

06 T: (b)(6)  
06I57T002 (06I04T006)  
(b)(2)High  
Filed: 8 Jul 06

00021  
(b)(3),(b)(6)

00157 7002  
DUISY 7004

7

CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME \_\_\_\_\_ (b)(6)  
 FILE NUMBER: 06-244-1000  
 AMOUNT CLAIMED: \$ 12,000 AT: \_\_\_\_\_  
 DATE OF INCIDENT: JAN 6 06 DATE CLAIM FILED: JUL 9 06

DATE	STATUS OF CASE	FOLLOW-UP DATE
14 JUL 06	ENTERED JAGC TO CRT (b)(3)(b)(6)	
30 Jul 06	Need to check Sig Acts No Sig Acts - Need more info Possible MARLA Referral - Need Call # _____	
8 DEC 06	<sup>checking w/ Agencies</sup> No Marka find agency in Fallsch.	(b)(3)(b)(6)
12/16/06	more information	
13/16/06	12,000 paid - closed	



Tort and Special Claims-Pro Version

Home | Search | Administrator | Reports | Log Out | Request Assistance  
SSG (b)(3)(b)(6) NCOIC of Client Services Thursday, 04 January 2007

Closed Claims - Claim Data - **06157T002**

(b)(6)

Fiscal Year: 01-Oct-2006 - 30-Sep-2007  
Current Month: 01-Jan-2007 - 31-Jan-2007

157 - 157 (Iraq)

[Printer Friendly Copy \(MS Word\)](#) [Printer Friendly \(Adobe Acrobat\)](#) [Printer Friendly-Expanded \(Adobe Acrobat\)](#) [Create File Labels \(Avery 5162/5262 Compatible\)](#)

Claimant's Assertion

US Forces raided her hours and arrested her son and husband. Her husband died and left her with ten children. He was the main source of support.

Claimant Information

Claimant (b)(6)  
Insured, o  
Name  
of Deceased  
in Estate  
SSN  
DOB: (b)(6)  
Home Phone:  
Address:  
Claimant  
Attorney:  
Amount  
Claimed: \$12,000.00

(b)(2)High

Claim Information

Claim ID: 06157T002  
Companion  
Claim(s):  
Incident: None Entered.  
Incident Date: 06-Jan-06  
Date Filed: 08-Jul-06  
Filed in This: I57-I57 (Iraq)  
Current  
Owning: I57-I57 (Iraq)  
Chapters: CHAPTER 10 -  
FOREIGN CLAIMS  
Damage: UNKNOWN  
Basis Codes: UNKNOWN  
Incident: OTHER

The Army Team

Field Office: SSG (b)(3),(b)(6)  
Investigator: at (b)(3),(b)(6)  
Field Office  
Attorney: None Chosen. See POCs  
Area Action  
Officer: None Chosen.  
HQ: None Chosen. See POCs  
HQ: None Chosen. See POCs

Final Disposition

Action	Date	Who	Amount
Final Payment Claim	18- Dec- 06	I57 (Iraq)	\$12,000.00

Uploaded Documents

Document	Upload Date	Who
----------	-------------	-----

Claim Retirement Information

Shipment	Box	Date
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(b)(2)High

1/4/2007

06-104-7006

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  
15th Finance Battalion  
Camp Liberty, Iraq  
APO AE 09344  
DSSN

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY  
15th Finance Company  
Camp Liberty, Iraq  
APO AE 09344  
DSSN: 5779

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

(b)(6)

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 <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		AMOUNT <small>(1)</small>
				COST	PER	
06-104-7006		Claim Payment Final Payment of FCA Claim#  In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designed for such purposed 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.	1			\$ 12000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 12000.00

PAYMENT:	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
<input type="checkbox"/> PROVISIONAL	1 = \$ 12000.00	= \$1.00	
<input type="checkbox"/> COMPLETE	BY:		
<input type="checkbox"/> PARTIAL	(b)(3),(b)(6) MSG		
<input checked="" type="checkbox"/> FINAL	TITLE		Amount verified; correct for
<input type="checkbox"/> PROGRESS	Pay Agent		(b)(3),(b)(6)
<input type="checkbox"/> ADVANCE			

Pursuant to authority vested in me, I certify th ment. (b)(3),(b)(6) CPT, Certifying Officer 157/160 (Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

Account Classification Verified: 1st CAV, 15th Finance Office, Disbursing NCOIC

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	(b)(6), Foreign Language Text	

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; otherwise the approving officer will sign in the space provided, over his official title.  
3 When a voucher is receipted 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.

