

3rd ID Foreign Claims Cover Sheet

File #: 6-IA3-290

Name: (b)(6)

POA/ATT: (b)(6)

Date Received: 27 Dec 05 **Date of Incident:** 10 Aug 05

Claim Amount: \$4,500 **Location:** Balad

Next Apt: D. Van Oe

Translation:

Further Investigation:

Contact S-2 **Check Sigacts** #11356 TF-3-09 patrol margin BP
fire 2x warning shots
@ white truck vehicle
was driving to
close to BP1
Approved **Denied** C/E
12/30/05

Goodwill Payment recommended: _____
 Approved: _____ **Denied:** _____ # or
#11388
TF 5-7
IED hit convoy-
white truck trailing
convoy, then does
U turn. Attempted to
hide. Disabling shot
fired hitting driver
 MVA **RAID** **LOST** **NEG FIRE** **REAL**
 OTHER: _____

Vehicle scratch / Driver treated on the scene + went to Balad hospital
- Nothing

CENTCOM 004958

Pages 2 through 3 redacted for the following reasons:

foreign language, (b)(6)



DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ, APO AE 09393

AFZB-JA-C

30 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] (b)(6) 06-IA3-271

1. **Identifying Data:** [REDACTED] (b)(6) by Attorney [REDACTED] (b)(6)
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 10 August 2005 in Balad, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$4,500 on 27 Dec. 2005.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was properly filed in a timely manner.
5. **Facts:** The Claimant alleges that CF had blocked a road where the decedent was traveling. The deceased then turned onto a side road to avoid the CF. As he turned, the CF fired on his vehicle. The claimant's son was allegedly shot. A SIGACTS investigation for the relevant time period revealed that an IED hit CF convoy, a white truck was seen trailing the convoy, and then made a U-turn and attempted to hide. The CF fired a disabling shot, wounding the driver. The driver was treated at the scene and then went to Balad hospital.
6. **Opinion:** Under AR 27-20, paragraph 10-3, Claims arising "directly or indirectly" from combat activities of the U.S. Armed Forces are not payable. AR 27-20 defines combat activities as, "Activities resulting directly or indirectly from action by the enemy, or by the U.S. Armed Forces engaged in armed conflict, or in immediate preparation for impending armed conflict." Here, the Claimant's damage was caused from the actions of CF against AIF. Accordingly, this claim is non compensable because it is incident to a combat activity.
7. **Recommendation:** The claim is denied.

[REDACTED] (b)(3)(b)(6)

CPT, JA
Claims Judge Advocate

CENTCOM 004961

Page 5 redacted for the following reason:

foreign language

CENTCOM 004963

Pages 7 through 8 redacted for the following reasons:

foreign language

CENTCOM 004966

Page 10 redacted for the following reason:

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CENTCOM 004968

25734

Pages 12 through 16 redacted for the following reasons:

foreign language

25735

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: (b)(6)

POA/ATT: (b)(6)

Power of Attorney provided and interpreter approved. original seen - goes man

Decedents: (b)(6)

Hometown: Iraqi Resident:

My claim arose at: Balad
(Town) (City) (Country)

My claim arose on: 10 AUG 05
Month Day Year

Proof of Ownership: Original seen, VIN match
Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): American death cert
COD -> IED & GSW -> "found on side of road"
Interpreter Approved:

Legal Expert Opinion: \$1,500
Interpreter Approved:

Witness Statement (Consistent?): 1) 2 pm
2) wife 3) Mother No eyewitnesses
Interpreter Approved:

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.)
CF had blocked road - deceased turned
onto a side road to avoid CF. As he
turned, CF fired on vehicle.
(CF's son was shot)
identified deceased b/c skull with eye

Evidence: Release of Remains information, photos

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>
Damage to vehicle	\$1,500
Wrongful death	\$3,000

Total: \$4,500

I was insured to the following extent against the damage 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)
\$ 4,500 local _____

(b)(6)

Subscribed before me this 27 day of Dec, 2005.

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

(Signature)

CENTCOM 004975

Pages 19 through 29 redacted for the following reasons:

foreign language



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 باسماءكم. 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.

