonia after entering a room in which a leather protector had been applied to a coat. Both were treated and released at a local emergency room.

7. LOCATION	8. CITY	9. STATE
Home (Niece's bedroom) 10	Raleigh	Tennessee TN

10A. FIRST PRODUCT	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
Leather protector 0952	Wilson's Leather Protector, 5 oz. Wilson's, Minneapolis, Mn. 55426
10B. SECOND PRODUCT	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
n/a	n/a

12. AGE OF VICTIM	13. SEX (Use numerical code)	14. DISPOSITION	15. INJURY DIAGNOSIS
043	MALE -1, FEMALE -2, UNKNOWN -3: 1	T & R 1	Chemical pneumonia(vapor inhalation) 68

16. BODY PART	17. RESPONDENT(S) (Mother, Friend)	18. TYPE INVESTIGATION (ON SITE 1, TELEPHONE 2, OTHER 3)	19. TIME SPENT
All 85	Victim 1	1	120

20. ATTACHMENTS	21. CASE SOURCE	22. REVIEWED BY (YR MO DAY)
Multi 9	Newpaper 05	8007 93 02 24

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)

CPSC MAY DISCLOSE MY NAME [X] CPSC MAY NOT DISCLOSE MY NAME [ ]

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

Narrative begins on page 2.

6/10/93 pa

X

X

G 310081

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

APPROVED FOR USE THROUGH 5/31/94 OMB NO. 3041-0019

930111CCN0667
attachment #3

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 Donald Adams (self), Casey Adams (son)
Name

Relationship to you)

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

1/30/93
(Date)

Donald Leon Adams
(Signature)

Janice L. Mitchell
(Witness)

CPSC FORM NO. 110

930111CCN0867

Pre-Accident:

The victim, a 43 year old male, lives with his wife and 17 year old son in a one-story single family dwelling located in a blue-collar working class suburban community near Memphis, Tennessee.

The victim, a letter carrier with the U.S. Postal Service, said prior to this incident, he had not missed a day from work due to sickness in over 10 years. He said he has been in excellent health, and was not on any medication prior to this incident. He said he smokes cigarettes, averaging close to two packs per day, and has done so for some time.

He explained that the day of the incident was Christmas Day. He, his wife, and son went to his sister's home for Christmas breakfast, as their custom had been for several years. He said they arrived there at approximately 0730 hours. After greeting family and friends who were there, he said he went into one of the bedrooms, which had been designated as the "smoking area" to smoke a cigarette. Time was approximately 0745 hours. He then returned to the living room and kitchen area and ate breakfast. The family then began opening gifts.

The victim said his niece received a new waist length leather coat for Christmas from her boyfriend, who was there. The coat was in a garment bag. When she opened the garment bag, the first thing that fell out was a can of leather protector spray which came with the coat. He said she showed the coat to everyone, then took it to her bedroom (which was the room designated as the smoking area).

Unknown to the others, the niece's boyfriend proceeded to spray the leather coat with the 5 oz. leather protector spray in the niece's bedroom, as it hung on the outside of the closet door.

The victim said he went back to the designated smoking area and smoked another cigarette around 0830 hours.

Accident:

The victim said he noticed a peculiar smell in the room when he went to smoke a second cigarette, but assumed it was caused by stale cigarette smoke. After leaving the room, he said he felt a pain in his chest, and began coughing violently.

Post-Accident:

The victim said he and his family left his sister's house around 0900 hours. His wife said by the time they arrived home, both her husband and her son felt so ill, they immediately went to bed. She said they were complaining of shortness of breath,

coughing, chest pain, fever, and chills. She said she telephoned her sister-in-law and found out her niece and nephew were also experiencing similar symptoms. After talking about what was occuring, they both realized the only unusual occurance was that the niece's boyfriend had sprayed her new leather coat in the same room that had been designated as the "smoking area."

The wife said she decided to telephone the poison control center for advice. She was told to take her husband and son to a local hospital emergency room for treatment.

She said they arrived at the hospital around 1245 hours. Their temperatures was at 102 degrees F. Both her husband and son were examined by physicians and diagnosed as experiencing chemical pneumonia. They were treated, prescribed medication, and released.

The victim said he continued feeling very ill until he began taking the medication. He remained at home recovering for three (3) days. He said his son was home recovering for 4 days, although he continued to cough for the next 10-14 days.

The victim said while he was being treated by the hospital emergency room staff, at least two physicians and one nurse questioned him on whether he had intentionally inhaled a chemical for drug abuse purposes. He said such questions were insulting and contributed to the discomfort he was experiencing.

The victim's wife said several of the family members became ill after being in the designated smoking room on Christmas Day, however, not all of them sought medical treatment. She said she subsequently contacted the local newspaper and reported her family's reaction to the leather protector spray, and found out that individuals nationwide had sustained similar illnesses.

The victim's niece who owned the leather coat was visited and she stated she also became ill and was treated at the local hospital emergency room. She said her boyfriend, however, did not become ill.

She said he purchased the leather coat and spray leather protector from a store in the Oakcourt Mall in Memphis, Tn. She said since the incident, he has subsequently purchased a second container of leather protector for her coat, however, it was a different size (7 oz.) and contained different label statements. She provided the original container for my examination and permitted me to photograph it, however, refused to permit CPSC to collect it as a sample due to possible litigation.

The room designated as the smoking area in which the spray protector was used was examined and noted to consist of approximately an 11'x12' area containing furnishings such as a waterbed, two dressers, and a storage bin (a diagram was drawn and is attached). The victim's niece stated the leather coat was hanging on the outer frame of the closet at the time the leather protector spray was applied, and left at the same location to dry. She said the room temperature was set at 73 degrees F. The window for the room was closed. There was no ventilation.

930111CCN0667

Product Information:

Product	Leather protector, product in black metal spray can, 5 oz. size, labeled in part: "**WILSONS LEATHER PROTECTOR** CAUTION: VAPOR MAY BE HARMFUL. CONTENTS UNDER PRESSURE. READ CAREFULLY OTHER CAUTION ON BACK PANEL. NET WT. 5 OZ.**WILSONS MINNEAPOLIS, MN 55426**".
Manufacturer/Distributor	Wilsons Minneapolis, Ms. 55426
Product Code	"292" stamped on bottom of can

Standards Information:

Product is subject to 16 CFR Part 1500 under the Federal Hazardous Substances Act.

Attachments:

1. Photographs
2. Authorization to Release Name
3. Medical Records Disclosure
4. Medical Records
5. Poison Control Records
6. Diagram of room
7. Assignment

METHODIST

MEDICAL RECORD

930111CCN0667
attachment 4

PATIENT NAME: ADAMS DONALD L | ER23798234 | AGE: 43 | RS: WMM | UNIT NUMBER: 1620533-001 | REFERRING PHYSICIAN: NO REFER. DR. | 000000

PERSONAL PHYSICIAN: NONE | EMER. PH. CHG. | M & S SUPPLIES | PHYSICIAN FEE | OTHER CHARGES | AMOUNT PAID

ACCIDENT: DATE | TIME | LOCATION | POLICE NOTIFIED | FAMILY NOTIFIED

MERG. DR.: DR M CARR | HOUSE STAFF | ADMITTING PHYSICIAN (INITIAL LAST)

ALLERGIES: NKDA | BROUGHT BY: PRIVATE VEHICLE | AMB. NO.

CHIEF COMPLAINT: DIFF BREATHING/INHALED CHEMICALS

PATIENT PHONE

HISTORY & PHYSICAL

43yo ♂ found c difficult breathing - head
@ last 2 other family members found dead
the pt began experiencing similar symptoms
sense like but milder sx. Neg hx.
Lungs clear bilat
CXR - pending

DISCHARGE IMPRESSION

Pneumonia
RLL infil

Amb

Erythro
No-Tuss

Amb'd to rm 47 : c family & rm - sobbing LOTA on exam. Pt
1330 while note pt amb'd to rm 7 c 90: diff breathing + coughs +
sx's. - denies being sick - + hx of lung mass. pt does
smoke 1pk/day. Zithro 500 po x 3 days 1305 Mitchell.

BP	P	R	T	TIME
130/80	116	24	101	1255
148/88	112	20	101.8	1415

VITAL SIGNS

EG

CBC: WBC 15.1 | HBG | DIFF | NA | K | CL | CO2 | BUN | GLU | UA

DATE OF LAST TETANUS

CURRENT MEDICATIONS: None

ADM. ORDERS ON | SIDERAILS UP

TELEPHONING: 1 CALLED | HOME | OFFICE | EXCHANGE | PAGED AT | AM/PM | CONSULT M.D. CALLED | HOME | OFFICE | EXCHANGE | PAGED AT

PHYSICIAN COMMUNICATION

POSITION AND INSTRUCTION TO PATIENT: ① Bedrest 24h ② Meds rec'd ③ Return if any prob's ④ Dr Vazquez

SEND COPY OF CHART WITH PATIENT: None

RETURN OR SEE DR. _____ IMMEDIATELY IF WORSENS, OR IF NO BETTER IN _____ HOURS

CONDITION ON DISCHARGE / TRANSFER: ☐ GOOD ☐ SATISFACTORY ☐ SERIOUS ☐ CRITICAL

ROOM #

(PT'S SIGNATURE) (HOUSE STAFF PHYSICIAN'S SIGNATURE)

71

9301110000667
attachment 4

METHODIST.
We Know What A Miracle You Are

ER 23798234 01620533-001
ADAMS, DONALD L 2 043
DR. D NONE 001723
1780 WARNER AVE
MEMPHIS TN 12/25/93

EMERGENCY DEPARTMENT ROOM NUMBER 7

TIME	BP	T	P	R	MEDICATIONS, TREATMENTS EQUIPMENT, & LABORATORY	OBSERVATIONS	I	O
1310						Pt Calls c/o Wants to hold on pain & ow CBC/Diff. MP		
					Laboratory Orders by CRT ordered. MP.			
1410	144/68	101.8	112	24	Med c/o pain typical per sickle Hx. MP. good BS with no resp.			
					CXR done	comp. dry cough & abd pain MP.		
1420						Dr. Carey in to examine pt. AP		
1430						Discharged ambulatory c Rx x 2 & RAS. AP		

SIGNATURE	INITIALS	SIGNATURE	INITIALS	INTAKE	OUTPUT
D. Mathis RN	MM	Beverly Peters RN	BP		

FML 1310 10/87

INITIAL ROOM NUMBER

930111CCN0667
attachment 4

METHODIST.
1265 UNION AVE.
MEMPHIS, TN 38104
(901) 726-7775

LABORATORY REPORT

MYLES R. HANDORF, M.D.
DIRECTOR OF LABORATORIES

Know What A Miracle You Are.

UNIT NUMBER: 1620533 | WARD: MEDR | TIME: 17:30 | DATE: 12/25/92 | PAGE: 1

PATIENT NAME	PATIENT NO.	ROOM NO.	AGE	SEX	DOCTOR'S NAME
ADAMS, DONALD L	1620533		43Y	M	HONK, DR

DATE	TEST NAME	ABNORMAL	RESULTS	NORMAL	UNITS
12/25/92 13:10					
AR:F80938					
	ARTERIAL BLOOD GAS				
	ARTERIAL PH			7.35-7.45	PH UNITS
	ARTERIAL PCO2			35-45	MMHG
	ARTERIAL PO2	76		85-95	MMHG
	ART O2 SATURATION			94-98	%
	ART BASE DEFICIT			0-2.5	MMOL/L
	ARTERIAL HCO3	22		23-28	MMOL/L
	AIR				
	PUNCTURE SITE				
	TIME PRESSURE HELD				MINUTES
	ALLEN TEST PERFORMED				
12/25/92 13:10					
AR:F80939					
	COMPLETE BLOOD CNT & DIF				
	WBC			5.0-10.0	THOU/MM3
	RBC			4.60-6.20	MILL/MM3
	HEMOGLOBIN			14.0-18.0	GM/DL
	HEMATOCRIT			42.0-52.0	%
	MCV BLOOD			80.0-100.0	FL
	MCH BLOOD			27.0-31.0	PG
	MCHC BLOOD			32.0-36.0	%
	PLATELET COUNT			150-400	THOU/MM3
	RDW			11.5-14.5	%
	MPV			7.4-10.4	FL
	DIFFERENTIAL				
	SLIDE NO.				
	SEG NEUTROPHIL			50-70	%
	LYMPHOCYTE			20-40	%
	BAND NEUTROPHIL			0-5	%
	MONOCYTES			1-6	%
	EOSINOPHILS			1-5	%
	CELL MORPHOLOGY				
			ESSENTIALLY NORMAL		

PATIENT NAME	PATIENT NO.	ROOM NO.	AGE	SEX	DOCTOR'S NAME

930111CCN0667
attachment 4

X-RAY PROFESSIONAL SERVICES BY:
MEMPHIS RADIOLOGICAL PROFESSIONAL CORP.