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. NSN 7540-00-900-2234 USAPPC V1.00

PAYMENT REPORT

TO: DFAS, DSSN \_\_\_\_\_ DATE: 16 Dec 06

A. Payment Data:

- (1) Submitting agency/office: United States Army Claims Service
- (2) Office Code: 157
- (3) Agency/Office mailing address: MNC-I, OSJA, Camp Victory, Iraq APO AE 09342
- (4) Date Filed: 29 Jun 06
- (5) Claim Number: 06-104-T006
- (6) Amount Claimed: \$ 12,000
- (7) Fund Cite: \_\_\_\_\_ (b)(2)High
- (8) Payee: \_\_\_\_\_
- (9) Address: IRAQ
- (10) SSN: N/A
- (11) Payment Amount: \$ 12,000
- (12) Type Payment: PF
- (13) For EFT Payments: ABA Routing Number: \_\_\_\_\_
- (14) For EFT Payment: Account Name and Number: \_\_\_\_\_
- (15) For EFT Payment: Name and Address of financial institution: \_\_\_\_\_
- (16) For EFT Payment: Account is (checking) (savings) Circle appropriate account

B. Acceptance by Claimant. (Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within - stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns; and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind in nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths that result from the acts or omissions that gave rise to the claim(s) by reason of the same

(b)(6), Foreign Language Text

Date: 16 Dec 06 \_\_\_\_\_ (Claimant)

C. AGENCY CERTIFYING OFFICER

Pursuant to authority vested in me, I certify that this Payment Report is correct and proper for payment

16 Dec 06 (Date) \_\_\_\_\_ (b)(3),(b)(6) \_\_\_\_\_ (Agency Certifying Officer) FCC (Title)

Date Payment Recorded in Record: 16 Dec 06

A separate payment report must be completed for each claimant

This information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide the information may result in your claim not being processed for payment.

قبيل بالتوقيع من قبل المطالب

I, the claimant by signing this document and accepting payment, am releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as final settlement on this claim.

أنا (المطالب) بالأخصاء والتوقيع على تلك الاستمارة والمواقفة على العرض (المبلغ) أنا  
أنا عن حق الكمال والأعطاء الكامل للتراث العسكري الأمريكية أو حكومة الولايات المتحدة  
التي من أي مسؤولية مقبلة تنتج من المطالب والمواقفة على المبلغ المعروض على أنه عرض  
القبول وليس من حق وأو الورثة من بعدى وأو أية شخص متضرر أو غير متضرر القيام بأي  
عمل قانوني أو غير قانوني ضد التراث العسكرية الأمريكية أو الولايات المتحدة إلا  
المستقبل

Name of Claimant:

Amount Received: \$ 12,000

FCC #: T57

Date Received: 12/10/06

(b)(6)

(b)(3), (b)(1)

Claimant's Signature:



HEADQUARTERS  
MULTI-NATIONAL CORPS - IRAQ  
BAGHDAD, IRAQ  
APO AE 09342

REPLY TO  
ATTENTION OF:

FCC I57

16 December 2006

CLAIM OF: (b)(6)  
CLAIM NUMBER: 06-I04-T006

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) I57 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC I57 offers you \$12,000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

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

CPT, U.S. Army  
FCC I57



UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission Today's Date: 29/6/2006

II. FROM: Name (English): (b)(6)

Name (Arabic):

(a) Circle one: Claimant / Attorney/ Authorized representative/ Parent/ Brother/Sister/ Son/Daughter  
→ [Attorney or representative MUST attach proof of authorization.] Other: \_\_\_\_\_

(b) IRAQI IDENTIFICATION NUMBER: \_\_\_\_\_

(c) DETAINEE IDENTIFICATION NUMBER: (b)(6)

III. ADDRESS of person filing claim:

(English): \_\_\_\_\_ (b)(6), Foreign Language Text

(Arabic): \_\_\_\_\_

IV. HOME OR CELL PHONE NUMBER: \_\_\_\_\_

(a) I, the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of \_\_\_\_\_

(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: \_\_\_\_\_

(c) The property damaged is owned by: her husband

6/11/2006

(d) The incident happened on 6/11/2006 at Falluja (Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: As she said. She was sleeping with her family in their house. at 12:30 at midnight. The U.S forces came to with 10-15 Hamrees to search the house beside their house. Her husband (b)(6) went out to see if there was a threat out side and check every thing. The U.S forces put the lights in his face and shoot him in his chest. The entered to the house and destroyed every thing and arrested her husband and her son after one week the released her son but she found her husband dead after four months in the hospital at 8/5/2006. She didn't check with the U.S forces because what was happend in Falluja and she had (b)(6) children to feed them.

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

UNITED STATES ARMED FORCES CLAIMS FORM

VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

ITEM	PRICE

TOTAL \$ 12,000

(a) I had insurance for the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) My insurer is: \_\_\_\_\_

VII. My total claim in U.S. Dollars against the United States Government is: \$ 12,000  
and in Iraqi Dinars is: \_\_\_\_\_

\*\*\*CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK\*\*\*

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will likely need to provide new evidence in order to have my claim approved.

