

F083

26 Mar 07

Paid \$2,500 for sister  
\$42,500 for daughter.

Foreign Language

reign Langua

(b)(6)

19 MAR 07

(b)(6)

Lawyer

Foreign Languages

26 Mar 07

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

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

CP

(3),(b)(

12 hrs.

Review AND CONFIRMED THAT PREVIOUS OCCURRED

Review

(b)(2)High

② 0830-0845 ②

located @ current & imminent.

current & imminent.

(b)(2)High

CAN WE CONFIRM THAT TO NOT SHOT UP?

TOLD TO RETURN MONDAY 19 JAN.

Cash Payments: \$2,500 wife  
2,500 daughter

23 JAN  
S1b4CT

2,000 drought

SIGACT: YES (removed) / NO  
DATE: 23 0845 2007 (2 pg)  
SLIDE: 03 0015 2007

**CERP PACKETS**

Claim #: FC083

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)

Attacked near water tank

a. Citizen and national of: Iraq

b. 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.)

AM

on 23 Jan 07 Tuesday at 0130/ the coalition forces shot randomly in A post office street, that led to loss our sister and my daughter when we getting out from the post office direcrete 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.

(b)(6)

(b)(6)

*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-

(b)(6)

2-

Total:

*5000\$*

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

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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:  
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Foreign Language Text

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 913	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL		VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  <b>DISBURSING OFFICER OPERATION IRAQI FREEDOM 2D FSSG Box 20002 Camp Lejeune, NC 28542-0002</b>		DATE VOUCHER PREPARED  <b>Date</b>	SCHEDULE NO.
		CONTRACT NUMBER AND DATE	PAID BY  <b>II MEF DSSN (2)Hiç</b>
		REQUISITION NUMBER AND DATE  <b>(b)(2)High</b>	DATE INVOICE REC'D
			DISCOUNT TERMS
			PAYEE'S ACCOUNT NO.
PAYEE'S NAME AND ADDRESS  <b>Who (did you pay): Where (did event occur): GOVERNATE: Anbar</b>		This is a payment to express remorse and sympathy. This payment is not designed to fully reimburse someone's loss.	
SHIPPED FROM  NUMBER AND DATE OF ORDER		TO  ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	
		UNIT PRICE QUAN- TITY COST	AMOUNT PER
<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)			
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> TITLE <b>PROJECT PURCHASING OFFICER RCT-5</b>	EXCHANGE RATE =\$ =\$1.00  Differences  Amount remitted, correct SIGNATURE OR INITIALS <b>(2) sign</b>
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  <b>(3) disbursing</b>			
UNIT PAY AGENT  DATE PRINT FULL NAME, BANK, SERVICE and SIGN ACCOUNTING CLASSIFICATION			
A PND	APPROPRIATION X CASH	SUB HEAD DATE DATE	OBJ CLASS BCN SA AAA TT PAA COST CODE  <b>(b)(2)High</b>  <b>(b)(2)High</b>  <b>(b)(2)High</b>
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 usable			

Pages 11 through 14 redacted for the following reasons:

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Foreign Language  
Foreign Language, (b)(6)