

X

8

9

For brother's family

(b)(6)

CENTCOM 001603



DEPARTMENT OF THE ARMY
HEADQUARTERS, MULTINATIONAL DIVISION – CENTRAL SOUTH
US ARMY G-5STAFF
AD DIWANIYAH, IRAQ
APOAE09332

REPLY

To:

From:

Re: Claim number OSIF9T0222

Sir/Ma'am

Your claim, number OSIF9T0222 filed pursuant to the Foreign Claim Act has been approved in the amount of \$ 10,000.00. That proposed payment, if accepted, will constitute a full and final satisfaction of your claim against the United States and against any of its entities and a full and final waiver by you of your claim against the United States and against any of its entities.

Foreign Claims Commission IF9;

With regard to my claim number OSIF9T0222, I accept payment in the amount of \$ 10,000.00 and acknowledge receipt of the same. I agree that my acceptance of said payment constitutes a full and final satisfaction of my claim against the United States or against any of its entities and constitutes a full and final waiver by me of my claim against the United States or against any of its entities.

20 April 06
Date

(b)(6)

(b)(6)

من لجنة الشكاوى الأجنبية IF9
رقم الشكاوى: OSIF9T0222

سيدي/ سيدتي!
بعد التحية...

شكاوتكم الرقم OSIF9T0222 المملوء بالمطابقة بقانون الشكاوى الأجنبية، تم اعتماد عليه للدفع بالمبلغ وقدره \$ 10,000.00 (الدولار الأمريكي). ينشئ هذا المبلغ، اذا كان مقبلا اشباعا كاملا ونهائيا لدعوتكم ضد الولايات المتحدة أو ضد أي من رعاياها كما ينشئ تنازلا كاملا ونهائيا عن دعوتك ضد الولايات المتحدة أو ضد أي من رعاياها.

لجنة الشكاوى الأجنبية IF9:

إشارة إلى شكوتي رقم OSIF9T0222 أقبل الدفعة وقدره \$ 10,000.00 (الدولار الأمريكي)

أعترف باستلام المبلغ نفسه، كذلك أوافق على أنه قبول للمبلغ المذكور من قبلي ينشئ اشباعا كاملا ونهائيا لدعوتي ضد الولايات المتحدة أو ضد أي من رعاياها كما ينشئ تنازلا كاملا ونهائيا عن دعوتي ضد الولايات المتحدة أو ضد أي من رعاياها.

20 April 06
Date

(b)(6)

PUBLIC VOUCHER FOR PURCHASES AND
 SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
 Department of the Army
 230th Finance Battalion
 Camp Liberty, Iraq
 APOAE09352
 DSSN: (b)(2)High

DATE VOUCHER PREPARED
 4/16/2006:07:16 AM

SCHEDULE NO.

(b)(2)High

REQUISITION NUMBER AND DATE
 WAT6YA-6104-0800 14April2006

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

PAYEE'S
 NAME
 AND
 ADDRESS

(b)(6)

ID # 680 8

L

SHIPPED FROM

TO

WEIGHT

GOVERNMENT BILL NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Emer description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN. TITY	UNIT PRICE		AMOUNT
				COST	PER	
	4/20/2006	Payment in settlement of claim under Poriegn Claims Act				10,000.00
TOTAL						10,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

PAYMENT: <input type="radio"/> PROVISIONAL <input type="radio"/> COMPLETE <input type="radio"/> PARTIAL <input checked="" type="radio"/> FINAL <input type="radio"/> PROGRESS <input type="radio"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	MAJ (b)(3)(b)(6)	= \$1.00	
	TITLE	<i>(Signature or initials)</i>	
	MAJ US ARMY PAYING AGENT		

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

20 April 06
(Date)

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

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

LTC, USA

MND-CS, FCC IF9
(Title)

ACCOUNTING CLASSIFICATION

\$10,000.00

(b)(2)High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
	\$10,000.00	20 April 2006	(b)(6)	

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 only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
 3 When a voucher is received 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. ronn Smith, Secretary." or "Treasurer," as the case may be.

