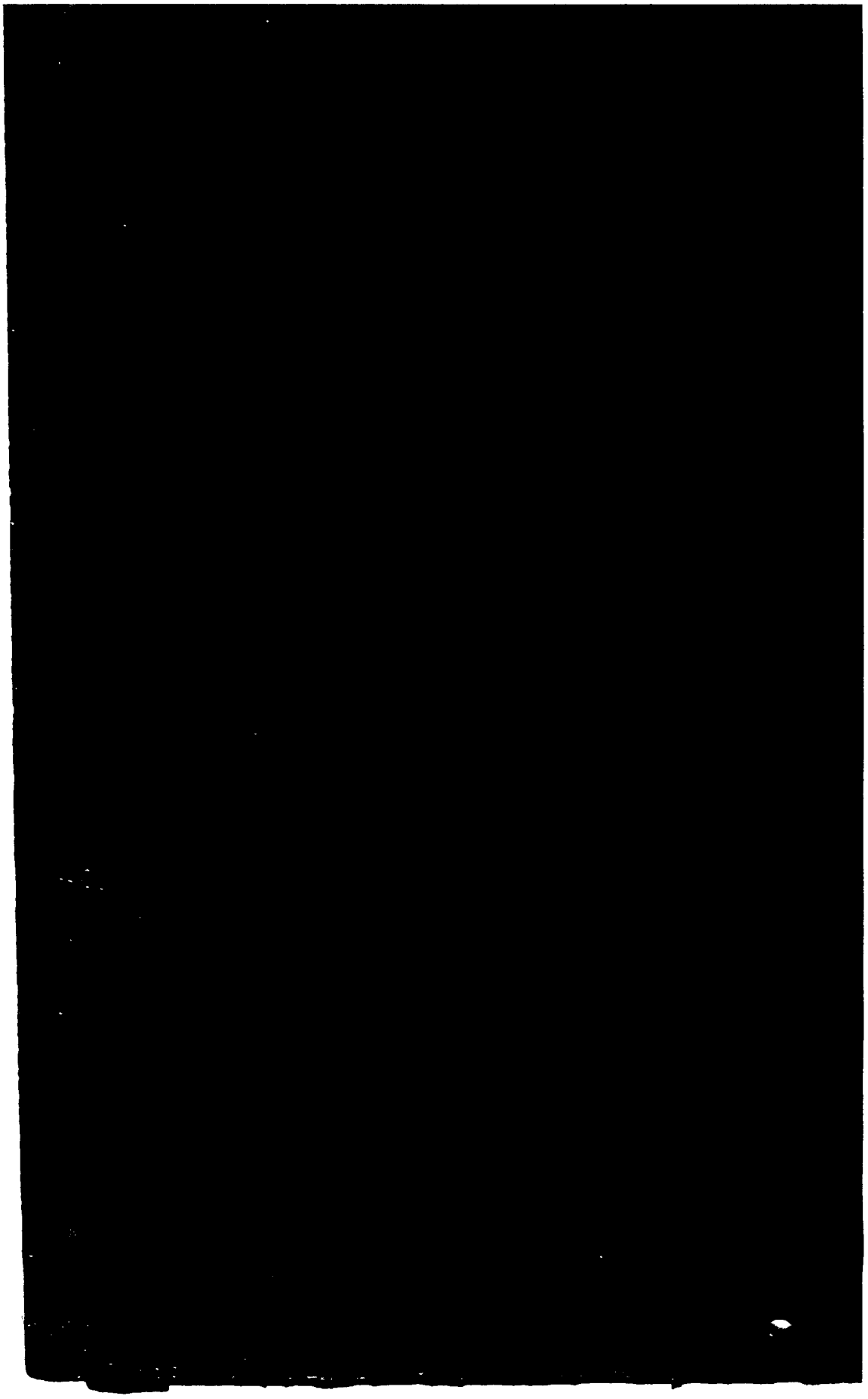

2-178

(b)(6)

Foreign Language

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Iraqi Claims Form

Iraqi Claims Form

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

If your unit is involved in an incident resulting in damage to property of an Iraqi civilian, or injury or death of an Iraqi civilian:

