(b)(6)

Foreign Language

Foreign Language

Killed
6-OCT. 06

(b)(6)

Foreign Language

Tamim

Foreign Language Text

(b)(6)

23 JAN 07
→ RESCHEDULE for a month
next week
promises that
he can get evidence we
need from JCC now that
he is back

20 [redacted]
check
CPT

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

28 Nov 06
Fake [illegible]
certificate

[illegible]NOV

[illegible]T, Son Killed in Tamim, 16

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

JAN 07
RESCHEDULE *
CHECK W/ B/1-18
on this issue to see
if they received anything
from CPT (b)(3),(b)(6) a
claimant
→ No info received from claimant or [illegible]

[illegible]GACT MATCH

7 Nov 06

[illegible] speaking w/ a CPT

(b)(6)

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

(b)(6)

(b)(6)

daughter

(b)(6)

eign Langua

killed.
6-OCT. 06

eign Langu

Tajikistan

eign Langu

(b)(6)

reign Langua

23 JAN 07
PESC the DNE for a month
next week
promises that
get evidence we
I can get that
TCC

(b)(6)

eign Langua

20 Nov 06
check w/ KP
on

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

awaiting

CENTCOM 13986

CALL UNITS @ COP STEEL

M 19 FEB 07

- talked to an officer @
COP Steel w/ translator

CENTCOM 013987

Page 4 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language

Claims Form

To: U (b)(6) Foreign Claims Commission

From : Name:--- (b)(6) ----------

Address:----Ramadi - Tamim----------

Iam

a. A citizen and national of :----Iraq----------
b. A permanent resident of :--------Ramadi----------
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)
----Shoot fire gun and killed my son whose
----- (b)(6) years old----------

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 :----Tamim----------Ramadi----------Iraq---
(Town) (City) (Country)

My claim arose on :----OCT----------6----------06---
Month Day 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 .)
on 6-10-2006 at 16-30 The American forces shoot
fire gun randomly in Al Tamim. This shooting
Caused killed my son whose (b)(6) years old. I went
to the American forces in the checkpoint and I told
them what happened? and they killed my son. They
apologized about the accident saying that they
document the accident. They told me to go
to Compensation office. I request Compensation

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

killed my Son

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
killed my Son who is (b)(6) years old	

Total : 3,750.00

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

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)

$ 2,500.$ local 3,750.00

(b)(6)

(Signature of Claimant)

Subscribed before me this 24 day of 200

(b)(6)

a lawyer

(Print Name

(b)(6)

(Signatur

Pages 7 through 8 redacted for the following reasons:
- -
Foreign Language
Foreign Language, (b)(6)

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The Nationalit & Ci

Personal Ce cat

I.D. No. : (b)(6)

First Name : (b)(6)

Second and Third Name (b)(6)

Surname :

Mother's Name : (b)(6)

Gender : mile

Organized on : 20- July.

Organized by : (b)(6)

Job :

Religion : muslem

Birth Date : (b)(6)

Noted deformities :

Status:

Wife's Name :

Remarks

Eye Color :

Hair Color :

Face :

Length :

Foreign Language, (b)(6)

Foreign Language, (b)(6)

(b)(6), Foreign Language Text

(b)(6)

Foreign Language Text, (b)(6)

The Nationalit & Civil Affaires
Personal Ce ation Card.

I.D. No. : (b)(6)
First Name : (b)(6)
Second and Third Name (b)(6)
Surname :
Mother's Name : (b)(6)
Gender : male
Organized on :
Organized by : (b)(6)
Job :
Religion : muslem
Birth Date : (b)(6)
Noted deformities :
Status:
Wife's Name :

Remarks

Eye Color :
Hair Color :
Face :
Length :

Language Text

Republic
Ministry of Health

Department Of Hygiene and Biological static's

No:
Date of registry

1-Dead's name and surname: (b)(6)

2- sex : male

3- nationality Iraqi

4- Religion: muslim

5-job: (b)(6)

6-Martial status: single X. Married.... Widow.... divorced.....

7-Date of birth (b)(6)

8-place of birth Ramadi - Tamim

9-permanent residence: No. of House: Street: Tamim Quarter: Ramadi Province: Anbar

10- Date of death: 6 of 5 T. 06

province : Anbar

11-Pleae of Death:

12-Dead's father's name: (b)(6)

13-dead's mother's name: (b)(6)

14-death information's name: (b)(6)

15-His relation to the death grand father

16- Address information: Ramadi - Tamim

17- Reasons of death: shot dead fire by the American forces

other cases causing death.....

the dead is a woman in age of delivery(15-49) indicate whether death happened in:

pregnancy:..... delivery:..... labor: .....

18-Death happened in home.....hospital..... other place.....

Approximate period between diagnosis and death.
.....
.....
.....

Stamp of Health

witness that death happened for above mentioned reasons. Doctor's name: Ramadi hospital

address: signature:

19- Forensic certificate

I, Dr. ..... forensic department, performed anatomy for ..... according to

form ..... in ..... finding reasons of death ..... Doctor's signature..... Stamp of forensic department

20- foramation related to the ID card :-

record No. .. (b)(6) Page No.. (b)(6) Province Anbar..... ID card.. (b)(6) .. Attached

copy of ID. Card 2- Copy whom this concern 3-Copy of the register of register of the certificate

Translated & Printed by Al-Mawrid Bureau /Ramadi near Al-Ta'ameem Garage

Registered and The ministry of Health, ...
No. ..... For the year .....

CENTCOM 013996