

06

T:

(b)(6)

06I57T002 (06I04T006)

(b)(2)High

Filed: 8 Jul 06

02

00021

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

06 IS7 T002

06 IS4 T002

1

CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME: _____ (b)(6)
 FILE NUMBER: 06-244-1006
 AMOUNT CLAIMED: \$ 12,000 AT: _____
 DATE OF INCIDENT: JAN 6 06 DATE CLAIM FILED: JUL 8 06

DATE	STATUS OF CASE	FOLLOW-UP DATE
14 JUL 06	ENTERED JAGC TO CPT (b)(3)(b)(6)	
30 Jul 06	Need to check Sig Acts	
	No Sig Acts - Need more info	
	Possible MARLA Referral - Need	
	Cell #	(b)(3)(b)(6)
8 DEC 06	^{checking w/ Agencies} No Mark Found agency in Felty, Ga.	
12/16/06	more information	
12/16/06	12,000 paid - closed	



Tort and Special Claims-Pro Version

Home | Search | Administrator | Reports | Log Out | Request Assistance
SSG (b)(3)(b)(6) NCOIC of Client Services Thursday, 04 January 2007

Closed Claims - Claim Data - **06I57T002**

(b)(6)

Fiscal Year: 01-Oct-2006 - 30-Sep-2007
Current Month: 01-Jan-2007 - 31-Jan-2007

I57 - I57 (Iraq)

[Printer Friendly Copy \(MS Word\)](#) [Printer Friendly \(Adobe Acrobat\)](#) [Printer Friendly-Expanded \(Adobe Acrobat\)](#) [Create File Labels \(Avery 5162/5262 Compatible\)](#)

Claimant's Assertion

US Forces raided her hours and arrested her son and husband. Her husband died and left her with ten children. He was the main source of support.

Claimant Information

Claimant (b)(6)
Insured, o Name of Deceased in Estate
SSN
DOB: (b)(6)
Home Phone:
Address:
Claimant Attorney:
Amount Claimed: \$12,000.00

(b)(2)High

Claim Information

Claim ID: 06I57T002
Companion Claim(s):
Incident: None Entered.
Incident Date: 06-Jan-06
Date Filed: 08-Jul-06
Filed in This Current Owning: I57-I57 (Iraq)
Chapters: CHAPTER 10 - FOREIGN CLAIMS
Damage: UNKNOWN
Basis Codes: UNKNOWN
Incident: OTHER

The Army Team

Field Office Investigator: SSG (b)(3),(b)(6) at (b)(3),(b)(6)
Field Office Attorney: None Chosen. See POCs
Area Action Officer: None Chosen.
HQ: None Chosen. See POCs
HQ: None Chosen. See POCs

Final Disposition

Action	Date	Who	Amount
Final Payment Claim	18-Dec-06	I57 (Iraq)	\$12,000.00

Uploaded Documents

Document	Upload Date	Who
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Claim Retirement Information

Shipment	Box	Date
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(b)(2)High

1/4/2007

06-104-7006

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
15th Finance Battalion
Camp Liberty, Iraq
APO AE 09344
DSSN

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY
15th Finance Company
Camp Liberty, Iraq
APO AE 09344
DSSN: 5779

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

(b)(6)

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 <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT <small>(1)</small>
				COST	PER	
06-104-7006		Claim Payment Final Payment of FCA Claim#	1			\$ 12000.00
<small>In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designed for such purpose under authority of 31 U.S.C 3721 and AR 27-20, Chapter 10 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.</small>						
<small>(Use continuation sheet(s) if necessary)</small>						TOTAL 12000.00

(Payee must NOT use the space below)

PAYMENT: PROVISIONAL COMPLETE PARTIAL FINAL PROGRESS ADVANCE

APPROVED FOR: 1 = \$ 12000.00

EXCHANGE RATE: = \$1.00

DIFFERENCES

BY: (b)(3),(b)(6) MSG

TITLE: Pay Agent

Amount verified; correct for

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

Pursuant to authority vested in me, I certify that (b)(3),(b)(6) is (b)(3),(b)(6) CPT, Certifying Officer I57/I60

ACCOUNTING CLASSIFICATION

(b)(2)High

Account Classification Verified: 1st CAV, 15th Finance Office, Disbursing NCOIC

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank)

CASH DATE

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

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 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.

