DATE OPENED P/S: 11-29-95

LAST NAME: Richardson

FIRST NAME: John

STREET: 24 Orchard Trail CITY: Monroe STATE: N.Y. ZIP: 10950

HOME PHONE: 914-496-3478 WORK PHONE: _____ A.S. REPAIR: 95-30258

DATE OPENED REM: 11-29-95 DATE OF INCIDENT: _____ DATE CLOSED: 11-30-95

MFD. BY: Com CALIBER: 30/06 MODEL: Spt 78

SERIAL: B6744693 RAMAC: ____ DATE CODE: AG DATE MFD: 3-86

X OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1008 CUSTOMER'S CONCERN: Rifle slam fire

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4015 CAUSE: poor maintenance

DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS _____

ASSIGNED TO: Santi CLASSIFICATION: (UNJ) UNC UND J

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

SETTLEMENT DETAIL: repair at special price

SETTLEMENT AMOUNT: $28.00

CUSTOMER CONCERN: _____

COMMENTS: _____

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

PS05266