

26 Mar 07

paid \$2,500 for sister  
\$2,500 for daughter

[Redacted]

Foreign Language

[Redacted]

Foreign Language

[Redacted]

(b)(6)

19 MAR 07

[Redacted]

(b)(6)

LAWYER

28 Mar 07

Paid \$2,500 for sister  
Paid \$2,500 for daughter.

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

— Capt

Foreign Language

CPT

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

12 WED.

REVIEWER AND CONFIRMS THAT FIREFIGHT OCCURRED

REVIEWER

(b)(2) High

@ 0830-0845 @

23 JAN  
516ACT

CRIMINAL & WICHTHAW.

(b)(2) High

LOCATION @ CRIMINAL & WICHTHAW.

CAN WE CONFIRM THAT PO GOT SHOT UP?

TOLD TO RETURN MONDAY 19TH.

CELL PAYMENTS: \$2,500 wife  
 2,500 daughter

2,500 daughter

SIGACT: YES (removed) / NO

DATE: 23 08 45 JAN 07 12 PM SLIDE: 23.0615 JAN 07

CERP PACKETS

Claim #: FO83

Name of Person Submitting Claim: \_\_\_\_\_ (b)(6)

Location of Incident: \_\_\_\_\_

Date Claim Submitted: 19 Feb 07

Person Receiving Claim: \_\_\_\_\_

Date Packet Completed: \_\_\_\_\_

Date Packet Submitted to MEF: \_\_\_\_\_

Date Claim Paid/Amount Paid: \_\_\_\_\_

Notes: SIGACT 23 JAN 07 SLIDES 8-10, HAVE CLAIMANT POINT OUT LOCATION ON  
MAP

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

1034

**Claims Form**

(b)(6)

~~Almarad Heat Water Tank~~

- izen and national of: Orag
- a. permanent resident of: \_\_\_\_\_
- c. Employed by: \_\_\_\_\_
- d. Check one ( ) An insurer (X) Not an insurer
- e. Check one ( ) A subrogee (X) 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 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: Ranadi Orag  
Month Feb Day 29 Year 07

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.) AM

on 23 Jan 07 Tuesday at 8:30/ The Coalition Forces shot randomly in A post office street, that led to ~~test name~~ sister (b)(6) and my daughter (b)(6) when we getting out from the post office directed to home after we get the salary I claim the Coalition Forces to pay compensation.

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

*Killing my sister and daughter,  
by the Coalition forces*

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
1-	(b)(6)
2-	

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)

\$ \_\_\_\_\_ local \_\_\_\_\_

(b)(6) \_\_\_\_\_ imant)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

(b)(6)

(Print Name)

(Signature)

Pages 8 through 9 redacted for the following reasons:

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Foreign Language Text

**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

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

**DISBURSING OFFICER  
OPERATION IRAQI FREEDOM  
2D FSSG Box 20002  
Camp Lejeune, NC 28542-0002**

DATE VOUCHER PREPARED  
**Date**

SCHEDULE NO.

CONTRACT NUMBER AND DATE

**PAID BY  
II MEF  
DSSN (2)Hiç**

REQUISITION NUMBER AND DATE  
(b)(2)High

PAYEE'S  
NAME  
AND  
ADDRESS

**Who (did you pay):  
Where (did event occur):  
GOVERNATE: Anbar**

DATE INVOICE R'CD

DISCOUNT TERMS

PAYEE'S ACCOUNT NO.

This is a payment to express remorse and sympathy. This payment is not designed to fully reimburse someone's loss.

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NO.

NUMBER  
AND DATE  
OF ORDER

DATE OF  
DELIVERY  
OR SERVICE

ARTICLES OR SERVICES  
*(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)*

QUAN-  
TITY

UNIT PRICE  
COST PER

AMOUNT

**Condolence Payment  
What (is the damage or injury):**

**How (EOF, C&K, etc):**

DTG of SIGEVENT

TOTAL

PAYMENT:  
 PROVISIONAL  
 COMPLETE  
 PARTIAL  
 FINAL  
 PROGRESS  
 ADVANCE

APPROVED FOR

= \$

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY (2)

**Capt (b)(3),(b)(6) ; 3404-434; (b)(3),(b)(6), (b)(2)High**

TITLE

**PROJECT PURCHASING OFFICER RCT-5**

Amount verified correct  
(SIGNATURE OR INITIALS)  
**(2) I Sign**

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

DATE

PRINT FULL NAME, BRANCH, SERVICE and SIGN

UNIT PAY AGENT

TITLE

A	APPROPRIATION	SUB HEAD	OBJ CLASS	RCN	SA	AAA	TT	PAA	COST CODE	AMOUNT
										(b)(2)High

BY	CHECK NUMBER	DATE								
BY	CASH	DATE								

PAYEE (3)

**(1) Iraqi SIGNS**

PER

TITLE

1. When stated in foreign country, insert name of currency

2. If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title

3. When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

Pages 11 through 14 redacted for the following reasons:

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Foreign Language  
Foreign Language, (b)(6)