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

(b)(6)

(35)

07I92T048

CENTCOM 010572
07-I92-T048-00002

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

28 May 07

CLAIM FILE CHECKLIST

- [x] SF 1034 (Signed by FCC, Pay Agent, Claimant)
- [x] Action Memo Approving the Claim
- [x] Claim Release and Settlement Agreement
- [x] Decision Memo
- [x] Claim Summary Sheet
- [x] Supporting Documents (ID Card, Ownership, Statements, etc.)

(b)(3)(b)(6) 13 March 08

CLAIMS CHECKLIST

CLAIM NUMBER:

AMOUNT OF CLAIM: $ 15,000

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT: 17 Jan 06 **DATE FILED:** 27 mar 07 **DATE RECEIVED:**

CLAIM TYPE:

- ☐ Vehicle Damage
- ☐ Detainee Property
- ☐ Damage During Raids
- ☐ SAF Damage/Injury
- ☐ Real Estate
- ☑ Other Death

CLAIM AROSE FROM:

- ☐ Combat Activities
- ☑ Non-combat Activities

CLAIM IS:

- ☑ Payable
- ☐ Not Payable

BRIEF OVERVIEW:

Claimant states that her husband was in a vehicle accident w/ US Forces. He was injured and transported to hospital in balad. Husband pronounced Dead @ hospital

REMARKS:

Recommend (Approval) / Denial For $10,000 due to time waited

REVIEWED BY: SGT (b)(3)(b)(6) **DATE REVIEWED:** 25 Apr 07

FCC COMMENTS

Approve $1 (b)(6)

DATE APPROVED/DENIED: 13 April 2007

- ☐ DENIED
- ☐ Denial Memo
- ☐ APPROVED
- ☒ Amount Approved: $ 10,000
- ☐ Approval Memo
- ☐ Settlement Agreement
- ☐ SF 1034
- ☐ Disbursing Officer Memo

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
APO AE 09352

DATE VOUCHER PREPARED: 25 August 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
15th FIN BN
3rd FIN, 3rd SSB
APO AE 09352
DSSN 5579

PAYEE'S NAME AND ADDRESS: (b)(6) BAGHDAD, IRAQ

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)
		FOREIGN CLAIMS NUMBER 07-I92-T048 VEHICLE DAMAGE AND DEATH				10,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 10,000.00

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

APPROVED FOR =$ (b)(6)

EXCHANGE RATE =$1.00

DIFFERENCES

BY[3] CPT (b)(3), b(6)

TITLE FOREIGN CLAIMS COMMISSION

0.00

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

Pursuant to authority vested in me, I certify tha (b)(3)(b)(6) payment.

25 August 2007 (b)(3)(b)(6)
(Date) (Authorized Certifying Officer)[2]

CLAIMS PAYING AGENT
(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER (b)(2)High

PAID BY

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER ON (Name of bank)

CASH $ (b)(6) DATE 25 August 2007

PAYEE[1] (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 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.

PER

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
USAPA V4.00

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO
ATTENTION OF:

FCC I92

25 August 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 07-I92-T048

Dear Sir:

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

Foreign Claims Commission (FCC) I92 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 I92 offers you $10,000.00 to settle your claim.

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 signing this letter.

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

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

CPT, U.S. Army
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, IRAQ
APO AE 09361

FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I, (b)(6) of **Baghdad, Iraq,** hereby agree to accept the sum of **$** (b)(6) (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 17 January 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from a raid conducted by US Forces on 17 January 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 25 day of August 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature
Name: (b)(6)
Address: Section:
Street:
House:
Baghdad, Iraq
I.D. Number:

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

Witness Signature

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

Witness Signature

REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

AFZN-BC-JA Claim of (b)(6) , 07-I92-T048

ACTION

1. Facts: Claimant states that on 17 January 2006, her husbands vehicle was hit by US Forces and he was injured. Husband was then flown to the hospital in Balad where he was pronounced dead.

2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.

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

4. Action: Pay this claim in the amount of $10,000.00.

(b)(3)(b)(6)
CPT, JA
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO
ATTENTION OF:

AFZN-BC-JA

Claim of (b)(6), 07-I92-T048

ACTION

1. Facts: Claimant states that on 17 January 2006, her husbands vehicle was hit by US Forces and he was injured. Husband was then flown to the hospital in Balad where he was pronounced dead.

