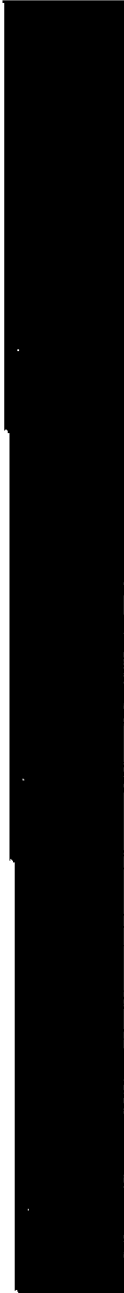
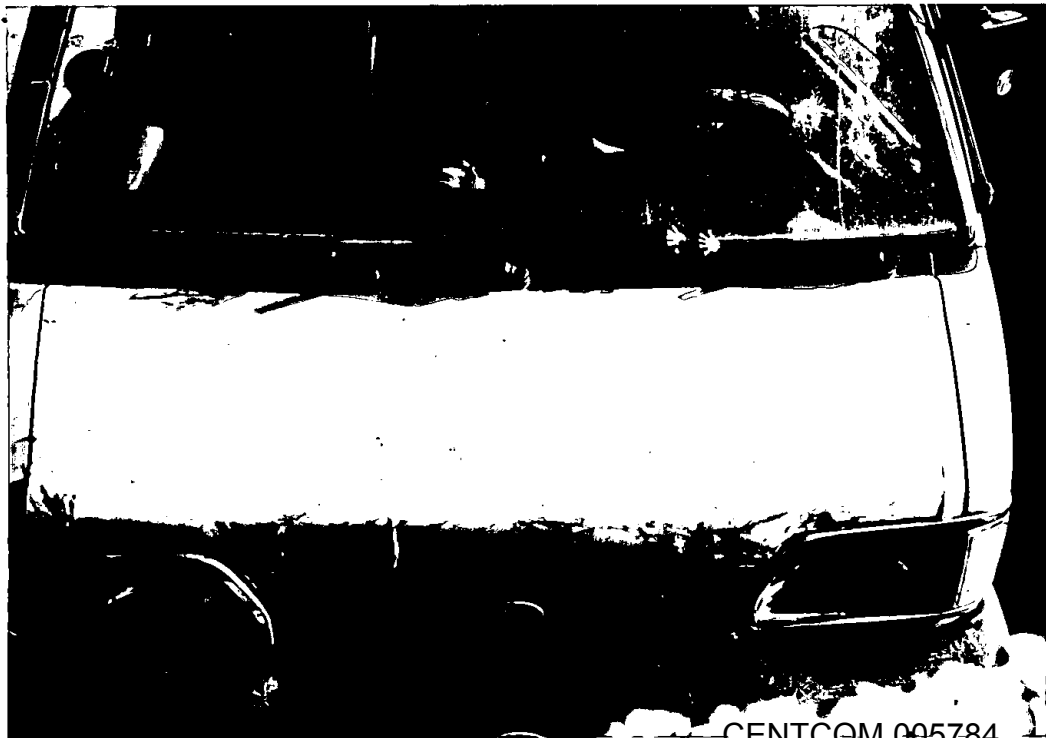


(b)(6)

