

CONSUMER PRODUCT INCIDENT REPORT

Region: CENTRAL

1. NAME OF RESPONDENT Helen Lefebvre [sic]		2. PHONE NO. (HOME) (WORK) 712-882-1337 none	
3. STREET ADDRESS 705 Main Street		4. CITY STATE ZIP CODE Mapleton IA 51034	
5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES Casserole dish was on middle shelf in refrigerator and consumer was placing items on refrigerator's bottom shelf; casserole dish's entire glass lid shattered into 2" long pieces to slivers and landed in a 4' radius. Casserole dish had been in refrigerator (temperature setting unknown) for 4 days prior to incident and there was nothing touching the dish at time of -cont-			
6. DATE OF INCIDENTS 10/19/96	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP none none	
9. DESCRIPTION OF PRODUCT clear glass casserole dish		10. BRAND NAME Anchor	
11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Anchor unknown unknown unknown unknown		12. MODEL, SERIAL NUMBERS 145MMDIA590MI	
		13. DEALER'S NAME, ADDRESS & PHONE unknown	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x <u>NO</u> IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative		15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1994 AGE 2 yrs.	
17. HAVE YOU CONTACTED THE MANUFACTURER? <u>YES</u> 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 <i>I don't know!</i>	19. MAY WE USE YOUR NAME WITH THIS REPORT? <u>YES</u> x NO
FOR ADMINISTRATION USE			
20. DATE RECEIVED 10/22/96	21. RECEIVED BY (NAME & OFFICE) ctw/HL		22. DOCUMENT NO. H96A0203A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0466 \$461 \$276	
25. DISTRIBUTION		DORSER'S NAME & TITLE CCH 10/22/1996	

MFR/PRVLR NOTIFIED 7/7/96
No Comments made
Excisions/Revisions
Firm has not requested further notice

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Narrative Continued

incident. Consumer purchased casserole dish separately.

CPSC Source: BBB
