DOI 18/1400 1100
File Date 31 J-106

B244

(b)(6)

NOI—

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

16 Oct 06

→ Claimant is brother but father was witness

→ Need claimant to get all info from father

→ Then will review

→ SIGACT 05-694

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

Paid

Closed

2500
x
2

LT Toscano

(3), (b)

Claims Form

To: United States Army Foreign Claims Commission.
From: Name:__
Address: (b)(6)
RAMADI - QEDANA

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:__ (b)(6) 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.)

DATED MAY 18, 06 I TOOK MY DAUGHTERS
(b)(6) TO BUY SOME
CLOTHES AT 11:00 CLOC 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
AMARICAN PEPOLE AND I AM PLEASURE WHEN

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 12 000 000 ID

(b)(6)

laimant)

Subscribed before me this 28 day of JUN, 2006

(b)(6)

Pages 6 through 8 redacted for the following reasons:
- -
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CHRIS :

1) SIGACT MATCHES CLAIMANT'S STORY ✓ GOOD MATCH - LARGE GUNBATTLE WITH SAF EXCHANGED & SIG. BDA. (b)(3), (b)(6) 2 FEMALES WERE PARTICIPATING.

2) DEATH CERTIFICATES MATCH

NAME MATCH BOTH

DATES MATCH BOTH

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

4) CLAIM PRESENTED INITIALLY ON 31 JULY (45 DAYS AFTER INCIDENT)

(b)(6) CLAIMANT

SISTER 1

(b)(6) SISTER 2

Pages 10 through 14 redacted for the following reasons:
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foreign language text, (b)(6)