

DATE OPENED P/S: 9/18/95 759
LAST NAME: Gart Bros. Spt. Goods Co
FIRST NAME: _____
STREET: 1000 Broadway CITY: Denver STATE: CO ZIP: 80203
HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 9518971
DATE OPENED REM: 7/25 DATE OF INCIDENT: _____ DATE CLOSED: 9/18
MFD. BY: Rem CALIBER: 7MM MODEL: 700
SERIAL B6283680 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 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: Revised M/C
SETTLEMENT AMOUNT: _____
CUSTOMER CONCERN: _____

COMMENTS: _____

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