

(b)(6)

06 IF9 7 0006

CENTCOM 002480

06-IF9-

24349

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		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 09352 DSSN: 5579		DATE VOUCHER PREPARED 4/16/2006 9:07:16 AM		SCHEDULE NO.		
PAYEE'S NAME AND ADDRESS (b)(6) ID # 897616		CONTRACT NUMBER AND DATE (b)(2)High		PAID BY 230th Finance Battalion Camp Liberty, Iraq APO AE 09352 DSSN: 5579		
		REQUISITION NUMBER AND DATE WAT6YA-6104-0800 14 April 2006		DATE INVOICE RECEIVED		
				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO		WEIGHT		
GOVERNMENT B/L 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>	QUAN-TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
1	4/20/2006	Payment in settlement of claim under Foreign Claims Act	1			3,500.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						3,500.00
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$ BY 2 MAJ (b)(3)(b)(6) TITLE MAJ US ARMY PAYING AGENT	EXCHANGE RATE = \$1.00 (b)(3)(b)(6)	DIFFERENCES Amount verified; correct for (Signature or initials)		
Pursuant to authority vested in me, I certify that the above is a true and correct copy of the original.						
Date: <u>20 April 06</u>		(b)(3)(b)(6)		(b)(3)(b)(6) LTC, USA		MND-CS, FCC IF9 (Title)
ACCOUNTING CLASSIFICATION (b)(2)High \$3,500.00						
WAT6YA-6104-0800						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE 3	(b)(6)	
	\$3500.00	20 April 2006				
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary. 3 When a voucher is receipted in the name of a company or corporation, the name of the person who is the 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.						

Previous edition usable

PRIVACY ACT STATEMENT

GENTCOM 002481



DEPARTMENT OF THE ARMY
HEADQUARTERS, MULTINATIONAL DIVISION – CENTRAL SOUTH
US ARMY G-STAFF
AD DIWANIYAH, IRAQ
APO AE 09332

REPLY TO

To: (b)(6)
From: Foreign Claims Commission IF9
Re: Claim number 06 IF9T0006

Sir/Ma'am

Your claim, number 06 IF9T0006 filed pursuant to the Foreign Claim Act has been approved in the amount of \$ 3,500.00. That proposed payment, if accepted, will constitute a full and final satisfaction of your claim against the United States and against any of its entities and a full and final waiver by you of your claim against the United States and against any of its entities.

Foreign Claims Commission IF9:

With regard to my claim number 06 IF9T0006, I accept payment in the amount of \$ 3,500.00 and acknowledge receipt of the same. I agree that my acceptance of said payment constitutes a full and final satisfaction of my claim against the United States or against any of its entities and constitutes a full and final waiver against the United States or against any of its entities.

20 April 06
Date

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

(b)(6)

الى
من: لجنة استحواء اوجيبية IF9
رقم الشكوى: 06 IF9T0006

سيدي/ سيدتي!
بعد التحية...

شكراوتكم الرقم 06 IF9T0006, المملوء بالمطابقة بقانون الشكاوى الأجنبية, تم اعتماد عليه للدفع بالمبلغ وقدره \$ 3,500.00 (الدولار الأمريكي). ينشئ هذا المبلغ, اذا كان مقبلا اشباعا كاملا ونهائيا لدعوتكم ضد الولايات المتحدة أو ضد أي من رعاياها كما ينشئ تنازلا كاملا ونهائيا عن دعوتك ضد الولايات المتحدة أو ضد أي من رعاياها.

لجنة الشكاوى الأجنبية IF9:

إشارة الى شكوتي رقم 06 IF9T0006 أقبل الدفعة وقدره \$ 3,500.00 الدولار

(الأمريكي)

و أعترف باستلام المبلغ نفسه, كذلك أوافق على أنه قبول المبلغ المذكور من قبلي ينشئ اشباعا كاملا ونهائيا لدعوتي ضد الولايات المتحدة أو ضد أي من رعاياها كما ينشئ تنازلا كاملا ونهائيا عن دعوتي ضد الولايات المتحدة أو ضد أي من رعاياها.

