

DATE OPENED P/S: 12-27-94

LAST NAME: Kalata

FIRST NAME: Alman

STREET: 1306 Green Mt. Dr. CITY: Fenton STATE: MD ZIP: 63226

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

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: Rem CALIBER: 308 MODEL: 700

SERIAL A 6587848 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: _____ CUSTOMER'S CONCERN: _____

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: _____ CAUSE: _____

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: Letter requesting he return to them.

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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