



U.S. Department of Justice

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Southern District of California

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CORPORATE VICTIM IMPACT/FINANCIAL STATEMENT

If you need additional space to answer any questions, please use additional pages as needed and attach them to this statement. Thank you very much.

United States v. HAYKAZ MANSURYAN (1), HAYK SHAKARYAN (2),
DAVIT BABAYAN (3), ARTOUR HAKOBYAN (4), PETROS ARMUTYAN (5),
HAKOP KARAYAN (6), ROBERT FICHIDZHYAN (7), VASILIIY POLYAK (8)
Court Docket No.: 21-CR-02660; Case No.: 2020R02189

VICTIM: _____
(Please print legibly)

1. Please list your company's financial losses from this crime. Separate those items for which your company has not been or does not expect to be repaid. Please attach receipts or other records whenever possible.

TOTAL ACTUAL LOSS \$ _____

2. Please list any amounts of money that have already been repaid by the defendant(s) in response to this crime. (Attach receipts.)

TOTAL LOSS REPAYED \$ _____

3. Has your company or anyone on your company's behalf initiated any civil action against any party as a result of this offense? (____)YES / (____)NO. If yes, list the case name, docket number and court jurisdiction and address.

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4. Have you received any money or assets from the defendant as a result of this litigation? (____)YES / (____)NO. If yes, how much.

5. Has your company initiated bankruptcy as a result of this crime? (____)YES / (____)NO. If yes, please state the case name, court location, docket number, and status of the case.

6. If your company or any employees have suffered any other expenses or harm as a result of this crime, please list them below. Include such items as property damage, counseling, medical bills, etc. Please be specific and attach copies of receipts if possible. You may also discuss the emotional impact of the crime on any employees, or have your employees submit additional letters describing the impact of the crime on each of them. (Use additional pages if needed.)

I declare under penalty of law that the above information is true and correct.

INSTITUTION: _____

PRINT NAME and TITLE: _____

ADDRESS: _____

PHONE NO.: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____