

3/1AD-0056

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

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:

Mushahda  
(Town)

Baghdad  
(City)

Iraq  
(Country)

My claim arose on:

January  
Month

12  
Day

2005  
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 morning of 12 January 2005 when  
 the claimant stopped his car at gas station  
 to Full benzin in (Almushahda Place)  
 American soldier start a random shooting  
 result from that the claimant die.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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>
DAE Personal	10000 \$

Total: 10000 \$

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)

\$ 10000 \$ local \_\_\_\_\_

\_\_\_\_\_  
(Signature of Claimant)

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

\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Signature)

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