



26 حزيران 2005

05-IJ8-T430

1051-6R



Baghdad

:Hussin Abdallah Khadhem عزيزي



20 -27

2734

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162 -27



Could not find evidence that US forces are responsible for the deaths.



20 -27

المخلص



Captain, U.S. Army
Foreign Claims Commission

001460

001460



Claims Form

Baghdad 1051-6 Centre
 1975 SW 005
 مركز المطبوعات الحكومي

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

Address: Baghdad - [Redacted]

[Redacted]

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address
- c. Employed by: Self employe
- d. Check one () An insurer (x) Not an insurer
- e. Check one (x) 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)

M. N. F

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. [Redacted])

My claim arose at: Khann albari Baghdad Iraq
 (Town) (City) (Country)

My claim arose on: April 15 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 15th of Apr-2005 at 4,00 PM I was taking my wife [Redacted] and my son [Redacted]

To the Market in Khann albari Region the M.N.F

Opened fire from or near Abu Grieb prison.

My wife and my son get killed at once because of that gun fire. I demand for compensation with all due respect.

001461

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

1) Killing my wife 2) Killing my son by the
M.N.F

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.)

Item	Amount
1- Blood money for my wife is Death	\$ 3000.00
2- Blood money for my son is Death	\$ 3000.00
3-	
4-	
5-	
6-	

Total: \$ 6000.00

I was insured to the following extent against the damager 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)

\$ 6000.00 local 8820000 ID

(Signature of Claimant)

Subscribed before me this 19 day of Jun, 2005

(Print Name)

(Signature)

001462