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2 pay this

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**Task Force
BAGDAD**

IRAQI CLAIM CARD

السلم عليكم ورحمة الله وبركاته

لعي المواطن الكريم: مقاتل الاسرائيلي التي لحقت بك . سواء كانت
اعتداء جسدية من اصابات الى اخره . او موت لا سمح الله لأحد
اليقربين . وكان السبب وراء ذلك القوات الامريكية . فقد يكون لك الحق
في التويض .

للتقدم ببلاغ والمطالبة بحقوقك الرجاء احضار الآتي: هذه البطاقة و هويتك
التدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تضم الموضوع
مثل (صور للحدث، شهادة الشهود ، تقرير الشرطة ، ووصول بالإستلام
او التسليم ، وإثبات الملكية لما حطم أو تضرر ولما تعاول ان تحصل
علي تويض عنه ، ورخصة السيارة ان كنت تعمل رخصة).

الرجاء احضار هذه المستندات في مركز المساعدة العراقي في معسكر
التاجي (Camp Taji) بوابة كتر (Gunner Gate) ، فبوابه الهندية في
معسكر فلكور (Camp Falcon) ، المعصية في معسكر فلب (FOB)
(Mahmadiyah).

او لأحد أحد المراكز الحكومية: الثورة - 9 نيسان - الكتلمية - فرند
- المنصور - الرضوانية- الرصافة - الأملات - الكرخ - اعظمية -
كردية أو سبع دور.

ملاحظة : أملكه هذا القرب (التمسك) لا يعني الدفع المزمع .
شكرا لتعاونكم معنا.

**Task Force
BAGDAD**

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT CTP 1-71 CAV

DATE 11 OCT 05

LOCATION (b) (2) High

TYPE OF INCIDENT Shooting

CLAIMANT'S NAME:
GIC CLAIM #:
USARCS #:
DATE FILED:
AMOUNT CLAIMED:
DATE OF INCIDENT:

(b)(6) (b)(6)
1472 ''
T135
9/1/05
5000
11 Oct 05

DATE ACTION / NOTES

SIGACTS:

(b)(5), (b)(2)High

(b)(5), (b)(2)High

(b)(2)High

(b)(2)High

(b)(6)

(b)(6)



1473-11
9 NOV - 2005



Claims Form

Foreign Language Text
Foreign Language Text

To: United States (b)(6)

From: Name: (b)(6)

Address: Iraqi Baghdad Abo Greeb

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: _____
- 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)

M.N.F

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.)

My claim arose at Abo Greeb Baghdad Iraqi
(Town) (City) (Country)

My claim arose on Oct 11 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)

On 11 Oct 05 we take car, (b)(6)
 Opel / Black it's belong to (b)(6)
 So on my way to Abo Greeb and
 we surprised by America Forces
 Cars they open fire on us that
 cause killed 3 boys including
 my son (b)(6), so
 I want compensation.

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

my son killed (b)(6) in
Car (b)(6) type opel / Black
by / M.V.F

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.)

<u>Item</u>	<u>Amount</u>
1- my son killed	5000 \$/
2-	
3-	
4-	
5-	
6-	

Total: 5000 \$/

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)