746-3
15-3-2005

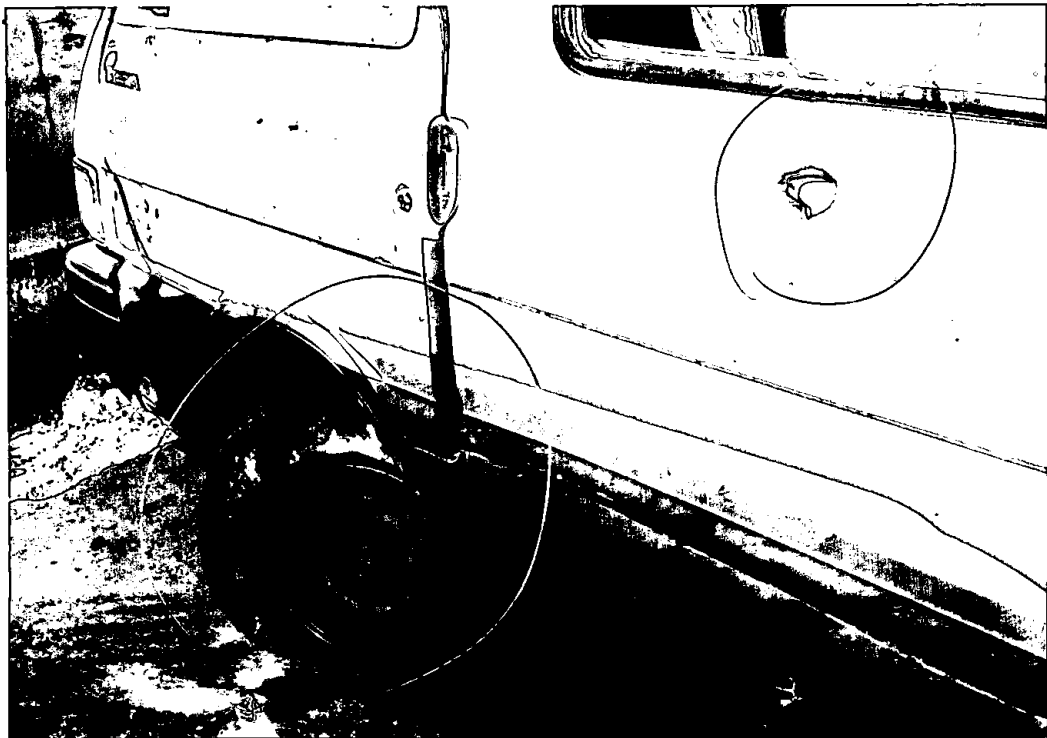


CENTCOM 005783



CENTCOM 005784

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CENTCOM 005785

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CENTCOM 005780

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CENTCOM 005767

31633



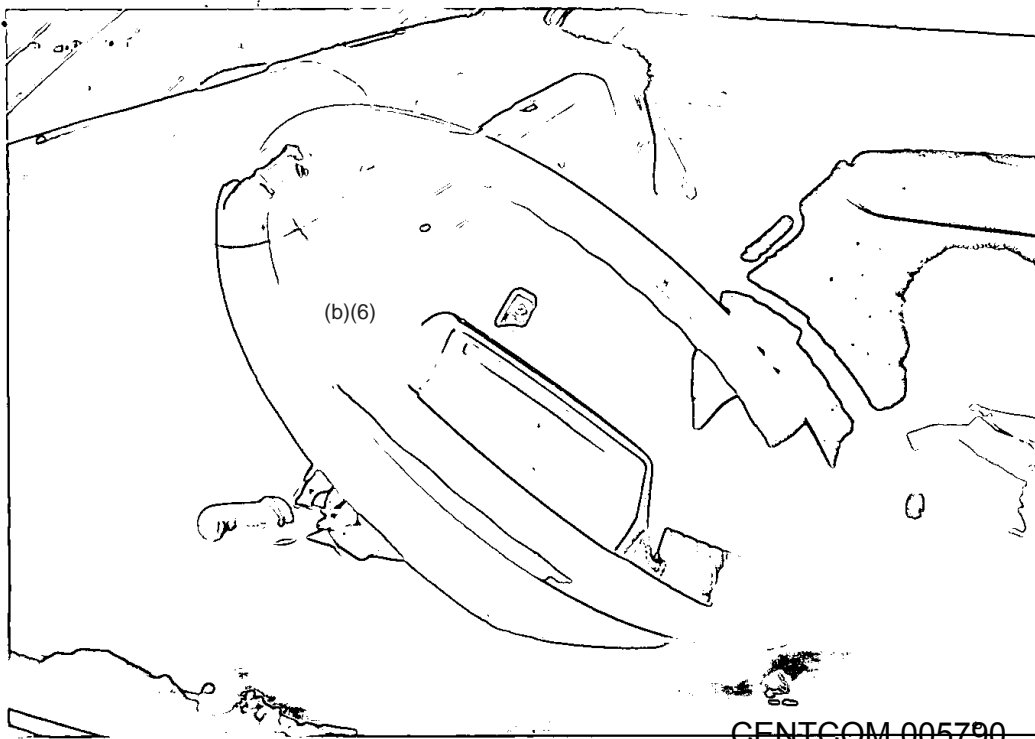
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31634



