

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

CENTCOM 010859  
08-160-T008-00001



Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 376TH FMC DET Camp Liberty, Iraq APO AE 09344</b>			DATE VOUCHER PREPARED	SCHEDULE NO.		
PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto; text-align: center;">(b)(6)</div>			CONTRACT NUMBER AND DATE	PAID BY <b>376TH FMC DET Camp Liberty, Iraq APO AE 09344</b>		
			REQUISITION NUMBER AND DATE	DATE INVOICE RECEIVED		
			DISCOUNT TERMS			
SHEPHERD FROM TO WEIGHT			PAYEE'S ACCOUNT NUMBER		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 <small>( )</small>
				COST	PER	
		Claim Payment  Final Payment of FCC Claim# 08-160-T008  In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designed for such purposes under authority of 31 USC 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				
(Use continuation sheets if necessary) (Payee must NOT use the space below) <b>TOTAL</b>						
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		BY 2 <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">(b)(3), (b)(6)</div>	=\$1.00			
<input type="checkbox"/> COMPLETE						
<input type="checkbox"/> PARTIAL						
<input checked="" type="checkbox"/> FINAL					Amount verified correct for payment	
<input type="checkbox"/> PROGRESS					(Signature or initials)	
<input type="checkbox"/> ADVANCE					Pay Agent	
Pursuant to authority vested		payment.		Captain, Certifying Officer, 157		
<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">(b)(3), (b)(6)</div>		<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">(b)(3), (b)(6)</div>		<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">(b)(3), (b)(6)</div>		
(Date)		(Authorized Certifying Officer)		(Title)		
ACCOUNTING CLASSIFICATION						
<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block; text-align: center;">(b)(2)High</div>						
Accounting Classification Verified: 376th FMC Det, Disbursing Office						
P A I D B Y	CHECK NUMBER	ON TREASURER OF THE UNITED STATES	ON (Name of bank)			
	CASH	DATE	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">(b)(3), (b)(6)</div>			
1. When stated in foreign currency, insert name of currency					FOR	
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					TITLE	
3. When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						

Previous edition usable NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 820 and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will render discharge of the payment obligation.

CENTCOM 010861  
08-160-T008-00003

قبول بالتوقيع من قبل المدعى (المطالب)

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

أنا المدعى (المطالب) بالامضاء و بالتوقيع على تلك الامتثارة و الموافقة على العرض (المبلغ) أما بالتنازل عن حقي الكامل و الأضواء الكامل للقوات العسكرية الأمريكية أو حكومة الولايات المتحدة الأمريكية من أي مسؤولية مقبلة تنتج من المطالب و الموافقة على المبلغ المعروض على لذة عرضي. و ليس من حفي و أو الورثة من بعدي و أو أية شخص منضمر أو غير منضمر القيام بأي صل قانوني أو غير قانوني ضد القوات العسكرية الأمريكية أو الولايات المتحدة الأمريكية من المستقبل.

Name of Claimant: (b)(6) Amount Received: \$ 16,100  
FCC # 09-1108-1008 Date Received: 10/20/09  
(b)(6) OSJA POC: (DSN) 318-822-2864  
Claimant's Signature: \_\_\_\_\_

Office Copy

PAYMENT REPORT

TO: DFAS, DSSN \_\_\_\_\_ DATE: \_\_\_\_\_

A. Payment Data:

- (1) Submitting agency/office: United States Army Claims Service
- (2) Office Code: 160
- (3) Agency/Office mailing address: MNC-I, OSJA, Camp Victory, Iraq APO AE 09342
- (4) Date Filed: 20071012
- (5) Claim Number: 08-160-T008
- (6) Amount Claimed: \$16,130
- (7) Fund Cite: \_\_\_\_\_ (b)(2)High
- (8) Payee: \_\_\_\_\_ (b)(6)
- (9) Address: \_\_\_\_\_ (b)(6)
- (10) SSN: N/A
- (11) Payment Amount: \_\_\_\_\_
- (12) Type Payment: PE
- (13) For EFT Payments: ABA Routing Number: \_\_\_\_\_
- (14) For EFT Payment: Account Name and Number: \_\_\_\_\_
- (15) For EFT Payment: Name and Address of financial institution: \_\_\_\_\_
- (16) For EFT Payment: Account is (checking) (savings) Circle appropriate account