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4. Action: Pay this claim in the amount of $10,000.00.

(b)(6)
CPT, JA
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, IRAQ
APO AE 09361

FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I (b)(6) of **Baghdad, Iraq,** hereby agree to accept the sum of **$10,000.00** (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 17 January 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from a raid conducted by US Forces on 17 January 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 25th day of August 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature
Name: **Hana Jasim Mohamed**
Address: Section:
Street:
House:
Baghdad, Iraq
I.D. Number:

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

Witness Signature

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

Witness Signature

Claims Form
طلب تظلم

Name: (b)(6) الأسم:

Address: العنوان:

I am
أنا

a. A national citizen of: Iraq أ. أحمل جنسية:

b. A permanent resident of: ب. عنواني الدائم:

c. Employed by: ت: أعمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

please ~~R~~See The hospital report.

أنني أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابت التى نجمت من:(المنظمة , الوحدة العسكرية)

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.)

person dead by shooting

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

My claim arose at: Baghdad Iraq
(Town) (City) (Country)

البلد أو المحافظة المدينة القرية تظلمى قدم فى:

My claim arose on: 1 (Month) 17 (Day) 2006 (Year)

تظلمى قدم فى: ١ (شهر) ١٧ (يوم) ٢٠٠٦ (الس)

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.)

The victim was shoot by american forces he transed to to the Ksh in Zee and Time after to Falcon Balad. his family found the body there.

بإختصار أشرح ما حدث والأضرار التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

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
Person killed	15000

Total: 15000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة:

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

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

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

$ 15000 I.D. 19 000 000

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكى أو العملة المحلية)

Foreign Language Text العملة المحلية Foreign Language Text $

I (have/ have not) previously filed a claim relating to the incident described above.

سابقا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمى طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة فى هذا التظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 27 day of Mar, 2007

(b)(6)

(Signature of Witness)

(b)(6)

(Printed Name)

my husband (b)(6)

left the home in Jan. 17.06 and did not come back, we searched him in ALDowra Police station and we found his car and we the CF shoot him in Dowra and took him to GZ then to Balad base, when we went there we found out that he is dead.

I have 5 kinds and his mother and his brothers, we don't have a salary or place to stay, we ask please from the CF to help us with thanks.

I'm requesting $ 15 K

Mr. " (b)(6)

(b)(6) Wrong Number

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

The statement.

She said that her husband Come out in 1/7/2006

But he didnt Comeback. when she searched the area she found his car in police center. He hit by american army - They took him To Sza and thereafter To Balad Falcon when they went there they found his body.

She has (b)(6) said and no one support her family - She need your help -

CENTCOM 010593

07-I92-T048-00023

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)

(b)(6)

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)*: 0345 18 JAN 2006

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

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)* ANOXIC BRAIN INJURY	6 hrs
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) MOTOR VEHICLE CRASH	6 HRS
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE: 18 JAN 2006

10. TYPED OR PRINTED NAME AND GRADE OF PHYSICIAN IN ATTENDANCE: MAJ. (b)(3)(b)(6)

11. SIGNATURE: (b)(3)(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE 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.					

SECTION C - RECORD OF AUTOPSY

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

21. AUTOPSY ORDERED 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

MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD): 20060118

2. PAGE 1 OF 1

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)	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
(b)(6) (b)(6), (b)(2)High 311th Qmco.	Civ.		Patient (b)(6)	Deceased	20060118

4. PLACE OF RECOVERY (Include grid coordinates)	5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS a. #1	b. #2
332nd EMG. Balad	20060118	006-06	

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
	----------nothing follows----------			

8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
005	1000 dinar bills			
008	500 dinar bills			
	----------Nothing Follows----------			

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)

[ ] ALL KNOWN EFFECTS [X] ALL KNOWN EFFECTS RECOVERED FROM UNIT [ ] ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	e. DATE SIGNED (YYYYMMDD)
(b)(3), b(6)	E-4	311th QMCO.	20060118

d. (b)(3)(b)(6)

11.

