

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

SAT ~~IND~~ / ~~SEARCH~~

App 7K

354-9  
26-Sep-07

(b)(6)

7x6

CENTCOM 015486

07-IH1-T016-00001



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**

Headquarters, 3d Brigade Combat Team  
101st Airborne Division (Air Assault)  
Camp Striker, Iraq, APO AE 09322

AFZB-KC-JA

14-Nov-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

07-IH1-T016 / 354-9

1. Facts.

The claimant alleges US Forces SAF caused the death of her husband, while he was driving.

Claimant has requested \$7,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

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

4. Action. Settle this claim in the amount of \$7,000.00

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

(3)(b) Claim Attorney IH1

CENTCOM 015487

07-IH1-T016-00002

**Serial Number Accountability Record**

The purpose of this form is to record the serial numbers on USD \$100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 29 DEC 07

PAY AGENT NAME: SFC

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

Print given name, father's name, grandfather's name, tribal name

Serial Number:

through  and,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_.

\* Use additional forms if needed.

Standard Form 1031 (2004) Revised October 1997 Department of the Treasury 1750A-2-2000 (05-04)		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
1. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION				2. DATE VOUCHER PREPARED		3. SCHEDULE NO.	
DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579				24-Dec-07			
PAYEE'S NAME AND ADDRESS				GENERAL NUMBER AND DATE		PAID BY	
CLAIM (b)(6) Anbar						24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
SHIPPED FROM				TO		WEIGHT	
GOVERNMENT OR 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>	QUANTITY	UNIT PRICE		AMOUNT	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for properly damaged, lost, destroyed, captured, or abandoned in service.					\$7,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL	\$7,000.00
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL							
<input checked="" type="checkbox"/> COMPLETE		(b)(3),(b)(6)	=\$1.00				
<input type="checkbox"/> PARTIAL							
<input type="checkbox"/> FINAL							
<input type="checkbox"/> PROGRESS		TITLE: SFC, US Pay Agent				000.00	
<input type="checkbox"/> ADVANCE							
Parties to authority vested in me, I certify that the voucher is correct and proper for payment.							
		1LT (b)(3),(b)(6)	Disbursing Agent				
ACCOUNTING CLASSIFICATION							
(b)(2)High				\$7,000.00			
PAID BY		CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
CASH					(b)(6)		
\$7,000.00				(b)(6)			
When stated in foreign currency, insert name of currency.						PER	
If the ability to certify and authority to approve are combined in one person, one signature only is necessary, followed by the approving officer and sign in the space provided, over his official title.						TITLE	
When a voucher is received 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. 82a 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 the information will hinder discharge of the payment obligation.							

CENTCOM 015489

07-IH1-T016-00004

*Tope*



# CLAIMS LOG

BRIGADE OPERATIONAL LAW TEAM, 2d BCT, 10<sup>th</sup> MTN DIV

AMOUNT CLAIMED: \$ 7K  
 CLAIMANTS NAME: (b)(6)  
 DATE CLAIM SUBMITTED: 10-5-07  
 DATE OF INCIDENT: 10-23-05

PARALEGAL RECOMMENDATION: ~~Deny~~ Approve 2500

FCC ACTION: [ ] DENY  APPROVE [ ] OTHER  
\$ 7,000

COMMENTS / REMARKS:

NOE. No U.S. negligence  
Show proof of damage  
We took to hospital

## SETTLEMENT AGREEMENT

### إتفاقية تسوية وإعفاء

طلب # 07-IH1-T016  
354-9

(b)(6), Foreign Language Text

\$7,000.00

Foreign Language Text

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية  
ضباطها ووكلائها وعاملها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ  
10/23/2005 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

أخذًا بنظر الإعتبار كل ذلك أعفي وهنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعاملها  
من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا  
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة 'إن  
وجدت' أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملتمكات أو أية إصابات أو وفيات نتجت عن هذه  
الحادثة

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد  
تم منحه طبقًا لقانون الدعاوي الأجنبية المرقم 10 'قانون الولايات المتحدة 2734' وعليه فيجب الأيول  
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها  
وموظفيها .

