DATE OPENED P/S: 1-16-95

LAST NAME: OERAN

FIRST NAME: LARRY

STREET: 17562 SLATER RD. CITY: FT. MYERS STATE: FLA. ZIP: 33912

HOME PHONE: 561-[illegible] WORK PHONE: _____ A.S. REPAIR: [illegible]

DATE OPENED REM: 2-2-95 DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: LM CALIBER: 9MM-38 MODEL: 7

SERIAL 762804 RAMAC: ___ DATE CODE: DN DATE MFD: 9-93

_____ 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: _____

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: _____ CAUSE: _____

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: _____

COMMENTS: Customer agreed to return

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