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

Vehicle
Accident
Appeal
Approved
[illegible]

(b)(6)

218-6
27 June-07

Vehicle accident

(b)(6)

07-147-T506

22 MAY 2007

185 - 5

(b)(6)

CAR ACCIDENT

MARCH 2006

(b)(6)

reign Langua

Foreign Language

07-147-T506-00004

07-147-T506-00005

07-147-T506-00006

TASK FORCE BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابل الأضرار التي لحقت بك ، سواء كانت أضرار جسدية من إصابات إلى نفوذ ، أو موت لا سمح الله لأحد المقربين ، وكان السبب وراء ذلك القوات الأمريكية ، فقد يكون لك الحق في التعويض.

للتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود ، تقرير الشرطة ، ووصول بالإستلام أو التسليم ، والإثبات الملكية لما خُطم أو تضرر ولما تحاول أن تحصل على تعويض عنه ، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمسكات إلى مركز المساعدة العراقي في معسكر التاجي (Camp Taji) بوابة كنر (Gunner Gate) ، البوابة الهندية في معسكر فالكون (Camp Falcon) ، المحمدية في معسكر فاب (FOB Mahmudiyah).

أو أحد المراكز الحكومية: الثورة ٩ نيسان الكاظمية الرشيد المنصور الرضوانية. الرصافة والأمانات . الكرخ اعظمية كرادة أو سبع أبور.

ملاحظة : امتلاك هذا الكارت (المستمسك) لا يعني الدفع المؤكد .

وشكراً لتعاونكم معنا.

TASK FORCE BAGHDAD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT 451 MiTT 1-71

DATE 14 MAR 06

LOCATION (b)(2)High

TYPE OF INCIDENT Car Accident death

Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
I TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
15th Finance Battalion
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

10DATE VOUCHER PREPARED
02-Jul-07

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO

PAID BY
15th Finance Battalion
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

PAYEE'S NAME AND ADDRESS
CLAIM #: 07-I47-T506
(b)(6)
Baghdad, Al Dora

Vehicle Accident

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				$8,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)			TOTAL	$8,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

TITLE SSG, US DISBURSING AGENT (b)(3), (b)(6)

Amount verified correct for $8,000.00

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

Pursuant to authority vested in me, I certify that

2 Jul 07 (Date) | CPT (b)(3), (b)(6) (Authorized Certifying Officer)[2] | Foreign Claims Commission (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $8,000.00

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE	
$8,000.00		(b)(6)	

(b)(6)

PER

TITLE

[1] When stated in foreign currency, insert name of currency
[2] If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title
[3] When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be

Previous edition usable

NSN 7540-00-600-2234

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money.
The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

T-506

Office of the U.S. Treasury Department Financial Attaché
Embassy of the United States of America - Baghdad, Iraq

Serial Number Accountability Record

The Purpose of this form is to record the serial numbers on USD $100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 1-9-07

PAY AGENT NAME: (b)(3)(b)(6)

Firm last name, first name

NAME OF IRAQI FIRM BEING PAID: N/A – Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6) (b)(6)

Firm g[illegible] name, grandfather's name, tribal na[illegible]

[illegible] $100 note serial numbers:

(b)(6) _____through (b)(6) __and,

_____through_____and,

_____through_____and,

_____through_____and,

_____through_____and,

_____through_____and,

_____through_____.

*Use additional forms if needed.

DEPARTMENT OF THE ARMY
Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

REPLY TO
ATTENTION OF:

AFZS-LF-JA 02-Jul-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-I47-T506 / 185-5

1. Facts.

The claimant alleges her son was killed when the vehicle he was driving was struck by a US Forces (451 MITT, 1-71) vehicle.

Claimant has requested $8,200.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of $8,000.00

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

CPT, JA
CLAIMS ATTORNEY I47

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

طلب # 07-I47-T506
185-5

أنـي: (b)(6)

من Baghdad, Al Dora

أوافق هاهنا على قبول مبلغ مجموعه $8,000.00

(b)(6) أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية، ضباطها ووكلائها وعامليها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ 3/14/2007 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

آخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية ،ضباطها ووكلائها وعامليها من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها .إن هذا الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة ،إن وجدت ،أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالممتلكات أو أية إصابات أو وفايات نتجت عن هذه الحادثة .

