DATE OPENED P/S: 4/24/95

LAST NAME: D A'S Gun Shop

FIRST NAME: _____

STREET: 110 A W. Main St CITY: CECILTON STATE: MD ZIP: 21913

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 95 0717

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: 4/24

MFD. BY: Rem CALIBER: 270 MODEL: 700

SERIAL A6295226 RAMAC: ___ DATE CODE: CL DATE MFD: 4/76

_____ 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: _____

CAUSE CODE: 4006 / 4013 CAUSE: AA / MP

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

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

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

SETTLEMENT DETAIL: Repair Spec pmt

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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