7069

DATE OPENED P/S: 9/18/95

LAST NAME: Dunn

FIRST NAME: Mike

STREET: Rt 3 Box 256 CITY: Sparta STATE: Ga ZIP: 31087

HOME PHONE: 706-444-5998 WORK PHONE: _____ A.S. REPAIR: 95 IF 301

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: 9/18

MFD. BY: Rem CALIBER: 300 MODEL: 700

SERIAL _____ RAMAC: _____ DATE CODE: EU DATE MFD: 10-71

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1007 CUSTOMER'S CONCERN: FSR

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: [redacted] / 4013 CAUSE: [redacted] / MP

DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS _____

ASSIGNED TO: Karl CLASSIFICATION: (UNI) UNC UND J

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

SETTLEMENT DETAIL: Repair Spot price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: Also attend adjustments

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