

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED] ADDRESS: Mahmodiya OCCUPATION: Housewife ID#: CITIZENSHIP: Iraqi

INCIDENT INFORMATION

TYPE OF CLAIM: () Vehicle Accident () SAF () Raid () Detainee Property () Occupied Land (X) Other

LOCATION OF INCIDENT: Hay AL JZadir DATE OF INCIDENT: 27 JAN 05

DESCRIPTION OF INCIDENT: Fragments LED exploded Iraqi Army / Casualties FACES OPEN FACES THROAT ONLY ONE Bullet not husband [REDACTED] And killed Min.

UNIT INVOLVED:

CLAIM INFORMATION

OWNER OF PROPERTY: BREAKDOWN OF CLAIM: TABLE WITH ITEM AND AMOUNT COLUMNS. TOTAL AMOUNT CLAIMED: INSURED?: Y/N AMOUNT:

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y/N LOCATION AND OUTCOME:

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

[REDACTED SIGNATURE AREA]

29 Jan 05 (DATE)

(Signature of Claimant)

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