

PC-71-15

CONSUMER PRODUCT INCIDENT REPORT

JUL 12 1995

1. NAME OF RESPONDENT <i>Linda Franzitta</i>		2. TELEPHONE NO. (Home) (Work) <i>H-804-481-1991</i> <i>W-804-491-0444</i>		H579323	
3. STREET ADDRESS <i>964 Commodore Dr.</i>		4. CITY STATE ZIP CODE <i>Virginia Beach, Virginia 23454</i>			
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) <i>These dishes, when dropped from a height of two feet, "explode" into tiny little pieces which continue to "explode". Respondent feels that these dishes pose a hazard to the consumer.</i>					
6. DATE OF INCIDENT(S) <i>7/95</i>		7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____		8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT <i>dishes</i>			10. BRAND NAME		
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE <i>Correlle</i>			12. MODEL, SERIAL NO.'S <i>-living Ware Dishes</i>		
			13. DEALER'S NAME, ADDRESS & PHONE		
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO _____ IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____			15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED _____ DATE PURCHASED <i>1985</i> AGE <i>10 years</i>		
			16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____		
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO _____ IF NOT, ITS DISPOSITION _____		19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO _____	
FOR ADMINISTRATION USE					
20. DATE RECEIVED <i>7/11/95</i>		21. RECEIVED BY (Name & Office) <i>Rhea [Signature] CE</i>		22. DOCUMENT NO. H579323 <i>-95</i>	
23. FOLLOW-UP ACTION <i>[Signature]</i>				24. PRODUCT CODE(S) <i>474</i>	
25. DISTRIBUTION <i>A</i>			26. ENDORSER'S NAME & TITLE		

CONSUMER PRODUCT INCIDENT REPORT

MAR 22 1995

L-578

TC 21

1. NAME OF RESPONDENT
Debbra Riggs [sic] 13

2. PHONE NO. (HOME) (WORK)
216-652-2546 216-373-9270

3. STREET ADDRESS
1525 Niles-Vienna Rd. Jody H.

4. CITY STATE ZIP CODE
Niles OH 44446

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer's right hand was lacerated to the bone when glass saucepan fell 4" onto counter top from dish drainer and shattered into sharp jagged pieces (sizes unknown). 14 tendons, 2 nerves and 2 arteries were severed. Consumer was treated at Warren General Hospital, Warren, OH and was transferred to Akron City Hospital, Akron, OH. Consumer received 2 surgeries and physical therapy. Consumer has permanent nerve loss and
-cont-

6. DATE OF INCIDENTS 9/9/91	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 35 Y/F see narrative	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
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9. DESCRIPTION OF PRODUCT 5-quart clear brown glass saucepan	10. BRAND NAME Visions by Corning
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Corning, Inc., Corning Glass Works unknown Corning, NY 14831 unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE unknown, gift unknown unknown unknown
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 11/88 AGE 2.5 yrs.	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown
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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 NO x IF NOT, ITS DISPOSITION brother discarded	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 3/20/95	21. RECEIVED BY (NAME & OFFICE) ldm/HL 8/27/96	22. DOCUMENT NO. H9530236A
23. FOLLOW-UP ACTION	24. PRODUCT CODE(S) 0461	
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE OK 3/20/95	

CONSUMER PRODUCT INCIDENT REPORT

H9530236A

Narrative Continued

sensory motor disfunction in right hand.

8/93 Consumer's lawyer filed a lawsuit against manufacturer.

Distributor phone #: unknown

CPSC Source: TEL

APR 20 1995

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

Regarding warning labels, yes it did warn that a drop or hard impact may cause breakage. It did not warn that this could result in loss of use of limbs.

It also stated that "failure to follow these cautions could cause immediate breakage or breakage at a later date for no apparent reason."

? "... for no apparent reason." The product did not fall far enough or hit hard enough to break, or I wouldn't have tried to catch it. It fell 4"-6". When it broke, it broke with a force strong enough to sever my hand almost completely - it was cut down to the bone. A hand specialist spent 6 hours putting my hand back together. This product is dangerous.

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.

Debra J Riggs
Signature

5-1-95
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.