(b)(6), Foreign Language Text

\_\_\_\_\_  
(Signature of Claimant)

\*\*\*CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK\*\*\*

The claimant was assisted in completing this claim form by:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Contact Information: e-mail, address, DSN/DNVT, etc.)

9.

Foreign Language, (b)(6)

(b)(6), Foreign Language



REPLY TO  
ATTENTION OF:

HEADQUARTERS  
MULTI-NATIONAL CORPS - IRAQ  
BAGHDAD, IRAQ  
APO AE 09342

FICI-JA-C

Claim of (b)(6) 06-I04-T006

ACTION

1. Facts: The claimant alleges that on 6 January 2006, U.S. Forces raided her house and arrested her son and her husband. They had a family of (b)(6) children. The U.S. Forces destroyed everything in her house. Her son was released a week later and her husband was found dead in the hospital four months later. The amount requested is \$12,000 for the claim.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Upon review of the claim, payment is granted.
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 \$12,000.

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

CPT, U.S. Army  
FCC I57

UNCLASSIFIED/OFFICIAL USE ONLY

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Pages 17 through 18 redacted for the following reasons:

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Already Reviewed and Redacted for Release(b)(6) and Foreign Lang Text  
Already Reviewed and Redacted for Release, (b)(6) and foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



(b)(2)High

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 29 redacted for the following reason:  
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(b)(6) and Foreign Language Text

Foreign Language Text, (b)(6)

Pages 31 through 33 redacted for the following reasons:

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Already Reviewed and Redacted for Release, (b)(6) and Foreign Language Text  
Already Reviewed and Redacted for Release, (b)(6) and foreign Language Text

Same copy of death registration

(b)(6), Foreign Language Text

FOREIGN CLAIMS WORKSHEET

Amount Claimed: \$ 12,000

Date Reviewed: 30 Jul 06

Date of Incident: 6 Jan 06

Pay: \$ \_\_\_\_\_

Deny: \_\_\_\_\_

Need more info: \_\_\_\_\_

Need more translation: \_\_\_\_\_

NOTES:

Need to check Sig Acts

Family - ~~lost~~ House destroyed - Rebuilt on new land



Page 36 redacted for the following reason:  
-----  
Foreign Language Text, (b)(6)

Witness statement

Date: Jan 26

Name: (b)(6)

DoB: (b)(6)

Occupation: (b)(6)

Lives: (b)(6)

After he took the oath he stated the following:

On Jan 5th 2004 (b)(6) was shot by US Forces. He was treated by American Medic in their medical facility - On Jan 12, 2004 he was deceased for the result of his wound shot.

Turdan

(b)(6)

Witness

(b)(6)

Witness statement

Date: Jan 26 - 2006

Name:

(b)(6)

DoB: (b)(6)

Lives: (b)(6)

(b)(6)

After He took the oath he stated the following:

On Jan 12, 2004 Mr. (b)(6) has passed away for the result of his wound that caused by shooting from US forces. who were took him to an American medical Facility Facility

Turdan

(b)(6)

Witness

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

*Witnesses statements*

(b)(6), Foreign Language Text

Foreign Language Text

Foreign Language Text

*Claimant Statement*

Foreign Language Text

Foreign Language Text, (b)(6)

Page 40 redacted for the following reason:

-----  
(b)(6), Foreign Language

Death Registration  
Deceased name

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Date of death  
Jan 12, 2004

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Reason for death

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Death Registration  
Same Copy

Foreign Language Text, (b)(6)

b)(6)

Foreign Language

Foreign Language Text, (b)(6)

Death Certificate  
Deceased name  
Date of death: Jan 12, 2004  
Reason for death: Bullets shot

(b)(6)

Foreign Language Text, (b)(6)



Language

Same copy of death certificate

Foreign Language Text, (b)(6)

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER
(b)(6)		N/A	N/A	(b)(6)
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
N/A		USA	N/A	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARRIAGE STATUS Etat Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant
NEGROID Négréoïde		MARRIED Marié		CATHOLIC Catholique
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le défunt		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville, Code postal, pays		
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'épisode et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort				
MEDICAL OPINION				
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	<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non			
ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide	SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident à Avion	
			<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès			
12 Jan 2007	PACIFIC ISLANDS			
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), (b)(3)		MD		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse			
O4	2E CSIT BAHAMAS ISLAND			
DATE Date	SIGNATURE			
12 Jan 07	(b)(3), (b)(6)			

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPASI, 26 SEP 1975, WHICH ARE OBSOLETE

USAPA V1.00

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <i>(Specify)</i>			DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1 00

