S/W

FILE NUMBER:_____

DATE OPENED P/S: 10-12-94

DATE TIME:_____

LAST NAME : GINSKI

FIRST NAME: JOE

STREET: 1115 S Clinton St.

CITY: Baltimore STATE: MD ZIP: 21224

HOME PHONE:_____ WORK PHONE:_____

ARMS SERVICE NUMBER: 94 28955

DATE OPENED REM. 10/14/94 DATE OF INCIDENT:_____ DATE CLOSED: 10-12-94

MFD. BY: Rem CALIBER: 30/06 MODEL: 700 SERIAL: 6289676 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: 1008 CUSTOMER'S CONCERN: Discharges automatically

~~ANALYSIS~~ CODE: 1008 ANALYSIS: Problem

CAUSE CODE: 4006 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: Upon at Special price

SETTLEMENT AMOUNT:_____