

C6225111

MODEL 700™ M24

Model 700 M24™

Action

Barrel Length

Capacity

Order No. 5716

\*Includes 1 in chamber.

*Remington*

*Silent*®

M2400049260

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER  
KINZER V. REMINGTON

**GFM**

CONTRACT # DAAA21-87-C-0086

GUN SERIAL # C6225111

New Barrel

| OP. #        | OP. NAME                                                       | READINGS | DATE    | INIT |
|--------------|----------------------------------------------------------------|----------|---------|------|
| 575 &<br>580 | Assemble Action<br>and Stock                                   |          | 3/22/93 | RW   |
| 600          | Proof                                                          |          | 3/22/93 | RW   |
| 607          | Check Headspace                                                |          | 3/22/93 | RW   |
| 610          | Dis-assemble Gun                                               |          | 3/22/93 | RW   |
| 612          | Magnaflux Barrel<br>Action                                     |          |         |      |
|              | Magnaflux Bolt                                                 |          |         |      |
| 615          | Rollmark Caliber                                               |          |         |      |
| 617          | Drill and Tap Sight Holes                                      |          |         |      |
| 618          | Polish Barrel                                                  |          |         |      |
| 620          | Apply Coatings<br>(Barrel Action)                              |          |         |      |
|              | Apply Coating (Bolt)                                           |          |         |      |
| 625          | Final Assembly<br>A) Clean inside of<br>Bolt Assembly          |          | 4/2/93  | RW   |
|              | B) Inspect Rear Firing<br>Pin Hole for Chamfer<br>in Bolt Head |          | 4/2/93  | RW   |
|              | C) Inspect Ejector Hole<br>for Chamfer                         |          | 4/2/93  | RW   |
|              | D) Oil Firing Pin Ass'y                                        |          | 4/2/93  | RW   |
|              | E) Adjust Trigger Pull to<br>Min Setting and Stake             |          |         |      |

| op. #        | OP. NAME                                                          | READINGS | DATE   | INIT |
|--------------|-------------------------------------------------------------------|----------|--------|------|
| 625<br>cont. | F) Safety On Force                                                |          |        |      |
|              | G) Safety Off Force                                               |          |        |      |
|              | H) Trigger Pull Test &<br>Retainability                           |          |        |      |
|              | I) Firing Pin Indent                                              |          |        |      |
|              | J) Assemble Stock                                                 |          |        |      |
|              | K) Assemble Swivel Studs                                          |          |        |      |
|              | L) Attach Front and Rear<br>Sight Assemblies                      |          |        |      |
|              | M) Iron Sight Alignment                                           |          |        |      |
|              | N) Detach Front & Rear<br>Sights & place in<br>numbered container |          |        |      |
|              | O) Attach Scope to Rifle                                          |          |        |      |
|              | P) Detach & Attach Scope<br>20 Times                              |          |        |      |
| 0            | Gallery Target & Test                                             |          | 4/2/93 | RW   |
|              | A) Time                                                           |          |        |      |
|              | B) Malfunctions                                                   |          |        |      |
|              | C) Pierced Primers                                                |          |        |      |
|              | D) Optical Clarity of Scope                                       |          |        |      |
| 645          | Inspect for Live Ammo                                             |          | 4/2/93 | RW   |
| 655          | Final Inspection                                                  |          |        |      |
|              | A) Headspace                                                      |          | 4/3/93 | RW   |
|              | B) Trigger Pull                                                   |          |        |      |
|              | C) Function                                                       |          | 4/2/93 | RW   |
| 660          | Pack                                                              |          |        |      |

CENTROIDAL DISTANCE CALCULATIONS  
FOR RIFLE # C6225111  
3 Apr 1993

CENTROIDAL DISTANCES

|      |   |         |
|------|---|---------|
| 0 TO | 1 | .112294 |
| 1 TO | 2 | .247923 |
| 1 TO | 3 | .104637 |
| 1 TO | 4 | .193065 |
| 1 TO | 5 | .25266  |

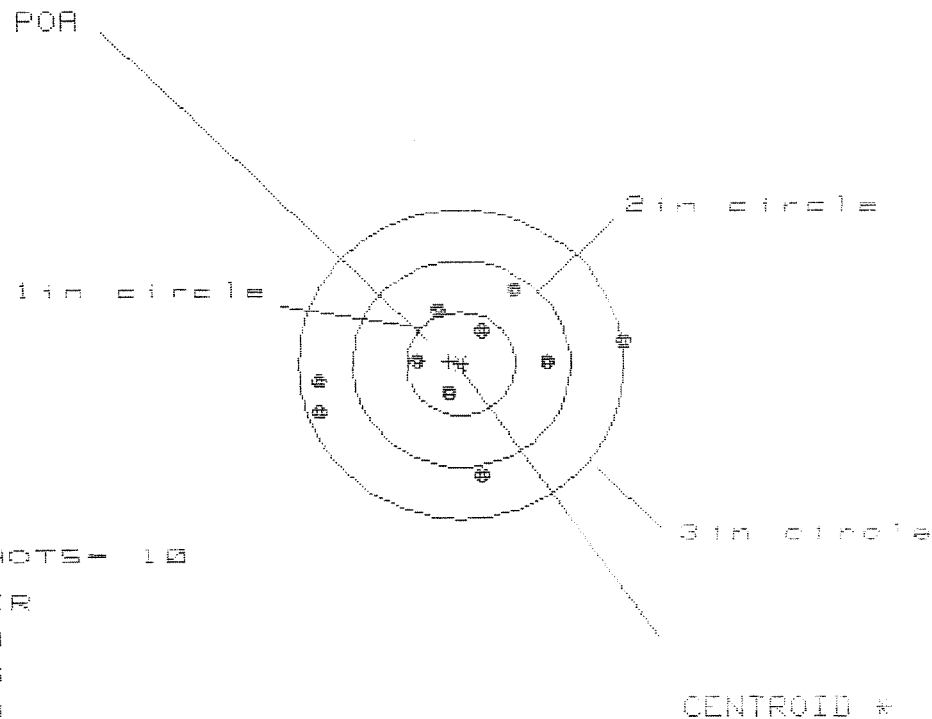
5  
#2 <----POA

THE AVERAGE X-COORDINATE FOR THIS RIFLE IS: .1052  
THE AVERAGE Y-COORDINATE FOR THIS RIFLE IS: .0184  
THE RESULTING AVERAGE POI RADIUS FOR THIS RIFLE IS: .106797  
  
THE AMR FOR THIS RIFLE IS: .82

3 Apr 1993

FILE:/PATTERNING/CENTERFIRE\_PATT/08225111

# CENTERFIRE PATTERNS # 1



# OF SHOTS- 10

# IN CIR

1 in = 3

2 in = 6

3 in = 9

HS= 2.751

VS= 1.734

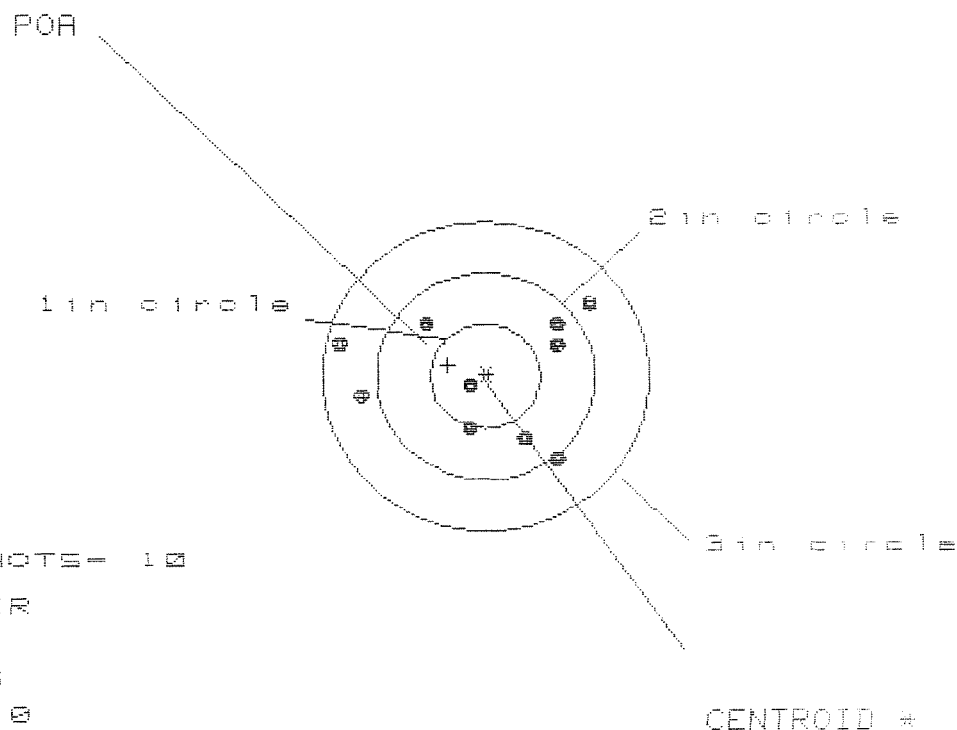
GS= 2.862

| PATTERN #                     | 1      | 2      | 3      |
|-------------------------------|--------|--------|--------|
| SHOTS (BEST OF)               | 10     | 9      | 8      |
| MAXIMUM X                     | 1.488  | 1.002  | .864   |
| MINIMUM X                     | -1.271 | -1.107 | -1.237 |
| MAXIMUM Y                     | .700   | .730   | .668   |
| MINIMUM Y                     | -1.034 | -1.004 | -1.066 |
| CENTROID X                    | .109   | -.055  | .083   |
| CENTROID Y                    | -.027  | -.057  | .085   |
| POR TO CENTROID in.           | .112   | .079   | .083   |
| MIN RADIUS                    | .244   | .209   | .266   |
| MEAN RADIUS                   | .848   | .766   | .698   |
| MAX RADIUS                    | 1.504  | 1.211  | 1.247  |
| HORIZONTAL SPREAD             | 2.751  | 2.109  | 2.101  |
| VERTICAL SPREAD               | 1.734  | 1.734  | 1.734  |
| EXTREME SPREAD                | 2.862  | 2.192  | 2.111  |
| NUMBER IN ONE INCH CIRCLE =   | 3      |        |        |
| NUMBER IN TWO INCH CIRCLE =   | 6      |        |        |
| NUMBER IN THREE INCH CIRCLE = | 9      |        |        |

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# CENTERFIRE PATTERNS # 2



# OF SHOTS= 10

# IN CIR

1in = 1

2in = 6

3in = 10

HS= 2.234

VS= 1.524

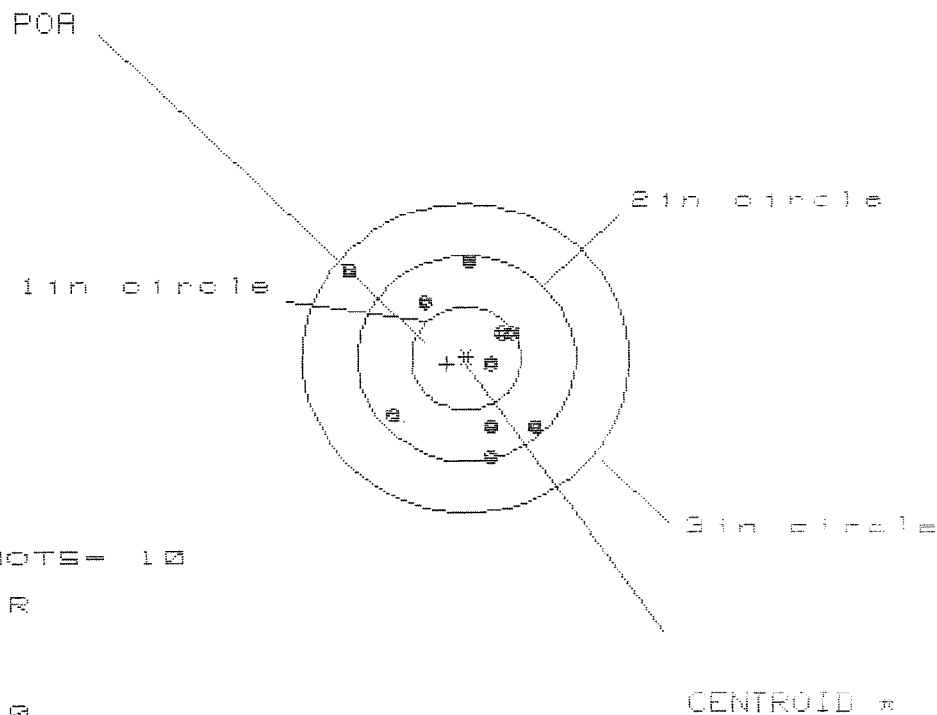
GS= 2.320

|                             |   |        |        |       |
|-----------------------------|---|--------|--------|-------|
| PATTERN #                   | : | 2      |        |       |
| SHOTS (BEST OF)             | : | 10     | 9      | 8     |
| MAXIMUM X                   | : | .933   | .788   | .623  |
| MINIMUM X                   | : | -1.301 | -1.325 | -.873 |
| MAXIMUM Y                   | : | .721   | .754   | .728  |
| MINIMUM Y                   | : | -.803  | -.770  | -.796 |
| CENTROID X                  | : | .344   | .489   | .654  |
| CENTROID Y                  | : | -.106  | -.139  | -.113 |
| POA TO CENTROID in.         | : | .360   | .508   | .664  |
| MIN RADIUS                  | : | .151   | .258   | .424  |
| MEAN RADIUS                 | : | .839   | .774   | .694  |
| MAX RADIUS                  | : | 1.333  | 1.340  | 1.003 |
| HORIZONTAL SPREAD           | : | 2.234  | 2.113  | 1.496 |
| VERTICAL SPREAD             | : | 1.524  | 1.524  | 1.524 |
| EXTREME SPREAD              | : | 2.320  | 2.320  | 1.803 |
| NUMBER IN ONE INCH CIRCLE   | = |        | 1      |       |
| NUMBER IN TWO INCH CIRCLE   | = |        | 6      |       |
| NUMBER IN THREE INCH CIRCLE | = |        | 10     |       |

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FILE:/PATTERNING/CENTERFIRE\_PATT/08225111

