(b)(6)

272 – 7
1-July-2006

06-I47-T098-00001

Foreign Language Text

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

(b)(5)

Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
I TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
230th Finance Battalion
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

10DATE VOUCHER PREPARED
07-Oct-06

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
230th Finance Battalion
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

PAYEE'S NAME AND ADDRESS
CLAIM #: 06-I47-T098
(b)(6)
(b)(6)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM | TO | WEIGHT

GOVERNMENT B/L NUMBER

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)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				$2,500.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $2,500.00

PAYMENT:
- [ ] PROVISIONAL
- [x] COMPLETE
- [ ] PARTIAL
- [ ] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

TITLE: CPT, FC
DISBURSING AGENT

Amount verified, correct for $2,500.00
(Signature or initials)

Pursuant to authority vested in me

30 Oct 06 (Date)

(b)(3),(b)(6)
(b)(3),(b)(6)
(Authorized Certifying Officer)

PAYING AGENT (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High
(b)(2)High

$2,500.00

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank)

CASH $2,500.00 | DATE

(b)(6)
(b)(6)

[1] When stated in foreign currency, 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 receipted 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.

PER

TITLE

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money.
The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

06-I47-T098

Office of the U.S. Treasury Department Financial Attaché
Embassy of the United States of America - Baghdad, Iraq

Serial Number Accountability Record

The Purpose of this form is to record the serial numbers on USD $100 notes thereby providing a tracing mechanism to the recipient. **Pay agents** should turn this form in to their respective finance offices as part of the reconciliation process. **Finance offices** should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 30 Oct 06

PAY AGENT NAME: (b)(3),(b)(6)
Print last name, first name

NAME OF IRAQI FIRM BEING PAID: N/A – Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:
(b)(6)
Print given name, father's name, grandfather's name, tribal name

$100 note serial numbers:

(b)(6) (b)(6) ____ through (b)(6) (b)(6) ____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____.

*Use additional forms if needed.

REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

AFZS-LF-JA 20-Sep-06

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) (b)(6)
06-I47-T098 (b)(6) (b)(6)

1. Facts.

Claimant spouse was attacked by Military Dogs that was with a dismounted patrol in the area.

Claimant has requested $4,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of $2,500.00

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

CPT, JA
CLAIMS ATTORNEY I47

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

طلب # 06-I47-T098

(b)(6)
(b)(6)

أني،ا (b)(6)
(b)(6)
من ا
أوافق Foreign Language Text $2,500.00

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية، ضباطها ووكلائها وعامليها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ 4/16/2006 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية، ضباطها ووكلائها وعامليها من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة، إن وجدت، أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالممتلكات أو أية إصابات أو وفايات نتجت عن هذه الحادثة

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10، قانون الولايات المتحدة 2734، وعليه فيجب ألا يؤول على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها وموظفيها.

(b)(6)
(b)(6)

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

DATE 30 Oct 2006

WITNESS SIGNATURE Foreign Lang
Foreign Language Te

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

30 Oct-2006

GENERAL INFORMATION CENTER,
AL-RADHWANYA- BAGHDAD, IRAQ.

GIC OPINION ABOUT CLAIMS

(b)(6)
(b)(6)
(b)(6)
(b)(6)

1. We attached all the documents proof killing the claimant's wife name is (b)(6) (b)(6) and she's killed by American police dog and she dead during transfer to the helicopter.
2. Her husband didn't receive her body until two months later.
3. The way of killing her made her husband and her family and her sons suffer too much for that they deserve good compensation.
4. He ask amount of $10000/00.
5. We suggest you compensate him amount that he ask.

With our respect,

(b)(6)
(b)(6)

(b)(6)
(b)(6)

GIC OF ALRADWANYA
8th July 2006

2-101ST
CLAIMS LOG

DATE CLAIM SUBMITTED: _____
AMOUNT CLAIMED: _____
DATE OF INCIDENT: _____

CLAIMS CARD: Y/N (b)(3) b)(3),(b)(6
UNIT/INVOLVED: _____ P.O.C/ PH. #: _____ SIGACTS: Y/N

APPEAL: Y/N

DATE	ACTION(S) TAKING	NOTES
-	claimant spouse died en route to hospital	
-	incident was caused by SF	

(b)(5)

(b)(5)

Claims Form

272-7
1-July-006

To: United States Army Foreign Claims Commission
From: **Name:** (b)(6)

Address: (b)(6)

Iraqi ID No.

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 and Telephone Number)

M. N. F.

The property damaged had 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 Radwanya (Town) Baghdad (City) Iraq (Country)

My claim arose on April (Month) 16th (Day) 2006 (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 16 of April 06 at 7:30 PM there is 4 helicopter running after person driving on the farm way so the helicopter open fire on him and there is a police dogs in the area, my wife hear noise outside she went out to see her kids but she attacked by the police dogs, the Soldier try to help her but she died in the airplan with the same person which they Followed and I try to find my wife for two month later I find her (the body) in hospetal on 24 June 06 for this I asked for Compensation.

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

my wife was died by M.N.F
(police dogs she's attaked by
dogs.