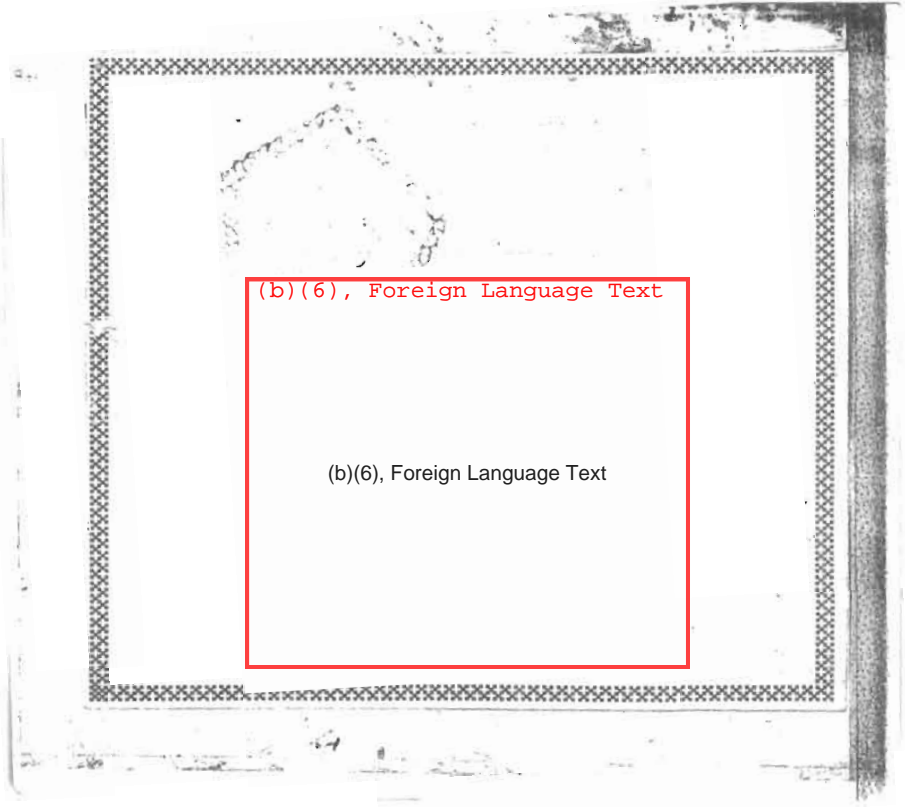
\$ 5000 \$/ local 7,350.00

(b)(6)
(b)(6)
(Signature of Claimant)

Subscribed before me this 9 day of 11, 200

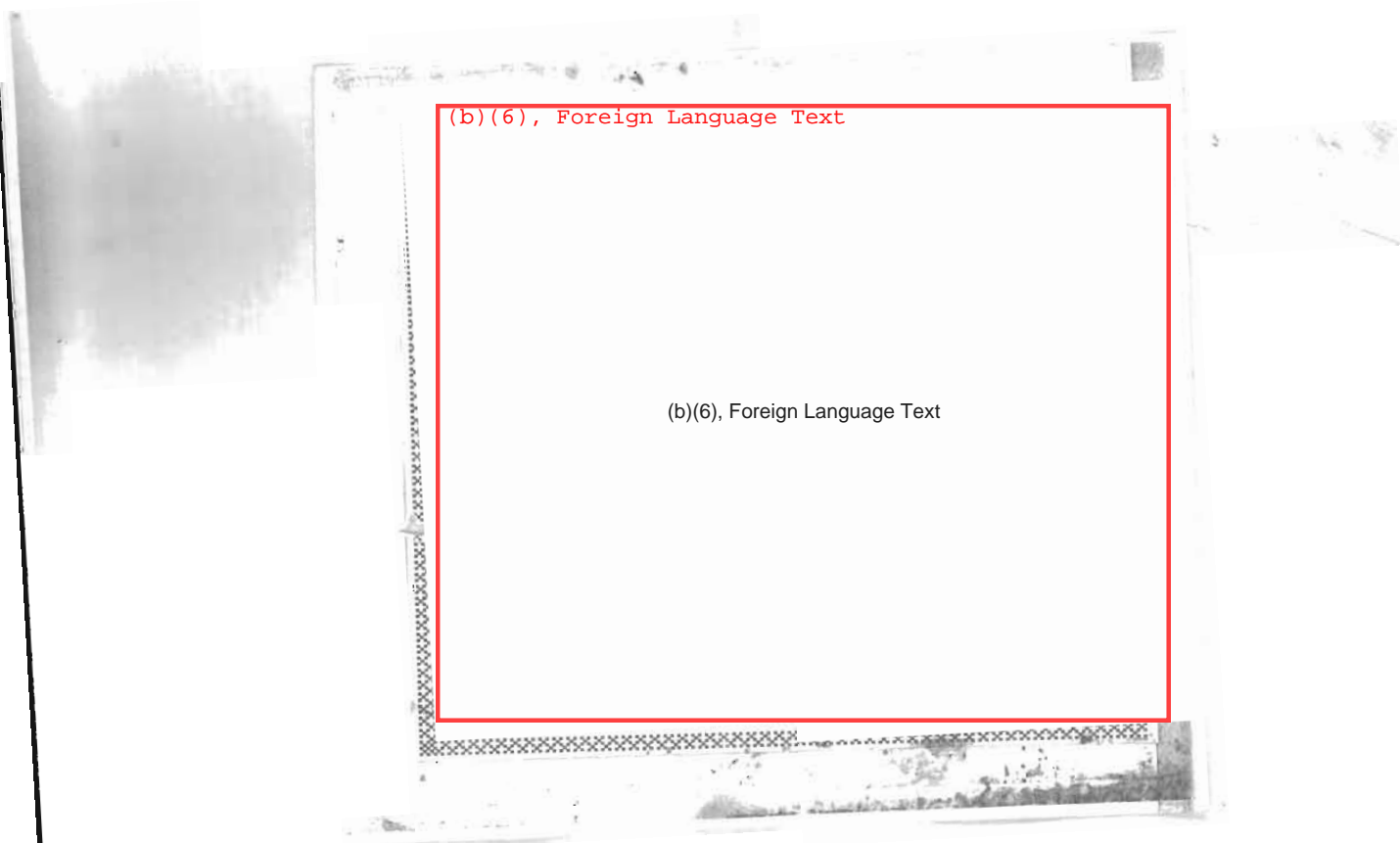
(b)(6)
(b)(6)
(Print Name)