TITLE



DEPARTMENT OF THE ARMY
HEADQUARTERS, MULTINATIONAL DIVISION - CENTRAL SOUTH
US ARMY G-8STAFF
AD DIWANIYAH, IRAQ
APOAE 09332

REPLY TO
ATTENTION OF

MND-CS-LEGAD

Claim of (b)(6) 05-IF9-T-0222

ACTION

1. Facts: The claimant alleges that on 23 September 2005 his brother and sister-in-law were killed by US forces while driving near Masayyib. His two nephews were wounded and treated at an American medical facility. Medical records were attached. Claimant demanded payment in the sum of \$30,000.00. A review of available US reports established that an Escalation of Force Incident did occur SW of Musayyib at about 2000D on ASR Cleveland on 23 September 2005. The American unit involved was 3IB/1-155IN. The patrol followed established procedures when approached by a civilian vehicle which did not yield to the patrol, including using lights, hand signals (b)(2)High firing shots. When the vehicle continued to approach, the patrol fired on the vehicle with two M249 (b)(6) firing a total of 200 rounds (100 per weapon). Two adult civilians were killed and two children (ages (b)(6)) were wounded.

2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. The use of arm signals indicates that there was sufficient daylight for the oncoming driver to observe the convoy, which would indicate that the military personnel were in a position to observe the number of occupants in the vehicle (at least that there were two adults). The number of rounds fired is not proportionate to the need as required by the proportionality requirement of the existing ROE. Therefore, this Foreign Claims Commissioner feels that the patrol's actions were excessive and wrongful under these circumstances.

3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action: The claim will be paid in the amount of \$10,000.00 as the decedent father was contributorily negligent under the circumstances..

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

FCC IF9

Claims Form

To: HQ MND (C-S)

From:

Name:

(b)(6)

Address:

Phone no:

I am:

- a) a citizen and national of Iraq
- b) a permanent resident of Karbala Al-Husseiniya
- c) employed by: (b)(6)
- d) check one () an not an insurer
- e) check one () a subrogee () not a subrogee

I hereby make a claim against the HQ MND (C-S) for damages or injuries caused by: (name, organization, military department, address, telephone number)

against USA 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.)

Death of Two Persons (My brother and his wife)
injury of Two persons (My nephews)
and damaged car

My claim arose at: Al-Husseiniya Karbala Iraq
(town) (city) (country)

On: Sep 23 2005
(month) (day)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. Include witnesses.

while My brother (b)(6) and his wife (b)(6) in their car
they shot by the American Soldiers and killed them
at once in addition to injury their kids
7, 4 years old. besides damaging their car:
Mazda red, (b)(6) Completely

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

* Death of Mr bracket (b)(6) and his wife (b)(6)

* Injuring of (b)(6) (7 years old) (b)(6) (b)(6) years old)

* Damaging their car

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	15,000 \$
* Injury	10,000 \$
* Car damage	3,000 \$
* funeral	2,000
Total	30,000 \$

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

Name and address of my insurer (if any) is:

(name)

(address)

as damages (Indicate amount in US dollars and local currency)

3,0000 USD

local 45,000,000 ID

(b)(6)

Subscribed before me this

24th

day of

Nov

2005

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

Pages 7 through 10 redacted for the following reasons:

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

(b)(6) Claim for two deaths and two separate injuries.
Happened on Friday, 23 September, 2005, on the road to Musaycb (Karbala-Baghdad Highway).

Driver was in a red (b)(6) Mazda Super
Father (Driver) was driving to wife, and said that an American convoy was approaching. They were nearing a check point, and got out of the way of the convoy as they approached. Not seeing the last vehicle in the convoy, the car swerved back into traffic, approaching the checkpoint faster than usual. The last vehicle in the convoy opened fire. Claimant states th

The two children, (b)(6) and (b)(6)
(b)(6) (4), su cludi a (b)(6)

Children were taken to a CSH in Baghdad and were treated for their injuries, to be followed up on in the future.