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	e. DATE SIGNED (YYYYMMDD)

d. SIGNATURE

12. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	e. DATE SIGNED (YYYYMMDD)

d. SIGNATURE

DD FORM 1076, JUL 1998 PREVIOUS EDITION MAY BE USED. USAPA V1.00

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)	GRADE Grade CIV	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation Iraqi Civilian	NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance Unknown	SEX Sexe ☒ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NEGROID Négroïde	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		JEWISH Juif	

NAME OF NEXT OF KIN Nom du plus proche parent Unknown	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicile 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		ANOXIC BRAIN INJURY	6 HRS
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	MOTOR VEHICLE CRASH	6 HRS
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]			

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ 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	
X ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature / DATE Date	AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 0345 18 JAN 2006	PLACE OF DEATH Lieu de décès BALAD AB - 332 EMDG - 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 MAJ. (b)(3)(b)(6)	TITLE OR DEGREE Titre ou diplôme MD
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse 332 EMDG BALAD AB, IRAQ
DATE Date 18 JAN 2006	SIGNATURE (b)(3)(b)(6)

[1] State disease, injury or complication which caused death
[2] State conditions contributing to the death, but not relate
[1] Préciser la nature de la maladie, de la blessure ou de la ... n arrêt du coeur, etc.
[2] Préciser 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

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		20060120	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)(6), (b)(2)High 311thQM CO/Balad	Unknown	N/A		Civ.
----------	----------	----------Nothing Follows--------	----------		----------

8. AIRCRAFT/VEHICLE DEPARTED	9. AIRCRAFT/VEHICLE COMMANDER		
a. TIME	a. NAME (Last, First, Middle Initial) (b)(3)(b)(6)	b. GRADE E-4	c. ORGANIZATION 311th QMCO
b. DATE (YYYYMMDD)	f. SIGNATURE (b)(3)(b)(6)		e. DATE SIGNED (YYYYMMDD) 20060120

10. AIRCRAFT/VEHICLE ARRIVED	11. RECEIVING OFFICIAL		
a. TIME	a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION
b. DATE (YYYYMMDD)	(b)(3)(b)(6)		e. DATE SIGNED (YYYYMMDD) 20 January

DD FORM 1075, JUL 199 ... ION MAY BE USED. USAPA V1.00

332 EMDG / PAD
BALAD AB, IRAQ

NAME- (b)(6)

SSN- (b)(6)

UNIT-

DATE- 17 Jan 06

PATIENT'S IDENTIFICATION *(For plate imprint, typewriter or hand)*

PATIENT'S DEPOSIT RECORD

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

I have been informed that any funds or valuables in my possession while a patient in this hospital are retained at my own risk and that I may, and should deposit same in the patient trust fund.

I do ☐ *do not* ☐ *wish to make a deposit at this time.*

Patient Unable to Sign

Patient's signature (or witness's, if patient is unable to sign)

FUNDS & VALUABLES RECEIVED IN FULL *(Patient's or witness's signature and date)*

FUNDS

DATE	DEPOSITS		WITHDRAWALS		BALANCE		SIGNATURE
17 Jan 06	9000 Dinars	00					AIC (b)(6), (b)(3) (b)(6)
Nothing Follows							

VALUABLES

NUMBER	DESCRIPTION OF VALUABLES	DEPOSITS		WITHDRAWALS	
		QUANITY	SIGNATURE *(Custodian)*	DATE	SIGNATURE *(Patient or intermediate individual)*

DA FORM 3696, DEC 77 REPLACES EDITION OF 1 AUG 76 WHICH IS OBSOLETE. USAPA V1.01

MOD:

Illegible Text, Nonresponsive

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) NAME *(Last, First, Middle Initial)* (b)(6) | 3 RELIGION

4 FACILITY CODE: 5602 | 5 MEDICAL TREATMENT FACILITY: 332nd EMDG BALAD AB, IRAQ | 6 TIME OF ADM: 1600 | (7) DATE OF ADM: 17 Sep 06 | 8 TYPE OF ADM: BL / NBL / D

9 EMP | 5 (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 Civ | (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 CL: AIC (b)(6)

