

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

(b)(6)

(35)

07I92T048

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

28 May 07

CLAIM FILE CHECKLIST

- SF 1034 (Signed by FCC, Pay Agent, Claimant)
- Action Memo Approving the Claim
- Claim Release and Settlement Agreement
- Decision Memo
- Claim Summary Sheet
- Supporting Documents (ID Card, Ownership, Statements, etc.)

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

13 March 08

CLAIMS CHECKLIST

CLAIM NUMBER: \_\_\_\_\_ AMOUNT OF CLAIM: \$ 15,000  
 CLAIMANT'S NAME: (b)(6)  
 DATE OF INCIDENT: 17 Jan 06 DATE FILED: 27 Mar 07 DATE RECEIVED: \_\_\_\_\_

CLAIM TYPE:  
 Vehicle Damage       Detainee Property       Damage During Raids  
 SAF Damage/Injury       Real Estate       Other DEATH

CLAIM AROSE FROM:  
 Combat Activities       Non-combat Activities

CLAIM IS:  
 Payable       Not Payable

BRIEF OVERVIEW:  
 Claimant states that her husband was in a vehicle accident w/ US Forces. he was injured and transported to hospital in balad. husband pronounced dead @ hospital

REMARKS:  
 Recommend Approval / Denial For \$10,000 due to time waited

REVIEWED BY: SGT (b)(3)(b)(6)      -DATE REVIEWED: 25 Apr 07

Approve \$ (b)(6) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE APPROVED/DENIED: 13 April 2007

DENIED       APPROVED  
 Denial Memo       Amount Approved: \$10,000  
 Approval Memo  
 Settlement Agreement  
 SF 1034  
 Disbursing Officer Memo



**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  
APO AE 09352**

DATE VOUCHER PREPARED  
25 August 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY  
**15th FIN BN  
3rd FIN, 3rd SSB  
APO AE 09352  
DSSN 5579**

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS  
**(b)(6)  
BAGHDAD, IRAQ**

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>	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
		<b>FOREIGN CLAIMS NUMBER 07-I92-T048 VEHICLE DAMAGE AND DEATH</b>				10,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) **TOTAL** 10,000.00

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$ (b)(6)	= \$1.00	
	BY:		
	<b>CPT (b)(3), b(6)</b>		
	TITLE <b>FOREIGN CLAIMS COMMISSION</b>		<b>(b)(3)(b)(6)</b>

Pursuant to authority vested in me, I certify that (b)(3)(b)(6) payment.

25 August 2007 (Date) **SJC (b)(3)(b)(6)** (Authorized Certifying Officer) **CLAIMS PAYING AGENT** (Title)

ACCOUNTING CLASSIFICATION (b)(2)High

ACCOUNT CLASSIFICATION NUMBER

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank)

PAID BY CASH (b)(6) DATE 25 August 2007 PAYEE (b)(6)

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> 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.  
<sup>3</sup> 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.



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
BRIGADE OPERATIONAL LAW TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB FALCON, BAGHDAD, IRAQ  
APO AE 09361

FCC I92

25 August 2007

CLAIM OF: (b)(6)  
CLAIM NUMBER: 07-I92-T048

Dear Sir:

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

Foreign Claims Commission (FCC) I92 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 I92 offers you \$10,000.00 to settle your claim.

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 signing this letter.

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

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

CPT, U.S. Army  
FCC I92



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOREIGN CLAIMS COMMISSION  
FOB FALCON, IRAQ  
APO AE 09361

**FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT**

I, (b)(6) of **Baghdad, Iraq**, hereby agree to accept the sum of \$ (b)(6) (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 17 January 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from a raid conducted by US Forces on 17 January 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 25 day of August 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature

Name: (b)(6)

Address: Section:

Street:

House:

Baghdad, Iraq

I.D. Number: ~~~

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

Witness Signature

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

Witness Signature



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
BRIGADE OPERATIONAL LAW TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB FALCON, BAGHDAD, IRAQ  
APO AE 09361

AFZN-BC-JA

Claim of

(b)(6)

, 07-192-T048

ACTION

1. Facts: Claimant states that on 17 January 2006, her husband's vehicle was hit by US Forces and he was injured. Husband was then flown to the hospital in Balad where he was pronounced dead.

2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.

