FILE NUMBER:_____

DATE OPENED P/S: 9-26-94

DATE TIME:_____

LAST NAME : EVANKO

FIRST NAME: Michael

STREET: 56 Allemania Pl

CITY: Yonkers STATE: N.Y. ZIP: 10701

HOME PHONE:_____ WORK PHONE:_____

ARMS SERVICE NUMBER:_____

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

MFD. BY: Rem CALIBER: 308 MODEL: 700 SERIAL: B439193 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: allegedly 1/700 [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:_____