

2005 [REDACTED] 26

05-IJ8-T423
1043-6R

Al Ghalziliya

20-27 [REDACTED] 2734 [REDACTED] 10 [REDACTED]

162-27 [REDACTED]

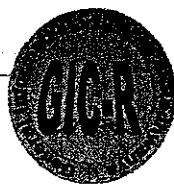
Could not find proof that US forces were responsible for the deaths.

20-27 [REDACTED]

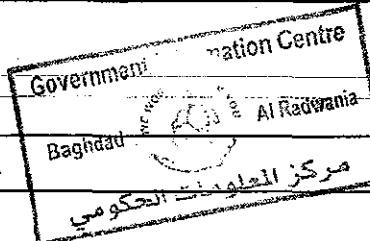
الملايين

Captain, U.S. Army
Foreign Claims Commission

001463



1043 - 6
16-Jun-2005



Claims Form

To: United States Army Foreign Claims Commission
From: Name: [REDACTED]

Address: [REDACTED]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address Mentioned above
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () 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: Khan al-Harri 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 15th April 2005 the M.N.F opened fire at

the market of Khan al-Harri region caused
Death to my parents [REDACTED]

[REDACTED] then they took them to Baghdad
Hospital, and the next day I received
their bodies from the judicial medical instit
ute. 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.

Killing my parents by M. V. F. Soldiers in
Khan dhari Region

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 parents Death 10000 00 ID
2-
3-
4-
5-
6-

Total: 10000 00 ID

I was insured to the following extent against the damage 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)

\$ 6800.00 local 1000000 ID

(Signature of Claimant)

Subscribed before me this 16 day of Jun, 2005.

(Print Name)

(Signature)

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