

DATE OPENED P/S: 5/30/95 6848
LAST NAME: Gender Mountain
FIRST NAME: _____
STREET: Suite 120 19555 W. Blue mountain rd CITY: BROOKFIELD STATE: WI ZIP: 53045
HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 9509591
DATE OPENED REM: 3/22 DATE OF INCIDENT: _____ DATE CLOSED: 5/30
MFD. BY: REM CALIBER: 306 MODEL: 700
SERIAL 56206900 RAMAC: _____ DATE CODE: DM DATE MFD: 7/92

OBSOLETE? ☒ BULLET WEIGHT: _____
PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: PI PD ☒ C P/S
CONCERN CODE: 1007 CUSTOMER'S CONCERN: FSR
PROBLEM CODE: _____ PROBLEM: _____
CAUSE CODE: 4039 CAUSE: NFF
DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____
ASSIGNED TO: Kant CLASSIFICATION: UNJ ☒ UNC UND J
PRELITIGATION: ☒ (If yes, circle the x) LITIGATION: ☒ (If yes, circle the X)
SETTLEMENT DETAIL: Repair N/C
SETTLEMENT AMOUNT: _____
CUSTOMER CONCERN: _____

COMMENTS: _____

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