Set up file - send letter

6427

DATE OPENED P/S: 12/27/94

LAST NAME: Gold

FIRST NAME: William

STREET: 1321 Eighth Ave, North CITY: Grant Falls STATE: MT ZIP: 59401

HOME PHONE: _____ WORK PHONE: 406-452-6894 A.S. REPAIR: _____

DATE OPENED REM: _____ DATE OF INCIDENT: 11/18/94 DATE CLOSED: _____

MFD. BY: Rem CALIBER: 3006 MODEL: 700

SERIAL 6758715 RAMAC: ____ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1007 CUSTOMER'S CONCERN: FSR

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: _____ CAUSE: _____

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

ASSIGNED TO: Kent CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT DETAIL: _____

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

_____

_____

_____

COMMENTS: _____

_____

_____

_____

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