DATE OPENED P/S: 1-30-95 6578

LAST NAME: Cybanik

FIRST NAME: Jim

STREET: 108 Box 239 CITY: Kittanning STATE: PA ZIP: 16201

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 95 00582

DATE OPENED REM: 1-6-95 DATE OF INCIDENT: _____ DATE CLOSED: 1-30-96

MFD. BY: Lem CALIBER: 25/06 MODEL: 700

SERIAL A6589261 RAMAC: ___ DATE CODE: C D DATE MFD: 4-78

_____ 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: Shot the first time gun went off and won't fire

PROBLEM CODE: 4040 PROBLEM: _____

CAUSE CODE: 4015 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 DETAIL: Agreement signed over

SETTLEMENT AMOUNT: $28.00

CUSTOMER CONCERN: _____

COMMENTS: _____

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