(b)(6)

06 IF9 T0006

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
230th Finance Battalion
Camp Liberty, Iraq
APO AE 09352
DSSN: 5579

DATE VOUCHER PREPARED
4/16/2006 9:07:16 AM

CONTRACT NUMBER AND DATE
(b)(2)High

REQUISITION NUMBER AND DATE
WAT6YA-6104-0800 14 April 2006

SCHEDULE NO.

PAID BY
230th Finance Battalion
Camp Liberty, Iraq
APO AE 09352
DSSN: 5579

PAYEE'S NAME AND ADDRESS
(b)(6)
ID #897616

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)
1	4/20/2006	Payment in settlement of claim under Foriegn Claims Act	1			3,500.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL 3,500.00

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

APPROVED FOR = $

EXCHANGE RATE = $1.00

DIFFERENCES

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

TITLE
MAJ US ARMY PAYING AGENT

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I ce[illegible] pay[illegible]

20 April 06 (Date) (b)(3)(b)(6) (b)(3)(b)(6) MND-CS, FCC IF9 LTC, USA (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $3,500.00

WAT6YA-6104-0800

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NU[illegible]	ON (Name of bank)
CASH $ 3500.00	DATE 20 April 2006	PAYEE 3 (b)(6)	

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 only is nec[illegible] 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 wri[illegible] 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

DEPARTMENT OF THE ARMY
HEADQUARTERS, MULTINATIONAL DIVISION – CENTRAL SOUTH
US ARMY G-STAFF
AD DIWANIYAH, IRAQ
APO AE 09332

REPLY TO

To: (b)(6)
From: Foreign Claims Commission IF9
Re: Claim number 06 IF9 T 0006

Sir/Ma'am

Your claim, number 06IF9T0006 filed pursuant to the Foreign Claim Act has been approved in the amount of $ 3,500.00 . 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 06IF9T0006, I accept payment in the amount of $ 3,500.00 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 [illegible] gainst the United States or against any of its entities.

20 April 06
Date

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

الى (b)(6)
من: لجنة الشكاوى الأجنبية IF9
رقم الشكوى: 06 IF9T006

سيدي/ سيدتي !
بعد التحية...
شكاوتكم الرقم 06IF9T0006 , المملوء بالمطابقة بقانون الشكاوى الأجنبية, تم اعتماد عليه للدفع بالمبلغ وقدره 3,500.00 $ 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 الى شكوتي رقم 06 IF9T0006 أقبل الدفعة وقدره 3,500.00 $ الدولار الأمريكي)
و أعترف باستلام المبلغ نفسه. كذلك أوافق على أنه قبول المبلغ 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)(3)(b)(6)

التاريخ

COM 002482

06-IF9-T0006-00003

DEPARTMENT OF THE ARMY
HEADQUARTERS, MULTINATIONAL DIVISION – CENTRAL SOUTH
US ARMY G-STAFF
AD DIWANIYAH, IRAQ
APO AE 09332

REPLY TO
ATTENTION OF

MND-CS-LEGAD

Claim of (b)(6), 06-IF9-T-0006

ACTION

1. Facts: The claimant alleges that on 6 January 2006 his son (b)(6), was killed by US forces while driving near Ad Diwaniyah Medical records were attached from TF 30th MED BDE. Claimant demanded payment in the sum of $10,000.00. A review of available US reports established that an Escalation of Force Incident did occur at about 1628C on (b)(2)High on 6 January 2006. The American unit involved was HHC 2-121IN. The rear vehicle observed a car approaching from behind. The gunner waved at the car with no effect and fired one warning shot directly into the ground in front of the oncoming car. The round ricocheted into the vehicle striking the driver, who was transported to the hospital by IA. The driver subsequently died.

2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. The placement of the warning shot into the ground directly in front of the oncoming vehicle violated established guidance concerning warning shots and their placement. Therefore, this Foreign Claims Commissioner feels that the gunner's action was negligent 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 $3,500.00 as the decedent was contributorily negligent under the circumstances..

(b)(3)(b)(6)
LTC, JA, U.S. Army
FCC IF9

return March 7, 2006 06-IF9-T-06

- Original
- Do not use

Claims Form

To: United States Army Foreign Claims Commission.
From: Name: (b)(6)
Address: (b)(6) son - deceased
I am
a. A citizen and national of: Iraqi
b. A permanent resident of: Gamass neibor hood
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)
US convoy

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: Adiwaniya (Town) (City) Bridge W of Camp (Country) Overpass

My claim arose on: 1 (Month) 6 (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.)

