

(b) (6)

(g)(q)

00 147-1098

272 - 7
1-July-2006

Foreign Language Text

Foreign Language Text

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

(g)(q)(e)(q)

(b) (5)

(g)(q)

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 Title 42 CFR 104-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 230th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			DATE VOUCHER PREPARED 07-Oct-06		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY 230th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
PAYEE'S NAME AND ADDRESS CLAIM #: 06-147-T098 <div style="border: 1px solid red; padding: 2px; display: inline-block;">(b)(6) (b)(6)</div>			REQUISITION NUMBER AND DATE			DATE INVOICE RECEIVED
			SHIPPED FROM TO WEIGHT		DISCOUNT TERMS	
			GOVERNMENT BA. NUMBER		PAYEE'S ACCOUNT NUMBER	
			NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>
			In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.			\$2,500.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL \$2,500.00						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		<div style="border: 1px solid red; padding: 2px; display: inline-block;">(b)(3), (b)(6)</div>	=\$	=\$1.03		
<input checked="" type="checkbox"/> COMPLETE						
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE		TITLE: CPT, FC DISBURSING AGENT	Amount verified, correct for (Signature or initials)		\$2,500.00	
Pursuant to authority vested in me		<div style="border: 1px solid red; padding: 2px; display: inline-block;">(b)(3), (b)(6) (b)(3), (b)(6)</div>	Paying Agent			
(Date) 30 Oct 06		(Authorized Certifying Officer)	(Title)			
ACCOUNTING CLASSIFICATION						
<div style="border: 1px solid red; padding: 2px; display: inline-block;">(b)(2) High</div>		<div style="border: 1px solid red; padding: 2px; display: inline-block;">(b)(2) High</div>		\$2,500.00		
CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)				
PAID BY	CASH	DATE	<div style="border: 1px solid red; padding: 2px; display: inline-block;">(b)(6)</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">(b)(6)</div>		
\$2,500.00						
<small> *When stated in foreign currency, insert name of currency. † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. ‡ When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. </small>						
<small> PREVIOUS EDITION USABLE PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation. </small>						

06-I 47-T 098



Office of the U.S. Treasury Department Financial Attaché
Embassy of the United States of America - Baghdad, Iraq



Serial Number Accountability Record

The Purpose of this form is to record the serial numbers on USD \$100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 30 Oct 06

PAY AGENT NAME: (b)(8)(3),(b)(6)
Print last name, first name

NAME OF IRAQI FIRM BEING PAID: N/A - Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)
Print given name, father's name, grandfather's name, if not name

On respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

\$100 note serial numbers:
(b)(6) (b)(6) through (b)(6) (b)(6) and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,

*Use additional forms if needed.



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

AFZS-LF-JA

20-Sep-06

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) (b)(6)

06-I47-T098

(b)(6)
(b)(6)

1. Facts.

Claimant spouse was attacked by Military Dogs that was with a dismounted patrol in the area.

Claimant has requested \$4,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of \$2,500.00

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

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

CPT, JA
CLAIMS ATTORNEY I47

SETTLEMENT AGREEMENT

اتفاقية تسوية وإعفاء

طلب # 06-147-T098

(b)(6)
(b)(6)

(b)(6)

(b)(6)

أني:

من

\$2,500.00

Foreign Language Text
Foreign Language Text

أوافق

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية
ضباطها ووكلائها وعامليها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ
4/16/2006 أو نحوه والمرتب بقرات الولايات المتحدة الأمريكية

أخذاً بنظر الاعتبار كل ذلك أعني ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعامليها
من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة 'إن
وجدت' أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملتمكات أو أية إصابات أو وفيات نتجت عن هذه
الحادثة

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد
تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10 'قانون الولايات المتحدة 2734' وعليه فيجب ألا يؤول
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها
وموظفيها.

(b)(6)

(b)(6)

(b)(6), Foreign Language T

(b)(6), Foreign Language Text

DATE

30 Oct 2006

WITNESS SIGNATURE

Foreign Lang
Foreign Language Te

(b)(6), Foreign Language Tex

(b)(6), Foreign Language Text

30 Oct-2006



GENERAL INFORMATION
CENTER,
AL-RADHWANYA- BAGHDAD,
IRAQ.



GIC OPINION ABOUT CLAIMS

(b) (6)

(b)(6)

(b) (6)

(b)(6)

1. We attached all the documents proof killing the claimant's wife name is (b) (6) (b)(6) and she's killed by American police dog and she dead during transfer to the helicopter.

