DATE OPENED P/S: 2/9/95

LAST NAME: Johnson

FIRST NAME: Norman

STREET: RR1 Box 17 CITY: Turtle Lake STATE: ND ZIP: 58575

HOME PHONE: 701-448-9188 WORK PHONE: _____ A.S. REPAIR: 95 02195

DATE OPENED REM: 1/18 DATE OF INCIDENT: _____ DATE CLOSED: 2/9

MFD. BY: Rem CALIBER: 308 MODEL: 700

SERIAL 100915 RAMAC: ___ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? X BULLET WEIGHT: _____

PRODUCT TYPE: (F) A T O (Circle one) TYPE CONCERN: PI PD P(S) C P/S

CONCERN CODE: 1007 CUSTOMER'S CONCERN: FSR

PROBLEM CODE: _____ PROBLEM: I.M

CAUSE CODE: 4015 / 4006 CAUSE: [redacted] / AA

DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS _____

ASSIGNED TO: [redacted] CLASSIFICATION: (UNJ) UNC UND J

PRELITIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the X)

SETTLEMENT DETAIL: Repair Spot price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

ATTITUDE: IRATE----- ANGRY---- CALM---- PLEASED----