

85901-19I-50

22

foreign language

CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME: _____ (b)(6)
 FILE NUMBER: OS-161-10028
 AMOUNT CLAIMED: \$ _____ AT: _____
 DATE OF INCIDENT: 27 JAN 05 DATE CLAIM FILED: _____

DATE	STATUS OF CASE	FOLLOW-UP DATE
20 AUG 05	Logged in. To CPT ^{(3)(b)} for review	
27 Aug 05	No Amount, Not Signed Needs translation	
1 Sep 05	DB Updated. To Mohamed	(b)(3)(b)(6)
2 Sep 05	DB Updated. To CPT ^{(3)(b)} for review.	
2 Sept	check sigacts, found sigact waiting on info from EESGT (b)(3)(b)(6)	
3 Nov 05	DB Updated	
20 NOV 05	To CPT ^{(3)(b)} for signature	(b)(3)(b)(6)
26 Nov 05	Signed	



HEADQUARTERS
MULTI-NATIONAL CORPS - IRAQ
BAGHDAD, IRAQ
APO AE 09342

REPLY TO
ATTENTION OF:

FCC IG1

19 November 2005

CLAIM OF: (b)(6)
CLAIM NUMBER: 05-IG1-T0658

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) IG1 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC IG1 has reviewed all of the evidence given and has investigated this claim to the best of its ability considering the information presented.

Unfortunately your claim has been denied. The FCA does not permit the payment of claims arising from the actions of service members unless such actions were either negligent or wrongful. However, in your claim you have been unable to substantiate that the US forces acted either negligently or wrongfully and accordingly your claim is denied. This claim was determined to be a combat action.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

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

Captain, U.S. Army
FCC IG1

UNCLASSIFIED/OFFICIAL USE ONLY

CENTCOM 001817



REPLY TO
ATTENTION OF:

HEADQUARTERS
MULTI-NATIONAL CORPS – IRAQ
BAGHDAD, IRAQ
APO AE 09342

FICI-JA

Claim of (b)(6) , 05-IG1-T0658

ACTION

1. Facts: The claimant alleges that on 27 January 2005, his son, (b)(6) , drove his Kia bus, with 11 passengers, towards the Syrian border when a US convoy shot at him and struck him with four bullets in the neck. The amount requested for this claim is unspecified.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. The claimant provided no evidence that the US committed a negligent or wrongful act. This claim was determined to be a combat action.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim is therefore denied.

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

CPT, U.S. Army
FCC IG1

UNCLASSIFIED/OFFICIAL USE ONLY

CENTCOM 001818

UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission Today's Date: _____

II FROM: Name _____

(b)(6), Foreign Language Text

Name (Arabic) _____

(a) Circle one: Claimant / Attorney/ Authorized representative/ (Parent) Brother/Sister. Son/Daughter

→ [Attorney or representative MUST attach proof of authorization.] Other: _____

(b) IRAQI IDENTIFICATION NUMBER: _____ (b)(6)

(c) DETAINEE IDENTIFICATION NUMBER: _____

III. ADDRESS of person filing claim:

(English): _____

(b)(6), Foreign Language Text

(Arabic): _____

IV. HOME OR CELL PHONE NUMBER: _____

(a) I, the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of Iraq

(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: _____

(c) The property damaged is owned by: his Son (b)(6)

(d) The incident happened on Jan. 27, 2005 at Ramadi - Al Farashiya
(Date) (city/town/neighborhood/highway name & number)

V The facts of the incident are as follows: As he said, his dead son (b)(6) was driving his car (Kia, bus, 1993, grey (silver)) in Al-Ramadi, there were U.S. Convoy belong to U.S. base in Al-Ramadi in front of him and another convoy behind him, in this Kia there were (11) passengers most of them were woman towards Syria borders. The U.S. forces shoot him with 4 bullets in his neck. The U.S. forces took him to a U.S. base in Al-Ramadi and to Ibn-Sina he did not get any claim card because they thought that he was alive and that what the U.S. officer thought in Al-Ramadi base. Because of the hard situation in Al-Ramadi he didn't get any claim card.

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]



HEADQUARTERS
MULTI-NATIONAL CORPS - IRAQ
BAGHDAD, IRAQ
APO AE 09342

REPLY TO
ATTENTION OF:

FCC IG1

19 November 2005

CLAIM OF: (b)(6)
CLAIM NUMBER: 05-IG1-T0658

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) IG1 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC IG1 has reviewed all of the evidence given and has investigated this claim to the best of its ability considering the information presented.

