

DATE OPENED P/S: 11-22-94

5770

LAST NAME: Osborne Jr

FIRST NAME: David

STREET: 9410 Hwy 81 S CITY: Alma STATE: SC ZIP: 29655

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

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: Pem CALIBER: _____ MODEL: 700

SERIAL A 6466102 RAMAC: _____ DATE CODE: _____ DATE MFD: _____

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1020 CUSTOMER'S CONCERN: Trigger does not work

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: _____ CAUSE: _____

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

ASSIGNED TO: _____ CLASSIFICATION: UNJ (UNC) UND J

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

SETTLEMENT AMOUNT: Not settled requesting to return for repair

CUSTOMER CONCERN: _____

COMMENTS: _____

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