

1/4  
Claim # 1034-6 R  
USARCS# 05-118-T-1111

Date Received 14 Jun 05  
Date Closed

CENTCO 03293





CENTCOM 003295





Foreign Language Text

2005, Language 26

05-IJ8-T414 Foreign Language Text  
1034-6R

(b)(6)

**New Baghdad**

(b)(6), Foreign Language Text

Foreign Language Text

Police report contains different names than the claim. Hospital reports are from different dates.

Foreign Language Text

Foreign Language Text

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

**Captain, U.S. Army  
Foreign Claims Commission**

CENTCOM 003298



1034-6  
14-31116-005

### Claims Form

To: United States Army Foreign Claims Commission

From: Name: \_\_\_\_\_ (b)(6)

Address: Baghdad - New Baghdad Sect.

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: the above address
- 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)

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.) \_\_\_\_\_ (b)(6)

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

My claim arose on: 1 8 2005  
(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.)

In 8-1-2005 at 9:00 AM M.N. I collided with  
my husband's car which caused to his death, and  
I have been injured as well as (b)(6)

(b)(6) When we were in our way to  
AL-ANBAR COUN. The accident happened in abograib.  
They transferred us to ISN-SANA hospital, my husband's car  
have been destroyed. I demand for compensation with  
my respect.

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

Death of my husband (b)(6) and injured of many persons of the family.

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
1- Death of (b)(6)	3500 \$
2- Damages of the car (b)(6)	4500 \$
3-	
4- Injured of many persons from the family	5000 \$
5-	
6-	

Total: 13000 \$

I was insured to the following extent against the damager 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)

\$ 13000 local 110000 LD

(b)(6)

(Signature of Claimant)

Subscribed before me this \_\_\_ day of \_\_\_, 200\_\_.

(Print N (b)(6)

(Signatu...)



**GENERAL INFORMATION CENTAR,  
AL-RADHWANYA, BAGHDAD, IRAQ.**



**"THE CLAIM'S CONTAINS"**

The Claimant name:-

(b)(6)

- 1 • photo of the destroyed car.....
- 2 • 3 receipts concerning the car and one receipt concerning handie jar.....
- 3 • Two document from I.B.O. - Sema hus. Alaf showing a di.therent dates one 2004 and other 2005 and death certificate showing that Salem alwan is dead by heart attack.....
- 4 • investigation papers from police station showing di.therent names, as in the claim paper.....
- 5 • ID, certificate ID, Retire card, Resident card for both.....

(b)(6)

General Information Center/Al-Radhwanva

Date:- 14-6-2005

(b)(6)

Pages 10 through 12 redacted for the following reasons:

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(b)6 Foreign Language

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Jeffrey Karaglis, MD  
Major, U.S. Army, Medical Corps  
Orthopedic Surgery



86th Combat Support Hospital  
Ibn Sina Hospital  
Baghdad Iraq

HOSPITAL TEL: (914) 360-3477 DNVF 538-2802 E-mail: (b)(3), (b)(6) @us.army.mil

SUMMARY: 1/10/04

Discharge Summary

NAME: (b)(6)  
SSN:  
DOB: N/A  
STATUS: Iraq  
SERVICE/COUNTRY:

Date of Admission: 1/8/04  
Date of Discharge/Transfer: 1/10/04

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

(b)(6) in a car wreck. Sustained left femur fracture and left olecranon fracture. She underwent external fixation of left knee and closed reduction of left elbow on 8Jan04. (b)(6) she now is stable.

DISCHARGE DIAGNOSES:

Left femur fx  
Left olecranon fx  
diabetes

PROCEDURES DURING ADMISSION

As above

FINDINGS

As above

MEDICATIONS ON TRANSFER/DISCHARGE

1. Percocet 1-2 po q6hrs prn pain
2. Keflex 500mg po QID x 10d
3. humilin 30/70 20u am and 15pm

Plan/Recommendations:

Dressing changes to pins daily  
Remove ex-fix 4-6 wks, then start knee motion  
Remove elbow splint 2 wks and begin ROM

(b)(3), (b)(6) MAJ, US Army, MC  
Orthopedic Surgery  
(b)(3), (b)(6) @us.army.mil  
Ibn Sina Hospital/86<sup>th</sup> Combat Support Hospital, Baghdad, Iraq



G. Bennett Stackhouse, MD  
Lieutenant Colonel, U.S. Army, Medical Corps  
Department of Surgery

86<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



DATE OF DICTATION: January 2005

**Discharge Summary/Aeromedical Evacuation Summary**

NAID (b)(6)  
SSN  
DOB:  
STATUS: Host Nation Civilian  
SERVICE/COUNTRY: Iraq  
UNIT/EMPLOYER: Unknown

Date of Admission: 8 JAN 2005  
Date of Discharge/Transfer: 9 JAN 2005

**NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE**

This (b)(6) male was a passenger in vehicle that crashed into a tank. The driver of the vehicle was killed. This patient was seen emergently and admitted with injuries to the left wrist, right clavicle and right femur. He was taken to the Operating Room where a right femur intramedullary nail was placed, the inferior pole of the patella was repaired, and his wrist was repaired with open reduction and pinning. He tolerated the procedure well.

**DISCHARGE DIAGNOSES:**

- 1) Right broken femur and patellar injury
- 2) Left wrist fracture

**PROCEDURES DURING ADMISSION**

- 1) Right femur intramedullary nail
- 2) Inferior pole of the patella was repaired
- 3) Open reduction and pinning of left wrist

**FINDINGS/LABS/RADIOLOGY**

See above

**MEDICATIONS ON TRANSFER/DISCHARGE**

- 1) Percocet

**CONDITION: Good and Stable for Transfer**

**Plan/Recommendations:**

- 1) This patient should be sent to an Iraqi healthcare facility for physical therapy.

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

LTC, MC, USA

Urology

(b)(3), (b)(6) @us.army.mil

Ibn Sina Hospital

86<sup>th</sup> Combat Support Hospital

Baghdad, Iraq

Pages 15 through 36 redacted for the following reasons:

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(b)6 Foreign Language  
Foreign Language

CENTCOM 003329