DATE OPENED P/S: 11-21-94

3867

LAST NAME: STEVEN

FIRST NAME: LANE

STREET: BOX 63A CITY: TURIN STATE: N.Y. ZIP: 13473

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

DATE OPENED REM: 11/10/94 DATE OF INCIDENT: ______ DATE CLOSED: 11-21-94

MFD. BY: Rem CALIBER: 308 Win MODEL: 700

SERIAL 6257352 RAMAC: ____ DATE CODE: OS DATE MFD: 7-69

______ 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: Have problem with trigger & safety

PROBLEM CODE: 1007 PROBLEM: ______

CAUSE CODE: 4006 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 AMOUNT: repair at special price $28.00

CUSTOMER CONCERN: ______

COMMENTS: ______

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

PS05646