Father's car was driven by son on overpass US convoy behind him - opened fire - shot in back - treated by US military - died. Windows + 2 seats damaged. Convoy did stop. Son was going to Gamass - going west. 5:00 afternoon

3500

CENTCOM 002484

06-IF9-T0006-00005

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

Son died. Car damaged
Son only provider for his family

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

Total:

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

N/A

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

(Name) (Address)

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

$ ~~to~~ unspecified

(b)(6)

Subscribed before me this 2nd day of Feb, 2006.

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

Page 7 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

Adiwaniya province

To/ Adiwaniya province
compensation committee

Al-Sa Zaar Police station was reported from Adiwaniya hospital that there was injured by uis fire. Imediattly it moved there to see the injured! (b)(6)

The speeches of father's injured were written down and testified that he bought a car No: (b)(6) from (b)(6) (b)(6) and his son was driving a car to check it, when he got Al Najaf bridge The american convoy came across him so they shot him and injured him in his chest and damaged a car and all The claimant's speeches were compeletly written down and the investigative was done

CENTCOM 002488

AL-Sazaar investigative cent

investigation results

on 18th, 1, 2006 - the claimant's speech was compelety written down and she was the injured's mother:

(b)(6)

she wanted to make a claim against ~~a~~mrican forces, and the investigative judge was provided with all document which confirmed ~~WHO~~ that the american forces made the incident so he decided to contact with americans to offer compensation to the injured

AL-Jazaar Police center

investigation

The claimant testified that ~~the~~ his son:

(b)(6)

when we got to AL Najaf bridge the american convoy came across ~~an~~ injured and he was shot by american convoy and he injured with wounds we demanded to get treatment.

(b)(6)

The injured's father

CENTCOM 002492

ADiwaniya police station

To/ AL-jazaar police center

Sub/ Damages detection

In accordance with your statement

(b)(6) on 9th, 1, 2006

vehicle's No : (b)(6)

engine's No (b)(6)

There was holes in back left side

by fire

CENTCOM 002494

Al Jazaar Police Center

body detection

we were reported ~~by~~ from Adiwaniya general hospital that there was an injured (b)(6) and we moved there to make detection to the dead body

The body was put inside coffin

The body was naked.

There was five entry in the middle of back ~~bone~~ bone and ~~chin~~ chest vertebra

We've seen wounds in the abdomen and seen another five entry!

CENTCOM 002496

Iraqi republic
Health ministry
legal treatment

The primary legal medical statement

We are undersinged Dr (b)(6)

we made a medical examination to the

claimant (b)(6)

Aged: (b)(6) sex: Male

The consciouness was confused while

The primary medical examination

The vital activities were unstable

during examination.

There was wound and is fire entry

in amid back in chest verbetras

we made necessary in Apiwaniya hopital

The cause of damages were fire

CENTCOM 002497

~~[illegible]~~

06-IF9-T0006-00018

Iraqi republic
Justice ministry

Special power of attorney

I m (b)(6) authorized

(b)(6) to follow

up and going on behalf on me to all
Traffic offices and office which
concerned in car No (b)(6)

Pages 22 through 23 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

CENTCOM 002503
06-IF9-T0006-00024

Foreign Language Text, (b)(6)

06-IF9-I0006-00025 CENTCOM 002504

Foreign Language Text, (b)(6)

06-IF9-T0006-00026

CENTCOM 002505

Foreign Language Text, (b)(6)

Page 27 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Same copy

CENTCOM 002507

06-IF9-T0006-00028

Page 29 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

06-IF9-T0006-00030

CENTCOM 002509

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Same Copy

CENTCOM 002510
06-IF9-T0006-00031

Foreign Language Text, (b)(6)

Foreign Language Text

Same text

CENTCOM 002511
06-IF9-T0006-00032

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Same Copy

CENTCOM 002512
06-IF9-T0006-00033

Foreign Language Text, (b)(6)

Page 34 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

CENTCOM 002514
06-IF9-T0006-00035

Foreign Language Text, (b)(6)

Temporary vehicle license

No
owner
holder
engine No
Mode
colour

Foreign Language Text

CENTCOM 002515

06-IF9-T0006-00036

Page 37 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text

06-IF9-T0006-00028

CENTCOM 002517

Foreign Language Text, (b)(6)

