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

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

a. A citizen and national of: Iran
b. A permanent resident of: Same address mentioned above
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)

[Redacted]

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 al Khari Baghdad Iran
(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 the Muslims opened fire at the market of Khan al Khari region causing death to my parents. I then 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.E. soldiers in Khan dhari Reyal

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. Blood Money for my parents’ death</td>
<td>$10,000,000 LD</td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<td>4.</td>
<td></td>
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<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

Total: $10,000,000 LD

I was insured to the following extent against the damages 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 LD

(Signature of Claimant)

Subscribed before me this 16 day of Jun, 2005.

(Print Name) ____________________________

(Signature) ____________________________