

FILE NUMBER: _____
DATE OPENED P/S: 10/17/94
DATE TIME: _____
LAST NAME: Mumpower
FIRST NAME: Tom
STREET: 1938 15th St
CITY: Penrose STATE: CO ZIP: 81240
HOME PHONE: 719-372-9434 WORK PHONE: _____
ARMS SERVICE NUMBER: 94-28725
DATE OPENED REM. 10/7/94 DATE OF INCIDENT: — DATE CLOSED: 10/17/94
MFD. BY: Rem CALIBER: 270 MODEL: 70 SERIAL: C6756131 RAMAC: _____
DATE CODE: RM DATE MFD: 11/92 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: 1007 CUSTOMER'S CONCERN: FOR
ANALYSIS CODE: _____ ANALYSIS: _____
CAUSE CODE: 4006 CAUSE: AA
DATE TO ANALYSIS: _____ CUSTODY: _____ DATE FROM ANALYSIS: _____
ASSIGNED TO: Kast
CLASSIFICATION: (UNJ) UNC UND J
PRELITIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the x)
SETTLEMENT DETAIL: Repair Spel. power
SETTLEMENT AMOUNT: _____