

0712

Foreign Language Text

(b)(6)

14 JAN

- 26 NOV, 1850, WIFE & SON KILLED, CAR DESTROYED
Near power station, Sufig

- NO SIGACT MATCH

CPT 30 APR

3), (b)

ALBU 10124 TRISHA ATTACKS ON 25 NOV.

MELT - MULTIPLE ATTACKS IN OVER AREA
w/ STUNNED WPN SYSTEMS.

✓

PHD f 2000 X2

CROSS

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____

Address: _____ (b)(6) _____

RAMADI - SOFIYA

I am

- 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-W-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: SOFIYA RAMADI IRAQ
(Town) (City) (Country)

My claim arose on: 11 25 06
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.)

DATED NOV 26, 06 WHEN I CAME FROM
A CLINIC WITH MY FAMILY BY MY VAN
KIA M-W-F SHOT TO US AND KILLED
MY WIFE AND MY SON (b)(6) NEAR
POWER STATION WITH OUT ANY
REASON AT 6:50 IN EVENING SO I
REQUEST COMPENSATION - AND DESTROYED

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

MY CAR KIA VAN

CENTCOM 006722

BODIES AND MATERIALS CLAIM

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.)

<u>Item</u>	<u>Amount</u>
KILLED MY WIFE (b)(6)	5000 \$
KILLED MY SON (b)(6)	5000 \$
DESTROYED MY KIA VAN	3000 \$
Total: 13,000 \$	

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)

\$ _____ local _____

(b)(6) _____
,)

Subscribed before me this 7 day of DEC, 2006

(b)(6) _____
(Print Name)

(b)(6)

Pages 5 through 11 redacted for the following reasons:

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