



he Nationalif

L.D. No. :

First Name:

(b)(6)

Second and Third Nam

(b

Surname:

Mother's Name:

(b)(6)

Gender: N

Organized on: 27 sep.

Organized by:

(b)(6)

0..

Religion: ISLAM

Birth Date:

Noted deformities: W

Status; single

Wife's Name:

Remarks

Eye Color

Hair Color:

(b)(6)

Face:

Length:

CENTCOM 013913

So I REGUEST a COMPENSATION CENTROMOTIONAL	THE MULTI FORCES KILLED MY MOTHER	DOCTORS SIRKET TO VISIT THE DOCTOR SO	E CINEMA'S STREET T	HE CINEMA	DATED 18 NOV. 2006 Text odock at the Morning	Give a brief statement of the accident or incident on which the claim for damages to	Month Day	DEC- 16 2006	(Town) (City)	THE CINEMA STREET) RAMADI	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	THE MULTI FORES	I hereby make a claim against the united states government for damages or injuries. Caused by:(Name,Organization,Military Department, Address,Telephone Number.)	Check one () A subrogee (/	Employed by :	A citizen and national of :- Re	The same of the sa	Nddress: (b)(6)	
		THE MULTI FORCES KILLED MY MOTHER	MULTI FORCES KILLED MY MOTHE	MULTI FORCES KILLED MY MOTHER AND MY SISTER OF	MULTI FORCES SHOOTED THE CINEMA'S STREET TO VISIT THE CINEMA'S STREET TO MULTI FORCES KILLED MY MOTHE	DATED 18 NOV. 2006 TEM ALOCK AT the MORNING THE MUITI FORCES SHOOTED THE CINEMA ISTRACT WHEN MY MOTHER AND MY SISTER WERE COROSS FROM THE CINEMA'S STREET TO THE DOCTORS STREET TO VISIT THE DOCTOR SO THE MULTI FORCES KILLED MY MOTHER	Give a brief statement of the accident or incident on which the claim for damages to properly or for personal injury is based (Use back of this sheet if necessary) DATED 18 No. 2006 Text all of the sheet if necessary) The MUITI FORCES SHOOTED THE CINEMA ISTREET WHEN MY MOTHER AND MY SISTER WERE CROSS FROM THE CINEMA'S STREET TO THE DOCTORS STREET TO VISIT THE DOCTOR SO THE MULTI FORCES KILLED MY MOTHER	Give a brief statement of the accident or incident on which the claim for damages to properly or for personal injury is based (Use back of this sheet if necessary) DATED 18 Nov. 2006 Tex schook at the Morning The Multi Forces Shooted THE CINEMA STREET WHEN MY MOTHER AND MY SISTER WERE CROSS FROM THE CINEMA'S STREET TO THE CROSS FROM THE CINEMA'S STREET TO THE DOCTORS STREET TO VISIT THE DOCTOR SO THE MULTI FORCES KILLED MY MOTHER	My claim arose on DEC. 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My claim arose at (THE CINEMA STREET) RAMADS TRACE My claim arose on DEC- 16 (City) (Country) My claim arose on DEC- 16 (City) (Country) When 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) DATED 18 Nav. 2006 Text addock at the Morning to DATED 18 Nav. 2006 Text addock at the Morning to DATED 18 Nav. 2006 Text addock at the Morning to DATED 18 Nav. 2006 Text addock at the Morning to DATED 18 Nav. 2006 Text addock at the Morning to DATE STREET TO THE CINEMA ISTREET TO THE DATE STREET TO THE STREET TO STREET TO THE STREET TO ST	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 parly sustaining the damage or injuries:)— My claim arose at (THE CINEMA STREET) RAMADS TRACE My claim arose on: DEC- North Day 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.) 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DOCTORY STREET TO HELD WY SISTEM WERE DOCTORY STREET TO HELD WY SISTEM WERE DOCTORY STREET TO THE CINEMA'S STREET TO THE	I hereby make a claim against the united states government for damages or injectionsed by: (Name, Organization, Military Department, Address, Telephone Number) THE MULTI FORCES 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 parly stateming the damage or injuries) My claim arose at THE CINEMA STREET RAMADS ARAS My claim arose at THE CINEMA STREET RAMADS ARAS 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) DATED 18 NON. 2006 Text adock of the MINEMA ISTREET WHEN MY MOTHER AND MY SISTEM WERE CROSS FROM THE CINEMA STREET TO THE CROSS FROM THE CINEMA STREET TO THE DOCTORS STREET TO WISH THE DECINE STREET THE MULTI FORCES RICED MY SISTEM WERE DOCTORS STREET TO HERE DOCTORS STREET TO HERE THE MULTI FORCES RICED MY SISTEM WERE THE MULTI FORCES RICED MY SISTEMA WERE DOCTORS STREET TO HERE THE CINEMA STRE	c. 