DATE OPENED P/S: 10/30

LAST NAME: Evans

FIRST NAME: ~~Linda~~ Bill

STREET: 1312 S 63rd ST CITY: Yakima STATE: Wa ZIP: 98901

HOME PHONE: 509 577 0131 WORK PHONE: _____ A.S. REPAIR: _____

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: Rem CALIBER: _____ MODEL: 700

SERIAL C6548688 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? X BULLET WEIGHT: _____

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

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

SETTLEMENT DETAIL: _____

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: FIRED accidently 4 or 5 times no problems previously

COMMENTS: Sending to my attention

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