CENTCOM 001300

SATURDAY
TALK to

CL 218 69401 B — 69440 B

05 104 [redacted] 147

LOSS OF LIFE

PAid
3 Dec 05
$4,000

Pages 2 through 8 redacted for the following reasons:

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foreign langauage
foreign langauage, (b)(6)

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| DUE (b)(6), John | CIV | | (b)(6) |

| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe |
|---|---|---|---|
| | Iraq | | ☒ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| CAUCASOID Caucasoïde | SINGLE Célibataire | DIVORCED Divorcé | PROTESTANT Protestant | OTHER *(Specify)* Autre *(Spécifier)* |
| NEGROID Négroïde | MARRIED Marié | | CATHOLIC Catholique | |
| ☒ OTHER (Specify) Autre *(Spécifier)* Iraqi | WIDOWED Veuf | SEPARATED Séparé | JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicile à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

**MEDICAL STATEMENT** Déclaration médicale

| CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort. | CARDIAC ARREST | – |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | ABDOMINAL TRAUMA | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | – | |
| OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2] | – | |

| MODE OF DEATH Condition du décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures |
|---|---|---|
| NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | |
| ACCIDENT Mort accidentelle | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | |
| HOMICIDE Homicide | SIGNATURE Signature / DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| 1028 18 JAN 05 | |

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus

| NAME OF MEDICAL OFFICER Nom du médecin | TITLE OR DEGREE Titre ou diplôme |
|---|---|
| MAJ (b)(3)(b)(6) | |
| GRADE Grade: 04 | INSTALLATION OR ADDRESS Installation ou adresse: 86 CSH TFN |
| DATE Date: 18 JAN 05 | SIGNATURE (b)(3)(b)(6) |

[1] State accident, injury or complication which caused death, but not mode of dying such as heart failure, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a causé la mort, mais non le mode de mort, tels que l'arrêt du coeur, etc.
[2] Préciser les conditions qui ont contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1970 AND DA FORM 3565-P PAS 28 SEP 1976 WHICH ARE OBSOLETE USAPA V1.00

*(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)*

| DISPOSITION OF REMAINS | | | |
|---|---|---|---|
| NAME OF MORTICIAN PREPARING REMAINS | GRADE | LICENSE NUMBER AND STATE | OTHER |
| INSTALLATION OR ADDRESS | DATE | SIGNATURE | |
| NAME OF CEMETERY OR CREMATORY | LOCATION OF CEMETERY OR CREMATORY | | |
| TYPE OF DISPOSITION<br>☐ BURIAL ☐ CREMATION ☐ REMOVAL *(Specify)* | | DATE OF DISPOSITION | |
| **REGISTRATION OF VITAL STATISTICS** | | | |
| REGISTRY *(Town and County)* | DATE REGISTERED | FILE NUMBER<br>STATE | OTHER |
| NAME OF FUNERAL DIRECTOR | ADDRESS | | |
| SIGNATURE OF AUTHORIZED INDIVIDUAL | | | |

*DD FORM 2064, APR 1977 (BACK)* USAPA V1.00

foreign language

Foreign Language Text

Pages 11 through 18 redacted for the following reasons:

- - - - - - - - - - - - - - - - - - - - - - - - - - - - -

foreign langauage
foreign langauage, (b)(6)

According to (9)(q) son's victim statment that his father was going to his work when the U.S forces shoot him. the neighpourhoods Came to his wife Mrs. (9)(q) told her about the accedint. she went there and saw an U.S troop around her husond body. the U.S officer applogized to her and told her they didn't mean that to Kill her husbond without Know he gave her the claim card to get her compensation.

Page 20 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
foreign langauage

## SETTLEMENT AGREEMENT

I, (b)(6) of Baghdad, Iraq hereby agree to accept the sum of $4,000.00 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident occurring on or about the 18th day of January, 2005 in Baghdad, involving U.S. Forces. The claimant's husband was killed.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from the said incident. This release / settlement specifically includes all current or potential claims including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents and employees.

