

**CLAIM FOR DAMAGE .OR
INJURY DEATH**

INSTRUCTION: Please read carefully the instruction on the reverse side and supply information requested on both sides of this form .Use additional sheets (s)

person
From
approve
MBC

1.submitt to appropriate Agency

2-.Name of claimants & Address

(b)(6)

(b)(6)

3.TYPE OF EMPLOYEE

4.DATE OF BIRTH

(b)(6)

5.MARITAL STATUS.

Married

6.DATE & DAY OF ACCIDENT

22nd Jun.07

TIME:
8:00PM

The CFS helicopter were tracing insurgents on the 22nd June in Alreyath / Mojama alshaheed , two missiles shut wrongfully to the claimant's house caused his (b)(6) years old daughter killed and (b)(6) years old daughter injured.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER THAN CLAIMANT (NUMBER, street, city, state, city, state, and, zip code)

De

10 Personal injury/wrongfully death

WITNESSES

NAME

ADDRESS

(b)(6)

Kirkuk/ Tarkalan
Kirkuk/ Tarkalan

Amount of claim (IN Dollars)

12A PROPERTY

12b PERSONAL INJURY

12c WRONGFUL DEATH

12A

\$2,500.00

I CERTIFY THAT AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURY CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

(b)(6)

13a.SIGNATURE OF CLAIMANT

13b.Phone number of signatory

(b)(2)High

14c. Date of claim

16th Sep.07

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

CENTCOM 008617

Identification card

Office: Moltaqa

Number: (b)(6)

Name (b)(6)

Father's name (b)(6)

Mother's name: (b)(6)

Gender: Male

Issue date: (b)(6)

Religious: Muslim

Date of birth: (b)(6)

Place of birth: Kirkuk

Statues: Married

Wife's name: (b)(6)

Physical disablement: (b)(6)

(b)(6), Foreign Language Text

Identification card

Office: Moltaqa

Number: (b)(6)

Name (b)(6)

Father's name : (b)(6)

Mother's name: (b)(6)

Gender: Female

Foreign Language Text, (b)(6)

Issue date (b)(6)

Religious: Muslim

Date of birth: (b)(6)

Place of birth: Kirkuk

Statuses: Single

Wife's name: (b)(6)

Physical disablement: (b)(6)

Identification card

Office: Taza

Number: (b)(6)

Name: (b)(6)

Father's name : (b)(6)

Mother's name: (b)(6)

Gender: Female

Foreign Language Text, (b)(6)

Issue date: (b)(6)

Religious: Muslim

Date of birth: (b)(6)

Place of birth: Kirkuk

Statues: Single

Wife's name: (b)(6)

Physical disablement: (b)(6)

Page 5 redacted for the following reason:

Foreign Language Text, (b)(6)

Kirkuk public health office
Medical committee

On 16th Jul.07 , the medical committee decided that :

(b)(6) has vitreous Hemorrhages with Retinal Detachment,

She needs a surgery out of the country.

Doctor:

(b)(6)

Page 7 redacted for the following reason:

Foreign Language Text, (b)(6)

To: Claim Office
Sub: Memo

We certified that (b)(6) has been wrongfully killed by CFS during tracing insurgent on 22nd Jun.07 .

CPT.

(b)(6) Alryath Police Station

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 008625

Witness Statement

I'm (b)(6) certified that CFS helicopter shot wrongfully two missile on (b)(6)
(b)(6) house caused nine years old daughter killed and eight years old daughter injured.
That's I signed.

Witness

(b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 008627

Witness Statement

I'm (b)(6) certified that CFS helicopter shot wrongfully two missile on (b)(6)
(b)(6) house caused (b)(6) years old daughter killed and (b)(6) years old daughter injured.
That's I signed.

Witness

(b)(6)