

Foreign Claims Intake Form

CONDOLENCE

To: 3D HI, Foreign Claims Office, FOB Warhorse, Iraq.

From: Name: [REDACTED] (PATERNAL GRANDFATHER) Sex: M
Address: KHAALIS

I am a citizen/national of: IRAQ

Name of U.S. Personnel involved in incident: _____

Owner of property damaged: CLAIMANT

My claim arose in: BAQUBAH Town, _____ City, IRAQ Country

My claim arose on: FEB 18 2006 AFTERNOON
Month Day Year Time

Give a brief statement explaining how the claim arose and the nature of the damages. Be sure to include the what, when, where, who, and how of what happened. Write legibly.

TAXI SHOT IN ECF. MOTHER KILLED. TWO CHILDREN WOUNDED. DID THE IS-B FOR THIS ONE. NO NEED TO VERIFY. IT DID HAPPEN. THOUGHT CONDOLENCE WAS ALREADY PAID BUT FAMILY CLAIMS THEY WERE NOT PAID. INVESTIGATE W/ UNIT PPO.

I claim as of _____ (Specify amount in U.S. dollars and local currency)

\$ 6,500⁰⁰ local _____

Signature: [REDACTED] Name of Attorney: [REDACTED]

Subscribed on: 1ST day of APRIL, 2006.

[REDACTED SIGNATURE]

Signature

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