

tc 21

CONSUMER PRODUCT INCIDENT REPORT

FEB 22 1996

1. NAME OF RESPONDENT XXXXXXXXXX		2. TELEPHONE NO. (Home) (Work) (312) 794- XXXX (H); (312) 276- XXXX (W)	
3. STREET ADDRESS XXXXXX W. Montrose		4. CITY STATE ZIP CODE Chicago IL 60641	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) The respondent stated that she was baking a roast in her oven in a glass baking dish. She said she heard an explosion and found that that the dish had shattered in her oven. <i>heard</i> Baked approx. 1 hour only before incident.			
6. DATE OF INCIDENT(S) 2-11-96	7. IF INJURY OR NEAR MISS, OBTAIN AGE [42] SEX [F] AND DESCRIBE INJURY <i>none</i>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP	
9. DESCRIPTION OF PRODUCT Glass Baking Dish		10. BRAND NAME Anchor	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Anchor Hocking Corp. P.O. Box 600 Lancaster, OH. 43130		12. MODEL, SERIAL NO.'S	
		13. DEALER'S NAME, ADDRESS, & PHONE Doesn't remember	
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 [within last yr.] AGE []	
		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 [x] NO [] OTHER		18. IS THE PRODUCT STILL AVAILABLE? YES [] NO [x] IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES [x] NO []
FOR ADMINISTRATION USE			
20. DATE RECEIVED 2-12-96	21. RECEIVED BY (Name & Office) JRV/FOCR <i>2/21/97</i> <i>256-9</i> No Comments made Excisions/Modifications None has not requested	22. DOCUMENT NO. G62.0035A	
23. FOLLOW-UP ACTION FILE		24. PRODUCT CODE(S) 0461	
25. DISTRIBUTION FOCR, EHDS		26. ENDORSEER'S NAME & TITLE <i>Eric B. Cull</i> Reg. Dir.	

25(4)

am

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

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



Signature Date

I request that you do not release my name.

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

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

J. 21
G 9620035
8461