9647

DATE OPENED P/S: 7/25/95

LAST NAME: MOYE

FIRST NAME: John

STREET: Rt 3 Box 138 CITY: PRINCETON STATE: WV ZIP: 24740

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 95 18853

DATE OPENED REM: 7/24 DATE OF INCIDENT: _____ DATE CLOSED: 7/25

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

SERIAL A6563056 RAMAC: _____ DATE CODE: LQ DATE MFD: 2/78

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1007 CUSTOMER'S CONCERN: FSR

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4015 CAUSE: IM

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 Spec. price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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