Foreign Language Text

(b)(6)

(b)(6) DATE 9 - July - 2007

WITNESS SIGNATURE توقيع الشاهد الأول

(b)(6)

(b)(6) DATE 9 July 2007

WITNESS SIGNATURE توقيع الشاهد الأول

(b)(6)

Foreign Language Text

(b)(6)

T-504

CLAIMS LOG

BRIGADE OPERATIONAL LAW TEAM, 2d BCT, 10th MTN DIV

AMOUNT CLAIMED: $ 8,200
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 5-28-2007
DATE OF INCIDENT: 3-14-07

PARALEGAL RECOMMENDATION: ~~[illegible]~~ 2 July Approx $8,200

FCC ACTION: [X] DENY [X] APPROVE [ ] OTHER

COMMENTS / REMARKS: ~~[illegible]~~ 2 JUL 07 $8,200

(b)(2)High

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

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

THE BATTALION COMMANDER COULD NOT GIVE ME INFO BECAUSE OF CHANGES IN SOLDIERS TO INCLUDE HIMSELF

CLAIMS CARD CHECKS FACE
INCIDENT AND UNIT HERE IN 2006 NOT 2003
WHERE THE CLAIMANT STATES

claim card states 2006 → consistent w/ BN Cdr. This could have happened.
Where is death certificate?

2 July DEATH CERTIFICATE IS HERE (b)(6) Death by
ACCIDENT IN MAR I SUGGEST A [illegible]

(b)(5), (b)(3)(b)(6)

DEPARTMENT OF THE ARMY
Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

REPLY TO
ATTENTION OF:

Foreign Claims Commission I47 08-Jun-07

SUBJECT: Claim # 07-I47-T506 / 185-5

(b)(6)
Baghdad, Al Dora

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for the loss you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable.** After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s): Lack of Evidence – There is not enough evidence to prove that the proximate cause of your damages is the US Forces' negligence.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be forwarded to this office for Foreign Claims Commission consideration. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

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

Captain, Judge Advocate
Claims Attorney I47

GIC OPINION ABOUT CLAIMS

(b)(6)

Case no. (b)(6)

1. **This claimant presented a claim card from the US army proved that the US army destroyed the claimant's son (b)(6) on the highway type (Daewoo prince/ black / MOD (b)(6) (b)(6)),. And that let to kill him.**

2. **The claimant presented 3 pictures shows the totally damages into the car.**

3. **The claimant presented the car documents proved the ownership for his son.**

4. **the claimant's son is a single and not married.**

5. **The claimant asks amount $ 2500.00 for the death of his son and amount $ 5700.00 about the totally damages of the car.**

6. **The claimant asks amount $ 8200.00.**

7. **We suggest compensate him the same amount that he asks because it's so fair.**

With our respect,

Government Information Centre
Baghdad Al Radwania

(b)(6)

(b)(6)
GIC MANAGER

(b)(6)

The lawyer,

Government Information Centre
Baghdad Al Radwania

Foreign Language Text

Claims Form

To: United States Army Foreign Claims Commission
From: **Name:** (b)(6)

Address: Baghdad. AL. Dora. Abo desher (b)(6)

Iraqi ID.No. (b)(6)

I am

a. A citizen and national of: Iraqi
b. A permanent resident of: Baghdad_Iraqi
c. Employed by: Free.job
d. Check one ( ) an insurer (X) Not an insurer
e. Check one (X) 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 and Telephone Number)

Against (M.N.F)

The property damaged had 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 AL. Haswa high way (Town) Baghdad (City) Iraq (Country)

My claim arose on March (Month) 14 (Day) 2007 (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 14-3-2007 while my son (b)(6) driving
his car-type PRINCE Daewoo model (b)(6)
dark blue numbered Baghdad (b)(6)
On_line rapid in the Al-Haswah region
Surprised American Column opposite direction
led to apileup and the death and therefore, I ask
for Compensation.

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

Death my son destroyed his car

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
1- About value destroyed his car	$ 5700,00
2- About value death my son	$ 2500,00
3-	
4-	
5-	
6-	

Total: $ 8200,00

I was insured to the following extent against the damager 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)

$ 8200,00 **local** 10,660,000 L.D

(Signature of Claimant)

Subscribed before me this 22 day of May, 2007.

(b)(6)

(Print Name)

(b)(6)

(Signature)

GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.

