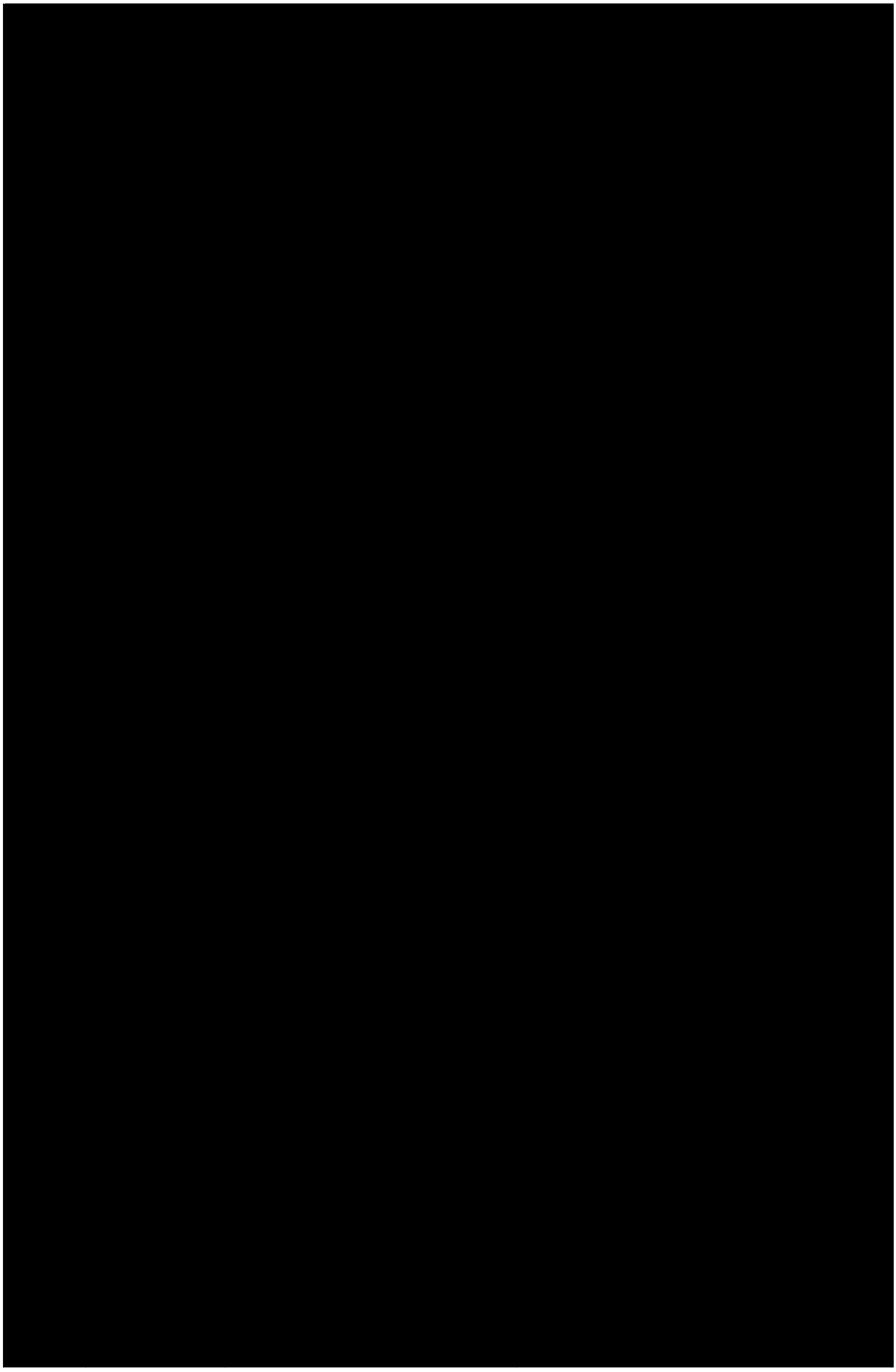
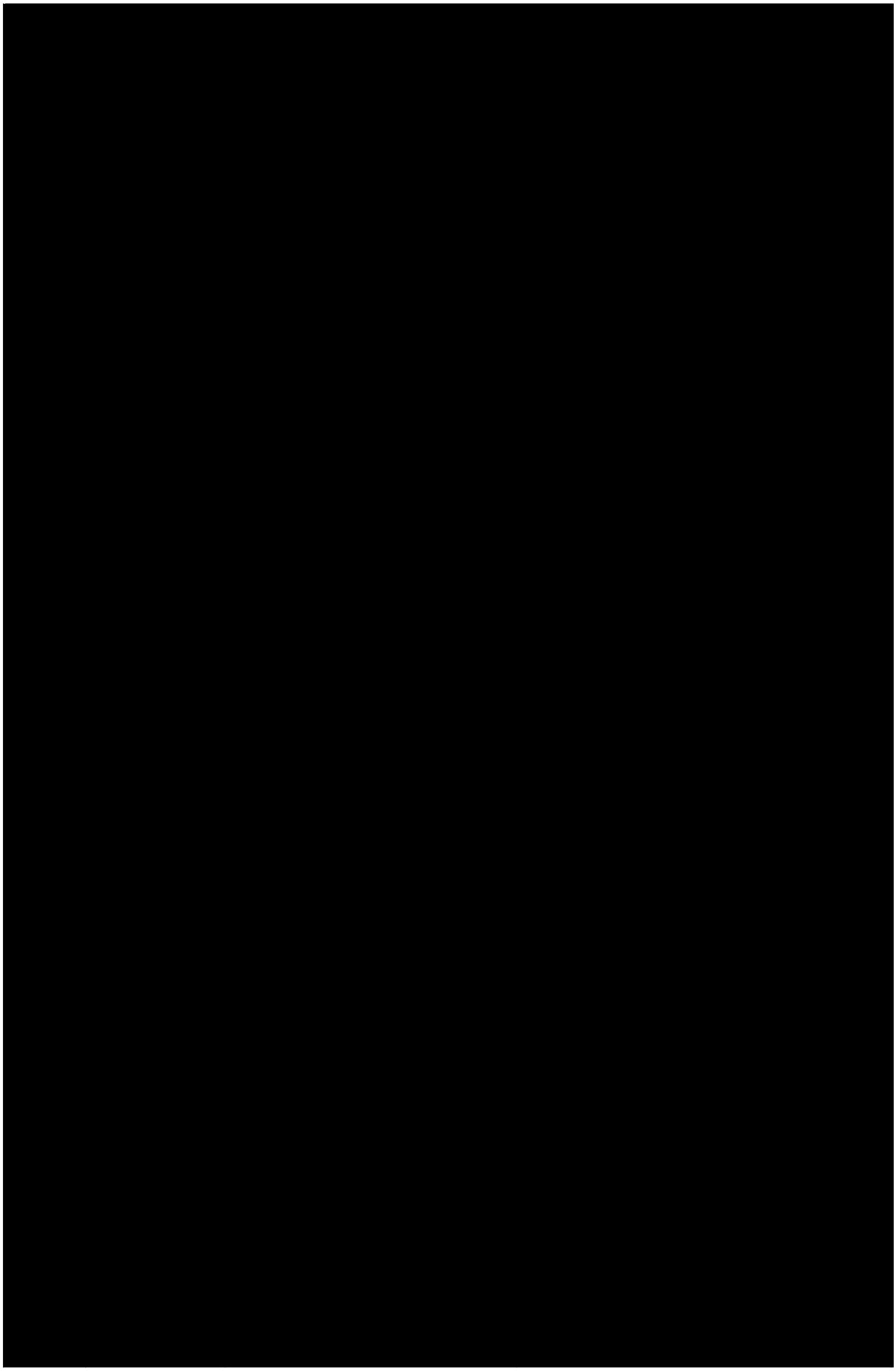
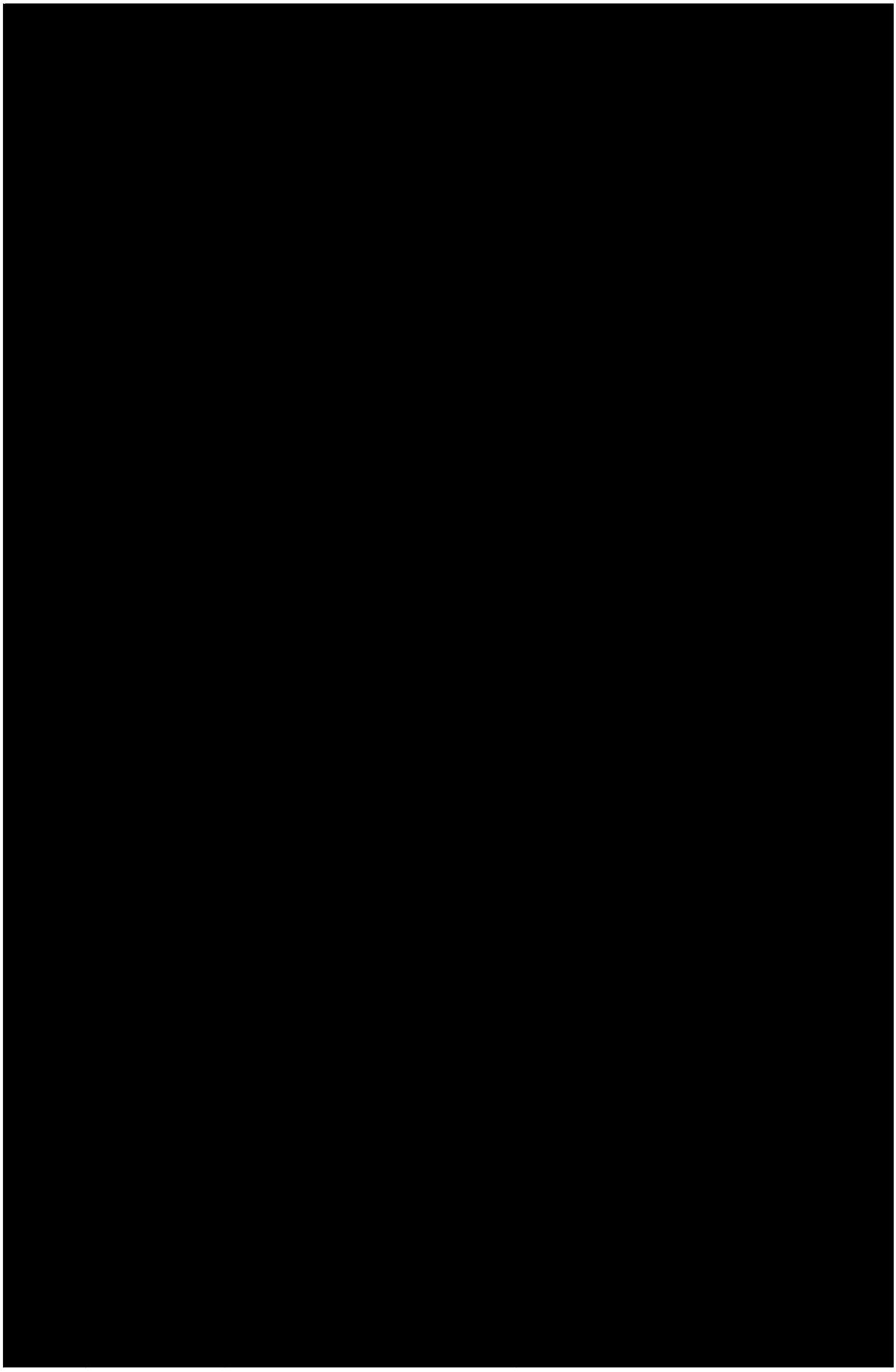
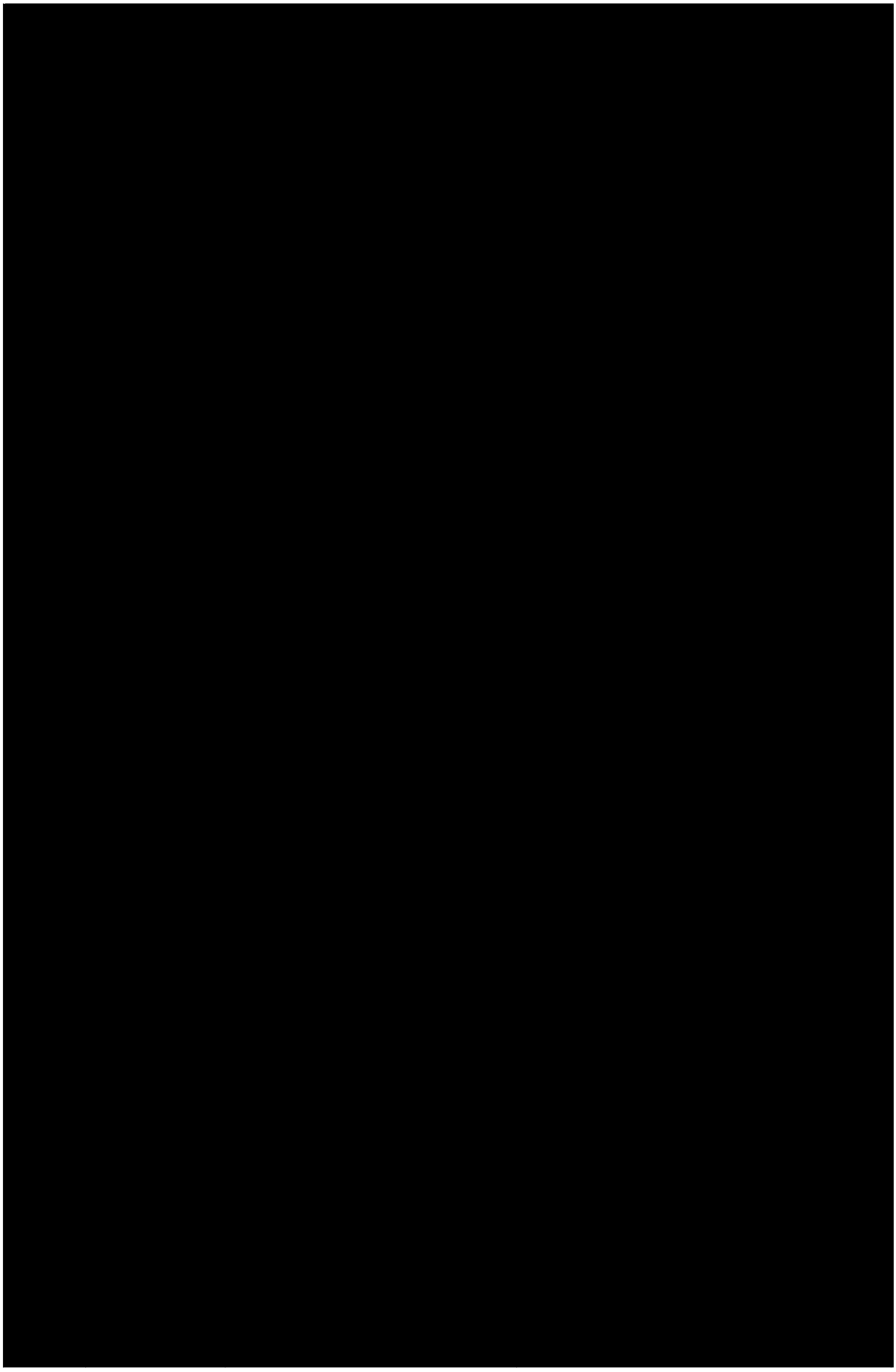
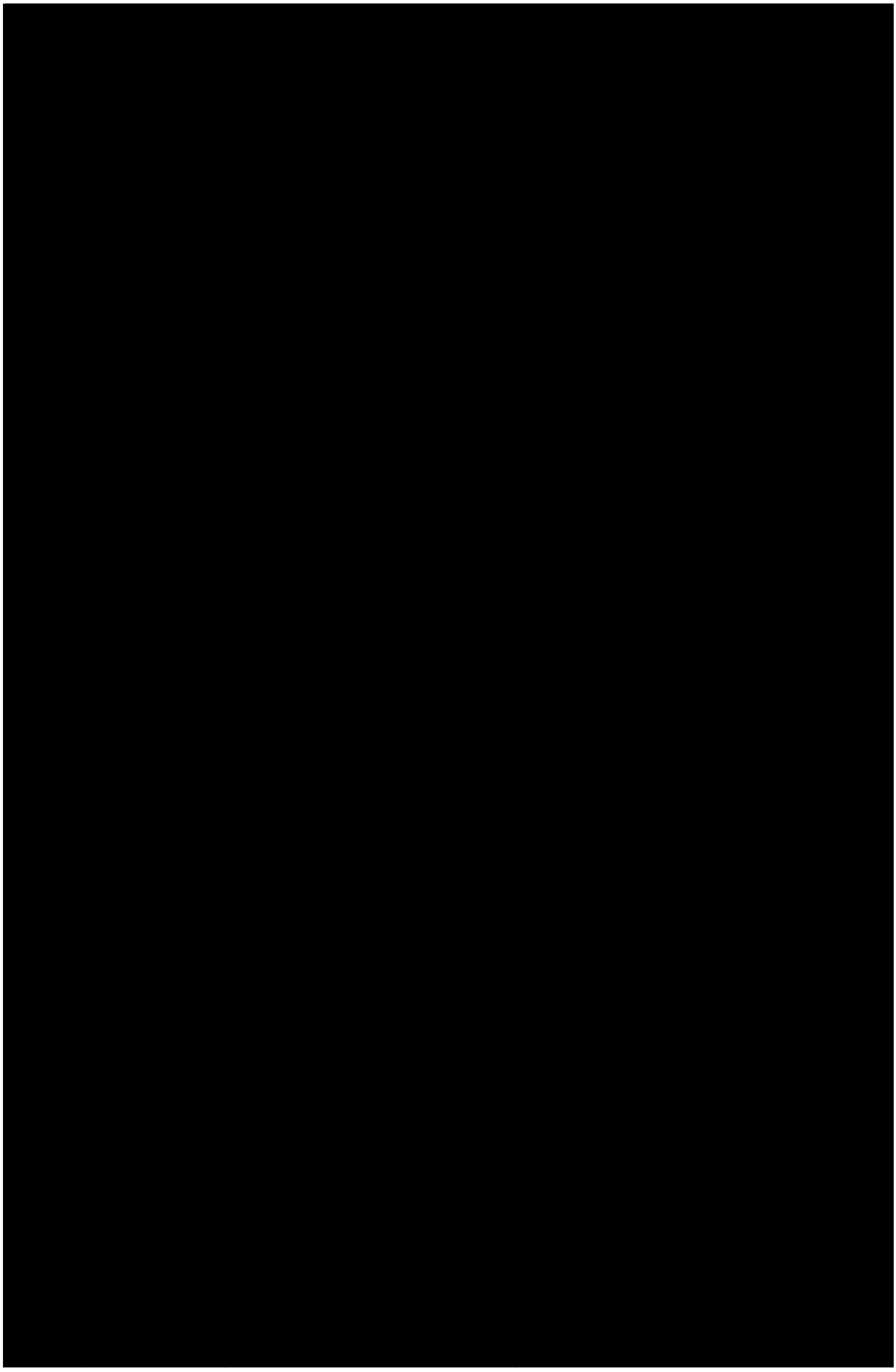
Ticket ID	Category (Consumer / Field)	Equipment Owner	Email Address
[redacted]			