Statement taken by

SGT

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

28 SEPTEMBER 2005

IF ANY QUESTIONS, CALL

(b)(6)

or write

(b)(6)



Major, U.S. (b)(3),(b)(6) ce Corps
Patient Administration Division



86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

HOSPITAL TEL. (b)(2)High E-mail (b)(3)(b)(6), (b)(2)High

26 September, 2005

MEMORANDUM FOR 310, Rear Operations Center, (Checkpoint) Baghdad Iraq

SUBJECT: Follow up Appointment

1. The following Iraq National has a follow-up medical appointment at the 86th Combat Support Hospital: Monday, 3 October 2005

(.

Name: (b)(6)
Clinic/ up
Physician/Specialist: Dr. (b)(3)(b)(6)

Foreign Language

- 2. The patient may be accompanied by a family member.
- 3. This appointment is per the request of the Physician/Specialist listed above.
- 4. Questions or concerns can be addressed with the undersigned at DSN (b)(2)High, (b)(1)1.5f.

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

MAJ, MS
Chief, Patient Administration
Division

Department of Surgery
86th Combat Support Hospital
Ibn Sinn Hospital
Baghdad, Iraq

I-OSPITAL TEL. (b)(2)High

DATE OF [redacted] mber, 2005

(b)(6)

er Summary

Pa [redacted]
II) # [redacted]

Foreign Language

Date of Admission: 23 September 2005

Date of Dischnrge/Transfer: 25 September 2005

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & "OSPITAL COURSE

(b)(6) year old Iraqi male who sustained gunshot wounds to bilateral lower extremities. He presents with wounds to his left posterior thigh, his left anterior shin and right shin. He is neurologically and vascularly intact. He was taken to the operating room for washout of all wounds. He was extubated postoperatively and returned to the ward. (b)(6) done well except for some postop day one nausea that has resolved. He will need twice daily wet-to-dry dressing changes on his lower extremities until they heal in the next several weeks.

DISCHARGE DIAGNOSES:

- 1) s/p GSW to bilateral lower extremities

PROCEDURES DURING ADMISSION

- 1) Irrigation and debridement of bilateral lower extremity wounds

CONITION: Good

Plan/Recommendations:

- 1) Please contact the 86th CSH if you have questions regarding his care
- 2) Wet-to-dry dressing changes to lower extremity wounds twice daily until they heal. This may take several weeks.
- 3) May shower or bathe with dressings off but no swimming.
- 4) Make sure he walks and moves around and does not just lie in bed.
- 5) Return to the CSH for questions or wounds that are not healed in 4 weeks.