I-25
H-530236

JAN 26 1996

TC-21

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) 516-3[REDACTED] none
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3. STREET ADDRESS [REDACTED] Avenue	4. CITY Floral Park	STATE ZIP CODE NY 110[REDACTED]
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5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Wife was eating off plate when she heard a loud crack and noticed plate had shattered into 7" x 2" pieces to slivers; pieces remained on table. 1/96 Same thing happened with an identical plate from set. Consumer called and explained incidents to manufacturer (name unknown) who offered consumer two new
 -cont-

6. DATE OF INCIDENTS 12/95	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
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9. DESCRIPTION OF PRODUCT plates from 8-piece white ceramic tableware set	10. BRAND NAME Corelle
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Corning unknown unknown 1-800-999-3436 unknown	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE [REDACTED] unknown (military base) West Point, NY 00000 914-93[REDACTED]
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: shattered	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1993 AGE 3 yrs.	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "No broiler or stove top; microwaveable"
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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 <i>purged</i>
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FOR ADMINISTRATION USE

20. DATE RECEIVED 01/24/96	21. RECEIVED BY (NAME & OFFICE) ctw/HL	22. DOCUMENT NO. H9610166A & - 96
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23. FOLLOW-UP ACTION <i>MFR/PRVLR NOTIFIED</i> <input checked="" type="checkbox"/> No Comments made <input checked="" type="checkbox"/> Comments attached <input checked="" type="checkbox"/> Excisions/Revisions <input checked="" type="checkbox"/> Firm has not requested further notice	24. PRODUCT CODE(S) 0474
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25. DISTRIBUTION	ENDORSEER'S NAME & TITLE CCH 1/25/1996
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CONSUMER PRODUCT INCIDENT REPORT

H9610166A

Narrative Continued

identical replacement plates; consumer accepted offer.

CPSC Source: 1-800 OPERATOR

 * 1 CASE NO. * 2 INVESTIGATOR'S ID * 3 OFFICE CODE *
 * 950202HEP9001 * 5555 * 295 * EPIDEMIOLOGIC
 * * * * *
 * 4 DATE OF ACCIDENT * 5 DATE INVESTIGATION * INVESTIGATION *
 * Y M D * YR MO DAY * REPORT *
 * 950123 * 94 02 09 * AFL *

 * 6 SYNOPSIS OF ACCIDENT OR COMPLAINT *
 * The 28 year old female victim sustained 2nd degree burns to the *
 * palm of her left hand, her left thumb, and her left index and *
 * middle fingers when she accidentally grabbed the handle to a pan, which *
 * had been in her 500° electric oven cooking a stuffed chicken, without *
 * using a hotpad. The victim was taken to the emergency room *
 * where she was treated and released. *
 * * * * *
 * * * * *

 * 7 LOCATION (HOME, SCHOOL, ETC.) * 8 CITY * 9 STATE *
 * 10 * Renton * WA *

 * 10 FIRST PRODUCT * 11 TRADE/BRAND NAME *
 * 0466 * Visionware *
 * * * * *

 * SECOND PRODUCT * TRADE/BRAND NAME *
 * 0266 * Don't Know *
 * * * * *

 * 12 AGE OF VICTIM * 13 SEX (1-M, 2-F, 3-UNK) * 14 DISPOSITION * 15 INJURY DIAGNOSIS *
 * 028 * 2 * 1 * 51 *

 * 16 BODY PART * 17 RESPONDENT(S) (MOTHER, FRIEND) * 18 TYPE INVESTIGATION * 19 TIME SPENT *
 * 82 * 1 - Victim * (1-ONSITE, 2-PHONE, 3-OTHER) * 0.75 *
 * * 2 * *

 * 20 ATTACHMENTS * 21 CASE SOURCE * 22 REVIEWED BY: *
 * 5 - Questionnaire * 03 * 3480 *
 * * * * * DATE(YMD) : 7-9-95 *

 * 23 NARRATIVE (MORE DETAIL MAY BE INCLUDED ON SEPARATE PAGES) *
 * * * * *

25c
 cleared

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

8/27/96

***** INDEPTH ASSIGNMENT MESSAGE *****

TASK NUMBER : 950202HEP9001
OFFICE : WESQ
CATEGORY : BUAN341995
HOSPITAL : 6W741034 HARBORVIEW MED., WA
TREATMENT DATE : 950123
COLLECTION DATE: 950131
RECORD NUMBER : 01791633
AGE : 028 28 YEARS
SEX : 2 FEMALE
DIAGNOSIS : 51 BURNS, THERMAL
BODY PART : 82 HAND
DISPOSITION : 1 TREATED & RELEASED, OR EXAMINED & RELEASED WITHOUT TRTMNT
FIRST PRODUCT : 0466 COOKWARE, NOT SPECIFIED
SECOND PRODUCT : 0266 OVENS, NOT SPECIFIED
THIRD PRODUCT : 0 CLOSURE TYPE UNKNOWN OR N.A. & 3RD PROD NOT INVOLVED
LOCALE : 1 HOME
F/M VEHICLE : 0 NO MOTOR VEHICLE; NO FIRE INVOLVEMENT
OCCUPATIONAL : 2 INJURY NOT OCCUPATIONAL OR WORK-RELATED

***** NEISS COMMENT *****

SAID TO HAVE BURNED HER LEFT HAND WHILE TAKING A PAN OUT OF THE OVEN.
PT HAS 2ND DEGREE BURN. E924.9

12/6/94

RANGES/OVENS

TASK NUMBER 950202 HEP9001

Interviewer:

Before contacting the respondent, please review the NEISS emergency room information on the assignment cover sheet.

