

DATE OPENED P/S: 12/1/94

6250

LAST NAME: Johnston

FIRST NAME: Thomas

STREET: 18474 Banyon CITY: Rialto STATE: Ca ZIP: 92377

HOME PHONE: 909 823 1889 WORK PHONE: _____ A.S. REPAIR: 94 34335

DATE OPENED REM: 12/1 DATE OF INCIDENT: _____ DATE CLOSED: 12/1

MFD. BY: Rem CALIBER: 7mm MODEL: 700 BDL

SERIAL 6660989 RAMAC: _____ DATE CODE: WX DATE MFD: 8/73

____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 1007 CUSTOMER'S CONCERN: FSR

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4015 CAUSE: IM

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

ASSIGNED TO: Kurt CLASSIFICATION: ☒ UNJ ☐ UNC ☐ UND ☐ J

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

SETTLEMENT DETAIL: Repair Spl. price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: Customer claims gun was returned for same reason about 4 yrs ago

COMMENTS: Gun was returned once before (2/80) (LA)

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