

FILE NUMBER: _____

DATE OPENED P/S: 9-26-94

DATE TIME: _____

LAST NAME: Arnold

FIRST NAME: Carl

STREET: 133 E 80 St.

CITY: Columbia STATE: KY ZIP: 42138

HOME PHONE: _____ WORK PHONE: _____

ARMS SERVICE NUMBER: _____

DATE OPENED REM. 9-26-94 DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: Rem CALIBER: _____ MODEL: 788 SERIAL: _____ 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: Winding when taking the safety off

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: Letter requesting the rifle be returned for repairs.

SETTLEMENT AMOUNT: _____