

2023

DATE OPENED P/S:

LAST NAME:

FIRST NAME:

STREET:

CITY:

STATE:

ZIP:

HOME PHONE:

WORK PHONE:

A.S. REPAIR:

DATE OPENED REM:

DATE OF INCIDENT:

DATE CLOSED:

MFD. BY:

CALIBER:

MODEL:

SERIAL

RAMAC:

DATE CODE:

DATE MFD:

OBSOLETE? X BULLET WEIGHT:

PRODUCT TYPE:

☒ F ☐ A ☐ T ☐ O

(Circle one)

TYPE CONCERN:

☐ PI ☐ PD ☒ PS ☐ C

P/S

CONCERN CODE:

CUSTOMER'S CONCERN:

PROBLEM CODE:

PROBLEM:

CAUSE CODE:

CAUSE:

DATE TO ANALYSIS:

CUSTODY:

DATE FROM ANALYSIS

ASSIGNED TO:

CLASSIFICATION:

☐ UNJ ☐ UNC ☐ UND ☐ I

PRELITIGATION:

X (If yes, circle the x)

LITIGATION:

X (If yes, circle the X)

SETTLEMENT DETAIL:

SETTLEMENT AMOUNT:

CUSTOMER CONCERN:

COMMENTS:

ATTITUDE: IRATE----

ANGRY----

CALM----

PLEASED----