

6-1R8-1108

CENTCOM 005109

25852

2006

2006-044-143021-

0047

LN reached into
boat and was
shot in head

1/B/3-320

13 Feb 06

2006-044-143021-

0047

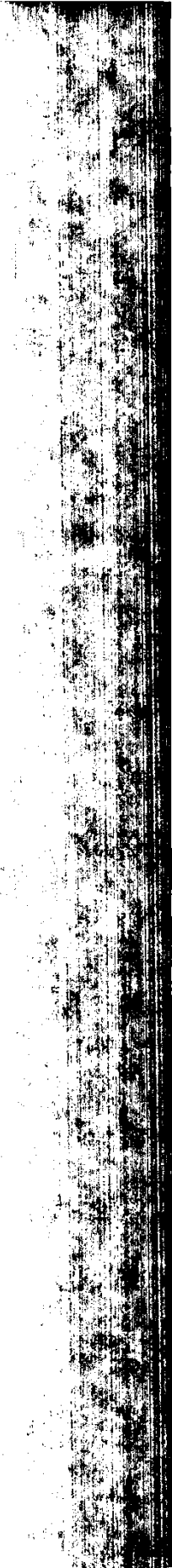
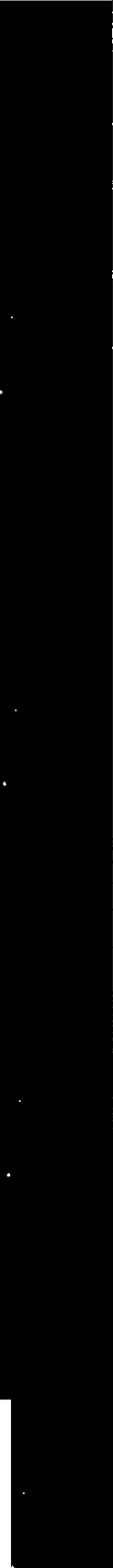
S-1 -

S-2 -

CPT

(b)(6)

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





DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd BRIGADE COMBAT TEAM
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZP-VA-HQ

3 April 2006

CP3AAS60620203-22
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to (b)(6) (Claim
Number 06-IR8-408)

1. On 13 February 2006, Iraqi Army Lieutenant (b)(6) cousin, Mr (b)(6)
(b)(6) was shot and killed by a U.S. Forces patrol as he was fishing from his boat in the Tigris River. A CF
helicopter showed a spotlight on him. He held the fish up in the air and shouted in English "Fish! Fish!" to show
they meant no harm. The deceased bent over to turn his boat motor off, but the U.S. Forces shot him in the head
as he bent down. He later died after he was transported by CF to LSA Anaconda.
2. I certify that CERP funds are available to pay (b)(6) in the amount of \$2,500.00. This is a
condolence payment.
3. The request to pay (b)(6) n the amount of \$2,500.00 from CERP has been legally
reviewed. There is no legal objection to this payment and it is accordingly approved.

(b)(6)

CPT, EN
Project Purchasing Officer

CENTCOM 005112

25855

PAYMENT REPORT

TO: DFAS, DSSN: 8589 Date: _____

A. Payment Data:

- (1) Submitting Agency/Office: United States Army Claims Service
- (2) Office Code: IR8
- (3) Agency/Office Mailing Address: _____
- (4) Date Claim Filed: 12 Mar 06
- (5) Claim Number(s): 6-IR8-408
- (6) Amount Claimed: **15000**
- (7) Fund Cite: _____ (b)(2)High
- (8) Payee(s): _____ (b)(6)
- (9) Address: **Tikrit, Iraq**
- (10) SSN: _____
- (11) Payment Amount: **3500**
- (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).

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 and 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 for which I or my heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose acts or omissions 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, demands, rights, and causes of action, damages, and losses, including reasonable attorneys' fees, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of

Date: _____ (b)(6) Claimant

C. AGENCY CERTIFYING OFFICER:

Pursuant to authority vested in me by _____, I hereby certify that the information furnished is true and correct and proper for payment.
4/3/06 (Date) _____ (Signature Authorized Certifying Officer) _____ (b)(6) Title

Date Payment Recorded in Claim Record: _____

A separate payment report must be completed for each claimant

Privacy Act Statement

The 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 this information may result in your claim not being processed for payment.

