

3/IAD-~~0~~304

CENTCOM 004349

3-IAD-0304-00001

Claim#	3#1AD- <del>209</del>	Date of Claim	14 April 05	Date of Incident	29 March 05
Last Name	(b)(6)	First Name	(b)(6)	Middle Named	(b)(6)
Claim Type	Death & Can deny	Claim Amount	\$		

Interview Notes	
Investigation Notes	<p><u>- Change dates 12-14 appropriate?</u></p> <p>COMBAT X</p> <p>RT (b)(2)High NOT IN PUB AO.</p>
Adjudication Notes	<p>DENY 2 To COMBAT EXCLUSION.</p> <p>CFI JA (b)(3), (b)(6) ZINAY OS</p>
Pay Agent Notes	<p>Pay Amount \$ _____ Pay Date _____</p>
Post Payment Notes	

CENTCOM (b)(3), (b)(6) 0

## Claims Form

To: United States Army Foreign Claims Commission.

From: Name: \_\_\_\_\_ (b)(6) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ *Baghdad* \_\_\_\_\_

I am

a. A citizen and national of: \_\_\_\_\_ *Iraq* \_\_\_\_\_

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)

\_\_\_\_\_ *U.S. Army* \_\_\_\_\_

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: *Hai algame'a* *Baghdad* *Iraq*  
(Town) (City) (Country)

My claim arose on: *March* *29* *2005*  
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.)

*At night of 29 March 05 when The  
F/LT Iraqi Police drive his car with his  
Cousin The Car DAIWA Prince King  
model 1993 in hai algame'a Amirca  
start shoot them with no result  
Both of them were dead and damage  
The Car.*

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

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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.)

<u>Item</u>	<u>Amount</u>
Repair The Car	870 \$
Car The death	15000 \$
Total: 15870 \$	

I was insured to the following extent against the damage or injuries I have sustained:

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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)

\$ 15870 \$ local \_\_\_\_\_

(b)(6)

\_\_\_\_\_  
(Signature of Claimant)

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

\_\_\_\_\_  
(Print Name)

(b)(6)

\_\_\_\_\_  
(Signature)

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Pages 5 through 10 redacted for the following reasons:

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

**IRAQI CLAIMS  
POCKET  
CARD**



**Claims to Iraqi civilians for injury and death caused by US forces.**

**Involved in an incident resulting in injury of an Iraqi civilian.**

**Required information below.**

**Report to the Iraqi civilian, or other person in the case of death.**

**Get claimant to the nearest General Post Office or the Iraqi Assistance Center, if possible.**

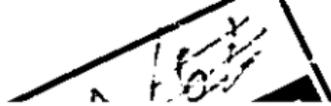
**Upon return to your FOB, complete and describe the incident completely to your legal office. NOTE: This information is for the legal office to establish liability by the soldiers involved and to initiate a claim against the US Government.**

UNIT B/2-14

DATE 29 Mar 2003

LOCATION SI

TYPE OF INCIDENT 2H



Foreign Language Text



**IRAQI CIVILIANS  
POCKET  
CARD®**



**YOUR unit may pay claims to Iraqi civilians for property damage, injury and death caused by the death or injury of an incident resulting in damage to property of an Iraqi civilian, or the death or injury of an Iraqi civilian:**

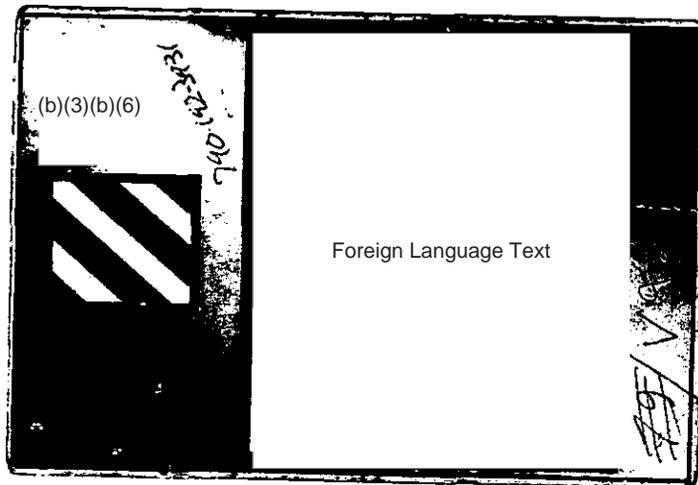
1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other person in the case of death.
3. Direct claimant to the nearest General Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete DA Form 2823, Statute a claim against the US Army.

Describe the incident completely and forward it to your legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to stipulate a claim against the US Army.

UNIT B/2-14  
DATE 29/11  
LOCATION AL  
TYPE OF INCIDENT (b)(2) High

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0304-00013



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3-IAD-0304-00029



3-IAD-0304-00030



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3-IAD-0304-00031



CENTCOM 004380

3-IAD-0304-00032