2. Her husband didn't receive her body until two months later.

3. The way of killing her made her husband and her family and her sons suffer too much-for that they deserve good compensation.

4. He ask amount of \$10000/00.

5. We suggest you compensate him amount that he ask.

With our respect,

(b) (6)

(b)(6)

(b) (6)

(b)(6)

GIC OF ALRADWANYA
8th July 2006

DATE CLAIM SUBMITTED: _____
 AMOUNT CLAIMED: _____
 DATE OF INCIDENT: _____

CLAIMS CARD: Y/N (b)(3)
 UNIT/INVOLVED: 3pr (b)(3), (b)(6) P.O.C/ PH. #: _____ SIGACTS: Y/N
 APPEAL: Y/N

DATE	ACTION(S) TAKING	NOTES
	- Claimant's spouse died en route to hospital • incident was caused by SE	
	(b)(5)	



Claims Form



272-7

1-July-06

To: United States Army Foreign Claims Commission

From: Name:

(b)(6)

Address:

(b)(6)

Iraqi ID No. _____

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: _____
- c. Employed by: _____
- d. Check one () an insurer (x) Not an insurer
- e. Check one (x) 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 and Telephone Number)

M. N. F.

The property damaged had 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 Rachwanja Baghdad Iraq
(Town) (City) (Country)

My claim arose on April 16th 2006
(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.)

On 16 of April 06 at 7:30 PM there is 4 helicopter running after person driving on the farm way so the helicopter open fire on him and there is a police dogs in the area, my wife hear noise outside she went out to see her kids but she attacked by the police dogs, the soldier try to help her but she died in the airplan with the same person whice they followed and I try to find my wife for two month, later I find her (the body) in hospetal on 24 June 06 for this I asked for compensation.

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

my wife was died by M.N.F
(police dogs she's attacked by
dogs.

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.)

<u>Item</u>	<u>Amount</u>
1- my wife was killed by	10000\$
2- dogs belongs to M.N.F	
3-	
4-	
5-	
6-	

Total: 10000\$

I was insured to the following extent against the damager 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 14,500,000 L.D

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 day of 7, 2006

(b)(6)

(Print Name)

(Signature)



"THE CLAIM'S CONTAINS"

(b)(6)

The Claimant name:-

(b)(6)

① Iraqi I.D Sexuality for the claim's
and for the wife

General Information Center/Al-Radhwanya

Date:- 1 July 06

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 13 through 14 redacted for the following reasons:

(b)(6), Foreign Language
Foreign Language Text, (b)(6)





Mortuary
Affairs



TF 30TH MED BDE CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT:

DATE AND TIME OF INCIDENT: 16 APR 06 @ 2358

TYPE OF INCIDENT: Death

LOCATION OF INCIDENT:

PERSONNEL INVOLVED:

NAME: Unknown Female

ID NUMBER: (b)(6) (b)(6)

NATIONALITY: [Redacted]

SUBJECT:

REMARKS:

PUBLICITY: Circumstances unknown

POC NAME: Sgt (b)(3), (b)(6)
(b)(3), (b)(6)

NUMBER: 443-8520

FFIR #

PIR #
N/A

CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

1. FROM BALAD MACP		2. TO BAGHDAD MACP		3. DATE PREPARED (YYYYMMDD) 20060421		4. PAGE 1 OF 1 PAGES	
5. VEHICLE/AIRCRAFT ID NUMBER (b)(2)High (b)(2)High	6. EVACUATION NUMBER (b)(6) (b)(6) (b)(6)	7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state)					
		a. NAME (Last, First, Middle Initial)		b. GRADE	c. SSN	d. ORGANIZATION	
		(b)(6)		CIV		IRAQI CIVILIAN	
		(b)(6)		CIV		IRAQI CIVILIAN	
AR 311 QM CO/BALAD		(b)(6)		CIV		IRAQI CIVILIAN	
NOTHING FOLLOWS							
8. AIRCRAFT/VEHICLE DEPARTED		(b)(3), (b)(6)		b. GRADE P-5		c. ORGANIZATION 311 MACP	
a. TIME						e. DATE SIGNED 2006/04/21	
c. DATE (YYYYMMDD)							
10. AIRCRAFT/VEHICLE ARRIVED		(b)(3), (b)(6)		b. GRADE E-5		c. ORGANIZATION 311 MACP	
a. TIME 1030						e. DATE SIGNED (YYYYMMDD) 20060421	
b. DATE (YYYYMMDD) 20060421							

CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

1. FROM Biap Mortuary, Iraq		2. TO MoH, Iraq		3. DATE PREPARED (YYYYMMDD) 20060425		4. PAGE 1 OF 1 PAGES	
5. VEHICLE/AIRCRAFT ID NUMBER		6. EVACUATION NUMBER		7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state)			
				a. NAME (Last, First, Middle Initial)		b. GRADE	c. SSN
Iraqi Ambulance		(b)(6) AR311th QM Co/04		(b)(6)		CIV	(b)(6)
Iraqi Ambulance		(b)(6) AR311th QM Co/04		(b)(6)		CIV	(b)(6)
				-----Nothing Follows-----			
8. AIRCRAFT/VEHICLE DEPARTED		9. AIRCRAFT/VEHICLE COMMANDER		b. GRADE		c. ORGANIZATION	
a. TIME 1-2:00		(b)(3), (b)(6)		E-4		311th QM Co(MA)	
b. DATE (YYYYMMDD) 20060425		(b)(3),(b)(6)				e. DATE SIGNED (YYYYMMDD) 20060425	
10. AIRCRAFT/VEHICLE ARRIVED				b. GRADE		c. ORGANIZATION	
a. TIME		(b)(6)		CIV		MoH Driver	
b. DATE (YYYYMMDD) 20060425		(b)(6)				e. DATE SIGNED (YYYYMMDD) 20060425	

DD FORM 1075, JUL 1996 (ED)

PREVIOUS EDITION MAY BE USED.

Designed using Perform Pro, WHS/DIOI, Jun 98

STATEMENT OF RECOGNITION OF DECEASED

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, E.O. 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

1. TENTATIVELY IDENTIFIED DECEDENT			
a. NAME (Last, First, Middle Initial for Unidentified)		b. RANK	c. SSN
d. ORGANIZATION		e. SERVICE	
2. I HAVE PERSONALLY VIEWED THE REMAINS TENTATIVELY IDENTIFIED ABOVE. RECOGNITION IS BASED ON THE FOLLOWING.			
a. SEX	b. APPROXIMATE AGE (Years)	c. APPROXIMATE HEIGHT	d. RACE
e. HAIR COLOR (If brown, indicate light or dark, as applicable)		f. BUILD/MUSCULARITY (Slender, medium, heavy or obese)	
g. IDENTIFYING MARKS (Fully describe by type and location. All known scars, tattoos, birthmarks, amputations or other body markings to support the identification.)			
h. REMARKS			
3. DETAILS OF VIEWING			
a. DATE (YYYYMMDD)	b. TIME	c. PLACE	
4. PERSON MAKING VISUAL IDENTIFICATION			
a. NAME (Last, First, Middle Initial)		b. RANK	c. SSN
d. ORGANIZATION	e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)
g. RELATIONSHIP TO DECEASED (CDR, ISG, Friend, Relative, etc.)		h. LENGTH OF TIME YOU KNEW DECEASED (Number of months or years)	
5. WITNESS			
I certify that the individual identified in item 4 has viewed the remains in my presence, and that to the best of my knowledge and belief the above statements are true.			
a. NAME (Last, First, Middle Initial)		b. RANK	c. TITLE
d. ORGANIZATION	e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)

DD FORM 565, JUL 1998 (EG)

PREVIOUS EDITION MAY BE USED.

