

TC-21

CONSUMER PRODUCT INCIDENT REPORT

L-299

27
MAY
1988

1. Name of Respondent Norman Benael	2. Telephone No. (Home) 517-323-9144	(Work) 517-627-5183
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3. Street Address 6921 Delta River Dr.	4. City, State, Zip Code Lansing MI 48906
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5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)
 Consumer placed 2 squash halves face down in glass baking dish on high for 2-3 minutes to cook. Consumer heard an exploding sound and glass shattering. Glass shattered into small slithers and shards and large chunks all with sharp and jagged edges. The squash remained intact. Consumer contacted the mfg. by letter and requested an explanation of what caused the baking dish to explode. Mfg. sent consumer a new baking dish and \$50.00 but did not answer consumer's questions. Squash was not covered.

6. If injury or illness: Victim's Name _____ Relationship _____
 Age _____ Sex _____ Date 2/88 _____ Type Injury none
 Body Part Involved _____ Treatment _____

7. Description of Product Microwave Safe Carmel colored glass rectangular baking dish purchased: 1986	8. Was the product: Damaged before incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Repaired before incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Repaired after incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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9. Brand Name Anchor Hocking	10. Identifying Numbers, Letters, etc. 7644049131 UP code C M1440-K
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11. Manufacturer's Name and Address Anchor Hocking 109 N Broad St. PO Box 6001 Lancaster OH 43132-0600	12. Dealer's Name and Address K-Mart S. Cedar St. Lansing MI 48911
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13. How product acquired? Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other _____	14. Age of Product 2 years
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15. Is product available for inspection? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other consumer threw away/ photos available	16. Does product have warning labels or instructions? Are they available? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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17. Have you contacted the manufacturer? If not, do you plan to contact them? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	18. Do you object to the use of your name? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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19. Receiving Office HL	20. Date Received 5/16/88	21. Received by LDM	22. Reporting Office
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23. Source of Report Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other _____	24. Document No. H85 7572
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25. Follow-Up Action	26. Product Code(s) A. 0461 B.
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7/2/88
 MFR/PRV/EBR NOTIFIED
 No Comments made
 Excisions/Revisions
 Firm has not requested
 further notice
 EPDS
 MAY 26 1988

28. Distribution	29. Endorser's Name/Title <i>WR</i>
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