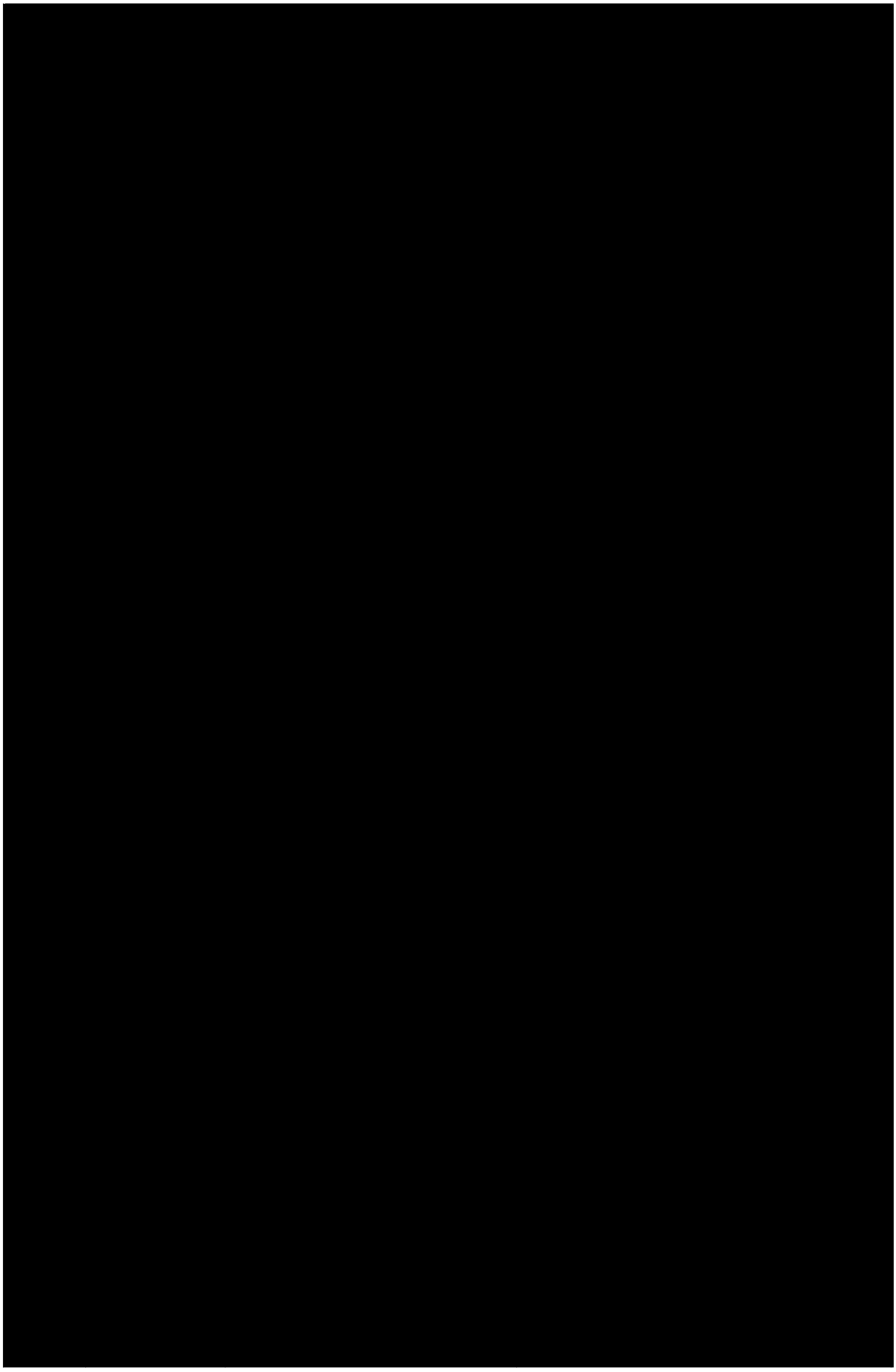


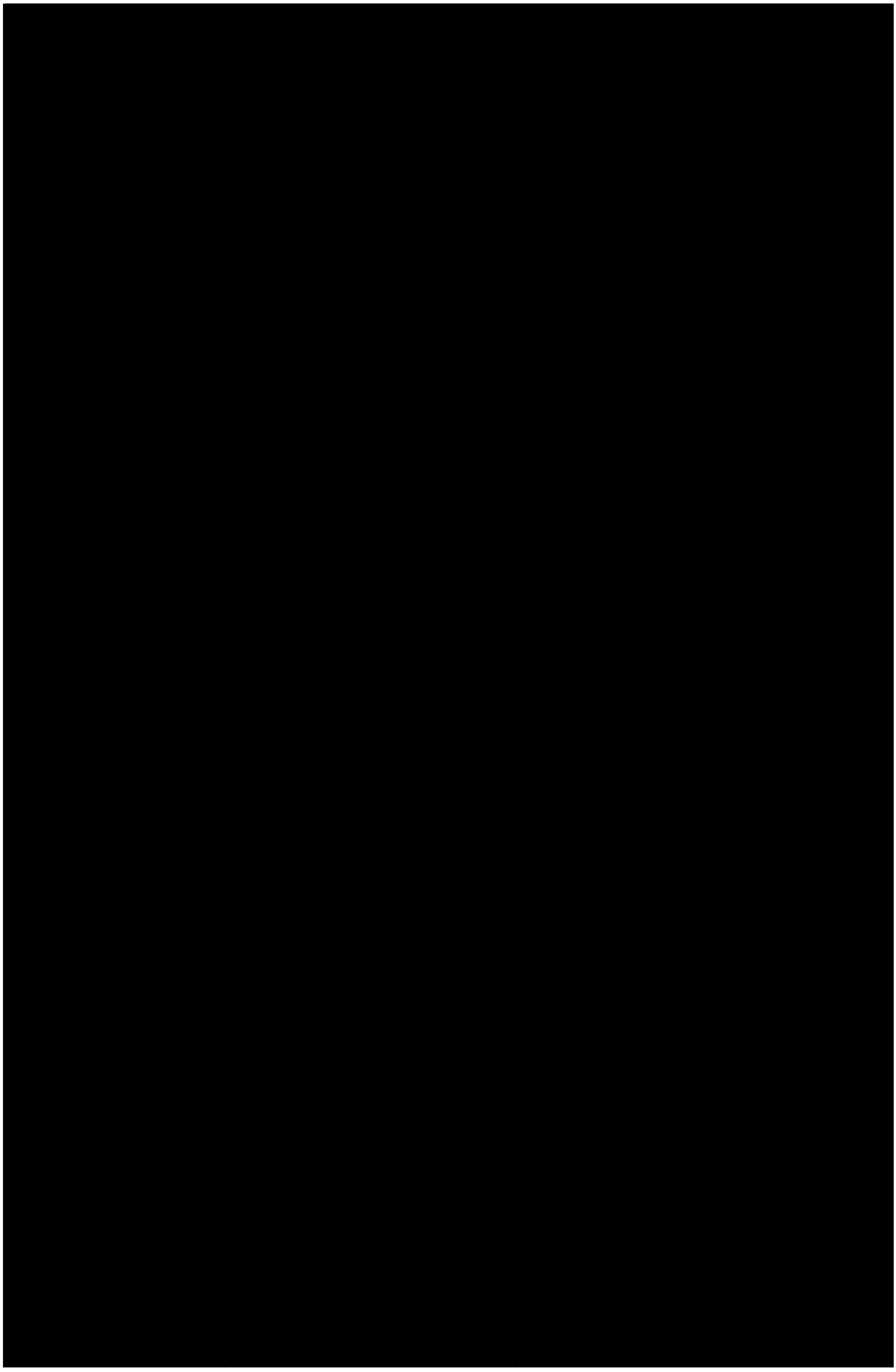


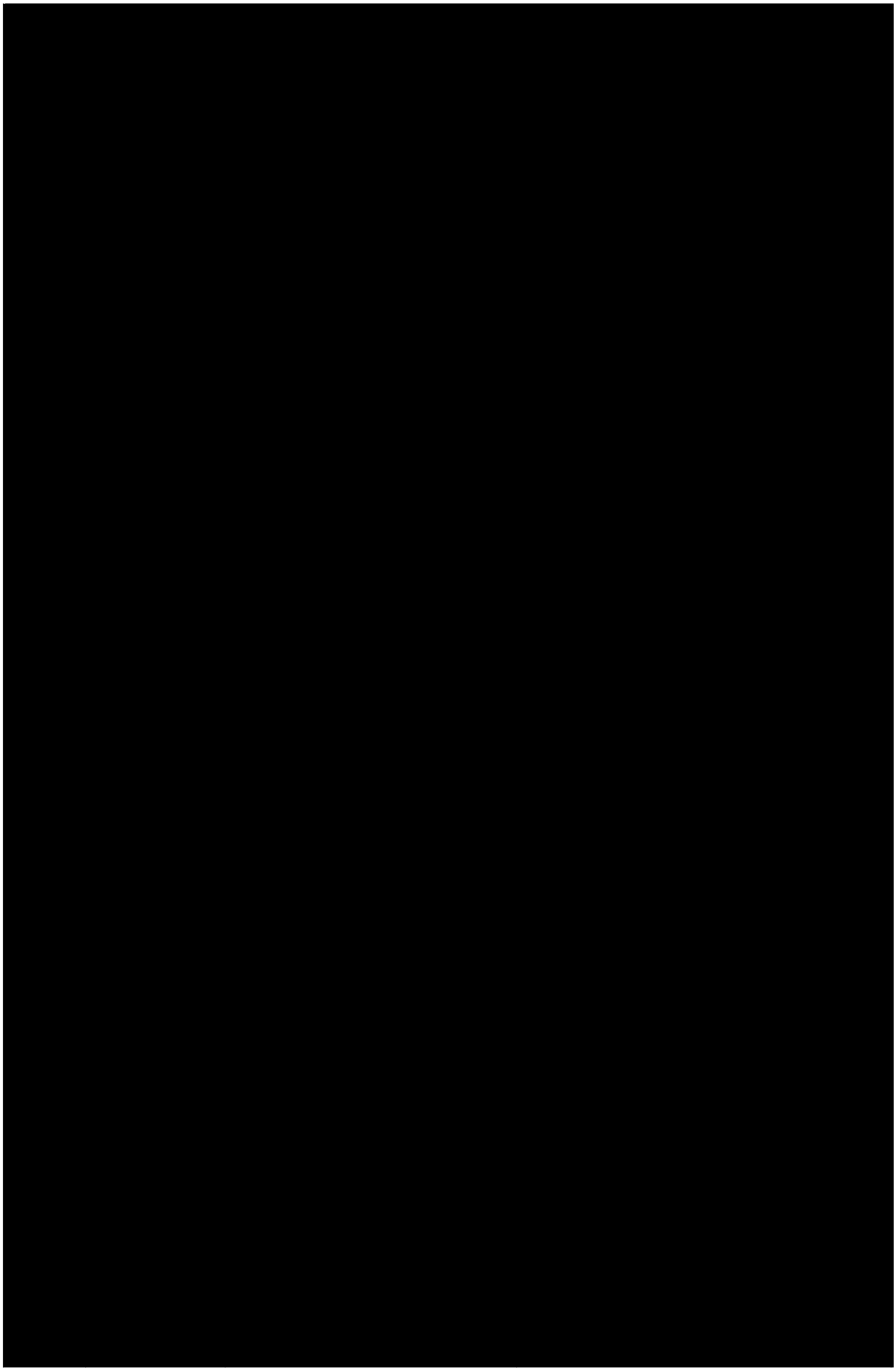


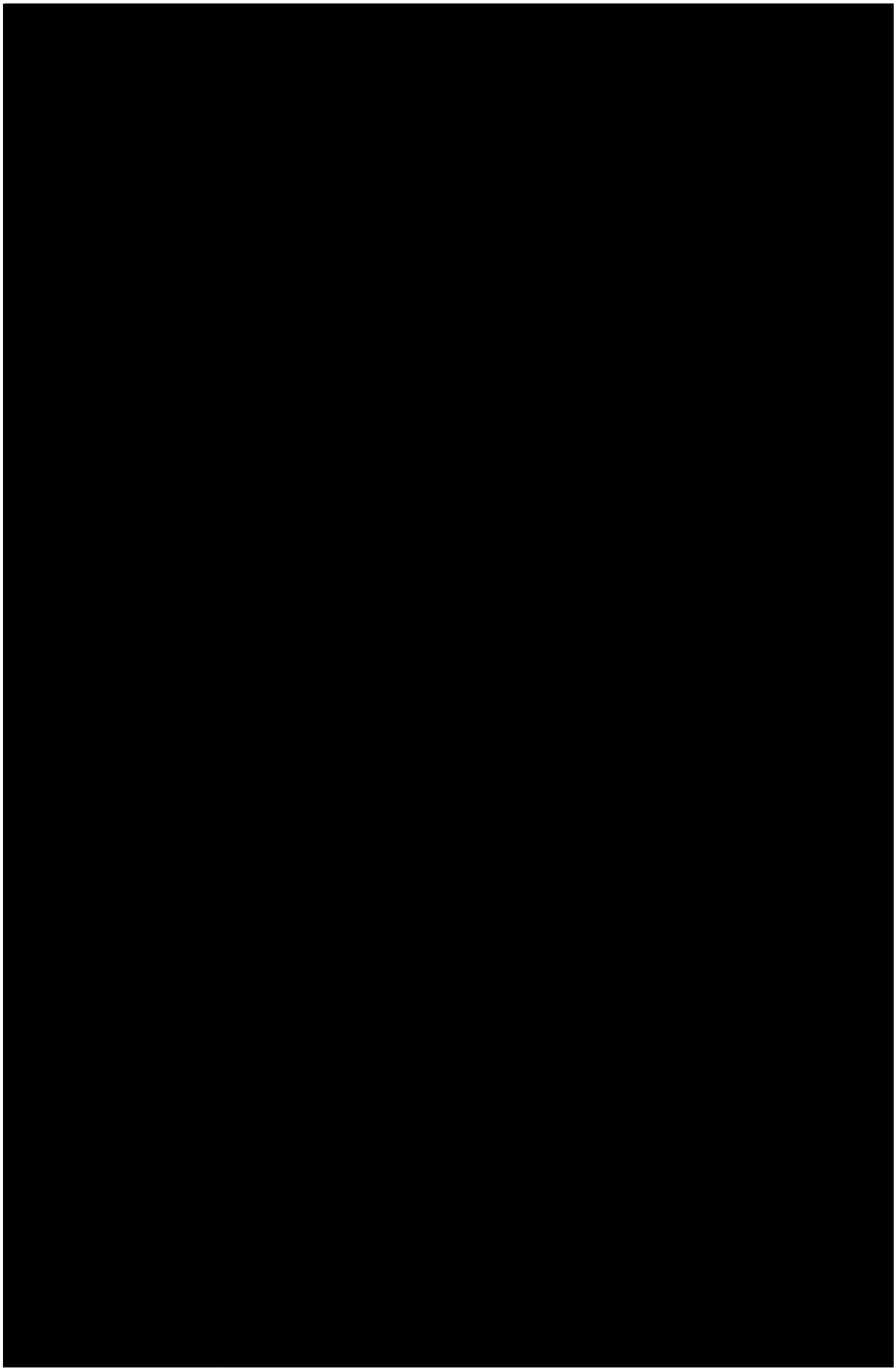




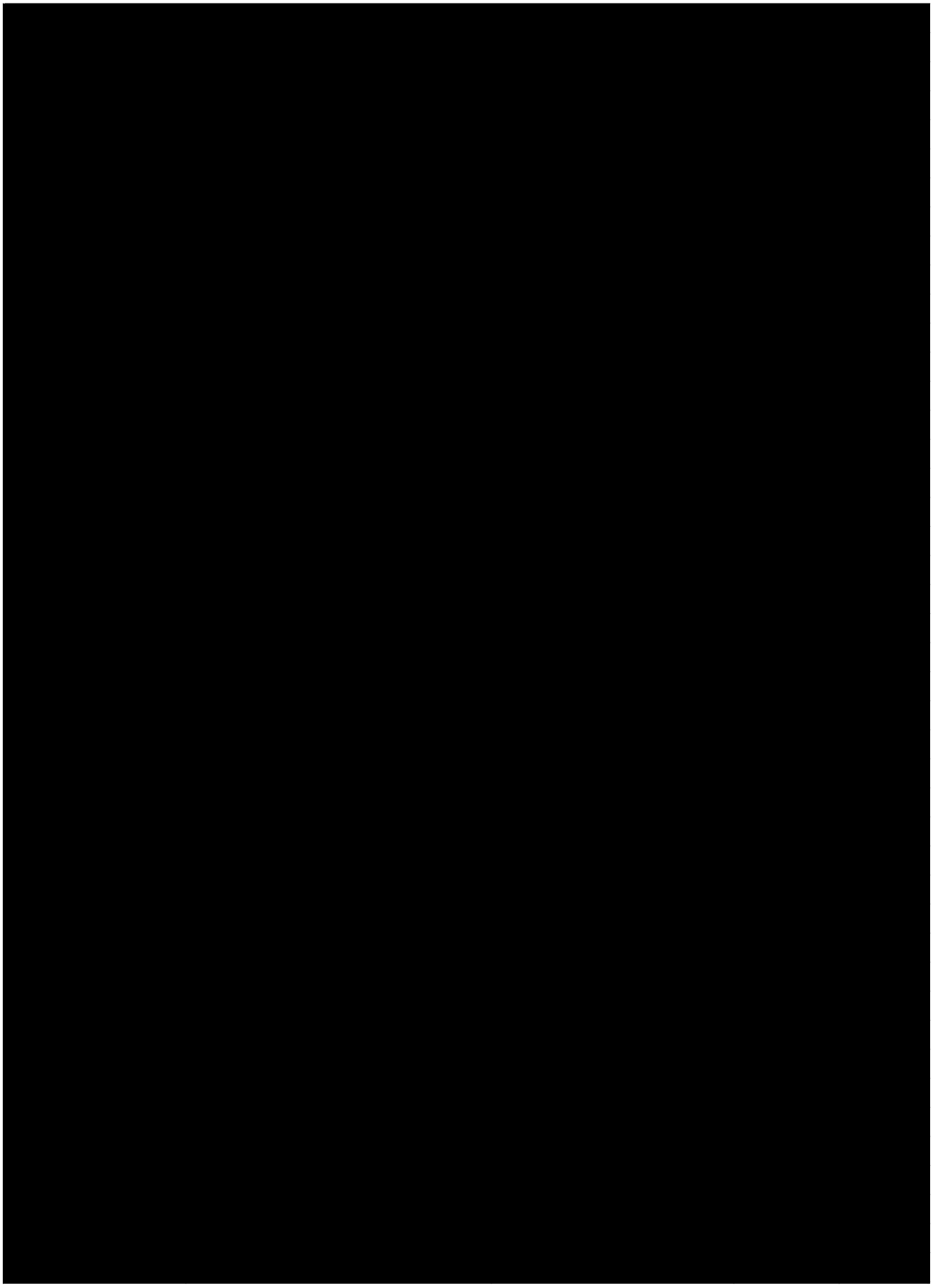


