

08-193-7028

#1

08-193-7028

WR-FC

WR-FC



08-193-7028

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



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP LIBERTY, APO AE 09344

AFZB-KB-JA

11-Feb-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IG8-T 664 / 07/249

1. Facts.

VEHICLE DAMAGE CAUSING DEATH.

Claimant has requested \$15,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

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

4. Action. Settle this claim in the amount of \$5,000.00

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

CPT, JA  
Foreign Claims Commission IG8

Standard Form 1034 (REG) Revised October 1987 Department of the Treasury 1 FPM 4-2.000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO AE 09344-3029 DNNS: 5579</b>			10 DATE VOUCHER PREPARED <b>11-Feb-08</b>		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS <b>CLAIM #: 08-IG8-T 664</b> <b>(b)(6)</b> <b>BAGHDAD (b)(6)</b>					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 <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes 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.				\$5,000.00
<b>(Payee must NOT use the space below)</b>						<b>TOTAL</b>
						<b>\$5,000.00</b>
<i>(Use continuation sheet(s) if necessary)</i>						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL						
<input checked="" type="checkbox"/> COMPLETE		RV: <b>(b)(6), (b)(3)</b>	= \$1.00			
<input type="checkbox"/> PARTIAL		<b>SSG, USA</b>				\$5,000.00
<input type="checkbox"/> FINAL		TITLE: <b>PAY AGENT</b>		<b>(b)(3), (b)(6)</b>		
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
		<b>(b)(3), (b)(6)</b>	<b>1LT</b>	<b>DISBURSING AGENT</b>		
		<i>(Date)</i>	<i>(Authorized Certifying Officer)</i>			<i>(Title)</i>
ACCOUNTING CLASSIFICATION						
<b>(b)(2)High</b>					<b>\$5,000.00</b>	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		<b>(b)(6)</b>	of bank	
	CASH	DATE				
		<b>\$5,000.00</b>				
1 When stated in foreign currency, insert name of currency				PER		
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.				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.						

Previous edition usable

NSN 7540-00-900-2234

**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.

08-IG8-T664-00003

## SETTLEMENT AGREEMENT

I, (b)(6) of BAGHDAD (b)(6),  
IRAQ hereby agree to accept the sum of \$5,000.00 U.S. dollars as payment in full  
satisfaction and final settlement of any and all claims against the United States of  
America, its commissioned and noncommissioned officers, agents, and employees which  
have been asserted or which may be asserted arising from the incident occurring on or  
about 2/2/2007, involving U.S. Forces. The damage was as follows:  
VEHICLE DAMAGE CAUSING DEATH.

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 the said incident. This release / 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 this incident.

It is understood that the amount tendered is accepted as full satisfaction and final  
statements and that the award is made pursuant to the Foreign Claims Act, 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.

(b)(6)  
-----  
**Claimant's Signature**  
Name: (b)(6) 08-IG8-T664  
Address: BAGHDAD (b)(6) 07/249  
I.D. Number:

(b)(6)  
-----  
Witn: (b)(3),(b)(6)  
-----  
Witness Signature and I.D. Number



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB PROSPERITY, BAGHDAD, IRAQ  
APO AE 09348

AFVA-2BCT-BJA

Claim of (b)(6) 08-I93-T028

ACTION

1. Facts: Claimant states that on 2 February 2007, a U.S. Forces patrol hit her brother's vehicle killing him instantly. The claimant requests compensation in the amount of \$15,000.00.
2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. 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 \$5,000.00.

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

CPT, JA  
FCC I93



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB PROSPERITY, BAGHDAD, IRAQ  
APO AE 09348

FCC I93

25 November 2007

CLAIM OF: (b)(6)  
CLAIM NUMBER: 08-I93-T028

Dear Ma'am:

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

Foreign Claims Commission (FCC) I93 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 I93 offers you \$5,000.00 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 thirty (30) days of signing this letter.

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

Sincerely,

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

Captain, U.S. Army  
FCC I93

**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 NOV 07**

SCHEDULE NO.

CONTRACT NUMBER AND DATE

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

REQUISITION NUMBER AND DATE

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 <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		AMOUNT <small>(1)</small>
				COST	PER	
		<b>FOREIGN CLAIMS NUMBER 08-I93-T028 LOSS OF LIFE (BROTHER)</b>				5,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

5,000.00

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$ 5,000.00	= \$1.00	
	BY 2 CPT (b)(3),(b)(6)		
	TITLE <b>FOREIGN CLAIMS COMMISSION</b>	(Sig) (b)(3),(b)(6)	Amount verified, correct for

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

25 NOV 07  
(Date)

(b)(3),(b)(6)  
(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	DATE	PAYEE 3	
	\$ 5,000.00			

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> 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.  
<sup>3</sup> 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

