

······································	MAHMUQIYAH	CLAIMS FORM	."
CLAIMANT INFORMATIO	N		
NAME:			·······
		ID#: CITIZENSHIP:	
			-
INCIDENT INFORMATION			
TYPE OF CLAIM: ( ) Vehic ( ) Occur	le Accident (#SAF ( <sup>b</sup> ) bied Land () Other	Raid () Detainee Property	
LOCATION OF INCIDENT		DATE OF INCIDENT: 9	huy 2005
SNO OTING KILL	5 D BROTHER MISU	AN US CONVOY: EED OTAGE SCULPANTS TBE TRUCK STD.	577100000.
		<u>7789 TRUCK 570.</u> TRUCK 1981	<u>EU.</u>
Recenses Boy	<u> </u>		
	148 th		
		<del>475</del> \$5	► <sup>*</sup>
OWNER OF PROPERTY:		BREAKDOWN OF CLAIM:	
TOTAL AMOUNT CLAIMEI	D:	_	
NSURED ?: Y/N AMOU			
CLAIMANT ATTESTATION	4		
HAS CLAIM BEEN FILED E	EFORE?: Y/N	LOCATION AND OUTCOME	
I AIM IS ACCURATE AND	TRUTHFUL. ANYONE WH	THAT THE INFORMATION P 10 ATTE <b>MPTS</b> TO FILE, OR HE UNITED STATES GOVEF	CONSPIRES TO FILE
			001522
(DATE)	(Sign	ature of Claimant)	· · · · · · · · · · · ·