

3/1AD-~~Ø~~ 303 1

CENTCOM 004401

3-IAD-303-00001

Claim#	3/IAD- <del>303</del> 303	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	Claim Amount	\$ 5000 <del>0</del>		

Interview Notes

Investigation Notes

- COMBAT - X      WHERE DOES 2-14 OPERATE?

- WITH HIS COWZ - NEVER MIND THAT SAYS COUSIN.

~~MORE TRANSLATION?~~

- AT (b)(2) High NOT IN OUR AO

Adjudication Notes

NEED TO CONTACT 2-14 IN (B/2-14); I BELIEVE THEY ARE 2 BDE, 10 MTN.

(b)(5)

(b)(5)

(b)(3),(b)(6)  
CPT, JA 31 MAY 05

Pay Agent Notes

Pay Amount \$ \_\_\_\_\_ Pay Date \_\_\_\_\_

Post Payment Notes

# Claims Form

To: United States Army Exception 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: Aljam'a District Baghdad ~~Iraq~~ 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 9:30 night of 29 2005 when  
(b)(6) was ride with his cousin  
(b)(6) in Aljam'a neighbor hood  
American shoot them result from that  
damage the car and dead both of the  
who inside the car-

Pages 4 through 5 redacted for the  
following reasons:-----

-  
Foreign Language Text

# IRAQI CLAIMS POCKET CARD



3-IAI-39B-00006

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

If your unit is involved in 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 appropriate 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. 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 substantiate a claim against the US Army.

UNIT P 671 (004406)

DATE 29 MAR 2003

LOCATION RT 1/2

TYPE OF INCIDENT Shooting IIR

(b)(3)(b)(i)

13731-3731  
PDP



Foreign Language Text

19.1954941

3 TAD 202 0000

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

---

---

---

---

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>
The claim asked for	5000 \$

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 \_\_\_\_\_

(b)(6)

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

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

(b)(6)

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

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

CENTCOM 004408

3-IAD-303-00008

Pages 9 through 10 redacted for the  
following reasons:

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

**IRAQI CLAIMS  
POCKET  
CARD**



This card is for use by U.S. military personnel who witness or are involved in an incident resulting in injury or death caused by Iraqi forces. It is to be used in the event of an injury of an Iraqi civilian.

Required information below.

This card to the Iraqi civilian, or other person in the case of death.

Return claimant to the nearest General Services Administration office or the Iraqi Assistance Center, if available.

Upon return to your FOB, camp, or other location, describe the incident completely. Do not make any promises of liability. NOTE: This information is for use by the providers to estimate a claim against the U.S. Government.

UNIT 6124  
DATE 2/24/68  
LOCATION RI  
TYPE OF INCIDENT 21

Pages 12 through 23 redacted for the following reasons:

-----

Foreign Language Text

Foreign Language Text, (b)(6)