Page 8 redacted for the following reason:

-----

(b)(5)

CLAIMS CHECKLIST

CLAIM NUMBER: 08-I93-T028 AMOUNT OF CLAIM: \$15,000.00
CLAIMANT'S NAME: (b)(6)
DATE OF INCIDENT: 2 Feb 07 DATE FILED: 27 Sep 07 DATE RECEIVED: 8 Oct 07

CLAIM TYPE:
[X] Vehicle Damage [ ] Detainee Property [ ] Damage During Raids
[ ] SAF Damage/Injury [ ] Real Estate [X] Other
CLAIM AROSE FROM:
[ ] Combat Activities [X] Non-combat Activities
CLAIM IS:
[X] Payable [ ] Not Payable

BRIEF OVERVIEW: Claimant states that on 2 February 2007, her brother was on the way home from work when an U.S. Forces patrol ran over his vehicle killing him instantly.
REMARKS: The claimant submitted pictures of the vehicle and the death certificate for her brother. The unit issued her a claims card. 1-12 IN is out of country now, and there is no way to verify this claim with them. The accident occurred in 2-2 ID battle space. but they do not have a record of this incident. I could not find a SigAct or any other report for this. (b)(5)

(b)(5)

RECOMMEND: APPROVAL/DENIAL SIGACTS DATA PFX (b)(3),(b)(6)
REVIEWED BY: SPC (b)(3),(b)(6) DATE REVIEWED: 11 Oct 07

FCC COMMENTS
DATE APPROVED/DENIED: 25 NOV 07 (b)(3),(b)(6)

(b)(5), (b)(2)High

- CLAIMANT NEEDS TO  
HAVE MOTHER OR  
FATHER FILE CLAIM

- SPOKE WITH NIAC ABOUT  
THIS ON 3 NOV

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

قسطك عليك ورجعة الله وبركته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضرار  
جسدية من إصابات أو أضرار، أو موت لا سمح الله لأحد من الأقرباء، وكان  
السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.  
للتقدم ببلاغ والطالبة بحقوقك الرجاء إحصار الآتي، هذه البطاقة وهويتك  
المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل  
(صور للحادث، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو  
التسليم، والبيانات الملكية ما حطم أو تضرر أو تحاول أن تحصل على تعويض  
عنه ورجعة الصيلة أن كنت تحمل رخصة).

الرجاء إحصار هذه المستمكات إلى مركز المساعدة العراقي في معسكر  
التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون. المحمودية في معسكر  
فاني، معسكر هولك، معسكر كاسو، معسكر دوك.  
أو إحد المراكز الحكومية، الدورة أو مدينة الصدر - نيسان الرشيد.  
الرياضية - الرصافة - الأمانات - الكرخ الأعظمية - الكرادة أو سبع البور.

ملاحظة: يتك هذا القرت (المستمك) لا يعني تدفع شؤك.

وشكراً لتعاونك معنا

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT Aca-1-121N

DATE 2 FEB 2007

LOCATION Alawy Road

TYPE OF INCIDENT Accident/Death

Claim Form

طلب تظلم

To: United States Army Foreign Claims' Commission

الى : مفوضية التظلم لحث. الولايات المتحدة الامم المتحدة

From: Name

(b)(6)

من: الاسم

وفاو محمد سريخ

(b)(6)

(b)(6)

Telephone

(b)(6)

الهاتف:

I am

a. National citizen of

Iraq

انا  
احمل الجنسية

b. Permanent address

Iraq - Baghdad

ب- عنواني الدائم

c. Employed by

(b)(6)

ت- اعمل لدى

d. Check one ( ) an insurer (X) not an insurer

ت-ضع علامة على احداهم ( ) احمل التامين (X) لا احمل التامين

e. Check one ( ) a subrogate (X) not subrogate

ت-ضع علامة على احداهم ( ) دانن او لا (X) ليس دانن

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

(b)(6)

انني أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من:

الاسم

Foreign Language Text

المنظمة

الوحدة العسكرية

العنوان

رقم التليفون

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.)

The victim's sister.

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

Foreign Language Text

AL- Alamy Road Baghdad Iraq.

My claim arose at:

(Town)

(City)

(Country)

Foreign Language Text

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

My claim arose on:

Feb

2

2007

Month

Day

Year

Foreign Language Text

تظلمي قدم في:

السنة

يوم

شهر

*A brief statement of the incident.*

According to the claimant's [redacted] (b)(6) statements, on Feb 2 at five p.m. During her brother [redacted] (b)(6) the victim) return from work (contractor), upon arrival at Al-Allawi square, an American patrol(armored) came from the opposite side (wrong side) and the Hummer had run over the victim's car [redacted] (b)(6) [redacted] (b)(6) the victim) and this led to his death immediately.