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

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

(b)(6)

Date: \_\_\_\_\_

C. AGENCY CERTIFYING OFFICER

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

10 DEC 07 \_\_\_\_\_ (b)(3), (b)(6) \_\_\_\_\_ FCC  
 (Date) (Signature Authorizing Certifying Officer) (Title)

Date Payment Recorded in Record: \_\_\_\_\_

A separate payment report must be completed for each claimant

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



REPLY TO  
ATTENTION OF:

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

FICI-JA-C

Claim of [REDACTED] (b)(6) 8-160-T008

ACTION

1. Facts: The claimant alleges that US forces killed her husband while he was working as a dump truck driver on 30 May 2006. The amount claimed in damages is \$16,130.00.
2. Authority: The Foreign Claims Act (FCA), 10 U.S.C. § 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim was timely and properly filed on 12 October 2007.
3. Opinion: The FCA permits compensation for damages caused by noncombat activities or the negligent and wrongful acts of US forces. Here, the Significant Activity report filed by the USAF unit involved admits they accidentally shot and killed Claimant's husband. Therefore IAW AR 27-20, para. 10-3a the claim will be paid as negligence.
4. Action: The claim will be paid in the amount of \$16,100.00, and is approved IAW AR 27-20, para. 10-7a.

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

Captain, JA  
FCC I60

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

Captain, JA  
FCC I60

UNCLASSIFIED//FOR OFFICIAL USE ONLY

CENTCOM 010864  
08-160-T008-00006



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

REPLY TO  
ATTENTION OF:

FCC I60

CLAIM OF: [REDACTED] (b)(6)  
CLAIM NUMBER: 08-160-T008

Dear Sir or Ma'am:

Foreign Claims Commission (FCC) I60 has investigated and considered your 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 loss of or damage to property is compensable when caused by noncombat activity or by the negligent or wrongful acts or omissions of Soldiers or civilian employees of the U.S. Armed Forces.

Your loss occurred because of the negligence of US forces. Therefore we offer you \$16,100.00 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 receipt of this letter.

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

Sincerely,

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

Captain, U.S. Army  
Foreign Claims Commission I60

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CENTCOM 010865  
08-160-T008-00007

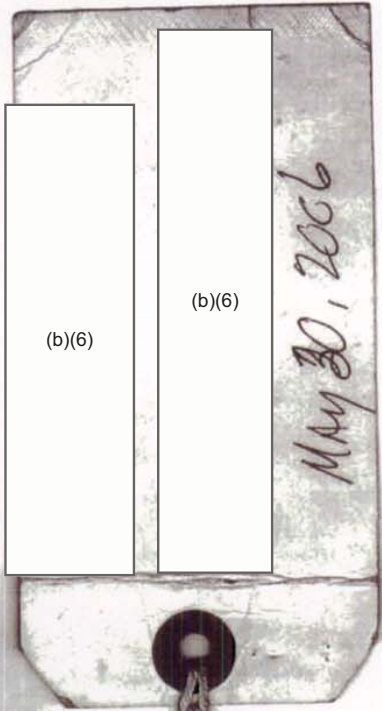
**A brief statement of the incident**

According to the claimant "MS. (b)(6) was On, May / 30 / 2006 , at 5: 30 am. When the victim (b)(6) was sitting in the dump track combined by his friend who was the driver according to the nature of their work as a dump track drivers , an American patrol was coming from the wrong side, the driver ( victim's friend ) decided to stop until the U.S patrol pass , but they shot the truck even though it was stopped, the driver injuries were simple and exterior , but (b)(6) who was sitting beside the driver has been injured a heavy and danger injuries , then the American soldiers got down from the Hummers and approached the incident place , then they called for a helicopter to transfer the injured one who was (b)(6) ( the victim ) they moved him to a hospital in (2)H province , he still their for one month Unconscious , then he has been moved to Adnan Khair Allah Hospital which placed in Baghdad / Bab Al Mua'atham , where he has been found by his brother , who spent a month asking about him in all Baghdad Hospitals until he found him , he couldn't recognize him because of the huge sever Distortions found in his face and his body , they cut one of his legs and both of his hands were paralyzed as well as the Distortions in the chest and face area , it has been found a piece of paper hanged in one of his hands written on it his name and the date of the incident ,it attached with the file , the victim stayed in this hospital 25 days lived on I.V. fluids , and the warts has eaten his body and both of his kidneys have been stopped , then he died on Aug / 4 / 2006 .

