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CENTCOM 013865

Pages 3 through 6 redacted for the following reasons:

(b)(6), Foreign Language Text
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The Nationality & Civil Affairs Personal Certification Card.

		(1.)(0)	*
	I.D. No.:	(b)(6)	
	First name:		(b)(6)
	Second and Third	name	
	Surname:		
,	Mother's name:		
	Gender:		· ·
	Organized on:	Ar-Re	Manuali
	Organized by ::	<i>1.)</i>	
	Job:		
	Religion:	(b)(6)	
	Birth date:	.,,,	
	noted deformities	(b)(6)	
	Status:	Ginde	
	Wife's name:	Gingle	g rate to any
		>	
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	Hair color :		

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Face :.

(b)(6)

Claims Form		
To: United States Army Foreign Claims Commission.		
From: Name: (b)(6)		
Address: (d) N @ on @ d i ol d on e e e e		
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. 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:		
(Town) (City) (Country)		
My claim arose on: July 30th 2006 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 may, 2nd 2006 - 11:00hor, when I was going to Ramadi court to engagement with my mother		
to Ramadi court to engagoneat with my mother		
(b)(6) 55 9-0 with my gin		
engage we exposed to randomly shot fire before		
M-N-F befor military line Vehs and over the		
building a head of Romadi-court caused to Kill		
my mother. So thepe to compensation.		
with my regards		

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.
Killing to my mother by fire befor
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
Person Killing 2500
Total:
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) Sample Control C
(Signature of Claimant) (b)(6)
Subscribed before me this day of, 200
(Print Name)
(Signature)

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