

DATE OPENED P/S: 11-22-95

LAST NAME: CRAIGS GUN REPAIR

FIRST NAME: _____

STREET: 3602 Shannon Dr CITY: Humble STATE: TX ZIP: 77396

HOME PHONE: _____ WORK PHONE: 713-454-6517 A.S. REPAIR: 9526436

DATE OPENED REM: 10/24/95 DATE OF INCIDENT: _____ DATE CLOSED: 11-22-95

MFD. BY: Pen CALIBER: 243 MODEL: 600

SERIAL 6893991 RAMAC: _____ DATE CODE: WZ DATE MFD: 8-75

☒ OBSOLETE? ☐ BULLET WEIGHT: _____

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

CONCERN CODE: 1007 CUSTOMER'S CONCERN: uplk. mailed, but find when

PROBLEM CODE: _____ PROBLEM: _____ moving up to

CAUSE CODE: 4006 & 4040 CAUSE: Attain Component for portion

DATE TO ANALYSIS: _____ CUSTODY: newly reported DATE FROM ANALYSIS: _____

ASSIGNED TO: _____ CLASSIFICATION: UNJ UNC UND I

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

SETTLEMENT DETAIL: upward N/C per upstate procedure

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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