

DATE OPENED P/S: 6/26/95

6874

LAST NAME: HERBINKO

FIRST NAME: GEORGE

STREET: RR 3 Box 371 CITY: DRUMS STATE: Pa ZIP: 18222

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 9513522

DATE OPENED REM: 4/26 DATE OF INCIDENT: _____ DATE CLOSED: 6/26

MFD. BY: Rem CALIBER: 3006 MODEL: 700

SERIAL 6373135 RAMAC: _____ DATE CODE: ET DATE MFD: 10/70

_____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 1025 CUSTOMER'S CONCERN: UD

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: AA

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

ASSIGNED TO: Kast CLASSIFICATION: ☒ UND UNC UND J

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

SETTLEMENT DETAIL: Repair Spcl. price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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