

ATTN: K. GREEN

COMPLAINT REPORT

COPIES TO:

WHITE — AMMO.—PRODUCT SERVICE, LONGKE
ARMS—ARMS SERVICE DIV. ILION
PINK — AMMO.—AMMO. MARKETING
ARMS—FIREARMS MARKETING
G. ROD — MGR. FIELD SERV. ILION
YELLOW — REGIONAL OFFICE
BLUE — ORIGINATOR
GREEN — PACKED WITH EXHIBIT

Complaint registered by JOHNNY BURNS Date 10/29/90
Town CHARLOTTE State N.C. Representative J. P. FOSTER
Street and No. or Rural Route No. 3336 COUNTRY CLUB DR. (28205)
Purchased Through
1. Wholesaler N/A
2. Dealer BLUE RIDGE OUTDOOR SPORTS, HENDERSONVILLE, N.C.

PRODUCT INVOLVED

AMMUNITION
INDEX NO.

CODE NO.

FIREARMS
MODEL NO.700 BDL

SERIAL NO.

C 6265415

NATURE OF COMPLAINT—Report Details Fully

GUN FIRED WHEN SAFETY WAS PUSHED OFF. (NEAR ACCIDENT). GUN THEN WORKED ON AT "TOTUM POLE GUN & BOW - UNION S.C.). AFTER GUN WORK - GUN WENT OFF WHEN BOLT WAS CLOSED.

WHEN
COMPLAINT
REGISTERED
IS ON

AMMUNITION — Report make and type of Firearm used.

FIREARMS — " " " " " " Ammunition used.

TARGETS — " " " " " " Trap used.

TRAP — " " " " brand of Targets used.

Did you find by actual test complaint was justified? Yes _____, No K

State your recommendations for adjustment

- A. Replacement to _____
B. Issued credit to _____
C. Repair product—Charge to N/C Check if no change
D. Other recommendations REPAIR AND RETURN TO J.P. FOSTER WITH REPORT. PLEASE EXPEDITE.

Did you make an adjustment? Yes _____ No X

If so, report nature of adjustment fully.

Exhibit returned to ILION NY Date returned 10/29/90 Check if product was not returned _____
Insert name of Plant

Quantity returned 1 If ammunition, (same code) amount in stock and location

*Shippers Name and Address J.P. FOSTER - 5018 CHARLTON WAY, CHARLOTTE, N.C. 28226

Indicate how shipped: Express _____ Freight _____ Parcel Post X UPS - NEXT DAY DEL.

NOTES— (a) Do not return products unless authorized in accordance with company policy.
(b) Do not fail to tag all returned goods with actual complainant's name and address if different from shipper