

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

(b)(6)

(35)

07I92T048

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

*28 Aug 07*

(b)(2)High

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

*13 March 08*

**CLAIMS CHECKLIST**

CLAIM NUMBER: \_\_\_\_\_ AMOUNT OF CLAIM: \$ 15,000  
 CLAIMANT'S NAME: (b)(6)  
 DATE OF INCIDENT: 17 Jan 06 DATE FILED: 27 Mar 07 DATE RECEIVED: \_\_\_\_\_

CLAIM TYPE:  
 Vehicle Damage       Detainee Property       Damage During Raids  
 SAF Damage/Injury       Real Estate       Other Death  
 CLAIM AROSE FROM:  
 Combat Activities       Non-combat Activities  
 CLAIM IS:  
 Payable       Not Payable

BRIEF OVERVIEW:  
 Claimant states that her husband was in a vehicle accident w/ US Forces. he was injured and transported to hospital in balad. husband pronounced dead @ hospital  
 REMARKS:  
 Recommend Approval / Denial For \$10,000 due to time waited  
 REVIEWED BY: SGT (b)(3),(b)(6) (b)(3),(b)(6) DATE REVIEWED: 25 Apr 07

APPROVAL COMMENTS  
 Approve \$10,000  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE APPROVED/DENIED: 13 April 2007

DENIED       APPROVED  
 Denial Memo       Amount Approved: \$10,000  
                                   Approval Memo  
                                   Settlement Agreement  
                                   SF 1034  
                                   Disbursing Officer Memo

Standard Form 1034  
Revised October 1997  
Department of the Treasury  
T FPM 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  
15th FINANCE BATTALION  
APO AE 09352**

DATE VOUCHER PREPARED  
**25 August 2007**

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY  
**15th FIN BN  
3rd FIN, 3rd SSB  
APO AE 09352  
DSSN 5579**

REQUISITION NUMBER AND DATE

PAYEE'S  
NAME  
AND  
ADDRESS

(b)(6)  
BAGHDAD, IRAQ

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 <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE		AMOUNT ( <sup>1</sup> )
				COST	PER	
		<b>FOREIGN CLAIMS NUMBER 07-192-T048 VEHICLE DAMAGE AND DEATH</b>				<b>10,000.00</b>
<b>TOTAL</b>						<b>10,000.00</b>

(Use continuation sheet(s) if necessary)

(Payee must sign)

- PAYMENT:
- PROVISIONAL
  - COMPLETE
  - PARTIAL
  - FINAL
  - PROGRESS
  - ADVANCE

APPROVED FOR

**=\$ 10,000.00**

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

BY:

**CPT (b)(3),(b)(6)**

TITLE  
**FOREIGN CLAIMS COMMISSION**

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

Pursuant to authority vested in me, I certify that

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

payment.

**25 August 2007**  
(Date)

**CLAIMS PAYING AGENT**

(Title)

ACCOUNT CLASSIFICATION NUMBER

(b)(2)High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH			
\$ 10,000.00		<b>25 August 2007</b> DATE	PAYEE	(b)(6)
			PER	
			TITLE	

Previous edition usable

**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.

NSN 7540-00-900-2234

USAPA V4.00



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
BRIGADE OPERATIONAL LAW TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB FALCON, BAGHDAD, IRAQ  
APO AE 09361

REPLY TO  
ATTENTION OF:

FCC I92

25 August 2007

CLAIM OF: (b)(6)  
CLAIM NUMBER: 07-192-T048

Dear Sir:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) I92 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC I92 offers you \$10,000.00 to settle your claim.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of signing this letter.

The FCC's action on reconsideration is final and conclusive by law.

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

CPT, U.S. Army  
FCC I92



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOREIGN CLAIMS COMMISSION  
FOB FALCON, IRAQ  
APO AE 09361

**FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT**

I, (b)(6) of Baghdad, Iraq, hereby agree to accept the sum of \$10,000.00 (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 17 January 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from a raid conducted by US Forces on 17 January 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 25 day of August 2007, at Baghdad, Iraq.

