Set up file

FILE NUMBER:

DATE OPENED P/S: 9/26/94

DATE TIME:

LAST NAME : Avon Gun & Hunting

FIRST NAME:

STREET: 259 E Main St

CITY: Avon STATE: NY ZIP: 14414

HOME PHONE: WORK PHONE:

ARMS SERVICE NUMBER: 94 26950

DATE OPENED REM. DATE OF INCIDENT: DATE CLOSED: 9/26/94

MFD. BY: Rem CALIBER 7M Mag MODEL 700 SERIAL A6570570 RAMAC:

DATE CODE: LQ DATE MFD 2-78 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: [illegible] 3 times when [illegible]

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: [illegible]

SETTLEMENT AMOUNT:

PS00874