Unfortunately your claim has been denied. The FCA does not permit the payment of claims arising from the actions of service members unless such actions were either negligent or wrongful. However, in your claim you have been unable to substantiate that the US forces acted either negligently or wrongfully and accordingly your claim is denied. This claim was determined to be a combat action.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

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

Captain, U.S. Army
FCC IG1

UNCLASSIFIED/OFFICIAL USE ONLY

CENTCOM 001821

FOREIGN CLAIMS WORKSHEET

Amount Claimed: \$ 0

Date Reviewed: 4 Nov 05

Date of Incident: 1 JAN 05

Pay: \$ 0

Deny: COMBAT exclusion

Need more info: _____

Need more translation: _____

NOTES:

IMEF LNO (b)(2)High Location (b)(2)High

unit is TF 1-9 IN

found Sgt Act, emailed Sgt (b)(6), (b)(3) for info.

If there is nothing else recommend denial

CIV VEH ENGAGED BY TF 1-9IN NE OF CAMP BLUE DIAMOND: 1 CIV KILLED (IMEF LNO-)					
MSC MNF-W	UNIT TF 1-9IN	Category Other Defensive	Date Posted 27-01-2005 2232	Date Occurred 27-01-2005 1145	Posted By IMEF
Type Of Weapon N/A	Target N/A	Vehicle N/A	Region MNF-W	Location H(2)	Complex NO
IZ SecFor NOT APPLICABLE	IZ SecFor DEATHS/INJURED 0/0	Enemy DEATHS/INJURED 0/0	Civilian DEATHS/INJURED 1/0	Coalition DEATHS/INJURED 0/0	Detained 0
<p>AT 1145C, (2) M1114 HMMWVS FROM (TF 1-9 IN) WERE TRAVELING WEST ON MSR MOBILE OF CAMP BLUE DIAMOND WHEN A VAN BEGAN APPROACHING AT A HIGH RATE OF SPEED, TRAVELING IN THE SAME LANE AND SAME DIRECTION. THE REAR HMMWVS GUNNER USED HAND AND ARM SIGNALS IN AN ATTEMPT TO RE-DIRECT OR SLOW THE VAN. THE VAN CONTINUED AT THE SAME HIGH RATE OF SPEED, QUICKLY CLOSING THE GAP BETWEEN THE HMMWVS AND ITSELF. DUE TO ITS EXTREMELY HIGH RATE OF SPEED, AND CLOSE PROXIMITY TO THE ROVERS, THE GUNNER AGAIN USED HAND AND ARM SIGNALS AND POINTED THE SAW AT THE VAN IN ANOTHER ATTEMPT TO RE-DIRECT IT. THE VAN DID NOT SLOW DOWN OR CHANGE ITS DIRECTION OF TRAVEL SO THE HMMWV GUNNER FIRED A DISABLING BURST OF (3-5) ROUNDS OF 5.56MM INTO THE HOOD AND GRILL OF THE VAN AND STOPPING IT. THE ROVERS TURNED AROUND AND SECURED THE VAN, WHICH CONTAINED (9) IRAQIS. THE MALE DRIVING THE VAN WAS WOUNDED. THE ROVERS COMBAT LIFESAVER IMMEDIATELY STARTED FIRST AID AND THE ROVER NCOIC REQUESTED ASSISTANCE FROM THE TF 1-9IN FORWARD AID STATION MEDICAL VEHICLE. ONCE THE FAS MEDICAL VEHICLE ARRIVED AT THE SCENE, THE SENIOR MEDIC DETERMINED THAT THE INDIVIDUAL SHOULD BE MEDEVACED TO CHARLIE MED FOR TREATMENT. AT 1242C, THE MALE WAS PRONOUNCED DEAD UPON ARRIVAL AT CHARLIE MEDIC.</p>					

Khan-Dari Provincial Council

1660

Date: - May 15 - 2005

(1)

To: - Coalition Forces

Subject: - Support

We confirmed that (b)(6) lives in Abi-Monasil.
He was driving his car KIA (Rental car) - He works
(b)(6) In AL-Farasheen area -

AL-Anbar province he was shot from coalition - that
cause his death and damage of his car - that was
on Jan 27 - 2005. He was transferred to Ibn-Sina
hospital. On Jan 28 - 2005 the family received his
dead body from the hospital.

