

CONSUMER PRODUCT INCIDENT REPORT

1. Name of Respondent ~~XXXXXXXXXX~~

2. Telephone No. (Home) 309 364 (Work) None

3. Street Address Edward

4. City Henry State Ill Zip Code 61537

5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)
Wife baking chicken in glass baking dish (9 1/2" x 13 1/2") at 350°. Opened oven door to check chicken, baking dish exploded sending small slivers of glass all over kitchen floor. Instructions state baking dish can be used in microwave or conventional oven. Product purchased 2/87.

6. If injury or illness: Victim's Name _____ Relationship _____
 Age _____ Sex _____ Date 3/26/87 Type Injury NA
 Body Part Involved _____ Treatment _____

7. Description of Product Baking Dish Purchased: _____

8. Was the product:
 Damaged before incident? Yes No
 Repaired before incident? Yes No
 Repaired after incident? Yes No

9. Brand Name Unknown

10. Identifying Numbers, Letters, etc. 3qt 1040-E

11. Manufacturer's Name and Address Anchor Hocking
Address unknown

12. Dealer's Name and Address Princeton, Ill

13. How product acquired? Purchased New Second Hand Other _____

14. Age of Product 1 yr

15. Is product available for inspection? Yes No Other _____

16. Does product have warning labels of instructions? Yes No
 Are they available? Yes No

17. Have you contacted the manufacturer? Yes No
 If not, do you plan to contact them? Yes No

18. Do you object to the use of your name? Yes No

FOR ADMINISTRATIVE USE ONLY

19. Receiving Office HL 20. Date Received 3/27/87 21. Received by DD 22. Reporting Office _____

23. Source of Report Letter Phone Visit Other _____

24. Document No. H8751217A

25. Follow-Up Action

MFR/PRVLR NOTIFIED 7/7/92
257c No Comments made
 Comments attached
 Excisions/Revisions
 Firm has not requested further notice

EPDS
MAY 06 1987

26. Product Code(s)
 A. 0461
 B. _____

27. _____


28. Distribution _____ 29. Endorser's Name/Title am

257c)

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

RECEIVED
MAY 21 P2:25
FBI
LABORATORY

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

May 16, 1988
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.

H 751217/0461
12 MAY 1987