

DATE OPENED P/S: 11-8-95

LAST NAME: MOONEY

FIRST NAME: LLOYD

STREET: Box 317 CITY: Port Leyden STATE: NY ZIP: 13433

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 9528057

DATE OPENED REM: 11-8-95 DATE OF INCIDENT: _____ DATE CLOSED: 11-8-95

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

SERIAL 6423183 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 1007 CUSTOMER'S CONCERN: Handgun used for self defense

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: Alcohol, bad trigger, cracked

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

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

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

SETTLEMENT AMOUNT: \$25.00 repair at Smith's

CUSTOMER CONCERN: _____

COMMENTS: _____

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