TITLE

Previous edition usable

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 7540-00-900-2234
USAPPC V1.00

PAYMENT REPORT

TO: DFAS, DSSN _____ DATE: 16 Dec 06

A. Payment Data:

- (1) Submitting agency/office: United States Army Claims Service
- (2) Office Code: 157
- (3) Agency/Office mailing address: MNC-I, OSJA, Camp Victory, Iraq APO AE 09342
- (4) Date Filed: 29 Jun 06
- (5) Claim Number: 06-104-T066
- (6) Amount Claimed: \$ 12,000
- (7) Fund Cite: _____ (b)(2)High
- (8) Payee: _____
- (9) Address: IRAQ
- (10) SSN: N/A
- (11) Payment Amount: \$ 12,000
- (12) Type Payment: PF
- (13) For EFT Payments: ABA Routing Number: _____
- (14) For EFT Payment: Account Name and Number: _____
- (15) For EFT Payment: Name and Address of financial institution: _____
- (16) For EFT Payment: Account is (checking) (savings) Circle appropriate account

B. Acceptance by Claimant. (Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within - stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns; and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind in nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths that result from the acts or omissions that gave rise to the claim(s) by reason of the same

(b)(6), Foreign Language Text

Date: 16 Dec 06 _____ (Claimant)

C. AGENCY CERTIFYING OFFICER

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

16 Dec 06 _____ (Date) _____ (b)(3),(b)(6) _____ (Agency Certifying Officer) _____ FCC (Title)

Date Payment Recorded in Record: 16 Dec 06

A separate payment report must be completed for each claimant

This information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide the information may result in your claim not being processed for payment.

قبول بالتوقيع من قبل الملتزم (المطالب)

I, the claimant by signing this document and accepting payment, am releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as final settlement on this claim.

أنا الملتزم (المطالب) بالأداء والامضاء والتوقيع على تلك الاستمارة و الموافقة على المرسوم (المبلغ) أنا
أنا من حق الكمال و الاعطاء الكامل للولايات المتحدة الأمريكية أو حكومة الولايات المتحدة
التي من أي مسؤولية مقبلة تنتج من المطالب و الموافقة على المبلغ المرسوم على أنه عرض
و ليس من حق وأو الورثة من بعدى وأو أية شخص متضرر أو غير متضرر القيام بأي
عمل قانوني أو غير قانوني ضد الولايات المتحدة الأمريكية أو الولايات المتحدة الأمريكية
المستقبل

Name of Claimant:

Amount Received: \$ 12,000

FCC #: T57

Date Received: 12/16/06

(b)(6)

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

Claimant's Signature:



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

REPLY TO
ATTENTION OF:

FCC I57

16 December 2006

CLAIM OF: (b)(6)
CLAIM NUMBER: 06-I04-T006

Dear Sir or Ma'am:

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

Foreign Claims Commission (FCC) I57 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 I57 offers you \$12,000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

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.

Sincerely,

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

CPT, U.S. Army
FCC I57

UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission Today's Date: 29/6/2006

II. FROM: Name (English): (b)(6)

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: _____

(c) DETAINEE IDENTIFICATION NUMBER: (b)(6)

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 _____

(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: her husband

6/1/2006

(d) The incident happened on 6/1/2006 at Falluja (Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: As she said. She was sleeping with her family in their house. at 12:30 at mid night. The US forces came to with 10-15 Hamrees to search the house beside their house. Her husband (b)(6) went out to see if there was a threat out side and check every thing. The US forces put the lights in his face and shoot him in his chest. The entered to the house and destroyed every thing and arrested her husband and her son after one week the released her son but she found her husband dead after four months in the hospital at 8/5/2006. She didn't check with the U.S forces because what was happend in Falluja and she had (b)(6) children to feed them.

[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.]

UNITED STATES ARMED FORCES CLAIMS FORM

VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

ITEM	PRICE

TOTAL \$ 12,000

(a) I had insurance for the following: _____

(b) My insurer is: _____

VII. My total claim in U.S. Dollars against the United States Government is: \$ 12,000
and in Iraqi Dinars is: _____

CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will likely need to provide new evidence in order to have my claim approved.

(b)(6), Foreign Language Text

(Signature of Claimant)

CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK

The claimant was assisted in completing this claim form by:

(Name)

(Contact Information: e-mail, address, DSN/DNVT, etc.)

