FILE NUMBER: _____

DATE OPENED P/S: 10/3/94

DATE TIME: _____

LAST NAME: PERECHICA

FIRST NAME: FRANKIE

STREET: 2216 Mission Blvd

CITY: Santa Rosa STATE: Ca ZIP: 95405

HOME PHONE: — WORK PHONE: —

ARMS SERVICE NUMBER: 94-28017

DATE OPENED REM 10/3 DATE OF INCIDENT: — DATE CLOSED: 10/3

MFD. BY: Rem CALIBER: 2506 MODEL 700 SERIAL B6317651 RAMAC: —

DATE CODE: AB DATE MFD: 3/81 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: FBC

ANALYSIS CODE: _____ ANALYSIS: _____

CAUSE CODE: _____ CAUSE: Altered trigger

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 at spot price

SETTLEMENT AMOUNT: _____