

Charles Avery
P.O. Box 3310
Oshkosh, WI 54903



2/7/97

Dear Charles,

We were indeed sorry to learn of the mishap with your Model 700 rifle and to hear that you were injured as a result. We hope that your condition continues to improve.

Your letter is not clear as to what happened or how. I cannot begin to diagnose the cause of the incident without examining your gun and the shell casing involved.

In order for us to draw a definitive conclusion as to exactly what happened, we necessarily need to look at the gun and the shell case that was fired at the time of the incident,

Upon receipt, we will send you an acknowledgment of receipt of your gun and ammunition, etc. We will then conduct an examination and call or write you with our findings.

I assure you that your gun, ammo, spent case, etc. will be available to be returned to you in an as received condition should we disagree on an acceptable resolution.

If you would kindly send your gun to my attention, I will proceed with a prompt examination and, hopefully, resolve the issue in an expeditious manner. Also, please enclose all copies of your medical bills associated with this injury.

Please send your gun to:

Attn: J.L. Kast
Product Service
Remington Arms Co., Inc.
14 Hoefler Ave.
Ilion, NY 13357

Thank you for affording us the opportunity to work with you on this matter.

Sincerely,

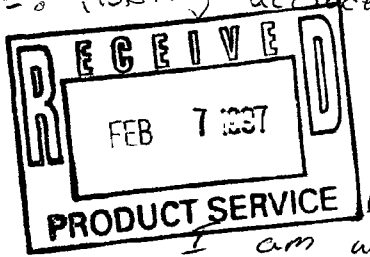
J.L. Kast
Consumer Service

TO: Claims Dept.

1-30-97

From: Charles Avery

RE: Hunting accident involving a Remington 30-06, 700



I am writing you this letter to inform you of the information that was brought to me. I was shot by a Remington 30-06, 700 model. I have just been informed that this rifle has a manufacturing defect. "When the safety is engaged the Bolt may still be opened, and when the Bolt closes the safety disengages." This is a manufacture defect. I have been shot in the right forearm causing severe disfigurement and disability. I am a right handed person and have had to learn to use my left hand for most usage. I am requesting you to resolve this manufacture malfunction that has caused permanent emarrismant. I am requesting you to make me a Resonible offer to comprsate this mis-hap. IF I Do not Recieve a response From you within 21 Days (calander) I will be forced to contact a lawyer and make this a nation wide public Issue.

Charles Avery
P.O. Box 3310
Oshkosh, WI.

54903

Charles Avery
Ch. Avery

C.C. U.S. District Court
C.C. Insurance Commissioner

Microsoft Access

File Edit View Records Window Help

Customer Service Data Entry

FIND AVERY

File Number: 9158 Arms Service number:

Last Name: AVERY First Name: CHARLES

Street: PO BOX 370 City: DSHKDSH

State: WI Zip: 54903 Home Ph:

Work Ph: Product Type: F A T O

Type Concern: P PD P S C Concern Code: 1028

Concern: FIRED WITH SAFE ON

Cause Code: Cause:

Assigned To: KAST Classification: UNC UNJ UNC UND J

Settlement Detail: Settlement Amount: \$0.00

Date Opened Rem: Date Opened by P/S: 2/7/97 Caliber: 30-06

Date of Incident: 11/19/94 Date Closed: Bullet Weight:

Date to Analysis: Date from Analysis: Manufacturer: REM

Model: 700 Serial: 8364055 Date Code: Date Mfgd:

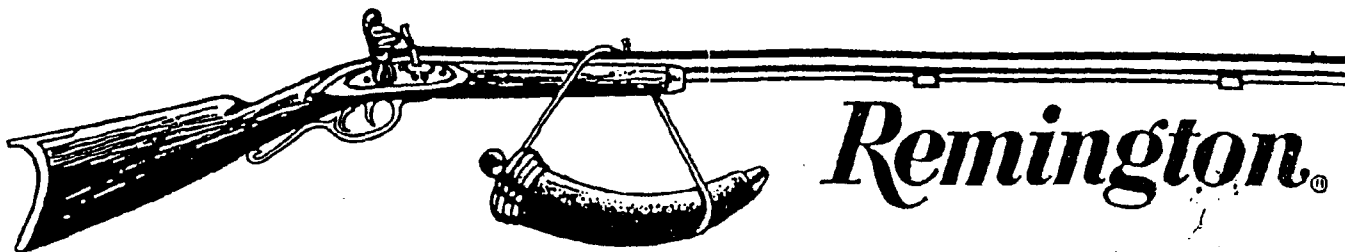
RAMAC: 700 Litigation: ☐ PreLitigation: ☐ Obsolete: ☐