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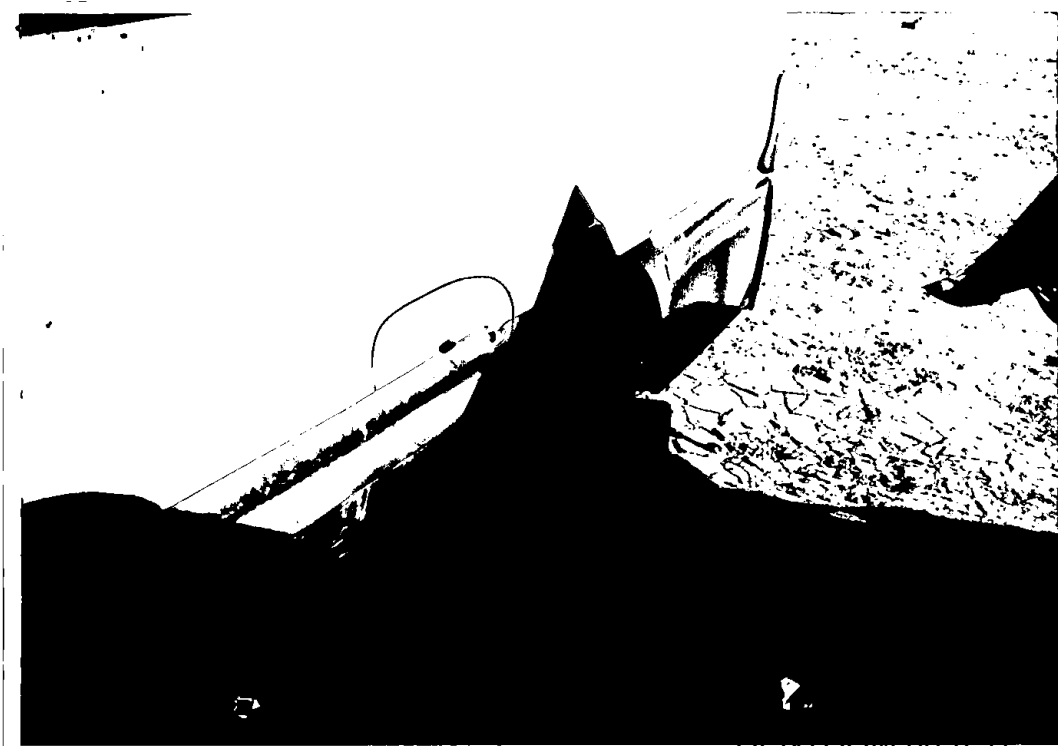
31635



(b)(6)

CENTCOM 005790

31636



SECRET COM 665751

31637



DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-TAHREER, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF:

April 25, 2005

Claims Office

SUBJECT: Claim # 746-3

(b)(6)

Dear (b)(6) :

You have submitted a claim seeking compensation for damages allegedly caused by U.S. Forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

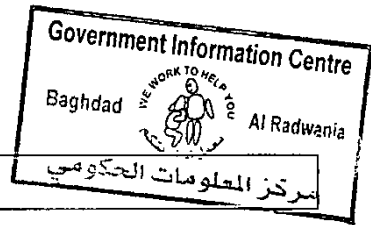
If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Deny - combat

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

Major, U.S. Army
Foreign Claims Commission

CENTCOM 005792



Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____

Address: _____ (b)(6)

I am

- a. A citizen and national of: Irasi & Arabic
- b. A permanent resident of: _____ (b)(6)
- c. Employed by: House Keeper
- d. Check one () An insurer (X) Not an insurer
- e. Check one () A subrogee (X) 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)

multination forces

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: ALTAJI Baghdad Iraq
(Town) (City) (Country)

My claim arose on: March 17 2005
(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 17th march 2005 my son (b)(6)
was driving his car Ben KIA in his way home
convoy passing him and told him to park out
side the way he stoped in the same time gunfire
start toward u.s army the soldiers shooting
back i one bullet caused killing my husband
The soldiers try to help my husband they took him
by helocopter to IBIN SINA Hospital he die there
in the mean time my husband was working with
u.s army. later i received my husband car
from ALTAJI Police station but there is damage
in the car - I claim herewith for compensation
with my respect. I have one baby and
one brither and my husband the only one feed us

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

my husband death and damages
in his car Bas KIA

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> |
|--|----------------|
| 1- <u>my husband death</u> | <u>6000/00</u> |
| 2- <u>Damages in the Bas KIA according</u> | <u>2000/00</u> |
| 3- <u>to the receipts in</u> | <u>(b)(6)</u> |
| 4- <u>(b)(6)</u> | <u>(b)(6)</u> |
| 5- <u>(b)(6)</u> | <u>(b)(6)</u> |
| 6- <u>(b)(6)</u> | <u>(b)(6)</u> |

Total: 8000/00 \$

I was insured to the following extent against the damager 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)

\$ 8000/00 local 11600000/-

(b)(6)

(Signature of Claimant)

Subscribed before me this 13 day of Mar, 2005.

