

DATE OPENED P/S: 3/8/95
LAST NAME: Depoys Guns & Supplies
FIRST NAME: _____
STREET: Rt 3 Box 167 CITY: Broadway STATE: Va ZIP: 22815
HOME PHONE: 703-896-5700 WORK PHONE: _____ A.S. REPAIR: 95-02836
DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: _____
MFD. BY: Rem CALIBER: 270 MODEL: 700
SERIAL C6615115 RAMAC: _____ DATE CODE: PK DATE MFD: 11/90
_____ OBSOLETE? ☒ BULLET WEIGHT: _____
PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: ☐ PI ☐ PD ☒ R ☐ S ☐ C ☐ P/S
CONCERN CODE: 1023 CUSTOMER'S CONCERN: DF
PROBLEM CODE: _____ PROBLEM: _____
CAUSE CODE: 4039 CAUSE: NFF
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: _____
SETTLEMENT AMOUNT: _____
CUSTOMER CONCERN: _____

COMMENTS: _____

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