DEPARTMENT OF RADIOLOGY

C S M
☐ ☐ ☐

23798234 01620533 16-72-75 North Radiology ER √

ADAMS, DONALD L. Age 43 WM

ER PHYSICIAN

12-25-92 CHEST PA AND LATERAL: Heart size is normal. Minimal chronic appearing densities are noted in the right upper lobe. No active infiltrate is seen.

Roy Kulp M.D./cv
Printed: 12/26/92 10:38

METHODIST
We Know What A Miracle You Are

93011CON0667
attachment 4

STATEMENT FOR: **MEMPHIS RADIOLOGICAL PROFESSIONAL CORPORATION** Tax ID No. 62-0658736

1211 Union Ave., Suite 350 P.O. Box 42047 Memphis, TN 38174-2047 Tel: (901) 725-1623

ACCOUNT NUMBER	PATIENT NAME	FACILITY WHERE SERVICES RENDERED
[illegible]	[illegible]	[illegible]

DATE	DESCRIPTION	AMOUNT
[illegible]	[illegible]	[illegible]

If you have remitted within the last 10 days, please disregard this statement.

STATEMENT DATE	DIAGNOSIS CODE	LOCATION	TOTAL CHARGES	AMOUNT PAID	BALANCE DUE
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACCOUNT NUMBER	AMOUNT DUE
[illegible]	[illegible]

Detach & Return with Payment

STATEMENT DATE [illegible]

PATIENT NAME [illegible]

PHYSICIANS

HOLLIS H. HALFORD, JR.	WILLIAM E. ROUTT, JR.
WILLIAM E. LONG	RICHARD G. BATES
JOHN M. DOBSON	FRANK D. PARKS
JERRY W. GRESE	ROBERT R. YARBROUGH
JON C. JENKINS	TOMMY E. POWLER
ROBERT L. COCKROFT	HOLLIS H. HALFORD, III
ROBERT E. LASTER, JR.	MARK W. WEATHERLY
EDWARD H. MABRY, JR.	R. MICHAEL FLEMING
JAMES W. BOALS	JAMES R. MITCHUM
ROY KULP, JR.	M. TERESA BROOKS
ALVIN J. WEBER, III	MICHAEL A. LEMM
DAVID D. MOSER	DALE E. HANSEN, JR.
BRIDEY R. SHELTON	LINDA K. COX

RADIOLOGISTS FOR:

METHODIST CENTRAL HOSPITAL
METHODIST NORTH HOSPITAL
METHODIST SOUTH HOSPITAL
GERMANTOWN COMMUNITY HOSPITAL (METHODIST EAST)
EASTWOOD HOSPITAL

REMIT PAYMENT TO:

MEMPHIS RADIOLOGICAL, P.C.

RESPONSIBLE PARTY INFORMATION

[illegible]

930111CCN0667 ITEM NO. 6883 FMC 10/90
attachment 4

ER 23798234 0162-533-001
ADAMS, DONALD L 2 043
DR. D NONE 001723
1780 WARNER AVE 12/25/92
MEMPHIS TN E-354422-8
H -3

PATIENT AFTERCARE SHEET

METHODIST

PATIENT AFTERCARE SHEET

The treatment you received in the Emergency Dept. is an emergency treatment only. It is your responsibility to see your physician for follow-up and continuing care. You must make any appointments and necessary arrangements yourself and take this form with you to your doctor.

GENERAL INSTRUCTIONS:

_____ No weight bearing.
_____ Elevate affected extremity as much as possible for _____ days.
_____ Ice pack to affected area intermittently for _____ days.
_____ Watch for excessive swelling, numbness, or bluish coloration of fingers or toes.
_____ You have been referred to Dr. _____ for follow-up care. Make an appointment to see your physician in _____ days.
_____ An x-ray was performed and a preliminary interpretation was made. The final report will be made by the Radiologist. If any significant changes are made, you will be notified at the telephone number you listed.
_____ Rewrap ace bandage if too tight or loose. Rewrap at least once daily.
_____ The prescription you received contains a substance that may make you drowsy. Do not drive or drink alcohol while taking this medication.
_____ The prescription you received contains a substance that tends to upset your stomach. Do not take medication on an empty stomach.
_____ A laboratory test requiring several days for completion was performed. The results will be forwarded to your doctor.
_____ You may be excused from work or school for _____ (not to exceed 24 hours). For time beyond this period, approval must be obtained from your private physician or company physician.
_____ You may return to work or school today.

INSTRUCTIONS FOR CARE FOR SUTURES:

_____ (1) Make an appointment to see your doctor on _____
(2) Keep stitches clean & dry.
(3) Watch for infection. See your doctor if redness, swelling, or drainage develops.
(4) If you return to ER for suture removal, you must bring this form and come between the hours of 6:00 a.m. and 11:00 a.m.

INSTRUCTIONS FOR CARE FOLLOWING HEAD INJURY:

_____ (1) Eat lightly for twenty-four hours. No sedatives or alcoholic drinks.
(2) Awake patient every two (2) hours for the next twelve (12) hours.
(3) If any of the following symptoms occur, contact your doctor immediately. If you are unable to reach your physician, return to the Emergency Department for assistance.
A. Inability to arouse or awaken patient.
B. Inability to move arms and legs equally.
C. Vomiting, convulsions, mental confusion, restlessness, double vision, blurred vision, drainage of blood or clear liquid from nose or ears.
D. Severe headache unrelieved by medication.

2 Prescriptions received 0 Medication received in ER

DISCHARGE IMPRESSION Pneumonitis

OTHER INSTRUCTIONS: _____

Meds as directed. Bedrest x 24hrs. Return for any problems. See Dr. Vargas Monday.

_____ If you are not much improved in _____ hours or, if you become worse at any time, contact your physician right away. If unable to reach your physician, return to the emergency department.

I understand these instructions and accept them: X Donald Lee Adams

INSTRUCTED Carr Dr./ B. Ritter RN Nurse Date 12/25/92

METHODIST

930111CON0667
attachment 4

ITEM NO.
FMC 10

MEDICAL RECORDS

PART I GENERAL CONDITIONS OF EMERGENCY MEDICAL TREATMENT - CONSENT TO TREATMENT

Each patient in the hospital is admitted under the care of his/her attending physician or dentist. Physicians and dentists of the medical staff are not employees of the hospital.

A. MEDICAL AND SURGICAL CONSENT: The undersigned consents to any examination (X-ray or otherwise) including but not limited to laboratory procedures, medications, infusions, transfusions of blood and blood products, anesthesia, surgical procedures or treatments (including the placement of prosthesis within a patient's body), photograph and/or other services rendered the patient by members of the medical staff, their representatives and/or associates, and hospital employees, under the instructions of the physician or dentist. The undersigned also consents to observations of surgical, diagnostic, or other procedures by medical personnel in training or by other appropriate persons permitted by the attending physician or dentist and allowed by hospital or departmental policy.

B. TISSUE DISPOSAL: Should any hospital stay involve the removal of any tissue or parts of any body, including fetus or afterbirth, they may be retained or disposed of by the hospital.

C. PERSONAL VALUABLES: It is understood that the hospital maintains a safe for money and valuables, and that the hospital will not be responsible for loss or damage to any money or property of the patient or others unless delivered to or deposited with the hospital for safekeeping and a written safekeeping receipt issued by the hospital director.

D. MEDICAL INFORMATION RELEASED: The patient, if in a condition to receive it, and if not, the undersigned representative of the patient, acknowledges that he/she has been informed concerning the need for hospital services, the purpose of the patient entering the hospital, and the planned examinations, procedures, and treatment. It is understood that the practice of medicine is not an exact science, and no guarantee can be given by anyone as to the results that will be obtained.

PART II. RELEASE OF INFORMATION, ASSIGNMENT OF INSURANCE BENEFITS AND FINANCIAL AGREEMENT

A. RELEASE OF INFORMATION AND AUTHORIZATION TO PAY INSURANCE BENEFITS: The hospital, my physician or physicians, or Memphis Radiologists, P.C. may disclose all or any part of the record of the patient to any person or organization which is or may be liable for or responsible for payment of all or part of the hospital's charges, including, but not limited to, insurance companies, medical or hospital service companies, workmen's compensation carriers, employers and welfare funds. I certify that the information given by me in applying for payment under Title XVIII or Title XIX of the Social Security Act is correct. I authorize any holder of medical or other information about the patient to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized benefits be made on behalf of the patient directly to the said physicians, radiologists, and hospitals and any of their appropriate agents or divisions.

B. FINANCIAL AGREEMENT: The undersigned SEVERALLY agree, whether signing as a patient or otherwise, that in consideration of the services rendered to patient, payment of the account is guaranteed by the undersigned in accordance with the regular rates and terms of the hospital, being payable to the hospital in Memphis, Tennessee. While any insurance or other protection related to the hospital account may be hereby assigned to and payable directly to the hospital, the undersigned clearly understands that the obligation to pay the hospital bill is primarily on the patient and the undersigned, and while insurance received by the hospital will be applied to the patient's account, any part of the account not so paid by insurance is nevertheless owing and payable. In case of default of payment, and if this account should be placed in the hands of a Collector or an Attorney for collection, all collection fees, attorney fees, (which shall equal one-third of any balance due), court and other expenses will be paid by the undersigned. Notice of dishonor, demand and protest is waived. I further agree that due to the high cost of billing and refunding small amounts, the hospital will not bill or refund underpayments or overpayments of less than two dollars ($2.00) on final balances, except on a request of the responsible party.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ, OR HAS BEEN READ THE FOREGOING, HAS RECEIVED A COPY HEREOF, IS THE PATIENT OR DULY AUTHORIZED REPRESENTATIVE OF THE PATIENT, AND THE FOREGOING CONDITIONS OF ADMISSION ARE ACCEPTED.

If patient is unable to execute above form (because of some disability, such as being a minor, non compos mentis, unconscious, or other disability which inhibits or precludes that patient's ability to legally sign) explain the patient's disability (full chief complaint and diagnosis):

Patient's Signature (or Representative) for Consent to Treatment and Release of Information: X Donald Leon Adams DATE 12-25-92 TIME

Responsible Policyholder(s) Signature for Insurance Assignment: (1) X Donald Leon Adams DATE 12-25-92 TIME

All Financially Responsible Individuals: (2) X Donald Leon Adams DATE 12-25-92 TIME

(3) DATE TIME

I have read and/or explained the above information and all parts of this form relating all stated conditions to the patient or the patient's representative and the patient/responsible party appears to fully understand these conditions as stated.

SIGNATURE OF ARLINGTON PERSONNEL OR AUTHORIZED HOSPITAL REPRESENTATIVE

CAT.	UNIT NUMBER	ADMITTANCE DATE	T/A PERF	T/A RECD	PHYSICIAN NAME AND NUMBER	ADMITTING TIME	ACCOUNT #
ER	1620533-001	12/25/92	P		1723 NONE DR	12:47	L-354422-8 23798234

PATIENT NAME			NICKNAME	MC/SSN #	DATE OF BIRTH	AGE	MS	RS	BLD CODE	CL
ADAMS	DONALD	L		410-86-1396	12/05/1949	43	M	WM	1	S

RELIGION	CHURCH	HOME PHONE
0 OTHER	NO PREF	901-353-3332

PATIENT ADDRESS - LINE 1	PATIENT ADDRESS - LINE 2		
1780 WARNER AVE	MEMPHIS	TN	381271335

EMPLOYER	EMPLOYER'S ADDRESS			LENGTH OF SERVICE
US POSTAL SERVICE	UNK	MEMPHIS	TN 00000	00

OCCUPATION	EMPLOYER'S PHONE	PREV. ADM. DATE	PREVIOUS ADMISSION NAME
LETTER CARRIER	999-999-9999	00/00/00	23798234

PERSON TO NOTIFY IN EMERGENCY/NEAREST RELATIVE	PHONE NUMBER	RELATIONSHIP	ADDRESS
ADAMS DORACE	901-357-4619	FATHER	00000

COMMENTS:

PATIENT IN ANY HOSPITAL LAST 90 DAYS (WHERE)

RESPONSIBLE PARTY			MC/SSN #	RELATIONSHIP	BP UNIT #	INSURED	PHONE NUMBER
ADAMS	DONALD	L	410-86-1396	SELF	1620533		901-353-33

ADDRESS - LINE 1	YEARS	ADDRESS - LINE 2		BP ACCT. NUMBER	PHONE NUMBER (BUS)
1780 WARNER AVE		MEMPHIS	TN 38127	E-354422-8	999-999-99

OCCUPATION	EMPLOYER'S NAME			
LETTER CARRIER	UNK			
US POSTAL SERVICE	ADDRESS	MEMPHIS	TN 00000	

INSURANCE CARRIER	GROUP NUMBER	GROUP POLICYHOLDER	INSURED	
NATL ASSOC OF LETTER CARR	004708	NATL ASSOC OF LETTER CAR	ADAMS,	DONALD

