CONSUMER PRODUCT INCIDENT REPORT Region:EASTERN

1. NAME OF RESPONDENT [redacted]	2. PHONE NO. (HOME) (WORK) [redacted] none
3. STREET ADDRESS [redacted] Rd.	4. CITY STATE ZIP CODE N. Kingstown RI 02852-6416

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Baking dish with fish was in oven set at 450 degrees for 10 minutes. Consumer pulled baking dish out of oven, it shattered into 6" long pieces to slivers and landed in a 21' radius.

~~3/17/95~~ Consumer called and explained incident to manufacturer's rep.,
3/16/95 -cont-

6. DATE OF INCIDENTS ~~3/17/95~~ 3/16/95	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 0 Y/N AND DESCRIBE INJURY: none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
9. DESCRIPTION OF PRODUCT 3 qt. clear glass baking dish		10. BRAND NAME Anchor Hocking

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Anchor Hocking Co. unknown BOX 600 Lancaster, OH 43130-0600 800-562-7511 unknown	12. MODEL, SERIAL NUMBERS 68393-W 13. DEALER'S NAME, ADDRESS & PHONE Ocean State Job Lot unknown 360 CALLAHAN RD N. Kingstown, RI 00000 401-884-0556 02852
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 11/12/94 AGE 4 mos. 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Not for stove top or broiler use."

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

FOR ADMINISTRATION USE

20. DATE RECEIVED 11/09/95	21. RECEIVED BY (NAME & OFFICE) dec/HL	22. DOCUMENT NO. H95B0091A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0426 / 0461 / 0266
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE CTW 11/13/1995	

CPSC FORM 175 (9/89)

7/7/97

MFR/PRV/LBR NOTIFIED

No Comments made
Comments attached
Excisions/Revisions
Firm has not requested further notice

25(c)

25(c)

Narrative Continued

Barbara Wolf, who apologized to consumer and requested shattered pieces; consumer agreed. 4/95 Consumer sent a portion of the broken pieces to manufacturer.

8/95 Manufacturer's insurance company rep., Michael Levoie, called consumer and arranged to meet with consumer. 8/95 Mr. Levoie went to consumer's house, took a picture of kitchen and took a statement from consumer. Consumer also gave Mr. Levoie a videotape of the kitchen after the incident. 10/23/95 Mr. Levoie sent consumer a letter stating dish was not defective and nothing could be done. 10/25/95 Consumer called and explained incident to dealer's customer rep., Carla Pittaro, who took information and said someone would call consumer back; consumer has not received a call back yet.

CPSC Source: TEL

NOV 14 1995

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.

[redacted] 11/24/95

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.

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

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