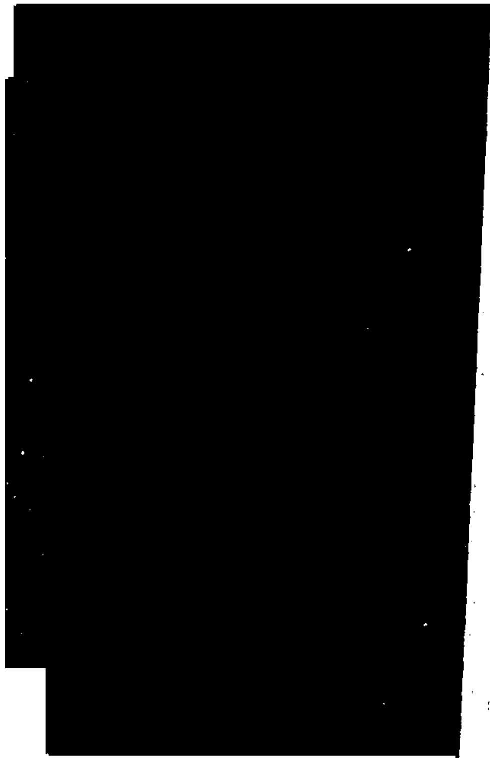
(b)(6)

760-3
19-MAR-2005

Deny - Combat

This man, (b)(6)
Is Innocent
of the End
fired warning
Shot. It
accidentally Richoted
+ hit the truck

(b)(6)



Pages 6 through 7 redacted for the following reasons:

- - - - - - - - - - - - - - - - - - - - - - - - - - - - -

(b)(6)

**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 # 760-3

(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.

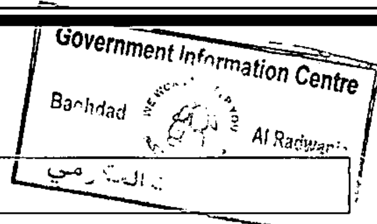
Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

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.

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

Major, U.S. Army
Foreign Claims Commission

760 - 3
19 - MAR - 2005




# Claims Form

To: United States Army Foreign Claims Commission
From: **Name:**_ (b)(6)
**Address:** Baghdad - (b)(6)

**I am**

a. A citizen and national of: Iraq
b. A permanent resident of: Baghdad - (b)(6)
c. Employed by:__________ (b)(6)
d. Check one ( ) An insurer ( ) Not an insurer
e. Check one (X) 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)
Multi National 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.)_ (b)(6)

My claim arose at: Yousifya (Town) Baghdad (City) Iraq (Country)

My claim arose on: Jan. (Month) 6th (Day) 2005 (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 jan-6th, 05 at 6:30 A.M and when my husband was going to Baghdad, the Multi national Forces shote him in his Car for no reason and he die after they moved him to Ibn Sina hospital, thats Why I ask for Compensation.

CENTCOM 005886

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

Killing my husband by the Multi National

Forces by shooting his Car

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 |
|---|---|
| 1- The blood money for killing my husband | $4000 |
| 2- | |
| 3- | |
| 4- | |
| 5- | |
| 6- | |

**Total:** $4000

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)

$ 4000 **local** 5,800,000

(b)(6)

**(Signature of ...........)**

Subscribed before me this 19th day of March 2005

**(Print Name)**

(b)(6)

**(Signature)**

CENTCOM 005888

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

## "THE CLAIM'S CONTAINS"

**The Claimant name:-** (b)(6)

- I.D. Card + living Card + Ration Card
- pictures for the dead person (b)(6)
- The invistegation paper at Al Mahmodya police station which says that the victim had been killed by the multi national Forces
- The medical report for the victim issued by Ibn Sina hospital
- Death Certificate issued by the judial medical hospital for the victime
- paper from Multi national forces admiting by them mistake in it for this accedent

General Information Center/Al-Radhwanya
Date:- 19 March 05

CENTCOM 005890

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

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| (b)(6) | | | |
| **ORGANIZATION** Organisation | **NATION** *(e.g., United States)* Pays | **DATE OF BIRTH** Date de naissance | **SEX** Sexe ☐ MALE Masculin ☐ FEMALE Féminin |
| | | | |

| RACE Race | | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|---|
| ☐ CAUCASOID Caucasique | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | ☐ PROTESTANT Protestant | ☐ OTHER *(Specify)* Autre *(Spécifier)* | |
| ☐ NEGROID Négroïde | ☐ 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** Domicilié à (Rue) | **CITY OF TOWN AND STATE** *(Include ZIP Code)* Ville (Code postal compris) |
| | |