(b)(6)

(2)

Khan-Dari Provincial Council

To: Compensation Center.

Subject: - Support: -

I confirmed that the deceased (b)(6)
(b)(6) was killed by US forces while he was
driving from Baghdad towards AL-Qaim on Thursday
Jan 27 - 2005 at 10:00 - Then He was transported
by Helicopter to Ibn Sina hospital. You can know
the name of the US Forces Unit and the names of
personnel involved from Ibn Sina hospital - Death Section
or by call that American base - However the
security status in AL-Anbar province is too bad this
days - therefore we are not going to be able to
reach the US - Base to follow up -

Signature - -

(b)(6)

Deceased's Father

Signature - -

(b)(6)

3

To:- Investigation Judge in Abu Ghraib

Subject:- Compensation.

On Jan 27-2005 my son (b)(6) was shot by U.S. Forces. that caused his death immediately. the incident happend in AL-Anbar Province on Highway. And because of the security Status in AL-Anbar we couldn't be able to receive His dead body until after 13 days. Eventually we received his body from Ibn'sina hospital. And they provide us with death certificate in English. Therefore I request Providing me with death evidance form from Abu Ghraib hospital to translate the English one to Arabic. Then Transfer my claim to Compensation center for Compensate.

Thank you

Plaimant

(b)(6)

March 8-2005

Transferd to the
Investigation officer to
investigate
Judge

(b)(6)

4

AL-Nasr Wa ALSalam Police ST.

To:- sir Abu Ghraib inestigation Tudge

Came to our station (b)(6). He brought a request form submitted to you. He claimed Compensation against Coalition Forces because they killed his son (b)(6).

① We record his statement and attached it with the investigation paper works.

② record the witness (b)(6) obied statement and attached as well

please review it then your propriate action officer

① We belief the statement of the claimant as well as we belief the witness statement.

② Judge happend Because of Confirmation of this incident in AL-Ramadi city. I dicide to transfer this claim to ALramadi investigation Court to be Complete According to Subject 53 / 1 Iraqi law

Judge

(b)(6)

CENTCOM 001825

5

Witness statement

Name:- (b)(6)

DoB: 1974

Occupation:- Driver

Home Town:- Abi Monasir

On Jan 27-2005 While My brother in law going out for work with his vehicle KIA-bus. On his way from Baghdad to Husayba. He was shot in AL-Kamadi by us. Forces for No reason. He was dead and Transport to IbnSina hospital.

Family received the body on Feb 8-2005.

(b)(6)

Signature

Witness

(b)(6)

The witness officer in front of me - After he take the oath he said his statement - I believe his statement.

Signature - investigation officer

March 9-2005

Signature - witness

(b)(6)

Amount claimed is not mentioned.

This claim is so complicated. The claimant him self say something in his statement then he Turn back and say something different in another statement

Vehicle Registration

Serial # (b)(6)

Address :- Baghdad - AL-Obiedi -

(b)(6)

Kind of vehicle :- KIA - Bus - year 1992 - Gray.

Plate # :- Baghdad (b)(6) Rental

Chassis # :- (b)(6)

Date Issued :- Jun 15 - 2002

Exp. Date :- Dec 31 - 2003

Signature

1st LT

(b)(6)

Pages 14 through 16 redacted for the following reasons:

(b)(6), foreign language
foreign language, (b)(6)

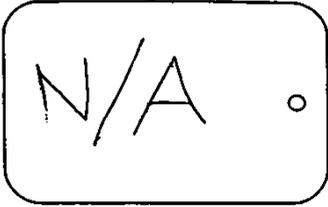
CENTCOM 001830

(b)(6), foreign language

foreign language, (b)(6)

Page 20 redacted for the following reason:

foreign language

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE		
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number) BTB: UNIDENTIFIED IRAQI			GRADE NA	SERVICE NO. SSAN NA	CIL CASE NUMBER (If applicable) NA
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER O1205 USMC DET 1/2			PLOT NA	ROW NA	GRAVE NA
RECEIVED FROM TO FLIGHT LINE			IMPRINT OF IDENTIFICATION TAG 		
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification) 3 FORMS OF IRAQI IDENTIFICATION NONE FURTHER (b)(6), (b)(7)(C)					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM 10-2861) (b)(6)					
NONE FURTHER (b)(3), (b)(6)					
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT (b)(6)	MUSCULARITY MEDIUM	COLOR OF HAIR BLACK	RACE OR NATIVITY (b)(6)		
TATTOOS, SCARS OR MARKS ON BODY NONE NOTED					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS NONE FOUND					
WOUNDS OR INJURIES NONE NOTED					
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.					
NAME, GRADE, AND ORGANIZATION (b)(3), (b)(6) ES MA CO ANACOSTIA			(b)(3), (b)(6)		

