DATE OPENED P/S: 9-6-95 7017

LAST NAME: HOSEY

FIRST NAME: PETE

STREET: 5131 Jefferson St CITY: Oxnard STATE: Ca. ZIP: 93033

HOME PHONE: ______ WORK PHONE: ______ A.S. REPAIR: 9521728

DATE OPENED REM: ______ DATE OF INCIDENT: ______ DATE CLOSED: 9-6-95

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

SERIAL A6610243 RAMAC: ____ DATE CODE: KQ DATE MFD: 5-78

______ OBSOLETE? X BULLET WEIGHT: ______

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

CONCERN CODE: 1007-1002 CUSTOMER'S CONCERN: [illegible] Trigger [illegible], fired on safe

PROBLEM CODE: 4016 PROBLEM: ______

CAUSE CODE: 4015 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] sending estimate to replace

SETTLEMENT AMOUNT: ______

CUSTOMER CONCERN: ______

COMMENTS: ______

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

PS03044