### MEDICAL STATEMENT Declaration 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[1] Maladie ou condition directement responsable de la mort[1] | | Acute Respiratory Insufficiency | 30 min |
| 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 | Acute Lung Injury | 6 days |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | GSW to L shoulder (L) chest | 6 days |
| OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2] | | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|---|
| ☐ NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| ☐ ACCIDENT Mort accidentelle | | | |
| ☐ SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| ☐ HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| 1735 12 01 2005 | ICU 2 |

I HAVE VEIWED 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 médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| | |
| **GRADE** Grade | **INSTALLATION OR ADDRESS** Installation ou adresse |
| **DATE** Date | SIGI |

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

[1] *State disease, injury or complication which caus... re, etc.*
[2] *State conditions contributing to the death, but no...*
[1] *Préciser la nature de la maladie, de la blessure ... ...ais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préiser 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.*

**DD FORM 2064, APR 1977** REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

CENTCOM 005891

*(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 ☐ BURIAL ☐ CREMATION ☐ REMOVAL *(Specify)* | | DATE OF DISPOSITION | |

| REGISTRATION OF VITAL STATISTICS | | | |
|---|---|---|---|
| REGISTRY *(Town and Country)* | DATE REGISTERED | FILE NUMBER | |
| | | STATE | OTHER |
| NAME OF FUNERAL DIRECTOR | ADDRESS | | |
| SIGNATURE OF AUTHORIZED INDIVIDUAL | | | |

**DD FORM 2064, APR 1977 (BACK)**

USAPA V1.

**HOSPITAL REPORT OF DEATH**

R USE OF THIS FORM, SEE AR 40-2: THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

*Instructions - Medical Officer in attendance will:* Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

### PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

(b)(6)

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 1735 12 01 2005

3. MEDICAL EXAMINER/ CORONER'S CASE: ☐ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED: ☒ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

### CAUSE OF DEATH

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* Acute Respiratory Insufficiency | 30 min |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) Acute lung Injury | 6 days |
| | (2) GSW (L) shoulder (L) chest | 6 days |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

9. DATE: 12 Jan 05

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: (b)(3),(b)(6) COL

11. SIGNA[TURE] ... [ATTEND]ANCE: (b)(3),(b)(6)

## SECTION B - ADMINISTRATIVE ACTION

| TYPE OF ACTION | HOUR | DAY | | | [SIGNATURE O]F RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |

19.

## SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

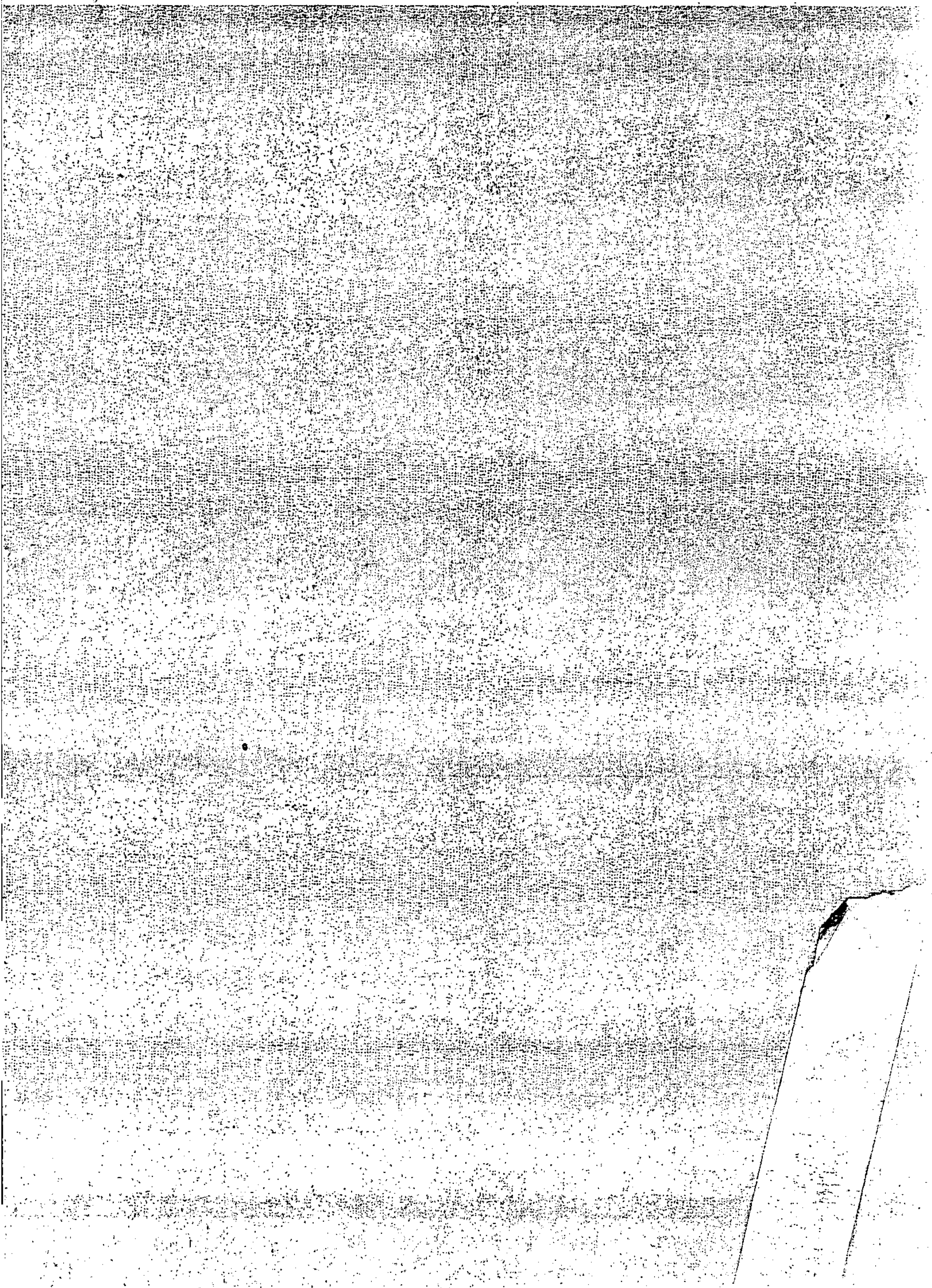
26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

USAPPC V2.00

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.



**MILITARY OPERATIONS**
**RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL**

| 1. DATE *(YYYYMMDD)* | 2. PAGE OF PAGES |
|---|---|
| | |

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

**PURPOSE AND USE:** This form is used to establish initial identification of deceased personnel.

**DISCLOSURE:** Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

**. TENTATIVELY IDENTIFIED DECEDENT**

| NAME *(Last, First, Middle Initial) (or Unidentified)* | b. GRADE | c. SSN | d. ORGANIZATION | e. STATUS | f. DATE OF STATUS *(YYYYMMDD)* |
|---|---|---|---|---|---|
| | | | | | |

| . PLACE OF RECOVERY *(Include grid coordinates)* | 5. DATE OF RECOVERY *(YYYYMMDD)* | 6. EVACUATION NUMBERS a. #1 | b. #2 |
|---|---|---|---|
| | | | |

**. INVENTORY OF EFFECTS**

| QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
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**. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

| QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**9. EFFECTS INVENTORIED ABOVE REPRESENT** *(X as appropriate)*

☐ ALL KNOWN EFFECTS ☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☐ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**0. PREPARING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**1. RECEIVING OFFICIAL**

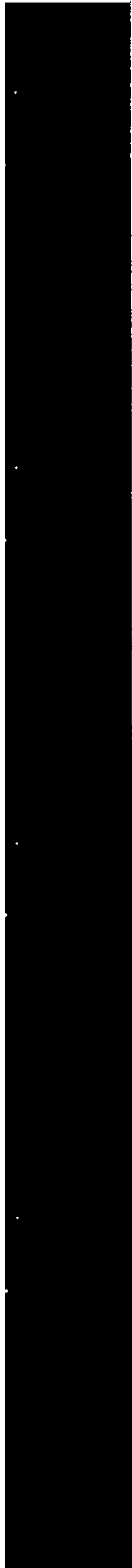
| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**2. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |



# PATIENT'S PERSONAL EFFECTS AND CLOTHING RECORD

For use of this form, see AR 40-2; the proponent agency is the Office of The Surgeon General.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, middle initial; grade; social security number, register number medical facility or organization)*

**HOSPITAL ITEMS RECEIVED BY PATIENT**

| | | | |
|---|---|---|---|
| | COAT, PAJAMA | | TOWELS, BATH |
| | TROUSERS, PAJAMA | | WASH CLOTH |
| | CONVALESCENT SUIT | | OTHER |
| | ROBE, BATH | | |
| | SLIPPERS | | |
| | TOWELS, HAND | PATIENT'S INITIALS | |

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| INITIALS OF CUSTODIAN | | | | | | | | | | | | | | | |
| INITIALS OF PATIENT | | | | | | | | | | | | | | | |

| ITEMS *(Male and Female)* | QUANTITY - PATIENT'S PERSONAL EFFECTS AND CLOTHING | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ANKLETS, WOMEN'S | | | | | | | | | | | | | | | |
| BAGS, DUFFEL/BARRACKS | | | | | | | | | | | | | | | |
| BATHROBE | | | | | | | | | | | | | | | |
| BELT | | | | | | | | | | | | | | | |
| BUCKLE | | | | | | | | | | | | | | | |
| BLOUSE, SUMMER/WINTER | | | | | | | | | | | | | | | |
| BOOTS, COMBAT | | | | | | | | | | | | | | | |
| CAP, GARRISON | | | | | | | | | | | | | | | |
| CAP, NURSES, WHITE | | | | | | | | | | | | | | | |
| CAP, SERVICE | | | | | | | | | | | | | | | |
| CAP, UTILITY | | | | | | | | | | | | | | | |
| COAT, WOOL | | | | | | | | | | | | | | | |
| DRAWERS, SUMMER/WINTER | | | | | | | | | | | | | | | |
| DRESS, COTTON | | | | | | | | | | | | | | | |
| GLOVES, PR. COTTON/LEATHER | | | | | | | | | | | | | | | |
| GLOVES, INSERT | | | | | | | | | | | | | | | |
| GLOVES, SHELL | | | | | | | | | | | | | | | |
| HANDBAG, LEATHER | | | | | | | | | | | | | | | |
| HANDKERCHIEFS | | | | | | | | | | | | | | | |
| HAT, SERVICE | | | | | | | | | | | | | | | |
| INSIGNIA, CAP/HAT | | | | | | | | | | | | | | | |
| INSIGNIA, COLLAR, SHOULDER | | | | | | | | | | | | | | | |
| JACKET, UTILITY | | | | | | | | | | | | | | | |
| JACKET, FIELD | | | | | | | | | | | | | | | |
| JACKET, WOOL | | | | | | | | | | | | | | | |
| NECKTIE | | | | | | | | | | | | | | | |
| NIGHTGOWNS | | | | | | | | | | | | | | | |
| OVERCOAT | | | | | | | | | | | | | | | |
| OVERSHOES/RUBBERS | | | | | | | | | | | | | | | |
| PAJAMAS | | | | | | | | | | | | | | | |
| PONCHO | | | | | | | | | | | | | | | |
| PANTIES, WOMEN | | | | | | | | | | | | | | | |
| RAINCOAT | | | | | | | | | | | | | | | |
| SCARF | | | | | | | | | | | | | | | |
| SHIRT | | | | | | | | | | | | | | | |
| SHIRTWAIST, WOMEN | | | | | | | | | | | | | | | |

DA FORM 1 OCT 73 4160 REPLACES DA FORM 8-111, 1 OCT 57 WHICH IS OBSOLETE.