EFFECTIVE DATE	POLICY NUMBER	ADDRESS/STREET	CITY	STATE	ZIP
00/00/00	410-86-1396	P.O. BOX 9668	SCOTTSDALE	AZ	8525

INSURANCE CARRIER	GROUP NUMBER	GROUP POLICYHOLDER	INSURED	

EFFECTIVE DATE	POLICY NUMBER	ADDRESS/STREET	CITY	STATE	ZIP
00/00/00					

APPROVED OMB-0938-0008

PLEASE DO NOT STAPLE IN THIS AREA

SEND TO PATIENT********** 0500
PLEASE FORWARD THIS CLAIM TO
YOUR INDIVIDUAL INSURANCE
CARRIER***THANK YOU*

9301110CN0667
attachment 4

PICA ACTP# 0040781 ARC534 P CO 02 HEALTH INSURANCE CLAIM FORM 5027A

CARRIER

1. MEDICARE / MEDICAID / CHAMPUS / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)	410861396
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY / SEX
ADAMS DONALD L.	12 05 49 M X F
4. INSURED'S NAME (Last Name, First Name, Middle Initial)	ADAMS DONALD
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED
1780 WARNER DR	Self X Spouse Child Other
7. INSURED'S ADDRESS (No., Street)	1780 WARNER DR
CITY	STATE
MEMPHIS	TN
8. PATIENT STATUS	Single Married X Other
ZIP CODE	TELEPHONE (Include Area Code)
38127	(901) 363-3332
Employed X Full-Time Student Part-Time Student	
ZIP CODE	TELEPHONE (INCLUDE AREA CODE)
38127	(901) 353-3332
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
	11. INSURED'S POLICY GROUP OR FECA NUMBER
	322
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO
	a. INSURED'S DATE OF BIRTH MM DD YY / SEX
	12 05 49 M X F
b. OTHER INSURED'S DATE OF BIRTH MM DD YY / SEX	b. AUTO ACCIDENT? YES NO PLACE (State)
M F	
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT? YES NO
	U.S. Postal Service
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE
	c. INSURANCE PLAN NAME OR PROGRAM NAME NALC
	SEND TO PATIENT**********
	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNATURE ON FILE DATE 12/28/92
SIGNED

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNATURE ON FILE
SIGNED

14. DATE OF CURRENT: MM DD YY / ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO
12 25 92		
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a. I.D. NUMBER OF REFERRING PHYSICIAN	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO
Methodist North Dr Carr Room Emergency		
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? YES NO / $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)		22. MEDICAID RESUBMISSION CODE / ORIGINAL REF. NO.
1. 466 0	3.	
2.	4.	23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
12 28 92	3	1	99203		1	92 00	1				
12 28 92	3	1	71020		1	58 00	1				
12 28 92	3	5	36415		1	5 00	1				
12 28 92	A	5	88019		1	32 00	1				
12 28 92	3	5	85024		1	25 00	1				

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
621468269	01843119C	YES X NO	$ 212 00	$ 212 00	$ 0 212.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)	33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
SAMUEL T. VERZOSA,M.D 00000	Paid receipt enclosed	BARTLETT-RALEIGH INTERNAL MED 5134 STAGE RD SUITE 300 MEMPHIS,TN 38134
SIGNED 1/11/93 DATE		PIN# GRP#

PHYSICIAN OR SUPPLIER INFORMATION

PATIENT AND INSURED INFORMATION

METHODIST

PATIENT/ADMISSION

930111CCN0667

attachment 4

ITEM NO. 1893
FMC 10/90

PATIENT NAME		AGE	RS	MS	UNIT NUMBER	REFERRING PHYSICIAN	EMERGENCY NUMBER
ER23798234						000000	ER-23798234
DAMS	DONALD L	43	WMM		1420533-001	NO REFER. DR.	E-354422-5

PERSONAL PHYSICIAN	EMER. RM. CHG.	M & S SUPPLIES	PHYSICIAN FEE		OTHER CHARGES	AMOUNT PAID
GNE D						

ACCIDENT: NATURAL / AUTO / WORK	POLICE NOTIFIED / WARD	FAMILY NOTIFIED	DATE IN	TIME IN
	AM / PM		1-11-93	1741 A / P

ORG. OR	HOUSE STAFF	ADMITTING PHYSICIAN (INITIAL, LAST)	DATE OUT	TIME OUT
R M CARR				A / P

ALLERGIES	BROUGHT BY	AMB. NO.	INS. 1	INS. 2	INS. 3
NKA	PRIVATE VEHICLE		EB	P	

CHIEF COMPLAINT: DIFF BREATHING/INHALED CHEMICALS

PATIENT PHONE

[redacted]

CBC WBC

HGB HC

DIFF

NA K

CL CO2

BUN GLU

DISCHARGE IMPRESSION

UA

[redacted]

DISPOSITION AND INSTRUCTION TO PATIENT

SEND COPY OF CHART WITH PATIENT

DONE

RETURN OR SEE DR. _____ IMMEDIATELY IF WORSENS, OR IF NO BETTER IN ____ HOURS.

CONDITION ON DISCHARGE / TRANSFER: ☐ GOOD ☐ SATISFACTORY ☐ SERIOUS ☐ CRITICAL

ROOM #

NURSE'S SIGNATURE | HOUSE STAFF PHYSICIAN'S SIGNATURE | EMERG. PHYSICIAN'S SIGNATURE | ATTENDING PHYSICIAN'S SIGNATURE

5782042

930111CCND667
attachment 4

MC/VISA 285458
BARTLETT / RALEIGH
INTERNAL MEDICINE PC
MPHS TN

UNIT	CLASS	DESCRIPTION	PRICE	AMOUNT
		Donald Adams		212.00
		# 4078		
		Carey Adams		187.00
		#4064		
		SUB TOTAL		
		TAX		
		SALES SLIP		399.00

DATE 12/28/92 AUTHORIZATION 008784
REFERENCE NO. 0060

PURCHASER SIGN HERE
X Arena C. Adams

Cardholder acknowledges receipt of goods under conditions of the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

CUSTOMER COPY

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS

Receipt

Date 12/28 19 92 No. 478880

RECEIVED FROM D Adams

$399.00

office charges DOLLARS

FOR RENT

FOR Credit card TO STV

FROM

4078
4064

ACCOUNT #4078
PAYMENT #4064
BALANCE DUE

cash
check
money order

BY Gmasey

Copy of receipt from
Bartlett-Raleigh Internal Med
Samuel T. Verzosa, M.D.
901 371-0208

Their Health Insurance Claim Form shows that they Accept Assignment.
We paid their bills, and we request reimbursement to us.
Arena Adams

930111CCN0667
attachment 4

NALC Health Benefit Plan

CLAIM FORM FOR UNASSIGNED BILLS
(Benefits will be paid to member)

20547 Waverly Court, Ashburn, Virginia 22083
(703) 729-4677

STATEMENT OF MEMBER

☞ Complete in full and use separate form for each patient and each calendar year ☜

☐ CHECK BOX IF CHANGE OF ADDRESS

1. MEMBER INFORMATION	2. PATIENT INFORMATION
SOCIAL SECURITY NUMBER 410-86-1396	PATIENT CODE A
EMPLOYMENT STATUS: ACTIVE ☒ ANNUITANT ☐ SURVIVOR ANNUITANT ☐	Donald L Adams
NAME Donald L. Adams	DATE OF BIRTH 12-05-49
ADDRESS 1780 Warner Dr.	RELATIONSHIP TO MEMBER Self
CITY Memphis STATE TN ZIP 38127	MARITAL STATUS MARRIED ☒ SINGLE ☐ DIVORCED ☐
TELEPHONE (DAYTIME) 901 353-3332	

Are charges related to or covered by: YES NO If yes, give:

3. Workers' Compensation ☐ ☒ Date of accident, diagnosis and compensation claim # The bedroom of my niece Leslie Mar

4. Accidental injury ☒ ☐ Date, place and diagnosis 12/25/92 Exposure to Wilsons Leather Protector, Had difficulty breathing, coughing, chills, coug
At Sister's house, Linda Hornsby Diagnosis Pneumonitis
Is claim covered by no-fault auto insurance? YES ☐ NO ☒ Third party liability (subrogation)? YES ☒ NO ☐ ?
If yes, insurance company's name and address Wilson's Claim Management 400 S. Hwy 169, Minneapolis, Mn. 55428 Spoke wi Nancy Grier 612 541-35 Collect

5. Medicare ☐ ☒ Medicare identification Number
Effective date: Part A / / Part B / /

6. Other group medical / dental coverage ☐ ☒ If yes, is insurance issued through active employment? YES ☐ NO ☐
Is this an HMO policy? YES ☐ NO ☐
Name of person to whom issued Relationship to patient
Name of organization or employer through which obtained U.S. Consumer Product Safety Com 1-800 638-2772 type # 162 on Wilsin Leath Britcher

HOSPITAL OR MEDICAL INSURANCE: Name and address of other insurance company
Effective date / / Cancellation date / /
Policy # Self Only ☐ Family ☐

DENTAL INSURANCE: Name and address of other insurance company
Effective date / / Cancellation date / /
Policy # Self Only ☐ Family ☐

I authorize any holder of medical or other related information to release to NALC Health Benefit Plan any information in regard to myself or my family necessary for processing this or any related claim.

Donald L Adams 1-18-93
Member's signature Date

Donald L Adams 1-18-93
Patient's signature (parent, if minor) Date

I certify that the above information is correct, that the enclosed expenses were incurred for the named patient, and that I am a member in good standing of NALC.

Donald L Adams 1-18-93
Member's signature Date

WARNING: Any intentional false statement or willful misrepresentation relative to this claim is a violation of the law punishable by a fine, imprisonment or both. (18 U.S.C. Section 1341 and Title 5 U.S.C.)

CF-1 1/91

930111CCND667
attachment 4

CLAIM FORM FOR UNASSIGNED BILLS

NOTE: When filing claims for doctor, laboratory, x-ray, durable medical equipment, etc. expenses, attach fully itemized bills. Be sure the diagnosis, date and description of service, patient's name and charge for each service is indicated on all bills. Enter total at bottom.

The Plan will accept any claim form which provides the same information.

If another insurance company is primary on this claim, their explanation of payment form must be included for each bill submitted.

PRESCRIPTION DRUGS AND MEDICINES Use ONLY for prescription drugs and medicines. List each prescription on a separate line and complete each column. ATTACH DRUG BILLS SHOWING INFORMATION LISTED BELOW.

DATE OF PURCHASE	RX NUMBER	NAME OF DRUG	PRESCRIBING PHYSICIAN	DIAGNOSIS (ILLNESS TREATED)	CHARGES
12-25-92	Methodist Hosp North E.R.		Carr	Pneumonitis 13567	$ 46 00
				Hemogram	51 00
				Blood Gas	80 00
				Venipuncture	4 50
				Venipuncture	4 50
				Chest PA Lateral	105 50
12-25-92	Memphis Radiological		Carr	786.01	31 00
12-28-92			S.T. Verzosa	O.V. 99203	92 00
				chest X-ray 71020	58 00
				venipuncture 36415	5 00
				SMAC 80019	32 00
				CBC 85024	25 00
12-25-92	C523135	Erythromycin	Carr	Pneumonitis 13567	8 39
12-25-92	C523136	Nutuss Liquid	Carr	" "	12 09

Walgreens The Pharmacy America Trusts
2926 COVINGTON PIK PH 382-9237
MEMPHIS TN
PATIENT DONALD L ADAMS
1780 WARNER
N MEMPHIS TN 353-3332
RX NO. C523135 DR. CARR
MEDICATION ERYTHROMYCIN 250MG TABS
ABBOTT-R035*00074-6346-53
QTY 40 REFILL CALLRX TM3/ MBR
DATE 12/25/92 9.39 EUA

Walgreens The Pharmacy America Trusts
2926 COVINGTON PIK PH 382-9237
MEMPHIS TN
PATIENT DONALD L ADAMS
1780 WARNER
N MEMPHIS TN 353-3332
RX NO. C523136 DR. CARR
MEDICATION NUTUSS LIQUID
PINT 00093-0621-16
QTY 1 REFILL CALLRX TM3/ DUR
DATE 12/25/92 12.09 EUA

TOTAL DRUGS $	20 48
TOTAL ALL OTHER CHARGES $	494 50
TOTAL $	514 98

- NORTH

METHODIST.

3960 NEW COVINGTON P 4056
MEMPHIS TN 38128-0000

930111CCN0667
attachment 4

INSURANCE PENDING:

DONALD L ADAMS
1780 WARNER AVE
MEMPHIS TN 38127-1335

NATL ASSOC OF LETTER CARR

AMOUNT ENCLOSED

MAKE CHECKS PAYABLE AND MAIL TO:
METHODIST HOSPITAL
P.O. BOX 1000, DEPT. 97
MEMPHIS TN 38148-0097

ACCOUNT NO.	PATIENT NAME	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	AMOUNT DUE	DUE DATE
ER23798234	DONALD L ADAMS	12/25/92	12/25/92	12/29/92	251.50	01/23/93

▲ PLEASE DETACH UPPER PORTION AND RETURN WITH PAYMENT ▲

PAGE 1 OF 1

THIS IS A STATEMENT OF YOUR ACCOUNT. RETAIN THIS PORTION FOR YOUR RECORDS.
CHARGES OR PAYMENTS RECEIVED AFTER THE STATEMENT DATE WILL APPEAR ON YOUR NEXT STATEMENT.