CENTERFIRE PATTERNS # 3



# OF SHOTS= 10

# IN CIR

1in = 3

2in = 8

3in = 10

HS= 1.670

VS= 1.943

GS= 2.282

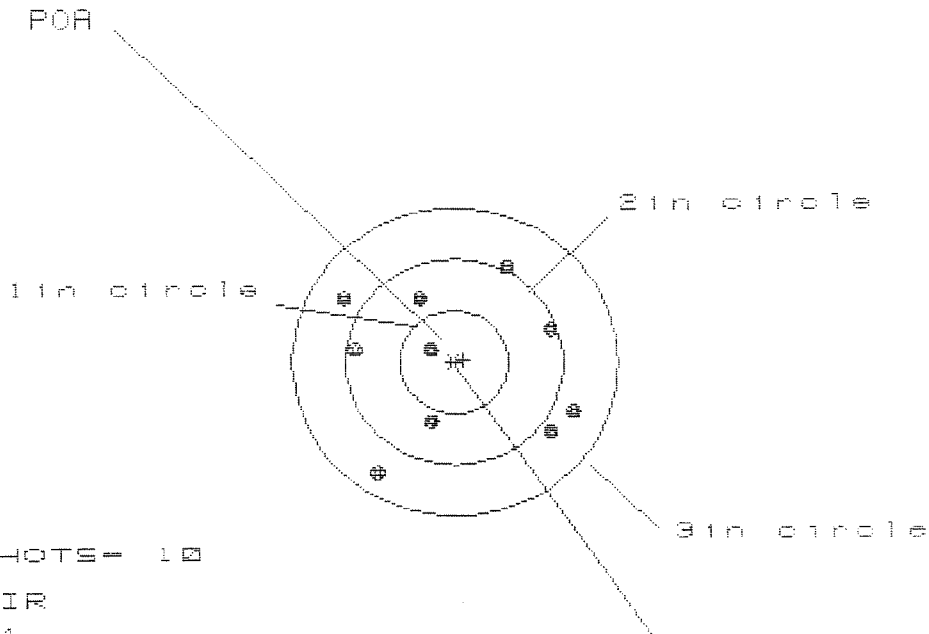
|                               |   |        |       |       |
|-------------------------------|---|--------|-------|-------|
| PATTERN #                     | : | 3      |       |       |
| SHOTS (BEST OF)               | : | 10     | 9     | 8     |
| MAXIMUM X                     | : | .638   | .524  | .542  |
| MINIMUM X                     | : | -1.032 | -.824 | -.606 |
| MAXIMUM Y                     | : | .957   | 1.054 | .943  |
| MINIMUM Y                     | : | -.987  | -.889 | -.692 |
| CENTROID X                    | : | .174   | .288  | .270  |
| CENTROID Y                    | : | .055   | -.042 | .069  |
| POA TO CENTROID in.           | : | .182   | .291  | .279  |
| MIN RADIUS                    | : | .185   | .115  | .090  |
| MEAN RADIUS                   | : | .757   | .666  | .623  |
| MAX RADIUS                    | : | 1.354  | 1.055 | 1.012 |
| HORIZONTAL SPREAD             | : | 1.670  | 1.348 | 1.348 |
| VERTICAL SPREAD               | : | 1.943  | 1.943 | 1.635 |
| EXTREME SPREAD                | : | 2.282  | 1.952 | 1.739 |
| NUMBER IN ONE INCH CIRCLE =   |   |        | 3     |       |
| NUMBER IN TWO INCH CIRCLE =   |   |        | 8     |       |
| NUMBER IN THREE INCH CIRCLE = |   |        | 10    |       |

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# CENTERFIRE PATTERNS

# 4



# OF SHOTS= 10

# IN CIR

1in = 1

2in = 5

3in = 10

HS= 2.059

VS= 1.992

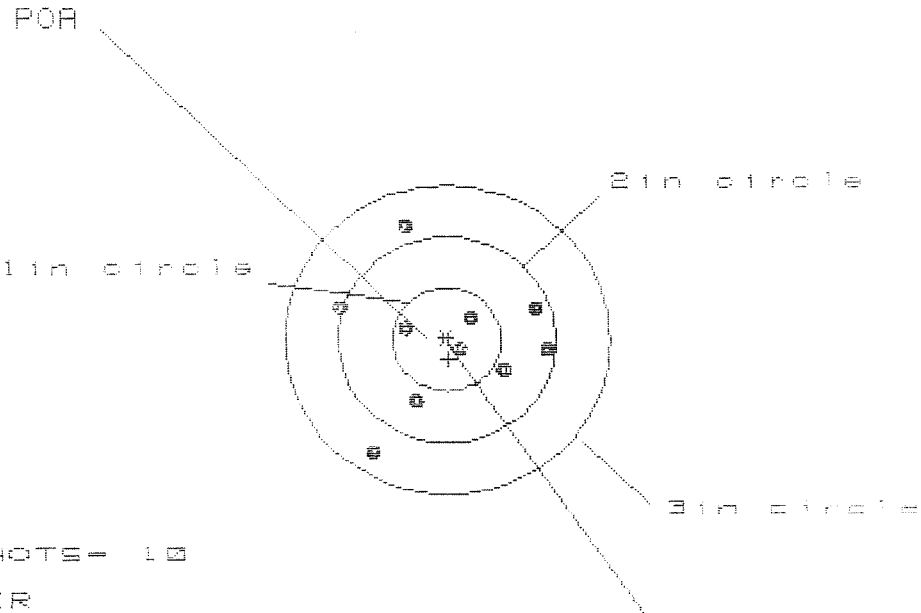
GS= 2.322

|                             |   |        |        |        |
|-----------------------------|---|--------|--------|--------|
| PATTERN #                   | : | 4      |        |        |
| SHOTS (BEST OF)             | : | 10     | 9      | 8      |
| MAXIMUM X                   | : | 1.045  | .971   | .835   |
| MINIMUM X                   | : | -1.014 | -1.088 | -1.157 |
| MAXIMUM Y                   | : | .941   | .825   | .884   |
| MINIMUM Y                   | : | -1.051 | -.771  | -.712  |
| CENTROID X                  | : | -.084  | -.010  | .126   |
| CENTROID Y                  | : | -.022  | .094   | .035   |
| POA TO CENTROID in.         | : | .087   | .095   | .131   |
| MIN RADIUS                  | : | .194   | .243   | .380   |
| MEAN RADIUS                 | : | .920   | .879   | .845   |
| MAX RADIUS                  | : | 1.247  | 1.188  | 1.160  |
| HORIZONTAL SPREAD           | : | 2.059  | 2.059  | 1.992  |
| VERTICAL SPREAD             | : | 1.992  | 1.596  | 1.596  |
| EXTREME SPREAD              | : | 2.322  | 2.322  | 2.086  |
| NUMBER IN ONE INCH CIRCLE   | = |        | 1      |        |
| NUMBER IN TWO INCH CIRCLE   | = |        | 5      |        |
| NUMBER IN THREE INCH CIRCLE | = |        | 10     |        |

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FILE:/PATTERNING/CENTERFIRE\_PATT/06225111

# CENTERFIRE PATTERNS # 5



# OF SHOTS = 10

# IN CIR

1in = 3

2in = 7

3in = 10

HSE = 1.823

VE = 2.131

GE = 2.143

CENTROID \*

|                             |   |        |        |        |
|-----------------------------|---|--------|--------|--------|
| PATTERN #                   | : | 5      |        |        |
| SHOTS (BEST OF)             | : | 10     | 9      | 8      |
| MAXIMUM X                   | : | .962   | .890   | .830   |
| MINIMUM X                   | : | -.961  | -1.033 | -1.093 |
| MAXIMUM Y                   | : | 1.887  | .970   | .349   |
| MINIMUM Y                   | : | -1.044 | -.740  | -.618  |
| CENTROID X                  | : | -.017  | .055   | .115   |
| CENTROID Y                  | : | .192   | .308   | .186   |
| POA TO CENTROID in.         | : | .192   | .312   | .219   |
| MIN RADIUS                  | : | .151   | .193   | .060   |
| MEAN RADIUS                 | : | .736   | .672   | .592   |
| MAX RADIUS                  | : | 1.226  | 1.084  | 1.147  |
| HORIZONTAL SPREAD           | : | 1.923  | 1.923  | 1.923  |
| VERTICAL SPREAD             | : | 2.131  | 1.710  | .967   |
| EXTREME SPREAD              | : | 2.143  | 1.964  | 1.964  |
| NUMBER IN ONE INCH CIRCLE   | = |        | 3      |        |
| NUMBER IN TWO INCH CIRCLE   | = |        | 7      |        |
| NUMBER IN THREE INCH CIRCLE | = |        | 10     |        |

**M-24**

CONTRACT # DAAA21-87-C-0086

GUN SERIAL # *C6225711*

| OPERATION   |                      | DATE           | INT        |
|-------------|----------------------|----------------|------------|
| #           | NAME                 |                |            |
| 575-<br>580 | ASSEMBLY<br><i>2</i> | <i>26</i>      | <i>FC</i>  |
| 600         | PROOF                |                | <i>SLC</i> |
| 615         | MAGNAFLUX<br>BARREL  | <i>5/13/88</i> | <i>PJC</i> |
|             | MAGNAFLUX<br>BOLT    | <i>5/13/88</i> | <i>PJC</i> |
| 620         | COATING              | <i>8/11/88</i> | <i>TJA</i> |
| 625-<br>630 | FINAL<br>ASSEMBLY    |                |            |
| 635         | TEST                 |                |            |
| 640         | TARGET               |                |            |
|             | FIRING PIN<br>INDENT |                |            |
| 660         | PACK                 |                |            |

M-24

SCOPE #

1195

CONTRACT # DAAA21-87-C-0086

GUN SERIAL #

C6225111

| OP.#         | OP. NAME                                                       | READINGS | DATE    | INITIAL |
|--------------|----------------------------------------------------------------|----------|---------|---------|
| 575 &<br>580 | Assemble Action<br>and stock                                   |          |         |         |
| 600          | Proof                                                          |          |         |         |
| 607          | Check Headspace                                                |          |         |         |
| 610          | Dis-assemble gun                                               |          |         |         |
| 612          | Magnaflux Barrel<br>Action                                     |          |         |         |
|              | Magnaflux Bolt                                                 |          |         |         |
| 615          | Rollmark Caliber                                               |          |         |         |
| 617          | Drill & Tap Sight Holes                                        |          |         |         |
| 618          | Polish Barrel                                                  |          |         |         |
| 620          | Apply Coatings<br>(Barrel Action)                              |          |         |         |
|              | Apply Coatings (Bolt)                                          |          |         |         |
| 625          | Final Assembly<br>A) Clean inside of<br>Bolt Assembly          |          | 8/19/88 | RW      |
|              | B) Inspect Rear Firing<br>Pin Hole for Chamfer<br>in Bolt Head |          | 8/19/88 | RW      |
|              | C) Inspect Ejector Hole<br>for Chamfer                         |          | 8/19/88 | RW      |

OVER

| OP.#         |                                                                   | READINGS                       | DATE      | INITIAL     |
|--------------|-------------------------------------------------------------------|--------------------------------|-----------|-------------|
| 625<br>cont. | D) Oil Firing Pin Ass'y                                           |                                | 8/19/88   | RW          |
|              | E) Adjust Trigger Pull to<br>Min. Setting and Stake               | 2.48 2.53<br>2.37 2.42<br>2.53 | 19 aug 88 | J.H. + J.S. |
|              | F) Safety on Force                                                | 5 5 5                          | 19 aug 88 | J.H. + J.S. |
|              | G) Safety off Force                                               | 3 3 3                          | 19 aug 88 | J.H. + J.S. |
|              | H) Trigger Pull Test &<br>Retainability                           |                                | 19 aug 88 | J.H. + J.S. |
|              | I) Firing Pin Indent                                              | 23 22 22.5                     | 19 aug 88 | J.H. + J.S. |
|              | J) Assemble Stock                                                 |                                | 8/23/88   | RW          |
|              | K) Assemble Swivel Studs                                          |                                |           |             |
|              | L) Attach Front & Rear<br>Sight Assemblies                        |                                | 9/6/88    | RW          |
|              | M) Iron Sight Alignment                                           |                                | 9/6/88    | RW          |
|              | N) Detach Front & Rear<br>Sights & place in<br>numbered container |                                | 9/6/88    | RW          |
|              | O) Attach Scope to Rifle                                          |                                | 9/13/88   | RW          |
|              | P) Detach & Attach Scope<br>20 times                              |                                | 9/13/88   | W.B.        |
| 640          | Gallery Target & Test                                             | 42 R 114L                      | 9/15/88   | A.C.        |
|              | A) Optical Clarity of Scope                                       |                                | 9/15/88   | W.B.        |
| 645          | Inspect for Live Ammo                                             |                                | 9/15/88   | W.B.        |
| 655          | Final Inspection                                                  |                                |           |             |
|              | A) Headspace                                                      | OK                             | 9/30/88   | J.S.        |
|              | B) Trigger Pull                                                   | OK                             | 9/30/88   | J.S.        |
|              | C) Function                                                       | OK                             | 9/30/88   | J.S.        |
| 660          | Pack                                                              |                                | 10-20-88  | R.S.        |

SWS TRIGGER PULL TEST

AVERAGE PULL FORCE BETWEEN  
INITIAL & CYCLE TESTS  
2.50# ± .50#  
3.00# ± .75#  
4.00# ± 1.00#

SERIAL NO. C6225111  
DATE 19 Aug. 88  
TESTER J. J. + K. S.

|         | 2.50#<br>INITIAL | 2.50# AFTER<br>50 CYCLES | FINAL TEST &<br>TO RESET 2.50# |       | COMMENTS                                                               |
|---------|------------------|--------------------------|--------------------------------|-------|------------------------------------------------------------------------|
| PULL #1 | 2.48             | 2.37                     | 2.86                           | 2.77  | MIN. SETTING,<br>NO AVG. OF 5<br>READINGS ACCEPT-<br>ABLE LESS THAN 2# |
| PULL #2 | 2.37             | 2.41                     | 2.56                           | 2.72  |                                                                        |
| PULL #3 | 2.53             | 2.36                     | 2.63                           | 2.70  |                                                                        |
| PULL #4 | 2.53             | 2.38                     | 2.61                           | 2.73  |                                                                        |
| PULL #5 | 2.42             | 2.39                     | 2.65                           | 2.84  |                                                                        |
| TOTAL   | 12.33            | 11.91                    | 13.31                          | 13.76 |                                                                        |
| AVG.    | 2.466            | 2.382                    | 2.662                          | 2.752 |                                                                        |

|         | 3.00#<br>INITIAL | 3.00# AFTER<br>20 CYCLES |  | COMMENTS |
|---------|------------------|--------------------------|--|----------|
| PULL #1 | 3.18             | 3.20                     |  |          |
| PULL #2 | 3.11             | 3.20                     |  |          |
| PULL #3 | 3.16             | 3.18                     |  |          |
| PULL #4 | 3.17             | 3.23                     |  |          |
| PULL #5 | 3.20             | 3.23                     |  |          |
| TOTAL   | 15.82            | 16.04                    |  |          |
| AVG.    | 3.164            | 3.208                    |  |          |

|         | 4.00#<br>INITIAL | 4.00# AFTER<br>20 CYCLES | MAX SETTING<br>GREATER THAN 4# | RESET TO 4# FOR<br>TARGET & ACCURACY |
|---------|------------------|--------------------------|--------------------------------|--------------------------------------|
| PULL #1 | 4.18             | 4.06                     |                                | 4.01                                 |
| PULL #2 | 4.15             | 4.21                     |                                | 4.10                                 |
| PULL #3 | 4.24             | 4.21                     |                                | 4.03                                 |
| PULL #4 | 4.22             | 4.20                     |                                | 4.03                                 |
| PULL #5 | 4.22             | 4.22                     |                                | 4.03                                 |
| TOTAL   | 21.01            | 20.90                    |                                | 20.20                                |
| AVG.    | 4.202            | 4.18                     |                                | 4.04                                 |

