DATE OPENED P/S: 6/14/95

LAST NAME: Bryant

FIRST NAME: C.B.

STREET: 1533 5th Ave N CITY: Texas City STATE: TX ZIP: 77590

HOME PHONE: 409-945-0326 WORK PHONE: _____ A.S. REPAIR: 95-12286

DATE OPENED REM: 4/12 DATE OF INCIDENT: _____ DATE CLOSED: 6/14

MFD. BY: Rem CALIBER: 270 MODEL: 700

SERIAL A6780052 RAMAC: _____ DATE CODE: XV DATE MFD: 12/79

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1008 CUSTOMER'S CONCERN: FBC

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: AA

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

ASSIGNED TO: Kust CLASSIFICATION: (UNI) UNC UND J

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

SETTLEMENT DETAIL: Repair Spec. price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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