DATE OPENED P/S: 12/21/94 6371

LAST NAME: MCRAE

FIRST NAME: Don

STREET: 5900 Cassandra Smith Rd CITY: Hixson STATE: TN ZIP: 37343

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 94-34678

DATE OPENED REM: 12/3 DATE OF INCIDENT: _____ DATE CLOSED: 12/21

MFD. BY: Rem CALIBER: 22-250 MODEL: 700

SERIAL A6388181 RAMAC: ___ DATE CODE: X1 DATE MFD: 12/76

_____ 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: Rust CLASSIFICATION (UNJ) UNC UND J

PRELITIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the X)

SETTLEMENT DETAIL: Rep. Spot. pmt

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: F.S.R., F.D.

COMMENTS: Rust, AA

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