

F083

26 Mar 07

Paid \$2,500 for sister  
\$2,500 for daughter

Foreign Language

Foreign Language

(b)(6)

19 MAR 07

(b)(6)

LAUER

26 Mar 07  
Paid \$2,500 for sister  
Paid \$2,500 for daughter  
— Capt

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

CPT

(b)(3), (b)(7)(C)

12 mo.

REVIEWED AND CONFIRMED THAT FIREFIGHT OCCURRED

REVIEWED

(b)(2) High

@ 0830-0845 @

23 JAN  
S/6ACT

CINEMA is uncertain.

(b)(2) High

LOCATION @ CINEMA is uncertain.

CAN WE CONFIRM THAT PO GOT SHOT UP?

POLO TO RETURN MONDAY 19TH.

CEEP PAYMENTS: \$2,500 wife  
2,500 daughter

2,500 clausula

SIGACT: YES (removed) / NO  
DATE: 23 08 45 JAN 07 12 PM SLIDE:  
23 06 15 JAN 07

CERP PACKETS

Claim #: FG83

Name of Person Submitting Claim: \_\_\_\_\_ (b)(6)

Location of Incident: \_\_\_\_\_

Date Claim Submitted: 19 Feb 07

Person Receiving Claim: \_\_\_\_\_

Date Packet Completed: \_\_\_\_\_

Date Packet Submitted to MEF: \_\_\_\_\_

Date Claim Paid/Amount Paid: \_\_\_\_\_

Notes: SIGACT 23 JAN 07 SLIDES 8-10, HAVE CLAIMANT POINT OUT LOCATION ON  
MAP

☒ Copy of ID Card

☐ Proof of ownership (deed, proof of inheritance, bill of sale)

☒ Death certificates

☐ Medical Examination

☐ POA's

☐ Pictures of Damage

☒ Checked SigActs: ☒ Yes ☐ No

1034

# Claims Form

(b)(6)

~~Almarad Heat Water Tank~~

izen and national of:

Dray

c. permanent resident of:

c. Employed by:

d. Check one ( ) An insurer ☒ Not an insurer

e. Check one ( ) A subrogee ☒ Not a subrogee

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

Coalition Forces

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.)

My claim arose at:

(Town)

(City)

(Country)

My claim arose on:

Month

Feb

Day

29

Year

07

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.)

on 23 Jan 07 Tuesday at 8:30 AM  
The Coalition  
Forces shot randomly in Apost office  
street, that led to my sister  
and my daughter  
when we  
getting out from the post office directed  
to home after we get the salary  
I claim the Coalition Forces to  
pay compensation

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

*Killing my sister and daughter,  
by the Coalition forces*

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

1-  
2- (b)(6)

Total:

*5000*

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

The name and address of my insurer (if any) is:

(Name)

(Address)

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

\$

local

(b)(6)

imant)

Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

(b)(6)

(Print Name)

(Signature)

Pages 8 through 9 redacted for the following reasons:  
-----  
Foreign Language Text



Standard Form 1034 Revised October 1967 Department of the Treasury 1 TFM 4-2000 913		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>					VOUCHER NO.			
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  <b>DISBURSING OFFICER</b> <b>OPERATION IRAQI FREEDOM</b> <b>2D FSSG Box 20002</b> <b>Camp Lejeune, NC 28542-0002</b>							DATE VOUCHER PREPARED <b>Date</b>		SCHEDULE NO.	
							CONTRACT NUMBER AND DATE		PAID BY <b>II MEF</b> <b>DSSN )(2)Hic</b>	
							REQUISITION NUMBER AND DATE <b>(b)(2)High</b>			
PAYEE'S NAME AND ADDRESS <b>Who (did you pay):</b> <b>Where (did event occur):</b> <b>GOVERNATE: Anbar</b>		DATE INVOICE R'CD  DISCOUNT TERMS  PAYEE'S ACCOUNT NO.  GOVERNMENT B/L NO.								
SHIPPED FROM TO										
This is a payment to express remorse and sympathy. This payment is not designed to fully reimburse someone's loss.										
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>		QUANTITY	UNIT PRICE COST PER	AMOUNT		
<b>Condolence Payment</b> <b>What (is the damage or injury):</b>  <b>How (EOF, C&amp;K, etc):</b>  <b>DTG of SIGEVENT</b>		(Use continuation sheets if necessary)		(Payee must NOT use the space below)		TOTAL				
						DIFFERENCES				
						AMOUNT NOTED CORRECT SIGNATURE OR INITIALS <b>(2) T Sign</b>				
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		APPROVED FOR BY (2) <b>Capt (b)(3),(b)(6) ; 3404-434; (b)(3),(b)(6), (b)(2)High</b> <b>PROJECT PURCHASING OFFICER RCT-5</b>		EXCHANGE RATE = \$1.00		SIGNATURE OR INITIALS <b>(2) T Sign</b>				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.										
DATE <b>3</b>		PRINT FULL NAME, RANK, SERVICE and SIGN <b>disbursing</b>		ACCOUNTING CLASSIFICATION <b>(b)(2)High</b>		UNIT PAY AGENT TITLE				
A APPROPRIATION		SUB HEAD		OBJ CLASS		AMOUNT				
(b)(2)High		(b)(2)High		(b)(2)High		(b)(2)High				
BY CHECK NUMBER		DATE		PAYEE (3)		PER				
CASH		DATE		PAYEE (3) <b>(1) Iraqi SIGNS</b>		X				
1. When stated in foreign country, 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.										
Previous edition obsolete										

Pages 11 through 14 redacted for the following reasons:

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