

PAYMENT REPORT

TO: DFAS, DSSN: 8550 8547 Date: _____

A. Payment Data:

- (1) Submitting Agency/Office: United States Army Claims Service
- (2) Office Code: IA5
- (3) Agency/Office Mailing Address: _____
- (4) Date Claim Filed: 17 September 05
- (5) Claim Number(s): 05-IA5-1501
- (6) Amount Claimed: \$5,000
- (7) Fund Cite: 2162020 22-0204 P436099.22-4200 VIRQ F9206S99999 APC9204
- (8) Payee(s): Shalan Idwan Mostaif
- (9) Address: Ad-Duluiyah, Iraq
- (10) SSN: None
- (11) Payment Amount: \$5,000
- (12) Type Payment: PF
- (13) For EFT Payments: ABA Routing Number: _____
- (14) For EFT Payment: Account Name and Number: _____
- (15) For EFT Payment: Name and Address of financial institution: _____
- (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).

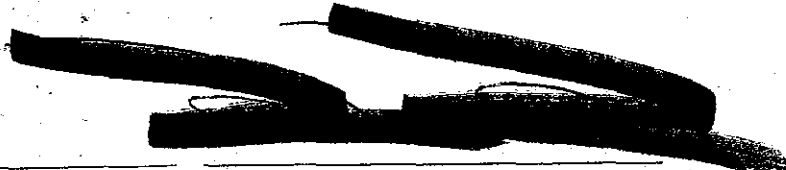
B. ACCEPTANCE BY CLAIMANT (Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within -stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim for which I or my heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I further agree to-reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date: _____  (Claimant)

C. AGENCY CERTIFYING OFFICER:

Pursuant to authority vested in me, I certify that this Payment Report is correct and proper for payment.



(Date) (Signature Authorized Certifying Officer) FCC
Title

Date Payment Recorded in Claim Record: _____

A separate payment report must be completed for each claimant

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Privacy Act Statement

The information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide this information may result in

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted]

Address: [Redacted] Dulmechai City Center

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Al Dulmechai - City Center
- 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: Al Dulmechai city center Salah Dean Iraq
(Town) (City) (Country)

[Redacted] July 29 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.)

In the date mention above the American forces raid the area which my house lies in, at that time my brother went out the American forces shoot him and kill him as shown in the Certification of death and statement of witnesses and legal expert reports.

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

big damages

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
As shown in the legal expert report.	5000 \$

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:

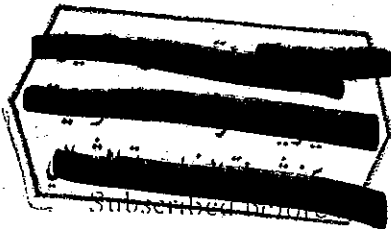
(Name)

(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 5000

local



(Signature of Claimant)

Subscribed by this 14 day of sep, 2005

(Print Name)

(Signature)

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