

DATE OPENED P/S: 5/24/95
LAST NAME: Paaliarioli
FIRST NAME: Amerigo
STREET: 1207 Prospect dr. CITY: Stratford STATE: CT ZIP: 06497
HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 95 15298
DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: 5/24
MFD. BY: Rem CALIBER: 3006 MODEL: 700
SERIAL B6301274 RAMAC: _____ DATE CODE: 0B DATE MFD: 7/81
____ OBSOLETE? ☒ BULLET WEIGHT: _____
PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: PI PD ☒ P C P/S
CONCERN CODE: 1008 CUSTOMER'S CONCERN: FBC
PROBLEM CODE: _____ PROBLEM: _____
CAUSE CODE: 4039 CAUSE: NFF
DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____
ASSIGNED TO: Kast CLASSIFICATION: ~~CONF~~ ☒ UNCL ☐ UND ☐ J
PRELITIGATION: ☒ (If yes, circle the x) LITIGATION: ☒ (If yes, circle the X)
SETTLEMENT DETAIL: Repair N/c
SETTLEMENT AMOUNT: _____
CUSTOMER CONCERN: _____

COMMENTS: _____

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