

CPT [3),(b) 30 APR

PMY \$ 2500 TO

[b)(6)

ON NGT APPOINTMENT

JOINT IP/CE PATROL

FOR w/ NO ACTUAL HOSTILE INTENT

SIBACT CONFIRMING 1 CIV KIA

PAID \$2500 19 MAR 08

CPT [3),(b)

97191111



(b)(6)

Foreign Language Text

Five

Foreign Language Text

(b)(6)

FBI
DOJ: 28 Sep 06 12:00 PM

8784

CENTCOM 00692

gn Language

Wenger

(b)(6)

24 NOV

→ 28 Sep, afternoon, C.F. shot husband

(b)(6)

- SIGACT MATCH

2 FEB 08
APPROX
MAN

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

12 MARCH 09

- CONTACT PTTZ 1/6 MTR, B/E
THEY RECORDED NAME OF
CIV KIT.

* ~~26~~ Mar 07

- claimant not here Reschedule for 30 Apr 07.

CENTCOM 006930

The Nationality & Civil Affairs
Personal Certification Card.

I.D. No. :

First Name :

(b)(6)

Second and Third Name :

(b)(6)

Surname :

Mother's Name :

Gender :

Organized on :

Organized by :

Job :

Religion : *Muslim*

Birth Date :

Noted deformities :

Status :

Wife's Name :

(b)(6)

Eye Color : *Black*

Hair Color : *Black*

Face : *white*

Length :

(b)(6)

CENTCOM 006931

Contract for Representation

(b)(6)

(name, address, phone number), who hereinafter may be referred to as "Claimant," and _____, who hereinafter may be referred to as "Attorney" agree as follows:

DESCRIPTION and CONDITIONS

1. For the price and the terms and conditions set forth herein, Attorney hereby agrees to provide legal representation for the Claimant who agree to hire Attorney to perform the following services: investigate and file a claim under the Foreign Claims Act.

2. The price for these services will be 10% percent of the claim if paid in U.S. dollars. If the claim is denied no payment is due by the Claimant to the Attorney for the Attorney's services.

3. The Attorney's investigation will at a minimum consist of translating all documents to include witness statements in to English as well as, producing a Seven Point Memorandum in English.

a. This contract will be good until the claim is either paid or denied. Either party to the contract can terminate the agreement prior to the filing of the claim. Once a claim has been filed the contract can only be terminated by written consent of the other party.

b. Other conditions: _____

SOLE AND FINAL AGREEMENT

4. This document constitutes the sole and final Agreement between the parties. This instrument correctly sets forth the rights, duties, and obligations of each party to the other party. Any other written or oral Agreements, promises, negotiations, or representations concerning the subject matter of this Agreement not expressly set forth herein are no longer of any force and effect.

WRITTEN MODIFICATIONS

5. Any subsequent modifications to this Agreement must be in writing, dated and signed by both parties.

Executed on _____ day of _____ 2003.

Claimant

Attorney

CENTCOM.006932

To: United States Army Foreign Claims Commission.

From : Name: (b)(6)

Address: Ramadi

I am

- a. A citizen and national of : Iraq
- b. A permanent resident of : Iraq
- 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)

U.S Army

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 : Ramadi (Town) Amman (City) Iraq (Country)

My claim arose on : 11 (Month) 7 (Day) 2006 (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 28-9-2006 At mid-day noon U.S. Army shot fire to my car which my husband was driving it ((b)(6)), Peacot 306 Red colour after the police let him to go to his home in (b)(6) That caused his death soon I ask claim.

CENTCOM 006933

Page 7 redacted for the following reason:

Foreign Language Text

RESULT OF THE ABOVE INCIDENT :

Death a man

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

2500 \$

Total: 2500 \$

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:

(b)(6)

(name)

Renaadi
(address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 2500 \$

local 3500 000 Million Dinars

(Signature of Claimant)

Subscribed before me this _____ day of _____, 200_____.

(Print Name)

(Signature)

CENTCOM 006935

Page 9 redacted for the following reason:

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CERP PACKETS

32576

36900 WCENTCOM
Claim #: **B784**

Name of Person Submitting Claim: (9)(b)

Location of Incident: **North of RAMADI GRID: (38S LC 4239 0585)**

Date Claim Submitted: ~~01/06~~ **7 Nov 06**

Person Receiving Claim: **?**

Date Packet Completed: _____

Date Packet Submitted to MEF: _____

Date Claim Paid/Amount Paid: _____

Notes: **SIGACT MATCHES STORY** (5)(b)

Copy of ID Card

Proof of ownership (deed, proof of inheritance, bill of sale)

Death certificates

Medical Examination

POA's

Pictures of Damage

Checked SigActs:

Yes

No

Pages 11 through 14 redacted for the following reasons:

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