DRAFT

0751

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) DTB UNIDENTIFIED	GRADE Grade(s)(3)(b)(6) NA	BRANCH OF SERVICE Arme NA	SOCIAL SECURITY NUMBER Numéro de Sécurité Sociale (b)(3)(b)(6) NA
---	-------------------------------	---------------------------------	--

ORGANIZATION Organisation NA	NATION (i.e., United States) Pays IRAQ	DATE OF BIRTH Date de naissance ND	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
---------------------------------	--	--	--

RACE Race CAUCASOID Caucasique	MARITAL STATUS État Civil SINGLE Célibataire	RELIGION Culte PROTESTANT Protestant
NEGROID Nègre	MARRIED Marié	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf	JEWISH Juif
	DIVORCED Divorcé	OTHER (Specify) Autre (Spécifier)
	SEPARATED (Specify) Séparé	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le usité
---	--

STREET ADDRESS Domicile à (Rue) Foreign Language Text

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	COMBAT RELATED INJURY	IMMED.
--	-----------------------	--------

ANTECEDENT Symptoms précursifs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	

OTHER SIGNIFICANT CONDITIONS²
Autres conditions significatives

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> 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	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 0115 28 JAN 2005	PLACE OF DEATH Lieu de décès AL-TIGRADDUM
--	--

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 (b)(6)	TITLE OR DEGREE Titre du diplôme MD.
-----------------------------------	---

GRADE Grade LDR	INSTALLATION OR ADDRESS Installation ou adresse K-3 TB / TA
--------------------	--

DATE Date 28 JAN 2005	(b)(6)
--------------------------	--------

¹State disease, injury or complication which causes death but not mode of dying such as heart failure, etc.
²State conditions contributory to the death, but not related to the disease or condition causing death.
¹Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir telle qu'un arrêt du cœur, etc.
²Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

PRAYER SAID BY CHAPLAIN

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL				1. DATE (YYYYMMDD) 20050128	2. PAGE 1 of 1 PAGES
PRIVACY ACT STATEMENT					
AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).					
PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.					
DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.					
3. TENTATIVELY IDENTIFIED DECEDENT					
a. NAME (Last, First, Middle Initial) (or Unidentified) BTB UNIDENTIFIED TRACE	b. GRADE b)(3)(b)(6) NA	c. SSN (b)(3)(b)(6) NA	d. ORGANIZATION NA	e. STATUS DECEASED	f. DATE OF STATUS (YYYYMMDD) 20050127
4. PLACE OF RECOVERY (include grid coordinates) TQ FLIGHT LINE			5. DATE OF RECOVERY (YYYYMMDD) 20050128	6. EVACUATION NUMBERS a. #1 a1205USMCDET VJ	
7. INVENTORY OF EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
6	MISC. PAPERS	b)(6), (b)(3)	POOR	(b)(3)(b)(6) BIAP	
1	MISC. PICTURE		POOR	BIAP	
NOTHING FURTHER					
NOTHING FURTHER					
8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
14	250 DINAR				
NOTHING FURTHER					
9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)					
<input type="checkbox"/> ALL KNOWN EFFECTS		<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT		<input checked="" type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS	
10. PREPARING OFFICIAL					
a. NAME (Last, First, Middle Initial) (b)(3), (b)(6)	b. GRADE E 3	c. ORGANIZATION MA CO. AMACOSTIA			
d. SIGNATURE (b)(3), (b)(6)				e. DATE SIGNED (YYYYMMDD) 20050128	
11. RECEIVING OFFICIAL					
a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION			
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	
12. RECEIVING OFFICIAL					
a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION			
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	

(b)(6), foreign language

foreign language, (b)(6)

Iraqi ID Badge

CENTCOM 001838

foreign language, (b)(6)

Pages 27 through 31 redacted for the following reasons:

Foreign Language Text

(b)(6)

Foreign Language Text

foreign language

Foreign Language Text

Foreign Language Text

Page 34 redacted for the following reason:

foreign language, (b)(6)

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

Pages 36 through 37 redacted for the following reasons:

