

DATE OPENED P/S: 7-13-95

LAST NAME: DAEKO

FIRST NAME: WALTER

STREET: 998 N. ELAM

CITY: New H

STATE: NC

ZIP: 27562

HOME PHONE: _____

WORK PHONE: _____

A.S. REPAIR: 95 14637

DATE OPENED REM: _____

DATE OF INCIDENT: _____

DATE CLOSED: 7-13-95

MFD. BY: Rem

CALIBER: 3906

MODEL: 700

SERIAL 6593363

RAMAC: _____

DATE CODE: OW

DATE MFD: 9-72

OBSOLETE? ☒ BULLET WEIGHT: _____

PRODUCT TYPE: ☒ A ☐ T ☐ O

(Circle one)

TYPE CONCERN: ☐ PI ☐ PD ☒ P ☐ S ☐ C ☐ P/S

CONCERN CODE: 1007

CUSTOMER'S CONCERN: fixed when I moved the safety

PROBLEM CODE: 1040

PROBLEM: _____

CAUSE CODE: 4015

CAUSE: shot & misf

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: update the composite trip amount at spec. price

SETTLEMENT AMOUNT: \$ 28.00

CUSTOMER CONCERN: _____

COMMENTS: _____

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