CustoJy: Comments: shot through arm by william cody who was removing gun from gun case with finger on trigger and safe was allegedly in on position

Time of Modification: 12:51:32 PM Date of Modification: 2/18/97

Form View FLTR CAPS NUM

*Talked to Wayland
2/20 put file on hold*



**QUALITY SERVICE: THE KEY
TO CUSTOMER LOYALTY**

Remington Arms Company, Inc.
Consumer Affairs
Ilion, New York - 13357
Fax (315) 895-3237

DATE: 2/19/97 TIME: _____

TO: Wayland Hundley

(BLDG./ROOM NO.)

(PHONE)

FROM: Jack Kist 315-895-3558

(BLDG./ROOM NO.)

(PHONE)

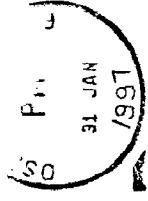
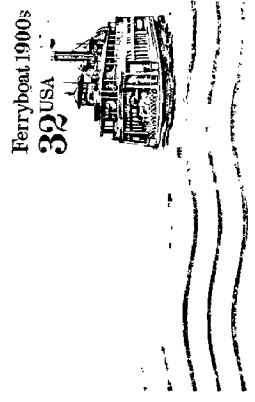
TOTAL NUMBER OF PAGES, INCLUDING THIS SHEET: 6

RECEIPT VERIFICATION CALL REQUIRED? (YES/NO)

COMMENTS: Call on receipt

The information contained in this FAX is confidential and/or privileged. This Fax is intended to be reviewed initially by only the individual named above. If the reader of this Transmittal Page is not the intended recipient or a representative, you are hereby notified that any review, dissemination or copying of this FAX or the information contained herein is prohibited. If you have received this FAX in error, please immediately notify the sender by telephone and return this FAX to the sender at the above address. Thank you.

Charles A. Remington
183602 O.S.C. 2
P.O. Box 3310
Oshkosh, WI
54903

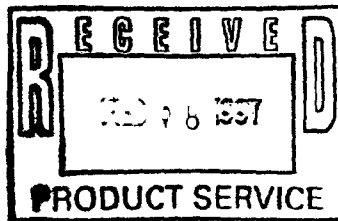


c/o Claims Dept.
Remington Arms, Co.
870 Remington Dr.
P.O. Box 700
Madison, N.C.
27025

27025/0700

This letter has been mailed from the
WISCONSIN PRISON SYSTEM

To: J.L. Kast,
From: Charles Avery,



Set up Computer
File

I Received your Letter Today & I am sending you a copy of D.N.R. Confiscation Tag & there summary. As far as my medical Bills are concerned those Bills were covered by home owners insurance. I did not shoot myself. I was riding along with my wifes uncle William Cody. The Rifle belongs to him. The gun discharged while he was removing it from the soft gun case with his finger on the trigger & the safety on! as far as being able to send you either gun or ammunition case you will have to contact the Dodgeville D.N.R. I will forward you the hospital report & D.N.R.s Report. I must ask you to respond again very promptly so we may resolve this matter; contact my lawyer for copies of Hospital Reports.

Charles Avery
P.O. Box 3310
Oshkosh, WI.
54903

Attorney: John Miller Carroll, S.C.
212 West Wisconsin Ave.
Milwaukee, WI. 53203
(414) 291-9404
Fax (414) 291-9566

Warden and subject then returned to the subject's house. Warden told subject that the Warden need to hold the rifle as evidence. Subject led Warden into the house, opened the gun cabinet and told the Warden he could get the rifle. Warden and subject then took a post out and marked the location of hunting accident.

