DATE OPENED P/S: 11-22-95

LAST NAME: COCHRAN

FIRST NAME: LARRY

STREET: 7574 Williamsburg Dr CITY: Plainfield STATE: Ind ZIP: 46168

HOME PHONE: _____ WORK PHONE: 317-838-9005 S.S. REPAIR: _____

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

MFD. BY: Lem CALIBER: 380 MODEL: 738

SERIAL 014501 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: 1008 CUSTOMER'S CONCERN: Loud sudden closing of slide assembly

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4040 CAUSE: Unfounded

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

ASSIGNED TO: _____ CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT DETAIL: _____

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

Send Customer's letter (Copy) 11/22/95

COMMENTS: Called Customer 11/22/95 left message on his answer to return my call

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

PS01391