(b)(6)

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

Name: (b)(6)

Address: Section:

Street:

House:

Baghdad, Iraq

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

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

Pages 8 through 10 redacted for the following reasons:

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(b)(5)

Previously Released

Claims Form  
طلب تعظم

Name: (b)(6) الاسم:

Address: العنوان:

I am

a. A national citizen of: Iraq أنا أحمل جنسية: Iraq

b. A permanent resident of: عنواني الدائم:

c. Employed by: ت: أصل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

please see the hospital report.

أنتي أتظم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من: (المنظمة, الوحدة العسكرية)

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.)

person dead by shooting

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار الممتلكات التي تخولكم وتوكلكم للتقدم بهذا التظم, أو أي دليل من ممثلين رسميين. إملأ التظم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: Bahdad Iraq  
(Town) (City) (Country)

تظمي قدم في: القرية المدينة الباد أو المحافظة

My claim arose on: 1 17 2006  
Month Day Year

Foreign Language \_\_\_\_\_

تظلمى قدم فى: \_\_\_\_\_  
شهر يوم السن

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.)

~~the victim was shoot by armenian forces he transfer to~~  
~~to the fish market and three after to Falcon~~  
~~Riad his family found the body there~~

باختصار اشرح ما حدث والاضرار التي اصابتك جراء ذلك ، سواء كانت جسدية او ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

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
<u>Person killed</u>	<u>15000</u>
Total: <u>15000</u>	

اشرح بالتفصيل مكي تضرر والكلفة للممتلكات او للإصابات الجسدية وتكلفتها (الرجاء اضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوجدة)

الشئ المتضرر \_\_\_\_\_  
تكاليفه \_\_\_\_\_  
إجمالي التكلفة: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ 15000 I.D. 19 000 000

اطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

Foreign Language \_\_\_\_\_ العملة المحلية \_\_\_\_\_ Foreign Language Text \_\_\_\_\_ \$

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (امت) (لم أتم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تنظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التنظلم فإن تتسم على أن كل المعلومات المقدمة في هذا التنظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تنظلم كاذب أو مقلد أو يزور التنظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التنظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 29 day of May, 2009

(b)(6)

(Signature of Witness)

(b)(6)

(Printed Name)

my husband

(b)(6)

left the home in Jan. 17.06 and did  
not come back we searched him in ALDowra  
Police station and we found his Kar and  
we the CF shoot him <sup>in Dowra</sup> and took him to  
GZ then to Babal base when we  
went there we found out that he is dead.

I have (b)(6) Kinels and his mother and  
his brothers, we don't have a salary or  
place to stay, we ask please from the CF  
to help us with thanks.

I'm requested to K

My #

(b)(6)

(b)(6)

wrong number

Foreign Language, (b)(6)

(b)(6), Foreign Language

But he didnt comeback, when she searched the area she found his car in police center. He hit by american army - they took him to Ize and thereafter To Balad Falcon when they went there they found his body.

She has (b)(6) kid and no one support her family. She need your help.

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AIR 40400; THE PROPORTION AGENCY IS OFFICE OF THE SURGEON GENERAL		332 EMDG BALAD AB, IRAQ			
<p><i>Instructions - Medical Officer in attendance will:</i>            Prepare, in one copy only, Items 1 through 10 and sign Item 11. Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.            Print or type entries.</p>					
<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)		2. TIME OF DEATH (Hour-day-month-year)	3. MEDICAL EXAMINER/CORONER'S CASE		
Unknown		0345 18 JAN 2006	<input type="checkbox"/> YES <input type="checkbox"/> NO		
(b)(6)		4. RELIGION	5. CHAPLAIN NOTIFIED		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH					
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number					
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)			(b)(3),(b)(6)		
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)			(b)(3),(b)(6)		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE			
18 JAN 2006	MAJ. MARC KASWALE				
<b>SECTION B - ADMINISTRATIVE ACTION</b>					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
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)			21. AUTOPSY ORDERED BY (Signature)		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
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		

