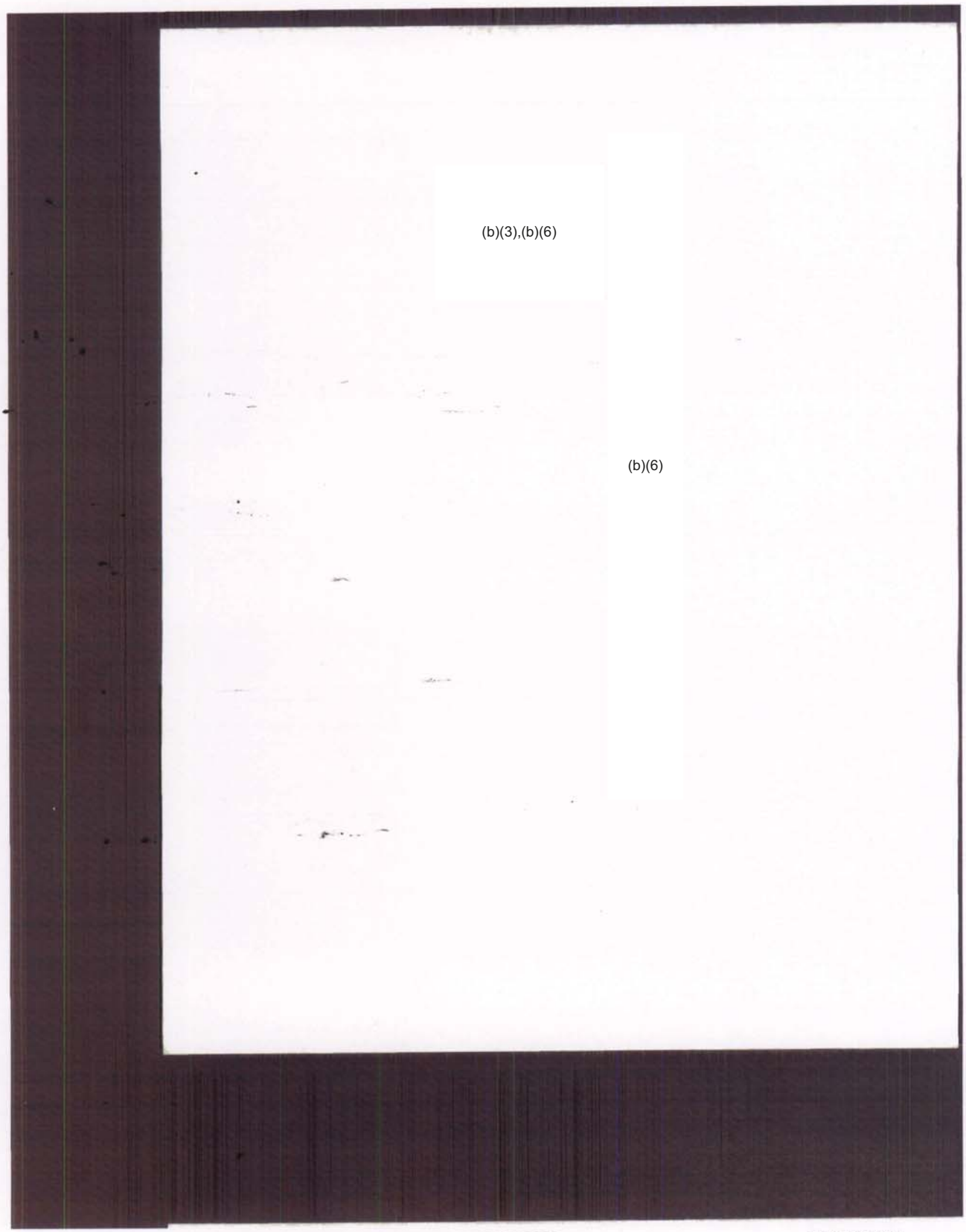

(b)(3),(b)(6)
(b)(6)

[redacted]

(35)

