

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____ (b)(6)

Address: Ramidi Al Sofia

I am

- a. A citizen and national of: _____
- b. A permanent resident of: _____
- 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)

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.)

My claim arose at: AL Anbar Ramidi
(Town) (City) (Country)

My claim arose on: 1 15 2007
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.)

In the Date of 16/12/2006 and the time is 1:00 after
noon the bombed occur behind the Al Kofa school
in sub street and the distance to General Street is
about (b)(2)High and after the bombed American
Forces open random fire caused to kill my wife
(b)(6) and my brother (b)(6) when the sit
behind the house So that I need connection

CENTCOM 013923

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

Property damage and Personal Injury
(b)(6)

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
kill my wife (b)(6)	2500 \$
kill my brother (b)(6)	2500 \$

Total: 5000 \$

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)
\$ local

(Signature of Claimant)

Subscribed before me this 13 day of 1, 2007

(Print Name) (b)(6)

(Signature)

Pages 3 through 4 redacted for the following reasons:

Foreign Language Text
Foreign Language Text, (b)(6)

Apr 07 - Sig Event Available,
No proof CF committed

Shooting → TT to bring
proof.

→ 24 Apr 07

LT

(b)(3), (b)(6)

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079

(b)(6)

foreign language text

foreign language text

\$ 24 Apr 07
Pd. \$ 2500.00 for death of wife
\$ 2500.00 " " " brother

signature match closed

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CERP PACKETS

Claim #: 0 F079

Name of Person Submitting Claim: _____ (b)(6)

Location of Incident: _____

Date Claim Submitted: 19 Feb 07

Person Receiving Claim: _____

Date Packet Completed: _____

Date Packet Submitted to MEF: _____

Date Claim Paid/Amount Paid: _____

Notes: MISSING ONE ID

HAVE CLAIMANT GIVE LOCATION. POSSIBLE SIGACT MATCH 16 DEC 04
SLIDE # 14

- ☒ Copy of ID Card
- ☐ Proof of ownership (deed, proof of inheritance, bill of sale)
- ☒ Death certificates
- ☐ Medical Examination
- ☐ POA's
- ☐ Pictures of Damage
- ☒ Checked SigActs: ☒ Yes ☐ No

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Pages 8 through 13 redacted for the following reasons:

foreign language text
foreign language text, (b)(6)