CENTROIDAL DISTANCE CALCULATIONS  
FOR RIFLE # C6225111

CENTROIDAL DISTANCES

|      |   |         |
|------|---|---------|
| 0 TO | 1 | 2.24772 |
| 1 TO | 2 | 1.33701 |
| 1 TO | 3 | .203578 |
| 1 TO | 4 | .837082 |
| 1 TO | 5 | .841193 |

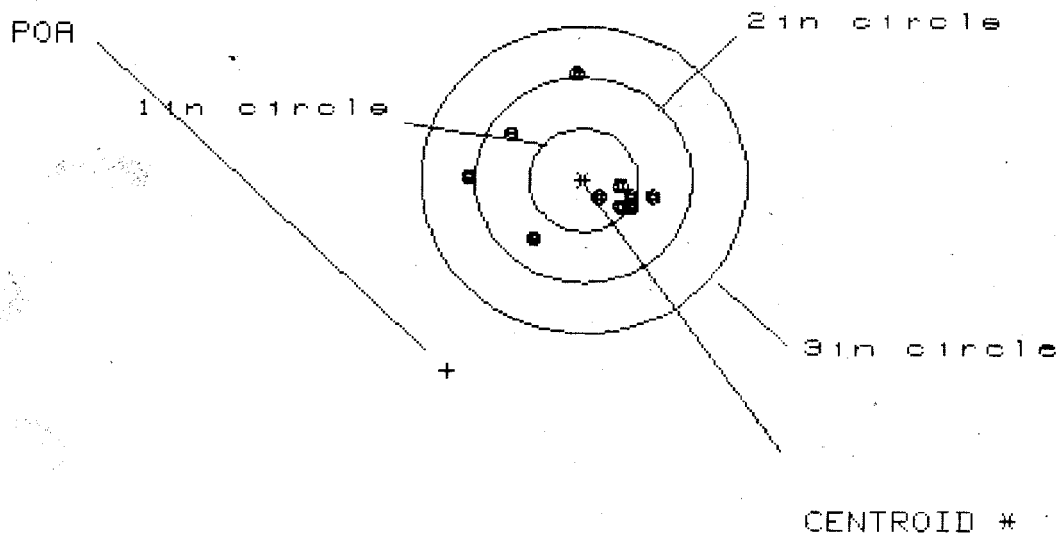
3<sup>1</sup>  
6  
2  
+ <----POA

THE AVERAGE X-COORDINATE FOR THIS RIFLE IS: 1.1746  
THE AVERAGE Y-COORDINATE FOR THIS RIFLE IS: 1.258  
THE RESULTING AVERAGE POI RADIUS FOR THIS RIFLE IS: 1.72112  
THE AMR FOR THIS RIFLE IS: .8736

16 Sep 1988

FILE:/PATTERNING/CENTERFIRE\_PATT/C6225111

# CENTERFIRE PATTERNS # 1



# OF SHOTS- 10

# IN CIR.

1in = 4

2in = 8

3in = 10

HS= 1.747

VS= 1.591

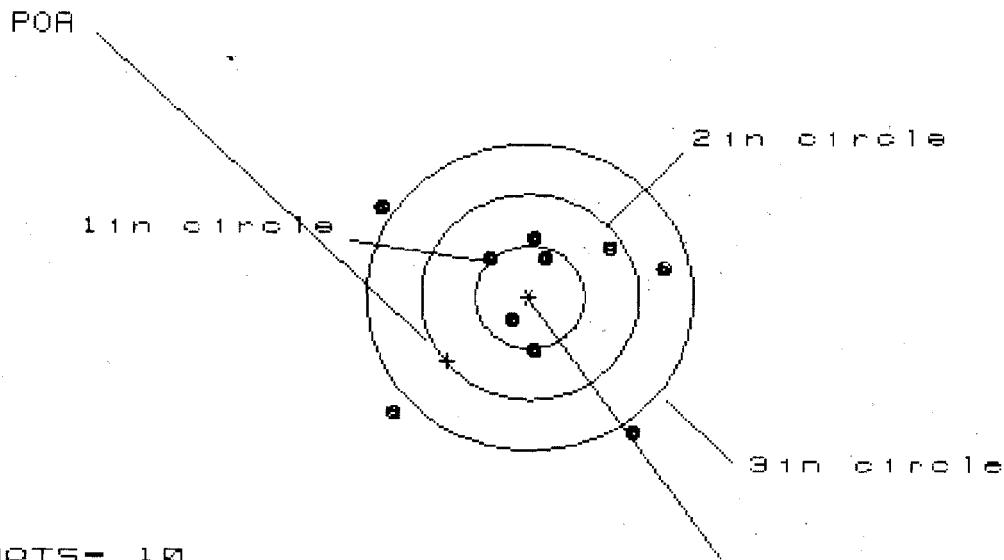
GS= 1.762

|                             |   |        |       |       |
|-----------------------------|---|--------|-------|-------|
| PATTERN #                   | : | 1      |       |       |
| SHOTS (BEST OF)             | : | 10     | 9     | 8     |
| MAXIMUM X                   | : | .660   | .540  | .516  |
| MINIMUM X                   | : | -1.087 | -.787 | -.811 |
| MAXIMUM Y                   | : | 1.017  | 1.024 | .581  |
| MINIMUM Y                   | : | -.574  | -.567 | -.439 |
| CENTROID X                  | : | 1.262  | 1.382 | 1.406 |
| CENTROID Y                  | : | 1.860  | 1.853 | 1.725 |
| POA TO CENTROID in.         | : | 2.247  | 2.311 | 2.225 |
| MIN RADIUS                  | : | .148   | .106  | .052  |
| MEAN RADIUS                 | : | .615   | .518  | .414  |
| MAX RADIUS                  | : | 1.088  | 1.042 | .998  |
| HORIZONTAL SPREAD           | : | 1.747  | 1.327 | 1.327 |
| VERTICAL SPREAD             | : | 1.591  | 1.591 | 1.020 |
| EXTREME SPREAD              | : | 1.762  | 1.635 | 1.462 |
| NUMBER IN ONE INCH CIRCLE   | = |        | 4     |       |
| NUMBER IN TWO INCH CIRCLE   | = |        | 8     |       |
| NUMBER IN THREE INCH CIRCLE | = |        | 10    |       |

16 Sep 1988

FILE:/PATTERNING/CENTERFIRE\_PATT/C6225111

# CENTERFIRE PATTERNS # 2



# OF SHOTS- 10

# IN CIR

1in - 3

2in - 6

3in - 7

HS- 2.616

VS- 2.199

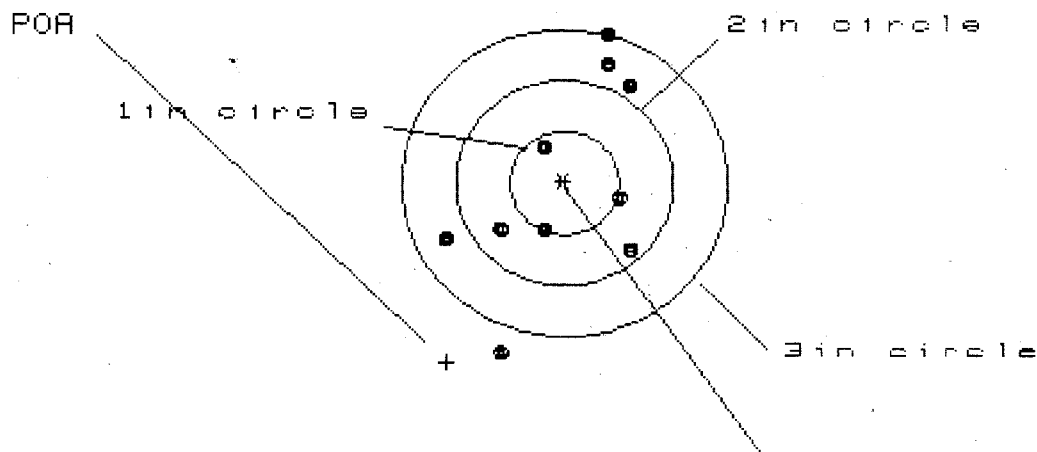
GS- 3.153

|                             |   |        |        |        |
|-----------------------------|---|--------|--------|--------|
| PATTERN #                   | : | 2      |        |        |
| SHOTS (BEST OF)             | : | 10     | 9      | 8      |
| MAXIMUM X                   | : | 1.284  | 1.141  | .957   |
| MINIMUM X                   | : | -1.332 | -1.475 | -.678  |
| MAXIMUM Y                   | : | .926   | .804   | .580   |
| MINIMUM Y                   | : | -1.273 | -1.395 | -1.295 |
| CENTROID X                  | : | .762   | .905   | 1.089  |
| CENTROID Y                  | : | .620   | .742   | .642   |
| POA TO CENTROID in.         | : | .982   | 1.170  | 1.264  |
| MIN RADIUS                  | : | .257   | .262   | .422   |
| MEAN RADIUS                 | : | .933   | .829   | .743   |
| MAX RADIUS                  | : | 1.693  | 1.679  | 1.427  |
| HORIZONTAL SPREAD           | : | 2.616  | 2.616  | 1.635  |
| VERTICAL SPREAD             | : | 2.199  | 2.199  | 1.875  |
| EXTREME SPREAD              | : | 3.153  | 3.153  | 2.126  |
| NUMBER IN ONE INCH CIRCLE   | = |        | 3      |        |
| NUMBER IN TWO INCH CIRCLE   | = |        | 6      |        |
| NUMBER IN THREE INCH CIRCLE | = |        | 7      |        |

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FILE:/PATTERNING/CENTERFIRE\_PATT/C6225111

# CENTERFIRE PATTERNS # 3



# OF SHOTS- 10

# IN CIR

1in = 2

2in = 5

3in = 8

HS= 1.749

VS= 3.129

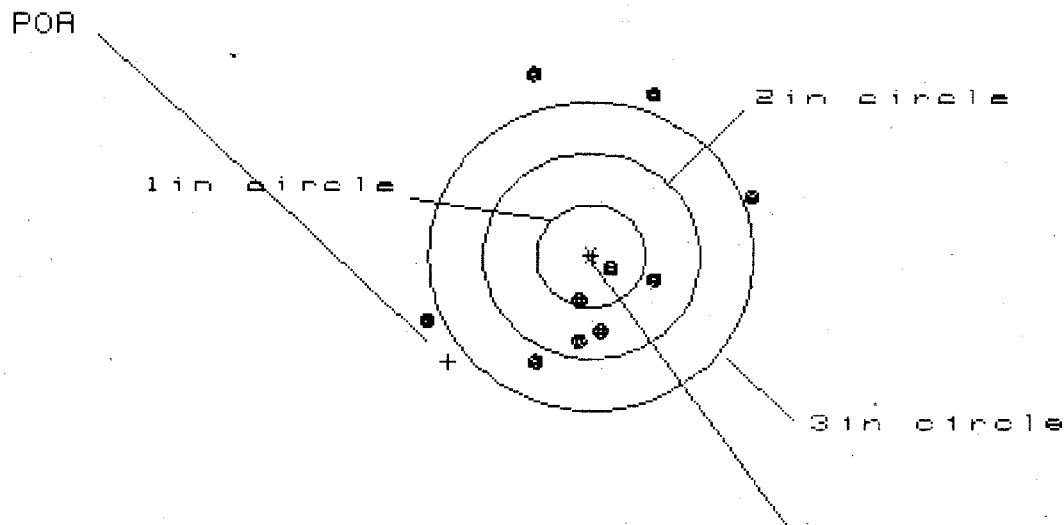
GS= 3.285

| PATTERN #                     | 3      | 9      | 8      |
|-------------------------------|--------|--------|--------|
| SHOTS (BEST OF)               | 10     | 9      | 8      |
| MAXIMUM X                     | .656   | .594   | .640   |
| MINIMUM X                     | -1.093 | -1.155 | -1.109 |
| MAXIMUM Y                     | 1.468  | 1.284  | 1.137  |
| MINIMUM Y                     | -1.661 | -.855  | -.695  |
| CENTROID X                    | 1.092  | 1.154  | 1.108  |
| CENTROID Y                    | 1.748  | 1.932  | 1.772  |
| POA TO CENTROID in.           | 2.061  | 2.251  | 2.090  |
| MIN RADIUS                    | .379   | .283   | .366   |
| MEAN RADIUS                   | .987   | .898   | .825   |
| MAX RADIUS                    | 1.754  | 1.373  | 1.252  |
| HORIZONTAL SPREAD             | 1.749  | 1.749  | 1.749  |
| VERTICAL SPREAD               | 3.129  | 2.139  | 1.832  |
| EXTREME SPREAD                | 3.285  | 2.539  | 2.277  |
| NUMBER IN ONE INCH CIRCLE =   | 2      |        |        |
| NUMBER IN TWO INCH CIRCLE =   | 5      |        |        |
| NUMBER IN THREE INCH CIRCLE = | 8      |        |        |

