

02 09

A208

foreign language text

The claimant name/

(b)(6)

foreign language text

The accident date 16 11 2005
day month year

12 DEC 06

→ Daughter was killed
on 29 April 05

→ Check SIGACT
BDE CDK Approval
NEED

CENTCOM 013836

12 DEC 06

→ Paughter was killed
on 29 April 05

→ Check SIGACT
→ NEED Rm's COE Approval
CPT

(b)(6)

Approved for

Payment

3/5/07 -- Carol In

Condolence

BA 3/19/07

FORCENTCOM 013837
Payroll

A208

WJL RSN
on 3/19/07
for Court report

foreign language text

28 Feb 2006

Some claim filed

CENTCOM 013838

28 Feb 2006

Same claim filed before

Denied

2/28 BCT

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

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

**3D FINANCE
 OPERATION IRAQI FREEDOM**

DATE VOUCHER PREPARED
3/26/07

SCHEDULE NO.

CONTRACT NUMBER AND DATE
 REQUESTION NUMBER AND DATE
(b)(2)High

PAID BY
 DSSN
) (2) High

PAYEE'S NAME AND ADDRESS
PAYEE'S FULL NAME:
CITY:
GOVERNATE:

(b)(6)
Ramadi
Anbar

DATE INVOICE REC'D

ACCOUNT TERMS

PAYEE'S ACCOUNT NO.

GOVERNMENT B/L NO.

SHIPPED FROM

TO

WEIGHT

NUMBER AND DATE OF ORDER

DATE OF DELIVERY OR SERVICE

ARTICLES OR SERVICES
(Enter description, item number or contract or Federal agency, schedule, and other information deemed necessary.)

QUAN-TITY UNIT PRICE COST PER

AMOUNT

(b)(6)
(b)(6)
daughter of

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

(Use continuation sheets if necessary)

(Payee must NOT use the space below)

PAYMENT: PERSONAL COMPLETE PARTIAL FINAL PROGRESS ADVANCE

APPROVED FOR BY (S)
MAJ Robert Vaughan

TITLE
PROJECT PURCHASING OFFICER 4th CAG DET 3

DIFFERENCES
 Amount (ROUND)
(b)(6), (b)(3)

TOTAL **\$2,500.00**

Pursuant to authority vested in:

3/26/07

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

UNIT PAY AGENT
 TITLE

A APPROPRIATION SUB HEAD OBJ CLASS BGN SA AAA TT PAA COST CODE
DOC # M6789907MID21C29

ACCOUNTING CLASSIFICATION
(b)(2)High

AMOUNT
\$2,500.00

BY CASH **3/26/07**

DATE **3/26/07**

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

X

- When stated in foreign country, insert name of currency.
- If the ability to certify and authorize is required, the signature of the certifying officer will sign in the space provided. Over the official title.
- When a voucher is included in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the country in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer" as the case may be.

HEW 7550-00-000-2234

PAID \$2,500

CENTCOM 013840

Claims Form

To: United States

(b)(6)

From: Name: _____

Address: Ramadi supriak

Country: _____

- a. A citizen and national of: Iraqi
- b. A permanent resident of: _____
- 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)

Coalition forces

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) _____

My claim arose at: _____

(Town)

(City)

(Country)

My claim arose on: _____

Month Jan

Day 25

Year 2006

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.)

on Nov 16. 03 on wednesday at 12:00 o'clock AM
The coalition forces shot us with about
2 bullets in random way after
a road bomb has blasted against them
in Asarah near electricity market that
led to kill my daughter (b)(6)
old while she is in (b)(6)

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

I have by claim the coalition forces to pay
death benefit-

*Killing my daughter with fire bullets
came from coalition forces in
arandom way.*

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

Total: _____

I was insured to the following extent against the damage 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)
\$ _____ local _____ (b)(6)

(Signature of Claimant) _____

Subscribed before _____ (b)(6) 200__.

(Print Name) _____
(Signature) _____

Pages 8 through 9 redacted for the following reasons:

Foreign Language Text

The Nationality & Civil Affairs
Personal Certification Card.

I.D. No.:

(b)(6)

First name

Second and Third name :

(b)(6)

Surname :

Mother's name :

(b)(6)

Gender :

Female

Organized on :

Organized by :

Job :

(b)(6)

Religion :

Muslim

Birth date :

(b)(6)

noted deformities

negative

Status :

single

Wife's name :

X

Remarks

(b)(6)

Foreign Language

(b)(6)

A208 ✓ Wed.
Dec. 20,
2006

12-12-06 (b)(6)

Registered and The ministry of Health, Ramadi General Hospital
No. For the year 2005

1-Dead's name and surname: (b)(6)		2- sex : <u>Female</u>		3- nationality <u>Iraqi</u>		4- Religion: <u>Muslim</u>		5-job: <u>House-wife</u>	
6-Marital status: <u>single</u> Married.... Widow.... divorced....		7-Date of birth <u>3/7/1984</u>		8-place of birth (b)(6)		9- permanent residence: No. of House: Street: <u>suffrad Ramadi</u>		10- Date of death: <u>16/11/2005</u>	
11-Place of Death: <u>Ramadi Suffrad Albuqarin region</u>		12-Dead's father's name (b)(6)		13-dead's m (b)(6)		14- death information's name: (b)(6)		15- His rel <u>Her</u>	
17- Reasons of death: <u>Fire bullets from coalition forces in her head and neck led to die alone.</u>		18-Death happened in home.....hospital..... other place.....		19-It witness that death happened for above mentioned reasons. Doctor's name: (b)(6)		20- forensic certificate I, Dr. (b)(6) forensic department, performed anatomy for (b)(6) according to the form in finding reasons of death (b)(6) Doctor's signature..... (b)(6) Stamp of forensic department		21-Information related to the ID card :-	
Record No. <u>20</u> Page No. <u>119</u> Province <u>Al Anbar</u> ID card. <u>4197684</u> Attached		1- Copy of ID, Card		2- Copy whom this concern		3- Copy of the register of register of the certificate		Translated & Printed by Al-Mowird Bureau /Ramadi near Al-Td'ameem Garage	

Pages 13 through 14 redacted for the following reasons:

foreign language text, (b)(6)