1. Fill out the required information below.
2. Give the card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct them to the Government Information Center located at either the 9 Nissan District Advisory Council Building in Mahala 734 (Old Military Hospital) or the Sadr City District Advisory Council Building located in Mahala 514

UNIT: C/720th MP

DATE: 03 MAY 05

LOCATION: Check Point - 9 Nissan

DAMAGE: Father Killed

NAME (Optional): SSG -

Also, 1991 White Nissan Baghdad Plate

(b)(6)

(b)(3)(a)

(b)(6)

CENTCOM 003510

بطاقه طلب تعويض

للعراقيين

[illegible]

[illegible]

[illegible]

THIS MAN,

(b)(6) FATHER WAS SHOT BY AMERICAN FORCES AT A CHECK POINT ON TEACHER ST NEAR (b)(2)High

FATHERS NAME IS : (b)(6)

HE IS A (b)(6) YEAR OLD MALE, A LAWYER, AND SPEAKS ENGLISH.

HIS FATHER WAS TREATED BY AMERICANS AT THE SCENE AND TAKEN TO A HOSPITAL.

HE WOULD LIKE TO FIND OUT WHERE HIS FATHER IS AND HIS CONDITION.

HE WAS DRIVING A 1991 NISSAN, WHITE LIC PLATE: (b)(6) BAGHDAD PLATE

THANK YOU FOR YOUR ASSISTANCE

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

SSG (b)(3),(b)(6)
RAPTOR 3
AL RASHAD IP STATION #5
C-Co 720TH MP
RUSTAMIYAH.

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TE OF DEATH *(OVERSEAS)*
le décès *(D'Outre-Mer)*

NAME OF DECEASED *(La*	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
(b)(6)	CIV		
ORGANIZATION Orgar	NATION *(e.g., United States)* Pays: IRAQ	DATE OF BIRTH Date de naissance	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

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 De :laration 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]	MASSIVE TRAUMATIC BRAIN INJURY	?
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	GUNSHOT WOUND	?
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
- ☐ NATURAL Mort naturelle
- ☐ ACCIDENT Mort accidentelle
- ☐ SUICIDE Suicide
- ☐ HOMICIDE Homicide

AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non

MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie

NAME OF PATHOLOGIST Nom du pathologiste

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
Circonstances de la mort suscitées par des causes extérieures

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)*
1039 030505

PLACE OF DEATH Lieu de décès
BAGHDAD, IRAQ

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

NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire
(b)(3),(b)(6)

TITLE OR DEGREE Titre ou diplômé
MD

GRADE Grade
04

INSTALLATION OR ADDRESS Installation ou adresse
86th CSH Baghdad, Iraq

DATE Date
03 MAY 05

SIGNATURE Signature
(b)(3),(b)(6)

[1] *State disease, injury or complication which caused death, but not mode of dying su*
[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*

CLAIMS FORM
US ARMY FOREIGN COMMISION

2-178-1

CLAIM # ----------

(b)(6)

CLAIMENT NAME
ADDRESS ----------
SEC./-------518----------**ST./**-------18----------**H./**-------16 Jamilia
PHONE :----------

IAM
a. A Citizen and National Of :-------Iraq----------
b. A Permanent Resident Of:----------Baghdad----------
c. Employed By :----------
d. Check one ( ) An insurer ( ) Not an insurer
e. Check one ( ) A subrogate ( ) Not a subrogate

HAVE YOU FILED ACLAIM BEFORE (circle one) YES OR NO

TYPE OF CLAIM (circle which applied)
INJURU : DEATH :
PORPERTY DAMAGE : VEHICLE, BUILDING , FIELD , ANIMAL , OR OTHER
NAME : ----------
RELATIONSHIP-------The owner-------**AGE:**-- (b)(6) **DOB D/M/Y**- (b)(6)
DATE INCIDENT OCCURRED : /D/ -------3----------**/M/**--May---**/YYYY/**-------05-----
PLACE INCIDENT OCCURRED ----------Al-Mashtel----------
SEC./----------**ST./**----------**H./**----------
SITUATION ----------
His father was shot by AN Amer
check point He's killed, also car
the damage to the car.