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# CENTERFIRE PATTERNS # 4



# OF SHOTS- 10

# IN CIR

1 in - 2

2 in - 5

3 in - 6

HS- 2.916

VS- 2.808

GS- 3.161

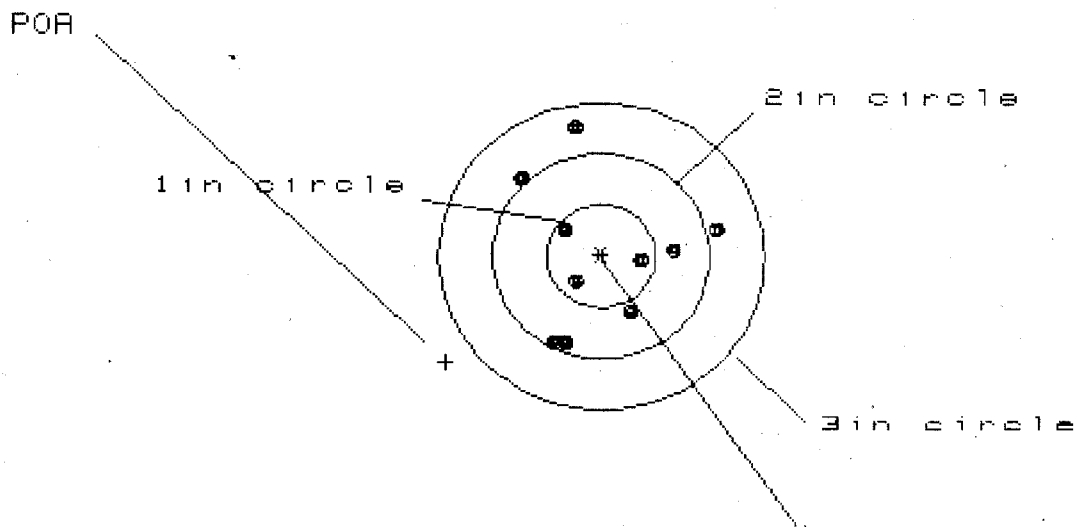
CENTROID #

| PATTERN #                   | : | 4      | 9      | 8      |
|-----------------------------|---|--------|--------|--------|
| SHOTS (BEST OF)             | : | 10     | 9      | 8      |
| MAXIMUM X                   | : | 1.438  | 1.378  | 1.439  |
| MINIMUM X                   | : | -1.478 | -1.538 | -1.477 |
| MAXIMUM Y                   | : | 1.769  | 1.770  | 1.013  |
| MINIMUM Y                   | : | -1.039 | -.842  | -.621  |
| CENTROID X                  | : | 1.321  | 1.381  | 1.320  |
| CENTROID Y                  | : | 1.025  | .828   | .607   |
| POA TO CENTROID in.         | : | 1.672  | 1.611  | 1.453  |
| MIN RADIUS                  | : | .203   | .127   | .091   |
| MEAN RADIUS                 | : | 1.056  | .893   | .716   |
| MAX RADIUS                  | : | 1.851  | 1.837  | 1.760  |
| HORIZONTAL SPREAD           | : | 2.916  | 2.916  | 2.916  |
| VERTICAL SPREAD             | : | 2.808  | 2.612  | 1.634  |
| EXTREME SPREAD              | : | 3.161  | 3.161  | 3.161  |
| NUMBER IN ONE INCH CIRCLE   | = | 2      |        |        |
| NUMBER IN TWO INCH CIRCLE   | = | 5      |        |        |
| NUMBER IN THREE INCH CIRCLE | = | 6      |        |        |

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# CENTERFIRE PATTERNS # 5



# OF SHOTS- 10

# IN CIR

1in - 3

2in - 7

3in - 10

HS- 1.826

VS- 2.160

GS- 2.165

| PATTERN #                     | 5     |       |       |
|-------------------------------|-------|-------|-------|
| SHOTS (BEST OF)               | 10    | 9     | 8     |
| MAXIMUM X                     | 1.078 | 1.051 | .800  |
| MINIMUM X                     | -.748 | -.775 | -.644 |
| MAXIMUM Y                     | 1.306 | .864  | .914  |
| MINIMUM Y                     | -.854 | -.709 | -.659 |
| CENTROID X                    | 1.436 | 1.463 | 1.332 |
| CENTROID Y                    | 1.037 | .892  | .842  |
| POA TO CENTROID in.           | 1.771 | 1.713 | 1.576 |
| MIN RADIUS                    | .356  | .309  | .169  |
| MEAN RADIUS                   | .777  | .692  | .625  |
| MAX RADIUS                    | 1.329 | 1.161 | 1.117 |
| HORIZONTAL SPREAD             | 1.826 | 1.826 | 1.444 |
| VERTICAL SPREAD               | 2.160 | 1.573 | 1.573 |
| EXTREME SPREAD                | 2.165 | 1.886 | 1.620 |
| NUMBER IN ONE INCH CIRCLE =   |       | 3     |       |
| NUMBER IN TWO INCH CIRCLE =   |       | 7     |       |
| NUMBER IN THREE INCH CIRCLE = |       | 10    |       |

CONTRACT # DAAA21-87-C-0086

GUN SERIAL #

C 6225111

| OP. #        | OP. NAME                                                       | READINGS | DATE           | INIT      |
|--------------|----------------------------------------------------------------|----------|----------------|-----------|
| 575 &<br>580 | Assemble Action<br>and Stock                                   |          |                |           |
| 600          | Proof                                                          |          |                |           |
| 607          | Check Headspace                                                |          |                |           |
| 610          | Dis-assemble Gun                                               |          |                |           |
| 612          | Magnaflux Barrel<br>Action                                     |          |                |           |
|              | Magnaflux Bolt                                                 |          |                |           |
| 615          | Rollmark Caliber                                               |          |                |           |
| 617          | Drill and Tap Sight Holes                                      |          |                |           |
| 618          | Polish Barrel <i>RB</i>                                        |          | <i>2/24/89</i> | <i>WB</i> |
| 620          | Apply Coatings<br>(Barrel Action)                              |          | <i>2/24/89</i> | <i>TA</i> |
|              | Apply Coating (Bolt)                                           |          |                |           |
| 625          | Final Assembly<br>A) Clean inside of<br>Bolt Assembly          |          |                |           |
|              | B) Inspect Rear Firing<br>Pin Hole for Chamfer<br>in Bolt Head |          |                |           |
|              | C) Inspect Ejector Hole<br>for Chamfer                         |          |                |           |
|              | D) Oil Firing Pin Ass'y                                        |          |                |           |
|              | E) Adjust Trigger Pull to<br>Min Setting and Stake             |          | <i>2/27/89</i> | <i>AC</i> |

| op. #        | OP. NAME                                                    | READINGS |      |      |      |      | DATE    | INIT |
|--------------|-------------------------------------------------------------|----------|------|------|------|------|---------|------|
| 625<br>cont. | F) Safety On Force                                          |          |      |      |      |      |         |      |
|              | G) Safety Off Force                                         |          |      |      |      |      |         |      |
|              | H) Trigger Pull Test & Retainability                        |          |      |      |      |      | 7/27/89 | JO   |
|              | I) Firing Pin Indent                                        |          |      |      |      |      |         |      |
|              | J) Assemble Stock                                           |          |      |      |      |      | 7/21/89 | SW   |
|              | K) Assemble Swivel Studs                                    |          |      |      |      |      | 7/21/89 | WB   |
|              | L) Attach Front and Rear Sight Assemblies                   |          |      |      |      |      |         |      |
|              | M) Iron Sight Alignment                                     |          |      |      |      |      |         |      |
|              | N) Detach Front & Rear Sights & place in numbered container |          |      |      |      |      |         |      |
|              | O) Attach Scope to Rifle                                    |          |      |      |      |      |         |      |
|              | P) Detach & Attach Scope 20 Times                           |          |      |      |      |      |         |      |
| 640          | Gallery Target & Test                                       |          |      |      |      |      |         |      |
|              | A) Time                                                     |          |      |      |      |      |         |      |
|              | B) Malfunctions                                             |          |      |      |      |      |         |      |
|              | C) Pierced Primers                                          |          |      |      |      |      |         |      |
|              | D) Optical Clarity of Scope                                 |          |      |      |      |      |         |      |
| 645          | Inspect for Live Ammo                                       |          |      |      |      |      |         |      |
| 655          | Final Inspection                                            |          |      |      |      |      | 8/2/89  | JS   |
|              | A) Headspace                                                |          |      |      |      |      |         |      |
|              | B) Trigger Pull                                             | 2.46     | 2.39 | 2.51 | 2.41 | 2.40 | 8/2/89  | JS   |
|              | C) Function                                                 |          |      |      |      |      | 8/2/89  | JS   |
| 660          | Pack                                                        |          |      |      |      |      | 8/3/89  | WB   |

SWS TRIGGER PULL TEST

AVERAGE PULL FORCE BETWEEN  
INITIAL & CYCLE TESTS  
2.50# ± .50#  
3.00# ± .75#  
4.00# ± 1.00#

SERIAL NO. C6225111  
DATE 27 July 89  
TESTER Jgd.

|         | 2.50#<br>INITIAL | 2.50# AFTER<br>50 CYCLES | FINAL TEST &<br>TO RESET 2.50# |       | COMMENTS                                                               |
|---------|------------------|--------------------------|--------------------------------|-------|------------------------------------------------------------------------|
| PULL #1 | 2.42             |                          | 2.48                           | 2.46  | MIN. SETTING,<br>NO AVG. OF 5<br>READINGS ACCEPT-<br>ABLE LESS THAN 2# |
| PULL #2 | 2.15             |                          | 2.45                           | 2.39  |                                                                        |
| PULL #3 | 2.47             |                          | 2.37                           | 2.51  |                                                                        |
| PULL #4 | 2.41             |                          | 2.36                           | 2.41  |                                                                        |
| PULL #5 | 2.42             |                          | 2.24                           | 2.40  |                                                                        |
| TOTAL   | 11.57            |                          | 11.90                          | 12.17 |                                                                        |
| AVG.    | 2.314            |                          | 2.380                          | 2.434 |                                                                        |

|         | 3.00#<br>INITIAL | 3.00# AFTER<br>20 CYCLES |  | COMMENTS |
|---------|------------------|--------------------------|--|----------|
| PULL #1 |                  |                          |  |          |
| PULL #2 |                  |                          |  |          |
| PULL #3 |                  |                          |  |          |
| PULL #4 |                  |                          |  |          |
| PULL #5 |                  |                          |  |          |
| TOTAL   |                  |                          |  |          |
| AVG.    |                  |                          |  |          |

|         | 4.00#<br>INITIAL | 4.00# AFTER<br>20 CYCLES | MAX SETTING<br>GREATER THAN 4# | RESET TO 4# FOR<br>TARGET & ACCURACY |
|---------|------------------|--------------------------|--------------------------------|--------------------------------------|
| PULL #1 | 4.09             |                          |                                |                                      |
| PULL #2 | 4.32             |                          |                                |                                      |
| PULL #3 | 4.28             |                          |                                |                                      |
| PULL #4 | 4.27             |                          |                                |                                      |
| PULL #5 | 4.31             |                          |                                |                                      |
| TOTAL   | 21.27            |                          |                                |                                      |
| AVG.    | 4.254            |                          |                                |                                      |

# RECEIVING AND ESTIMATING REPORT

COMMENTS

M 24 SNIPER RIFLE

CUSTOMER ORDER NO.

|        |             |           |               |                 |            |
|--------|-------------|-----------|---------------|-----------------|------------|
| CEIVED | DATE OPENED | DATE CODE | SERIAL NUMBER | MODEL AND GRADE | ORDER      |
| 18/90  | 11/09/90    | KI 5-88   | C6225111      | 700 7.62        | R 90-29470 |
| ORIES  | W/STUDS     | L/SIGHTS  | SCOPE BASE    | W/ 1 SWIVEL     |            |

SHIP TO:

WEAPONS POOL BRANCH  
MAINT. DIV. DOL  
BLDG 9106  
FORT BENNING GA 31905

WEAPONS POOL BRANCH  
MAINT. DIV. DOL  
BLDG 9106  
FORT BENNING GA  
31905

|           |                    |                                |            |            |           |     |
|-----------|--------------------|--------------------------------|------------|------------|-----------|-----|
| NT NUMBER | ACCOUNT NUMBER N/C | WRITE <input type="checkbox"/> | CLEAN/TEST | PROM. DATE | ESTIMATED | VIA |
|           |                    |                                |            |            |           | UPS |

|        |     |           |     |             |       |
|--------|-----|-----------|-----|-------------|-------|
| CHARGE | TAX | INSURANCE | UPS | PARCEL POST | TOTAL |
|        |     |           |     |             |       |

CONDITION: ☐ NEW ☐ SLIGHTLY WORN ☐ VERY WORN ☐ MISUSED ☐ MARRED

MEMER'S REQUEST

FAULT

- Re powder Coated  
- Replaced Bolt - (old one Max Header)  
- Replaced Stock

9/24/12 12/11/90

DAAAZI-87-G-0001-0014 RAC0007

|                |          |         |         |         |         |
|----------------|----------|---------|---------|---------|---------|
| REPAIRMAN      | PROOF    | CLEAN   | TEST    | TARGET  | PATTERN |
| RW             | RW       | DH      | DH      | DH      |         |
| GALLERY TESTER | DATE     | DATE    | DATE    | DATE    | DATE    |
| DH             | 11/21/90 | 12-4-90 | 12-4-90 | 12-4-90 |         |

OFFICE COPY

RD6925 REV. 7/90

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER  
KINZER V. REMINGTON

M2400049282



# RECEIVING AND ESTIMATING REPORT

COMMENTS

SNIPER M-24 W/10X LEUPOLD SCOPE

CUSTOMER ORDER NO.

|                                               |             |           |               |                 |            |
|-----------------------------------------------|-------------|-----------|---------------|-----------------|------------|
| CEIVED                                        | DATE OPENED | DATE CODE | SERIAL NUMBER | MODEL AND GRADE | ORDER      |
| 08/90                                         | 08/16/90    |           | C6225111      | 9999 7.65 NATO  | R 90-22041 |
| ORIES SLING STRAP W/STUDS W/SWIVELS HARD CASE |             |           |               |                 |            |

SHIP TO:

MAINTANCE DIVISION USAIC  
ATTN ATZB-DL-MA-Q  
BLDG 226  
FORT BENNING GA 31905-5173

MAINTANCE DIVISION USAIC  
ATTN ATZB-DL-MA-Q  
BLDG 226  
FORT BENNING GA  
31905-5173

|           |                    |                                |            |           |            |
|-----------|--------------------|--------------------------------|------------|-----------|------------|
| NT NUMBER | ACCOUNT NUMBER N/C | WRITE <input type="checkbox"/> | PROM. DATE | ESTIMATED | VIA<br>UPS |
|-----------|--------------------|--------------------------------|------------|-----------|------------|

|        |     |           |     |             |       |
|--------|-----|-----------|-----|-------------|-------|
| CHARGE | TAX | INSURANCE | UPS | PARCEL POST | TOTAL |
|--------|-----|-----------|-----|-------------|-------|

