

6-IT6-085



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3<sup>rd</sup> BRIGADE COMBAT TEAM  
OPERATION IRAQI FREEDOM, COB SPEICHER  
TIKRIT, IRAQ APO AE 09393

29 July 2006

AFZP-VA-HQ  
CP3AAS61490618-25  
CP3AAS61490618-26  
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [redacted] (b)(6)  
[redacted] (b)(6) (Claim Number 06-IT6-086) (3), (b)(6)  
085

1. On 12 June 2006, [redacted] (b)(6) swerved to avoid a head on collision with an oncoming SUV, but in the process lost control of his car. He subsequently lost control of the vehicle and was struck by a Coalition Forces vehicle. Two children were killed as a result of the accident, [redacted] (b)(6) and [redacted] (b)(6). [redacted] (b)(6) and [redacted] (b)(6) were also injured in the accident.

2. I certify that CERP funds are available to pay [redacted] (b)(6) in the amount of \$5,500. The total consists of a \$5,000 condolence payment for the two decedents and a \$500 condolence payment for the two injured parties.

3. The request to pay [redacted] (b)(6) in the amount of \$5,500 from CERP has been legally reviewed. There is no legal objection to this payment and it is accordingly approved.

[redacted]  
(b)(3), (b)(6)

Project Purchasing Officer

CENTCOM 005506



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 101<sup>st</sup> AIRBORNE DIVISION (AIR ASSAULT)  
TASK FORCE BAND OF BROTHERS  
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

26 July 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 6-IT6-085

1. **Identifying Data:** (b)(6) Samarra, Iraq

2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 12 July 2006, near Samarra, Iraq.

3. **Amount of claim and date it was filed:** Claimant filed a claim for \$12,500.00 on 8 July 2006.

4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was filed in a timely manner.

5. **Facts:** CF patrol was traveling in the northbound of MSR Tampa. An unidentified civilian convoy consisting of 2 up armored SUVs, also moving north on MSR Tampa, attempted to pass the CF patrol using the southbound lane. Claimant's vehicle was traveling south on MSR Tampa in the southbound lane. Claimant swerved to avoid the civilian convoy in his lane, lost control and crossed the median, and was struck by the CF patrol. 2 members of claimant's family died (b)(6)

(b)(6) and 3 were injured (b)(6)  
(b)(6) The claimant provided death certificates, hospital report and medical records, diagram, legal expert statement and witness statements to substantiate the claim.

6. **Opinion:** Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful. AR 27-20, para. 2-2c(4) lists persons considered to be civilian employees of a U.S. military department. Private contractors are not included in said list. A search of the SIGACTS revealed that an unknown civilian convoy in up armored SUVs initiated the chain of events which caused the collision. However, the factual cause of the claimant's injuries was the vehicle collision with the CF convoy. This claim is non-compensable under the FCA.

7. **Recommendation:** The claim is denied. Recommend payment of CERP condolence payment in the amount of \$6,000 to represent two deaths and the personal injuries of three individuals.

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

CENTCOM 005507



# TF Band of Brothers Claims Intake Form



To: United States Army Foreign Claims Commission

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

POA/ATF: \_\_\_\_\_ (b)(6)

Power of Attorney provided and interpreter approved: original seen

Decedents: \_\_\_\_\_ (b)(6)

Hometown: Samarra  Iraqi Resident: \_\_\_\_\_

My claim arose at: SAMARRA (Town) \_\_\_\_\_ (City) \_\_\_\_\_ (Country)

My claim arose on: June 12, 06 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Proof of Ownership: N/A

VIN Match: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations) \_\_\_\_\_ (b)(6)

- COD is vehicle collision / extreme trauma.  
- COD is vehicle accident

Interpreter Approved: \_\_\_\_\_

Medical Report/Legal Expert Opinion: See American Med. Records.

Interpreter Approved: \_\_\_\_\_

Witness Statement (Consistent?): ① Uncle - same story. GMC vehicles went down the wrong direction.

Interpreter Approved: \_\_\_\_\_

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.)

0630 A.M.; Samarra highway.

I was driving to Diyala, & Aegis convoy was coming from wrong way down Road. The C swerved out of the way, & was struck by a CF convoy traveling in the opposite direction. 3 injured & 2 deceased. (Driver) disability →

- Aegis convoy was traveling in GMCs.

- Near Samarra → Atty is unsure how far away from the city.