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Caused by:(Name,Organization,Nillitary 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; My claim arose at (THE CINEMA STREET) RAMADS TRAC My claim arose on :- DEC- Day (City) (Country) My claim arose on :- DEC- Day (City) OBTIED 18 Non-2006 Ten odock of this sheet if necessary (Country) DATED 18 Non-2006 Ten odock of this sheet if necessary (CROSS FROM THE CINEMA ISTREET TO HE CONSTRUCT TO THE DECES SHOOTHER AND MY SISTER WERE CROSS FROM THE CAMEMA'S STREET TO HE DOCTORS STREET TO USLIT THE DECEN DOCTORS THE MULTI FORCES RILLED MY MOTHER DOCTORS STREET TO HE CROSS FROM THE CAMEMA'S STREET TO HE DOCTORS STR	a. A citizen and national of :—REPUBLIC STRAQ b. A pernament resident of :—FRAQ c. Employed by :— d. Check one () An insurer (/) Not an insurer e. Check one () An insurer e. Check one () An insurer (/) Not an insurer e. Check one () An insurer (/) Not an insurer e. Check one () An insurer (/) Not an insurer e. Check one () An insurer (/) Not an insurer e. Check one () An insurer (/) Not an insurer e. Check one () An insurer (/) Not an insurer e. Check one () An insurer (/) Not an insurer e. Check one () An insurer (/) Not an insurer e. Check one () An insurer (/) Not an insure	Iam a. A citizen and national of REPUBLIC OF 1RAQ b. A permanent resident of Appendix of	Ac-AMISAK RAMADI In A differs: Ac-AMISAK RAMADI a. A citizen and national of REPUBLIC of IRAQ b. A permanent resident of for the States government for damages of infereby make a claim against the united states government for damages of infereby make a claim against the united states government for damages of infereby make a claim against the united states government for damages of inference of authority and fill in the form before a natural party statement, Address, Telephone Number: THE MULTI FORCES The property damaged is owned by: (If the claim is made as an agont, parent, or guardian, attach a power of altoring or other evidence of authority and fill in the form below for party statemange of authority and fill in the form below for party stateming the themage or injuries; The property damaged is owned by: (If the claim is made as an agont, parent, or guardian, attach a power of altoring portioned authority and fill in the form below for party statement of the accident or other evidence of authority and fill in the form below for personal injury is based (Use back of this sheet if necessary) DATED 18 NON. 2006 Tex. 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Item 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 .) Amount .

The name and address of my insurer (if any) is:	I was insured to the following extent against the damage or injuries I have sustained:		KILLED WY WOLHED KILLED WE SISLED
S:	Total:	N 200 A	(b)(6) 3000\$

(Паппе) (address)

I claim as damages: (Indigate amount in U.S. dollars and local currency

Subscribed before me this--- day of --(b)(6) ,200-

(b)(6)

(b)(6)

Pages 6 through 7 redacted for the following reasons:

Foreign Language Text

(b)(2)High

FCA/CERP PACKETS

ame of Person Submitting Claim:
ocation/Date of Incident:
ate Claim Submitted:
erson Receiving Claim:
ate Packet Completed:
ate Claim Paid/Amount Paid:
otes: SIGACT MATCHES STORY REALLY LIELL.
PERSONNER J BATHERY & USB

Copy or in card		
Proof of ownership (deed, proof of inheritance, bill of sale)	proof of inheri	tance, bill of sale)
Death certificates		
O Medical Examination		
O POA's		
O Pictures of Damage		
Checked SigActs:	Oyes	ONO

Pages 10 through 12 redacted for the following reasons:

foreign language text foreign language text, (b)(6)