20 April 06
Date

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

التاريخ
COM 002482

06-IF9-

24351



REPLY TO
ATTENTION OF

**DEPARTMENT OF THE ARMY
HEADQUARTERS, MULTINATIONAL DIVISION – CENTRAL SOUTH
US ARMY G-STAFF
AD DIWANIYAH, IRAQ
APO AE 09332**

MND-CS-LEGAD

Claim of (b)(6) , 06-IF9-T-0006

ACTION

1. Facts: The claimant alleges that on 6 January 2006 his son (b)(6) , was killed by US forces while driving near Ad Diwaniyah Medical records were attached from TF 30th MED BDE. Claimant demanded payment in the sum of \$10,000.00. A review of available US reports established that an Escalation of Force Incident did occur at about 1628C on (b)(2)High on 6 January 2006. The American unit involved was HHC 2-121IN. The rear vehicle observed a car approaching from behind. The gunner waved at the car with no effect and fired one warning shot directly into the ground in front of the oncoming car. The round ricocheted into the vehicle striking the driver, who was transported to the hospital by IA. The driver subsequently died.

2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. The placement of the warning shot into the ground directly in front of the oncoming vehicle violated established guidance concerning warning shots and their placement. Therefore, this Foreign Claims Commissioner feels that the gunner’s action was negligent under these circumstances.

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

4. Action: The claim will be paid in the amount of \$3,500.00 as the decedent was contributorily negligent under the circumstances..

(b)(3)(b)(6)
LTC, JA, U.S. Army
FCC IF9

Return March 7, 2006

06-IF9-7-06

- Original
- Do not use

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____ (b)(6)

Address: _____
_____ (b)(6) son - deceased

I am

- a. A citizen and national of: IVceqi
- b. A permanent resident of: Gamass neighborhood
- 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)

US CONVOY

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: ADiwaniya Bridge W of Camp
(Town) (City) (Country) Overpass

My claim arose on: 1 6 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.)

Father's car was driven by son on overpass
US convoy behind him - opened fire - shot in
back - treated by US military - died. Windows
+ 2 seats damaged. Convoy did stop. Son
was going to Gamass - going west. 5:00 afternoon

24353

CENTCOM 002484

06-IF9-

24353

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

Son died. Car damaged
Son only provider for his family

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>

Total: _____

I was insured to the following extent against the damage or injuries I have sustained:

N/A

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)

\$ _____ ~~\$~~ unspecified

(b)(6)

Subscribed before me this 2nd day of Feb, 2006.

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

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06-IF9-

Page 7 redacted for the following reason:

Foreign Language Text. (b)(6)

06-IF9-T0006-00007

24355

ADiwaniya province
To ADiwaniya province
compensation committee

Al-JaZaar Police station was reported from
ADiwaniya hospital that there was injured
by his fire. Immediately it moved there
to see the injured? (b)(6)

The speeches of father's injured were
written down and testified that he
bought a car No: (b)(6) from (b)(6)

(b)(6) and his son was driving a car to
check it when he got Al Najaf bridge
The American convoy came across ~~him~~^{him}
so they shot him and injured him in
his chest and damaged a car and all

The claimant's speeches were completely
written down and the investigation was ^{done}

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06-IF9-

CENTCOM 002488

06-IF9-
24357

investigation results

on 18th, 1, 2006 - the claimant's speech was completely written down and she was the injured's mother!

(b)(6)

she wanted to make a claim against American forces - and the investigative judge was provided with all document which confirmed ~~WHO~~ that the American forces made the incident so he decided to contact with American to offer compensation to the injured

CENTCOM 002490

06-IF9-

24359

Al-Jalaa Police center

Investigation

The claimant testified that ~~he~~ his
son:

(b)(6)

When we got to Al-Najaf bridge the
American convoy came across ~~and~~ injured
and he was shot by American convoy
and he injured with wounds we
demanded to get treatment:

(b)(6)

The injured's father

CENTCOM 002491

06-IF9-

CENTCOM 002492

06-IF9-

24361

ADlwaniya police station
To/ Al-Jazeera police
center

Sab/ Damages detection

In accordance with your statement

(b)(6) on 9th, 1, 2006

vehicle's No. : (b)(6)

engine's No (b)(6)

There was ~~holes~~ holes in back left side
by fire

CENTCOM 002493

06-IF9

CENTCOM 002494

06-IF9-

24363

Al-Jazair Police Center

body detection

we were reported ~~by~~ from Adiwaniya
general hospital that there was an
injured (b)(6) and

we moved there to make detection
to the dead body

The body was put inside coffin

The body was naked.