FILE NUMBER 6-IR8-408	For use of this form, see AR 27--20: the proponent agency is the Office of The Judge Advocate General.	DATE
DATE OF INCIDENT 13 Feb 06	PLACE OF INCIDENT Tikrit, Iraq	
<p>I hereby agree to accept the sum of <u>3,500.00</u> in full satisfaction and final settlement of all claims which I have or may have against the United States, its officers, agents, and employees, for all damages and injuries, if any, incurred by me as the result of the incident referred to above.</p>		
TYPED OR PRINTED NAME OF CLAIMANT (b)(6)	SIGN (b)(6)	
PRESENT ADDRESS OF CLAIMANT <i>(Number and street or rural route, city, town or village, state and zip code)</i> Tikrit, Iraq		

DA FORM 1666, 1 JUL 74

PREVIOUS EDITION OF THIS FORM
 WILL BE USED UNTIL EXHAUSTED.

CLAIMS SETTLEMENT AGREEMENT

USAPPC V1.00

SMALL CLAIMS CERTIFICATE				SUBMIT IN TRIPLICATE				
For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.								
ORGANIZATION OF INVESTIGATOR TF Band of Brothers, 101 ABN DIV (AASLT)		FILE NUMBER 6-IR8-408		DATE				
NAME OF CLAIMANT (b)(6)		ADDRESS (Include ZIP Code) Tikrit, Iraq						
SECTION I - ACTION TAKEN BY INVESTIGATOR								
I have investigated the incident described in the claim as follows:								
ITEM	YES	NO	ITEM	YES	NO			
PROPERTY DAMAGE EXAMINED		X	DOCUMENTARY EVIDENCE EXAMINED	X				
SCENE OF INCIDENT VISITED		X	CLAIMANT INTERVIEWED	X				
WITNESSES INTERVIEWED								
NAME	METHOD OF INTERVIEW <i>(Personal, telephone, or correspondence)</i>		NAME	METHOD OF INTERVIEW <i>(Personal, telephone, or correspondence)</i>				
COMMENTS OF INVESTIGATOR:								
<p>I find that the evidence substantiates the claim and that the amount claimed or agreed upon constitutes fair compensation for the damage incurred by claimant. I recommend payment of \$ 3,500.00 under Chapter 3 <input type="checkbox"/>, 4 <input type="checkbox"/>, 5 <input type="checkbox"/>, 6 <input type="checkbox"/>, 7 <input type="checkbox"/>, 10 <input checked="" type="checkbox"/>, 12 <input type="checkbox"/>, AR 27-20.</p>								
<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;"> <small>TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR</small> (b)(3),(b)(6) CPT, FCC </td> <td style="width: 40%; border: none; text-align: right;"> (b)(6), (b)(3) </td> <td style="width: 30%; border: none;"></td> </tr> </table>						<small>TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR</small> (b)(3),(b)(6) CPT, FCC	(b)(6), (b)(3)	
<small>TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR</small> (b)(3),(b)(6) CPT, FCC	(b)(6), (b)(3)							
SECTION II -								
<p>After due consideration, I have determined that this claim is meritorious and is cognizable under Chapter 10, AR 27-20; the claimant is a proper claimant; and an award of \$3,500.00 is reasonably substantiated.</p>								
<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;"> <small>OF OFFICER</small> (b)(3),(b)(6) CPT, FCC </td> <td style="width: 40%; border: none; text-align: right;"> (b)(6), (b)(3) </td> <td style="width: 30%; border: none;"></td> </tr> </table>						<small>OF OFFICER</small> (b)(3),(b)(6) CPT, FCC	(b)(6), (b)(3)	
<small>OF OFFICER</small> (b)(3),(b)(6) CPT, FCC	(b)(6), (b)(3)							

Pages 9 through 10 redacted for the following reasons:

Foreign Language, (b)(6)



CENTCOM 005118

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 TF Band of Brothers, 101 ABN DIV (AASLT)	DATE VOUCHER PREPARED 3 Apr 06	SCHEDULE NO.
	CONTRACT NUMBER AND DATE	PAID BY DSSN: (2) Hig (b)(3), (b)(6) MAJ 101st FMC APO AE 09393
	REQUISITION NUMBER AND DATE	
PAYEE'S NAME AND ADDRESS (b)(6) Tikrit, Iraq	DATE INVOICE RECEIVED	
	DISCOUNT TERMS	
	PAYEE'S ACCOUNT NUMBER	
	GOVERNMENT B/L 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	
		Property Loss				3,500.00
TOTAL						3,500.00

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

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR = \$ 3,500.00	EXCHANGE RATE = \$1.00	DIFFERENCES
	BY 2		
	TITLE		(Signature or initials)
	Amount verified; correct for		

Pursuant to authority vested in me by _____ (b)(3), (b)(6) _____ payment.

