IC-21

CONSUMER PRODUCT INCIDENT REPORT

FEB 18 1994

1. NAME OF RESPONDENT Lilien Kolar	2. TELEPHONE NO. (Home) (Work) 602/ 855-1420
3. STREET ADDRESS 3926 Smokey Drive	4. CITY STATE ZIP CODE Lake Havasu City, Arizona 86406

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

On Sunday, Nov 28, 1993, respondent placed a roast in a baking dish and put it in her electric oven. It was about 1 P.M. She baked the roast at between 275 - 350 degrees. This was the first time she had used this baking dish.

At about 1:50 P.M. there was an explosion in the oven. She opened the oven & her right hand suffered burns from the splattered grease.

She feels that the crystal clear, ~~xxxxxxxxx~~ rectangular shaped baking dish was defective and ~~xxxxxx~~ exploded during normal baking use. She feels the product is dangerous and should be recalled. She reported this incident to Wal-Mart & an insurance rep, Silvia Fierros Travelers Ins., 602/861-8724, came out to examine her oven & sent the dish to the lab.

6. DATE OF INCIDENT(S) Nov. 28, 1993 1:50 P.M.	7. IF INJURY OR NEAR MISS, OBTAIN AGE 49 SEX female AND DESCRIBE INJURY burns to right hand	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME same as # 1 RELATIONSHIP
9. DESCRIPTION OF PRODUCT Possibly 3 or 4 qt. rectangular baking dish/clear dish		10. BRAND NAME Anchor-Hockings
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Anchor Hocking Glass Company Lancaster, Ohio 43130 15 F3I		12. MODEL, SERIAL NO.'S doesn't remember - turned all 3 baking dishe in to the retailer 13. DEALER'S NAME, ADDRESS & PHONE Wal-Mart Lake Havasu City, AZ
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES ____ NO xx IF YES, BEFORE OR AFTER THE INCIDENT? Describe		15. PRODUCT PURCHASED NEW xx USED ____ DATE PURCHASED Nov. 1993 AGE ____ 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:
17. HAVE YOU CONTACTED THE MANUFACTURER? YES ____ NO xx IF NOT, DO YOU PLAN TO CONTACT THEM? YES ____ NO ____ OTHER Spoke with retailer & insurance rep. who represents manufacturer.	18. IS THE PRODUCT STILL AVAILABLE? YES ____ NO xx IF NOT, ITS DISPOSITION turned over to retailer.	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES xx NO ____

FOR ADMINISTRATION USE

20. DATE RECEIVED 2-2-94	21. RECEIVED BY (Name & Office) Phoenix, Arizona Jerome Weaver	22. DOCUMENT NO. F420030A
23. FOLLOW-UP ACTION E/V: none		24. PRODUCT CODE(S) 0461
25. DISTRIBUTION OE Ergs cc: FOWR, FOCR	26. ENDORSER'S NAME & TITLE Marcella L. Carrier SINV	

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

IC · 21

CONSUMER PRODUCT INCIDENT REPORT

FEB 18 1994

1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home) (Work)
Lilien Kolar	602/ 855-1420
3. STREET ADDRESS	**4. CITY STATE ZIP CODE**
3926 Smokey Drive	Lake Havasu City, Arizona 86406

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6. DATE OF INCIDENT(S)	7. IF INJURY OR NEAR MISS, OBTAIN	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE
Nov. 28, 1993 1:50 P.M.	AGE 49 SEX female AND DESCRIBE INJURY burns to right hand	NAME same as # 1 RELATIONSHIP
9. DESCRIPTION OF PRODUCT Possibly 3 or 4 qt.		**10. BRAND NAME**
rectangular baking dish/clear dish		Anchor-Hockings
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE		**12. MODEL, SERIAL NO.'S**
Anchor Hocking Glass Company Lancaster, Ohio 43130 (15) FSZ		doesn't remember - turned all 3 baking dishe in to the retailer
		13. DEALER'S NAME, ADDRESS & PHONE
		Wal-Mart Lake Havasu City, AZ
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?		**15. PRODUCT PURCHASED** NEW xx USED
YES NO xx IF YES, BEFORE OR AFTER THE INCIDENT?		DATE PURCHASED Nov. 1993 AGE
Describe		**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 NO xx IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER Spoke with retailer & insurance rep. who represents manufacturer.	YES NO xx IF NOT, ITS DISPOSITION turned over to retailer.	YES xx NO

FOR ADMINISTRATION USE

20. DATE RECEIVED	21. RECEIVED BY (Name & Office)	22. DOCUMENT NO.
2-2-94	Phoenix Ariz.	F420030A
23. FOLLOW-UP ACTION		**24. PRODUCT CODE(S)**
E/V: None		0461
25. DISTRIBUTION	**26. ENDORSER'S NAME & TITLE**	
0 & Exps cc: FOER, FOR	Marcella L. Carrier SIV	

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

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CONSUMER PRODUCT INCIDENT REPORT

FEB 18 1994

1. NAME OF RESPONDENT Lilien Kolar	2. TELEPHONE NO. (Home) (Work) 602/ 855-1420
3. STREET ADDRESS 3926 Smokey Drive	4. CITY STATE ZIP CODE Lake Havasu City, Arizona 86406

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11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Anchor Hocking Glass Company Lancaster, Ohio 43130 15 F32		12. MODEL, SERIAL NO.'S doesn't remember - turned all 3 baking dishe in to the retailer 13. DEALER'S NAME, ADDRESS & PHONE Wal-Mart Lake Havasu City, AZ
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FOR ADMINISTRATION USE

20. DATE RECEIVED 2-2-94	21. RECEIVED BY (Name & Office) Phoenix, Arizona Jennie Weaver	22. DOCUMENT NO. F420030A
23. FOLLOW-UP ACTION E/V: none		24. PRODUCT CODE(S) 0461
25. DISTRIBUTION OE Expt cc: FOLR, FOCR	26. ENDORSER'S NAME & TITLE Dorothy L. Carrier SINV	

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