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAPA V2.01

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL			1. DATE (YYYYMMDD) 20060118	2. PAGE OF 1		
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.						
<b>3. TENTATIVELY IDENTIFIED DECEDENT</b>						
a. NAME (Last, First, Middle Initial) for Unidentified Unknown (b)(6) AR311th Qmco.	b. GRADE Civ.	c. SSN	d. ORGANIZATION Patient #6625	e. STATUS Deceased	f. DATE OF STATUS (YYYYMMDD) 20060118	
4. PLACE OF RECOVERY (include grid coordinates) 332nd EMG. Balad			5. DATE OF RECOVERY (YYYYMMDD) 20060118		6. EVACUATION NUMBERS a. #1 006-06 b. #2	
<b>7. INVENTORY OF EFFECTS</b>						
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION		
	-----nothing follows-----					
<b>8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS</b>						
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION		
005	1000 dinar bills					
008	500 dinar bills					
	-----Nothing Follows-----					
9. EFFECTS INVENTORIED ABOVE REPRESENT (If as appropriate)						
<input type="checkbox"/> ALL KNOWN EFFECTS		<input checked="" type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT		<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS		
<b>10. PREPARING OFFICIAL</b>						
a. NAME (Last, First, Middle Initial) (b)(3), (b)(6)		b. GRADE E-4	c. ORGANIZATION 311th QMCO.			
(b)(3),(b)(6)				e. DATE SIGNED (YYYYMMDD) 20060118		
<b>11. RECEIVING OFFICIAL</b>						
a. NAME (Last, First, Middle Initial)		b. GRADE	c. ORGANIZATION			
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)		
<b>12. RECEIVING OFFICIAL</b>						
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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
Unknown		CIV		(b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
Iraqi Civilian		Iraq	Unknown	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	
NEGRO Négride	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le décès		
Unknown				
STREET ADDRESS Domicile à l'étranger		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'insérer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort				6 hrs
ANTICIPANT CAUSES Symptômes précurseurs de la mort	MURDER CONVICTION, IF ANY, LEADING TO PRIMARY CAUSE Condamnation criminelle, s'il y a lieu, menant à la cause primaire		6 hrs	
	MOTOR VEHICLE CRASH			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				
DATE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures	
18 JAN 2006		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NATURAL Mort naturelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
X ACCIDENT Mort accidentelle		NAME OF PATHOLOGIST Nom du pathologiste		
SUICIDE Suicide		SIGNATURE Signature		
HOMICIDE Homicide		DATE Date		AVIATION ACCIDENT Accident à l'Avion
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DATE OF DEATH (Date, day, month, year) Date de décès (jour, jour du mois, mois, année)		PLACE OF DEATH Lieu de décès		
18 JAN 2006		BALAD AB - 332 EMDG - 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 conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.				
NAME OF MEDIC Nom du médecin		TITLE OR DEGREE Titre ou diplôme		
MAJ. (b)(3),(b)(6)		MD		
GRADE Grade		INSTALLATION OR ADDRESS Installation ou adresse		
MAJ		332 EMDG BALAD AB, IRAQ		
DATE Date		SIGNATURE Signature		
18 JAN 2006		(b)(3),(b)(6)		



332 EMDG / PAD  
BALAD AB, IRAQ

NAME- Unknown

SSN- (b)(6)

UNIT-

DATE- 17 Jan 06

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

**PATIENT'S DEPOSIT RECORD**  
For use of this form, see AIR 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 own and should deposit same in the patient trust fund.*

I do  do not  wish to make a deposit in this name.

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

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

FUNDS					
DATE	DEPOSITS	WITHDRAWALS	BALANCE	SIGNATURE	
17 Jan 06	9000 Dinars			ALC	(b)(3), (b)(6)
<del>Nothing Follows</del>					

VALUABLES						
NUMBER	DESCRIPTION OF VALUABLES	QUANTITY	DEPOSITS		WITHDRAWALS	
			DATE	SIGNATURE (Particular if individual)	DATE	SIGNATURE (Particular if individual)
<del>Nothing Follows</del>						

DA FORM 3696, DEC 77  
MODIFIED FOR 332 EMDG / PAD 28 DEC 2005  
REPLACES EDITION OF 1 AUG 76, WHICH MAY BE USED.  
USAPA VI 01

