

T: (b)(6)

07I57T002

(b)(2)High

Filed: 20 Dec 06

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

400,000

CENTCOM 019844

26448

07-I57-T002-00001

## **CLAIMS CHRONOLOGY SHEET**

CLAIMANT'S NAME: (b)(6)

FILE NUMBER: 07I57T002 AMOUNT CLAIMED: \$10,000

DATE OF INCIDENT: 29 Aug 05 AT:

DATE CLAIM FILED: 20 Dec 06

**Tort and Special Claims-Pro Version**

Home | Search | Administrator | Reports | Log Out | Request Assistance  
SSG (b)(3)(b)(6) NCOIC of Client Services Wednesday, 17 January 2007

Open Claims - Claim Transaction - **07I57T002** (b)(6)

Quick Search Go (b)(6) 01-Oct-2006 - 30-Sep-2007 Current Month: 01-Jan-2007 - 31-Jan-2007 I57 - I57 (Iraq) Add Transaction

Claim ID:	Owner Office:	End CEA Balance:
07I57T002	I57 - I57 (Iraq)	\$153,300.00 (request increase)
Action (required):	Action Date	
Action Dollar Amount: \$ 0		
Add Transaction		

**Transactions for Claim 07I57T002**

Del	Reason for Denial:	Action Date	Action Description	Action Office	Amount	T-ferred To	Initiated	Date Added	Date Accepted
<input checked="" type="checkbox"/>		12/18/2006	Open New Claim	I57 (Iraq)	\$0.00				
<input checked="" type="checkbox"/>		1/13/2007	Final Payment Claim Closed (Funds deducted CEA)	I57 (Iraq)	\$10,000.00		b)(3),(b)(6)		

Create DA FORM 7500, 1666, 1668, or SF 1034

Create FMS Forms

(b)(2)High

(b)(2)High

CENTCOM 019846

26450

07-I57-T002-00003



HEADQUARTERS  
MULTI-NATIONAL CORPS – IRAQ  
BAGHDAD, IRAQ  
APO AE 09342

REPLY TO  
ATTENTION OF:

FCC I57

22 December 2006

CLAIM OF: (b)(6)  
CLAIM NUMBER: 07-I57-T002

Dear Sir or Ma'am:

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

Foreign Claims Commission (FCC) I57 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 I57 offers you \$10,000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

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 receipt of this letter.

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

Sincerely,

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

Captain, U.S. Army  
Foreign Claims Commission I57



REPLY TO  
ATTENTION OF:

HEADQUARTERS  
MULTI-NATIONAL CORPS – IRAQ  
BAGHDAD, IRAQ  
APO AE 09342

FICI-JA-C

Claim of (b)(6) 07-I57-T002

ACTION

1. Facts: The claimant alleges that on 29 August 2005, U.S. Forces were shooting towards them as her family was headed to Jordan for medical treatment. The claimant and her husband ended up in the U.S. military hospital for treatment. Her husband had surgery and died. The amount requested is \$10,000 for the claim.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Upon review of the claim, payment is granted.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim will be paid in the amount of \$10,000.

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

Captain, JA  
Foreign Claims Commission 157

UNCLASSIFIED/OFFICIAL USE ONLY

## PAYMENT REPORT

TO: DFAS, DSSN \_\_\_\_\_ DATE: 13 Jan 07

A. Payment Data:

- (1) Submitting agency/office: United States Army Claims Service
- (2) Office Code: I57
- (3) Agency/Office mailing address: MNC-I, OSJA, Camp Victory, Iraq APO AE 09342
- (4) Date Filed: \_\_\_\_\_
- (5) Claim Number: 07-157-7002
- (6) Amount Claimed: \$10,000
- (7) Fund Cite: \_\_\_\_\_ (b)(2)High
- (8) Payee: \_\_\_\_\_
- (9) Address: IRAQ
- (10) SSN: N/A
- (11) Payment Amount: 10,000
- (12) Type Payment: PF
- (13) For EFT Payments: ABA Routing Number: \_\_\_\_\_
- (14) For EFT Payment: Account Name and Number: \_\_\_\_\_
- (15) For EFT Payment: Name and Address of financial institution: \_\_\_\_\_
  
- (16) For EFT Payment: Account is (checking) (savings) Circle appropriate account

B. Acceptance by Claimant: (Note: This form should not be signed by the claimant if another release is signed by the Claimant is attached.)

