

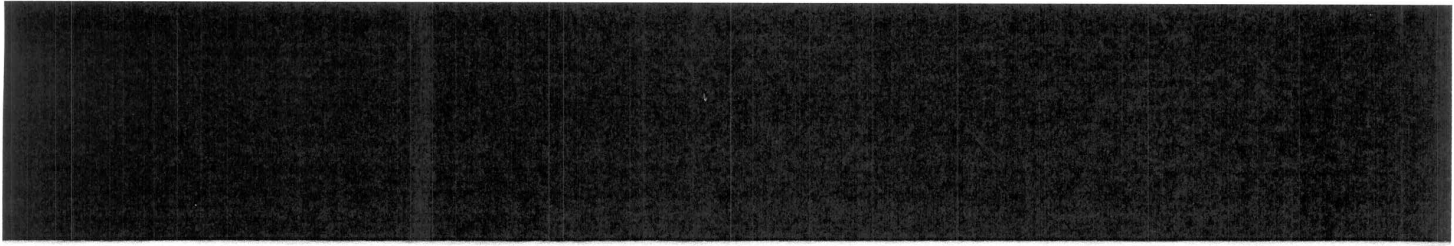
JCC-0375

Death - \$2,500

~~NEED MORE INFO~~
~~FROM GROUND UNIT~~

Approve

CENTCOM 006905



Death - 2,520

with pay 2,520



(b)(6)



**DEPARTMENT OF THE ARMY
B COMPANY, 486th CIVIL AFFAIRS BATTALION
CIVIL - MILITARY OPERATIONS CENTER
JOINT COORDINATION CENTER - RAMADI
APO AE 09396**



CLAIMS INTAKE WORKSHEET

Claim number: JCC - 0375

INITIAL / FOLLOW - UP

NAME: (b)(6)

Date of claim: 12APR07

Name of representative:

Relationship to claimant:

Date of incident: 03APR07

Location of incident: Hy Al Bakr

Type of claim (i.e., property damage, injury, death): Death

Nature of incident (i.e., detention, IED, vehicle collision, etc.):

Claim caused by: IA IP US (Unit:) AIF Other:

Brief description: Claimant states that CF dropped bombs in the area of Hy Al Bakr that killed her daughter. Claimant requests compensation for her loss.

Documentation provided:

Proof of death/injury/ownership:	<u>YES</u> / NO / NA	Comments: _____
Bill of sale for property:	YES / <u>NO</u> / NA	Comments: _____
Photographs:	YES / <u>NO</u> / NA	Comments: _____
Claims card:	YES / <u>NO</u> / NA	Comments: _____
SIGACT of incident:	YES / <u>NO</u> / NA	Comments: _____
Other:	YES / <u>NO</u> / NA	Comments: _____

Amount Claimed: \$ USD

Claimant signature certifying above statement: _____

Recommendation: PAY / DENY / TBD Amount recommended: _____ USD

Remarks: _____

*same SigAct
as the one for
4/3/07 that was
emailed to
may*

CENTCOM 006907 (b)(3),(b)(6)

Page 4 redacted for the following reason:

Foreign Language Text, (b)(6)

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____

Address: _____

(b)(6)

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: HYALIBAKR RAMADI ORAG
(Town) (City) (Country)

My claim arose on: APR 14 07
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.)

DATED APR 3, 07 AT NIGHT AT 10
O'CLOCK MNF SHOT TO OUR HOME
WHEN WE WERE SLEEPING
WITH OUT ANY REASON SO I
REQUEST COMPENSATION

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

CENTCOM 006909

BODYS CLAIMS

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

KILLED MY DAUGHTER

3000 \$

Total: 3000 \$

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

(Signature of Claimant)

Subscribed before me this 14 day of APR, 2007

(b)(6)

(Print Name)

(b)(6)

Pages 7 through 9 redacted for the following reasons:

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

04/19/07

- no claim card
- 3 MPR incidents
- PMSD more info from Ground unit

(b)(6)

CENTCOM 006914

Pages 11 through 12 redacted for the following reasons:

Foreign Language Text, (b)(6)