

# CONSUMER PRODUCT INCIDENT REPORT

4 11 1987  
M-60

1. Name of Respondent <i>Peggy Crooks</i>	2. Telephone No. (Home) (Work) <i>515 766 6898 Same</i>
3. Street Address <i>Rt 2 Box 71</i>	4. City, State, Zip Code <i>Landon Iowa 50139</i>

5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)  
*Consumer was heating in an Anchor Hocking dish. Dish had been on oven for 35 minutes at 350°. The dish broke into various size pieces while still in oven. Broken pieces ranged 1/4 to 4" in diameter. Embedded in bottom of dish (over or microwave safe)*

6. If injury or illness: Victim's Name <i>Peggy</i> Relationship <i>N/A</i>	Age <i>34</i> Sex <i>female</i> Date <i>11/4/87</i> Type Injury <i>N/A</i>
Body Part Involved <i>N/A</i>	Treatment <i>N/A</i>

12/1/87

7. Description of Product <i>2 qt. 5" Amber Clear 8x12 dish</i> Purchased: <i>12/86</i>	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 <i>Anchor Hocking</i>	10. Identifying Numbers, Letters, etc. <i>UNKNOWN</i>
11. Manufacturer's Name and Address <i>Anchor Hocking Corporation 109 N. Broad St P.O. Box 600 Landon, Iowa 50132-0001</i>	12. Dealer's Name and Address <i>True Value McCoy Landon, Iowa 50135</i>

13. How product acquired? Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other _____	14. Age of Product <i>11 mo</i>
15. Is product available for inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other _____	16. Does product have warning labels or instructions? Are they available? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>

### FOR ADMINISTRATIVE USE ONLY

19. Receiving Office <i>HL</i>	20. Date Received <i>12-1-87</i>	21. Received by <i>A. MOORE</i>	22. Reporting Office
23. Source of Report Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other _____	24. Document No. <i>H7C 5653</i>		25. Follow-Up Action <i>7/2/77 MFR/PROD. NOTIFIED</i>
26. Product Code(s) A. <i>0461</i> B.		27. <i>EPDS DEC 2 1987</i>	

No Comments made  
 Exclusions/Revisions  
 Firm has not requested further notice

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