

FILE NUMBER: \_\_\_\_\_  
DATE OPENED P/S: \_\_\_\_\_  
DATE TIME: \_\_\_\_\_  
LAST NAME: Samuszewski  
FIRST NAME: Steven  
STREET: 354 State Hwy Y  
CITY: Jackson STATE: Mo ZIP: 63755  
HOME PHONE: 314-243-6067 WORK PHONE: \_\_\_\_\_  
ARMS SERVICE NUMBER: \_\_\_\_\_  
DATE OPENED REM. \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ DATE CLOSED: \_\_\_\_\_  
MFD. BY: Rem CALIBER: 308 MODEL: 700 SERIAL: A-6312514 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: 1007 CUSTOMER'S CONCERN: FSR  
ANALYSIS CODE: \_\_\_\_\_ ANALYSIS: \_\_\_\_\_  
CAUSE CODE: \_\_\_\_\_ CAUSE: \_\_\_\_\_  
DATE TO ANALYSIS: \_\_\_\_\_ CUSTODY: \_\_\_\_\_ DATE FROM ANALYSIS: \_\_\_\_\_  
ASSIGNED TO: Kast  
CLASSIFICATION: UNI UNC UND J  
PRELITIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the x)  
SETTLEMENT DETAIL: \_\_\_\_\_  
SETTLEMENT AMOUNT: \_\_\_\_\_