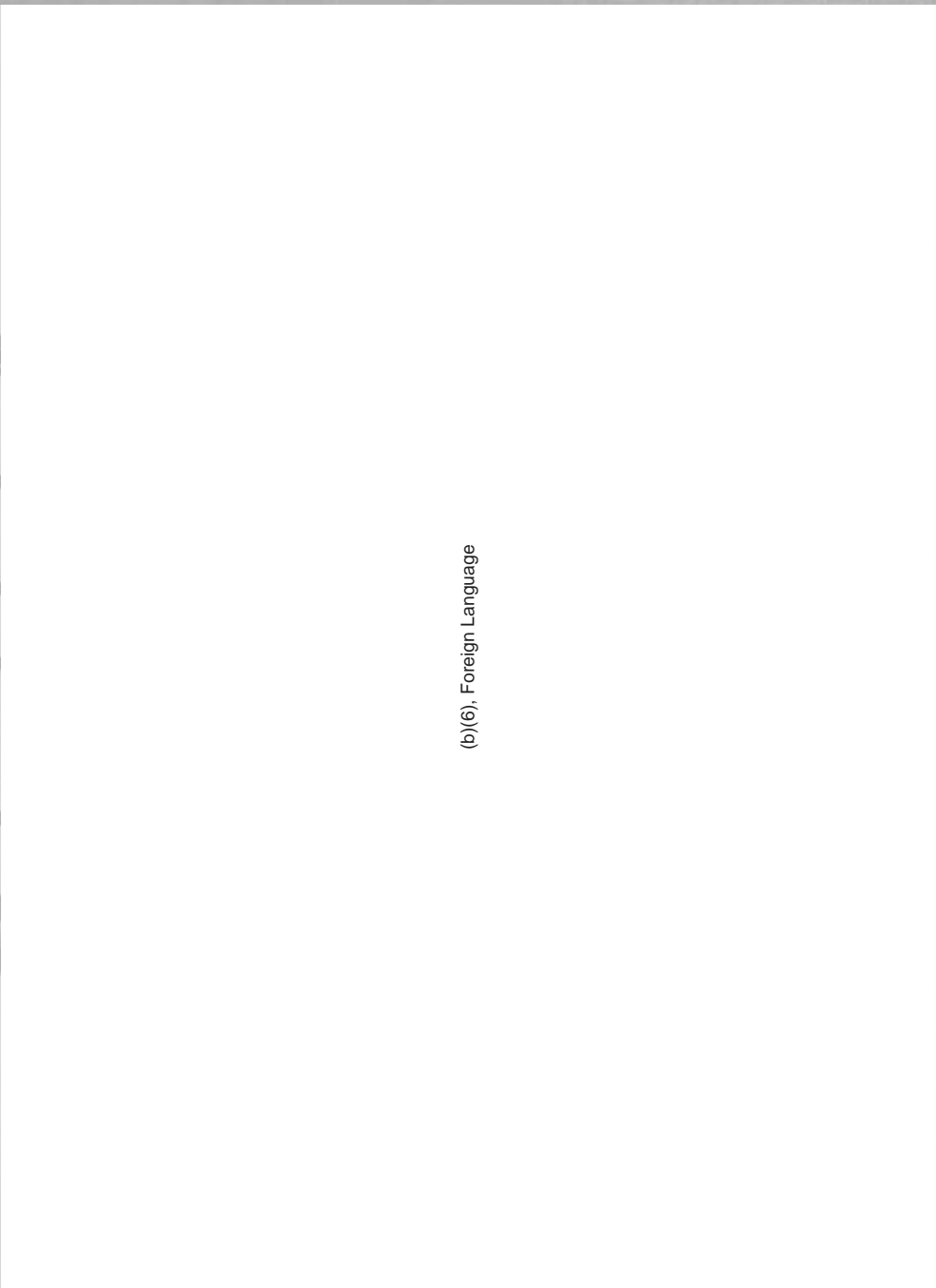


2800

b18

DATA



(b)(6), Foreign Language

CENTCOM 013875

Foreign Language Text

Foreign Language Text

018

(b)(6)