4/3/06 (Date) _____ (Authorized Certifying Officer) _____ CPT/FCC (Title)

ACCOUNTING CLASSIFICATION

(b)(2) High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK #	ON (Name of bank)
	CASH	DATE	PAYEE 3	(b)(6)

\$ 3,500.00

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.



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

18 March 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 06-IR8-408

1. **Identifying Data:**

2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 13 February 2006 in Tikrit, Iraq.

3. **Amount of claim and date it was filed:** Claimant filed a claim for \$15,000 on 13 March 2006.

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, and Iraqi Army Lieutenant, alleges that CF shot and killed his cousin, (b)(6) while he was fishing on the Tigris river in the early morning hours of 13 February 2006. The deceased was allegedly in his fishing boat when a CF helicopter shown a spotlight on them. They held up the fish in the air and shouted in English "Fish! Fish!" to show that they meant no harm. A patrol of HUMVEEs arrived on the scene. The deceased bent over to turn the motor off of the boat, but CF shot him in the head as he bent down. CF transported the deceased to LSA Anaconda where he later died. CF did not secure the boat and it drifted away up the river, along with a cellular phone and a fishnet inside. A SIGACTS investigation confirmed the events as alleged by the claimant.

6. **Opinion:** "Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful."

(1) Here, there is sufficient evidence of negligence attributable to CF with regard to the failure to secure the boat to the shoreline after the incident. As a result, the boat drifted away and was not recovered. The claimant has presented receipts for the boat, cell phone, engine a fishing net retrieval mechanism totaling \$5,600, however, the actual value of these items is less.

(2) With regard to the killing of (b)(6) that portion of the claim is not compensable under the FCA. "Under AR 27-20, paragraph 10-3, Claims arising "directly or

CENTCOM 005120

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 deceased was shot because he was reaching for the motor, but it appeared to the soldiers on the scene that he was reaching for a weapon. The alleged damage resulted from actions taken in self defense. This constitutes combat activity and as such is not compensable.

7. **Recommendation:** The claim is approved in the amount of \$3 500

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

CFI, JA
Claims Judge Advocate

TF Band of Brothers Claims Intake Form

To: United States
 From: Name: _____ (b)(6) _____

POA/AT
 Power of Attorney provided and interpreter approved.
 Decedents: _____

Hometown: Buzj Iraqi Resident:

My claim arose at: 13 Feb 06 (0530)
 (Town) (City) (Country)

My claim arose on: 01/17/08
 Month Day Year

Proof of Ownership: N/A
 VIN Match:
 Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): original death cert. seen
date of death is 27 Feb 08

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: has docs from LSAA
 Interpreter Approved: _____

Witness Statement (Consistent?): 1 Fisherman - saw CF shoot out of helicopter & CF vehicles in area.
 Interpreter Approved: 2

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.)

BOAT WAS STOLEN
 PLANE STOLEN
 CASED

deceased is fisherman. 3 people near the Tigris Driver of vehicle waiting in the car. 15:30 a.m.
Helicopter shown light on 3 persons → show helicopter fish
9:00 pm.
CF Humvee then showed up & shot him. (driver)
deceased sent to Anacarda

Evidence: transferred by helicopter.

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.)

Item	Amount
Wrongful death	\$2,500
Boat engine	-
Cell phone (flog)	500
Fishing equipment	-
Total: \$15,000	

I claim as damages: (Indicate amount in U.S. dollars ar
\$ 15,000 local

(b)(6)

(Signature of Claimant)

Subscribed before me this 12 day of March, 2006.

CP

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

(b)(3),(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

MEMORANDUM FOR RECORD

SUBJECT: Waiver of Notification

1. I, the Claimant, hereby agree that if I fail to provide any requested evidence to the CMOC Claims Office within sixty (60) days of the date below or to request a written extension of the sixty (60) day period, such inaction shall constitute an affirmative act of abandonment of my claim, and my claim shall be administratively closed in accordance with the provisions of DA PAM 27-162, paragraph 13-3(f).

2. I further agree that if I wait longer than sixty (60) days from the date below to return to the CMOC to receive notification of the final disposition of my claim or to request a written extension of the sixty (60) days period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance above.

1. انا المشتكي هنا اوافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة ستون (60) يوما, هذا سوف يسبب عدم تكوين تأكيد لقضيتي, ويسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ايم 162-27, من الفقرة 13-3-3(ف)).

2. ولنا كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما, هذا سوف يتسبب برفض قضيتي. و القضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature: _____

Sworn before _____, on ____ day of _____ 200____.

