DATE OPENED P/S: 12/15/95

LAST NAME: Means

FIRST NAME: Jenny

STREET: 1103 Rosedale dr. CITY: St. Albans STATE: WV ZIP: 25177

HOME PHONE: 304-722-6230 WORK PHONE: _____ A.S. REPAIR: 95 32815

DATE OPENED REM: 12/19 DATE OF INCIDENT: _____ DATE CLOSED: 12/19

MFD. BY: Rem CALIBER: 25-06 MODEL: 700

SERIAL C6531676 RAMAC: _____ DATE CODE: CK DATE MFD: 4/90

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1020 CUSTOMER'S CONCERN: FOBO

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4015 / 4006 CAUSE: IM / AA

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 spot. price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

ATTITUDE: IRATE..... ANGRY..... CALM..... PLEASED.....

PS04115