

CONSUMER PRODUCT INCIDENT REPORT

Region:CENTRAL

1. NAME OF RESPONDENT _____		2. PHONE NO. (HOME) (WORK) 513-859- _____ none	
3. STREET ADDRESS _____ Seibert St.		4. CITY STATE ZIP CODE Miamisburg OH 45342	

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Baking dish was set on burner which had been turned on medium setting for 2 minutes. Dish shattered into 4" wide pieces and landed in a 6' radius causing burns in carpet. Baking dish is for oven use only but consumer feels baking dish should not have shattered. *DID NOT "SHATTER" see last page*

6. DATE OF INCIDENTS 12/24/95	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME AND RELATIONSHIP none none
9. DESCRIPTION OF PRODUCT 2 qt. clear glass baking dish		10. BRAND NAME Anchor

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Anchor Ovenware unknown Lancaster, OH 00000 unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS 131034	13. DEALER'S NAME, ADDRESS & PHONE unknown unknown unknown unknown
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/> DATE PURCHASED 12/93 AGE 2 yrs.	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OTHER?	18. IS THE PRODUCT STILL AVAILABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 01/19/96	21. RECEIVED BY (NAME & OFFICE) tca/HL	22. DOCUMENT NO. H9610110A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0457 / 0273
25. DISTRIBUTION		ENDORSER'S NAME & TITLE CCH 1/22/1996

MFR/PRVLR NOTIFIED 1/17/96
No Comments made
Excisions/Revisions
Firm has not requested further notice
25/c

25/c

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H9610110A

Narrative Continued

Distributor phone #: unknown

CPSC Source: L/GOVT

JAN 23 1996

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

Baking dish did not shatter it exploded and flew hot glass everywhere, Burning several holes in carpet. Have video of pieces.

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~~

Jan 27, 1996
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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