..... (b)(6) اسم الشخص للتأكد و اثبات البقايا الدمية |
Person verifying identity

..... (b)(6) اسم الشخص المستلم |
Person receiving remains

..... (b)(6) العلاقة بالمرحوم |
Relationship to deceased

..... التاريخ |
Date

٢٠٠٥ / ٨ / ١٢

CENTCOM 004987



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 والأعتداف لفقدان احبابكم و تتمنى ان تقدم و ترجع اليكم البقايا الادمية الخاصة بالمرحوم/ة الى نسب اهله القريب الاولى الية. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام والالطف التي تتطلبها تقاليد وعادات الديانة الاسلاميه 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.

..... (b)(6) اسم الشخص للتأكد و اثبات البقايا الادمية |
Person verifying identity

..... (b)(6) اسم الشخص المتسلم |
Person receiving remains

..... (b)(6) العلاقة بالمرحوم |
Relationship to deceased

..... التاريخ |
Date

٢٠١٥ / ٨ / ١٢



CENTCOM 004988



DEPARTMENT OF THE AIR FORCE
332nd Air Force Theater Hospital
Balad Air Base, Iraq

11 August 2005

MEMORANDUM FOR THE GUARDS AT NORTH GATE CAMP ANACONDA

FROM: 332nd EMDG/SGH
Air Force Theater Hospital - Balad

SUBJECT: Transfer of the Human Remains of Patient 3810

1. Please allow the family of patient (b)(6) to bring a vehicle, after the appropriate security measures, into the personal search area parking lot to allow a transfer of human remains. We are expecting the transfer of the remains to occur on or around 12 August 2005.
2. Please call Mortuary Affairs directly at DSN 318-443-7241, DNV 550-0425 and they will arrange to come to the gate to coordinate the transfer. If you cannot reach Mortuary Affairs please call either myself, Lt Col (b)(3)(b)(6) or SMSgt (b)(3)(b)(6) at DSN (b)(2)High DNV (b)(2)High Thank you for your assistance in this matter.

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

Superintendent, Professional Services



AUTHORIZATION AND TREATMENT STATEMENT

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

ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)

1) NAME (Last, First, Middle Initial) <i>Unknown</i>		3. RELIGION	
2) MEDICAL TREATMENT FACILITY <i>UNKNOWN</i>		6. TIME OF ADM. <i>10 Aug 05</i>	7. DATE OF ADM. <i>1052</i>
8. TYPE OF CASE <i>BT</i>		10. BRANCH TYPE <i>CU</i>	11. GRADE
12. AFS#		13. ADMISSION SVC CODE	14. RATING
15. LENGTH OF SVC		16. AGE	
17. CORE		18. CURRENT ORGANIZATION	
19. INPATIENT UNIT		20. INPATIENT UNIT	
21. NAME AND ADDRESS OF SPONSOR		22. DATE INITIAL ADM.	
23. ROOM		24. BED	
25. ADMISSION CLERK		26. ADMISSION CLERK	
27. NAME AND ADDRESS OF SPONSOR		28. NAME AND ADDRESS OF SPONSOR	
29. SECONDARY ADMISSION DIAGNOSIS		30. ADMISSION CLERK	
31. SIGNATURE OF PATIENT OR SPONSOR		32. ADMITTING PROVIDER	

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

ESW Head

Found in B room

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



YES NO LOD not applicable AF Form 348 (Check if continued on reverse)

ADMINISTRATIVE DATA: Name in physical profile required YES (Prepare AF Form 422) NO (Meal Card YES NO)

42. DATE OF DISPOSITION		43. TIME OF DISPOSITION		44. CC OF WHOLE BLOOD		45. CC OF PACKED CELLS		46. CONVALESCENT LEAVE	
47. DATE OF DISPOSITION <i>4505 1052</i>		48. TIME OF DISPOSITION		49. CC OF WHOLE BLOOD		50. CC OF PACKED CELLS		45. CONVALESCENT LEAVE	
51. DATE OF DISPOSITION		52. TIME OF DISPOSITION		53. CC OF WHOLE BLOOD		54. CC OF PACKED CELLS		45. CONVALESCENT LEAVE	
55. DATE OF DISPOSITION		56. TIME OF DISPOSITION		57. CC OF WHOLE BLOOD		58. CC OF PACKED CELLS		45. CONVALESCENT LEAVE	

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

PREVIOUS EDITION WILL BE USED.

