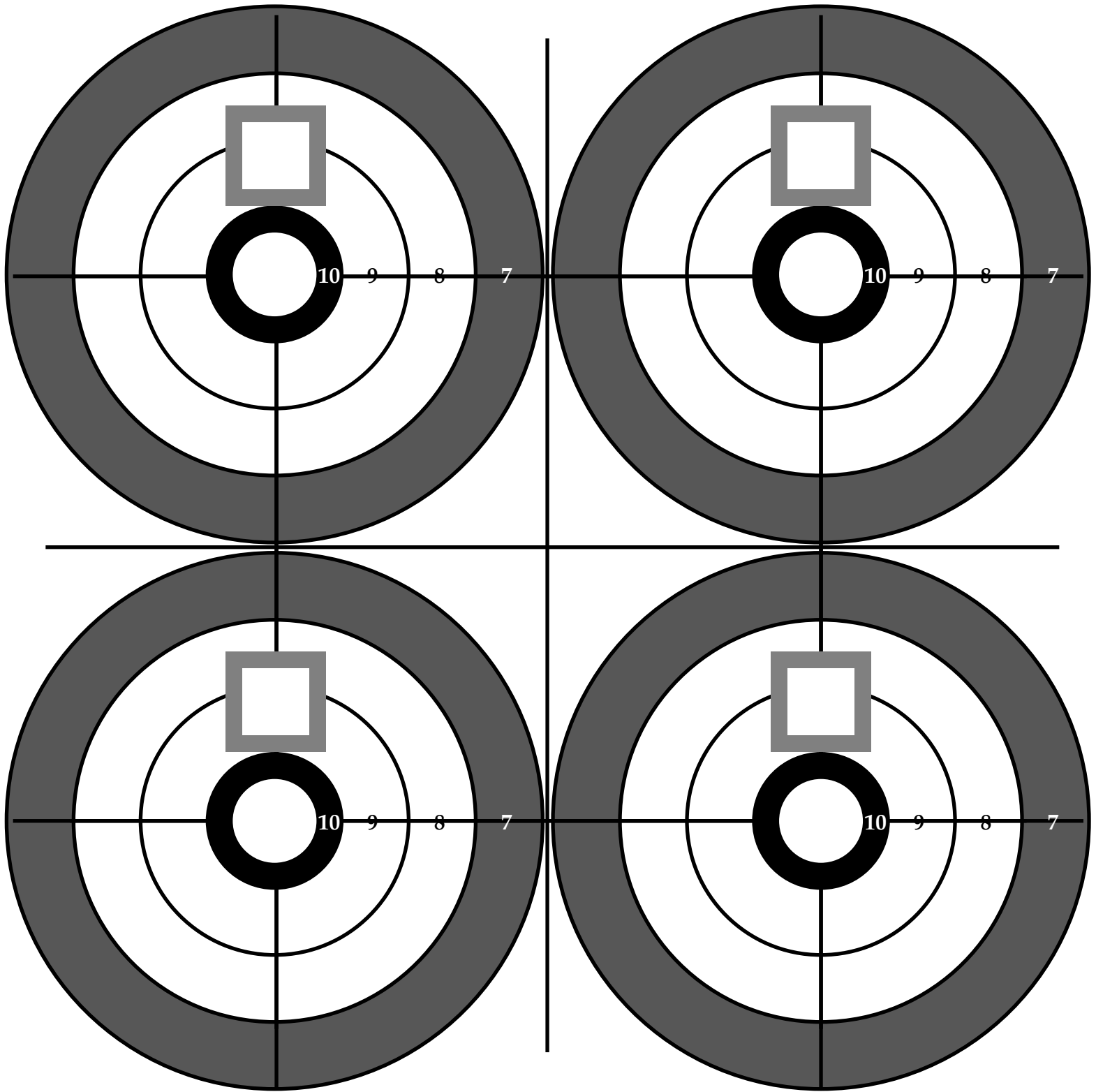




Firearm:_____

Caliber:_____

Date:_____

Bullet: Make:_____

Weight:_____

Style:_____

Powder: Make:_____

Weight:_____

Primer:_____