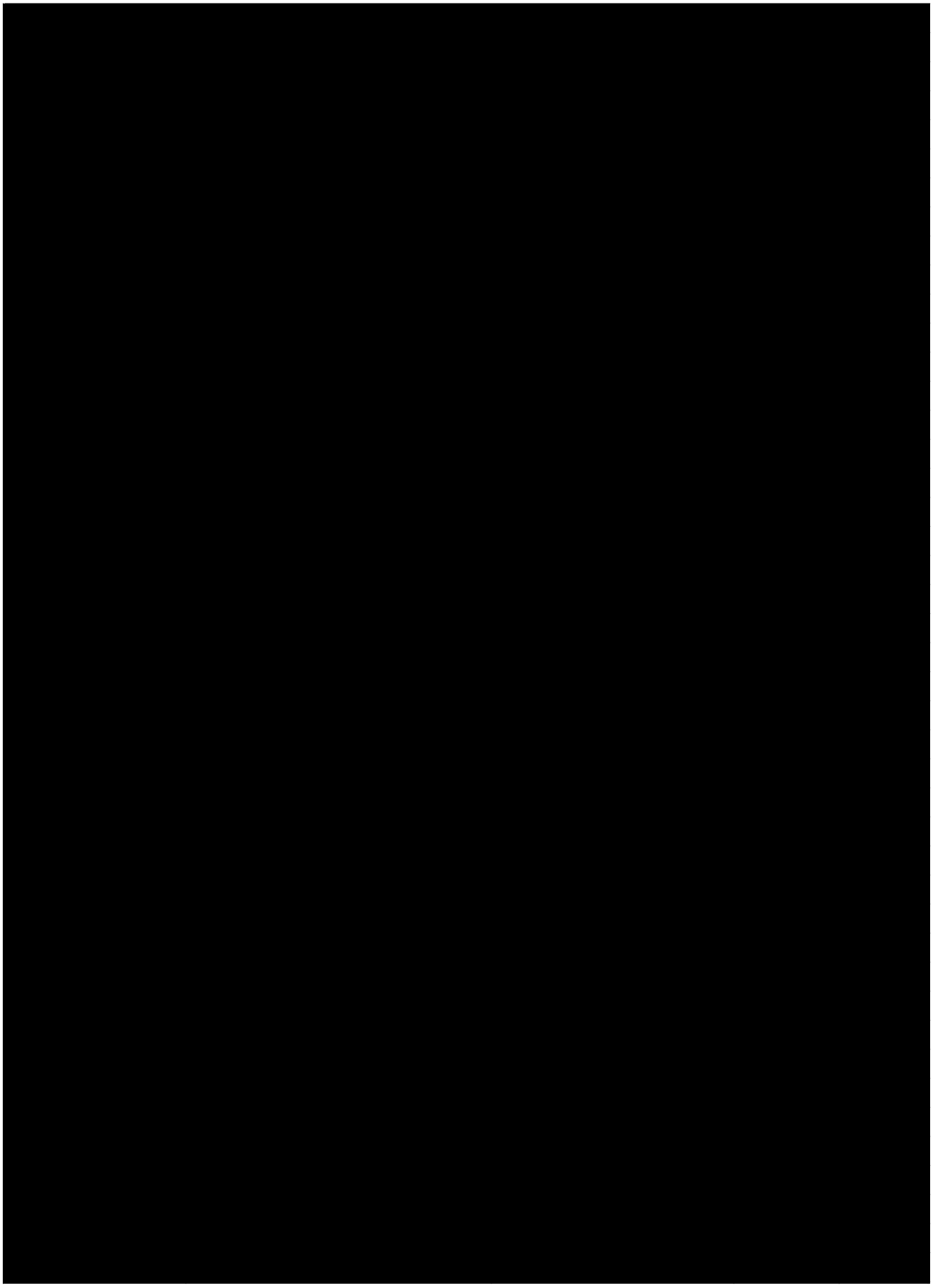


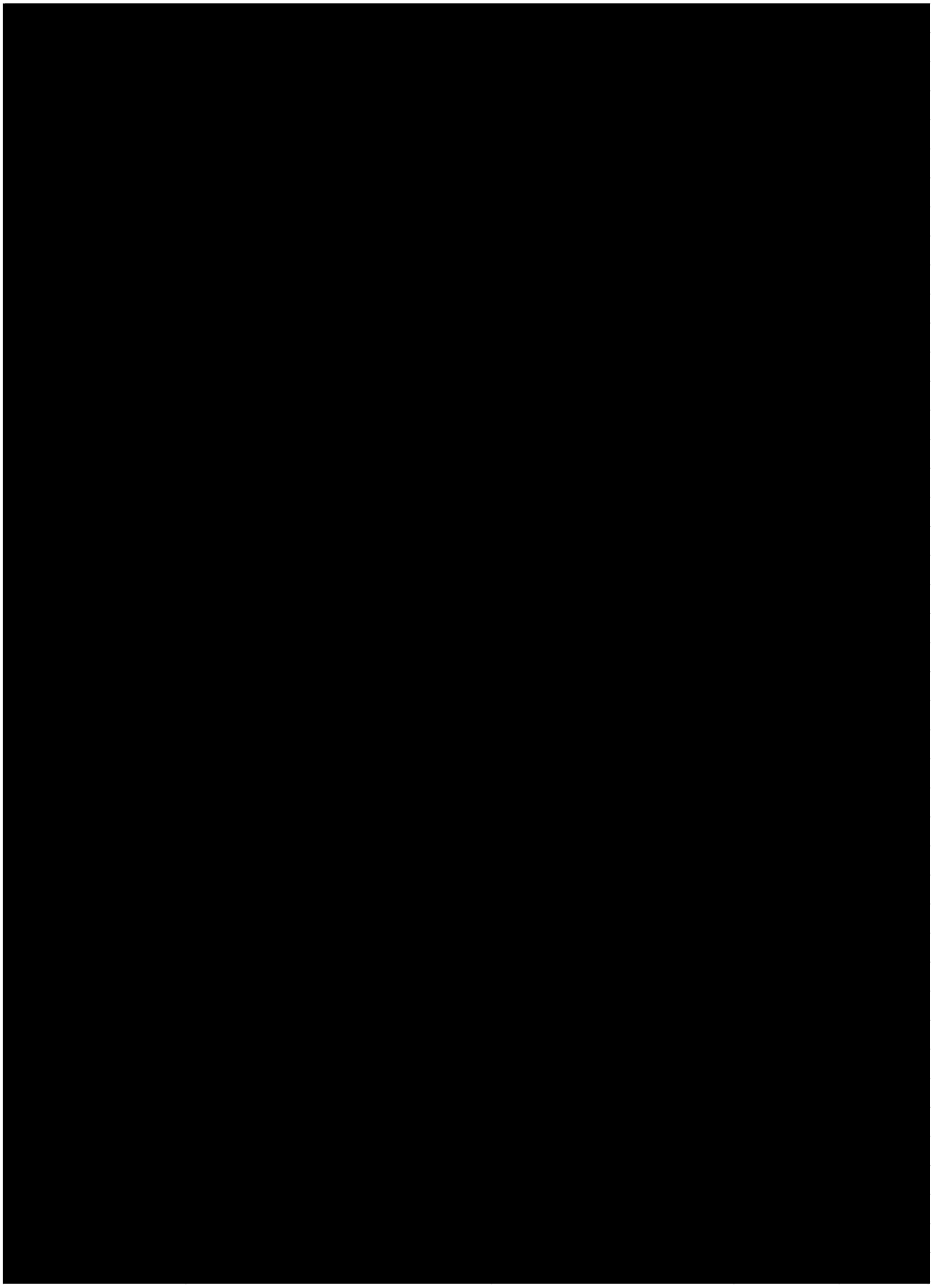


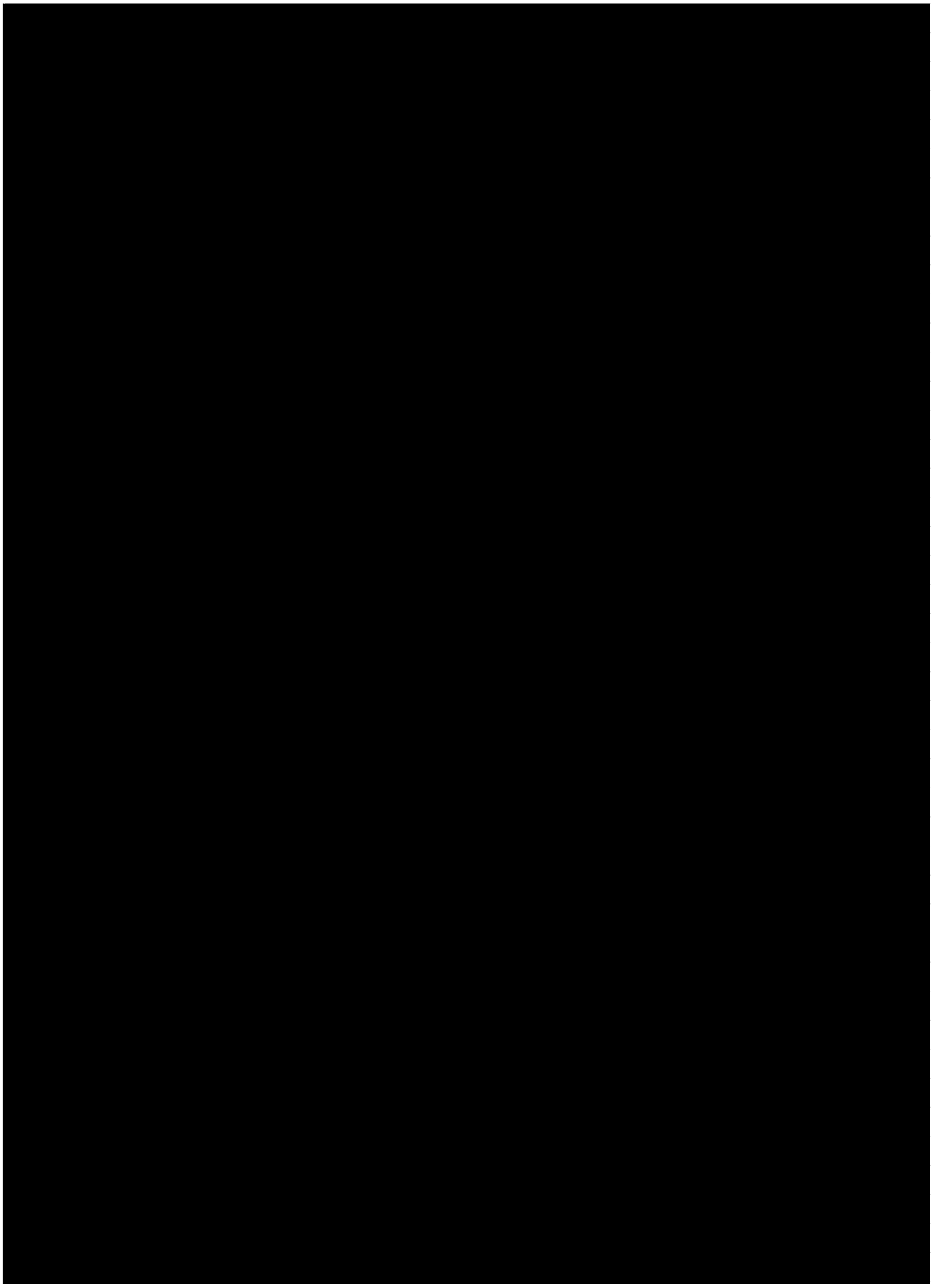


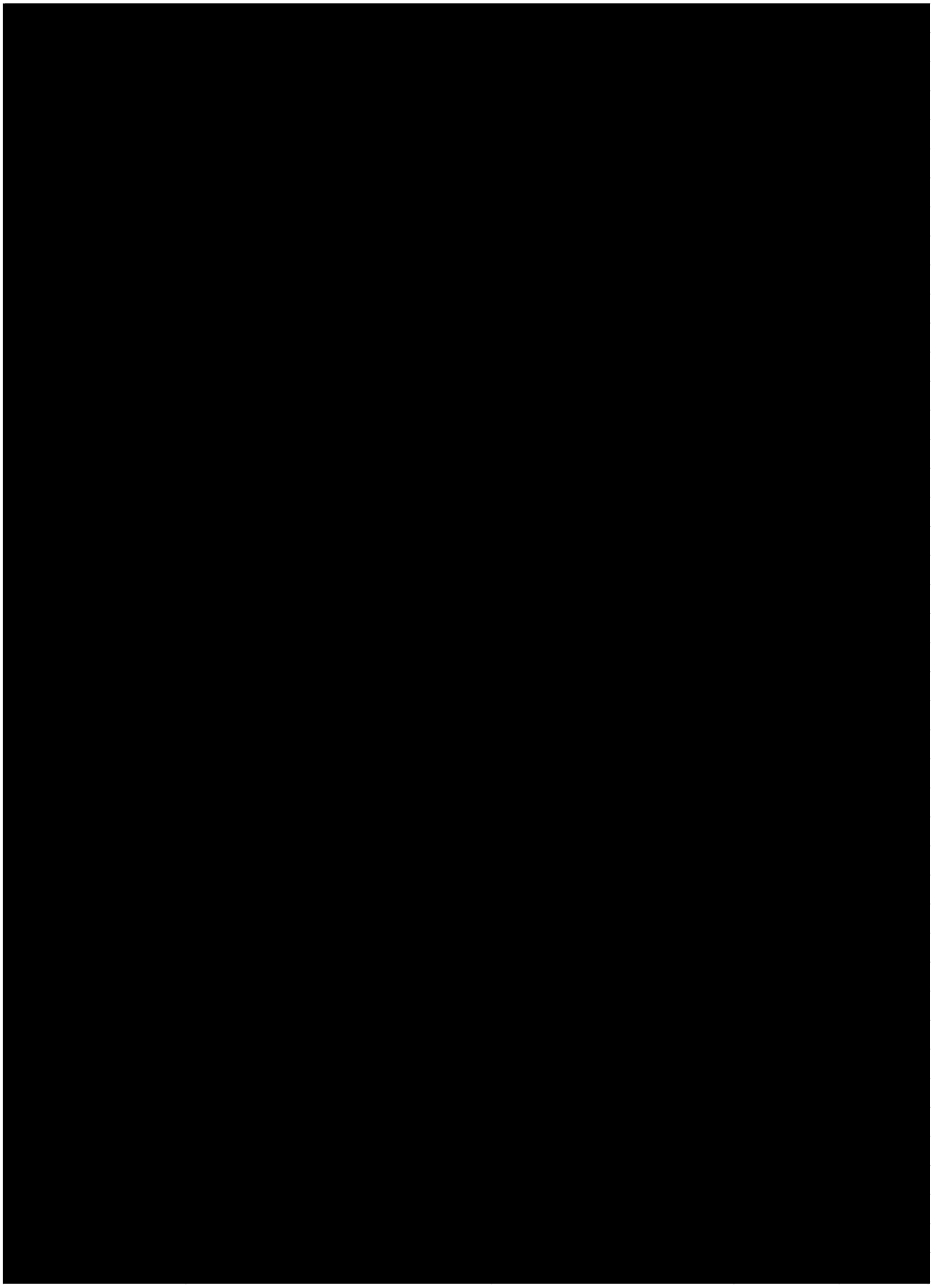
Phone number	Street Address	City	State	Zip