07I92T048

CENTCOM 019936

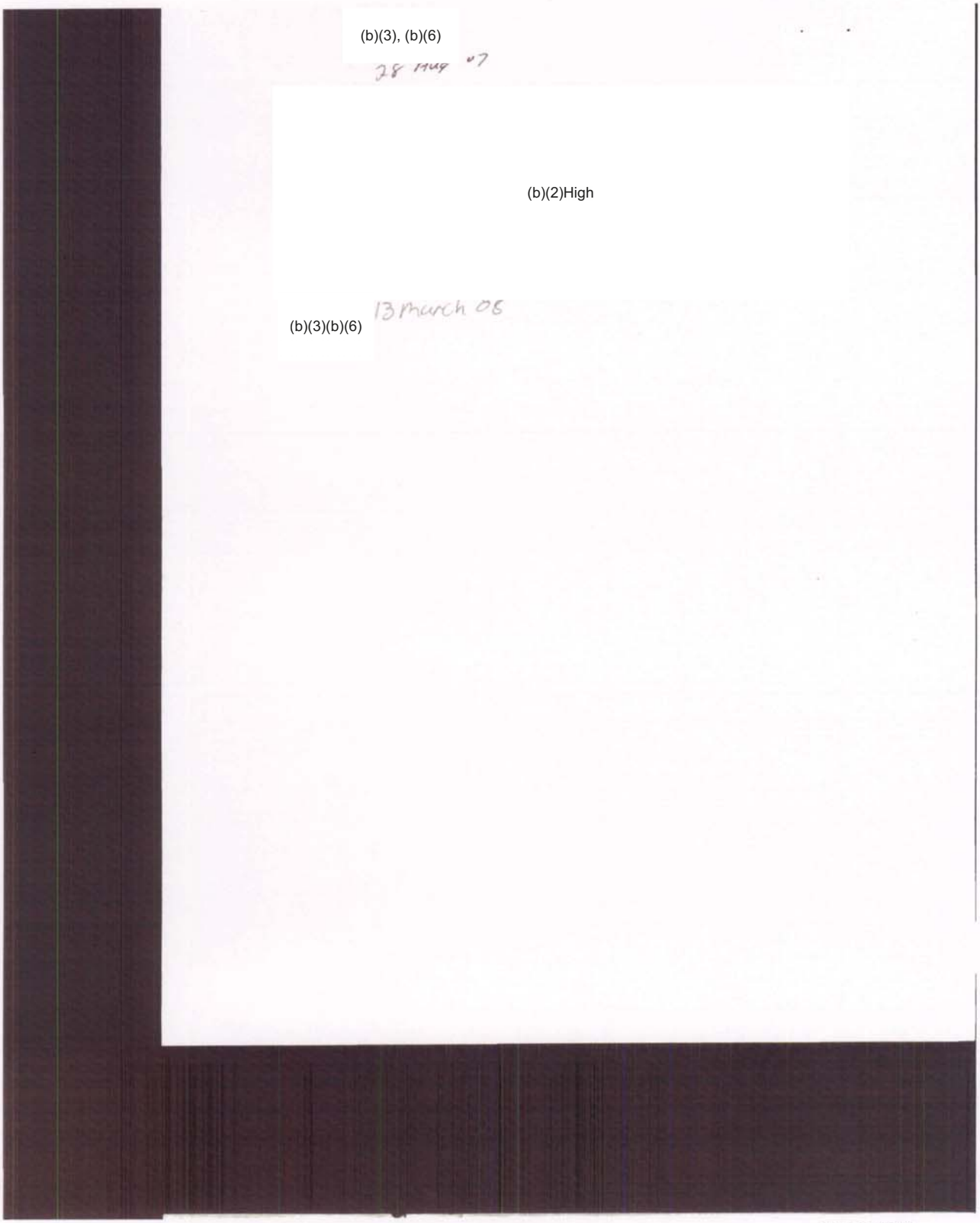
07-I92-T048-00002

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

28 Aug 07

(b)(2)High

(b)(3)(b)(6) 13 March 05



CLAIMS CHECKLIST

CLAIM NUMBER:

AMOUNT OF CLAIM: $ 15,000

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT: 17 Jan 06 **DATE FILED:** 27 mar 07 **DATE RECEIVED:**

CLAIM TYPE:

- ☐ Vehicle Damage
- ☐ Detainee Property
- ☐ Damage During Raids
- ☐ SAF Damage/Injury
- ☐ Real Estate
- ☑ Other Death

CLAIM AROSE FROM:

- ☐ Combat Activities
- ☑ Non-combat Activities

CLAIM IS:

- ☑ Payable
- ☐ Not Payable

BRIEF OVERVIEW:

Claimant states that her husband was in a vehicle accident w/ US Forces. he was injured and transported to hospital in balad. husband pronounced Dead @ hospital

REMARKS:

Recommend (Approval) / Denial For $10,000 due to Time waited

REVIEWED BY: SGT (b)(3),(b)(6) (b)(3),(b)(6) **DATE REVIEWED:** 25 Apr 07

PCC COMMENTS

Approve $10,000

DATE APPROVED/ DENIED: 13 April 2007

- ☐ DENIED
- ☐ Denial Memo
- ☐ APPROVED
- ☒ Amount Approved: $ 10,000
- ☐ Approval Memo
- ☐ Settlement Agreement
- ☐ SF 1034
- ☐ Disbursing Officer Memo

Standard Form 1034
Revised October 1962
Department of the Treasury
1 TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
15th FINANCE BATTALION
APO AE 09352

DATE VOUCHER PREPARED: 25 August 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
15th FIN BN
3rd FIN, 3rd SSB
APO AE 09352
DSSN 5579

PAYEE'S NAME AND ADDRESS
(b)(6)
BAGHDAD, IRAQ

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NUMBER

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)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (1)
		FOREIGN CLAIMS NUMBER 07-I92-T048 VEHICLE DAMAGE AND DEATH				10,000.00
					TOTAL	10,000.00

(Use continuation sheet(s) if necessary)

(Payee m

RENCES

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR
=$ 10,000.00

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

BY [2]
CPT (b)(3),(b)(6)

TITLE
FOREIGN CLAIMS COMMISSION

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

.00

Pursuant to authority vested in me, I certify t payment.

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

25 August 2007
(Date)

CLAIMS PAYING AGENT
(Title)

ACCOUNT CLASSIFICATION NUMBER

(b)(2)High

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH $ 10,000.00	DATE 25 August 2007	PAYEE (b)(6)	

[1] When stated in foreign currency, 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 receipted 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

TITLE

Previous edition usable

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. This 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.