REMOVAL OF THIS TAG IS A \$500 FINE OR 90 DAYS IN JAIL (s. 29.644, Wis. Stats.)			
State of Wisconsin Department of Natural Resources Madison, WI 53707			
NO6947			
Seized From (Name) <i>William R. Cody</i>			
Address <i>1565 CTH. RD.</i>			
City, State, Zip Code <i>Menasha, WI</i>			
Seized By <i>Randal G. Rossing</i>		Date Seized <i>11-29-94</i>	
Quantity/Unit	Description	Seizure Code	
<i>ONE</i>	<i>Rossing Model 700 Bolt Action 30-06 rifle</i>		
<i>ONE</i>	<i>Serial # 6364055 w/ magazine 2.5-7 scope</i>		
<i>ONE</i>	<i>Personal Steel/Black plastic zipper gun case w/ steel cloth interior</i>		
Reason Seized <i>used in hunting accident</i>			
Seizure Record Number			
Citation Number (if any)		County <i>La crosse</i>	
Location Seized <i>Cody Residence</i>		City, State, Zip Code	
Does Delinquent Wish to Be Notified		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Disposition			
Transferred To (Name)			
Address			
City, State, Zip Code			
Held For Court		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Confiscated by Court		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date Confiscated			
Certified By		Date	

Just 4-12-97
D. Rossing

Warden Reporting:
Randal G. Rossing

Date of Report
November 27, 1994

Check ☒ the Most Important Contributing Factor Below

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Victim out of sight of shooter | <input type="checkbox"/> 8 Shooter stumbled and fell | <input type="checkbox"/> 16 Horseplay with firearm |
| <input type="checkbox"/> 2 Victim covered by shooter swinging on game | <input type="checkbox"/> 9 Trigger caught on object | <input type="checkbox"/> 17 Casing or uncasing firearm |
| <input type="checkbox"/> 3 Victim mistaken for game | <input checked="" type="checkbox"/> 10 Loading firearm | <input type="checkbox"/> 18 _____ |
| <input type="checkbox"/> 4 Victim moved in line of fire | <input type="checkbox"/> 11 Unloading firearm | |
| <input type="checkbox"/> 5 Ricochet | <input checked="" type="checkbox"/> 12 Loaded firearm in vehicle | |
| <input type="checkbox"/> 6 Defective firearm | <input type="checkbox"/> 13 Improper crossing of obstacle | |
| <input type="checkbox"/> 7 Firearm fell, insecure rest | <input type="checkbox"/> 14 Clubbing game with firearm | |
| | <input type="checkbox"/> 15 Victim fell from elevated device or tree | |

Was Shooter Attempting to Bag Game

- ☒ 1 Yes ☐ 2 No

Distance from Muzzle to Wound in Yards

- | | | |
|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 0-1 | <input type="checkbox"/> 4 11-20 | <input type="checkbox"/> 7 Over 100 |
| <input checked="" type="checkbox"/> 2 2-5 | <input type="checkbox"/> 5 21-50 | Measured Distance _____ Feet |
| <input type="checkbox"/> 3 6-10 | <input type="checkbox"/> 6 51-100 | |

Weather

- ☐ 1 Clear
☒ 2 Cloudy
☐ 3 Partly Cloudy

Precipitation

- N/A*
☐ 1 Foggy - Mist
☐ 2 Raining
☐ 3 Snowing

Temperature

40-50 °F

Light Conditions

- ☐ 1 Dawn ☐ 3 Dusk
☒ 2 Daylight ☐ 4 Dark

Groundcover

- ☐ 1 Leaves ☐ 3 _____
☒ 2 Grass ☐ 4 Snow _____ Inches

Topography - Accident Location Is:

- ☐ 1 Level ☐ 5 Other _____
☒ 2 Rolling
☐ 3 Steep Hill
☐ 4 Swamp or Marsh

Accident Occurred On

- ☐ 1 Wooded Area ☐ 5 Railroad Right-of-way
☒ 2 Field/Cropland ☐ 6 River, Stream or Lake
☐ 3 Roadway Right-of-way ☐ 7 _____
☐ 4 Public Hunting Ground

Diagram Accident Scene - Indicate North by Arrow in Circle (Use Additional Sheet if Necessary)



Were Photos Taken

- ☒ 1 Yes ☐ 2 No

Describe How Accident Happened - Be Specific (Use Additional sheet if Necessary)

REFER TO ATTACHED CASE REPORTS.

