

FILE NUMBER: _____

DATE OPENED P/S: 9-12-94

DATE TIME: _____

LAST NAME: Duane

FIRST NAME: Harman

STREET: 306 Brookwood Dr.

CITY: Sumnerville STATE: TX ZIP: 75116

HOME PHONE: _____ WORK PHONE: _____

ARMS SERVICE NUMBER: 94-25615

DATE OPENED REM. 9-7-94 DATE OF INCIDENT: _____ DATE CLOSED: 9-12-94

MFD. BY: Rem CALIBER: 270 MODEL: 700 SERIAL: 661023 RAMAC: _____

DATE CODE: WX DATE MFD: 8-23 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: Myself, husband & 11 year old son

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: paid it paid price

SETTLEMENT AMOUNT: _____