

DATE OPENED P/S: 12-27-94

LAST NAME: Adams

FIRST NAME: _____

STREET: RTE 1 Box 20 CITY: Moments STATE: MN ZIP: 55052

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 94-34656

DATE OPENED REM: 12-2-94 DATE OF INCIDENT: _____ DATE CLOSED: 12-27-94

MFD. BY: Wm CALIBER: 223 MODEL: 700

SERIAL C6225781 RAMAC: _____ DATE CODE: L1 DATE MFD: 2-88

_____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 1007 CUSTOMER'S CONCERN: Gun just in my hand

PROBLEM CODE: 4040 PROBLEM: _____

CAUSE CODE: 4006 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: again at special price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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