NSN 7540-00-900-2234
USAPA V4.00

CENTCOM 019939

07-I92-T048-00005

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO ATTENTION OF:

FCC I92

25 August 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 07-I92-T048

Dear Sir:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) I92 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC I92 offers you $10,000.00 to settle your claim.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of signing this letter.

The FCC's action on reconsideration is final and conclusive by law.

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

CPT, U.S. Army
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, IRAQ
APO AE 09361

FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I, (b)(6) of **Baghdad, Iraq,** hereby agree to accept the sum of **$10,000.00** (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 17 January 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from a raid conducted by US Forces on 17 January 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 25 day of August 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature
Name: (b)(6)
Address: Section:
Street:
House:
Baghdad, Iraq

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

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

CENTCOM 019941

07-I92-T048-00007

Pages 8 through 10 redacted for the following reasons:
- -
(b)(5)
Previously Released

Claims Form
طلب تظلم

Nam (b)(6) الأسم:

Address: العنوان:

I am
انا

a. A national citizen of: Iraq أ. أحمل جنسية:

b. A permanent resident of: ب. عنواني الدائم:

c. Employed by: ت: أعمل لدي:

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

أنني أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من:(المنظمة , الوحدة العسكرية)

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.)
person dead by shouting

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحظار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابات أو الأضرار التي لصابتهم.)

My claim arose at: Baghdad Iraq
(Town) (City) (Country)

تظلمي قدم في: القرية المدينة البلد أو المحافظة

My claim arose on: 1 (Month) 17 (Day) 2006 (Year)

Foreign Language

تظلمي قدم في: ______ شهر ______ يوم ______ السن

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.)

The victim was shoot by american forces he transfed To To The Esh insaee and Then after To Falcon Balad. his famely found The body There.

باختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

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
Person Killed	ID 15000

Total: 15 000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة: ______

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

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

$ 1500 I.D. 19 000 000

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

Foreign Language ___ العملة المحلية ___ Foreign Language Text ___$

I (have/ have not) previously filed a claim relating to the incident described above.

سابقا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 29 day of Mar, 2007

(b)(6)

(Signature of Witness)

(b)(6)

(Printed Name)

my husband (b)(6)

left the home in Jan. 17.06 and did

not come back, we searched him in ALDowra

Police station and we found his car and

we the CF shot him and took him to in Dowra

GZ then to Baladi base, when we

went there we found out that he is dead.

I have (b)(6) kinds and his mother and

his brothers, we don't have a salary or

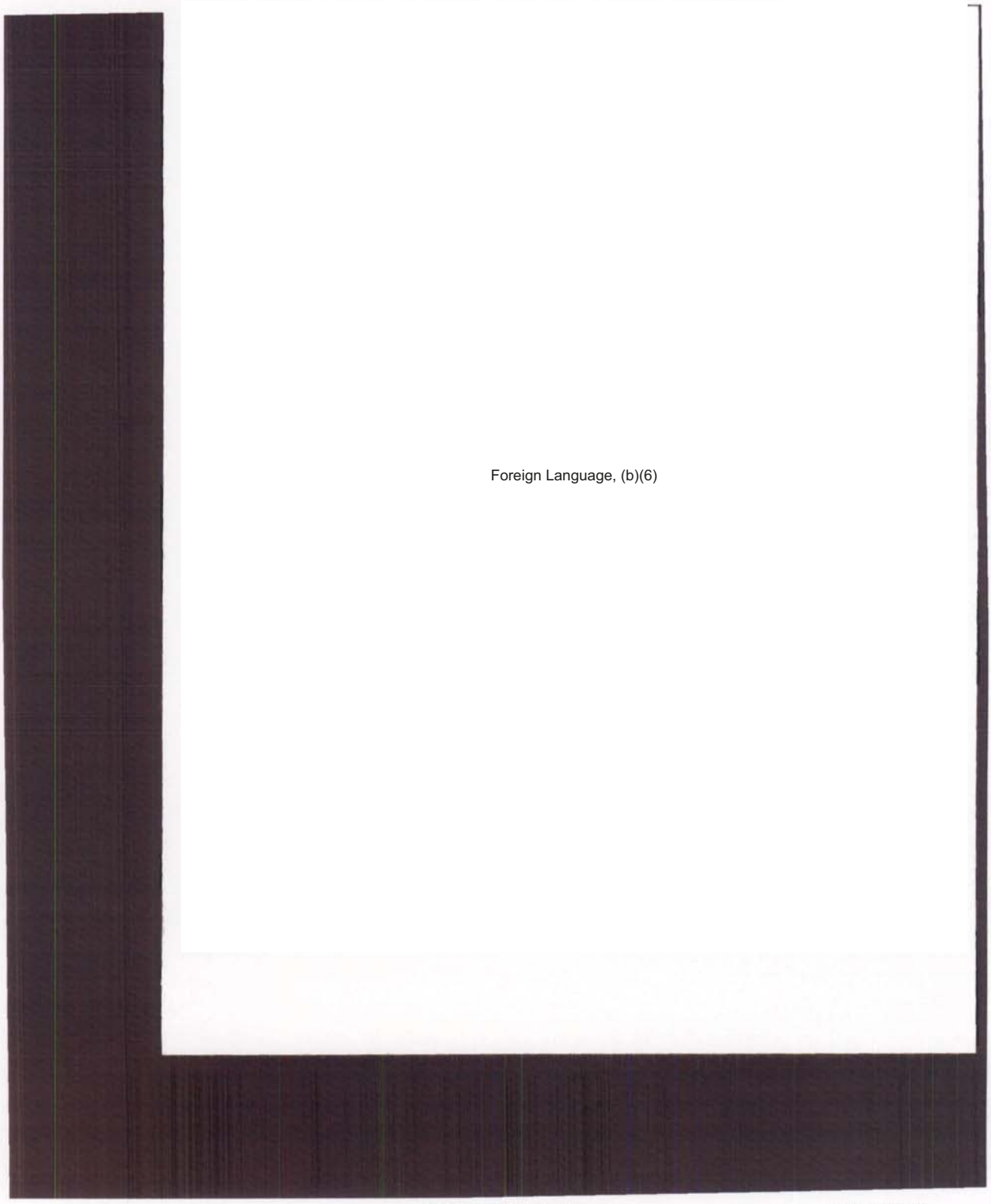
place to stay, we ask please from the CF