CENTCOM 005124

(b)(6)

332ND AFTH TRANSFER - D/C SUMMARY
BALAD AB, IRAQ

Foreign Language

PATIENT NAME:	AGE:	(b)(6)	DATE OF ADMISSION:	13FEB06
332 ND AFTH ID / #:	SEX:	MALE	DATE OF DISCHARGE:	17 Feb 06

This patient needs to enter LSA Anaconda and the 332nd AFTH for an appointment on Please allow this patient and escort through the front gate.

HPI / MECHANISM & PATTERN OF INJURY:	
20s Iraqi AE from Ramadi s/p GSW R par-occ. no other wounds, VSS, sedated/paralyzed with ETT, given rF7, taken to OR by NRS for post fossa and par Craniectomy.	
HOSPITAL / OPERATIVE COURSE:	
PROCEDURE HX - NEUROSURGERY: IRAQI GSW TO R OCCIPUT AND SUBOCCIPITAL REGION. PROCEDURE: 1) RIGHT HEMICRANIECTOMY, OCCIPITAL LOBECTOMY, DURAPLASTY, PLACEMENT OF ICP MONITOR. 2) SUBOCCIPITAL CRANIECTOMY, EVACUATION OF POSTERIOR FOSSA SUBDURAL HEMATOMA, DECOMPRESSION OF FORAMEN MAGNUM. BAKKEN/SCHLIFKA.	
ACTIVE MEDICAL ISSUES:	
RESOLVING PENETRATING BRAIN INJURY	
PERTINENT LAB & X-RAY RESULTS	DISCHARGE DX AND CONDITION:
	STABLE
DISP & RX:	
Discharge To (Annotate RTD, Indicate if on Profile, D/C Home, Med EVAC to which Civilian or Military Hospital): MEDICAL CITY	
MEDICATIONS:	Lovenox 30mg SC BiD Haldol 5mg IV BiD Ceftriaxone 2g IV q12 X5 days (stop after PM dose 17 FEB) Dilantin 200mg IV q12 Zantac 150mg IV q8 Insulin drip
SPECIAL INSTRUCTIONS:	SCALP STAPLES OUT IN 2 WEEKS. MAY RETURN TO NEUROSURGERY CLINIC 8-12 WEEKS AFTER DISCHARGE FOR EVALUATION FOR CRANIOPLASTY IF NEUROLOGIC IMPROVEMENT OCCURS
FOLLOW-UP	

CENTCOM 005125

CENTCOM 005126

25868

(b)(6)

Pre follow-up / pre-admission studies			
Outpatient:	DATE	TIME:	LOCATION:
Admission:	DATE:	TIME:	ADMISSION DX:
Check in with PAD for Pre-Admission			INTENDED PROCEDURE:

TRANSFER INFORMATION			
VENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mode	SIMV	MEDICAL EQUIPMENT ACCOMPANYING PATIENT:
	Tidal Volume	650	Impact Vent
	Rate	12	
	FiO ₂	50	
	PEEP	5	
	PS	10	
<input checked="" type="checkbox"/> LITTER <input type="checkbox"/> AMBULATORY	MEDICAL ATTENDENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NON-MEDICAL ATTENDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RE-EVAL REQUIRED IN EMT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
//Signe (b)(3),(b)(6) MAJ, U.S. ARMY MC, NEUROSURGERY			
Physician Signature Block (Typed) (Sign Hard Copy)			

Original - Patient (transfer package)
Copy - Inpatient Medical Record
Copy - SGH

CLICK EDIT, CLICK COPY, THEN PASTE INTO JPTA

t:/surgeons/JPTA/Transfer-Discharge Summary (Jaso).doc (23 Jul05)

CENTCOM 005127

25869



CENTCOM 005128

25870



Foreign Language, (b)(6)

SECTION/PATIENT DIARY



Name of patient:

Foreign Language, (b)(6)

Patient Number:

Plan/Recommendations: *NeuroSurgery Dept.*

- 1) *see discharge summary*
- 2)

Hospital Location: *subspecialty Surgical Hospital*

Hospital Directions: _____

(1

Foreign Language

On behalf of the 10th Combat Support Hospital, special thanks for assistance in the transfer of Iraqi patients to host nation facility for further care. We highly appreciate your support and further management of this case.

