

CLAIMS FORM  
US ARMY FOREIGN COMMISSION

CLAIM # 2-011-5

CLAIMANT NAME [REDACTED]  
ADDRESS [REDACTED]  
SEC/ [REDACTED] ST/ IS H/ 3  
PHONE# [REDACTED]

I AM

a. A Citizen and National Of: Iraqi

B. A Permanent Resident Of: Baghdad

C. Employed By: \_\_\_\_\_

d. Check one  an insurer  Not an insurer

e. Check one  A subrogate  Not a subrogate

HAVE YOU FILED A CLAIM BEFORE (circle one) YES OR NO

TYPE OF CLAIM (circle which applied)

INJURY: DEATH

PROPERTY DAMAGE: VEHICLE, BUILDING, FIELD, ANIMAL, OR OTHER

NAME [REDACTED]

RELATIONSHIP the owner AGE: 25 DOB D/M/Y 29/08/1960

DATE INCIDENT OCCURRED: /D/ 4 /M/ March /YYYY/ 2003

PLACE INCIDENT OCCURRED AL-Mashat Quarter

SEC/ \_\_\_\_\_ ST/ \_\_\_\_\_ H/ \_\_\_\_\_

SITUATION The American convoy shot the men whom they are his brothers one of them American soldiers took him to IBU SENA hospital, and the other had died.

List in detail the amount of property damage and itemized expense resulting from the property damage or personal injury: (Attach bills and receipts, if applicable)

Item	Amount
<u>they claim about the dead man is named Mohammed Makki</u>	

TOTAL AMOUNT: US DOLLAR 10,000 ten thousand dollars OR DINAR \_\_\_\_\_

Today date 5/4/2003

Signature [REDACTED]

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