Evidence: \_\_\_\_\_  
\_\_\_\_\_

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
Wrongful death x 2 →	
PI X 2 →	

Total: 12,500

I claim as damages: (Indicate amount in U.S. dollars and cents)  
\$ 12,500 local \_\_\_\_\_

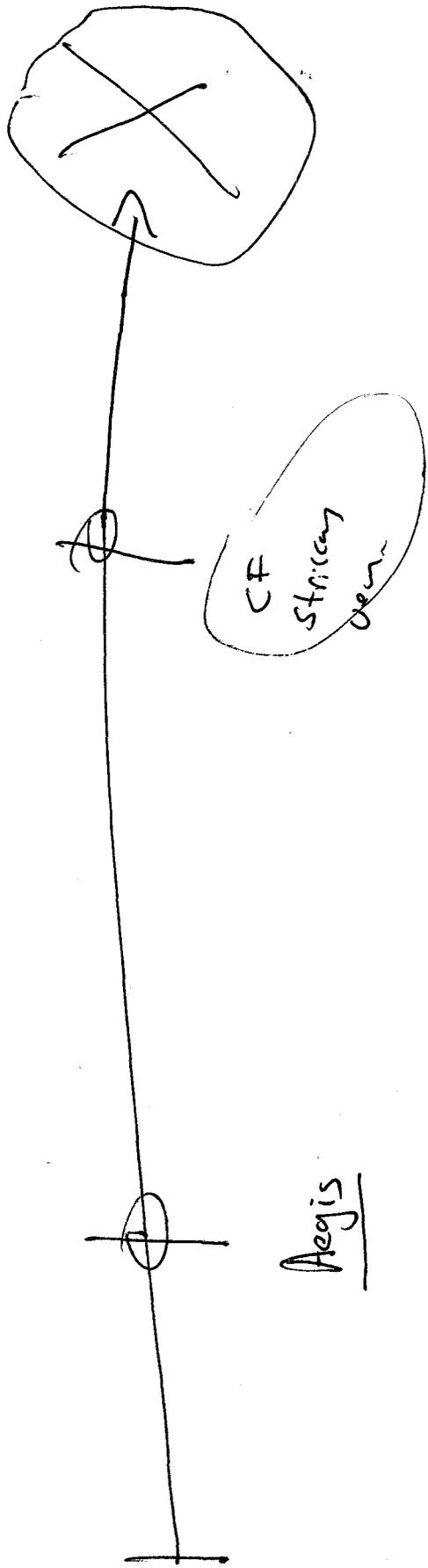
(b)(6)

(Signature of Claimant)

Subscribed before me this 8 day of July, 2006.

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

Time



Aegis



DEPARTMENT OF THE ARMY  
OFFICE OF THE STAFF JUDGE ADVOCATE  
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)  
OPERATION IRAQI FREEDOM, COB SPEICHER  
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

MEMORANDUM FOR RECORD

SUBJECT: Waiver of Notification

1. I, the Claimant, hereby agree that if I fail to provide any requested evidence to the CMOC Claims Office within sixty (60) days of the date below or to request a written extension of the sixty (60) day period, such inaction shall constitute an affirmative act of abandonment of my claim, and my claim shall be administratively closed in accordance with the provisions of DA PAM 27-162, paragraph 13-3(f).

2. I further agree that if I wait longer than sixty (60) days from the date below to return to the CMOC to receive notification of the final disposition of my claim or to request a written extension of the sixty (60) days period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance above.

1. انا المشتكى هنا اوافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة ( 60 ) ستون يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة ستون (60) يوما , هذا سوف يسبب عدم تكوين تأكيد لقضيتي , وبسبب ذلك قضيتي سوف تترك و تعلق اداريا طبقا للقانون (د,ا,ب,ا,م 162-27, من الفقرة 13-3(ف)).

2. وانا كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة و القضية سوف تعلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature: \_\_\_\_\_

Sworn before \_\_\_\_\_, on \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_.

Pages 8 through 13 redacted for the following reasons:

-----  
Foreign Language Documents

# YAHOO! MAIL

Print - Close Window

**From:** (b)(3), (b)(6) @us.army.mil>

**To:** (b)(3), (b)(6) @yahoo.com>, (b)(3), (b)(6) @yahoo.com>

**CC:** (b)(3), (b)(6) @us.army.mil>, (b)(3), (b)(6) @yahoo.com>

**Subject:** RE: Five LNs were injured

**Date:** Mon, 12 Jun 2006 18:51:42 +0300

Foreign Language

At the 47<sup>th</sup> CSH, we have:

2-  
3- (b)(6)  
5-

All three are doing well and will be released to the family tomorrow at COB Speicher.

