

DOT 08/19/00 1100
File Desk 315-106
TOD

BS244

(b)(6)

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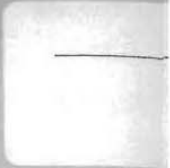
16 Oct 06
→ Claimant is brother but father was witness
→ Need claimant to get all info from father
→ Then will review
→ SIGACT 05-694

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

SIGACT: YES (removed) NO
DATE: _____ SLIDE: _____

PAID
CLOSED
2500 x 2
LT Toscana

(b) (3), (b)



Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____ (b)(6)

Address: _____

I am _____ RAMADI - QEDAWA

- 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-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: _____ (b)(6) RAMADI IRAQ (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.)

DATED MAY 18, 06 I TOOK MY DAUGHTERS
 _____ (b)(6) TO BUY SOME
CLOTHES AT 11:00 LOG IN MORNING AND
SUDDENLY M-N-F SHOT TO US IN ALSUG AREA
AND KILLED ALL MY DAUGHTERS WITH OUT
ANY REASON AND I AM LIKE AND RESPECT
AMERICAN PEOPLE AND I AM PLEASE WHER

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

THEY CHANGE THE RAGEM SO I REQUEST
COMPENSATION

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 DAUGHTER	5000\$
KILLED MY DAUGHTER	5000\$

(b)(6)

Total: 10 000\$

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)

\$ 10000\$ local 12000000 10

(b)(6)

claimant)

Subscribed before me this 28 day of Jun, 2006

(b)(6)

Pages 6 through 8 redacted for the following reasons:

Foreign Language Text

CHRIS:

1) SIBLINGS WATCHES CLAIMANT'S STORY ✓ GOOD WATCH - LABEL DIVISION WITH SAF EXCHANGED & SIB. BDA. (b)(3), (b)(6) 2 FINGERES WERE PARTICIPATING.

2) DEATH CERTIFICATE'S WATCH NAME WATCH BOTH DATES WATCH BOTH

3) CLAIMANT IS BROTHER ID? YES - ID WATCHES IS BROTHER

4) CLAIM PRESENTED INITIALLY ON 31 JULY (YS DAYS AFTER INCIDENT)

(b)(6) CLAIMANT

(b)(6) SISTER 1 SISTER 2

Pages 10 through 14 redacted for the following reasons:

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foreign language text, (b)(6)