

FILE NUMBER: _____

DATE OPENED P/S: 7-15-94

DATE TIME: _____

LAST NAME: DEFFRE

FIRST NAME: DEFFRE

STREET: 5103 S. Main St

CITY: Wichita STATE: KS ZIP: 67212

HOME PHONE: _____ WORK PHONE: _____

ARMS SERVICE NUMBER: _____

DATE OPENED REM. 7-10-94 DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: 1234 CALIBER: 30-06 MODEL 700 SERIAL 656385 RAMAC: _____

DATE CODE: _____ DATE MFD: _____ 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: Disputed, with no incident

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: Bill requesting it be removed from file.

SETTLEMENT AMOUNT: _____