(b)(2)High

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

**From:** (b)(6) PJCC [mailto:(b)(6)@yahoo.com]  
**Sent:** Monday, June 12, 2006 4:51 PM  
**To:** (b)(3), (b)(6)  
**Cc:** (b)(3), (b)(6)  
**Subject:** Five LNs were injured

How are you doing Gentlemen ?

We got info that there is a family got a vehicle accident with CFs truck when the driver lost control that led to kill one woman and the others five members were injured then they were evacuated by the CFs. Two of them were taken to Balad and the others to 47th CSH. If you have any info about them email me back Their Family would like to know their status.

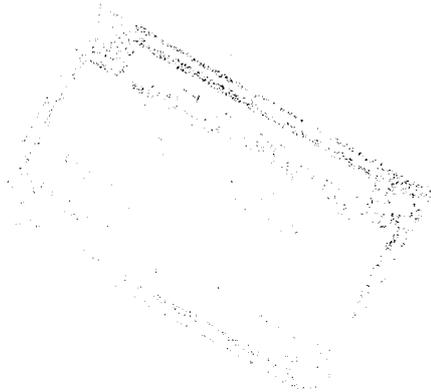
WIA Names

1-  
2-  
3- (b)(6)  
4-

← deceased

(b)(6)

6/12/2006



**DISCHARGE SUMMARY**

**PATIENT NAME:** (b)(6)

**SSN:** (b)(6)

**DIAGNOSIS:** s/p MVC with arm and hand lacerations

**ADMISSION DATE:** 12 June 2006

**DISCHARGE DATE:** 13 June 2006

**HOSPITAL COURSE:** Patient was admitted overnight for observation and disposition with family. Her hospital course was uncomplicated. She was ambulating and tolerating a regular diet upon discharge.

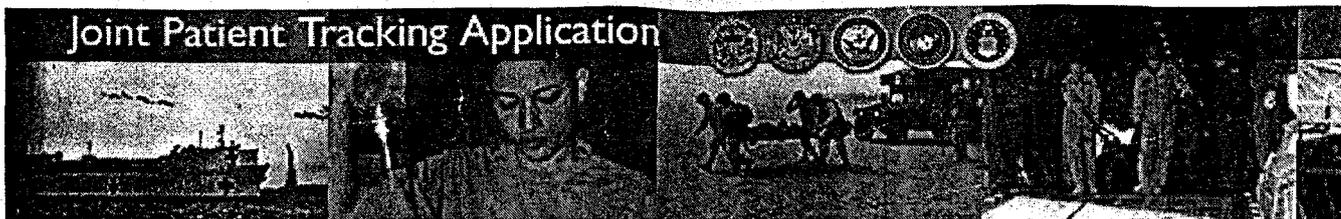
**DISPOSITION:** Discharged to home with family

**FOLLOW UP:** Sutures out in 7-10 days with your regular doctor

**MEDICATIONS:** Motrin elixir  
Tylenol elixir

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

Foreign Language



Welcome 2LT (b)(3), (b)(6), 47th CSH Mosul

[Patient Reg./Update](#)   
 [Patient Search](#)   
 [Patient Info.](#)   
 [Reports](#)   
 [Patients By Service](#)

**Patient Treatment History**

SSN	NAME	REGISTER #	ARR. DATE
(b)(6) ?	[Redacted] ?	[Redacted] ?	[Redacted] 09 ?

PATIENT NAME:

[Redacted] *girl*

PATIENT SSN:

[Redacted]

INIT DIAGNOSIS: ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE, NEC

[Reverse Record Order](#)

[View SF 502 Narrative Summary \(PDF\)](#)