I, The claimant, do hereby accept the within - stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns; and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind in nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date: \_\_\_\_\_ Foreign Language, (b)(6) \_\_\_\_\_ (b)(6), Foreign Language \_\_\_\_\_ (Claimant)

C. AGENCY CERTIFYING OFFICER

Pursuant to authority vested in me, I certify that this Payment Report is correct and proper for payment

13 Jan 07 \_\_\_\_\_ (b)(3),(b)(6) \_\_\_\_\_ FCC \_\_\_\_\_ (Date) (Signature Authorizing Certifying Officer) (Title)

Date Payment Recorded in Record: 13 Jan 07

A separate payment report must be completed for each claimant

This information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide the information may result in your claim not being processed for payment.

# 07-151-7002

قَبْلَ بِالْتَّوْكِيدِ مِنْ قَبْلِ السَّدْعِ (الْجَهَابِ)

I, the claimant by signing this document and accepting payment, am releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as final settlement on this claim.

عمل قاتلتي أو غير قاتلني ضد القوات العسكرية الأمريكية أو الولايات المتحدة الأمريكية في  
المنطقة (المطالب) بالأمساء والتنفيع على تلك الاستئثار والموافقة على العرض (المطلب) أنا  
مدين عن حق الكامل والإغفاء الكامل للدول العسكرية الأمريكية أو حكومة الولايات المتحدة  
وأليس من حقي وأهليه شخص مضرر أو غير مضرر القائم بأي

reign 1

Amount Received: \$ 10,000.00

Date Received:

OSJA POC: (DSSN) 318-822-2864

Claimant's signature:

CENTCOM 019850  
26454

(PROVINCES)  
UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission      Today's Date: 11/19/05

II. FROM: Name (English):  (b)(6), Foreign Language  
Name (Arabic):

(a) Circle one: Claimant / Attorney / Relative / Friend / Sister / Son / Daughter  
→ [Attorney or representative MUST attach proof of authorization.] Other: \_\_\_\_\_

(b) IRAQI IDENTIFICATION NUMBER:  (b)(6)

(c) DETAINEE IDENTIFICATION NUMBER: \_\_\_\_\_

III. ADDRESS of person filing claim:  
(English):  (b)(6), Foreign Language  
(Arabic):

IV. HOME:  (b)(6)

(a) I, the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of \_\_\_\_\_

(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: \_\_\_\_\_

(c) The property damaged is owned by: her self

(d) The incident happened on 29/8/2005 at Retba  
(Date)      (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: as she said. Her husband was driving, takes her and his daughter to get some medical treatment in Jordan. Near to Retba The U.S. started shoot towards then she found herself in U.S. military hospital and told her they are making a surgery for her husband. After finishing the operation he was dead. They apologized to her and gave her that report

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

UNITED STATES ARMED FORCES CLAIMS FORM

VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

ITEM

PRICE

*death husband*

*\$ 10000*

TOTAL *\$ 10000*

(a) I had insurance for the following:

\_\_\_\_\_

(b) My insurer is:

VII. My total claim in U.S. Dollars against the United States Government is: \$ *10000*,  
and in Iraqi Dinars is: \_\_\_\_\_

**\*\*\*CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK\*\*\***

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will not receive any money for this incident until my claim is approved.

(b)(6), Foreign Language

(Signature of Claimant)

**\*\*\*CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK\*\*\***

The claimant was assisted in completing this claim form by:

(b)(6)

(Name)

(Contact Information: e-mail, address, DSN/DNVT, etc.)

~~FOR OFFICIAL USE ONLY~~

TAB C (IRAQI CIVILIAN HANDOVER DOCUMENT) TO APPENDIX 9 (MORTUARY AFFAIRS) TO  
ANNEX I (SERVICE SUPPORT) TO 52 ID (M) OPORD 05-06-01



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 (b)(6) 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.

القوات المتعددة الجنسية - العراق تقدم بكل الأسف العميق والأعتذار لفقدان أحبابكم و تتنمى ان تقدم و ترجع اليكم البقايا الادمية الخاصة بالمرحوم ..... الى نسب اهله ..... القريب الاولى اليه. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام والتفاف التي تتطلبها تقاليد وعادات الديانة الاسلامية او الديانة المسيحية و تمت معاملتها بنفس المعاملة التي تتقاها الموتى من قوات التحالف. الشخص المسلم للبقايا الادمية يدرك جيداً بأن قوات التحالف قامت بالعمل اللازم وبكل اساليب الاحترام ..... وفى حالة وجود او ادراك آية انتهاك للعادات ..... و التقاليد المحلية فبكل الاسف انه ليس عمداً و غير مقصود كلها من جانب قوات التحالف ..... مع العلم جميع المتابع الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

(b)(6)

(b)(6), Foreign Language

اسم الشخص للناك واثبات البقايا الديمية .....  
Person verifying identity

WIFE / BROTHER .....