CONDITION: ☐ NEW ☐ SLIGHTLY WORN ☐ VERY WORN ☐ MISUSED ☐ MARRED

VER'S REQUEST

FAULT

|  |                |       |       |      |        |         |
|--|----------------|-------|-------|------|--------|---------|
|  | REPAIRMAN      | PROOF | CLEAN | TEST | TARGET | PATTERN |
|  | GALLERY TESTER | DATE  | DATE  | DATE | DATE   | DATE    |

RD6925 REV. 6/88

WITH GUN

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER  
KINZER V. REMINGTON

M2400049284

|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------|-----------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>MAINTENANCE REQUEST</b>                                                                                                                                                                                     |                 |                                                               |                 | PAGE NO.<br>1                                            | NO. OF PAGES<br>1                                                                           | REQUIREMENTS CONTROL SYMBOL<br>CSGLD - 1047(R1)                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| SECTION I - EQUIPMENT DATA                                                                                                                                                                                     |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| CONTROL NUMBER                                                                                                                                                                                                 |                 | WORK ORDER NO.                                                |                 | WESDC                                                    |                                                                                             | ORG. PD<br>03                                                                                                 |                        | PD AUTHENTICATION<br><i>Leudmayer</i>               |                     |                                                                                                                                                                                                  |  |
| <input checked="" type="checkbox"/> Work Request<br><input type="checkbox"/> MWO<br><input type="checkbox"/> Warranty Claim                                                                                    |                 | 1A. ORGANIZATION<br><i>Weapons Pool B-<br/>MAINT Div, DOL</i> |                 | B. LOCATION<br><i>Ft. Benning Ga 31905<br/>Bldg 9106</i> |                                                                                             | C. UNIT IDENT CODE<br><i>W04255</i>                                                                           |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| 2. SERIAL NO.<br><i>C6225111</i>                                                                                                                                                                               |                 | 3. NOUN NOMENCLATURE<br><i>Rifle Sniper</i>                   |                 | 4. LINE NO.<br><i>R95387</i>                             |                                                                                             | 5. MODEL<br><i>M24</i>                                                                                        |                        | 6. NATIONAL STOCK NUMBER<br><i>1005-01-240-2136</i> |                     |                                                                                                                                                                                                  |  |
| 7A. MAINTENANCE ACTIVITY                                                                                                                                                                                       |                 | B. LEVEL<br><i>H</i>                                          |                 | 8. UTILIZATION CODE<br><i>Q</i>                          |                                                                                             | 9A. MCSR ITEM                                                                                                 |                        | 9B. ERC                                             |                     |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             | 9C. PACING ITEM                                                                                               |                        | 10. HOURS                                           |                     |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        | 11. MILES                                           |                     |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        | 12. ROUNDS                                          |                     |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        | 13. STARTS                                          |                     |                                                                                                                                                                                                  |  |
| 14. FAILURE DETECTED DURING (Select one - use <input checked="" type="checkbox"/> or X)                                                                                                                        |                 |                                                               |                 |                                                          | 15. FIRST INDICATION OF TROUBLE (Select one - use <input checked="" type="checkbox"/> or X) |                                                                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| <input type="checkbox"/> A Sch. Main.                                                                                                                                                                          |                 | <input type="checkbox"/> C Test                               |                 | <input type="checkbox"/> E Storage                       |                                                                                             | <input type="checkbox"/> G Flight                                                                             |                        | <input type="checkbox"/> 068 Inoperative            |                     |                                                                                                                                                                                                  |  |
| <input type="checkbox"/> B Handling                                                                                                                                                                            |                 | <input checked="" type="checkbox"/> D Normal Op               |                 | <input type="checkbox"/> F Inspection                    |                                                                                             | <input type="checkbox"/> H Other                                                                              |                        | <input type="checkbox"/> 258 Overheating            |                     |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        | <input type="checkbox"/> 790 Out of Adjustment      |                     |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        | <input type="checkbox"/> 008 Noisy                  |                     |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        | <input type="checkbox"/> 387 Low Performance        |                     |                                                                                                                                                                                                  |  |
| 16A. DESCRIBE DEFICIENCIES OR SYMPTOMS ON THE BASIS OF COMPLETE CHECKOUT AND DIAGNOSTIC PROCEDURE IN EQUIPMENT TM (Do not prescribe repairs).<br><i>Paint peeling off Barrel, Stock Fibers wearing through</i> |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| B. REMARKS<br><i>Repair work not done - Rifle checked &amp; repaired for function only - Remington Arms Co Inc -</i>                                                                                           |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| SECTION II - WORK ACCOMPLISHED                                                                                                                                                                                 |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| 17A. REPAIR ORGANIZATION/ACTIVITY                                                                                                                                                                              |                 |                                                               |                 | C. UNIT IDENT. CODE                                      |                                                                                             | 18. TYPE ORGANIZATION/ACTIVITY ACCOMPLISHING WORK (Select one - use <input checked="" type="checkbox"/> or X) |                        |                                                     | 19. AMS-ACCT. CODE  |                                                                                                                                                                                                  |  |
| B. LOCATION                                                                                                                                                                                                    |                 |                                                               |                 |                                                          |                                                                                             | <input type="checkbox"/> 1 TOE <input type="checkbox"/> 2 TD <input type="checkbox"/> 3 Contractor            |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| 20A. ACT. CODE                                                                                                                                                                                                 | B. FAILURE CODE | C. COMPONENT/PART NOUN, SVC, OR MWO NO.                       |                 |                                                          | D. MANHOURS (Hrs. & tenths)                                                                 | E. NATIONAL STOCK NUMBER                                                                                      |                        | F. PART SOURCE CODE                                 | G. QTY.             | H. PARTS COST                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                |                 | (1) CB CODE                                                   | (2) REF DESIGN. | (3) MFR. CODE                                            |                                                                                             |                                                                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | .                                                                                           |                                                                                                               |                        |                                                     |                     | \$                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          | I. TOTAL MANHOURS                                                                           |                                                                                                               | J. TOTAL MANHOURS COST |                                                     | K. TOTAL PARTS COST |                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               | \$                     |                                                     | \$                  |                                                                                                                                                                                                  |  |
| 21. DELAY (Select One)                                                                                                                                                                                         |                 | <input type="checkbox"/> 1 Parts                              |                 | <input type="checkbox"/> 2 Manpower                      |                                                                                             | <input type="checkbox"/> 3 Facilities                                                                         |                        | <input type="checkbox"/> 4 Funds                    |                     | <input type="checkbox"/> 5 Tools                                                                                                                                                                 |  |
| 22. Data Transcribed                                                                                                                                                                                           |                 |                                                               |                 |                                                          |                                                                                             |                                                                                                               |                        |                                                     |                     |                                                                                                                                                                                                  |  |
| 23. SUBMITTED BY<br><i>Leudmayer</i>                                                                                                                                                                           |                 | 24. RECEIVED BY                                               |                 | 25. WORK STARTED BY                                      |                                                                                             | 26. INSPECTED BY                                                                                              |                        | 27. ACCEPTED BY                                     |                     | 28. DISPOSITION (Select One)                                                                                                                                                                     |  |
| JULIAN DATE                                                                                                                                                                                                    |                 | JULIAN DATE                                                   |                 | JULIAN DATE                                              |                                                                                             | JULIAN DATE                                                                                                   |                        | JULIAN DATE                                         |                     | <input type="checkbox"/> A To User <input type="checkbox"/> D Evacuated<br><input type="checkbox"/> B To Stock <input type="checkbox"/> E Cannibalization<br><input type="checkbox"/> C Salvaged |  |



|                                                                                       |  |                  |  |          |  |              |  |           |  |                                                                          |  |                       |  |              |  |         |  |        |  |                                                 |  |       |  |            |  |    |  |    |  |                                   |  |    |  |    |  |    |  |    |  |                       |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
|---------------------------------------------------------------------------------------|--|------------------|--|----------|--|--------------|--|-----------|--|--------------------------------------------------------------------------|--|-----------------------|--|--------------|--|---------|--|--------|--|-------------------------------------------------|--|-------|--|------------|--|----|--|----|--|-----------------------------------|--|----|--|----|--|----|--|----|--|-----------------------|--|----|--|----|--|----|--|----|--|---------------|--|----|--|----|--|----|--|----|--|----------|--|----|--|----|--|----|--|----|--|----------|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|
| 1                                                                                     |  | 2                |  | 3        |  | 4            |  | 5         |  | 6                                                                        |  | 7                     |  | 8            |  | 9       |  | 10     |  | 11                                              |  | 12    |  | 13         |  | 14 |  | 15 |  | 16                                |  | 17 |  | 18 |  | 19 |  | 20 |  | 21                    |  | 22 |  | 23 |  | 24 |  | 25 |  | 26            |  | 27 |  | 28 |  | 29 |  | 30 |  | 31       |  | 32 |  | 33 |  | 34 |  | 35 |  | 36       |  | 37 |  | 38 |  | 39 |  | 40 |  | 41 |  | 42 |  | 43 |  | 44 |  | 45 |  | 46 |  | 47 |  | 48 |  | 49 |  | 50 |  | 51 |  | 52 |  | 53 |  | 54 |  | 55 |  | 56 |  | 57 |  | 58 |  | 59 |  | 60 |  | 61 |  | 62 |  | 63 |  | 64 |  | 65 |  | 66 |  | 67 |  | 68 |  | 69 |  | 70 |  | 71 |  | 72 |  | 73 |  | 74 |  | 75 |  | 76 |  | 77 |  | 78 |  | 79 |  | 80 |  |
| DOC IDENT                                                                             |  | RI FROM          |  | M & S    |  | STOCK NUMBER |  | QUANTITY  |  | DOCUMENT NUMBER                                                          |  | SUPPLEMENTARY ADDRESS |  | DISTRIBUTION |  | PROJECT |  | POLICY |  | DEL DATE                                        |  | AWI F |  | UNIT PRICE |  |    |  |    |  |                                   |  |    |  |    |  |    |  |    |  |                       |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| A5A AW1                                                                               |  | 1005-01-240-2136 |  | EA 00002 |  | W33BQ9       |  | 3176-0105 |  | CMBBAN MCZ                                                               |  | 03                    |  | AW1 F        |  | 5,145.0 |  |        |  |                                                 |  |       |  |            |  |    |  |    |  |                                   |  |    |  |    |  |    |  |    |  |                       |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| SHIPPED FROM<br>Supply & Services Division<br>Whse 224<br>Fort Benning, GA 31905-5182 |  |                  |  |          |  |              |  |           |  | SHIP TO<br>Remington Arm Co, Inc.<br>ATTN: Custom Shop<br>14 Hoefli Ave. |  |                       |  |              |  |         |  |        |  | MARK FOR<br>PROJECT<br>Contract # DAA21-87-G001 |  |       |  |            |  |    |  |    |  | TOTAL PRICE<br>DOLLARS<br>10,290. |  |    |  |    |  |    |  |    |  |                       |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| WAREHOUSE LOCATION                                                                    |  |                  |  |          |  |              |  |           |  | TYPE OF CARGO                                                            |  |                       |  |              |  |         |  |        |  | UNIT PACK                                       |  |       |  |            |  |    |  |    |  | UNIT WEIGHT                       |  |    |  |    |  |    |  |    |  | FREIGHT RATE          |  |    |  |    |  |    |  |    |  | DOCUMENT DATE |  |    |  |    |  |    |  |    |  | MAT COND |  |    |  |    |  |    |  |    |  | QUANTITY |  |    |  |    |  |    |  |    |  | E  |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| F                                                                                     |  |                  |  |          |  |              |  |           |  | G                                                                        |  |                       |  |              |  |         |  |        |  | H                                               |  |       |  |            |  |    |  |    |  | I                                 |  |    |  |    |  |    |  |    |  | J                     |  |    |  |    |  |    |  |    |  | K             |  |    |  |    |  |    |  |    |  | L        |  |    |  |    |  |    |  |    |  | M        |  |    |  |    |  |    |  |    |  | N  |  |    |  |    |  |    |  |    |  | O  |  |    |  |    |  |    |  |    |  | P  |  |    |  |    |  |    |  |    |  | Q  |  |    |  |    |  |    |  |    |  | R  |  |    |  |    |  |    |  |    |  | S  |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| SUBSTITUTE DATA (ITEM ORIGINALLY REQUESTED)                                           |  |                  |  |          |  |              |  |           |  | FREIGHT CLASSIFICATION NOMENCLATURE                                      |  |                       |  |              |  |         |  |        |  | SN: C6225403                                    |  |       |  |            |  |    |  |    |  | SN: G6225111                      |  |    |  |    |  |    |  |    |  | REF: W33V5Z 3175-0003 |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| T                                                                                     |  |                  |  |          |  |              |  |           |  | U                                                                        |  |                       |  |              |  |         |  |        |  | V                                               |  |       |  |            |  |    |  |    |  | W                                 |  |    |  |    |  |    |  |    |  | X                     |  |    |  |    |  |    |  |    |  | Y             |  |    |  |    |  |    |  |    |  | Z        |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| SELECTED BY AND DATE                                                                  |  |                  |  |          |  |              |  |           |  | TYPE OF CONTAINER(S)                                                     |  |                       |  |              |  |         |  |        |  | TOTAL WEIGHT                                    |  |       |  |            |  |    |  |    |  | RECEIVED BY AND DATE              |  |    |  |    |  |    |  |    |  | INSPECTED BY AND DATE |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| RT 3188                                                                               |  |                  |  |          |  |              |  |           |  | Box Container                                                            |  |                       |  |              |  |         |  |        |  | 118                                             |  |       |  |            |  |    |  |    |  |                                   |  |    |  |    |  |    |  |    |  |                       |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| PACKED BY AND DATE                                                                    |  |                  |  |          |  |              |  |           |  | NO. OF CONTAINERS                                                        |  |                       |  |              |  |         |  |        |  | TOTAL CUBE                                      |  |       |  |            |  |    |  |    |  | WAREHOUSED BY AND DATE            |  |    |  |    |  |    |  |    |  | WAREHOUSE LOCATION    |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| RT 3189                                                                               |  |                  |  |          |  |              |  |           |  | 2                                                                        |  |                       |  |              |  |         |  |        |  | 13.2                                            |  |       |  |            |  |    |  |    |  |                                   |  |    |  |    |  |    |  |    |  |                       |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| REMARKS                                                                               |  |                  |  |          |  |              |  |           |  | SHIP US REGISTERED                                                       |  |                       |  |              |  |         |  |        |  | RETURN RECEIPT REQUESTED                        |  |       |  |            |  |    |  |    |  | ORIGINAL                          |  |    |  |    |  |    |  |    |  | PRIORITY              |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| FIRST DESTINATION ADDRESS                                                             |  |                  |  |          |  |              |  |           |  | DATE SHIPPED                                                             |  |                       |  |              |  |         |  |        |  | DO                                              |  |       |  |            |  |    |  |    |  |                                   |  |    |  |    |  |    |  |    |  |                       |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 11                                                                                    |  |                  |  |          |  |              |  |           |  | 12                                                                       |  |                       |  |              |  |         |  |        |  | 13                                              |  |       |  |            |  |    |  |    |  | 14                                |  |    |  |    |  |    |  |    |  | 15                    |  |    |  |    |  |    |  |    |  | 16            |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 13 TRANSPORTATION CHARGEABLE TO                                                       |  |                  |  |          |  |              |  |           |  | 14 BLADING, AWW, OR RECEIVER'S SIGNATURE AND DATE                        |  |                       |  |              |  |         |  |        |  | 15 RECEIVER'S DOCUMENT NUMBER                   |  |       |  |            |  |    |  |    |  |                                   |  |    |  |    |  |    |  |    |  |                       |  |    |  |    |  |    |  |    |  |               |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |          |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |

DD Form 1348-1, SEP 87

Jun 86 edition may be used.