ACCOUNT NO.	PATIENT NAME	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	AMOUNT DUE	DUE DATE
ER23798234	DONALD L ADAMS	12/25/92	12/25/92	12/29/92	251.50	01/23/93

DATE	HOSPITAL CODE	DESCRIPTION	AMOUNT
12/25/92	000089	CHEST PA & LATERAL	65.50
12/25/92	000682	HEMOGRAM	51.00
12/25/92	000783	BLOOD GAS/ART	80.00
12/25/92	013567	EMERGENCY RM LEVEL II	46.00
12/25/92	027883	VENIPUNCTURE	4.50
12/25/92	027883	VENIPUNCTURE	4.50

IF YOU HAVE ANY QUESTIONS, PLEASE CALL PATIENT ACCOUNTING @ 726-8375 (MON-FRI 9:00AM - 4:00PM) OR VISIT US AT 1211 UNION AVE,SUITE 500.PLEASE KEEP THIS STATEMENT FOR YOUR RECORDS. INSURANCES, IF SHOWN ABOVE, HAVE BEEN BILLED. YOUR AMOUNT DUE AND DUE DATE ARE ALSO SHOWN ABOVE. THANK YOU FOR ALLOWING US TO SERVE YOU.

TOTAL	251.50
ESTIMATED INSURANCE (SEE REVERSE)	.00
[redacted]	251.50

METHODIST.

METHODIST

MEDICAL RECORDS

930111CC10667
attachment 4

PATIENT NAME: ER23798245 ADAMS DONALD C 47 MS 471187-002 REFERRING PHYSICIAN: 000000 NO REFER. DR. ER-23798 E-394423

PERSONAL PHYSICIAN: VERZOSA

EMERGENCY CHG: 40 M & S SUPPLIES: PHYSICIAN FEE: 80 OTHER CHARGES: AMOUNT PAID:

IF ACCIDENT: DATE TIME LOCATION

POLICE NOTIFIED TIME: AM PM FAMILY NOTIFIED

DATE IN: 12-25-92 1251

MERG. DR: DR M CARR HOUSE STAFF ADMITTING PHYSICIAN (INITIAL, LAST)

DATE OUT: 12-25-92 1336

ALLERGIES: IKDA BROUGHT BY: PRIVATE VEHICLE AMB. NO. REG

CHIEF COMPLAINT: DIFF BREATHING/INHALED CHEMICAL PATIENT PHONE

VITAL SIGNS

TIME	B/P	T	P
1360	132/70	102	110

HISTORY & PHYSICAL

17 yo female - cough - difficult breathing
R eye blurred + an irritated sensation
Leaking from ear since yesterday - has pollen + dirt
on face all + hair also
PE T 102
Wheezing
lungs ? dimin a bases - cough + deep breathing
CVA + tenderness

CBC WBC 18.6
HBG
DIFF
NA K
CL CO2
BUN GLU
UA

490

X-RAY IMPRESSION

CXR, ABG's pt

Bronchitis - early pneumonia ? chem
Cough Eight
Clenbuterol

DATE OF LAST TETANUS: NA

CURRENT MEDICATIONS: see pg 2 N/V

NOTES

See pg 2 N/V — L Parker RN

ARM BAND ON ☑ SIDERAILS UP ☐

	HOME	OFFICE	EXCHANGE	PAGED AT	AM/PM CONSULT M.D. CALLED	HOME	OFFICE	EXCHANGE	PAGED AT

DISPOSITION

1) Chest x-ray 2) Nebulizer 3) Return if worse

COPY OF CHART WITH PATIENT

SEE DR. _____ IMMEDIATELY IF WORSENS, OR IF NO BETTER IN _____ HOURS. ☐ GOOD ☐ SATISFACTORY ☐ SERIOUS ☐ CRITICAL

CONDITION ON DISCHARGE / TRANSFER ROOM

INSURANCE

HOUSE STAFF PHYSICIAN'S SIGNATURE MERG. DR.

930111CCN0667
attachment 4

ER 23798245 00471187-002
ADAMS, DONALD C 2 017
DR. ST VERZOSA 001942
1780 WARNER AVE
MEMPHIS TN 12/25/92

METHODIST
We Know What A Miracle You Are

EMERGENCY DEPARTMENT ROOM NUMBER 5

TIME	BP	H T	P	R	MEDICATIONS, TREATMENTS, EQUIPMENT, & LABORATORY	OBSERVATIONS	I	O
1300	130/70	102	116	24	Allergics - ∅	17 y w/m amb to ER		
					Meds -	c c/o difficulty breathing		
					Eskalith CR 450 bid	dizziness, cough, general		
						malaise & being exposed to leather protectant. Pt states		
					PMH	was smoking in @		
					Smokes - 1ppd	small room where @		
						leather coat had just		
						been treated c protectant.		
						On arrival pt c chills,		
						on attempt to take deep		
						inspiration coughs.		
						Bilateral air exchange		
					Pulseoximeter 95%	essentially normal — (LP)		
1315					Labwork drawn per LLT	—		
1340						To & from Xray ambulating		
						AP		
1355						Pt. moved to ER #5 and		
						he can lie down. BP —		
1415		102			Tylenol PR			
1435						Discharged amb c		
						parents. Mother given		
						PAS, Rx & verbalized		
						understanding of instructions		
						by mother — LP		

SIGNATURE	INITIALS	SIGNATURE	INITIALS	INTAKE	OUTPUT
Lisa Aska RN	LP	Beverly Pitsch RN	BP		

930111CCN0667
attachment 4

METHODIST.
1265 UNION AVE.
MEMPHIS, TN 38104
(901) 726-7175

CHARLES R. HANDORF
DIRECTOR OF LABORATORIES

LABORATORY REPORT

UNIT NUMBER	WARD	TIME	DATE	AGE
471187	3EDR	17:30	12/25/92	1

PATIENT NAME	PATIENT NO.	ROOM NO.	AGE	SEX	DOCTOR'S NAME
ADAMS, DONALD C	471187				SZYMANSKI, SAM T

	7.41
	35
82	
	96.4
	1.7
22	
	RT AXE
	EIGHT RADIAL
18.6	
	5.13
	15.2
	45.0
	36.2
	80.7
	35.4
	047
	12.9
	8.3
	29
80	
4	
10	
	5
	FEW DIFFUSELY BASO
	FEW MICROCYTES

PATIENT NAME	PATIENT NO.	ROOM NO.	AGE	SEX	DOCTOR'S NAME

930111CCN0667
attachment 4

X-RAY PROFESSIONAL SERVICES BY:
MEMPHIS RADIOLOGICAL PROFESSIONAL CORP

MENT OF RADIOLOGY

C S N
☐ ☐ ☐

23798245 00471187 16-72-74 North Radiology ER ✓

ADAMS, DONALD C. Age 17 WM

Sam T. Verzosa M.D.

12-25-92 CHEST, TWO VIEWS: Heart size is normal. There are prominent interstitial markings noted throughout both lung fields present, and the possibility of an interstitial pneumonitis cannot be excluded from this examination. No discrete focal infiltrate is seen.

Roy Kulp M.D./cv
Printed: 12/26/92 09:46

cc: Sam T. Verzosa M.D.
FAX # 3719317

METHODIST

We Know What A Miracle You Are

930111CON0667
attachment 4

STATEMENT FOR: **MEMPHIS RADIOLOGICAL PROFESSIONAL CORPORATION** Tax ID No. 62-0656738

1211 Union Ave., Suite 350 P.O. Box 42047 Memphis, TN 38174-2047 Tel: (901) 725-1623

ACCOUNT NUMBER	PATIENT NAME	FACILITY WHERE SERVICES RENDERED
237[illegible]245	DONALD C ADAMS	METHODIST NORTH

DATE	DESCRIPTION	AMOUNT
12/05/92	CHEST - PA & LATERAL	21 00
12/29/92	COMMERCIAL INS FILED/HALC HEALTH BENEFIT P	
	PLEASE LOCATE YOUR ACCOUNT NUMBER ON THE UPPER LEFT CORNER OF THE STATEMENT BEFORE CALLING.	

If you have remitted within the last 10 days, please disregard this statement.

STATEMENT DATE	DIAGNOSIS CODE	LOCATION	TOTAL CHARGES	AMOUNT PAID	BALANCE DUE
01/14/93	786.01	'P'	21.00	0.00	21.00

ACCOUNT NUMBER	AMOUNT DUE
23[illegible]245	21 00
◀ Detach & Return with Payment	STATEMENT DATE
	01/14/93

PATIENT NAME

DONALD C ADAMS

PHYSICIANS

HOLLIS H. HALFORD, JR.	WILLIAM E. ROUTT, JR.
WILLIAM E. LONG	RICHARD G. BATES
JOHN M. DOBSON	FRANK D. PARKS
JERRY W. GRISE	ROBERT R. YARBROUGH
JON C. JENKINS	TOMMY S. FOWLER
ROBERT L. COCKROFT	HOLLIS H. HALFORD, III
ROBERT E. LASTER, JR.	MARK W. WEATHERLY
EDWARD H. MABRY, JR.	R. MICHAEL FLEMING
JAMES W. SOALS	JAMES R. MITCHUM
ROY KULP, JR.	M. TERESA BROOKS
ALVIN J. WEBER, III	MICHAEL A. LEMMI
DAVIS D. MOSER	DALE E. HANSEN, JR.
BRIXEY R. SHELTON	LINDA K. COX

RADIOLOGISTS FOR:

METHODIST CENTRAL HOSPITAL · GERMANTOWN COMMUNITY HOSPITAL
METHODIST NORTH HOSPITAL · METHODIST EAST
METHODIST SOUTH HOSPITAL · EASTWOOD HOSPITAL

REMIT PAYMENT TO:

MEMPHIS RADIOLOGICAL, P.C.

RESPONSIBLE PARTY INFORMATION

237[illegible]245
DONALD C. ADAMS [illegible]
1780 WARVILLE AVE
MEMPHIS TN 38127-1335

930111CCN0667
attachment 4

PATIENT AFTERCARE SHEET

ER 23798245 00471187-002
ADAMS, DONALD C 2 017
DR. ST VERZOSA 001942
1780 WARNER AVE
MEMPHIS TN 12/25/92
E-354423-A

METHODIST

PATIENT AFTERCARE SHEET

The treatment you received in the Emergency Dept. is an emergency treatment only. It is your responsibility to see your physician for follow-up and continuing care. You must make any appointments and necessary arrangements yourself and take this form with you to your doctor.

GENERAL INSTRUCTIONS:

_____ No weight bearing.
_____ Elevate affected extremity as much as possible for _____ days.
_____ Ice pack to affected area intermittently for _____ days.
_____ Watch for excessive swelling, numbness, or bluish coloration of fingers or toes.
_____ You have been referred to Dr. _____ for follow-up care. Make an appointment to see your physician in _____ days.
_____ An x-ray was performed and a preliminary interpretation was made. The final report will be made by the Radiologist. If any significant changes are made, you will be notified at the telephone number you listed.
_____ Rewrap ace bandage if too tight or loose. Rewrap at least once daily.
_____ The prescription you received contains a substance that may make you drowsy. Do not drive or drink alcohol while taking this medication.
_____ The prescription you received contains a substance that tends to upset your stomach. Do not take medication on an empty stomach.
_____ A laboratory test requiring several days for completion was performed. The results will be forwarded to your doctor.
_____ You may be excused from work or school for _____ (not to exceed 24 hours). For time beyond this period, approval must be obtained from your private physician or company physician.
_____ You may return to work or school today.

INSTRUCTIONS FOR CARE FOR SUTURES:

_____ (1) Make an appointment to see your doctor on _____.
(2) Keep stitches clean & dry.
(3) Watch for infection. See your doctor if redness, swelling, or drainage develops.
(4) If you return to ER for suture removal, you must bring this form and come between the hours of 6:00 a.m. and 11:00 a.m.

INSTRUCTIONS FOR CARE FOLLOWING HEAD INJURY:

_____ (1) Eat lightly for twenty-four hours. No sedatives or alcoholic drinks.
(2) Awake patient every two (2) hours for the next twelve (12) hours.
(3) If any of the following symptoms occur, contact your doctor immediately. If you are unable to reach your physician, return to the Emergency Department for assistance.
A. Inability to arouse or awaken patient.
B. Inability to move arms and legs equally.
C. Vomiting, convulsions, mental confusion, restlessness, double vision, blurred vision, drainage of blood or clear liquid from nose or ears.
D. Severe headache unrelieved by medication.

(2) Prescriptions received _____ Medication received in ER

DISCHARGE IMPRESSION Bronchitis /

OTHER INSTRUCTIONS: Tylenol q 4° for temp / meds as directed
Return if you get worse / Follow-up with Dr.
Verzosa Monday am

_____ If you are not much improved in _____ hours or, if you become worse at any time, contact your physician right away. If unable to reach your physician, return to the emergency department.

