DATE OPENED P/S: 12-13-95

LAST NAME: OWENS

FIRST NAME: MICHAEL

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

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

DATE OPENED REM: 12-13-95 DATE OF INCIDENT: 11-4-95 DATE CLOSED: _____

MFD. BY: _____ CALIBER: _____ MODEL: 700 ADL

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: 1040 CUSTOMER'S CONCERN: Difficulty closing bolt

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4040 CAUSE: Undetermined

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: _____

COMMENTS: Faxed Cindy O'Neill copy of Attorney Douglas letter dated 12/8/95

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

PS04626