There was five entry in the middle of
back ~~bone~~ bone and ~~at~~ chest vertebra

We've seen wounds in the abdomen
and seen another five entry!

CENTCOM 002495

06-IF9-

CENTCOM 002496

06-IF9-
24365

Iraqi Republic
Health Ministry
Legal Treatment

The primary legal medical statement
we are undersigned Dr. (b)(6)

we made a medical examination to the
claimant (b)(6)

Aged: (b)(6) sex: Male

The consciousness was confused while

the primary medical examination

the vital activities were unstable
during examination

There was wound and is five entry
in mid back in chest vertebrae

we made necessary in Alkawthi
Hospital

The cause of damages were five

CENTCOM 002497

~~Signature~~

06-IF9-

24366

CENTCOM 002498

06-IF9-

24367

Iraqi republic
Justice ministry

Special power of attorney

to

(b)(6)

authorized

(b)(6)

to follow

up and going on behalf of me to all

A traffic offices and office which

concerned in car No

(b)(6)

CENTCOM 002499

06-IF9-

CENTCOM 002500

06-IF9-

24369

Pages 22 through 23 redacted for the following reasons:

Foreign Language Text, (b)(6)

06-IF9-T0006-00022

24370

Foreign Language Text, (b)(6)

06-IF9-

CENTCOM 002503

24371

Foreign Language Text, (b)(6)

06-IF8 CENTCOM 002504

Foreign Language Text, (b)(6)

CENTCOM 002505

06-IF9-

24373

Page 27 redacted for the following reason:

Foreign Language Text, (b)(6)

06-IF9-T0006-00027

24374

same copy

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 002507

06-IF9-

24375

Page 29 redacted for the following reason:

Foreign Language Text, (b)(6)

06-IF9-T0006-00029

24376

SAMP COPY

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

06-IF9-

CENTCOM 002509

24377

Some COX

Foreign Language Text

Foreign Language Text, (b)(6)

06-IF9-

CENTCOM 002510

same copy

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



CENTCOM 002511

06-IF9-

24379

Foreign Language Text, (b)(6)

CENTCOM 002512

06-IF9-

24380

Page 34 redacted for the following reason:

Foreign Language Text, (b)(6)

06-IF9-T0006-00034

24381

Foreign Language Text, (b)(6)

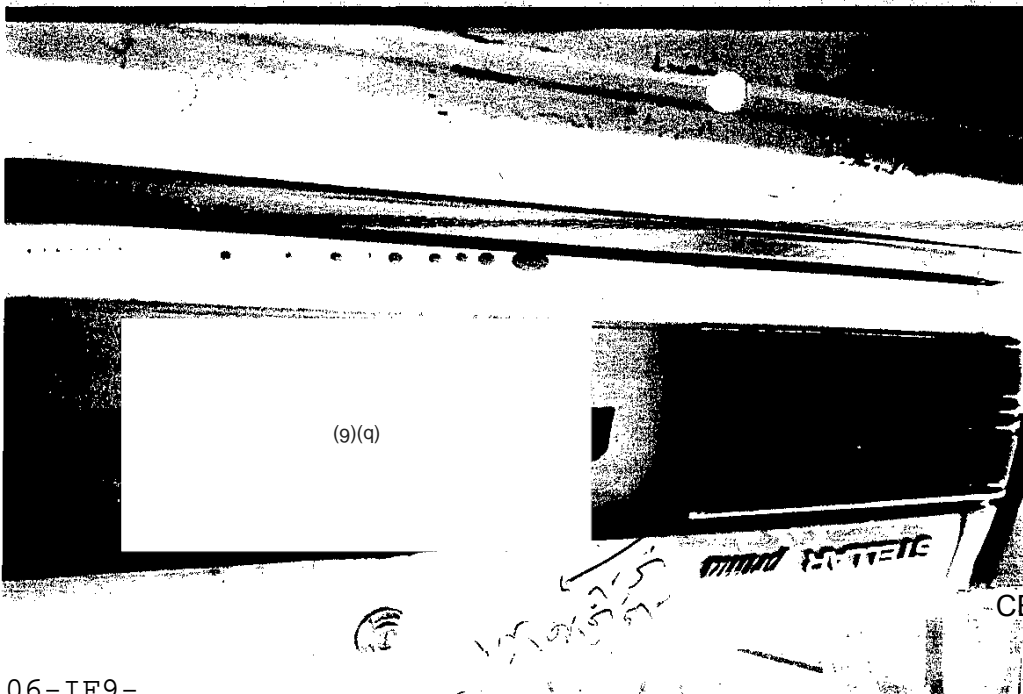
CENTCOM 002514

06-IF9-

Temporary vehicle license

Foreign Language Text

No
owner
holder
engine's No
Model
Colour



CENTCOM 002515

Page 37 redacted for the following reason:

