

DATE OPENED P/S: 4-6-95

LAST NAME: Adams

FIRST NAME: DARWIN

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: _____

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: Tom CALIBER: _____ MODEL: 600

SERIAL _____ RAMAC: _____ DATE CODE: _____ DATE MFD: _____

X OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: _____ CUSTOMER'S CONCERN: Malfunctioned Cartridge A round in his foot

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: _____ CAUSE: _____

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

ASSIGNED TO: _____ CLASSIFICATION: UNJ UNC UND I

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

SETTLEMENT DETAIL: _____

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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