## MULTI-NATIONAL DIVISION-BAGHDAD

## Foreign Claims Summary Sheet

Claimant's Name.	(D)(O)	
Amount of Claim:	\$60,000	

Date of Incident: 5 November 2006 Date Filed: 4 December 2006

Claim Type: Damage During Raid. Other (Death).

Claimant's Story: U.S. Forces mistaken for "bad guys" and got into fire fight with IP. IP fled to village and alerted villagers that "bad guys" were coming. Villagers armed themselves and started firing at U.S. Forces as they entered the village in pursuit of the IP. Claim is for people who were killed in the gun fight.

Evidence: Death certificates.

Investigation Notes:

Approve Disapprove

Comments:

Recaused CERP

**CENTCOM 013135** 

## CLAIMS CHECKLIST

DEATH/INJURY/PR	OPERTY DAMAGE (Cir.	cle One)	_
Same of claimant	(b)(6)	)	and the second second second
Table of Comments	First	Minaire	
If death claim, name	of deceased	, and name of	L
representative		and relationship to	
Address of Claimant			
Telephone numbers			
Date of Incident 5	NOV- 2006 Day	te claim made 4 de	as 2006
Place of incident	jif.ja/		
Describe accident/ e		a Pr.	ame to I.P Chick foil
on 5 NOV - 2	Sou G V S MERE	- Forces Co	ame 10 1 Constant En Hara
at the Nigh		1 11 - 0 - 5	are bad guyes so they
Shot the O	· s solidwise on	The second secon	Shot at the Chick-Po
after than t	he I.P. escaped to	our vallage	and they fold us the bad.
guys shot 1	as you shod Pl	rotect Your s	self and they told his the
badguys are tweevdes the Death Certifica	following us + a solidayes become are of Death Document. H	we we thing to hat the solidar	ge. So we shot sire by are bad guyer after
Need Medical	Records to substantiate th	e injure two Pers	(b)(6)
Need Identific	ation Document with phot	Came to the	-/(-/
If person is a restablish the ri	representative of the claim ight of the rep to settle clai	m or 9 Hrd	deceased, need document to
Need photo of	damage to vehicle.	ON9\$300	S 1
Need estimate	of the damages or receipt	for repairs.	
Need title or	other proof of ownership		
Need an docu	ments given to the claiman	nt at the scene by CF.	
FCA or CERP (Ct Amount claimed _	rele 60000 Amount o	Mered	Accepted Yes/No
Officer handling	claim		
Interpreter	***************************************	A THE STREET	
Tracking number		1) 15 III 13 W III W	

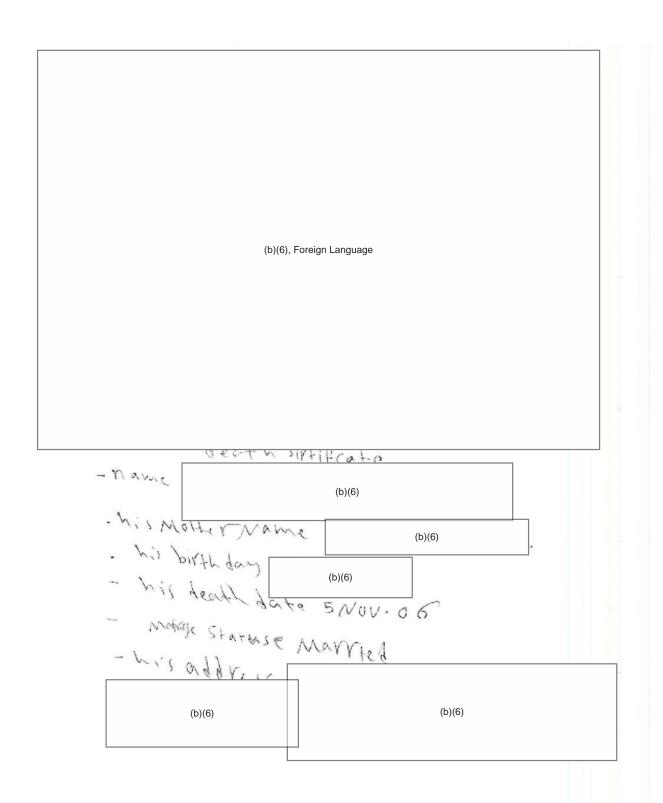
CENTCOM 013136

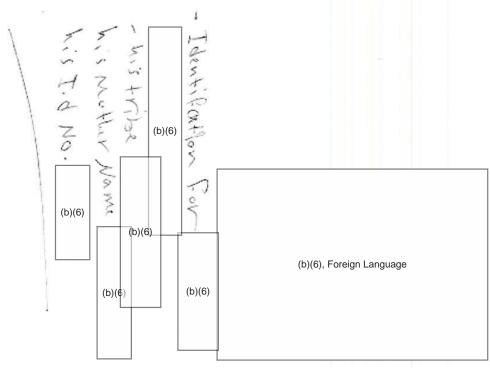
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(b)(6), Foreign Language

(b)(6), Foreign Language To	ext
(-)(-)	
SERVICEMEMBERS	
This is a valid claims form. Please record the date, ti	ime and location this form was
received. Submit this document to your closes! Unit	A laine ( b) hour or bolon
A James a Submit this document w your closes! One	Ciamis Officer of Judge
Advocate.	

(b)(6), Foreign Language	
death sirtificate	
- Viene (b)(6)	
- his birth day (b)(6)	
- his birth day (b)(6)  - his address (b)(6)	
- Marroja status single	
	INTOOM 042440

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(b)(6), Foreign Language

Saix I.d

(b)(6)

The Name (b)(6)

1.d No. (b)(6)

1550 date (b)(6)