

DOT 18M700
File Date 24 Jul 02

CLAIM

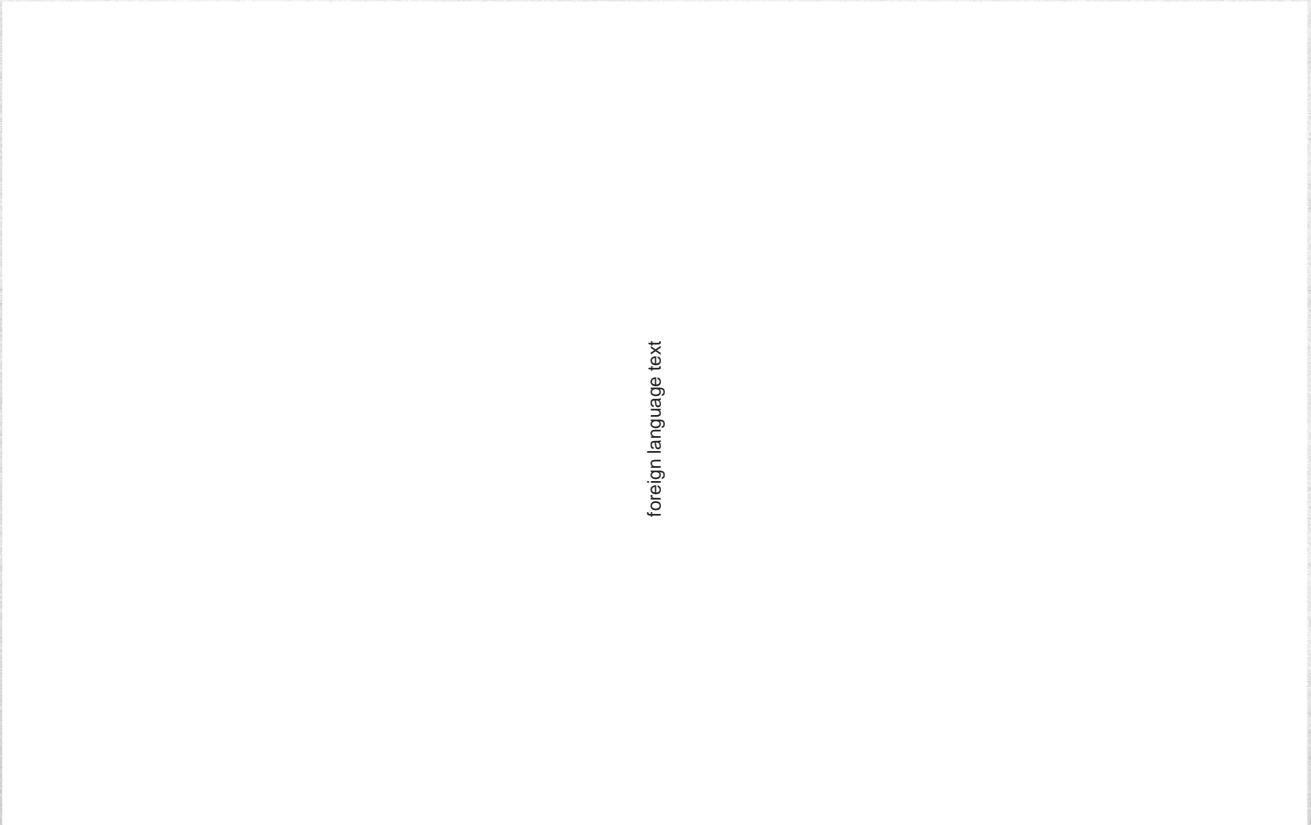
B217

NAME:-



(b)(6)

NO:-



foreign language text

foreign language text

ck. names - look for Sisact?

Pd. By Capt

Pd. \$5000.00 Total
2500 for sister
2500 for niece 18

(b)(3), (b)(6)

on April 07

Closed

SIGACT: YES (removed) / NO
DATE: _____

CENTCOM 011790
SLIDE

FCA/CERP PACKETS

Claim #: B217

Name of Person Submitting Claim: _____ (b)(6) _____

Location/Date of Incident: 18 MAY 06

Date Claim Submitted: 24 JUL 06

Person Receiving Claim: _____

Date Packet Completed: _____

Date Claim Paid/Amount Paid: _____

Notes: _____

- Copy of ID Card
- Proof of ownership (deed, proof of inheritance, bill of sale)
- Death certificates
- Medical Examination
- POA's
- Pictures of Damage
- Checked SigActs: Yes No

4399

CENTCOM 011791

Claims Form

To: United State

From: Name: _____ (b)(6) _____

Address: RAMADI - SOFIYA

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)

M-U-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: SOFIYA RAMADI IRAQ
(Town) (City) (Country)

My claim arose on: MAY 18 06
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.)

WHEN I WENT WITH MY MOTHER
AND MY SISTER TO BUY SOMETHINGS
AND UNPLANT MY SISTER'S TOOTH IN CLINIC
M-U-F SHOT TO US IN MAY 18 06
AFTER NOON AND KILLED MY SISTER
AND MY MOTHER SOON IN FRONT THE
CLINIC IN ALAMIBAST AND DESTROYED MY CAR IN F
STREET WITH OUT ANY REAS
REQUIRE COMPENSATION

CENTCOM 011792

MATERIAL AND BODYS CLAIM

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
KILLED MY SISTER AND MY MOTHER	10 000
BURN MY VEHICLE BMW	4000 \$

Total: 14000 \$

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)
\$ 14000 local 20 000 000 10

(b)(6) _____

Subscribed before me this 25 day of JUN, 2006

(b)(6)
(Print Name) _____

(b)(6)

Pages 6 through 11 redacted for the following reasons:

Foreign Language Text
foreign language text
foreign language text, (b)(6)