

DATE OPENED P/S: 11/30/94

6265

LAST NAME: ~~FARGUHAN~~ FARGUHAN

FIRST NAME: Charles / Eddie

STREET: 1910 Concord CITY: Deer Park STATE: TX ZIP: 77536

HOME PHONE: 713 WORK PHONE: _____ A.S. REPAIR: 94-36475

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: 4/21/95

MFD. BY: Ram CALIBER: 222 MODEL: 700

SERIAL 356643 RAMAC: _____ DATE CODE: XR DATE MFD: 12/68

_____ 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: FBO

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: AA

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

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

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

SETTLEMENT DETAIL: _____

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: Fixed when lifting belt, shot sons toe,
one surgery done, second surgery needed for pain and fuse toe.
Doesn't hold us responsible.

COMMENTS: Call Charles with findings after evaluation.
Sending gun & ammo in

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