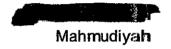


19-Sep-05

05-IJ8-T549 309M



2734

162-27

20-27

No evidence that U.S. forces caused the death.





Captain, U.S. Army Foreign Claims Commission

## MAHMUDIÝAH CLAIMS FORM

CLAIMANT INFORMATION		
NAME:		
ADDRESS: MAHMUDIYAH	ID#:	
OCCUPATION:	CITIZENSHIP: TRAQ	₹
· · · · · · · · · · · · · · · · · · ·		\$
INCIDENT INFORMATION		
TYPE OF CLAIM: () Vehicle Accident () S () Occupied Land () C	SAF () Raid () Detainee Property Other	
LOCATION OF INCIDENT: MANMUO/YALL	DATE OF INCIDENT: 5 SEP OS	
DESCRIPTION OF INCIDENT: Classical When he was short by US F	Forces. Opceased was mentally ill	<u> </u>
-incident extressed by Brother + family		
UNIT INVOLVED: UNV		
CLAIM INFORMATION		<u></u>
OWNER OF PROPERTY:	BREAKDOWN OF CLAIM:	ANDUNT
TOTAL AMOUNT CLAIMED:		
INSURED?: Y/N AMOUNT:	· · · · · · · · · · · · · · · · · · ·	
*		
CLAIMANT ATTESTATION		
HAS CLAIM BEEN FILED BEFORE?: Y/N	LOCATION AND OUTCOME:	
LAIM IS ACCURATE AND TRUTHFUL. ANY	EARING THAT THE INFORMATION PROVIDED IN YONE WHO ATTEMPTS TO FILE, OR CONSPIRES GAINST THE UNITED STATES GOVERNMENT WI	S TO FILE
(DATE)	(Signature of Claimant) 00.15	15