I understand these instructions and accept them: X Donna Adams

930111CCN0667
attachment 4

PLEASE DO NOT STAPLE IN THIS AREA

SEND TO PATIENT********** 0500
PLEASE FORWARD THIS CLAIM TO
YOUR INDIVIDUAL INSURANCE
CARRIER***THANK YOU*

PICA ACTP# 0040641 ARC534 P CO 02 HEALTH INSURANCE CLAIM FORM 5006A

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1): 410861396

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): ADAMS DONALD Co

3. PATIENT'S BIRTH DATE MM DD YY: 10 8 14 75 SEX: M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): ADAMS DONALD L.

5. PATIENT'S ADDRESS (No., Street): 1780 WARNER DR

6. PATIENT RELATIONSHIP TO INSURED: Self Spouse Child X Other

7. INSURED'S ADDRESS (No., Street): 1780 WARNER DR

CITY: MEMPHIS STATE: TN

8. PATIENT STATUS: Single X Married Other; Employed Full-Time Student X Part-Time Student

CITY: MEMPHIS STATE: TN

ZIP CODE: 38127 TELEPHONE (Include Area Code): (901) 353-3332

ZIP CODE: 38127 TELEPHONE (INCLUDE AREA CODE): (901) 353-3332

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: 322

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO X

a. INSURED'S DATE OF BIRTH MM DD YY: 12 05 [illegible] SEX: M X F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY: SEX M F

b. AUTO ACCIDENT? YES NO X PLACE (State):

b. EMPLOYER'S NAME OR SCHOOL NAME:

c. EMPLOYER'S NAME OR SCHOOL NAME:

c. OTHER ACCIDENT? YES X NO ? W.I.S.O.N. Spray

c. INSURANCE PLAN NAME OR PROGRAM NAME: NALC

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES X NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNATURE ON FILE
SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNATURE ON FILE
SIGNED _____

14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY: 12 25 92

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY:

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY: FROM 12-26-92 TO

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: Methodist Hos. North Emergency Room

17a. I.D. NUMBER OF REFERRING PHYSICIAN:

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY: FROM TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO X $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)
1. 466 0
2.
3.
4.

22. MEDICAID RESUBMISSION CODE: ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
12 28 92		3	1	99201		1	92 00	1				
12 28 92		3	1	71020		1	58 00	1				
12 28 92		3	1	36415		1	6 00	1				
12 28 92		A	5	80019		1	32 00	1				

25. FEDERAL TAX I.D. NUMBER: 621468260 SSN EIN X

26. PATIENT'S ACCOUNT NO.: 01842517C

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES X NO

28. TOTAL CHARGE: $ 187 00

29. AMOUNT PAID: $ 187 00

30. BALANCE DUE: $ 0 ~~107 00~~

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SAMUEL T. VERZOSA, M.D.
SIGNED 1/11/93 DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)
00000
Pt. Paid
receipt enclosed

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
BARTLETT-RALEIGH INTERNAL MED
5134 STAGE RD SUITE 300
MEMPHIS, TN 38134
PIN# GRP#

PHYSICIAN OR SUPPLIER INFORMATION

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88

PLEASE PRINT OR TYPE

901
371 0720

FORM HCFA-1500 (12-90)
FORM OWCP-1500 FORM RRB-1500

930111CCN0667
attachment 4

NALC Health Benefit Plan

20547 Waverly Court, Ashburn, Virginia 22093
(703) 729-4677

CLAIM FORM FOR UNASSIGNED BILLS
(Benefits will be paid to member)

STATEMENT OF MEMBER

☞ Complete in full and use separate form for each patient and each calendar year ☜

☐ CHECK BOX IF CHANGE OF ADDRESS

1. MEMBER INFORMATION	2. PATIENT INFORMATION
SOCIAL SECURITY NUMBER 410-86-1396	PATIENT CODE C
EMPLOYMENT STATUS: ACTIVE ☒ ANNUITANT ☐ SURVIVOR ANNUITANT ☐	
NAME Donald L. Adams	NAME Donald Carey Adams
ADDRESS 1780 Warner Dr.	DATE OF BIRTH 08-14-75
CITY Memphis STATE TN ZIP 38127	RELATIONSHIP TO MEMBER Son
TELEPHONE (DAYTIME) 901 353-3332	MARITAL STATUS MARRIED ☐ SINGLE ☒ DIVORCED ☐

Are charges related to or covered by: YES NO If yes, give:

3. Workers' Compensation ☐ ☒ Date of accident, diagnosis and compensation claim # ____/____/____

4. Accidental Injury ☒ ☐ Date, place and diagnosis 12/25/92 Exposure to Wilsonic Leather Protector. Had dyspnuilby breathing 102° fever, chills, coughin. Diagnosis Bronchitis/early pneumonia

Is claim covered by no-fault auto insurance? YES ☐ NO ☐ Third party liability (subrogation)? YES ☒ NO ☐ ?

If yes, insurance company's name and address Wilson's Claim Management 400 S. Hwy 169, Minneapolis, MN 55428 / Spoke with Nancy Lajerde 612 541-3561 Called U.S. Consumer Product Safety C 1-800-638-2772 Type # 162 on Wilson's Leath Protector

5. Medicare ☐ ☒ Medicare Identification Number ____

Effective date: Part A ____/____/____ Part B ____/____/____

6. Other group medical / dental coverage ☐ ☒ If yes, is insurance issued through active employment? YES ☐ NO ☐ Is this an HMO policy? YES ☐ NO ☐

Name of person to whom issued ____ Relationship to patient ____

Name of organization or employer through which obtained ____

HOSPITAL OR MEDICAL INSURANCE: Name and address of other insurance company ____

Effective date ____/____/____ Cancellation date ____/____/____

Policy # ____ Self Only ☐ Family ☐

DENTAL INSURANCE: Name and address of other insurance company ____

Effective date ____/____/____ Cancellation date ____/____/____

Policy # ____ Self Only ☐ Family ☐

I authorize any holder of medical or other related information to release to NALC Health Benefit Plan any information in regard to myself or my family necessary for processing this or any related claim.

Donald L Adams 1-18-93
Member's signature Date

Dana C. Adams 1-18-93
Patient's signature (parent, if minor) Date

I certify that the above information is correct, that the enclosed expenses were incurred for the named patient, and that I am a member in good standing of NALC.

Donald L Adams 1-18-93
Member's signature Date

WARNING: Any intentional false statement or willful misrepresentation relative to this claim is a violation of the law punishable by a fine, imprisonment or both. (18 U.S.C. Section 1341 and Title 5 U.S.C.)

[redacted]

GF-1 11/91

930111CCN0667
attachment 4

CLAIM FORM FOR UNASSIGNED BILLS

NOTE: When filing claims for doctor, laboratory, x-ray, durable medical equipment, etc. expenses, attach fully itemized bills. Be sure the diagnosis, date and description of service, patient's name and charge for each service is indicated on all bills. Enter total at bottom.

The Plan will accept any claim form which provides the same information.

If another insurance company is primary on this claim, their explanation of payment form must be included for each bill submitted.

PRESCRIPTION DRUGS AND MEDICINES Use ONLY for prescription drugs and medicines. List each prescription on a separate line and complete each column. ATTACH DRUG BILLS SHOWING INFORMATION LISTED BELOW.

DATE OF PURCHASE	RX NUMBER	NAME OF DRUG	PRESCRIBING PHYSICIAN	DIAGNOSIS (ILLNESS TREATED) 135607	CHARGES
12-25-92		Methodist North Hosp. E.R	Carr	Bronchitis/early pneumonia	$ 46 00
				Hemogram 6082	51 00
				Blood Gas/Act 783	80 00
				Venipuncture 27883	4 50
				Venipuncture 27883	4 50
				Chest PA-Lateral 89	65 50
		Mubs Radiological	Page Corp	7816.01	31 00
12-28-92			Samuel T Uscinski	99203 office visit	92 00
				71020 chest X-Ray	58 00
				36415 venipuncture	5 00
				80019 SMAC	32 00
12-25-92	C523133	Erythromycin	Carr	Bronchitis/early pneumonia	8 39
12-25-92	C523134	Notuss Liquid	Carr	" " " "	12 09

Assessment attached

Paid by

Walgreens The Pharmacy America Trusts
2926 COVINGTON PIK PH 382-9237
MEMPHIS TN
PATIENT DONALD C ADAMS
1780 WARNER DR
N MEMPHIS TN 353-3332
RX NO. C523133 DR. CARR
MEDICATION ERYTHROMYCIN 250MG TABS
ABBOTT-ROSS*00074-6346-53
QTY 40 REFILL CALL RPH TMQ/ HRR
DATE 12/25/92 8.39 EUA

Walgreens The Pharmacy America Trusts
2926 COVINGTON PIK PH 382-9237
MEMPHIS TN
PATIENT DONALD C ADAMS
1760 WARNER DR
N MEMPHIS TN 353-3332
RX NO. C523134 DR. CARR
MEDICATION NOTUSS LIQUID
S-U 45983-0621-16
QTY 15 REFILL CALL RPH TMQ/ CCR
DATE 12/25/92 12.09 EUA

TOTAL DRUGS $	20 48
TOTAL ALL OTHER CHARGES $	469 50
TOTAL $	489 98

METHODIST

METHODIST NORTH

930111CCND667
attachment 4

3960 NEW COVINGTON PIKE
MEMPHIS TN 38128

INSURANCE PENDING:
NATIONAL ASSOC LETTER CAR

DONALD L ADAMS
1780 WARNER AVE
MEMPHIS TN 38127-1335

METHODIST NORTH
MAKE CHECKS P.O. BOX 1000, DEPT. 97
PAYABLE AND MEMPHIS TN 38148 - 0097
MAIL TO:

AMOUNT ENCLOSED

ACCOUNT NO.	PATIENT NAME	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	AMOUNT DUE	DUE DATE
ER23798245	DONALD C ADAMS	12/25/92	12/25/92	01/06/93	0.00	

▲ PLEASE DETACH UPPER PORTION AND RETURN WITH PAYMENT ▲

METHODIST NORTH

THIS IS A STATEMENT OF YOUR ACCOUNT, RETAIN THIS PORTION FOR YOUR RECORDS.
CHARGES OR PAYMENTS RECEIVED AFTER THE STATEMENT DATE WILL APPEAR ON YOUR NEXT STATEMENT.

ACCOUNT NO.	PATIENT NAME	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	AMOUNT DUE	DUE DATE
ER23798245	DONALD C ADAMS	12/25/92	12/25/92	01/06/93	0.00	

DATE	HOSPITAL CODE	DESCRIPTION	AMOUNT
122592	13567	EMERGENCY RM LEVEL II	46.00
122592	682	HEMOGRAM	51.00
122592	783	BLOOD GAS/ART	80.00
122592	27883	VENIPUNCTURE	4.50
122592	27883	VENIPUNCTURE	4.50
122592	89	CHEST PA & LATERAL	65.50
122992	6168	NATIONAL ASSOC LETTER CAR	0.00

FOR INFORMATION REGARDING YOUR ACCOUNT, PLEASE CALL
PATIENT ACCOUNTING@ 726-8375 (MON-FRI 9:00AM-4:00PM).

TOTAL	251.50
ESTIMATED INSURANCE (SEE REVERSE)	251.50
[redacted]	0.00

METHODIST

[redacted]

METHODIST

930111CON0667
attachment 4

ITEM NO
FMC 1(

MEDICAL RECORDS

PART I GENERAL CONDITIONS OF EMERGENCY MEDICAL TREATMENT - CONSENT TO TREATMENT

Each patient in the hospital is admitted under the care of his/her attending physician or dentist. Physicians and dentists of the medical staff are not employees of the hospital.

A. MEDICAL AND SURGICAL CONSENT: The undersigned consents to any examination (X-ray or otherwise) including but not limited to laboratory procedures, medications, infusions, transfusions of blood and blood products, anesthetics, surgical procedures or treatments (including the placement of prosthesis within a patient's body), photograph and/or other services rendered the patient by members of the medical staff, their representatives and/or associates, and hospital employees, under the instructions of the physician or dentist. The undersigned also consents to observations of surgical, diagnostic, or other procedures by medical personnel in training or by other appropriate persons permitted by the attending physician or dentist and allowed by hospital or departmental policy.

B. TISSUE DISPOSAL: Should any hospital stay involve the removal of any tissue or parts of any body, including fetus or afterbirth, they may be retained or disposed of by the hospital.

C. PERSONAL VALUABLES: It is understood that the hospital maintains a safe for money and valuables, and that the hospital will not be responsible for loss or damage to any money or property of the patient or others unless delivered to or deposited with the hospital for safekeeping and a written safekeeping receipt issued by the hospital cashier.

D. MEDICAL INFORMATION RECEIVED: The patient, if in a condition to receive it, and if not, the undersigned representative of the patient, acknowledges that he/she has been informed concerning the need for hospital services, the purposes of the patient entering the hospital, and the planned examinations, procedures, and treatment. It is understood that the practice of medicine is not an exact science, and no guarantee can be given by anyone as to the results that will be obtained.

