6889

DATE OPENED P/S: 6/13/95

LAST NAME: Tucker

FIRST NAME: L.E.

STREET: 10077 Heber Springs rd CITY: Omaha STATE: AR ZIP: 72523

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 95 16140

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: 6/13

MFD. BY: Rem CALIBER: 22 MODEL: 552

SERIAL A1735009 RAMAC: ___ DATE CODE: CB DATE MFD: 4/81

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: 1051 CUSTOMER'S CONCERN: CS

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: ~~4004~~ 4012 CAUSE: ~~RE~~ IH

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

ASSIGNED TO: Kast CLASSIFICATION: UNJ UNC UND (I)

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

SETTLEMENT DETAIL: Repair N/C

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

COMMENTS: _____

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