Foreign Language Text

06-IF9-T0006-00037

24384

Foreign Language Text, (b)(6)

CENTCOM 002517

06-IF9-
24385



TF 30TH MED BDE CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT:

DATE AND TIME OF INCIDENT: 091345 Jan 06

TYPE OF INCIDENT: Died of wounds 332 AEW, Balad, Iraq

LOCATION OF INCIDENT: Deworia
Balad, Iraq

PERSONNEL INVOLVED:

NAME:
ID NUM
NATION: Iraqi

(b)(6)

SUBJECT: Admitted with GSW to Back / carotid
Artery injury / R Pneumothorax

REMARKS: Iraqi civilian

PUBLICITY:

POC NAME:

Foreign Language Text

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 NORTH ECP (FAMILY)		3. DATE PREPARED (YYYYMMDD) 20060111		4. PAGE 1 OF 1 PAGES	
5. VEHICLE/AIRCRAFT ID NUMBER	6. EVACUATION NUMBER (b)(2)High	7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state)					
		a. NAME (Last, First, Middle Initial) (b)(6)	b. GRADE CIV	c. SSN (b)(6)	d. ORGANIZATION IRAQI CIVILIAN		
		Foreign Language Text					
8. AIRCRAFT/VEHICLE DEPARTED		9. AIRCRAFT/VEHICLE COMMANDER					
a. TIME	(b)(3)(b)(6)	b. GRADE E-5	c. ORGANIZATION 311 QM CO.				e. DATE SIGNED (YYYYMMDD) 20060111
b. DATE (YYYYMMDD)	(b)(3)(b)(6)						
10. AIRCRAFT/VEHICLE ARRIVED							
a. TIME	(b)(3)(b)(6)	b. GRADE	c. ORGANIZATION				e. DATE SIGNED (YYYYMMDD)
b. DATE (YYYYMMDD)	(b)(3)(b)(6)						Foreign Language Text

DD FORM 1075, JUL 1998

PREVIOUS EDITION MAY BE USED.

USAPA V1.00

CENTCOM 002519

06-IF9-

24387

STATEMENT OF RECOGNITION OF DECEASED

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. TENTATIVELY IDENTIFIED DECEDENT

(b)(6)	b. RANK	c. SSN
	CSV	(b)(6)
e. SERVICE		

2. I HAVE PERSONALLY VIEWED THE REMAINS TENTATIVELY IDENTIFIED ABOVE. RECOGNITION IS BASED ON THE FOLLOWING.

a. SEX male	b. APPROXIMATE AGE (Range) (b)(6)	c. APPROXIMATE HEIGHT	d. RACE Iraqi
e. HAIR COLOR (If brown, indicate light or dark, etc.) black		f. BUILD/MUSCULARITY (Slender, medium, heavy or obese) (b)(6)	
g. IDENTIFYING MARKS (Fully describe by type and location ALL known scars, tattoo marks or other body markings to support the identification.)			

ii. REMARKS

Father identified patient

Foreign Language

3. DETAILS OF VIEWING

a. DATE (YYYYMMDD)	b. TIME
--------------------	---------

4. PERSON MAKING VISUAL IDENTIFICATION

a. NAME (Last, First, Middle Initial) (b)(6)	b. RANK n/a	c. SSN n/a
e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)

g. RELATIONSHIP TO DECEASED (CDR, ISG, Friend, Relative, etc.)

Father

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.

Designated Using Personnel Pro. WHS/DHOP Jun 98

CENT.COM 002520

06-IF9-

24388

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

332 EMDG BALAD AB, IRAQ

Prepare, in one copy only, Items 1 through 10 and sign Item 11.
Print or type entries.

