



ML NUMBER # _____
WAREHOUSE # _____

MEMBER FIRST REPORT OF INCIDENT TO BE FILLED OUT BY MEMBER ONLY

1. Name: MARIA KRASNYKH
If Minor, consenting Parent/Guardian: _____
Email Address: maria.krasnykh@gmail.com
3. Your Address (Please include city and postal code): 1251 Jervis stg Vancouver V6E2E1

4. Home Phone: () _____ Work Phone: () _____ Cell Phone: 672 272 4668

6. Are you a Costco Member? Yes No Membership # 112005847342

If you are a guest of a Member, please identify Costco Member who accompanied you:

Name: _____ Membership # _____ Telephone # () _____

7. Incident date: (dd/mm/yy) 14.12.2024 Time incident occurred: 04:04 AM PM

8. Description of Incident: Sat on a huge needle in the Dog's Bed

If a Product is involved (Please fill out as much information as you can):

Product Name: Dog BED Costco Item Number: _____

Lot Number: _____ Production Code Date: _____

Expiry Date or Best Before Date: _____

9. Did anyone witness the incident? Yes No If yes, please give:

Name: GABRIEL PINTO Address/Phone # 672 272 0973

Name: _____ Address/Phone # _____

Name: _____ Address/Phone # _____

10. Was a Costco employee involved in the incident? Yes No If yes, who?

Employee Name: _____

11. Was anyone injured? Yes No If yes, who?

Please describe (injury, illness, property damage): scratch on the thigh (Left)

12. Do you intend to seek medical treatment: Yes No If yes, name of doctor or hospital:

By signing below, you acknowledge and agree that, as a mandatory aspect of evaluating the reported incident, Costco, its vendors and its service providers (including Gallagher Bassett) need to collect, use and disclose the personal information you have provided. This information may be used and disclosed by any of these persons for the purpose of investigating and addressing the reported incident, in accordance with our Privacy Policy (www.costco.ca/privacy-policy.html). You are also warranting and representing that you have obtained the consent of other individuals before providing us with their personal information. Some of this information may be stored in the United States or other countries and may be accessible under foreign law. During the course of the investigation, you may withdraw your consent at any time, subject to our rights under applicable law to continue to use and disclose certain claims information provided to us. If you withdraw your consent, it may not be possible to complete our investigation and finalize your claim.

MEMBER SIGNATURE: _____ DATE: (dd/mm/yy): 25.01.2025 TIME: 6:34 AM PM

- DISTRIBUTION: Copy: GB-Costco-Canada-Mail@gbtpa.com
- Copy: Costco Operations Management
- Copy: Costco Product Safety
- Copy: Member (Upon Request)

Local Health Inspector Contact Info:
Name: _____
Phone: _____