

FILE NUMBER: 6189
DATE OPENED P/S: 11/11/94
DATE TIME: _____
LAST NAME: CREAMER
FIRST NAME: David
STREET: 489 Cossaduck Hill
CITY: N. Stonington STATE: CT ZIP: 06359
HOME PHONE: _____ WORK PHONE: _____
ARMS SERVICE NUMBER: 94-31399
DATE OPENED REM. 11/3 DATE OF INCIDENT: _____ DATE CLOSED: 11/11
MFD. BY: Rem CALIBER: 338 MODEL: 7055 SERIAL: 56234014 RAMAC: _____
DATE CODE: KN DATE MFD: 5/93 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: 1007 CUSTOMER'S CONCERN: FDR
ANALYSIS CODE: _____ ANALYSIS: _____
CAUSE CODE: 4015 CAUSE: IM
DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____
ASSIGNED TO: that
CLASSIFICATION: (UN) 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: \$30