

Claims Form

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

Address:

Baghdad -

I am

- a. A citizen and national of: Iraq
- 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)

U.S. Army

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: Aljam'a district Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: March 29 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.)

At 9:30 night of 29 2005 when  
Hamza was ride with his Cousin  
[Redacted] in Aljam'a neighbor hood  
American shoot them result from that  
damag the Car - and shed both of the  
who inside the Car -

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

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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.)

<u>Item</u>	<u>Amount</u>
<i>The claim asked for</i>	<i>5000\$</i>

Total: 5000\$

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

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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)

\$ 5000\$ local \_\_\_\_\_

  
(Signature of Claimant)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

  
(Print Name)

(Signature)

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