(b)(6)  
DATE 29 Dec 2007  
Foreign Language Text  
(b)(6)  
DATE 24 Dec 07  
WITNESS SIGNATURE  
(b)(6)  
Foreign Language Text  
(b)(6)

CENTCOM 015491

07-IH1-T016-00006

**GIC OPINION ABOUT CLAIMS**

(b)(6)

**Case no. 354-9**

1. The claimant presented pictures shows the damages onto her husband's car type (b)(6) Baghdad.
2. The claimant said that the reason behind selling the car is she don't know that the US army give compensation to there victims so she can provide damaged picture for the car.
3. The claimant proved the ownership of her husband's car.
4. The claimant proved that her husband treat in (ibn sina) hospital after the US army moved him to the hospital.
5. The investigation report in court of ALKHARMA supported that the claimant's husband was died because American random fire.
6. The claimant asking totally amount \$7000.00 about killed her husband and destroyed his car.
7. We suggest compensation the claimant the same amount that she asks.

With our respect,

(b)(6)

The lawyer,

(b)(6)

(b)(6)

**GIC MANAGER,**

(b)(6)

26 Sep 2007

CENTCOM 015492

07-IH1-T016-00007



GENERAL INFORMATION CENTER,  
AL-RADHWANYA, BAGHDAD, IRAQ.

**"THE CLAIM'S CONTAINS"**

The Claimant name:-

(b)(6)

- 1) 2 pictures for the car before damage. i.f.
- 2) Power attorney disposition by the car.
- 3) document prove the death of her husband.
- 4) Paper support from the investigation judge.
- 5) Investigation reports from AL Khama court.
- 6) Survvy location for the accident.
- 7) Medical reports from Ibn Sina hospital.
- 8) Personal documents.



(b)(6)

General Information Center/Al-Radhwan

Date:- 26 Sep 07





# Claims Form



To: United States Army Foreign Claims Commission

From: Name: [Redacted]  
Address: [Redacted] (b)(6)  
Iraqi ID: [Redacted]  
I am

- a. A citizen and national of: Anbar / Iraq
- b. A permanent resident of: [Redacted] (b)(6)
- c. Employed by: \_\_\_\_\_
- d. Check one ( ) an insurer ( ) Not an insurer
- e. Check one ( ) A subrogee ( ) Not a subrogee

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

MNF

The property damaged had owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at Garma Anbar Iraq  
 (Town) (City) (Country)

My claim arose on oct 23 2005  
 (Month) (Day) (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

On the date 23/10/2005 the us army were open  
fire toward my husband while he was driving  
his car at (Garma) after that He died and he  
is a Father for [Redacted] kids that's why I asked for  
Compensation

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

The us killed My husband

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
1- my husband Death	\$ 7000,00
2-	
3-	
4-	
5-	
6-	

Total: \$ 7000,00

I was insured to the following extent against the damages 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)

\$ 7000,00 local 8.750,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 26 day of Sep, 2007.



(b)(6)

(Signature)

Pages 11 through 15 redacted for the following reasons:

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(b)(6), Foreign Language  
Foreign Language

(b)(6), Foreign Language Text

CENTCOM 015501

07-IH1-T016-00016

26961

Pages 17 through 18 redacted for the following reasons:

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(b)(6)

(b)(6), Foreign Language

*In The Name of Allah The Most precious The Most Merciful*

*(statement)*

Foreign Language Text

*The Head of the Appellate Court in Al Anbar  
Judicial investigation in The Court of Al Karma*

Foreign Language Text

*( evidence ) give the information as a matter of fact (honesty) under oath*

Foreign Language Text, (b)(6)

*Judicial investigator*

Foreign Language Text

*To take the oath (signature)*

(b)(6)

Foreign Language Text

Foreign Language Text

*The gudge*

Foreign Language

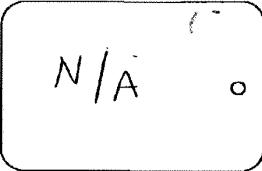
*To take the oath (signature )*

Page 20 redacted for the following reason:  
-----  
(b)(6), Foreign Language

RECORD OF IDENTIFICATION PROCESSING  
*(Effects and Physical Data)*

2005 10 23

LAST NAME - FIRST NAME <i>(known number)</i>	MIDDLE INITIAL <i>(if any)</i>	GRADE	SERVICE NO.	ISSUE DATE
(b)(6)		N/A	N/A	N/A
NAME OF CEMETERY (IF VACATION NUMBER) OR GRAVE AND RECOVERY NUMBER			NAME	ISSUE DATE
(b)(6) USMC MA DET 4-C			N/A	N/A

