

Claims Form CF-1

1. To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

Address: Al-Khalis, Iraq

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Iraq
- c. Employed by: _____

2. I hereby make a claim against the United States Government for damages or injuries caused by: (Unit Name or Individual)

3. The property damaged is owned by: claimant

4. My claim arose at: Khalis (Town) Iraq (City) (Country)

5. My claim arose on: Sept (Month) 29 (Day) 2005 (Year)

6. 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.)

Claimant was hit by C.F. Claimant's father was killed.

7. 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
<u>Death</u>	<u>\$6,000</u>
<u>Vehicle</u>	<u>5,000</u>

Total: \$11,000

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

\$ 11,000

local _____

(Signature of Claimant)

9. Subscribed before me this 11 day of Nov 2005

Name: [REDACTED]

Rank: Sgt

001324