(b)(6)

30/7/2007 4:30 A.M

By

Helecopters

4 persons Killed

$ 50 000
for the house
and a car damage
$ 4000

$ 54000 Total

Claims Coversheet

Claim #: ~~1066~~ 1551 Date Submitted: 31 Dec 07

Claimant Information

Last Name: (b)(6)

Middle Name:

First Name:

Claimant Address: (b)(6) village

Claimant Contact Number:

Incident Information

(b)(2)High

Incident Date: 30 July 07

Incident Location: Nadeem village

Amount Claimed: 54 000 $

Estimates Included? YES NO

Claim Card or Note? YES NO

Accident/Negligent Fires

Property Damage

Denial Reasons

(b)(2)High

Exception (CERP)

(b)(2)High

Investigation Notes:

4 Jan 08 Log reflects 4 casualties.

Adjudication Notes:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

CLAIMS INTAKE SHEET

Name:	(b)(6)
Phone #:	
Date Filed:	15 DEC 07
Date of Incident:	30/7/07 0430
Location of Incident:	(b)(6)
Amount Claimed:	50,000 + condlonce 4,000 car
Claims Card:	**Yes:** _____ **No:** X
Unit Involved:	

Brief Description of Incident:

House was attacked by helicopter. 4 people killed.

Supporting Documents:

Claims Form
طلب تظلم

Name: (b)(6)

Address:

I am

أنا

a. A national citizen of: Iraqi

أ. أحمل جنسية:

b. A permanent resident of: Above

ب. عنوانى 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)

Us plane attacked my brother's house causing death of the family (9 person) and injured (3 person) and destroyes the vehicle and the furniture -

أنني أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابات 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.)

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.

Foreign Language Text

My claim arose at:

(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلد أو المحافظة

Claims Form
طلب تظلم

Name: _____ الأسم:

Address: _____ العنوان:

_____

I am

أنا

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

b. A permanent resident of: _____ ب. عنوانى 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)

_____

_____

أنني أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابات 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.)

_____

_____

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: _____
(Town) (City) (Country)

_____ البلد أو المحافظة _____ القرية تظلمى قدم فى:

(b)(6)

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG For use of this form, see AR 220-15: the proponent agency is Office of The Deputy Chief of Staff for Operations & Plans		PAGE NO. 3		N0. OF PAGES 7	
ORGANIZATION OR INSTALLATION	LOCATION	PERIOD COVERED			
		FROM		TO	
		HOUR	DATE	HOUR	DATE
4-9IN	CAMP TAJI, IRAQ	0001	30JUL07	2359	30JUL07

ITEM NO.	TIME IN	TIME OUT	INCIDENTS, MESSAGES, ORDERS, ETC.	ACTION TAKEN	INL
			Nonresponsive, (b)(2)High		
60	0727		Able Xray reports air strike near Nassir factory resulting in 4 causalities in which the rooftop on 2 houses collasped injuring 3 woman and 1 child	logged	BB
			Nonresponsive, (b)(2)High		

TYPED NAME AND RANK OF OFFICER OR OFFICIAL ON DUTY	SIGNATURE

DA FORM 1594 PREVIOUS EDITION OF THIS FORM IS OBSOLETE Electronic Form

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

DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) UNKNOWN	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro (b)(6)
ORGANIZATION Organisation Foreign Language Text, (b)(6)	NATION *(e.g., United States)* Pays IRAQ	DATE OF BIRTH Date de naissance	SEX ☐ 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			CATHOLIC Catholique	
OTHER (Specify) Autre *(Spécifier)*	WIDOWED Veuf	SEPARATED Séparé		JEWISH Juif	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicilé à (Rue)	CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris)

MEDICAL STATEMENT Déclaration 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[1]		EXSANGUINATION	DOA
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		
	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		
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)* 0840 30 JULY 2007	PLACE OF DEATH Lieu de décès 28TH COMBAT SUPPORT HOSPITAL

I HAVE VEIWED 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

(b)(3),(b)(6)	Name du médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplômé LTC / MD
GRADE Grade O-5	INSTALLATION OR ADDRESS Installation ou adresse 28TH COMBAT SUPPORT HOSPITAL	
Date 30 JULY 2007	(b)(3),(b)(6)	

