

DATE OPENED P/S: 2/16/85
LAST NAME: Pettgers
FIRST NAME: Edmund
STREET: 202 E 14th St P.O. Box 224 CITY: Helmann STATE: MO ZIP: 65041
HOME PHONE: 314-486-3284 WORK PHONE: _____ A.S. REPAIR: 9505754
DATE OPENED REM: 2/16 DATE OF INCIDENT: _____ DATE CLOSED: 2/16
MFD. BY: Rem CALIBER: 30-06 MODEL: 700
SERIAL 6839614 RAMAC: _____ DATE CODE: AB DATE MFD: 3/75

OBSOLETE? ☒ BULLET WEIGHT: _____
PRODUCT TYPE: ☒ A ☐ T ☐ O (Circle one) TYPE CONCERN: PI PD P(S) C P/S
CONCERN CODE: 1007 CUSTOMER'S CONCERN: FSR
PROBLEM CODE: _____ PROBLEM: _____
CAUSE CODE: 4039 CAUSE: NFF
DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____
ASSIGNED TO: Kent CLASSIFICATION: UNJ ☒ UNC ☐ UND ☐ J
PRELITIGATION: ☒ (If yes, circle the x) LITIGATION: ☒ (If yes, circle the X)
SETTLEMENT DETAIL: Repar N/C
SETTLEMENT AMOUNT: _____
CUSTOMER CONCERN: _____

COMMENTS: _____

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