Illegible Text, Nonresponsive

USE BALL POINT PEN  
PRESS HARD

**AUTHORIZATION AND TREATMENT STATEMENT**

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

I. ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)									
1 REGISTER NO	NBSUF	2 NAME (Last, First, Middle Initial) Unknown			3 RELIGION				
4 FACILITY CODE 5602	5 MEDICAL TREATMENT FACILITY 332nd EMDG BALAD AB, IRAQ			6 TIME OF ADM 1600	7 DATE OF ADM 17 Sep 06		8 TYPE OF ADM (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)		
9 EMP	(b)(6)		10 BENEF TYPE	11 GRADE	12 AFSC	13 AVIATION SVC CODE	14 RATING	15 LENGTH OF SER	16 AGE
17 SEX M	18 STATUS	COLOR	20 ZIP CODE	21 CURRENT ORGANIZATION Iraqi Civ			22 INPATIENT UNIT		
23 FAC INT ADM CODE	24 FACILITY OF INITIAL ADMISSION			25 DATE INITIAL ADM		26 ROOM	27 BED		
28 PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO		29 CLINIC SERVICE/SI			30 ADMISSION AIC (b)(3), (b)(6)				
31 EMERGENCY ADDRESSEE/RELATIONSHIP					32 NAME AND ADDRESS OF PROVIDER				
33 PRIMARY ADMISSION DIAGNOSIS Subdermal Hematoma Splenic Laceration					34 SECONDARY ADMISSION DIAGNOSIS BL eye injury LBK Amputation perforating injury in the right eye				
35 CAUSE OF INJURY MVA									
36A DEPOSIT VALUABLES FOR SAFERKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO			36B I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form.			SIGNATURE OF PATIENT OR SPONSOR  (b)(3), (b)(6)			
II. TREATMENT									
38 DIAGNOSES - PROCEDURES  DOB: NSI / SI / VSI						39 PROVIDERS OF CARE			
LOD <input type="checkbox"/> YES <input type="checkbox"/> EPTS, LOD not applicable <input type="checkbox"/> AF Form 348 (Check <input type="checkbox"/> if continued on reverse) (Check <input type="checkbox"/> if continued on reverse)									
40 ADMINISTRATIVE DATA (Change in physical profile required <input type="checkbox"/> YES (Prepare AF Form 422) <input type="checkbox"/> NO) (Meal Card <input type="checkbox"/> YES <input type="checkbox"/> NO)									
Admission: JPTA _____					Discharge: JPTA _____				
24 HR _____					24 HR _____				
41 DISPOSITION DOW				42 DATE OF DISPOSITION 18 Sep 06	43 TIME OF DISPOSITION 0345	44 CC OF WHOLE BLOOD	45 CC OF PACKED CELLS	46 CONVALESCENT LEAVE TAKEN _____ RECOMMENDED _____	
48 SIGNATURE OF PATIENT AFFAIRS OFFICIAL  (b)(3), (b)(6)									

PREVIOUS EDITION WILL BE USED

Pages 30 through 31 redacted for the following reasons:

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Previously Released

(b)(2) high

Case Manager Notes

332 EMDG- BALAD	(b)(3), (b)(6)	1/17/2006 9:19:03 PM	<p>hyperosmolar/isovolemic therapy, but will not push too far give poor initial exam and anoxia injury pattern on head CT from this blunt trauma patient.</p> <p>PROCEDURE HX - Unknown aged Iraqi male injured by MVC. Open Left BKA with tourniquet in place (distal thigh &gt; 2 hours on arrival). Minimal remaining proximal tibia bone and extensive gastroc muscle contusion. Non-sterile pneumatic tourniquet applied to left upper thigh. Left leg prepped. Trans-articular (through knee) amputation performed with sharp dissection after inflation of tourniquet to 325 mm Hg). Vascular structures dissected out and ligated with 0 silk suture. Tibial nerve identified, pulled distally, ligated and transected proximally. Wound irrigated with 3L pulsatile lavage. Tourniquet deflated and hemostasis obtained. Wound packed with sterile ABD pads, oversewn with 0 prolene suture for bolster. Wound covered with additional sterile gauze dressing, kerlix rolls and ace wraps. Multi-ligamentous injury to right knee (closed) also noted on assessment of extremities). Patients overall condition was not conducive to additional surgery and no emergent surgery was indicated. Further assessment and management may follow, pending determination of overall condition and recovery. Will plan to repeat ID with conversion to L AKA in 2 days if condition allows.</p>	Edit	Delete
<p>PENDING RTD <input type="radio"/> PENDING TRANSFER <input type="radio"/> FOLLOW UP APPT <input type="radio"/></p>					
<p>Type notes here:</p>					
<p style="text-align: center;"><input type="button" value="SAVE NOTES"/></p> <p style="text-align: right;">Procedure Hx <input type="checkbox"/></p>					



MULTI-NATIONAL FORCES - IRAQ

The Multinational Force-Iraq deeply regrets the loss of your loved one and wishes the return of the human remains of \_\_\_\_\_ to his/her primary next of kin. The remains have been treated with the same respect and 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.