PART II RELEASE OF INFORMATION, ASSIGNMENT OF INSURANCE BENEFITS AND FINANCIAL AGREEMENT

A. RELEASE OF INFORMATION AND AUTHORIZATION TO PAY INSURANCE BENEFITS: The hospital, my physician or physicians, or Memphis Radiologists, P.C. may disclose all or any part of the record of the patient to any person or organization which is or may be liable for or responsible for payment of all or part of the hospital's charges, including, but not limited to, insurance companies, medical or hospital service companies, workmen's compensation carriers, employers and welfare funds. I certify that the information given by me in applying for payment under Title XVIII or Title XIX of the Social Security Act is correct. I authorize any holder of medical or other information about the patient to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized benefits be made on behalf of the patient directly to the said physicians, radiologists, and hospitals and any of their appropriate agents or divisions.

B. FINANCIAL AGREEMENT: The undersigned SEVERALLY agree, whether signing as a patient or otherwise, that in consideration of the services rendered to patient, payment of the account is guaranteed by the undersigned in accordance with the regular rates and terms of the hospital, being payable to the hospital in Memphis, Tennessee. While any insurance or other protection related to the hospital account may be hereby assigned to and payable directly to the hospital, the undersigned clearly understands that the obligation to pay the hospital bill is primarily on the patient and the undersigned, and while insurance received by the hospital will be applied to the patient's account, any part of the account not be paid by insurance is nevertheless owing and payable by them in case of default of payment, and if this account should be placed in the hands of a Collector or an Attorney for collection, all collection fees, attorney fees, (which shall equal one-third of any balance due), court and other expenses will be paid by the undersigned. Notice of dishonor, demand and protest is waived. I further agree that due to the high cost of billing and refunding small amounts, the hospital will not bill or refund overpayments or overpayments of less than two dollars ($2.00) on final balances, except on a request of the responsible party.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ, OR HAS BEEN READ THE FOREGOING, HAS RECEIVED A COPY HEREOF, IS THE PATIENT OR DULY AUTHORIZED REPRESENTATIVE OF THE PATIENT, AND THE FOREGOING CONDITIONS OF ADMISSION ARE ACCEPTED.

If patient is unable to execute above form (because of some disability, such as being a minor, non compos mentis, unconscious, or other disability which inhibits or precludes that patient's ability to legally sign) explain the patient's disability (put chief complaint and diagnosis):

Patient's Signature (or Representative) for Consent to Treatment and Release of Information: X Donald Lara Adams DATE 12/51 TIME

Responsible Policyholder(s) Signature for Insurance Assignment: (1) X Donald Lara Adams DATE TIME

(2) DATE TIME

All Financially Responsible Individuals: (1) X Donald Lara Adams DATE 12-25-92 TIME

(2) DATE TIME

I have read and/or explained the above information and all parts of this form outlining all stated conditions to the patient or the patient's representative and the patient/responsible party appears to fully understand these conditions as stated.

SIGNATURE OF ADMISSION REVIEWER, OR AUTHORIZED HOSPITAL REPRESENTATIVE

UNIT NUMBER	ADMISSION DATE	T/A PREF	T/A RECT	PHYSICIAN NAME AND NUMBER			ADMIT/REG TIME	ACCOUNT NUMBER
471187-002	12/25/92	P		1942 VERZOSA	SAM	T	12:51	23798245

PATIENT NAME			NICKNAME	MC/SSN #	DATE OF BIRTH	AGE	MS	RS	SSD SCORE	CLASS WITH
AMS	DONALD	CAREY		000-00-0000	08/14/1975	17	S	UM	1	SJH

RELIGION	CHURCH	HOME PHONE
OTHER	NO PREF	901-353-3332

PATIENT ADDRESS – LINE 1	PATIENT ADDRESS – LINE 2		
30 WARNER AVE	MEMPHIS	TN	381271335

OCCUPATION	EMPLOYER'S ADDRESS			LENGTH OF SERVICE
IDENT	UNK	MEMPHIS	TN 00000	00

NATION	EMPLOYER'S PHONE	PREV. ADM. DATE	PREVIOUS ADMISSION NAME
IDENT	999-999-9999	00/00/00	23798245

ON TO NOTIFY IN EMERGENCY/NEAREST RELATIVE		PHONE NUMBER	RELATIONSHIP	ADDRESS	
MS	DORACE	901-357-4619	GRANDFATH		00000

ENTS:	PATIENT IN ANY HOSPITAL LAST 60 DAYS (WHERE)

RESPONSIBLE PARTY			MC/SSN #	RELATIONSHIP	RP UNIT #	WARRANT	PHONE NUMBER
MS	DONALD	L	410-86-1396	FATHER	1620533		901-353-333

SS – LINE 1	YEARS	ADDRESS – LINE 2		RP ACCT. NUMBER	PHONE NUMBER (BUSINES
0 WARNER AVE		MEMPHIS	TN 38127	E-354423-A	999-999-999

ATION:	EMPLOYER'S NAME		LENGTH OF SERVICE
LETTER CARRIER	UNK		
POSTAL SERVICE	ADDRESS	MEMPHIS TN 00000	

ASSOC. OF LETTER CARR	NATL ASSOC OF LETTER CAR	ADAMS	DONALD

E CARRIER							
NCE DATE	GROUP NUMBER	POLICY NUMBER	GROUP POLICYHOLDER	EMPLOYER	MC/SSN #	STATE	ZIP CO
0/00	004709	410-86-1396	P.O. BOX 9668	SCOTTSDALE	AZ		85252

E CARRIER							
NCE DATE	GROUP NUMBER	POLICY NUMBER	GROUP POLICYHOLDER	EMPLOYER	MC/SSN #	STATE	ZIP CO
0/00							

CARRIER

AAPCC COOPERATIVE POISON CENTER REPORT

P30111CCN0667

attachment 5

14621801

DATE: 12-25-92 TIME: 11:58

See # 14621802

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

PATIENT DATA

Name: Donald Adams

Telephone no.: ( )

Address:

Zip:

Age: 43 ☐ mo. ☒ yr. Weight: 170 ☒ 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

MD name & no.:

CALLER DATA

Name: Irene Adams ☐ MD ☐ RN ☐ RPh ☐ OHP

Relationship to patient: ☐ Self ☐ Father ☐ Mother ☒ Other Wife

Telephone no.: (901) 353-3332

Address: ☐ Memphis

Zip: County:

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

SUBSTANCE DATA

Substance: Leather Protector

Amount: inhaled fumes

Ingredients: Petroleum Distillates > per Label Manufacturer: Wilson ~~901-365-7~~ 308-4095

Time of/Since exposure: 1° PTC

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

~~to Room~~ Caller's sm'd husband were in room that coat was sprayed ↑ above pdt. They went in ↑ spraying was over. The room also was used for smoking cigarettes. Sry is unsure how long they were in the room. Possibly exposed for 10-15". Has sxs below desires tx mgt.

Objective complaints/objective findings ☐ No symptoms at this time

Coughing, gagging
cough if breathes real deep, cold (chills)

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

☐ Asymptomatic
☒ Symptomatic, related
☐ Symptomatic, unrelated

↑ risk of [illegible]

Due to symptomatology 3° ↑ exposure → Refer to HCF.

930111CCN0667
attachment 5

Treatment Facility: _____

Code: _____

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

DATE/TIME

Treatment suggested: HCF

Symptoms to monitor:
coughing, choking, tachypnea, dyspnea, CNS exatation/depression, N/V/D, Abd pain.

Follow-up schedule: 2-4°..

:45 Caller's sister calls: desires to know which HCF/ER SISTER went to. TOLD SISTER decision was left to MD. Adams. Rec. request HCF/ER. SRH

58 Ans. Machine SRH

3 Ans. Machine. SRH

10 Spoke c Kerry. states feel a little bit better, but not the much better. Then spoke c Irene. went to Methodist North. Both husband & son received CXR. & given Scripts for No-Tuss PRN & Erythro. Husband had pneumonitis & Son had bronchitis. assigned bed Res & F/u c MD (specialist on monday). SRH

192

34 Spoke c Donald. States chest hurts a little but best IS feeling much better. Kerry today is more active & feels better today. F/u Monday. SRH & MDs appt.

193

(Going to MD @ 3pm &

3 Ans Machin &

ULTANTS/RESOURCES USED: ☐ Medical director _____ ☐ Other consultant _____

☐ Texts _____ ☐ Other _____ ☐ Poisindex®

D BY: SRH /PM FORM

930111CCN0667

SOUTHERN POISON CENTER

848 Adams Avenue • Memphis, Tennessee 38103

Continuation of attachment 5 462180z

Patient Name: Donald Adams

Location:

Phone number: 353-3332

Substance: Leather Protector

DATE	TIME	NOTES MUST BE DATED AND SIGNED BY PERSON MAKING ENTRIES
1/28/92	18:30	Both individuals recovering — Remain on Ergogen
/ /	:	and decongestants. Will see CMO in 1-2 days
/ /	:	for f/u. No acute change in status /[illegible]
1/31/92	8:15	McAdams [illegible]
/ /	10:49	" " / [illegible]
/ /	14:32	Pts fine - Back to [illegible]
/ /	:	
/ /	:	
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930111CCN0667
attachment 5

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: Kerry Adams Donald Adams 12/25 Irene Adams

My relationship to the above person is checked below

☐ Mother ☐ Father ☐ Legal guardian
☐ Self ☒ Other, please describe wife of Donald Adams mother of Kerry Adams

Verbal authorization given by telephone on the following date:

Signed [signature]

Date 1/21/93 1930

For Poison Center Use
Date received
Case no.

7/1989

14621802

AAPCC COOPERATIVE POISON CENTER REPORT 930111CCN0667

attachment 5

DATE: 12-25-92 TIME: 11:58

See # 14621801

CALL TYPE (T) (one only)	Victim (V) (one only)	Exposure Type (E) (one only)	REASON (R) (o			
			Accidental	Intentional	Adverse Reaction	Unknown
1. Human 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: Kemy Adams

Telephone no.: ( )

Address:

Zip:

Age: 17 ☐ mo. ☒ yr. Weight: 180 ☒ lbs. ☐ kg.

Sex: ☒ Male ☐ Female ☐ Unknown

Pertinent Medical History: ☐ Healthy ☐ No chronic meds ☒ No known allergies

Respiratory Problems — Breathing Machine

Meds: Lithium

Check here if patient is pregnant ☐ ☐ Medical history unknown

MD name & no.:

CALLER DATA

Name: Irene Adams ☐ MD ☐ RN ☐ RPh ☐ OHP

Relationship to patient: ☐ Self ☐ Father ☒ Mother ☐ Other

Telephone no.: (901) 353-3332

Address: ☐ Memphis

Zip: County:

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

SUBSTANCE DATA

Substance: Leather Protector

Amount: inhaled fumes

Ingredients: Petroleum Distillates > paraf. Manufacturer: ~~794-6507~~ 308-904J

Time of/Since exposure: 1° PTC

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 # 14621802

Objective complaints/objective findings ☐ No symptoms at this time

Coughing, gagging

can can only take shallow breaths. lungs feel real cold

Assessment (symptoms expected? rationale?)

Initial assessment (choose one)

☐ Asymptomatic

☒ Symptomatic, related

☐ Symptomatic, unrelated

☐ Symptomatic, unknown relation

↑ risk of aspiration pneumonitis.

Due to symptoms 3° P exposure

Refer to HCF for evaluation.

