DATE OPENED P/S: 1-31-95 6524

LAST NAME: Fuson

FIRST NAME:

STREET: 15258 Norland CITY: Grand Haven STATE: Mi. ZIP: 49417

HOME PHONE: WORK PHONE: A.S. REPAIR: 95 00776

DATE OPENED REM: 1-9-95 DATE OF INCIDENT: DATE CLOSED: 1-31-95

MFD. BY: Rem CALIBER: 30/06 MODEL: 700

SERIAL A6406716 RAMAC: DATE CODE: B0 DATE MFD: 1-77

_____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: [illegible]

PROBLEM CODE: 4040 PROBLEM:

CAUSE CODE: 4006 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: [illegible]

SETTLEMENT AMOUNT: $ 28.00

CUSTOMER CONCERN:

COMMENTS:

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