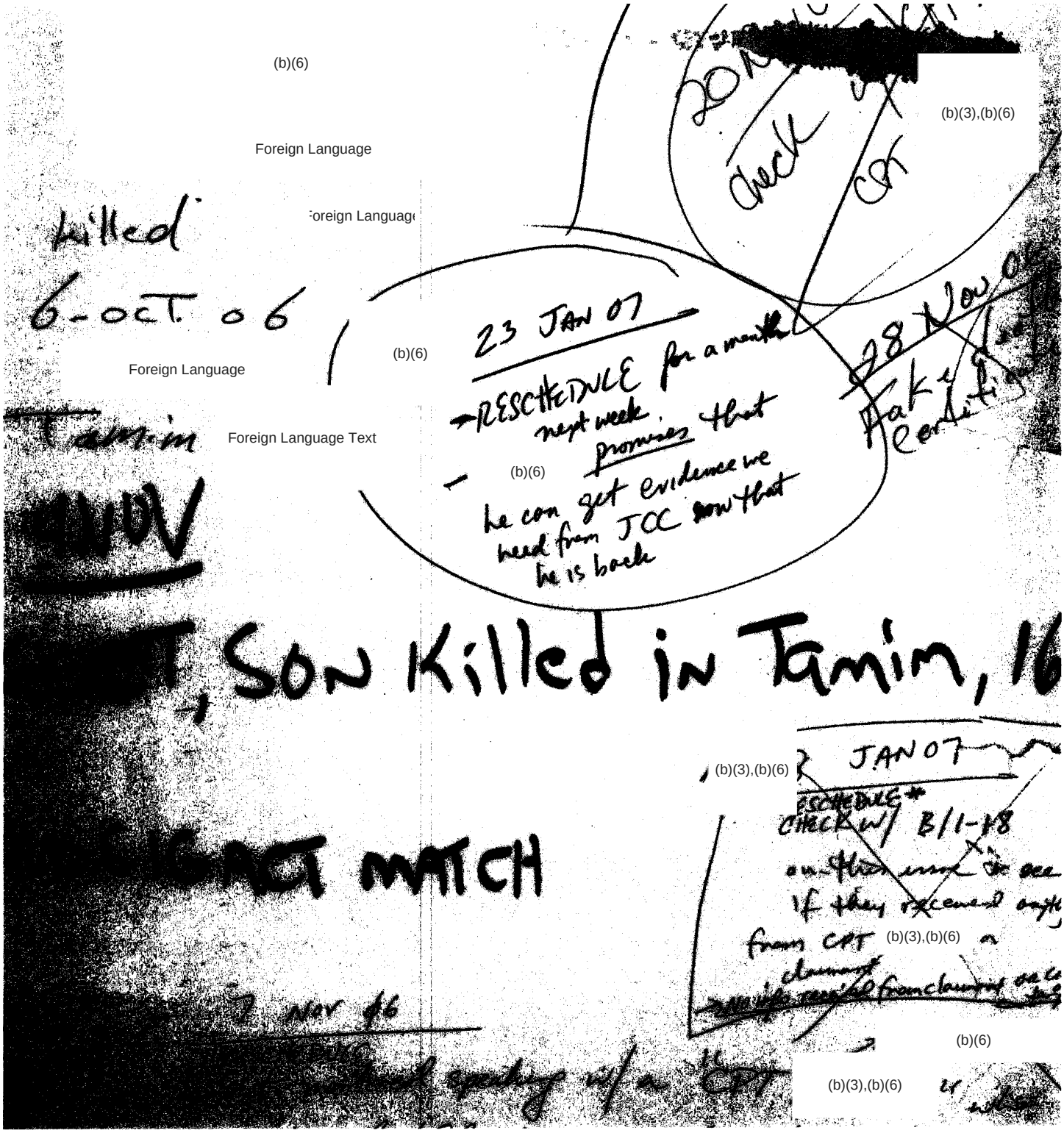

CENTCOM 013985

(b)(6)

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eign Langu

killed
6-OCT-06

(b)(6)

eign Langu

Tamin -

eign Langu

oreign Langua

20 Nov 06
check w/ FBI
CPT

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

23 JAN 07

→ RESCHEDULE for a month
next week
promises that
he can get evidence we
ICC now that

(b)(6)