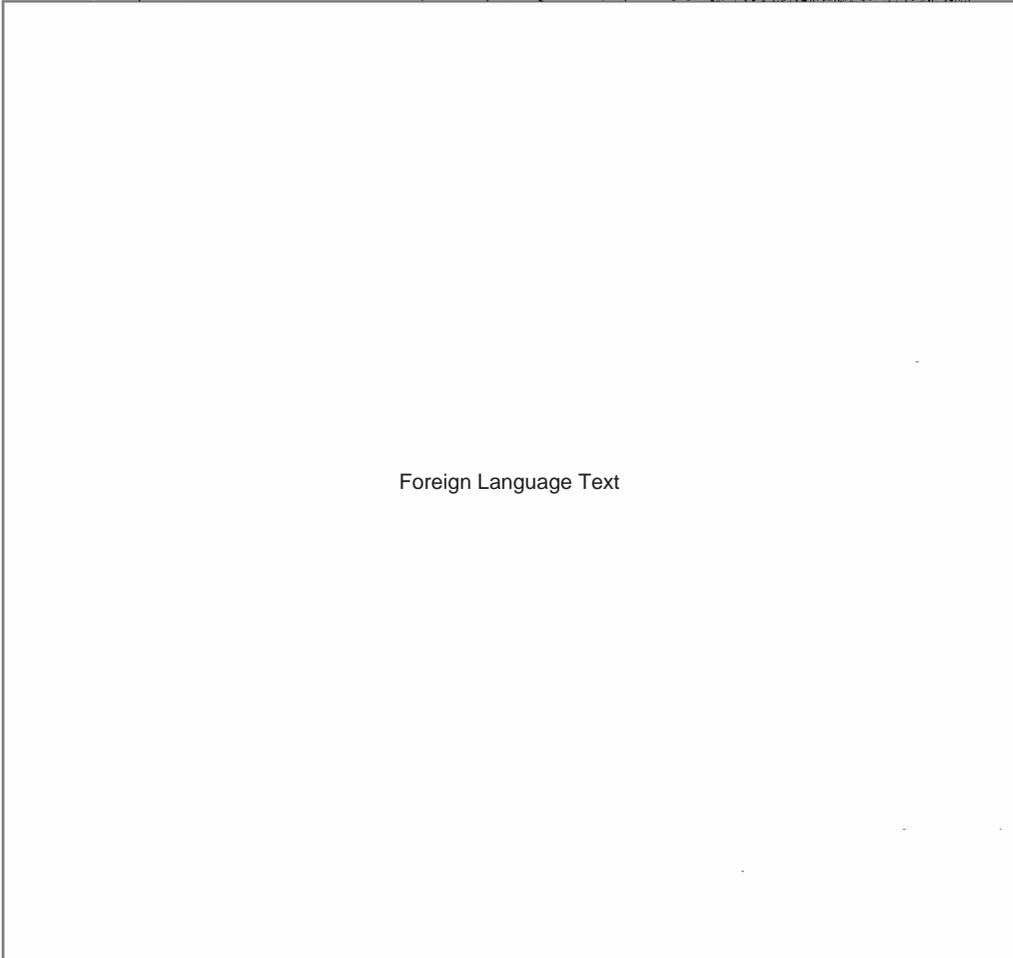
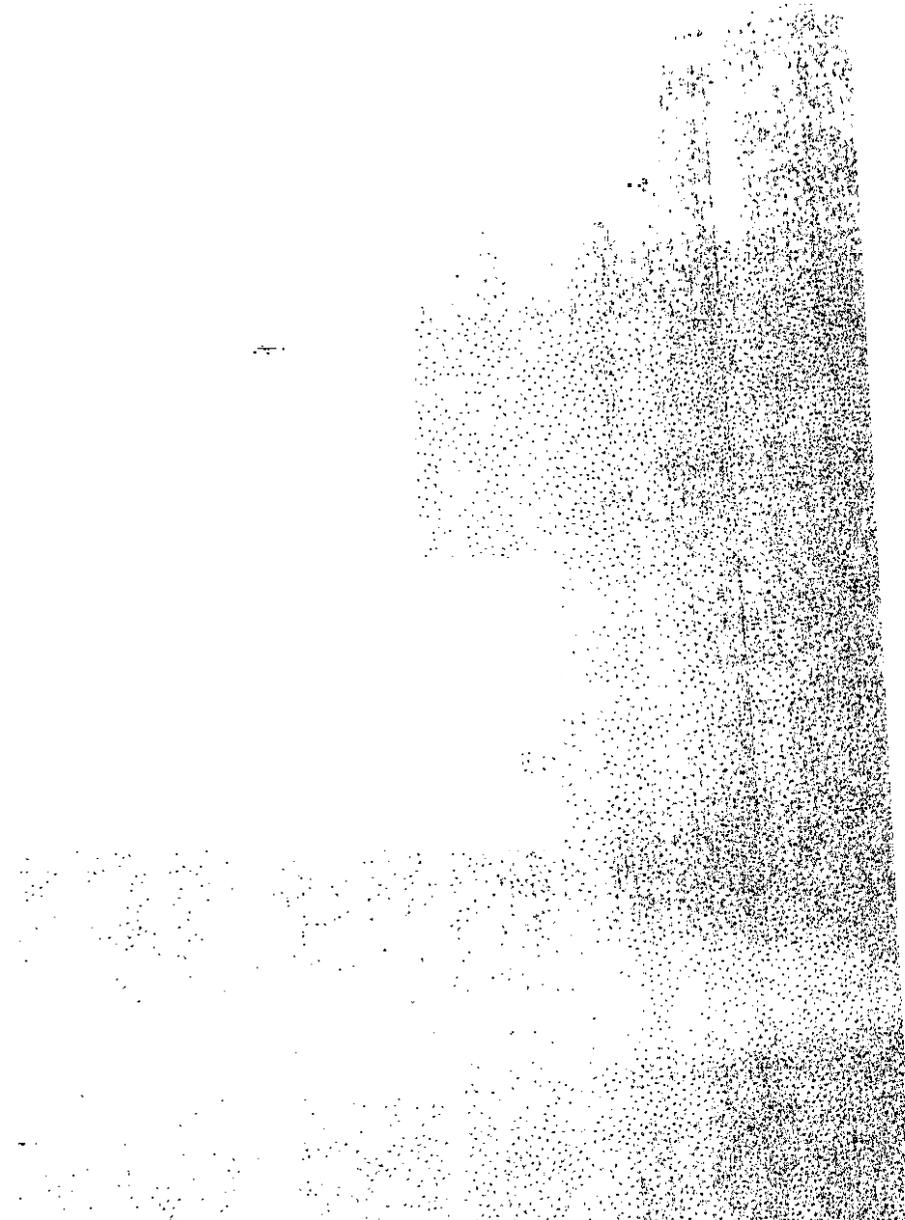
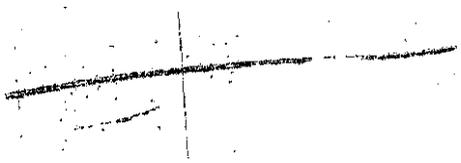
(b)(3)(b)(6)

