

6624
DATE OPENED P/S: 3/3/85
LAST NAME: Allison and Cacey Gun Works
FIRST NAME: _____
STREET: 17311 SE Stark CITY: Portland STATE: OR ZIP: 97233
HOME PHONE: _____ WORK PHONE: 503-256-5166 A.S. REPAIR: 9507647
DATE OPENED REM: 3/2 DATE OF INCIDENT: _____ DATE CLOSED: 3/6
MFD. BY: Rem CALIBER: 10 MODEL: SP10
SERIAL LE 891546 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

OBSOLETE? ☒ BULLET WEIGHT: _____
PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: PI PD R ☒ C P/S
CONCERN CODE: 1003 CUSTOMER'S CONCERN: NO ON
PROBLEM CODE: _____ PROBLEM: _____
CAUSE CODE: 4040 CAUSE: UND
DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____
ASSIGNED TO: Just CLASSIFICATION: UNJ ☒ UNC UND J
PRELITIGATION: ☒ (If yes, circle the x) LITIGATION: ☒ (If yes, circle the X)
SETTLEMENT DETAIL: Repair N/C
SETTLEMENT AMOUNT: _____
CUSTOMER CONCERN: _____

COMMENTS: _____

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