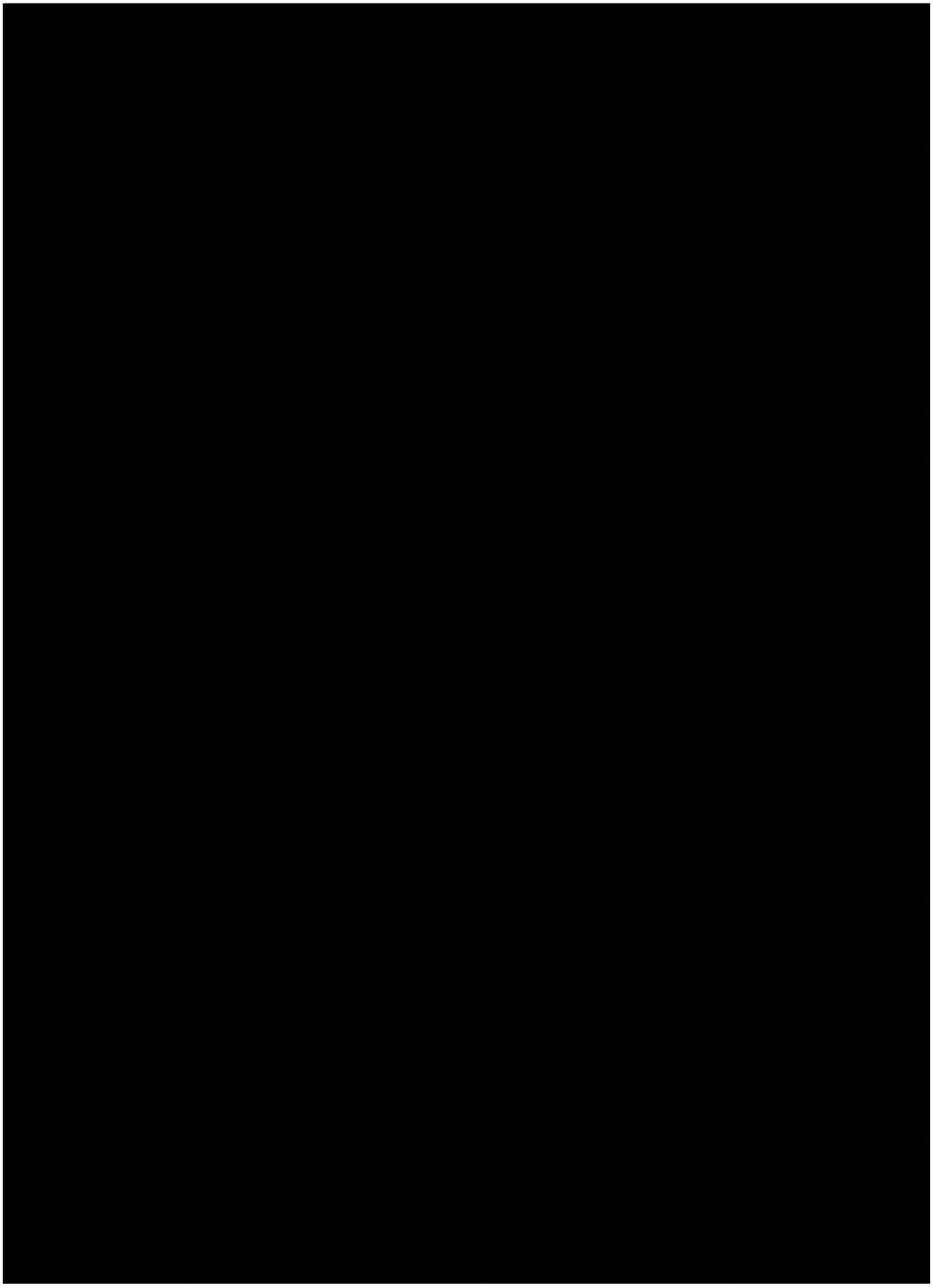


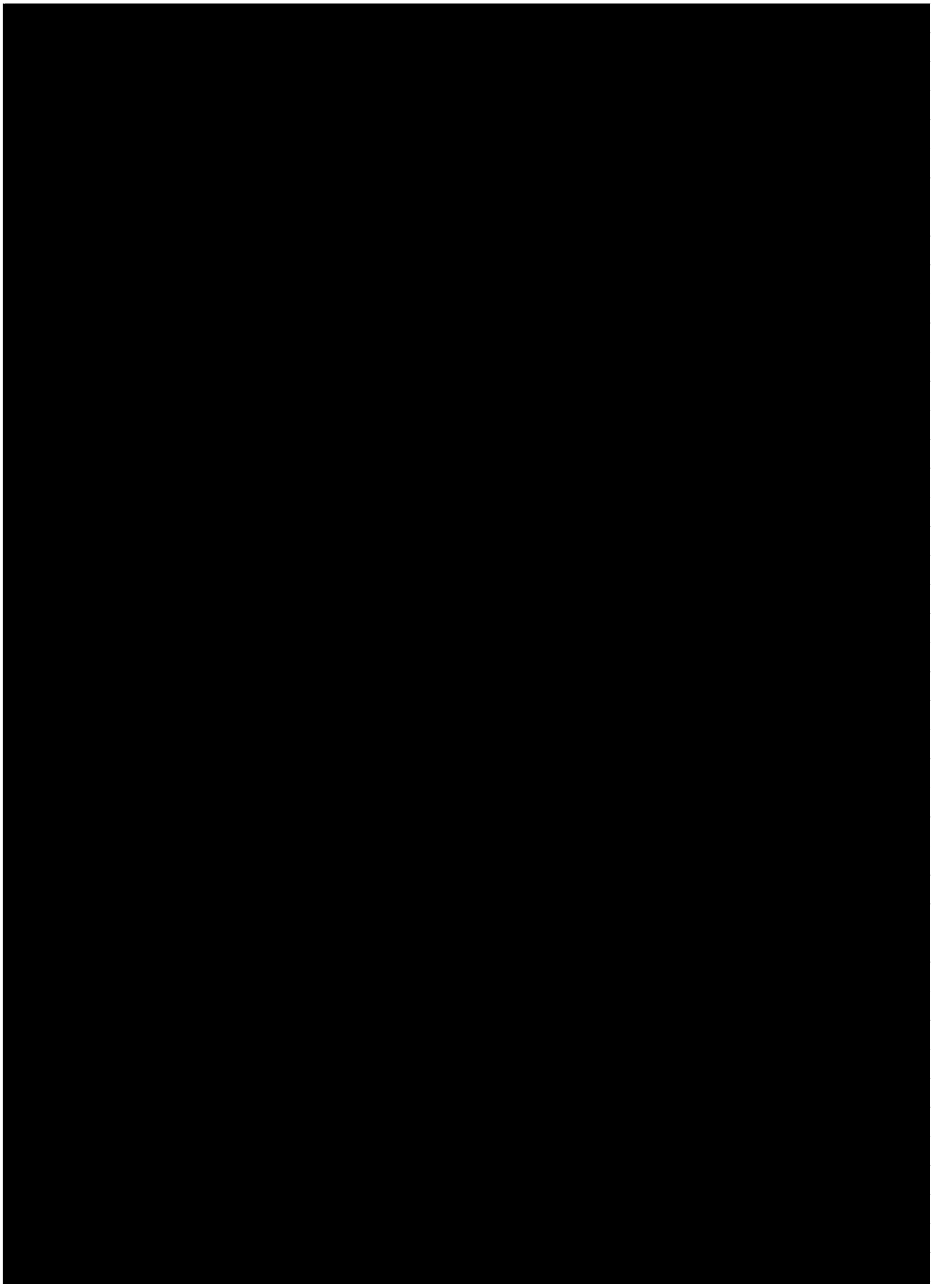


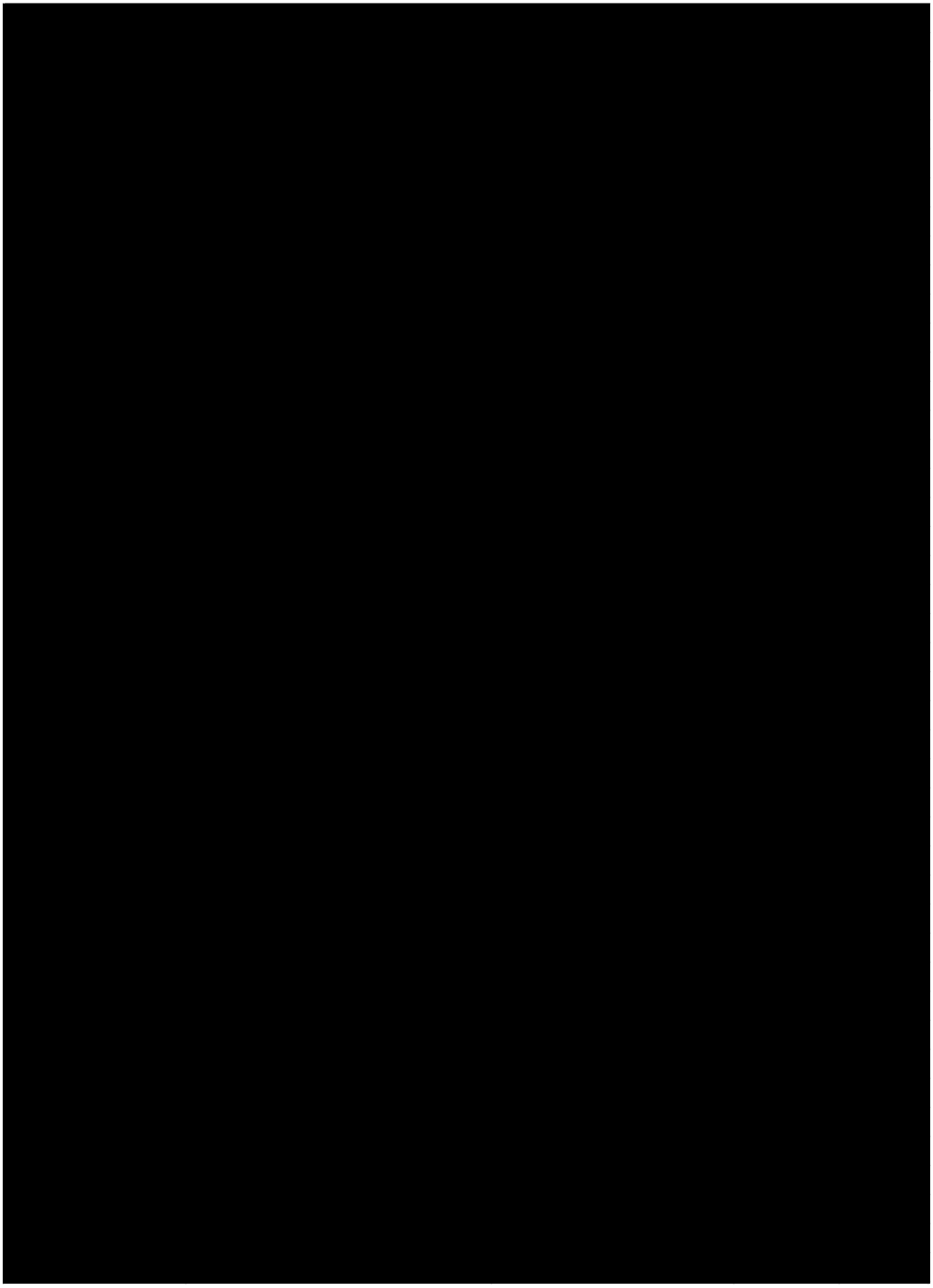


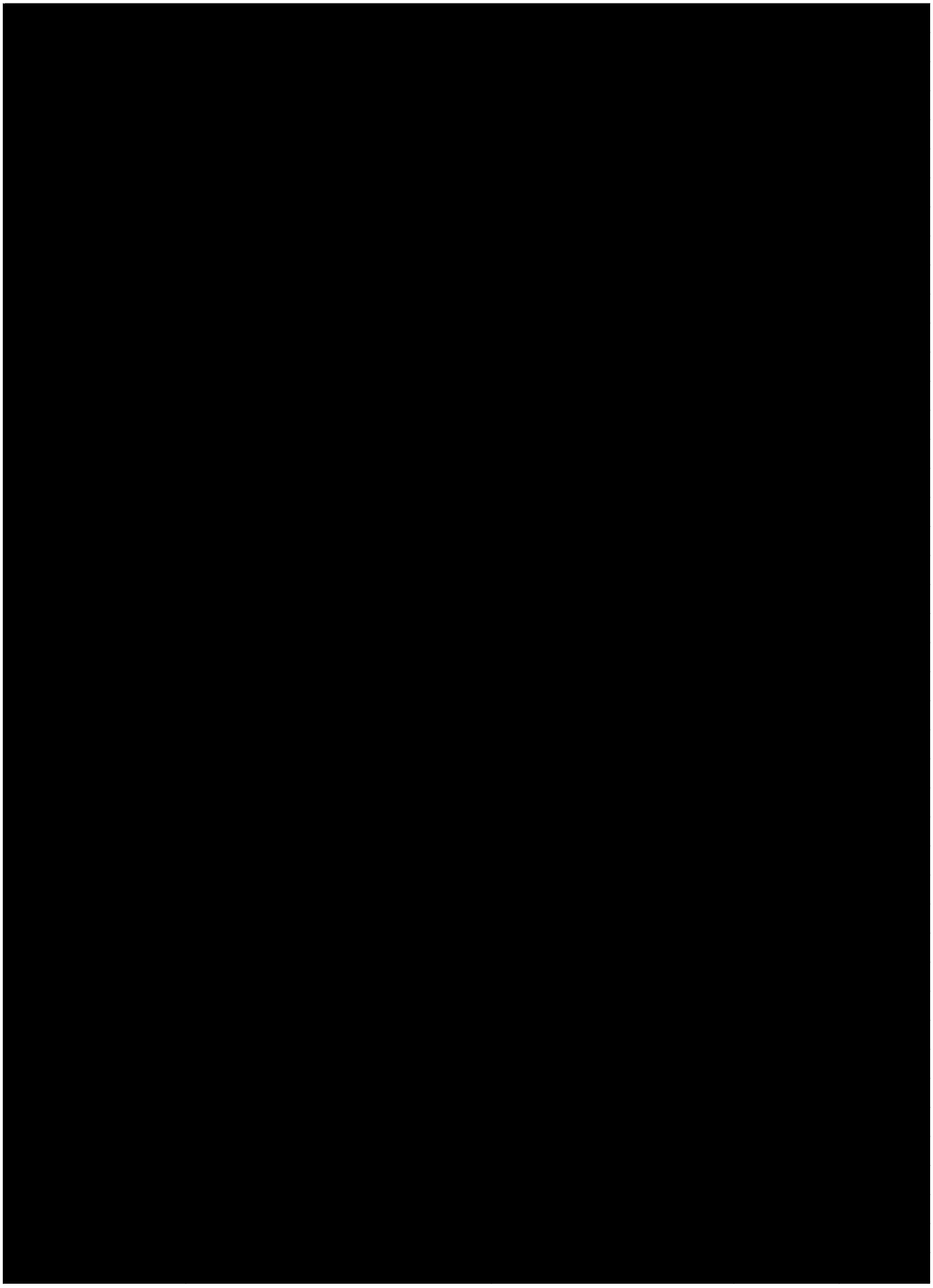




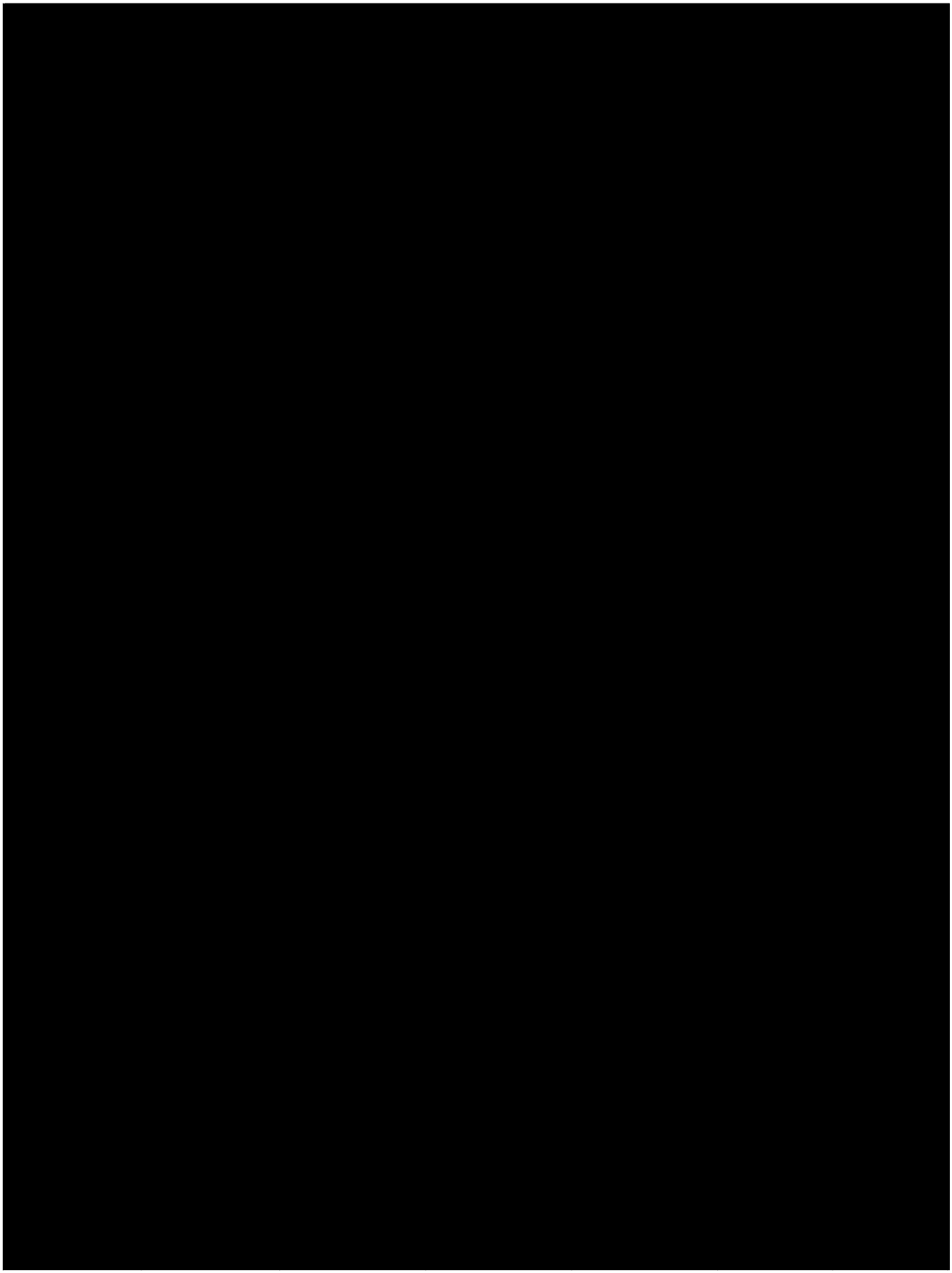


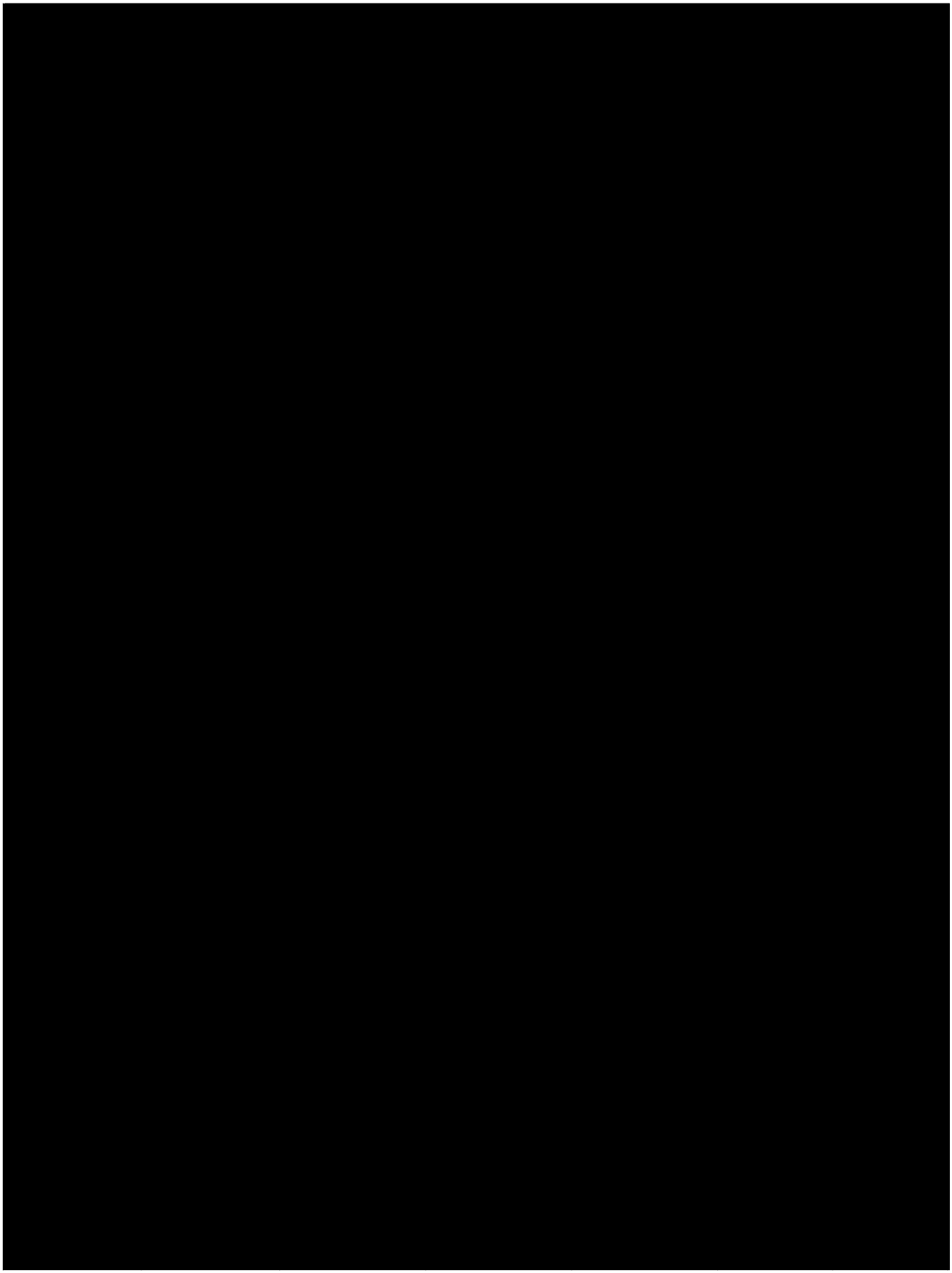


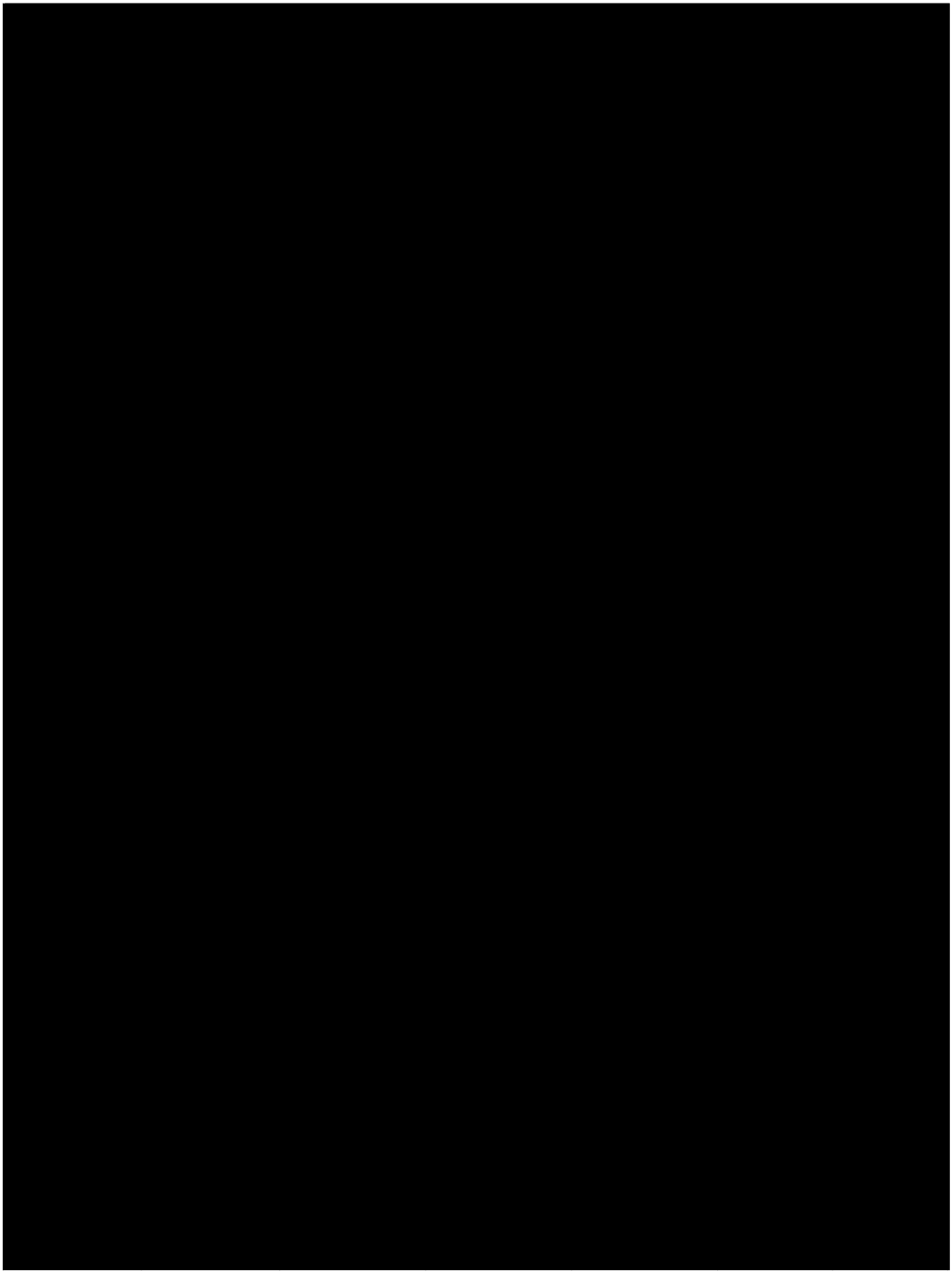


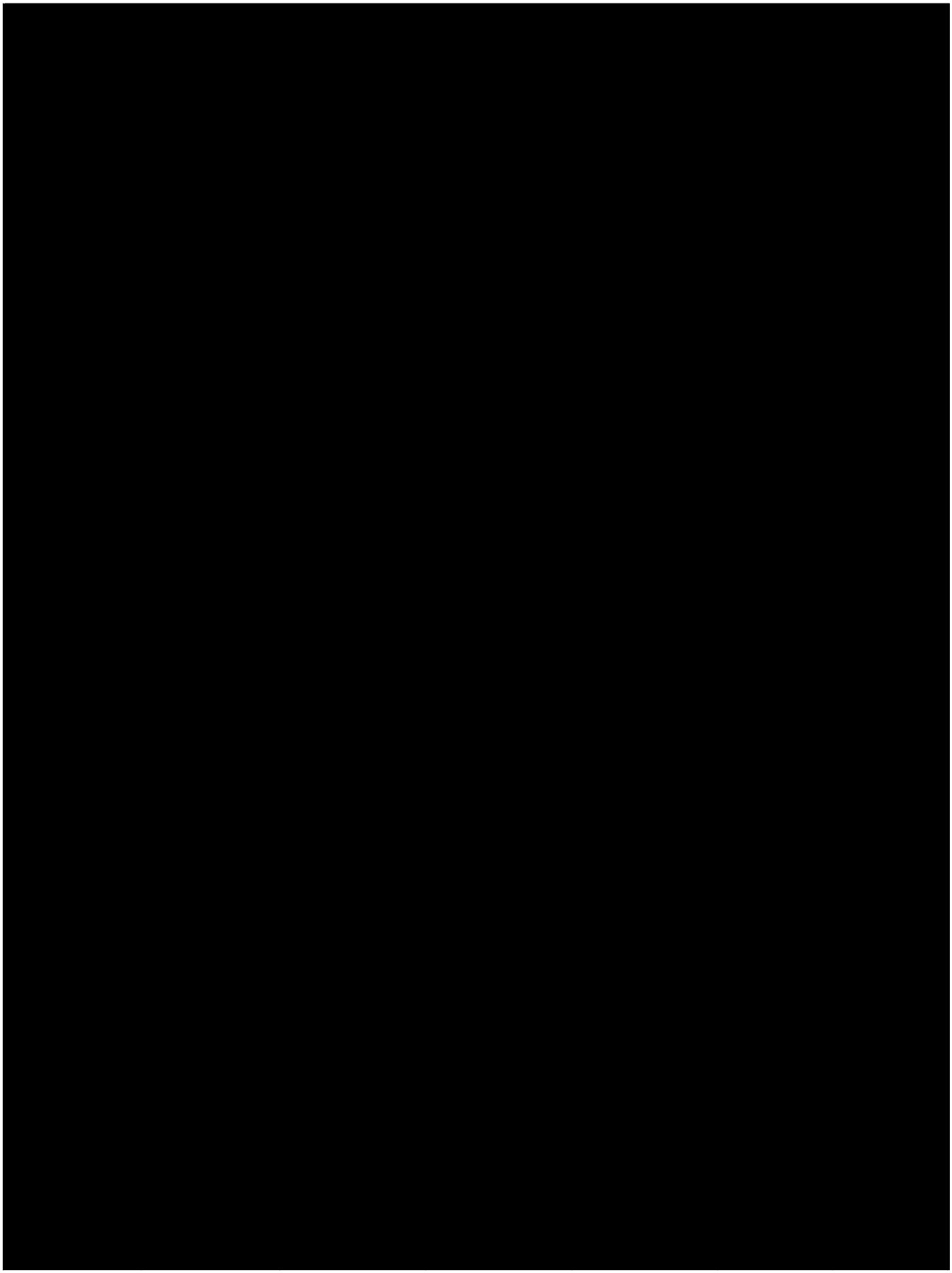


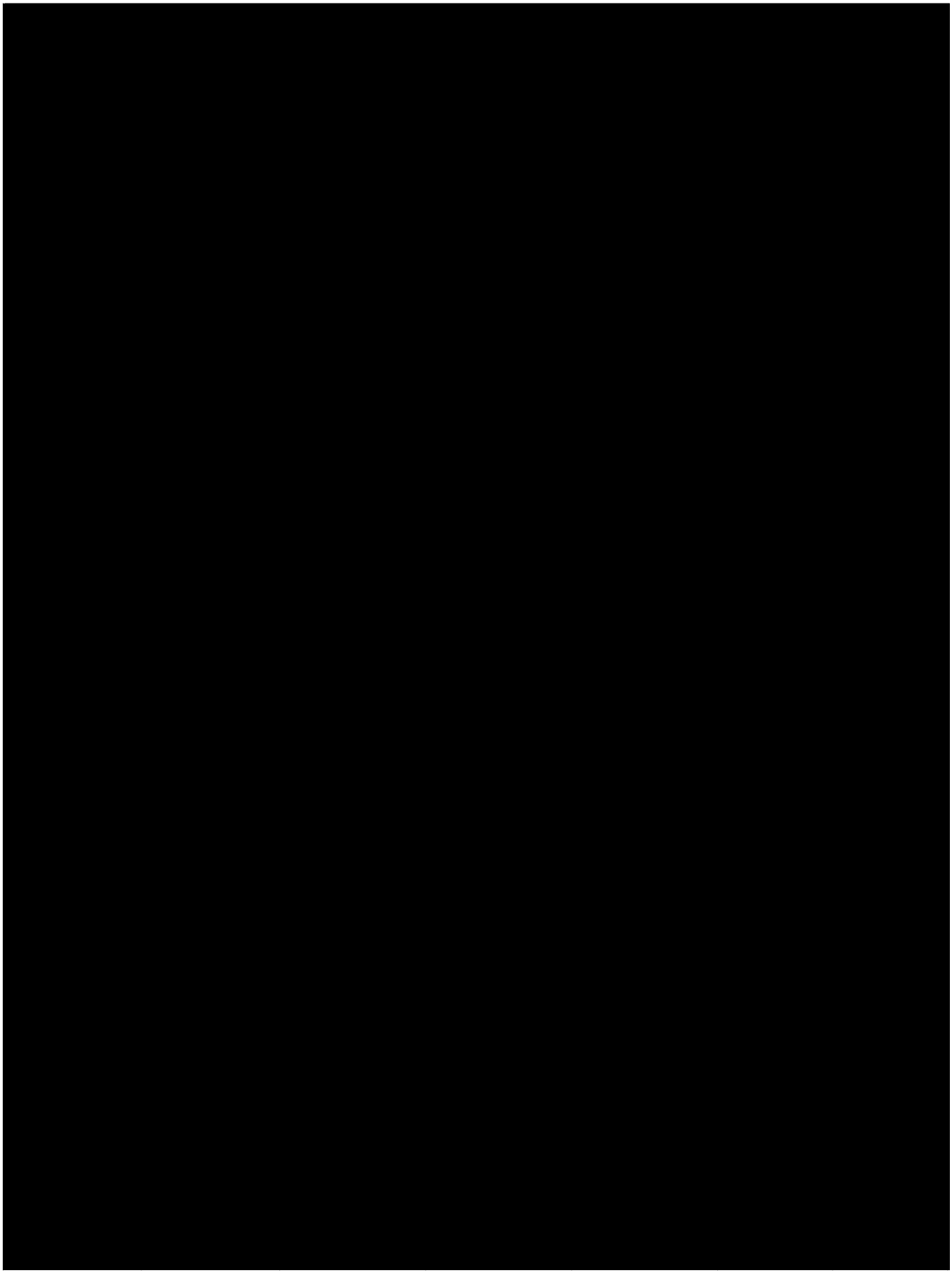
Equipment Serial number	Equipment Model Number	Date of Manufacture	Age of Equipment from DOM (months)	Incident/Ticket created Date	Alleged Crash (Yes/No)	Property Damage (Yes/No)
[redacted]						