1 Surgery

Ibn Sina Hospital/86th Combat Support Hospital, Baghdad, Iraq

Pages 14 through 17 redacted for the following reasons:

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



Foreign Language Text

Page 19 redacted for the following reason:

Foreign Language Text, (b)(6)

The car was damaged because of the shooting
- damaged the engine

1/ gear box

1/ the front of the C-;

- 4 tires blow up

- Smashing the wind shield & back glass
with 4 doors

- damaged the ~~dash panel~~ and the front seat and
back seat dash panel

- holes in the front doors and back doors

- holes in the moldings 4

.. holes in the ~~hood~~ honnet

2- breaking of the bumper with front cover

- breaking and damaged the headlights

- damaging the frames and shock absorbers

3- holes in the top roof and trunk

All these happened because of shooting by the
coalition forces

there was no possibility to repair in the industrial
area because at all

OWN Police Station

Accident Location - Baghdad - Karbala road

date - 23th - Sep - 2005

+ 0 / Karbala Police Department

Your request to check the car (b)(6) - Salah Al-Deen
Mazda (b)(6) the driver name how died by - I.R. - accident

(b)(6)

The C.S.: before the accident

- the break and the hand break - OK
- steering - OK
- lights and signal lights - OK
- horn - OK
- inside mirror - ~~out~~ Side mirror - OK
- tires - OK

Page 22 redacted for the following reason:

Foreign Language Text, (b)(6)



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

Major, U.S. Service Corps
Patient Administration Division

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(3)(b)(6), (b)(2)High

3 October, 2005

MEMORANDUM FOR 3ID, Rear Operations Center, (Checkpoint) Baghdad Iraq

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

SUBJECT Follow up Appointment.