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- my wife was killed by	10000 $
2-	
3- dogs belongs to M.N.F	
4-	
5-	
6-	

Total: 10000$

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) **(Address)**

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

$ 10 000 $ **local** 14.500.000 I.D

(b)(6)

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 day of 7, 2006

(b)(6)

(b)(6)

(Print Name)

(Signature)

GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.

"THE CLAIM'S CONTAINS"

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

① Iraqi I.D Sexuality for the claim's and for the wife

General Information Center/Al-Radhwanya
Date:- 1 July 06

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 13 through 14 redacted for the following reasons:
- -
(b)(6), Foreign Language
Foreign Language Text, (b)(6)

Redact Page

Mortuary Affairs

TF 30TH MED BDE
CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT:

DATE AND TIME OF INCIDENT: 11 APR 06 @ 2358

TYPE OF INCIDENT: Death

LOCATION OF INCIDENT:

PERSONNEL INVOLVED:

NAME: Unknown Female
ID NUMBER: (b)(6)
NATIONALITY:

SUBJECT:

REMARKS:

PUBLICITY: Circumstances unknown

POC NAME: SSgt (b)(3),(b)(6) NUMBER: 443-8520

FFIR #

PIR #
N/A

TF30 MED CCIR REPORT: FORMAT AS OF 24OCT05

CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

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.

1. FROM	2. TO	3. DATE PREPARED (YYYYMMDD)	4. PAGE
BALAD MACP	BAGHDAD MACP	20060421	1 OF 1 PAGES

5. VEHICLE/AIRCRAFT ID NUMBER	6. EVACUATION NUMBER	7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state) a. NAME (Last, First, Middle Initial)	b. GRADE	c. SSN	d. ORGANIZATION
(b)(2)High	(b)(6) AR 311 QM CO/BALAD	(b)(6)	CIV		IRAQI CIVILIAN
	(b)(6) AR 311 QM CO/BALAD		CIV		IRAQI CIVILIAN
	(b)(6) AR 311 QM CO/BALAD		CIV		IRAQI CIVILIAN
		NOTHING FOLLOWS			

8. AIRCRAFT/VEHICLE DEPARTED	(b)(3),(b)(6)	b. GRADE	c. ORGANIZATION
a. TIME		MSgt	318 MS
b. DATE (YYYYMMDD)			e. DATE SIGNED 20060421
10. AIRCRAFT/VEHICLE ARRIVED		b. GRADE	c. ORGANIZATION
a. TIME 1030		E-5	311 MP Co
b. DATE (YYYYMMDD) 20060421			e. DATE SIGNED (YYYYMMDD) 20060421

DD FORM 1075, 2 BE USED USAPA V1.00

CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

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.

1. FROM	2. TO	3. DATE PREPARED (YYYYMMDD)	4. PAGE
Biap Mortuary, Iraq	MoH, Iraq	20060425	1 OF 1 PAGES

5. VEHICLE/AIRCRAFT ID NUMBER	6. EVACUATION NUMBER	7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state) a. NAME (Last, First, Middle Initial)	b. GRADE	c. SSN	d. ORGANIZATION
Iraqi Ambulance	(b)(6) AR311th QMCo/04	(b)(6) (b)(6)	CIV	(b)(6) (b)(6)	N/D
Iraqi Ambulance	(b)(6) AR311th QMCo/04		CIV		N/D
----------	----------	-------Nothing Follows--------	--------	----------	----------

8. AIRCRAFT/VEHICLE DEPARTED	9. AIRCRAFT/VEHICLE COMMANDER		
a. TIME 1700	(b)(3),(b)(6) (b)(3),(b)(6)	b. GRADE E-4	c. ORGANIZATION 311th QM Co(MA)
b. DATE (YYYYMMDD) 20060425			e. DATE SIGNED (YYYYMMDD) 20060425
10. AIRCRAFT/VEHICLE ARRIVED		b. GRADE CIV	c. ORGANIZATION MoH Driver
a. TIME	(b)(6) (b)(6)		e. DATE SIGNED (YYYYMMDD) 20060425
b. DATE (YYYYMMDD) 20060425			

DD FORM 1075, JUL 1998 (EG) PREVIOUS EDITION MAY BE USED. Designed using Perform Pro, WHS/DIOR, Jun 98

STATEMENT OF RECOGNITION OF DECEASED

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.

1. TENTATIVELY IDENTIFIED DECEDENT

a. NAME *(Last, First, Middle Initial) (or Unidentified)*	b. RANK	c. SSN
d. ORGANIZATION	e. SERVICE	

2. I HAVE PERSONALLY VIEWED THE REMAINS TENTATIVELY IDENTIFIED ABOVE. RECOGNITION IS BASED ON THE FOLLOWING.

a. SEX	b. APPROXIMATE AGE *(Years)*	c. APPROXIMATE HEIGHT	d. RACE
e. HAIR COLOR *(If brown, indicate light or dark, as applicable)*		f. BUILD/MUSCULARITY *(Slender, medium, heavy or obese)*	

g. IDENTIFYING MARKS *(Fully describe by type and location. All known scars, tattoos, birthmarks, amputations or other body markings to support the identification.)*

h. REMARKS

3. DETAILS OF VIEWING

a. DATE *(YYYYMMDD)*	b. TIME	c. PLACE

4. PERSON MAKING VISUAL IDENTIFICATION

a. NAME *(Last, First, Middle Initial)*	b. RANK	c. SSN
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*
g. RELATIONSHIP TO DECEASED *(CDR, ISG, Friend, Relative, etc.)*	h. LENGTH OF TIME YOU KNEW DECEASED *(Number of months or years)*	