28 N
Fake
Cert

CENTCOM 13986

CENTCOM 013987

Page 4 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language

Claims Form

To: U (b)(6) Claims Commission

From : Name:--- (b)(6)

Address:----Ramadi - Tamim

Iam

a. A citizen and national of :----Iraq
b. A permanent resident of :----Ramadi
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)
----Shoot fire gun and killed my Son whose
----- (b)(6) years old

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 :---Tamim (Town) Ramadi (City) Iraq (Country)

My claim arose on :---Oct (Month) 6 (Day) 06 (Year)

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 6-10-2006 at 16-30 The American forces Shoot fire gun randomly in Al-Tamim. This Shooting Caused killed my Son whose (b)(6) years old. I went to the American forces in the checkpoint and I told them what happened? and they killed my Son. They apalagized about the accident saying that they document the accident. They told me to go to Compensation office. I request Compensation

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

killed my Son

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
killed my Son who is (b)(6) years old	

Total : 3,750,000

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)

$ 2.500 $ local 3,750,000

(b)(6)

(Signature of Claimant)

Subscribed before me this 24 day of [illegible] 200[illegible] .

a lawyer (b)(6)

(Print Name

(b)(6)

(Signatur

Pages 7 through 8 redacted for the following reasons:
- -
Foreign Language
Foreign Language, (b)(6)

Foreign Language, (b)(6)

CENTCOM 013993

The National ... Ci...

Personal Co... ...tal

I.D. No. : (9)(a)

Foreign Language, (b)(6)

First Name : (9)(a)

Second and Third Name (9)(a)

Surname :

Mother's Name : (9)(a)

Gender : male

Organized on : 20 - July -

Organized by : (9)(a)

Job :

Religion : Muslim

Birth Date : (9)(a)

Noted deformities :

Status:

Wife's Name :

Remarks

Eye Color :

Hair Color :

Face :

Length :

(b)(6), Foreign Language Text

(b)(6)

Foreign Language Text, (b)(6)

NTCOM 013994

The Nationalit & Civil Affaires
Personal Ce cation Card.

I.D. No. : (b)(6)
First Name : (b)(6)
Second and Third Name (b)(6)
Surname :
Mother's Name : (b)(6)
Gender : male
Organized on :
Organized by : (b)(6)
Job :
Religion : muslem
Birth Date : (b)(6)
Noted deformities :
Status:
Wife's Name :

Remarks

Eye Color :
Hair Color :
Face :
Length :

CENTCOM 013995

Language Text

Republic
Ministry of Health

Department Of Hygiene and Biological statie's

No:
Date of registry

1-Dead's name and surname: (b)(6)

2- sex : male 3- nationality Iraqi 4- Religion: muslim 5-job: (b)(6)

6-Martial status: single X Married.... Widow.... divorced..... 7-Date of birth (b)(6) 8-place of birth Ramadi - Tamim

9-permanent residence: No. of House: Street: Tamim Quarter: Ramadi Province: Anbar 10- Date of death: 6 of 5 T. 06

province : Anbar

11-Pleae of Death:

12-Dead's father's name: (b)(6) 13-dead's mother's name: (b)(6)

14-death information's name: (b)(6) 15-His relation to the death grand father 16- Address information: Ramadi Tamim

17- Reasons of death: shotted fire by the amecan forces

other cases causing death.....

the dead is a woman in age of delivery(15-49) indicate whether death happened in:

Approximate period between diagnosis and death.
.....
.....
.....

pregnancy:..... delivery:..... labor: .....

Death happened in home.....hospital..... other place.....

Stamp of Health

witness that death happened for above mentioned reasons. Doctor's name: Ramadi hospital

address: signature:

18- Forensic certificate

Dr. ..... forensic department, performed anatomy for ..... according to

the form ..... in ..... finding reasons of death ..... Doctor's signature..... Stamp of forensic department

19- foramation related to the ID card :-

record No. .. (b)(6) Page No.. (b)(6) Province Anbar ID card.. (b)(6) .. Attached

type of ID. Card 2- Copy whom this concern 3-Copy of the register of register of the certificate

Translated & Printed by Al-Mawrid Bureau /Ramadi near Al-Ta'ameem Garage

Registered and The ministry of Health, ...
No. ..... For the year .....

CENTCOM 013996

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