DATE OPENED P/S: 3/29/95

LAST NAME: JAROSIK

FIRST NAME: Robert

STREET: 1240 Sumac St CITY: Muskegon STATE: Mi ZIP: 49445

HOME PHONE: 616 744 2286 WORK PHONE: _____ A.S. REPAIR: 95 10625

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: Rem CALIBER: 7mm MODEL: 700

SERIAL A6502730 RAMAC: ___ DATE CODE: 90 DATE MFD: 9/77

_____ 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: FSR

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4039 CAUSE: NFF

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: Repair N/C

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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