

#1

08-I93-T028

WR-FC

08-I93-T028



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



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP LIBERTY, APO AE 09344

AFZB-KB-JA

11-Feb-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [redacted] (b)(6)
08-IG8-T 664 / 07/249

1. Facts.

VEHICLE DAMAGE CAUSING DEATH.

Claimant has requested \$15,000.00

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 \$5,000.00

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

CPT, JA
Foreign Claims Commission IG8

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 FM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO AE 09344-3029 DNNS: 5579			10 DATE VOUCHER PREPARED 11-Feb-08		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IG8-T 664 [Redacted] (b)(6) BAGHDAD [Redacted] (b)(6)			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED		DISCOUNT TERMS	
			PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM		TO		WEIGHT	GOVERNMENT BAL 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
				COST	PER	
		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 property damaged, lost, destroyed, captured, or abandoned in service.				\$5,000.00
TOTAL						\$5,000.00
<i>(Use continuation sheet(s) if necessary)</i>						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL						
<input checked="" type="checkbox"/> COMPLETE		BY: [Redacted] (b)(6), (b)(3)	= \$1.00			
<input type="checkbox"/> PARTIAL		SSG, USA				\$5,000.00
<input type="checkbox"/> FINAL		TITLE: PAY AGENT		[Redacted] (b)(3), (b)(6)		
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
		[Redacted] (b)(3), (b)(6)	1LT	DISBURSING AGENT		
		(Date)	(Authorized Certifying Officer)			(Title)
ACCOUNTING CLASSIFICATION						
		[Redacted] (b)(2) High				\$5,000.00
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		[Redacted] (b)(6)	of bank	
	CASH	DATE				
	\$5,000.00					
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.					PER	
					TITLE	

Previous edition usable NSN 7540-00-800-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b 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 hinder discharge of the payment obligation.

SETTLEMENT AGREEMENT

I, (b)(6) of BAGHDAD (b)(6),
IRAQ hereby agree to accept the sum of \$5,000.00 U.S. dollars as payment in full
satisfaction and final settlement of any and all claims against the United States of
America, its commissioned and noncommissioned officers, agents, and employees which
have been asserted or which may be asserted arising from the incident occurring on or
about 2/2/2007, involving U.S. Forces. The damage was as follows:
VEHICLE DAMAGE CAUSING DEATH.

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 the said incident. This release / 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 this incident.

It is understood that the amount tendered is accepted as full satisfaction and final
statements and that the award is made pursuant to the Foreign Claims Act, 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.

(b)(6)

Claimant's Signature
Name: (b)(6) 08-IG8-T 664
Address: BAGHDAD (b)(6) 07/249
I.D. Number:

(b)(6)

Witn: (b)(3),(b)(6)

Witness Signature and I.D. Number



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, BAGHDAD, IRAQ
APO AE 09348

AFVA-2BCT-BJA

Claim of (b)(6) 08-I93-T028

ACTION

1. Facts: Claimant states that on 2 February 2007, a U.S. Forces patrol hit her brother's vehicle killing him instantly. The claimant requests compensation in the amount of \$15,000.00.
2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. 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 \$5,000.00.

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

CPT, JA
FCC I93



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, BAGHDAD, IRAQ
APO AE 09348

FCC I93

25 November 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 08-I93-T028

Dear Ma'am:

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

Foreign Claims Commission (FCC) I93 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 I93 offers you \$5,000.00 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 thirty (30) days of signing this letter.

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

Sincerely,

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

Captain, U.S. Army
FCC I93

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.
 SCHEDULE NO.
 PAID BY
15th FIN BN
3rd FIN, 3rd SSB
APO AE 09352
DSSN 5579
 DATE INVOICE RECEIVED
 DISCOUNT TERMS
 PAYEE'S ACCOUNT NUMBER
 GOVERNMENT B/L NUMBER

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
15th FINANCE BATTALION
APO AE 09352

DATE VOUCHER PREPARED
25 NOV 07

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

(b)(6)
 BAGHDAD, IRAQ

SHIPPED FROM TO WEIGHT

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		
		FOREIGN CLAIMS NUMBER 08-I93-T028 LOSS OF LIFE (BROTHER)				5,000.00	
(Payee must NOT use the space below)						TOTAL	5,000.00

(Use continuation sheet(s) if necessary)

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
	= \$ 5,000.00	= \$1.00	
	BY ² CPT (b)(3),(b)(6)		
	TITLE FOREIGN CLAIMS COMMISSION	(Sig) (b)(3),(b)(6)	Amount verified, correct for

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

25 NOV 07 (Date) (b)(3),(b)(6) (Authorized Certifying Officer) ² CLAIMS PAYING AGENT (Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER (b)(2)High

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

\$ 5,000.00

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.

