

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

SAF mg/Dunn

App 5,000

(b)(6)

08-IH1-T105

CENTCOM 016199

08-IH1-T105-00001

28457

| Standard Form 1034 (EG)<br>Revised October 1987<br>Department of the Treasury<br>GSA FPMR (41 CFR) 101-11.2<br>1034-121   |                             | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL   |                            |  | VOUCHER NO |                      |
|---|-----------------------------|---|----------------------------|--|------------|----------------------|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br><b>DEPARTMENT OF THE ARMY</b><br>24th FMC<br>Camp Liberty, Iraq<br>APO AE 09344<br>DSSN: 5579   |                             | 10 DATE VOUCHER PREPARED<br>12-Feb-08   |                            | SCHEDULE NO  |            |                      |
|   |                             | CONTRACT NUMBER AND DATE  |                            | PAID BY  |            |                      |
|   |                             | REQUISITION NUMBER AND DATE   |                            | 24th FMC<br>Camp Liberty, Iraq<br>APO AE 09344<br>DSSN: 5579 |            |                      |
| <b>CLAIM #: 08-IH1-T105</b><br>PAYEE'S NAME AND ADDRESS<br>(b)(6)   |                             |   |                            |  |            |                      |
| DATE INVOICE RECEIVED<br>DISCOUNT TERMS<br>PAYEE'S ACCOUNT NUMBER   |                             |   |                            |  |            |                      |
| SHIPPED FROM  |                             | TO  | WEIGHT                     | GOVERNMENT R&L NUMBER  |            |                      |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)   | QUAN-TY                    | UNIT PRICE   |            | AMOUNT               |
|   |                             |   |                            | COST   | PER        |                      |
|   |                             | 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. |                            |  |            | \$5,000.00           |
| (List continuation sheet(s) if necessary)<br><b>(Payee must NOT use the space below)</b>  |                             |   |                            |  |            | <b>TOTAL</b>         |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input checked="" type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE   |                             | APPROVED FOR<br>BY<br>(b)(3), (b)(6)  | EXCHANGE RATE<br>= \$ 1.00 | DIFFERENCES<br><br><br><br><br>5,000.00<br>(b)(3), (b)(6)    |            |                      |
| Pursuant to authority vested in me, I hereby<br>24 Feb 08<br>(Date) _____ (Authorized Certifying Officer) _____ (Title)<br>ACCOUNTING CLASSIFICATION<br>(b)(2)High \$5,000.00   |                             |   |                            |  |            |                      |
| PAID BY<br>CASH   |                             | ON ACCOUNT OF U.S. TREASURY   | CHECK NUMBER               | ON (Name of bank)  |            |                      |
| \$5,000.00  |                             | DATE  | PAYEE                      | (b)(6)   |            |                      |
| When paid in foreign currency, record name of currency<br>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.<br>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. |                             |   |                            |  |            | PER<br>TITLE         |
|   |                             |   |                            |  |            | NSN 7540-00-808-2254 |

Previous edition usable  
**PRIVACY ACT STATEMENT**  
 The information requested on this form is required under the provisions of 31 U.S.C. 62b and 62c, 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 the 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

CENTCOM 016201

08-IH1-T105-00003

28459

Serial Number Accountability

The purpose of this form is to record the serial number as providing a tracing mechanism to the recipient. Please turn in their respective finance offices as part of the record. Final should retain this original attached to the original paper upon clearing.

00 no  
turn in  
Final  
by al

DATE OF TRANSFER: 24 FEB 08

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

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT (NAME) FIRM

(b)(6)

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

Serial Number:

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

— through —

\* Use additional forms if more needed.

CENTCOM 016202

08-IH1-T105-00004

28460

# **SETTLEMENT AGREEMENT**

Foreign Language Text

08-IH1-T105 #  
Langua

(b)(6)

angu

\$5,000.00

Foreign Language Text

Foreign Language Text

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

DATE 24 Feb 15

Foreign Language Text, (b)(6)

Foreign Language Text

DAIE

WITNESS SIGNATURE Foreign Language Tex

(b)(6)

CENTCOM 016203

08-IH1-T105-00005

28461

5,000

CLAIMS FORM

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

My claim arose at: Yusifiyah  
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.

