FILE NUMBER:

DATE OPENED P/S: 9/23/94

DATE TIME:

LAST NAME: LECCE

FIRST NAME: CRAIG

STREET: 1101 Powell Ave

CITY: Collinsville STATE: IL ZIP: 62234

HOME PHONE: WORK PHONE:

ARMS SERVICE NUMBER: 94 27208

DATE OPENED REM. 9/23/94 DATE OF INCIDENT: DATE CLOSED: 9/23/94

MFD. BY: Rem CALIBER: 338 MODEL: 700 SERIAL: 6218346 RAMAC:

DATE CODE: EM DATE MFD: 10/92 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: FSC

ANALYSIS CODE: ANALYSIS: Altered

CAUSE CODE: CAUSE:

DATE TO ANALYSIS: CUSTODY: DATE FROM ANALYSIS:

ASSIGNED TO: Kurt

CLASSIFICATION: (UNJ) UNC UND J

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

SETTLEMENT DETAIL: Repair Goodwill

SETTLEMENT AMOUNT: