

DATE OPENED P/S: 3-24-95

LAST NAME: Franklin South State Center

FIRST NAME: _____

STREET: 2307 N. Shagan Blvd CITY: Alhambra STATE: CA ZIP: 91701

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 95-04651

DATE OPENED REM: 2-7-95 DATE OF INCIDENT: _____ DATE CLOSED: 3-25-95

MFD. BY: Sam CALIBER: 7mm-08 MODEL: 700

SERIAL: 56226840 RAMAC: _____ DATE CODE: VN DATE MFD: 5-93

_____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 1006 CUSTOMER'S CONCERN: Safety don't work, sometimes

PROBLEM CODE: 4040 PROBLEM: _____ will fire with

CAUSE CODE: 4040 CAUSE: _____ 4040?

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

ASSIGNED TO: _____ CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT DETAIL: replace complete trigger assembly at \$/-

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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