DATE OPENED P/S: 1-23-95 6E091 SET-UP FILE

LAST NAME: MORROW

FIRST NAME: JONATHON

STREET: RT 1 BOX 1521-A CITY: QUITMAN STATE: TX ZIP: 75783

HOME PHONE: 9039672439(H) WORK PHONE: _____ A.S. REPAIR: _____

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

MFD. BY: REM CALIBER: _____ MODEL: 700 BDL

SERIAL _____ RAMAC: ____ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1008 CUSTOMER'S CONCERN: FBC

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: _____ 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: _____

CUSTOMER CONCERN: FIRES ON CLOSING AND ALSO HAS "DELAYED" FIRING

COMMENTS: ISSUE CALL TAG AFTER CUSTOMER RETURNS HOME FROM BUSINESS TRIP. HE WILL CONTACT US. CUST HAS USED WD-40 AND 3in1 oil.

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

PS04096