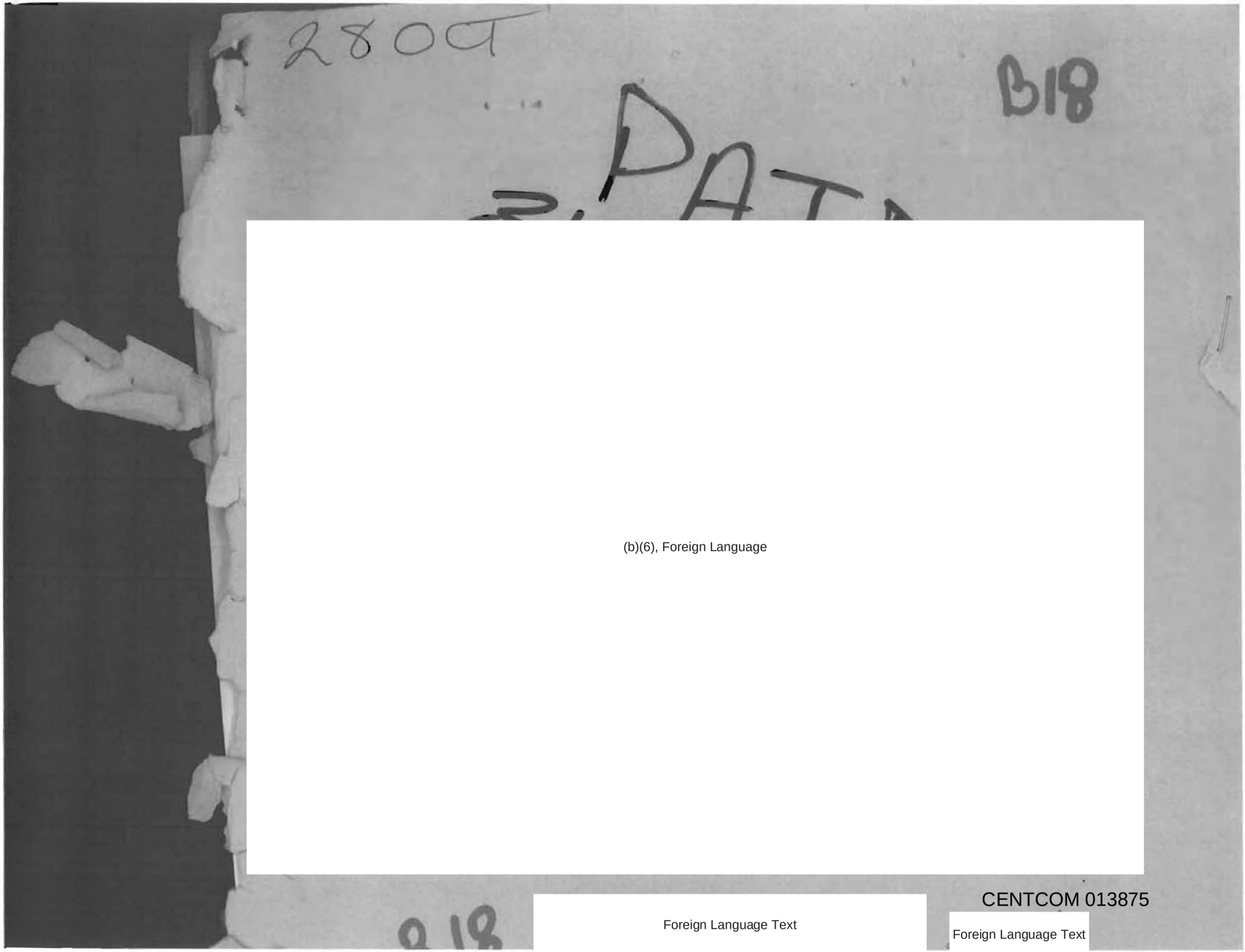
2804
B18
(b)(6), Foreign Language
Foreign Language Text
Foreign Language Text

(b)(6)

(b)(6)

