TC-21

CONSUMER PRODUCT INCIDENT REPORT

L-299

27 MAY 1988

1. Name of Respondent Norman Benael	2. Telephone No. (Home) 517-323-9144	(Work) 517-627-5183
3. Street Address 6921 Delta River Dr.	4. City. Lan ing State. MI	Zip Code 48906

5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)

Consumer placed 2 squash halves face down in glass baking dish on high for 2-3 minutes to cook. Consumer heard an exploding sound and glass shattering. Glass shattered into small slithers and shards and large chunks all with sharp and jagged edges. The squash remained in tact. Consumer contacted the mfg. by letter and requested an explanation of what caused the baking dish to explode. Mfg. sent consumer a new baking dish and $50.00 but did not answer consumer's questions. Squash was not covered.

6. If injury or illness: Victim's Name _____ Relationship _____

Age _____ Sex _____ Date 2/88 Type Injury none

Body Part Involved _____ Treatment _____

7. Description of Product Microwave Safe Carmel colored glass rectangular baking dish purchased: 1986	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. 7644049131 UP code C M1440-K
11. Manufacturer's Name and Address Anchor Hocking 109 N Broad St. PO Box 6001 Lancaster OH 43132-0600	12. Dealer's Name and Address K-Mart S. Cedar St. Lancing MI 48911
13. How product acquired? Purchased New ☑ Second Hand ☐ Other _____	14. Age of Product 2 years
15. Is product available for inspection? Yes ☐ No ☑ Other consumer threw away/ photos available	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 ☑

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19. Receiving Office HL	20. Date Received 5/16/88	21. Received by LDM	22. Reporting Office
23. Source of Report Letter ☐ Phone ☑ Visit ☐ Other _____			24. Document No. H85 7572
25. Follow-Up Action 7/26/88 MFR/PRVLBR NOTIFIED No Comments made Comments attached Excisions/Revisions Firm has not requested further notice EPDS MAY 26 1988			26. Product Code(s) A. 0461 B. 27.
28. Distribution		29. Endorser's Name/Title	

CPSC Form 175A (Revised 6/15/84)

COPY 1 FILE

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

RECEIVED
'88 JUL 27 P2:41

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.

Norman W. Bensel — 7.24.88

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.

H857572/0461
05-27-88