10 MAR 1988

CONSUMER PRODUCT INCIDENT REPORT

M-208

1. Name of Respondent: Denise Wesolowski	2. Telephone No. (Home): 301 572-2265 (Work): 301 622 6020
3. Street Address: 12326 Sandy Point Ct	4. City: Silver Spring State: MD Zip Code: 20904

3/4

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 noice while cleaning up debris. (microwavable, 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: 9x13 baking dish — Purchased: 12/87	8. Was the product: Damaged before incident? Yes ☐ No ☑ Repaired before incident? Yes ☐ No ☑ Repaired after incident? Yes ☐ No ☑
9. Brand Name: Anchor Hocking	10. Identifying Numbers, Letters, etc.: Unknown
11. Manufacturer's Name and Address: Anchor Hocking Corporation, 109 North Broad Street, Lancaster, Ohio 43130	12. Dealer's Name and Address: Gift
13. How product acquired? Purchased New ☑ Second Hand ☐ Other Gift	14. Age of Product: 3mos
15. Is product available for inspection? Yes ☐ No ☑ Other	16. Does product have warning labels or 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: HC	20. Date Received: 3-4-88	21. Received by: A. Moore	22. Reporting Office
23. Source of Report: Letter ☐ Phone ☑ Visit ☐ Other			24. Document No.: H83 6541
25. Follow-Up Action			26. Product Code(s): A. 0461 B.
			27.
28. Distribution		29. Endorser's Name/Title: am	

MFR/PRVLBR NOTIFIED 7/7/88
No Comments made
Comments attached
Excisions/Revisions
Firm has not requested further notice
EPDS MAR 7 1988

CPSC Form 175A (Revised 8/15/84)

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 '88 MAR 16 P 3:26

Denise M. Wesolowski 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