

DATE OPENED P/S: 1-4-95
LAST NAME: HELL
FIRST NAME: ROBERT
STREET: Bm 483 CITY: Langston STATE: ND ZIP: 58249

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

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

MFD. BY: Dem CALIBER: 30/06 MODEL: 700

SERIAL 6815724 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: _____ CUSTOMER'S CONCERN: Myself. Wife's when pushing on
PROBLEM CODE: _____ PROBLEM: _____
Step

CAUSE CODE: _____ CAUSE: _____

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

ASSIGNED TO: _____ CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT DETAIL: Letter requesting to return for item

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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