

FILE NUMBER: _____

DATE OPENED P/S: 8/25/94

DATE TIME: _____

LAST NAME: LEVY

FIRST NAME: William

STREET: 550 COUNTY Rd 54

CITY: MEERKE STATE: CO ZIP: 81644

HOME PHONE: 303-878-3448 WORK PHONE: _____

ARMS SERVICE NUMBER: 94-24525

DATE OPENED REM. 8/25/94 DATE OF INCIDENT: _____ DATE CLOSED: 9/8/94

MFD. BY: Rem CALIBER: 7MM MODEL: 700 SERIAL: _____ RAMAC: _____

DATE CODE: _____ DATE MFD: _____ OBSOLETE? ☒ (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: _____

ANALYSIS CODE: _____ ANALYSIS: _____

CAUSE CODE: _____ CAUSE: _____

DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____

ASSIGNED TO: _____

CLASSIFICATION: ☐ UNJ ☒ UNC ☐ UND ☐ J

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

SETTLEMENT DETAIL: Special private repair

SETTLEMENT AMOUNT: _____