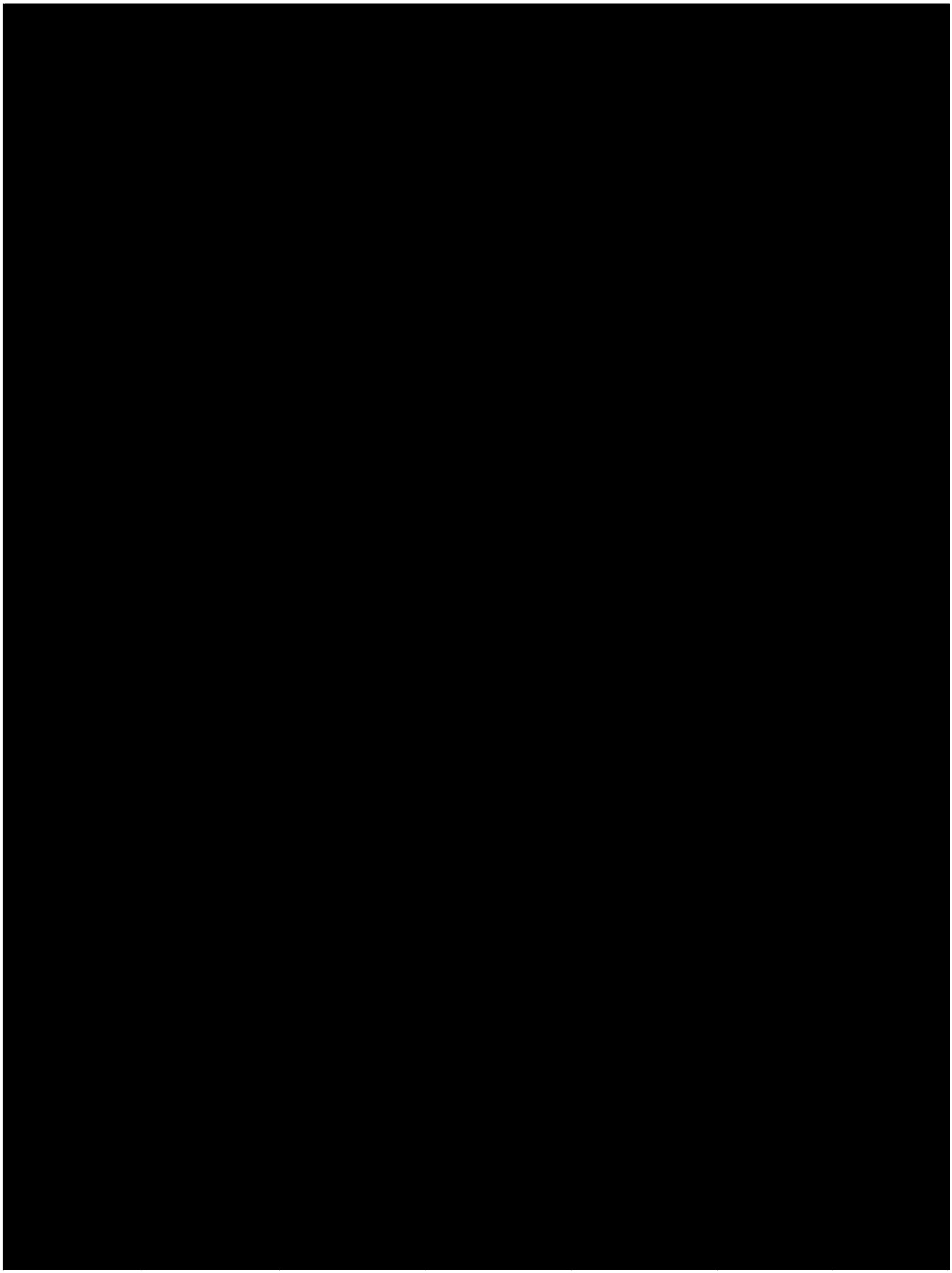


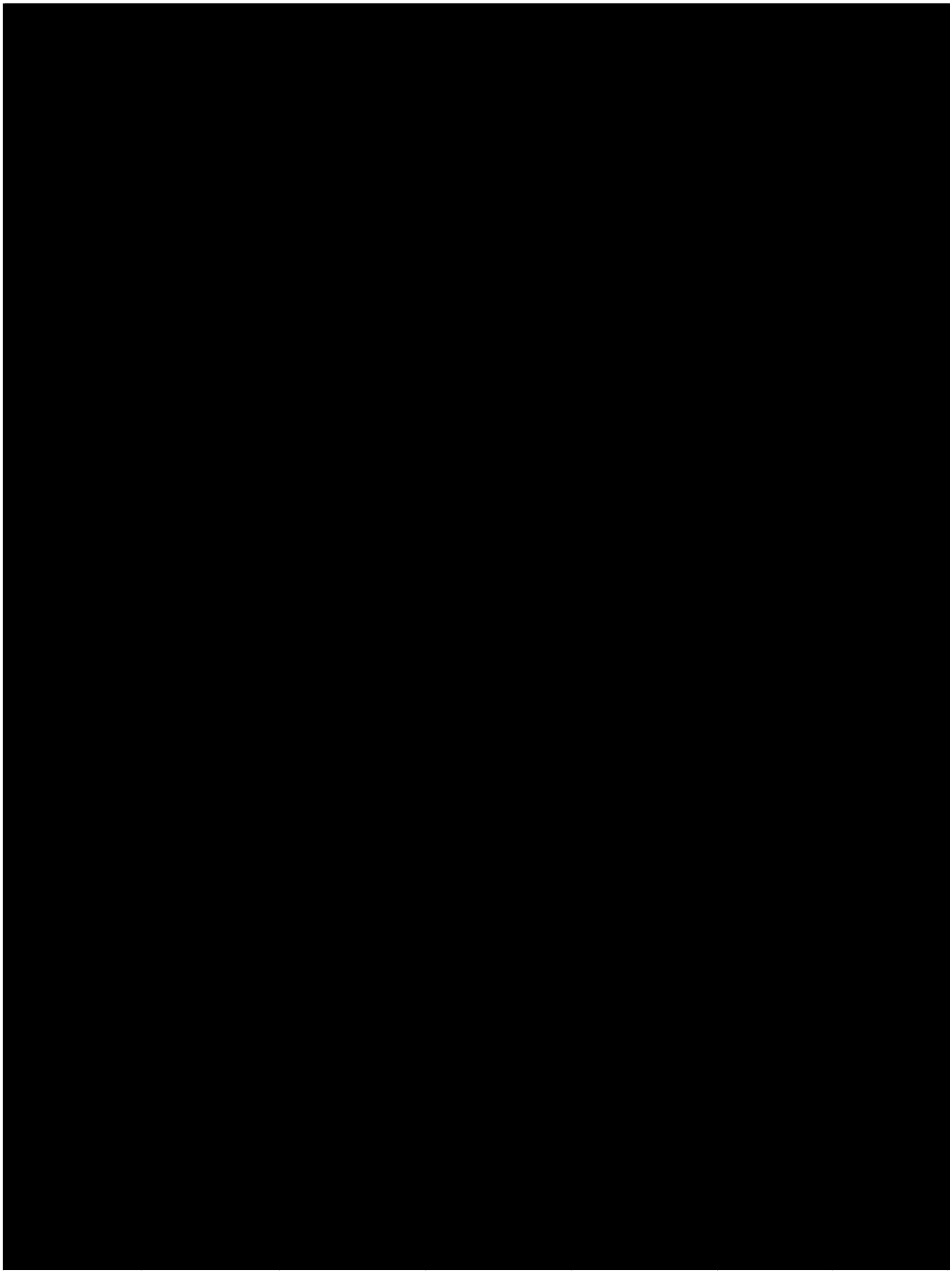


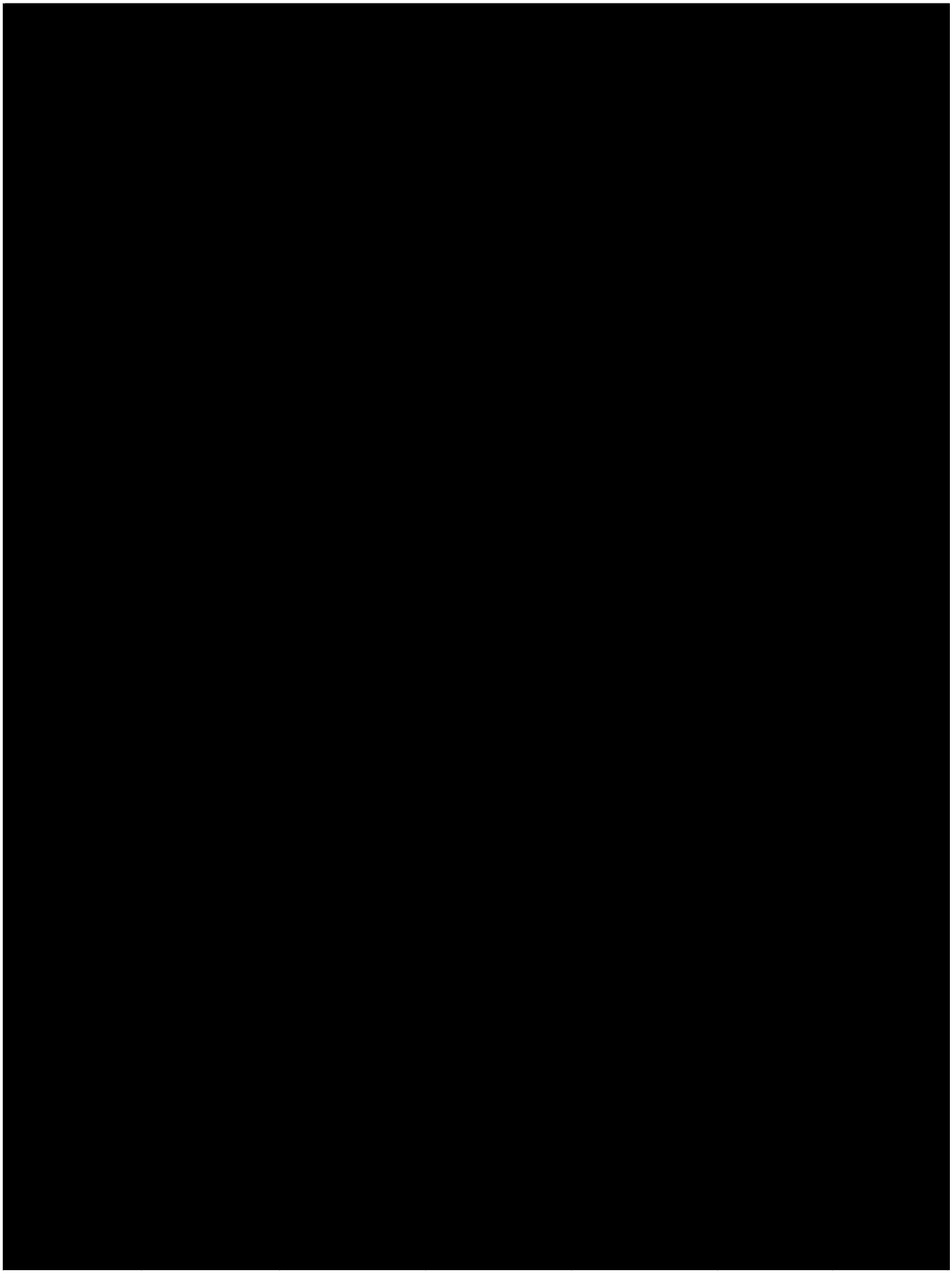


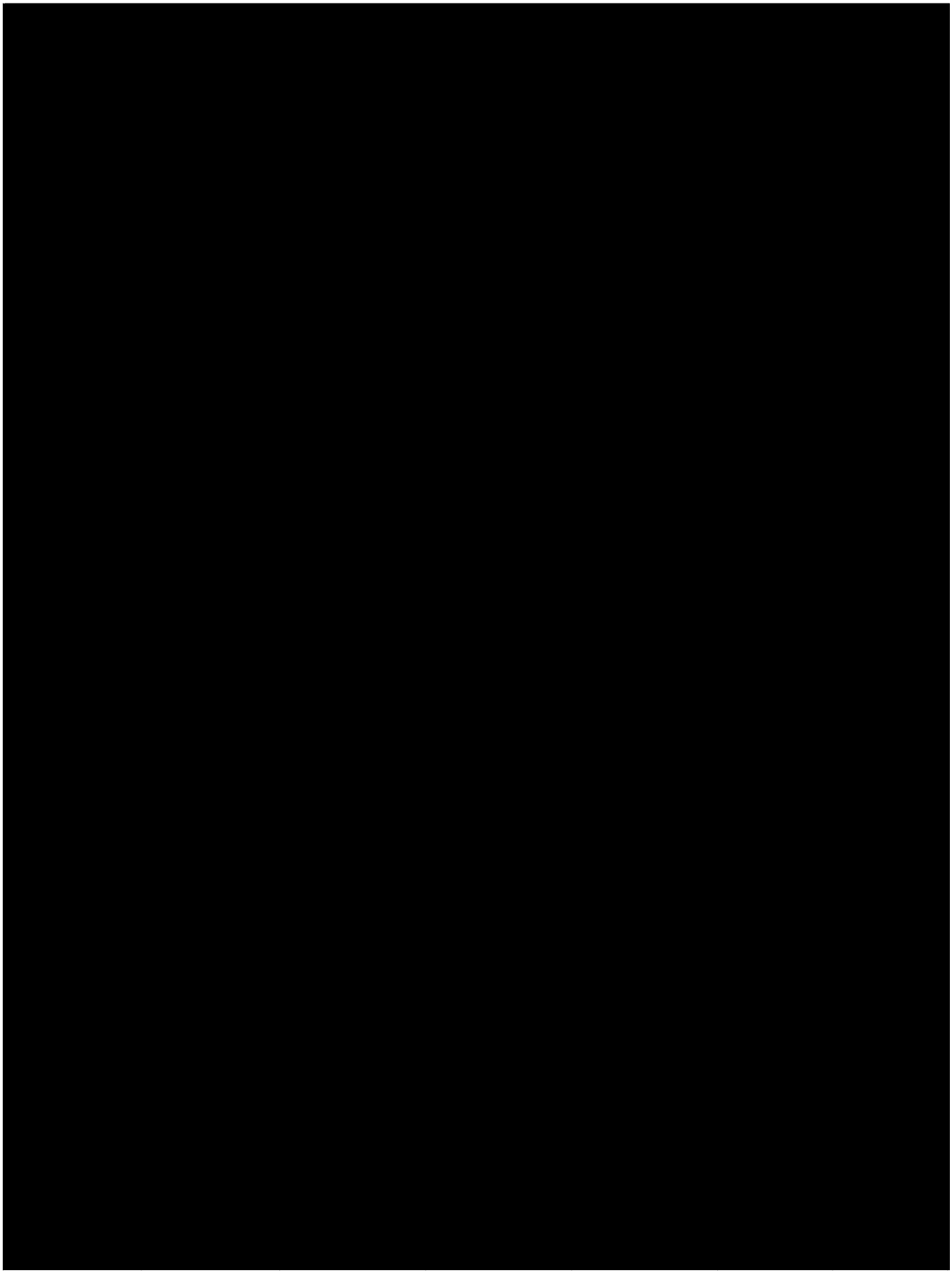




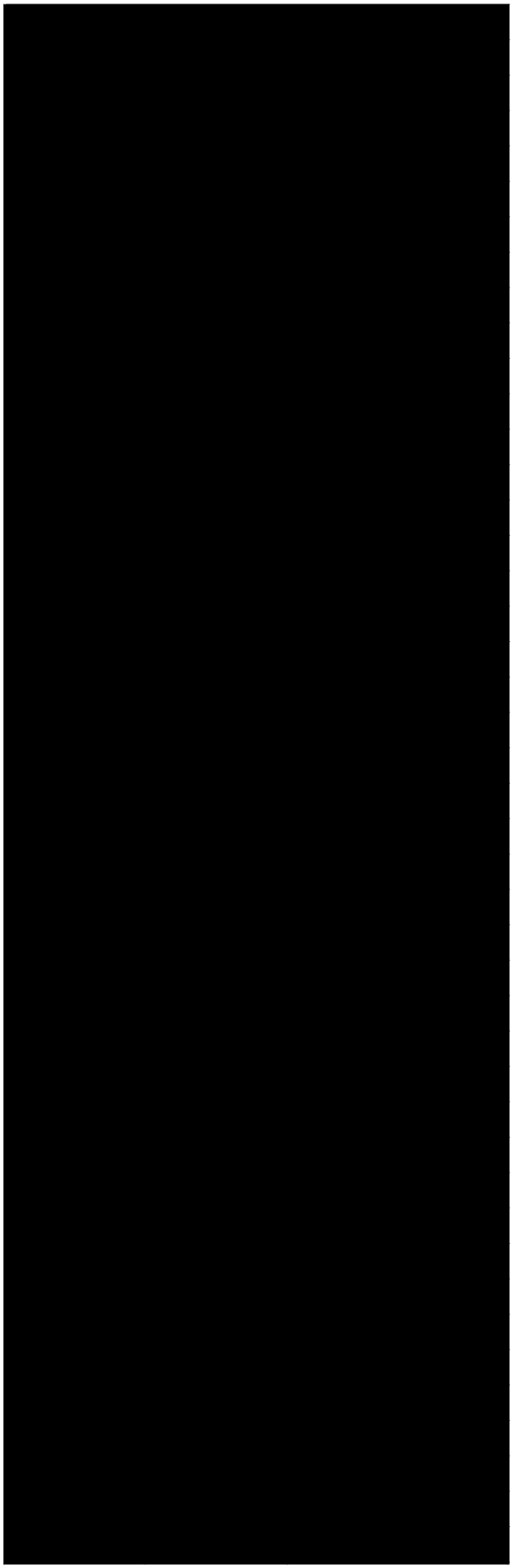


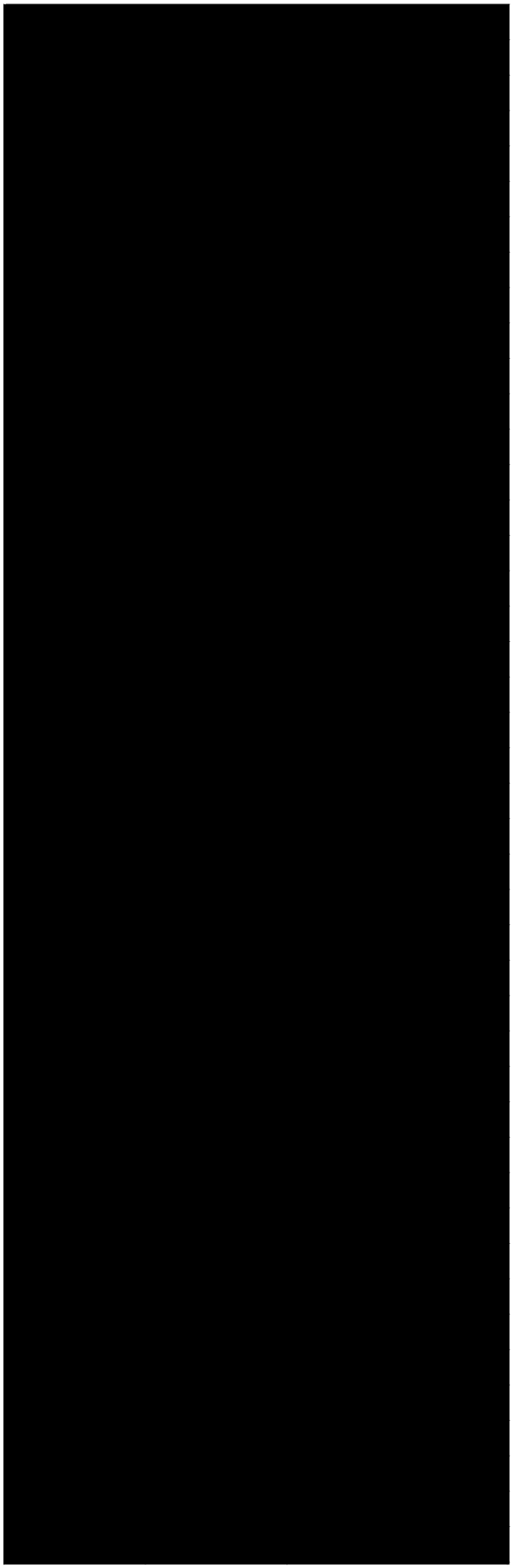


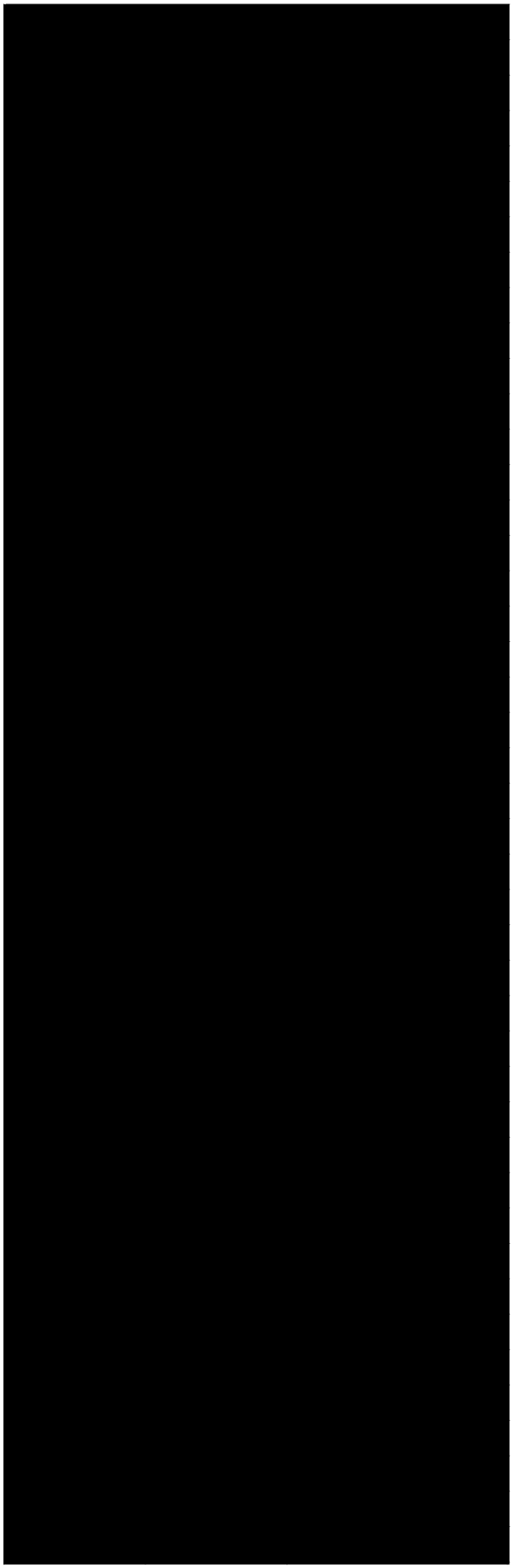


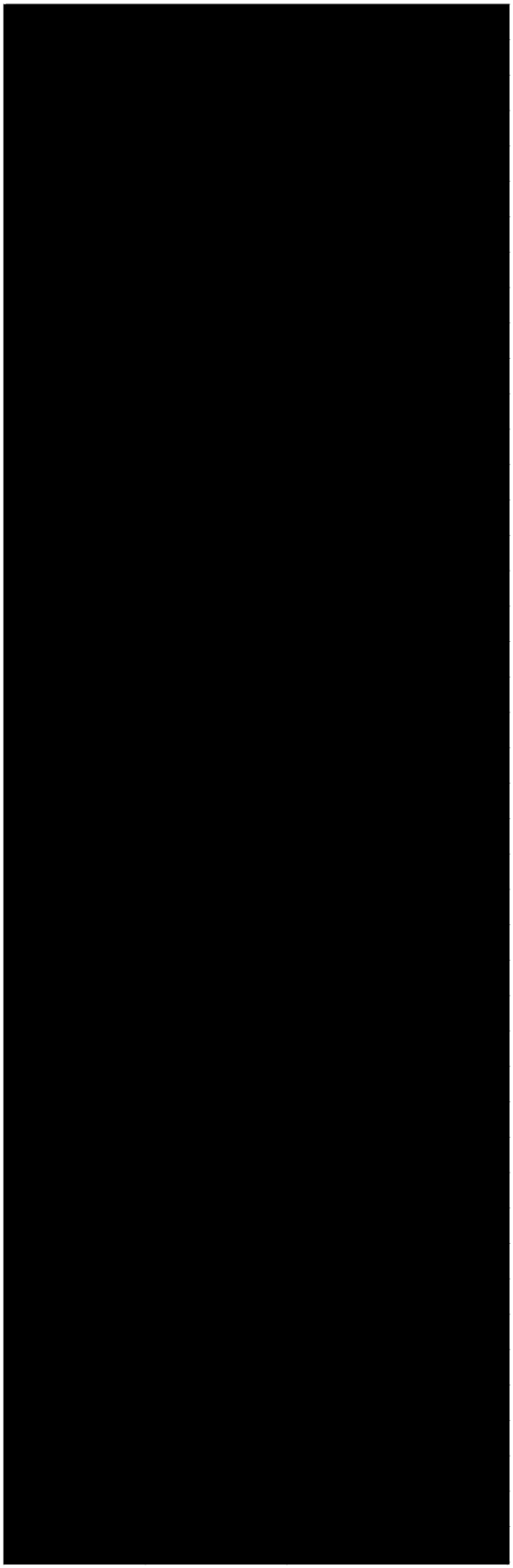


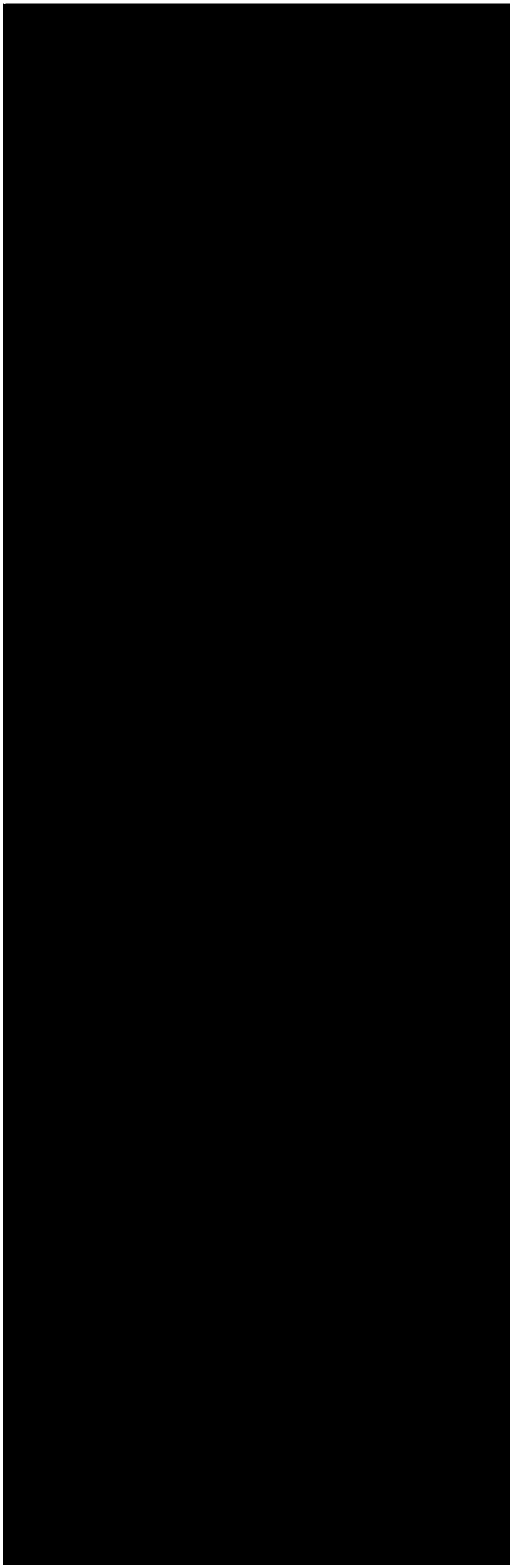
Alleged Injury (Yes/No)	Alleged Fatality (Yes/No)	Replacement Part Number & Description
[redacted]		

