

CENTCOM 006987

Page 2 redacted for the following reason:
(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: <u>JCC -049</u> 2		INITIAL / FO	LLOW -UP	
NAME: (b)(6)	Date of clair	n: <u>24APR07</u>		
Name of representative:	Relationship	o to claimant:		
Date of incident: <u>032200APR07</u>	Location of	incident: <u>Hy Al l</u>	<u>Bakr</u>	
Type of claim (i.e., property damag	ge, injury, death): <u>D</u>	eath and Proper	ty Damage	
Nature of incident (i.e., detention, l	ED, vehicle collision	n, etc.):		
Claim caused by: IA IP US ((Unit:) AIF Oth	er:		
Brief description: Claimant states killed his son and sister, and injure	CF droppedbombs in the company of th	in the area of Hy nant requests cor	Al Bakr that damaged his npensation for his loss.	s house,
Documentation provided: Proof of death/injury/ownership: Bill of sale for property: Photographs: Claims card: SIGACT of incident: Other:	YES/NO/NA YES/NO/NA YES/NO/NA YES/NO/NA YES/NO/NA YES/NO/NA	Comments: Comments: Comments:		
Amount Claimed: \$ USD \$ 9,	100			
Claimant signature certifying above	ve statement:			_
Recommendation: PAY / DENY	//TBD Amo	ount recommende	ed:US	
Remarks:			Sig Act Welid 1 4/3/07.	<u> </u>
			4/3/07.	
(b)(6) Seath of Sc Damage to	2,500 shows < 2000 s	itroduce =	6,50°C	-
(b)(6) Cathof Taxing.	Daughter z	100 =	3,000 CENTCOM 006990	

332ND AFTH TRANSFER - D/C SUMMARY

BALAD ÅB, 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
	& PATTERN OF INJURY:	s it i there is our substitution of the substi	e Naminos en la sesa de la compansa que supor en esta superioriente de la compansa de la compa	терия желер уранизмення к культуры эксперия эксперия дей автория стального били.	hells van Calary on mat ein sachter Sall seinsche Dippelprometer, er den Wassenstein fer ein Seine

TO A THE REST AND A PERSON ASSESSMENT OF THE REST AND THE	Augustus paragraphical des proprieta de la companya de la companya de la companya de la companya de la company	enter de la company de la comp	 27 2002 год техно уколумирациямую уколориями и при этом этом подраждения и подраждения	r kadariik e kiraliizaku uu maal 90 askaliiki kiili kaleelikii kapaapaannaa, arroon ki kangoonnaa akkeel eeks
HPI / MECHANISM & PATTERN OF	FINJURY:			
Pt s/p blast explosion of her house w	vith collapse. Pt su	stained a mild he	ead injury.	
HOSPITAL / OPERATIVE COURSE	:			
Pt was seen in the 332 AFTH ER.	The patient had a sn	nall supra-orbital	abrasion. She also	had a small
abrasion on her mid back. She had				
injuries. She was incidentally noted				
given	(b)(6)			,
ACTIVE MEDICAL ISSUES:				
(b)(6)				
PERTINENT LAB & X-RAY RESUL	TS	DISCHARGE D	X AND CONDITIO	N:
		See above		
		Occ above		
DISP & RX:				
Transfer to further care via Irac	qi Healthcare syst	em for	(b)(6)	
MEDICATIONS:				
	(b)(6)			
☐ LITTER ☐ AMBULATORY	MEDICAL ATTENDE	NT TYPE NN	o NON-MEDICA	⊾L ∏ Yes ⊠ No
C FILLER & WINDOWN OWN	INCOIONE ATTENDE	[] 100 [] [ATTENDENT	100 EX 140
(b)(3),(b)(6) M.D. 332 EMD(G/EMDOS			
Physician Signature Block (Typed) (S	Sign Hard Copy)			

CENTCOM 006991

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:	ng nigar yé kap alaming di sa akina kacamata kanan at ini malahan dikamatan medilibih s	es en	Company of the second of the s
Pt s/p blast explosion of her house with collapse	e. Pt sustained a mild	head injury.	
,			
LICODITAL LODEDATIVE COURSE.			
HOSPITAL / OPERATIVE COURSE: Pt was seen in the 332 AFTH ER. The patient	had a small sunra-orh	ital abrasion She als	o had a small
abracion on her mid back. She had CT scans of	if her head. C-Spine a	nd chest/abdomen/pel	ivis with no traumatic
injuries She was incidentally noted to have a G	Slucose of 472. Her B	P in the ER was 138/9	32. The patient was
given (b)(e	6)		
ACTIVE MEDICAL ISSUES:			
(b)(6)			
	DIOQUADO	E DY AND CONDITIO	NAI.
PERTINENT LAB & X-RAY RESULTS	DISCHARG	E DX AND CONDITION	JN.
	See above		A 127
DISP & RX:			
Transfer to further care via Iraqi Healtho	are system	(b)(6)	
MEDICATIONS:			
(b)(6)			
☐ LITTER ☑ AMBULATORY MEDICAL	ATTENDENT Yes	NON-MEDIC ATTENDENT	
(b)(3),(b)(6) , M.D. 332 EMDG/EMDOS			
Physician Signature Block (Typed) (Sign Hard C	(b)(3),(b)(6)	

,		Claims Fo	im		*
To: United St:	ales Army Forcion Clai	ims Commission			
From: Name:		(b)(6)			
Addres		(-)(-)			
Lam					
a. Is	A citizen and national A permanent resident of	of:			
c.	Employed by:				
CI.	Check one () An insu Check one () A subro	rer () Not an insi	urer ,		
I hereby make	a claim against the Uni zation, Military Depart	ted States Govern	ment for damage:		d by:
power of attorn damage or inju		fauthority and fill	in the form below	rent, or guardian, : w for party sustair	attach a ing the
fery craim arosc	e at:(Town)	(Cit	ly)	(Country)	
My claim arose	t out	Day	Year		
personal injury On 3/4/200	tement of the accident is based (Use back of 7 at about hal bed my house in	this sheet if neces If Past ten in	sary.) The evening	the America	an Lighter
	my house con		_		(6)
and my so		(b)(6)		Hed. Mym	other was
severely	injured and	the Ameri	can force	es, to wh	iom Iam
greatly	thankful, to	ook her t	o Belad	Hospital	where she
was trea	ated for th	vee days,	there for	e 9 dein	and
compensating sustained And the	tion. I as a result of the above the is a list	Describe nature e incident.	and extent of pro	perty damage or p	ersonal
*	ed enclosed				
·			7		
			Library Co	CENTCON	Л 006993

+ completely. My	y son and my sister were killed. My
INFLOW WAS SEVE	evely injured.
	property damage and itemized expenses resulting from the property (Attach bills and receipts, if applicable.) Amount
rilling my sister	(b)(6)
cilling my sister cilling my son	(b)(6)
Injurying my mo	other
	Total:
	the damage or injuries I have sustained:
I was insured to the following	ing extent against the damage or injuries I have sustained:
The name and address of m	ay insurer (if any) is:
(Name)	(Address)
Lelaim as damages: (Indica \$2_5_000 =	ate amount in U.S. dollars and local currency) local
	(Signature of Claimant)
Subscribed before me this	22 day of 42 1 . 200
	(Print Name) (b)(6)
	(Signature)
	1
	1
	2

Pages 9 through 17 redacted for the following reasons:

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