

(b)(6)

30/7/2007 4:30 A.M

By

Helicopters

4 persons killed

\$ 50 000
for the house
and a car damage
\$ 4000
\$ 54000 Total

Claims Coversheet

Claim #: 1066 1551

Date Submitted: 31 Dec 07

Claimant Information

Last Name:

(b)(6)

Claimant Address:

(b)(6)

village

Middle Name:

(b)(6)

Claimant Contact Number: _____

First Name:

Incident Information

(b)(2)High

Incident Date: 30 July 07

Incident Location: Nadeem village

Amount Claimed: 54,000 \$

Estimates Included? YES NO

Claim Card or Note? YES NO

Acc./Negligent Fires

Property Damage

Denial Reasons

(b)(2)High

Stat Exception (CERP)

(b)(2)High

Investigator Notes:

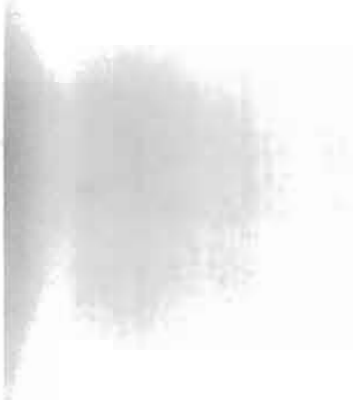
4 Jan 08 Log reflects 4 casualties.

Adjudicator Notes:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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(b)(6), Foreign Language Text

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Foreign Language Text, (b)(6)

CLAIMS INTAKE SHEET

Name:	(b)(6)
Phone #:	
Date Filed:	15 DEC 07
Date of Incident:	30/7/07 0430
Location of Incident:	(b)(6)
Amount Claimed:	50,000 + condolence 4,000 car
Claims Card:	Yes: _____ No: <u>X</u>
Unit Involved:	

Brief Description of Incident:

House was attacked by helicopter. 4 people killed.

Supporting Documents:

Claims Form

طلب تظلم

Name:

(b)(6)

Address:

I am

a. A national citizen of:

Iraqi

أنا
أ. أحمل جنسية:

b. A permanent resident of:

Above

ب. عنواني الدائم:

c. Employed by:

ت. أصل لدي:

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

US plane attacked my brother's house causing death of the family (4 person) and injured (3 person) and destroys the vehicle and the furniture -

أنتى اتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نتجت من: (المنظمة، الوحدة العسكرية)

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.)

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستندات التي تخولكم وتوكلكم للتقدم بهذا التظلم - أو أي دليل من ممثلين رسميين.)

Foreign Language Text

My claim arose at:

(Town)

(City)

(Country)

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

Claims Form

طلب تظلم

Name: _____ الأسم:

Address: _____ العنوان:

I am

a. A national citizen of: _____ أنا
أ. أحمل جنسية:

b. A permanent resident of: _____ ب. عنواني الدائم:

c. Employed by: _____ ج. أعمل لدي:

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

أنتى التظلم لدي حكومى الولايات المتحدة للأضرار والإصابات التى نجمت من: (المنظمة, الوحدة العسكرية)

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.)

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التى تخولكم وتوكلكم للنقدم بهذا التظلم, أو أى دليل من ممثلين رسميين.
أملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التى أصابتهم.)

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

البلد أو المحافظة

(b)(6)

تظلمى قدم فى: القرية

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG				PAGE NO.		NO. OF PAGES			
For use of this form, see AR 220-15: the proponent agency is Office of The Deputy Chief of Staff for Operations & Plans				3		7			
ORGANIZATION OR INSTALLATION		LOCATION		PERIOD COVERED					
4-9IN		CAMP TAJI, IRAQ		FROM		TO			
ITEM NO.	TIME		INCIDENTS, MESSAGES, ORDERS, ETC.	ACTION TAKEN	INL	HOUR	DATE	HOUR	DATE
	IN	OUT				0001	30JUL07	2359	30JUL07

Nonresponsive, (b)(2)High

60	0727		Able Xray reports air strike near Nassir factory resulting in 4 casualties in which the rooftop on 2 houses collapsed injuring 3 woman and 1 child	logged	BB
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Nonresponsive, (b)(2)High