9

Foreign Language, (b)(6)

(b)(6), Foreign Language



REPLY TO
ATTENTION OF:

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

FICI-JA-C

Claim of (b)(6) 06-I04-T006

ACTION

1. Facts: The claimant alleges that on 6 January 2006, U.S. Forces raided her house and arrested her son and her husband. They had a family of (b)(6) children. The U.S. Forces destroyed everything in her house. Her son was released a week later and her husband was found dead in the hospital four months later. The amount requested is \$12,000 for the claim.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Upon review of the claim, payment is granted.
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 \$12,000.

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

CPT, U.S. Army
FCC I57

UNCLASSIFIED/OFFICIAL USE ONLY

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 17 through 18 redacted for the following reasons:

Already Reviewed and Redacted for Release(b)(6) and Foreign Lang Text
Already Reviewed and Redacted for Release, (b)(6) and foreign Language Text

Foreign Language Text, (b)(6)

(b)(2)High

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 29 redacted for the following reason:

(b)(6) and Foreign Language Text

Foreign Language Text, (b)(6)

Pages 31 through 33 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6) and Foreign Language Text
Already Reviewed and Redacted for Release, (b)(6) and foreign Language Text

Same Copy of Death registration

(b)(6), Foreign Language Text

FOREIGN CLAIMS WORKSHEET

Amount Claimed: \$ 12,000

Date Reviewed: 30 Jul 06

Date of Incident: 6 Jan 06

Pay: \$ _____

Deny: _____

Need more info: _____

Need more translation: _____

NOTES:

Need to check Sig Acts

Family - ~~the~~ House destroyed - Rebuilt on new land

Page 36 redacted for the following reason:

Foreign Language Text, (b)(6)

Witness statement

Date: Jan 26

Name: (b)(6)

DoB: (b)(6)

Occupation: (b)(6)

Lives: (b)(6)

After he took the oath he stated the following:

On Jan 5th 2004 (b)(6) was shot by US Forces. He was treated by American Medic in their medical facility - On Jan 12, 2004 he was deceased for the result of his wound shot.

Tudor

(b)(6)

Witness

(b)(6)

Witness statement

Date: Jan 26 - 2006

Name:

(b)(6)

DoB: (b)(6)

(b)(6)

Lives: (b)(6)

After He took the oath he stated the following:

On Jan 12, 2004 Mr. (b)(6) has passed away for the result of his wound that caused by shooting from US forces. who were took him to an American medical Facility Facility

Tudor

(b)(6)

Witness

(b)(6)

[Redacted]

[Redacted]

Foreign Language Text, (b)(6)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Foreign Language Text

[Redacted]

Witnesses statements

(b)(6), Foreign Language Text

[Redacted]

[Redacted]

Foreign Language Text

[Redacted]

Foreign Language Text

Claimant Statement

Foreign Language Text

Foreign Language Text, (b)(6)

Page 40 redacted for the following reason:

(b)(6), Foreign Language

Death Registration
Deceased name

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Date of death
Jan 12, 2004

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Reason for death

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Death Registration
Same Copy

Foreign Language Text, (b)(6)

b)(6)

Foreign Language

Foreign Language Text, (b)(6)

Dean Ceritate
Deceased name
Date of death: Jan 12, 2004
Reason for death: Bullets shot

(b)(6)

Foreign Language Text, (b)(6)

Language

Same copy of death certificate

Foreign Language Text, (b)(6)

(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
(b)(6)		N/A	N/A	(b)(6)
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
N/A		TURK	N/A	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NEGROID Négride	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le défunt		
STREET ADDRESS Domicile à l'usage		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 Maladie ou condition directement responsable de la mort				
MEDICAL HISTORY				
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			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" 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	DATE Date	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> 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		
12 Jan 2007		BATAHOAO IRAQ		
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 militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme		
(b)(6), (b)(3)		MD		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse			
O4	2E CSIT BATAHOAO IRAQ			
DATE Date	SIGNATURE			
12 Jan 07	(b)(3), (b)(6)			

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPASL, 26 SEP 1975, 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 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1 00