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

4. Action: Pay this claim in the amount of \$10,000.00.

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

CPT, JA  
FCC I92





REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
BRIGADE OPERATIONAL LAW TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB FALCON, BAGHDAD, IRAQ  
APO AE 09361

AFZN-BC-JA

Claim of (b)(6) 07-I92-T048

ACTION

1. Facts: Claimant states that on 17 January 2006, her husbands vehicle was hit by US Forces and he was injured. Husband was then flown to the hospital in Balad where he was pronounced dead.
2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: Pay this claim in the amount of \$10,000.00.

(b)(6)

CPT, JA  
FCC 192



DEPARTMENT OF THE ARMY  
 HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
 MULTI-NATIONAL DIVISION—BAGHDAD  
 FOREIGN CLAIMS COMMISSION  
 FOB FALCON, IRAQ  
 APO AE 09361

**FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT**

I, (b)(6) of **Baghdad, Iraq**, hereby agree to accept the sum of **\$10,000.00** (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 17 January 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from a raid conducted by US Forces on 17 January 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 28<sup>th</sup> day of August 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature

Name: **Hana Jasim Mohamed**

Address: Section:

Street:

House:

Baghdad, Iraq

I.D. Number:

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

Witness Signature

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

Witness Signature

Claims Form

طلب تظلم

Name: (b)(6) الاسم:

Address: العنوان:

I am

a. A national citizen of: Iraq أنا أحمل جنسية: Iraq

b. A permanent resident of: عنواني الدائم:

c. Employed by: عمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

please see the hospital report.

أنتي أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من: (المنظمة، الوحدة العسكرية)

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.)

person dead by shooting

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: Bahdad Iraq  
(Town) (City) (Country)

تظلمي قدم في: القرية المدينة البلاد أو المحافظة

My claim arose on: 1 17 2006  
Month Day Year

تظلمى قدم فى: 1 17 2006  
شهر يوم السن

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.)

the victim was shoot by american forces he transfer to  
to the shi mosque and then after to Falcon  
Balad. his family found the body there.

باختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكني)

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
Person killed	15 000
Total: 15 000	

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والمتمسكات، والقواتير الضرورية لكل شئ لوحد)

تكلفته	الشئ المتضرر
إجمالي التكلفة:	



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 15000 I.D. 19 000 000

اطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

Foreign Language Text

العملة المحلية

Foreign Language Text

\$

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تعظم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التعظم فإن تقسم على أن كل المعلومات المقدمة في هذا التعظم هي صحيحة وحقيقية. أي شخص يحاول تقديم تعظم كاذب أو مختلق أو يزور التعظم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التعظم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 29 day of May, 2009

(b)(6)

(Signature of Witness)

(b)(6)

(Printed Name)

my husband

(b)(6)

left the home in Jan. 17.06 and did

not come back. We searched him in AlDowra  
Police station and we found his Kar and

we the CF shoot him <sup>in Dowra</sup> and took him to

GZ then to Babal case, when we

went there we found out that he is dead.

I have 5 Kinels and his mother and  
his brothers, we don't have a salary or  
place to stay, we ask please from the CF  
to help us with thanks.

I'm requesting W.K

my "

(b)(6)

(b)(6)

Wrong Number

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)




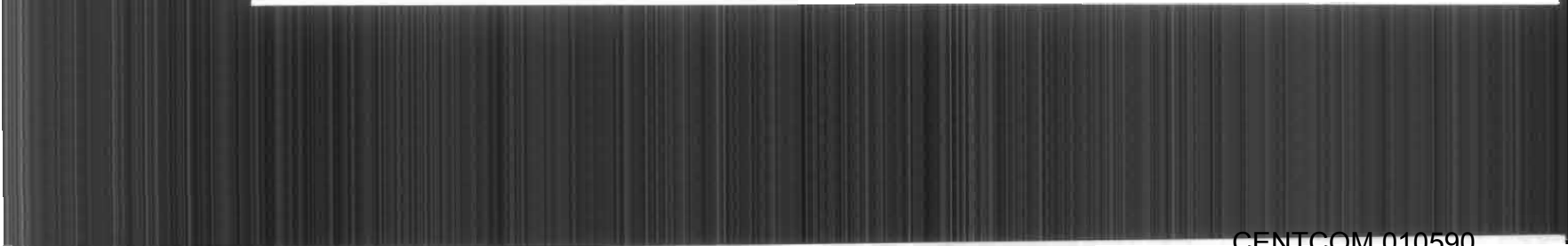

Foreign Language Text, (b)(6)





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)

Foreign Language Text, (b)(6)

The statement.