930111CCN0667
attachment 5

Treatment
Facility: _____

Code: _____

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

DATE/TIME

Treatment suggested: HCF

Symptoms to monitor:
Coughing, Choking, tachypnea, dyspnea, CNS excitation/depression, N/V/D, Abd pain

Follow-up schedule: 2-4°

:45 Caller's sister calls SPC.; desires to know which HCF/ER sister went to. Told sister decision was left to Ms. Adam: Rec nearest HCF/ER. SRH

:58 Ans. Machine. SRH
1:53 Ans. Machine. SRH

:40 Spoke c Kerry. States feel a little bit better, but not that much better. Then spoke c Irene. Went to Methodist North. Both Husband & son went to ER. Were CXR-d & given scripts of NoTuss PRN & Erythromycin. Husband had pneumonitis; son was dx c bronchitis. Assigned bed rest & F/u c MD on Monday. SRH

1/92
1:34 Spoke c Donald. States chest hurts a little bit but he is feeling much better. Kerry today is more active & feels better today. F/u Monday after MD's appt. SR

1/92
:31 Going to MD c 3pm-s
33 Ans Machine

CONSULTANTS/RESOURCES USED: ☐ Medical director _____ ☐ Other consultant _____
☐ Texts _____ ☐ Other _____ ☐ Poisindex®

RM _____ FORM _____ 1 2 3 4 5

930111CCN0667
attachment 5

SOUTHERN POISON CENTER

848 Adams Avenue • Memphis, Tennessee 38103

Continuation of ---- --- 14621801

Patient Name: Kerry Adams

Location:

Substance: Leather Protector

Phone number: 353-3332

DATE	TIME	NOTES MUST BE DATED AND SIGNED BY PERSON MAKING ENTRIES
1/28/92	18:30	Both individuals receiving - Lisinopril on Enalapril and decongestants. Will see CMO in 1-2 days for f/u. No acute changes in status. /ss
3/31/92	5:15	Mrs Adams out of office
/ /	14:32	Pts are fine. Back to nl's
/ /	:	
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/ /	:	
/ /	:	
/ /	:	
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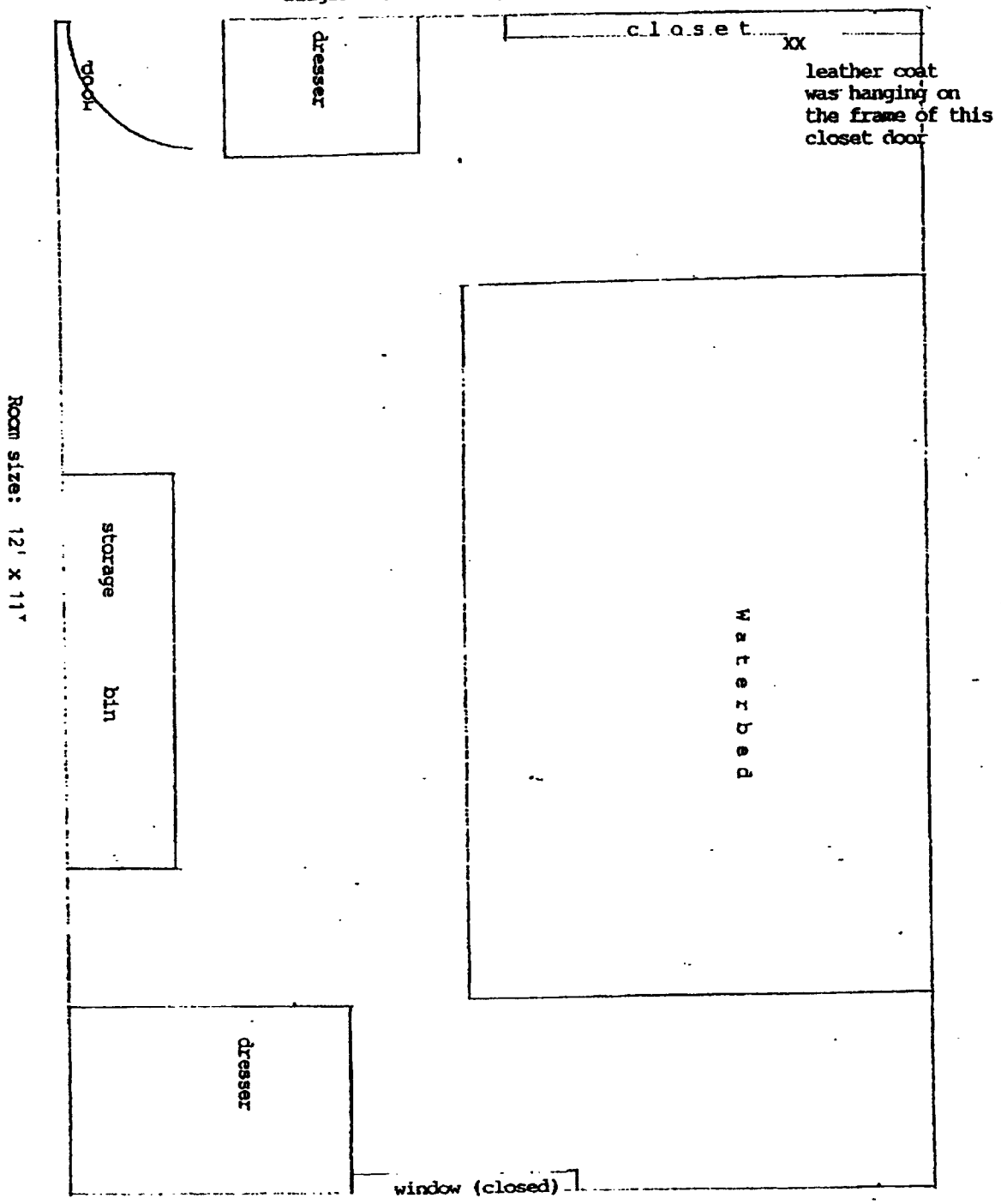
930111CCN0667
attachment #6

Diagram of Bedroom (where leather protector was sprayed)



Not to scale

930111CCN0667
attachment 7

MAGNOLIA
CLIPPING SERVICE
JACKSON, MS (601) 856-4221
TUSCALOOSA, AL (205) 758-8618

COMMERICAL APPEAL
Memphis, Tennessee
DAILY

DEC-30-92

G81 0081

IOI 930111CCN0667

Exposure to spray leaves 27 people ill

By Jon Hamilton
The Commercial Appeal

Several members of a Memphis-area family were among dozens of people nationwide who fell ill over the holidays after exposure to a spray-on leather protector, poison control officials said Tuesday.

Irene Adams, 41, of Frayser said her husband, her son and a niece were treated in the emergency room at Methodist Hospital North on Christmas Day after spending time in a room where a leather coat had been sprayed with the product. "They couldn't breathe when they came out of the room," she said.

On Monday, Wilsons Suede and Leather Co. in St. Louis Park, Minn., recalled 270,000 cans of leather protector spray from 600 stores it operates, including several in Memphis.

The Southern Poison Control Center in Memphis has confirmed three local reports of exposure to the spray, said Dr. Peter Chyka, executive director of the center. Through Sunday there were 27 confirmed reports of illness linked to the spray, he said, adding that the number is likely to rise as more poison centers submit information.

No consumer has died.

Poison control centers in at least six states have received hundreds of calls since Christmas from people reporting coughing, nausea, shortness of breath and other flu-like symptoms after exposure to the product. Wilsons said the problem seems to be a petroleum-based substance in new five-ounce cans of its leather protectant.

Chyka said the spray irritates the lining of the lungs, causing the symptoms.

Carey Adams, 17, said he realized something was wrong about 25 minutes after he left a room in which the product had been used to waterproof a leather coat given as a Christmas gift.

"My lungs started hurting," he said. "It kept getting worse and worse." Adams said his father and others who had been in the room also began coughing. He and his father are better, he said, though they still cough and are congested.

Chyka said people who think they have been exposed to the spray or have questions should call the center at 528-6408. Wilsons is encouraging consumers who purchased the spray to return it for a full refund.

930111CCN0667
attachment #2

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.

[ ] My identity is to remain confidential.

Donald Leon Adams
(Signature)

1-30-93
(Date)

U.S. GOVERNMENT PRINTING OFFICE: 1984—404-726

930111CCN0667
attachment #1

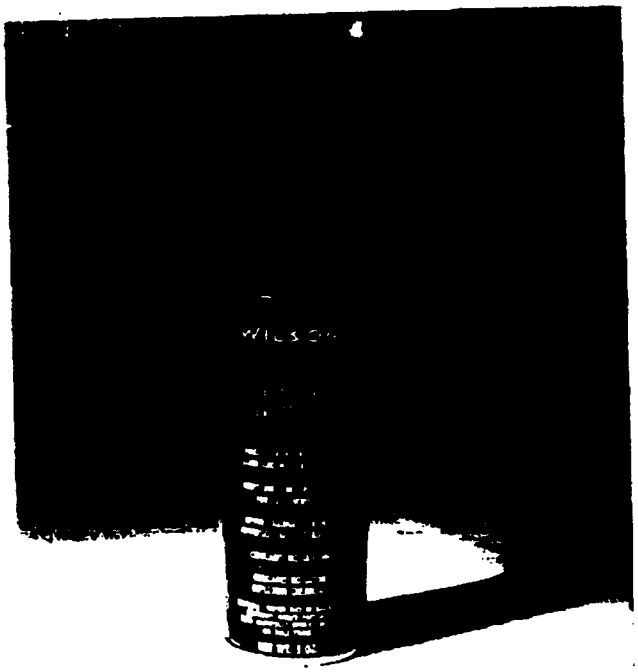


Photo #1: This photo shows the front panel of the 5 oz. leather protector which was used to spray a leather coat on Christmas morning, the day of the incident.

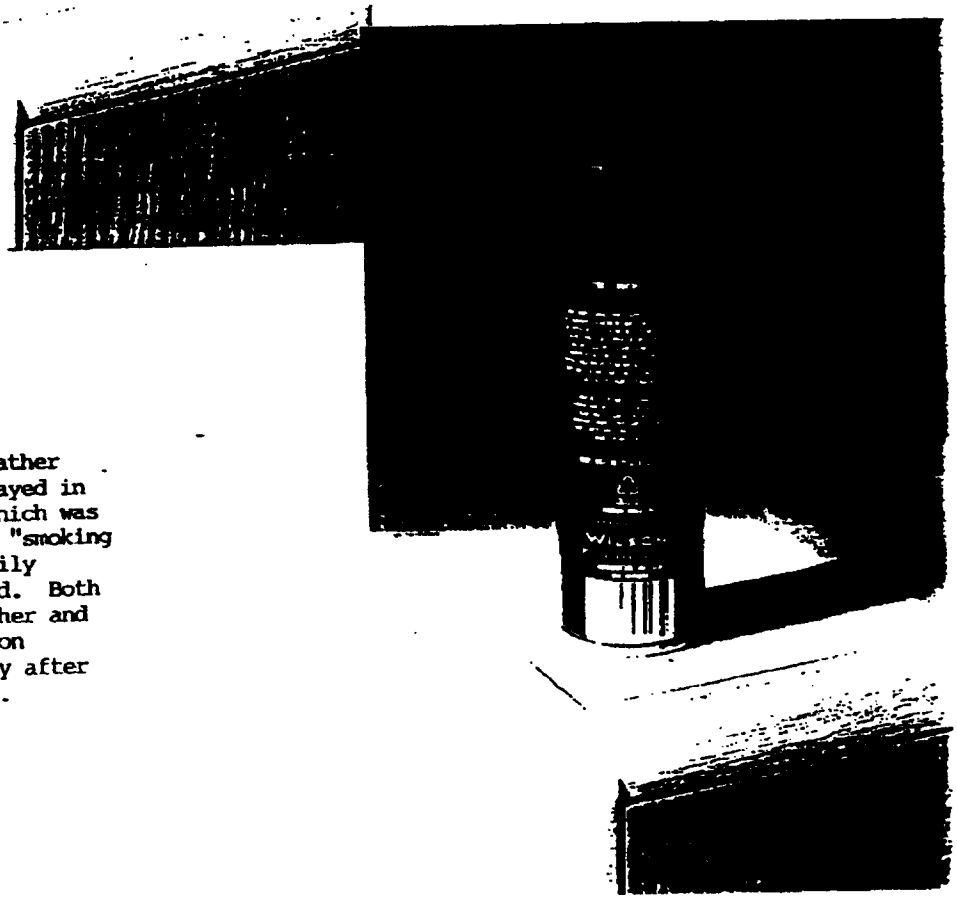


Photo #2: The leather protector was sprayed in a small bedroom which was being used as the "smoking room" for the family members who smoked. Both a 43 year old father and his 17 year old son became ill shortly after entering the room.

930111CCN0667
attachment #1

Photo #3: This photo shows the markings on the bottom of the 5 oz. spray can which states "292."

Visit us online at www.MedPageToday.com

Waterproofing Sprays Booted Off Market Over Illness

By Michael Smith, MedPage Today Staff Writer
Reviewed by Robert Jasmer, MD; Assistant Professor of Medicine, University of California, San Francisco
May 08, 2006
Source News Article: ABC News, Chicago Tribune, MSNBC

MedPage Today Action Points

- Ask patients with respiratory illness - coughing and shortness of breath - whether they have recently used waterproofing sprays or tile grout sealer.
- Note that this study suggests that even when used as directed such sprays can cause illness.

Review

DETROIT, May 8 — Two waterproofing sprays for boots have made more than 170 people ill with respiratory problems, researchers have reported.

"You basically Teflon your lungs," according to Susan Smolinske, Pharm.D., of the poison control center at the Children's Hospital of Michigan here.

Both sprays -- Jobsite Heavy Duty Bootmate and Rocky Boot Weather and Stain Protector - have been pulled from store shelves, Dr. Smolinske said, although the recall has not completely eliminated the problem. "You can't buy (them) but we continue to get a trickle of exposures" from people using products bought before the recall, said Dr. Smolinske.

Dr. Smolinske and colleagues in five states have identified 172 cases of respiratory illness related to the two waterproofing sprays plus 19 animal cases, they reported in the May 5 issue of the CDC's *Morbidity and Mortality Weekly Report*.

No deaths were reported among the human patients, but three pet cats died from exposure to the sprays.

Physicians should be aware of the risks of such sprays, Dr. Smolinske said. When treating patients with respiratory illness, she said, "they should ask the question: 'Were you using an aerosol waterproofing spray?'"

For consumers, she said, there are four guidelines:

- Hold your breath when using waterproofing sprays.
- Do the work outside.
- Limit other people's exposure
- Keep pets away.