to help us with thanks.

I in request this 15 K

My # (b)(6)

(b)(6) Wrong Number


Foreign Language, (b)(6)

(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(6), Foreign Language

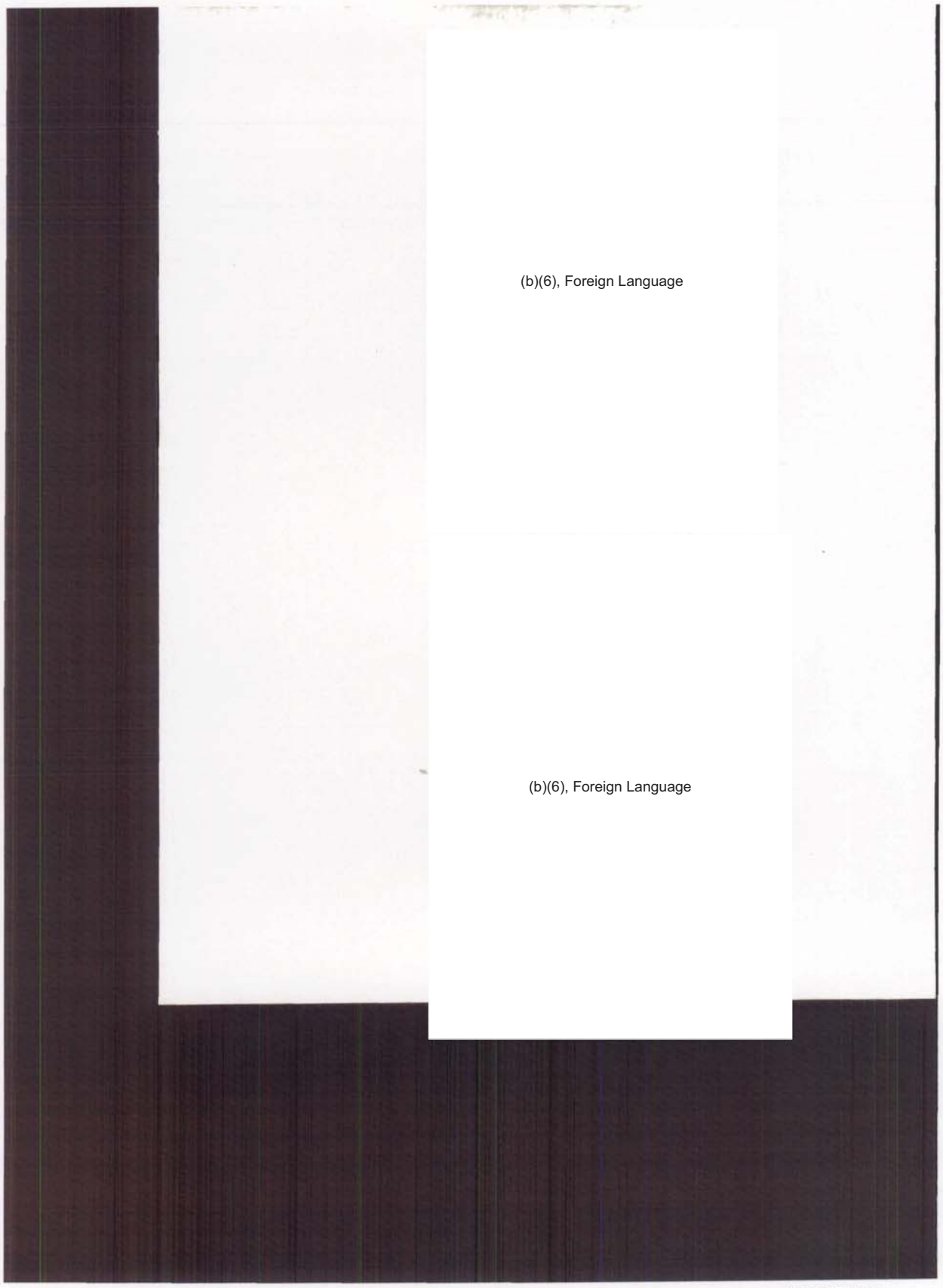
(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(6), Foreign Language


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

(b)(6), Foreign Language

(b)(6), Foreign Language

But he didn't Comeback. when the searched the area the found his car in police center. He hit by american army. They took him to [illegible] and thereafter To Balad Falcon when they went there they found his body.