14-00000

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)	
NAME OF DECEASED (Last, First, Middle) Nom du décès (Nom et prénoms) (b)(6)	GRADE Grade R-4 BRANCH OF SERVICE Armée N/A SOCIAL SECURITY NUMBER N° de l'Assurance Sociale (b)(6)
ORGANIZATION N/A	DATE OF BIRTH N/A SEX <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race CAUCASOID Caucasique	MARITAL STATUS SINGLE Célibataire
NEGROID Négronne	MARRIED Marié
OTHER (Specify) Autre (Spécifier)	WIDDED Veuf
RELIGION 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 décès (voir le 4300)
STREET ADDRESS Domicile à l'étranger	CITY OF TOWN AND STATE Ville (Code postal, s'il y a lieu)
MEDICAL STATEMENT Déclaration médicale	
CAUSE OF DEATH Cause du décès (Indiquer une cause si possible)	
INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'écoulement et le décès	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort	
MORBID CONDITION, IF ANY MORBID CONDITION, IF ANY MORBID CONDITION, IF ANY	
UNDERLYING CAUSE, IF ANY UNDERLYING CAUSE, IF ANY UNDERLYING CAUSE, IF ANY	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives	
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 dues à des causes externes
NAME OF PATHOLOGIST Nom du pathologiste	SIGNATURE Signature
DATE OF DEATH Date de décès (Heure, jour, mois, année) 12 Jan 2007	PLACE OF DEATH Lieu de décès F-16-030 12A
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 militaire ou du médecin sanitaire (b)(3),(b)(6)	TITLE OR DEGREE Titre ou diplôme M.D.
GRADE O4	INSTALLATION OR ADDRESS Installation ou adresse 28th CSF Strydom 11E-0
DATE 12 Jan 07	SIGNATURE (b)(3),(b)(6)

DD FORM 2064, APR 1977 REPLACES DA FORM 1355, 1 JAN 1972 AND DA FORM 1355-RIPAS1, 26 SEP 1971, WHICH ARE OBSOLETE

(REMOVE, REVERSE, AND RE-INSERT CARDS 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 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
REGISTRATION VITAL STATISTICS	
REGISTRY (Town and County)	DATE REGISTERED FILE NUMBER
	STATE OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS
SIGNATURE OF AUTHORIZED INDIVIDUAL	

DD FORM 2054, APR 1977 (BACK)

USAPA V1.00

Pages 49 through 50 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6), (b)(3)

(REMOVE, REVERSE, AND RE-INSERT) *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 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <i>Specify</i>	DATE OF DISPOSITION
REGISTRATION VITAL STATISTICS	
REGISTRY (Town and County)	DATE REGISTERED FILE NUMBER STATE OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS
SIGNATURE OF AUTHORIZED INDIVIDUAL	

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

(REMOVE, REVERSE, AND RE-INSERT COPIES 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 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <i>(Specify)</i>	DATE OF DISPOSITION	
REGISTRATION	VITAL STATISTICS	
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER STATE OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS	
SIGNATURE OF AUTHORIZED INDIVIDUAL		

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

Pages 53 through 54 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6), (b)(3)

(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 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1 00

Pages 56 through 57 redacted for the following reasons:

Already Reviewed and Redacted for Release

Already Reviewed and Redacted for Release, (b)(6), (b)(3)

(REMOVE, REVIEW, AND RE-INSERT CARDS 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: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
REGISTRY (Town and County)	REGISTRATION VITAL STATISTICS
	DATE REGISTERED STATE FILE NUMBER OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS
SIGNATURE OF AUTHORIZED INDIVIDUAL	

DD FORM 2064, APR 1977 (BACK)

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Pages 59 through 60 redacted for the following reasons:

(b)(6), Foreign Language

Already Reviewed and Redacted for Release, Foreign Language Text

DA FORM 1 AUG 72 3910 WHICH WILL BE USED

For use of this form, see AF 40-2; Department of Defense Property is OTSG. * USG PO: 1985 812-062

DEATH TAG

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

6. DEATH OCCURRED		DAY	MO.	YEAR	HOUR
PLACE WHERE DEATH OCCURRED		12	01	04	0835
4. NAME		<p style="text-align: center;">(b)(6)</p>			
1. LAST NAME-FIRST NAME-MIDDLE INITIAL		<p style="text-align: center;">(b)(6)</p>			

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Foreign Language Text, (b)(6)

Page 62 redacted for the following reason:

Already Reviewed and Redacted for Release, (b)(3)(b)(6) and Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)