| ITEMS *(Male and Female)* | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | QUANTITY - PATIENT'S PERSONAL EFFECTS AND CLOTHING | | | | | | | | | | | | | | |
| SHIRT, WOOL | | | | | | | | | | | | | | | |
| SHOES, DRESS/SPORT | | | | | | | | | | | | | | | |
| SHOES, LOW-QTR | | | | | | | | | | | | | | | |
| SHOES, SERVICE | | | | | | | | | | | | | | | |
| SHORTS, UNIFORM, KHAKI | | | | | | | | | | | | | | | |
| SKIRT | | | | | | | | | | | | | | | |
| SLACKS | | | | | | | | | | | | | | | |
| SLIP | | | | | | | | | | | | | | | |
| SOCKS, PRS | | | | | | | | | | | | | | | |
| STOCKINGS, PRS | | | | | | | | | | | | | | | |
| SUIT, EXERCISE, WOMEN | | | | | | | | | | | | | | | |
| SWEATER | | | | | | | | | | | | | | | |
| TOWELS | | | | | | | | | | | | | | | |
| TROUSERS, COTTON, KHAKI | | | | | | | | | | | | | | | |
| TROUSERS, WOOL | | | | | | | | | | | | | | | |
| UNDERSHIRTS, WINTER/SUMMER | | | | | | | | | | | | | | | |
| UNIFORM, NURSES HOSPITAL | | | | | | | | | | | | | | | |
| UNIFORM, WOMEN, WINTER/SUMMER | | | | | | | | | | | | | | | |
| CIVILIAN | | | | | | | | | | | | | | | |
| BELT, COLOR | | | | | | | | | | | | | | | |
| CAP/HAT | | | | | | | | | | | | | | | |
| COAT, SPORT | | | | | | | | | | | | | | | |
| SHIRT, DRESS/SPORT | | | | | | | | | | | | | | | |
| SHOES, SPORT, DRESS, COLOR | | | | | | | | | | | | | | | |
| SLACK, COLOR | | | | | | | | | | | | | | | |
| SUIT, 2 PC, 3 PC | | | | | | | | | | | | | | | |
| TOP COAT | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | | |
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ALL ITEMS IN THE LAST COMPLETED COLUMN HAVE BEEN RECEIVED

| DATE | SIGNATURE AND GRADE OF PATIENT | DATE | SIGNATURE AND GRADE OF CUSTODIAN |
|---|---|---|---|
| | | | |

*U.S. GPO: 1999-454-110/15230

CENTCOM 005898

Page 22 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - - -
Foreign Language

CENTCOM 005900

Pages 24 through 40 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - - - -
(b)(6), Foreign Language

Page 42 redacted for the following reason:
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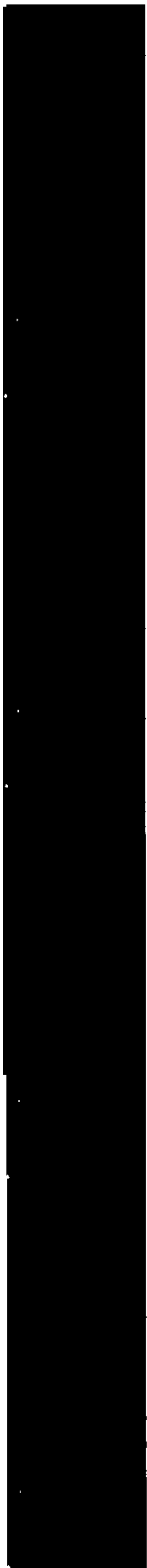
(b)(6), Foreign Language



Foreign Language

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Page 45 redacted for the following reason:
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(b)(6), Foreign Language

Page 47 redacted for the following reason:
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(b)(6), Foreign Language

CENTCOM 005925

Pages 49 through 51 redacted for the following reasons:
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(b)(6), Foreign Language

Pages 53 through 56 redacted for the following reasons:
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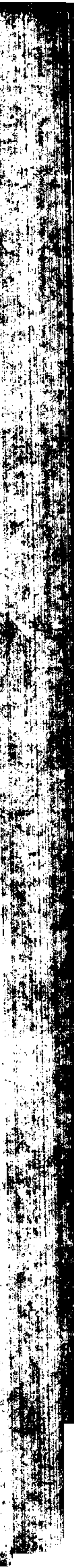
(b)(6), Foreign Language



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Pages 58 through 59 redacted for the following reasons:
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(b)(6), Foreign Language

Page 61 redacted for the following reason:
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(b)(6), Foreign Language

Foreign Language Text

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