Note : the victim's wife has no house owned for her and her daughters and her husband ( the victim ) was the one how was responsible to earn his family and she has no salary that can depend on in her living .

CENTCOM 010866  
08-160-T008-00008





CENTCOM 010867  
08-160-T008-00009

UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission Today's Date: oct 12 / 2007

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

Name (Arabic) (b)6 Foreign Language

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

(b) IRAQI IDENTIFICATION NUMBER: (b)(6)

(c) DETAINEE IDENTIFICATION NUMBER: \_\_\_\_\_

III. ADDRESS of person filing claim:

(English) (b)(6)

(Arabic): (b)6 Foreign Language

IV. HOME OR CELL PHONE NUMBER (b)(6)

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

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

(c) The property damaged is owned by: \_\_\_\_\_

(d) The incident happened on May 30 / 2006 at 5:30 am.  
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: \_\_\_\_\_

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

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

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

ITEM	PRICE
Death of her husband	

TOTAL \$ 16,130

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

(b) My insurer is: \_\_\_\_\_  
N/A

VII. My total claim in U.S. Dollars against the United States Government is: \$ 16,130  
and in Iraqi Dinars is: \_\_\_\_\_

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

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

(b)6 Foreign Language

(Signature of Claimant)

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

The claimant was assisted in completing this claim form by:

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

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

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 010870  
08-I60-T008-00012

Foreign Language Text, (b)(6)

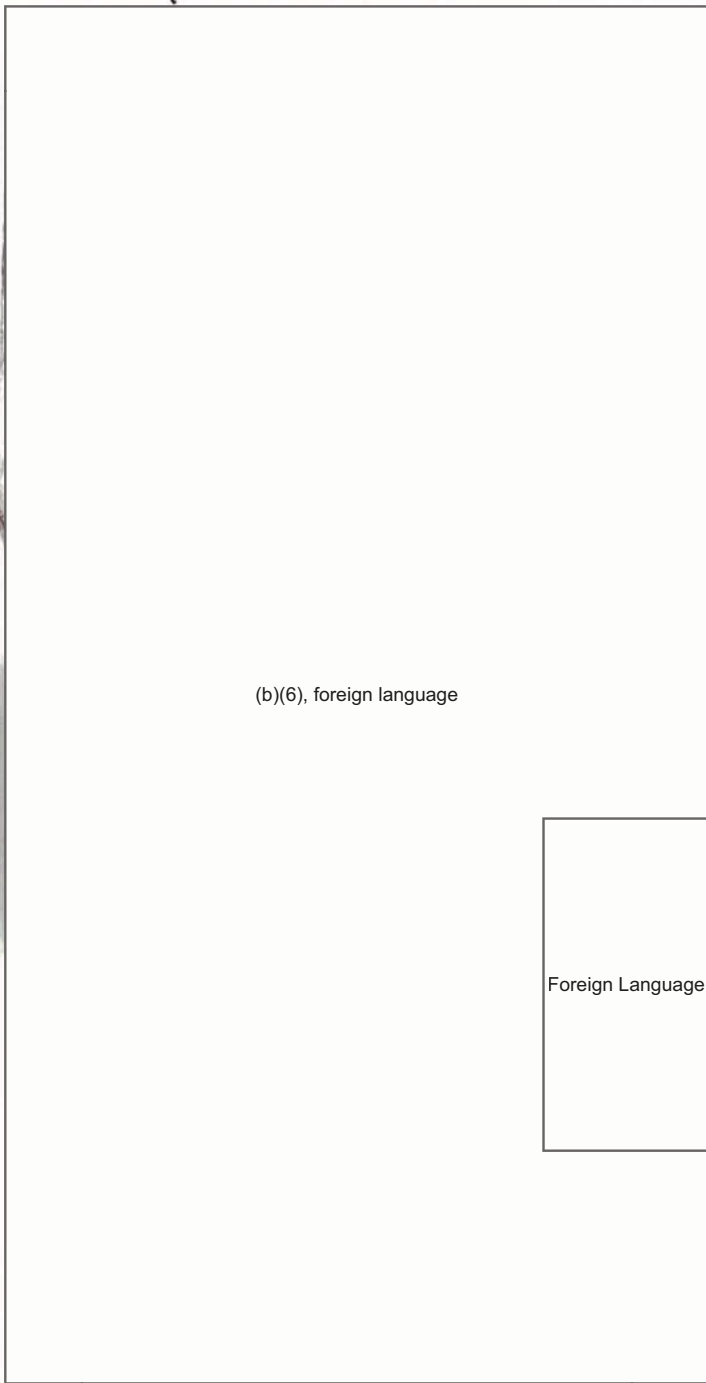
Foreign Language Text, (b)(6)

