

[REDACTED]

9 آب 2005

05-IJ8-T473
195M

[REDACTED]
Yousifiyah

[REDACTED] عزیزی

[REDACTED]

[REDACTED] 162-27 [REDACTED]

[REDACTED]

Already paid condolence on 20 Jul 2005.

[REDACTED]

[REDACTED] 20-27 [REDACTED]

[REDACTED]

[REDACTED]
Captain, U.S. Army
Foreign Claims Commission

001646

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: 
ADDRESS: _____ ID#: _____
OCCUPATION: _____ CITIZENSHIP: IRAG

INCIDENT INFORMATION

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

LOCATION OF INCIDENT: MAHMUDIYAH DATE OF INCIDENT: 30 MAY 05

DESCRIPTION OF INCIDENT: Exhumation of claimant's son by NCIS

UNIT INVOLVED: NCIS

CLAIM INFORMATION

OWNER OF PROPERTY: NA BREAKDOWN OF CLAIM:

ITEM	AMOUNT

TOTAL AMOUNT CLAIMED: 2500

INSURED?: Y / N AMOUNT: _____

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: N LOCATION AND OUTCOME: Condolence PD on 20 Jul 05

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.



(DATE)

(Signature of Claimant)

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