

DATE OPENED P/S: 6/15/95

68949

LAST NAME: Nicks Nest

FIRST NAME: _____

STREET: 1113 Gordon Coppe Dr CITY: Shawnee STATE: OK ZIP: 74801

HOME PHONE: _____ WORK PHONE: 402-273-1995 A.S. REPAIR: 9513262

DATE OPENED REM: 4/21 DATE OF INCIDENT: _____ DATE CLOSED: 6/15

MFD. BY: Rem CALIBER: _____ MODEL: 788

SERIAL: 013574 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

☒ OBSOLETE ☒ BULLET WEIGHT: _____

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

CONCERN CODE: 1005 CUSTOMER'S CONCERN: UD ON

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: AC

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

ASSIGNED TO: Kat CLASSIFICATION: ☒ UN ☐ UNC ☐ UND ☐ J

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

SETTLEMENT DETAIL: Repair special price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

ATTITUDE IRATE-- -- ANGRY---- CALM-- PLEASD-