DATE OPENED P/S: 8/2/95 6994

LAST NAME: Downs

FIRST NAME: Ray

STREET: RT 1 Box 70-FF CITY: Italy STATE: TX ZIP: 76651

HOME PHONE: 214-312-2585 WORK PHONE: _____ A.S. REPAIR: 95 19437

DATE OPENED REM: 8/2 DATE OF INCIDENT: _____ DATE CLOSED: 8/2

MFD. BY: Rem CALIBER: 308 MODEL: 700

SERIAL 6278894 RAMAC: _____ DATE CODE: ES DATE MFD: 10/69

_____ 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 CAUSE: AA

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

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

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

SETTLEMENT DETAIL: Repair Spot price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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