USE BALL POINT PEN
PRESS HARD

AUTHORIZATION AND TREATMENT STATEMENT

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

ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)

1. OVER NO.		2. NAME (Last, First, Middle Initial) <i>Unknown</i>			3. RELIGION		
4. CODE		5. MEDICAL TREATMENT FACILITY			6. TIME OF ADM <i>104605</i>	7. DATE OF ADM <i>1052</i>	8. TYPE OF CASE <i>BI</i>
9. (b)(6)		10. REF TYPE <i>CLV</i>	11. GRADE	12. AFS#	13. VIATION SVC CODE	14. RATING	15. LENGTH OF SVC
16. (b)(6)		17. CODE			18. CURRENT ORGANIZATION		19. INPATIENT UNIT
20. (b)(6)		21. AGENCY OF INITIAL ADMISSION			22. DATE INITIAL ADM		23. ROOM
24. (b)(6)		25. (b)(6)			26. (b)(6)		27. (b)(6)
28. (b)(6)		29. (b)(6)			30. ADMISSION CLERK		

31. (b)(6)		32. NAME AND ADDRESS OF SPONSOR					
33. (b)(6)		34. (b)(6)					
35. (b)(6)		36. (b)(6)					

37. (b)(6)		38. (b)(6)		39. (b)(6)	
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40. (b)(6)		41. (b)(6)		42. (b)(6)	
43. (b)(6)		44. (b)(6)		45. (b)(6)	

46. (b)(6) 47. (b)(6) 48. (b)(6) 49. (b)(6)

50. (b)(6) 51. (b)(6) 52. (b)(6) 53. (b)(6)

54. (b)(6)		55. (b)(6)		56. (b)(6)	
57. (b)(6)		58. (b)(6)		59. (b)(6)	

PREVIOUS EDITION WILL BE USED.

CENTCOM 004992

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

1. NAME OF DECEASED (Last, First, Middle) <i>Unknown</i>		Nom du décédé (Nom et prénoms)		GRADE Grade —	BRANCH OF SERVICE Arme <i>CIV</i>	SOCIAL SECURITY NUMBER No. <i>(b)(6)</i>
ORGANIZATION Organisation —		NATION (e.g., United States) Pays <i>IRAQ</i>		DATE OF BIRTH Date de naissance —	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS Etat Civil		RELIGION Culte		
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant		OTHER (Specify) Autre (Spécifier)
NEGROID Nègre		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 décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)				CITY OR 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 ¹ Maladie ou condition directement responsable de la mort.		<i>Open head injury / exposed brain matter pubselets / Agyrtole</i>	
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 ² Autres conditions significatives ²			

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	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		
HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input 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
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai conclu que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.	
NAME (b)(3)(b)(6)	TITLE OR DEGREE Titre ou diplôme <i>MD</i>
ADDRESS	INSTALLATION OR ADDRESS
DATE Date	SIGNATURE Signature

¹State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
²State conditions contributing to the death, but not related to the disease or condition causing death.
¹Préciser 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 arrêt du coeur, etc.
²Préciser 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.

CENTCOM 004993

AUTHOR
PRINCIPAL
ROUT

CENTCOM 004994

Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign item 11. Print or type entries. 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) <i>Unknown</i> (b)(6)	2. TIME OF DEATH (Hour-day-month-year) <i>1052 10 Aug 05</i>	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		

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

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, asphyxia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) <i>IED blast to head / myste</i>	
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) <i>IED blast</i>	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE <i>10 Aug 05</i>	(b)(3)(b)(6)	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(3)(b)(6)
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SECTION B - ADMINISTRATIVE

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
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.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO		21. AUTOPSY ORDERED BY (Signature)
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

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) <i>Unknown</i>	2. TIME OF DEATH (Hour-day-month-year) <i>1052 10 Aug 05</i>	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO
(b)(6)	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		
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		

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, asphyxia, etc.; it means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) <i>IED blast to head / myxoma</i>	
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) <i>IED blast</i>	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

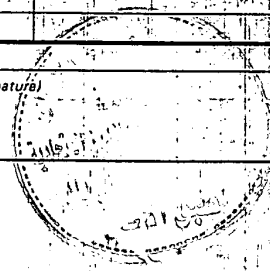
9. DATE <i>10 Aug 05</i>	(b)(3)(b)(6)	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(3)(b)(6)
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SECTION B - ADMINISTRATIVE

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
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.					