She said that her husband come out in 1/7/2006

But he didn't come back. when she searched the area she found his car in police center. He hit by american army - they took him to Ize and thereafter to Balad Falcon when they went there they found his body.

She has (b)(6) and no one support her family - she need your help.

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		332 EMDG BALAD AB, IRAQ			
<p>Instructions - Medical Officer in attendance will:            Prepare, in one copy only, Items 1 through 10 and sign Item 11.            Print or type entries.</p> <p>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</p>					
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)	2. TIME OF DEATH (Hour-day-month-year)	3. MEDICAL EXAMINER/CORONER'S CASE			
(b)(6)	0345 18 JAN 2006	<input type="checkbox"/> YES <input type="checkbox"/> NO			
(b)(6)	4. RELIGION	5. CHAPLAIN NOTIFIED			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH			
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)				
	Anoxic BRAIN Injury		6 hrs		
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) Motor Vehicle CRASH		6 hrs		
	(2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.				
	b.				
9. DATE	10. TYPED OR PRINTED NAME OF PHYSICIAN IN ATTENDANCE	11. SIGNATURE			
18 JAN 2006	MAJ. (b)(3)(b)(6)	(b)(3)(b)(6)			
SECTION B - ADMINISTRATIVE ACTION					
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)			21. AUTOPSY ORDERED BY (Signature)		
<input type="checkbox"/> YES <input type="checkbox"/> 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 USED.

USAPA V2.01

CENTCOM 010594

07-192-T048-00024

26746

**MILITARY OPERATIONS  
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL**

1. DATE (YYYYMMDD) 20060118  
2. PAGE OF 1

**PRIVACY ACT STATEMENT**

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

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

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

**3. TENTATIVELY IDENTIFIED DECEDENT**

a. NAME (Last, First, Middle Initial) for Unidentified) (b)(6) (b)(6), (b)(2) Hig 311th Qmco.	b. GRADE Civ.	c. SSN	d. ORGANIZATION Patient (b)(6)	e. STATUS Deceased	f. DATE OF STATUS (YYYYMMDD) 20060118
--	------------------	--------	-----------------------------------	-----------------------	--

4. PLACE OF RECOVERY (Include grid coordinates) 332nd EMG. Balad	5. DATE OF RECOVERY (YYYYMMDD) 20060118	6. EVACUATION NUMBERS a. #1 006-06 b. #2
---	--	--

**7. INVENTORY OF EFFECTS**

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
	-----nothing follows-----			

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
005	1000 dinar bills			
008	500 dinar bills			
	-----Nothing Follows-----			

**9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)**

ALL KNOWN EFFECTS   
  ALL KNOWN EFFECTS RECOVERED FROM UNIT   
  ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

a. NAME (Last, First, Middle Initial) (b)(3), b(6)	b. GRADE E-4	c. ORGANIZATION 311th QMCO.	d.	e. DATE SIGNED (YYYYMMDD) 20060118
d. (b)(3)(b)(6)				

**11.**

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

**12. RECEIVING OFFICIAL**

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

DD FORM 1076, JUL 1998

PREVIOUS EDITION MAY BE USED.

USAPA V1.00

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 Arms	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale		
(b)(6)		CIV		(b)(6)		
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe		
Iraqi Civilian		Iraq	Unknown	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin		
RACE Race		MARITAL STATUS État Civil		RELIGION Culte		
CAUCASOID Caucassien		SINGLE Célibataire		PROTESTANT Protestant		
NEGROID Négride		MARRIED Marié		CATHOLIC Catholique		
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		SEPARATED Séparé		
JEWISH Juif		OTHER (Specify) Autre (Spécifier)				
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le(s) dé(s)			
Unknown						
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					ANOXIE BRAIN INJURY	6 hrs
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					
	MOTOR VEHICLE CRASH				6 hrs	
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 du décès dues à des causes extérieures		
NATURAL Mort naturelle		<input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non				
X 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 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 du décès				
0345 18 JAN 2006		BALAD AB - 3326005 - 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			
MAJ. I (b)(3)(b)(6)			MD			
GRADE Grade		INSTALLATION OR ADDRESS Installation ou adresse				
MAJ		332 EMDG BALAD AB, IRAQ				
DATE Date		SIGNATURE				
18 JAN 2006		(b)(3)(b)(6)				
<small>1. State disease, injury or complication which caused death 2. State conditions contributing to the death, but not related 3. Precede the nature of the disease, of the injury or of the condition which contributed to the death, with no mention of any report with the disease or to the condition which provoked the death. à gré du cœur, etc.</small>						

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPAS, 28 SEP 1975, WHICH ARE OBSOLETE.

