

Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____

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

M.P.

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: Taji (Nadim village) Baghdad Iraq
(Town) (City) (Country)

My claim arose on: Jun 8 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 mention dat my brother drive his car
Taj Ta pickup Two doors medil 1992 From
his house which is in Taji Nadim saltan village
To The mechanic To fixed when he reach
The Taji highway American soldiers start
shoot the car Result damage the car
and my brother was killed.

000151

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

*Killed Personal
Damage Cars*

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>for the dead</i>	<i>5000 \$</i>
<i>for the repair cars</i>	<i>2500 \$</i>

Total: _____

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)
\$ *7500 \$* local _____

(Signature of Claimant)

Subscribed before me this _____ day of _____, 200__.

(Print Name)

(Signature)