

August 31, 2005

36th Eng. Group HQ
Camp Liberty, Baghdad, Iraq

Attention : Maj (b)(3)(b)(6) ; 36 En. Bde. S6
Ref: Traffic accident on July 29, 2005

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

We thank you for your attention and assistance in investigating this accident in which we had a loss of one of our employees.

We kindly request you to help us hand our requests to whomever is concerned.

We attach two claim forms to this letter in the name of

1. the wife of the deceased
and
2. the owner of the mobile crane.

We as 77 Construction Co. act here solely as translators to the persons who are making these claims and we will be glad if we could be of any help in this sense.

Also after this traffic accident on the road from Area IV to Midland gate; we kindly request, whomever is related, to be informed of the fact that missing traffic signs be put wherever necessary on all roads within BIAP.

We believe, if there were proper traffic signs and precautions on and approaching the curve which the accident happened, this accident may have been prevented.

Very Respectfully,

(b)(6)

Managing Director
77 Construction Co.
Concrete Plants Camp Liberty
Iraqna Cell : (b)(3)(b)(6), (b)(6)

Claims Form

طلب تظلم

Name: _____ (b)(6) _____ الأسم:

Address: _____ (b)(6) _____ العنوان:

I am

a. A national citizen of: Turkey أنا
أحمل جنسية: _____

b. A permanent resident of: Turkey ب.
عنواني الدائم: _____

c. Employed by: (wife of deceased) (b)(6) an employee of
ت: أعم 77 Construction Co.)

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

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

(The unit related with the accident that happened on the date stated below.)

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.)

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتعلم بهذا التظلم, أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: US Army Base Baghdad International Airport Baghdad Iraq
(Town) (City) (Country)

تظلمى قدم فى: _____ القرية _____ المدينة _____ البلد أو المحافظة

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

MY HUSBAND'S INSURANCE DOES NOT COVER ANYTHING
HE HAD NOT BEEN WORKING IN HIS LAST COMPANY MORE
THAN THE MINIMUM DAYS REQUIRED.

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ #150,000# I.D. _____

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

_____ \$
العملة المحلية

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

سابقاً (قمت) (لم أقم) 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 طلبت تظلم (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 التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

In the name of

(b)(6)

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 31st day of August, 2005.

(Signature of Witness)

(Printed Name)

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade Arme	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
(b)(6)		CIV	N/A	(b)(6)
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
			N/D	<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	OTHER (Specify) Autre (Spécifier)
NEGROID Négride	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier) MONGOLOID	WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		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'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.		
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MOTOR VEHICLE ACCIDENT, HEAD INJURY	
MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant 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		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
1500 29 JULY 2005	DAGHMAN AREA

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 MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme
(b)(6)	MAJ
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
O3 Capt	011 - ... CATHYAN AB
DATE Date	SIGNATURE
29 July 2005	(b)(6)

¹ State disease, injury or complication which caused death, but
² State conditions contributing to the death, but not related to the disease or complication
³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

CENTCOM 020543

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL	1. DATE (YYYYMMDD)	2. PAGE
	20050729	1 OF 2 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)	CIV	(b)(6)	DOD contractor	deceased	20050729
4. PLACE OF RECOVERY (Include grid coordinates)			5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS	
Baghdad, Iraq			20050729	a. #1	b. #2
				(b)(6), (b)(2)High	
7. INVENTORY OF EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	

(b)(6)

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
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(b)(6)

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)				
<input type="checkbox"/> ALL KNOWN EFFECTS	<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT	<input checked="" type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS		
10. PREPARING OFFICIAL				
a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION		
(b)(3)(b)(6)	E-4	246th QM Co. (MA)		
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)
(b)(3)(b)(6)				20050729
11. RECEIVING OFFICIAL				
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)

