

DOT 18M706
FD 14 Aug 06

(b)(6)

OCT 06
\$2500

OCT 06

Approved for death SIACT
to pay \$2500 65-694

PAYED

- NOT for house
- Claimant came in this
→ okay to pay law

foreign language text

B304

PAID

ROCT 06

Approved for death SIGACT
to pay \$2500

(b)(2)High

- NOT for house
- Claimant came in this
week → okay to pay lawyer
the claimant knows and
she is

(b)(6)

SIGACT: YES (removed) NO

DATE: _____ SLID

CENTCOM 013890

Claims Form

To: United States Army Reserve Claims Commission

From: Name (b)(6)

Address: ANBAR Ramadi - AL-KATA'IA

I am

- a. A citizen and national of: _____
- 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)

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: ANBAR (Town) Ramadi (City) Iraq (Country)

My claim arose on: 5 Month 18 Day 2006 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.)

At 18-5-2006 at non Terrorists fought with C.F in 17 Tamoz
street. when terrorists go away C.F follow him with
sniper fire. By wrong these fire damaged my house
and killed my son therefore I ask you to compensate me

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

CENTCOM 013891

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 |
|---------------|--------|
| Kill son | 3000\$ |
| damaged house | 500\$ |

Total: 3500\$

I was insured to the following extent against the damage 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)

\$ 3500\$ local _____

(Signature of Claimant)

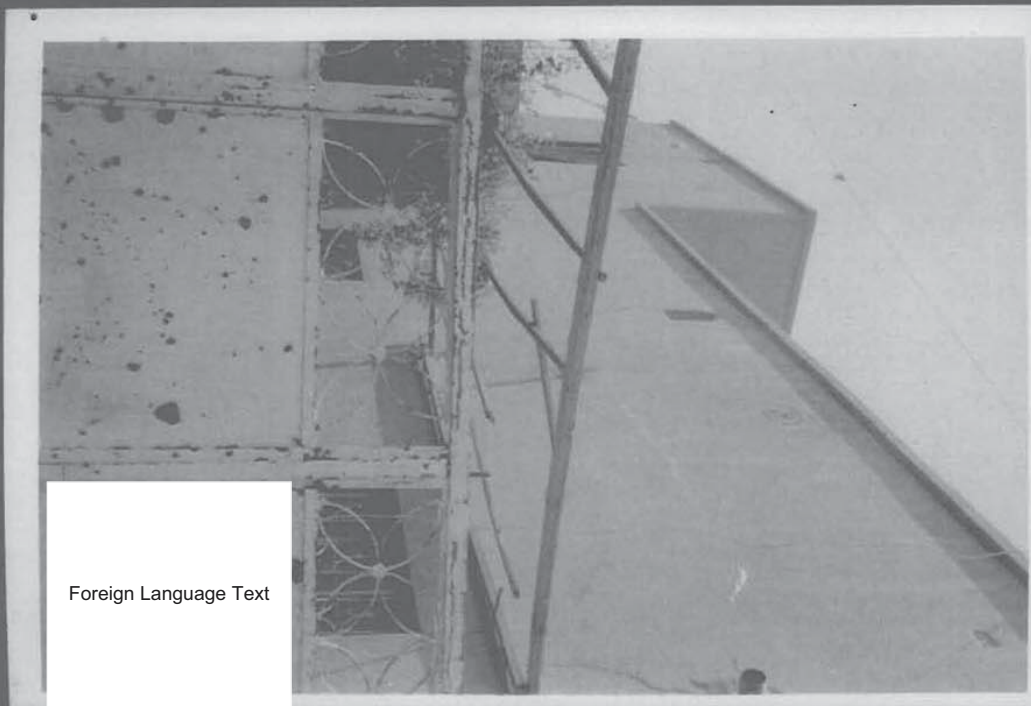
Subscribed before me this 18 day of 5, 2006.

(Print Name)

(Signature)

Pages 5 through 6 redacted for the following reasons:

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Pages 8 through 9 redacted for the following reasons:

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