

J40493

Death, Injury, Property Damage

* Valid SigAct
for 4/3/07

Recommend

(b)(5)

CENTCOM 006987

Page 2 redacted for the following reason:

(b)(6)

(b)(6)



(b)(6)

332ND AFTH TRANSFER – D/C SUMMARY
BALAD AB, IRAQ

PATIENT NAME:	(b)(6)	AGE:		DATE OF ADMISSION:	4/3/07
332ND AFTH ID /	(b)(6)	SEX:	F	DATE OF DISCHARGE:	4/4/07

HPI / MECHANISM & PATTERN OF INJURY:

Pt s/p blast explosion of her house with collapse. Pt sustained a mild head injury.

HOSPITAL / OPERATIVE COURSE:

Pt was seen in the 332 AFTH ER. The patient had a small supra-orbital abrasion. She also had a small abrasion on her mid back. She had CT scans of her head, C-Spine and chest/abdomen/pelvis with no traumatic injuries. She was incidentally noted to have a Glucose of 472. Her BP in the ER was 138/92. The patient was given (b)(6)

ACTIVE MEDICAL ISSUES:

(b)(6)

PERTINENT LAB & X-RAY RESULTS

DISCHARGE DX AND CONDITION:

See above

DISP & RX:

Transfer to further care via Iraqi Healthcare system for (b)(6)

MEDICATIONS:

(b)(6)

<input type="checkbox"/> LITTER	<input checked="" type="checkbox"/> AMBULATORY	MEDICAL ATTENDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NON-MEDICAL ATTENDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(b)(3),(b)(6) M.D. 332 EMDG/EMDOS

Physician Signature Block (Typed) (Sign Hard Copy)

332ND AFTH TRANSFER – D/C SUMMARY
BALAD AB, IRAQ

PATIENT NAME:	(b)(6)	AGE:		DATE OF ADMISSION:	4/3/07
332 ND AFTH ID /	(b)(6)	SEX:	F	DATE OF DISCHARGE:	4/4/07

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ACTIVE MEDICAL ISSUES:

(b)(6)

PERTINENT LAB & X-RAY RESULTS	DISCHARGE DX AND CONDITION:
	See above

DISP & RX:
 Transfer to further care via Iraqi Healthcare system (b)(6)

MEDICATIONS: (b)(6)

<input type="checkbox"/> LITTER <input checked="" type="checkbox"/> AMBULATORY	MEDICAL ATTENDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NON-MEDICAL ATTENDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(b)(3),(b)(6) M.D. 332 EMDG/EMDOS (b)(3),(b)(6)
Physician Signature Block (Typed) (Sign Hard Copy)

Claims Form

To: United States Army Foreign Claims Commission

From: Name:

(b)(6)

Address:

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)

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:

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 3/4/2007 at about half past ten in the evening the American fighter planes bombed my house in Al-Bekir Quarter which resulted in destroying my house completely. My sister (b)(6) and my son (b)(6) was killed. My mother was severely injured and the American forces, to whom I am greatly thankful, took her to Belad Hospital where she was treated for three days; therefore I demand compensation.

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

And there is a list (a bill) of the damaged furnished enclosed.

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CENTCOM 006993

The American fighter planes bombed my house and destroyed it completely. My son and my sister were killed. My mother was severely injured.

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. killing my sister	(b)(6)
2. killing my son	(b)(6)
3. Injuring my mother	
Total: _____	

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)

\$25000 _____ local _____

(Signature of Claimant)

Subscribed before me this 22 day of April, 2007

(Print Name) _____
(Signature) _____ (b)(6)

Pages 9 through 17 redacted for the following reasons:

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