

10 MAR 1988

CONSUMER PRODUCT INCIDENT REPORT

M-208

2/4

1. Name of Respondent <u>Denise Wesolowski</u>	2. Telephone No. (Home) <u>301 572-2265</u>	(Work) <u>301 622 6020</u>
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3. Street Address <u>12326 Sandy Point Ct</u>	4. City, State, Zip Code <u>Silver Spring MD 20904</u>
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5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)

Caller had baked pork chops at 325° to 350° for approx 1 1/2 hours. The dish was placed on top of stove to cool for approx 2 hours. Caller is positive that none of the burners were on. The dish shattered into minute pieces. Caller noticed crackling noise while cleaning up debris. (microwave, range, oven and dishwasher safe)

6. If injury or illness: Victim's Name N/A Relationship N/A
 Age N/A Sex Female Date 2-25-88 Type Injury N/A
 Body Part Involved N/A Treatment N/A

7. Description of Product <u>QX13 baking dish</u>	Purchased: <u>12/87</u>	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 <u>Anchor Hocking</u>	10. Identifying Numbers, Letters, etc. <u>Unknown</u>
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11. Manufacturer's Name and Address <u>Anchor Hocking Corporation 109 North Broad Street LANCASTER, OHIO 43130</u>	12. Dealer's Name and Address <u>Gift</u>
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13. How product acquired? Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other <u>Gift</u>	14. Age of Product <u>3 mos</u>
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15. Is product available for inspection? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other _____	16. Does product have warning labels or instructions? Are they available? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" 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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FOR ADMINISTRATIVE USE ONLY

19. Receiving Office <u>HL</u>	20. Date Received <u>3-4-88</u>	21. Received by <u>A. Moore</u>	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. <u>H83 6541</u>
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25. Follow-Up Action <p>MFR/PRVLR NOTIFIED <u>1/2/88</u></p> <p><input checked="" type="checkbox"/> No Comments made</p> <p><input type="checkbox"/> Comments attached</p> <p><input type="checkbox"/> Excisions/Revisions</p> <p><input checked="" type="checkbox"/> Firm has not requested further notice</p> <p><u>MAR 7 1988</u></p>	26. Product Code(s) A. <u>0461</u> B. _____
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28. Distribution	29. Endorser's Name/Title <u>AMC</u>
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If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

15 - I do have a piece of the glass for inspection.

17 - I have contacted the manufacturer and sent them a piece of the broken glass for them to inspect.

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.

RECEIVED
MAR 16 1988

Denise M. Woslawski 3/12/88
Signature Date

Do not release my name.

You may release my name to the manufacturer but not to the general public.

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

836541/0461
03-10-88