"THE CLAIM'S CONTAINS"

The Claimant name:- (b)(6)

1). Claim card
2). Death of certificate
3). 3 pictures for the damages
4). Investigation documents from Iraqi police station
5). One witnes
6). Ownership for his car
7). Survey of accident location
8). Personal documents

Government Information Centre
Baghdad Al Radwania

Foreign Language Text

oreign Langua

General Information Center/Al-Radhwanya
Date:- 22 May 07

Pages 18 through 24 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 29 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

GENERAL INFORMATION CENTER, AL-RADHWANYA,

Government Information Centre
Baghdad 6
Al-Radwanya
27 June 2007

Foreign Language Text

Sub/Appeal request

I am.. (b)(6)

I had made a claim in No. (b)(6) At ..... and the case was rejected

I would like you to appeal my case and I offer a new evidences to support my case:-

1. Please I refere to the meeting with
2. you and I attached for you Tow
3. Witnesses Statment supporting that
4. U-S army vehicle Crashe my son
5. (b)(6) car and Caused killing him.

In the mean time the accident arose on 14 March 2006 with my respect

(b)(6)

The claimant signature

(b)(6)

The claimant name

The date:- 25 June 2007

T-506

TASK FORCE BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

اخي المواطن الكريم: مقابل الاضرار التي تحقق لك ، سواء كانت اضرار جسدية من اصابات الى اخره ، او موت لا سمح الله لاحد المقربين ، وكان السبب وراء ذلك القوات الامريكية ، فقد يكون لك الحق في التعويض.

للتقدم بالبلاغ والمطالبة بحقك الرجاء احضار الاتي: هذه البطاقة وهويتك المدنية مع كل الاوراق الرسمية المتعلقة بهذا الامر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، ووصول بالإستلام او التسليم، واثبات الملكية لما خطط او تضرر ولما تحول من تحصل على تعويض عنه، ورخصة السياقة ان كنت تحمل رخصة).

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر الناجي (Camp Taji) بوابة كلر (Gunner Gate)، البوابة الهندية في معسكر فالكون (Camp Falcon)، المحمدية في معسكر فاب (FOB Mahmudiyah)

او احد احد المراكز الحكومية: الثورة، الانسان، الكاظمية، الرشيد، المنصور، الرضوانية، الرصافة والامانات، الكرخ، اعظمية، كرادة، وسبع البور

ملاحظة: امتلاك هذا الكرت (المستمسك) لا يعني الدفع المؤكد.

وشكرا لتعاونكم معنا

TASK FORCE BAGHDAD

IRAQI CLAIM CARD

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3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT 451 MTT 1-71

DATE 14 MAR 06

LOCATION (b)(2)High

TYPE OF INCIDENT Car Accident death

SWORN STATEMENT

For use this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
GIC	26 June 2007	AM 10:00	185-5

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
	(b)(6)	Married

8. ORGANIZATION OR ADDRESS
Abu Ghraib Building

9.
I, I (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 14 March 2006 I saw crash accident between (b)(6) (b)(6) I the son of Mr. (b)(6) - and U.S army vehicle on the highway of Al-Hasawah and I saw that his car damages completely and he die - I that in my statement

(b)(6)

- I (b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____.

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

• STATEMENT OF _____ TAKEN AT _____ DATED _____

• STATEMENT *(Continued)*

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE_____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE
STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

_____

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to

administer oaths, this _____day of

_____

_____

at_____

_____

_____

_____

ORGANIZATION OR ADDRESS

(Signature of person Administering Oath)

_____

_____

_____

_____

_____

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.	**PAGE OF PAGES**

SWORN STATEMENT

For use this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATIO	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
GIC	26 June 2007	10:00 AM	185-5

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
	(b)(6)	Devon

8. ORGANIZATION OR ADDRESS
Abu Ghraib - AL-Mansia vellage

9.
I, (b)(6) __ WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.

On 14 march 2006 I saw (b)(6)
the son of mr (b)(6)
driving his car (Prince) dark brown
on AL-Hasrah ared (highway) Suddenly
I saw U-S army vehicle crash his car
verey bad cause to kill him and distroud
his car. That is my Statment

(b)(6)

(b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____.

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

• STATEMENT OF _____ TAKEN AT _____ DATED _____

• STATEMENT *(Continued)*

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE_____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE
STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

_____

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____day of _____, _____

at_____

ORGANIZATION OR ADDRESS

(Signature of person Administering Oath)

_____

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.	PAGE OF PAGES