FORM APPROVED. OMB NO. 0704-0188

DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT

Dim 17.5" x 50" x 13"

|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  |                                                                                             |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  |            |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------|-------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------|
| <b>MAINTENANCE REQUEST</b>                                                                                                                                                        |                 |                                                    |                                     | PAGE NO. <u>1</u>                                |                                                                                             | NO. OF PAGES <u>1</u>                                                                                         |                              | REQUIREMENTS CONTROL SYMBOL<br>CSGLD - 1047(R1) |                                                     |                                                                                                                                                                                                  |            |                                                |
| For use of this form, see DA PAM 738-750; the proponent agency is DCSLOG                                                                                                          |                 |                                                    |                                     |                                                  |                                                                                             |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  |            |                                                |
| <b>SECTION I - EQUIPMENT DATA</b>                                                                                                                                                 |                 |                                                    |                                     |                                                  |                                                                                             |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  |            |                                                |
| CONTROL NUMBER                                                                                                                                                                    |                 | WORK ORDER NO.                                     |                                     |                                                  | WESDC                                                                                       |                                                                                                               | ORG. PD<br><u>03</u>         |                                                 | PD AUTHENTICATION<br><i>[Signature]</i>             |                                                                                                                                                                                                  |            |                                                |
| <input checked="" type="checkbox"/> Work Request<br><input type="checkbox"/> MWO<br><input type="checkbox"/> Warranty Claim                                                       |                 | 1A. ORGANIZATION<br><u>Consolidated Equip Pool</u> |                                     |                                                  | B. LOCATION<br><u>Ft. Benning Ga 31905</u>                                                  |                                                                                                               |                              |                                                 | C. UNIT IDENT CODE<br><u>W04255</u>                 |                                                                                                                                                                                                  |            |                                                |
| 2. SERIAL NO.<br><u>C6225111</u>                                                                                                                                                  |                 | 3. NOUN NOMENCLATURE<br><u>Rifle Sniper</u>        |                                     |                                                  | 4. LINE NO.                                                                                 |                                                                                                               | 5. MODEL<br><u>M24</u>       |                                                 | 6. NATIONAL STOCK NUMBER<br><u>1005-01-240-2136</u> |                                                                                                                                                                                                  |            |                                                |
| 7A. MAINTENANCE ACTIVITY                                                                                                                                                          |                 | B. LEVEL                                           | 8. UTILIZATION CODE                 | 9A. MCSR ITEM                                    | 9B. ERC                                                                                     | 9C. PACING ITEM                                                                                               | 10. HOURS                    |                                                 | 11. MILES                                           | 12. ROUNDS                                                                                                                                                                                       | 13. STARTS |                                                |
| 14. FAILURE DETECTED DURING (Select one - use <input checked="" type="checkbox"/> or X)                                                                                           |                 |                                                    |                                     |                                                  | 15. FIRST INDICATION OF TROUBLE (Select one - use <input checked="" type="checkbox"/> or X) |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  |            |                                                |
| <input type="checkbox"/> A Sch. Main.                                                                                                                                             |                 | <input type="checkbox"/> C Test                    |                                     | <input type="checkbox"/> E Storage               |                                                                                             | <input type="checkbox"/> G Flight                                                                             |                              | <input type="checkbox"/> 068 Inoperative        |                                                     | <input type="checkbox"/> 258 Overheating                                                                                                                                                         |            | <input type="checkbox"/> 790 Out of Adjustment |
| <input type="checkbox"/> B Handling                                                                                                                                               |                 | <input type="checkbox"/> D Normal Op               |                                     | <input checked="" type="checkbox"/> F Inspection |                                                                                             | <input type="checkbox"/> H Other                                                                              |                              | <input type="checkbox"/> 008 Noisy              |                                                     | <input type="checkbox"/> 387 Low Performance                                                                                                                                                     |            | <input type="checkbox"/> Other                 |
| 16A. DESCRIBE DEFICIENCIES OR SYMPTOMS ON THE BASIS OF COMPLETE CHECKOUT AND DIAGNOSTIC PROCEDURE IN EQUIPMENT TM (Do not prescribe repairs).<br><u>SEE ATTACHED DA Form 2404</u> |                 |                                                    |                                     |                                                  |                                                                                             |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  |            |                                                |
| B. REMARKS <u>This weapon was Returned with the Front Sight Mount Misaligned. There should be no charges</u>                                                                      |                 |                                                    |                                     |                                                  |                                                                                             |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  |            |                                                |
| <b>SECTION II - WORK ACCOMPLISHED</b>                                                                                                                                             |                 |                                                    |                                     |                                                  |                                                                                             |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  |            |                                                |
| 17A. REPAIR ORGANIZATION/ACTIVITY                                                                                                                                                 |                 |                                                    |                                     | C. UNIT IDENT. CODE                              |                                                                                             | 18. TYPE ORGANIZATION/ACTIVITY ACCOMPLISHING WORK (Select one - use <input checked="" type="checkbox"/> or X) |                              |                                                 |                                                     | 19. AMS ACCT. CODE                                                                                                                                                                               |            |                                                |
| B. LOCATION                                                                                                                                                                       |                 |                                                    |                                     |                                                  |                                                                                             | <input type="checkbox"/> 1 TOE <input type="checkbox"/> 2 TD <input type="checkbox"/> 3 Contractor            |                              |                                                 |                                                     |                                                                                                                                                                                                  |            |                                                |
| 20A. ACT. CODE                                                                                                                                                                    | B. FAILURE CODE | C. COMPONENT/PART NOUN, SVC. OR MWO NO.            |                                     |                                                  | D. MANHOURS (Hrs. & tenths)                                                                 | E. NATIONAL STOCK NUMBER                                                                                      |                              | F. PART SOURCE CODE                             | G. QTY.                                             | H. PARTS COST                                                                                                                                                                                    |            |                                                |
|                                                                                                                                                                                   |                 | (1) CB CODE                                        | (2) REF DESIGN.                     | (3) MFR. CODE                                    |                                                                                             |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | .                                                                                           |                                                                                                               |                              |                                                 |                                                     |                                                                                                                                                                                                  | \$         |                                                |
|                                                                                                                                                                                   |                 |                                                    |                                     |                                                  | I. TOTAL MANHOURS                                                                           |                                                                                                               | J. TOTAL MANHOURS COST<br>\$ |                                                 | K. TOTAL PARTS COST<br>\$                           |                                                                                                                                                                                                  |            |                                                |
| 21. DELAY (Select One)                                                                                                                                                            |                 | <input type="checkbox"/> 1 Parts                   | <input type="checkbox"/> 2 Manpower | <input type="checkbox"/> 3 Facilities            | <input type="checkbox"/> 4 Funds                                                            | <input type="checkbox"/> 5 Tools                                                                              | 22.                          |                                                 | Data Transcribed                                    |                                                                                                                                                                                                  |            |                                                |
| 23. SUBMITTED BY<br><i>[Signature]</i>                                                                                                                                            |                 | 24. RECEIVED BY                                    |                                     | 25. WORK STARTED BY                              |                                                                                             | 26. INSPECTED BY                                                                                              |                              | 27. ACCEPTED BY                                 |                                                     | 28. DISPOSITION (Select One)                                                                                                                                                                     |            |                                                |
| JULIAN DATE                                                                                                                                                                       |                 | JULIAN DATE                                        |                                     | JULIAN DATE                                      |                                                                                             | JULIAN DATE                                                                                                   |                              | JULIAN DATE                                     |                                                     | <input type="checkbox"/> A To User <input type="checkbox"/> D Evacuated<br><input type="checkbox"/> B To Stock <input type="checkbox"/> E Cannibalization<br><input type="checkbox"/> C Salvaged |            |                                                |

Replaces edition of 1 Jan 64, which will be used



# RECEIVING AND ESTIMATING REPORT

COMMENTS

ORDER

R 93-07797

INITIAL CUSTOMER ORDER NO.

M-24 W/ULTRA 10X-M3A SCOPE  
W/HARD CASE, SCOPE MNTS, BASE

FPS

DATE RECEIVED

DATE OPENED

DATE CODE

SERIAL NUMBER

NEW SERIAL NUMBER

MODEL AND GRADE

03/19/93

03/19/93

KI 5-88

C4225111

700

7.62

NATO/SWS

ACCESSORIES

SLING STRAP

W/STUDS

W/SWIVELS

FROM:

SHIP TO:

CONSOLIDATED EQUIP POOL  
ATTN TERRY MAJORS  
FT BENNING

GA 31905

CONSOLIDATED EQUIP POOL  
ATTN TERRY MAJORS  
FT BENNING

GA

31905

CUST NO: 059697 C.O.D

ACCOUNT NUMBER

ACCOUNT NUMBER N/C

WRITE

PROM. DATE

ESTIMATED

VIA

UPS

GUN CONDITION

- ☐ NEW
- ☐ LIGHTLY WORN
- ☐ WORN
- ☐ VERY WORN
- ☐ UNREPAIRABLE
- ☐ MARRED

REPAIR CHARGE

EXCISE

TAX

INSURANCE

UPS

PARCEL POST

TOTAL

CUSTOMER CONCERN

AMMO

FUNCTION

FINISH

ACCURACY

FIT

INSPECT

CYCLE

A1

B1

TRIGGER GROUP

B2

F1

F1

BOLT ASSY.

B3

E2

F2

BARREL ASSY.

B4

D1

E3

F3

REC. ASSY.

B5

D2

E4

F4

WOOD

C1

D3

E5

F5

METAL

C2

MAIN FAULT

Check & Repair & Clean

PARTS

COMMENTS

Barrel - 96003

Clean  
Re-zinc Scope Base, Scope Rings,  
Swivels & Swivel Studs  
Re-powder Coat Floor plate,  
latch, Trigger Guard & Front &  
Rear Sight Bases

REPAIRMAN

PROOF

CLEAN

TEST

TARGET

PATTERN

GALLERY TESTER

DATE

DATE

DATE

DATE

DATE

OFFICE COPY

RD6925 REV. 1/92

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER  
KINZER V. REMINGTON

M2400049291

|                                                                       |   |                  |   |              |                      |          |   |                 |    |                                                                                 |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-----------------------------------------------------------------------|---|------------------|---|--------------|----------------------|----------|---|-----------------|----|---------------------------------------------------------------------------------|----|-----------|----|-------------|------------------------|-----------------------|----|------|----|----------------------------------|----|--------------|----|---------------|----|----------------|----|----------|----|---------|----|---------------|----|----|----|----|----|----|----|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1                                                                     | 2 | 3                | 4 | 5            | 6                    | 7        | 8 | 9               | 10 | 11                                                                              | 12 | 13        | 14 | 15          | 16                     | 17                    | 18 | 19   | 20 | 21                               | 22 | 23           | 24 | 25            | 26 | 27             | 28 | 29       | 30 | 31      | 32 | 33            | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41            | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 |
| IDENT                                                                 |   | FROM             |   | STOCK NUMBER |                      | QUANTITY |   | DOCUMENT NUMBER |    | REQUISITIONER                                                                   |    | DATE      |    | SERIAL      |                        | SUPPLEMENTARY ADDRESS |    | FUND |    | DISTRIBUTION                     |    | PROJECT      |    | PRIORITY      |    | REC'D DEL DATE |    | ADVICE   |    | N       |    | TOTAL DOLLARS |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| A5AAW1                                                                |   | 1005-01-240-2136 |   | EA00004      |                      | W33BQ9   |   | 3071-0101       |    | CMBBAN                                                                          |    | MGZ       |    | 03          |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    | 51            |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SHIPPED FROM                                                          |   |                  |   |              |                      |          |   |                 |    | SHIP TO                                                                         |    |           |    |             |                        |                       |    |      |    | MARK FOR                         |    |              |    |               |    |                |    |          |    | PROJECT |    |               |    |    |    |    |    |    |    | TOTAL DOLLARS |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Supply & Services Division<br>Whse 224<br>Fort Benning, GA 31905-5182 |   |                  |   |              |                      |          |   |                 |    | Remington Arms Co Inc<br>ATTN: Custom Shop<br>14 Hoefler Ave<br>Ilion, NY 13357 |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    | #2      |    |               |    |    |    |    |    |    |    | 205           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| WAREHOUSE LOCATION                                                    |   |                  |   |              |                      |          |   |                 |    | TYPE OF CARGO                                                                   |    | UNIT PACK |    | UNIT WEIGHT |                        | UNIT CUBE             |    | UFC  |    | NMFC                             |    | FREIGHT RATE |    | DOCUMENT DATE |    | MAT COND       |    | QUANTITY |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| LKAH1                                                                 |   |                  |   |              |                      |          |   |                 |    | G                                                                               |    | H         |    | I           |                        | J                     |    | K    |    | L                                |    | M            |    | N             |    | O              |    | P        |    | Q       |    | R             |    | S  |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SUBSTITUTE DATA (ITEM ORIGINALLY REQUESTED)                           |   |                  |   |              |                      |          |   |                 |    | FREIGHT CLASSIFICATION NOMENCLATURE                                             |    |           |    |             |                        |                       |    |      |    | SN #C6225403, C6348795, C6225453 |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| T                                                                     |   |                  |   |              |                      |          |   |                 |    | U                                                                               |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                                                       |   |                  |   |              |                      |          |   |                 |    | ITEM NOMENCLATURE                                                               |    |           |    |             |                        |                       |    |      |    | C6225453                         |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| W                                                                     |   |                  |   |              |                      |          |   |                 |    | RIFLE 7.62 MM M24 (Sniper)                                                      |    |           |    |             |                        |                       |    |      |    | Y                                |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SELECTED BY AND DATE                                                  |   |                  |   |              | TYPE OF CONTAINER(S) |          |   |                 |    | TOTAL WEIGHT                                                                    |    |           |    |             | RECEIVED BY AND DATE   |                       |    |      |    | INSPECTED BY AND DATE            |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| RT 3070                                                               |   |                  |   |              | Box Container        |          |   |                 |    | 236                                                                             |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| PACKED BY AND DATE                                                    |   |                  |   |              | NO OF CONTAINER(S)   |          |   |                 |    | TOTAL CUBE                                                                      |    |           |    |             | WAREHOUSED BY AND DATE |                       |    |      |    | WAREHOUSE LOCATION               |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| RT 3074                                                               |   |                  |   |              | 4                    |          |   |                 |    | 26 cu                                                                           |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| REMARKS                                                               |   |                  |   |              |                      |          |   |                 |    |                                                                                 |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SHIP US REGISTERED<br>RETURN RECEIPT REQUESTED                        |   |                  |   |              |                      |          |   |                 |    |                                                                                 |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| AA                                                                    |   |                  |   |              |                      |          |   |                 |    | CC                                                                              |    |           |    |             |                        |                       |    |      |    | DD                               |    |              |    |               |    |                |    |          |    | EE      |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| FIRST DESTINATION ADDRESS                                             |   |                  |   |              |                      |          |   |                 |    | DATE SHIPPED                                                                    |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 11                                                                    |   |                  |   |              |                      |          |   |                 |    | 12                                                                              |    |           |    |             |                        |                       |    |      |    | 13                               |    |              |    |               |    |                |    |          |    | 14      |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| TRANSPORTATION CHARGEABLE TO                                          |   |                  |   |              |                      |          |   |                 |    | BLADING, AWB, OR RECEIVER'S SIGNATURE (AND DATE)                                |    |           |    |             |                        |                       |    |      |    | RECEIVER'S DOCUMENT NUMBER       |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| P7                                                                    |   |                  |   |              |                      |          |   |                 |    |                                                                                 |    |           |    |             |                        |                       |    |      |    |                                  |    |              |    |               |    |                |    |          |    |         |    |               |    |    |    |    |    |    |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

DD Form 1348-1, SEP 87

Jun 86 edition may be used.