The two sprays were meant to be used outdoors. But an analysis of the first 150 cases showed that 87% had been exposed while using the products indoors and 13% when using the products as directed. Some people were exposed when sprayed boots were brought indoors before the product had completely dried.

The two waterproofing sprays contain fluoropolymer particles, which combine with a hydrocarbon carrier, heptane. In the lungs, the combination prevents gas exchange, "and you asphyxiate," Dr. Smolinske said.

While there were no human deaths, the researchers found, 10% of the symptomatic patients were admitted to a hospital and one man was hospitalized for 19 days on a ventilator. "We had no deaths," she said, "but we did have one near-death."

Dr. Smolinske said there's little doubt that the waterproofing sprays caused the illness, which was characterized by coughing and shortness of breath. "It's a pretty high case rate," she said. "It's at least 1%,

because they didn't make that many cans."

What's more, she said, some people who became ill later used the substance again - and got sick again. "One guy even did it a third time," Dr. Smolinske said.

Of the patients, 80 were known to have been evaluated in hospitals or hospital emergency departments. Pulse oximetry of patients evaluated in hospitals ranged from 61% to 100% (with a median of 94.9%). Chest radiographs were taken for 47 patients; 13 were positive for infiltrates.

Eight patients met the case definition for chemical pneumonitis. They had bilateral infiltrates suggestive of chemical pneumonitis and pulse oximetry of less than 95% on room air.

Dr. Smolinske added: "the problem is not going away" now that summer is coming. Similar risks are associated with sprays used to waterproof tents and other outdoor gear, as well as with the tile grout sealers used in home renovations.

Also, she said, new products using nano-scale particles - less than 10 microns in diameter - are coming on the market and "we're keeping en eye out for similar problems," she said. Nano-particles are easily able to get deep into the alveoli and interfere with gas exchange, she said.

Primary source: Morbidity and Mortality Weekly Report
Source reference:
Centers for Disease Control and Prevention. "Respiratory Illness Associated with Boot Sealant Products -- Five States, 2005-2006."

MMWR 2006;55:488-490.

Posted on Thu, Feb. 09, 2006

Leather protectant makes dozens sick

Poison control centers in Midwest say 165 ill

By Jonathan D. Rockoff
Baltimore Sun

WASHINGTON - A water repellent spray for leather products has sent dozens of people to hospitals in the Midwest with severe respiratory problems, and it appears to be made of a similar mix of chemicals that prompted a recall 14 years ago, poison control officials say.

Since October, poison control centers in Indiana, Kentucky, Michigan, Ohio and Pennsylvania have received 165 reports of illness after exposure to the spray, which is sold under the name ``Jobsite Heavy Duty Bootmate'' or ``Rocky Boot Weather and Stain Protector.''

Last week, a Maryland man became ill after using the substance, according to the National Capital Poison Center.

The poison control center in Syracuse, N.Y., has also had four reports, a toxicologist there said.

The Consumer Product Safety Commission is investigating but has yet to take action.

Neither Manakey Group of Grand Rapids, Mich., the distributor of the leather sprays, nor Assured Packaging of Ontario, Canada, the manufacturer, returned calls seeking comment.

On Jan. 3, Manakey Group agreed to recall the product from store shelves, said Susan Smolinske, managing director of the poison control center in Detroit. Two days later, the Michigan Health Department issued a warning to consumers.

But poison control officials don't know whether the company performed the recall, and some are frustrated because they say the company refuses to identify the states where the product is distributed and its chemical makeup, saying that is a trade secret.

Officials worry that people who have bought the product may not know of the serious health problems.

``If they've been using a waterproofing product and developed symptoms -- difficulty breathing, chest pain -- they should not shrug it off. They should seek medical attention immediately,'' said Rose Ann Soloway, a clinical toxicologist at the National Capital Poison Center.

The pain feels like an asthma attack, and some doctors have misdiagnosed it as pneumonia, said Smolinske.

There have been no deaths reported.

The symptoms mirror ones that sickened at least 157 users of ``Wilson's Leather Protector,'' prompting a recall in 1992. The manufacturer, Vangard Chemical of St. Louis, recalled the product. No one died.

Autos, Houses, Rentals and Merchandise. Find or sell them in our Classifieds

Home > News > Special Reports > Danger in a Can >

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Boot Mat
[Archive]

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Lottery Links
Movie Times
Unique Eats
WNDU Extra

Jobsite Heavy Duty Boot Mate

Michele Cripe and Bob Sherry love their little dog Elvis; he's full of energy, but right before Christmas, that wasn't the case

Print Email RSS

Posted: 02/02/2006 06:00 pm
Last Updated: 02/03/2006 08:17 am

Mishawaka, IN - Watch broadband video

It's the kind of product most of us have used at one time or another, a shoe protecting spray.

However, there's one particular brand that poisoned one Mishawaka woman and her dog, making them very sick.

They are not alone. Hundreds in the Midwest have been poisoned as well, even sending some to the emergency room.

In a special Contact 16 report, we warn you about this potential "Danger In a Can."

Unknown toxin
Michele Cripe and Bob Sherry love their little dog Elvis. He's full of energy, but right before Christmas, that wasn't the case.

"I noticed the dog hadn't been acting right, he threw up," says Michele. "His breathing got really bad, real rapid and shallow and his whole body felt cold, it was like his whole body was going into shock."

Concerned Elvis maybe ate something he shouldn't have, Bob took him to the vet.

"By the time he left, I just started having these horrible, horrible, shivering, uncontrollable chills and shivers and my breathing got a lot worse," says Michele.

Not sure what made her and little Elvis sick, Michele called her doctor.

Michele bought a common product, used to waterproof shoes, but...

"I said the only common denominator was this spray," says Michele.

The spray is called Jobsite Heavy Duty Boot Mate.

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Michele bought the spray at Pells Shoe Store inside a local Meijer store to waterproof a pair of suede clogs.

Michele says, "It said use in a well ventilated area and I had sprayed in here; it's a large room, I had the front door open for some fresher air."

Thinking she had used the Boot Mate spray correctly, Michele was concerned others could get sick and called Contact 16 to investigate.

Bob said, "I was getting ready to write letters to the manufacturer and I suggested to Michele you might want to try Contact 16."

Contact 16 called the Indiana Poison Center and discovered an outbreak of poisoning cases in the Midwest.

Indiana, Kentucky, Michigan, Ohio and Pennsylvania had a combined 162 poisoning cases. Boot Mate made 145 people sick and 17 animals sick. In one case, someone went to the emergency room.

In a phone interview with Dr. James B Mowry, of the Indiana Poison Center, he said, "That's how we sort of picked up on it because people started reporting this to their poison centers and all of a sudden, we noticed the same product being mentioned over and over again. It gave us a clue that there was a problem."

So, what's in Boot Mate that's making hundreds sick?
The only ingredient listed on the can is heptane.

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"The fluoropolymer is probably what's going to be implicated in causing the effects. This is something we've seen in several other outbreaks of the same type of respiratory illness with other types of water proofing products," says Mowry.

Fluoropolymer products are commonly used as water repellents.

Doctor Mowry says that fluoropolymer irritates the membranes of the throat and lung airways, causing inflammation.

To get the poisonous ingredient out of Michele's system, the Indiana Poison Center recommended steam therapy.

After Contact 16 called the Indiana Poison Center and discovered an outbreak of

"We were in the bathroom for 20 to 30 minutes each time, the dog and I both, just trying to get our lungs open and functioning again," says Michele.

Dr. Mowry recommends you not use Boot Mate, but if you do, he says, "You should do it outside when there's nothing around you. Also, never bring the sprayed product back into the home until its completely dried."

poisoning cases, we questioned why this product was making hundreds sick; since there is only one ingredient listed on the can, which is called heptane

Michele says the situation could have been a lot worse. "Someone with small children would of have had a much more serious health situation happen."

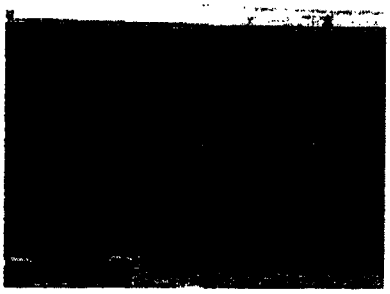
Why this particular brand?
Meijer tells Contact 16 it did not sell the shoe spray, but a store it leases space to Pells Shoe Store, did.

Meijer added, the water protector has been on the market "three or four years", so it's rather "odd to see, during 2005, a high incident of customer complaints".

The Job Site brand is sold nationally at a rather high rate and might explain why complaints have been attached to that particular brand.

High consumer usage would lead to a higher chance of problems.

Meijer also tells Contact 16 Pells Shoe Store pulled the product after the first of the year.



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What do the manufacturers have to say?
A Canadian company called Manakey Group manufactures Boot Mate.

Contact 16 left several messages and emails for Manakey. They have yet to respond.

The Consumer Product Safety Commission also tells Contact 16 they are investigating Boot Mate, which means there could be a nationwide recall.

If that happens, we'll of course keep you posted.

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Dengate said: "It is an endangering factor. Nobody can be sure at this stage how big a threat it poses, but we're treating it very, very seriously."

Dengate said the department had begun treatment on the infected trees and was hopeful that the disease could be cured.

Despite the threat, the species is not at risk of extinction because thousands of the trees have been grown in plantations from the wild stand and some went on sale to the public in October.

Dengate exonerated anyone officially involved with the wild trees.

"We've been scrupulous with our staff to make sure they don't carry anything in," he said.

Experts are asking people to please "stay away."

1/29/2006 3:05:40 PM (GMT Standard Time, UTC+00:00)
Trackback

SATURDAY, JANUARY 28, 2006

Leather Protector Leads to Illness and Death

Boot leather protectors and aerosol sealant products have been identified as the cause of 11 reported respiratory illness cases and one cat's death.

According to Cadillac News:

"Jobsite Heavy Duty Bootmate," distributed by Manakey Group, LCC, is the most frequently cited product associated with the illness, but it is no newcomer to Michigan shelves.

"'Jobsite Heavy Duty Bootmate' has been in Michigan stores for several years," Rod Clayton account manager in sales of Manakey Group said. "It seems the only reason that we're experiencing problems with the product this year is because people are not following the directions on the bottle."

The product has been under investigation for the past two weeks, but John Trustrail, managing director of Regional Poison Center, is not expecting a recall.

"We ran into a situation like this about 15 years ago with a similar product, and there was no recall-just a warning for people to remember to use the product as directed," Trustrail said. "I'm guessing we'll see a similar outcome with the 'Jobsite Heavy Duty Bootmate' product."

Both the poison control center and Manakey Group, LLC emphasize using these aerosol products as directed and in well-ventilated areas.

"Otherwise not only will these products waterproof people's shoes, they'll also waterproof people's lungs," Trustrail said.

1/28/2006 3:11:25 PM (GMT Standard Time, UTC+00:00)

Health

Boot-waterproofing products causing respiratory problems

Friday, December 23, 2005

By Byron Spice, Pittsburgh Post-Gazette

An unusual number of people developed respiratory problems this fall after using aerosol products to waterproof their leather boots and shoes, Pittsburgh Poison Center officials said yesterday.

Eight people have called the center with breathing problems in just the past week, said center director Edward P. Krenzelok, and a review of the center's records shows 21 such poisonings since October. Checks with poison centers in other states showed this phenomenon is widespread this season.

The Pittsburgh Poison Center can be reached at 1-800-222-1222.

Dr. Krenzelok said he can only speculate as to the reason for the poisonings. It could be that cold weather has caused people to apply the products in confined spaces, rather than outdoors or in well-ventilated areas as directed by the product labels.

In most cases, people complain about coughing, shortness of breath or difficulty breathing after using the products; usually, they feel better within an hour after breathing fresh air. But some cases have required emergency treatment, some people have developed a pneumonia-like illness and at least one person has required hospitalization.

The products are sold under a number of names and brands, Dr. Krenzelok said, and include the ingredient heptane, as well as Stoddard solvent, fluorocarbons and silicon. But he added that he doesn't know what agent or combination of agents is responsible for the breathing problems.

About 10 years ago, a number of respiratory problems were reported in connection with leather conditioning products, he recalled, but "that sorta disappeared."

Last week, however, one of the staff members of the Pittsburgh center, Rita Mrvos, noted that the center had handled eight cases of respiratory problems associated with boot waterproofing.

Dr. Krenzelok said other poison centers told similar tales -- more than 50 cases at a Michigan poison center, about a dozen handled by a center in Indianapolis.

In one case handled by the Pittsburgh center, a man was using the waterproofing products in the basement of his home when the furnace flamed out; the waterproofing fumes were then sucked from the basement and into the rest of the house. Four family members suffered respiratory problems and one was hospitalized.

The Pittsburgh center handles calls from throughout western and central Pennsylvania.

All of the incidents occurred outside of Pittsburgh, in such communities as Windber, Clearfield, Northeast and State College.

(Post-Gazette science editor Byron Spice can be reached at **bspice@post-gazette.com** *or 412-263-1578.)*