AUTHOR	DATE	NOTES	FACI
(b)(3), (b)(6)	6/12/2006 11:16:48 AM	(b)(6) brought in by helicopter after MVC between her vehicle and an up-armored HV. Pt stable at scene and en route, no loss of consciousness. Here pt complaining of pain in arm and right hand. Sats 100% RA, BP 107/58, P 76, RR 30, T 99.1 O HEENT normal. Chest normal, lungs CTA. abd soft, nd, non tender. Pelvis stable. Back normal. entire spine non tender. Ext - few 2-3 cm lacs on right forearm thru dermis. 1 cm lac left palm. Labs - BE -4. H/H OK CXR-no ACPD Right arm, left hand xray - no fx, no FN CT head - normal. A/P: s/p MVC with lacs to right arm (repaired in sterile fashion with sutures after irrigation) and palm (left open, dressed). Admit ICW for observation and boarding until family can assist with disposition to home.	47th C Tikrit
	6/13/2006 9:31:50 AM	Saw patient again this am. complaining only of pain in right hip - pelvis xrays negative and still ambulatory. Likely (expected) soreness from mvc. DISCHARGE SUMMARY PATIENT NAME: (b)(6) DIAGNOSIS: s/p MVC with arm and hand lacerations ADMISSION DATE: 12 June 2006 DISCHARGE DATE: 13 June 2006 HOSPITAL COURSE: Patient was admitted overnight for observation and disposition with family. Her hospital course was uncomplicated. She was ambulating and tolerating a regular diet upon discharge. DISPOSITION: Discharged to home with family FOLLOW UP: Sutures out in 7-10 days with your regular doctor MEDICATIONS: Motrin elixir Tylenol elixir (b)(3)(b)(6), MD	47th C Tikrit

STATUS	LOCATION	DATE	FACILITY	AUTHOR
INPATIENT	ICW-FOB SPIECHER	6/12/2006	47th CSH Tikrit	LEAK

[View or Add Attached Files - 0 Current](#)

[Patient Transport History](#)

**332<sup>ND</sup> AFTH TRANSFER - D/C SUMMARY**  
**BALAD AB, IRAQ**

PATIENT NAME:

(b)(6)

AGE: 16

DATE OF  
ADMISSION: 12 June 2006

332<sup>ND</sup> AFTH ID /

6296

SEX: Male

DATE OF  
DISCHARGE: 17 June 2006

**HPI / MECHANISM & PATTERN OF INJURY:**

Pt is young Iraqi male involved in MVA, with initial GCS of 13-14, but normal vital signs.

**HOSPITAL / OPERATIVE COURSE:**

332 EMDG- BALAD	(b)(6)	6/12/2006 10:14:53 AM	Pt is young Iraqi (b)(6) involved in MVA, with initial GCS of 13-14, but normal vital signs. Had decreasing GCS which required intubation, initially moved all four extremities to command. + Fast examination on initial scan. Taken to OR for exploratory Laparotomy. To go to CT scan after exp lap to eval head, neck, and abd/pelvis.
332 EMDG- BALAD	(b)(6)	6/12/2006 10:16:25 AM	Preop Dx: Positive Fast examination. Post Op DX: Same, splenic lac, and small grade two falciform liver lac. Procedure: Exp Lac and splenectomy and control liver oozing Surgeons: (b)(3)(b)(6) Aneesth: GETA
332 EMDG- BALAD	(b)(6)	6/12/2006 11:32:04 PM	Neuro- CT head shows small bilateral ich in thalamus. No surgical intervention, no signs of increase icp by imaging. Will wean to extubate and follow clinical exam.
332 EMDG- BALAD	(b)(3), (b)(6)	6/12/2006 7:00:36 PM	ICU Admission Note: Hx as above MVA with spleen and liver laceration, FAST positive in ER, went immediately to OR for Ex-lap, he underwent splenectomy and control of liver bleeding Neuro: slow to wake up and lapses in to a sleep but follows commands when prompted. CT head bilateral thalami petechial hemorrhages o/w normal. DALL sedation withdrawn, will control pain with morphine prn, dilantin 300mg qd for 7 days CT c-spine negative, c-spine cleared clinically. Pulm: CXR normal, tolerated spontaneous breathing trial, extubated to face mask, wean fiO2 to room air with SpO2 100%, Plan IS q1 GI: S/P splenectomy, will give immunizations, will advance diet slowly as tolerates CV: stable no issues Renal post op lytes Normal, good urine output, will dc foley when more alert ID: s/p splenectomy, no bowel injury, DC all antibiotics Heme: post op H/H 19/31 will follow serial HCT EXT: Pelvic fx: verticle fx of left superior pelvic ramus, fx of sacrum with verticale orientation at S1-S2, Ortho eval stable on clinical exam, recommended CT pelvis-pend
332 EMDG- BALAD	(b)(6)	6/13/2006 9:09:30 AM	Pt confused and not very communicative this am. Has right sided gaze preference. Sent from unit without foley and on liquids. First postop day today. No BS. Mild tachycardia. Plan repeat ct scan of head, replace foley cath, and make NPO and keep IVF going. Neurosurgery made aware, no recommendations per them.

