

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

SAF mg/duun  
App 5,000

(b)(6)

08-IH1-T105

Standard Form 1034 (G) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1004-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		10 DATE VOUCHER PREPARED <b>12-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		DATE INVOICE RECEIVED		
PAYEE'S NAME AND ADDRESS <b>CLAIM #: 08-IH1-T105</b>  <b>(b)(6)</b>				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO		WEIGHT		
				GOVERNMENT BAL 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
(Payee must NOT use the space below)						TOTAL
						\$5,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		BY <b>(b)(3), (b)(6)</b>	-\$1.00			
<input checked="" type="checkbox"/> COMPLETE						
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE		TITLE				
		<b>SFC, US Pay Agent</b>	<b>(b)(3), (b)(6)</b>			
Pursuant to authority vested in me, I certify		<b>(b)(3), (b)(6)</b>		<b>sing Agent</b>		
<b>24 Feb 08</b> (Date)		(Authorized Certifying Officer)		(Title)		
ACCOUNTING CLASSIFICATION						
<b>(b)(2)High</b>				<b>\$5,000.00</b>		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	<b>CASH</b>	DATE	PAYEE	<b>(b)(6)</b>		
	<b>\$5,000.00</b>		<b>(b)(6)</b>			
When stated in foreign currency, show name of currency.				PER		
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		
When a voucher is recaptured 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 obsolete. **NSN 7540-00-900-2254**

**PRIVACY ACT STATEMENT**  
The information requested on this form is required under the provisions of 5 U.S.C. 552 and 552c 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.



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**

Headquarters, 3d Brigade Combat Team  
101st Airborne Division (Air Assault)  
Camp Striker, Iraq, APO AE 09322

AFZB-KC-JA

12-Feb-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IH1-T105 /

1. Facts.

The claimant alleges that a CF mortar hit his house and killed one of his daughters and wounded another.

Claimant has requested \$5,000.00

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  
3)(b) Claim Attorney IH1

Serial Number Accountability

rd

The purpose of this form is to record the serial number of the original purchase order providing a tracing mechanism to the recipient. Payee and their respective finance offices as part of the receipt process should retain this original attached to the original purchase order upon clearing.

00 no  
turn tl  
Final  
i by al

DATE OF TRANSFER: 24 FEB 08

PAY AGENT NAME: SEC (b)(3)(b)(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF THE IRAQI FIRM:

(b)(6)  
Print given name, father's name, grandfather's name

Serial Number:

(b)(6)	through	(b)(6)
_____	through	_____

\* Use additional forms if needed.

# SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T105 # Langua

(b)(6)

.angu

\$5,000.00

Foreign Language Text

Foreign Language Text

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

DATE 24 Feb 08

Foreign Language Text

Foreign Language Text, (b)(6)

DATE

WITNESS SIGNATURE Foreign Language Text

(b)(6)

5,000

CLAIMS FORM

Name (b)(6)  
Address: (b)(6)  
Iraqi ID No: (b)(6)

My claim arose at: Yusifiyah  
My claim arose on: 25 May 06

Brief description of incident:  
CF mortared his house, killing his daughter & both wounding his other

List of damaged items:  
1 dead daughter, 1 wounded

I claim as damages (U.S. Dollars) \$ 5,000

Subscribed before me this 22 day of Jan 2008.

\_\_\_\_\_  
Signature of claimant  
(b)(6)  
\_\_\_\_\_  
Print Name  
(b)(6)  
\_\_\_\_\_  
Signature

Page 7 redacted for the following reason:

-----  
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)





# TF 30<sup>TH</sup> MED BDE CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT: 332 EMDG/AFT H

DATE AND TIME OF INCIDENT: 5 Apr 2007 10:55

TYPE OF INCIDENT: DOW

LOCATION OF INCIDENT: ICU 2

## PERSONNEL INVOLVED:

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

SUBJECT:

REMARKS:

PUBLICITY:

POC NAME: (b)(3), (b)(6)

NUMBER: 443-8520

FFIR #

PIR #  
N/A

TF30 MED CCIR REPORT: FORMAT AS OF 24OCT05

GENTCOM 016207

08-IH1-T105-00009

Page 10 redacted for the following reason:

-----  
(b)(2)High, (b)(3)(b)(6)



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5 Apr 67

Called to see patient in extubation. On exam,

10:55

no heart/lung sounds. No spontaneous movement.

Pupils fixed + dilated B.K. P9 pronounced dead

at 10:55.

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

PATIENT'S IDENTIFICATION (Use this space for Mechanical Impairment)

RECORDS MAINTAINED AT: 

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSNIC IDENTIFICATION NO.

DATE OF BIRTH

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 500 (Rev 8-84)  
Prescribed by GSA and CNR  
FORM 41 (CP) 201-45 Use

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL	
FOR USE OF THIS FORM, SEE AR 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		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)  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) 5 Apr 2007 / 1055	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. RELIGION  5. CHAPLAIN NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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, ashenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) Torsion hernia of bowels		
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) Penetrating head injury (2)		2 Apr. 07
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 CHARGE		
5 April 07 / 10:55	(b)(3), (b)(6)      M.D.		
SECTION B - ADMINISTRATIVE			
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON	TYPE OF ACTION	HOUR	DAY
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) <input type="checkbox"/> YES <input type="checkbox"/> 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	



## 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 (b)(6) 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 والأعتداف لفقدان احبايكم و يتمنى ان تقدم  
و ترجع اليكم البقايا الادمية الخاصة بالمرحوم Ali Haneen  
الى نسيب اهله القريب الاولى الية. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام والالطف التي  
تتطلبها تقاليد وعادات الديانة الاسلامية او الديانة المسيحية و تمت معاملتها بنفس المعاملة التي  
تلقاها الموتى من قوات التحالف. لشخص المتمسك بالبقايا الادمية يدرك جيدا بان قوات التحالف قامت  
بالعمل اللازم و بكل اساليب الاحترام التامة.  
و في حالة وجود او ادراك أية انتهاك للعادات و التقاليد المحلية فبكل الاسف انه ليس عمدا و غير  
مقصود كليا من جانب قوات التحالف.  
مع العلم جميع المتاع الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

.....

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

اسم الشخص للتأكد و  
Person verifying identity

(b)(6)

اسم الشخص المستلم  
Person receiving remains

Aunt

العلاقة بالمرحوم  
Relationship to deceased

(b)(6)

APR/5/07

التاريخ

Foreign Language Text, (b)(6)

Pages 16 through 17 redacted for the following reasons:

-----  
FOREIGN LANGUAGE DOCUMENT, (b)(6)