Page 8 redacted for the following reason:

(b)(5)

CLAIMS CHECKLIST

CLAIM NUMBER: 08-I93-T028

AMOUNT OF CLAIM: \$15,000.00

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT: 2 Feb 07 DATE FILED: 27 Sep 07 DATE RECEIVED: 8 Oct 07

CLAIM TYPE:

- Vehicle Damage
- Detainee Property
- Damage During Raids
- SAF Damage/Injury
- Real Estate
- Other

CLAIM AROSE FROM:

- Combat Activities
- Non-combat Activities

CLAIM IS:

- Payable
- Not Payable

BRIEF OVERVIEW: Claimant states that on 2 February 2007, her brother was on the way home from work when an U.S. Forces patrol ran over his vehicle killing him instantly.

REMARKS: The claimant submitted pictures of the vehicle and the death certificate for her brother. The unit issued her a claims card. 1-12 IN is out of country now, and there is no way to verify this claim with them. The accident occurred in 2-2 ID battle space, but they do not have a record of this incident. I could not find a SigAct or any other report for this.

(b)(5)

(b)(5)

RECOMMEND: APPROVAL/DENIAL SIGACTS DATA PAK (b)(3),(b)(6)

REVIEWED BY: SPC (b)(3),(b)(6) DATE REVIEWED: 11 Oct 07

FCC COMMENTS

have been w/pt of file claim.

DATE APPROVED/DENIED: 25 NOV 07 (b)(3),(b)(6)

(b)(5), (b)(2)High

- CLAIMANT NEEDS TO
HAVE MOTHER OR
FATHER FILE CLAIM

- SPOKE WITH NIAC ABOUT
THIS ON 3 NOV

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

سلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضراراً
جسدية من إصابات إلى أخرى، أو موت لا سمح الله لأحد من الأقرباء، وكان
السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
للتقدم به لاغ والمطالبة بحقوقك الرجاء احضار الآتي: هذه البطاقة وهويتك
للغنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل
(صور للحادث، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو
التسليم، وإثبات الملكية لا حطمت أو تضررت ولا تحاول أن تحصل على تعويض
عنه وورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمكات إلى مركز المساعدة العراقي في معسكر
التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون. الحمودية في معسكر
فالين، معسكر هولك، معسكر كاسو، معسكر دوك.
أو أحد المراكز الحكومية، الأمانة أو مدينة الصدر - نيسان الرشيد.
الرضوانية. الرسالة الأمانات الكرخ الأعظمية الكرادة أو سبع البور.

ملاحظة: إن كان هذا الحادث (المستمكة) لا يفي دفع التوكد.

وشكراً لتعاونكم معنا

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for
property damage, injury and death caused by US
Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT Acc 1-12 LN

DATE 2 FEB 2007

LOCATION Alawy Road

TYPE OF INCIDENT Accident/Death

Claim Form

طلب تظلم

To: United States Army Foreign Claims' Commission

الى : مفوضية التظلم لحث , الولايات المتحدة الامم المتحدة

From: Name

(b)(6)

من: الاسم

دعا وسيد سري

(b)(6)

(b)(6)

Telephone

(b)(6)

الهاتف:

I am

a. National citizen of

Iraq

انا
احمل الجنسية

b. Permanent address

Iraq - Baghdad

ب.. عنواني الدائم

c. Employed by

(b)(6)

ت. اعمل لدى

d. Check one () an insurer (X) not an insurer

تضع علامة على احدهم () احمل التأمين (X) لا احمل التأمين

e. Check one () a subrogate (X) not subrogate

تضع علامة على احدهم () دانن او لا (X) ليس دانن

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

(b)(6)

انني اتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من:

الاسم

Foreign Language Text

المنظمة

الوحدة العسكرية

العنوان

رقم التليفون

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.)

The victim's sister.

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

Foreign Language Text

AL- Akhawy Road Baghdad Iraq.

My claim arose at:

(Town)

(City)

(Country)

Foreign Language Text

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

My claim arose on:

Feb

2

2007

Month

Day

Year

Foreign Language Text

تظلمي قدم في:

السنة

يوم

شهر

A brief statement of the incident.