31 EMERGENCY ADDRESSEE/RELATIONSHIP | 32 NAME AND ADDRESS OF SPONSOR

(33) PRIMARY ADMISSION DIAGNOSIS: (L) BKA Amputation Subdermal Hematoma Splenic Laceration | (34) SECONDARY ADMISSION DIAGNOSIS: (BL) eye injury ~~LBK Amputation~~ pulmonary contusion

35 CAUSE OF INJURY: MVA

36A DEPOSIT VALUABLES FOR SAFEKEPPING ☐ 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 | (3) (b)(3)(b)(6)

II. TREATMENT

38 DIAGNOSES - PROCEDURES | 39 PROVIDERS OF CARE

DOB:

NSI / SI / (VSI)

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	46 CONVALESCENT LEAVE RECOMMENDED
DOW	18 Sep 06	0345				

(b)(3)(b)(6) | 48 SIGNATURE OF PATIENT AFFAIRS OFFICIAL

PREVIOUS EDITION WILL BE USED

MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD): 20060118

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)	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
(b)(6), (b)(2)High 'AR311th Qmco.	Civ.		Patient #6625	Deceased	20060118

4. PLACE OF RECOVERY (Include grid coordinates)	5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS a.	b. #2
332nd EMG. Balad	20060118	(6), (b)(2)Hi	

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
	----------nothing follows----------			

8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
005	1000 dinar bills			
008	500 dinar bills			
	----------Nothing Follows----------			

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)

[ ] ALL KNOWN EFFECTS [X] ALL KNOWN EFFECTS RECOVERED FROM UNIT [ ] ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION
Mendoza Daniel A	E-4	311th QMCO.

d. (b)(3)(b)(6) e. DATE SIGNED (YYYYMMDD): 20060118

11.

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)

DD FORM 1076, JUL 1998 PREVIOUS EDITION MAY BE USED. USAP, A V1

Page 31 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Already Reviewed and Redacted for Release

332 EMDG-BALAD	(b)(3), b(6)	1/17/2006 9:19:03 PM	hyperosmolar/isovolemic therapy, but will not push too far give poor initial exam and anoxis injury pattern on head CT from this blunt trauma patient. PROCEDURE HX - Unknown aged Iraqi male injured by MVC. Open Left BKA with tourniquet in place (distal thigh > 2 hours on arrival). Minimal remaining proximal tibia bone and extensive gastroc muscle contusion. Non-sterile pneumatic tourniquet applied to left upper thigh. Left leg prepped. Trans-articular (through knee) amputation performed with sharp dissection after inflation of tourniquet to 325 mm Hg). Vascular structures dissected out and ligated with 0 silk suture. Tibial nerve identified, pulled distally, ligated and transected proximally. Wound irrigated with 3L pulsatile lavage. Tourniquet deflated and hemostasis obtained. Wound packed with sterile ABD pads, oversewn with 0 prolene suture for bolster. Wound covered with additional sterile gauze dressing, kerlix rolls and ace wraps. Multi-ligamentous injury to right knee (closed) also noted on assessment of extremities). Patients overall condition was not conducive to additional surgery and no emergent surgery was indicated. Further assessment and management may follow, pending determination of overall condition and recovery. Will plan to repeat ID with conversion to L AKA in 2 days if condition allows.	Edit	Delete

PENDING RTD ○ PENDING TRANSFER ○ FOLLOW UP APPT ○

Type notes here:

SAVE NOTES

Procedure Hx ☐

REFRESH PAGE

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 الاولى 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.

أسم الشخص للتاكد و اثبات االبقايا الدمية \ (b)(6)
Person verifying identity (b)(6)

اسم الشخص المستلم \ . (b)(6)
Person receiving remains (b)(6)

العلاقة بالمرحوم \ ..... (b)(6)
Relationship to deceased

التاريخ \ ..... (b)(6), Foreign Language Text Foreign Language Text
Date

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 of the Day, for necessary action and for preparation of require 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)

(b)(6)

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)*: 0345 18 JAN 2006

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

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)* ANOXIC BRAIN INJURY	6 hrs
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) MOTOR VEHICLE CRASH	6 HRS
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNAT
18 JAN 2006	MAJ. (b)(3)(b)(6)	(b)(3)(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE 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.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☐ NO	21. AUTOPSY ORDERED 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

TF 30TH MED BDE
CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT: 332 AEW / EMDG / AAD

DATE AND TIME OF INCIDENT: 18 Jan 2006 0345

TYPE OF INCIDENT: Death / Pt. died of wounds

LOCATION OF INCIDENT: Balad AB / 332 EMDG

PERSONNEL INVOLVED:

NAME: (b)(6)
ID NUMBER: (b)(6)
NATIONALITY: Iraq

SUBJECT:

REMARKS: Pt. transferred from 10th CSH in Baghdad to 332 EMDG at Balad AB on 17 Jan 06 @ 1900 Pt had traumatic head injury + Left Below Knee Amputation.

