

FILE NUMBER: _____

DATE OPENED P/S: 9/14/94

DATE TIME: _____

LAST NAME: Sumpest

FIRST NAME: Horace

STREET: 300 East Intendencia st

CITY: Pensacola STATE: FL ZIP: 32501

HOME PHONE: 904 438 3019 WORK PHONE: _____

ARMS SERVICE NUMBER: 94 25698

DATE OPENED REM. 9/8/94 DATE OF INCIDENT: _____ DATE CLOSED: 9/14/94

MFD. BY: Rem CALIBER: 270 MODEL: 200 SERIAL: B6706785 RAMAC: _____

DATE CODE: KE DATE MFD: 5/85 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: FSR

ANALYSIS CODE: _____ ANALYSIS: trigger improperly adjusted outside factory

CAUSE CODE: _____ CAUSE: _____

DATE TO ANALYSIS: 9/14 CUSTODY: Kast DATE FROM ANALYSIS: 9/14

ASSIGNED TO: Kast

CLASSIFICATION: (UNI) UNC UND J

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

SETTLEMENT DETAIL: Repair Spot price

SETTLEMENT AMOUNT: _____