332 EMDG- BALAD	6/14/2006 10:13:47 AM	Repeat head ctscan - no changes, thalamic petechiae. Temp to 102.5, has defervesced. WBC increased to 24k from 16k. wound - no erythema. CXR - rll atelectasis or infiltrate. Plan - will d/w ID about antibiotics, concerned because of postsplenectomy status. Will start making arrangements for continued care in Iraqi hospital, anticipate extended stay because of CHI.
332 EMDG- BALAD	6/14/2006 3:52:54 PM	<p>INFECTIOUS DISEASES: Adolescent Iraqi male originally admitted 12 Jun s/p MVA with liver/spleen lacs s/p splenectomy on 12 Jun. Also with stable thalamic petechiae on head CT. Noted yesterday on rounds to be somewhat lethargic, and last night was febrile to 102. Today remains lethargic, but complains of left flank discomfort, nausea, anorexia and headache. Denies shortness of breath. No diarrhea per nursing staff. Meds: Dilantin, Percocet PRN VS Tc 101, 124/76, P101, Sat 99% RA. Tired, somewhat difficult to awaken. No nuchal rigidity. Tachycardic, regular. Poor cooperation with pulm exam. Abd soft, midline incision healing well, no rebound/guarding, mild RUQ/flank tenderness. Ext with PCS in place, RUE PIV without any erythema. CXR last night with RLL opacity (atx/pna/contusion) new in last 24 hours, WBC 23K up from 16 24 hour prior (was 22K post-op), plt 219, creat 0.7. A/R Adolescent male s/p MVA and splenectomy now with fever and mildly lethargic. Diff Dx includes PNA, ATX, abd abscess, and reaction to dilantin. Given s/p splenectomy, most worrisome possibility would be early pneumococcal or meningococcal disease. 1. Would obtain blood and urine cultures and dilantin level 2. Start ceftriaxone 2g IV q12 empirically for now 3. Consider d/c dilantin 4. Consider abd CT if fails to improve and no diagnosis made in next 24-48 hours.</p>
(b)(3), (b)(6)		
332 EMDG- BALAD	6/15/2006 9:12:19 AM	Pt continues to be relatively lethargic. Has some torticollis of neck. ID note noted. Not febrile now. WBC pending. Abd soft and nontender. Plan discontinue foley and adv diet if awakens. D/w neurosurgery, who feels no further treatment for head injury. Will d/w Dr Landrum re ? spinal tap.
332 EMDG- BALAD	6/15/2006 1:16:34 PM	INFECTIOUS DISEASES: Still lethargic to some degree. Afebrile. Exam unchanged. Cultures pending. Would continue ceftriaxone for now while awaiting cultures. Given that he is afebrile and otherwise stable, would not LP now or get CT.
332 EMDG- BALAD	6/16/2006 9:12:03 AM	Afebrile, MS improved. Able to get teenager to move head to midline but has pain on left side. Foley had to be reinserted. WBC down to 11k. Plan - d/c antibiotics, place in c-collar and remove Foley once again. Pt and family still want pt to go home tomorrow, will reevaluate.
332 EMDG- BALAD	6/17/2006 9:19:56 AM	Pt without complaints. Has tolerated po, ambulated and has less neck pain. Staples dced and incision without infection. Plan discharge today to family. Has received pneumovax.

LIVE MEDICAL ISSUES:

None: Closed head injury should resolve with time, no heavy lifting from abdominal incision for 6 weeks.

**PERTINENT LAB & X-RAY RESULTS**

See above

**DISCHARGE DX AND CONDITION:**

S/P MVA with Splenectomy and closed head injury

**DISP & RX:**

Discharge To home

MEDICATIONS: Percocet <sup>1-2</sup> po q 4h prn # 40.

**CONTINUED ON REVERSE SIDE**

**TRANSFER INFORMATION**

VENT  Yes  No

Mode  
Tidal Volume  
Rate  
FiO<sub>2</sub>  
PEEP  
PS

MEDICAL  
EQUIPMENT  
ACCOMPANYING  
PATIENT:

LITTER  AMBULATORY

MEDICAL ATTENDANT  Yes  No

NON-MEDICAL  Yes  No  
ATTENDANT

RE-EVAL REQUIRED IN EMT  Yes

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

MD, Maj USAF

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

Physician Signature Block (Typed) (Sign Hard Copy)

Original - Patient (transfer package)  
Copy - Inpatient Medical Record  
Copy - SGH

CLICK EDIT, CLICK COPY THEN PASTE INTO JPTA

t://surgeons/JPTA./ Transfer-Discharge Summary (Jaso).doc (23 Jul05)

