

**UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF NORTH CAROLINA**

United States)	
v.)	3:24-cr-00067
Olumide Olorunfunmi;)	3:23-cr-00276
Samson Amos;)	
Emmanuel Unuigbe)	

Non-Statutory Victim Impact Form

I, _____,
located at _____, in the city (or county) of _____,
(Street Address) (City)
in the state of _____, with zip code of _____.

_____ My specific losses as a result of this offense are summarized in the following pages.

_____ I have been compensated by insurance, bonding company and/or another source with respect to all or a portion of our losses in the amount of \$_____. The name and address of our insurance/bonding company(s) and claim number(s) for this loss is listed in the following pages.

_____ I have included comments on how this offense has affected me and/or my family in the following pages.

I declare under penalty of law that the information included in this Declaration is true and correct to the best of my knowledge.

Date _____ Signature _____

SUMMARY OF LOSSES

Please state any financial loss you sustained below and attach all relevant records reflecting such loss:

<i>Amount of Money/Property Taken (Attempted - explain below)</i>	\$ _____
Amount of Money/Property Taken (<i>Actual</i>)	\$ _____
Amount of Money/Property Recovered by Law Enforcement	\$ _____
Amount of Money/Property Repaid by, or on behalf of, Defendant	\$ _____
Total Amount of <i>Actual</i> Loss	\$ _____

Explain if necessary.

Amount of above loss figure reimbursed by
 Insurance/Bonding Company/other Means: \$ _____

Name of Insurance/Bonding Company _____

Contact Person/Agent and Title _____

Address of Insurance/Bonding Company _____

Telephone Number of Contact Person/Agent _____

Claim Number _____

