

Set up
FILE NUMBER: _____

DATE OPENED P/S: 9-27-94

DATE TIME: _____

LAST NAME: KELLER

FIRST NAME: GREG

STREET: 3600 Shoreline Dr.

CITY: Nauvau

STATE: MIN

ZIP: 55392

HOME PHONE: _____

WORK PHONE: _____

ARMS SERVICE NUMBER: _____

DATE OPENED REM. 9/27/94

DATE OF INCIDENT: _____

DATE CLOSED: 10/11/94

MFD. BY: Rem

CALIBER: _____

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

(S)

C

P/S)

CONCERN CODE: _____

CUSTOMER'S CONCERN: _____

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: Call they would to pick up 4/16/94.

SETTLEMENT AMOUNT: _____