(b)(6)

$\frac{\text{745 - 3}}{\text{15 - 3 - 2005}}$

CENTCOM 005752

DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-TAHREER, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF:

April 25, 2005

Claims Office

SUBJECT: Claim # 745-3

(b)(6)

Dear (b)(6)

You have submitted a claim seeking compensation for damages allegedly caused by U.S. Forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Dny -Combat

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

Major, U.S. Army
Foreign Claims Commission

745 - 3
15 - 3 - 2005

Government Information Centre
Baghdad Al Radwania
مركز المعلومات الكرخي

Claims Form

To: United States Army Foreign Claims Commission
From: **Name:**
Addres (b)(6)
(b)(6)
I am
a. A citizen and national of: Iraq
b. A permanent resident of: Baghdad (b)(6)
c. Employed by:
d. Check one ( ) An insurer (X) Not an insurer
e. Check one (X) 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)
Multi National 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: (b)(6) Baghdad (City) Iraq (Country)

My claim arose on: 2 (Month) 20 (Day) 2005 (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.)
on Feb. - 20 - 2005 when I went with my wife and my kides from Baghdad to Al-Garma to visit one of my relitife and on the highway I saw check point for Multi National and when I take subway to move and when I turn I have been shot and my family too from one of the Soldieres and that made to get shot on my wife in her head and another hitej in my dughter it's (b)(6) yeares in her head and she is dead and after that the soldieres take my wife and my dughter to Ibn sena hospitol inside green zone. and I won't compansation by that.

CENTCOM 005755

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

Hited my wife by bulletes in her head and she is injured now. Death of my dughter because she had been shot by bulletes in her head from Multi National 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- Blood mony about my dughter	3500 $
2- Hited my wife by wonnded because she had been shot by bullet.	2500 $
4-	
5-	
6-	

Total: 6000 $

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

The name and address of my insurer (if any) is:

(Name) (b)(6) **(Address)**

I claim as damages: (Indicate amount in U.S. dollars and local currency)

$ 6000 $ **local** 8700000 ID

(Signature of Claimant)

Subscribed before me this 15 day of 3, 2005

(b)(6)

(Print Name)

(b)(6)

(Signature)

CENTCOM 005757

GENERAL INFORMATION CENTAR,
AL-RADHWANYA, BAGHDAD, IRAQ

"THE CLAIM'S CONTAINS"

The Claimant name:-... (b)(6)

- 1- copy of Iraqi citizenship + personal ID of the wife + personal ID of the dughter.
- 2- Medical report from Ibn seena hospital in green zone.
- 3- Medical report from Al-shola hospital.
- 4- Death certificat from Ibn seena hospital.
- 5- Death certificat from Iraqi hospital.
-

Government Information Centre
Baghdad Al Radwania
مركز المعلومات الحكومي

General Information Cent nya
Date:- 15-3-2005..... (b)(6) ....

Foreign Language Text, (b)(6)

Page 12 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language

Page 14 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6), Foreign Language

359th Neurosurgical Det
86th Combat Support Hospital

Ibn Sina Hospital
Baghdad, Iraq

NEUROSURGICAL DISCHARGE SUMMARY

Patient Name:
Patient number (b)(6)
Admit: 20 February 2005 **Discharge** 23 February 2005
Reason for Admission: GSW to the head
Hospital Course: Iraqi female s/p GSW to the head at checkpoint. GCS 15 in ER, CT scan revealed a left convexity open depressed skull fx with hematoma.
She was taken to the OR and a removal of contaminated bone, debridement of contused brain and timesh cranioplasty were performed.
Postoperatively she was intact. A CT scan revealed no residual fragments or hematoma. Her Wound was clean, dry and intact.

Procedures: Left minicraniectomy with timesh cranioplasty, 20 February

Pending Issues:

- Scalp sutures removed in 14 days.

Medications:

- Augmentin x 2 weeks (500 mg po TID)
- Pain meds as needed. (Percocet)

Discharge Instructions:

- Remove suture in scalp in 14 days
- No strenuous activities until 12 weeks have past

Do not hesitate to call me for any questions or issues regarding this patient. I am pleased to participate in his care and wish him a speedy recovery.