[1] *State disease, injury or complication which caused death, as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préiser 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.*

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

Foreign Language Text, (b)(6)

Death certificate (b)(6)

Date 1 August 2001

Foreign Language Text, (b)(6)

Foreign Language Text

(b)(6)

Death certificate (Date 16-Aug-07

Foreign Language Text, (b)(6)

Date 16-Aug-07

(b)(6)

Death certificate

Foreign Language Text, (b)(6)

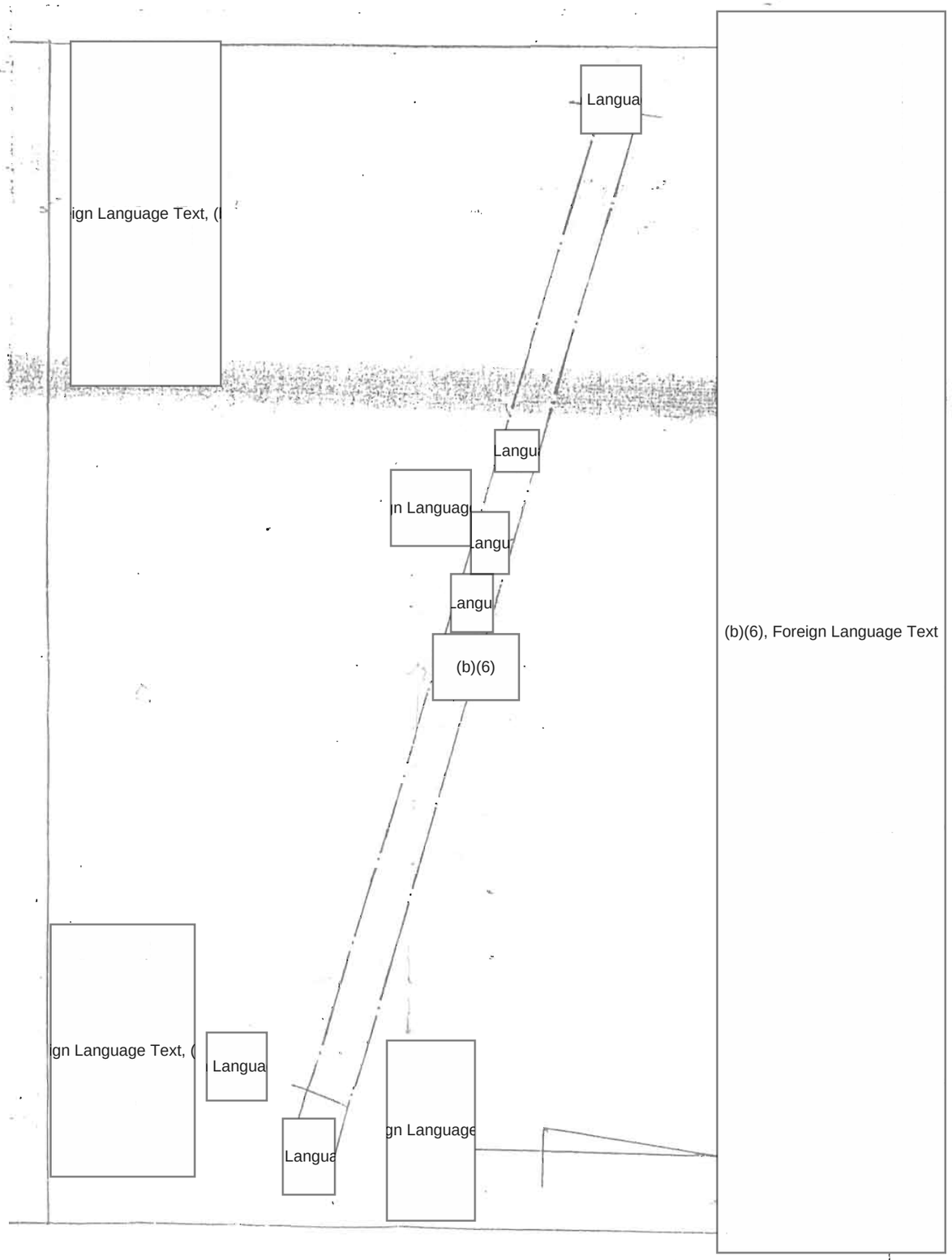
(b)(6)