B18

foreign language text

lawyer

(b)(6)

has POA from wife

6/JUN/06

24 - 1 - 2006

Look at claim A17

NO SIGACTS

31 Jan 06
Approved + paid
$2500

CENTCOM 013876

SIGACT: YES (removed) NO
DATE: _____ SLIDE: _____

CENTCOM 013877

FCA/CERP PACKETS

Claim #: B18

Name of Person Submitting Claim: J foreign language text

Location/Date of Incident: 28 OCT 06 /

Date Claim Submitted:

Person Receiving Claim:

Date Packet Completed:

Date Claim Paid/Amount Paid:

Notes: PAID

- O Copy of ID Card
- O Proof of ownership (deed, proof of inheritance, bill of sale)
- O Death certificates
- O Medical Examination
- O POA's
- O Pictures of Damage
- O Checked SigActs: O Yes O No

The Nationality & Civil Affaires
Personal Certification Card.

I.D. No. : (b)(6)
First Name
Second and Third Name : (b)(6)
Surname : —
Mother's Name : (b)(6)
Gender : male
Organized on : 19 - 1 - 1993 (b)(6)
Organized by :
Job :
Religion : Muslim

(b)(6)

Status:
Wife's Name :

Remarks

(b)(6)

To: United Start [illegible] ssion .
From : Name:---- (b)(6)
Address:---- Ar Ramadi-

Iam
a. A citizen and national of :----
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)
M.N-F

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 .)----

My claim arose at :----
(Town) (City) (Country)

My claim arose on :---- Jan ---- 26 ---- 2006 ----
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 .)

On 28, Oct, (9,00 APPROX-) 05, when my brother ((b)(6))
was going to Baghdad with others by (b)(6)
at (Xroads) on high way at AL-Bofarag, Control point on
the high way shot fire to Vehechles near to them caused to
injury led to dead my brother. According to eye witnesses
that hapend after a shotting fire by armoured groups to the
Mili. Point at the area - my brother (PM) he has (b)(6) kids
I'm asking to compensation them -
thanks

CENTCOM 013880

result of the above incident :

Killed to my brother by CP on highway

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
Person Killing	2500

Total :---2500

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)

$---2500--- local ---

~~lawyer~~ (b)(6)

(Signature of Claimant)

Subscribed before me this--- day of --- ,200---.

(Print Name)

(Signature)

Pages 8 through 10 redacted for the following reasons:
- -
Foreign Language Text
foreign language text, (b)(6)

Ministry of Health — Department Of Hygiene and Biological statistics — Date of registry

Registered and The ministry of Health ..... No. ..... For the year .....

1 Dead's name and surname: (b)(6)

2 sex: M

3 nationality: Iraq

4- Religion: M.

5-iob: (b)(6)

6 Marital status: single.... Married.... Widow.... divorced....

7-Date of birth (b)(6)

8-place of birth

9 permanent residence: No. of House: Street: Quarter: Ramadi Province: Anbar

10- Date of death: 28-Oct, 05

province: Anbar

11 Place of Death: Ramadi,

12 Dead's Father's name:

13 dead's mother's name:

14 death information's name:

15 His relation to the death

16- Address information:

17- Reasons of death: Fire shelling by

Other cases causing death: MNF according to Ramadi Court (Invest).

If the dead is a woman in age of delivery (15-49) indicate whether death happened in: 1257 on Nov, 1, 05

Pregnancy: ..... delivery: ..... labor: .....

18 Death happened in house ..... hospital ..... other place .....

Approximate period between diagnosis and death.

.....

.....

.....

Stamp of Health

19- It witness that death happened for above mentioned reasons. Doctor's name: Dr. (b)(6)

Address:

Signature: R-Hosp.

20- Forensic certificate

I, Dr. ..... forensic department, performed anatomy for ..... according

the form ..... in ..... finding reasons of death ..... Doctor's signature..... Stamp of forensic departm

21-Information related to the ID card:

Record No. 559 ~~324525~~ Page No. 164 Province Anbar ID card... (b)(6) 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-Mawlid Bureau /Ramadi near Al Ta'ameem Garage

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Pages 12 through 14 redacted for the following reasons:
- -
(b)(6)
foreign language text
foreign language text, (b)(6)