

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

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App 5,000

(b)(6)

08-IH1-T105

CENTCOM 016199

28457

08-IH1-T105-00001

Standard Form 1034 (EO) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1024-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579				10 DATE VOUCHER PREPARED 12-Feb-08		SCHEDULE NO	
				CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
				REQUISITION NUMBER AND DATE			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">CLAIM #: 08-IH1-T105</div> <div style="display: flex; justify-content: space-between;"> <div>PAYEE'S NAME AND ADDRESS</div> <div>(b)(6)</div> </div>						DATE INVOICE RECEIVED	
						DISCOUNT TERMS	
						PAYEE'S ACCOUNT NUMBER	
				SHIPPED FROM		TO	
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	
		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		COST	PER		
						\$5,000.00	
(Payee must NOT use the space below)				TOTAL		\$5,000.00	
(Use continuation sheet(s) if necessary)		APPROVED FOR		EXCHANGE RATE		DIFFERENCES	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY: (b)(3), (b)(6) TITLE: SFC, US Pay Agent (b)(3), (b)(6)		\$ = \$1.00 (b)(3), (b)(6)		(b)(3), (b)(6)	
Pursuant to authority vested in me, I certify		(b)(3), (b)(6)		sing Agent			
24 Feb 08 (Date)		(Authorized Certifying Officer)		(Title)			
ACCOUNTING CLASSIFICATION				\$5,000.00			
(b)(2)High							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE	(b)(6)			
	\$5,000.00		(b)(6)				
When stated in foreign currency, insert name of currency				PER			
If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving official will sign in the space provided, over his official title				TITLE			
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.				(b)(6)			
Previous edition obsolete				NSN 7540-00-000-223-4			
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 652b and 652c 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.							

CENTCOM 016200

08-IH1-T105-00002



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team

101st Airborne Division (Air Assault)

Camp Striker, Iraq, APO AE 09322

AFZB-KC-JA

12-Feb-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T105 /

1. Facts.

The claimant alleges that a CF mortar hit his house and killed one of his daughters and wounded another.

Claimant has requested \$5,000.00

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 \$5,000.00

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

CPT. JA
3)(b) Claim Attorney IH1

Serial Number Accountability

rd

The purpose of this form is to record the serial number by providing a tracing mechanism to the recipient. Payees and their respective finance offices as part of the reconciliation should retain this original attached to the original payment upon clearing.

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Final
by al

DATE OF TRANSFER: 24 FEB 08

PAY AGENT NAME: SFC (b)(3)(b)(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT (UNITED STATES FIRM)

(b)(6)

Print given name, father's name, grandfather's name

Serial Number:

(b)(6)

through

(b)(6)

through

through

through

through

through

* Use additional forms if necessary.

CENTCOM 016202

08-IH1-T105-00004

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T105 # Language

(b)(6)

.angu

\$5,000.00

Foreign Language Text

Foreign Language Text

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

DATE

24 Feb 08

Foreign Language Text:

Foreign Language Text, (b)(6)

DATE

WITNESS SIGNATURE Foreign Language Text

(b)(6)

CENTCOM 016203

08-IH1-T105-00005

5,000

CLAIMS FORM

Name (b)(6)
Address: (b)(6)
Iraqi ID No: (b)(6)

My claim arose at: Yusufiyah
My claim arose on: 25 May 06

Brief description of incident:

CF mortared his house, killing his daughter & both wounding
his other

List of damaged items:

1 dead daughter, 1 wounded

I claim as damages (U.S. Dollars) \$ 5,000

Subscribed before me this 22 day of May 2008.

Signature of claimant

(b)(6)

Print Name

(b)(6)

Signature

Page 7 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016206

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08-IH1-T105-00008



TF 30TH MED BDE CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT: 332 EMDG/AFT H

DATE AND TIME OF INCIDENT: 5 Apr 2007

10:55

TYPE OF INCIDENT: DOW

LOCATION OF INCIDENT: ICU 2

PERSONNEL INVOLVED:

NAME: (b)(6)

ID NUMBER: (b)(6)

NATIONALITY: Iraqi

SUBJECT:

REMARKS:

PUBLICITY:

POC NAME: (b)(3), (b)(6)

NUMBER: 443-8520

FFIR #

PIR #

N/A

TF30 MED CCIR REPORT: FORMAT AS OF 24OCT05

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08-IH1-T105-00009

Page 10 redacted for the following reason:

(b)(2)High, (b)(3)(b)(6)

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.

[illegible]

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5 Apr 67 Called to see patient in catub. On exam,
 10:55 no heart/lung sounds. No spontaneous movement.
 Pupils fixed + dilated B/K. Pt pronounced dead
 at 10:55.

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

PATIENT'S IDENTIFICATION (Use this space for Mechanical Impedance)

RECORDS
MAINTAINED
AT: 

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev 8-84)
 Prescribed by GSA and CMR
 FPMR (41 CFR) 201-45.606

(b)(6)

CENTCOM 016210

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08-IH1-T105-00012

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL	
FOR USE OF THIS FORM, SEE AR 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		332 EMDG BALAD AB, IRAQ	
<p style="text-align: center;"><i>Instructions - Medical Officer in attendance will:</i></p> <p style="font-size: x-small;">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.</p>			
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT			
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) <div style="font-size: large; font-family: cursive;">5 Apr 2007 / 1055</div>	
<div style="text-align: center; font-size: large;">(b)(6)</div>		3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		4. RELIGION 	
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		5. CHAPLAIN NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH	
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, ashenia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) <div style="font-size: large; font-family: cursive;">Tonsillar herniation P.L.</div>	
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)		DUE TO (or as a consequence of) <div style="font-size: large; font-family: cursive;">(1) Penetrating head injury</div> <div style="font-size: large; font-family: cursive;">(2)</div>	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		<div style="font-size: large; font-family: cursive;">2 Apr 1977</div>	
9. DATE <div style="font-size: large; font-family: cursive;">5 April 07 / 10:55</div>		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN AT <div style="font-size: large; font-family: cursive;">maj</div>	
		(b)(3), (b)(6)	
SECTION B - ADMINISTRATIVE			
TYPE OF ACTION		HOUR DAY	
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.			
SECTION C - RECORD OF AUTOPSY			
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO		21. AUTOPSY ORDERED BY (Signature)	
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

CENTCOM 016211

08-IH1-T105-00013

28469



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 تتقدم بكل الأسف العميق والأعتذار لفقدان احبايكم و نتمنى ان تقدم
و ترجع اليكم البقايا الادمية الخاصة بالمرحوم Ali Haneen
الى تلبية اهله القريب الاولى اليه. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام والالطف التي
تتطلبها تقاليد وعادات الديانة الاسلامية او الديانة المسيحية و تمت معاملتها بنفس المعاملة التي
تلقاها الموتى من قوات التحالف. للشخص المتمسك بالبقايا الادمية يدرك جيدا بان قوات التحالف قامت
بالعمل اللازم و بكل اساليب الاحترام التامة.
و في حالة وجود او ادراك أية انتهاك للعادات و التقاليد المحلية فبكل الاسف انه ليس عمدا و غير
مقصود كلنا من جانب قوات التحالف.
مع العلم جميع المتاع الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

SSA

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

اسم الشخص للتأكد و

Person verifying identity

(b)(6)

اسم الشخص المستلم
Person receiving remains

Aunt

العلاقة بالمرحوم
Relationship to deceased

(b)(6)

APR/5/07

التاريخ

Foreign Language Text, (b)(6)

Pages 16 through 17 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)