(b)(6)

(Print Name)

(b)(6)

(Signature)



**GENERAL INFORMATION CENTAR,
AL-RADHWANYA, BAGHDAD, IRAQ.**



"THE CLAIM'S CONTAINS"

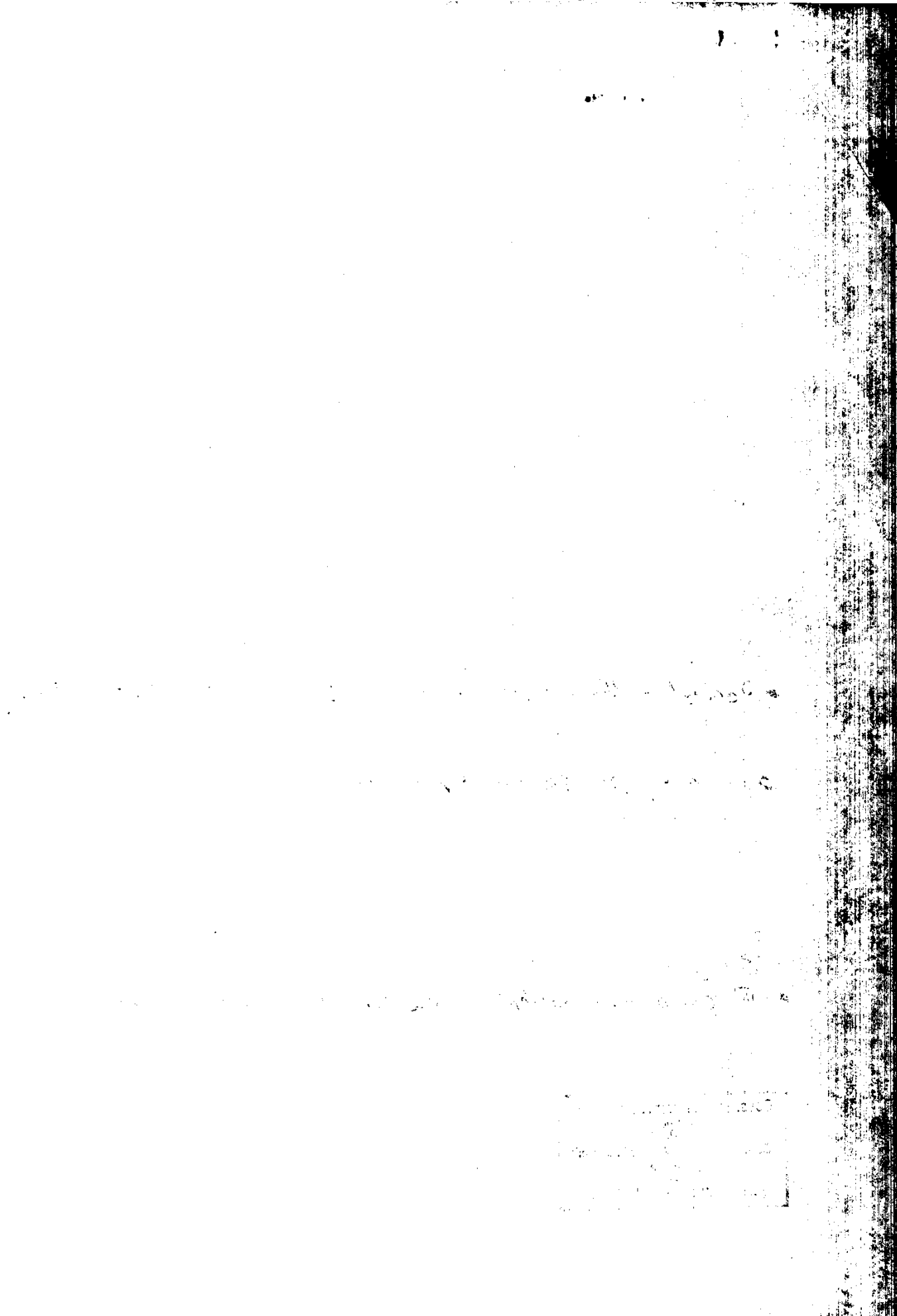
The Claimant name:-..