Instructions - Medical Officer in attendance will:

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) (b)(6) Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number Mullian	2. TIME OF DEATH (Hour-day-month-year) 1345 09 Jan 06	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO
	4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH Devonia J. Frog		

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) x CARDIORESPIRATORY Failure	x
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1) HORMONAL OF BRAIN TUMOR (2) DUE TO HAND TRAUMA	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	0150 17 JAN 06

9. DATE x 9 JAN 06	10. TYPED OR PRINTED NAME AND GRADE OF PHYSICIAN IN ATTENDANCE x (b)(3)(b)(6)	(b)(3)(b)(6)
-----------------------	--	--------------

TYPE OF ACTION	E A		DATE	SIGNATURE OF OFFICER
	HOUR	DAY		
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON				
13. POST ADJUTANT GENERAL NOTIFIED				
14. IMMEDIATE CO OF DECEASED NOTIFIED				
15. INFORMATION OFFICE NOTIFIED				
16. POST MORTUARY OFFICER NOTIFIED				
17. RED CROSS NOTIFIED				
18. OTHER (Specify)				
19.				

20. AUTOPSY PERFORMED (If yes, give date and place)
 YES NO

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USCD.

USAPA V2 01

CENTCOM 002521

06-IF9-

24389

Draft

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
(b)(6)		Civ		(b)(6)
RACE Race		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
Iraqi Caucasian		Iraq		
CAUCASOID Caucasique		MARRIED Marié		RELIGION Culte
NEGROID Négréoïde		SINGLE Célibataire		PROTESTANT Protestant
OTHER (Specify) Autre (Spécifier) Iraqi		DIVORCED Divorcé		CATHOLIC Catholique
		WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Déclaration médicale	
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort	
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire

OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	Foreign Language Text
HOMICIDE Homicide	SIGNATURE Signature	
		Accident à Avion <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
134509 JAN 06	332 AFTH BALAD IRAQ
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.	
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme
(b)(6)	MD
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
4 E-3	332 EMDG BALAD AB, IRAQ
DATE Date	SIGNATURE Signature
9 JAN 06	(b)(6)

1 State disease, injury or complication which
2 State conditions contributing to the death, but not related to the disease or condition causing death.
3 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un accès de cœur, etc.
4 Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565 (R) (AS), 26 SEP 1975, WHICH ARE OBSOLETE.

USDA VI 60

CENTCOM 002522

06-IF9-

24390

USE BALL POINT PEN
PRESS HARD

AUTHORIZATION AND TREATMENT STATEMENT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

I. ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)									
1. REGISTER NO.		NBSUF		(b)(6)				3. RELIGION	
4. FACILITY CODE 5602		5. MEDICAL TREATMENT FACILITY BALAD AB, IRAQ				6. TIME OF ADM Disc		7. DATE OF ADM 17 Jan 06	8. TYPE OF CASE BI/NBI/D
9. EMP 99	SSN (b)(6)	10. BENEF TYPE	11. GRADE	12. AFSC	13. AVIATION SVC CODE	14. RATING	15. LENGTH OF SVC		16. AGE
17. SEX M	18. MARITAL STATUS	19. RACE/COLOR	20. ZIP CODE		21. CURRENT ORGANIZATION Iraqi Civilian			22. INPATIENT UNIT	
23. FAC INT ADM CODE		24. FACILITY OF INITIAL ADMISSION			25. DATE INITIAL ADM		26. ROOM	27. BED	
28. PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO		29. CLINIC SERVICE(S)					30. ADMISSION CLEW Sra (b)(3)(b)(6)		
31. EMERGENCY ADDRESSEE/RELATIONSHIP					32. NAME AND ADDRESS OF SPONSOR				
33. PRIMARY ADMISSION DIAGNOSIS Carotid Artery injury					34. SECONDARY ADMISSION DIAGNOSIS Pneumothorax				
35. CAUSE OF INJURY GSW TO Back Dewenaig Trac									
36A. DEPOSIT VALUABLES FOR SAFEKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO		36B. I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form.			SIGNATURE OF PATIENT OR SPONSOR (b)(3)(b)(6)				
II. TREATMENT									
38. DIAGNOSES - PROCEDURES DOB: NSI / SI (VSI) Foreign Language							39. PROVIDERS OF CARE		
LOD: <input type="checkbox"/> YES <input type="checkbox"/> EPTS, LOD not applicable <input type="checkbox"/> AF Form 348 (Check <input type="checkbox"/> if continued on reverse)									
40. ADMINISTRATIVE DATA (Change in physical profile required <input type="checkbox"/> YES (Prepare AF Form 42?) <input type="checkbox"/> NO) (Meal Card <input type="checkbox"/> YES <input type="checkbox"/> NO)									
Admission: JPTA _____ Discharge: JPTA _____ 24 HR _____ 24 HR _____ (Check <input type="checkbox"/> if continued on reverse)									
41. DISPOSITION DDW		42. DATE OF DISPOSITION 09 JAN 06	43. TIME OF DISPOSITION 1345	44. CC OF WHOLE BLOOD	45. CC OF PACKED CELLS	46. CONVALESCENT LEAVE TAKEN _____ RECOMMENDED _____			
47. SIGNATURE OF ATTENDING HEALTH CARE PROVIDER					48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL				

