

TC-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, xxxxxxx rectangular shaped baking dish was defective and exploded 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 of 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		12. MODEL, SERIAL NO.'S doesn't remember - turned all 3 baking dishes 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 <u>XX</u> IF YES, BEFORE OR AFTER THE INCIDENT? Describe		15. PRODUCT PURCHASED NEW <u>XX</u> USED DATE PURCHASED Nov. 1993 AGE	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO <u>XX</u> 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 <u>XX</u> IF NOT, ITS DISPOSITION turned over to retailer.	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>XX</u> NO			
20. DATE RECEIVED 2-2-94		21. RECEIVED BY (Name & Office) Phoenix Arizona MFR/PRVLR No Comments made No Comments attached Excisions/Revisions Firm has not requested further notice	
23. FOLLOW-UP ACTION E/FU: none		24. PRODUCT CODE(S) 0461	
25. DISTRIBUTION cc: FARR, For		26. ENDORSER'S NAME & TITLE Manuel L. Carrion SINV	

FOR ADMINISTRATION USE

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20. DATE RECEIVED 2-2-94		21. RECEIVED BY (Name & Office) Phoenix Arizona Weaver		22. DOCUMENT NO. F420030A
23. FOLLOW-UP ACTION E/FU: none			24. PRODUCT CODE(S) 0461	

25. DISTRIBUTION cc: FORD, Ford	26. ENDORSER'S NAME & TITLE Manuel L. Carrion SINV
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