1. The following Iraq National has a follow-up medical appointment at the 86th Combat Hospital: [redacted] er 2005

Name: [redacted] Patient # [redacted]
Clinic/Reason: Outpatient follow-up
Physician/Specialist: Dr. [redacted]

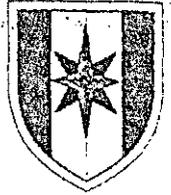
- The patient may be accompanied by a family member.
- This appointment is per the request of the Physician/Specialist listed above.
- Questions or concerns can be addressed with the undersigned at DSN [redacted]

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

MAJ, MS
Chief, Patient Administration
Division



(b)(3),(b)(6) MD
Major, U.S. Army, Medical Corps
Department of Surgery



86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

HqsPITAL TEL. (b)(3)(b)(6), (b)(2)High

DATE OF DICATATION: 3 October 2005

Discharge/Tr-ansfer Summary

Patient:

PtID #: (b)(6)

Date of Admission: 3 October 2005

Date of Discharge/Transfer: 4 October 2005

REASON FOR ADMISSION

- 1) Right lower leg GSW

DISCHARGE DIAGNOSES

same

BRIEF HISTORY

(b)(6) YO'Iraqi boy engaged by checkpoint losing family members, now presents with large right lower leg open wounds sip grade IIIA open tibia/fibula fracture.

PROCEDURES PERFORMED

- 1) Right grade IIIA incomplete open tibia/complete fibula fracture I&D
- 2) Application of STSG right lower leg.

HOSPITAL COURSE

The pt underwent the aforementioned procedure on 3 October 2005. There were no complications. He was transferred to the ICW for IV antibiotics and pain control.

CONDITION

Stable

DISCHARGE MEDICATIONS

- 1) Tylenol with codeine elixir 5ml po q4-6 hours pm

DISCHARGE INSTRUCTIONS

- 1) Do not touch right lower extremity dressings.
- 2) Keep the dressings clean and dry.
- 3) Return to PT clinic on 9 October 2005 for follow-up.

(b)(3)(b)(6) MD, MAJ, USA, Me
ery

Ibn Sina Hospital/So" Combat Support Hospital, Baghdad, Iraq

(b)(2)High

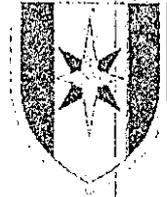
CENTCOM 001628



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

Major, U. Army, Medical "e Co T"
Patient Administration Division

86th Combat Support Hospital
Ibn Sinn Hospital
Baghdad, Iraq



(b)(3)(b)(6), (b)(2)High

26 September, 2005

MEMORANDUM FOR 3ID, Recon Operations Center, (Checkpoint) Baghdad Iraq

SUBJECT: Follow up Appointment

1. The following Iraq National has a follow-up medical appointment at the 86th Combat Support Hospital: Monday, 3 October 2005

Name: (b)(6) Patient (b)(6)
Clinic/ patient follow-up
Physician/Specialist: Dr. (b)(3),(b)(6)

Foreign Language

2. The patient may be accompanied by a family member.

3. This appointment is per the request of the Physician/Specialist listed above.

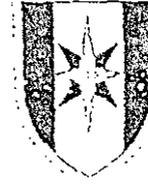
4. Questions or concerns can be addressed with the undersigned at DSN (b)(2)High

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

MAJ, MS
Chief, Patient Administration
Division



(b)(3)(b)(6)
Major, U.S. Army, Medical Service Corps
Patient Administration Division



86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

HOSPITAL TEL: (b)(3),(b)(6), (b)(2)High

26 September, 2005

MEMORANDUM FOR 310, Rear Operations Center, (Checkpoint) Baghdad Iraq

SUBJECT: Follow up Appointment

The following Iraq National has a follow-up medical appointment at the 86th Combat Support Hospital..Monday. 8 October 2005

Name: (b)(6)
Clinic/Reason: Outpatient Clinic, follow-up
Physician/Specialist: (b)(3)(b)(6)

Foreign Language

2. The patient may be accompanied by a family member.
3. This appointment is per the request of the Physician/Specialist listed above.
4. Questions or concerns can be addressed with the undersigned at DSN (b)(2)High