Date 16-Aug-07

Death certificate

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)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vehicle ~~set~~ certificate

Foreign Language Text, (b)(6)

Page 25 redacted for the following reason:
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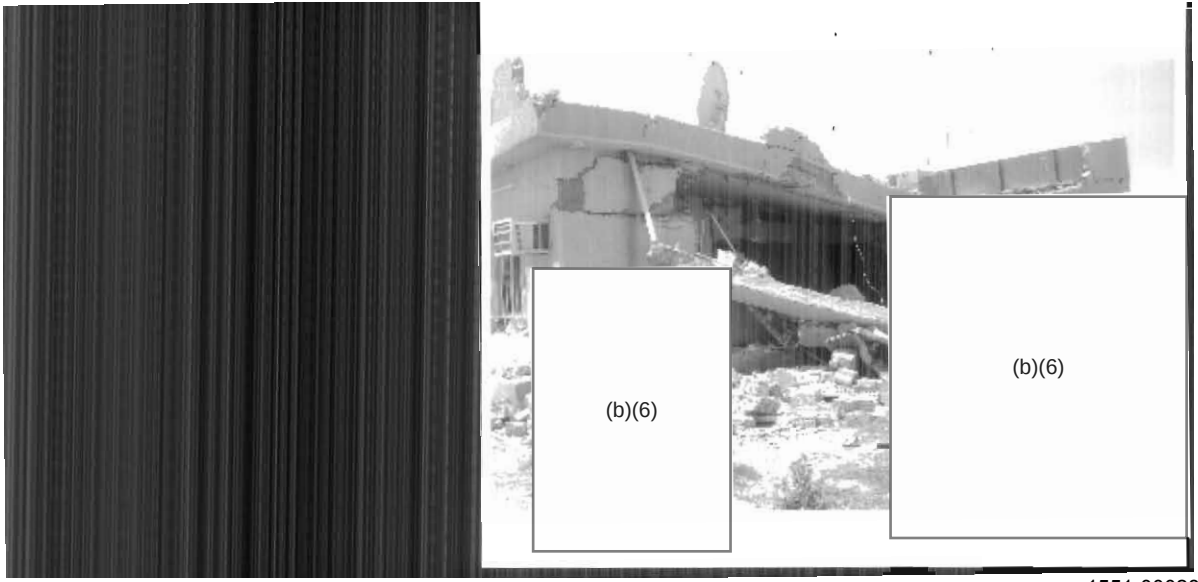
(b)(6)

1551-00026

(b)(6)

(b)(6)