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décès (Nom et prénoms)		GRADE Grade Année	BRANCH OF SERVICE Année
(b)(6)		N/A	N/A
ORGANIZATION		NATION	DATE OF BIRTH
N/A		N/A	N/A
RACE Race		MARITAL STATUS	
CAUCASOID Caucasoïde		SINGLE Célibataire	
NEGROID Négroïde		MARRIED Marié	
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	
NAME OF NEXT OF KIN		RELIGION	
		CATHOLIC Protestant	
STREET ADDRESS		OTHER (Specify) Autre (Spécifier)	
		JEWISH Juif	
MEDICAL STATEMENT			
CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
MORBID CONDITION IF ANY			
UNDERLYING CAUSE, IF ANY			
OTHER SIGNIFICANT CONDITIONS			
MODE OF DEATH	AUTOPSY PERFORMED	CIRCUMSTANCES SURROUNDING DEATH	
NATURAL	MAJOR FINDINGS OF AUTOPSY	EXTERNAL CAUSES	
ACCIDENT			
SUICIDE	NAME OF PATHOLOGIST	AVIATION ACCIDENT	
HOMICIDE	SIGNATURE	DATE	
DATE OF DEATH	PLACE OF DEATH	YES/NO	
12 Jan 2007	France	NO	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.			
NAME OF MEDICAL OFFICER		TITLE OR DEGREE	
(b)(3),(b)(6)		MD	
GRADE	INSTALLATION OR ADDRESS	SIGNATURE	
O4	28th CSF STRANAD	12-20	
DATE	SIGNATURE		
12 Jan 07	(b)(3),(b)(6)		

DD FORM 2064, APR 1977 REPLACES DA FORM 1355, 1 JAN 1972 AND DA FORM 1355-RIPAS, 26 SEP 1971, WHICH ARE OBSOLETE

(REMOVE, REVERSE, AND RE-INSERT COPIES BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS	
NAME OF MORTICIAN PREPARING REMAINS	GRADE LICENSE NUMBER AND STATE OTHER
INSTALLATION OR ADDRESS	DATE SIGNATURE
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
REGISTRATION VITAL STATISTICS	
REGISTRY (Town and County)	DATE REGISTERED FILE NUMBER
	STATE OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS
SIGNATURE OF AUTHORIZED INDIVIDUAL	

DD FORM 2064, APR 1977 (BACK)

USAPA V1.20

Pages 49 through 50 redacted for the following reasons:  
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Already Reviewed and Redacted for Release, (b)(6), (b)(3)

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DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <i>See (v)</i>		DATE OF DISPOSITION	
REGISTRATION		VITAL STATISTICS	
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

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DISPOSITION OF REMAINS	
NAME OF MORTICIAN PREPARING REMAINS	GRADE LICENSE NUMBER AND STATE OTHER
INSTALLATION OR ADDRESS	DATE SIGNATURE
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
REGISTRATION VITAL STATISTICS	
REGISTRY (Town and County)	DATE REGISTERED FILE NUMBER STATE OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS
SIGNATURE OF AUTHORIZED INDIVIDUAL	

DD FORM 2064, APR 1977 (BACK)

USAPA 41-20



Pages 53 through 54 redacted for the following reasons:  
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Already Reviewed and Redacted for Release, (b)(6), (b)(3)

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1 20

Pages 56 through 57 redacted for the following reasons:  
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Already Reviewed and Redacted for Release  
Already Reviewed and Redacted for Release, (b)(6), (b)(3)

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DISPOSITION OF REMAINS	
NAME OF MORTICIAN PREPARING REMAINS	GRADE LICENSE NUMBER AND STATE OTHER
INSTALLATION OR ADDRESS	DATE SIGNATURE
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY
TYPE OF DISPOSITION: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
REGISTRY (Town and County)	REGISTRATION VITAL STATISTICS
NAME OF FUNERAL DIRECTOR	DATE REGISTERED STATE FILE NUMBER OTHER
SIGNATURE OF AUTHORIZED INDIVIDUAL	ADDRESS

DD FORM 2064, APR 1977 (BACK)

USAPA VI 20

Pages 59 through 60 redacted for the following reasons:

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(b)(6), Foreign Language  
Already Reviewed and Redacted for Release, Foreign Language Text

VA 1 AUG 72 0910 WHICH WILL BE USED.

DEATH TAG

For use of this form, see AF 40-2; prominent security is OTSG. \* USG PO: 1995 612-062

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

1. LAST NAME-FIRST NAME-MIDDLE INITIAL	
- 173 -	
4.	(b)(6)
6. DEATH OCCURRED	PLACEMT. WHERE OCCURRED
HOUR	DAY
MO.	YEAR
0835	12 01 72
(b)(6)	

Foreign Language Text, (b)(6)

Page 62 redacted for the following reason:

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Already Reviewed and Redacted for Release, (b)(3)(b)(6) and Foreign Language Text

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

(b)(6)