RECEIVED FROM	IMPRINT OF IDENTIFICATION TAG
FALLUJAH SURGICAL	
OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>(Include personal effects aiding identification)</i> 02 LICENSE DOCUMENTS (ALL THREE DOCUMENTS ISSUED TO DIFFERENT NAME THEN ABOVE) 01 DEPARTMENT TRANSPORTATION ID 01 ID ISSUED TO NAME ABOVE * ALL INFO OBTAINED BY FALLUJAH SURGICAL INTERPRETER	

ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS *(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM 10-286)*

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

FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PHOTOGRAPHS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

PHYSICAL DESCRIPTION

ESTIMATED HEIGHT (b)(6)	MUSCULARITY (b)(6)	COLOR OF HAIR (b)(6)	RACE OR NATIVITY CAUSASIOD
----------------------------	-----------------------	-------------------------	-------------------------------

TATTOOS, SCARS OR MARKS ON BODY

(b)(6)

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

EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE FOUND

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

WOUNDS OR INJURIES

INJURY TO LEFT SHOULDER AND LEFT LUNG

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

I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

NAME, GRADE, AND ORGANIZATION

(b)(3),(b)(6) E-3 USMC MA DET 4-C (b)(3),(b)(6)

CENTCOM 015506

07-IH1-T016-00021



*In The Name of God The Most precious The Most Merciful*

*The Head of the Appellate court in Al Anbar*

Foreign Language Text

*Judicial investigator in The Court of Al Karma*

Foreign Language Text

*(complainant inquisition) under oath*

Foreign Language Text

Foreign Language Text

(b)(6)

(b)(6), Foreign Language Text

(b)(6)

Foreign Language Text

Foreign Language Text

(b)(6), Foreign Language Text

*To take the oath (complainant signature)*

CENTCOM 015507

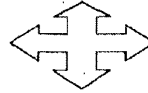
07-IH1-T016-00022

*in The Name of God The Most precious The Most Merciful*

Foreign Language Text

*The head of the appellate Court in anbar  
Judicial investigator in the Court of al karma*

Foreign Language Text



*The diagram and blue-print and public exposition and Explanation and prescription  
fully to accident*

Foreign Language Text

n Language

Foreign Language Text

Foreign Language

Foreign Language Text

Foreign Language Text

Foreign Language T

*Diagram for  
Incident location*

Foreign Language Text

(b)(6)

*Judicial investigator*

Foreign Language Text

Foreign Language Text, (b)(6)

(b)(6)

*In The Name of God The Most precious The Most Merciful*

*(Witness statement)*

Foreign Language Text

*The Head of the Appellate Court in Al Anbar  
Judicial investigator in The Court of Al Karma*

Foreign Language Text

*The first eye-witness ( evidence ) give the in formation as amatter of fact  
(honesty) under oath*

Foreign Language Text

(b)(6), Foreign Language Text

(b)(6)

(b)(6)

Foreign Language Text

*To take the oath (witness signature)*

Foreign Language Text

(b)(6), Foreign Language Text

*Th*

*To take the oath ( witness signature )*

***In The Name of God The Most precious The Most Merciful***

*(Witness statement )*

Foreign Language Text

*The Head of the Appellate Court in Al Anbar  
Judicial investigator in The Court of Al Karma*

Foreign Language Text

*The second eye-witness ( evidence )give the in formation as amatter of fact  
(honesty) under oath*

Foreign Language Text

(b)(6)

*Judicial investigat*

Foreign Language Text

*To take the oath (witness signature)*

(b)(6)

Foreign Language Text

*The gud*

(b)(6), Foreign Language Text

*ie oath (witness signature)*

Foreign Language Text

in The Name of Allah The Most precious The Most Mercecciful  
The Head of the Appellate Court in Al Anbar

Notary investigator

Foreign Language Text

in The Court of al karma

Foreign Language Text

(Act of parliament)

