FILE NUMBER:_____

DATE OPENED P/S: _9-16-94_____

DATE TIME:_____

LAST NAME : _Freita_____

FIRST NAME:_Joe_____

STREET:_18364_____

CITY: _Spenner_ Sumner_ STATE: _IA_ ZIP: _50674_

HOME PHONE:_____WORK PHONE:_____

ARMS SERVICE NUMBER:_____

DATE OPENED REM._9-16-94_DATE OF INCIDENT:_____DATE CLOSED:_____

MFD. BY:_Rem_____CALIBER:_243_ MODEL_700_SERIAL:_____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 fired when bolt was pushed forward_

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:_letter requesting rifle be returned_

SETTLEMENT AMOUNT:_____