If the victim is age 15 or older, the respondent may be the victim or his/her parent or guardian.

If the victim is under age 15, interview the parent of victim. Obtain parental permission to interview the victim or ask the parent to listen to the interview on an extension phone while you interview the victim.

In general, the boldfaced text in the questionnaire highlights the questions to be asked of the respondent.

Record of Calls

Date	Day of Week	Time	Result*	Date	Day of Week	Time	Result*

* Completed, Call back, Line busy, Wrong number, Non-working number, No answer, Refused

Interviewer Introduction:

Hello. May I speak with _____? (Ask for victim by name or, if under age 15, parent or guardian of victim).

(If the above person is available, continue with the introductions below. Otherwise, ask) When would be a good time to contact him/her?

Record suggested call back time: Day _____ Time _____ AM/PM

Hello, I'm _____ from the U.S. Consumer Product Safety Commission. We are working with _____ Hospital to find out how injuries occur with ranges and ovens. The Commission is interested in learning more about these incidents so that we can try to reduce their number and seriousness. Will you help us by answering some questions/allowing _____ to answer some questions about the injury that occurred to you/_____

TASK NUMBER 950202HEP9001

(continued)

1. Can you tell me what happened? The victim ran her left hand under cold water and wrapped a cold ice pack in a towel around the hand. The hand was turning white so she called a nurse's hotline at the hospital. On the nurse's suggestion the victim had her roommate drive her to the emergency room. The victim was given a tetanus shot and 3 doctors examined the burns. Then a burn cream was applied to the burns, a cold pack was wrapped around the hand, and the victim was released. The victim was given painkillers and instructions to keep the hand cold. Doctors made an appointment at a burn clinic for the victim but the burns healed by themselves so the victim did not go.

recently? It should only take about fifteen minutes of your time. Your answers will be held strictly confidential and will only be used for statistical purposes.

Respondent agreed. = Continue

Respondent refused. = Would (s)he agree if we called back at a better time?

yes (record above)

no Thank respondent and end interview.

Interviewer:

1. Indicate who is the respondent:

- injured person
- parent/guardian of injured person
- someone else (specify) _____

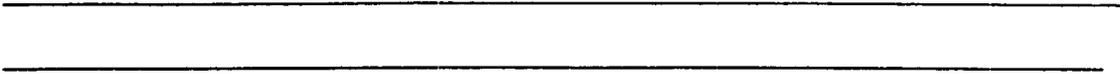
2. I understand that you/_____ were treated at the emergency room on _____ for an injury associated with a range or oven. Is that correct?

yes

no = (Enter correct information. (If not a range/oven injury, thank respondent and end interview.))

don't know _____

If respondent is the victim, skip to Q. 4.



5. If the injury was not a burn (see NEISS emergency information), skip to Q. 6. If the injury was a burn, ask Can you tell me exactly what you touched that caused the burn?

_____ electric heating element/gas burner flame on range top or cooking surface

_____ electric heating element/gas burner flame in oven

_____ range top or cooking surface, not heating element

_____ front of range or oven

_____ inside surface or rack of oven

_____ controls

pan/food

_____ other flame contact

_____ other (specify) _____

6. Did a fire (or flames) occur?

_____ yes

no (skip to Q. 11)

_____ unknown

7. Did the fire department come?

_____ yes

_____ no

_____ unknown

5

8. Did the fire occur while something was being cooked/heated?

_____yes

_____no =skip to Q. 10

_____unknown =>skip to Q. 10

9. Can you tell me what was being cooked? If respondent is uncertain how to respond, say For example, was it a chicken being fried in oil, or perhaps a stew?

10. Can you tell me what caught fire first?

_____yes or probably yes ask => what was it?

_____cooking oil (specify type)_____

_____other food (specify)_____

_____textile (towel, potholder, curtain,
clothing, etc.)

_____other (specify)_____

_____no

_____not sure

11. If the respondent is not the victim, ask How old was the person doing the cooking? (Read list)

 less than 10 years

 10 - 14 years

 15 - 19 years

N/A

 20 - 64 years

 65 - 74 years

 75 years and over

12. Do you have any reason to believe that the range or oven malfunctioned, or didn't work the way you thought it should have worked? (Probe for occurrence of component or connection failure, identify as completely as possible.)

no

 yes = Please describe. _____

 not sure

13. Now, I'd like to ask you about the range (or oven) that was involved. Was it a range (containing both a top cooking surface and oven), a separately installed counter-top cooking surface, a separately installed oven, or something else?

range (surface burners & oven)

 separately installed cooking surface

 separately installed oven

 other (specify) _____

 don't know

_____ Don't know => skip to Q. 19

18. What do you expect that treatment will be?

19. Now I have just a few short general questions to complete the study.

What is the highest level of school completed by any member of your household?