(b)(6)

- 2 photographs showing the damages and the trace of the bullets.
- Badge of the death man proved that he work with U.S. army
- Death certificate proved the death caused by bullets in the chest.
- 2 Death certificate in english
- Summary of Traffic Police proved the damages in the Bam.
- Receipts by the damage in (b)(6)
- Death man wife statement was in image of K.A.D. M.M. Court
- The marriage document for the wife.
- Site map and plan to the accident area drawing by Al-Bat. A. J. Police station officer.
- The claimant documents and her husband's Resid. Card & Nationality card & Ration card.
- Buyer contract showing the value and ownership.
- The car buying Receipt + The car ownership document.



General Information Center/Al-Radhwanya
Date:- 15 march 2005



CENTCOM.005799

| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Ouïrè-Mer) | | | |
|---|--|---|--|
| NAME OF DECEASED Nom du décédé (Nom et prénoms) (b)(6) | | GRADE Grade | BRANCH OF SERVICE Arme |
| ORGANIZATION Organisation | | NATION (e.g., United States) Pays | DATE OF BIRTH Date de naissance |
| RACE Race | | SEX Sexe <input type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin | |
| CAUSE OF DEATH Cause de décès | | RELIGION Culte | |
| MARRIAGE STATUS Etat Civil | | OTHER (Specify) Autre (Spécifier) | |
| SINGLE Célibataire | | PROTESTANT Protestant | |
| MARRIED Marié | | CATHOLIC Catholique | |
| WIDOWED Veuf | | JEWISH Juif | |
| DIVORCED Divorcé | | SEPARATED Séparé | |
| 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 | | Cardiac Arrest | |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort | | Chest Trauma | |
| MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, mènant 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 | 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 | NAME OF PATHOLOGIST Nom du pathologiste | | |
| SUICIDE Suicide | SIGNATURE Signature | DATE Date | |
| HOMICIDE Homicide | | AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non | |
| DATE OF DEATH (First day, month, year) Date de décès (1 ^{er} jour, le mois, l'année) | PLACE OF DEATH Lieu de décès | | |
| 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. | | | |
| NAME OF MEDICAL OFFICER Nom du médecin | TITLE OR DEGREE Titre ou diplôme | | |
| (b)(3),(b)(6) | MD EMT PHYSICIAN | | |
| GRADUATION Date | INSTALLATION OR ADDRESS Installation ou adresse | | |
| 04 | 86 CSH | | |
| DATE Date | SIGNATURE Signature | | |
| 17 FEB 05 | (b)(3),(b)(6) | | |
| <p>1. State disease, injury, or complication which caused death. Do not include heart failure, etc.</p> <p>2. State conditions contributing to the death, but not related to the disease or condition causing death.</p> <p>3. Prior to the disease, injury, or complication which caused death, state the manner of death, such as heart failure, etc.</p> <p>4. Prior to the condition which contributed to the death, state the manner of death, such as heart failure, etc.</p> | | | |

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPAS1, 26 SEP 1975, WHICH ARE OBSOLETE

USAPA V1 00

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

CENTCOM 005800

31646

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

| DISPOSITION OF REMAINS | | | |
|--|-----------------------------------|--------------------------|-------|
| NAME OF MORTICIAN PREPARING REMAINS | GRADE | LICENSE NUMBER AND STATE | OTHER |
| INSTALLATION OR ADDRESS | DATE | SIGNATURE | |
| NAME OF CEMETERY OR CREMATORY | LOCATION OF CEMETERY OR CREMATORY | | |
| TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specs) | | DATE OF DISPOSITION | |
| REGISTRATION OF VITAL STATISTICS | | | |
| REGISTRY (Town and County) | DATE REGISTERED | FILE NUMBER | |
| | | STATE | OTHER |
| NAME OF FUNERAL DIRECTOR | ADDRESS | | |
| SIGNATURE OF AUTHORIZED INDIVIDUAL | | | |

DD FORM 2064, APR 1977 (BACK)

USAPA VI.00

Foreign Language

Foreign Language Text

(b)(6), Foreign Language

CENTCOM 005801

31647

Pages 21 through 24 redacted for the following reasons:

(b)(6), Foreign Language
Already Reviewed and Redacted for Release
Foreign Language