(Signature)



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GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.



"THE CLAIM'S CONTAINS"

The Claimant name

(b)(6)

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- picture of damage car
- Iraqi claim card from M.N.F
- I.d. Sexuality
- Car paper
- investigated paper from Abo Greeb
- death paper

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General Information Center/Al-Radhwan

Date:- 9 NOV / 2005



Pages 17 through 18, redacted for the following reasons:

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CENTCOM 019578

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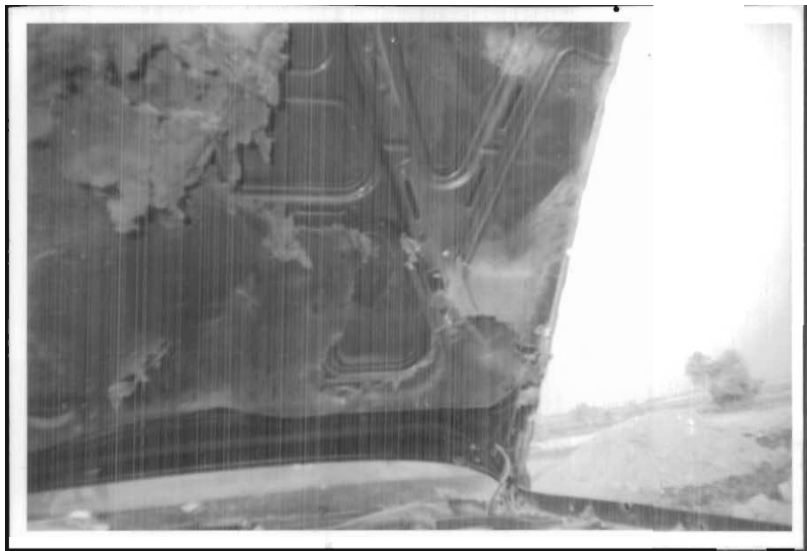
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CENTCOM 019580
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CENTCOM 019581
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06-IW1-T010-00055



CENTCOM 019582
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06-IW1-T010-00056



CENTCOM 019583
25001

06-IW1-T010-00057



CENTCOM 019584
25002

06-IW1-T010-00058



CENTCOM 019585

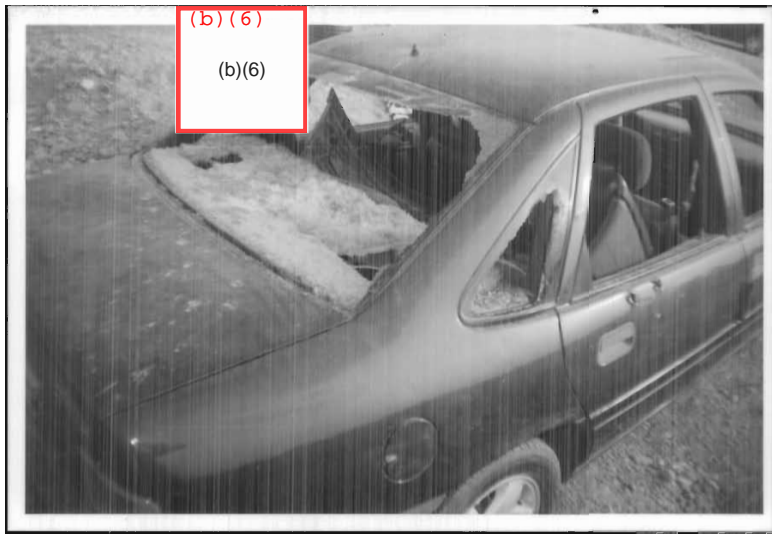
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CENTCOM 019586
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CENTCOM 019587

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25005



CENTCOM 019588

06-IW1-T010-00062

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CENTCOM 019589
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