tc 21

CONSUMER PRODUCT INCIDENT REPORT

FEB 22 1996

1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home) (Work)
[redacted]	(312) 794[redacted] (H); (312) 276[redacted] (W)
3. STREET ADDRESS	**4. CITY / STATE / ZIP CODE**
[redacted] W. Montrose	Chicago / IL / 60641

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

The respondent stated that she was baking a roast in her oven in a glass baking dish. She said she ~~head~~ heard an explosion and found that that the dish had shattered in her oven.

Baked approx. 1 hour only before incident.

6. DATE OF INCIDENT(S)	7. IF INJURY OR NEAR MISS, OBTAIN	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE
2-11-96	AGE [42] SEX [F] AND DESCRIBE INJURY none	NAME RELATIONSHIP

9. DESCRIPTION OF PRODUCT	10. BRAND NAME
Glass Baking Dish	Anchor
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE	**12. MODEL, SERIAL NO.'S**
Anchor Hocking Corp. P.O. Box 600 Lancaster, OH. 43130	
	13. DEALER'S NAME, ADDRESS, & PHONE Doesn't remember
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES [ ] NO [x] IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:	**15. PRODUCT PURCHASED** NEW [x] USED [ ] DATE PURCHASED [within last yr.] AGE [
	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:

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

FOR ADMINISTRATION USE

20. DATE RECEIVED	21. RECEIVED BY (Name & Office)	22. DOCUMENT NO.
2-12-96	JRV/FOCR	G62.0035A
23. FOLLOW-UP ACTION		**24. PRODUCT CODE(S)**
FILE		0461
25. DISTRIBUTION		**26. ENDORSER'S NAME & TITLE**
FOCR, EHDS		Eric B. Clark, Reg. Dir.

FOCR/PRVPR NOTIFIED 7/2/97
No Comments made
Comments attached
Excisions/Redactions
Doc. has not required
signature review

25(c)

CPSC FORM 175 (Rev. 9/89)[Adapted for WP Windows 5/93][HP Laserjet III 10/93]

25(c)

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

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 _____ Date _____

- [x] 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.

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