(b)(6)

ture of claimant

Print Name

(b)(6)

Signature

CENTCOM 016204

08-IH1-T105-00006

28462

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016206

08-IH1-T105-00008

28464



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

**DIRECT REPORTING UNIT:** 332 AEW / EMDG / MCC

**CCIR REPORTING UNIT:** 332 EMDG/AFTH

**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

CENTCOM 016207

08-IH1-T105-00009

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(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.

|                                  |                                       |  |                 |  |                                |
|----------------------------------|---------------------------------------|--|-----------------|--|--------------------------------|
| 1. FROM<br>BALAD(MACP)           |                                       | 2. TO<br>FAMILY  |                 | 3. DATE PREPARED<br>(YYYYMMDD)<br>20070405 | 4. PAGE<br>1<br>OF 1 PAGES     |
| 5. VEHICLE/AIRCRAFT<br>ID NUMBER | 6. EVACUATION<br>NUMBER<br>189-07     | 7. TENTATIVELY IDENTIFIED DECEASED (If unidentified, so state) |                 |  |                                |
|                                  |                                       | a. (b)(6)  | b. GRADE<br>CIV | (b)(6)                                     | ORGANIZATION<br>IRAQI CIVILIAN |
| -----NOTHING FOLLOWS-----        |                                       |  |                 |  |                                |
| 8. AIRCRAFT/VEHICLE<br>DEPARTED  | 9. AIRCRAFT/VEHICLE COMMANDER         |  |                 |  |                                |
| a. TIME                          | a. NAME (Last, First, Middle Initial) |  | b. GRADE        | c. ORGANIZATION                            |                                |
| b. DATE (YYYYMMDD)               | d. SIGNATURE                          |  |                 |  | e. DATE SIGNED<br>(YYYYMMDD)   |
| 10. AIRCRAFT/VEHICLE<br>ARRIVED  | 11. RECEIVING OFFICIAL                |  |                 |  |                                |
| a. TIME                          | a. NAME (Last, First, Middle Initial) |  | b. GRADE        | c. ORGANIZATION                            |                                |
| b. DATE (YYYYMMDD)               | d. Si (b)(3), (b)(6)                  |  |                 |  | e. DATE SIGNED<br>(YYYYMMDD)   |

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## DATE

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

5 Apr 67      Called to see patient p extubation. On exm,  
 10:55      no heart/lung sounds. No spontaneous movement.  
                 Pupils fixed + dilated B/L. Pt pronounced dead  
 10:55.

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

## PATIENT'S IDENTIFICATION (Use this space for Mechanical Implants)

RECORDS  
MAINTAINED  
AT:

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

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 8-64)

Prescribed by GSA and DOD  
FIRMR (41 CFR) 201-45 (Rev.

(b)(6)