How Could Accident Been Prevented

BY SHOOTER HAVING THE MUZZLE OF HIS FIREARM POINTED IN A SAFE DIRECTION. IN THIS CASE, OUT AWAY FROM HIS VEHICLE AND ITS OCCUPANTS.

Witness's Name and Address	Age	Witness's Name and Address	Age
KIMBERLY CODY	13		
Witness's Name and Address	Age	Witness's Name and Address	Age

Enforcement Action Taken

- ☒ 1 Yes ☐ 2 No If Yes, Explain

Felony charges filed by DA

Court Disposition of Case

- ☒ 1 Pending ☐ 2 Completed - Explain Disposition

Investigation Conservation Warden - Print Name

Randal G. Rossing

Station

Dodgeville

Investigation Conservation Warden's Signature

Randal G. Rossing

Telephone Number

608-935-3365

Date of Report

11-28-94

Instructions to Conservation Warden: Type or print clearly and complete all portions of this report. For the purpose of this report, a hunter casualty is that in which a person is injured by the discharge of a hunting firearm or bow and arrow outside of the home and arising from the activity of hunting, including travel to and from the hunting field.

Date of Accident 11-19-94	Day of Week <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 Su Mo Tu We Th Fr Sa	Time of Accident Approx. 3:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
County IOWA	Code 25	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Township of MINERAL POINT
Specific Location - Legal Description 1/4 Section SW Section 24 T 5N R 2E		<input checked="" type="checkbox"/> 1 Private Land <input type="checkbox"/> 2 Public Land Deer Mgt. Unit No. 75
Type of Injury <input type="checkbox"/> 1 Fatal <input checked="" type="checkbox"/> 2 Non-Fatal	<input type="checkbox"/> 1 Minor - No Permanent Injury <input checked="" type="checkbox"/> 2 Major - Required Hospitalization	Self Inflicted Injury <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
Describe Injury - Be Specific ENTRY AND EXIT WOUND TO RIGHT FOREARM		

☐ 1 Leg or Foot ☐ 2 Body ☒ 3 Hand or Arm ☐ 4 Neck or Head

SHOOTER				VICTIM			
Name WILLIAM P. CODY				Name CHARLES S. AVERY II			
Street or Route 1565 CTH QQ				Street or Route 1565 CTH QQ			
City, State, Zip Code MINERAL POINT, WI 53565				City, State, Zip Code Mineral Point WI			
Sex <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Age 44	Date of Birth 08-02-50		Sex <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Age 22	Date of Birth 6-7-72	
Licensed Hunter <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	Years of Hunting Experience 27			Licensed Hunter <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	Years of Hunting Experience 1		
Was shooter Hunter Safety Course Graduate? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	Any Vision Defects <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If Yes, Explain WEARS GLASSES ON HAZY DAYS			Was Victim Hunter Safety Course Graduate? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	Any Vision Defects <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No If Yes, Explain		
	Cap	Coat or Vest	Trousers	Color of Clothing	Cap	Coat or Vest	Trousers
Blaze Orange	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	Blaze Orange	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
Blaze Orange Camouflage	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Blaze Orange Camouflage	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Brown	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Brown	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Blue or Green	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	Blue or Green	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4
Camouflage	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Camouflage	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Other	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Shooter Was In <input type="checkbox"/> 1 Dense Cover <input checked="" type="checkbox"/> 3 Open Area <input type="checkbox"/> 5 Vehicle <input type="checkbox"/> 7 Other <input type="checkbox"/> 2 Light Cover <input type="checkbox"/> 4 Elevated Device <input type="checkbox"/> 6 Boat				Victim Was In <input type="checkbox"/> 1 Dense Cover <input type="checkbox"/> 3 Open Area <input checked="" type="checkbox"/> 5 Vehicle <input type="checkbox"/> 7 Other <input type="checkbox"/> 2 Light Cover <input type="checkbox"/> 4 Elevated Device <input type="checkbox"/> 6 Boat			
Were Victim & Shooter Members of Same Hunting Party <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No No. in Party 6				Could Shooter See Victim <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			
Animals Being Hunted by Shooter <input checked="" type="checkbox"/> 1 Deer <input type="checkbox"/> 5 Grouse <input type="checkbox"/> 9 Rabbit <input type="checkbox"/> 2 Bear <input type="checkbox"/> 6 Pheasant <input type="checkbox"/> 10 Crow <input type="checkbox"/> 3 Coyote - Fox <input type="checkbox"/> 7 Raccoon <input type="checkbox"/> 11 Unknown <input type="checkbox"/> 4 Waterfowl <input type="checkbox"/> 8 Squirrel <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 Turkey				Type of Hunting Activity Shooter Was Involved In <input type="checkbox"/> 1 Driver <input type="checkbox"/> 5 In Tree Stand <input type="checkbox"/> 2 Stander <input type="checkbox"/> 6 In a Blind <input type="checkbox"/> 3 Still Hunting <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 4 Stalking			

