

DATE OPENED P/S: 9/25/95
LAST NAME: COCKRELL
FIRST NAME: Phillip
STREET: 1503 Shaw Rd - 1011 CITY: Fayetteville STATE: NC ZIP: 28311
HOME PHONE: 910-678-7129 WORK PHONE: 910-822-7632 A.S. REPAIR: 9519766
DATE OPENED REM: 8/8 DATE OF INCIDENT: _____ DATE CLOSED: 9/25
MFD. BY: Rem. CALIBER: 30.06 MODEL: 700
SERIAL 617726 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

OBSOLETE? ☒ BULLET WEIGHT: _____

PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: ☐ PI ☐ PD ☒ C ☐ P/S

CONCERN CODE: 1007 CUSTOMER'S CONCERN: FSR

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 / 4015 CAUSE: AA / 1M

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

ASSIGNED TO: Kast CLASSIFICATION: ☒ UNJ ☐ UNC ☐ UND ☐ J

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

SETTLEMENT DETAIL: Repair spd. paid

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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