

6-167  
DATE OPENED P/S: 1-13-95

LAST NAME: RUEFFGERS

FIRST NAME: PH

STREET: PO Box 224 CITY: Hannover STATE: MO ZIP: 65041

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ A.S. REPAIR: \_\_\_\_\_ 0224

DATE OPENED REM: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ DATE CLOSED: \_\_\_\_\_

MFD. BY: \_\_\_\_\_ CALIBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

SERIAL \_\_\_\_\_ RAMAC: \_\_\_\_\_ DATE CODE: \_\_\_\_\_ DATE MFD: \_\_\_\_\_

\_\_\_\_\_ OBSOLETE? ☒ BULLET WEIGHT: \_\_\_\_\_

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

CONCERN CODE: \_\_\_\_\_ CUSTOMER'S CONCERN: Myself paid for 21 days of work

PROBLEM CODE: \_\_\_\_\_ PROBLEM: \_\_\_\_\_

CAUSE CODE: \_\_\_\_\_ CAUSE: \_\_\_\_\_

DATE TO ANALYSIS: \_\_\_\_\_ CUSTODY: \_\_\_\_\_ DATE FROM ANALYSIS \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT DETAIL: Returning to customer

SETTLEMENT AMOUNT: \_\_\_\_\_

CUSTOMER CONCERN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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