6601

DATE OPENED P/S: 2-20-95

LAST NAME: Thomas

FIRST NAME: Wm

STREET: 222 [illegible] CITY: [illegible] STATE: TX ZIP: 37877

HOME PHONE: ______ WORK PHONE: ______ A.S. REPAIR: 95-04314

DATE OPENED REM: 2-3-95 DATE OF INCIDENT: — DATE CLOSED: 2-20-95

MFD. BY: Rem CALIBER: 308 MODEL: Mdl. 600

SERIAL A6574297 RAMAC: ____ DATE CODE: ____ DATE MFD: ____

X 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: [illegible]

PROBLEM CODE: 1040 PROBLEM: ______

CAUSE CODE: 4015 + 4006 CAUSE: ______

DATE TO ANALYSIS: ______ CUSTODY: ______ DATE FROM ANALYSIS ______

ASSIGNED TO: ______ CLASSIFICATION: UNI (UNC) UND J

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

SETTLEMENT DETAIL: [illegible]

SETTLEMENT AMOUNT: $28.00

CUSTOMER CONCERN: ______

COMMENTS: ______

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

PS06051