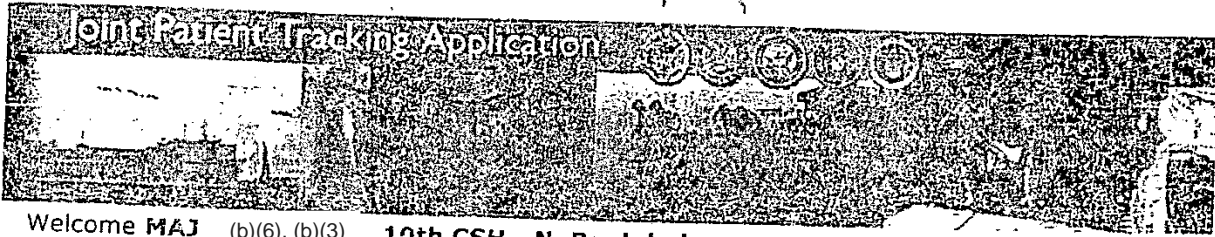
Page 23 redacted for the following reason:

Already Reviewed and Redacted for Release

Page 25 redacted for the following reason:

Already Reviewed and Redacted for Release

(41)



Welcome MAJ (b)(6), (b)(3) , 10th CSH - N. Baghdad

Patient Reg./Update Patient Search Patient Info. Reports Patients By Service

Patient Treatment History

(b)(5) ? NAME REGISTER # ARR. DATE

PATIENT NAME: UNKNOWN Foreign Language

PATIENT SSN: (b)(6)

INIT DIAGNOSIS: OTHER AND UNSPECIFIED OPEN WOUND OF HEAD, COMPLICATED

Reverse Record Order.

AUTHOR	DATE	NOTES	FACIL
	2/13/2006 5:19:37 PM	PROCEDURE HX - NEUROSURGERY: IRAQI GSW TO R OCCIPUT AND SUBOCCIPITAL REGION. PROCEDURE: 1) RIGHT HEMICRANIECTOMY, OCCIPITAL LOBECTOMY, DURAPLASTY, PLACEMENT OF ICP MONITOR. 2) SUBOCCIPITAL CRANIECTOMY, EVACUATION OF POSTERIOR FOSSA SUBDURAL HEMATOMA, DECOMPRESSION OF FORAMEN MAGNUM. BAKKEN/SCHLIFKA.	332 E1 BALAC
	2/13/2006 9:46:32 PM	20s Iraqi AE from Ramadi s/p GSW R. par-occ. no other wounds, VSS, sedated/paralyzed with ETT, given rF7, taken to OR by NRS for post fossa and par Craniectomy.	332 E1 BALAC
	2/14/2006 11:27:59 AM	ICU day 2 s/p GSW head with massive head trauma. Massive resuscitation. Continue routine (but significant) supportive care.	332 E1 BALAC
(b)(3),(b)(6)	2/15/2006 7:43:58 PM	ICU Day 3 - No change after devastating brain injury due to GSW. No neurological function besides breathing off all sedation and narcotics. Requires levophed drip to maintain blood pressure. Has new RLL infiltrate on CXR - afeb. Increased urine output today. PLAN: Continue no sedation - check neuro status. Consider meeting regarding ? care tomorrow. Check Na and follow UOP - consider DDAVP, replace K.	332 E1 BALAC
	2/16/2006 11:35:20 AM	ICU Progress Note Day 4 S/p gsw head. To or today for trach/peg. CXR with likely rll infiltrate given recent fevers. Will broaden abx, change line. Ct of head today, if stable icp monitor to come out.	332 E1 BALAC
	2/16/2006 5:49:46 PM	PROCEDURE HX - PROCEDURE HX - NEUROSURGERY: IRAQI GSW TO R OCCIPUT AND SUBOCCIPITAL REGION. PROCEDURE: 1) RIGHT HEMICRANIECTOMY, OCCIPITAL LOBECTOMY, DURAPLASTY, PLACEMENT OF ICP MONITOR. 2) SUBOCCIPITAL CRANIECTOMY, EVACUATION OF POSTERIOR FOSSA SUBDURAL HEMATOMA, DECOMPRESSION OF FORAMEN MAGNUM. BAKKEN/SCHLIFKA. PROCEDURE (16 Feb 06 Trauma Surg): Dx--s/p GSW Head; ventilatory dependent. Operation--under GTA, open Tracheostomy using a N. 8 Shiley tube; open G-Tube placement using a 32 Fr. Malecot tube. Plan--postop ICU care.	332 E1 BALAC
STATUS	LOCATION	DATE	FACILITY
INPATIENT	PENDING INP-332 EMDG	2/13/2006	332 EMDG-BALAC
INPATIENT	ICU-2-332 EMDG	2/13/2006	332 EMDG-BALAC (b)(3),(b)(6)

(10)

Statement in Form
at Baiji Court

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 005135

25877

Pages 29 through 31 redacted for the following reasons:

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

(14)

w₂ at the Policeth

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 005139

Page 33 redacted for the following reason:

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

(11)

W, in the Police
state.

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 005141

25881

Page 35 redacted for the following reason:

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

Foreign Language Text, (b)(6)

Death certificate