

DATE OPENED P/S: 9/20/95 7186
LAST NAME: Gallagher
FIRST NAME: Cyrus
STREET: 815 Virginia Dr CITY: Maryville STATE: TN ZIP: 37803
HOME PHONE: 615-984-1673 WORK PHONE: _____ A.S. REPAIR: 9521777
DATE OPENED REM: 9/5 DATE OF INCIDENT: _____ DATE CLOSED: 10/20
MFD. BY: Rem CALIBER: 22-250 MODEL: 700
SERIAL C6624198 RAMAC: _____ DATE CODE: BL DATE MFD: 1/91

____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 1008 CUSTOMER'S CONCERN: FBC

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: RA

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

ASSIGNED TO: Kut CLASSIFICATION: ☒ UNJ UNC UND I

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

SETTLEMENT DETAIL: Repair spec price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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