DATE OPENED P/S: 12/5/94 6271
FIRST NAME: (All
FIRST NAME: (Call
STREET: 1/3 Adith St CITY: St. Alband STATE: 11 ZIP: 25/77
HOME PHONE: A.S. REPAIR:
DATE OPENED REM:DATE OF INCIDENT:DATE CLOSED:
MFD. BY: Renz CALIBER: 21/ MODEL: 1//
SERIAL A 6719743 RAMAC: DATE CODE: DATE MFD:
OBSOLETE? X BULLET WEIGHT:
PRODUCT TYPE: F A T O (Circle one) TYPE CONCERN: PI PD P(S) C P/S
CONCERN CODE: 167 CUSTOMER'S CONCERN: F3R
PROBLEM CODE:PROBLEM:
CAUSE CODE:CAUSE:
DATE TO ANALYSIS:CUSTODY:DATE FROM ANALYSIS
ASSIGNED TO: fast CLASSIFICATION: UNJ UNC UND J
PRELITIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the X)
SETTLEMENT DETAIL:
SETTLEMENT AMOUNT:
CUSTOMER CONCERN: See letter
COMMENTS: Kesponded to letter
ATTITUDE: IRATE ANGRY CALM PLEASED