DOF 18 Mar 06
FD 14 Apr 06

B304

(b)(6)

foreign language text

9 OCT 06
rd $2500

PAID

2 OCT 06
Approved for death SIGACT
to pay $2500 05-694

- NOT for house
- Claimant Case in this
→ okay to pay lawyer
and

CENTCOM 013889

900
rd $2

PAID

2 OCT 06

Approved for death SIGACT
to pay $2500 (b)(2)High

- NOT for house
- Claimant came in this week → okay to pay lawyer b/c claimant knows and she is (b)(6)

SIGACT: YES (removed) NO
DATE: _____ SLID

CENTCOM 013890

Claims Form

To: United S[illegible] Foreign Claims Commission

From: Name (b)(6)

Address: Anbar Ramadi - AL - Kata Na

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)

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: Anbar (Town) Ramadi (City) Iraq (Country)

My claim arose on: 5 (Month) 18 (Day) 2006 (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.)

At 18-5-2006 at non Terrorists fought with C.F in 17 Tamoz street. when terrorists go away C.F fallow him with sniper fire. By wrong these fire damaged my house and killed my son therefore I ask you to compensate me

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

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
Kill son	3000 $
damaged house	500 $

Total: 3500 $

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)

$ 3500 $ local

(Signature of Claimant)

Subscribed before me this 18 day of 5, 2006.

(Print Name)

(Signature)

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Pages 5 through 6 redacted for the following reasons:
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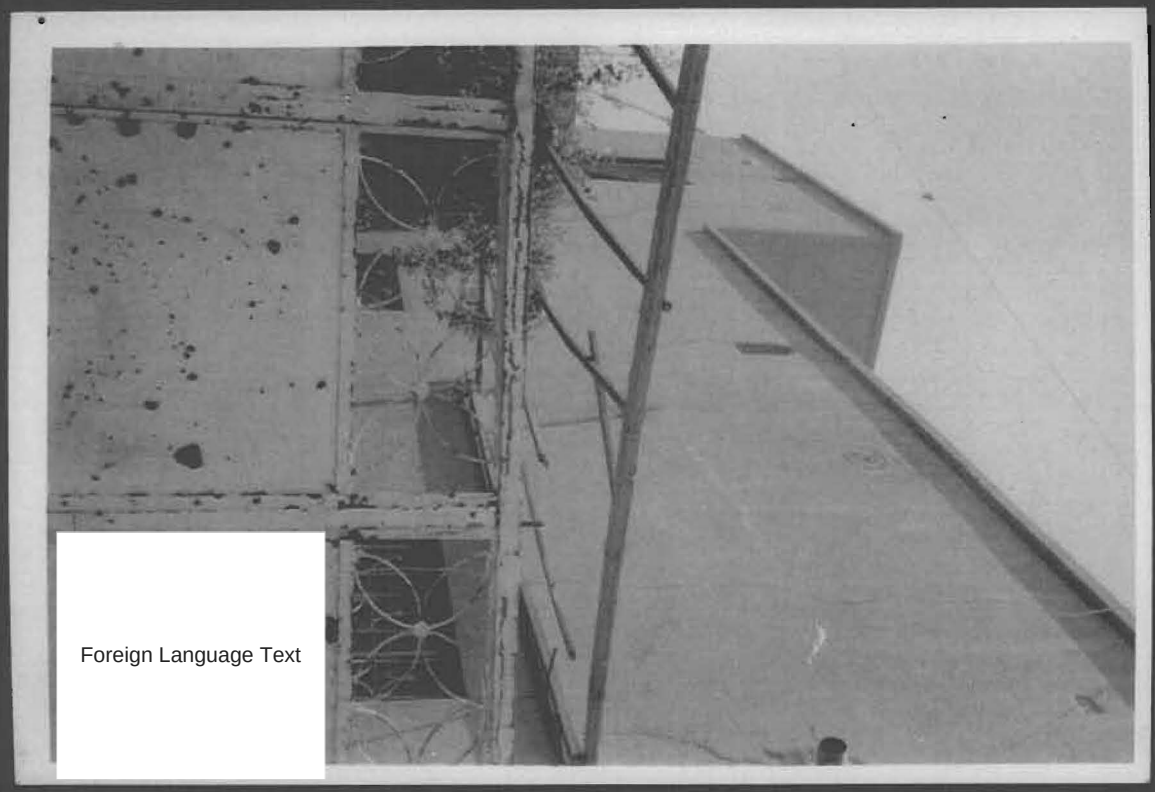

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