According to the claimant's [redacted] (b)(6) statements, on Feb 2 at five p.m. During her brother [redacted] (b)(6) the victim) return from work (contractor), upon arrival at Al-Allawi square, an American patrol(armored) came from the opposite side (wrong side) and the Hummer had run over the victim's car [redacted] (b)(6) [redacted] (b)(6) the victim) and this led to his death immediately. After the incident, the Americans soldiers blocked the area of incident and gave the claim card to Mr. [redacted] (b)(6) said [redacted] (b)(6) who phoned the victim's relatives and gave the claim card to the victim's uncle (mother side) after they apologized from him and they sent him to NIAC to compensation section. Note that the victim was single and was the only responsible to feed his family.

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.)

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

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

أشرح متى وطبيعة ما حدث من أضرار سواء كانت جسدية أو لممتلكاتك والتي أصابك جراء ما حدث بسبب الحادث المقصود .

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury; (Attach bills and receipts, if applicable.)

<u>Item</u>	<u>Amount</u>
Death of Claimant's brother	\$ 10 000
Car damaged	\$ 5 000
Total:	\$ 15 000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والممتلكات والفراير الضرورية لكل شيء لو حدة)

تكاليفه	الشم: المتضرر
Foreign Language Text	

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

N/A

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

The name and address of my insurer (if any) is:

(Name) N/A (Address)

إذا كان لديك أي تأمين الرجاء ذكر أسم وعنوان شركة التأمين:

(العنوان) KS (الأسم)

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

\$ 15000 Local 18600000 ID

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

Foreign Language Text	العملة المحلية 15000 \$
-----------------------	-------------------------

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 تظلم (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 التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حاله حاله محاكمته قبل السلطات.

Foreign Language Text, (b)(6)

(Signature of Claimant)

(توقيع التظلم) لرجاء كتابة الاسم والتوقيع

Subscribed to me this SEP day of 27, 2007.

(b)(6)

(Signature of Witness)

(b)(6)

(Printed Name)

Foreign Language Text

عُيِّنَ في يوم

(b)(6)

(توقيع الشاهد)

(b)(6)

(اسم الشاهد بالكامل)

Date of Filing: Feb 2 2007

Death Certificate

Section of Health & Biological

Republic of Iraq
Ministry of Health

STATISTICS

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

incident of struck
by American patrol.

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

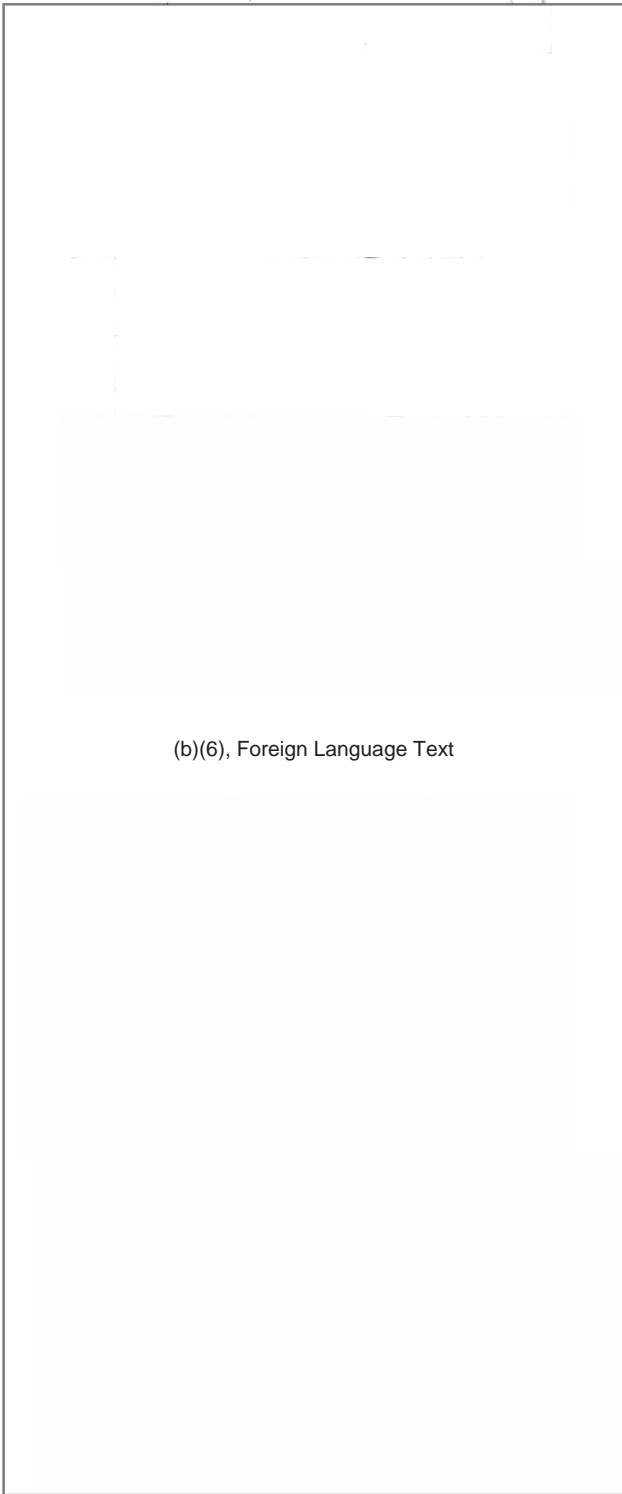
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Living card of
claimant's mother.