CENTCOM 005806

Foreign Language Text

CENTCOM 005807

31650

Illegible Text, Nonresponsive

CENTCOM 005808

Page 28 redacted for the following reason:

(b)(6), Foreign Language

e Text, Foreign Language Text, Nonresp

CENTCOM 005810

Page 30 redacted for the following reason:

(b)(6), Foreign Language

Foreign Language

Foreign Language

(b)(6), Foreign Language

Foreign Language

Foreign Language

Foreign Language

Foreign Language

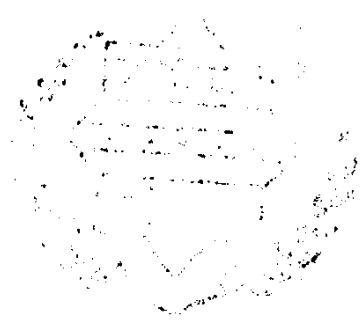
Foreign Language

(b)(6), Foreign Language

CENTCOM 005812

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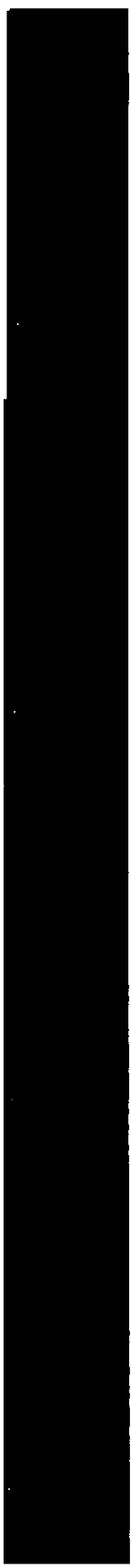
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CENTCOM 005820