CENTCOM 010871  
08-160-T008-00013

foreign language, (b)(6)

CENTCOM 010872  
08-160-T008-00014

□



(b)(6), foreign language



Foreign Language Text

*Victim's de*

CENTCOM 010873  
08-160-T008-00015

foreign language, (b)(6)

CENTCOM 010874  
08-160-T008-00016



foreign language, (b)(6)

living card

foreign language, (b)(6)

CENTCOM 010875  
08-160-T008-00017

Pages 18 through 19 redacted for the following reasons:

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(b)6 Foreign Language

foreign language, (b)(6)

foreign language, (b)(6)

Aug 9 / 20  
Foreign Language

Foreign Language

foreign language, (b)(6)

Foreign Language Text, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

Thawra Police station

Morgue Questionnaire

Republic of Iraq  
Ministry of Health



Morgue Questionnaire

Language

CENTCOM 010878

08-160-T008-00020

Page 21 redacted for the following reason:

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(b)6 Foreign Language

الجوف البطني

الصفاق والحلب ( البريتون ) والثرب

المعدة ( حالة الغشاء يوصف ما بداخلها )

الامعاء ( اثنا عشري . عفج . الدقيقة . الغليظة . المساريقا . الزائدة )

medical Report  
showed the injuries  
happened to the vict

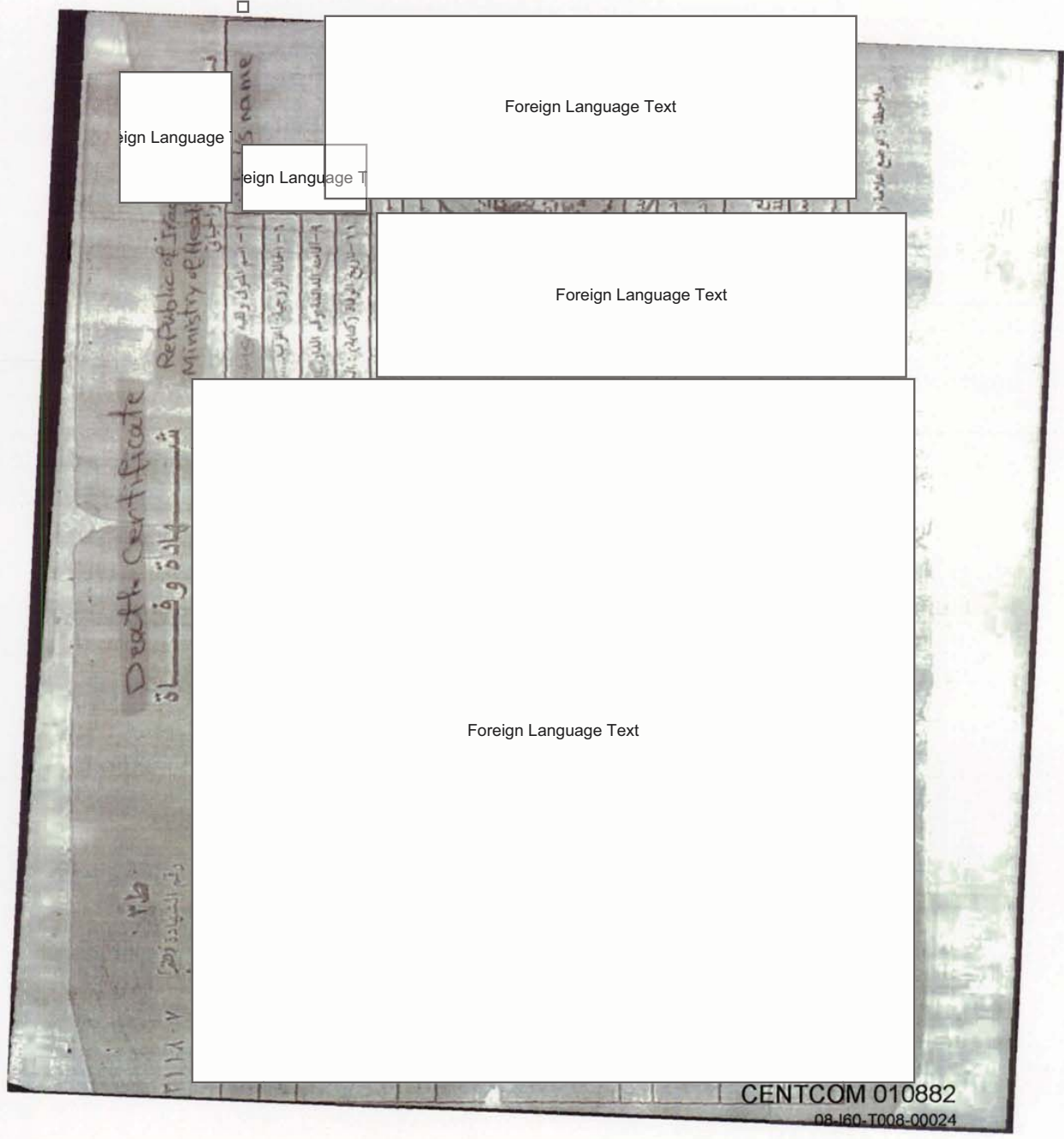
foreign language, (b)(6)

foreign language, (b)(6)

CENTCOM 010880

08-160-T008-00022

Page 23 redacted for the following reason:  
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(b)6 Foreign Language



Foreign Language

Foreign Language T

Foreign Language Text