foreign language text

haver

(b)(6)

has POA from wife

6 Jun/06

~~scribbled out text~~

24-1-2006

Look at claim A17

NO SIGAETS

31 July 06
Approved + paid
\$2500

B18

SIGACT: YES (removed) / NO
DATE: _____
SLIDE: _____

5

CENTCOM 013877

FCA/CERP PACKETS

Claim #: B/S

Name of Person Submitting Claim: J foreign language text

Location/Date of Incident: 28 OCT 06 /

Date Claim Submitted: _____

Person Receiving Claim: _____

Date Packet Completed: _____

Date Claim Paid/Amount Paid: _____

Notes: PAID

- Copy of ID Card
- Proof of ownership (deed, proof of inheritance, bill of sale)
- Death certificates
- Medical Examination
- POA's
- Pictures of Damage
- Checked SigActs: Yes No

The Nationality & Civil Affairs
Personal Certification Card.

I.D. No.: (b)(6)
First Name (b)(6)
Second and Third Name : (b)(6)
Surname : (b)(6)
Mother's Name : (b)(6)
Gender : *Male*
Organized on : *19-1-1992*
Organized by : (b)(6)
Job :
Religion : *Muslim*
Status: (b)(6)
Wife's Name :

Remarks

(b)(6)

ssion.

To: United Start

From: Name: (b)(6)

Address: Ar Ramadt

I am

- a. A citizen and national of:
- 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)

MNF

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.)

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

My claim arose on: Jan 26 2006
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 28, Oct, (9,00 APPROX.) 05, when my brothers (b)(6)

was going to Baghdad with others by (b)(6)

at (Xroads) on high way at AL-Bofarag, Control Point on

the highway shot fire to Vehcles near to them caused to

injury led to dead my brother. According to eye witnesses

that hapend after a shelling fire by armoured groups to the

Milit. Point at the area - My brother (PM) he has (b)(6) kids

Impasking to compensation them

Handwritten: CENTCOM 013880

RESULT OF THE ABOVE INVESTIGATION

Killed to my brother by CP on highway

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.)

Amount

Personal Killing

2500

Total: *2500*

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

2500

Lawyer

(b)(6)

(Signature of Claimant)

Subscribed before me this (day of) , 200

(Print Name)

(Signature)

CENTCOM 013881

Pages 8 through 10 redacted for the following reasons:

Foreign Language Text
foreign language text, (b)(6)

1- Dead's name and surname: (b)(6)

2- Sex: ♂ Nationality: Iraq (b)(6)

3- Marital status: Married Widowed... divorced... (b)(6)

4- Date of birth: 28-Oct, 05

5- Place of birth: Anbar

6- Permanent residence: No. of House: Ramadi Street: Ramadi Quarter: Anbar Province: Anbar

7- Place of Death: Ramadi

8- Dead's father's name: (b)(6)

9- Dead's mother's name: (b)(6)

10- Death information's name: (b)(6)

11- Relation to the death: (b)(6)

12- Reasons of death: Fire shooting by MAF according to Ramadi Court (Mves).

13- Other cases causing death: 1257 on Nov 1, 05

14- If the dead is a woman in age of delivery (15-19) indicate whether death happened in:
 Pregnancy: labor
 delivery: hospital
 Death happened in home: at home

15- It witness that death happened for above mentioned reasons. Doctor's name: Dr. R. Hassp. (b)(6)

16- Address: Ramadi, R. Hassp.

17- Forensic certificate: for forensic department, performed anatomy for according to the form in finding reasons of death Doctor's signature: Dr. R. Hassp. Stamp of forensic department: Stamp of forensic department

18- Information related to the ID card: 559 Page 1 to 164 Province: Anbar ID card: (b)(6) Attached
 Copy of ID card: 320525 Copy of the register of register of the certificate: 2 Copied from: Al-Mawardi Bureau / Ramadi near Al-Furcaneen Garage

Registered and the Ministry of Health
 No. 107 of the year 2005

Pages 12 through 14 redacted for the following reasons:

(b)(6)
foreign language text
foreign language text, (b)(6)