

FD: 18 Dec 06
DOI 5 Aug 06

1700

PD 2500

APPROVED
29 AUG 07
C17
RCC-P2500

DJZ

CENTCOM 006651

Lowyer.

210EC

- 5 AUG, 1700, Al-Katwa, in front of I.D. office,
C.F. fire (marine military department) killed
wife

CE

006652

CERP PACKETS

Claim #: D17

Name of Person Submitting Claim: _____

Location of Incident: 5 AUG 06

Date Claim Submitted: 18 DEC 06

Person Receiving Claim: ?

Date Packet Completed: _____

Date Packet Submitted to MEF: _____

Date Claim Paid/Amount Paid: _____

Notes: ~~REMOVED~~ NEED CLAIMANT TO SHOW LOCATION. LOTS OF SAF FROM
CFJ A.I.F.

- 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

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051707AUG06: 3/8 MAR sustained multiple attacks while conducting security and observation operations in central Ramadi. OP [redacted] was attacked with SAF and MMG fire from their north and south. Post 1 [redacted] in the 2nd Balconies Building [redacted] and Post 6 [redacted] positively identified (4-6) AIF with AK-47s and PKCs [redacted] 7.62mm [redacted], 40mm [redacted] and (2) [redacted] rockets at a distance of 300m. Post 4 [redacted] established PID of (2) AIF with AK-47s at the intersection of B St and West Graves [redacted], and (2) AIFs with AK-47s at the Charlie House [redacted] Post 4 returned fire with 7.62mm [redacted] at distances of 220m, and 310m.

To : United States
From : Name : -
Address :-

Ramadi - Alsharka

I am

- a. A citizen and national of : Iraq
- b. A permanent resident of : Ramadi Anbar - Iraq
- c. Employed by :
- d. Check one () An insure () 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)

(Anbar) Military Department

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 : Anbar Ramadi Iraq
(Town) (City) (Country)
My claim arose on : 7 25 2006
Month Day 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).

In the date of 5-8-2006 at five o'clock happened some shooting by coalition forces which led to leave to our home and when we were in the st. of front of ID office. The forces on it began to shoot to all of directions which led to touch my wife which led for death after we have taken her to hospital so I am asking about compen,

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Foreign Language Text

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

The description of the claim is
the death of my wife

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
The amount is equal	5,000 five thousand of American Dollars

Total: 5,000 Five thousand of American Dollars

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)

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

\$ 5,000 five thousand local 7.5 seven and half of American Dollars millions of Iraqi Dinars

(Signature of Claimant)

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

(Print Name)

Signature)

Pages 8 through 12 redacted for the following reasons:

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