After the incident, the Americans soldiers blocked the area of incident and gave the claim card to Mr. [redacted] (b)(6) said [redacted] (b)(6) who phoned the victim's relatives and gave the claim card to the victim's uncle (mother side) after they apologized from him and they sent him to NIAC to compensation section.

Note that the victim was single and was the only responsible to feed his family.

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.)

---

---

---

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

---

---

---

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

---

---

---

أشرح متى وطبيعة ما حدث من أضرار سواء كانت جسدية أو لممتلكاتك والتي أصابتك جراء ما حدث بسبب الحادث  
المقصود .

---

---

---

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.)

<u>Item</u>	<u>Amount</u>
Death of Claimant's brother	\$ 10 000
Car damaged	\$ 5 000
Total:	\$ 15 000

الشرح بالتفصيل متي تضرر و الكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والممتلكات والفواتير الضرورية لكل شئ لوحدة)

تكاليفه	الشيء المتضرر
Foreign Language Text	

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

N/A

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

(Name) N/A (Address)

إذا كان لديك أي تأمين الرجاء ذكر اسم وعنوان شركة التأمين:

(العنوان) KS (الاسم)

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

\$ 15000 Local 18 600 000 ID

اطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

Foreign Language Text	العملة المحلية 15000 \$
-----------------------	-------------------------

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

سابقاً (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.

أحسن علمي 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 فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حالة محاكمة من قبل السلطات.

Foreign Language Text, (b)(6)

(Signature of Claimant)

(توقيع التظلم) لرجاء كتابة الاسم والتوقيع

Subscribed to me this SEP day of 27, 2007.

(b)(6)

(Signature of Witness)

(b)(6)

(Printed Name)

Foreign Language Text

عينت في يوم

(b)(6)

(توقيع الشاهد)

(b)(6)

(اسم الشاهد بالكامل)

Date of Filing: Feb 2 2007

Death Certificate

Section of Health & Biology

Ministry of Health  
Republic of Iraq

STATISTICS

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

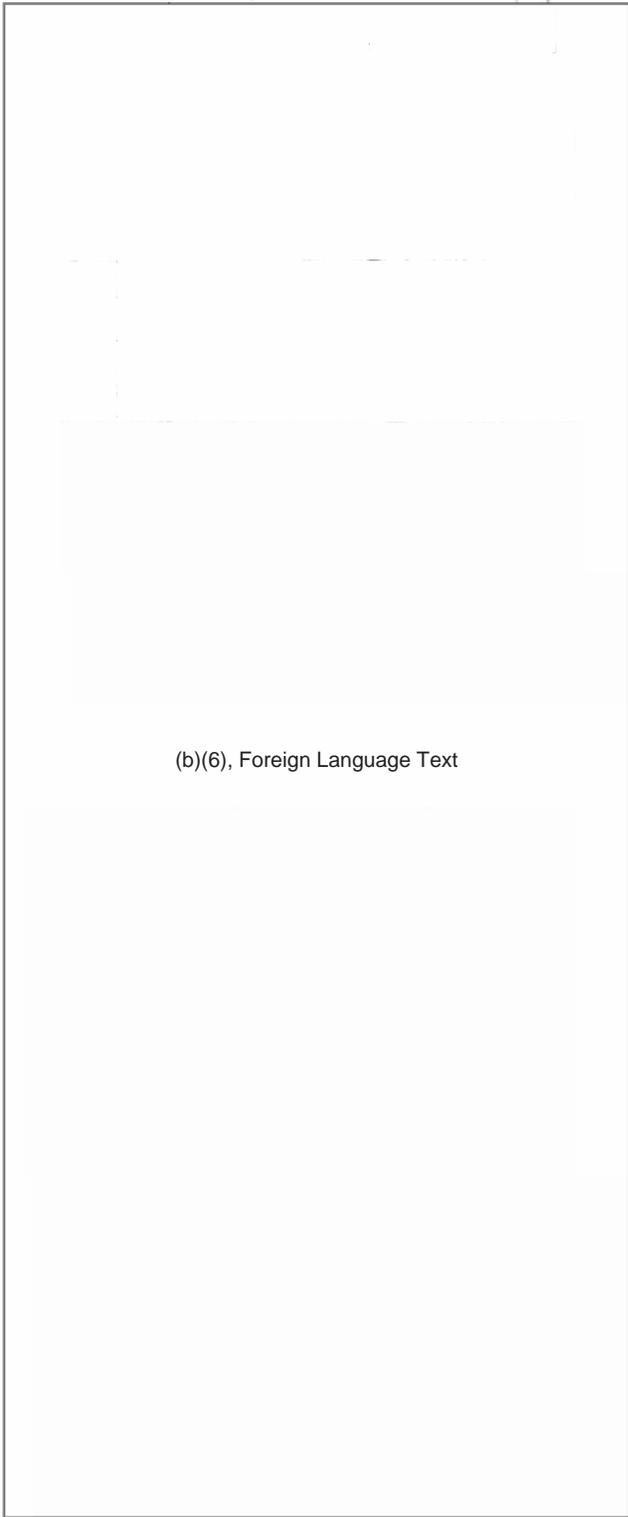
incident of struck by American patrol.

