

FILE NUMBER: _____

DATE OPENED P/S: 9/30/94

DATE TIME: _____

LAST NAME: El Paso Gun Exchange

FIRST NAME: _____

STREET: 6250 Edgemore

CITY: El Paso STATE: TX ZIP: 79925

HOME PHONE: _____ WORK PHONE: 915 772 7076

ARMS SERVICE NUMBER: 94 27524

DATE OPENED REM. 9/28 DATE OF INCIDENT: _____ DATE CLOSED: 9/30

MFD. BY: Rem CALIBER: 25-06 MODEL: 70V SERIAL: 6523175 RAMAC: _____

DATE CODE: LW DATE MFD: 2/72 OBSOLETE? X (If yes, circle the x)

BULLET WEIGHT: _____

PRODUCT TYPE: (P) A T O (Circle one) TYPE CONCERN: PI PD P (S) C P(S)

CONCERN CODE: _____ CUSTOMER'S CONCERN: FBC

ANALYSIS CODE: _____ ANALYSIS: _____

CAUSE CODE: _____ CAUSE: Altered trigger

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

ASSIGNED TO: Kast

CLASSIFICATION: (UND) UNC UND J

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

SETTLEMENT DETAIL: Repair Spet price

SETTLEMENT AMOUNT: _____