List in detail the amount of property damage and itemized expense resulting from the pr
damage or personal injury : (Attach bills and receipts , if applicable)

Item	Amount
Heasks the compensation for the c	

TOTAL AMOUNT : US DOLLAR --1,280,00--**OR DINAR**----------

Today date 29 , May 05 ----------

Signa (b)(6) ----------

[redacted]

REPLY TO
ATTENTION OF:

DEPARTMENT OF T
HEADQUARTERS, 2D
3D INFANTRY DIV
FOB LOYALTY, I
APO AE 0938

AFZP-VB-JA

MEMORANDUM FOR RECORD

Foreign Language

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T05-0971:

Claim of: (b)(6)

Address: (b)(6) Baghdad, Ira

Date Filed: 03-Jun-05

Amount Claimed: $1,280.00

Claimed Loss: Claimant's father injured and vehic involving C.F.

Claim Number: 2.0296

1. Your above-mentioned claim is disapproved.

2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.

3. The reason for the disapproval of this claim is code **1**:

1. Loss was a result of Combat Operations
2. The filing claimant is an improper claimant
3. Claim lacked evidence supporting U.S. negligence or fault
4. Claim lacked evidence to prove a loss
5. Loss was a result of Anti-Coalition Forces
6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.

4. 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 receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.

5. POC for this memorandum is SPC (b)(3),(b)(6) FOB Loyalty, @ VOIP (b)(2)High

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

CPT, JA
FOREIGN CLAIMS COMMISSION

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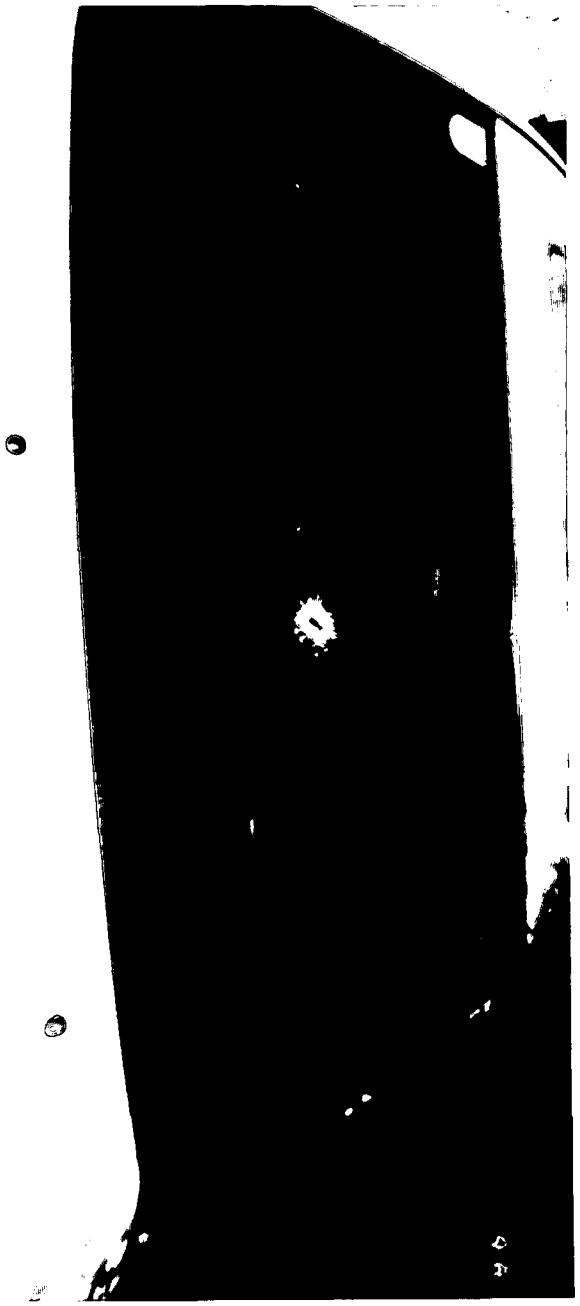
(b)(6)



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