5. WITNESS

I certify that the individual identified in Item 4 has viewed the remains in my presence, and that to the best of my knowledge and belief the above statements are true.

a. NAME *(Last, First, Middle Initial)*	b. RANK	c. TITLE
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*

DD FORM 565, JUL 1998 (EG) PREVIOUS EDITION MAY BE USED. Designed using Perform Pro, WHS/DIOR, Jun 98

RECORD OF IDENTIFICATION PROCESSING

(Effects and Physical Data)

DATE: 20060412

LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number)	GRADE	SERVICE NO. SSAN	CIL CASE NUMBER (If applicable)
(b)(6) (b)(6)	Civ	part II (b)(6) (b)(6)	N/A

NAME OF SEARCHER, EXHUMATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
CSS-06 /AR311thQMCO/BALAD	N/A	N/A	N/A

RECEIVED FROM
332nd EMDG (HOSPITAL) BALAD, IRAQ

IMPRINT OF IDENTIFICATION TAG
-
none found 0

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 TM 10-286)*
none found

FINGERPRINTS TAKEN	X-RAYS MADE	FLUOROSCOPE STATEMENT ATTACHED
☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO
PHOTOGRAPHS TAKEN	**ANTHROPOLOGICAL STATEMENT MADE**	**CHEMICAL STATEMENT ATTACHED**
☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

PHYSICAL DESCRIPTION

ESTIMATED HEIGHT	MUSCULARITY	COLOR OF HAIR	RACE OR NATIVITY
(b)(6) (b)(6)	slim	gray	Iraqi

TATTOOS, SCARS OR MARKS ON BODY
n/a

EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
none found

WOUNDS OR INJURIES
SEE ~~DD FORM 2064~~ standard 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) (b)(3),(b)(6)	E-4	311th QM CO (COLL) (MA)	(b)(3),(b)(6) (b)(3),(b)(6)

DD Form 890, 1 JAN 58 PREVIOUS EDITION OF THIS FORM IS OBSOLETE. JSAPPC V1.00

MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD): 20060417
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	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
(b)(6) (b)(6)	Civ	(b)(6) (b)(6)	Iraqi	Deceased	20060417

4. PLACE OF RECOVERY (Include grid coordinates)	5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS a. #1	b. #2
332nd EMDG (HOSPITAL) BALAD, IRAQ	20060417	55-06/AR311th	QMCO/BALAD

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
(b)(6) (b)(6)	(b)(6) (b)(6)			
	nothing follows			

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

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
	none found			

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)

[ ] ALL KNOWN EFFECTS [ ] ALL KNOWN EFFECTS RECOVERED FROM UNIT [X] ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	e. DATE SIGNED (YYYYMMDD)
(b)(3),(b)(6) (b)(3),(b)(6)	E-4	311th QM CO (COLL) (MA)	20060417

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)

DD FORM 1076, JUL 1998 PREVIOUS EDITION MAY BE USED. USAPA V1.00

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
16 Apr 04	[illegible]

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

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

Arrived in Body bag, absence of spontaneous heart beat, eyes fixed + dilated, Ø Breath sounds, confirmed dead.

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

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

SPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
NSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
IENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex,		REGISTER NO.	WARD NO.

(b)(6)

(b)(6)

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

332 EMDG / PAD
BALAD AB, IRAQ

NAME- (b)(6) (b)(6)

SSN- (b)(6) (b)(6)

UNIT- Iraqi Civilian

DATE- 11 Apr 06

PATIENT'S IDENTIFICATION (For plate imprint, typewriter or hand)

PATIENT'S DEPOSIT RECORD

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

I have been informed that any funds or valuables in my possession while a patient in this hospital are retained at my own risk and that I may and should deposit same in the patient trust fund.

I do ☐ *do not* ☐ *wish to make a deposit at this time.*

Patient Unable to Sign

Patient's signature (or witness's, if patient is unable to sign)

FUNDS & VALUABLES RECEIVED IN FULL *(Patient's or witness's signature and date)*

FUNDS

DATE	DEPOSITS	WITHDRAWALS	BALANCE	SIGNATURE

VALUABLES

NUMBER	DESCRIPTION OF VALUABLES	DEPOSITS		WITHDRAWALS	
		QUANITY	SIGNATURE	DATE	SIGNATURE (Patient or intermediate individual)
1	Matches	1 PKG	(b)(6), (b)(6), (b)(3)		
2	Cigarettes	1 PKG			

DA FORM 3696, DEC 77 REPLACES EDITION OF 1 AUG 76, WHICH MAY BE USED USAPA V1.01

MODIFIED FOR 332 EMDG / PAD 28 DEC 2005