DATE OPENED P/S: 10-31-95

LAST NAME: Elfrink

FIRST NAME: Robert

STREET: 619 Grover CITY: Warrensburg STATE: MO ZIP: 64093

HOME PHONE: ______ WORK PHONE: ______ A.S. REPAIR: 9527172

DATE OPENED REM: 10-31-95 DATE OF INCIDENT: ______ DATE CLOSED: 11-2-95

MFD. BY: Rem CALIBER: 7mm Mag MODEL: 700

SERIAL C6519001 RAMAC: ______ DATE CODE: AK DATE MFD: 3-90

______ OBSOLETE? X BULLET WEIGHT: ______

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

CONCERN CODE: 10074-1008 CUSTOMER'S CONCERN: rifle discharges when safety is taken off and when closing bolt

PROBLEM CODE: ______ PROBLEM: ______

CAUSE CODE: 4015 CAUSE: poor maintenance

DATE TO ANALYSIS: ______ CUSTODY: ______ DATE FROM ANALYSIS ______

ASSIGNED TO: ______ CLASSIFICATION: UNI UNC UND I

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

SETTLEMENT DETAIL: Repair at regular price

SETTLEMENT AMOUNT: ______

CUSTOMER CONCERN: ______

COMMENTS: Safety seized up - Gun inspected action & trigger assembly covered with rust - poor care

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