CENTCOM 016210

08-IH1-T105-00012

28468

| HOSPITAL REPORT OF DEATH<br>FOR USE OF THIS FORM, SEE AR 40400. THE PROONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.  |  | NAME AND LOCATION OF HOSPITAL<br>332 EMDG BALAD AB, IRAQ   |  |
|--|--|--|--|
| <p><i>Instructions - Medical Officer in attendance will:<br/>Prepare, in one copy only, Items 1 through 10 and sign Item 11.<br/>Print or type entries.</i></p> <p><i>Send form, without delay to the Registrar or Administrative Officer<br/>of the Day, for necessary action and for preparation of required<br/>number of copies.</i></p> |  |  |  |
| <b>SECTION A - ATTENDING MEDICAL OFFICER'S REPORT</b>  |  |  |  |
| PERSONAL DATA  |  |  |  |
| <p>1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)</p> <p>(b)(6)</p>  |  | <p>2. TIME OF DEATH (Hour-day-month-year)<br/>5 Apr 2007 / 1055</p> <p>3. MEDICAL EXAMINER/CORONER'S CASE<br/><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>4. RELIGION</p> <p>5. CHAPLAIN NOTIFIED<br/><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH</p> |  |
| <p>Patient's name (Last, first, middle initial) Grade,<br/>Social Security Account No., Register Number and Ward Number</p>  |  | <p>APPROXIMATE INTERVAL<br/>BETWEEN ONSET<br/>AND DEATH</p>  |  |
| <p>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)</p>   |  | <p>DUE TO (or as a consequence of)<br/>Transfer herniation of brain</p>  |  |
| <p>7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)</p>  |  | <p>DUE TO (or as a consequence of)<br/>(1) Penetrating head injury 2 Apr 197<br/>(2)</p>   |  |
| <p>8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT</p>   |  | <p>a.<br/>b.</p>   |  |
| <p>9. DATE<br/>5 April 07 / 1055</p>   |  | <p>10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER<br/>IN AT<br/>(b)(3), (b)(6) MAF</p>   |  |
| <b>SECTION B - ADMINISTRATIVE</b>  |  |  |  |
| <p>12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON</p>  |  | <p>HOUR</p>  |  |
| <p>13. POST ADJUTANT GENERAL NOTIFIED</p>  |  | <p>DAY</p>   |  |
| <p>14. IMMEDIATE CO OR DECEASED NOTIFIED</p>   |  |  |  |
| <p>15. INFORMATION OFFICE NOTIFIED</p>   |  |  |  |
| <p>16. POST MORTUARY OFFICER NOTIFIED</p>  |  |  |  |
| <p>17. RED CROSS NOTIFIED</p>  |  |  |  |
| <p>18. OTHER (Specify)</p>   |  |  |  |
| <b>SECTION C - RECORD OF AUTOPSY</b>   |  |  |  |
| <p>20. AUTOPSY PERFORMED (If yes, give date and place)<br/><input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |  | <p>21. AUTOPSY ORDERED BY (Signature)</p>  |  |
| <p>22. PROVISIONAL PATHOLOGICAL FINDINGS</p>   |  |  |  |
| <p>23. DATE</p>  |  | <p>24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY</p>  |  |
| <p>26. DATE</p>  |  | <p>27. TYPED NAME AND GRADE OF REGISTRAR</p>   |  |
|  |  | <p>28. SIGNATURE OF REGISTRAR</p>  |  |

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 Multi-National Force-Iraq deems it necessary to return the remains 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 وتحمني أن تقدم و ترجع اليكم البقايا الأدمية الخاصة بالمرحوم ..... Ali Hassan ..... إلى أهلة القرىب الأولى اليه. مع العلم بأن البقايا الأدمية تم معاملتها بكل الاحترام واللطف التي تتطللها تقاليد وعادات الديانة الإسلامية أو الديانة المسيحية وتمت معاملتها بنفس المعاملة التي تلقاها المقتول من قوات التحالف. الشخص المتميل للبقايا الأدمية يدرك جيداً بأن قوات التحالف قامت بالعمل اللازم و بكل أساليب الاحترام التام. و في حالة وجود او ابراك أية انتهاك للعادات و التقاليد المحلية في بكل الأسف انه ليس عمداً و غير متصرد كلها من جانب قوات التحالف. مع العلم جميع المتابع الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

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

اسم الشخص المتأكد و .....  
Person verifying identity

..... (b)(6)

اسم الشخص المستلم .....  
Person receiving remains

..... Aunt

العلاقة بالمرحوم .....  
Relationship to deceased

..... (b)(6)

..... APR/5/107

التاريخ .....  
Date

CENTCOM 016212

08-IH1-T105-00014

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Foreign Language Text, (b)(6)

CENTCOM 016213

08-IH1-T105-00015

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Pages 16 through 17 redacted for the following reasons:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)