Claimant Name: (b)(6)

Witnessed By: (b)(6)

Name: _____

Date: Dec. 3rd. 2005

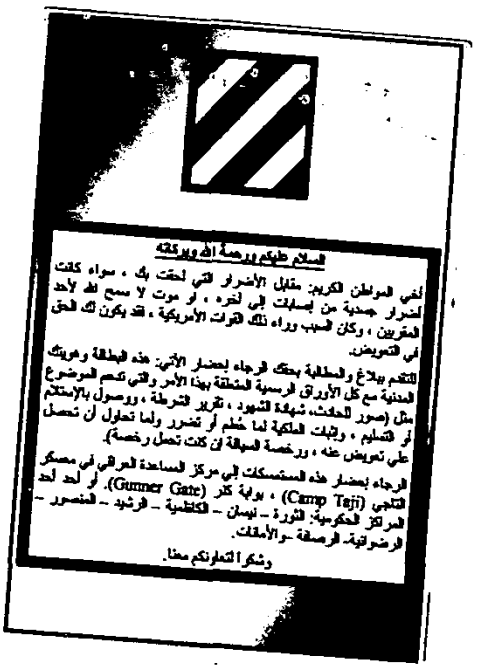
IRAQI CLAIMS
POCKET
CARD

**Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.**

**If your unit is involved in an incident resulting in damage to property of an Iraqi civilian, or the death or injury of an Iraqi civilian:**

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person inthe case of death.
3. Direct claimant to the nearest General Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete DA Form 2823. Describe the incident completely and forward it to your near legal office.NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to stantiate a claim against the US Army.

UNIT 1-9 CAV
DATE 18 Jan 2005
LOCATION Hafa Street
TYPE OF INCIDENT gun Shot



السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابل الأضرار التي لحقت بك ، سواء كانت أضرار جسدية من إصابات إلى أخره ، أو موت لا سمح الله لأحد المقربين ، وكان السبب وراء ذلك القوات الأمريكية ، فقد يكون لك الحق في التعويض.

للتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور الحادث، شهادة الشهود ، تقرير الشرطة ، ووصول بالإستلام أو التسليم ، وإثبات الملكية لما خُطم أو تضرر ولما تحاول أن تحصل على تعويض عنه ، ورخصة السيارة إن كانت تحمل رخصة).

الرجاء إحضار هذه المستمسكات إلى مركز المساعدة العراقي في معسكر التاجي (Camp Taji) ، بوابة كلر (Gunner Gate). أو أحد أحد المراكز الحكومية: الثورة – نيسان – الكاظمية – الرشيد – المنصور – الرضوانية- الرصافة –والأعظمية.

وشكرا لتعاونكم معنا.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4th BRIGADE "VANGUARD"
3d INFANTRY DIVISION
APO AE 09348

AFVA-4BCT-JA 1 December 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-147

1. Claimant's Name/Residence: (b)(6) / Baghdad, Iraq

2. Incident giving rise to claim occurred on 18 January 2005.

3. The claim was filed on 22 Mayl 2005 in the amount of $7,000.00.

4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life.

5. Claimant alleges that on the above date at the above mentioned location, her husband was (b)(6) at the Haifa St. parking garage, when U.S. troops shot and killed him. She has documentation in support. Also, a U.S. officer approached her at the scene after she was notified by some neighbors, and as she was sobbing, he apologized saying they accidently shot him. The officer gave her a claims card and told her to file a claim.

6. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by non-combat activities or negligent or wrongful acts of the United States Armed Forces. The claimant has submitted sufficient evidence.

7. I recommend approving this claim in the amount of $4,000.00.

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

CPT, JA
Foreign Claims Commission

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000
1034-121

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
130TH FINANCE BATTALION
APO AE 09391

DATE VOUCHER PREPARED
1 DECEMBER 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
3RD SSB
3153RD FIN. DET.
APO AE 09348
DSSN )(2)Hi

PAYEE'S NAME AND ADDRESS
(b)(6), (b)(2)High
BAGHDAD, IRAQ

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NUMBER

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUANTITY | UNIT PRICE COST | UNIT PRICE PER | AMOUNT (1) |
|---|---|---|---|---|---|---|
| | | FOREIGN CLAIMS NUMBER 05-ID4-147<br>LOSS OF LIFE | | | | 4,000.00 |

