

6306

DATE OPENED P/S: 12-6-94
LAST NAME: SWONGER Jr.
FIRST NAME: JACK
STREET: 8806 E. BEBE RD CITY: SOLON Spg STATE: WV ZIP: 54823
HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: _____
DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: _____
MFD. BY: Ken CALIBER: 30/06 MODEL: 700
SERIAL _____ RAMAC: _____ DATE CODE: _____ DATE MFD: _____
_____ OBSOLETE? ☒ BULLET WEIGHT: _____
PRODUCT TYPE: (E) A T O (Circle one) TYPE CONCERN: PI (PD) P(S) C P/S
CONCERN CODE: _____ CUSTOMER'S CONCERN: And when getting hit
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: Agreed to return
SETTLEMENT AMOUNT: _____
CUSTOMER CONCERN: _____

COMMENTS: _____

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