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

MAJ. MS
Chief, Patient Administration
Division

—
—



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

Major, U.S. Army, Medical Service Corps
Patient Administration Division



86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(3)(b)(6), (b)(2)High

4 October, 2005

MEMORANDUM FOR International Zone Check Point

SUBJECT: Follow up Appointment

1. The following Iraq National has a follow-up medical appointment at the 86th Combat Support Hospital

Name: (b)(6) Patient #: (b)(6)
Clinic: *PT/OT, Follow-Up*
Physician: (b)(3)(b)(6)

2. The patient may be accompanied by a family member.

3. Questions or concerns can be addressed with the undersigned at DSN (b)(2)High

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

Chief, Patient Administration
Division



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

Medical Corps
Department of Surgery

86th Central Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(3)(b)(6), (b)(2)High

DATE OF DICTATION: 24 SEP 05

(b)(6)

Orthopedic Evacuation Summary

SSN: (b)(6)

DOB:

STATUS: (Civilian)

SERVICE/COUNTRY:

UNIT/EMPLOYER:

Date of Admission: 23 SEP 05

Date of Discharge/Transfer: 24 SEP 05

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE
DISCHARGE DIAGNOSIS:

Pt sustained a blast injury to the right leg resulting in an open fibula fracture with a large overlying soft tissue defect. No other injuries were noted. No loss of consciousness. The patient was admitted and intravenous amoxicillin was administered. He underwent an irrigation and debridement with amoxicillin. He was ready for evacuation to Medical Center at this time.

PROCEDURES DURING ADMISSION

- 1) Irrigation and debridement of open right fibula fracture

FINDINGS/ABS/RADIOLOGY

As above.

MEDICATIONS ON TRANSFER/DISCHARGE

Morphine, Tylenol #3, Ancef, (gentamycin, D)renemam

CONDITION: Good and Stable for Transfer

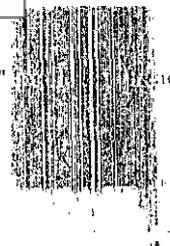
Plan/Recommendations: The patient will require continuing care of his open fibula fracture and soft tissue wound. He will require three days of intravenous antibiotics total followed by dressing changes until the wound is healed.

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

Orthopedic Surgery

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

Ibn Sina Hospital/86th Central Support Hospital, Baghdad, Iraq



HEALTH RECORD

Patient: (b)(6)
Facility: 86th CSH NORTH(WDSTAO)

Date: 03 Oct 2005 1325 AST
Clinic: CHCSII-T Clinic

Appt Typ
Provider: (b)(3)(b)(6)

AutoCites Refreshed by (b)(3)(b)(6) @ 03 Oct 2005 1344 AST

Problems
GUNSHOT WOUND OF THE LEG

Active Medications
No Active Medications Found.
Allergies
N() Allergies Found.

Screening Written by (b)(3)(b)(6) @ 03 Oct 2005 1325 AST

Apooointment Reason For Visit: GUNSHOT WOUND OF THE LEG:

Selected Reason(s) For Visit:
GUNSHOT WOUND OF THE LEG (Fellow-Up) Comrne.us: PT TO FIU WITH DR (b)(3)(b)(6)

Vitals
Vitals Wrttrren by (b)(3)(b)(6) @ 03 Oct 2005 1344 AST
BP: 110/59. HR: 97.

1.

Name (b)(6)

Sex: M

Spenser- (b)(6)

FMP:SSN: (b)(6)

Tel H:

Rank:

OOB: Dec 2000

Tel W:

Unit:

PCat: K92 CIVILIAN EMERGENCY

CS:

Ocrpr Res. Rm.

