

FILE NUMBER: _____
DATE OPENED P/S: 9/16/94
DATE TIME: _____
LAST NAME: Carothers
FIRST NAME: Carothers Walt
STREET: 119 Clarksville rd
CITY: Wilmington STATE: Oh ZIP: 45177
HOME PHONE: 513 382 3619 WORK PHONE: _____
ARMS SERVICE NUMBER: 94 26553
DATE OPENED REM. 9/16/94 DATE OF INCIDENT: _____ DATE CLOSED: 9/18/94
MFD. BY: Rem CALIBER: 22-250 MODEL: 70 SERIAL: 6211702 RAMAC: _____
DATE CODE: RS DATE MFD: 11/69 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: FSR
ANALYSIS CODE: _____ ANALYSIS: _____
CAUSE CODE: _____ CAUSE: trigger improperly adjusted
DATE TO ANALYSIS: 9/19/94 CUSTODY: _____ DATE FROM ANALYSIS: _____
ASSIGNED TO: Kast
CLASSIFICATION: (UNJ) UNC UND J
PRELITIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the x)
SETTLEMENT DETAIL: Repair at spec. price
SETTLEMENT AMOUNT: _____