FILE NUMBER:_____

DATE OPENED P/S: 9-19-94

DATE TIME:_____

LAST NAME : Hillmans

FIRST NAME:_____

STREET: RT 1

CITY: Morristown STATE: MN ZIP: 55052

HOME PHONE:_____ WORK PHONE:_____

ARMS SERVICE NUMBER:_____

DATE OPENED REM._____ DATE OF INCIDENT:_____ DATE CLOSED: 9-19-94

MFD. BY: Rem CALIBER: 30/06 MODEL 700 SERIAL: 6794593 RAMAC:_____

DATE CODE:_____ DATE MFD:_____ 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: Alleges failure to fire

ANALYSIS CODE:_____ ANALYSIS:_____

CAUSE CODE:_____ CAUSE:_____

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: Upon at specified price

SETTLEMENT AMOUNT:_____

PS00389