Foreign Language Text

Foreign Language Text

CENTCOM 010882  
08-160-T008-00024

No. 0284271

Death certificate

Republic of Iraq  
Ministry of Health

foreign language, (b)(6)

foreign language, (b)(6)  
□

Langua

Aug 14 / 2006

To / AL Nasriya Court

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

victim's name

father's victim name

foreign language, (b)(6)

foreign language, (b)(6)

Foreign Language Text, (b)(6)

foreign language, (b)(6)

CENTCOM 010883

08-160-T008-00025



Foreign Language Text

CENTCOM 010884  
08-160-T008-00026

foreign language, (b)(6)

Same copy of Death certificate  
in the previous page

CENTCOM 010885

08-160-T008-00027

Foreign Language Text

Foreign Language Text



Republic of Iraq  
Judicial Council  
The Presidency of the Court of  
Appeal of Karbala

foreign language, (b)(6)

foreign language

foreign language

foreign language, (b)(6)

foreign language, (b)(6)

victim's wife

foreign language, (b)(6)

Death Aug 4/2006 victim's name : وفاة  
الشرعي ايمه :

foreign language, (b)(6)

foreign language, (b)(6)

Foreign Language Text

CENTCOM 010886

08-160-1008-00028

foreign language, (b)(6)

foreign language, (b)(6)

The Presidency of the court of appeal  
of Karbala

Republic of Iraq  
Judicial Council

foreign language, (b)(6)

Mar/1/2005

foreign language, (b)(6)

Validity of Marriage certificate

foreign language, (b)(6)

foreign language, (b)(6)

victim's name

foreign language, (

foreign language, (b)(6)

foreign language, (b)(6)