She has (b)(6) kid and no one support her family. She need your help.

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-66; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL: 332 EMDG BALAD AB, IRAQ

Instructions - Medical Officer in attendance will:

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

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)*

Unknown

(b)(6)

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 0345 18 JAN 2006

3. MEDICAL EXAMINER/ CORONER'S CASE: ☐ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED: ☐ YES ☐ 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, asthenia, etc. It means the disease, injury, or complication which caused death)*	(b)(3),(b)(6)	6 hrs
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	(b)(3),(b)(6)	6 HRS
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
18 JAN 2006	MAJ. MARK RASNAKE	

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
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)* ☐ YES ☐ 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

MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD): 20060118
2. PAGE: 1 OF 1

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.

3. TENTATIVELY IDENTIFIED DECEDENT

a. NAME (Last, First, Middle Initial) or Unidentified	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
Unknown (b)(6) AR311th Qmco.	Civ.		Patient #6625	Deceased	20060118

4. PLACE OF RECOVERY (Include grid coordinates)	5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS a. #1	b. #2
332nd EMG. Balad	20060118	006-06	

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
	----------nothing follows----------			

8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
005	1000 dinar bills			
008	500 dinar bills			
	----------Nothing Follows----------			

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)
[ ] ALL KNOWN EFFECTS [X] ALL KNOWN EFFECTS RECOVERED FROM UNIT [ ] ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	e. DATE SIGNED (YYYYMMDD)
(b)(3), (b)(6)	E-4	311th QMCO.	20060118
(b)(3),(b)(6)			

11. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	e. DATE SIGNED (YYYYMMDD)
d. SIGNATURE			

12. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	e. DATE SIGNED (YYYYMMDD)
d. SIGNATURE			

DD FORM 1076, JUL 1998 PREVIOUS EDITION MAY BE USED. USAPA V1.00

CENTCOM 019959

07-I92-T048-00025

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) / Nom du décédé (Nom et prénoms): Unknown		GRADE / Grade: CIV	BRANCH OF SERVICE / Arme	SOCIAL SECURITY NUMBER / Numéro de l'Assurance Sociale: (b)(6)
ORGANIZATION / Organisation: Iraqi Civilian		NATION (e.g., United States) / Pays: Iraq	DATE OF BIRTH / Date de naissance: Unknown	SEX / Sexe: [X] MALE Masculin; [ ] FEMALE Féminin

RACE / Race	MARITAL STATUS / État Civil	RELIGION / Culte
CAUCASOID / Caucasique	SINGLE / Célibataire; DIVORCED / Divorcé	PROTESTANT / Protestant; OTHER (Specify) / Autre (Spécifier)
NEGROID / Négroïde	MARRIED / Marié; SEPARATED / Séparé	CATHOLIC / Catholique
OTHER (Specify) / Autre (Spécifier)	WIDOWED / Veuf	JEWISH / Juif

NAME OF NEXT OF KIN / Nom du plus proche parent: Unknown	RELATIONSHIP TO DECEASED / Parenté du décédé avec la susdit
STREET ADDRESS / Domicile (Rue)	CITY OF TOWN AND STATE (Include ZIP Code) / Ville (Code postal compris)

MEDICAL STATEMENT / Déclaration médicale

	CAUSE OF DEATH (Enter only one cause per line) / Cause du décès (N'indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH / Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] / Maladie ou condition directement responsable de la mort[1]	Anoxic Brain Injury	6 hrs
ANTECEDENT CAUSES / Symptômes précurseurs de la mort — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE / Condition morbide, s'il y a lieu, menant à la cause primaire	Motor Vehicle Crash	6 hrs
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE / Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] / Autres conditions significatives[2]		

MODE OF DEATH / Condition de décès	AUTOPSY PERFORMED / Autopsie effectuée: [ ] YES Oui [ ] NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES / Circonstances de la mort suscitées par des causes extérieures
NATURAL / Mort naturelle	MAJOR FINDINGS OF AUTOPSY / Conclusions principales de l'autopsie	
X ACCIDENT / Mort accidentelle		
SUICIDE / Suicide	NAME OF PATHOLOGIST / Nom du pathologiste	
HOMICIDE / Homicide	SIGNATURE / Signature; DATE / Date	AVIATION ACCIDENT / Accident à Avion: [ ] YES Oui [ ] NO Non

DATE OF DEATH (Hour, day, month, year) / Date du décès (l'heure, le jour, le mois, l'année): 0345 18 Jan 2006	PLACE OF DEATH / Lieu de décès: Balad AB - 332 EMDG - Iraq

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER: MAJ. (b)(3),(b)(6)		TITLE OF DEGREE / Titre ou diplôme: MD
GRADE / Grade: MAJ	INSTALLATION OR ADDRESS / Installation ou adresse: 332 EMDG BALAD AB, IRAQ	
DATE / Date: 18 Jan 2006	SIGNATURE: (b)(3),(b)(6)	

[1] State disease, injury or complication which caused death ...
[2] State conditions contributing to the death, but not related ...
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
[2] Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 2064, APR 1977 — REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 28 SEP 1975, WHICH ARE OBSOLETE.