FORM APPROVED OMB NO. 0704-0188

DOD SINGLE LINE ITEM RELEASE/RECEIPT DO

Dim: 17.5" x 50" x 13" ©

|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------|-----------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------|
| <b>MAINTENANCE REQUEST</b>                                                                                                                                                                                                                                                                    |                 |                                             |                 | PAGE NO.<br>1                             | NO. OF PAGES<br>1                                                                                                                                                                                                                                  | REQUIREMENTS CONTROL SYMBOL<br>CSGLD - 1047(R1)                                                               |                                     |                                                     |               |
| For use of this form, see DA PAM 738-750; the proponent agency is DCSLOG                                                                                                                                                                                                                      |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
| <b>SECTION I - EQUIPMENT DATA</b>                                                                                                                                                                                                                                                             |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
| <b>CONTROL NUMBER</b>                                                                                                                                                                                                                                                                         |                 | <b>WORK ORDER NO.</b>                       |                 | <b>WESDC</b>                              |                                                                                                                                                                                                                                                    | <b>ORG. PD</b><br>03                                                                                          |                                     | <b>PD AUTHENTICATION</b><br><i>[Signature]</i>      |               |
| <input checked="" type="checkbox"/> Work Request<br><input type="checkbox"/> MWO<br><input type="checkbox"/> Warranty Claim                                                                                                                                                                   |                 | 1A. ORGANIZATION<br><i>10501 Equip Pool</i> |                 | B. LOCATION<br><i>H. Benning G4 31905</i> |                                                                                                                                                                                                                                                    |                                                                                                               | C. UNIT IDENT CODE<br><i>W04255</i> |                                                     |               |
| 2. SERIAL NO.<br><i>06225111</i>                                                                                                                                                                                                                                                              |                 | 3. NOUN NOMENCLATURE<br><i>Rifle</i>        |                 | 4. LINE NO.                               |                                                                                                                                                                                                                                                    | 5. MODEL<br><i>1124</i>                                                                                       |                                     | 6. NATIONAL STOCK NUMBER<br><i>1005-01-240-2136</i> |               |
| 7A. MAINTENANCE ACTIVITY                                                                                                                                                                                                                                                                      |                 | B. LEVEL                                    |                 | 8. UTILIZATION CODE                       |                                                                                                                                                                                                                                                    | 9A. MCSR ITEM                                                                                                 |                                     | 9B. ERC                                             |               |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
| 14. FAILURE DETECTED DURING (Select one - use <input checked="" type="checkbox"/> or X)                                                                                                                                                                                                       |                 |                                             |                 |                                           | 15. FIRST INDICATION OF TROUBLE (Select one - use <input checked="" type="checkbox"/> or X)                                                                                                                                                        |                                                                                                               |                                     |                                                     |               |
| <input type="checkbox"/> A Sch. Main. <input type="checkbox"/> C Test <input type="checkbox"/> E Storage <input type="checkbox"/> G Flight<br><input type="checkbox"/> B Handling <input type="checkbox"/> D Normal Op <input type="checkbox"/> F Inspection <input type="checkbox"/> H Other |                 |                                             |                 |                                           | <input type="checkbox"/> 068 Inoperative <input type="checkbox"/> 258 Overheating <input type="checkbox"/> 790 Out of Adjustment<br><input type="checkbox"/> 008 Noisy <input type="checkbox"/> 387 Low Performance <input type="checkbox"/> Other |                                                                                                               |                                     |                                                     |               |
| 16A. DESCRIBE DEFICIENCIES OR SYMPTOMS ON THE BASIS OF COMPLETE CHECKOUT AND DIAGNOSTIC PROCEDURE IN EQUIPMENT TM (Do not prescribe repairs).<br><i>SEE AHACH 2404</i>                                                                                                                        |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
| B. REMARKS                                                                                                                                                                                                                                                                                    |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
| <b>SECTION II - WORK ACCOMPLISHED</b>                                                                                                                                                                                                                                                         |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
| 17A. REPAIR ORGANIZATION/ACTIVITY                                                                                                                                                                                                                                                             |                 |                                             |                 | C. UNIT IDENT. CODE                       |                                                                                                                                                                                                                                                    | 18. TYPE ORGANIZATION/ACTIVITY ACCOMPLISHING WORK (Select one - use <input checked="" type="checkbox"/> or X) |                                     | 19. AMS ACCT. CODE                                  |               |
| B. LOCATION                                                                                                                                                                                                                                                                                   |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    | <input type="checkbox"/> 1 TOE <input type="checkbox"/> 2 TD <input type="checkbox"/> 3 Contractor            |                                     |                                                     |               |
| 20A. ACT. CODE                                                                                                                                                                                                                                                                                | B. FAILURE CODE | C. COMPONENT/PART NOUN, SVC, OR MWO NO.     |                 |                                           | D. MANHOURS (Hrs. & tenths)                                                                                                                                                                                                                        | E. NATIONAL STOCK NUMBER                                                                                      | F. PART SOURCE CODE                 | G. QTY.                                             | H. PARTS COST |
|                                                                                                                                                                                                                                                                                               |                 | (1) CB CODE                                 | (2) REF DESIGN. | (3) MFR. CODE                             |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | .                                                                                                                                                                                                                                                  |                                                                                                               |                                     |                                                     | \$            |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | I. TOTAL MANHOURS                                                                                                                                                                                                                                  | J. TOTAL MANHOURS COST<br>\$                                                                                  | K. TOTAL PARTS COST<br>\$           |                                                     |               |
| 21. DELAY (Select One)                                                                                                                                                                                                                                                                        |                 |                                             |                 |                                           | 22. Data Transcribed                                                                                                                                                                                                                               |                                                                                                               |                                     |                                                     |               |
| <input type="checkbox"/> 1 Parts <input type="checkbox"/> 2 Manpower <input type="checkbox"/> 3 Facilities <input type="checkbox"/> 4 Funds <input type="checkbox"/> 5 Tools                                                                                                                  |                 |                                             |                 |                                           |                                                                                                                                                                                                                                                    |                                                                                                               |                                     |                                                     |               |
| 23. SUBMITTED BY<br><i>[Signature]</i>                                                                                                                                                                                                                                                        |                 | 24. RECEIVED BY                             |                 | 25. WORK STARTED BY                       |                                                                                                                                                                                                                                                    | 26. INSPECTED BY                                                                                              |                                     | 27. ACCEPTED BY                                     |               |
| JULIAN DATE                                                                                                                                                                                                                                                                                   |                 | JULIAN DATE                                 |                 | JULIAN DATE                               |                                                                                                                                                                                                                                                    | JULIAN DATE                                                                                                   |                                     | JULIAN DATE                                         |               |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | 28. DISPOSITION (Select One)                                                                                                                                                                                                                       |                                                                                                               |                                     |                                                     |               |
|                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                           | <input type="checkbox"/> A To User <input type="checkbox"/> D Evacuated<br><input type="checkbox"/> B To Stock <input type="checkbox"/> E Cannibalization<br><input type="checkbox"/> C Salvaged                                                   |                                                                                                               |                                     |                                                     |               |

DA FORM 2407, AUG 88

EDITION OF MAY 81 MAY BE USED

NMP COPY 2

M12400049294

DA FORM 2404  
1 APR 79

Replaces edition of 1 Jan 64, which will be used



## RECEIVING AND ESTIMATING REPORT

COMMENTS

ORDER  
R 97-03145

INITIAL CUSTOMER ORDER NO.

WOG 2 OF 3

JJM

DATE RECEIVED

DATE OPENED

DATE CODE

SERIAL NUMBER

NEW SERIAL NUMBER

MODEL AND GRADE

02/04/97

02/04/97

AN 3-93

C6225111

700 7.62

NATO

ACCESSORIES

HARD CASE

SCOPE BASE

W/STUDS

w/Scope & Rings  
11 # 1215

FROM:

SHIP TO:

SUPPLY &amp; SERVICE DIVISION

WHSE. 224

FT. BENNING

GA 31905

SUPPLY &amp; SERVICE DIVISION

WHSE. 224

FT. BENNING

GA

31905

CUST NO: 080509 C.O.D.L.

ACCOUNT NUMBER

ACCOUNT NUMBER N/C

WRITE

PROM. DATE

ESTIMATED

VIA

UPS

GUN CONDITION

- ☐ NEW  
☐ LIGHTLY WORN  
☐ WORN  
☐ VERY WORN  
☐ UNREPAIRABLE  
☐ MARRED

REPAIR CHARGE

EXCISE

TAX

INSURANCE

UPS

PARCEL POST

TOTAL

CUSTOMER CONCERN

AMMO

FUNCTION

FINISH

ACCURACY

FIT

INSPECT

CYCLE

TRIGGER GROUP

BOLT ASSY.

BARREL ASSY.

REC. ASSY.

WOOD

METAL

MAIN FAULT

PARTS

COMMENTS

Barrel 96003

Repowder Coat Trigger Guard  
Assy, Front & Rear Sight  
Base's  
Rezinc Scope Base, ~~Rings~~ &  
Swivel Studs

REPAIRMAN

PROOF

CLEAN

TEST

TARGET

PATTERN

GALLERY TESTER

DATE

DATE

DATE

DATE

DATE

RW

2/6/97

2/28/97

2/28/97

2/28/97

OFFICE COPY

RD6925 REV. 11/96

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER  
KINZER V. REMINGTON

M2400049296

| MAINTENANCE REQUEST<br>For use of this form, see DA PAM 738-750 and 738-751;<br>the proponent agency is DCSLOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PAGE NO                                | NO OF PAGES                                                                        | REQUIREMENT CONTROL SYMBOL<br>CSGLD-1047(R1) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|
| SECTION I - CUSTOMER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SECTION II - MAINTENANCE ACTIVITY DATA |                                                                                    |                                              |
| 1a. UIC CUSTOMER<br><b>034544</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1b. CUSTOMER UNIT NAME         | 1c. PHONE NO<br><b>5-7518</b>     | 3a. WORK ORDER NUMBER (WON)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        | 3b. SHOP                                                                           | 3c. PHONE NO                                 |
| 2a. SAMS-2 UIC/SAMS-I/TDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2b. UTILIZATION CODE           | 2c. MCSR                          | 4a. UIC SUPPORT UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | 4b. SUPPORT UNIT NAME                                                              |                                              |
| SECTION III - EQUIPMENT DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                    |                                              |
| 5. TYPE MNT<br>REQ CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. ID                          | 7. NSN<br><b>1005-01-240-2136</b> | 15a. FAILURE DETECTED DURING/WHEN DISCOVERED CODE (Enter code)<br>See DA Pamphlets 738-750 and 738-751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                    |                                              |
| 8. MODEL<br><b>M-24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9. NOUN<br><b>Sniper Rifle</b> |                                   | 15b. FIRST INDICATION OF TROUBLE/HOW<br>RECOGNIZED CODE (Enter Code)<br>See DA Pamphlets 738-750 and 738-751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | 16. MILES/KILOMETERS/HOURS/ROUNDS<br>M <input type="text"/> K <input type="text"/> |                                              |
| 10a. ORG WON/DOC NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10b. EIC                       |                                   | H <input type="text"/> R <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                                                                    |                                              |
| 11. SERIAL NUMBER<br><b>66325111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12. QTY<br><b>1000</b>         | 13. PD                            | 17. PROJECT CODE<br>(if assigned)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18. ACCOUNT PROCESSING<br>CODE         | 19. IN WARRANTY?<br>(enter Y or N)                                                 | 20. ADMIN NO                                 |
| 14. MALFUNCTION DESCRIPTION (for DSU, GSU/AVIM, DEPOT use)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                   | 21. REIMBURSABLE CUSTOMER (If Intransit customer enter Y or N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                                    |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                   | 22. LEVEL OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                    |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                   | 23. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                                                                    |                                              |
| 24. DESCRIBE DEFICIENCIES OR SYMPTOMS ON THE BASIS OF COMPLETE CHECKOUT AND DIAGNOSTIC PROCEDURES IN EQUIPMENT TM (Do not<br>prescribe repairs) <b>SMT Out Over 10,000 RDS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                    |                                              |
| 25. REMARKS <b>POC SSG WHITBY 5-7518</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                    |                                              |
| PREPARATION INSTRUCTIONS FOR THIS PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                    |                                              |
| <b>SECTION I</b><br><br>Block 1a. Enter UIC of submitting organization.<br>Block 1b. Enter name of submitting organization.<br>Block 1c. Enter number to be called when maint. is completed.<br>Block 2a. Enter UIC of supporting SAMS-2/SAMS-I/TDA if work is requested while intransit and away from your support maintenance unit.<br>Block 2b. Enter utilization code. See DA Pamphlets 738-750 and 738-751.<br>Block 2c. Enter "Y" if reportable under AR 700-138. If not, leave blank.                                                                                                                  |                                |                                   | <b>SECTION III (Cont'd)</b><br><br>Block 12. Enter the quantity of items being submitted.<br>Block 13. Enter the maintenance priority designator determined from DA PAM 710-2-1.<br>Block 14. For DSU, GSU/AVIM, DEPOT use.<br>Block 15a. Enter the code that most accurately describes when the fault or deficiency was detected. See DA Pamphlets 738-750 and 738-751.<br>Block 15b. Select one. Enter the code. See DA Pamphlets 738-750 and 738-751.<br>Block 16. Enter the accumulated usage data in blocks, when equipment is subject to usage reporting.<br>Block 17. Enter the project code if one has been assigned. If not, leave blank.<br>Block 18. See DA Pamphlets 738-750 and 738-751.<br>Block 19. Enter "Y" or "N" to indicate whether equipment is still under manufacturer's warranty.<br>Block 20. Enter the admin number assigned for property control purposes for the equipment being submitted.<br>Block 21. For DSU/GSU/AVIM/Depot use.<br>Block 22. Enter level of work performed "O" for UNIT LEVEL/AVUM, "F" for DSU/AVIM, "H" for GSU, "D" for DEPOT, "K" for contractor or "L" for Spc Rpr Act.<br>Block 23. Enter the signature of the CO or the CO's designated representative when the priority designator is 01-10. For priority designators 11-15, leave blank.<br>Block 24. Enter a brief description of the deficiencies or symptoms that you feel require attention at this level of maint.<br>Block 25. Self-explanatory. |                                        |                                                                                    |                                              |
| <b>SECTION II</b><br><br>Leave blank. To be completed by the support maintenance DSU/GSU/AVIM/DEPOT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                    |                                              |
| <b>SECTION III</b><br><br>Block 5. Enter the Type Maintenance Request Code. See DA Pamphlets 738-750 and 738-751.<br>Block 6. Enter ID associated with block 7. See DA Pamphlets 738-750 and 738-751.<br>Block 7. Enter the NSN or stock number of the item being submitted.<br>Block 8. Enter model of item being submitted.<br>Block 9. Enter noun/nomenclature of item being submitted.<br>Block 10a. Enter Work Order Number (WON)/DOC NO assigned when item is submitted. Otherwise, leave blank.<br>Block 10b. Enter End Item Code. See AMDF.<br>Block 11. Enter serial number of item being submitted. |                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                    |                                              |
| 34a. SUBMITTED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 35a. ACCEPTED BY               | 35c. DATE                         | Block 34a. Enter first initial and last name of submitter.<br>Block 34b. Enter ordinal date submitted (YYDDD).<br>Block 35a. Enter first initial and last name of person accepting maint. request.<br>Block 35b. Enter the initial status. See DA Pamphlets 738-750 and 738-751.<br>Block 35c. Enter ordinal date accepted (YYDDD).<br>Block 35d. Enter military time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                    |                                              |
| 34b. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 35b. STATUS                    | 35d. TIME                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                    |                                              |

