

26 حزيران 2005

05-IJ8-T430  
1051-6R

Baghdad

عزيري :Hussin Abdallah Khadhem

20 -27 2734 '10

162 -27

Could not find evidence that US forces are responsible for the deaths.

20 -27

المخلص

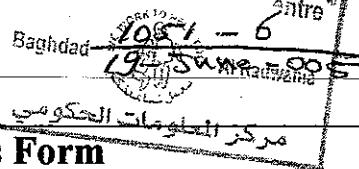


Captain, U.S. Army  
Foreign Claims Commission

001460  
00146



## Claims Form



To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

Address: Baghdad [REDACTED]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address
- c. Employed by: Self employ
- d. Check one ( ) An insurer (X) Not an insurer
- e. Check one (X) A subrogee( ) Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

M. N. F

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) [REDACTED]

My claim arose at: Khuzi Alawi Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: April 15 2005  
(Month) (Day) (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

On 15<sup>th</sup> of Apr - 2005 at 16,00 PM I was taking my

wife [REDACTED] and my son [REDACTED]

to the market in Khuzi Alawi Region the M.A.F

Opened fire from or near Abu Grieb prison.

My wife and my son get killed at once because of that Gun fire. I demand for compensation with all due respect.

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Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

1) Killing my wife 2) Killing my son by the

M. N. S

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item Amount

1- Blood money for my wife is Death	\$ 3000.00
2- Blood money for my Son is Death	\$ 3000.00
3-	
4-	
5-	
6-	

Total: \$ 6000.00

I was insured to the following extent against the damager or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 6000.00 local 8820006 ID 

  
(Signature of Claimant)

Subscribed before me this 19 day of June, 2005

  
(Print Name)

  
(Signature)

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