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	2. TO	3. DATE PREPARED (YYYYMMDD)	4. PAGE
Balad MACP		20060120	1 OF 1 PAGES

5. VEHICLE/AIRCRAFT ID NUMBER	6. EVACUATION NUMBER	7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state) a. NAME (Last, First, Middle Initial)	b. GRADE	c. SSN	d. ORGANIZATION
	(b)(6) AR311thQM C.O/Balad	Unknown	N/A		Civ.
		---------Nothing Follows---------			

8. AIRCRAFT/VEHICLE IDEPARTED	9. AIRCRAFT/VEHICLE COMMANDER	b. GRADE	c. ORGANIZATION
a. TIME	(b)(3),(b)(6)	E-4	311th QMCO
b. DATE (YYYYMMDD)	(b)(3),(b)(6)		d. DATE SIGNED (YYYYMMDD) 20060120
10. AIRCRAFT/VEHICLE ARRIVED		b. GRADE	c. ORGANIZATION
a. TIME	ADear		
b. DATE (YYYYMMDD)	(b)(6)		d. DATE SIGNED (YYYYMMDD)

DD FORM 1075, JUL 19[illegible] PREVIOUS EDITION MAY BE USED. USAPA V1.00

CENTCOM 019961

07-I92-T048-00027

332 EMDG / PAD
BALAD AB, IRAQ

NAME- Unknown

SSN- (b)(6)

UNIT-

DATE- 17 Jan 06

PATIENT'S IDENTIFICATION *(For plate imprint, typewriter or hand)*

PATIENT'S DEPOSIT RECORD
For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General

I have been informed that any funds or valuables in my possession while a patient in this hospital are retained at my own risk and that I may and should deposit same in the patient trust fund.

I do ☐ do not ☐ wish to make a deposit at this time

Patient Unable to Sign

Patient's signature (or witness's, if patient is unable to sign)

FUNDS & VALUABLES RECEIVED IN FULL *(Patient's or witness's signature and date)*

FUNDS

DATE	DEPOSITS		WITHDRAWALS		BALANCE		SIGNATURE
17 Jan 06	9000 Dinars	00					A1C (b)(3), (b)(6) SrSgt B[illegible]

Nothing Follows

VALUABLES

NUMBER	DESCRIPTION OF VALUABLES	DEPOSITS: QUANITY	DEPOSITS: SIGNATURE *(Custodian)*	WITHDRAWALS: DATE	WITHDRAWALS: SIGNATURE *(Patient or responsible individual)*

DA FORM 3696, DEC 77 REPLACES EDITION OF 1 AUG 70, WHICH MAY BE USED. USAPA V1.01

MODIFIED FOR 332 EMDG / PAD 28 DEC 2005

Illegible Text, Nonresponsive

USE BALL POINT PEN
PRESS HARD

AUTHORIZATION AND TREATMENT STATEMENT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

I. **ADMISSION** *(CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)*

1. REGISTER NO
2. NAME (Last, First, Middle Initial): Unknown
3. RELIGION
4. FACILITY CODE: 5602
5. MEDICAL TREATMENT FACILITY: 332nd EMDG BALAD AB, IRAQ
7. TIME OF ADM: 1600
8. DATE OF ADM: 17 Jan 06
9. TYPE OF ADM: NBI

(b)(6)

10. BENEF TYPE
11. GRADE
12. AFSC
13. AVIATION SVC CODE
14. RATING
15. LENGTH OF SVC
16. AGE
17. SEX: M
STATUS
COLOR
20. ZIP CODE
21. CURRENT ORGANIZATION: Iraqi Civ
22. INPATIENT NO
23. FAC INIT ADM CODE
24. FACILITY OF INITIAL ADMISSION
25. DATE INITIAL ADM
26. ROOM
27. BED
28. PRIOR ADM: [ ] YES [ ] NO
29. CLINIC SERVICE(S)
30. ADMISSION: AIC

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

31. EMERGENCY ADDRESSEE/RELATIONSHIP
32. NAME AND ADDRESS OF SPONSOR
33. PRIMARY ADMISSION DIAGNOSIS: (L) BKA Amputation; Subdural Hematoma; Splenic Laceration
34. SECONDARY ADMISSION DIAGNOSIS: (BL) eye injury; LBK Amputation; Pulmonary Contusion
35. CAUSE OF INJURY: MVA
36A. DEPOSIT VALUABLES FOR SAFEKEEPING: [ ] YES [ ] NO
36B. I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form.
SIGNATURE OF PATIENT OR SPONSOR

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

II. **TREATMENT**

38. DIAGNOSES - PROCEDURES

DOB:

NSI / SI / (VSI)

39. PROVIDERS OF CARE

LOD [ ] YES [ ] EPTS, LOD not applicable [ ] AF Form 348 (Check [ ] if continued on reverse) (Check [ ] if continued on reverse)

40. ADMINISTRATIVE DATA (Change in physical profile required [ ] YES (Prepare AF Form 422) [ ] NO) (Meal Card [ ] YES [ ] NO)

