

DATE OPENED P/S: 1/19/95 12477  
LAST NAME: Piechowski  
FIRST NAME: Robert  
STREET: RR 1 Box 262 CITY: Excelsior Springs STATE: MO ZIP: 64024  
HOME PHONE: 816 637 1446 WORK PHONE: \_\_\_\_\_ A.S. REPAIR: 94-37021  
DATE OPENED REM: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ DATE CLOSED: 1/20  
MFD. BY: Rem CALIBER: 270 MODEL: 721  
SERIAL: 168685 RAMAC: \_\_\_\_\_ DATE CODE: ATT DATE MFD: 3/48  
\_\_\_\_\_  
OBSOLETE? ☒ BULLET WEIGHT: \_\_\_\_\_  
PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: ☐ PI ☐ PD ☒ CS ☐ C ☐ P/S  
CONCERN CODE: 1008 CUSTOMER'S CONCERN: FBC  
PROBLEM CODE: \_\_\_\_\_ PROBLEM: \_\_\_\_\_  
CAUSE CODE: 4006 CAUSE: AC/AA  
DATE TO ANALYSIS: \_\_\_\_\_ CUSTODY: \_\_\_\_\_ DATE FROM ANALYSIS: \_\_\_\_\_  
ASSIGNED TO: AM CLASSIFICATION: ☒ UN ☐ UNC ☐ UND ☐ J  
PRELITIGATION: ☒ (If yes, circle the x) LITIGATION: ☒ (If yes, circle the X)  
SETTLEMENT DETAIL: Repair spot price  
SETTLEMENT AMOUNT: \_\_\_\_\_  
CUSTOMER CONCERN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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