

DATE OPENED P/S: 7/13/95

6925

LAST NAME: KARRERS GUNATORIUM

FIRST NAME: _____

STREET: 5323 N. ARGONNE Rd CITY: Spokane STATE: Wa ZIP: 99219

HOME PHONE: _____ WORK PHONE: 924-3030 A.S. REPAIR: 95 14887

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: 7/13

MFD. BY: REM CALIBER: 270 MODEL: 700

SERIAL B6450365 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 1004 CUSTOMER'S CONCERN: NO OFF

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4015 CAUSE: IM

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

ASSIGNED TO: Karr CLASSIFICATION: UNJ ☒ UNC UND J

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

SETTLEMENT DETAIL: Repair Spel price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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