DATE OPENED P/S: 11-22-94 5578

LAST NAME: GARCIA MT

FIRST NAME: _____

STREET 614 2nd St S. CITY: White Bear STATE MN ZIP: 55387

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: _____

DATE OPENED REM: 11-14-94 DATE OF INCIDENT: _____ DATE CLOSED: _____

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

SERIAL B6303354 RAMAC: ___ DATE CODE: AB DATE MFD: 2-81

~~X~~ 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: Jam gun after Bolt safety is taken off

PROBLEM CODE: 4040 PROBLEM: _____

CAUSE CODE: 4045 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 AMOUNT: Upon at Sp. pmt #28.00

CUSTOMER CONCERN: _____

COMMENTS: _____

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

PS02920