

DATE OPENED P/S: 1-25-95

LAST NAME: Flach

6788

FIRST NAME: Don

STREET: 2100 135th W CITY: Coon Rapids STATE: MN ZIP: 55018

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: _____

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

MFD. BY: _____ CALIBER: _____ MODEL: 700

SERIAL A6712519 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: _____ CUSTOMER'S CONCERN: Magnum

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: _____ CAUSE: _____

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: Letter requesting its return

COMMENTS: _____

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