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL				1. DATE (YYYYMMDD) 20050729	2. PAGE 2 OF 2 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)(6)	b. GRADE CIV	c. SSN (b)(6)	d. ORGANIZATION DOD contractor	e. STATUS deceased	f. DATE OF STATUS (YYYYMMDD) 20050729
4. PLACE OF RECOVERY (Include grid coordinates) Baghdad, Iraq			5. DATE OF RECOVERY (YYYYMMDD) 20050729	6. EVACUATION NUMBERS a. #1 b. #2 (b)(2)High	
7. INVENTORY OF EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
(b)(6)					
8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
(b)(6)					
9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)					
<input type="checkbox"/> ALL KNOWN EFFECTS		<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT		<input checked="" type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS	
10. PREPARING OFFICIAL					
a. NAME (Last, First, Middle Initial) (b)(6)		b. GRADE E-4	c. ORGANIZATION 246th QM Co. (MA)		
d. SIGNATURE (b)(6)				e. DATE SIGNED (YYYYMMDD) 20050729	
11. RECEIVING OFFICIAL					
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)	

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE		
LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Or unknown number)</i> (b)(6)		GRADE Civillian	SERVICE NO. SSAN Foreign ID Number (b)(6)	CIL CASE NUMBER <i>(If applicable)</i> N/A	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER 331-05/AR246thQmCo/04			PLOT N/A	ROW N/A	GRAVE N/A
RECEIVED FROM Baghdad, Iraq			IMPRINT OF IDENTIFICATION TAG		
OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>(Include personal effects aiding identification)</i> 1ea Department of Defense Identification Card 1ea Turkish Driving License 1ea Identification written in Turkish -----Nothing Follows-----			<div style="border: 1px solid black; border-radius: 15px; padding: 20px; width: fit-content; margin: auto;"> <p>NONE FOUND</p> </div>		
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS <i>(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)</i>					
(b)(6)					
-----Nothing Follows-----					
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT 68"	MUSCULARITY Slender	COLOR OF HAIR black	RACE OR NATIVITY mongoloid		
TATTOOS, SCARS OR MARKS ON BODY Field dressing around the head. Broken left arm and right wrist. -----Nothing Follows-----					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N/D					
WOUNDS OR INJURIES Broken left arm and right wrist. -----Nothing Follows-----					
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 (b)(3)(b)(6) E-5 246thQmCo(MA)			SI (b)(3)(b)(6)		

Page 9 redacted for the following reason:

Foreign Language, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 020548

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 12 redacted for the following reason:

Foreign Language, (b)(6)



DEPARTMENT OF THE ARMY

Headquarters, Task Force Dragon (BDOC), XVIII Airborne Corps
Multi-National Corps- Iraq
Camp Victory, Iraq
APO AE 09342

REPLY TO
ATTENTION OF:

MIFI-AC-C

6 May 2005

MEMORANDUM FOR RECORD

SUBJECT: Exception to Policy of Victory Base Complex, Base Defense Operations Center SOP-Third Country National (TCN) Temporary Installation Residency

1. The VBC Commander grants exception to allow TCNs temporary residency on the Victory Base Complex. This exemption allows for the 77th Construction company TCN employees authorization to reside on Victory Base Complex. The individuals have been instructed to operate while under the supervision of U.S. Army/DoD personnel. **This memorandum expires on 31 AUG 2005.**
Approving official initials. (b)(3)(b)(6)

2. The following individual has permission to reside on VBC in support of 77TH Construction Company:

Name: (b)(6)	Company: 77 TH Construction Company
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- The temporary residency is essential in conducting business directly related to concrete and barrier production under contract with blanket purchase agreements (POC Maj (b)(3)(b)(6) - Contract office) on Camp Victory. All essential services (food, water, and lodging) and security for the TCNs are the responsibility of 77th Construction company.
- 77TH Construction Company (POC (b)(6) Managing Director) will be responsible for providing a complete list of all TCNs who will require installation residency. The temporary badge number that will be issued to each TCN will be provided to ECP 5 and the BDOC. This list will be provided on a daily basis regardless of whether any changes to the list have been made or not.
- The Victory Base Complex Commander may withdraw this exemption at any time if deemed to conflict with force protection requirements or standards.
- Point of Contact for this action is LTC (b)(3)(b)(6) at 0790-193-1945.

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

For COL, IN
Commanding

Force Protection Office
TF Dragon
BDOC
822-2838