C ✓ 1C-2 19 APR 1991 FOR OFFICIAL USE ONLY

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CONSUMER PRODUCT INCIDENT REPORT

Jm-177 27

1. NAME OF RESPONDENT Gloria Cooke	2. PHONE NO. (HOME) 804-636-2776 WORK none
3. STREET ADDRESS Rt. 2 Box 303	4. CITY Bracey STATE VA ZIP CODE 23919

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES(USE 2ND PGE IF NEEDED
Pan was in oven for about 45 minutes, at 350 degrees. Consumer pulled oven rack out slightly and began putting room temperature vegetables into pan. Pan shattered. Pieces ranged from tiny slivers to 4" long chunks and flew 5'-6' in each direction. One piece flew into back of consumer's hand, causing a cut as well as a mild burn. Consumer was barefoot, and received 3 cuts to one of her feet while trying to get out of the area. Consumer treated her cuts at home. Immediately after the incident, -continued-

6. DATE OF INCIDENTS 3/22/91	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 66 YR/F AND DESCRIBE INJURY: cuts to hand and foot, burned hand, irritated eyes	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME same RELATIONSHIP self
9. DESCRIPTION OF PRODUCT glass baking pan		10. BRAND NAME unknown Anchor ovenwear

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Anchor Anchor Hocking unknown The Newell Group TM unknown unknown Lancaster Ohio unknown 43130 unknown unknown	12. MODEL, SERIAL NUMBERS 1040 13. DEALER'S NAME, ADDRESS & PHONE unknown unknown I do have all this unknown information now. unknown
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: shattered	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1986 AGE 5 yrs. 3 to 5 years 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: none

17. HAVE YOU CONTACTED THE MANUFACTURER? YES X NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES x NO 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

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20. DATE RECEIVED 03/25/91 7/2/91	21. RECEIVED BY (NAME & OFFICE) JM/HL	22. DOCUMENT NO. H130158A1
23. FOLLOW-UP ACTION MFR/PRVLBR NOTIFIED No Comments made Comments attached Excisions/Revisions Firm has not requested further notice	EPDS 3 - APR 1991	24. PRODUCT CODE(S) 0266
25. DISTRIBUTION		26. ENDORSER'S NAME & TITLE [illegible]

CPSC FORM 175 (9/89)

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H130158A1

consumer began to suffer from irritated, red, runny eyes. Consumer does not know the cause but plans to see a doctor.

Consumer was referred by her local consumer affairs department to file this complaint.

I have been to an eye doctor three times and he sent me to another eye doctor for a second opepinion and she treated me for infection and object in my eye. Must go to doctor again; I still have irritation in my eyes.

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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.

I now have the address of Anchor Hocking Co, also phone number. Dist was 3 to 5 years old.

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.

Gloria G Cooke 4-28-91
Signature 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.
- [x] You may release my name to the manufacturer and to the public.