Attending Surgeon: (b)(3),(b)(6) **MD**
LTC MC USA
Commander 359 Neurosurgical Det

86th CSH/359 Neuro
Baghdad, Iraq
APO, AE 09348

(b)(3)(b)(6)
(b)(3),(b)(6), (b)(2)High
February 21, 2005

CENTCOM 005767

CERTIFICATE OF DEATH (OVERSEAS)

Acta de dácks (D'Outre-Mer)

DATE OF OCCURRENCE (Day, Year, Gained) Hora de dácks (Hora si jornada)

(b)(6)

ORGANIZATION Dependencia

GRADE Grado

BRANCH OF SERVICE Arma

SOCIAL SECURITY NUMBER Número de l'Assurance Sociale

NATIONALITY (e.g., United States) País

DATE OF BIRTH Date de naissance

SEX Sexo

[ ] MALE Masculin

[X] FEMALE Femenin

RACE Raza

CAUCASIAN Caucasiqua

NEGRO Negráda

OTHER (Specify) Autre (Spécifier)

MARITAL STATUS Etat Civil

SINGLE Celibataire

MARRIED Casado

WIDOWED Viudo

DIVORCED Divorcé

SEPARATED Separé

RELIGION Culto

PROTESTANT Protestant

CATHOLIC Catolique

JEWISH Judío

OTHER (Specify) Autre (Spécifier)

NAME OF NEXT OF KIN Nom du plus proche parent

RELATIONSHIP TO DECEASED Parenté du dácks avec le décédé

STREET ADDRESS Dondeldá á (Rue)

CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal inclusif)

MEDICAL STATEMENT Declaración médicala

CAUSE OF DEATH (Enter only one cause per line)

Causa du dácks (Indiquez qu'une cause par ligne)

INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le dácks

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Dabadía ou condition directement responsable de la mort.

ANTECEDENT CAUSES Symptómes intervenants de la mort.

MORBID CONDITION, IF ANY, LEADING TO UNRELATED CAUSE Condition morbide, s'il y a lieu, annexé à la cause primaire

UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire

ANOXIC BRAIN INJURY — 12 hr

GSW HEAD — 12 hr

OTHER SIGNIFICANT CONDITIONS[2] Condiciones significativas

MODE OF DEATH Condition du dácks

NATURAL Mort naturelle

ACCIDENT Mort accidentalle

SUICIDE Suicide

HOMICIDE Homicide

AUTOPSY PERFORMED Autopsie efectuée [ ] YES Oui [ ] NO Non

MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie

NAME OF PATHOLOGIST Nom du pathologiste

SIGNATURE Signature

DATE Date

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES

Circonstances de la mort suscitées par des causes extérieures

AVIATION ACCIDENT Accident á Avión

[ ] YES Oui [ ] NO Non

DATE OF DEATH (Hour, day, month, year) Date du dácks (Heure, le jour, le mois, l'année)

0851, 21 Feb 2003

PLACE OF DEATH Lieu du dácks

BAGHDAD, IRAQ

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

J'ai examiné les restes mortels du défunt et je témoigne que le dácks est survenu à l'heure indiquée et, la suite des causes énoncées ci dessus

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

NAME OF CERTIFYING MEDICAL OFFICER Nom du médecin les soulcitée

RANK OR TITLE OF CHIEF Titre ou diplómed

MD NEUROSURGEON

INSTALLATION OR ADDRESS Base

BAG CSH

SIGNATURE Signature

DATE Date

21 Feb 2003

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

[1] Some disease, injury or complication which caused death, but not mode of dying such a

[2] Some condition contributing to the death, but not related to the disease or condition

[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a causé

[2] Préciser la condition qui a contribué à la mort, mais n'étant pas en rapport avec la maladie ou à la condition qui a provoqué la mort

DD FORM 2064, APR 1977 REPLACES DA FORM 3066, 1 JAN 1972 AND DA FORM 3565 (RPAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

CENTCOM 005768

CENTCOM 005769

Page 20 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6), Foreign Language

CENTCOM 005771

Foreign Language Text, (b)(6)

CENTCOM 005773

Pages 24 through 31 redacted for the following reasons:

- -

(b)(6), Foreign Language