TF 30TH MED BDE
CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT:

DATE AND TIME OF INCIDENT: 091345 Jan 06

TYPE OF INCIDENT: Died of wounds 332 AEH, Balad, Iraq

LOCATION OF INCIDENT: Dewania ~~Balad~~, Iraq

PERSONNEL INVOLVED:

NAME:
ID NUM (b)(6)
NATION..... Iraqi

SUBJECT: Admitted with GSW to Back / Carotid Artery injury / R Pneumothorax

REMARKS: Iraqi civilian

PUBLICITY:

POC NAME:

Foreign Language Text

FFIR #

PIR #
N/A

TF30 MED CCIR REPORT: FORMAT AS OF 24OCT05

CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

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.

1. FROM	2. TO	3. DATE PREPARED (YYYYMMDD)	4. PAGE
BALAD MACP	NORTH ECP (FAMILY)	20060111	1 OF 1 PAGES

5. VEHICLE/AIRCRAFT ID NUMBER	6. EVACUATION NUMBER	7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state) a. NAME (Last, First, Middle Initial)	b. GRADE	c. SSN	d. ORGANIZATION
	(b)(2)High	(b)(6)	CIV	(b)(6)	IRAQI CIVILIAN

Foreign Language Text

8. AIRCRAFT/VEHICLE DEPARTED	9. AIRCRAFT/VEHICLE COMMANDER		
a. TIME	a. NAME (Last, First, Middle Initial) (b)(3)(b)(6)	b. GRADE E-5	c. ORGANIZATION 311 QM CO.
b. DATE (YYYYMMDD)	(b)(3)(b)(6)		e. DATE SIGNED (YYYYMMDD) 20060111
10. AIRCRAFT/VEHICLE ARRIVED			
a. TIME	a. NAME (Last, First, Middle Initial) (b)(3)(b)(6)	b. GRADE	c. ORGANIZATION
b. DATE (YYYYMMDD) (b)(3)(b)(6)			e. DATE SIGNED (YYYYMMDD) Foreign Language Text

DD FORM 1075, JUL 1998 PREVIOUS EDITION MAY BE USED. USAPA V1.00

STATEMENT OF RECOGNITION OF DECEASED

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.

1. TENTATIVELY IDENTIFIED DECEDENT

(b)(6)

Iraqi

b. RANK: CIV

c. SSN: (b)(6)

e. SERVICE:

2. I HAVE PERSONALLY VIEWED THE REMAINS TENTATIVELY IDENTIFIED ABOVE. RECOGNITION IS BASED ON THE FOLLOWING:

a. SEX: male

b. APPROXIMATE AGE (Years): (b)(6)

c. APPROXIMATE HEIGHT:

d. RACE: Iraqi

e. HAIR COLOR (If brown, indicate light or dark, a: Black

f. BUILD/MUSCULARITY (Slender, medium, heavy or obese): (b)(6)

g. IDENTIFYING MARKS (Fully describe by type and location ALL known scars, tattoo ... ns or other body markings to support the identification.)

h. REMARKS

Father identified patient

Foreign Language

3. DETAILS OF VIEWING

a. DATE (YYYYMMDD):

b. TIME:

4. PERSON MAKING VISUAL IDENTIFICATION

a. NAME (Last, First, Middle Initial): (b)(6)

b. RANK: n/a

c. SSN: n/a

e. SIGNATURE:

f. DATE SIGNED (YYYYMMDD):

g. RELATIONSHIP TO DECEASED (CDR, ISG, Friend, Relative, etc.): Father

h. LENGTH OF TIME YOU KNEW DECEASED (Number of months or years):

5. WITNESS

I certify that the individual identified in Item 4 has viewed the remains in my presence, and that to the best of my knowledge and belief the above statements are true.

a. NAME (Last, First, Middle Initial):

b. RANK:

c. TITLE:

d. ORGANIZATION:

e. SIGNATURE:

f. DATE SIGNED (YYYYMMDD):

DD FORM 565, JUL 1998 (EG) PREVIOUS EDITION MAY BE USED. Designed using Perform Pro, WHS/DIOR, Jun 98

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL
332 EMDG BALAD AB, IRAQ

Instructions - Medical Officer in attendance will:
Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.
Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

(b)(6)

[illegible] Gulian

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*
1345 09 Jan 06

3. MEDICAL EXAMINER/ CORONER'S CASE ☐ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED ☐ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH
Dewonia, Iraq

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)* x CARDIOPULMONARY Failure	x
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1) HERNIATION of BRAINSTEM	
	(2) Due to head TRAUMA	0150 7 JAN 06
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE
x 9 JAN 06

10. TYPED OR PRINTED NAME AND GRADE OF [illegible] IN ATTENDANCE
x

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

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

TYPE OF ACTION	HOUR	DAY			[illegible]BLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER *(Specify)*					
19.					