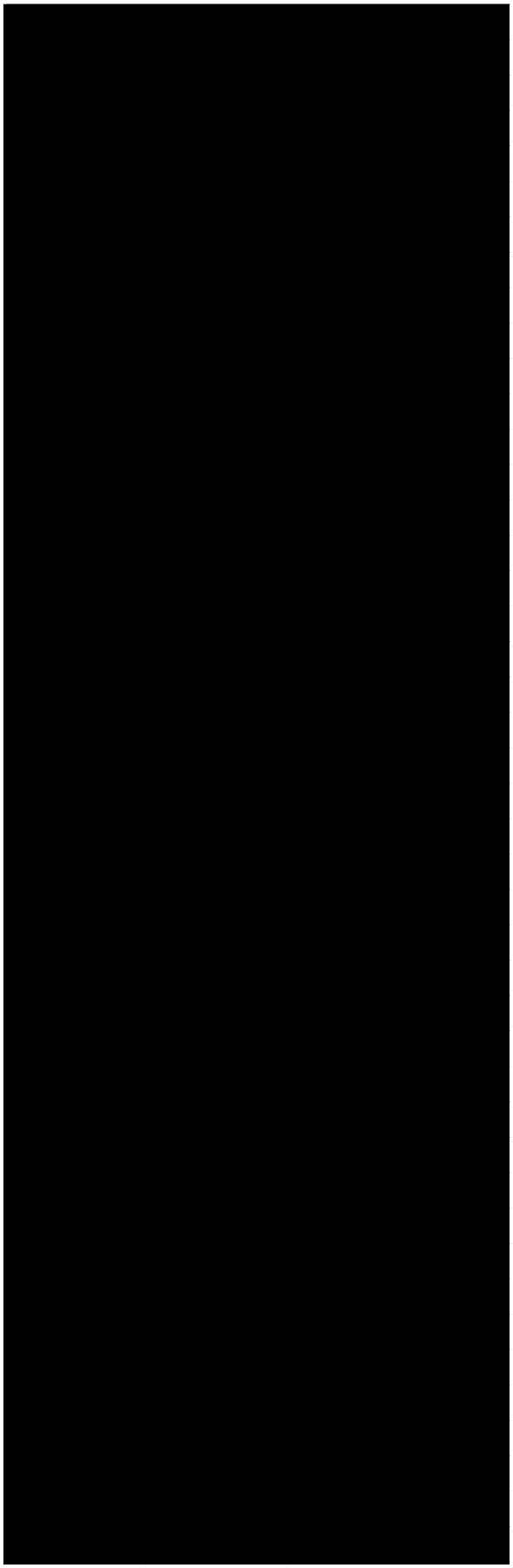


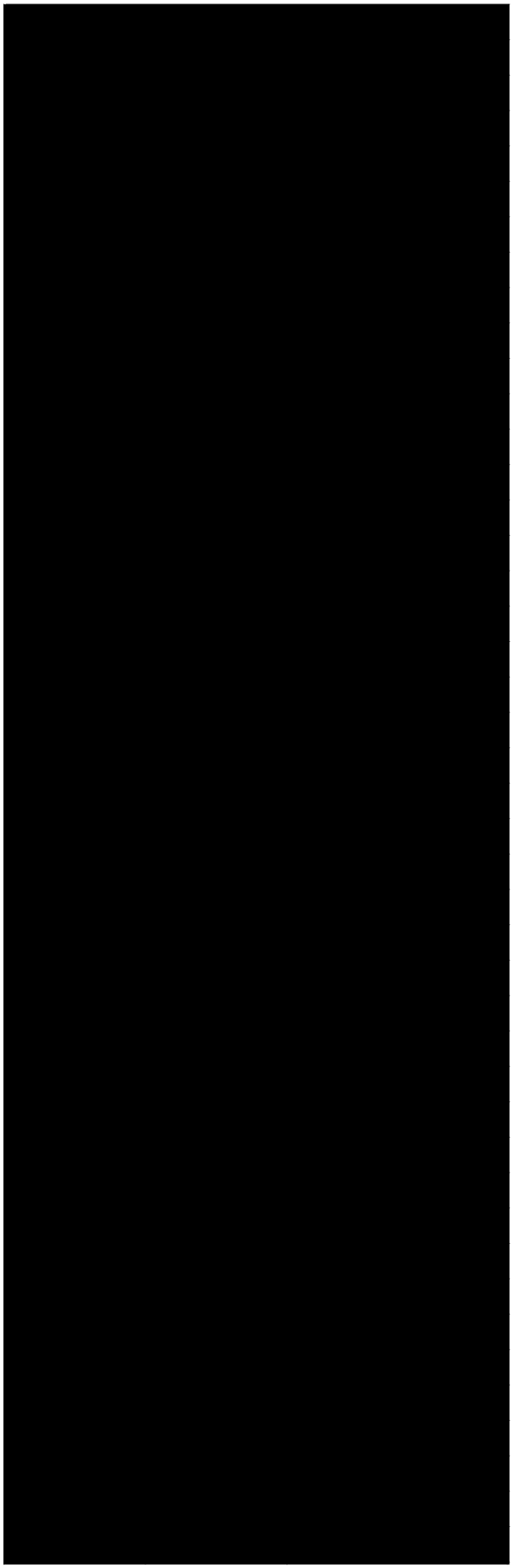


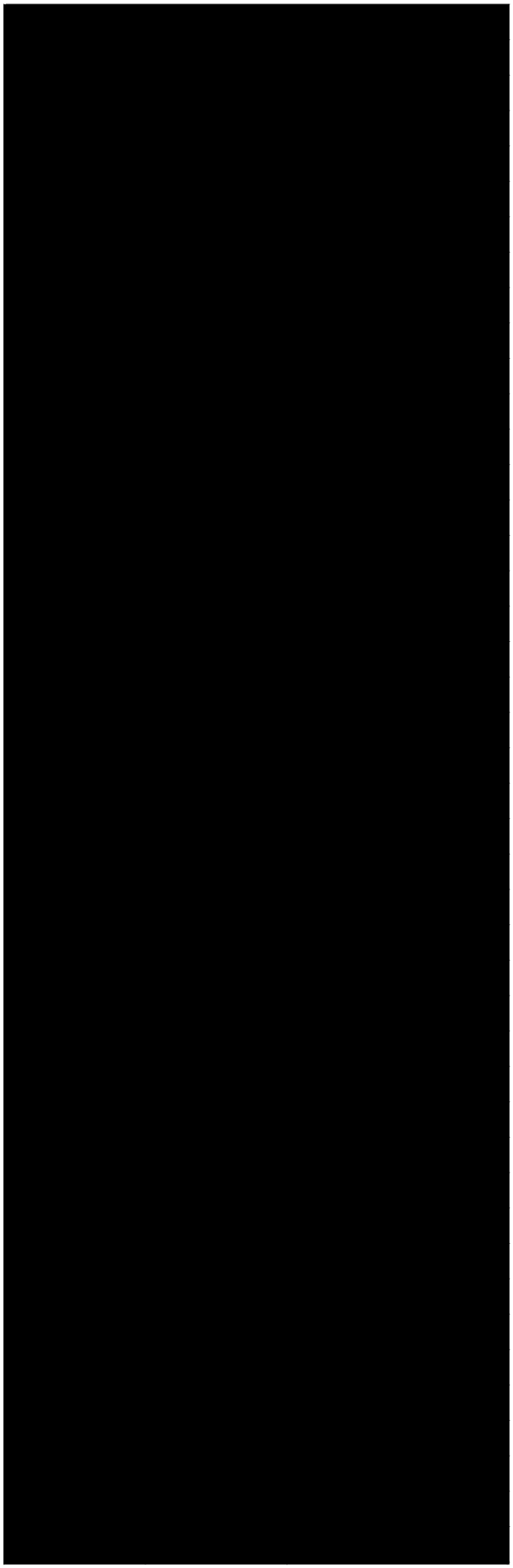


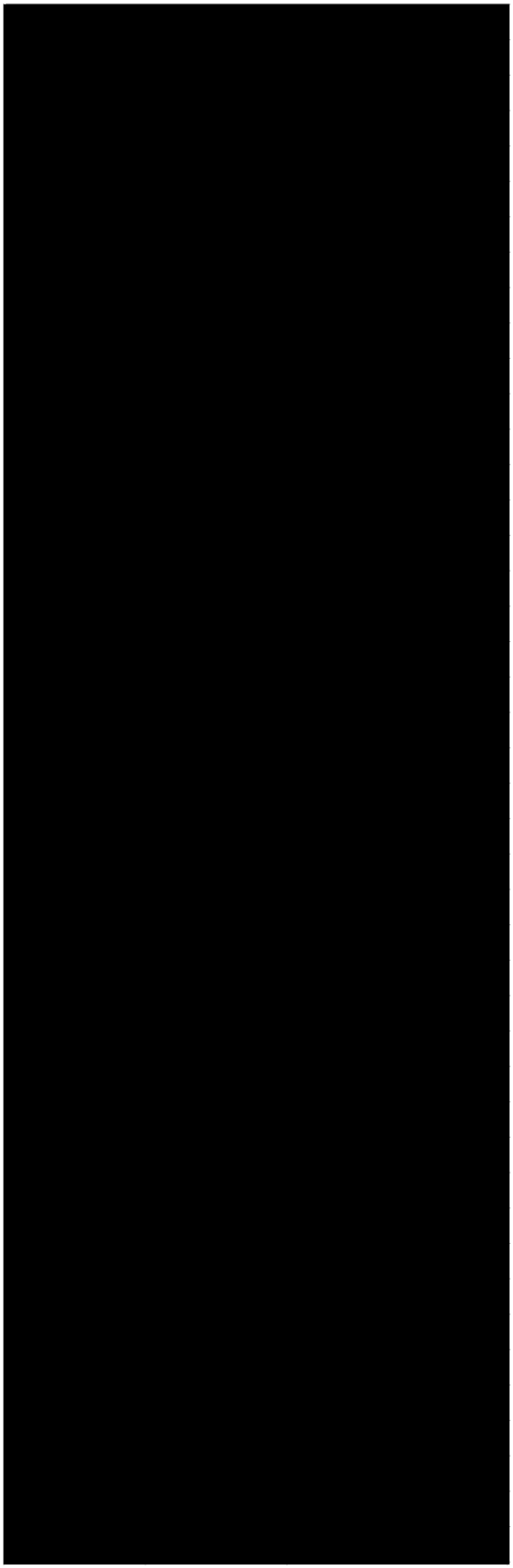




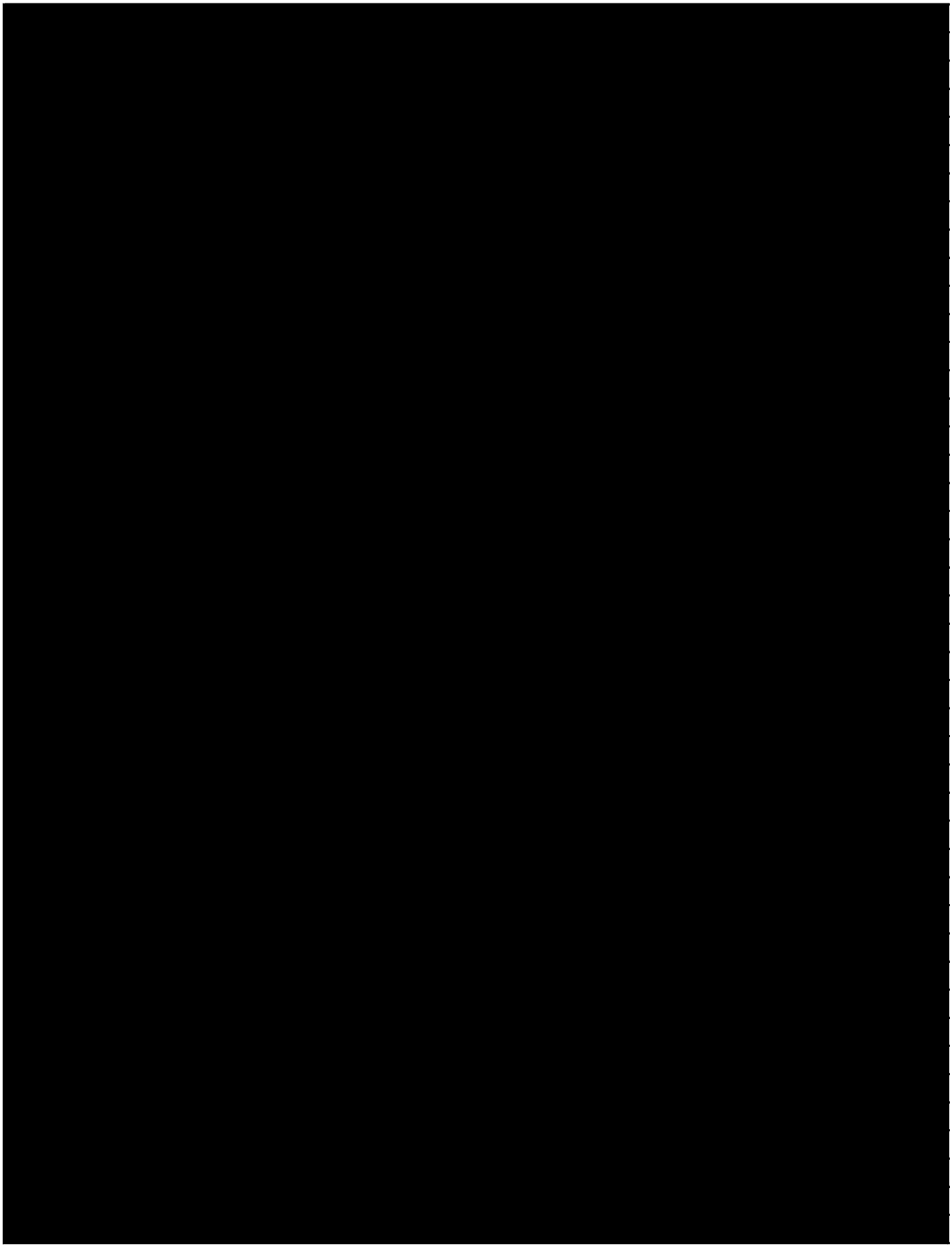


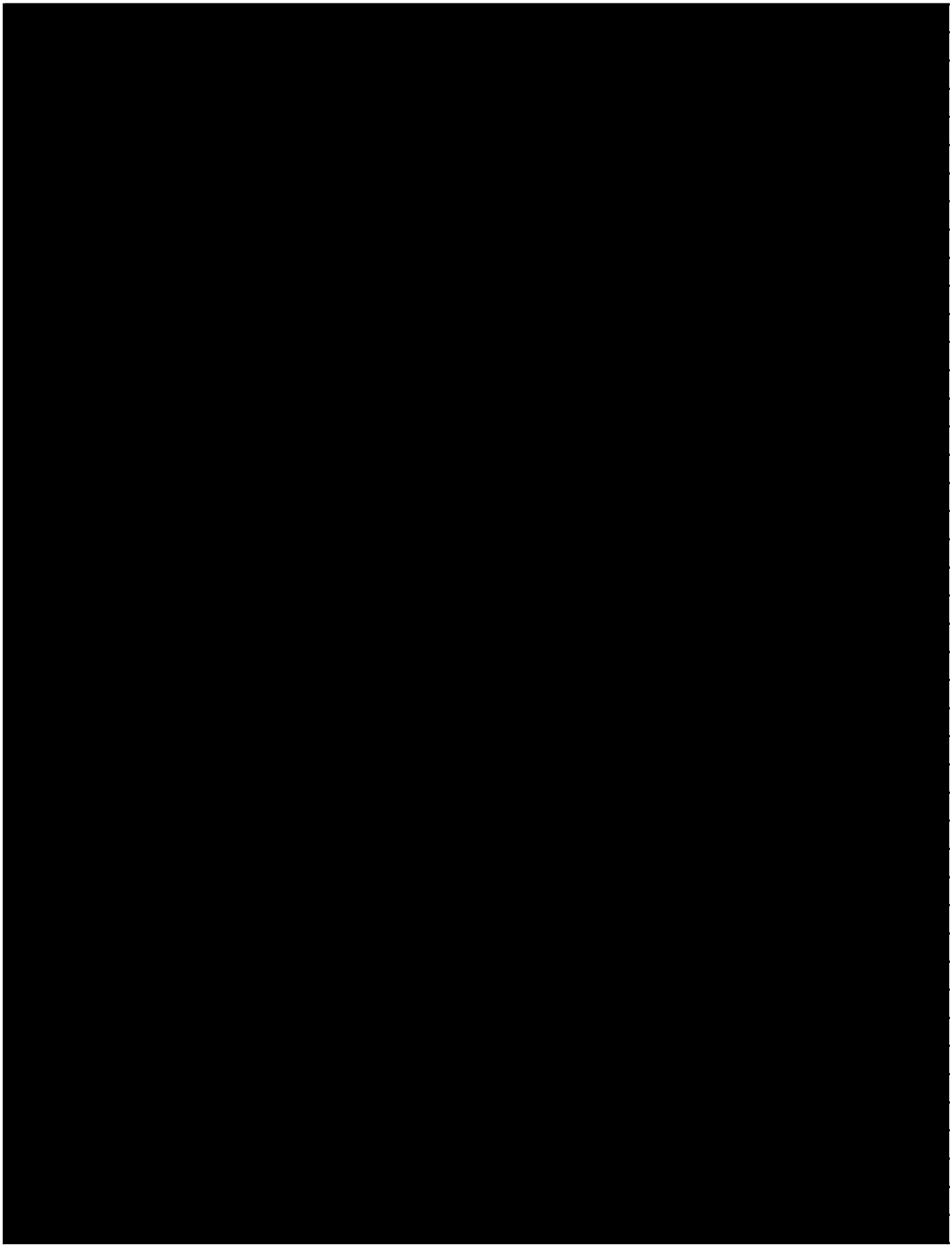


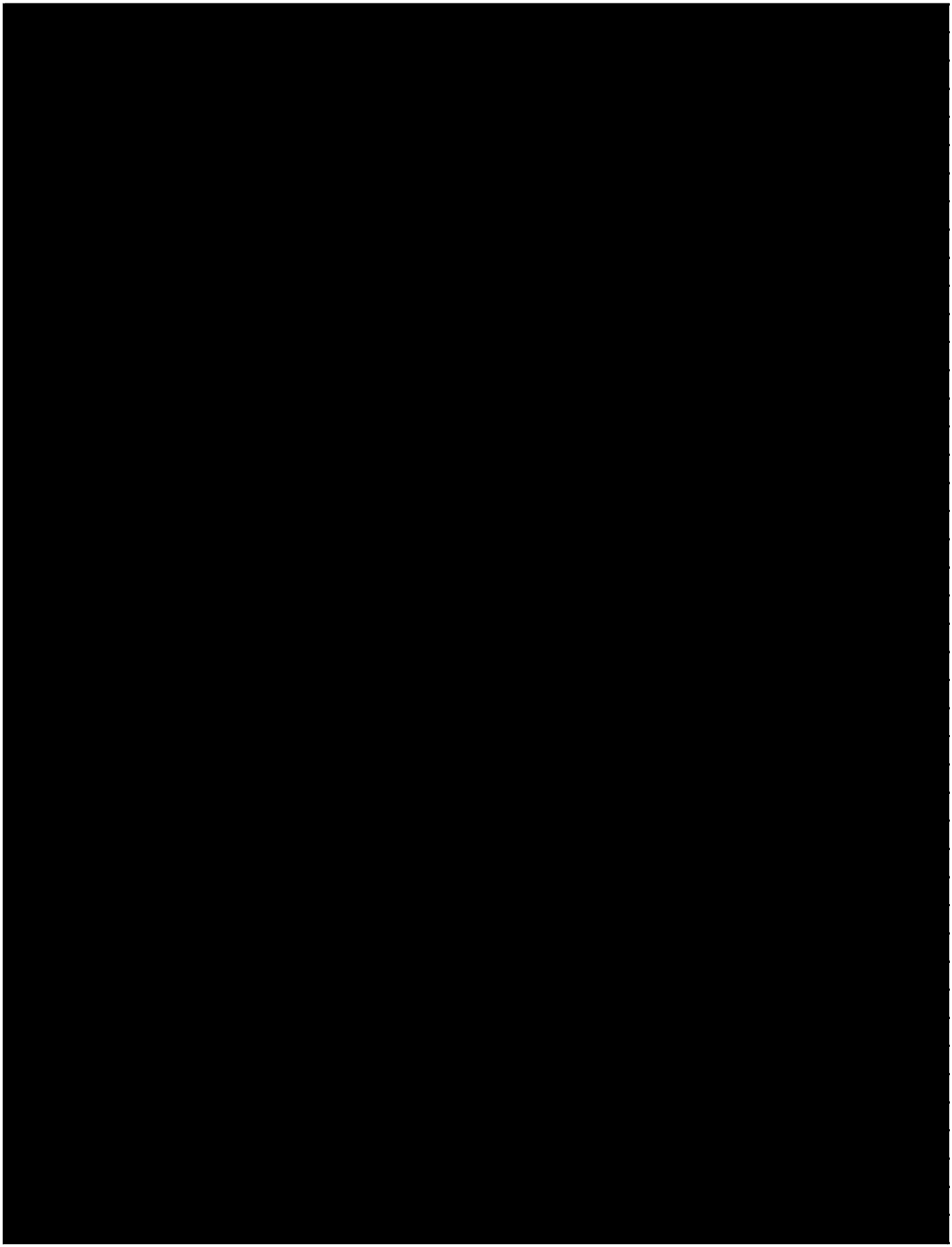