Foreign Language, (b)(6)

اسم الشخص المستلم .....  
Person receiving remains

29 AUG 05 .....

(b)(6), Foreign Langua

العلاقة بالمرحوم .....  
Relationship to deceased

Foreign Language

التاريخ .....  
Date

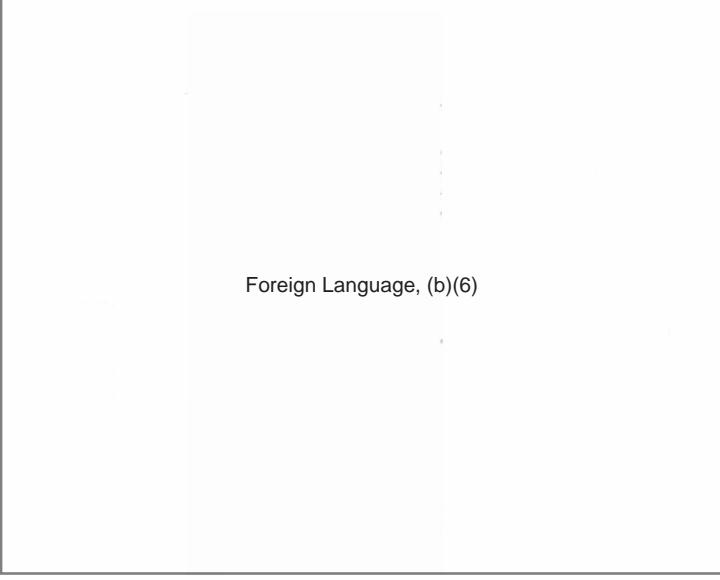
I-IX-C-1

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CENTCOM 019853

07-157-T002-00010

26457



Foreign Language, (b)(6)

**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	
(b)(6)				N/A	N/A	N/A	
ORGANIZATION	Organisation			NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe	
IRaq CITIZEN				IRAQ	(b)(6)	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race	MARITAL STATUS		Etat Civil		RELIGION	Confession	
CAUCASOID	Caucasique		SINGLE	Célibataire	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)	
NEGROID	Négrôïde		<input checked="" type="checkbox"/> MARRIED	Marie			
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	SOUTH WEST ASIAN		WIDOWED	Veuve			
NAME OF NEXT OF KIN			Nom du plus proche parent		RELATIONSHIP TO DECEASED		
STREET ADDRESS			Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Declaration 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 <sup>1</sup> Maladie ou condition directement responsable de la mort.		GUN SHOT WOUND TO THE FACE - <input checked="" type="checkbox"/> EYE		0 3 HRS.			
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire						
Symptômes précurseurs de la mort	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire						
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives							
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" 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 Conclusion principales de l'autopsie  N/A		GSW				
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					
1753 29 AUGUST 2005		1 CHARLIE MED 226 <sup>TH</sup> FSB CAMP RAMADI, 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 MEDICAL OFFICER		Nom du médecin militaire ou médecin sanitaire		TITLE OR DEGREE		Titre ou diplôme	
DR. (b)(3),(b)(6)				MEDICAL CORP PHYSICIAN			
GRADE Grade			BATTALION				
DATE Date			LTC				
29 AUG 05	(b)(3),(b)(6)						
<sup>1</sup> State disease, injury or condition <sup>2</sup> State conditions contributing to <sup>3</sup> Preciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la cause de mort, telle qu'arrêt du cœur, etc. <sup>4</sup> D'après la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.							

(b)(6), Foreign Language

3

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORIUM	LOCATION OF CEMETERY OR CREMATORIUM		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

CENTCOM 019857  
26461

07-I57-T002-00014

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> 15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN		DATE VOUCHER PREPARED		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE		PAID BY		
		REQUISITION NUMBER AND DATE		15th Finance Company Camp Liberty, Iraq APO AE 09344 DSSN: 5779		
PAYEE'S NAME AND ADDRESS	(b)(6)		DATE INVOICE RECEIVED			
	07157T002		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)	QUAN-TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
		Claim Payment Final Payment of FCA Claim#	1			\$10000
In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designed for such purpose 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.						
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)			TOTAL	10,000
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR BY (b)(3),(b)(6)	EXCHANGE RATE =\$1.00	DIFFERENCES		
		MSG				
		TITLE Pay Agent	(S)	Amount, verified; correct for (b)(3),(b)(6)		
Pursuant to authority vested in me, I certify th		yment.				
(3 Jan 07) (Date)		(b)(3),(b)(6)		CPT, Certifying Officer 157/160 (Title)		
ACCOUNTING CLASSIFICATION						
(b)(2)High						
Account Classification Verified: 1st CAV, 15th Finance Office, Disburing NCOIC						
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	(Name of bank)	
	CASH \$		DATE	PAYE	(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 received 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.						

