

DATE OPENED P/S: 6/29/95

LAST NAME: McGraw

FIRST NAME: Les

STREET: 19 Ash St CITY: Newport STATE: Ky ZIP: 41071

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 9514243

DATE OPENED REM: 5/8 DATE OF INCIDENT: _____ DATE CLOSED: 6/29

MFD. BY: Rem CALIBER: 3006 MODEL: 700

SERIAL A6342882 RAMAC: _____ DATE CODE: OI DATE MFD: 7/88

____ OBSOLETE? X BULLET WEIGHT: _____

PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: PI PD ☒ 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: [Signature] CLASSIFICATION: UNJ ☒ UNC UND J

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

SETTLEMENT DETAIL: _____

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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