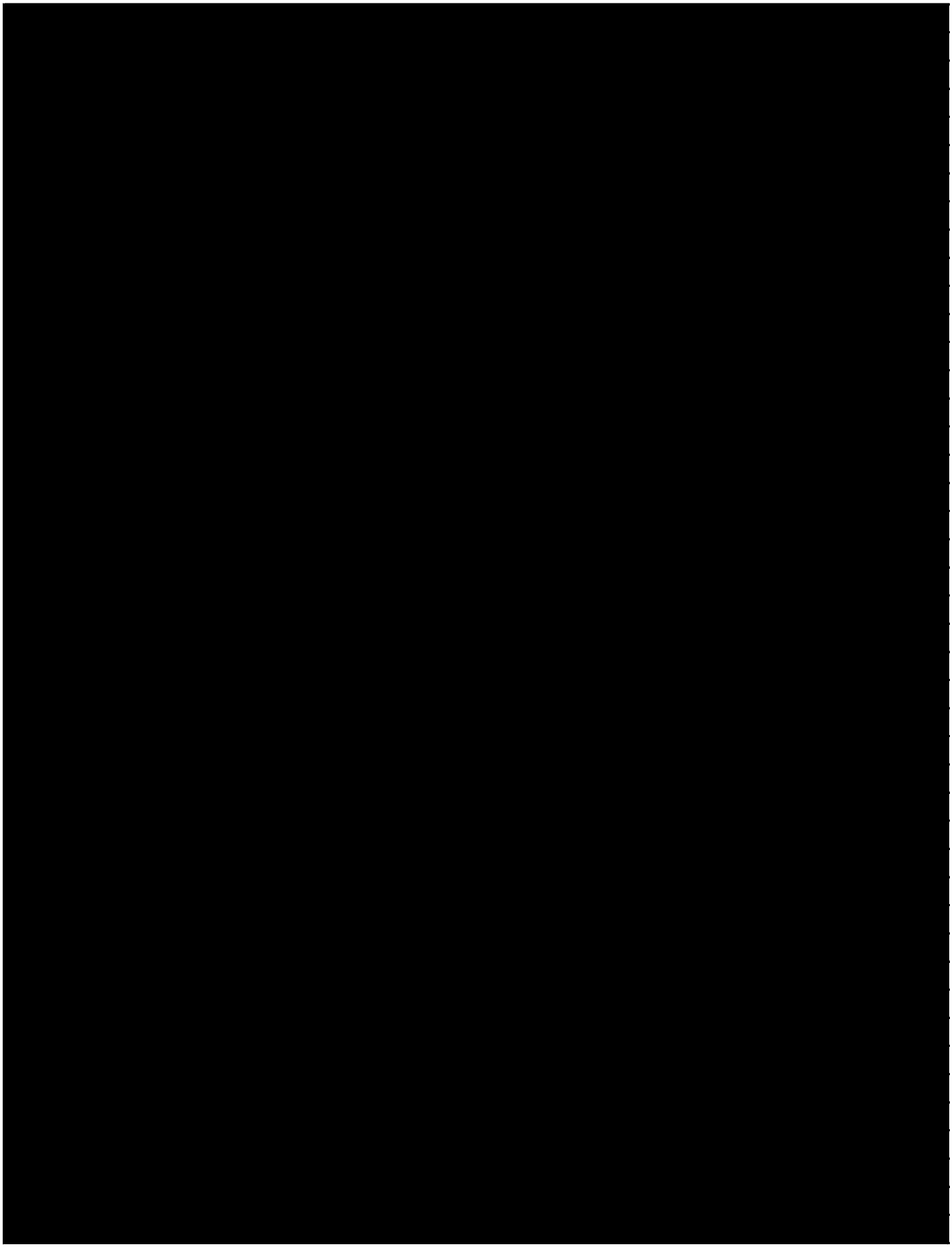


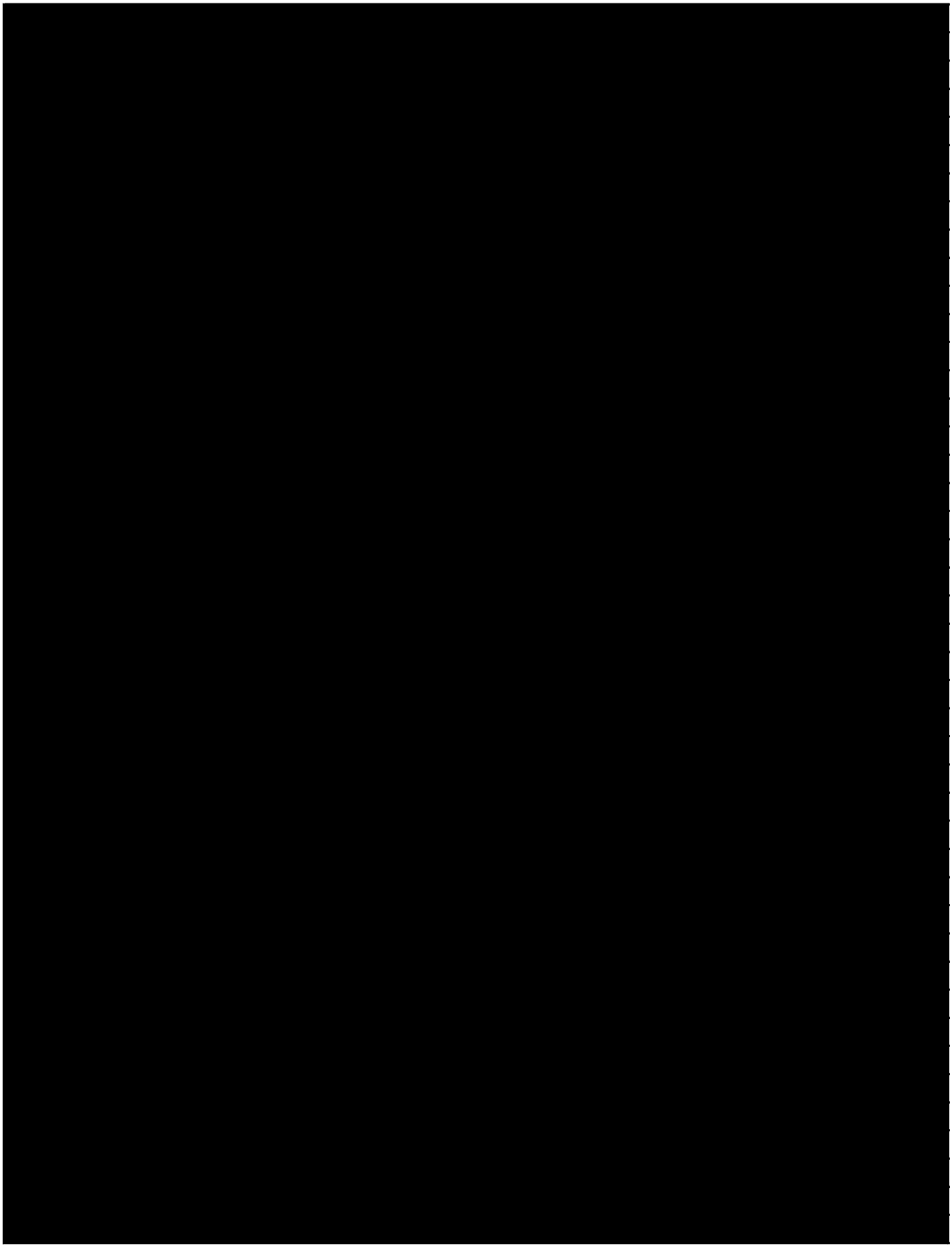
Customer Concern
[redacted]

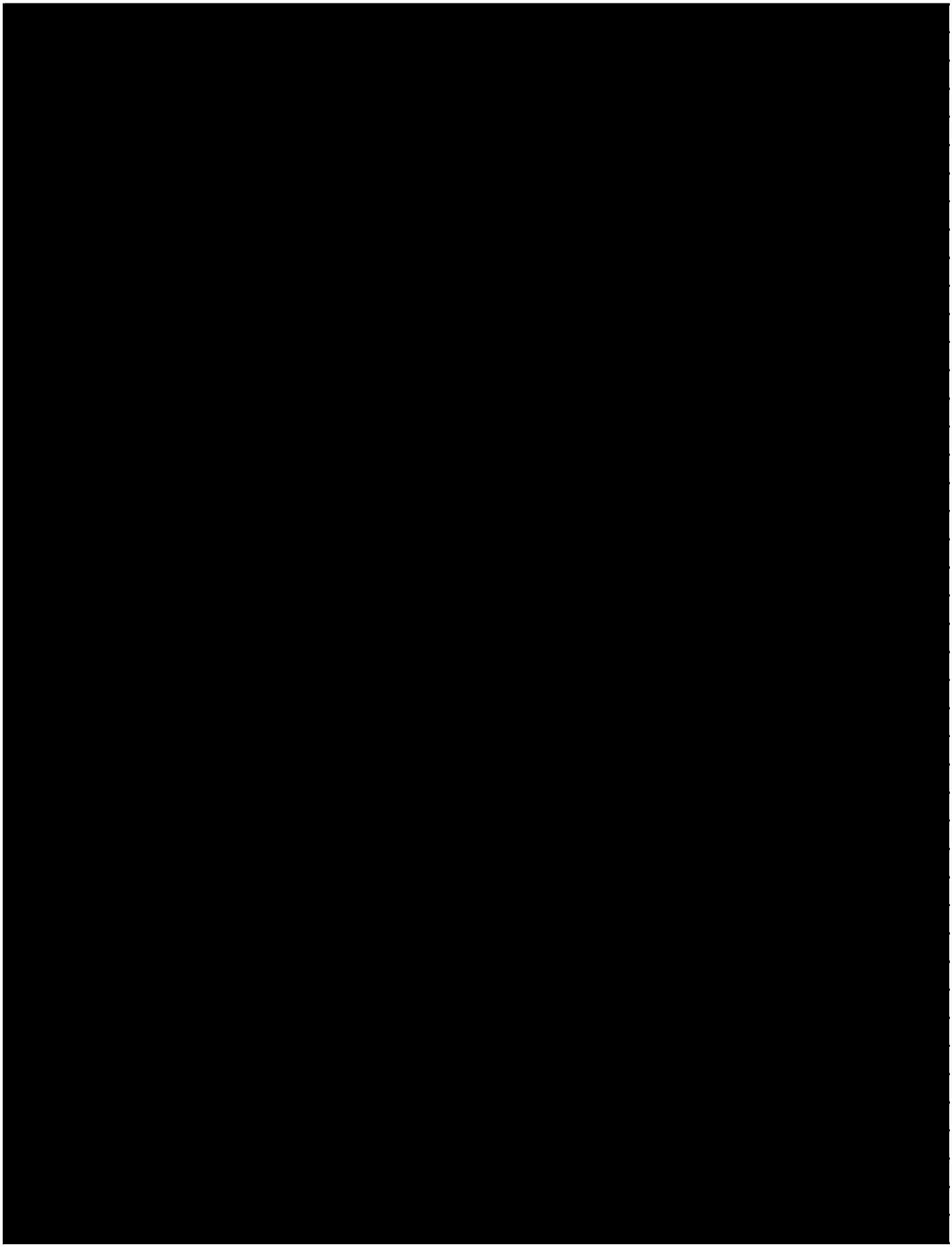


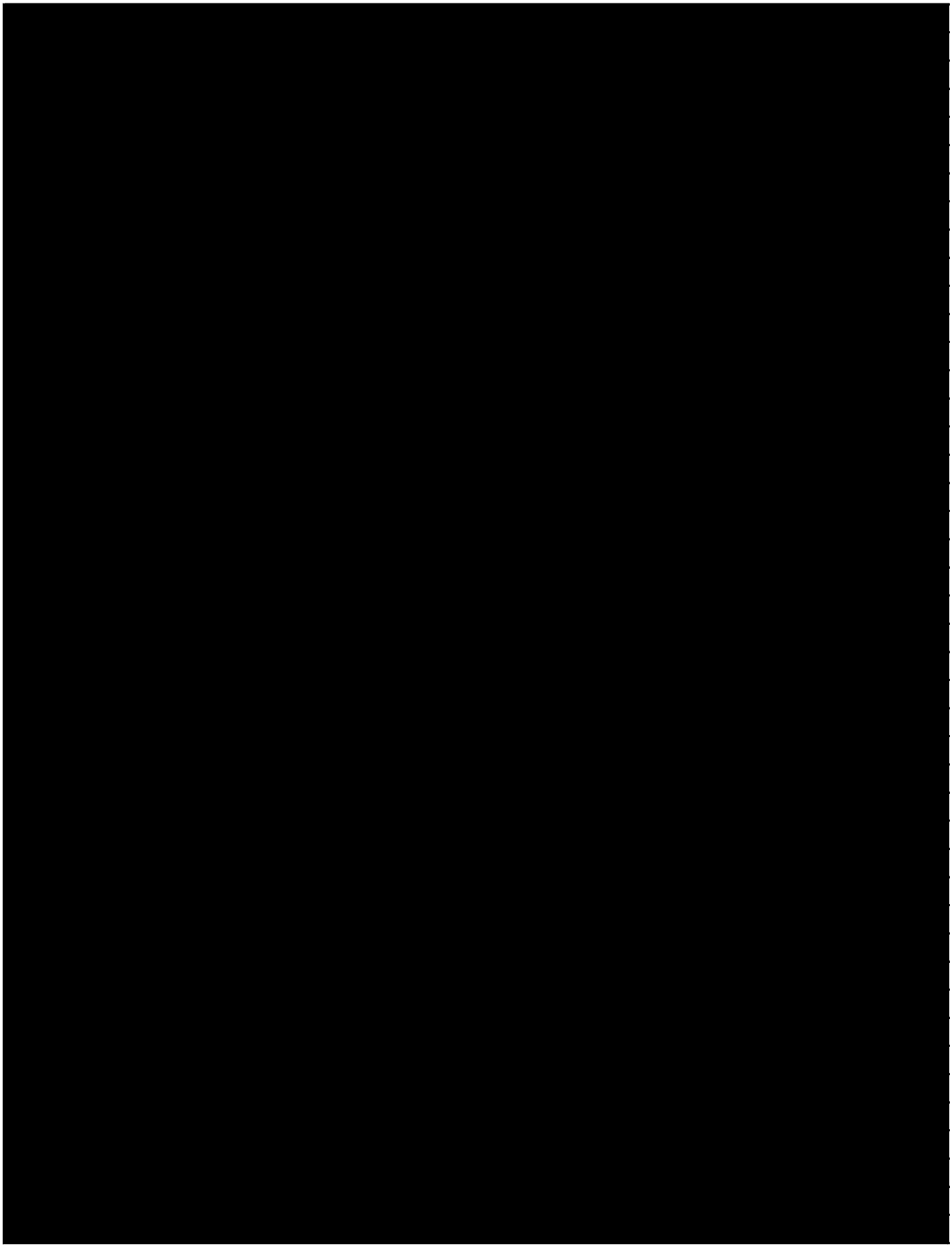


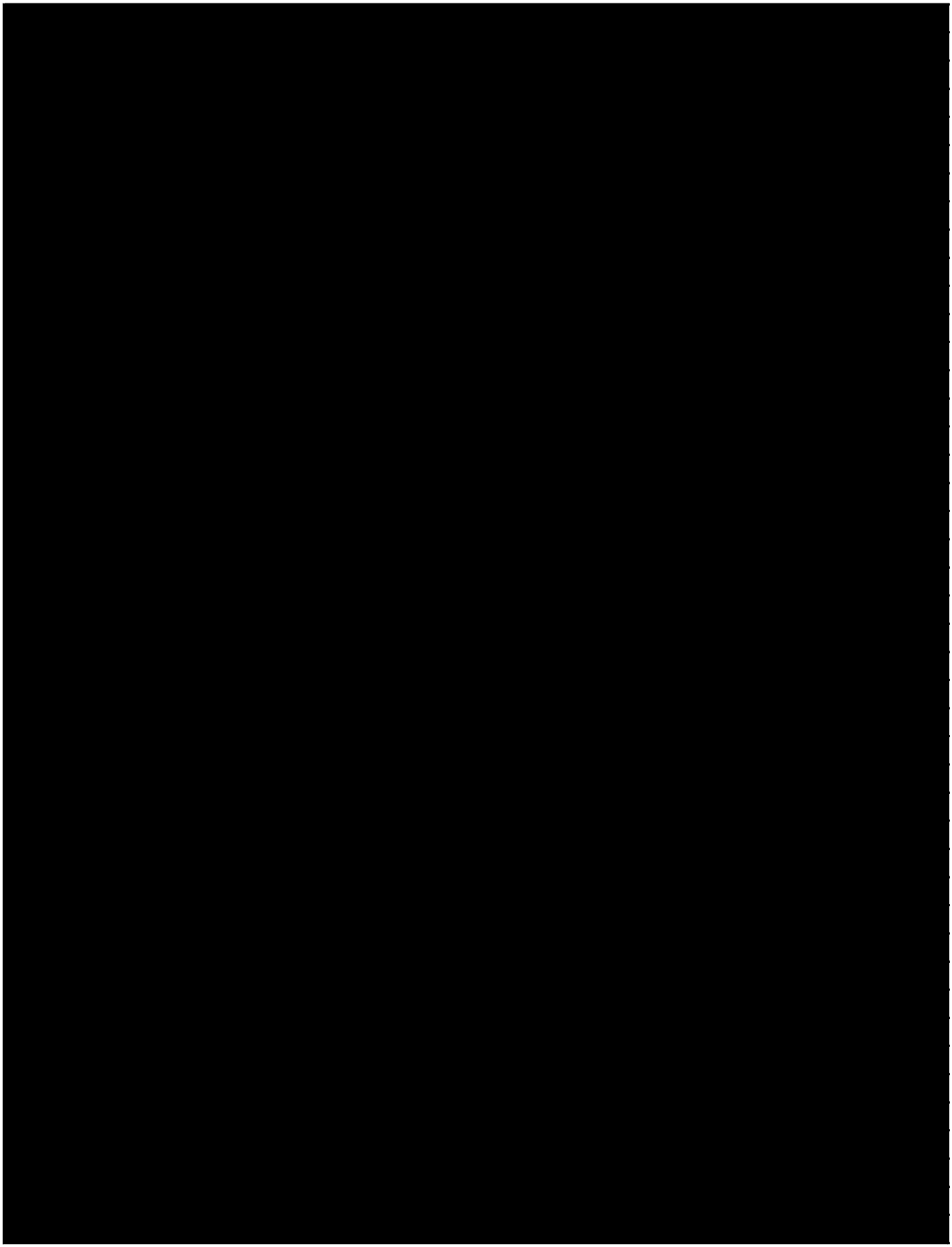


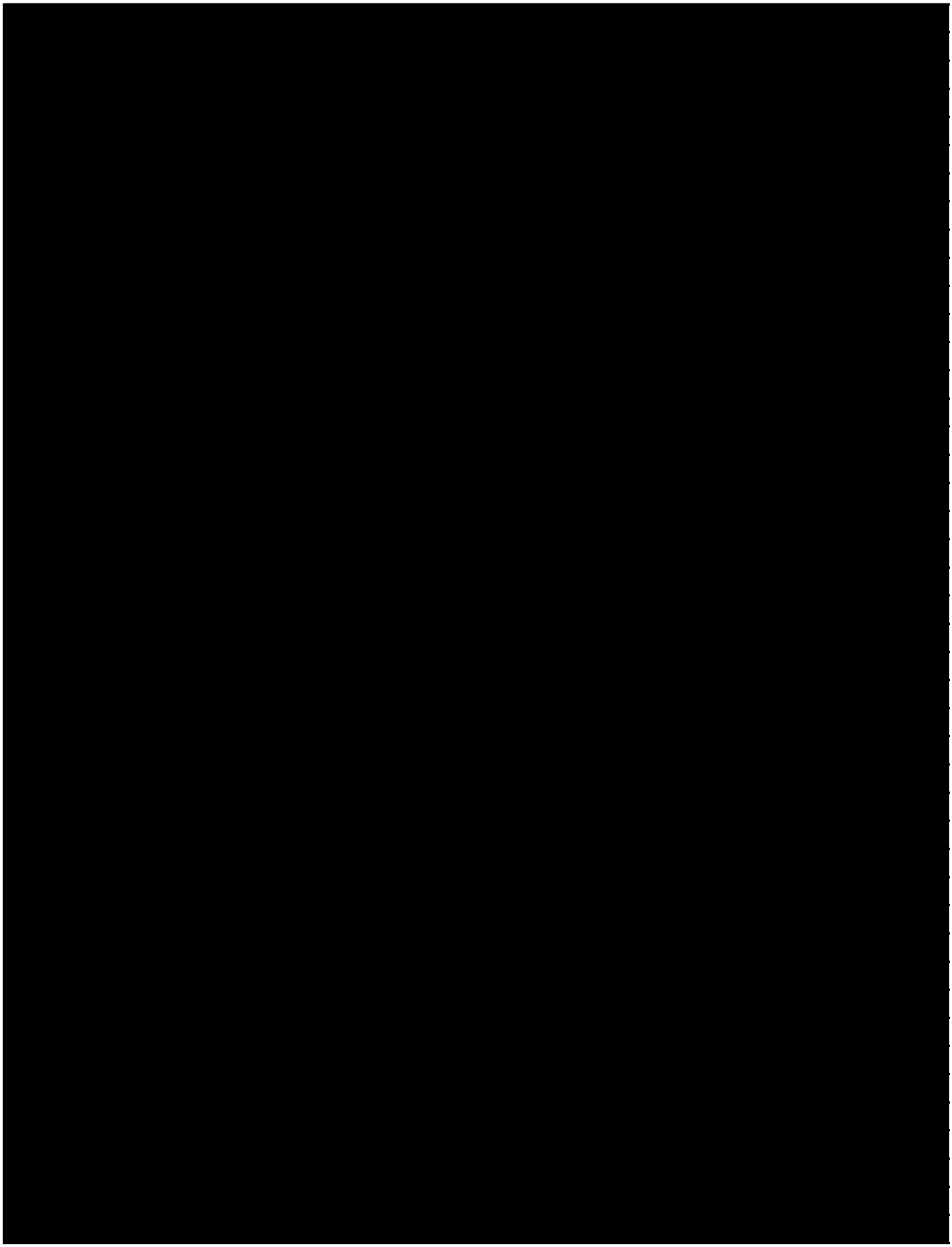












Cause	Correction	Additional comments
[redacted]		

