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

To: United States Army Foreign Claims Commission
From: Name: [Redacted]
Address: [Redacted]

a. A citizen and national of
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)

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.)

My claim arose at: Kharnahari Baqilhad Swarq
(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 April 2005 at 4:00 pm I was taking my wife [Redacted] and my son [Redacted] to the market in Kharnahari Region, the MKF opened fire from or near Abo Gerib person. My wife and my son get killed at once, because of that gun fire, I demand for compensation with all due respect.
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

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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Blood money for my wife is Death $5000.00</td>
</tr>
<tr>
<td>2.</td>
<td>Blood money for my son is Death $3000.00</td>
</tr>
</tbody>
</table>

Total: $6000.00

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)

$ 6000.00   local 882000.00 J D

(Signature of Claimant)

Subscribed before me this 19 day of Jun, 2005

(Print Name)    (Signature)