# 21 DAY TURN - AROUND *New Barrel*

M-24

CONTRACT # DAAA09-92-C-0834

R&E NO.

SERIAL NO. *C6225111*

LOG IN DATE: / /

DATE

INIT.

INSPECT & VERIFY:

| OP. # | OP. NAME                 |
|-------|--------------------------|
| 550   | DIS-ASSEMBLE GUN         |
| 560 A | RE-BARREL AT CUSTOM SHOP |
| B     | DRILL & TAP              |
| C     | POLISH                   |
| 575   | ASSEMBLE                 |
| 600   | PROOF                    |
| 605   | CHECK HEADSPACE          |
| 610   | DIS-ASSEMBLE             |
| 612   | MAGNAFLUX                |
| 615   | ROLLMARK CALIBER         |
| 618   | ROTO-BLAST               |
| 620   | APPLY COATINGS           |
| 625 A | FINAL ASSEMBLY           |
| B     | TRIGGER PULL TEST        |
| C     | SAFETY ON FORCE          |
| D     | SAFETY OFF FORCE         |
| E     | FIRING PIN INDENT        |
| 640   | TARGET                   |
| 655   | FINAL INSPECT            |
| 660   | PACK                     |
|       | QAR INSPECTION           |

*2/6/97* *RW*  
*3/4/97* *RW*

*2/28/97* *AR*  
*3/4/97* *RW*

SHIP DATE

## Final Inspection

Sn: C6225711

DATE REC'D: 2/4/97

DATE RET'D:

Auditor: RW

Item:

Barrel Assy.

☒ BARREL☒ RECEIVER☒ FRONT SIGHT BLOCK☒ REAR SIGHT BLOCK☒ SCREWS☒ FINISH

Scope Assy.

☒ Scope☒ Scope Rings☒ Mounting Screws☒ Mounting Base☒ SCREWS☒ FINISH☒ LOOSENESS☒ CLARITY

Misc.

☐ DD-250☐ BAR CODE☐ PACKAGING

Item:

Stock Assy.

☒ STOCK☒ SLING SWIVEL STUDS☒ ADJUSTABLE BUTT PLATE☒ LOCK NUTS☒ BARREL CLEARANCE☒ COLOR/FINISH

Systems Case

☐ Scope Case☐ Iron SIGHTS☐ Deployment Kit

Trigger

☒ SAFETY OPERATION☒ SET

Comments:

Remington Test Lab, Ilion, N.Y.

Centroidal distance calculations for Rifle # C6225111  
3 Mar 1997

THE AVERAGE X-COORDINATE FOR THIS RIFLE IS: -.0238  
THE AVERAGE Y-COORDINATE FOR THIS RIFLE IS: -.1666  
THE RESULTING AVERAGE POI RADIUS FOR THIS RIFLE IS: .168291

THE AMR FOR THIS RIFLE IS: 1.146

# CENTROIDAL DISTANCES

|        |         |
|--------|---------|
| 0 TO 1 | .829869 |
| 1 TO 2 | .946303 |
| 1 TO 3 | .860976 |
| 1 TO 4 | .661151 |
| 1 TO 5 | 1.03155 |

5 2 3 4 <----POA

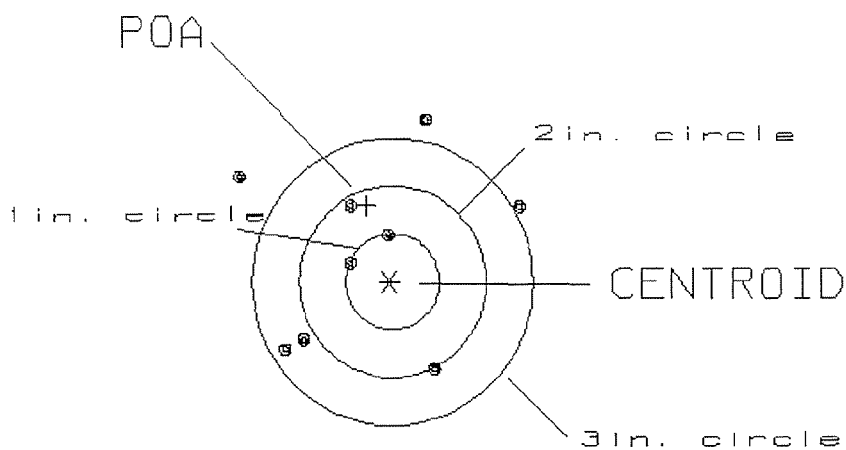
1

PATTERN #: ☐ 1 ☐  
 POA TO CENTROID: .830  
 MIN RADIUS : .485  
 MEAN RADIUS : 1.441  
 MAX RADIUS : 3.742  
 CENTROID X : .251  
 CENTROID Y : -.791

3 Mar 1997

FILE:/Hpbasic/Accuracy/Patterning/Centerfire\_Patt/C6225111

# CENTERFIRE PATTERN # 1



# OF SHOTS= 10

# IN CIRCLE

HS= 4.10

1

VS= 4.51

3

GS= 5.64

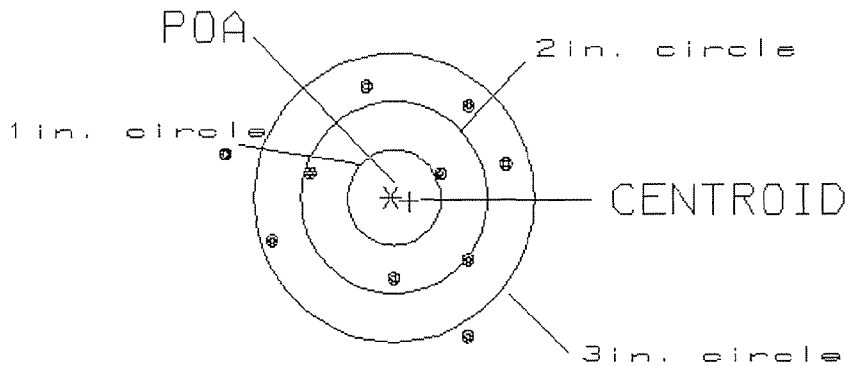
6

PATTERN #: 2  
 POA TO CENTROID: .201  
 MIN RADIUS : .589  
 MEAN RADIUS : 1.198  
 MAX RADIUS : 1.856  
 CENTROID X : -.196  
 CENTROID Y : .042

3 Mar 1997

FILE:/Hpbasic/Accuracy/Patterning/Centerfire\_Patt/C6225111

# CENTERFIRE PATTERN # 2



# OF SHOTS= 10

# IN CIRCLE

HS= 3.03

0

VS= 2.58

3

GS= 3.21

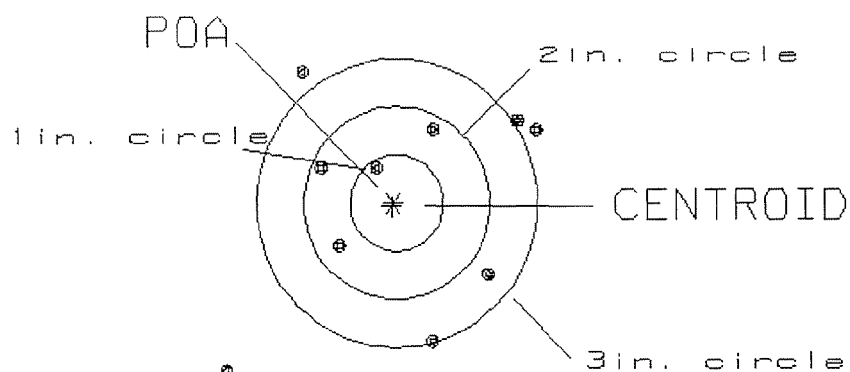
8

PATTERN #: 030  
 POA TO CENTROID: .040  
 MIN RADIUS : .463  
 MEAN RADIUS : 1.304  
 MAX RADIUS : 2.518  
 CENTROID X : .015  
 CENTROID Y : .037

3 Mar 1997

FILE:/Hpbasic/Accuracy/Patterning/Centerfire\_Patt/C6225111

# CENTERFIRE PATTERN # 3



# OF SHOTS= 10

# IN CIRCLE

HS= 3.29  
 VS= 3.07  
 GS= 4.12

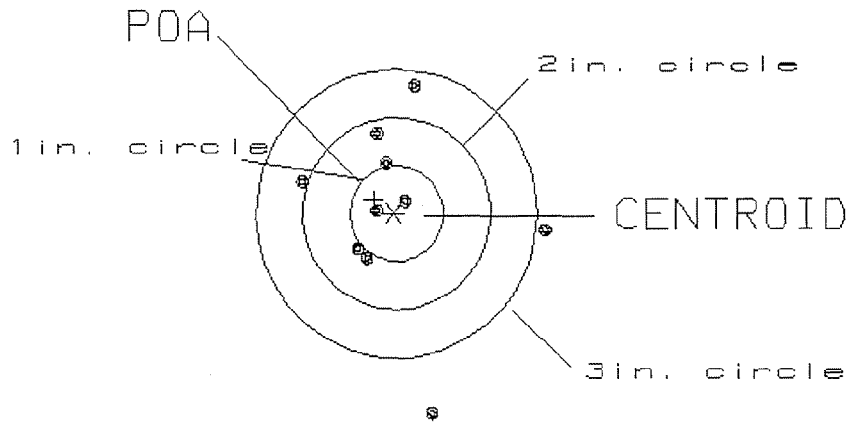
1  
 4  
 5

PATTERN #: 4  
 POA TO CENTROID: .249  
 MIN RADIUS : .131  
 MEAN RADIUS : .896  
 MAX RADIUS : 2.123  
 CENTROID X : .212  
 CENTROID Y : -.131

3 Mar 1997

FILE:/Hpbasic/Accuracy/Patterning/Centerfire\_Patt/C6225111

# CENTERFIRE PATTERN # 4



# OF SHOTS= 10

# IN CIRCLE

HS= 2.55  
 VS= 3.47  
 GS= 3.47

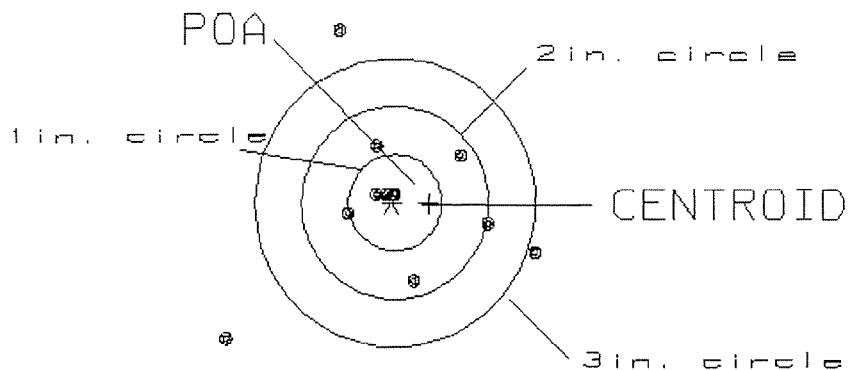
2  
 6  
 8

PATTERN #: ☐ 5 ☐  
 POA TO CENTROID: .400  
 MIN RADIUS : .073  
 MEAN RADIUS : .890  
 MAX RADIUS : 2.292  
 CENTROID X : -.399  
 CENTROID Y : .010

3 Mar 1997

FILE:/Hpbasic/Accuracy/Patterning/Centerfire\_Patt/C6225111

# CENTERFIRE PATTERN # 5



# OF SHOTS= 11

# IN CIRCLE

HS= 3.30

3

VS= 3.13

7

GS= 3.41

8

00299

5091