TYPED NAME AND RANK OF OFFICER OR OFFICIAL ON DUTY	SIGNATURE

DA FORM 1594

PREVIOUS EDITION OF THIS FORM IS OBSOLETE

Electronic Form

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

DECEASED (Last, First, Middle) / Nom du décédé (Nom et prénoms) UNKNOWN		GRADE / Grade	BRANCH OF SERVICE / Arme	SOCIAL SECURITY NUMBER / N° (b)(6)
ORGANIZATION / Organisation Foreign Language Text, (b)(6)		NATION (e.g., United States) / Pays IRAQ	DATE OF BIRTH / Date de naissance	SEX / Sexe <input type="checkbox"/> MALE / Masculin <input checked="" type="checkbox"/> FEMALE / Féminin
RACE / Race		STATUS / État Civil		RELIGION / Culte
CAUCASOID / Caucasique	SINGLE / Célibataire	DIVORCED / Divorcé	PROTESTANT / Protestant	OTHER (Specify) / Autre (Spécifier)
NEGROID / Négróide	MARRIED / Marié	SEPARATED / Séparé	CATHOLIC / Catholique	
OTHER (Specify) / Autre (Spécifier)	WIDOWED / Veuf		JEWISH / Juif	
NAME OF NEXT OF KIN / Nom du plus proche parent		RELATIONSHIP TO DECEASED / Parenté du décédé avec le susdit		
STREET ADDRESS / Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) / Ville (Code postal compris)		

MEDICAL STATEMENT / Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) / Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH / Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH / Maladie ou condition directement responsable de la mort EXSANGUINATION		DOA
ANTECEDENT CAUSES / Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE / Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE / Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS / Autres conditions significatives		

MODE OF DEATH / Condition de décès	AUTOPSY PERFORMED / Autopsie effectuée <input type="checkbox"/> YES / Oui <input checked="" type="checkbox"/> NO / Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES / Circonstances de la mort suscitées par des causes extérieures
NATURAL / Mort naturelle	MAJOR FINDINGS OF AUTOPSY / Conclusions principales de l'autopsie	
ACCIDENT / Mort accidentelle		
SUICIDE / Suicide		
HOMICIDE / Homicide	SIGNATURE / Signature	DATE / Date
		AVIATION ACCIDENT / Accident à Avion <input type="checkbox"/> YES / Oui <input type="checkbox"/> NO / Non

TIME OF DEATH (Hour, day, month, year) / de décès (l'heure, le jour, le mois, l'année) 0840 30 JULY 2007	PLACE OF DEATH / Lieu de décès 28TH COMBAT SUPPORT HOSPITAL
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus

(b)(3),(b)(6)	TITLE OR DEGREE / Titre ou diplôme LTC / MD
GRADE / Grade O-5	INSTALLATION OR ADDRESS / Installation ou adresse 28TH COMBAT SUPPORT HOSPITAL
DATE / Date 30 JULY 2007	(b)(3),(b)(6)

¹ State disease, injury or complication which contributed to the death, but not related to the disease or condition causing death.
² State conditions contributing to the death, but not related to the disease or condition causing death.
³ 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 de coeur, etc.
⁴ 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.

Foreign Language Text, (b)(6)

(b)(6)

Death certificate ([redacted])
Date / August 2001



Foreign Language Text, (b)(6)





Foreign Language Text

(b)(6)

Date 16-Aug-07

Death certificate

Foreign Language Text, (b)(6)

Date 16-Aug-07

(b)(6)

Death certificate

Foreign Language Text, (b)(6)

Date 16-Aug-07

(b)(6)

Death certificate

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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Vehicle ~~is~~ certificate