(b)(6), Foreign Language Text

Claimant IV

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

victim's I.V.
(claimant's brother)

Foreign Language Text, (b)(6)

Feb 25 2007

Foreign Language Text, (b)(6)

family's members

- 4 -

Foreign Language Text, (b)

Portion

Foot

not

Foreign Language Text

Page 23 redacted for the following reason:

(b)(6), Foreign Language

Minutes of Examination and Sketch of the incident place

1. The place of incident is far from the police station about 1000 meters.
2. The place of incident is the high way between Al-Allawi square and Almuthanna Airport.
3. I noticed that the car type Ford was damaged as a result of the incident.
4. I noticed car type Ford and traces of blood of the victim who was dread and we transfer the dread's body to the MORGUE.
5. And nothing else was found which is useful for the investigation.

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

The building of
 Al-Dawra Islamic

The victim inside
 the car and there
 are traces of blood.

Al-Allawi
 square

Foreign Language

Foreign Language

Foreign Language Text

L-Allawi
 Road,

Al-Mutkaniya
 Airport road,

Al-gaifer Police Station
Feb 5 2007

The decision of the investigator Judge

- 1- Documented the claimant's statement (b)(6)
 - 2- Recording the claimant statement, *and giving her a copy of the papers.*
 - 3- The car given to the inheritor according to the document of ownership.
 - 4- Inform you
-

Page 27 redacted for the following reason:

Foreign Language Text, (b)(6)

Claimant's Statement

Al-Gaifar Police Station
Feb 5 2007

.....

The claimant's signature

08-IG8-T664-00028

Page 29 redacted for the following reason:

(b)(6), Foreign Language Text

3

Al-Gaifar Police Station
Feb 2 2007

Open the police report;

The witness (b)(6) said (b)(6) informed us: at 5:00p.m I saw
the incident in Al-Allawi square

08-IG8-T664-00030

Page 31 redacted for the following reason:

(b)(6), Foreign Language

(b)(6), Foreign Language Text

The seller of car.

Foreign Language Text, (b)(6)

victim
name
the
owner of car.

1995
model 1992
color Blue

Foreign Language Text

(b)(6), Foreign Language Text

CAR LICENSE

08-IG8-T664-00032

Page 33 redacted for the following reason:

(b)(6), Foreign Language

(b)(6)

07/0249

Handwritten notes on the right margin.

Handwritten initials 'AS' on the left margin.

Large redacted area containing the text 'Foreign Language Text, (b)(6)'.

Foreign Language Text, (b)(6)

Language

CAR ACCIDENT CAUSED HEAR...

Language T

ign Language

Language Te

Female

Death Certificate

Handwritten text.

(b)(6)

Foreign Language Text, (b)(6)

Large redacted area containing the text 'Foreign Language Text'.

Language Text

Language Te

Ministry of Health

(b)(6)

Foreign Language Text

Language

Language

Language

May 21st 2005

910000

Foreign Language Text

Reason of Death (Brain death) Death date may 21st 2005

In Language

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6) language T

(b)(6)

Reason of Death Brain death

guage

In Language

Foreign Language Text, (b)(6)

angu

Death Certificate

Foreign Language Text

Foreign Language Text, (b)(6)

language T

Foreign Language Text

Ministry of Health



08-IG8-T664-00036

28352



08-IG8-T664-00037

28353