DATE OPENED P/S: 10/18/95

LAST NAME: Flores

FIRST NAME: Roldofo

STREET: 117 W. South St. CITY: Uvalde STATE: tx ZIP: 78801

HOME PHONE: _____ WORK PHONE: 512-278-4501 A.S. REPAIR: 95259 41

DATE OPENED REM: 10/18 DATE OF INCIDENT: _____ DATE CLOSED: 10/18

MFD. BY: Rem CALIBER: 270 MODEL: 700

SERIAL 6524685 RAMAC: ___ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1020 CUSTOMER'S CONCERN: FOBO

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: AA

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

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

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

SETTLEMENT DETAIL: Repair spd pmo

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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

PS02377