

FILE NUMBER: _____

DATE OPENED P/S: 9/29/94

DATE TIME: _____

LAST NAME: J&R Sports Center

FIRST NAME: _____

STREET: 620 Fairchild / 200 W. Union PO Box 139

CITY: Nanticoke STATE: Pa ZIP: 18634

HOME PHONE: _____ WORK PHONE: 717 387 1800

ARMS SERVICE NUMBER: 94 27501

DATE OPENED REM 9/27 DATE OF INCIDENT: — DATE CLOSED: 9/29

MFD. BY: Ram CALIBER: 22-250 MODEL: 700 SERIAL: C6777242 RAMAC: C6777242

DATE CODE: LN DATE MFD: 2/93 OBSOLETE? X (If yes, circle the x)

BULLET WEIGHT: _____

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

CONCERN CODE: _____ CUSTOMER'S CONCERN: Fires when safety is pushed on

ANALYSIS CODE: _____ ANALYSIS: _____

CAUSE CODE: _____ CAUSE: no fault found

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 DETAIL: ~~Replace~~ ~~1000~~ Replace trigger at N/C

SETTLEMENT AMOUNT: _____