Foreign Language Text

Foreign Language Text

Notary investigator

(b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

The gudge

/ / /2005

Foreign Language Text, (b)(6)

CENTCOM 015511

07-IRI-1016-00026

Page 27 redacted for the following reason:  
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Foreign Language Text, (b)(6)

In The Name of Allah The Most precious The Most Merciful

The Head of the Appellate court in Al Anbar

Foreign Language Text

Notary investigator in The Court of Al Karma

Foreign Language Text

(complainant inquisition) under oath \_\_\_\_\_

Foreign Language Text

Foreign Language Text, (b)(6)

/ / /2005

Foreign Language Text, (b)(6)

The gudge

القاضي

To take the oath (complainant signature )

GENCOM 1578

07-IH1-T016-00028

BTB. (b)(6)		N/A		N/A		UNDETERMINED	
N/A		BTB. IRAQI BTB. 1471					
CAUCASOID <i>Caucasien</i>		SINGLE <i>Célibataire</i>		DIVORCED <i>Divorcé</i>		PROTESTANT <i>Protestant</i>	
NEGROID <i>Négré</i>		MARRIED <i>Marié</i>				CATHOLIC <i>Catholique</i>	
OTHER <i>Autre (Spécifier)</i>		WIDOWED <i>Veuve</i>		SEPARATED <i>Séparé</i>		JEWISH <i>Juif</i>	
NAME OF NEXT OF KIN <i>Nom du plus proche parent</i>				RELATIONSHIP TO DECEASED <i>Parenté ou relation avec le défunt</i>			
STREET ADDRESS <i>Domicile à (Rue)</i>				CITY OR TOWN AND STATE (Include ZIP Code) <i>Ville (Code postal compris)</i>			
MEDICAL STATEMENT <i>Déclaration médicale</i>							
CAUSE OF DEATH (Enter only one cause per line) <i>Cause du décès (l'indiquer qu'une cause par ligne)</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Intervalle entre l'apparition et le décès</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Maladie ou condition directement responsable de la mort</i>						2 hours	
ANTECEDENT CAUSES <i>Symptômes précurseurs de la mort</i>		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <i>Condition morbide, s'il y a lieu, menant à la cause primaire</i>					
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE <i>Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire</i>					
OTHER SIGNIFICANT CONDITIONS? <i>Autres conditions significatives?</i>							
MODE OF DEATH <i>Condition de décès</i>		AUTOPSY PERFORMED <i>Autopsie effectuée</i> <input type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>				CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <i>Circonstances de la mort relatives aux causes extérieures</i>	
NATURAL <i>Mort naturelle</i>		MAJOR FINDINGS OF AUTOPSY <i>Conclusions principales de l'autopsie</i>					
ACCIDENT <i>Mort accidentelle</i>							
SUICIDE <i>Suicide</i>		NAME OF PATHOLOGIST <i>Nom du pathologiste</i>					
X HOMICIDE <i>Homicide</i>		(b)(3), (b)(6)		DATE <i>Date</i> 10/23/05		AVIATION ACCIDENT <i>Accident d'avion</i> <input type="checkbox"/> YES <i>Oui</i> <input checked="" type="checkbox"/> NO <i>Non</i>	
DATE OF DEATH (Month, day, YEAR) <i>Date de décès (le mois, le jour, l'année)</i> 2250, 23 Oct 2005		PLACE OF DEATH <i>Lieu de décès</i> Falluja OR 1466					
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. <i>J'ai examiné les restes mortels du défunt et le décès est survenu à l'heure indiquée et de la cause indiquée ci-dessus.</i>							
NAME OF MEDIC <i>Nom du médecin sanitaire</i>		(b)(3), (b)(6)		TITLE OR DEGREE <i>Titre ou diplôme</i> MD			
GRADE <i>Grade</i> 06		INSTALLATION OR ADDRESS <i>Installation ou adresse</i> LLB-2 Samsat Beirut					
DATE <i>Date</i> 23 Oct 05		SIGNATURE <i>Signature</i> (b)(3), (b)(6)					
<i>State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</i> <i>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 cœur, etc.</i> <i>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.</i>							

