

DATE OPENED P/S: 1/23/95 6379
LAST NAME: Angela Foast
FIRST NAME: _____
STREET: 1277 S. Brook St CITY: Summersville STATE: WV ZIP: 26651
HOME PHONE: _____ WORK PHONE: 304 872 3137 A.S. REPAIR: 94-37443
DATE OPENED REM: 12/28 DATE OF INCIDENT: _____ DATE CLOSED: 1/23
MFD. BY: Rem CALIBER: 7mm MODEL: 700
SERIAL C6666539 RAMAC: _____ DATE CODE: WL DATE MFD: 8/91

OBSOLETE? ☒ BULLET WEIGHT: _____
PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: PI PD ☒ C P/S
CONCERN CODE: 1040 CUSTOMER'S CONCERN: UNIS
PROBLEM CODE: _____ PROBLEM: _____
CAUSE CODE: 4039 CAUSE: NFF
DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____
ASSIGNED TO: Kist CLASSIFICATION: UNJ ☒ UNC UND J
PRELITIGATION: ☒ (If yes, circle the x) LITIGATION: ☒ (If yes, circle the X)
SETTLEMENT DETAIL: Repair w/c
SETTLEMENT AMOUNT: _____
CUSTOMER CONCERN: _____

COMMENTS: Unable to make gun fire unless safe was
off & trig. pulled - saw engagement under
spec. did not appear to have been altered

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