

[REDACTED]

2005 [REDACTED] 26

05-IJ8-T423 [REDACTED]  
1043-6R

[REDACTED]

Al Ghalziliya

[REDACTED]

20-27 [REDACTED] 2734 [REDACTED] '10 [REDACTED] 162-27 [REDACTED]

[REDACTED]

Could not find proof that US forces were responsible for the deaths.

20-27 [REDACTED]

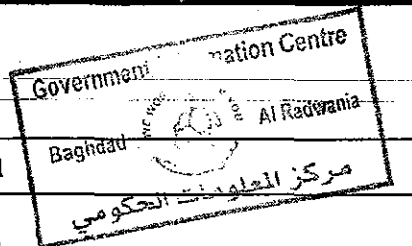
المخلص

[REDACTED]

Captain, U.S. Army  
Foreign Claims Commission



1043 - 6  
16-Jun-2005



### Claims Form

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

Address: [Redacted]

[Redacted]

[Redacted]

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address mentioned above
- c. Employed by: \_\_\_\_\_
- 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: Khan Dhari 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 15<sup>th</sup> of April 2005 the M.N.F opened fire at the Market of Khan Dhari Region caused Death to my parents [Redacted] then they took them to Baghdad Hospital, and the next day I received Their bodies from the judicial medical institute. 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.

Killing My parents by M. N. F Soldiers in  
Khan dhari Region

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 parents, Death	10,000,000 ID
2-	
3-	
4-	
5-	
6-	

Total: 10,000,000 ID


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)

\$ 6800,00 local 10,000,000 ID

  
(Signature of Claimant)

Subscribed before me this 16 day of Jun, 2005.

  
(Print Name)

  
(Signature)

001465