6824

DATE OPENED P/S: 5/11/95

LAST NAME: TUCKER

FIRST NAME: J. O.

STREET: 345 Hilltop CITY: Elkhart STATE: KS ZIP: 67950

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 9509169

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: 5/11

MFD. BY: Rem CALIBER: 222 MODEL: 700

SERIAL A6639886 3 RAMAC: ___ DATE CODE: B0 DATE MFD: 1/77

_____ 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: FSR

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: AA

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

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

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

SETTLEMENT DETAIL: Repair Replace

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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