

A208

foreign language text

The claimant name/

(b)(6)

foreign language text

The accident date 16/11/2005 day month year

12 DEC 06

→ Praughtes was killed

on 29 April 05

→ Check SIGACT

→ Check RDE CDK Approval

NEED

CENTCOM 013836

12 DEC 06
→ Paughter was killed
on 29 April 05
→ Check SIGACT
→ NEED RPT FOR APPROVAL
(b)(6)

Approved For
Payment

3/5/07 -- Carol M

Condance
Rn 3/19/07
FORCENTCOM 013837
Payroll

A208

30544

foreign language text

WJ:00 RSN
on 3/19/07

for [unclear]

28 Feb 2006

Some damn filed

CENTCOM 013838

28 Feb 2006

Same damn filed before

Denied

2/28 BCT

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

SIGACT: YES (removed) / NO
DATE: _____
CENTCOM 013839

Standard Form 1030
 Request Order 1037
 Department of the Treasury
 175A 4-2000

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. GOVERNMENT BUREAU OF ESTABLISHMENT AND LOCATION
 913
**3D FINANCE
 OPERATION IRAQI FREEDOM**

DATE VOUCHER PREPARED
DATE 3/26/07
 CONTRACT NUMBER AND DATE
 REQUESTION NUMBER AND DATE
 (b)(2)High

SCHEDULE NO.
 PAID BY
 DSSN
)/(2)High

PAYERS NAME AND ADDRESS
PAYER'S FULL NAME: (b)(6)
CITY: Ramadi
GOVERNATE: Andar

DATE INVOICE REC'D
 DISCOUNT TERMS
 PAYER'S ACCOUNT NO.

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Give description, item number of contract or Federal Supply Schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE	AMOUNT
OR ORDER			TTY	COST	RSB
		(b)(6) daughter of (b)(6)			\$2,500.00
TOTAL					\$2,500.00

(Date continuation sheets if necessary)

PAYMENT: PROVISIONAL APPROVED FOR: \$5 EXCHANGE RATE: \$1.00 OFFENSES: (b)(6), (b)(3)

COMPLETE
 PARTIAL
 FINAL
 ADVANCE

Purchaser to authority vested in: (b)(3), (b)(6)

3/26/07 DATE UNIT PAY AGENT TITLE

A APPROPRIATION	SUB HEAD	ACCOUNTING CLASSIFICATION				COST CODE	AMOUNT
		OBJ CLASS	RCN	SA	AAA		
DOC # H6789907MIDZ1C29		(b)(2)High					\$2,500.00

PAID BY: CASH DATE: 3/26/07 (b)(3), (b)(6)

TITLE

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 the official title.
 3. When a voucher is received in the name of a company or corporation, the name of the person verifying the company or corporation name, as used in the currency in which the sign, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer" as the case may be.
 *Provide a return address

PAID \$2,500

CENTCOM 013840

Claims Form

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

Address: Kanadi suffial

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of _____
- 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, Telephone Number)

Coalition forces

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach 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: _____ (Town) _____ (City) _____ (Country)

My claim arose on: _____ Month Jan Day 25 Year 2008

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 nov 16. 05 on wednesday at 2:00 o'clock AM
The coalition forces shot us with a hail
of bullets in a random way after
a road bomb has blasted against them
in Asarah near electricity
led to kill my daughter (b)(6) that
old wife she is in (b)(6) years

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.
There by claim the coalition forces to pay
death benefit-

Killing my daughter with fire bullets
came from coalition forces in
Afghanistan way.

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

_____ Total: _____

I was insured to the following extent against the damage 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)
\$ _____ local _____

(b)(6)

(Signature of Claimant)

Subscribed before me _____ (b)(6) _____ 200__

(Print Name)

(Signature)

Pages 8 through 9 redacted for the following reasons:

Foreign Language Text

The Nationality & Civil Affairs
Personal Certification Card.

I.D. No.:

(b)(6)

First nam

Second and Third name :

(b)(6)

Surname :

Mother's name :

(b)(6)

Gender :

Female

Organized oil :

Organized by :

Job :

(b)(6)

Religion :

Muslim

Birth date :

(b)(6)

noted deformities

negative

Status :

single

Wife's name :

X

Remarks

(b)(6)

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CENTCOM 013845

Foreign Language

30551

(b)(6)

A208 ✓ Wed.
Dec. 20,
2006

12-12-06 (b)(6)

CENTCOM 013846

Iraq Republic
Ministry of Health

Department Of Hygiene and Biological statistic's

No: 486893
Date of registry 20/11/2005

Registered and The ministry of Health, Kamadi General Hospital
No. For the year 2005

1-Dead's name and surname: (b)(6)	2- sex: female	3- nationality: Iraq	4- Religion: Muslim	5-job: House wife
6-Marital status: single	7-Date of birth: 3/7/1984	8-place of birth: (b)(6)	9-permanent residence: No. of House: Street: Quarter: Province: <u>suffrad Kamadi Altabar</u>	10- Date of death: 16/11/2005 province: <u>Altabar</u>
11-Place of Death: <u>Kamadi Suffrad Albuqarin region</u>	12-Dead's father's name: (b)(6)	13-dead's m: (b)(6)	14-death information's name: (b)(6)	15- His rel: <u>Her</u>
16- (b)(6)	17- Reasons of death: <u>Five bullets from coalition forces on her head and neck led to die of force.</u>	18-Death happened in home: <u>hospital</u>	19-1 witness that death happened for above mentioned reasons: (b)(6)	20- forensic certificate I, Dr. (b)(6) forensic department, performed anatomy for (b)(6) according to the form in: <u>Altabar</u> finding reasons of death (b)(6) Doctor's signature: (b)(6) Stamp of forensic department
21-Information related to the ID card :-	Record No. <u>20</u>	Page No. <u>119</u>	Province <u>Altabar</u>	ID card. <u>427684</u>

1- Copy of ID. Card
2- Copy whom this concern
3- Copy of the register of register of the certificate
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Pages 13 through 14 redacted for the following reasons:

foreign language text, (b)(6)