PUBLICITY:

POC NAME: AIC (b)(3)(b)(6) **NUMBER:** 443-8520

FFIR #

PIR #
N/A

TF30 MED CCIR REPORT: FORMAT AS OF 24OCT05

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

the police rep
victim killed
by american

angu

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

The commander
Ram the car
some damage on
the body of the
car.

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

The paper from the High Judge Counsile Confirm that the stum has kids-

, Foreign Language Text

(b)(6)

Foreign Language Text

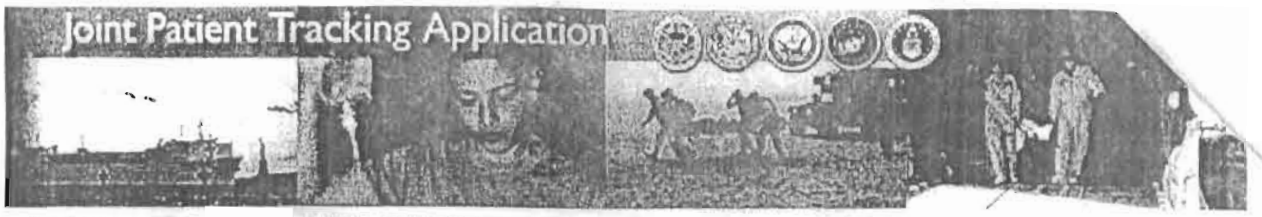
oreign Language Te

Foreign Language Text, (b)(6)

Death Certificate

(b)(6), Foreign Language Text

Pages 40 through 41 redacted for the following reasons:
- -
(b)(6), Foreign Language Text
Foreign Language Text, (b)(6)



Welcome **SSG** (b)(6) **, 332 EMDG-BALAD**

Patient Reg./Update | Patient Search | Patient Info. | Reports | Patients By Servi

Patient Treatment Management

SSN (b)(6) ? NAME ?

SSN	NAME	SEX	RANK	BRANCH
(b)(6)		M	N/A	UNKNOWN

DIAGNOSIS:	AMPUTAT LEG, UNILAT NOS
ATTACHMENTS:0 files	AF3899: Create

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICU	1/17/2006 4:44:14 PM	10th CSH - N. Baghdad
INPATIENT	PENDING INP-332 EMDG	1/17/2006 7:21:35 PM	332 EMDG-BALAD
TRANSFERRED TO ARMY MTF	332 EMDG-BALAD	1/17/2006 7:34:10 PM	
INPATIENT	ICU-2-332 EMDG	1/17/2006 9:20:27 PM	332 EMDG-BALAD
EXPIRED		1/18/2006 4:01:44 AM	

FACILITY	AUTHOR	DATE	NOTES		
332 EMDG-BALAD	(b)(3), b(6)	1/17/2006 9:17:27 PM	PROCEDURE HX - Unfortunate Iraqi male struck by vehicle in Baghdad and left on side of road. Pt taken to 10th CSH GCS-3 with assymetric pupils R>L. Pt was paralyzed for transport to Balad AFTH. Pt arrived GCS-3T with unchanged pupils. Pt CT head small right SDH with loss grey-white matter and right hemisphere hypodense and swollen. Hypodensity in pons. CT CS neg for fx/dislocation. CT T/L old DDD with bridging osteophyte, doubt acute fx at L1/2. Right frontal Codman ICP monitor placed under aseptic technique without complications. Innitial ICP 60mmHg and with intervention decreased to 38-40mmHg. Pt had ortho complete through knee amp of left leg. Prognosis for functional recovery is grim. Will let sedation and paralytics wear off and get uncorrupted exam. Treat ICPs with	Edit	Delete

(b)(2)High