

## Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

Address: Baghdad -

I am

- a. A citizen and national of: Iraq  
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)

U.S. Army

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: Taji Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: Feb 12 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 10:30 12 of feb 2005 The death  
Female was in KIA bus. The car  
KIA came from alnashda toward  
baghdad. In Taji highway The KIA  
stopped to get in one of passenger  
suddenly American convoy came and  
when KIA stopped The American  
start shoot. The bus result ( [REDACTED]  
[REDACTED] ) dead

000144

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

Dead Personal

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>
<u>for death</u>	<u>5000\$</u>

Total: 5000\$

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)

\$ 5000\$ local \_\_\_\_\_

(Signature of Insured) 

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

(Print Name) 

(Signature) \_\_\_\_\_