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 4,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$ 4,000.00

EXCHANGE RATE =$1.00

DIFFERENCES

BY 2
(b)(3)(b)(6)

Amount verified; correct for 4,000.00

TITLE
FOREIGN CLAIMS COMMISSION

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

1 DEC 05
(Date)

(b)(3)(b)(6)
(Authorized Certifying Officer) 2

FOREIGN CLAIMS COMMISSION
(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER

(b)(2)High

PAID BY

| CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank) |
|---|---|---|---|
| CASH $ 4,000.00 | DATE Dec. 3rd. 2005 | PAYEE 3 | |

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

PER

TITLE

1 When stated in foreign currency, insert name of currency.
2 If the ability to certify and authority to approve are combined in one person, one signature ... e approving officer will sign in the space provided, over his official title.
3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

Previous edition usable

PRIVACY ACT STATEMENT

NSN 7540-00-900-2234

Claims Form
طلب تظلم

To: United States Army Foreign Claims Commission
الى: موفوضية التظلم لجيش الولايات المتحدة

From; Nan من: الأسم

(b)(6)

Address:__ العنوان:__

I am
أنا

a. A national citizen of: Iraqi أ. أحمل جنسية:

b. A permanent resident of: / ب. عنوانى الدائم:

c. Employed by:__ (b)(6) ت: أعمل لدي:

d. Check one ( ) an insurer ( ) Not an insurer

ث: ضع علامة علي أحدهم ( ) أحمل تأمين ( ) لا أحمل تأمين

e. Check one ( )A subrogee ( ) Not a Subrogee

ج: ضع علامة علي أحدهم ( ) دائن "عليه دين" ( ) ليس دائن "ليس عليه دين" ( )

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

_____

_____

أنني أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابت التى نجمت من:

الأسم _____

المنظمة _____

الوحدة العسكرية _____

العنوان _____

رقم التليفون _____

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.)

The dead Husband ( (b)(6) )

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

_____

_____

My claim arose at: Haifa St. Parking

(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلد أو المحافظة

My claim arose on: Jan. 18. 2005

Month Day Year

تظلمى قدم فى: _____

شهر يوم السنة

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.)

According to her Speech her husband was (b)(6) (b)(6) in that Parking in Haifa street when an American Sniper at 10:00 Am shoot him from one of the buildings in neck, Stomach and heart and

بإختصار أشرح ما حدث والأضرار التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

a U.S unit Carry him to (CSH) hospital in (JZ) and he was dead in the Same day and after 40 days they found him in one of Iraqi hospitals and they went to Almuthana Airport to bring a claim Card.. They met there a U.S soldier and he gave them the Claim Card.. The dead person was Father of (b)(6) children and he left them without any help or Support

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

Death of Mr.. (b)(6)

أشرح متى وطبيعة ما حدث من أضرار سواء كانت جسدية أو لممتلكاتك والتى أصابتك جراء ما حدث بسبب الحادث المقصود .

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 |
|---|---|
| Death of (b)(6) | |
| Total: | $ 7,000 |

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

| الشئ المتضرر | تكلفته |
|---|---|
| | |
| | |
| | |
| | |

إجمالي التكلفة: _____

I was insured to the following extent against the damage or injury I have sustained:

_____

_____

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

_____

_____

The name and address of my insurer (if any) is:

_____

(Name) (Address)

أذا كان لديك أي تأمين الرجاء ذكر أسم وعنوان شركة التأمين:

_____

(الأسم) (العنوان)

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

$ 7,000 Local _____

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكى أو العملة المحلية)

$ العملة المحلية

_____

I (have/ have not) previously filed a claim relating to the incident described above.

سابقا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمى طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

**ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة فى هذا التظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .**

(b)(6)

_____

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 22 day of May, 200 5 .

_____

(Signature of Witness)

_____

(Printed Name)

عبئت فى يوم _____ الموافق _____ من عام _____

_____

(توقيع الشاهد)

_____

(إسم الشاهد بالكامل)