CENTCOM 005524





**DEPARTMENT OF THE AIR FORCE**  
**332nd Air Force Theater Hospital**  
**Balad Air Base, Iraq**

**June 13, 2006**

**MEMORANDUM FOR THE GUARDS AT NORTH GATE/LSA ANACONDA**

**FROM:** 332<sup>nd</sup> EMDG/SGH  
Air Force Theater Hospital – LSAA/Balad AB

**SUBJECT:** Transfer of the Human Remains

1. Please allow the family of deceased patient (b)(6) to bring a vehicle, after the appropriate security measures, into the personal search area parking lot to transfer human remains. The family is requesting that they take receipt of the remains o/. Mortuary Affairs office will coordinate transport of the deceased to the North Gate.
2. Please call Mortuary Affairs Office directly at DSN (b)(2)High and they will arrange to come to the gate to coordinate the transfer. If you cannot reach Mortuary Affairs please call either DSN (b)(2)High Thank you for your assistance in this matter.

(b)(2)High

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



## MULTI-NATIONAL FORCES - IRAQ

The Multinational Force-Iraq of [redacted] and wishes the return of the human remains of [redacted] his/her primary next of kin. The remains have been treated with the courtesies required by Muslim or Christian tradition and have been treated with the same respect and courtesy as those of the Coalition forces. The person receiving the remains acknowledges that Coalition forces have provided the remains in a respectful manner. Any perceived violation of local customs is wholly unintentional on the part of Coalition forces. All personal effects that were found with the remains are being turned over and an inventory is attached.

القوات المتعددة الجنسية - العراق نتقدم بكل الأسف العميق والأعتدار لفقدان احبابكم و نتمنى ان تقدم و ترجع اليكم البقايا الادمية الخاصة بالمرحوم تجدد باسم محمد مجيد الى نسب اهله القريب الاولى الية. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام والالطف التي تتطلبها تقاليد وعادات الديانة الاسلاميه او الديانة المسيحية و تمت معاملتها بنفس المعاملة التي تلقاها الموتى من قوات التحالف. الشخص المتسلم للبقايا الادمية يدرك جيدا بان قوات التحالف قامت بالعمل اللازم و بكل اساليب الاحترام التامة. و في حالة وجود او ادراك أية انتهاك للعادات و التقاليد المحلية فبكل الاسف انه ليس عمدا و غير مقصود كليا من جانب قوات التحالف. مع العلم جميع البقايا الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

اسم الشخص للتأكد و اثبات البقايا الادمية  
 [redacted] (b)(6) Person verifying identity  
 [redacted] (b)(6)  
 اسم الشخص المتسلم | .....  
 [redacted] (b)(6) Person receiving remains  
 [redacted] (b)(6)  
 العلاقة بالمرحوم | .....  
 Cousin Relationship to deceased

التاريخ | .....  
 13 Jun 06 7/7/06 Date

patient # 6295

068-06/AR31122RM6/Balad



TF 30<sup>TH</sup> MED BDE  
CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT:

DATE AND TIME OF INCIDENT: 12 June 06 1112

TYPE OF INCIDENT: DOA

LOCATION OF INCIDENT: 332 EMDG AFTH Balad

PERSONNEL INVOLVED:

NAME: Unknown, Unknown

ID NUMBER:

NATIONALITY: Iraqi

SUBJECT:

REMARKS:

PUBLICITY:

POC NAME: T Sgt

NUMBER:

FFIR #

PIR #

N/A

HOSPITAL REPORT OF DEATH <small>FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>		NAME AND LOCATION OF HOSPITAL 332 EMDG BALAD AB, IRAQ	
<i>Instructions - Medical Officer in attendance will; Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i>			
<b>SECTION A - ATTENDING MEDICAL OFFICER'S REPORT</b>			
PERSONAL DATA			
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">(b)(6)</div> Iraqi Civilian  Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number	2. TIME OF DEATH (Hour-day-month-year)  <div style="text-align: center; font-size: 1.2em;">11/12</div>	3. MEDICAL EXAMINER/CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO  5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. RELIGION  6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH		
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) <i>Bilateral cerebral edema</i>		<i>hours</i>
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1) <i>Closed Head injury to open skull Ex min</i> (2) <i>Motor Vehicle Accident</i>		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.		
9. DATE	10. TYPED OR PRINTED IN ATTENDANCE	(b)(3), (b)(6)	
<i>12 June 06</i>	<i>CDR</i>		
<b>SECTION B - ADMINISTRATIVE ACTION</b>			
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON	13. POST ADJUTANT GENERAL NOTIFIED	14. IMMEDIATE CO OF DECEASED NOTIFIED	15. INFORMATION OFFICE NOTIFIED
16. POST MORTUARY OFFICER NOTIFIED	17. RED CROSS NOTIFIED	18. OTHER (Specify)	19.
<b>SECTION C - RECORD OF AUTOPSY</b>			
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO		21. AUTOPSY ORDERED BY (Signature)	
22. PROVISIONAL PATHOLOGICAL FINDINGS			
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY	
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR	

