SET-UP FILE

DATE OPENED P/S: 12-6-94

6329

LAST NAME: TAYLORS ACE HOWE

FIRST NAME: _____

STREET: 641 HOMESTEAD BLVD CITY: COLSTRIP STATE: MT ZIP: 59323

HOME PHONE: _____ WORK PHONE: ~~406-477-8263~~ 406-478-3450 A.S. REPAIR: 95-00057

DATE OPENED REM: 1-3-95 DATE OF INCIDENT: _____ DATE CLOSED: 1-3-95

MFD. BY: REM CALIBER: 270 MODEL: 700 ADL

SERIAL D6810406 RAMAC: ____ DATE CODE: W0 DATE MFD: 8-93

_____ OBSOLETE? X BULLET WEIGHT: _____

PRODUCT TYPE: (F) 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: VFF

DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS _____

ASSIGNED TO: TW CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT AMOUNT: 15.00

CUSTOMER CONCERN: FSR ON A RELOADED SHELL (PER CUST) ON 2ND SHOT. EARLY IN THE DAY (NOV) APPROX 55°

CUST NAME: DAVE WALKER 406-477-8263

COMMENTS: CALL TAG ISSUED.

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

PS06158