A920

(b)(6)

foreign language text

A920

9 May 06 Capt (b)(3), (b)(6)

CENTCOM 013825

- Paid $300.00 three hundred dollars for the death of

A920

9 May 06 Capt (b)(3), (b)(6)

- Paid $300.00 three hundred dollars for the death of his (b)(6) mother.

27 APR 06

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

CENTCOM 013826

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: (b)(6)

Address: SUFIYA – AREA

I am

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: (b)(6) RAMADI IRAQ

(Town) (City) (Country)

My claim arose on: APR 27 06

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.)

DATED 27 APR 06 AFTER NOON M/V F SHOT TO ALSUFIYA AREA WHEN WE WERE GOING TO ALATIBA ST. FOR TREATMENT AND INJURIED MY MOMY NEAR THE CHECK POINT WHEN THE SOLDUERS

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

SHOT TO THE TERRIRST AND WE WAITED TO PASSED THROUGHT IT

BODYS CLAIMS

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
KILLED MY MOTHER	

Total: 5000$

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)

$ 5000 $ local 7 500 000 (f)

(b)(6)

Subscribed before me this 4 day of MAY, 2006

(b)(6)

(b)(6)

CENTCOM 013828

Pages 5 through 6 redacted for the following reasons:
- -
Foreign Language Text

Iraq Republic
Ministry of Health

Department Of Hygiene and Biological static's

No 649141
Date of registry 30 APR 2006

Registered and The ministry of Health ARRAMADI
No. 738 For the year 2006

Dead

1-Dead's name and surname (b)(6) | 2- sex : FEM | 3- nationality IRAQI | 4- Religion: MUSLIM | 5-job: H.W

6-Martial status: single.... Married. X Widow.... divorced..... | 7-Date of birth (b)(6) | 8-place of birth RAMADI

9-permanent residence: No. of House: Street: (b)(6) Quarter SUFIYA Province: ANBAR | 10- Date of death: 27 APR

11-Pleac of Death: (b)(6) | province : ANBAR

12-Dead's father's name: (b)(6) | ead's mother's name: (b)(6)

14-death information's name: (b)(6) | His relation to the death HIS SON | 16- Address information:

17- Reasons of death:... M.N.F SHOT TO HER

Other cases causing death.....

If the dead is a woman in age of delivery(15-49) indicate whether death happened in:

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

Approximate period between diagnosis and death.
.....
.....
.....

18-Death happened in home.....hospital X... other place.....

19-It witness that death happened for above mentioned reasons. Doc (b)(6)

Address: (b)(6)

20- Forensic certificate

I, Dr. ..... langua..... forensic department, performed to

the form ..... foreign language text ..... finding reasons of death ..... ign language .. Doctor's signature.. n languag.... Stamp of forensic department

21-Information related to the ID card :-

Record N (b)(6) ched

1- Copy of ID. Card

Translated & Printed by Al-Mawrird Bureau /Ramadi near Al-Ta'ameem Garage

CENTCOM 013831

27. APR '06 Afternoon A920

AL Sofiya → area 16

04-1022 1345 hrs ECP 8

Pages 9 through 11 redacted for the following reasons:
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