To: United States Ar	my Foreign Claims Cor	nmission	<i>C</i>	
	Baghdad			
1 am . A b. A c. Et d. C.	citizen and national of: permanent resident of: mployed by: heck one () An insurer heck one () A subroge	Baghdatl (X) not an insurer		
(Name, Organization	, Military Department,	Address, Telephone N	mages or injuries caused umber)	by:
M	ilitary de	partment		
The property damage power of attorney of	/ ed is owned by: (If the c	laim is made as an age rity and fill in the form	nt, parent, or guardian, al below for party sustaini	tach a ng
	Al Shabb	(City)	Icaq (Country)	
My claim arose on:	April Month	28 Day	2005 Year	
		·		
Personal injury is bas	sed. (Use back of this sh	eet if necessary.)	n for damages to propert	
-Mr-waad	's sons w	ere vidin	bout 10:30.	- Cycle and
near the	check_poir	A. 54A.	haab neigh	borhood,
	· · · / · · · · · · · · · · · · · · · · · · · · · ·			
a.gains t		ma cause	2	mane,
diadia.	asko.wni		attache	Reports and Acknowledgement
Describe and extent of	of property damage or p	ersonal injury sustaine	attache d as a result the above inc	ident.
lost	of life	••••••		***************************************
				•••••
	#S 200			000806

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 Amount Item 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: (Address) I claim as damages: (Indicate amount in U.S. dollars and local currency) s----2-0-000 (Signature of Claimant) Subscribed before me this 16 day of -- May 2005 Print Name) Signature)



000807