USA PA 11-00

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		3. DATE PREPARED (YYYYMMDD) 20060120	4. PAGE 1 OF 1 PAGES
5. VEHICLE/AIRCRAFT ID NUMBER	6. EVACUATION NUMBER  (b)(6), (b)(2)Hic 311thQM CO/Balad	7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state)			
		a. NAME (Last, First, Middle Initial)	b. GRADE	c. SSN	d. ORGANIZATION
		Unknown	N/A		Civ.
		-----Nothing Follows-----			
8. AIRCRAFT/VEHICLE DEPARTED	9. AIRCRAFT/VEHICLE COMMANDER		b. GRADE		c. ORGANIZATION
a. TIME	a. NAME (Last, First, Middle Initial)		E-4		311th QMCO
b. DATE (YYYYMMDD)	(b)(3)(b)(6)				e. DATE SIGNED (YYYYMMDD)
	(b)(3)(b)(6)				20060120
10. AIRCRAFT/VEHICLE ARRIVED	11. AIRCRAFT/VEHICLE COMMANDER		b. GRADE		c. ORGANIZATION
a. TIME	a. NAME (Last, First, Middle Initial)				
b. DATE (YYYYMMDD)	(b)(3)(b)(6)				e. DATE SIGNED (YYYYMMDD)
	(b)(3)(b)(6)				7/2/January

DD FORM 1075, JUL 195

ION MAY BE USED.

USAPA V1.00



332 EMDG / PAD  
BALAD AB, IRAQ

NAME- (b)(6)

SSN- (b)(6)

UNIT-

DATE- 17 Jan 06  
PATIENT'S IDENTIFICATION (For plate imprint, typewriter or hand)

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

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

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

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

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

FUNDS					
DATE	DEPOSITS	WITHDRAWALS	BALANCE	SIGNATURE	
17 Jan 06	9000 Dirhams			AIC	(b)(6), (b)(3)
				(b)(6)	
<del>Nothing Follows</del>					

VALUABLES						
NUMBER	DESCRIPTION OF VALUABLES	QUANTITY	DEPOSITS		WITHDRAWALS	
			SIGNATURE (Custodian)	DATE	SIGNATURE (Patient or immediate individual)	DATE
<del>Nothing Follows</del>						

DA FORM 3696, DEC 77

REPLACES EDITION OF 1 AUG 77 JSED.

USAPA VI 01

MOD

Illegible Text, Nonresponsive



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	2 NAME (Last, First, Middle Initial) (b)(6)				3 RELIGION				
4 FACILITY CODE 5602	5 MEDICAL TREATMENT FACILITY 332nd EMDG BALAB AB, IRAQ				6 TIME OF AUM 1500	7 DATE OF AUM 17 Sep 2006	8 TYPE OF AUM (H/NBI/D)			
9 I MI	10 BENEF TYPE (b)(6)			11 GRADE	12 AFSC	13 AVIATION SVC CODE	14 RATING	15 LENGTH OF SVR	16 AGI	
17 SEX M	18 MARITAL STATUS	19 RACE/COLOR	20 ZIP CODE	21 CURRENT ORGANIZATION Iraqi CIV			22 INPATIENT UNIT			
23 FAC INT ADM CODE		24 FACILITY OF INITIAL ADMISSION			25 DATE INITIAL AUM		26 ROOM	27 BED		
28 PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO		29 CLINIC SERVICE(S)			30 ADMISSION LT AIC (b)(6)					
31 EMERGENCY ADDRESSEE/RELATIONSHIP					32 NAME AND ADDRESS OF EMERGENCY CONTACT					
33 PRIMARY ADMISSION DIAGNOSIS Subdermal Hematoma Splenic Laceration					34 SECONDARY ADMISSION DIAGNOSIS BL eye injury LBK Amputation pulmonary embolism					
35 CAUSE OF INJURY MVA										
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							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) (Meal Card <input type="checkbox"/> YES <input type="checkbox"/> NO)										
40 ADMINISTRATIVE DATA (Change in physical profile required <input type="checkbox"/> YES (Prepare AF Form 422) <input type="checkbox"/> NO)										
Admission: JPTA _____					Discharge: JPTA _____					
24 HR _____					24 HR _____					
(Check <input type="checkbox"/> if continued on reverse)										
41 DISPOSITION DOW		42 DATE OF DISPOSITION 18 Jan 06	43 TIME OF DISPOSITION 0345	44 CC OF WHOLE BLOOD	45 CC OF PACKED CELLS	46 CONVALESCENT LEAVE TAKEN: _____ RECOMMENDED: _____				
(b)(3)(b)(6)					48 SIGNATURE OF PATIENT AFFAIRS OFFICIAL					