Admission: JPTA ______ Discharge: JPTA ______

24 HR ______ 24 HR ______

(Check [ ] if continued on reverse)

41. DISPOSITION	42. DATE OF DISPOSITION	43. TIME OF DISPOSITION	44. CC OF WHOLE BLOOD	45. CC OF PACKED CELLS	46. CONVALESCENT LEAVE TAKEN	RECOMMENDED
DOW	18 Jan 06	0345				

48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL

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

PREVIOUS EDITION WILL BE USED

Pages 30 through 31 redacted for the following reasons:
- -
Previously Released

(b)(2) high

Case Manager Notes

332 EMDG-BALAD	(b)(3), (b)(6)	1/17/2006 9:19:03 PM	hyperosmolar/isovolemic therapy, but will not push too far give poor initial exam and anoxis injury pattern on head CT from this blunt trauma patient. PROCEDURE HX - Unknown aged Iraqi male injured by MVC. Open Left BKA with tourniquet in place (distal thigh > 2 hours on arrival). Minimal remaining proximal tibia bone and extensive gastroc muscle contusion. Non-sterile pneumatic tourniquet applied to left upper thigh. Left leg prepped. Trans-articular (through knee) amputation performed with sharp dissection after inflation of tourniquet to 325 mm Hg). Vascular structures dissected out and ligated with 0 silk suture. Tibial nerve identified, pulled distally, ligated and transected proximally. Wound irrigated with 3L pulsatile lavage. Tourniquet deflated and hemostasis obtained. Wound packed with sterile ABD pads, oversewn with 0 prolene suture for bolster. Wound covered with additional sterile gauze dressing, kerlix rolls and ace wraps. Multi-ligamentous injury to right knee (closed) also noted on assessment of extremities). Patients overall condition was not conducive to additional surgery and no emergent surgery was indicated. Further assessment and management may follow, pending determination of overall condition and recovery. Will plan to repeat ID with conversion to L AKA in 2 days if condition allows.	Edit	Delete

PENDING RTD ○ PENDING TRANSFER ○ FOLLOW UP APPT ○

Type notes here:

SAVE NOTES Procedure Hx ☐

REFRESH PAGE

CENTCOM 019966

07-I92-T048-00032

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_____ to his/her primary next of kin. The remains have been treated with the same respect and courtesies regardless of 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.

تتقدم بكل الأسف العميق والأعتذار لفقدان احبائكم و تتمنى ان تقدم
ة بالمرحوم\ .....
مع العلم بأن القوات الامنية تع معاملتها بكل الاحترام و اللطف التى
عاملة التى
تتطابها تقاليد وعادات ال
تلقاها الموتى من قوات ال
بالعمل اللازم و بكل اساليب الاحترام التامة.
و فى حالة وجود او ادراك
مقصود كليا من جانب قوات
مع العلم جميع المتاع الشخ
ليس عمدا و غير
المرفقة.

Foreign Language

(b)(6)

Illegible

Foreign Language

اسم الشخص للتاكد و اثبات البقايا الدمية \
Person verifying identity

(b)(6)

Foreign Language

اسم الشخص
Person receiving remains

(b)(6)

oreign Languag

العلاقة بالمرحوم \ .....
Relationship to deceased

illegible text

foreign text

التاريخ \.....
Date

CENTCOM 019967

07-I92-T048-00033

Page 34 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Previously Released

TF 30TH MED BDE
CCIR REPORT

DIRECT REPORTING UNIT: 332 AEW / EMDG / MCC

CCIR REPORTING UNIT: (b)(2)High

DATE AND TIME OF INCIDENT: 18 Jan 2006 0345

TYPE OF INCIDENT: Death / Pt. died of wounds

LOCATION OF INCIDENT: Balad AB / 332 EMDC

PERSONNEL INVOLVED:

NAME: Unknown
ID NUMBER: (b)(6)
NATIONALITY: Iraq

SUBJECT:

REMARKS: Pt. transferred from 10th CSH in Baghdad to
PUBLICITY: 332 EMDC at Balad AB on 17 Jan 06 @ 1900. Pt had traumatic head injury + Left Below Knee Leg Amputation.