MC Status: ""

WS:

PCM:

Insurance: No

Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR

FIR. IR (41 eFR) 201-45,505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OFFEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

Department of Surgery
86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

DATE OF DICTATION: 26 September, 2005

(b)(6)

ge/Transfer Summary

Foreign Language

IJ # (b)(6)

Date of Admission: 23 September 2005

Date of Discharge/Transfer: 25 September 2005

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

(b)(6) year old Iraqi male who sustained gunshot wounds to bilateral lower extremities. He presents with wounds to his left posterior thigh, his left anterior shin and right shin. He is neurologically and vascularly intact. He was taken to the operating room for washout of all wounds. He was debrided and returned to the ward. He has done well except for some postop day one nausea which has resolved. He will need twice daily wet-to-dry dressing changes on his lower extremities until they heal in the next several weeks.

DISCHARGE DIAGNOSES:

- 1) s/p GS/V to bilateral lower extremities

PROCEDURES DURING ADMISSION

- 1) Irrigation and debridement of bilateral lower extremity wounds

CONDITION: Good

Plan/Recommendations:

- 1) Please contact the 86th CSH if you have questions regarding his care
- 2) Wet-to-dry dressing changes to lower extremity wounds twice daily until they heal. This may take several weeks.
- 3) May shower or bathe with dressings off but no swimming.
- 4) Make sure he walks and moves around and does not just lie in bed.
- 5) Return to the CSH for questions or wounds that are not healed in 4 weeks.

(b)(6)

Ibn Sina Hospital 86th Combat Support Hospital, Baghdad, Iraq

MEDICAL RECORD

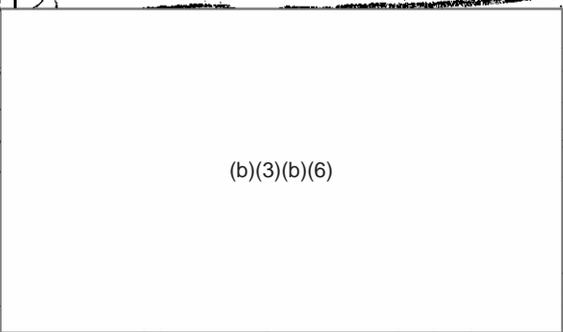
CHRONOLOGICAL RECORD OF MEDICAL CARE

9/30/05 Full IED trauma ~~to~~ last WMC
0934 pt arrives @ BAS - no translator
told by JAG pt coming
in today (yesterday)

PE

LE und clear - silver doll
R past high size
wind clear - silver doll
R calf und clear
nickel size

AL IED - LE wounds
1) dressingscham
2) Full Bagdad /



U.S. MC
BAS FOB Kent
19100

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	
PATIENT IDENTIFICATION (Last, first, middle, ID No or GSM, Sex)	REGISTER NO	WARD NO	

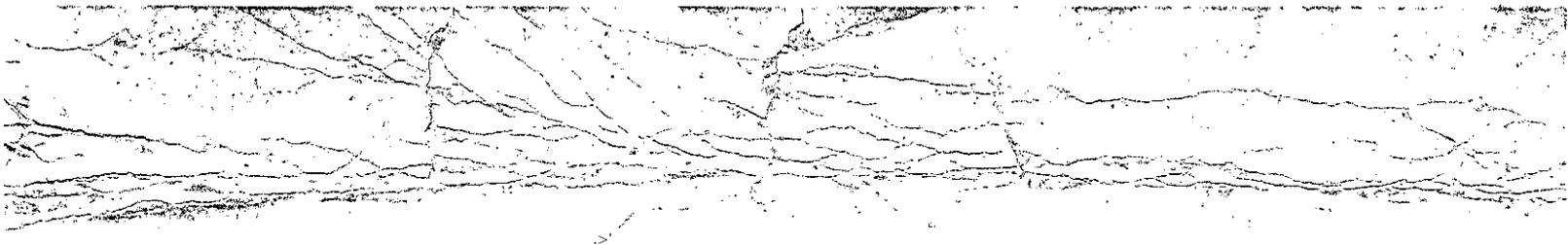
(b)(6)

Iraqi civilian

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1 USAFA 02 00

Pages 33 through 48 redacted for the following reasons:

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



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