SECTION C - RECORD OF AUTOPSY

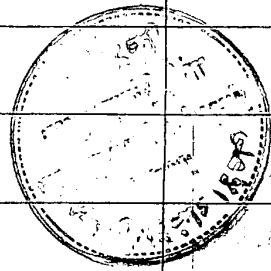
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO	21. AUTOPSY ORDERED BY (Signature)	
22. PROVISIONAL PATHOLOGICAL FINDINGS		
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR



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

NAME OF DECEASED (Last, First, Middle) <i>Unknown</i>		Non du décédé (Nom et prénoms)		GRADE Grade —	BRANCH OF SERVICE Armée <i>CUV</i>	SOCIAL SECURITY NUMBER (b)(6)
ORGANIZATION Organisation		NATION (e.g., United States) Pays <i>IRAQ</i>		DATE OF BIRTH Date de naissance		SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS Etat Civil		RELIGION Culte		
CAUCASOID Caucaïque		SINGLE Célibataire		DIVORCED Divorcé		OTHER (Specify) Autre (Spécifier)
NEGROID Négroïde		MARRIED Marié		SEPARATED Séparé		
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		PROTESTANT Protestant		
				CATHOLIC Catholique		
				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 OR 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.	<i>Open head injury / exposed brain matter fracture / Apystole</i>
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 ² Autres conditions significatives ²	



MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	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		
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non
SIGNATURE Signature	DATE Date	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès	

(b)(3)(b)(6)	BASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. Il est conclu que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.	
	INCINERATED Incinéré	TITLE OR DEGREE Titre ou diplôme <i>MD</i>
	ADDRESS Installation ou adresse	
DATE Date	SIGNATURE Signature	

¹State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
²State conditions contributing to the death, but not related to the disease or condition causing death.
 1 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 arrêt du coeur, etc.
 2 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.

CENTCOM 004998



DEPARTMENT OF THE AIR FORCE
332nd Air Force Theater Hospital
Balad Air Base, Iraq

11 August 2005

MEMORANDUM FOR THE GUARDS AT NORTH GATE CAMP ANACONDA

FROM: 332nd EMDG/SGH
Air Force Theater Hospital - Balad

SUBJECT: Transfer of the Human Remains of Patient 3810

1. Please allow the family of patient (b)(6) to bring a vehicle, after the appropriate security measures, into the personal search area parking lot to allow a transfer of human remains. We are expecting the transfer of the remains to occur on or around 12 August 2005.

2. Please call Mortuary Affairs directly at DSN (b)(2)High, DNVT (b)(2)High and they will arrange to come to the gate to coordinate the transfer. If you cannot reach Mortuary Affairs please call either myself, Lt Col (b)(3)(b)(6) or SMSgt (b)(3)(b)(6) at DSN

(b)(2)High DNVT (b)(2)High Thank you for your assistance in this matter.