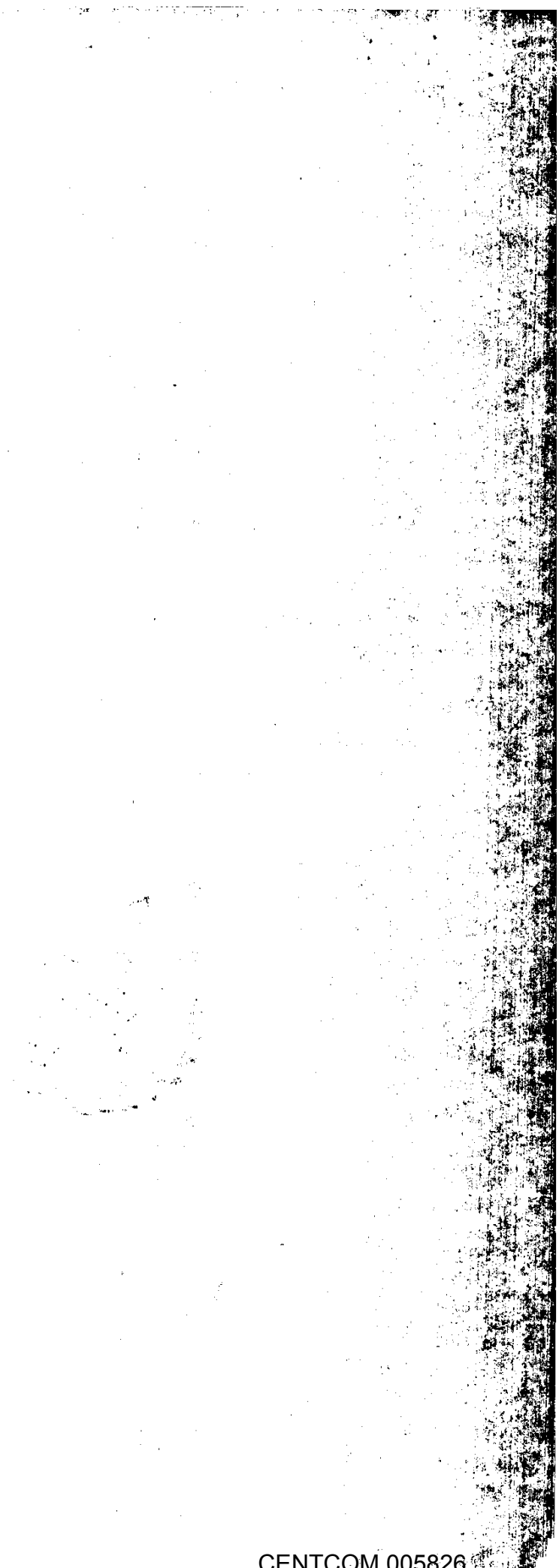
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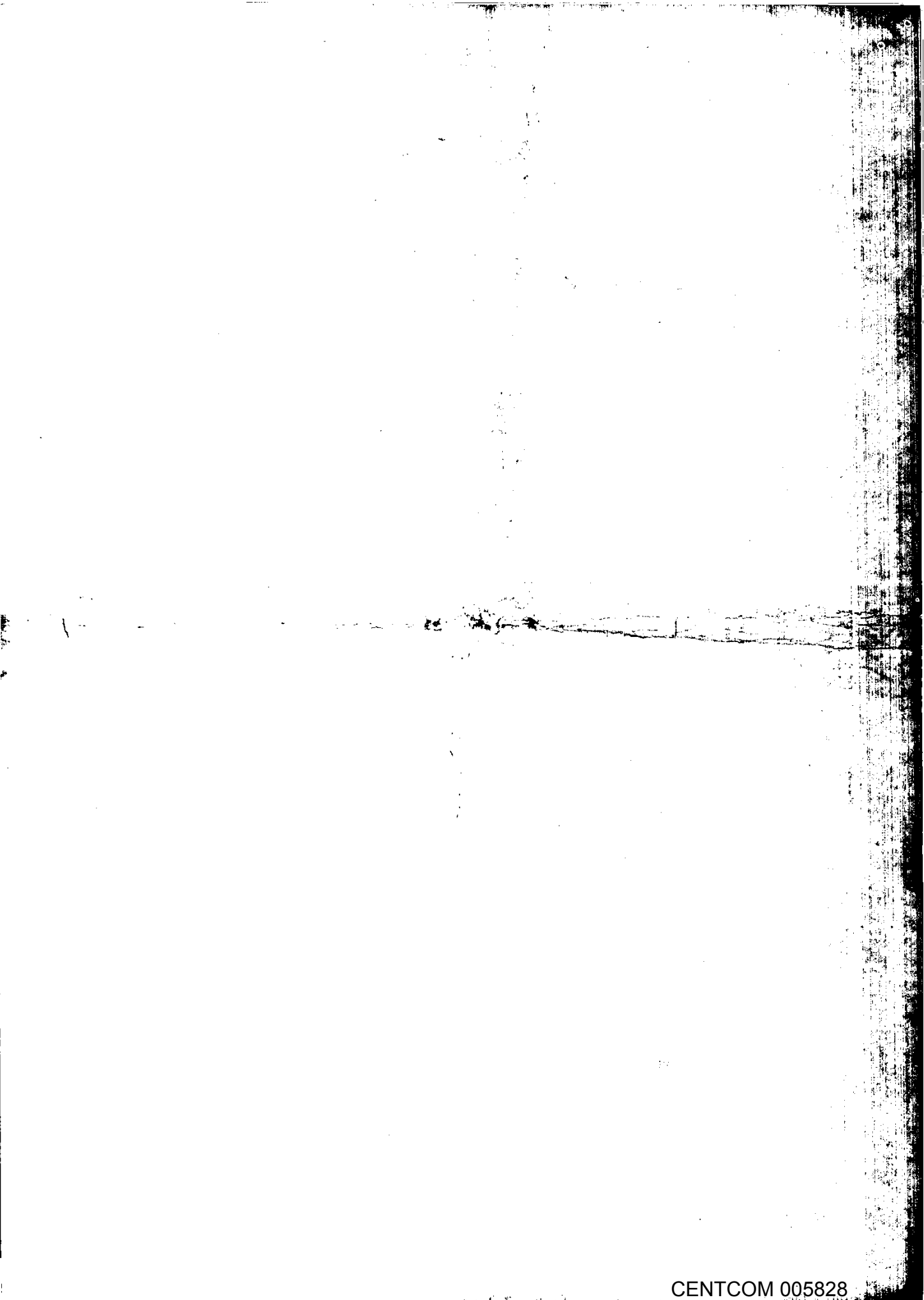
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(b)(6), Foreign Language



Page 46 redacted for the following reason:

(b)(6), Foreign Language



Pages 48 through 71 redacted for the following reasons:

(b)(6), Foreign Language
Foreign Language
Illegible Text, Foreign Language Text

CENTCOM 005853

31665