

DATE OPENED P/S: 11/8/95

LAST NAME: TONEY

FIRST NAME: LARRY

STREET: 444 FOREST Hill Dr CITY: Augusta STATE: Ga ZIP: 30909

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 95 22864

DATE OPENED REM: 9-18-95 DATE OF INCIDENT: _____ DATE CLOSED: 11-9-95

MFD. BY: Lem CALIBER: 30/06 MODEL: 700

SERIAL B6227204 RAMAC: _____ DATE CODE: KA DATE MFD: 580

____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1020 CUSTOMER'S CONCERN: it functioned today, trigger

PROBLEM CODE: 1020 PROBLEM: _____

CAUSE CODE: 4015 CAUSE: for maintenance parts working sluggish

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

ASSIGNED TO: _____ CLASSIFICATION: UNJ UNC UND J

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

SETTLEMENT AMOUNT: Refund of repair fee is given if good used

CUSTOMER CONCERN: \$28.00

COMMENTS: _____

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