CENTCOM 015514

07-IH1-T016-00029



2005 10 23 1 1

BTB (b)(6) N/A N/A N/A DECEASED 20051023

4. PLACE: FALLUJAH SURGICAL

5. DATE OF RECOVERY (YYYYMMDD): 20051023

6. EVACUATION NUMBERS: (b)(6) USMC MA DET 4-C

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
01	RECEIPT	(b)(3),(b)(6)	POOR	FWD KARMAH IRAQ POLICE
01	BUSINESS CARD	(b)(3),(b)(6)	POOR	FWD KARMAH IRAQ POLICE
(b)(3),(b)(6)				

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

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
01	CENTRAL BANK OF IRAQ (ONE THOUSAND DINARS) 22	(b)(3),(b)(6)	POOR	FWD KARMAH IRAQ POLICE
02	CENTRAL BANK OF IRAQ (TWO HUNDRED AND FIFTY DINARS)	(b)(3),(b)(6)	POOR	FWD KARMAH IRAQ POLICE
(b)(3),(b)(6)				

9. EFFECTS INVENTORIED ABOVE REPRESENT  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-3

c. ORGANIZATION: USMC MA DET 4-C

e. DATE SIGNED (YYYYMMDD): 20051024

d. SIGNATURE: \_\_\_\_\_

f. DATE SIGNED: \_\_\_\_\_

12. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial): \_\_\_\_\_

b. GRADE: \_\_\_\_\_

c. ORGANIZATION: \_\_\_\_\_

d. SIGNATURE: \_\_\_\_\_

e. DATE SIGNED (YYYYMMDD): \_\_\_\_\_

CENTCOM 015515

07-IH1-T016-00030

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 015516

07-IH1-T016-00031

Foreign Language Text, (b)(6)

CENTCOM 015517

07-IH1-T016-00032

Foreign Language Text, (b)(6)

CENTCOM 015518

07-IH1-T016-00033

Foreign Language Text, (b)(6)

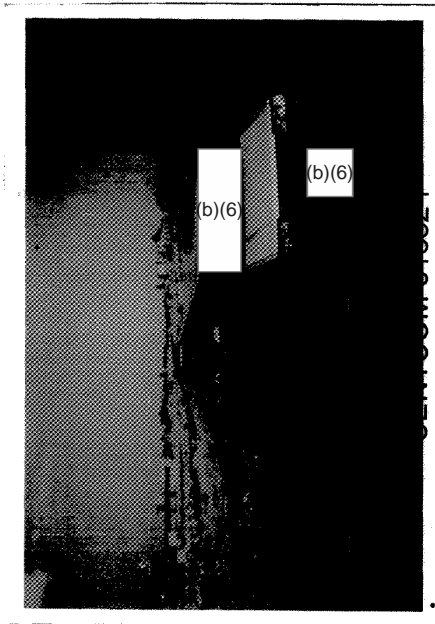
07-IH1-T016-00034

Foreign Language Text, (b)(6)

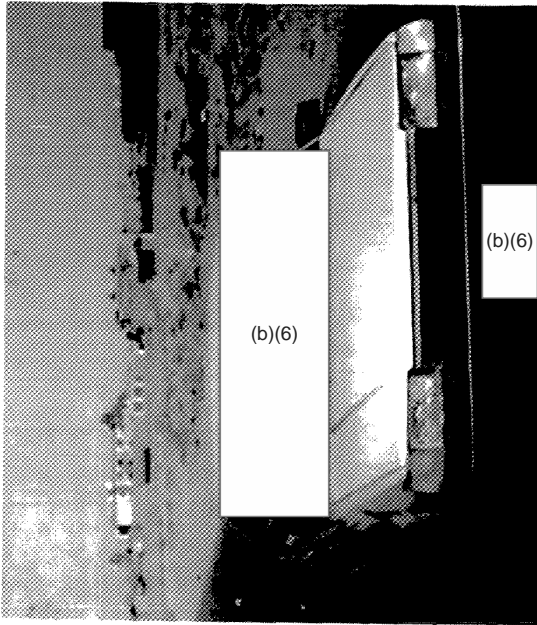
07-IH1-T016-00035

Pages 36 through 38 redacted for the following reasons:

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







07-IH1-T016-00040