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Living card of  
Chaiment's mother.



(b)(6), Foreign Language Text

Claimant ID

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

victim's ID  
(claimant's brother)

Foreign Language Text, (b)(6)

Feb 25 2007

Foreign Language Text, (b)(6)

family's members

- 4 -

Foreign Language Text, (b)

Portion

Food

Car

Foreign Language Text

Page 23 redacted for the following reason:

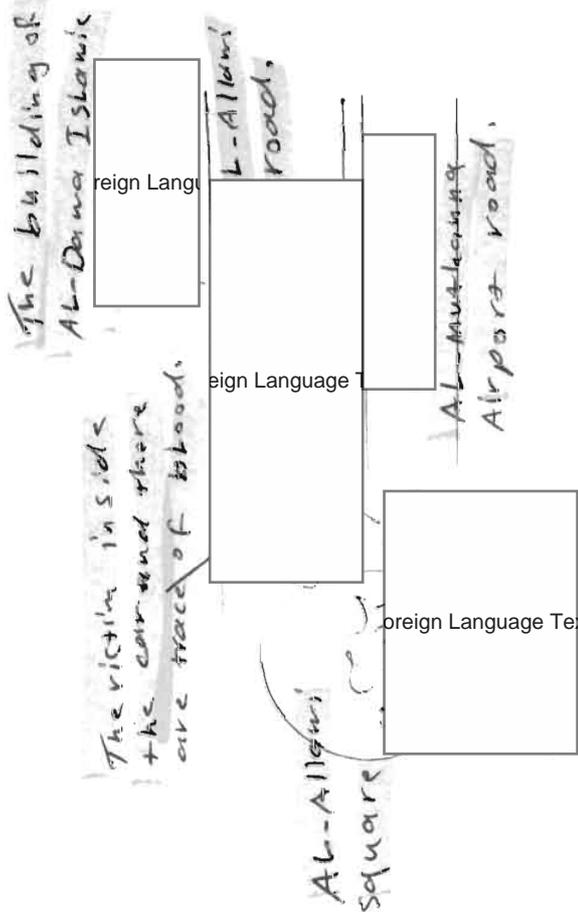
-----  
(b)(6), Foreign Language

## Minutes of Examination and Sketch of the incident place

1. The place of incident is far from the police station about 1000 meters.
2. The place of incident is the high way between Al-Allawi square and Almuthanna Airport.
3. I noticed that the car type Ford was damaged as a result of the incident.
4. I noticed car type Ford and traces of blood of the victim who was dread and we transfer the dread's body to the MORGUE.
5. And nothing else was found which is useful for the investigation.

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text



Al-gaifer Police Station  
Feb 5 2007

The decision of the investigator Judge

- 1- Documented the claimant's statement (b)(6)
  - 2- (b)(6) Recording the claimant statement, *and giving her a copy of the papers.*
  - 3- The car given to the inheritor according to the document of ownership.
  - 4- Inform you
-

Page 27 redacted for the following reason:

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

Claimant's Statement

Al-Gaifar Police Station  
Feb 5 2007

.....

The claimant's signature

Page 29 redacted for the following reason:

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

3

Al-Gaifar Police Station  
Feb 2 2007

Open the police report;

---

The witness (b)(6) said (b)(6) informed us: at 5:00p.m I saw the incident in Al-Allawi square .....

---

Page 31 redacted for the following reason:

-----  
(b)(6), Foreign Language

(b)(6), Foreign Language Text

The seller of car

Foreign Language Text, (b)(6)

victim  
name  
the  
owner of car

model 1992

Foreign Language Text

color Blue

(b)(6), Foreign Language Text

Car License

Page 33 redacted for the following reason:

-----

(b)(6), Foreign Language

(b)(6)

07/0249

March 27/2001

20

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Language

AN ACCIDENT CAUSED HEART

Language Text

Language

Foreign Language

Language Text

Female

Death Certificate

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

Language Text

Language Text

Ministry of Health

(b)(6)

Foreign Language Text

Language Text

Language

May 25th 2015

910601

Foreign Language Text

Reason of Death (Brain death) Death date may 27 2015

Foreign Language Text

(b)(6), Foreign Language Text

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

(b)(6)

Reason of Death Brain death

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Death Certificate

Ministry of Health



(b)(6)

08-IG8-T664-00036



08-IG8-T664-00037