PREVIOUS EDITION WILL BE USED

**MILITARY OPERATIONS  
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL**

1. DATE (YYYYMMDD)

20060118

2. PAGE

DF J PAGES

**PRIVACY ACT STATEMENT**

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

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

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

**3. TENTATIVELY IDENTIFIED DECEDENT**

a. NAME (Last, First, Middle Initial) (or Unidentified) (b)(6), (b)(2)High AR311th Qmco.	b. GRADE Civ.	c. SSN	d. ORGANIZATION Patient #6625	e. STATUS Deceased	f. DATE OF STATUS (YYYYMMDD) 20060118
4. PLACE OF RECOVERY (include grid coordinates) 332nd EMG. Balad			5. DATE OF RECOVERY (YYYYMMDD) 20060118	6. EVACUATION NUMBERS a. (6), (b)(2)Hi b. #2	

**7. INVENTORY OF EFFECTS**

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
	-----nothing follows-----			

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
005	1000 dinar bills			
008	500 dinar bills			
	-----Nothing Follows-----			

**9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)**

ALL KNOWN EFFECTS     ALL KNOWN EFFECTS RECOVERED FROM UNIT     ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

a. NAME (Last, First, Middle Initial) Mendoza Daniel A	b. GRADE E-4	c. ORGANIZATION 311th QMCO.	d.	e. DATE SIGNED (YYYYMMDD) 20060118
d. (b)(3)(b)(6)				

**11.**

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

**12. RECEIVING OFFICIAL**

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

DD FORM 1076, JUL 1998

PREVIOUS EDITION MAY BE USED.

USAP, XVI

Page 31 redacted for the following reason:  
-----  
Already Reviewed and Redacted for Release

332 EMDG- BALAD	(b)(3), b(6)	1/17/2006 9:19:03 PM	<p>hyperosmolar/isovolemic therapy, but will not push too far give poor initial exam and anoxia injury pattern on head CT from this blunt trauma patient.</p> <p>PROCEDURE HX - Unknown aged Iraqi male injured by MVC. Open Left BKA with tourniquet in place (distal thigh &gt; 2 hours on arrival). Minimal remaining proximal tibia bone and extensive gastroc muscle contusion. Non-sterile pneumatic tourniquet applied to left upper thigh. Left leg prepped. Trans-articular (through knee) amputation performed with sharp dissection after inflation of tourniquet to 325 mm Hg). Vascular structures dissected out and ligated with 0 silk suture. Tibial nerve identified, pulled distally, ligated and transected proximally. Wound irrigated with 3L pulsatile lavage. Tourniquet deflated and hemostasis obtained. Wound packed with sterile ABD pads, oversewn with 0 prolene suture for bolster. Wound covered with additional sterile gauze dressing, kerlix rolls and ace wraps. Multi-ligamentous injury to right knee (closed) also noted on assessment of extremities). Patients overall condition was not conducive to additional surgery and no emergent surgery was indicated. Further assessment and management may follow, pending determination of overall condition and recovery. Will plan to repeat ID with conversion to L AKA in 2 days if condition allows.</p>	Edit Delete
PENDING RTD <input type="radio"/> PENDING TRANSFER <input type="radio"/> FOLLOW UP APPT <input type="radio"/>				
Type notes here:				
<input type="button" value="SAVE NOTES"/>			Procedure Hx <input type="checkbox"/>	



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 والأعتدار لفقدان احبابكم و تتمنى ان تقدم و ترجع اليكم البقايا الادمية الخاصة بالمرحوم ..... الى نسب اهله المقرب الاولى الية. 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
(b)(6), Foreign Language Text	Foreign Language Text
	التاريخ Date