1551-00027



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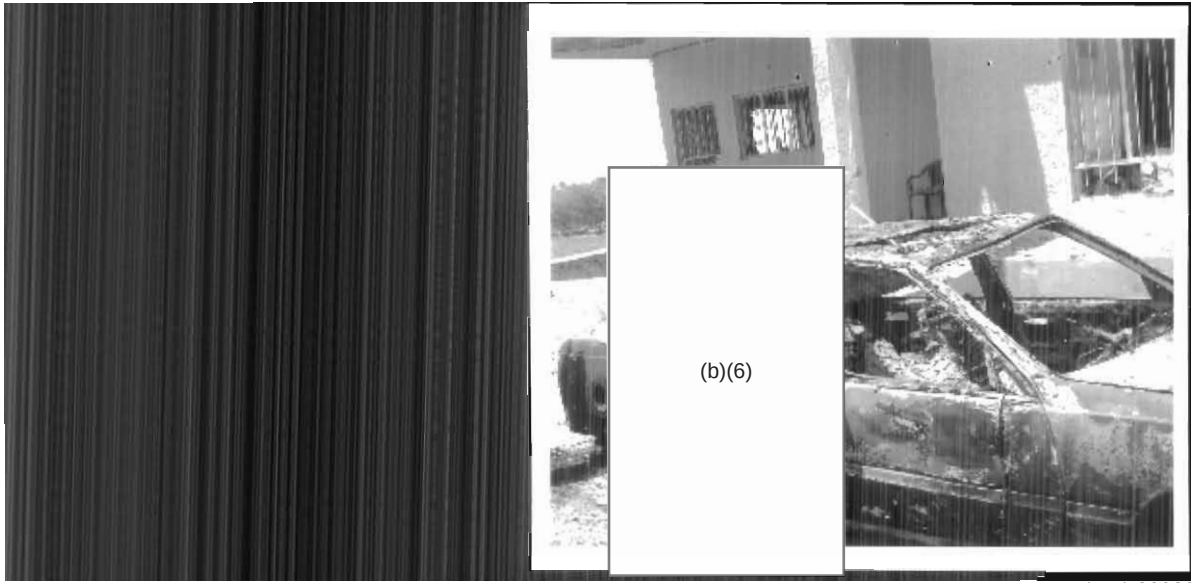
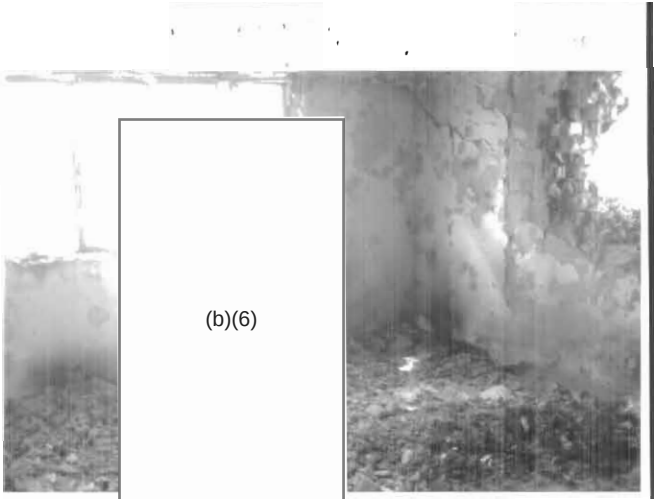


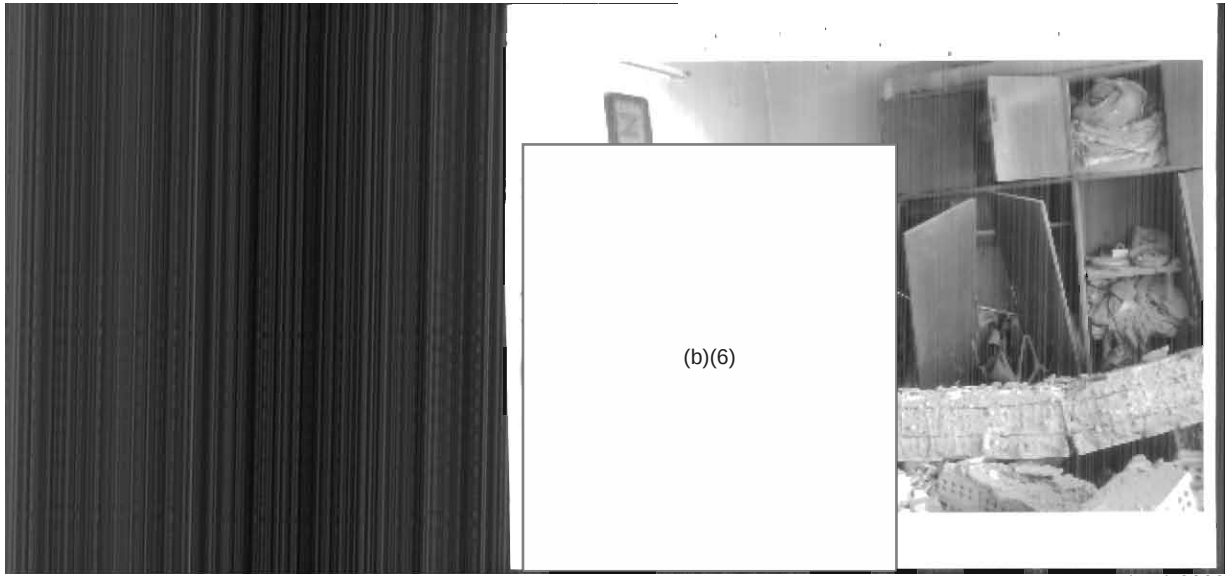
1551-00029

(b)(6)



(b)(6)

1551-00031



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1551-00033

1551-00034