

FILE NUMBER: _____

DATE OPENED P/S: 9/14/94

DATE TIME: _____

LAST NAME: Stalmaker

FIRST NAME: Frank

STREET: 2337 Falcon Drive

CITY: Charleston STATE: WV ZIP: 25312

HOME PHONE: 304 344 8938 WORK PHONE: _____

ARMS SERVICE NUMBER: 94 25072

DATE OPENED REM. 8/31/94 DATE OF INCIDENT: _____ DATE CLOSED: 9/14/94

MFD. BY: Rem CALIBER: 7MM MODEL: 700 SERIAL: 6969869 RAMAC: _____

DATE CODE: 0Y DATE MFD: 7/74 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: Altered trigger

CAUSE CODE: _____ CAUSE: _____

DATE TO ANALYSIS: 9/14 CUSTODY: Kast 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 Spol price

SETTLEMENT AMOUNT: _____