

[REDACTED]

19-Sep-05

05-IJ8-T549 [REDACTED]

309M

[REDACTED]

Mahmudiyah

[REDACTED]

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

[REDACTED]

No evidence that U.S. forces caused the death.

[REDACTED]

[REDACTED] 20-27 [REDACTED]

[REDACTED]

Captain, U.S. Army  
Foreign Claims Commission

001514

**MAHMUDIYAH CLAIMS FORM**

**CLAIMANT INFORMATION**

NAME: [REDACTED]  
ADDRESS: MAHMUDIYAH ID#: \_\_\_\_\_  
OCCUPATION: - CITIZENSHIP: IRAQ

**INCIDENT INFORMATION**

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

LOCATION OF INCIDENT: MAHMUDIYAH DATE OF INCIDENT: 5 SEP 05

DESCRIPTION OF INCIDENT: Claimants brother was walking down the street when he was shot by US forces. Deceased was mentally ill

incident witnessed by brother + family

UNIT INVOLVED: UNK

**CLAIM INFORMATION**

|                               |                     |             |               |
|-------------------------------|---------------------|-------------|---------------|
| OWNER OF PROPERTY: _____      | BREAKDOWN OF CLAIM: | <u>ITEM</u> | <u>AMOUNT</u> |
| 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]

(DATE)

(Signature of Claimant)

001515