CENTCOM 010887  
08-160-T008-00029

(b)(6)

foreign language, (b)(6)



foreign language, (b)(6)

foreign language, (b)(6)

(b)(6), Foreign Language Text

Ministry of Interior

Directorate of AL-Nasriya Office

Foreign Language Text

Foreign Language Text

ENTCOM 010888

08-160-T008-00030

Foreign Language Text

living card confirmation

Foreign Language Text

foreign language, (b)(6)

the victim's name

Foreign Language Text

foreign language, (b)(6)

we confirm that the martyr Mr (b)(6) was  
killed by U.S forces on Aug 14/2006 in Thi-Qar  
Province, sand quarry, and because he lived in  
Karbala province, for that we provide him by  
this confirmation:

CENTCOM 010889

08-160-1008-00031

Al Balda Police Directorate.  
Al Thawra Police station  
May/ 30 / 2006

Mr. Investigating Judge – Esq

Mr. [REDACTED] (b)(6) attended our police station , who his car exposed to serious damages caused by U.S forces during this morning in the high way towards Strategic oil pipeline , and the victim [REDACTED] (b)(6) was inside the vehicle and he injured severely ,then the U.S forces transferred him by a Helicopter to the base . for that we noted his statement and he requested complaining against the U.S forces .

CENTCOM 010890  
08-160-T008-00032

Page 33 redacted for the following reason:

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(b)6 Foreign Language



Foreign Language Text, (b)(6)

Directorate of  
AL-Thawra Police  
station  
May 130/2006

foreign language, (b)(6)

Open Report

foreign language, (b)(6)

foreign language, (b)(6)

Foreign Language Text

claimant's statement  
told by the driver (victim's friend)

foreign language, (b)(6)

CENTCOM 010892

08-160-T008-00034

(b)(6) Police station  
May/ 31 / 2006

Mr. Investigating Judge of (b)(6) - Esq

Your Decision dated on May / 30 / 2006

- We provide the investigating papers belong to the claimant (b)(6) ( the driver ) , kindly request your acknowledgment and issue the appropriate decision .

- We put before your honor the claimant above , kindly request validating his statement .

- As the incident took place in the area that belongs to Al baytha'a police station so that kindly request to move the papers to that police station to complete the investigating papers with appreciation .

- The car pictures no (b)(6) has been seized .

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

Foreign Language Text

Foreign Language Text

Foreign Language Text

May/31/2006



Republic of  
Higher Judicial  
Council  
Federal Presidency of the appeal  
court of Thi-Qar

Foreign Language Text, (b)(6)

claimant's statement

the driver (victim's friend)

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Same claimant's statement  
written in the form

[Redacted] (b)(2)High

Jun / 4 / 2006

Mr. Investigating Judge of [Redacted] - Esq

Your Decision dated on May / 31 / 2006

We attached the minutes of examination and the sketch of incident place , kindly request your acknowledgement with appreciation .

Your Decision dated on Jun / 1 / 2006

We attached the request of the claimant [Redacted] b)(6) the driver ) kindly request your acknowledgement with appreciation .

Page 39 redacted for the following reason:

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(b)6 Foreign Language

Al Thawra Police Station  
Jun / 1 / 2006

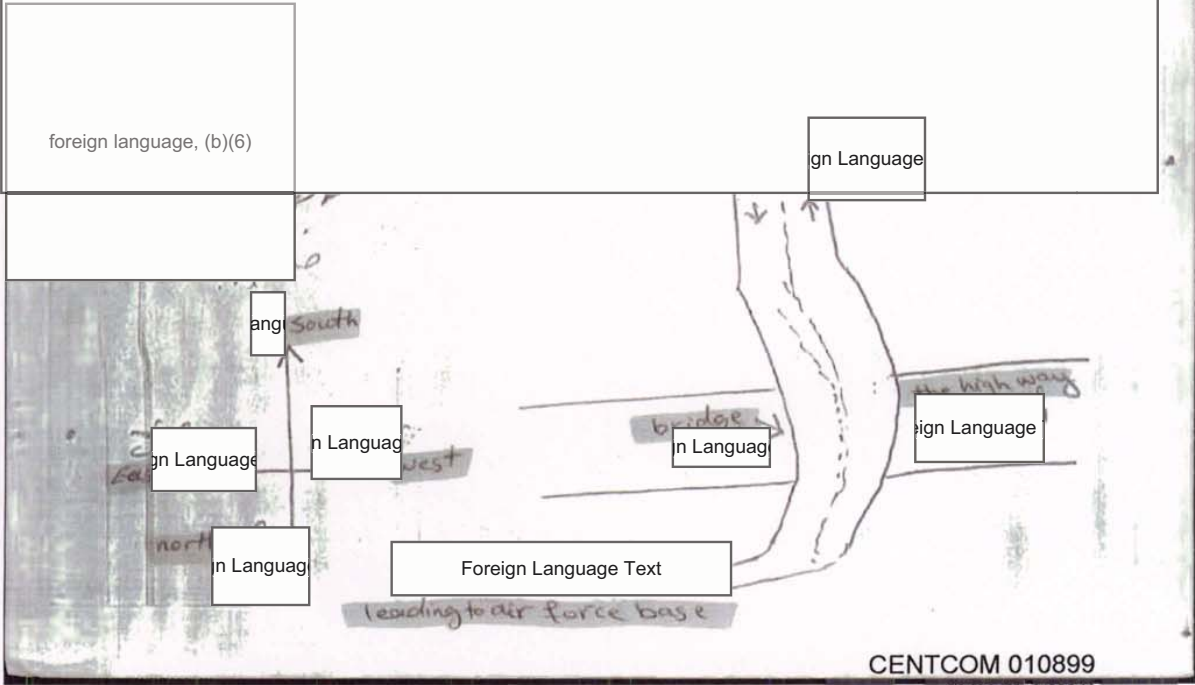
Minutes of Examination and Sketch of the incident place

Damages of the car No. [redacted] (2)(H) resting

In execution to the decision of Mr. Investigating Judge , dated on May / 30 / 2006 concerning the minutes of examination of the incident place , for that I moved to the incident place combined with Mr. [redacted] (b)(6) the driver , victim's friend ) and I noticed the following :

1. The place of incident is far from the police station about [redacted] (2)(H) Km.
2. The place of incident placed in the main road leading to sand quarry and far from the high way towards Strategic oil pipeline about [redacted] (2)(H) Km. and the high way is two sides ( going and returning )
3. I did not find the car in the incident place because it pulled out by it's owner .
4. I noticed a big tire trace on the side road , the driver said that it belongs to his vehicle and it was divert to the sand side road .
5. And nothing else was found which is useful for the investigation

foreign language, (b)(6)



CENTCOM 010899

08-160-1008-00041



foreign language, (b)(6)

foreign language, (b)(6)

The damages of the  
vehicle (which not important)  
Jun/7/2006

CENTCOM 010900  
08-160-T008-00042

[Redacted]

Jun/ 4 / 2006

Mr. Investigating Judge of Al Nasriya – Esq

Your Decision dated on Jun / 8 / 2006

We attached the request of the legal honor of the vehicle no. kindly request your acknowledgement with appreciation .

[Redacted] (b)(6)

Page 44 redacted for the following reason:  
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(b)6 Foreign Language

