

DATE OPENED P/S: 8/1/95 6953  
LAST NAME: Nicks  
FIRST NAME: David  
STREET: PO Box 1151 CITY: Hilliard STATE: FL ZIP: 32046  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ A.S. REPAIR: 95/6290  
DATE OPENED REM: 6/12 DATE OF INCIDENT: \_\_\_\_\_ DATE CLOSED: 8/1  
MFD. BY: Rem CALIBER: 270 MODEL: 700  
SERIAL: C6379481 RAMAC: \_\_\_\_\_ DATE CODE: XU DATE MFD: 5/89  
\_\_\_\_\_  
OBSOLETE? ☐ X BULLET WEIGHT: \_\_\_\_\_  
PRODUCT TYPE: ☒ F ☐ A ☐ T ☐ O (Circle one) TYPE CONCERN: PI PD PS ☒ C ☐ P/S  
CONCERN CODE: 1023 CUSTOMER'S CONCERN: DF  
PROBLEM CODE: \_\_\_\_\_ PROBLEM: \_\_\_\_\_  
CAUSE CODE: 4015 CAUSE: IM  
DATE TO ANALYSIS: \_\_\_\_\_ CUSTODY: \_\_\_\_\_ DATE FROM ANALYSIS: \_\_\_\_\_  
ASSIGNED TO: Kest CLASSIFICATION: ☒ UN ☐ UNC ☐ UND ☐ J  
PRELITIGATION: ☒ X (If yes, circle the x) LITIGATION: ☒ X (If yes, circle the X)  
SETTLEMENT DETAIL: Repair spec price  
SETTLEMENT AMOUNT: \_\_\_\_\_  
CUSTOMER CONCERN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ATTITUDE: IRATE---- ANGRY---- CALM---- PLEASED----