

1. NAME OF RESPONDENT Kathryn Scott	2. PHONE NO. (HOME) (WORK) 206-256-8913 none
3. STREET ADDRESS 15216 NE. 12th St. *	4. CITY STATE ZIP CODE Vancouver WA 98684 <i>new zip 98682</i>

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES  
 Dish had been in oven at 375 degrees for 30 to 45 minutes when consumer placed dish on range top, dish shattered (size of pieces unknown), and pieces landed in a 5' radius. Consumer and daughter received minor lacerations from broken glass and Rx at home.  
*Size of pieces = tiny slivers to a few 2-3" pieces*  
 \* new address 5100 NE 248th Ave  
 Vancouver, WA 98682

6. DATE OF INCIDENTS 6/20/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 39 Y/F minor lacerations to left foot	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
---------------------------------	---	--

9. DESCRIPTION OF PRODUCT 9" x 9" square glass baking dish	10. BRAND NAME Anchor Hocking
---	----------------------------------

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown unknown unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE unknown unknown unknown unknown
---	--------------------------------------	--

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: dish shattered	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED unknown AGE unknown	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown <i>no</i>
---	---	--

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
--	--	---

FOR ADMINISTRATION USE

20. DATE RECEIVED 6/21/94	21. RECEIVED BY (NAME & OFFICE) <i>de/HL</i>	22. DOCUMENT NO. H#460186A
23. FOLLOW-UP ACTION <i>MFR/PRVLR NOTIFIED</i> <i>No Comments attached</i> <i>Excisions/Revisions</i> <i>Firm has not requested further notice</i>	24. PRODUCT CODE(S) <i>0461/0266</i>	26. ENDORSER'S NAME & TITLE <i>de/HL 6/22/94</i>

CONSUMER PRODUCT INCIDENT REPORT

H9460186A

Narrative Continued

Incident #	Sex	Age	Name	Relationship
	F	2	Y Kali Levy	daughter

Incident #	Victim Injury Description
	minor lacerations to right hand

Distributor phone #: unknown

PSC Source: TEL

3565

m j l

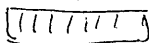
DEC 1 1994

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

Comments: Why has it taken 6 months for me to receive a copy of this?

Corrections/clarifications -

There were injuries to 2 people - an adult female - cuts on hand and to a 2 year old child standing 3-5 feet away - cut on her upper foot (she did not step on the glass - it flew onto her foot!)

The dish was a clear/see through brownish color with ridges on the sides. 

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.

Kathryn Plott  
Signature

12-8-94  
Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

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

I-36

11/11/86A