Foreign Language

SEC[illegible]

20. AUTOPSY PERFORMED *(If yes, give date and place)*
☐ YES ☐ NO

[illegible]ED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

Draft

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

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)

(b)(6)

Iraqi Civilian

GRADE Grade: Civ

BRANCH OF SERVICE Arme

SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale

(b)(6)

NATION *(e.g., United States)* Pays: Iraq

DATE OF BIRTH Date de naissance

[X] MALE Masculin

[ ] FEMALE Féminin

RACE Race

- CAUCASOID Caucasique
- NEGROID Négroïde
- X OTHER (Specify) Autre *(Spécifier)* Iraqi

MARITAL STATUS État Civil

- SINGLE Célibataire
- MARRIED Marié
- WIDOWED Veuf
- DIVORCED Divorcé
- SEPARATED Séparé

RELIGION Culte

- PROTESTANT Protestant
- CATHOLIC Catholique
- JEWISH Juif
- OTHER *(Specify)* Autre *(Spécifier)*

NAME OF NEXT OF KIN Nom du plus proche parent

RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit

STREET ADDRESS Domicilé à (Rue)

CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris)

MEDICAL STATEMENT Declaration 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. [1]

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
- UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE — Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire

(b)(5)

OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2]

MODE OF DEATH Condition de décès

- NATURAL Mort naturelle
- ACCIDENT Mort accidentelle
- SUICIDE Suicide
- HOMICIDE Homicide

AUTOPSY PERFORMED Autopsie effectuée [ ] YES Oui [ ] NO Non

MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures

(b)(5)

NAME OF PATHOLOGIST Nom du pathologiste

Foreign Language Text

SIGNATURE Signature

DENT Accident à Avion

Oui [X] NO Non

E OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)*: 1345 09 Jan 06

PLACE OF DEATH Lieu de décès: 332 AFTH, Balad, Iraq

I HAVE VEIWED 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 médicin militaire ou du médicin sanitaire: X

(b)(6)

TITLE OR DEGREE Titre ou diplômé: X MD

GRADE Grade: X 6-3

INSTALLATION OR ADDRESS Installation ou adresse: 332 EMDG BALAD AB, IRAQ

DATE Date: X 9 JAN 06

SIGNATURE

(b)(6)

[1] *State disease, injury or complication which*
[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 contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur etc.*
[2] *Préiser 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.*

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565 R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

CENTCOM 002522

06-IF9-T0006-00043

USE BALL POINT PEN
PRESS HARD

AUTHORIZATION AND TREATMENT STATEMENT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

I. ADMISSION *(CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)*

1. REGISTER NO.	NBSUF	2. [illegible] (b)(6)				3. RELIGION	
4. FACILITY CODE 5602	5. MEDICAL TREATMENT FACILITY 222nd EMDG BALAD AB, IRAQ			6. TIME OF ADM 0150	7. DATE OF ADM 17Jan06	8. TYPE OF CASE (B) / NBI / D	
9. EMP 99	SSN (b)(6)	10. BENEF TYPE	11. GRADE	12. AFSC	13. AVIATION SVC CODE	14. RATING	15. LENGTH OF SVC / 16. AGE
17. SEX M	18. MARITAL STATUS	19. RACE/ COLOR	20. ZIP CODE	21. CURRENT ORGANIZATION Iraqi Civilian			22. INPATIENT UNIT
23. FAC INT ADM CODE	24. FACILITY OF INITIAL ADMISSION			25. DATE INITIAL ADM		26. ROOM	27. BED
28. PRIOR ADM ☐ YES ☐ NO	29. CLINIC SERVICE(S)					30. ADMISSION CLERK SrA (b)(3)(b)(6)	
31. EMERGENCY ADDRESSEE/RELATIONSHIP				32. NAME AND ADDRESS OF SPONSOR			
33. PRIMARY ADMISSION DIAGNOSIS Carotid Artery injury				34. SECONDARY ADMISSION DIAGNOSIS (R) Pneumothorax			
35. CAUSE OF INJURY GSW To Back Penetrating Trac							
36A. DEPOSIT VALUABLES FOR SAFEKEEPING ☐ YES ☐ NO	36B. I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form.		SIGNATURE OF PATIENT OR SPONSOR			(b)(3)(b)(6)	