(b)(6), foreign language
foreign language, (b)(6)

foreign language

Page 39 redacted for the following reason:

(b)(6), foreign language

foreign language, (b)(6)

Pages 41 through 43 redacted for the following reasons:

(b)(6), foreign language

DRAFT

1751

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénom) 87B UNIDENTIFIED		GRADE (Grade) (3)(b) NA	BRANCH OF SERVICE NA	SOCIAL SECURITY NUMBER b(3)(b)(6) NA
ORGANIZATION NA		NATION (Country) IRAQ	DATE OF BIRTH ND	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED SEPARATED		RELIGION PROTESTANT CATHOLIC JEWISH OTHER
MARRIED - NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERNAL CAUSE INTERVALLE INTERNE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		DEATH RELATED INJURY Injury		
ANTECEDENT MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
UNDYING CAUSE, IF ANY GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DURING EXTERNAL CAUSES Circonstances de la mort liées aux causes externes		
NATURAL MORT ACCIDENTAL SUICIDE HOMICIDE	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	NAME OF PATHOLOGIST SIGNATURE DATE		LOCATION ACCIDENT TYPE OF ACCIDENT
DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH (City, town) Lieu du décès			
CIIS ZELANCO'S	IL TROPODDUM			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSE(S) STATED ABOVE. J'ai examiné les restes mortuaires du défunt et je conclus que le décès est survenu à l'heure indiquée et de la cause(s) indiquée(s) ci-dessus.				
NAME OF MEDICAL OFFICER (b)(6)	TITLE OR DESIGNATION P.D.			
INSTALLATION OR ADDRESS LICR	S-376 / TCA			
DATE ZELANCO'S	(b)(6)			

PRAYER SAID BY CHAPLAIN

DD FORM 2064 APR 73

REPLACES DA FORM 1365 1 JAN 73 AND DA FORM 1365-R (P45) 26 SEP 75, WHICH ARE OBSOLETE

CENTCOM 001857

Foreign Language Text

Foreign Language Text

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL	1. DATE (YYYYMMDD) 20050128	2. PAGE 1 OF 1 PAGES
---	---------------------------------------	--------------------------------

PRIVACY ACT STATEMENT

1. AUTHORITY: 50 USC Sections 1481 through 1483, EO 9397, Nov. 1949 (SSN).

2. PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

3. NOTICE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making initial identification.

UNIDENTIFIED DECEASED					
a. LAST NAME (Last Name Unidentified)	b. GRADE b(3)(b)(6) NA	c. SSN (3)(b)(6) NA	d. ORGANIZATION NA	e. STATUS DECEASED	DATE OF STATUS (YYYYMMDD) 20050128
f. RECOVERY (Last Name and Coordinates) FLIGHT LINE			g. DATE OF RECOVERY (YYYYMMDD) 20050128	h. EVACUATION NUMBERS a. #1 b. #2 (b)(2)High	

CATEGORY OF EFFECTS				
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
6	MISC. PAPERS	(b)(6), (b)(7)(C)	POOR	(b)(3)(b)(6) B.I.A.P.
	MISC. PICTURE	(b)(6), (b)(7)(C)	POOR	B.I.A.P.
NOTHING FURTHER				

NEGOTIABLE INSTRUMENTS, OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS				
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
1	250 DINAR	(b)(6), (b)(7)(C)		
NOTHING FURTHER				

ITEMS INVENTORIED ABOVE REPRESENT (check as appropriate)

OWN EFFECTS
 ALL KNOWN EFFECTS RECOVERED FROM UNIT
 ALL KNOWN EFFECTS RECOVERED FROM REMAINS

REPORTING OFFICIAL: (b)(6), (b)(3)

b. GRADE E3	c. ORGANIZATION MA (C)	d. DATE SIGNED (YYYYMMDD) 2005 01 28
-----------------------	----------------------------------	--

REPORTING OFFICIAL: (b)(6), (b)(3)

b. GRADE	c. ORGANIZATION	d. DATE SIGNED (YYYYMMDD)
----------	-----------------	---------------------------

REPORTING OFFICIAL: (b)(6), (b)(3)

b. GRADE	c. ORGANIZATION	d. DATE SIGNED (YYYYMMDD)
----------	-----------------	---------------------------

foreign language

CENTCOM 001860

Page 48 redacted for the following reason:

foreign language

foreign language, (b)(6)

foreign language, (b)(6)