DATE OPENED P/S: 5/31/95 6846

LAST NAME: Tucci

FIRST NAME: Dr. Jon Michael

STREET: Wilson Mesa Ranch CITY: Placerville STATE: Co ZIP: 81430

HOME PHONE: WORK PHONE: A.S. REPAIR: 95 114433

DATE OPENED REM: DATE OF INCIDENT: DATE CLOSED: 5/31

MFD. BY: Rem CALIBER: 7MM MODEL: 700

SERIAL B6233489 RAMAC: DATE CODE: OA DATE MFD: 7/80

_____ 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: FBC

PROBLEM CODE: PROBLEM:

CAUSE CODE: 4006 / 4015 CAUSE: AA / IM

DATE TO ANALYSIS: CUSTODY: DATE FROM ANALYSIS

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

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

SETTLEMENT DETAIL: Repair Spec. price

SETTLEMENT AMOUNT:

CUSTOMER CONCERN:

COMMENTS:

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