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

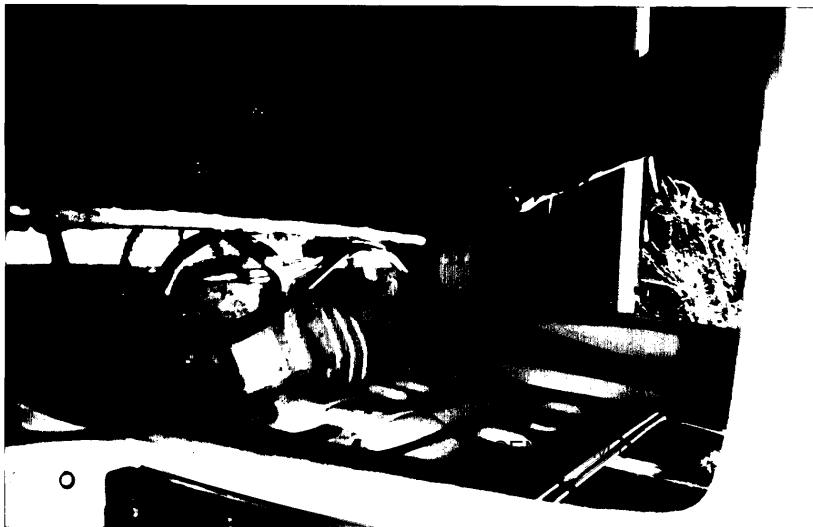
Superintendent, Professional Services



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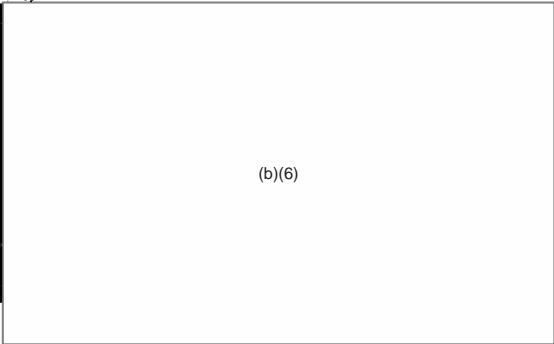


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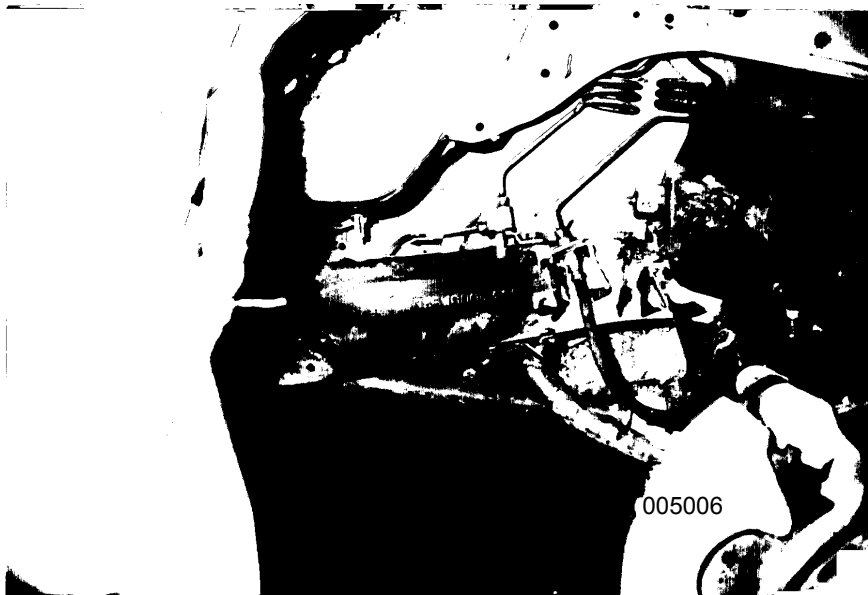


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YAMAHA MOTOR CORPORATION JAPAN

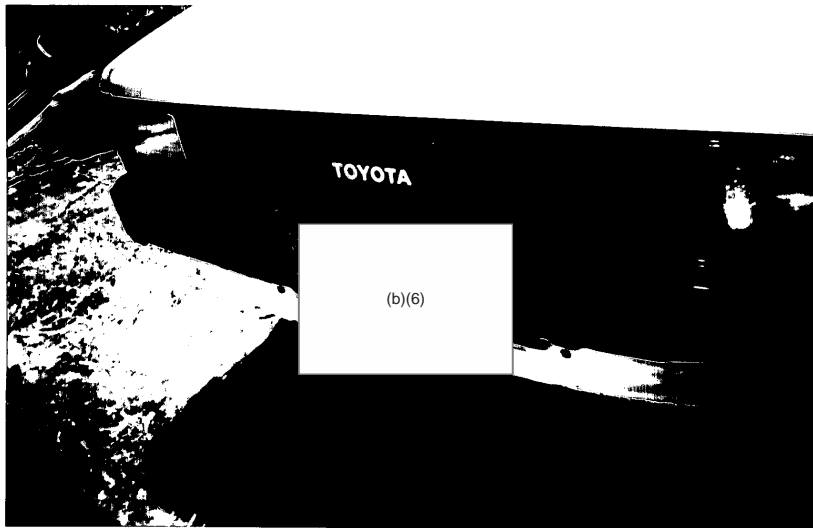


(b)(6)



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(b)(6)

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