

set up file

7112

DATE OPENED P/S: 10/11/95

LAST NAME: ~~GAZDA~~ GAZDA

FIRST NAME: Pat

STREET: 913 S. 15th AVE CITY: WAUSAU STATE: WI ZIP: 54401

HOME PHONE: 715-355-5274 WORK PHONE: _____ A.S. REPAIR: _____

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

MFD. BY: Rem CALIBER: 12GA MODEL: 870EXP

SERIAL X024270M 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: 999 CUSTOMER'S CONCERN: ABU

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: _____ CAUSE: _____

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

ASSIGNED TO: Kast CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT DETAIL: _____

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: End of M. flow off - Rem Steel ammo

COMMENTS: Phone tag 10/11, left message.

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