

[REDACTED]

2005 [REDACTED] 26

05-IJ8-T414 [REDACTED]
1034-6R

[REDACTED]

New Baghdad

[REDACTED]

[REDACTED]
20-27 [REDACTED] 2734 [REDACTED] '10 [REDACTED] 162-27 [REDACTED]

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

[REDACTED]
[REDACTED] 20-27 [REDACTED]

[REDACTED]

Captain, U.S. Army
Foreign Claims Commission

001471



Government of Iraq
 1034
 10-3-05
 مركز التظلمات - البصرة
 005

Claims Form

To: United States Army Foreign Claims Commission
 From: Name: [Redacted]
 Address: Baghdad - New Baghdad [Redacted]

- I am
- a. A citizen and national of: Iraq
 - b. A permanent resident of: The above address
 - 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)

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.) [Redacted]

My claim arose at: Abograh Baghdad Iraq
 (Town) (City) (Country)

My claim arose on: 1 8 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 8-1-2005 at 9:00 AM M.N.F. to collide with my husband's car which caused to his death, and I have been injured as well as [Redacted] the belt, [Redacted] when we were in our way to Al-Anbar Coun. The accident happened in abograh. They transferred us to ISN-SWA hospital, my husband's car have been destroyed. I demand for compensation with my respect.

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

Death of my husband [redacted] and injured of
many person of my family.

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
1- Death of [redacted]	7500 \$
2- Dances of the Corpse 7/18/09	4500 \$
3-	
4- Injured of many persons from the family	5000 \$
5-	
6-	

Total: 17000 \$

I was insured to the following extent against the damager 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)

\$ 18000 local 18110 000 TD

[redacted]
(Signature of Claimant)

Subscribed before me this ___ day of ___, 200__.

[redacted]
(Print Name)

[redacted]
(Signature)

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