

DATE OPENED P/S: 8/15/95

LAST NAME: Foland

FIRST NAME: Adam

STREET: 801 Hwy 321 CITY: Newport STATE: TN ZIP: 37821

HOME PHONE: 615-623-0409 WORK PHONE: _____ A.S. REPAIR: 9520190

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: 8/15

MFD. BY: Rem CALIBER: 22-250 MODEL: 700

SERIAL: C6766769 RAMAC: _____ DATE CODE: DN DATE MFD: 1/93

OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 999 CUSTOMER'S CONCERN: GBU

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4001 CAUSE: OPR

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

ASSIGNED TO: Kest CLASSIFICATION: ☒ UN ☐ UNC ☐ UND ☐ J

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

SETTLEMENT DETAIL: Replace spec price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: 11/1/95 Adam called and asked that
gun be returned as rec'd.

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