_____ less than high school

_____ completed high school

some college or beyond

_____ refused

20. In which of the following income categories would you say that your total household income falls yearly? Think about the total income of all persons who live in the home. Is it under \$15,000, between \$15,000 and \$35,000, or \$35,000 or over?

_____ less than \$15,000

\$15,000 to \$34,999

_____ \$35,000 and over

_____ don't know

_____ refused

21. Do you rent or own?

rent => skip to Q. 23.

_____ own

_____ public housing => skip to Q. 24

_____ don't know => skip to Q. 24

_____ refused = skip to Q. 24

22. Can you tell me the approximate market value of your home?

\$ _____

_____ don't know

_____ refused

23. Can you tell me your approximate monthly rent?

\$ 500

_____ don't know

_____ refused

24. Thank you very much for your time. We believe that your responses will help us learn how to prevent similar injuries to others. If we need to find out more about what happened can we call you again?

yes (6:30pm - 7:30pm EST)

_____ no

_____ don't know

ROLANDO MARTINEZ RIVERA

ABOGADO - NOTARIO

APARTADO POSTAL 3058

CAROLINA, PUERTO RICO 00984

ETAS/yc
C625020

CPSC/OFC OF THE SECRETARY
FREEDOM OF INFORMATION

1996 FEB 13 P 1:35
February 5, 1996

SEARCHED _____
SERIALIZED _____
INDEXED _____
FILED _____
FEB 13 1996
FBI - WASHINGTON
Comments attached
Exclusions/Revisions
Firm has not requested
further notice

Consumer Safety Commission
Freedom of Information Office
Washington, D.C. 20207

RE: Visions Cookware
Skillet 10-B
Corning Vitro Corp.

Dear Sirs:

The undersigned, attorney for an injured person by the name of Edgar Rodríguez, resident of San Juan, Puerto Rico wishes to obtain information on accidents reported to your agency pertaining to failures of "Visions" Cookware.

The ceramic glass skillet is manufactured by Corning Vitro Corporation and sold as "Visions" Cookware for domestic kitchen use. Is made of an "amber" color glass.

Mr. Rodríguez was holding the skillet by its handle after being used for frying some fries. As he raised or removed the skillet from the rangetop to place it to cool inside the oven compartment in an upward movement the glass failed and the round or mirror region felt or detached itself from the handle region.

Enclosed please find a report by Dr. J. J. Mecholsky, professor at the Department of Materials Science and Engineering, University of Florida, Gainesville, Florida

Mr. Rodríguez suffered second degree burns in parts of his body.

We shall appreciate the forwarding of any data pertaining to other accidents involving this product.

Cordially yours,

[Handwritten Signature]
Rolando Martínez Rivera

RMR/mm

Encl./1

Fracture Analysis of a Visions-ware Cooking Pot

C625020
page 2

J. J. Mecholsky, Jr.
4411 NW13th Avenue
Gainesville, Florida 32605
Decemeber 13, 1995

I received 11 pieces of broken (glass ceramic) cookware (including the cover) designated as Visionsware from Mr. Edgar Rodriguez of Puerto Rico on about May 29, 1995. All of the fracture surfaces that were able to be examined were examined to determine the direction of crack propagation. Complete reassembly was not possible because all of the pieces were not present. However, the general area of the source of failure of the handle portion of the pot was able to be found (Figure 1). A region around the fracture origin known as the mirror region was able to be found (Figure 2). The exact location of the origin was missing. Using the principles of fractography, an estimate of the stress at failure at this location is approximately 76 MPa. This value can be considered a high stress for this utensil. The direction of crack propagation was from the bottom of the pot handle towards the top of the pot. This indicates that the handle, the base of the pot, or both were in an upward motion during the failure. This type of motion indicates that the bottom of the pot was in contact with the top of some object, perhaps the stove, at the time of failure.

In addition to the overall observations of the fracture surface, a scanning electron microscope (SEM) was used to examine the fracture surface at high magnification. [An attempt was made to examine the handle using an atomic force microscope. During this examination, the handle slipped from its mount and hit the table. A small portion of the handle near the origin of failure of the pot handle fell off. This enabled the examination of the region using the scanning electron microscope.] The SEM examination showed that the region in the area of the fracture mirror discussed above, was porous, i.e., contained many small pores (i.e., holes), unlike regions away from this part of the pot (Figure 3). However, there is no clear evidence that these pores contributed to the failure. In most glasses, glass ceramics and ceramics uncontrolled porosity is undesirable because it leads to lower strengths.