Type <input type="checkbox"/> 1 Shotgun <input checked="" type="checkbox"/> 2 Rifle <input type="checkbox"/> 3 Handgun <input type="checkbox"/> 4 Bow	Action <input checked="" type="checkbox"/> 1 Bolt <input type="checkbox"/> 2 Lever <input type="checkbox"/> 3 Slide <input type="checkbox"/> 4 Break or Hinge <input type="checkbox"/> 5 Semi -Automatic <input type="checkbox"/> 6 Muzzle Loader <input type="checkbox"/> 7 Revolver	Type of Sight <input type="checkbox"/> 1 Bead <input type="checkbox"/> 2 Open <input type="checkbox"/> 3 Peep <input checked="" type="checkbox"/> 4 Scope	Capacity <input checked="" type="checkbox"/> 1 Repeater <input type="checkbox"/> 2 Double Barrel <input type="checkbox"/> 3 Single Shot	Projectile <input checked="" type="checkbox"/> 1 Bullet <input type="checkbox"/> 2 Fine Shot ____ No. <input type="checkbox"/> 3 Slug <input type="checkbox"/> 4 <input type="checkbox"/> 5 Arrow
Make Remington	Model 700	Serial Number 6364055	Caliber or Gauge 30-06	Barrel Length 22"

Warden and subject then returned to the subject's house. Warden told subject that the Warden need to hold the rifle as evidence. Subject led Warden into the house, opened the gun cabinet and told the Warden he could get the rifle. Warden and subject then took a post out and marked the location of hunting accident.

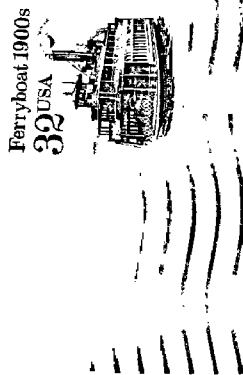
REMOVAL OF THIS TAG IS A \$500 FINE OR 90 DAYS IN JAIL. (s. 29.644, Wis. Stats.)			
State of Wisconsin Department of Natural Resources Madison, WI 53707			
N06947			
Seized From (Name): <u>William F. Cody</u> Address: <u>1565 6th St. QD.</u> City, State, Zip Code: <u>Madison, WI</u>			
Seized By: <u>Randal G. Rossing</u> Date Seized: <u>11/27/94</u>		Quantity/Unit: <u>One</u> Description: <u>Remington Model 700 Bolt Action 30-06 r.f. Serial # 63164055 Magazine 2.5-7 scope Chromal-steel/black bluing zipper gun case w/rope cloth in case</u> Reason Seized: <u>used in hunting accident</u>	
Seizure Record Number: _____ Citation Number (if any): _____ Location Seized: <u>Cody Residence</u>		County: <u>Lewis</u> Does Defendant Wish to Be Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition: _____ Transferred To (Name): _____ Address: _____ City, State, Zip Code: _____		Hold For Court: <input type="checkbox"/> Yes <input type="checkbox"/> No Confiscated by Court: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Confiscated: _____	
Certified By: _____ Date: _____		Form 4100-190 2-92	

Just 4-12-97
R. Rossing

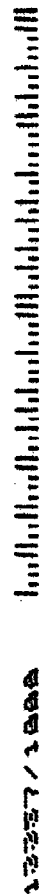
Warden Reporting:
Randal G. Rossing

Date of Report
November 27, 1994

Charles Avery
R03662-05012
P.O. Box 3310
Oshkosh, WI 54903



Attn: B.L. East
Product Service
Remington Arms Co.
14 Hoefler Ave.
IL1012, New York
13357



This letter has been received by
WISCONSIN FARMERS