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Death Note

12 June 06 1116 Young Iraqi girl Age Approx 10 involved in MVA severe head injury with bilateral edema cerebellar herniation bilateral Neurosurgery evaluated pt. Her injury caused bilateral edema no surgical options. Pt brought to ICU Given Fentanyl, Endotracheal and allowed to die aggressive care withdrawn. She was pronounced dead at 11:12 AM on 12 June 06

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

305J

late Entry

12-June 06 Surgery Summary - Admitted earlier this morning via US Army CASEVAC Helicopter. Few details available. Apparent mechanism of MVC is devastating Traumatic Brain Injury; open (R) frontal skull fracture with fixed, dilated pupils. Other injuries include (R) pneumothorax. CT scan of brain showed uncal herniation, brainstem effacement and global hypoxia. Neurosurgery concurs as non-viable. Pt moved to ICU for comfort and resp @ 11:12 AM. Pronounced by Dr [redacted] and myself.

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

STANDARD FORM 600 (REV. 6-97) BACK

Unknown [redacted] down  
(b)(6)  
Iraqi Civilian (Red)

**MILITARY OPERATIONS  
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL**

1. DATE (YYYYMMDD)

20060612

2. PAGE 1

OF 1 PAGES

**PRIVACY ACT STATEMENT**

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

**3. TENTATIVELY IDENTIFIED DECEDENT**

a. NAME (Last, First, Middle Initial) (or Unidentified)	b. GRADE	c. SSN Patient#	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
BTB Unknown	N/A	6295	Iraq, Civ	Deceased	20060612
4. PLACE OF RECOVERY (Include grid coordinates)			5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS	
332nd EMDG (HOSPITAL) BALAD, IRAQ			20060612	a. #1 068-06AR311th	b. #2 QMCO/BALAD

**7. INVENTORY OF EFFECTS**

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
—	nothing found			

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
—	nothing found			

**9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)**

ALL KNOWN EFFECTS     
 ALL KNOWN EFFECTS RECOVERED FROM UNIT     
 ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION
(b)(3)(b)(6)	E-5	311th QM CO (COLL) (MA)
d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)	
(b)(3), (b)(6)	20060612	

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

**12. RECEIVING OFFICIAL**

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION
d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)	

CENTCOM 005531

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE		
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number)		GRADE	SERVICE NO. SSAN	CIL CASE NUMBER (If applicable)	
BTB Unknown		n/a	Patient # 6295	n/a	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER			PLOT	ROW	GRAVE
068-06/AR 311th QMC/Balad			n/a	n/a	n/a
RECEIVED FROM			IMPRINT OF IDENTIFICATION TAG		
332nd EMO Co Balad Iraq			<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em;">n/a</span> </div>		
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification)					
none found					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)					
none found					
FINGERPRINTS TAKEN		X-RAYS MADE		FLUOROSCOPE STATEMENT ATTACHED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN		ANTHROPOLOGICAL STATEMENT MADE		CHEMICAL STATEMENT ATTACHED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT	MUSCULARITY	COLOR OF HAIR	RACE OR NATIVITY		
38"	slim	black	Iraqi		
TATTOOS, SCARS OR MARKS ON BODY					
n/d					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS					
n/d					
WOUNDS OR INJURIES					
see DD Form 600					
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.					
NAME, GRADE, AND ORGANIZATION			SIGNATURE		
(b)(3), (b)(6)			E-5 311th M.A.		
			(b)(3), (b)(6)		

DD FORM 890, JAN 58

PREVIOUS EDITION OF THIS FORM IS OBSOLETE

23 August 2005

CENTCOM 005532

2 dead

85

(b)(6)