Designed using Pattern Pro. WHS/DIOR, Jun 98

RECORD OF IDENTIFICATION PROCESSING (Effects and Physical Data)			DATE
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number)		GRADE	CIL CASE NUMBER (If applicable)
(b)(6) (b)(6)		Civ	N/A
FORMER SERVICE NUMBER, EXHIBITION NUMBER, OR SEARCH AND RECOVERY NUMBER		SERVICE NO. SSAN	
055-06 /AR311thQMCO/BALAD		(b)(6) (b)(6)	
RECEIVED FROM		PLOT	ROW GRAVE
332nd EMDG (HOSPITAL) BALAD, IRAQ		N/A	N/A N/A
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification)		IMPRINT OF IDENTIFICATION TAG	
none found			
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM 10-286)			
none found			
FINGERPRINTS TAKEN		X-RAYS MADE	FLUOROSCOPE STATEMENT ATTACHED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PHOTOGRAPHS TAKEN		ANTHROPOLOGICAL STATEMENT MADE	CHEMICAL STATEMENT ATTACHED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PHYSICAL DESCRIPTION			
ESTIMATED HEIGHT	MUSCULARITY	COLOR OF HAIR	RACE OR NATIVITY
(b)(6) (b)(6)	slim	gray	Iraqi
TATTOOS, SCARS OR MARKS ON BODY			
n/d			
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS			
none found			
WOUNDS OR INJURIES			
SEE DD FORM 2064 Standard Form 600			
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.			
NAME, GRADE AND ORGANIZATION		SIGNATURE	
(b)(3), (b)(6) (b)(3), (b)(6)		E-4 311th QM CO (COLL) (MA) (b)(3), (b)(6) (b)(3), (b)(6)	

DD Form 890, 1 JAN 58

PREVIOUS EDITION OF THIS FORM IS OBSOLETE.

354PPC Y1-00

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL			1. DATE (YYYYMMDD) 20060417	2. PAGE 1 OF 1 PAGES	
PRIVACY ACT STATEMENT AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN). PURPOSE AND USE: This form is used to establish initial identification of deceased personnel. DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.					
3. TENTATIVELY IDENTIFIED DECEDENT					
a. NAME (Last, First, Middle Initial) (or Unidentified)	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
(b)(6) (b)(6)	Civ	(b)(6)	Iraq	Deceased	20060417
332nd EMDG (HOSPITAL) BALAD, IRAQ			5. DATE OF RECOVERY (YYYYMMDD) 20060417	6. EVACUATION NUMBERS	
			a. #1 35-06	b. #2 AR311th QMCO/BALAD	
7. INVENTORY OF EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
(b)(6) (b)(6)	(b)(6)				
nothing follows					
8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
	none found				
9. EFFECTS INVENTORIED ABOVE REPRESENT (If as appropriate)					
<input type="checkbox"/> ALL KNOWN EFFECTS		<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT		<input checked="" type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS	
10. PREPARING OFFICIAL					
a. NAME (Last, First, Middle Initial)		b. GRADE	c. ORGANIZATION		
(b)(3), (b)(6)		E-4	311th QM CO (COLL) (MA)		
				e. DATE SIGNED (YYYYMMDD) 20060417	
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	
12. RECEIVING OFFICIAL					
a. NAME (Last, First, Middle Initial)		b. GRADE	c. ORGANIZATION		
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	

DD FORM 1076, JUL 1998

PREVIOUS EDITION MAY BE USED.

052P4 07-00

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
16 April 04	Plunged to 200 ft in body bag. Presence of eye trauma. eyes fixed dilated. Confirmed dead.
	(b)(3), (b)(6) (b)(3), (b)(6)
	Arrived in body bag, absence of spontaneous heart beat, eyes fixed & dilated, \emptyset Breath sounds, confirmed dead.
	SFC (b)(3), (b)(6) (b)(3), (b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex)			REGISTER NO.
			WARD NO.

(b)(6)
(b)(6)

(b)(6)
(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICM
 FIRM (41 CFR) 201-9.202-1

NAME- (b)(6)
(b)(6)

332 EMDG / PAD
BALAD AB, IRAQ

SN- (b)(6)
(b)(6)

Iraqi Civilian

DATE- 16 Apr 06

PATIENT'S IDENTIFICATION (For plate imprint, typewriter or hand)

PATIENT'S DEPOSIT RECORD
For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

I have been informed that any funds or valuables in my possession while a patient in this hospital are retained at my own risk and that I may and should deposit same in the patient trust fund.

I do do not wish to make a deposit at this time.

Patient Unable to Sign
Patient's signature (or witness's, if patient is unable to sign)

FUNDS & VALUABLES RECEIVED IN FULL. (Patient's or witness's signature and date)

FUNDS				
DATE	DEPOSITS	WITHDRAWALS	BALANCE	SIGNATURE
/				

VALUABLES					
NUMBER	DESCRIPTION OF VALUABLES	QUANTITY	DEPOSITS	WITHDRAWALS	
			SIGNATURE	DATE	SIGNATURE (Patient or immediate individual)
1	Matches	1 PKG	(b)(6),		
2	Cigarettes	1 PKG	(b)(6), (b)(3)		