When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving authority will give his/her name in addition to the signature.

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> 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.  
<sup>3</sup> 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.

Previous edition usable

**PRIVACY ACT STATEMENT**

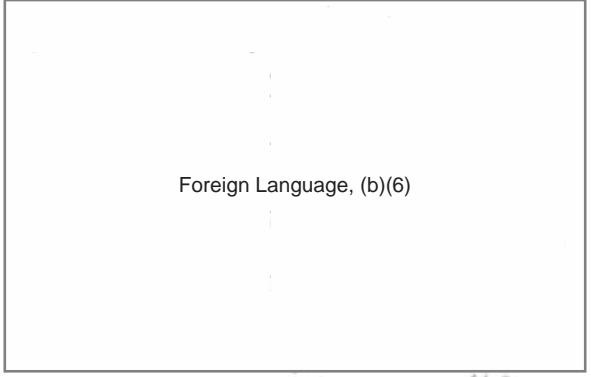
The information requested on this form is required under the provisions of 31 U.S.C. 62b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 7540-00-900-3234

LIBRARY 122-00

CENTCOM 019858

26462



Foreign Language, (b)(6)

CENTCOM 019859  
26463

07-I57-T002-00016

## 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 COC(MED) 228 <sup>th</sup> FSB, RAMADI	2. TO	3. DATE PREPARED (YYYYMMDD) 20050829	4. PAGE 1 OF 1 PAGES
5. VEHICLE/AIRCRAFT ID NUMBER USMC CAG VEHICLE	6. EVACUATION NUMBER	7. TENTATIVELY IDENTIFIED DECEASED (If unidentified, so state)	
		a. NAME (Last, First, Middle Initial) (b)(6)	b. GRADE c. SSN d. ORGANIZATION IRAQI NATIONAL
8. AIRCRAFT/VEHICLE DEPARTED a. TIME 01845 b. DATE (YYYYMMDD) 20050829			
9. AIRCRAFT/VEHICLE COMMANDER a. NAME (Last, First, Middle Initial) (b)(3),(b)(6) b. GRADE O-2 c. ORGANIZATION COC(MED) 228 <sup>th</sup> FSB d. DATE SIGNED (YYYYMMDD) 20050829			
10. AIRCRAFT/VEHICLE ARRIVED a. TIME 01845 b. DATE (YYYYMMDD) 20050829			
11. a. NAME (Last, First, Middle Initial) (b)(3),(b)(6) b. GRADE E-5 c. ORGANIZATION U.S. MC d. DATE SIGNED (YYYYMMDD) 20050829			

DD FORM 1075, JUL 1998

PREVIOUS EDITION MAY BE USED.

USAPA 9V125

CENTCOM 019860

26464

07-157-T002-00017



(b)(6), Foreign Language

CENTCOM 019861  
26465

07-I57-T002-00018

Pages 19 through 22 redacted for the following reasons:

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Foreign Language, (b)(6)  
Nonresponsive