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL				
FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		332 EMDG BALAD AB, IRAQ				
<p>Instructions - Medical Officer in attendance will:            Prepare, in one copy only, Items 1 through 10 and sign Item 11.            Print or type entries.</p> <p>Send form, without delay to the Registrar or Administrative            of the Day, for necessary action and for preparation of require,            number of copies.</p>						
<b>SECTION A - ATTENDING MEDICAL OFFICER'S REPORT</b>						
PERSONAL DATA						
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)		2. TIME OF DEATH (Hour-day-month-year)				
(b)(6)		0345 18 JAN 2006				
3. MEDICAL EXAMINER/ CORONER'S CASE		4. RELIGION				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
5. CHAPLAIN NOTIFIED		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number						
(b)(6)						
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)				
		Anoxic BRAIN Injury				
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) Motor Vehicle CRASH				
		(2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT						
a.						
b.						
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE				
18 JAN 2006	MAJ. (b)(3)(b)(6)	(b)(3)(b)(6)				
<b>SECTION B - ADMINISTRATIVE ACTION</b>						
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.						
<b>SECTION C - RECORD OF AUTOPSY</b>						
20. AUTOPSY PERFORMED (If yes, give date and place)			21. AUTOPSY ORDERED BY (Signature)			
<input type="checkbox"/> YES <input type="checkbox"/> 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 USED.

USAPA V2 01

CENTCOM 010604

07-192-T048-00034

26756





TF 30<sup>TH</sup> MED BDE  
CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT: 332 AEW / EMDG / AAD

DATE AND TIME OF INCIDENT: 18 Jan 2006 0345

TYPE OF INCIDENT: Death / Pt. died of wounds

LOCATION OF INCIDENT: Balad AB / 332 EMDG

PERSONNEL INVOLVED:

NAME: (b)(6)  
ID NUMBER: (b)(6)  
NATIONALITY: Iraq

SUBJECT:

REMARKS: Pt. transferred from 10th CSH in Baghdad to  
PUBLICITY: 332 EMDG at Balad AB on 17 Jan 06 @ 1900 Pt had  
+ traumatic head injury + Left Below knee leg Amputation.  
POC NAME: AIC (b)(3)(b)(6) NUMBER: 443-8520

FFIR #

PIR #  
N/A

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

.angu.

*The police rep-  
-victim killed  
by American*

Foreign Language Text

Foreign Language Text, (b)(6)



Foreign Language Text

The commatige  
beam the car/  
some damage on  
body of the  
car.

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

, Foreign Language Text

The paper from  
the High Judge Cousine  
confirm that the  
stun was n kids.

(b)(6)

Foreign Language Text

Foreign Language Te

Foreign Language Text, (b)(6)

Death Certificate

(b)(6), Foreign Language Text

Pages 40 through 41 redacted for the following reasons:

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



Welcome SSG (b)(6) , 332 EMDG-BALAD

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

Patient Treatment Management

SSN (b)(6) [?] NAME [?]

SSN	NAME	SEX	RANK	BRANCH
(b)(6)		M	N/A	UNKNOWN
DIAGNOSIS:		AMPUTAT LEG, UNILAT NOS		
ATTACHMENTS:0 files		AF3899: Create		

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICU	1/17/2006 4:44:14 PM	10th CSH - N. Baghdad
INPATIENT	PENDING INP-332 EMDG	1/17/2006 7:21:35 PM	332 EMDG-BALAD
TRANSFERRED TO ARMY MTF	332 EMDG-BALAD	1/17/2006 7:34:10 PM	
INPATIENT	ICU-2-332 EMDG	1/17/2006 9:20:27 PM	332 EMDG-BALAD
EXPIRED		1/18/2006 4:01:44 AM	

FACILITY	AUTHOR	DATE	NOTES	Edit	Delete
332 EMDG-BALAD	(b)(3), b(6)	1/17/2006 9:17:27 PM	PROCEDURE HX - Unfortunate Iraqi male struck by vehicle in Baghdad and left on side of road. Pt taken to 10th CSH GCS-3 with assymetric pupils R>L. Pt was paralyzed for transport to Balad AFTH. Pt arrived GCS-3T with unchanged pupils. Pt CT head small right SDH with loss grey-white matter and right hemisphere hypodense and swollen. Hypodensity in pons. CT CS neg for fx/dislocation. CT T/L old DDD with bridging osteophyte, doubt acute fx at L1/2. Right frontal Codman ICP monitor placed under aseptic technique without complications. Ininitial ICP 60mmHg and with intervention decreased to 38-40mmHg. Pt had ortho complete through knee amp of left leg. Prognosis for functional recovery is grim. Will let sedation and paralytics wear off and get uncorrupted exam. Treat ICPs with		

(b)(2)High