↳ dead → \$5,000

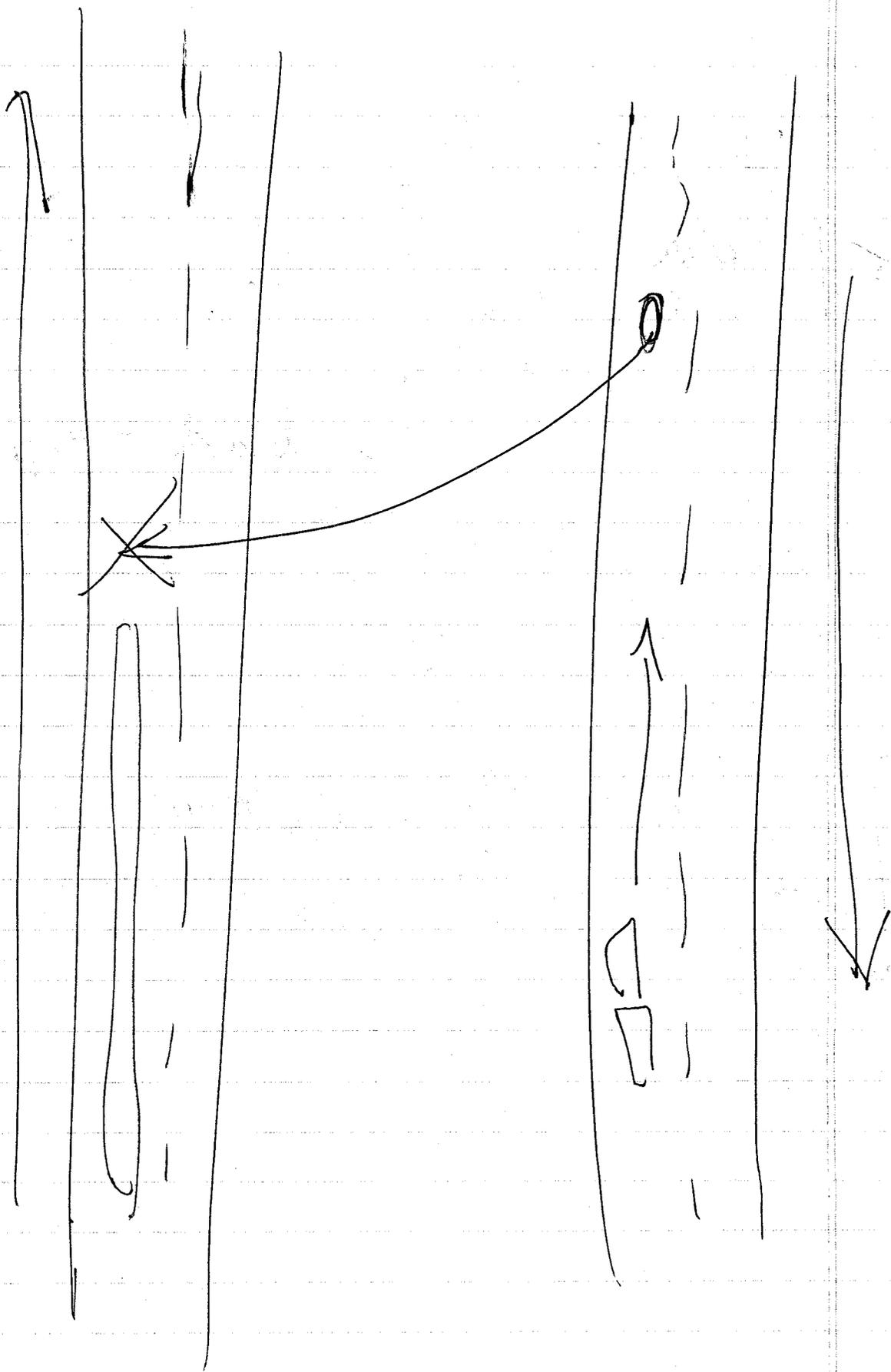
3 Injured

86 ←

85

(b)(6)

Uberist - Uncle / Driver  
\$400 → child  
→ child  
hand & Arm  
Lacerations



Pages 31 through 32 redacted for the following reasons:

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Foreign Language Document

06/17/06

محمد محمد عبد  
محمد محمد عبد

Name

(b)(6)

Date

~~20~~ July 06  
29

التاريخ

Claim No.

6-IT6-085

-086 رقم المعاملة

Reason

GWP

السبب

Appointment with

SIA

Signature

(b)(6)

الموعد مع

5537 التوقيع

(b)(6)

(b)(6)

Page 35 redacted for the following reason:

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(b)(6)