Al Thawra Police station  
Mar 22 / 2007

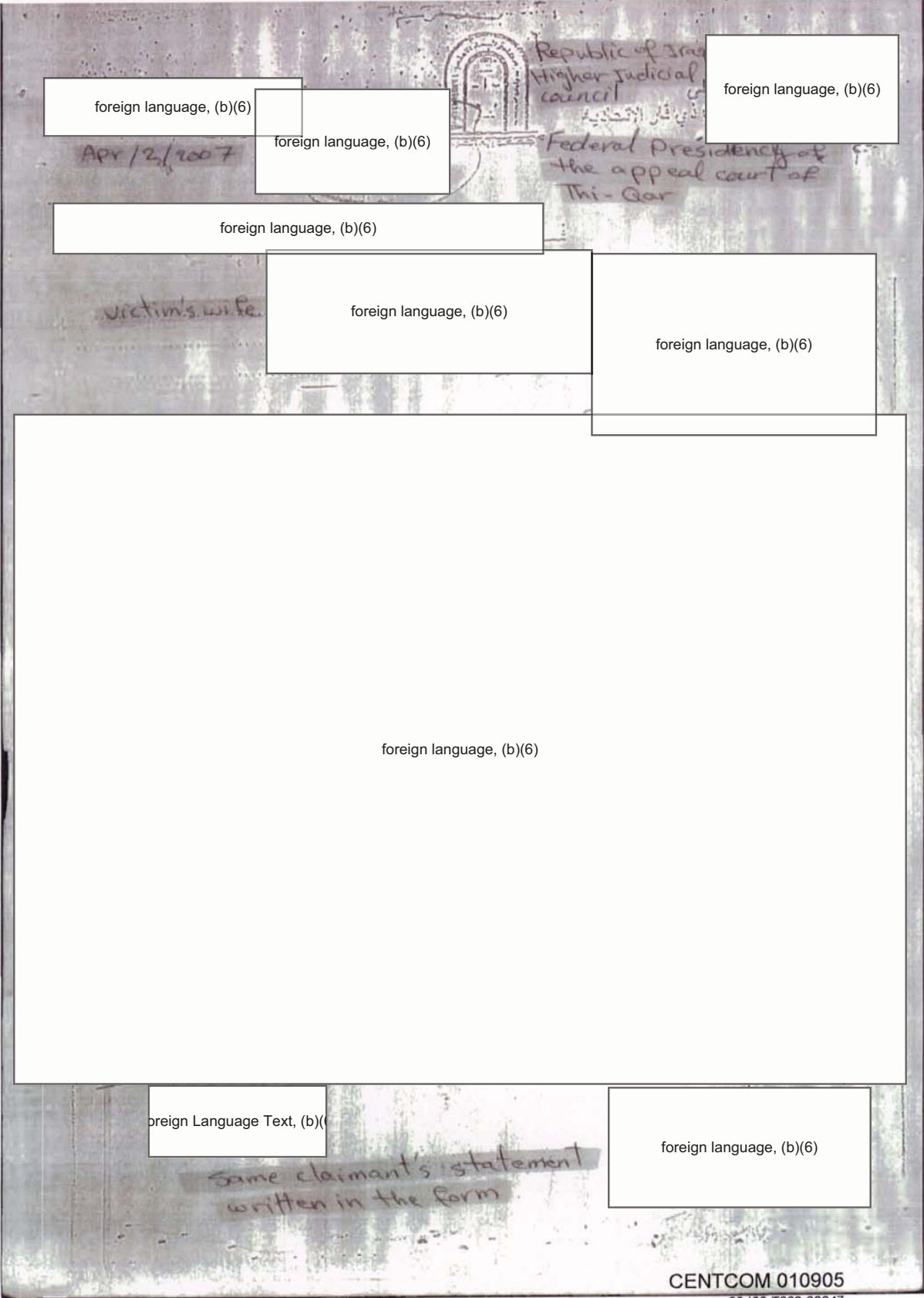
Mr. Investigating Judge of [redacted] - Esq

- Your Decision dated on Jun / 11 / 2006
- During this period it has been noticed that the victim [redacted] has died Influenced by his injuries as the U.S forces moved him in the time of incident to unknown place , then he has been returned back by his family to the hospital then he died there .
  - We attached the morgue form belongs to the victim [redacted] as well as the death certificate . kindly request your acknowledgment and issue the appropriate decision to write the claimant's statement of the personal rights with appreciation .

CENTCOM 010903  
08-160-T008-00045

Page 46 redacted for the following reason:

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(b)6 Foreign Language



foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

foreign Language Text, (b)(6)

foreign language, (b)(6)

Same claimant's statement written in the form

Foreign Language Text, (b)(6)

AL - Thawra Police station  
Apr / 2 / 2007

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

Same claimant's  
statement (victim's wife)

(b)(6)

CENTCOM 010906

08-160-T008-00048