AF IMT 560, 19870101, V2

PREVIOUS EDITION WILL BE USED

CENTCOM 002523

06-IF9-

24391



MULTI-NATIONAL FORCES - IRAQ

The Multinational Force-Iraq deeply regrets the loss of your loved one and wishes the return of the human remains of _____ to his/her primary next of kin. The remains have been treated with the same respect and courtesies required by Muslim or Christian tradition and have been treated with the same respect and courtesy as those of the Coalition forces. The person receiving the remains acknowledges that Coalition forces have provided the remains in a respectful manner. Any perceived violation of local customs is wholly unintentional on the part of Coalition forces. All personal effects that were found with the remains are being turned over and an inventory is attached.

القوات المتعددة الجنسية - العراق تتقدم بكل الأسف العميق والأعتذار لفقدان احبابكم و تتمنى ان تقدم و ترجع اليكم البقايا الادمية الخاصة بالمرحوم الى نسب اهله القريب الاقرب اليه. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام والالطف التي تتطلبها تقاليد وعادات الديانة الاسلامية او الديانة المسيحية و تمت معاملتها بنفس المعاملة التي تلقاها الموتى من قوات التحالف. الشخص المتسلم للبقايا الادمية يدرك جيدا بان قوات التحالف قامت بالعمل اللازم و بكل اساليب الاحترام التامة. و في حالة وجود او ادراك أية انتهاك للعادات و التقاليد المحلية فبكل الاسف انه ليس عمدا و غير مقصودا كليا من جانب قوات التحالف. مع العلم جميع المتاع الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

..... Foreign Language Text

اسم الشخص للتأكد و اثبات البقايا الادمية |
Person verifying identity

(b)(2)High

اسم الشخص المستلم |
Person receiving remains

..... Foreign Language Text

العلاقة بالمرحوم |
Relationship to deceased

التاريخ |
Date

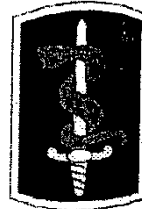
CENTCOM 002524

06-IF9-



(b)(3)(b)(6)
Major, U.S. Army, Medical Service Corps
Patient Administration Division

10th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



HOSPITAL TEL. (914) 360- 3477 DSN 318 239-7623 E-mail

(b)(3)(b)(6), (b)(2)High

DATE: 6/Jan/2006

MEMORANDUM FOR Rear Operations Center (Checkpoints to US Medical Facilities)

SUBJECT: Family Member Visitation

1. The following Iraqi citizen is receiving care at the 10th Combat Support Hospital:

Name/Patient: _____ (b)(6) _____ (6385)

Ward: ~~ICW1~~ (fishbowl)
ICW1

2. The family member listed below may be allowed access during visiting hours which is subject to change. Visitors will be picked up at Gate 1 or 2 between the hours of 0900 and 1200 hrs. All visitors are required to have proper ID with picture and determined to be non-threatening by the proper authorities.

3. Name: _____ (b)(6) (his father)

4. Date of authorization: _____ 12/Jan/06

5. Overnight stay is _____
If Yes, approved _____ (b)(3)(b)(6) No

6. Questions or comments: _____ DSN (318)239-7623.

(b)(3)(b)(6), Foreign Language Text

Chief, Patient Administration
Division

06-IF9-

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Pages 47 through 59 redacted for the following reasons:

Foreign Language Text, (b)(6)

06-IF9-T0006-00047