	• •		
-			
To: United States Arm	Foreign Claims Co		
From: Name:			
Address:			
Address.		_	
•			
lam a Aci	tizen and national o ermanent resident of	f: 1 x & 9 ( )	
a. Act	ermanent resident of	E B3\$11994	·
		er (X) not an insurer	
Cha	act one ( ) A Subros	366 (X) 1101 2 3 3 3 3	<b>E</b>
ę. o		for	r damages or injuries caused by: 2 Number)
make a claim	against the United S	States Government 101	Number)
I hereby make a claim (Name, Organization,	Military Departmen	it, Address, Lelephone	Number)
(Name, Organization,	in When	ni, Address, Telephonic	600
			question attach a
<del></del>	the sum ad by (If th	e claim is made as an	agent, parent, or guardian, attach a form below for party sustaining
The property damaged	d is owned by the	thority and fill in the	form below for party sustaining
			form below for party sustaining
The damage or injurie	es.)		
			Trad
	Shaab	13 salvaga	(Country)
My claim arose at:	(T)	(City)	(Country)
	(Town)		2005
	Apr	14	(Country) 2005  Year
My claim arose on: -		Day	Year
	Monn	,	
•	*		remarty or for
	c.i noidant Or	incident on which the	e claim for damages to property or for
Give a brief stateme	nt of the accident of	is sheet if necessary.)	
Personal injury is ba	ised. (Use back of the	nis sheet if necessary.)	at about 11.00 Ams.  Chab  Mas Killed  an explosion had  patrol passed by.
	1	stek Lovelta	st skammingo amis
A.t.n.Q	e. albore.m		eav Di Club
In Cation	M. Cab.		W. 7371811150
intersect.	سو ، الاهِ ،	atter	an explosion Main.
62 2.USI.B.	Carrier Sinos	14 14 14 14 14 14 14 14 14 14 14 14 14 1	1. 10.5 tral 10.55 8. 2. 10.5/s
Fricen P.	ace mile	· 3 1000 10 1000	
4			
		l in turns C	ustained as a result the above incident.
Describe and exten	nt of property damag	ge or personal injury s	against an
Describe and exter			
یک بلد ر	1-18-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
٠٠٠٠ کو صدی			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
***********			

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

Item	Amount
Lost of Life	\$ 25,000
.,	
***************************************	·····
•	Total: .\$ 25,000
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 loc	al currency)
S25,005 loca	31
	(Signature of Claimant)
Subscribed before me this 13th day of -5 200-5	
	(Print Name)
	and the second of the second o
	(Signature)
	,
Tinto ma	