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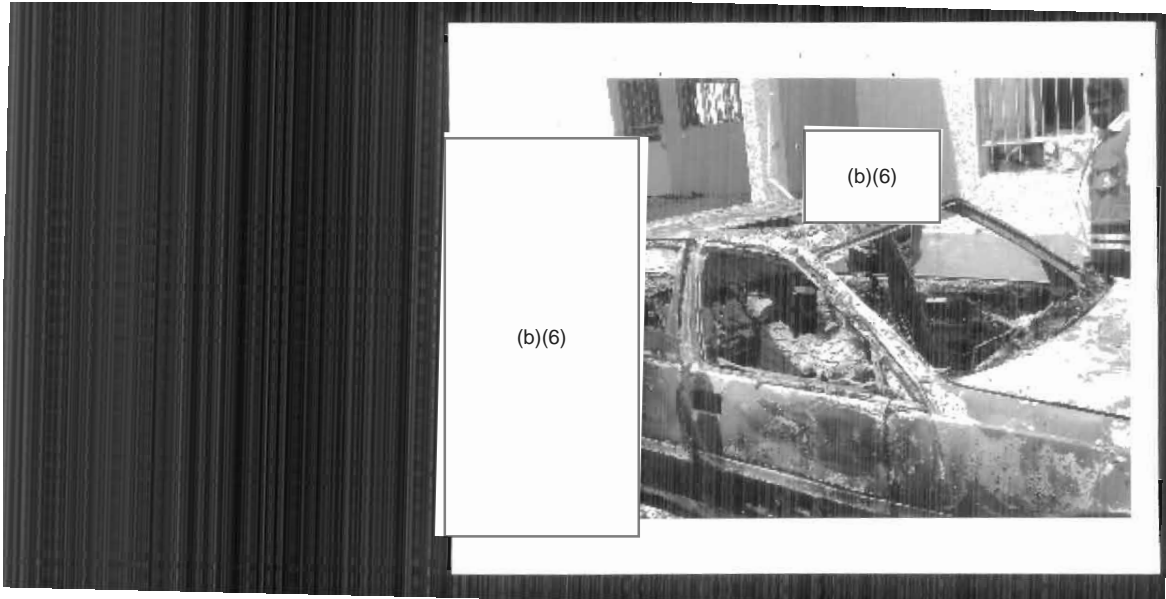
(b)(6)

31012



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31013



(b)(6)

(b)(6)

31014

1551-00027



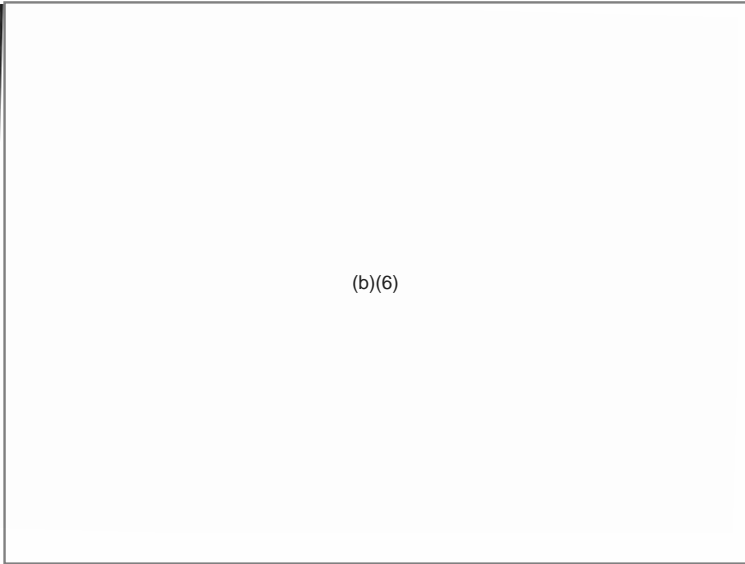
1551-00028

31015



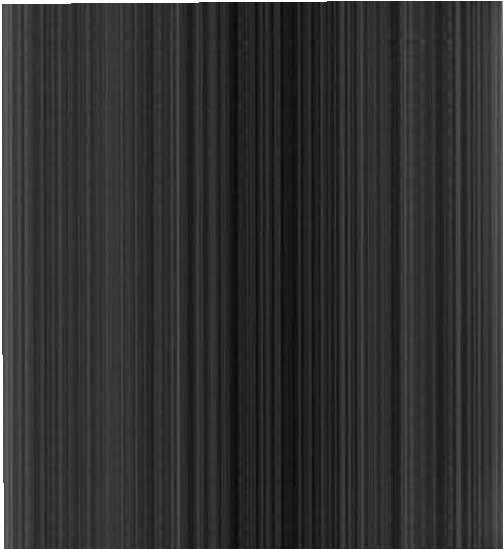
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(b)(6)

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1551-00031

31018



1551-00032

31019



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