DATE OPENED P/S: <u>8-12-94</u>
LAST NAME: JAMES
FIRST NAME: John
STREET: 722 WALER SE CITY: Albugue 1945 STATE N.M. ZIP: 87/02
HOME PHONE:A.S. REPAIR:
DATE OPENED REM; DATE OF INCIDENT: DATE CLOSED:
MFD. BY: CALIBER: 270 MODEL; 700
SERIAL A 68188.52 RAMAC: DATE CO
OBSOLETE? X BULLET WEIGHT:
PRODUCT TYPE: FATO (Circle one) TYPE CONCERN: PI PD PS C P/S
CONCERN CODE:CUSTOMER'S CONCERN MILE SULLIN LISTER
PROBLEM CODE: PROBLEM:
CAUSE CODE: CAUSE:
DATE TO ANALYSIS: CUSTODY: DATE FROM ANALYSIS
ASSIGNED TO: CLASSIFICATION: UNJ UNC UND J
RECTIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the X)
SETTLEMENT DETAIL: Lug Man for for for form - fugs
SETTLEMENT AMOUNT:
CUSTOMER CONCERN:
COMMENTS:
ATTITUDE: IRATE ANGRY CALM PLEASED