II. TREATMENT

38. DIAGNOSES - PROCEDURES

DOB:

NSI / SI / VSI

Foreign Language

39. PROVIDERS OF CARE

LOD: ☐ YES ☐ EPTS, LOD not applicable ☐ AF Form 348 *(Check ☐ if continued on reverse)*

(Check ☐ if continued on reverse)

40. ADMINISTRATIVE DATA *(Change in physical profile required ☐ YES (Prepare AF Form 422) ☐ NO)* *(Meal Card ☐ YES ☐ NO)*

Admission: JPTA _____ Discharge: JPTA _____

24 HR _____ 24 HR _____

(Check ☐ if continued on reverse)

41. DISPOSITION	42. DATE OF DISPOSITION	43. TIME OF DISPOSITION	44. CC OF WHOLE BLOOD	45. CC OF PACKED CELLS	46. CONVALESCENT LEAVE TAKEN	RECOMMENDED
DOW	03JAN06	1345				

47. SIGNATURE OF ATTENDING HEALTH CARE PROVIDER	48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL

AF IMT 560, 19870101, V2 PREVIOUS EDITION WILL BE USED

MULTI-NATIONAL FORCES - IRAQ

The Multinational Force-Iraq deeply regrets the loss of your loved one and wishes the return of the human remains of_____ to his/her primary next of kin. The remains have been treated with the same respect and courtesies required by Muslim or Christian tradition and have been treated with the same respect and courtesy as those of the Coalition forces. The person receiving the remains acknowledges that Coalition forces have provided the remains in a respectful manner. Any perceived violation of local customs is wholly unintentional on the part of Coalition forces. All personal effects that were found with the remains are being turned over and an inventory is attached.

القوات المتعددة الجنسية - العراق تتقدم بكل الأسف العميق والأعتذار لفقدان احبابكم و تتمنى ان تقدم
و ترجع اليكم البقايا الادمية الخاصة بالمرحوم\ .....
الى نسب اهلة القريب الاوني الية. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام واللطف التى
تتطلبها تقاليد وعادات الديانة الاسلامية او الديانة المسيحية و تمت معاملتها بنفس المعاملة التى
تلقاها الموتى من قوات التحالف. الشخص المتسلم للبقايا الادمية يدرك جيدا بان قوات التحالف قامت
بالعمل اللازم و بكل اساليب الاحترام التامة.
و في حالة وجود او ادراك آية انتهاك للعادات و التقاليدالمحلية فبكل الاسف انة ليس عمدا و غير
مقصود كليا من جانب قوات التحالف.
مع العلم جميع المتاع الشخصية التى وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

اسم الشخص للتاكد و اثبات البقايا الدمية \ . ..... Foreign Language Text
Person verifying identity

(b)(2)High

اسم الشخص المستلم \ .....
Person receiving remains

العلاقة بالمرحوم \ .....
Relationship to deceased

Foreign Language Text

التاريخ \.....
Date

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

10th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

HOSPITAL TEL. (914) 360- 3477 DSN 318 239-7623 E-mail (b)(3)(b)(6), (b)(2)High

DATE: 6/Jan/2006

MEMORANDUM FOR Rear Operations Center (Checkpoints to US Medical Facilities)

SUBJECT: Family Member Visitation

1. The following Iraqi citizen is receiving care at the 10th Combat Support Hospital:

Name/Patient: (b)(6) (6385)

Ward: ~~ICU 2~~ (fishbowl ICW1)

2. The family member listed below may be allowed access during visiting hours which is subject to change. Visitors will be picked up at Gate 1 or 2 between the hours of 0900 and 1200 hrs. All visitors are required to have proper ID with picture and determined to be non-threatening by the proper authorities.

3. Name: (b)(6) (his father)

4. Date of authoriz[illegible] 6/Jan/06

5. Overnight stay is [illegible] No
If Yes, approvec (b)(3)(b)(6)

6. Questions or con[illegible] DSN (318)239-7623.

(b)(3)(b)(6), Foreign Language Text

Chief, Patient Administration Division

Pages 47 through 59 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)