

IC-21

CONSUMER PRODUCT INCIDENT REPORT

FEB 18 1994

1. NAME OF RESPONDENT Lilien Kolar	2. TELEPHONE NO. (Home) (Work) 602/ 855-1420
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3. STREET ADDRESS 3926 Smokey Drive	4. CITY STATE ZIP CODE Lake Havasu City, Arizona 86406
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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
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9. DESCRIPTION OF PRODUCT Possibly 3 of 4 qt. rectangular baking dish/clear dish	10. BRAND NAME Anchor-Hockings
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11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Anchor Hocking Glass Company Lancaster, Ohio 43130 <i>(15) FBI</i>	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
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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
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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 ___
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FOR ADMINISTRATION USE

20. DATE RECEIVED 2-2-94	21. RECEIVED BY (Name & Office) <i>Phoenix, Arizona</i>	22. DOCUMENT NO. F420030A
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23. FOLLOW-UP ACTION F/U: none	24. PRODUCT CODE(S) 0461
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25. DISTRIBUTION Og Expts cc: FOUR, FOUR	26. ENDORSER'S NAME & TITLE <i>Blumenthal, L. Cassin SINV</i>
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