POC NAME: A1C (b)(3), (b)(6) **NUMBER:** 443-8520

FFIR #

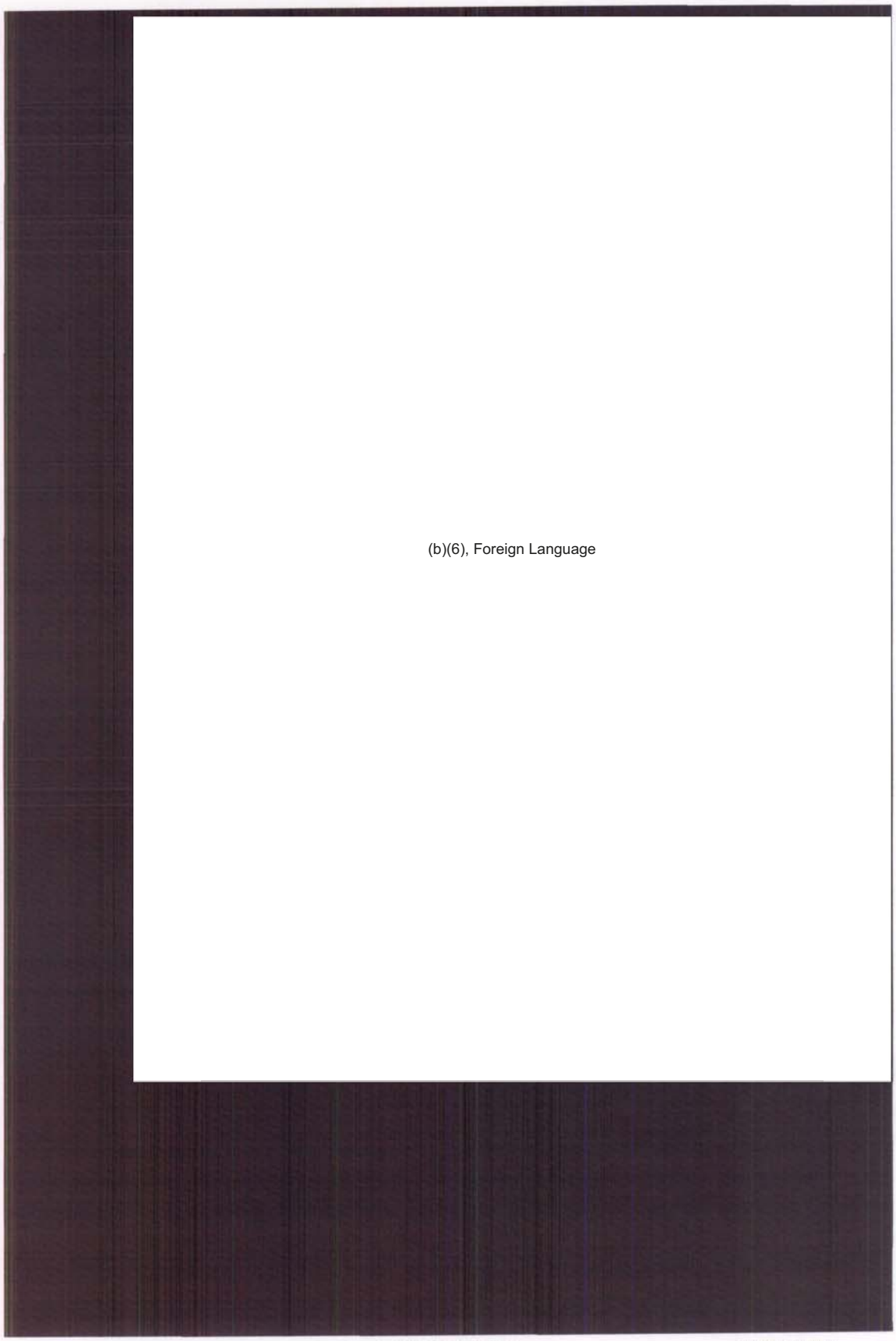
PIR #
N/A

TF30 MED CCIR REPORT: FORMAT AS OF 24OCT05

Pages 36 through 38 redacted for the following reasons:
- -
Foreign Language Text (b)(6)
Foreign language text (b)(6)

Death Certificate

Foreign Language, (b)(6)


(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(2)High

Case Manager Notes

Welcome SSG(3), (b)(332 EMDG-BALAD

Patient Reg./Update | Patient Search | Patient Info | Reports | Patients By Serv

Patient Treatment Management

SSN (b)(6) [?] NAME [?]

SSN	NAME	SEX	RANK	BRANCH
(b)(6)	UNKNOWN	M	N/A	UNKNOWN
DIAGNOSIS:	AMPUTAT LEG, UNILAT NOS			
ATTACHMENTS:0 files		AF3899: Create		

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICU	1/17/2006 4:44:14 PM	10th CSH - N. Baghdad
INPATIENT	PENDING INP-332 EMDG	1/17/2006 7:21:35 PM	332 EMDG-BALAD
TRANSFERRED TO ARMY MTF	332 EMDG-BALAD	1/17/2006 7:34:10 PM	
INPATIENT	ICU-2-332 EMDG	1/17/2006 9:20:27 PM	332 EMDG-BALAD
EXPIRED		1/18/2006 4:01:44 AM	

FACILITY	AUTHOR	DATE	NOTES		
332 EMDG-BALAD	b)(3), (b)(6	1/17/2006 9:17:27 PM	PROCEDURE HX - Unfortunate Iraqi male struck by vehicle in Baghdad and left on side of road. Pt taken to 10th CSH GCS-3 with assymetric pupils R>L. Pt was paralyzed for transport to Balad AFTH. Pt arrived GCS-3T with unchanged pupils. Pt CT head small right SDH with loss grey-white matter and right hemisphere hypodense and swollen. Hypodensity in pons. CT CS neg for fx/dislocation. CT T/L old DDD with bridging osteophyte, doubt acute fx at L1/2. Right frontal Codman ICP monitor placed under aseptic technique without complications. Innitial ICP 60mmHg and with intervention decreased to 38-40mmHg. Pt had ortho complete through knee amp of left leg. Prognosis for functional recovery is grim. Will let sedation and paralytics wear off and get uncorrupted exam. Treat ICPs with	Edit	Delete

(b)(2) high