تقدم بكل الأسف العميق والأعذار لفقدان احبابكم و تتمنى ان تقدم  
ة بالمرحوم  
مع العلم بأن النفاذ الامنة تم معاملة كما كان الاحترام والالطف التي  
عاملة التي (b)(6)  
ليس عمدا و غير  
المرفقة

Foreign Language

تتطلبها تقاليد وعادات الد  
تلقها الموتى من قوات ال  
بالعمل اللازم و بكل اساليب الاحترام التامة  
و في حالة وجود او ادراك انه قد تم انتهاك الاحترام التامة  
مقصودا كلياً من جانب قوات  
مع العلم جميع المتاع الشخص

Illegible

Foreign Language

اسم الشخص للتأكد و اثبات البقايا الدمية  
Person verifying identity

(b)(6)

Foreign Language

(b)(6)

اسم الشخص  
Person receiving remains  
Foreign Language

illegible text

العلاقة بالمرحوم  
Relationship to deceased  
foreign text  
التاريخ  
Date

Page 34 redacted for the following reason:

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Previously Released



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

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT: (b)(2)High

DATE AND TIME OF INCIDENT: 18 Jan 2006 0345

TYPE OF INCIDENT: Death / Pt. died of wounds

LOCATION OF INCIDENT: Balad AB / 332 EMDG

PERSONNEL INVOLVED:

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

SUBJECT:

REMARKS: Pt. transferred from 10th CSH in Baghdad to  
332 EMDG at Balad AB on 17 Jan 06 @ 1900 Pt had  
PUBLICITY: traumatic head injury + Left Below knees Amputation.  
POC NAME: AIC (b)(3), (b)(6) NUMBER: 443-8520

FFIR #

PIR #  
N/A

TF30 MED CCIR REPORT: FORMAT AS OF 24OCT05

Pages 36 through 38 redacted for the following reasons:

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Foreign Language Text (b)(6)  
Foreign language text (b)(6)

Death Certificate

Foreign Language, (b)(6)

(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(2)High

Case Manager Notes



Welcome SSG(3), (b) 332 EMDG-BALAD

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

Patient Treatment Management

SSN (b)(6) [?] NAME [?] [?]

SSN	NAME	SEX	RANK	BRANCH
(b)(6)	UNKNOWN	M	N/A	UNKNOWN
DIAGNOSIS: AMPUTAT LEG, UNILAT NOS				
ATTACHMENTS:0 files			AF3899: Create	

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICU	1/17/2006 4:44:14 PM	10th CSH - N Baghdad
INPATIENT	PENDING INP-332 EMDG	1/17/2006 7:21:35 PM	332 EMDG-BALAD
TRANSFERRED TO ARMY MTF	332 EMDG-BALAD	1/17/2006 7:34:10 PM	
INPATIENT	ICU-2-332 EMDG	1/17/2006 9:20:27 PM	332 EMDG-BALAD
EXPIRED		1/18/2006 4:01:44 AM	

FACILITY	AUTHOR	DATE	NOTES		
332 EMDG-BALAD	b)(3), (b)(6)	1/17/2006 9:17:27 PM	<p>PROCEDURE HX - Unfortunate Iraqi male struck by vehicle in Baghdad and left on side of road. Pt taken to 10th CSH GCS-3 with assymetric pupils R&gt;L. Pt was paralyzed for transport to Balad AFTH. Pt arrived GCS-3T with unchanged pupils. Pt CT head small right SDH with loss grey-white matter and right hemisphere hypodense and swollen. Hypodensity in pons. CT CS neg for fx/dislocation. CT T/L old DDD with bridging osteophyte, doubt acute fx at L1/2. Right frontal Codman ICP monitor placed under aseptic technique without complications. Ininitial ICP 60mmHg and with intervention decreased to 38-40mmHg. Pt had ortho complete through knee amp of left leg. Prognosis for functional recovery is grim. Will let sedation and paralytics wear off and get uncorrupted exam. Treat ICPs with</p>	Edit	Delete

(b)(2) high