

DATE OPENED P/S: 12-9-94

LAST NAME: Unrepaired

FIRST NAME: _____

STREET: 1610 E. Main CITY: Wapahutia STATE: TX ZIP: 75165

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

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

MFD. BY: Wm CALIBER: 270 MODEL: 721

SERIAL 121428 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

X OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1008 CUSTOMER'S CONCERN: Myself said when hit was

PROBLEM CODE: 1040 PROBLEM: _____

CAUSE CODE: HE15+4006 CAUSE: _____

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

ASSIGNED TO: _____ CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT DETAIL: agreed N/C no further action - 50.00

SETTLEMENT AMOUNT: 50.00 with Bob O'Connell

CUSTOMER CONCERN: _____

COMMENTS: _____

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