

2005 26

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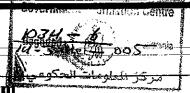
Police report contains different names then the claim. Hospital reports are from different dates.

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Foreign Claims Commission





			144 BOS	
<b>y</b>	Claims Form			
o: United States	Army Foreign Claims	Commission		
rom: Name:		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Address:	Bag Had - new	2 Bagholad		
I am		0 0		
a. A citi	zen and national of:	Gray 10v		
	manent resident of:	the MOOVE adol	<u> </u>	
d Chec	k one ( ) An insurer (	Not an insurer		
e. Checl	cone () A subrogee(	Not a subrogee		
used by: (Name	, Organization, Militar	d States Government for y Department, Address	Telephone Number)	
ardian, attach a	aged is owned by: (If to power of attorney or of staining the damage or	<u> </u>	gent, parent, or ty and fill in the form	
y claim arose at	: Abo-grails (Town)	Kaghlad (City)	Ting	
,	(Town)	(City)	(Cowntry)	
ly claim arose or	. 1	R	26:05	
y claim aroso or	(Month)	(Ďay)	(Year)	
	nent of the accident or	incident on which the c Use back of this sheet i	_	
operty of for per	sonai nijury is waseu. (	Ose back of this sheet i	i necessary.	
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the bef	_	ell as leave in	<del></del>	
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AL-Anbor (	oun, To acco ed us to MN- lortryed. To	ha we vere in don't hoffered SONA hospital	in abograin.	

Describe nature and extent	of property damage or personal injury sustained as result
is a result of the above inci	dent. us hours after and ly most of
Dest, of M.	
nam Darson it	the my family.
List in detail the amount of	property damage and itemized expenses resulting from the
	al injury: (Attach bills and receipts, if applicable.)
<u>Item</u>	Amount
1- Death of	7500 St 100 N Y 500 St
2- Danges of To C	OCAIS 7/8043
	paron fronthe faily 5000 &
4- Injered of Meny	paysons (Was the James)
5- -	
Y	
	Total: /1 000
I was insured to the followi	ing extent against the damager or injuries I have sustained:
•	
	The state of the s
The name and address of m	iv insurer (if any) is:
THE HOME WILL WAR OF THE	
(Name)	(Address)
	te amount in U.S. dollars and local currency)
\$ 13000	local 18/10 000 + D
₹ <u>.</u> .	(Circoture of Claimant)
	(Signature of Claimant)
Out we stand to form and their	day of 200
Subscribed before me this	day of, 200
	: 
*:	
	(Print Name)
	(1 mit italite)
	(Signature)
9	(nighting e)