

FILE NUMBER: _____

DATE OPENED P/S: 11/1/94

DATE TIME: _____

LAST NAME: Dietrich

FIRST NAME: Braint

STREET: 142 Ridgeway Drive

CITY: Fayetteville STATE: NC ZIP: 28211

HOME PHONE: 910 822 4982 WORK PHONE: _____

ARMS SERVICE NUMBER: 9431145

DATE OPENED REM. 11/1 DATE OF INCIDENT: _____ DATE CLOSED: 11/1/94

MFD. BY: Rem CALIBER: 270 MODEL: 700 SERIAL: 5627681 RAMAC: _____

DATE CODE: AN DATE MFD: 3/93 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: FSR

ANALYSIS CODE: _____ ANALYSIS: _____

CAUSE CODE: 4006 CAUSE: AA

DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____

ASSIGNED TO: Kest

CLASSIFICATION: (UN) UNC UND J

PRELITIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the x)

SETTLEMENT DETAIL: X Repair N/c

SETTLEMENT AMOUNT: _____