

6492

DATE OPENED P/S: 1-31-95LAST NAME: Mc Bride Jim

FIRST NAME: _____

STREET: 2915 San Gabriel CITY: Austin STATE: TX ZIP: 78725HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 95-0081DATE OPENED REM: 1-9-95 DATE OF INCIDENT: _____ DATE CLOSED: 3-1-95MFD. BY: LIM CALIBER: 243 MODEL: 700SERIAL 6539162 RAMAC: _____ DATE CODE: AW DATE MFD: 3-72OBSOLETE? ☒ BULLET WEIGHT: _____PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: PI PD RSC P/SCONCERN CODE: 1007 CUSTOMER'S CONCERN: up to 1000 turn offPROBLEM CODE: 4040 PROBLEM: _____CAUSE CODE: 4064 405 CAUSE: _____

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

ASSIGNED TO: _____ CLASSIFICATION: UNJ UNC UND IPRELITIGATION: ☒ (If yes, circle the x) LITIGATION: ☒ (If yes, circle the X)SETTLEMENT DETAIL: up to 1000 turn offSETTLEMENT AMOUNT: 788.00

CUSTOMER CONCERN: _____

COMMENTS: _____

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