Foreign Language

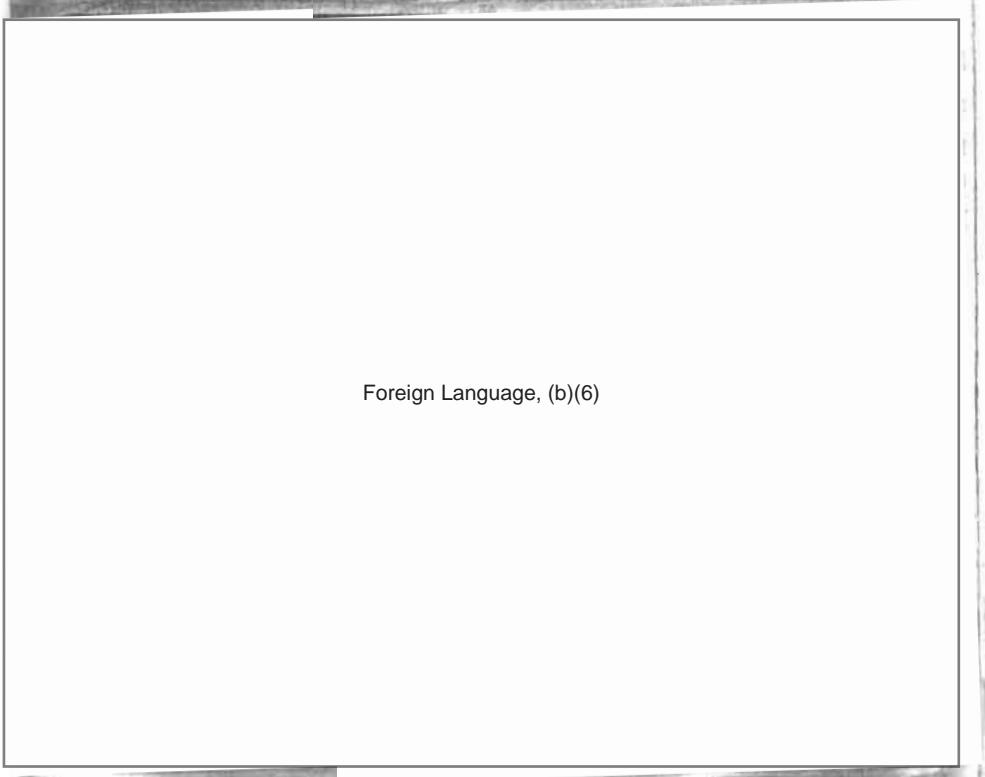
(b)(6), Foreign Language

Foreign Language

(b)(6), Foreign Language

Pages 24 through 25 redacted for the following reasons:

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(b)(6), Foreign Language  
Foreign Language, (b)(6)

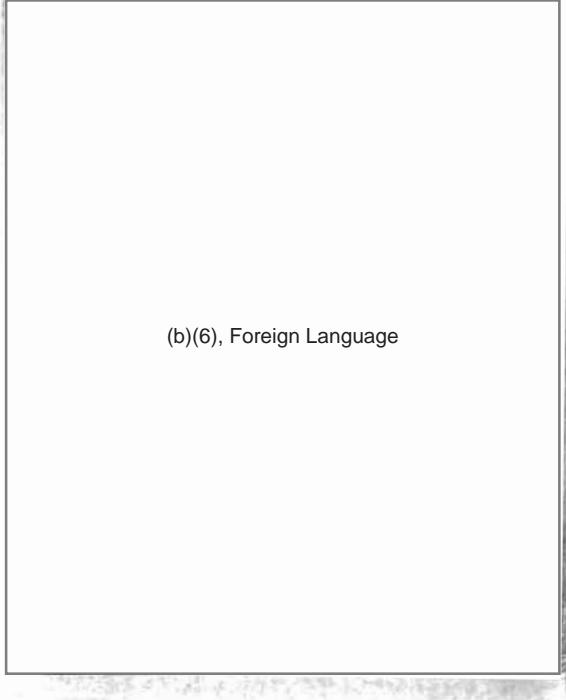


Foreign Language, (b)(6)

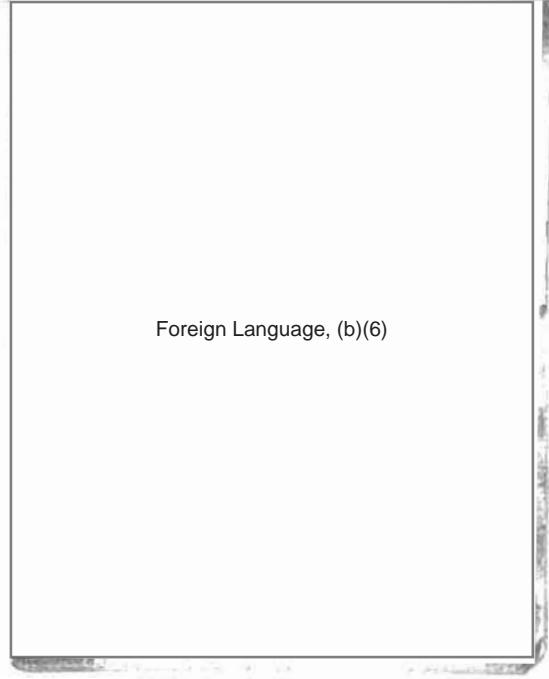
CENTCOM 019869

07-I57-T002-00026

26469



(b)(6), Foreign Language



Foreign Language, (b)(6)

Page 28 redacted for the following reason:

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(b)(6)

26471